



# IAPSM Advisory on Menstrual Health and Hygiene Management



**Indian Association of Preventive and Social Medicine**  
March 2022



**INDIAN ASSOCIATION OF PREVENTIVE AND SOCIAL MEDICINE**

**IAPSM ADVISORY ON**  
**MENSTRUAL HEALTH**  
**AND**  
**HYGIENE MANAGEMENT**

**March 2022**



# **IAPSM ADVISORY ON MENSTRUAL HEALTH AND HYGIENE MANAGEMENT**

Envisaging a future where every individual who menstruates is empowered to successfully manage it with confidence and dignity, Indian Association of Preventive and Social Medicine (IAPSM), thus, is honored to present this Advisory on Menstrual Health and Hygiene Management, for all the girls, women, transgender and non-binary people of this country.

Dr. Suneela Garg

Dr. A.M. Kadri

**डॉ. मनसुख मांडविया**  
**DR. MANSUKH MANDAVIYA**



**स्वास्थ्य एवं परिवार कल्याण  
व रसायन एवं उर्वरक मंत्री  
भारत सरकार**  
**Minister for Health & Family Welfare  
and Chemicals & Fertilizers  
Government of India**



### MESSAGE

I have been informed that the Indian Association of Preventive and Social medicine (IAPSM) is bringing out guidelines which aim to highlight the menstrual issues faced by females and provide the necessary steps which must be taken at various levels of healthcare to ensure adequate menstrual health and hygiene management across India.

Even though menstruation is an indispensable physiological phenomenon in a female's life through her reproductive years, it is still considered as an embarrassment in our society at large due to multiple socio-cultural myths, religious restrictions and taboos, which prevent females from articulating their needs on menstrual health and hygiene management.

As poor Menstrual Health and Hygiene Management (MHHM) has far reaching consequences, these guidelines have been prepared to aim to highlight the menstrual issues faced by females and provide the necessary steps which must be taken at various levels of healthcare to ensure adequate menstrual health and hygiene management across India.

I sincerely hope that these IAPSM Guidelines on Menstrual Health and Hygiene Management will bridge the information gap about the often misunderstood biological issue to empower every females regarding menstrual health and hygiene management.

(Dr. Mansukh Mandaviya)



डॉ. विनोद कुमार पॉल  
सदस्य

**Dr. Vinod K. Paul**  
MEMBER



भारत सरकार  
नीति आयोग, संसद मार्ग  
नई दिल्ली-110 001  
Government of India  
**NATIONAL INSTITUTION FOR TRANSFORMING INDIA**  
NITI Aayog, Parliament Street  
New Delhi-110 001  
Tele. : 23096809 Telefax : 23096810  
E-mail : vinodk.paul@gov.in

28<sup>th</sup> February, 2022

### Message

Menstruation is a natural process linked to the reproductive cycle of women and girls. It is linked with health problems which can be compounded by social, cultural, and religious practices if not managed properly. Adolescent girls enter puberty with misconceptions and taboos about menstruation and are shameful to discuss about this normal physiological phenomenon even with their parents, teachers, and peers because they are unsure and unprepared to cope with it. The prevalence of poor menstrual hygiene and the gap in knowledge about menstrual hygiene, necessitates the development of this Menstrual Health and Hygiene Management (MHHM) Manual

Menstrual Health and Hygiene Management (MHM) is defined as 'Usage of clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. Inclusion of health and the various systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights, the holistic concept of Menstrual Health and Hygiene Management comes into picture.

As a result, there is an urgent need for a paradigm shift toward a systematic, holistic and comprehensive approach towards MHHM, which will undoubtedly necessitate various stakeholders (both government and non-government organisations) seriously considering cohesive and convergent policies to address prevalent challenges.

I am confident that these guidelines on menstrual health and hygiene management will bridge the information gap about a common public health issue of paramount importance.

(Vinod Paul)



एक कदम स्वच्छता की ओर



**MRS. PREETI SUDAN**

Former Union Health Secretary

Ministry of Health & Family Welfare

## **MESSAGE**

Menstruation is an indispensable physiological phenomenon in the life of a female. But our society at large has ascribed menstruation to multiple socio-cultural myths, religious restrictions and taboos, which prevent women and girls from articulating their needs on Menstrual Health and Hygiene Management (MHHM). There is scarcity of scientific literature in India that thoroughly explores their experiences and struggles in managing menstruation.

Poor MHHM has far reaching consequences. Evidence suggests that depriving individuals of a safe, hygienic and healthy menstruation can lead to reproductive tract infections and sexually transmitted diseases which might even endanger life, if left untreated.

I sincerely appreciate the efforts of Indian Association of Preventive and Social Medicine (IAPSM) in bringing out the Advisory on Menstrual Health and Hygiene Management. It is inclusive in nature and seeks to address the various health and hygiene challenges encountered by individuals during menstruation. Moreover, by advocating active involvement of men in the issues of menstruation, this advisory envisages collaborative and effective support and implementation.

I am confident that the IAPSM Advisory on Menstrual Health and Hygiene Management would provide comprehensive and holistic strategies from public health perspective so that girls and women experience menstruation in a healthy, safe and dignified manner.

A handwritten signature in blue ink, appearing to read 'P. Sudan'.

Preeti Sudan  
Former Union Health Secretary



# Indian Association of Preventive & Social Medicine

Estd. 1974

National President  
Dr. Suneela Garg

Secretary General  
Dr. A. M. Kadri



## PROF. (DR.) SUNEELA GARG

President, IAPSM

Department of Community Medicine,  
Maulana Azad Medical College,  
New Delhi - 110002, India

## FOREWORD

Menstruation is a natural fact of life and a monthly occurrence for 1.8 billion women around the world. Yet, millions of women across the world are denied the right to manage their monthly menstrual cycle in a dignified and healthy way. Despite being a healthy biological process for women, it is still considered a taboo in many parts of the world including India. Most girls are unaware and unprepared for menarche as they are not informed or ill-informed about menstruation. Poor genital hygiene negatively affects a female's health and can cause, if neglected, reproductive tract infections, sexually transmitted diseases, toxic shock syndrome, and other vaginal diseases.

Menstrual hygiene is still regarded as one of the most challenging issues, not only for the women, but also for the health system. Accessibility to material resources that absorb menstrual blood, disposal of waste, and personal hygiene with adequate privacy is necessary for healthy menstruation. The mindsets, customs and institutional biases prevent women from getting the menstrual health care they need. Research conducted across the world has shown that girls in low-resource settings face many challenges while managing menstruation, Research-supported recommendations have been proposed on how to address these challenges; however, the international development community is lacking proven program interventions. Menstrual health management is a multi-faceted issue. The evidence suggests that there is a need to address the issue in a holistic manner engaging not only women and girls but also the environment, culture and society. Key stakeholders should also come to consensus that a clearly defined package of evidence-based interventions is required.

The 'IAPSM Advisory on Menstrual Health and Hygiene Management' is a sincere attempt to present the situation analysis of MHHM, challenges, review of evidence available for interventions, advocacies for involvement of boys and men, and delineating the role of various stakeholders in MHHM. I am confident that this document will address this issue in the most appropriate manner, specific to the context of the Indian females, transgender and non-binary population, and guide policymakers in framing inclusive policies and programmes at national level in this direction.

Dr. Suneela Garg  
National President, IAPSM





## Indian Association of Preventive & Social Medicine

Estd. 1974

National President

Dr. Suneela Garg

Secretary General

Dr. A. M. Kadri



### PROF. (DR.) HARIVANSH CHOPRA

President – Elect, IAPSM

Department of Community Medicine

LLRM Medical College, Meerut,

Uttar Pradesh - 250004

### FROM THE DESK OF PRESIDENT-ELECT, IAPSM

Menstruation is a biological phenomenon. Unfortunately, it has been ascribed to many sociocultural myths, taboos and restrictions and is considered ‘impure’ in the society. Not only girls and women, but the issues faced by menstruating transgender and non-binary people are often left unsaid and unaddressed. Therefore, the management of menstrual hygiene as well as menstrual health, both are multidimensional issues that require more impetus and concentrated efforts at policy making and programmatic levels.

The IAPSM Advisory on Menstrual Health and Hygiene Management is a dedicated and integrated attempt in this direction. The advisory has seen the light of the day, thanks to the collaborative efforts of Menstrual Health and Hygiene Management Committee, under the outstanding chairmanship of Dr. Pankaja Raghav. I would also like to felicitate the Menstrual Health and Hygiene Management Committee members including Dr. Pragti Chhabra, Dr. Sonu Hangma Subba, Dr. Khan Amir Maroof, Dr. Ravneet Kaur, Dr. Ritesh Singh, Dr. Tanu Anand and Dr. Tooba Tanvir for their efforts in shaping this comprehensive advisory.

I firmly believe that these efforts will provide a platform for sociocultural awakening in the country in providing safe, healthy and dignified menstruation to all those who menstruate.

Dr. Harivansh Chopra  
President-Elect, IAPSM





## Indian Association of Preventive & Social Medicine

Estd. 1974

National President  
Dr. Suneela Garg

Secretary General  
Dr. A. M. Kadri

**PROF. (DR.) AM KADRI**  
Secretary General, IAPSM



### FROM THE DESK OF SECRETARY GENERAL, IAPSM

Menstruation is a physiological phenomenon indicating a very significant transition in the life of a female, yet for many socio-cultural reasons, myths and taboos, it is still discussed as a 'secret'. This has led to menstrual health and hygiene being overlooked by the adolescents, parents, teachers, and also service providers. Though menstrual hygiene is an important aspect of sexual and reproductive health of a female, lack of awareness, social stigmatization and religious taboos around this topic has prevented it from being discussed as an issue of public health concern in various platforms.

With this background, I believe this document sees the light in the right time. The present Advisory describes various steps towards educating people at various levels, individual and family as well as community, to start a healthy dialogue on this very basic process. The situation analysis of the issue brings to light the poor awareness about menstruation and MHHM, and in turn adverse health outcomes. The inclusive nature of the document in discussing the challenges pertaining to menstrual health and hygiene among non-binary persons and transgenders is a highlight of this recent advisory.

'IAPSM Advisory on Menstrual Hygiene and Hygiene management (MHHM)' is a systematic step towards empowering the individuals, families as well as the communities, and the healthcare workers. All the stakeholders involved like various ministries at governing level, community-based organizations, NGOs, community stakeholders like parents, teachers, school management and religious leaders as well as healthcare providers, corporate sectors and media have roles written down in improving the state of 'Menstrual Hygiene and Hygiene Management'.

I would like to congratulate Dr. Pankaja Raghav, for her remarkable leadership in steering this advisory to reality. I would also like to congratulate the Menstrual Health and Hygiene Committee members, including Dr. Pragti Chhabra, Dr. Sonu Hangma Subba, Dr. Khan Amir Maroof, Dr. Ravneet Kaur, Dr. Ritesh Singh, Dr. Tanu Anand and Dr. Tooba Tanvir for coming out with this Advisory and I hope that it will reckon a social awakening in the country to discuss the issue on much wider platforms.

Dr. A. M. Kadri  
Secretary General IAPSM

## PREFACE



**PROF. (DR.) PANKAJA RAGHAV**

Professor & Head,

Dept. of Community Medicine and Family Medicine

All India Institute of Medical Sciences Jodhpur,

Rajasthan- 342005, India

### About IAPSM Advisory on Menstrual Health and Hygiene Management

Menstruation poses particular challenges to women and girls, whether they are doctors, teachers, homemakers, mothers and students. Even with considerable improvement in attitude and practices related to menstrual health, the change over the decades has been inequitable, especially amongst the rural population of India.

Indian Association of Preventive and Social Medicine (IAPSM), with its long history in public health, has witnessed and contributed to many favorable changes in the health of the Indian population, and in continuation has decided to take up the topic of menstruation. There were rounds of deliberations by the members of Menstrual Health & Hygiene committee. As a preliminary step in tackling the issue at hand, a situational analysis was undertaken, which revealed a dearth of information on menstrual health and hygiene management. Various challenges in terms of health issues, inaccessibility, social stigma and taboo, problems related with disposal, inadequate WASH facilities were identified.

As a team of public health experts, we believed that a huge responsibility is bestowed upon us in empowering the females about their ‘Menstrual Health and Hygiene Management’. The advisory doesn’t stop with only catering to the needs of the females related to menstruation, rather also ropes in men to understand the challenges of menstruation, for better facilitation. With a wide panel of experts in the committee, we were naturally able to delineate the roles and responsibilities of various ministries and organizations to deal with the issue of menstrual health. As a step beyond, the advisory is designed to be inclusive for people who are differently abled and transgenders, and also in times of crisis. Uniqueness of the document lies in strong background with extensive review of literature, real time interviews, advisory, and training material on Menstrual Health & Hygiene management.

I believe that this first edition of “IAPSM Advisory on Menstrual Health and Hygiene Management” shall aid in directing the policymakers, healthcare personnel, teachers in improving the standards for menstrual health and guide all the stakeholders in implementing the evidence-based interventions for MHHM at all levels of care.

Prof. (Dr.) Pankaja Raghav

## Table of Contents

|  |              |
|--|--------------|
| <b>About IAPSM.....</b>  | <b>xii</b>   |
| <b>Menstrual Health and Hygiene Management Committee .....</b>               | <b>xiii</b>  |
| <b>Contributors .....</b>  | <b>xv</b>    |
| <b>Acknowledgements .....</b>  | <b>xvi</b>   |
| <b>Abbreviations .....</b>   | <b>xvii</b>  |
| <b>Glossary .....</b>  | <b>xviii</b> |
| <b>Executive summary.....</b>  | <b>19</b>    |
| <b>1. Introduction.....</b>  | <b>23</b>    |
| <b>2. Situation Analysis: Menstrual Health and Hygiene Management .....</b>  | <b>27</b>    |
| 2.1. Awareness about menstruation and MHHM .....                             | 27           |
| 2.2. Poor MHHM and health outcomes.....                                      | 28           |
| 2.3. Access to safe menstrual hygiene products.....                          | 28           |
| 2.4. Restrictions and absenteeism .....                                      | 29           |
| 2.5. Access to safe disposal of used menstrual waste .....                   | 29           |
| 2.6. Health issues related to menstruation.....                              | 30           |
| <b>3. Challenges for Menstrual Health &amp; Hygiene Management.....</b>      | <b>32</b>    |
| 3.1. Lack of awareness .....   | 32           |
| 3.2. Health issues during menstruation .....                                 | 34           |
| 3.3. Lack of access to hygienic protection .....                             | 34           |
| 3.4. Social Stigma and Religious taboo.....                                  | 35           |
| 3.5. Disposal problems .....   | 36           |
| 3.6. Inadequate WASH facilities.....   | 36           |
| 3.7. Homeless, differently abled, transgenders and disaster situations:..... | 37           |
| 3.8. Non-involvement of males in MHHM.....                                   | 37           |
| 3.9. Challenges faced: A first-hand experience.....                          | 37           |



|  |           |
|--|-----------|
| <b>4. Involvement of boys and men in MHHM .....</b>                                | <b>40</b> |
| 4.1. Men missing in ‘men’struation .....   | 40        |
| 4.2. Ways to involve men and boys in menstrual health and hygiene management ..... | 42        |
| <b>5. Interventions for MHHM - Available evidence.....</b>                         | <b>44</b> |
| 5.1. School based Interventions .....  | 45        |
| 5.2. Use of newer menstrual hygiene products .....                                 | 46        |
| 5.3. Disposal of menstrual hygiene products .....                                  | 47        |
| 5.4. Improvement in WASH facilities.....   | 48        |
| 5.5. Social and Behaviour Change Communication (SBCC) intervention .....           | 48        |
| 5.6. Implementation model integrating the government service delivery system.....  | 49        |
| 5.7. Training by the peer educators .....  | 49        |
| 5.8. Innovative Menstrual Education methods .....                                  | 49        |
| 5.9. Persons with special needs .....  | 50        |
| <b>6. IAPSM Advisory on Menstrual Health and Hygiene Management.....</b>           | <b>51</b> |
| <b>Bibliography .....</b>  | <b>69</b> |
| <b>Annexure.....</b>   | <b>74</b> |

## About IAPSM

---

Founded in 1974, Indian Association of Preventive and Social Medicine (IAPSM) is a National level Professional body in the field of Community Medicine/Public health. It is a "not for profit" organization of specialists Preventive & Social Medicine/ Community Medicine/Public Health. It has 6400+ members from across the India serving in Medical Colleges, National & state Government health departments, various health institutes working in the field of research, training, epidemiology, surveillance etc. Also, many of its members are working as experts in international development agencies, NGOs or working as freelance public health consultants.

IAPSM is dedicated to the promotion of public health by bringing its members' expertise to the development of health policies, an advocate for Medical education, Health Research, Health care and Health Programs and providing a forum for the regular exchange of views & information. It is an important stakeholder in Health care services, Medical Education and Public Health/Community Medicine.

The ultimate goal of IAPSM is “Swasthyam Sarvebhya” which means “Health for All”. Aligning ourselves with the global goal, our vision is to contribute to the overall development of County by improving the health of people through collective wisdom of its members.

Thus, the IAPSM effectively facilitate creation of evidence-based Policy and planning by the Administrators and Public Representatives. IAPSM also contributes to promotion of peoples' health through extending technical support like capacity building, monitoring and evaluation of health services/programs, epidemiological and health system research.

# Menstrual Health and Hygiene Management Committee

---

## CHAIRPERSON



**PROF. (DR.) PANKAJA RAGHAV**

Head, Dept. of Community Medicine and Family Medicine  
AIIMS Jodhpur, Rajasthan- 342005, India

## MEMBERS



**DIR. PROF. (DR.) PRAGTI CHHABRA**

Dept. of Community Medicine  
UCMS & GTBH, Delhi-110095, India



**PROF. (DR.) SONU HANGMA SUBBA**

Head, Dept. of Community Medicine and Family Medicine  
AIIMS Bhubaneswar, Odisha – 751019, India



**PROF. (DR.) KHAN AMIR MAROOF**

Dept. of Community Medicine  
UCMS & GTBH, Delhi – 110095, India



**DR. RAVNEET KAUR**

Additional Professor, Centre for Community Medicine  
AIIMS, New Delhi- 110062, India



**DR. RITESH SINGH**

Associate Professor, Dept. of Community Medicine and Family Medicine  
AIIMS Kalyani, West Bengal – 741252, India



**DR. TANU ANAND**

Scientist D (Medical), Indian Council of Medical Research  
Ministry of Health and Family Welfare, New Delhi – 110029, India



**DR. TOOBA TANVIR**

Senior Resident, Dept. of Community Medicine  
UCMS & GTBH, Delhi – 110095, India



## IAPSM BOARD MEMBERS



**PROF. (DR.) SANJAY ZODPEY**

Past President, IAPSM

Vice President - Academics,

Public Health Foundation of India, New Delhi

Director – Indian Institute of Public Health, Delhi, India



**PROF. (DR.) SUNEELA GARG**

President, IAPSM

Department of Community Medicine,

MAMC, New Delhi - 110002, India



**PROF. (DR.) HARIVANSH CHOPRA**

President – Elect, IAPSM



**PROF. (DR.) A.M. KADRI**

Secretary General, IAPSM

## Contributors

|                               |   |
|-------------------------------|---|
| <b>Dr. Pankaja Raghav</b>     | Professor & Head, Dept of Community Medicine and Family Medicine, AIIMS Jodhpur           |
| <b>Dr. Pragti Chhabra</b>     | Director Professor, Department of Community Medicine, UCMS & GTBH, Delhi                  |
| <b>Dr. Sonu Hangma Subba</b>  | Professor & Head, Dept of Community Medicine and Family Medicine, AIIMS Bhubaneswar       |
| <b>Dr. Khan Amir Maroof</b>   | Professor, Department of Community Medicine, UCMS & GTBH, Delhi                           |
| <b>Dr. Ravneet Kaur</b>       | Additional Professor, Centre for Community Medicine, AIIMS New Delhi                      |
| <b>Dr. Ritesh Singh</b>       | Associate Professor, Dept of Community Medicine and Family Medicine, AIIMS Kalyani        |
| <b>Dr. Tanu Anand</b>         | Scientist D (Medical), Division of Epidemiology and Communicable Diseases, ICMR New Delhi |
| <b>Dr. Tooba Tanvir</b>       | Senior Resident, Department of Community Medicine, UCMS & GTBH, Delhi                     |
| <b>Dr. Manoj Kumar Gupta</b>  | Associate Professor, Dept of Community Medicine and Family Medicine, AIIMS Jodhpur        |
| <b>Dr. Akhil Dhanesh Goel</b> | Associate Professor, Dept of Community Medicine and Family Medicine, AIIMS Jodhpur        |
| <b>Dr. Naudibya Majhi</b>     | Senior Resident, Department of Community Medicine, UCMS & GTBH, Delhi                     |
| <b>Dr. A.M. Kadri</b>         | Secretary General, IAPSM  |
| <b>Dr. Harivansh Chopra</b>   | President – Elect, IAPSM  |

### Experts:

|                                   |   |
|-----------------------------------|---|
| <b>Dr. Suneela Garg</b>           | Professor of Excellence, Department of Community Medicine, MAMC, New Delhi                              |
| <b>Dr. Bulbul Sood</b>            | Senior Strategic Advisor, JHPIEGO, New Delhi  |
| <b>Dr. Hetal Rathod (Waghela)</b> | Professor, Dept. of Community Medicine, Dr. D.Y. Patil Medical College, Pune                            |
| <b>Dr. K Madan Gopal</b>          | Senior consultant (Health), NITI Aayog, New Delhi   |
| <b>Dr. Sonal Bhuyar</b>           | Professor, Dept. of Obstetrics & Gynaecology, Dr. Panjabrao Deshmukh Memorial Medical College, Amravati |

