

MENSTRUAL HEALTH MANAGEMENT: LESSONS FROM TAMIL NADU

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This study was commissioned by the National Faecal Sludge and Septage Management (NFSSM) Alliance. The alliance currently comprises of 24 organisations and works on all aspects from city sanitation plans to regulatory and institutional frameworks across the sanitation value chain in India.

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OVERVIEW OF MENSTRUAL HYGIENE IN INDIA

Menstruation is a vital physiological stage in the lives of adolescent girls everywhere, and it remains an integral part and parcel of their lives until they reach menopause.¹ In India, menstruation is not just of great personal and biological importance; it also assumes significance as a social phenomenon but one that is unfortunately riddled with many myths, misconceptions and misinformation.² As a result, of 355 million menstruating women and girls across India,³ a large number still face significant barriers to experiencing menstruation in a comfortable, dignified and hygienic way. This is where menstrual hygiene management (MHM), which is about creating an ecosystem that allows for women and girls experiencing menstruation, to do so in a safe and dignified way, assumes importance. This includes awareness, easy and affordable access to feminine hygiene products to absorb or collect menstrual blood, privacy to change the materials for protection, and access to facilities to dispose of used menstrual management materials.

To achieve proper menstrual hygiene across India, there is a need to address all the above 4 prongs of menstruation, equally. However, social stigma and misconceptions surrounding menstruation have resulted in it receiving limited attention from community elders, policy makers and development actors across the country. One of the major drawbacks of such social stigma is the inaccurate and/or incomplete knowledge about menstruation. At an individual level, this lack of information directly impacts how women and girls maintain menstrual hygiene, with poor hygiene increasing their susceptibility to reproductive tract infections (RTIs). At a broader scale, poor knowledge of menstruation also translates into absence of appropriate supportive infrastructure, and a lack of access to safe and hygienic menstrual hygiene products, particularly among rural and economically deprived communities. This is amply demonstrated by the 2016-17 National Family Health Survey-4 (NFHS) report which highlighted that overall, only 57.6% of India's women aged between 15-24 years used hygienic methods of protection during menstruation.⁴ Of this, only ~48% rural women used a hygienic method of menstrual protection, as compared to ~78% of their urban peers. The NFHS report also reveals a direct link between education and wealth, and hygienic methods of menstrual protection. Women with more than 12 years of schooling were shown as 4 times more likely to use hygienic methods as compared to women with no schooling. Additionally, women in the top wealth quintile were more than 4 times more likely to use hygienic methods of menstrual protection as compared to women in the lowest wealth quintile.

In terms of MHM adoption in different states, certain states like Bihar, Madhya Pradesh and Assam have performed very poorly, with average sanitary napkin usage being 31%, 37.6%, and 44.8% respectively, while others such as Mizoram (93%), Tamil Nadu (91%), Kerala (90%), Goa (89%) and Sikkim (85%) are seen to have performed well.⁵ The rural-urban divide in certain states is even more telling. For instance, 70.8% women in urban areas of Assam use hygienic methods of menstrual protection, whereas in rural areas the usage is only 40.9%. Similarly, in Bihar, 55.6% women in urban areas use hygienic methods of menstrual protection, but usage in rural areas is only 27.3%.⁶

The figure below maps the performance of states with respect to women using hygienic methods of menstrual protection. Overall, better performing states are coloured in darker shades, while the poorly performing states are coloured in lighter shades, with those coloured the lightest performing the worst.

¹ India moves towards menstrual hygiene: Subsidised sanitary napkins for rural adolescent girls - Issues and Challenges, Rajesh Garg; Shobha Goyal; Sanjeev Gupta, *Maternal and Child Health Journal*, 05/2012, <https://link.springer.com/article/10.1007/s10995-011-0798-5>

² India moves towards menstrual hygiene: Subsidised sanitary napkins for rural adolescent girls - Issues and Challenges, Rajesh Garg; Shobha Goyal; Sanjeev Gupta, *Maternal and Child Health Journal*, 05/2012, <https://link.springer.com/article/10.1007/s10995-011-0798-5>

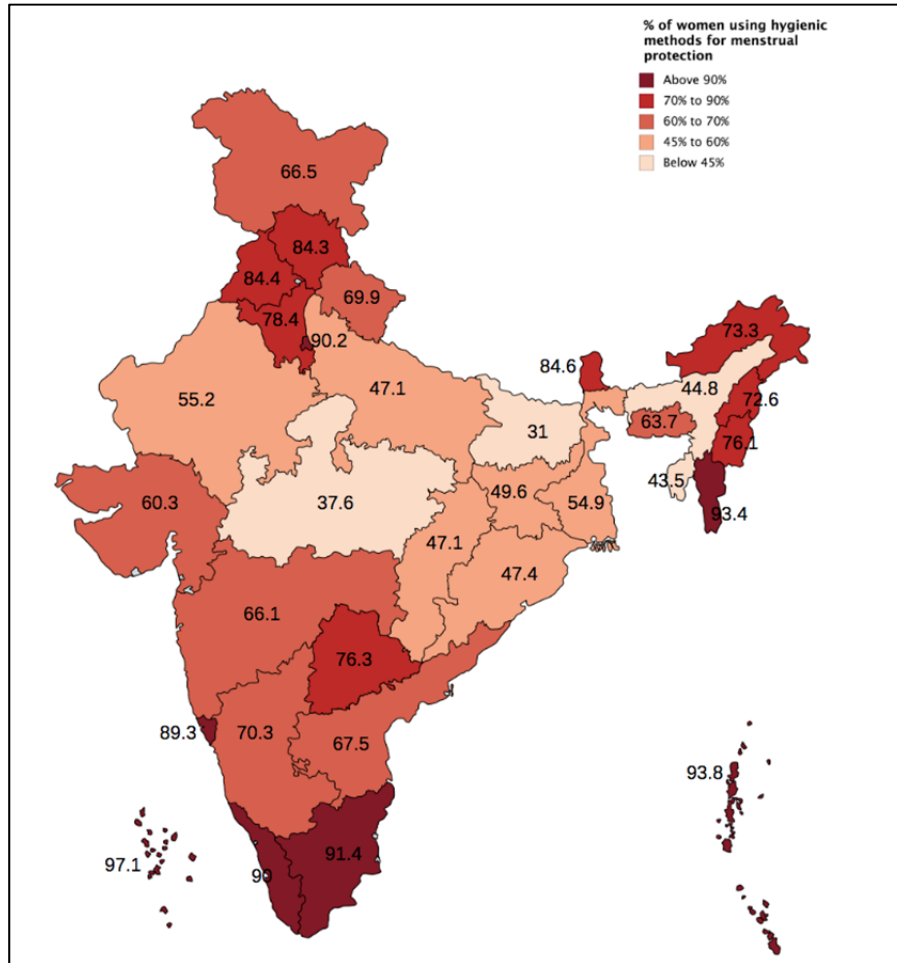
³ India moves towards menstrual hygiene: Subsidised sanitary napkins for rural adolescent girls - Issues and Challenges, Rajesh Garg; Shobha Goyal; Sanjeev Gupta, *Maternal and Child Health Journal*, 05/2012, <https://link.springer.com/article/10.1007/s10995-011-0798-5>

⁴ National family Health Survey (NFHS-4), Ministry of Health and Family Welfare, Government of India, 2015-16, <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>

⁵ Note: Respondents to the NFHS data may have reported multiple methods so the total sum may exceed 100%

⁶ National family Health Survey (NFHS-4), Ministry of Health and Family Welfare, Government of India, 2015-16, <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>

Figure 1: Percentage of women using hygienic methods of menstrual protection | NFHS 4 data



COMMON ISSUES IN MENSTRUAL HYGIENE IN INDIA

As can be observed from the above, India sees a significant disparity across states when it comes to menstrual management practices, including in terms of awareness of and access to affordable products, and supportive infrastructure. Some key concerns and observations have been captured below:

1. Awareness: Various restrictive cultural and social norms arising from inadequate or improper understanding about menstruation, which cause women and girls to be stigmatized and/or excluded from the social sphere.
2. Access: Lack of affordable access to hygienic menstrual products prompts adoption of crude and unsafe alternatives, in turn increasing vulnerability of girls and women to RTIs, thereby impeding their participation in social and economic activities.
3. Usage: Lack of appropriate sanitation in homes and public spaces doesn't allow for privacy to change materials acting as a hindrance to adoption. Further many users are not familiar with safe usage practices.
4. Disposal: Lack of improper disposal facilities leads to shame, loss of dignity and unhygienic surroundings.