## Acknowledgements

---

We extend our vote of thanks to the following for providing their support during framing of this advisory:

**Dr. Pritish Baskaran TB**, SR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr. Rehana VR**, SR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr. Sridevi G**, JR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr. Mukund Gupta**, JR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr. Devisowmiya T**, JR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr. Tanya Singh**, JR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr. Aji Bowlin Monisha**, JR, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Dr Shaileja Yadav**, PG Resident, Dept. of Community Medicine, UCMS & GTBH, Delhi

**Dr. Prerna Verma**, PG Resident, Dept. Of Community Medicine, Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune

**Mrs. Chhaya Yadav**, Technical Assistant, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

**Mr. Tilok Jakhar**, Store Keeper cum Clerk, Dept. of Community Medicine and Family Medicine, AIIMS Jodhpur

Cover page design:

**Mr. Ramchandra B. Pokale**, Chief artist, Centre for Community Medicine, AIIMS New Delhi



# Abbreviations

---

|         |  |
|---------|--|
| ANM     | Auxiliary Nurse Midwife  |
| ARSH    | Adolescent, Reproductive and Sexual Health                                       |
| ASHA    | Accredited Social Health Activist  |
| AWC     | Anganwadi Centre   |
| AWW     | Anganwadi Worker   |
| AYUSH   | Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy                     |
| CHC     | Community Health Centre  |
| IAPSM   | Indian Association of Preventive and Social Medicine                             |
| IEC     | Information Education and Communication  |
| IAPSM   | Indian Association of Preventive and Social Medicine                             |
| GARIMA  | Girls' Adolescent and Reproductive Rights: Information for Management and Action |
| MEME    | Multi-Experimental Menstrual Education   |
| MHM     | Menstrual Hygiene Management   |
| MHHM    | Menstrual Health and Hygiene Management  |
| MHS     | Menstrual Hygiene Scheme – NHM   |
| NRHM    | National Rural Health Mission  |
| NGO     | Non-Governmental Organization  |
| NHM     | National Health Mission  |
| PHC     | Primary Health Centre  |
| PRAGATI | PeeR Action for Group Awareness through Intervention                             |
| RBSK    | Rashtriya Bal Swasthya Karyakram   |
| RKSK    | Rashtriya Kishor Swasthya Karyakram  |
| RTIs    | Reproductive Tract Infections  |
| SABLA   | Rajiv Gandhi Scheme for Empowerment of Adolescent Girls                          |
| SBCC    | Social Behavioural and Communication Change                                      |
| SC      | Subcentre  |
| SHG     | Self Help Groups   |
| UNESCO  | United Nations Educational, Scientific and Cultural Organization                 |
| UNICEF  | United Nations Children's Fund   |
| VHSND   | Village Health Sanitation and Nutrition Day                                      |
| WASH    | Water, sanitation and hygiene  |

## Glossary

---

|  |  |
|--|--|
| Adolescence  | The phase of life between childhood and adulthood, from 10 to 19 years.  |
| Dysmenorrhea   | Pain associated with menstruation due to contractions of uterus.   |
| Menarche   | Onset of first menstrual bleeding.   |
| Menstruation/<br>Menses/<br>Monthly periods                                    | Normal physiological process in which uterus sheds blood and mucous tissue through the vagina every month. It is a sign that pregnancy has not occurred.   |
| Menstrual Hygiene<br>Management (MHM)  | Defined as women and girls using clean menstrual hygiene management material to absorb or collect blood, that can be changed in privacy as and when necessary for the duration of the menstrual period, using soap and water for washing the body as required and having access to facilities to dispose of used waste materials.  |
| Menstrual Health and<br>Hygiene Management<br>(MHHM)                           | Encompasses both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarized by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy |
| Menstrual Hygiene<br>Materials/<br>Menstrual Absorbents/<br>Menstrual products | The products used to absorb or contain the flow of the blood from the vagina during menstruation. Examples include sanitary cloth, sanitary napkin, tampons, menstrual cups, etc.  |
| Menstrual waste  | Includes used menstrual absorbent like sanitary pad, cloth, tampons that contains blood.   |

## Executive summary

---

Every month, around 1.8 billion girls and women of reproductive age group menstruate. As many as 355 million of these individuals reside in India. Though menstruation is a normal biological process, there is a lack of correct knowledge, inadequate WASH facilities, unavailability and inaccessibility of health facilities and sociocultural myths and taboos in the society. Consequently, many of the individuals who menstruate are unable to manage their menstruation in a healthy and dignified manner. Hence it is important to frame and implement effective strategies to strengthen Menstrual Health and Hygiene Management (MHHM) in India.

The concept of Menstrual Health and Hygiene Management (MHHM) encompasses both Menstrual Hygiene Management and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarized by UNESCO as accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy. Evidence from the literature suggests that poor MHHM is associated with several poor health outcomes such as reproductive tract infections (RTIs) and urinary tract infections. Realising the importance of MHHM in ensuring the health and well-being of those who menstruate, this document aims to outline the various gaps and challenges, analyse existing interventions and suggest recommendations regarding Menstrual Health and Hygiene Management in India.

**Gaps and challenges:** Multiple factors contribute towards poor MHHM in India, which are as follows:

1. Lack of awareness before menarche: Studies have reported that only half of the adolescent girls were aware of menstruation at the time of experiencing their menarche.
2. Inadequate safe and hygienic menstrual products: NFHS-5 data suggests that around 24% of women aged 15-24 years in India still use unhygienic methods like cloth etc. during menstruation.
3. Menstruation is considered as a taboo and many restrictive practices are followed across the country ranging from prayer restrictions to physical and social isolation. Moreover,

poor understanding among boys and men about menstruation has worsened the situation.

4. Inadequate WASH facilities, lack of clean and private toilets and poor menstrual waste disposal options, in houses, schools and workplaces contribute to unmet needs of those who menstruate.
5. Menstrual health is a neglected part, which often remains unaddressed, which aggravates school and work absenteeism.
6. Difficulties faced by the physically impaired individuals, transgender and non-binary people have often been neglected. Humanitarian crisis like COVID – 19 pandemic have also led to scarcity of already inadequate menstrual hygiene resources.

**Existing interventions:** Under the National Rural Health Mission (NRHM), community health workers like ASHAs were made responsible for menstrual hygiene promotion in the community. In 2015, Ministry of Drinking Water and Sanitation had published their guidelines on Menstrual Hygiene Management (MHM) under Swaccha Bharat Mission. It highlighted the key points regarding MHM and enunciated steps to be undertaken by various stakeholders in this regard.

It is important to note that various successful education-based interventions like SBCC intervention (GARIMA), Peer Action for Group Awareness through Intervention (PRAGATI) and Multi-Experimental Menstrual Education (MEME) programme have been found to be successful in creating awareness and improving the attitude and practices of the participants regarding menstrual hygiene in low-resource countries such as India. To deal with sanitary waste disposal options, cheap, reusable and eco-friendly options like menstrual cups have been recommended in many parts of the world. In Kumabalangi village of Kerala, under Avalkayi (for her) initiative, around 5000 menstrual cups have been distributed to women aged 18 years and above across the village. Studies have also reported favourable findings when tailor-made interventions were imparted to physically impaired population. Similar education-based and behavioural change intervention models which have been proven to be effective can be implemented on wider scale across India to impart correct knowledge and practices regarding menstrual health and hygiene management.

**Role of stakeholders:** MHM is a multi-sectoral issue that requires involvement of various key stakeholders which either are already contributing or who have the potential to contribute to promoting Menstrual Hygiene Management in the country. These include:



1. Healthcare providers which include frontline healthcare workers (ANM, ASHA, AWW) and medical practitioners
2. Community Based Organizations/ NGOs/ SHGs/ Professional bodies like IAPSM
3. Community stakeholders like teachers, school administration, parents and religious leaders
4. Ministries including Ministry of Health and Family Welfare, Ministry of Education, Ministry of Drinking Water and Sanitation, Ministry of Women and Child Development, Ministry of Youth Affairs and Sports, Ministry of Information and Broadcasting, Media and Corporate sector

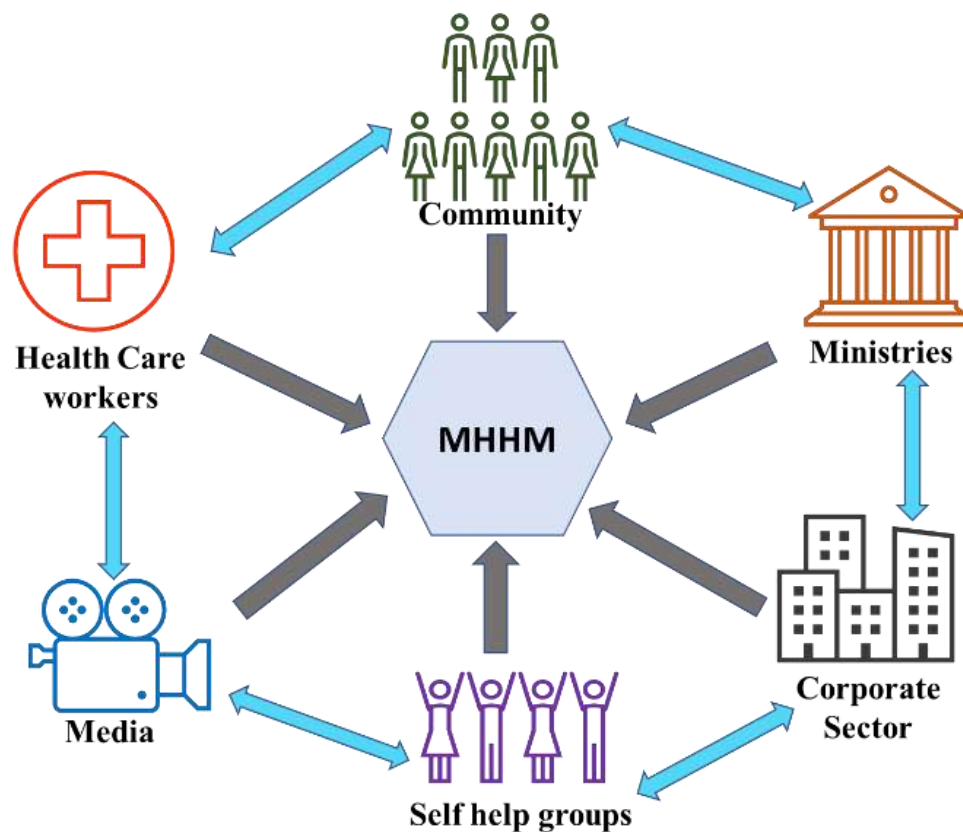
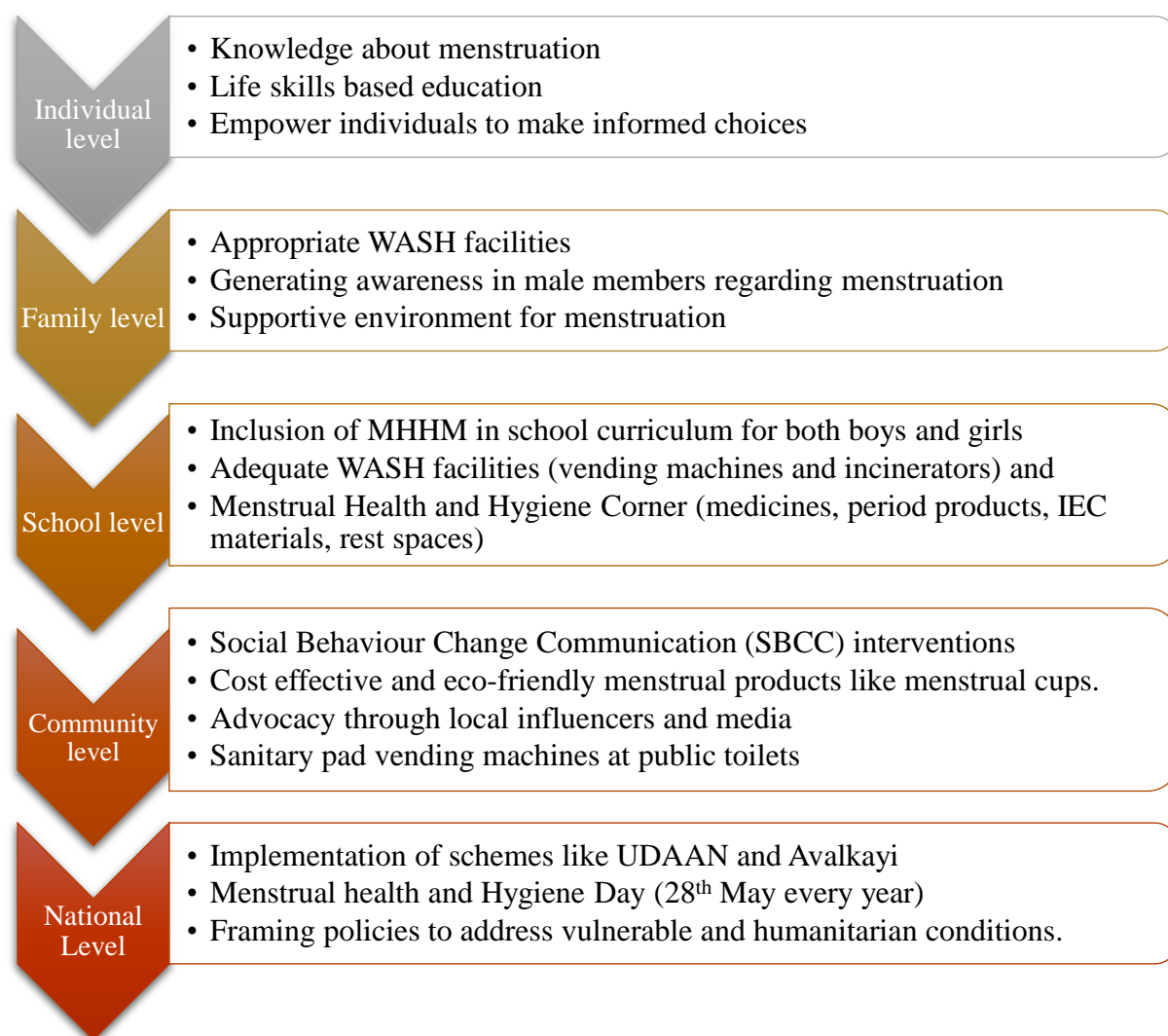


Figure 1: Contribution of various stakeholders towards ensuring Menstrual Health and Hygiene Management

There is ample evidence that calls for holistic, systematic and targeted interventions to implement effective Menstrual Health and Hygiene Management, in following manner:



Furthermore, detailed scientific exploration is required to generate evidence regarding experiences of different sub-sections of society during menstruation, including girls and women in marginalized and tribal communities, individuals affected during humanitarian crisis, people with disabilities, transgender and non-binary people. Moreover, thorough evidence should be generated for safer and eco-friendlier methods of menstrual hygiene like menstrual cups, and such products should be actively promoted and advocated at wider scale. Above all, media campaigns and advocacy should be conducted to normalize the concept of menstruation and need of adequate menstrual health and hygiene, so that current and future generations are empowered to manage their menstruation with confidence and dignity.

# 1. Introduction

---



“

**Menstrual blood is the only source of blood that is not traumatically induced. Yet in modern society, this is the most hidden blood, the one so rarely spoken of and almost never seen, except privately by women.**

... Judy Grahn

”

Menstruation is a physiological process. It is a marker of a girl's transition to womanhood and denotes her healthy growth and development. For a woman, it is a biological sign that she is not pregnant. For transgender and non-binary people, it features their identities and individuality. This process, reflects multiple identities, denotes various life stages, and instils a myriad of emotions in more than a billion people around the world. (1)

Unfortunately, it has been converted into a stigma, and a phenomenon akin to shame and disgust. Such is the magnitude of the embarrassment, that even after huge leaps in science and medicine, the terms such as ‘menses’, ‘periods’ and ‘menstruation’ are considered taboo in common parlance. People who menstruate have unmet needs, and they face socio-cultural and religious barriers. Besides, the various health issues encountered during menstruation are often overlooked, due to multiple factors like inadequate knowledge, unavailable or inaccessible health services, prevailing stigma and social silence. (2)

Thus, the individuals who menstruate struggle with financial and physical scarcity, or more specifically, period poverty. UNFPA describes period poverty as the struggle many low-income women and girls face while trying to afford menstrual products. The term also refers to the increased economic vulnerability women and girls face due to the financial burden posed by menstrual supplies. These include not only menstrual pads and tampons, but also related costs such as pain medication and underwear (UNFPA). Moreover, the inadequate WASH

facilities and the associated gender inequality add up to the existing issue of period poverty. (3,4). Consequently, they adopt poor menstrual hygiene practices which can lead to severe health complications in the future. Also, financial barriers might even aggravate existing vulnerabilities, forcing girls and women to resort to risk-taking behaviours. For instance, studies in Kenya have reported few schoolgirls engaged in transactional sex to pay for menstrual products, an adverse consequence of aggravated vulnerability. (5)

During humanitarian emergencies and disasters, menstrual health and hygiene management gets severely compromised. Girls and women face challenges regarding management of menstruation, due to scarcity of absorbents, poor and unhygienic WASH facilities, loss of privacy, threat to safety and migrant nature of survivors. Moreover, the stigma around the menses causes them to not seek help from the first aid providers. (6)

In view of that, it is important to link menstruation with Sustainable Development Goals. Though not mentioned in the indicators, menstruation is directly linked but not limited to several SDG goals. (7,8) These include:

1. **Goal 3 (Good health and well-being)**: Menstruation is an indicator of health and reproductive wellbeing of an individual. Ensuring provision of hygienic menstrual products, adequate WASH facilities and timely access to affordable health services would directly contribute towards healthy lives and well-being of individuals who menstruate.
2. **Goal 4 (Quality education)**: Adoption of good MHHM practices along with adequately informed professionals in various institutions like schools, colleges, offices, etc., would ensure inclusive and equitable quality education and promote life-long learning opportunities for all.
3. **Goal 5 (Gender equality)**: By generating positive social norms through widespread advocacy, inclusion of males combined with framing MHHM inclusive national policies would positively promote gender quality and empower those who menstruate.
4. **Goal 6 (Clean water and sanitation)**: Good MHHM requires provision of clean and private toilets, soap with water, and adequate and hygienic disposal facilities for menstrual waste.

5. **Goal 8 (Decent work and economic growth)**: Employers must be well informed and should provide adequate MHHM facilities to their women or transgender workforce so that menstruation must not hinder a person's ability to work effectively.
6. **Goal 12 (Responsible consumption and production)**: Encouraging enabling policies to promote safe, environment-friendly menstrual hygiene products and their proper disposal would ensure availability and affordability of menstrual products to people living in remote areas as well.



Figure 2: Menstruation and related Sustainable Development Goals

Hence, instead of enshrouding the experience, menstruation should be promoted and celebrated as the indicator of an individual's health and vitality. It is the need of the hour to advocate menstrual health and hygiene management. To provide individuals with a healthy and dignified menstruation, the governments must incorporate menstrual health and hygiene management in relevant policies and subsequent resource allocation. It is imperative to provide safe and cost-effective absorbents, ensure appropriate and adequate WASH facilities, break socio-cultural and religious barriers, and generate awareness and confidence among individuals who menstruate. In view of that, this document aims to outline the various gaps and challenges, analyse existing interventions, and suggest recommendations regarding Menstrual Health and Hygiene Management in India.

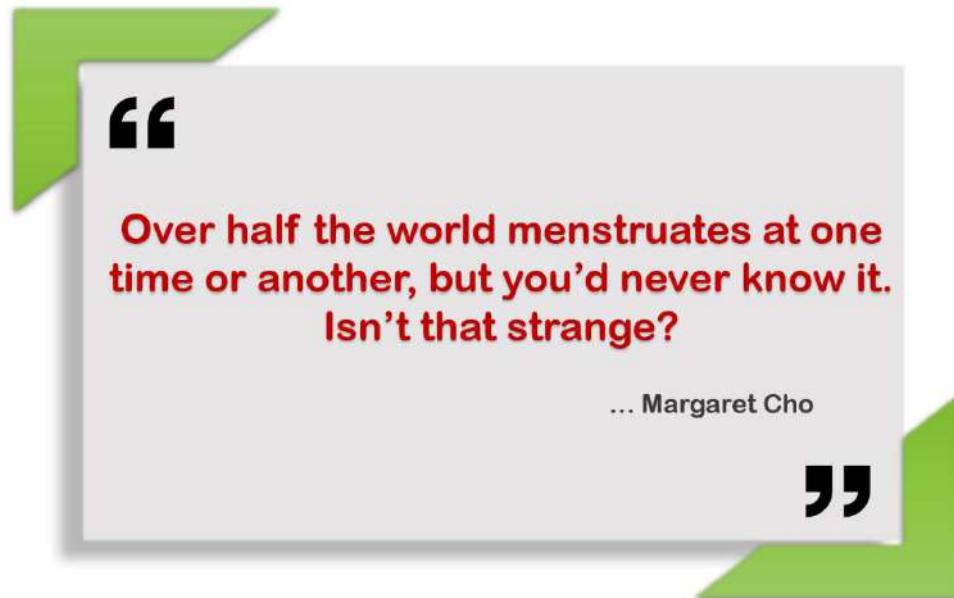


### **Role of IAPSM**

IAPSM, in the capacity of professional, academic and service body, can effectively bridge the gap between the policy makers, stakeholders and the community regarding Menstrual Health and Hygiene Management. With the help of various member experts, IAPSM can assist in drafting evidence-based policy making, effective resource allocation, mapping the stakeholder's involvement and preparing action plans to establish distinct model of MHHM in India. Moreover, it can provide its technical expertise and contribute towards programmatic implementation of MHHM, ranging from development of authentic, comprehensive and age-appropriate IEC materials and their wide dissemination to advocacy for dispelling myths and stigma regarding menstruation. In a nutshell, IAPSM is committed towards collective efforts to realize the vision, that every individual who menstruates should be empowered to successfully manage it with confidence and dignity.