Figure 2: Common issues associated with MHH



Factors highlighted above have long-term implications on the education, health and employment indicators of girls/women, and significantly hinder their overall empowerment. However, by working towards improving menstrual hygiene management indicators across states, the government has the potential to positively impact health and hygiene practices of women and girls across the country; additionally, such a move will also work towards strengthening access to, and extent of supportive sanitation infrastructure in the country for their benefit.

OBJECTIVE OF THE STUDY

As discussed above, better menstrual health practices have a downstream effect on factors such as personal hygiene, reproductive health of women, mental wellbeing, education amongst girls and employment opportunities.⁷ Proper menstruation practices and sanitation, along with infrastructural support for women-sensitive toilets and buildings, can contribute significantly to women's empowerment as it decreases absenteeism in schools and employment spaces. It can also aid in erasing taboos and misinformation associated with the same, thereby significantly impacting a woman's feelings of self-worth, and easing the psychological toll of menstruation, in turn making them active participants in the socio-economic space.

Tamil Nadu has long been considered a pioneer in menstrual health management, and is known for being among the first states in India to introduce measures to systematically overcome/combat the lack of awareness about and access to, hygienic menstrual practices.⁸ The 2015-16 NFHS data noted that 91% of women in the state between the ages of 15-24 have access to either locally prepared napkins, sanitary napkins, or tampons.⁹ This figure stands far above the national average of 58%.¹⁰ Additionally, all-India statistics (states and UTs combined) indicate Tamil Nadu places amongst the top 4 regions that have achieved highest penetration of access to hygienic methods of menstrual

⁷ Studies have shown poor menstrual hygiene leading to School absenteeism, fall in workforce participation, and less societal expectations from girls.

Source: https://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG_MenstrualHealthLandscape_India_Public_2016.pdf;

⁸ Conclusion arrived at, basis UNICEF documentation & stakeholder conversations with Ms. Santha Sheela Nair, retired IAS officer, erstwhile OSD to CM's office & Vice Chairperson, State Planning Commission, Tamil Nadu

⁹ Note: Of this, 65% use sanitary napkins, 32% use locally prepared napkins, 16% use cloth, and 1% use tampons.

¹⁰ National Family Health Survey (NFHS-4), Ministry of Health and Family Welfare, Government of India, 2015-16, <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>

protection¹¹. Statistics further indicate that 93.8% of urban women in Tamil Nadu and 89.3% rural women also use hygienic forms of menstrual protection - which indicates the fact that the state has significantly managed to reduce the urban-rural divide with respect to access to menstrual hygiene methods, and also makes it one of the few states to have done so well.¹² Basis these statistics alone, the state emerges as one worth studying.

Table 1: Urban-Rural divide with respect to usage of menstrual hygienic methods.
(% share of the total population of the area)

Highest Divide (Top 4)

State	Urban (in %)	Rural (in %)
Madhya Pradesh	65.4	26.4
Jharkhand	77.2	39.4
Chhattisgarh	72.7	39.4
Rajasthan	78.8	47.9

Lowest Divide (Lowest 4)

State	Urban (in %)	Rural (in %)
Arunachal Pradesh	78.7	77.1
Kerala	91.7	88.5
Tamil Nadu	93.5	89.5
Himachal Pradesh	90.0	83.7

Further, an in-depth research of Tamil Nadu's model through secondary information and stakeholder consultations reveal a series of activities and initiatives by numerous stakeholders at different points of time that has allowed the state to organically nurture an ecosystem in which government departments, non-governmental organizations and private sector companies are functioning in tandem to promote MHM. Collectively, these interventions come to target all aspects of MHM- awareness, access, usage and disposal, to increase the adoption of hygienic menstrual health practices. Studying in-depth the MHM landscape in Tamil Nadu can therefore help us map the trajectory that led the state towards achieving a considerably high level of proliferation. Also, unlike many other regions that have superseded Tamil Nadu in the all-India NFHS 2015-16 list (which include the UTs of Andaman & Nicobar and Lakshadweep, and the small state of Mizoram), Tamil Nadu is a relatively large and populous state¹³ covering 37 districts, and with more than half its population living in rural areas; thereby it undoubtedly offers insights into whether the same interventions can be emulated across other large states in India.

In lieu of above, this report seeks to undertake a case study of Tamil Nadu to find the most effective ways to universally promote MHM, with the aim of ensuring access to hygienic menstrual health practices for all women in India. Studying the best practices of Tamil Nadu and how it has achieved its current levels of menstrual hygiene practices, will allow us to make recommendations that can be effectively replicated at a larger scale across other states that fare poorly on MHM currently.

¹¹ National Family Health Survey (NFHS-4), Ministry of Health and Family Welfare, Government of India, 2015-16, <http://rchiips.org/NFHS/pdf/NFHS4/India.pdf>

¹²Data as taken from <http://rchiips.org/nfhs/NFHS-4Reports/TamilNadu.pdf>; Note: Respondents to the NFHS data may have reported multiple methods so the total sum may exceed 100%.

¹³ Note: All India statistics denote Tamil Nadu to be the 11th largest state in India.

METHODOLOGY OF THE STUDY

The report attempts to provide a compendious review of Menstrual Hygiene Management (MHM) policies & initiatives in Tamil Nadu in the past few years, in an effort to map the trajectory of interventions and analyse their impact on the MHM landscape in the state.

A number of stakeholder conversations and key informant interviews were conducted across governmental, non-governmental and private sector stakeholders, to gather ground level insights about MHM in the state, but more importantly, to better map the roles of the various actors in the ecosystem. This was also accompanied by ground-level/primary visits to hospitals, and focused interactions with distributors and producers of sanitary napkins. In particular, time was devoted to understanding the Self Help Groups' (SHG) inputs on manufacturing of sanitary napkins, the price variations in the products sold by them in the state and any other involvement they may have in the MHM landscape.

To supplement and verify insights from stakeholder conversations, several reports and articles, beginning with all government documentation pertaining to MHM programs released at the centre and at the state level, were reviewed. This includes details of all policies, initiatives and interventions concerning menstrual hygiene management and supportive infrastructure, including beneficiary identification as well as any budgetary allocations and fund-flow in the state. The secondary research also covers relevant information accessed through RTIs, a thorough study of media articles, and evaluations of the MHM space by national and international organisations.

These are followed by a snapshot of work by other states within the MHM landscape, followed by final recommendations, which stem from a careful study of the Tamil Nadu Model.

CONTEXT AND BACKGROUND OF MHM IN TAMIL NADU

The state of Tamil Nadu took the lead in promoting menstrual health and hygiene, long before the issue came into national prominence. In fact, in 2004, the state was the first to recognize MHM as an issue to be addressed through its sanitation policies and programs¹⁴. However, the work to tackle poor menstrual hygiene in the state began over a decade before, around 1992, through the efforts of private/socially motivated individuals such as Ms. Kannaghi Chandrashekar. An erstwhile bank manager turned menstrual hygiene activist, she was inspired to set up an NGO to both spread menstrual hygiene awareness and train women on locally creating sanitary pads, upon realizing how rural women in Tamil Nadu relied on unhygienic materials for menstrual protection due to the lack of awareness and access to proper means of menstrual protection¹⁵.

Following this, the issue gained state-wide prominence in early 2000s thanks to an intervention engineered by the state's bureaucrat Ms. Santha Sheela Nair, an IAS officer posted to Tamil Nadu's State Planning Commission, who during the monitoring of a state-wide government intervention, came across the abysmal menstrual health conditions afflicting Tamil Nadu's women. In 2002, Ms. Nair, had been tasked with monitoring the usage of Women Sanitation Complexes set-up at village level, came to realize that the waste management systems in such complexes were clogged with all manner of debris such as ash, coconut husks, leaves, old rags etc. This was later identified as materials used by rural women for menstrual protection, which was then disposed of in an unsanitary fashion. Alarmed at the health repercussions such poor menstrual practices had on rural women, she undertook interventions to help resolve the same. Under the aegis of the State Planning Commission, Ms. Nair started an intervention on the line of Ms. Kannaghi's intervention where women in Self Help Groups (SHGs) were made to produce their own sanitary napkins, in a hygienic

¹⁴ Menstrual Health in India | Landscape Analysis, Prepared for BMGF, 2016, https://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG_MenstrualHealthLandscape_India_Public_2016.pdf;

¹⁵ Meet the Pad women of Pudukottai, Sowmya Mani, The New Indian Express, 22/06/2019, <http://www.newindianexpress.com/cities/chennai/2019/jun/22/meet-the-pad-women-of-pudukottai-1993471.html>

atmosphere, while using gloves and masks, to ensure hygienic production. Additionally, she encouraged such SHGs to distribute the napkins in their communities, thereby creating economic incentives for women to produce more sanitary napkins. By doing so, the state of Tamil Nadu pioneered the concept of local production of napkins through women SHGs, thereby deepening the penetration of menstrual protection products in the state.

Given how MHM interventions were deeply inter-linked to sanitation, it too received a boost during major sanitation drives, particularly in the aftermath of the Tsunami. Because menstruation hygiene had been identified as a critical issue for women earlier on, the state consciously undertook steps to ensure access to better MHM products and infrastructure during post-Tsunami rescue, relief and rehabilitation activities. The focus caught on, and soon after, even international donor agencies recognized the need to include sanitary napkins as a part of the relief package kit for disaster management areas¹⁶. Tamil Nadu was also able to channel its MHM drive into attracting funding and aid for sanitation and menstrual hygiene management activities in the state, from charitable organizations and international bodies like UNICEF¹⁷. Between 2006 and 2008, the state's burgeoning interest in MHM also led it to participate in international exchange learning visits, and host exchanges for officials from 15 other Indian states¹⁸.

As these interventions upscaled, the MHM space in Tamil Nadu saw the entrance of various NGOs running their own awareness campaigns and producing their own sanitary napkins, as well as private sector CSR activities, all of which built momentum around MHM in the state. Over the course of the next decade, many Tamil Nadu based social enterprises such as Gramalaya, Gandhigram and Eco-Femme, pitched in by spreading awareness on menstrual hygiene by educating in-school girls on product use, and/or by encouraging the manufacturing of sanitary pads while providing livelihoods to local women,¹⁹ The state also attracted participation from large private companies like Bank of America²⁰, TVS²¹, BHEL²², Merrill Lynch Capital through their CSR programs, which has greatly impacted the MHM space and promoted healthy means of menstrual protection and awareness to women.

With the number of non-governmental stakeholders swelling in the MHM space, many came together to form networks dedicated to the MHM movement, with prominent among them being the Menstrual Hygiene Management Consortium (MHMC), formed in Tiruchi in 2010, with UNICEF support²³. After coming into being, the MHMC adopted the 10-point Tiruchi Declaration²⁴. Besides, organizing workshops towards de-stigmatizing menstruation and on women's health, the consortium also began facilitating women SHGs to make cost effective and hygienic sanitary napkins, in addition to campaigning for women-friendly toilets in all public places in coordination with all stakeholders including the government, and prevailing upon women to ensure hygienic environment through safe disposal of sanitary napkins²⁵.

On the government side of things too, interventions went from strength to strength. In 2011, Tamil Nadu, under erstwhile Chief Minister Ms. Jayalalitha's leadership, introduced the Menstrual Hygiene Program (MHP) to distribute

¹⁶It's time for action, V. Ganapathy; R. Sujatha, E-Sannews, 01/07/2019, <http://karupafoundation.com/images/events/e-sannewsjuly.pdf>

¹⁷ A Vending Machine Radicalises Girls' Personal Hygiene Choices, Rajeesh; Sangeetha, Unicef India, <http://unicef.in/Story/573/Menstrual-Hygiene-and-the-girl-child-A-Case-Study>; also at <http://unicef.in/Story/54/A-Vending-Machine-Radicalises-Girls-Personal-Hygiene-Choices>;

¹⁸Menstrual Hygiene matters- A resource for improving menstrual hygiene around the world, Sarah House; Mahon, Theresa; Sue Cavill, Group Publication funded by DFID(UK), 2012, https://www.susana.org/_resources/documents/default/3-2210-21-1426498269.pdf;

¹⁹ Spot On - Improving Menstrual Management in India, United States Agency for International Development(USAID), Kiawah Trust & Dasra, <https://www.dasra.org/assets/uploads/resources/Spot%20On%20Improving%20Menstrual%20Management%20in%20India.pdf>

²⁰ Resource Book for Menstrual Water Management, MoDWS with support from MHM alliance and UNICEF.

²¹ Case Study: The Making of a Nirmal Menstrual Hygiene Model Village, Urvashi Prasad, https://mdws.gov.in/sites/default/files/Case%20Study_tamilnadu.pdf

²² Eco-friendly napkin incinerators given to 25 schools and colleges, The Hindu, 23/05/2013,

<https://www.thehindu.com/news/cities/Tiruchirapalli/ecofriendly-napkin-incinerators-given-to-25-schools-and-colleges/article4742351.ece>; & Bhel presents sanitary napkins incinerators to schools, The Hindu, 30/07/2016, <https://www.thehindu.com/news/cities/Tiruchirapalli/BHEL-presents-sanitary-napkin-incinerators-to-Tiruchi-schools/article14516964.ece>

²³ MHMC was founded in 2010 with an objective to promote adoption of hygienic menstrual management practices.