## 2. Situation Analysis: Menstrual Health and Hygiene Management

---



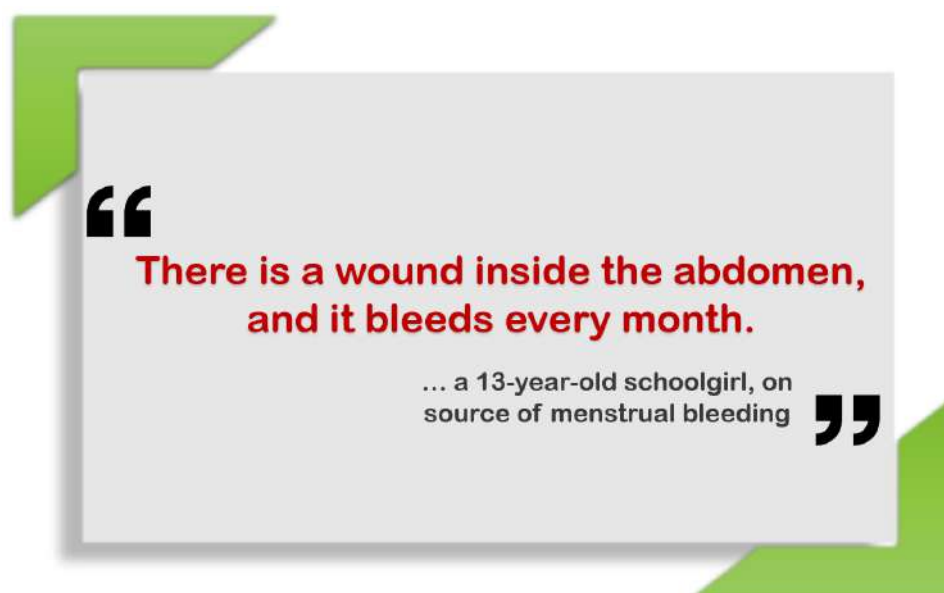
Every month, 1.8 billion people across the world menstruate. This includes girls, women, and transgender persons, many of whom may be unable to manage their menstruation in a dignified and healthy manner. [1] According to the census 2011, India has around 355 million menstruating women and girls who face numerous barriers to effective Menstrual Hygiene Management (MHM) due to various social and economic factors. [9,10]

The onset of menstruation heralds a new phase in the lives of adolescents. However, poor awareness, myths, misconceptions and lack of knowledge, not only lead to unmet needs of menstrual hygiene management, but also cause stress and anxiety. Due to the belief that menstruating women are contaminated and impure, menstruation continues to be treated as a taboo in many cultures and is treated as a matter of silence and shame. Many women face stigma, harassment and social exclusion during menstruation, which deprives them of the materials and facilities they need, thus posing a risk to their health and well-being. It restricts their mobility, which affects attendance at school and participation in community life. [11,12]

### 2.1. Awareness about menstruation and MHHM

Awareness that menstruation is a normal physiological process, and how to deal with menstruation is the key to optimal MHHM practices. However, the available scientific

literature shows that only 48% of the adolescent girls in India were aware about menstruation prior to the first period. Only 55% of the girls considered menstruation as normal, and for 54% of the girls, mother as their primary source of information about menstruation. [13] A recent study conducted in urban Bengaluru reported internet as the main source of information. However, the study reported that only 50% of the girls were aware of menstruation. [14]



## **2.2. Poor MHHM and health outcomes**

Evidence from scientific literature suggests that poor MHHM is associated with a number of poor health outcomes such as reproductive tract infections (RTIs) such as bacterial vaginosis, and urinary tract infections. RTIs potentially triggered by poor MHHM could affect the reproductive health, as women with bacterial vaginosis are at a higher risk of adverse pregnancy outcomes like preterm birth, sexually transmitted infections and development of pelvic inflammatory disease (PID), which may lead to secondary infertility. [15,16] RTIs are a major public health concern worldwide and are particularly common in low-income settings. Poor MHHM has also been associated with anemia. [16]

## **2.3. Access to safe menstrual hygiene products**

As per the data of NFHS 4 (2015-16), 57.6% of the women aged 15-24 years in India used hygienic methods (i.e., locally prepared napkins, sanitary napkins, tampons, and menstrual cups) during menstruation. It increased to 77.3% as per NFHS 5 (2019-20), varying from 59.7% in Bihar to 93% in Kerala. [17,18] Individual studies have reported that 43% to 88% of

girls wash and reuse cotton cloths rather than use disposable pads. [13-15] The reusable material may not be well sanitized because cleaning is often done without soap. Due to social taboos that it should not be seen by men, and beliefs that it can be used to cast an evil spell, the women are forced to dry the cloth indoors, away from sunlight and open air. [19] Unhygienic washing practices are particularly common in rural areas and in lower socio-economic groups. [20] Economic issues seemed to be the main reason for using cloths instead of pads. [20] Difficulty in disposal and personal preference were the other reasons. The use of sanitary pads has increased significantly over time, more so in urban areas. Use of tampons has been reported in few studies, however, there is paucity of studies on menstrual cup in India. [13]

It is noteworthy that although a variety of MHHM products are available, however, a particular kind of menstrual hygiene product i.e., sanitary napkin is being promoted in most of the MHHM programs. Informed choice and enabling access to multiple MHHM products, along with correct information regarding menstruation should be included in MHHM intervention programs.

#### **2.4. Restrictions and absenteeism**

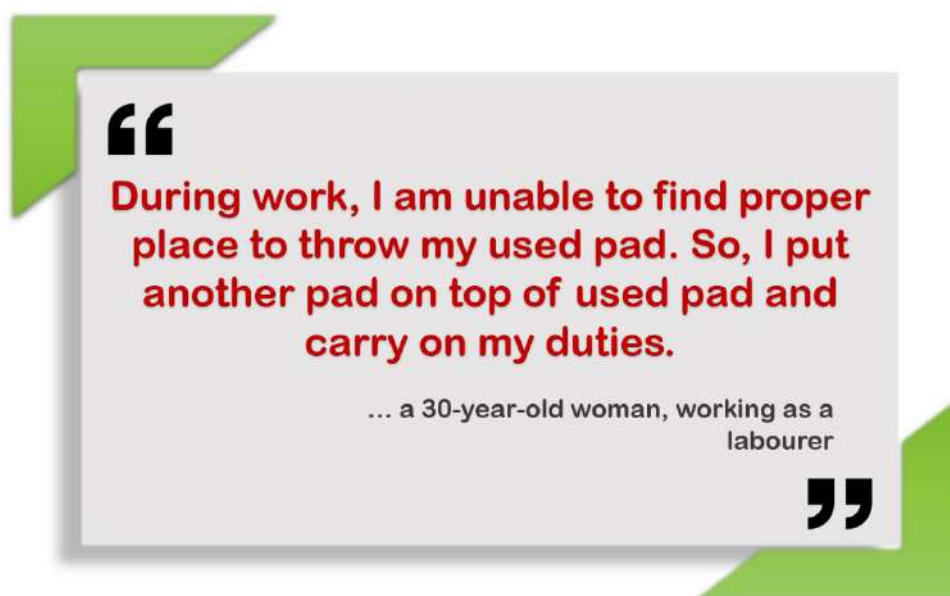
Restrictions during menstruation are common. The most common restrictions are - visiting places of worship and touching religious items or praying. In some studies, girls reported sleeping separately, or sitting separately from household members during menstruation. Besides, there are restrictions in cooking, household work, exercise and playing, moving in and out of the house, and attending social functions. [11,13]

School absenteeism is also common during menstruation. A study in urban Delhi reported a prevalence of 43%, with majority of girls missing school for 1-3 days, while 7% missed for four or more days. The most common reasons were pain during menstruation (75.6%) fear of staining of clothes (43.6%) uncomfortable feeling (39.4%), and fear of others making fun (13.7%). Other studies have also reported these reasons, and other reasons such as lack of water, hygiene and disposal facilities in school toilets, and restrictions imposed by relatives or teachers. [21,22]

#### **2.5. Access to safe disposal of used menstrual waste**

Appropriate disposal of used menstrual material is still lacking in many parts of the country. Most of the women dispose of their sanitary pads or other menstrual articles into domestic solid

wastes or garbage bins that ultimately become a part of solid wastes. In many places, toilet facilities lack bins for the disposal of sanitary pads and hand washing facilities, which is challenging for MHHM. In rural areas, there are many options for disposing menstrual waste such as by burying, burning, and throwing in garbage. [11,13]



Menstrual health and hygiene interventions can help overcome these obstacles. They fulfil the unmet needs for menstrual hygiene products; as well as protect dignity, build confidence, and improve sexual and reproductive health. [1]

## **2.6. Health issues related to menstruation**

Nearly 75% of adolescents encounter menstrual problems like irregular menstrual cycles, pain during menstruation or heavy bleeding. Although some of the symptoms may be physiological, however, it is important to recognize abnormal menstrual bleeding, which requires referral to a doctor. For instance, menorrhagia in adolescents is suspected when there is heavy bleeding causing the need to change the sanitary napkin more frequently than once an hour, or duration is more than 7 days. Studies have reported that nearly 36% of the adolescent girls had irregular cycles. Pain during menstruation has been reported in 49 – 60% of the adolescents, menorrhagia in 17%, and premenstrual syndrome in 46% - 50 % of the adolescents. Causes of abnormal bleeding have been reported as anovulatory cycles (72% - 80%), PCOD (8- 10%), hypothyroidism (8.5%) and bleeding disorders (3%-10%) among adolescent girls. [23-25]



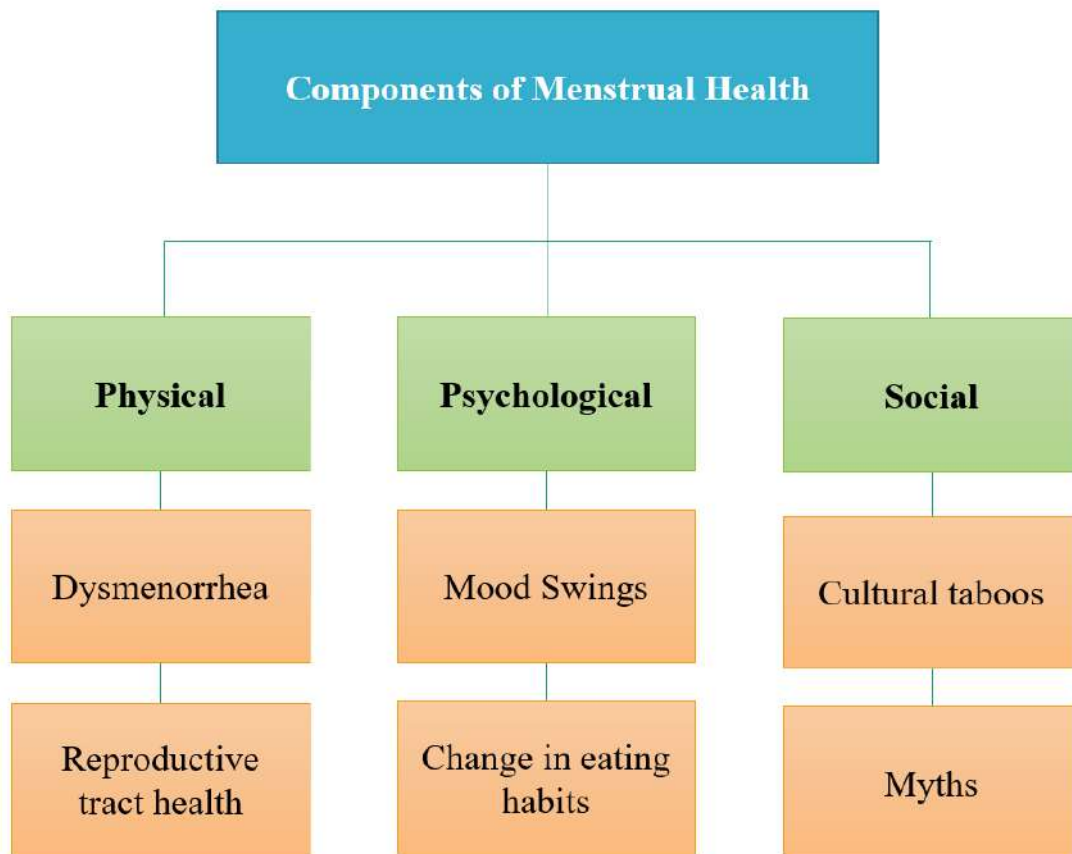


Figure 3: Components of Menstrual Health

### 3. Challenges for Menstrual Health & Hygiene Management

Menstrual health and hygiene management (MHHM) is the right of every individual who menstruates. Inability to achieve proper management can lead to multiple health, social and environmental consequences. [26-30] Recognizing the importance of MHHM, various agencies and governments have taken the initiative to formulate guidelines as well as plan and implement programmes that would help girls and women to achieve MHHM. [31-34] However, despite of multiple efforts and guidelines, the situation continues to be a problem for menstruating persons in the country. Several challenges to MHHM are embedded within the context of political commitment and socio-economic development.

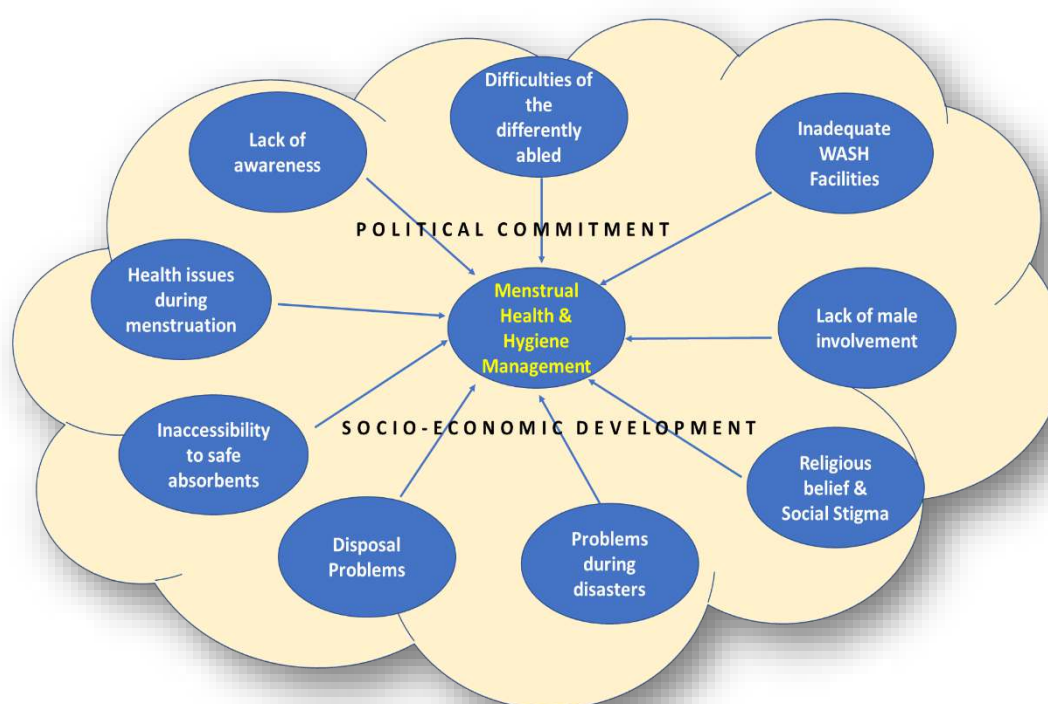


Figure 4: Challenges for Menstrual Health & Hygiene Management

#### 3.1. Lack of awareness

The menstruating girls and women were found to be lacking in awareness as well as adequate knowledge regarding menarche, its cause, and menstrual hygiene. Despite efforts from multiple sources, lack of awareness and inadequate knowledge persists, which translates into improper MHHM. Studies have revealed that a large proportion of adolescence and college girls did not

know about menarche before its onset. [35-38] They neither knew about the cause and origin of menstrual blood nor its relationship with reproduction. [35] The majority of girls got their information from their relatives, mainly mothers and information from health workers and teachers were abysmally low. [35,37,38]

This lack of awareness can lead to anxiety among girls that they may be suffering from some disease and leave them stressed and embarrassed. The lack of knowledge also results in the use of unhygienic material during menstruation, non-adoption of hygienic practices (washing of hands, perineum and cloth pads with soap and water, drying them in the sun) as well as absenteeism. This persisting lack of adequate knowledge also indicates that the Adolescent Reproductive & Sexual Health/Adolescent Friendly Health clinics have not been able to make the impact it was supposed to in terms of MHHM.



“

**I felt scared. It was dirty.  
Nobody had ever told me about  
it. And I wept quietly.....**

... a 12-year-old schoolgirl, on  
her reaction to first period

”

### 3.2. Health issues during menstruation

While most of the talks happen around hygienic protection during menstruation, health is a neglected part. Studies have found that more than 60% of those who menstruate, experience abdominal pain. [27,37-40] Dysmenorrhoea can be severe among many and can cause distress, enough to result in school or work absenteeism. However, many girls are told that it is normal for girls to feel pain, they should not tell others about it, and they should learn to tolerate it as women. [39] They are not given medication for pain relief. Besides abdominal pain, menstruation have been found to be associated with back pain, leg pain, abdominal bloating, fatigue, nausea, vomiting, loose motions, breast tenderness, menorrhagia, irritability, anxiety, inability to concentrate, headaches, etc. [27,37-39] However, management of these complaints during menstruation is inadequate and needs to be emphasized along with other aspects of MHHM. Hitherto, the health part of MHHM has not received enough attention. Their management should start from educating the girls and women about the problems; that there are methods to reduce their pain and distress, they can use them and making medications available to them at home, schools, workplace, etc. Training them for skills to deal with psychological part of it should also be a part of the management.

“

**I feel a lot of pain during my periods.  
But I never take medicine as my mother  
says that if I take medicine, I will have  
problems during my pregnancy. I  
should, thus, tolerate it .**

... a 25-year-old woman

”

### 3.3. Lack of access to hygienic protection

Even though there has been improvement in the usage of sanitary pads as absorbents, NFHS-5 shows that 24% of young women continue to use unhygienic methods of protection. [17]

However, there was an improvement from 50.7% seen in NFHS-4. [41] Other recent studies have found the usage to vary from 69% to 80% depending upon the location of the study, age and ethnicity. [35,37,40] Despite improvement, the use of hygienic absorbents is yet to be universal among the school and college goers, leave alone the differently abled, transgenders and those in disaster situations. This inaccessibility could be due to multiple reasons, including lack of economic capacity as most of the sanitary pads available in the market are expensive. Even in a dental college, 49% of the female workers confessed to being economically restricted and felt it difficult to buy sanitary pads. [42] If workers can find it expensive to buy sanitary pads, one can draw the logical conclusion that most of the students would find it more difficult, especially in government schools. This leads to problem of staining, embarrassment, absenteeism and infection if unsafe products are used. Though the government and other agencies have been promoting and distributing free or highly subsidized sanitary pads, they are yet to penetrate to all the schools and communities. There is also a problem with over-emphasis placed on using sanitary pads that are more expensive and has a recurring cost. There should be more emphasis on safe and cheaper alternatives like menstrual cups with minimal recurring costs.

### **3.4. Social Stigma and Religious taboo**

These go hand-in-hand in India, where menstruation is still spoken in hush hush tones. It is considered taboo to talk about it. More than 80% of the population of India belongs to the Hindu religion, and in Hinduism, menstruating females are considered impure, hence, barred from entering the temples during menstruation. This exclusion practice extends to homes where they face further restrictions. They are barred from entering the kitchen, worship, family functions, and some are even made to stay outside, alone and given a different set of utensils to use. [37,40,42] Education does not seem to have much impact on this kind of restriction. [42] Such treatment leads to lack of privacy, becomes a cause of embarrassment and compromises MHHM. The girls are made to feel that they are impure during menstruation. [38] There is a need to involve the religious leaders to de-sacrilige the normal process of menstruation and make it acceptable, discussable and support the women and girls rather than exclude them. Not enough is happening to rope in one of the most important change agents in our country i.e. religious leaders. Their acceptance of menstruation as a normal process and non-discrimination will make it a non-taboo for society and improve MHHM.



### 3.5. Disposal problems

Sanitary pads may be good to use, but their disposal could be a problem if there is a lack of disposal facilities. The girls may be asked to place them in the dustbins or garbage cans in the schools and at homes, but where it is disposed after that matters. In India, many homes and schools collect their waste and dump it in the community waste bin, which is always open for scavengers and animals. In such circumstances, there will be sight and smell nuisance as well as a source of embarrassment for the girls. Most of the girls in several studies reported that they disposed off the pads in the dustbin, some burnt them and some buried, with few saying that they threw in the open area or garbage site.[35,37,38,40] Burning is problematic for sanitary pads as they have high moisture content hence ordinary burning is not recommended.(44) This calls for incinerators that have the capacity to burn high moisture waste and they should be checked for quality. Initiatives like '*Ashudhinashak*' a locally made incinerator, should be encouraged and utilized. (45) It is an indigenously developed clay incinerator, low cost and easy to maintain, which would fulfil the need for proper disposal, eliminating sight and smell and social problem of embarrassment for girls and women. A systematic study revealed that many girls faced a lack of disposal facilities in the schools, and they left the used pads in the toilet due to a lack of dustbins.[36] The use of menstrual cups will eliminate this problem of disposal and it should be encouraged.

### 3.6. Inadequate WASH facilities

For good MHHM, there should be adequate facilities in terms of lockable washrooms, adequate water, soap and supply of sanitary pads in all educational, occupational and commercial establishments. However, studies have shown that there are deficiencies in school facilities with a lack of toilets exclusively for girls, a lack of privacy as the doors of the toilets were broken, inadequate water supply, a lack of buckets and mugs, and a lack of soap and pads in the schools. [36,38,40] Similar would be the situation in many workplaces, especially for those working in the informal sector, which is not regulated for minimum requirements. Even in commercial establishments, such facilities are frequently lacking, but no attention is paid by the owners, nor the municipality or local bodies. WASH facilities should also be provided in parks, bus depots, train stations and long routes. Lack of such facilities during travelling can be a problem for MHHM due to which many girls refrain from travelling and miss opportunities. Many women may not go for morning or evening walks only because the parks, towns, and cities areas may lack WASH facilities.

### **3.7. Homeless, differently abled, transgenders and disaster situations:**

MHHM is a difficult issue even for normal girls and women, more so for the ones who are deprived and marginalised by society; be it lack of facilities, be it teasing or a lack of supplies or ability to use and change pads during menstruation. These are separate groups that need special attention. The disabled could reject sanitary pads, suffer physical discomfort, be unable to place the pads, nor maintain privacy. [46-48] It makes them much more vulnerable. MHHM during disaster situations is again a problem that is usually not taken into consideration, and a lack of privacy and a lack of supplies during disasters need to be addressed along with other measures. During the COVID-19 pandemic, the girls and women faced shortage of sanitary pads and were unable to buy due to stringent and prolonged lockdowns and had to rely on local absorbents. [49,50] It must be emphasized that not only do the marginalised and disabled face more challenges but research among them is also a neglected area.

MHHM is a complex issue with many stakeholders, and identification of challenges will help delineate the activities that need to be dealt with by the different stakeholders. These challenges bear witness to the fact that despite many efforts, MHHM is still a problem in India. They need to be tackled with innovative methods, adequate finances and go parallel with the country's overall socio-economic development. For this to happen, political commitment is a sine-quanon.

### **3.8. Non-involvement of males in MHHM**

Although males are designated as head of their respective families in Indian society, yet they are not involved or are completely excluded from the matters related to menstruation. This poses a great challenge, both at community level as well as programmatic level, since they fail to provide adequate financial and moral support to the menstruating girls and women. This issue has been adequately covered in the subsequent chapter on involvement of boys and men in MHHM.

### **3.9. Challenges faced: A first-hand experience**

Individuals who menstruate belong to various walks of life across India. They have their own personal experiences when it comes to managing their menstruation. While the scientific literature is occupied with evidence collected through a quantitative approach, many of their subjective experiences remain unsaid and unexplored. Therefore, to explore the challenges

faced by individuals who menstruate and their suggestions to overcome them, interviews were conducted with the following groups of individuals including males:

1. Formal sector
  - a. Doctors and nursing officers.
  - b. Administrative and Research staff
  - c. ASHAs
2. Informal sector
  - a. Housekeeping staff
  - b. Labourers
3. Special groups
  - a. Adolescents
  - b. Transgender and nonbinary individuals

Irrespective of the group they belonged to, most of the individuals interviewed mentioned similar issues they faced during or regarding menstruation. Below is the list of common challenges faced by them:

|  |
|--|
| 1. Shame and embarrassment faced in buying pads, going to washrooms to change, etc.  |
| 2. Lack of awareness about menarche, correct cause of menstruation, an array of hygienic products available, etc.  |
| 3. Lack of hygienic washrooms or total absence of washrooms in public places for changing.   |
| 4. Lack of disposal facilities for used sanitary pads at home, schools, workplace, and public places.  |
| 5. Health issues such as menstrual cramps, tiredness, irritability, body pain, etc. were experienced by many, but most of them did not take medications due to misconceptions.   |
| 6. Non-availability of sanitary pads & tampons when needed due to lack of supply or fund.  |
| 7. Getting teased during menstruation, verbally harassed by other customers while purchasing sanitary pads, etc.   |
| 8. Stigma and discrimination faced during menstruation of having to live outside the house, not touching male members, not touching food or pickles, keeping their clothes away from others', not being able to worship or enter temples, etc. |
| 9. Many students and the female workforce resorted to sick absenteeism due to pain and sickness or embarrassment during menstruation.  |

Some of the problems were exclusive to specific groups, namely among women in the unorganized section, boys, transgenders & non-binary individuals.

## Women in the unorganized sector

- |  |
|--|
| 1. The women in the organized sector who agreed to be interviewed refused to reveal their names, which is indicative of the extent of stigma attached to the topic of menstruation and the taboo associated. |
| 2. They expressed difficulty in buying sanitary pads due to financial deficiency.  |

## Adolescent Boys

- |  |
|--|
| 1. The boys felt excluded and kept isolated from any talks or discussion about menstruation. |
| 2. Despite their curiosity, they could not get more information about menstruation.          |

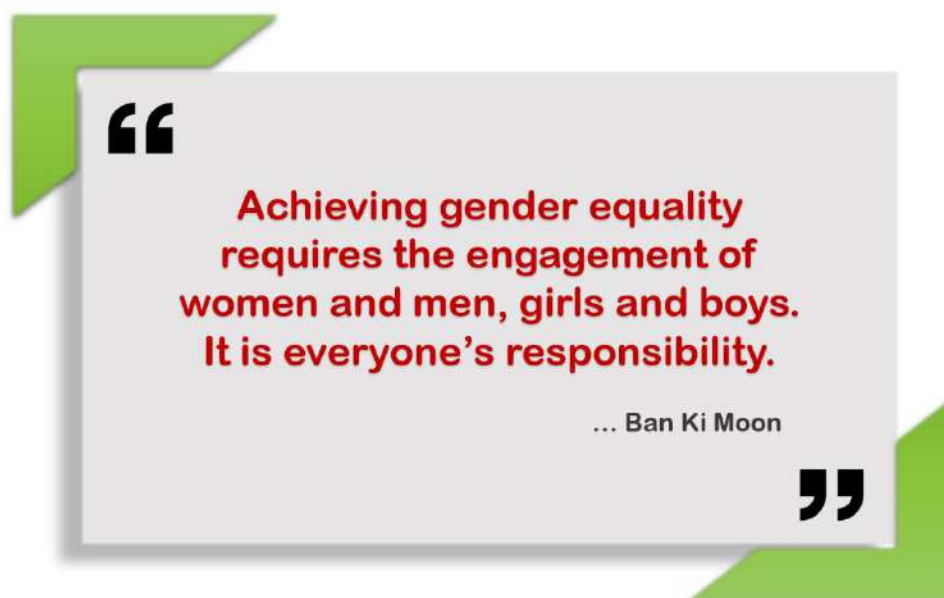
## Transgender men and non-binary individuals

Main issues which impede menstrual management:

- |   |
|---|
| 1. Menstruation interferes with their gender identity. Bloodstains on clothes add to their dysphoria, expose them and make them vulnerable to discrimination.   |
| 2. The aggressive gendering of menstrual products aligned with established social norms of menstruation as feminine forces some to avoid using them altogether. |
| 3. The design of men's bathrooms excludes the consideration of menstruation altogether such as the lack of trash cans to dispose of the products.               |
| 4. Hesitancy in purchasing the menstrual products in stores due to fear of disapproving looks by storekeepers, and verbal harassment by other customers.        |
| 5. Buying menstrual products online is an option for those who can afford to, but for the socioeconomically deprived, there is hardly any option.               |

## 4. Involvement of boys and men in MHHM

---



India has been predominantly a patriarchal society, where males are often the financial and social decision-makers of the family. As immediate providers and caretakers of their families, it is their duty to know about menstrual health and hygiene. Currently, our health policies are more focused on empowering adolescent girls and women regarding menstruation and tend to exclude male fraternity from any interventions undertaken in this regard. The taboo associated with the menstruation leave boys and men with little or no knowledge, and they are forced to acknowledge the whole subject matter as 'some girl problem'. The situation has turned into a vicious cycle, as the female silence and stigma discourages boys to seek correct knowledge, and when they grow up, their poor awareness and general apathy contributes more to that same silence and stigma. Moreover, their limited awareness and understanding aggravates the unmet need of the females, who are often dependents, regarding menstrual hygiene management. [43,51,52]

Men and boys have equal stakes in Menstrual Health and Hygiene Management. They are equally responsible for it. However, there is dearth of literature regarding roles of men and boys in supporting menstrual health and hygiene.

### 4.1. Men missing in 'men'struation

Globally, majority of males are found to have relatively less knowledge about menstruation than females. The gender segregated sex education provided to boys rarely includes proper information about menstruation. [53-55] Problem is graver in India, as reproductive health or



sex education is still not a regular part of school curricula. Even the science teachers at schools are frequently found shying away from providing comprehensive knowledge about menstruation to boys. During menstrual hygiene sessions conducted at many schools, boys are usually sent to playgrounds to ensure 'privacy' to female audience.

“

**Mammi tells me to be discreet about my periods, so that papa and bhaiyya doesn't know. Of course...they must never know. It is shameful.**

... a 16-year-old schoolgirl, on whether men in her family know about menstruation

”

At homes, the boys' parents do not want them to spend their study time on such topics as they are not deemed 'important' for their future. [52] In a study in Taiwan about boys' experiences and attitudes relating to menstruation, quotes from boys interviewed in the study showed that they were also discouraged from talking about menstruation with each other at school. [56] Consequently, they tend to seek knowledge from informal sources and grapevine communication. The resulting outcome is that majority are unaware about normal physiology of menstruation. Moreover, they tend to consider menstruation as a 'disease', and harbour negative beliefs and attitude about it. [56]

UNESCO's Technical Note emphasised that as teachers, males are inadequately sensitised to girls' needs and therefore may not allow girls to visit the toilets and may misinterpret girls' lack of participation in class during menstruation. [57]

As fathers, they find themselves isolated at the time of their daughter's menarche. They are hesitant in talking about menstruation related topics with their daughters. Daughters too, are reluctant to share their own 'issues' with their fathers. The situation becomes grimmer in case of single father, male guardian or gay fathers' households, where the daughter distance themselves away due to embarrassment. [51, 58, 59]

At majority of houses men engage in decision-making on the allocation of household resources. Various focussed group discussions with women revealed that most men neither discuss menstrual issues with their wives, daughters or any girl in family nor provide money for menstrual materials. [60]

Hence these prevailing gaps aggravate the unequal power dynamics between men and women. Consequently, there are socio-cultural taboos, stigma, and shame around menstruation which inculcate gender inequalities in the society.

## 4.2. Ways to involve men and boys in menstrual health and hygiene management

Men and boys influence women's and girls' experiences of menstrual hygiene management through multiple roles as husbands, fathers, brothers, peers, teachers, community leaders, entrepreneurs, employers, and policymakers. [51,52] Men can be involved in matters related to menstruation in multiple ways. The proven strategies which seem to work involving men are as follows:

- Boys should be provided clear and comprehensive information related to the basic facts linked to the menstrual cycle and how to manage it. The society should encourage candid conversations surrounding women's health; conducting sessions on gender, sexuality, and menstrual hygiene management will help adolescents understand menstruation as a clean and natural biological process. Like everyday objects, people around the globe need to treat sanitary napkins, tampons and menstrual cups as indispensable part of everyday life.
- Male teachers should be adequately informed about menstrual hygiene management. They should be confident and sensitive regarding the subject matter so that they can support female students and create an enabling, less stigmatizing environment at school.
- The school management should be oriented thoroughly about adequate WASH (Water, Sanitation and Hygiene) facilities during menstruation. Proper planning and management should be undertaken to invest money and resources in providing clean, safe and private toilets, clean water and soap for handwashing and garbage disposal facilities for used menstrual hygiene materials. Provision of sanitary pad dispensers with adequate refills should also be promoted at every school premises.
- Both men and women have a strong interest in learning about menstruation, which is a normal physiological process, but many usually feel shy in discussing it, so training them together at a place with trust-building and friendly conversation can help.

- Men should be engaged to become ambassadors or change-makers who challenge the status quo of myths, misconceptions and practices that allow fear, shame and discomfort during

“

**Isn't this related to those Whisper and Stayfree advertisements on TV? But I have never seen anyone using it. Can I use it too?**

... a 15-year-old schoolboy, on his awareness about menstruation

”

menstruation. Celebrity and influential men from different background like social media influencers, political leaders and religious leaders should become advocates in this regard. Their help can be sought in spreading the awareness about menstrual health and hygiene amongst masses through different print and electronic media. [52]

Men and boys might find it awkward to initially discuss menstruation and menstrual hygiene since it is believed that menstruation is completely and purely a women's personal affair. But once men get a good understanding and awareness of menstruation and menstrual hygiene practices, they would be comfortable and empathetic to speak and act. As fathers, husbands, brothers and teachers, they will be empowered to provide adequate menstrual hygiene materials, ensure WASH facilities, dispel myths and taboos, thereby promoting periods-friendly environment for individuals who experience this normal physiology called menstruation.

## 5. Interventions for MHHM - Available evidence

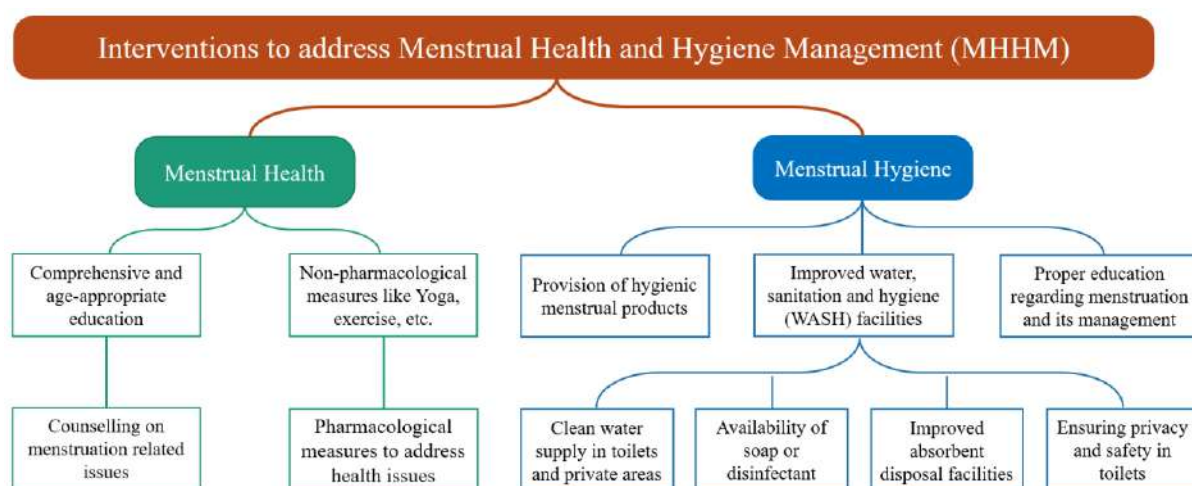
“

**I suffered a lot when I tried to make sanitary napkins and promote the idea. My family – including my mother and wife – deserted me. Villagers even tied me to a tree and beat me. But after seeing me successful now, they come and say that they all knew that I would become famous one day.**

... Arunachalam Muruganantham

”

To address the gaps and challenges in menstrual health management (MHHM) in adolescent girls and women, it is important to identify interventions that improve or facilitate menstrual health and hygiene management.



MHHM is a multi-sectoral issue that requires involvement of various Ministries and departments namely Ministry of Education, Health and Family Welfare, Women and Child Development and Water Sanitation Hygiene (WASH). Under the National Rural Health Mission, menstrual hygiene promotion was formally included as a key responsibility of the community health workers (Accredited Social Health Activist; ASHA). The Menstrual hygiene programme was developed with the objective of increasing awareness of adolescent girls

regarding menstrual hygiene, improving the access to and use of high-quality sanitary napkins and ensuring safe disposal of the same in an environment-friendly manner. These were implemented through monthly meetings to be convened by ASHA at the Anganwadi Centre for adolescent girls. The meeting would focus on issues of menstrual hygiene and serve as a forum for supplying sanitary napkins to the girls. For school going adolescents, the School Health Promotion and the nodal schoolteachers provide these services. Sourcing and procurement of sanitary napkins are also important components. Training of ASHAs, Behaviour Change Communication and Safe disposal were other components of the programme. [61]

Guidelines on MHHM were published by the Ministry of Drinking Water and Sanitation in 2015. It outlines what needs to be done at various levels namely the state governments, district-level officials, engineers, technical experts in line departments; and school head teachers and teachers for improving MHHM in the country. The main components addressed in the guideline are Information Education Communication (IEC) to raise awareness and skills on MHHM in all places, especially amongst adolescent girls in schools; easy access to sufficient, affordable and hygienic menstrual absorbents during menstruation; access to a separate toilet with private space for cleaning, washing, including access to adequate and sustained water supply and soap, and access to infrastructure for disposal of used menstrual absorbent, and know how to use it by every adolescent girl. [31]

“Swachh Bharat: Swachh Vidyalaya” campaign was launched in the year 2014 to ensure that every school in India has a set of functioning and well-maintained WASH facilities including soap, private space for changing, adequate water for washing, and disposal facilities for used menstrual absorbents. [63]

## 5.1. School based Interventions

Schools have been identified as an important area for MHHM intervention, where a comprehensive provision of both kinds of services to the adolescents can be made.

- A review on menstrual hygiene preparedness in school defined ‘menstrual hygiene friendly school’ as one where (a) teachers had adequate knowledge about MHHM or teachers were the source of information for MHHM (before or after menarche) to girls, (b) school management committees took menstrual health-promoting actions, and (c) there were facilities of clean, separate girls’ toilets, changing rooms, water, soap, safe disposal of used pads, and emergency sanitary pads (sanitation facilities). Furthermore, (d) male sensitization on MHHM, (e) girls’ awareness on menstruation before

menarche, (f) availability of education material on menstrual hygiene promotion, (g) waste management facilities in school premises, and (h) regular monitoring of the schools for rolling out MHHM, were added dimensions of menstrual hygiene friendly schools. [36]

- There is moderate evidence that health education interventions can improve menstrual hygiene knowledge and practices among schoolgirls in resource-poor countries such as India. A school-based study covering three Indian states (Maharashtra, Chhattisgarh and, Tamil Nadu) showed that menstrual hygiene management was better in NGOs or UNICEF-supported ‘model’ schools compared to regular government schools. The ‘model’ schools had a focused menstrual hygiene education program, and they had better menstrual health-related indicators like awareness, pad disposal, and absenteeism. [64]
- In Uganda, favourable results came out of a pilot study conducted for assessing the feasibility and acceptability of delivering a multi component menstrual health intervention in schools. The intervention addressed behavioural and environmental barriers to good menstrual health and school attendance. The intervention package of puberty education, drama skit, pain management, and MHHM kit was effective in improving menstruation-related knowledge and practices. [65]
- Researchers from Bangladesh also reported that school-based education programme was successful in improving menstrual knowledge (51% to 82.4%), beliefs, and practices (28.8% to 88.9%). Even though there was improvement in school attendance and restrictions on visits to relatives/friends, there was no significant impact on restrictions on visits to holy places or doing household activities. [66]
- Results of menstrual hygiene management interventions in low-middle income countries are promising. Various trials have reported improvement in knowledge and practices related to menstruation after education intervention. Still, the evidence from these studies are insufficient due to heterogeneity in the studies and the risk of bias. [67]

## 5.2. Use of newer menstrual hygiene products

A qualitative study in Malawi to assess the acceptability of various menstrual hygiene products available reported that locally made reusable pads and commercially made disposable pads were accepted more than the menstrual cups. While adult women preferred reusable pads,



young girls preferred disposable pads. Perceived benefits of using any type of material included enhanced cleanliness and reduced school absenteeism among girls. Community leaders and teachers applauded the use of the menstrual materials, but expressed several challenges including affordability, poor disposal methods, lack of attention on sanitation facilities and the lack of standard protocols to regulate the quality of menstrual products. [68]

School girls in the age group of 14 to 16 years in western Kenya were able and willing to use insertable menstrual cup for menstrual hygiene management in a rural African setting. Preliminary uptake was slow and peer support and mentoring was required. It may take up to 6 months before confidence to use is established. [69]

Under ‘Avalkayi’ (for her) initiative, around 5000 menstrual cups have been distributed to women aged 18 and above in Kumabalangi village of Kerala in India, thus showing administrative commitment towards promoting safer and eco-friendly method of menstrual hygiene product across rural areas.[70]

### 5.3. Disposal of menstrual hygiene products

A low-cost clay pot was designed by an NGO in rural Gujarat to be used as a simple incinerator for the disposal of used sanitary napkins. It was named *Ashuddhinashak* which means



Figure 5: Ashuddhinashak: Clay incinerator

‘destroyer of impurities’. It was designed so that the disposal and usage was easy for the users.