Source: <http://mhmc.in/index.php>

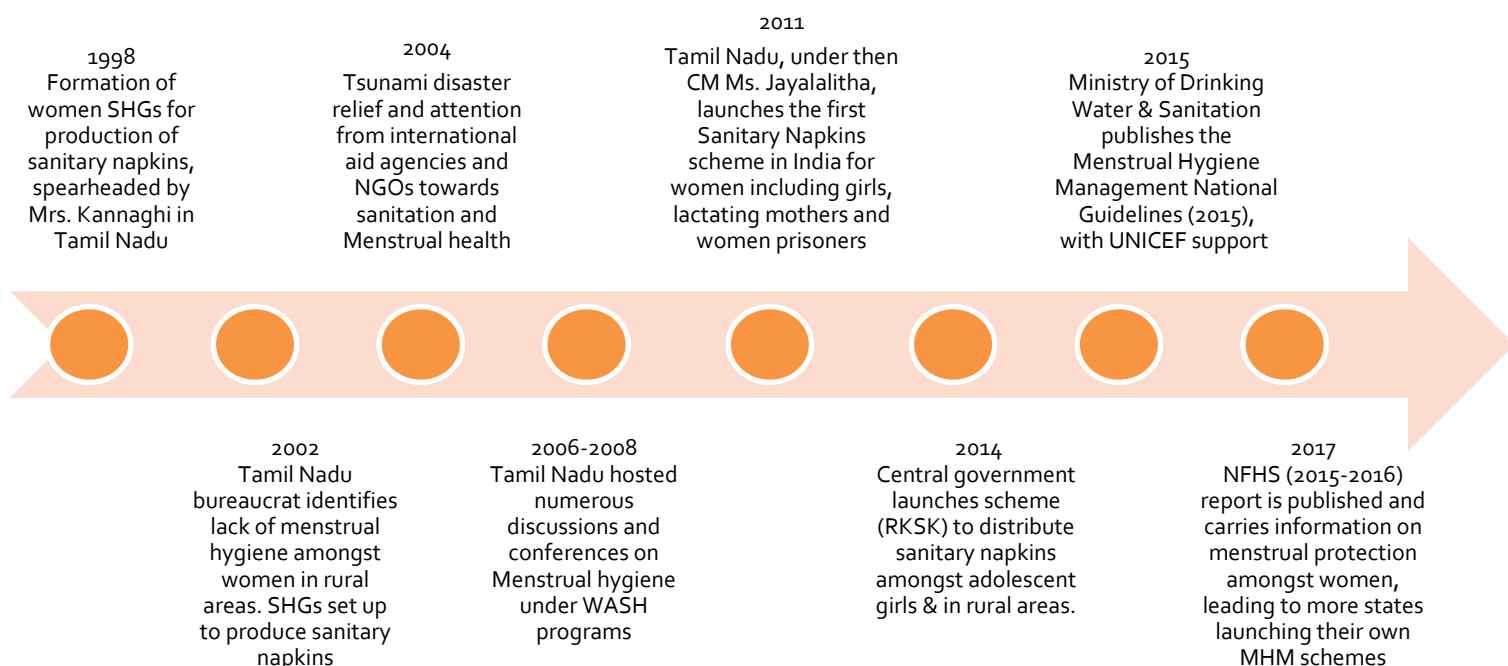
²⁴ Consortium launches website to promote women's hygiene, The Hindu, 27/05/2013, <https://www.thehindu.com/news/cities/Tiruchirapalli/consortium-launches-website-to-promote-womens-hygiene/article4755618.ece>

²⁵ Consortium launches website to promote women's hygiene, The Hindu, 27/05/2013, <https://www.thehindu.com/news/cities/Tiruchirapalli/consortium-launches-website-to-promote-womens-hygiene/article4755618.ece>;

free sanitary napkins to girls in schools, women prisoners and lactating mothers²⁶. This scheme further increased the penetration of sanitary napkins in Tamil Nadu and spread awareness on better MHM practices. Around the same time, the central government in India too introduced a national level scheme to distribute sanitary napkins at low prices to adolescent girls in certain districts across 17 Indian states²⁷. This scheme was subsequently brought under the ambit of the National Health Mission in 2014²⁸. Meanwhile, the Tamil Nadu government's focus on increasing access to menstrual hygiene products was strengthened by creating enabling infrastructure such as separate toilets for girls, and through installing incinerators and sanitary napkin vending machines in public institutions like schools. This was further helped through the dissemination of supportive literature and curriculum development as the state actively built capacity of government schoolteachers and trainers in menstrual hygiene²⁹.

Overall, it can be said that having detected this issue early, the state of Tamil Nadu was successful in leveraging a broad range of stakeholders/actors, including its government machinery in acquiring a head start in intervening in the menstrual health ecosystem. Below, we have attempted to highlight the major milestones in Tamil Nadu's history with MHM along with major developments at the centre which impact MHM ecosystem around the country:

Figure 3: Major milestones in Tamil Nadu's MHM history



²⁶ Policy note on health and family welfare, Dr. V.S. Vijay, Health and Family Welfare department, Government of Tamil Nadu, 2011, cms.tn.gov.in/sites/default/files/documents/health_family_welfare_1.pdf

²⁷ National Health Mission, Ministry of Health and Family Welfare, Government of India, <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1021&lid=391>

²⁸ National Health Mission, Ministry of Health and Family Welfare, Government of India, <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1021&lid=391>

²⁹ Basis stakeholder consultations with Dr. Yamini Sundaram, a doctor working in the space of public health; <http://karupafoundation.com/images/events/e-sannewsjuly.pdf>;

KEY STAKEHOLDERS IN TAMIL NADU

The menstrual hygiene management ecosystem in Tamil Nadu has multiple stakeholders and actors that have contributed to the state's high performance with respect to MHM. The figure below buckets, and briefly summarizes the main players in the ecosystem.



Figure 4: Stakeholders in Tamil Nadu's MHM ecosystem

To begin with, the government of Tamil Nadu has played an important role in helping identify the need for a holistic intervention for MHM in the state, and in facilitating the same. It was also instrumental in designing and implementing a comprehensive reform - the Menstrual Hygiene Program - which was the first of its kind, and which can be credited to have increased access and penetration of menstrual hygiene products in rural Tamil Nadu. The state must also be credited for demarcating roles of various departments within the MHP ecosystem, and in enabling seamless interdepartmental coordination amongst them, beginning with the Tamil Nadu Department of Public Health and Preventive Medicine (TNDPH), the Tamil Nadu Medical Services Corporation (TNMSC), the Tamil Nadu Corporation for Development of Women (TNCDW) and the Department of School Education (DSE), to name a few, to ensure the proper implementation of MHP. Additionally, the state government was also key to leveraging the role of SHG networks in the ecosystem, and in formalizing the same to produce and distribute napkins at the village level.

In addition to the overarching government machinery, there were also key government officials in the state who have contributed to leading the MHM movement from the ground up during their administrative tenure, and who continue to support the ecosystem even after their retirement. They have been the cogs that have helped implement a strong political mandate, and have, during their tenure, helped build/lend legitimacy to inspirational local leaders on the ground, to drive the movement at the grassroots level.

Next, the NGO sector, along with development aid agencies and civil society organisations like Goonj, Gramalaya, WOMAN, IIHS, have helped strengthen the developments in the menstrual hygiene management ecosystem in Tamil Nadu and helped bridge gaps that could not be addressed by the government. These actors have played a major role in increasing awareness with respect to menstrual hygiene, by way of holding campaigns to encourage creating supportive infrastructure, as well as in fighting taboos relating to menstruation in societies and within the community. Their work

has gone a long way towards increasing awareness in schools and at the community level, removing the stigma attached to menstruation, and leading to the acceptance of menstruation as a natural biological process. More importantly, these NGOs/agencies have also been instrumental in working with the companies/CSR entities in diverting CSR attention and funding towards this space.

The private sector, consisting of napkin producers of varying market sizes, have also played a significant role in filling gaps with respect to access to sanitary napkins and its distribution, undertaking product innovation to reduce costs, as well as in spreading awareness regarding menstrual hygiene through vernacular media, not just in Tamil Nadu, but throughout India.

The next section focuses on the catalysts, critical linkages and interventions undertaken by these stakeholders in Tamil Nadu's MHM ecosystem and studies the impact of the same on menstrual hygiene management in Tamil Nadu.

CATALYSTS AND CRITICAL LINKAGES TO MHM IN TAMIL NADU

A. Menstrual Hygiene Programme (MHP)- Aiding Habit Formation through the Free Provision of Sanitary Napkins

Intervention:

The year 2011 witnessed the advent of a formalised, government mandated approach towards MHM in the state of Tamil Nadu. Tamil Nadu adopted its own sanitary napkin distribution scheme named the Menstrual Hygiene Programme (MHP), under which sanitary napkins (18 napkins for two months per woman) were distributed free of cost beginning with schoolgirls,³⁰ and later including lactating mothers and women prisoners across the state. This was the first of its kind initiative in the country and it signalled a huge political backing for menstrual health measures. For example, the details of the MHP, alongside its current beneficiary count and fund allocations found a major mention in the state's budget speech every year since 2011 without fail. TN remains steadfastly committed to this scheme even now and this is a telling indicator of how much the state prioritizes the continued access to safe and affordable menstrual hygiene products to its female adolescents and women.

The napkins under MHP are procured through open tenders with interest from variety of producers- large commercial sellers, small local industries and self-help groups operating in the state. Quality audit standards for procurement under the MHP in Tamil Nadu are described in detail in their tender documents by the procuring agency of Tamil Nadu Medical Sciences Corporation (TNMSC). If sanitary napkins do not meet government standards/requirements or do not pass the tests done in laboratories for quality - which are done on samples randomly selected - the purchase order is cancelled. Additionally, TNMSC is also granted the power to blacklist organizations that do not deliver on the products as per awarded tenders.³¹ This does not however mean that sanitary napkins provided by the state are beyond reproach³². These too suffer from quality problems many a times and have been brought to the attention of the requisite authorities. But the success of the MHP, in comparison to the national program, does not necessarily lie in the quality of its sanitary napkins - rather, through its holistic coverage, and consistent budgetary allocations/mentions, MHP has become a trusted platform by which Tamil Nadu has been able to on-board first-time users and thereby ensure minimum standards of menstrual hygiene are met across the state.

³⁰ Policy note on health and family welfare, Dr. V.S. Vijay, Health and Family Welfare department, Government of Tamil Nadu, 2011, cms.tn.gov.in/sites/default/files/documents/health_family_welfare_1.pdf

³¹ Tender for the supply of beltless sanitary napkin with wings to TamilNadu Medical Services Corporation (TNMSC) Limited, TNMSC, Government of Tamil Nadu, 2019, <https://csrbox.org/media/Beltless%20Sanit1.pdf>

³² Scoping study on Menstrual Hygiene Management in Periyanaicken-palayam and Narasimhanaicken-palayam, Tamil Nadu Urban Sanitation Support Programme, 11/2018, http://muzhusugadharam.co.in/wp-content/uploads/2019/01/Scoping-study-on-Menstrual-Hygiene-Management-in-Periyanaicken-palayam-and-Narasimhanaicken-palayam_-_V11.pdf

Table 2: Budget Allocation of Tamil Nadu for Menstrual Health Program

Year	Budget Allocated (Rs. in Crores)	Number of Intended Beneficiaries ³³
2011-12	46	*
2012-13	55	40.98 lakh adolescent girls, 7.27 lakh postnatal mothers delivered in government institutions, 700 women prison inmates.
2013-14	54.63	32.79 lakh adolescent girls, 7.25 lakh postnatal mothers delivered in government institutions, 700 women prison inmates, 525 female patients in Institute of Mental Health, Chennai.
2014-15	54.63	32.79 lakh adolescent girls, 7.25 lakh postnatal mothers delivered in government institutions, 729 women prison inmates, 525 female patients in Institute of Mental Health, Chennai.
2015-16	60.58	*
2016-17	61	33 lakh adolescent girls, women prison inmates ³⁴ , patients in government mental hospital.
2017-18	61	32.79 lakh adolescent girls, 729 women prison inmates, 525 patients in government mental hospital.

Impact

The significantly large corpus set aside year-on-year by the state of Tamil Nadu dedicated towards the implementation of the MHP, has had a significant impact on the state's menstrual hygiene ecosystem.

1. **Provision of free napkins led to habit formation:** Every targeted beneficiary has received a regular supply of sanitary napkins over the years, which in turn ensured that they got habituated to using hygienic methods of menstrual hygiene management. The disposable pads offered by the state government were a far cry from the more hazardous unsanitary rags, ash, coconut husk, leaves, etc. that many beneficiaries used to resort to. The fact that the product was convenient and easily available, offered the user greater mobility and dignity. More importantly, being free of cost, it ensured continuity of practice even among the most deprived communities.
2. **Free distribution of sanitary napkins increased consumer awareness and opened rural market for FMCG players:** As discussed, once female beneficiaries shifted to using government issued sanitary napkins, they were unlikely to go back to unhygienic menstrual practices. Further, those that adopted this method were only too willing to pass on this information to other women in their families and communities. This behavioural change held even when the Tamil Nadu government pads had quality issues, for female beneficiaries were happy to move to other affordable private sector driven products rather than only rely on free government issued napkins. This was because the scheme was not structured to serve as competition to commercial sanitary pads; rather, it was meant to target those who were not aware of or comfortable with the usage of sanitary napkins, or those who could not afford them.³⁵ All of this in turn, opened the rural market for private FMCG players who grabbed the opportunity to offer their merchandise which was seen as aspirational by many rural women. They reduced prices and built an assortment of different levels of quality. Although this product innovation wasn't specifically aimed at Tamil Nadu, states like TN have been key drivers of their penetration in smaller towns and rural areas.

³³ Policy Note of Health and Family Welfare Department, Tamil Nadu (respective years).

³⁴ Specific numbers not available for women prison inmates and patients in government mental hospital.

³⁵ Basis stakeholder consultations with Ms. R. Sujatha, Independent development sector consultant, Has Worked closely with the government of Tamil Nadu in the MHM space.

3. **Sanitary napkin distribution in schools led to an increased focus on the creation of enabling infrastructure:** Once the sanitary napkins started getting distributed and widely used in govt. schools, the state automatically had to turn its forces to creating infrastructure for dignified usage, such as toilets for girls in schools, vending machines to increase access to sanitary napkins and incinerators for proper disposal of menstrual waste. In 2013-14, schools with inadequate toilet facilities were identified in the state. Based on this identification, 11,698 new toilets were constructed and 10,766 dysfunctional toilets were repaired by the year 2015³⁶. This has led to 100% coverage of toilet facilities for both boys and girls in all government schools. In 2018, 17 districts of Tamil Nadu have been declared Open Defecation Free, with every household having a functional toilet under Swachh Bharat Mission (Gramin)³⁷. The construction of 50 new sanitary complexes is also being undertaken in the mission.³⁸

The school education department in Tamil Nadu announced a plan to install 4161 electrical sanitary napkin incinerators across 3334 schools during 2018-19 academic year³⁹.