A few burning papers were to be added below that converted the disposed napkins into ash. It was environment friendly and could be produced locally. [45]

In a study in Bangladesh, it was observed that barriers to optimal menstrual hygiene management in schools included lack of functional toilets and private locations for changing menstrual products, and limited options for disposal. Girls, teachers, and janitors preferred and ranked the chute disposal system as their first choice, because it had a large capacity (765 L), was relatively durable, required less maintenance, and would take longer time to fill. During implementation of the chute disposal system in four schools, girls, teachers, and janitors reported positive changes in toilet cleanliness and menstrual products disposal following the intervention. [71]

#### **5.4. Improvement in WASH facilities**

In rural Odisha, it was observed that provision of household latrines or bathing areas with access to piped water improved the environment that enables MHM practices related to privacy. However, the provision of such facilities alone had only a moderate impact on adequate MHM. Women who lived in the villages receiving the intervention, were more likely to report adequate MHM practices than those in control villages (Adjusted OR (AOR) 3.54, 95% Confidence Interval (CI): 1.86–6.78). [72]

#### **5.5. Social and Behaviour Change Communication (SBCC) intervention**

This intervention study was conducted in the villages of Uttar Pradesh to understand if encoded exposure to a SBCC intervention (GARIMA), comprising of dose and recall had an effect on knowledge, attitudes, interpersonal communication, restrictions and MHHM. The results showed that adolescent girls in the ‘high’ encoded exposure group had higher knowledge about puberty, higher knowledge about reproductive parts, positive attitudes towards gender, and significantly higher levels of some discussion and dialogue. These mediators also predicted all behaviours corresponding to MHHM. However, the intervention was not successful in addressing knowledge about absorbent use, attitudes towards absorbent use and attitudes towards social/religious restrictions, personal restrictions and structural restrictions, which were significantly associated with some MHHM behaviours. [73]

## 5.6. Implementation model integrating the government service delivery system

A study evaluated an intervention to strengthen a public health programme aimed at increasing the use of safe, sanitary absorbents and knowledge of MHM among tribal adolescent girls. This project was implemented in 202 villages of two sub-districts of Narmada district in Gujarat, India, for one year (2018–2019). The intervention consisted of capacity building of 892 government frontline health workers and teachers, followed by supportive supervision. Convergence with concerned departments was achieved through meetings with stakeholders. “MHM-corners” and “MHM-Committees” were created at schools and Anganwadi-centres to improve access to menstrual absorbents and information. [35]

## 5.7. Training by the peer educators

Training by the peer educators (PRAGATI) in creating awareness about menstrual hygiene and bringing about a significant change in attitude and practice is an effective method of spreading awareness among adolescents on menstrual hygiene related sensitive issues. However, repeated sessions are required to create momentum and enthusiasm for learning new things. [74]

## 5.8. Innovative Menstrual Education methods

In a mixed-method design conducted to determine the program needs and assess the young adults’ knowledge and perceptions regarding menstruation and menstrual products young adults wanted Menstrual Education content access via mobile and in-person modalities. A multi-experimental menstrual education (MEME) program was designed that included hands-on exposure to 60 menstrual products, product demonstrations with a female perineal model, a YouTube video, quiz, and question-and-answer sessions with menstrual experts for both genders. The program led to high satisfaction among participants and improved their knowledge and perception of menstruation and menstrual hygiene products. [75]



Figure 6: Promotion of Menstrual products by celebrities

In media, celebrities like Akshay Kumar, through films and advertisements have been actively promoting the use of disposable sanitary pads. Social media platforms like Twitter and Instagram have also been aiding in breaking the stigma and normalizing the discourse on menstruation and menstrual hygiene in the society.

### **5.9. Persons with special needs**

An MHM intervention developed to meet the specific needs of people with intellectual impairments and their caregivers in Nepal aimed at three target behaviours, namely use of a menstrual product, use pain relief for menstrual discomfort, and not showing menstrual blood in public. Improvement across all target behaviours was observed and this led to increase in the people's levels of confidence, comfort and autonomy during menstruation. [76]

## 6. IAPSM Advisory on Menstrual Health and Hygiene Management

---



Figure 7: Working Committee on Menstrual Health and Hygiene Management

In order to ensure confident, dignified and healthy menstruation and empower females and transgenders of conscious and appropriate decision making regarding their own needs, it is important to frame and implement effective strategies to strengthen Menstrual Health and Hygiene Management (MHHM) in India.

To generate awareness, increase accessibility of safe menstrual hygiene products, and provide an enabling and supportive environment for Menstrual Health and Hygiene Management (MHHM), a coordinated effort of various officials, ministries, frontline workers, and community members is needed. There are key stakeholders, who either are already contributing or who have the potential to contribute to the promotion of Menstrual Hygiene Management in the country.

## **I. Healthcare providers**

Healthcare providers include frontline healthcare workers (ANM, ASHA, AWW) and medical practitioners. The proposed role, strategy, and site of implementation of the activities of the HCWs are described below.

### **A. Accredited Social Health Activists (ASHAs)**

#### ***Functions***

- Raise awareness on menstrual health and hygiene management (MHHM).
- Mobilize community to provide social support and end stigma associated with menstruation.
- Make menstrual products accessible.

#### ***Strategies***

- Conducting monthly meetings in AWC and household visits regarding MHHM.
- Interpersonal communication with girls, women and family members to remove myths related to menstruation.
- Distribution of sanitary napkins provided under menstrual hygiene scheme.
- Promotion of reusable alternatives such as menstrual cups, with proper guidance on correct manner to use and wash them.
- Address associated issues with menstruation (pain in abdomen, heavy bleeding, etc.) with timely provision of treatment to alleviate symptoms.

#### ***Site of implementation and related National Health Programmes***

- AWC, Home visits, VHSND.
- MHS, SABLA.

### **B. Anganwadi Workers (AWWs)**

#### ***Functions***

- Raise awareness on menstrual health and hygiene management (MHHM).

#### ***Strategies***

- Coordinating with ASHA for conduction of monthly meeting in AWC.



- Interpersonal communication with girls, women and family members to remove myths related to menstruation.
- Facilitate distribution of menstrual hygiene products at AWC.
- Provision of treatment to alleviate health issues associated with menstruation.

***Site of implementation and related National Health Programmes***

- AWC, Home visits.
- SABLA.

**C. Auxiliary Nurse Midwife / Multipurpose Workers**

***Functions***

- Training ASHAs on MHHM.
- Monitor monthly meetings conducted by ASHA.
- Management of stock of menstrual hygiene products.

***Strategies***

- Conducting frequent refresher trainings for ASHA.
- Provide support on use of IEC materials for MHHM.
- Provision of treatment to alleviate health issues associated with menstruation.

***Site of implementation and related National Health Programmes***

- SHC, VHSND, ASHA meetings.
- MHS.

**D. Medical practitioners**

***Functions***

- Training frontline workers.
- Monitor monthly meetings.
- Act as teacher, and counsellor to the girls, women and community regarding MHHM, identification of health problems and when to seek treatment.

***Strategies***

- Monitor frontline workers regarding MHHM.

- Ensure availability, accessibility and utilization of menstrual hygiene products and medicines.
- Promote installation of sanitary pad vending machines/ dispensers in healthcare settings.
- Ensure provision of adequate WASH facilities in the health care premises.
- Advocate MHHM friendly environment in the practice area and in the health care facilities.

### *Site of implementation and related National Health Programmes*

- Health care facilities, Outreach area.
- NHM.

## **II. Community Based Organizations/ NGOs/ SHGs/ Professional bodies like IAPSM**

### **A. Community Based Organization**

#### *Functions*

- Raise awareness about menstruation and menstrual hygiene management (MHHM).
- Mobilize community to provide social support and end stigma associated with menstruation.

#### *Strategies*

- Monthly meetings with community stakeholders (mothers, teachers) and IEC activities.
- Conducting rallies/walks, competitions and events with these topics.

### **B. Self Help Groups**

#### *Functions*

- Raise awareness about menstruation and menstrual hygiene management (MHHM).
- Supply of menstrual hygiene products.

### *Strategies*

- Community based meetings with various stakeholders to increase awareness about menstruation and MHHM.
- Advocacy regarding newer MHHM products such as menstrual cups.
- Sourcing of sanitary napkins and menstrual cups through competitive bidding process.

## **C. Non-Governmental Organizations (NGOs)**

### *Functions*

- Raise awareness on menstrual hygiene management (MHHM).
- Make menstrual hygiene management products accessible.

### *Strategies*

- Reaching out to the girls and women in the marginalized sections of society.
- Create demand and supply of the menstrual hygiene management products.
- Conducting rallies/walks, competitions and events with these topics.

## **D. Professional bodies like IAPSM**

### *Functions and Strategies*

- Provide technical expertise in drafting evidence-based policies and strategies to develop a comprehensive model of menstrual health and hygiene in India.
- Develop standardised IEC materials on MHHM, to be used for training, capacity building and wider circulation.
- Development of training modules that address not only the cognitive domain of the learners, but the affective and psychomotor domains as well.
- Provide cascade training, capacity building and supportive supervision to ensure percolation and dissemination of comprehensive information at various levels from policy makers and health care workers to the community.
- Facilitate extensive collaboration between and within the stakeholders, integrated with periodic feedback mechanisms to ensure quality control and continuous supportive supervision.

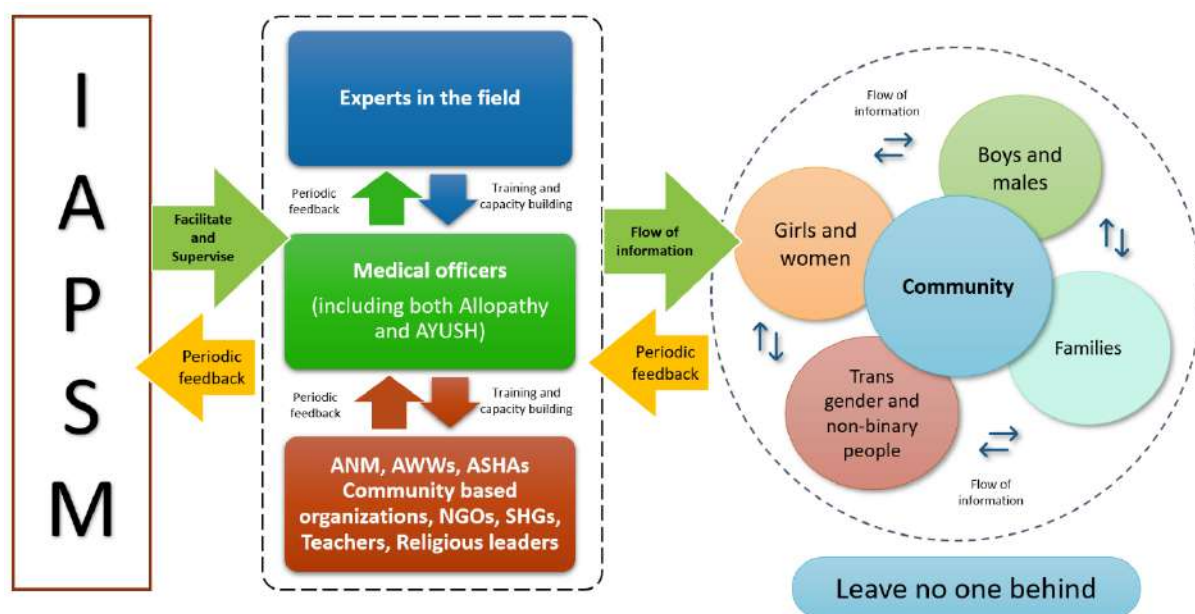


Figure 8: Cascade training and capacity building of various stakeholders facilitated by professional bodies like IAPSM to strengthen MHHM

### III. Community stakeholders

#### A. Teachers

##### *Functions*

- Educate adolescent girls and boys on menstruation
- Motivate girls to adopt appropriate MHHM measures

##### *Strategies*

- Conducting interactive educational sessions on menstruation and MHHM for adolescent girls and boys
- Inform girls on how to access menstrual hygiene products available at schools
- Address issues faced by adolescent girls related to menstruation by meeting with parents

#### B. School management

##### *Functions*

- Make school supportive of MHHM by providing appropriate facilities
- Training teachers for education of adolescent boys and girls on menstruation

### ***Strategies***

- Gender responsive WASH facilities at school.
- Developing linkages with biomedical waste management units.
- Maintain supply of menstrual hygiene products.
- Support teachers with teaching-learning materials on menstruation and MHHM.
- Bring the discussion on menstruation and MHHM to the mainstream by including it as a topic in college events and programs such as debates.

## **C. Parents**

### ***Functions***

- Educate young girls and boys on menstruation.
- Promote appropriate MHHM practices.
- Provide social support to the girls and women.

### ***Strategies***

- Discuss puberty and menstruation before menarche.
- Explain the use of various menstrual hygiene products like sanitary napkins, menstrual cups, tampons and appropriate method of their handling/disposal.
- Address fears, concerns and anxiety related to menstruation.
- Encourage girls and women to continue regular activities without any restrictions during menses.

## **D. Religious leaders**

### ***Functions***

- De-stigmatization of the phenomenon of menstruation.

### ***Strategies***

- Dispel various menstruation related myths and taboos which are associated with religion in their preaching.
- Educate the community to eliminate any sort of discrimination faced by women due to menstruation in their preaching, especially the members of the community who are part

of the immediate environment of the menstruating girls/women such as family members and teachers

## **IV. Ministries**

### **A. Ministry of Health & Family Welfare**

#### ***Functions***

- Capacity building of service providers
- Funding of stakeholders
- Building of infrastructures support for MHHM

#### ***Strategies***

- Development of training modules for ASHAs, School teachers on MHHM.
- Development of guideline for MHHM for girls, women, parents and influencers.
- Development of IEC materials on menstruation to aid ASHAs/Teachers
- Financing SHGs for manufacturing menstrual hygiene products
- Decision on incentive for ASHAs

#### ***Site of implementation and related National Health Programmes***

- Across public health platforms such as SC, PHC, CHC
- RKSK, ARSH, RBSK, MHS

### **B. Ministry of Education**

#### ***Functions***

- Sensitization of school authorities towards MHHM
- Development of guidelines for enabling environment on MHHM in schools
- Regular monitoring of schools for MHHM

#### ***Strategies***

- Training of teachers on educating both girls and boys on MHHM
- Provision of educational materials to guide and aid teachers



- Provision of sanitation facilities (Separate toilet, changing rooms, disposal facilities soap and water) at school

#### ***Site of implementation***

- Schools

### **C. Ministry of Women and Child Development**

#### ***Functions***

- Raise awareness on menstrual health and hygiene management (MHHM),
- Make menstrual hygiene management products accessible

#### ***Strategies***

- Training of AWWs on MHHM education
- Distribution of MHHM products to out of school adolescent girls
- Support NGOs/SHGs to produce and supply menstrual hygiene products through Rashtriya Mahila Kosh
- Engage with GST (India) council to reduce the GST on MHHM products

#### ***Site of implementation and related National Health Programmes***

- AWC, Schools
- SABLA

### **D. Ministry of Jalshakti / Department of Drinking Water and Sanitation**

#### ***Functions***

- Building of infrastructures supportive for MHHM

#### ***Strategies***

- Provision of water, hygiene and sanitation facilities to support MHHM at various establishments
- Provision of facilities for disposal of the used MHHM products

#### ***Site of implementation and related National Programmes***

- Schools, Public spaces, Institutions and establishments

- Swachh Bharat Mission

## **E. Ministry of AYUSH**

### ***Functions***

- Sensitization and training regarding MHHM.
- Promotion of Yoga to manage menstrual health issues such as dysmenorrhea, heavy bleeding.
- Provision of natural, cost-effective remedies to alleviate associated menstrual health issues, which is acceptable to a larger population.

### ***Strategies***

- Preparation and dissemination of IEC materials and videos.
- Arrange mass Yoga sessions for girls and women.
- Adequate provision of AYUSH remedies to large masses.

### ***Site of implementation***

- Health facilities
- Community centres
- Public health platforms

## **F. Ministry of Youth Affairs and Sports**

### ***Functions***

- Awareness generation.
- Building adequate, menstrual health-friendly infrastructure for female sportspersons.
- Promote healthy and conducive environment regarding MHHM.

### ***Strategies***

- Arrange training sessions for administrators, staff workers and players from both genders.
- Upgradation of infrastructure at sports complexes, playgrounds and training camps which include adequate WASH facilities, sanitary products dispensers, adequate disposal facilities and essential drugs for management of menstrual health issues.

- Proper education of boys and men regarding MHHM.

#### *Site of implementation*

- Sports complexes, playgrounds, swimming pools and training camps.

### **G. Ministry of Information and Broadcasting**

#### *Functions*

- Generate awareness regarding importance of MHHM, in both genders.
- Disseminate correct and comprehensive information about MHHM.
- Advocacy regarding busting of myths and taboos and stigma surrounding menstruation.

#### *Strategies*

- Preparation and wider dissemination of various IEC materials including flip charts, pamphlets, PowerPoint presentations audios and videos.
- Involvement of famous celebrities, sportspersons and social media influencers, especially males, to become ambassadors of MHHM.

#### *Site of implementation*

- Television, radio, newspapers, magazines, internet, social media platforms, channels like YouTube

### **V. Corporate Sector through the Corporate Social Responsibility Initiatives**

#### *Functions*

- Make menstrual hygiene management products accessible
- Make MHHM products more affordable
- Produce MHHM products which are environmentally safe and biodegradable
- Contribute to de-stigmatization of menstrual phenomena and address related myths
- Building of infrastructures supportive of MHHM
- Sensitization of school authorities and teachers towards MHHM
- Mobilize community to provide social support and end stigma associated with menstruation

***Strategies***

- Sponsor establishment of facilities supportive of MHHM like vending machine for menstrual hygiene products or incinerators for disposal of used MHHM products
- Supportive research in various domains of MHHM from IEC to product innovation and implementation strategies
- Social marketing to promote Behaviour Change Communication on taboos and restrictions related to menstruation
- Training of teachers on educating girls and sensitizing boys on MHHM
- Provision of educational materials to guide and aid teachers
- Provision of water, hygiene and sanitation facilities supportive of MHHM at various establishments mainly educational institutions
- Monthly meetings with community stakeholders (mothers, teachers) and IEC activities

**VI. Media****A. Print*****Functions***

- Reduce stigma and discrimination related to menstruation in the community
- Increase awareness about menstrual hygiene in the community
- Influence policy makers to advocate for accessibility and affordability of MHHM products and invest in IEC activities

***Strategies***

- Publication of articles in various local newspapers and magazines in local languages
- Publication of articles focusing on policy making related to MHHM in various national newspapers and magazines

**B. Electronic (Radio/Television/ Movies)*****Functions***

- Reduce stigma and discrimination related to menstruation in the community
- Increase awareness about menstrual hygiene in the community

- Influence policy makers to advocate for accessibility and affordability of MHHM products and invest in IEC activities

### *Strategies*

- Creating culturally appropriate programs to generate conversations in the community about menstruation and MHHM
- Responsible advertising and representation of menstruation in the programs to reduce the myths and taboos related to menstruation
- Conducting panel discussions of MHHM stakeholders to generate insights for related policy making and advocacy

## **C. Digital and social media such as Facebook, YouTube, Instagram and WhatsApp groups etc.**

### *Functions*

- Reduce stigma and discrimination related to menstruation in the community
- Increase awareness about menstrual hygiene in the community

### *Strategies*

- Engaging with the social media influencers and digital content creators to create content targeting the various age groups in the community

## **D. Folk media**

### *Functions*

- Reduce stigma and discrimination related to menstruation in the rural and tribal communities
- Increase awareness about menstrual hygiene in the rural and tribal communities

### *Strategies*

- Conducting IEC activities using local folk media popular in the respective communities

## Recommendations

Menstrual Health and Hygiene Management (MHHM) is a complex public health issue affecting women, transgender and girls alike. There is ample evidence that calls for holistic, systematic and targeted interventions to deal with MHHM in India. Therefore, following recommendations are proposed:

1. The MHHM framework of intervention should include social support, knowledge and skills, facilities and services, and materials, to ensure individuals manage their menstruation safely.

### At Individual level:

2. Menstrual health, hygiene and waste disposal education before the onset of menarche, distribution of menstrual resources such as sanitary napkins (at least 10-12 per month, adequate size & of appropriate quality), menstrual cups, along with appropriate advice on how to correctly use and dispose each of them, and life skills-based intervention for empowering individuals for decision making should be implemented.

### At Household level:

3. Boys and men should be engaged in menstrual health interventions-education, infrastructure support (WASH facilities) and provision and safe disposal of menstrual hygiene materials.

### At Community level:

4. Social Behaviour Change Communication (SBCC) interventions engaging all stakeholders, construction of toilets and provision of WASH facilities, installation of incinerators or eco-friendly menstrual waste disposal mechanisms should be promoted.
5. Gender neutral reproductive health education should be included in school and college curriculum. Both boys and girls should be imparted education together. All teachers, irrespective of gender should be comprehensively trained to provide menstruation sensitive teaching environment at school. Male teachers should be promoted to actively engage in menstrual health programmes and sensitise boys regarding the issue.
6. Educational institutions (schools and colleges), offices and other workplaces (both formal and informal) should incorporate menstrual health and hygiene friendly



infrastructure in their premises. This includes dissemination of IEC materials in the premises, provision of WASH facilities with gender neutral toilets providing space for transgender and non-binary people, vending machines for sanitary napkins, rest spaces as Menstrual Health and Hygiene Corner (with menstrual products, medicines, fluids and hot water bag facilities), along with periodic trainings for life skill-based education.

7. Regarding MHHM, cascade training and capacity building sessions for frontline functionaries like AWWs, ASHAs and ANMs should be conducted periodically to disseminate and percolate information on a larger scale. These trainings should be conducted through standardised training modules containing topics pertaining to menstruation, menstrual hygiene and management. The training modules and sessions should be integrated with RMNCH+A, National Health Mission and National Working Group of IAPSM. A supplementary module from IAPSM titled '*Maasik dharm swacchata*', can be accessed as a reference document for this purpose.
8. Local small businesses for making affordable and accessible good quality sanitary products in the community should be encouraged.
9. Local religious, political leaders and community influencers should be promoted to provide their support and advocacy in raising awareness about MHHM and addressing stigma and social taboos. The role of mass media and corporate social responsibility in menstrual education should also be actively explored in this direction.

### **At Regional/State/National level**

10. Successful schemes like UDAAN scheme for distribution of free sanitary napkins and Avalakayi scheme to distribute free menstrual cups should be implemented throughout the country to reduce period poverty in India.
11. The supply chain management and distribution process of menstrual products should be adequately strengthened, so that every individual irrespective of marital status, socio economic status and literacy (both inside and outside the school system, open school/college) receives the products. Adequate size, quantity (number of distributed pads should be increased from 6 to at least 10-12 per month) and quality (should have good absorbent/containment properties suitable for heavy bleeding days) should be ensured along with timely provision.

12. Periodic monitoring and evaluation mechanisms should be established and duly conducted, and Menstrual Hygiene Scheme should be implemented stringently in accordance with National Guidelines.
13. Menstrual Hygiene Day may be observed every year (in lines with World Menstrual Hygiene Day celebrated on 28<sup>th</sup> May every year).
14. There should be strong political will and commitment. MHHM should be included in policy discourse (including humanitarian and developmental contexts).
15. There should be coordination and convergence between ministries, departments, schemes and non-governmental organizations with respect to MHHM. Professional bodies like IAPSM can provide their technical assistance in drafting policies, programme implementation and supportive supervision at various implementation levels.
16. Standards and guidelines for gender responsive/neutral WASH facilities and menstrual materials should be explored and developed.
17. Costing and appropriate budget allocation for WASH infrastructure and promotion of MHHM should be done by national and state governments.
18. National and Regional Supply chain systems should include menstrual products as essential for health and should ensure that every girl, woman and transgender have easy access to the same in all settings.

#### **At International level**

19. Evidence based advocacy at national and international level should be promoted.
20. The policies that bring MHHM into mainstream should be formulated.
21. Improved understanding of menstrual hygiene products in global supply chain systems is essential to inform policies and programs at international level.

#### **For disadvantaged and marginalized communities:**

22. For individuals with menstruation in marginalized communities and tribal areas, linkages with development partners, non-government and international funding organizations for promotion of healthy social environment should be strengthened.
23. Menstrual health needs of girls and women with disabilities should be addressed through inclusive menstrual education and communication strategies for girls, women and their families. Disability responsive WASH facilities, health facilities and waste management mechanisms should be promoted.

**For humanitarian settings:**

24. Gender friendly, privacy ensured WASH facilities, appropriate menstrual materials with waste disposal mechanisms should be ensured in transit and shelters in humanitarian settings.

**Policy implications**

Based on our literature review and in-depth interviews conducted with various groups of participants, the following key policy implications are suggested:

1. Development of MHHM related IEC materials incorporating audio-visual aids and social media should be prepared and widely disseminated, catering to people irrespective of their literacy status. IAPSM as an academic body can play a definitive role in constructing correct and comprehensive materials to be used as reference on a wider platform.
2. NCERT curriculum should be revised so that menstrual health and hygiene education can be imparted to students as early as Class 5<sup>th</sup> onwards (since the onset of menarche is earlier these days). No gender segregation should be done while conducting education sessions.
3. Interventions such as removal of tax (removal of the value-added tax (VAT) or sales tax), free distribution of menstrual products, subsidised prices, and cash transfer programmes should be undertaken.
4. To build a uniform modus operandi at various schools/ Anganwadis/ institutions regarding supply of menstrual products, a Model Supply Chain Framework for Menstrual Hygiene Products should be drafted and implemented, clearly stating the steps and sources of supply, procurement and distribution mechanisms of appropriate menstrual products at various levels. The framework should set up periodic quality control and timely redressal mechanisms. Professional bodies like IAPSM can provide technical expertise as well as create linkages for ensuring smooth implementation of the same.
5. Well-functioning and well-advertised adolescent friendly health clinics (AFHCs) should be established in every district, with availability of female doctor and counsellor. The ARSH (Adolescent reproductive and Sexual Health) programme should be properly strengthened in each district.
6. ASHAs should be provided with incentives for distributing menstrual products in the community. They should be promoted to conduct home visits in order to cater the menstruation related demands of the beneficiaries in their respective areas.

### **Research Priorities**

There exists huge research gap in MHHM. Therefore, research, both quantitative and qualitative, should be undertaken in the following areas:

1. Medical, social and economic impact of menstrual hygiene practices.
2. Understanding menstrual health, hygiene norms, myths and practices in different contexts (urban-rural, tribal, hilly-arid areas, humanitarian contexts).
3. Research on better menstrual hygiene e.g., safe eco-friendly products.
4. Frequent surveys for client satisfaction and improvement in pad quality as per their feedback and requirements.
5. Piloting incinerators and other safe sanitary waste disposal mechanisms during menstruation.
6. Feasibility and effectiveness of various school based and workplace place interventions for improving menstrual health & hygiene.
7. Implementation research on SBCC based interventions for MHHM.
8. Evaluation of existing schemes on promotion of menstrual health.
9. Action research on social marketing of pads, hygiene practices and material disposal.
10. How to engage boys and men in MHHM
11. Working with girls and women in marginalized and tribal communities, people with disabilities and transgender

## Bibliography

1. UNICEF. Guidance on Menstrual Health and Hygiene [Internet]. UNICEF; 2019 [cited 2020 Jul 8]. Available from: <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>
2. Garg S, Anand T. Menstruation related myths in India: strategies for combating it. *J Family Med Prim Care*. 2015 Jun;4(2):184–6.
3. Menstruation and human rights - Frequently asked questions [Internet]. United Nations Population Fund. [cited 2022 Feb 14]. Available from: <https://www.unfpa.org/menstruationfaq>
4. Cardoso LF, Scolese AM, Hamidaddin A, Gupta J. Period poverty and mental health implications among college-aged women in the United States. *BMC Womens Health*. 2021 Jan 6;21(1):14.
5. Phillips-Howard PA, Otieno G, Burmen B, Otieno F, Odongo F, Odour C, et al. Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence. *J Womens Health*. 2015 Oct 1;24(10):801–11.
6. Sommer M, Schmitt M, Clatworthy D. A toolkit for integrating Menstrual Hygiene Management (MHM) into humanitarian response [Internet]. Columbia University, Mailman School of Public Health and International Rescue Committee; 2017 [cited 2022 Feb 15]. Available from: [https://reliefweb.int/sites/reliefweb.int/files/resources/mhm-emergencies-toolkit-full\\_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/mhm-emergencies-toolkit-full_0.pdf)
7. Loughnan L, Mahon T, Goddard S, Bain R, Sommer M. Monitoring Menstrual Health in the Sustainable Development Goals. In: Bobel C, Winkler IT, Fahs B, Hasson KA, Kissling EA, Roberts T-A, editors. *The Palgrave Handbook of Critical Menstruation Studies* [Internet]. Singapore: Springer; 2020 [cited 2022 Feb 14]. p. 577–92. Available from: [https://doi.org/10.1007/978-981-15-0614-7\\_44](https://doi.org/10.1007/978-981-15-0614-7_44)
8. Tiwary DAR. Role of Menstrual Hygiene in Sustainable Development Goals. *Int J Health Sci*. 2018;(5):377–87.
9. Census of India Website : Office of the Registrar General & Census Commissioner, India [Internet]. [cited 2022 Feb 07]. Available from: <https://censusindia.gov.in/>
10. Upadhyay A. Menstrual Hygiene Day Facts: Only 36 Percent Of The Women In India Use Sanitary Pads During Periods. *swachhindia.ndtv.com*
11. Kaur R, Kaur K, Kaur R. Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries. *J Environ Public Health*. 2018 Feb 20;2018:9.
12. Langer B, Mahajan R, Gupta R, Kumari R, Jan R. Impact of menstrual awareness and knowledge among adolescents in a rural area. *Indian J Community Health*. 2015 Dec 1;27:456–61.
13. van Eijk AM, Sivakami M, Thakkar MB, Bauman A, Laserson KF, Coates S, et al. Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis. *BMJ Open*. 2016 Mar;6(3):e010290.
14. Srinivasan D, Agrawal T, Attokaran T, Fathima FN, Johnson AR. Awareness, perceptions and practices regarding menstruation and menstrual hygiene among students of a college in Bengaluru Urban district, South India: a cross sectional study. *Int J Community Med Public Health*. 2019 Feb 22;6(3):1126–32.
15. Das P, Baker KK, Dutta A, Swain T, Sahoo S, Das BS, et al. Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India. *Wilson BA, editor. PLOS ONE*. 2015 Jun 30;10(6):e0130777.

16. Sumpter C, Torondel B. A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management. RezaBaradaran H, editor. PLoS ONE. 2013 Apr 26;8(4):e62004.
17. International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2020-21: India. Mumbai: IIPS
18. International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS
19. Shamima Y, Sarmila M, Nirmalya M, et al. Menstrual hygiene among adolescent school students: an indepth cross-sectional study in an urban community of West Bengal, India. *Sudan J Public Health*. 2013;8:60–4. 57.
20. Khanna A, Goyal RS, Bhawsar R. Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. *J Health Manag* 2005;7:91–107.
21. Garg S, Singh MM, Marimuthu Y, Borle A, Bhatnagar N, Basu S. School absenteeism during menstruation among adolescent girls in resettlement colonies of Delhi: a community-based cross-sectional study. *Indian J Comm Health*. 2021;33(1):82-89.
22. Garg S, Singh MM, Basu S, Bhatnagar N, Dabi Y, Azmi F, et al. Perceptions of frontline workers, female health workers, and school teachers in menstrual hygiene promotion among adolescent girls of Delhi, India: A qualitative study. *Indian J Community Med* 2021;46:201-5.
23. Mandal RC, Bhar D, Mahapatra C, Sing K, (Kundu) SB, Jana SK. Etiological Factors and Management of Puberty Menorrhagia in a Rural Medical College of South Bengal: A Prospective Study. -. *Int J Health Sci Res IJHSR*. 2015;5(12):81–8.
24. Sanjay Rao, Vijay Pawar, VR Badhwar, MN Fonseca. Medical Interventions in Puberty Menorrhagia. *BMJ*. 328(921).
25. Rajipet P, Vemula AK, Rathod P, Valmeekam K, Rakuditti SR. The prospective study on prevalence of menstrual disorders in school going adolescents at Sangareddy district, Telangana. *International J Repr Contra Obstetr and Gynecology*. 2021; 10:6.
26. Himani B DP, Geetanjali H DP, Vijeta K DN. Menstrual Hygiene Awareness and Management: Still a Challenge for Indian Adolescent Girls. *Ann Trop Med Public Heal*. 2021;23(23).
27. Aggarwal S, Ambalkar D, Madhumathi J, Badge V, Humne A. Menstrual Hygiene Practices of Adolescent Girls in Rural Maharashtra. *Indian J Gend Stud*. 2021;28(1):127–37.
28. Almeida-Velasco A, Sivakami M. Menstrual hygiene management and reproductive tract infections: A comparison between rural and urban India. *Waterlines*. 2019;38(2):94–112.
29. Torondel B, Sinha S, Mohanty JR, Swain T, Sahoo P, Panda B, et al. Association between unhygienic menstrual management practices and prevalence. *BMC Infect Dis*. 2018;18(1):473.
30. Anand E, Singh J, Unisa S. Menstrual hygiene practices and its association with reproductive tract infections and abnormal vaginal discharge among women in India. *Sex Reprod Healthc* [Internet]. 2015;6(4):249–54. Available from: <http://dx.doi.org/10.1016/j.srhc.2015.06.001>
31. Ministry of Drinking Water and Sanitation. Menstrual Hygiene Management: National Guidelines. *Sustain Sanit Water Manag* [Internet]. 2015;(December):36. Available from: [https://mdws.gov.in/sites/default/files/Menstrual Hygiene Management - Guidelines.pdf](https://mdws.gov.in/sites/default/files/Menstrual%20Hygiene%20Management%20Guidelines.pdf)0Ahttp://www.sswm.info
32. Kenya M of H-R of. Menstrual Hygiene Management Policy. *Practitioner*. 2020;171(1024):458–9.
33. Sommer M. Utilizing participatory and quantitative methods for effective menstrual-hygiene management related policy and planning. *UNICEF-GPIA Conf*. 2010;1–27.
34. Save the Children. Menstrual Hygiene Management: Operational Guidelines. 2012;130. Available from: <https://www.savethechildren.org/content/dam/global/reports/health-and-nutrition/mens-hyg-mgmt-guide.pdf>
35. Vayeda M, Ghanghar V, Desai S, Shah P, Modi D, Dave K, et al. Improving menstrual hygiene

- management among adolescent girls in tribal areas of Gujarat: an evaluation of an implementation model integrating the government service delivery system. *Sex Reprod Heal Matters*. 2022;29(2).
36. Sharma S, Mehra D, Brusselaers N, Mehra S. Menstrual hygiene preparedness among schools in india: A systematic review and meta-analysis of system-and policy-level actions. *Int J Environ Res Public Health*. 2020;17(2).
  37. Balla CP, Nallapu SSR. Knowledge, perceptions and practices of menstrual hygiene among degree college students in Guntur city of Andhra Pradesh, India. *Int J Reprod Contraception, Obstet Gynecol*. 2018;7(10):4109.
  38. Rastogi S, Khanna A, Mathur P. Uncovering the challenges to menstrual health: Knowledge, attitudes and practices of adolescent girls in government schools of Delhi. *Health Educ J*. 2019;78(7):839–50.
  39. Hovdenak MG. An Integral Approach to Menstrual Hygiene Management-Understanding adolescent girls' experiences of menstruation in Sri Puram, India. 2018; Available from: <http://bora.uib.no/handle/1956/17816>
  40. Yaliwal RG, Biradar AM, Kori SS, Mudanur SR, Pujeri SU, Shannawaz M. Menstrual Morbidities, Menstrual Hygiene, Cultural Practices during Menstruation, and WASH Practices at Schools in Adolescent Girls of North Karnataka, India: A Cross-Sectional Prospective Study. *Obstet Gynecol Int*. 2020;2020.
  41. Roy A, Paul P, Saha J, Barman B, Kapasia N, Chouhan P. Prevalence and correlates of menstrual hygiene practices among young currently married women aged 15–24 years: an analysis from a nationally representative survey of India. *Eur J Contracept Reprod Heal Care [Internet]*. 2021;26(1):1–10. Available from: <https://doi.org/10.1080/13625187.2020.1810227>
  42. Goyal A, Gupta J, Choudhary A, Harit K, Ragesvari KS, Gupta I. Menstrual hygiene: Practices and challenges faced by female workers of Manav Rachna University. *Indian J Posit Psychol[Internet]*. 2021;12(2):176–9. Available from: <https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=151691443&site=ehost-live&scope=site>
  43. Mahon T, Tripathy A, Singh N. Putting the men into menstruation: The role of men and boys in community menstrual hygiene management. *Waterlines*. 2015;34(1):7–14.
  44. Sasidaran S, Kachoria P, Raj A, Ramalingam S, Stoner BR, Sellgren KL, et al. Physical properties of menstrual hygiene waste as feedstock for onsite disposal technologies. *J Water Sanit Hyg Dev*. 2021;11(3):474–82.
  45. Bhagwat A, Jijina P. A Psychosocial Lens on an Indigenous Initiative to Address Menstrual Health and Hygiene in Indian Villages. *Soc Work Public Health*. 2020;35(3):73–89.
  46. Thapa P, Sivakami M. Lost in transition: Menstrual experiences of intellectually disabled school-going adolescents in Delhi, India. *Waterlines*. 2017;36(4):317–38.
  47. Wilbur J, Torondel B, Hameed S, Mahon T, Kuper H. Systematic review of menstrual hygiene management requirements, its barriers and strategies for disabled people. *PLoS One*. 2019;14(2):1–17.
  48. Ibaishwa RL, Achakpa P. Menstrual hygiene management amongst marginalised physically challenged women and adolescent girls in 10 states of Nigeria. *Water Supply Sanit Collab Coun*. 2016;(December).
  49. Garg S, Alvi R, Gupta S, Ahmad A. Exploring college student's menstruation-related difficulties during early COVID-19 lockdown period in North India. *J Public Heal Prim Care*. 2020;1(1):22. Available from [https://doi.org/10.4103/jphpc.jphpc\\_13\\_20](https://doi.org/10.4103/jphpc.jphpc_13_20)
  50. Garg S, Alvi R, Gupta S, Ahmad A. Sociodemographic and access-related correlates of sanitary pads among college students in Lucknow during Covid19 Sociodemographic correlates of access to sanitary pads among college students in Lucknow during COVID 19 loc. 2020. Available from:



- <https://doi.org/10.1101/2020.10.14.20210815>
51. Erchull MJ. “You Will Find Out When the Time Is Right”: Boys, Men, and Menstruation. In: Bobel C, Winkler IT, Fahs B, Hasson KA, Kissling EA, Roberts T-A, editors. *The Palgrave Handbook of Critical Menstruation Studies* [Internet]. Singapore: Palgrave Macmillan; 2020 [cited 2022 Feb 2]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK565640/>
  52. House, S. Mahon, T. Cavill, S. (2012): Menstrual hygiene matters. A resource for improving menstrual hygiene around the world. London: WaterAid. Available from: <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/Menstrual%20hygiene%20matters%20low%20resolution.pdf>
  53. Allen, Katherine R., Christine E. Kaestle, and Abbie E. Goldberg. 2011. “More Than Just a Punctuation Mark: How Boys and Young Men Learn about Menstruation.” *Journal of Family Issues* 32 (2): 129–56. Available from: <https://doi.org/10.1177/0192513X10371609>.
  54. Lovering, Kathryn Matthews. 1995. “The Bleeding Body: Adolescents Talk about Menstruation.” In *Feminism and Discourse: Psychological Perspectives*, edited by Sue Wilkinson and Celia Kitzinger, 10–31. Thousand Oaks, CA: Sage.
  55. Peranovic, Tamara, and Brenda Bentley. 2017. “Men and Menstruation: A Qualitative Exploration of Beliefs, Attitudes and Experiences.” *Sex Roles* 77 (1-2): 113–24. Available from: <https://doi.org/10.1007/s11199-016-0701-3>.
  56. Chang YT, Hayter M, Lin ML. Pubescent male students' attitudes towards menstruation in Taiwan: implications for reproductive health education and school nursing practice. *J Clin Nurs*. 2012 Feb;21(3-4):513-21. doi: 10.1111/j.1365-2702.2011.03700.x.
  57. Puberty education & menstrual hygiene management - UNESCO Digital Library [Internet]. [cited 2022 Feb 5]. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000226792>
  58. Uskul, Ayse K. 2004. “Women’s Menarche Stories from a Multicultural Sample.” *Social Science & Medicine* 59 (4): 667–79. Available at: <https://doi.org/10.1016/j.socscimed.2003.11.031>.
  59. Koff, Elissa, and Jill Rierdan. 1995. “Preparing Girls for Menstruation: Recommendations from Adolescent Girls.” *Adolescence* 30 (120): 795–812.
  60. Sudha, G. and Ramajyothi (2011) *No More Whispering, Menstrual Hygiene Management Gender Perspective*, Warangal, India: Modern Architects for Rural India (MARI).
  61. National Rural Health Mission. *Operational Guidelines, Promotion of Menstrual Hygiene among adolescent girls (10-19 years) in rural areas*. National Rural Health Mission Ministry of Health and Family Welfare, Government of India 2011.
  62. Ministry of Human Resource Development, Government of India. *Swachh Bharat Swachh Vidyalaya: A National Mission*.
  63. Ministry of Human Resource Development, Government of India. *Swachh Bharat Swachh Vidyalaya: A National Mission*.
  64. Sivakami M, van Eijk AM, Thakur H, Kakade N, Patil C, Shinde S. Effect of menstruation on girls and their schooling, and facilitators of menstrual hygiene management in schools: surveys in government schools in three states in India, 2015. *J global health* 2019; 9: 010408
  65. Kansime C, Hytti L, Nalugya R, et al. Menstrual health intervention and school attendance in Uganda (MENISCUS-2): a pilot intervention study. *BMJ Open* 2020;10:e031182. doi:10.1136/bmjopen-2019-031182
  66. Haque SE, Rahman M, Itsuko K, et al. The effect of a school-based educational intervention on menstrual health: an intervention study among adolescent girls in Bangladesh. *BMJ Open* 2014;4:e004607.doi:10.1136/bmjopen-2013- 004607
  67. Hennegan J, Montgomery P (2016) *Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income*

- Countries? A Systematic Review. PLoS ONE 11(2):e0146985. doi:10.1371/journal.pone.0146985
68. Kambala C, Chinangwa A, Chipeta E, Torondel B, Morse T. Acceptability of menstrual products interventions for menstrual hygiene management among women and girls in Malawi. *Reprod Health* (2020) 17:185 <https://doi.org/10.1186/s12978-020-01045-z>.
  69. van Eijk, Laserson KF, Nyothach E, Oruko K, Omoto J, Mason Let al. Use of menstrual cups among school girls: longitudinal observations nested in a randomised controlled feasibility study in rural western Kenya. *Reproductive Health* 2018; 15:139.
  70. Paul J. Kerala's Kumbalangi to be India's first sanitary-napkin free village. *The Hindu* [Internet]. 2022 [cited 18 January 2022];:1. Available from: <https://www.thehindu.com/news/national/kerala/keralas-kumbalangi-to-be-indias-first-sanitary-napkin-free-village/article38247633.ece>
  71. Jahan F, Nuruzzaman M, Sultana F, Mahfuz MT, Rahman M, Akhand F. Piloting an acceptable and feasible menstrual hygiene products disposal system in urban and rural schools in Bangladesh. *BMC Public Health* (2020) 20:1366 <https://doi.org/10.1186/s12889-020-09413-x>
  72. Torondel B, Ferma J, Francis SC, Caruso BA, Routray P, Reese H. Effect of a combined household-level piped water and sanitation intervention on reported menstrual hygiene practices and symptoms of urogenital infections in rural Odisha, India. *International Journal of Hygiene and Environmental Health* 239 (2022) 113866
  73. Ramaiya A, Malhotra A, Cronin C, Stevens S, Kostizak K, Sharma A. How does a Social and Behavioral Change Communication Intervention Predict Menstrual Health and Hygiene Management: A Cross-Sectional Study. *BMC Public Health* (2019) 19:1039 <https://doi.org/10.1186/s12889-019-7359-z>
  74. Dwivedi R, Sharma C, Bhardwaj P, Singh K, Joshi N, Sharma PP. Effect of peer educator-PRAGATI (PeeR Action for Group Awareness through Intervention) on knowledge, attitude, and practice of menstrual hygiene in adolescent school girls. *J Family Med Prim Care* 2020;9:3593-9.
  75. Moon G, Kim I, Kim H, Choe S, Jeon S, Cho J et al. How can we improve knowledge and perceptions of menstruation? A mixed methods research study. *BMC Women's Health* (2020) 20:214 <https://doi.org/10.1186/s12905-020-01007-4>.
  76. Wilbur J, Mahon T, Torondel B, Hameed S Kuper H. Feasibility Study of a Menstrual Hygiene Management Intervention for People with Intellectual Impairments and Their Carers in Nepal. *Int. J. Environ. Res. Public Health* 2019; 16, 3750; doi:10.3390/ijerph16193750.