B. Role of Self-Help Groups (SHG) Network

Intervention

The first SHG in Tamil Nadu was formed in 1989 in Dharmapuri district, vide G.O.Ms.No.764, Social Welfare & NMP Dept. dt.1.9.1989 with the assistance of International Fund for Agricultural Development (IFAD)⁴⁰. Since then, more than 21,000 SHGs have joined the dense network⁴¹ under the supervision of Tamil Nadu Corporation for Development of Women (TNCDW), incorporated under the Rural Development & Panchayat Raj Department of the state's government. While the state government was among the first backers for setting up SHGs in Tamil Nadu, there were also individuals who saw merit in harnessing women through the disciplined networks of SHGs for their own wellness. For example, Mrs.Kannaghi Chandrashekar, started an NGO, WOMAN in 1992, to combat the poor menstrual hygiene practices of rural Tamil women, is known to have pioneered the production of sanitary napkins by way of SHGs in the state by 1998.⁴² Private participation aside, by the early 2000s, the state-driven SHG networks were a strong-knit community, having percolated across the state. They were also involved in a number of poverty alleviation and women empowerment activities.

In 2002, Ms. Santha Sheela Nair, while overseeing the construction of Women Sanitation Complexes came across unhygienic menstrual practices followed by women in rural areas of the state. Horrified at the dismal state of MHM in rural areas, Ms. Nair brought up the need to address menstrual hygiene issues during a review of Tamil Nadu's sanitation programmes. This observation laid the foundation for MHM focus in Tamil Nadu.

At this time, Ms. Nair was additionally Tamil Nadu's secretary-in-charge of the Swarna Jayanti Gram Swarozgar Yojana (SGSY) - the predecessor to today's NRLM -, where they were responsible for encouraging women SHGs to work towards setting up businesses to increase incomes. After coming across an SHG involved in making some kind of pad for post-delivery requirements of women, she resolved to try to create sanitary napkins the same way using SHGs under the state's SGSY mission. This, she felt would not only address their sanitation/menstrual hygiene needs but would also double up as a sustainable economic activity. She encouraged SHGs at every Panchayat block to start making such sanitary napkins and to sell it to their own members first.

Thus, began the movement where SHG women started locally producing sanitary napkins. The first, and one of the biggest inputs to this process was the reduction in the price of the product. Compared to the sanitary napkins made by

³⁶ Budget Speech 2015-16, Government of Tamil Nadu, 25/03/2015, http://agritech.tnau.ac.in/pdf/budgetspeech_e_2015_16.pdf

³⁷ Budget Speech 2017-18, Government of Tamil Nadu, 16/03/2017, <http://www.cbgaindia.org/wp-content/uploads/2017/03/Budget-Speech-Tamil-Nadu-2017-18.pdf>

³⁸ Budget Speech 2017-18, Government of Tamil Nadu, 16/03/2017, <http://www.cbgaindia.org/wp-content/uploads/2017/03/Budget-Speech-Tamil-Nadu-2017-18.pdf>

³⁹ Napkin incinerators in govt. Girls schools this year, S. Poorvaja, The Hindu, 21/03/2018, <https://www.thehindu.com/news/national/tamil-nadu/napkin-incinerators-in-govt-girls-schools-this-year/article23306499.ece>

⁴⁰ State schemes: Mahalir Thittam by the TNCDW, Rural development and panchayat raj department, Government of Tamil Nadu, https://tnrd.gov.in/schemes/st_mahalirthittam.html

⁴¹ Empowerment Activities, Directorate of Town Panchayats, Government of Tamil Nadu, <http://www.tn.gov.in/dtp/shg.htm>

⁴² As per stakeholder conversations with Ms. Kannaghi Chandrashekar, Founder-Chairperson, WOMAN-NGO

private companies, SHGs found that pads could be made at a much lower cost using locally sourced materials and be made even more affordable by unbundling them (i.e. selling them by pieces instead of packets) and by reducing branding and packaging costs to the bare minimum. They also received an initial boost through infrastructure money available under SGSY funds, which allowed them to purchase raw materials to create napkins. The second input was the emphasis on hygiene. This intervention emphasized the importance of hygienically producing sanitary napkins by ensuring that SHG women used gloves and masks to produce pads and that they had access to a sterilizing unit. As the production units were conveniently located in the vicinity of the local community, the SHG members as well as other women of the community were witness to this hygienic process of production. This changed the way these women perceived the menstrual process and resulted in them to better appreciate the need to pay more attention to their menstrual and overall health and hygiene. Over time, this movement caught on, with more and more SHGs joining the fray. SHGs not only sold sanitary napkins to their own members, but also began bartering products in intra-SHG trade. This expanded to slowly include the larger community, thereby increasing the economic incentives for SHG women, which led to more women joining said SHGs. With improved SHG membership, a strong loyalty base and the ability to retain customers through a capacity to innovate, many SHGs began to eventually want to compete with private sector products. However, given their constraints in marketing their products, their impact was mostly local.

This changed in 2011, when the state introduced its own Menstrual Hygiene Program (described above) through which they start providing free sanitary napkins to rural adolescent girls, prisoners and post-natal mothers. With this program, the state created a ready market for SHG products as they were also empanelled as suppliers.

Formation of Tamil Nadu Sanitary Napkins Federation (TNSANFED)