## **Annexure**

---

### **SUPPLEMENTARY MATERIAL ON MENSTRUAL HYGIENE**



# Menstrual Hygiene

मासिक धर्म स्वच्छता

## Authors

**Dr. Tooba Tanvir**

**Dr. Manoj Kumar Gupta**

**Dr. Pankaja Raghav**

**Dr. Akhil Dhanesh Goel**

Department of Community Medicine and Family Medicine  
सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
All India Institute of Medical Sciences, Jodhpur  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

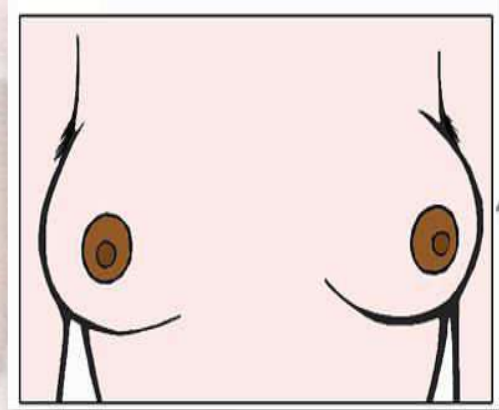
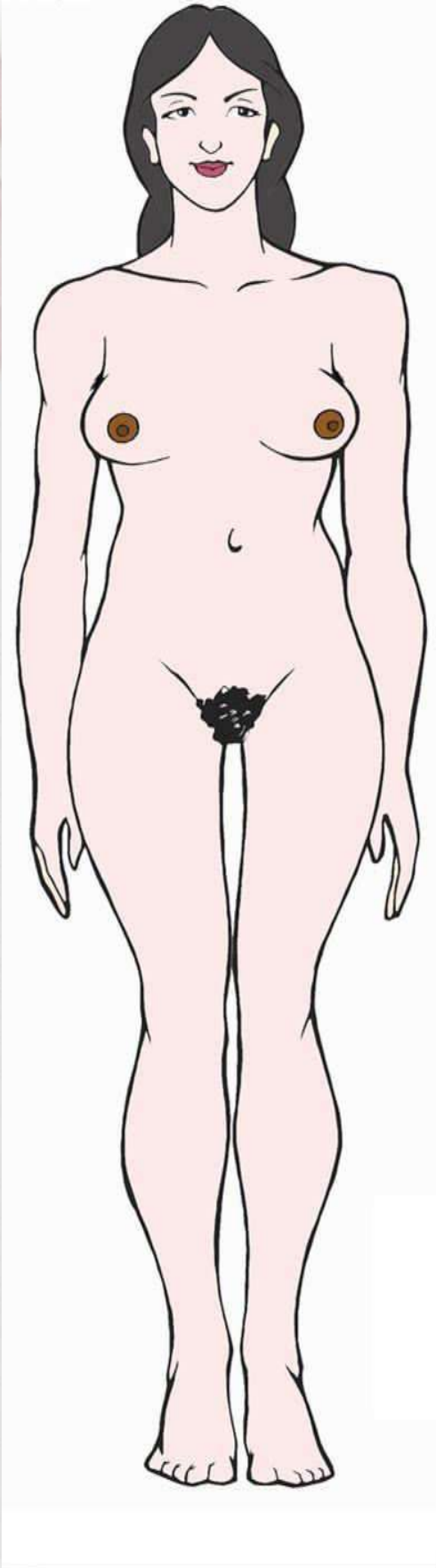


# मासिक धर्म स्वच्छता

सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर



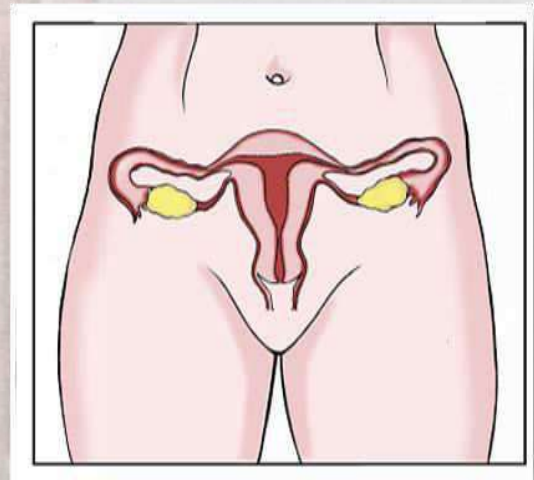
# महिला प्रजनन तंत्र: संरचना



स्तन विकास

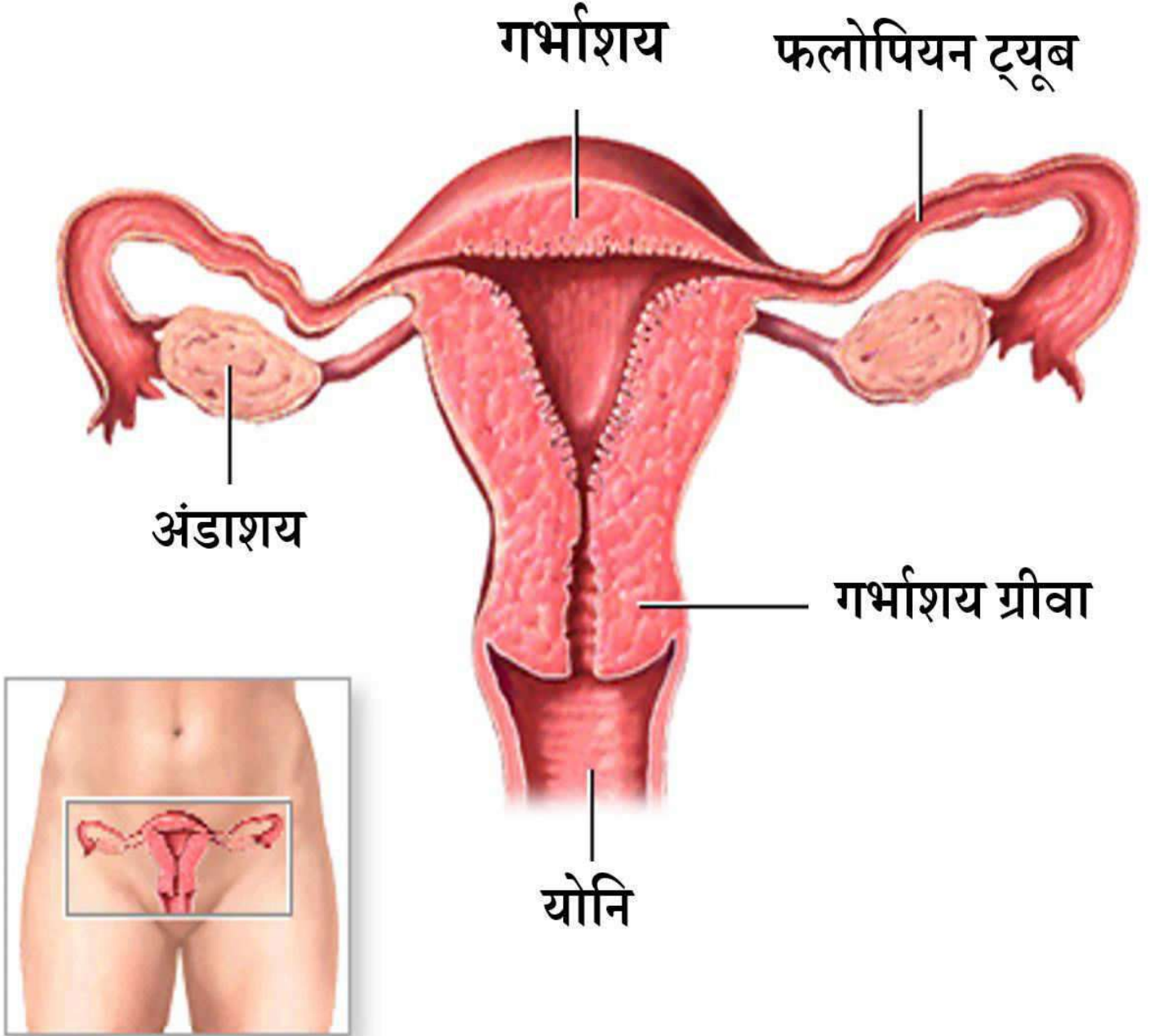


बगल और जघन बाल विकास



प्रजनन अंग विकास

# प्रजनन प्रणाली





# मासिक धर्म

## माहवारी / अवधि:

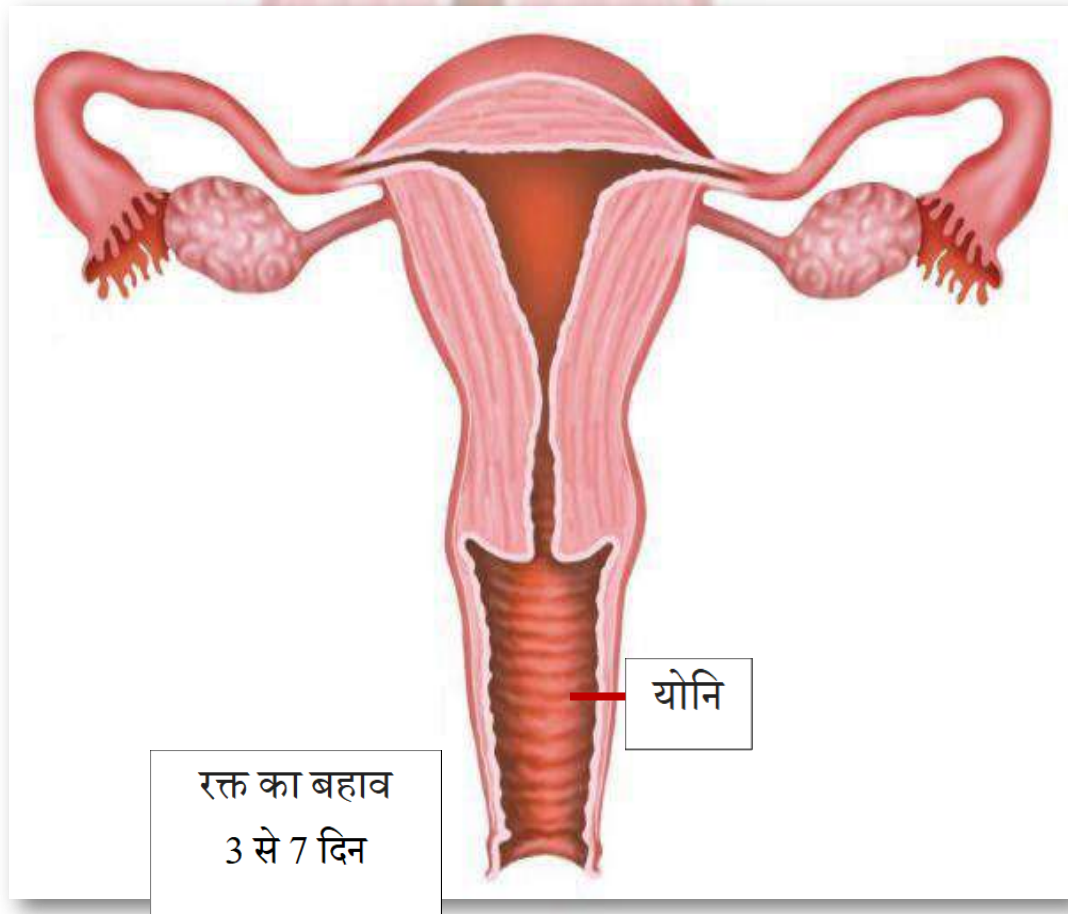
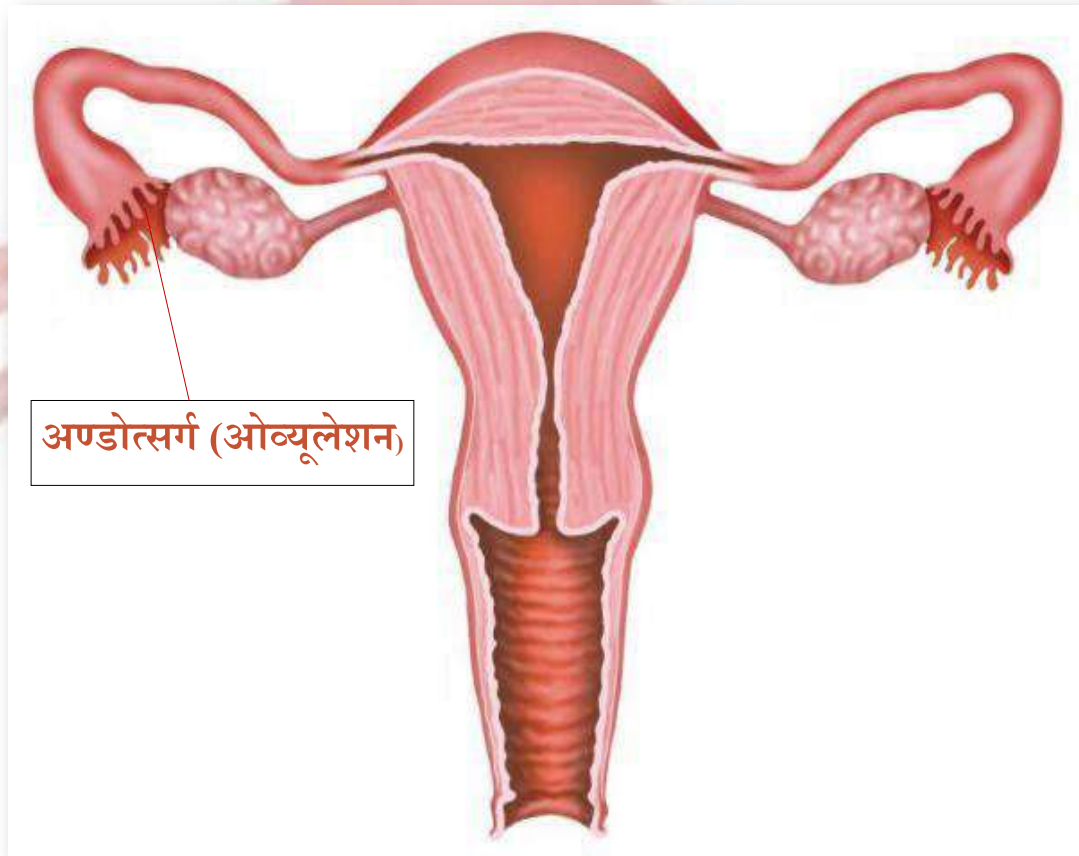
- यह एक कन्या के यौवनावस्था का हिस्सा है।
- यह सामान्य योनि से रक्त का बहाव होता है और यह एक लड़की के मासिक चक्र का हिस्सा है।
- हर महीने महिला का गर्भाशय गर्भावस्था के लिए तैयारी करता है।
- यदि कोई गर्भावस्था नहीं होती है तो गर्भाशय अपनी रक्त युक्त झिल्ली को शरीर से बाहर निकालता है।

## माहवारी का रक्त दो चीज़ों से बनता है :

- पहला गर्भाशय के अंदर का रक्त
- दूसरा ऊतक या झिल्ली।
- यह योनि के माध्यम से शरीर से बाहर निकलता है।

## मासिक धर्म चक्र कैसे होता है?

- ❑ **चरण 1:** आपका मासिक चक्र हर महीने तब शुरू होता है जब आपका गर्भाशय रक्त युक्त झिल्ली की एक ताज़ा परत बनाता है। यह अंडे के निषेचित या फर्टिलाइज़ होने पर आपके शरीर द्वारा उसे समायोजित करने की तैयारी है।
- ❑ **चरण 2 :** अगला चरण है अण्डोत्सर्ग (ओव्यूलेशन), जब आपके एक अण्डाशय से एक अण्डा निकलता है और आपके गर्भाशय तक यात्रा करता है।
- ❑ **चरण 3 :** यदि अण्डे की आपके गर्भाशय तक की यात्रा के दौरान उसे पुरुष का शुक्राणु (स्पर्म) मिलता है और निषेचन होता है, तो आप गर्भवती हो जाती हैं। यदि ऐसा नहीं होता, तो आपका शरीर आपके गर्भाशय की रक्त युक्त झिल्ली जिसका उपयोग नहीं हुआ है उसको हटा देगा। यह आपका मासिक धर्म है।
- ❑ **चरण 4 :** आपका मासिक धर्म शुरू होता है और आपको 3 से 7 दिनों तक रक्तस्राव होता है। आपके शरीर से केवल 30 से 50 मिलीलीटर रक्त बहेगा। ये सभी चरण प्रत्येक महीने होते हैं और मासिक धर्म चक्र बनाता है।



# मासिक धर्म चक्र की गणना कैसे करें?

- मासिक धर्म चक्र को आम तौर पर महीने के पहले रक्तस्राव से शुरू किया जाता है और अगले महीने के पहले रक्तस्राव के साथ समाप्त होता है।
- मासिक धर्म के बाद, एक मासिक धर्म चक्र **21-35** दिनों के बीच कहीं भी रह सकता है।
- शुरुआत में अनियमित महीने होना आम बात है क्योंकि शरीर यौवनावस्था के बदलाव के प्रति नियमित हो रहा होता है।
- कुछ वर्षों के बाद, शरीर का चक्र नियमित हो जाता है, और चक्र की **21-35** दिनों की लंबाई कम होकर औसत **28** दिनों तक रह जाती है।
  1. मासिक धर्म में रक्त का बहाव **2-7** दिनों के बीच कहीं से भी होता है।
  2. रक्त का बहाव विभिन्न महीनों में कम या अधिक हो सकता है।
  3. लड़कियां भारी रक्तस्राव का भी अनुभव कर सकती हैं, जो अगर एक नियमित घटना है, तो सामान्य है।



| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| 25  | 26  | 27  | 28  | 1   | 2   | 3   |
| 4   | 5   | 6   | 7   | 8   | 9   | 10  |
| 11  | 12  | 13  | 14  | 15  | 16  | 17  |
| 18  | 19  | 20  | 21  | 22  | 23  | 24  |
| 25  | 26  | 27  | 28  | 29  | 30  | 31  |

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| 1   | 2   | 3   | 4   | 5   | 6   | 7   |
| 8   | 9   | 10  | 11  | 12  | 13  | 14  |
| 15  | 16  | 17  | 18  | 19  | 20  | 21  |
| 22  | 23  | 24  | 25  | 26  | 27  | 28  |
| 29  | 30  | 1   | 2   | 3   | 4   | 5   |

सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

## माहवारी के सामान्य लक्षण

- यह एक मासिक धर्म चक्र के दौरान हार्मोन के स्तर को बदलने का भावनात्मक और शारीरिक प्रभाव है ।
- यह मासिक धर्म के पहले या दौरान हो सकता है ।
- आमतौर पर, यह एक मासिक रक्तस्राव शुरू होने के तुरंत बाद चली जाती है ।
- जैसे:
  - ✓ चेहरे पर दाने
  - ✓ पेट में दर्द
  - ✓ शरीर में दर्द
  - ✓ चिड़चिड़ापन
  - ✓ सिरदर्द
  - ✓ पसीने आना

# माहवारी के सामान्य लक्षण



चेहरे पर दाने



पेट में सूजन



शरीर में दर्द



पेट में दर्द



चिड़चिड़ापन



सिरदर्द



पसीने आना



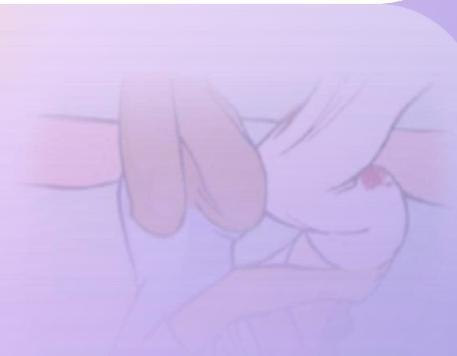
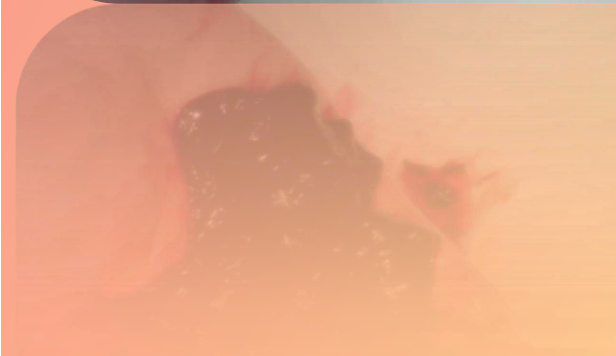
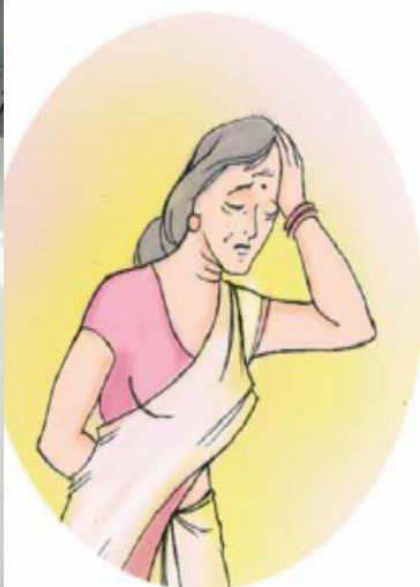
## मासिक धर्म से जुड़े असामान्य लक्षण

इन लक्षणों के होने पर डॉक्टर से परामर्श लेना आवश्यक है। जैसे:

- ❑ अत्यधिक / लगातार रक्तस्राव से अत्यधिक थकान, ऊर्जा की कमी या सांस लेने में दिक्कत होती है।
- ❑ हर घंटे 1-2 से अधिक पैड का उपयोग।
- ❑ रक्तस्राव के दौरान एक चौथाई से बड़े खून के थक्के निकलना।
- ❑ मासिक धर्म 7 दिनों से अधिक समय तक रहना या मासिक धर्म चक्र के बीच ब्लीडिंग होना।
- ❑ रक्तस्राव का रुकना जो गर्भावस्था या रजोनिवृत्ति के कारण हो सकता है
- ❑ पेट के निचले हिस्से या पीठ में लगातार अत्यधिक दर्द होना
- ❑ यौन सम्बन्ध के दौरान योनि से रक्त बहना।



# मासिक धर्म से जुड़े असामान्य लक्षण

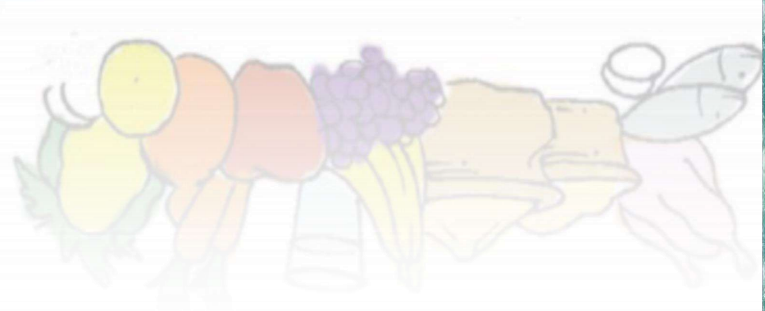
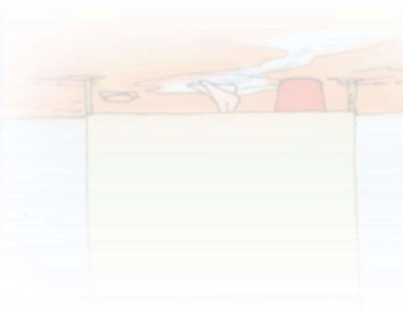
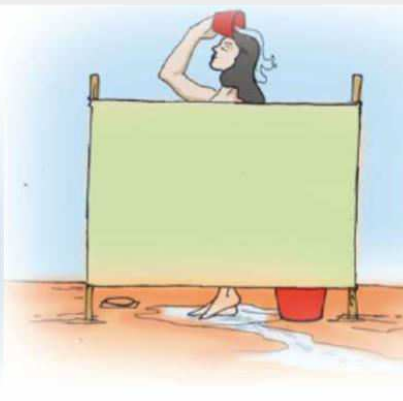
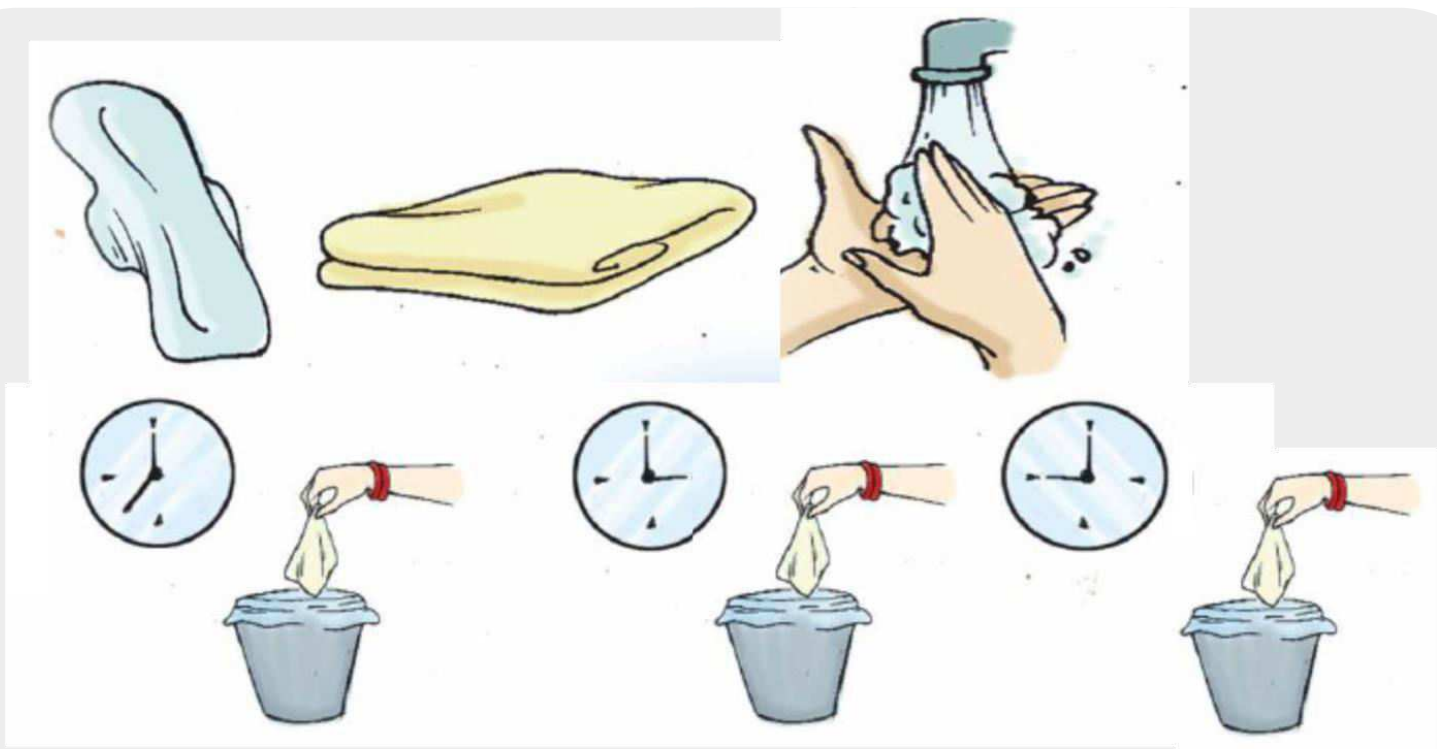


सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

# मासिक धर्म के दौरान सही तरीकें

- ✓ स्वच्छ और डिस्पोजेबल सैनिटरी पैड का उपयोग करें ।
- ✓ पैड बदलने से पहले और बाद में अपने हाथों को साबुन और साफ पानी से धोएं ।
- ✓ मासिक धर्म में भारी मात्रा में डिस्चार्ज न होने पर भी दिन में तीन या चार बार पैड / कपड़े बदलें ।
- ✓ अपने बाहरी अंगों को जितनी बार आवश्यक हो विशेष रूप से हर बार जब आप पेशाब करने के लिए जाते हैं तो धोएं ।
- ✓ मासिक धर्म के दौरान स्नान करें ।
- ✓ माहवारी के दौरान रक्त की कमी को पूरा करने के लिए, विशेष रूप से आयरन से भरपूर पौष्टिक भोजन लें ।

# मासिक धर्म के दौरान सही तरीकें



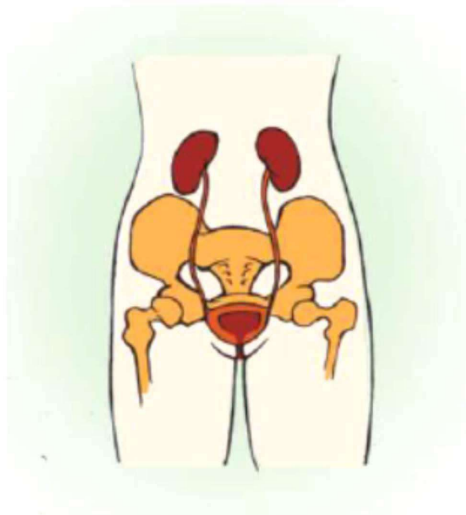
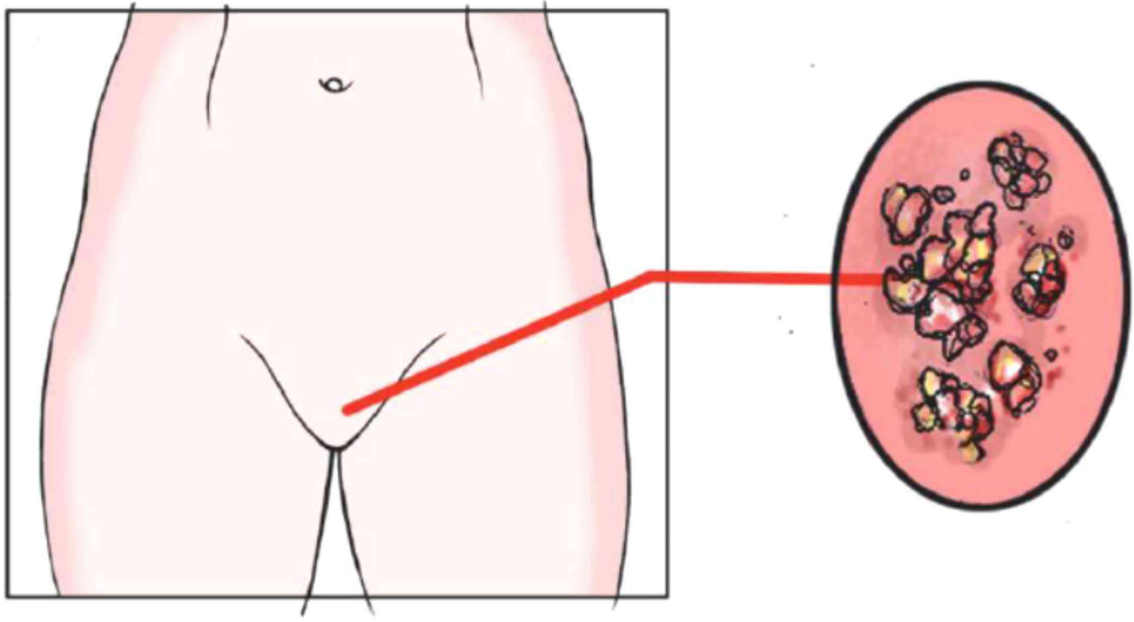
सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग,  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर



# अनुचित मासिक धर्म प्रथाओं का प्रभाव

- योनि क्षेत्र में खुजली व जलन
- मूत्र संक्रमण
- असामान्य दर्द
- प्रजनन संबंधी संक्रमण
- गर्भावस्था के दौरान जटिलता

# अनुचित मासिक धर्म प्रथाओं का प्रभाव



# मासिक धर्म अनियमितताओं के मामले में संपर्क करें

- एएनएम
- आशा
- मेडिकल अफसर

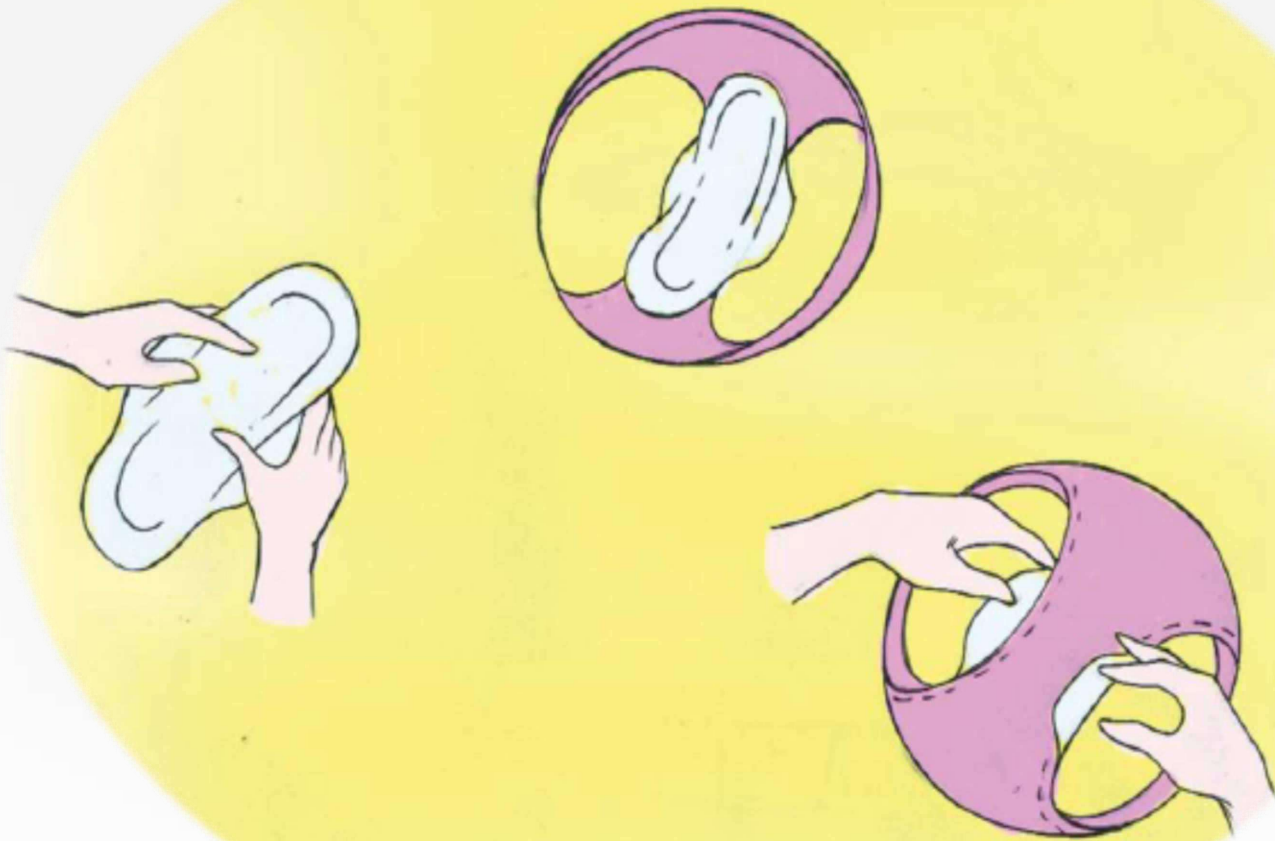




## मासिक धर्म के दौरान **सेनेटरी नैपकिन** का उपयोग किया जाना चाहिए

- सेनेटरी नैपकिन अलग-अलग आकार, शैली, शोषक, खुशबू, साथ ही हल्के दिनों के लिए पतले पैंटी लाइनर, और बड़े पैड मासिक धर्म के भारी दिनों के लिए आते हैं ।
- सभी सैनिटरी नैपकिन, पैड और पैंटी लाइनर कागज हटाने वाले स्ट्रिप्स के साथ बनाए जाते हैं, इन कागज को हटाया जाए तो चिपकने वाला टेप निकल आता है और इसी टेप से पैंटी पर नैपकिन चिपका लेते हैं ।





सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

## नैपकिन इस्तेमाल के बाद कैसे फेंके :

### ■ सही तरीकें :

- ✓ नैपकिन को एक अखबार/ बेकार कागज में लपेटें और कचरे के डिब्बे में फेंक दें
- ✓ घर के पिछवाड़े में एक गड्ढा खोदें और सैनिटरी पैड को उसमें गाढ़ दें
- ✓ नैपकिन को सूख जाने पर एकत्रित कर के जला दें

### • गलत तरीकें :

- ✗ नैपकिन को रेत के भीतर नहीं छोड़ें, सड़ने में देरी होगी और जानवर भी इसे बाहर खींच सकता है
- ✗ शौचालय में फ्लश नहीं करना चाहिए क्योंकि यह नाली के बहाव को रोक सकता है

1

Wrap in paper



2

Put in dustbin



3

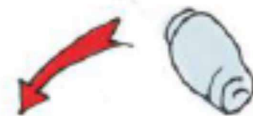
Close the lid



© Menstrupedia

© weareunbeque

X

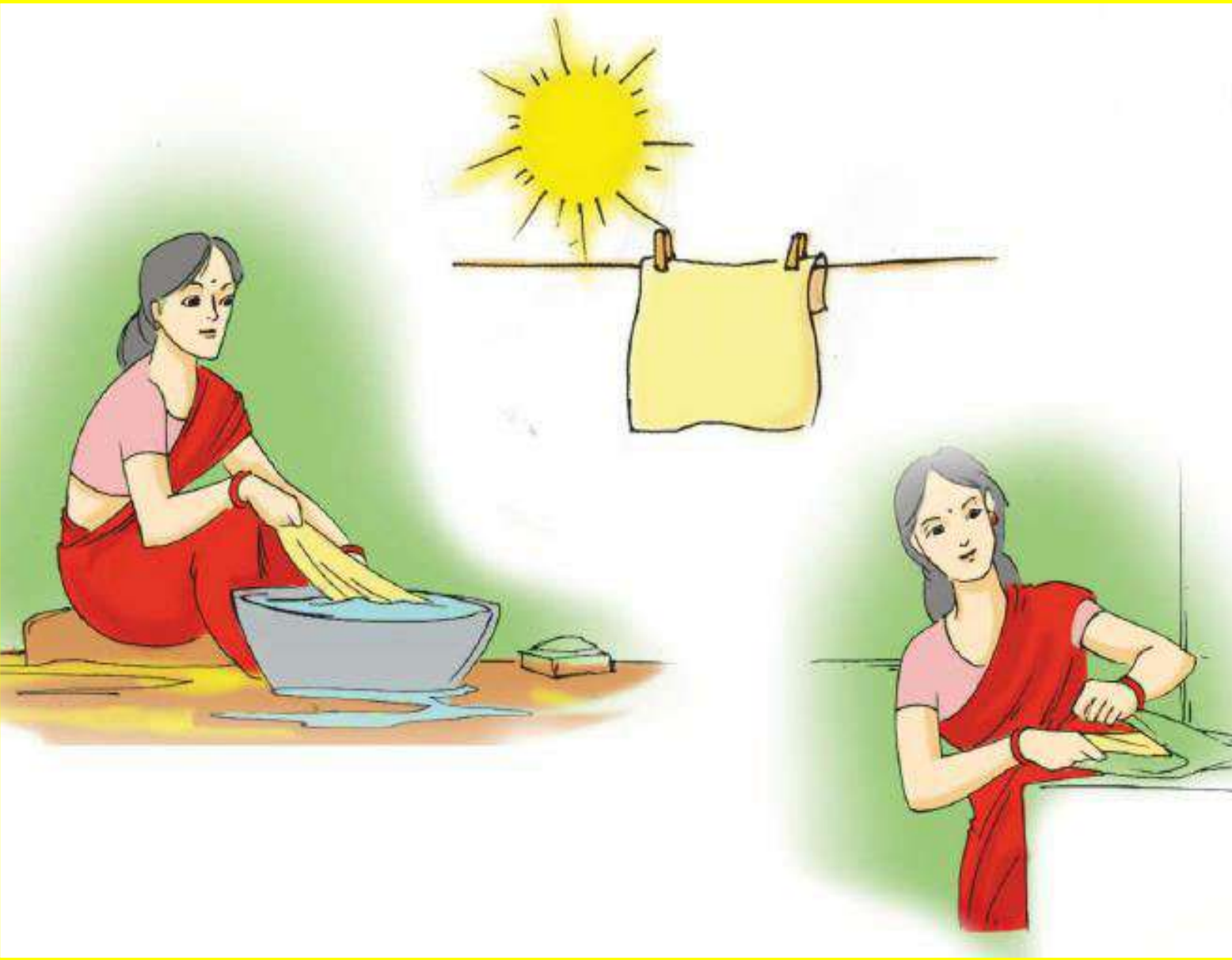


सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर



यदि कपड़े इस्तेमाल करते हैं तो :

- ✓ उपयोग के बाद कपड़े को अच्छी तरह से धोएं
- ✓ कपड़े को **धूप** में सुखाएं
- ✓ उन्हें साफ बैग में रखें



## सैनिटरी नैपकिन प्राप्त करने के लिए स्थान:

- दुकानें
- मेडिकल स्टोर
- सार्वजनिक स्वास्थ्य सुविधा
- सरकारी स्कूलों में फ्री में सैनिटरी नैपकिन दिए जाते हैं



सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर



मासिक धर्म हर लड़की के जीवन का एक बहुत ही सामान्य हिस्सा है।  
मासिक धर्म के दौरान, वे वे सब कुछ कर सकते हैं जो वे सामान्य रूप से करते हैं, जिसमें शामिल हैं;



- ☐ व्यायाम करना और खेल खेलना
- ☐ दैनिक दिनचर्या का काम
- ☐ वे अशुद्ध / गंदे नहीं हैं
- ☐ समाज से अलग होने की जरूरत नहीं है

सामुदायिक चिकित्सा एवं पारिवारिक चिकित्सा विभाग  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