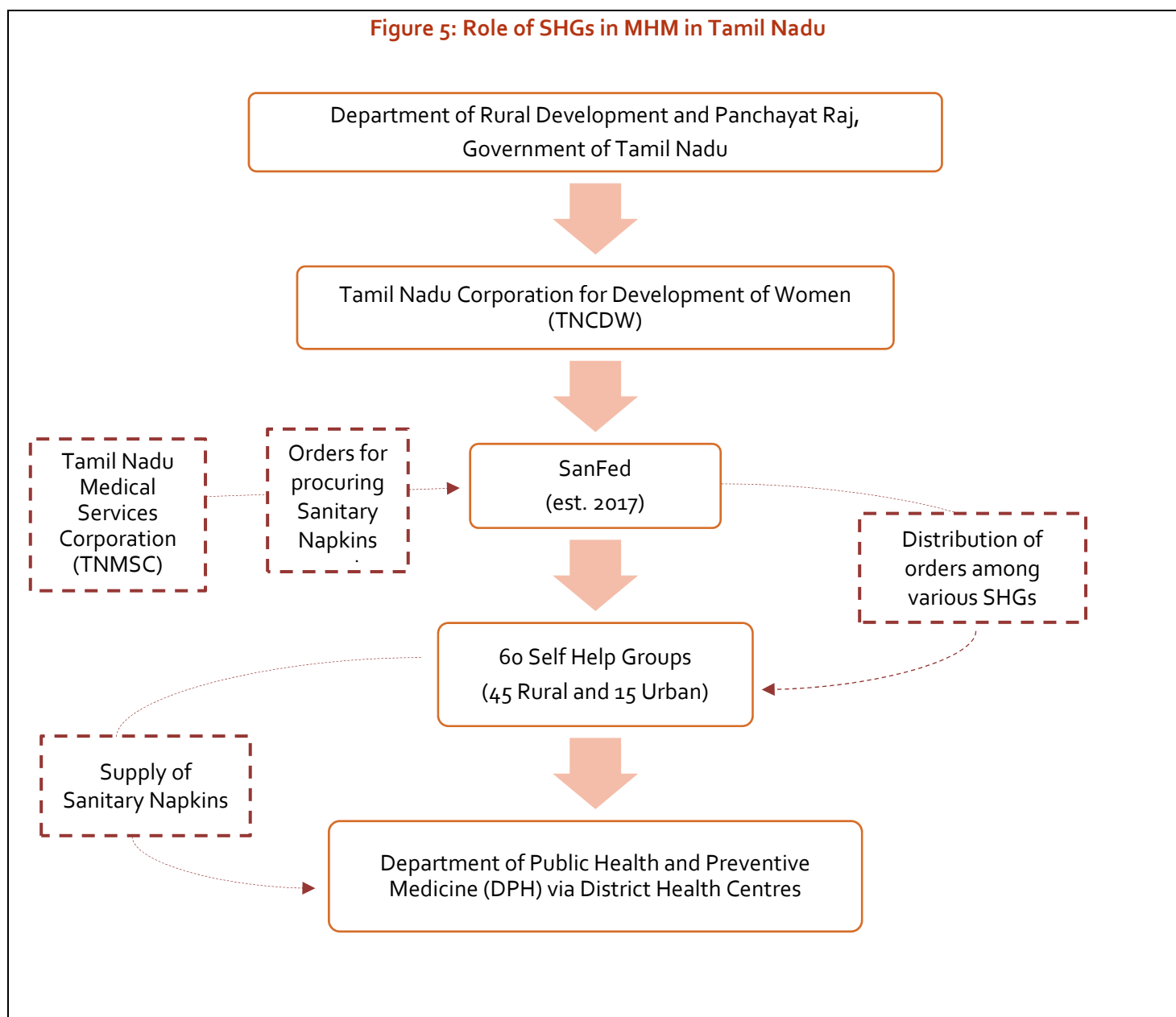


As more SHGs started adopting sanitary napkin production as a primary activity, the need to consolidate efforts became apparent. Capacity building till then had been confined to the idea of mobilizing women and encouraging them to produce sanitary napkins and create a market through self-buying, community selling and bartering with sister SHGs. However, with more SHGs coming on-board and beginning to sell napkins commercially as well as for government procurement, it became imperative that such scattered SHG units be brought under a common umbrella, and thus, the idea of TNSANFED, came into being. Accordingly, this led to over 60 SHGs coming together to form SanFed (Tamil Nadu Sanitary Napkin Federation) in 2017, under the aegis of the TNCWD. SanFed gave such SHGs an exclusive platform to consolidate efforts, unite to address common concerns, and generally coordinate their activities. It has also become the vehicle through which government tenders could be awarded to SHGs. As

per MHP norms, SHGs, like other enterprises, are generally free to compete for tenders to supply sanitary napkins to the state as and when they are announced by the Tamil Nadu Medical Services Corporation (TNMSC) which is a government entity to procure medical equipment including sanitary napkins. However, to ensure continued sustainability of the SHG movement, the MHP had institutionalized the procurement of a specific type of sanitary napkins - those to be delivered to lactating mothers from these SHGs. SanFed helps SHGs streamline the processes of receiving procurement orders, finalizing the product and supplying them across the state. Additionally, it also conducts training for SHGs and mobilizes women to join SHGs. Currently, SanFed has a membership of 60 SHGs, with each SHG consisting of 6-12 women.

SanFed offers an excellent example that can be replicated across other states to consolidate SHG efforts towards a single goal, such as MHM.

Figure 5: Role of SHGs in MHM in Tamil Nadu



Impact on MHM

1. **Access to affordable and hygienic menstrual products:** The NHFS 4 reports that more than one-third women in Tamil Nadu today use locally used sanitary napkins which indicates the impact of SHGs on sanitary napkins adoption in the state. SHGs have been instrumental in improving access for women in remote areas by supplying products at prices that are suited to the local needs. Commercial FMCG products are often unable to penetrate the rural markets due to lack of economic viability for retailers to stock their products, but the SHGs through their networks in the community have been able to break this barrier.

What made SHGs succeed in making Sanitary napkins popular amongst rural women?

- Driven by dual motives of profit and promoting menstrual hygiene, the SHG women themselves promoted the use of sanitary napkins amongst others within the community.
- In most rural households, women are engaged in some sort of economic activity and menstrual bleeding impedes their participation in the same, particularly when they must resort to using uncomfortable/unhygienic products during this period. Such women were eager to adopt disposable sanitary napkins because it afforded them mobility and the ability to continue going to work without disruption.
- Fertility holds an immense importance in the lives of the women, and upon being made aware of the adverse effects of unhygienic menstrual practices on their fertility, the women were more open to adopting the more hygienic alternative of sanitary napkins.
- As the napkins were being produced at a local level, the community was deeply involved in the whole process and witnessed the hygienic method of production, which generated interest and awareness in the product.

2. **Increased awareness on MHM in the community:** The SHGs not only endorsed their products but advocated for the use of sanitary napkins as a mainstay for ensuring hygienic menstrual practices in one's daily life in local educational institutions and their communities. Additionally, they educated users about their sexual and reproductive health, which many women/girls were unaware of until then. Imparting such holistic understanding of menstruation and human anatomy only encouraged the use of hygienic menstrual products, even as they served to break taboos surrounding this phenomenon. Also, given how the SHG women network consisted of women from within the community, it proved to be extremely effective in spreading awareness about MHM in general. The crucial factor that led to the increased uptake in sanitary napkins was the simple fact that the grassroots level, peer-led movement was seen as coming from within the community, as opposed to from "the outside". Also, the unwavering focus on hygienic production of sanitary napkins has been significant in the success of MHM initiatives. The insistence on gloves, masks and sterilisation units in the production process had led women to understand both the importance of using hygienic menstrual protection products, and has improved their perception regarding the need to maintain good menstrual health and hygiene in general.
3. **Economic empowerment of women:** Apart from access, the SHG movement has been an important catalyst of economic empowerment of many women. The fact that more and more women SHGs have gravitated towards making sanitary napkins, and in some instances, producing them as the primary product reveals how remunerative an activity it has emerged. The formation of SanFed, empanelment under MHP, and their ability to sustain commercially through sale of napkins, all speak of a growing economic empowerment among women. Some SHGs have also now started selling value added products such as those with aloe vera/ in different sizes to increase their assortment.

C. *Strong political mandate & the ability to build grassroots leadership*

Intervention

The success of the MHP and SHGs, beyond its design, can also be attributed to the strong leadership of Ms. Jayalalithaa, whose backing gave the program the necessary impetus to challenge and then change existing menstrual norms in Tamil Nadu for the better. In fact, according to some stakeholders, MHP would not have seen as much success without the charismatic leadership of the erstwhile Chief Minister behind it.⁴³

⁴³ Basis stakeholder consultations with Ms. Kavya Menon, Trustee, AWARE India Trust

For one, MHP began as an off-shoot of a sanitation program that was her electoral promise to the women of the state, created with the intention of fulfilling a need that was observed in society. Her time in power also coincided with Tamil Nadu's bureaucracy having a pool of government officials committed to ensuring last mile connectivity in social welfare programs, and who had her confidence. It was one such officer, Ms. Nair who recognized the absence of adequate MHM measures in the state and campaigned to have the same instituted. To her credit, the erstwhile CM not only backed her, but also followed through with a first of its kind state-based scheme - MHP - dedicated to tackling the absence of adequate menstrual hygiene products. The program focused on on-boarding first time users of sanitary napkins, as well as generating awareness regarding menstruation and proper menstrual hygiene for girls who were reaching the stage of menstruation. The above, thanks to the state's leadership coupled with the efforts of a few dedicated officers, went a long way towards impressing upon all government officials the need to prioritize menstrual hygiene. The dedicated officers championing menstrual hygiene in the state all came from various departments, ranging from rural development, to health, to social welfare to sanitation⁴⁴. This enabled the state government to establish linkages between these and has today translated into a coordinated inter-departmental effort that ensures the seamless institutional delivery of sanitary napkins to beneficiaries across the state.

Awareness was also a significant component of the MHP. In Tamil Nadu, the details of the MHP, alongside its current beneficiary count and fund allocations have found a major mention in the state's budget speech every year without fail. This is a telling indicator of how much the state and its authorities prioritize the continued access to safe and affordable menstrual hygiene products to its female adolescents and women. At a more local/de-centralized level, provisions were also made for SHGs to spread awareness about menstrual health and hygiene as part of their sales pitch. Once SanFed was created, such a system was institutionalized, and SanFed SHGs were often called upon to speak about the female anatomy and the need for maintaining menstrual hygiene at different fora, particularly among students⁴⁵. To this end, funds from the State Balanced Growth Fund (SBGF) under the State Planning Commission were allocated. The same Funds have been used by TNWDC to train community level resource persons in MHM at Menstrual Hygiene Workshops, who in turn would take the information forward to their respective districts.⁴⁶ Efforts were also made by the state to normalize and institutionalize the usage of sanitary napkins. They did this by linking the distribution of these pads with that of the IFA iron tablets, which helped establish the link between menstruation and health in general.

Media too played a key role in addressing the taboo and misconceptions surrounding menstruation and opening them up for discussions where they are explained as a natural biological process. Advertisements on widespread vernacular media in Tamil Nadu contributed to the message of MHM reaching the farthest possible audience. The distribution of free Televisions in 2006 by the state government further boosted the spread of awareness via advertisements in vernacular media as the number of televisions in households led to increased awareness.

Impact

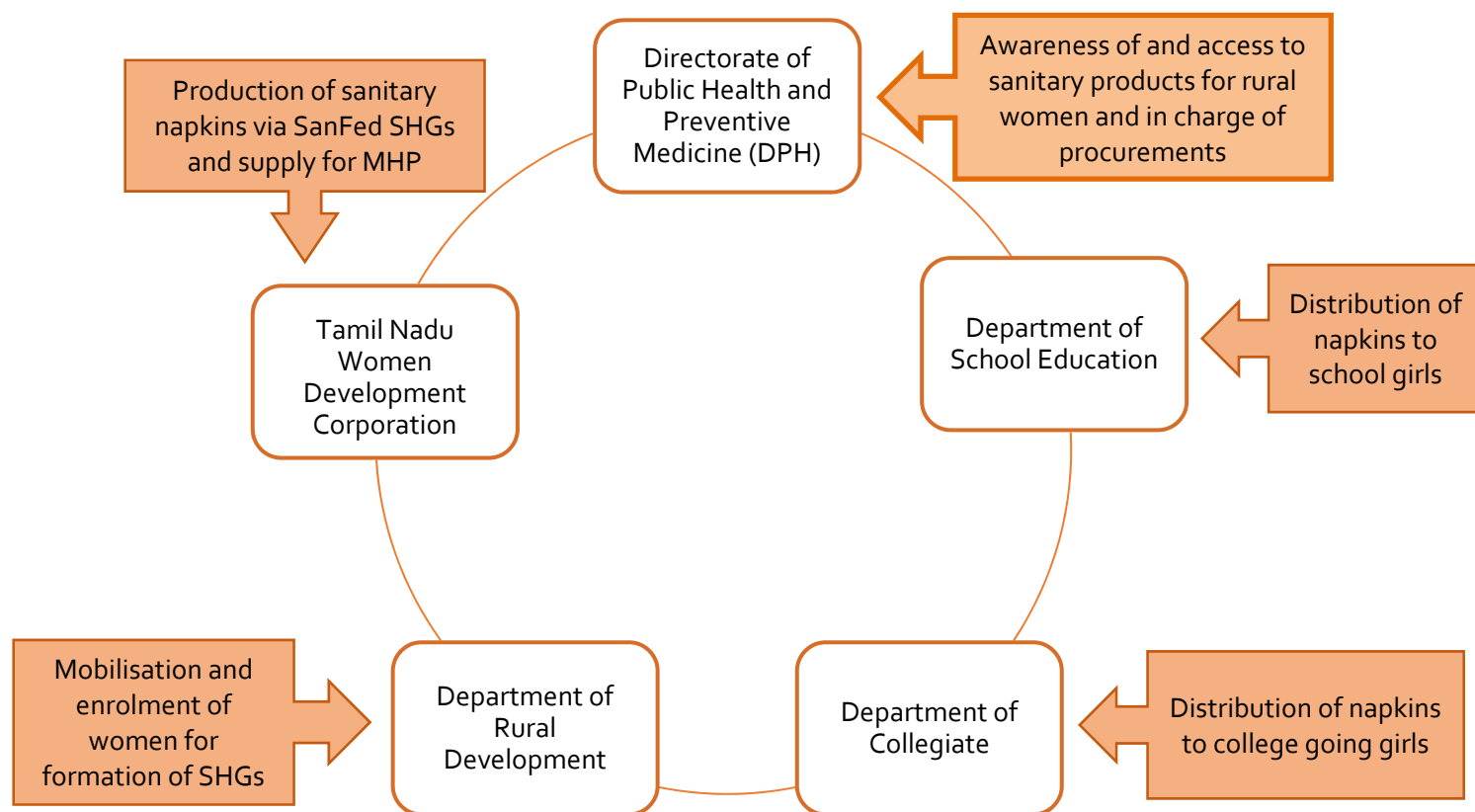
The MHP harnessed a combination of health strategy, economic empowerment and behavioural change, made with the intent of ensuring the message of menstrual hygiene spread across the state. The efforts of a strong political leadership at the helm helped percolate the importance of MHM at all levels of state governance, which in turn helped establish a strong institutional culture of inter-departmental coordination upon which the scheme's functioning rests. This has allowed the MHP to grow, both in terms of budgetary allocations and coverage, and create systems whereby underserved populations can be brought within the ambit of the scheme.

⁴⁴It's time for action, V. Ganapathy; R. Sujatha, E-Sannews, 01/07/2019, <http://karupafoundation.com/images/events/e-sannewsjuly.pdf>

⁴⁵Basis conversation with P. Selverajan, Additional Project Director, (ADRD), Rural Development & Panchayati Raj department

⁴⁶Basis conversation with P. Selverajan, Additional Project Director,(ADRD), Rural Development & Panchayati Raj department

Figure 6: The roles and responsibilities of Tamil Nadu's government departments under MHP



Apart from ensuring inter department coordination, the govt buy-in led to a ripple impact in terms of willing partners ready to engage on MHM projects. CSR wings of many companies including Bank of America, TVS, BHEL, international aid organisations, NGOs, academics and researchers started embarking on MHM projects themselves following the leadership of the government.

The state's engagement also had the benefit of recognizing actors at the grassroots who were already engaged in such work and co-opting them into the movement. The state's institutional framework and recognition allowed these actors to push the MHM agenda across the state and ensure an unprecedented level of outreach as regards menstrual hygiene in Tamil Nadu. This has ensured greater access to sanitary napkins among rural and low-income groups, and created behavioural change among women and girls in the state. This was also the reason why taboos and stigma attached to menstruation remain comparatively reduced in Tamil Nadu, particularly in rural areas⁴⁷.

All in all, the MHM movement in Tamil Nadu can be said to be as much of government/leadership driven one, as much as one championed by individuals in the community. The state government's initiative and inter-departmental coordination, coupled with community and civil society participation have resulted in Tamil Nadu organically developing a sustainable MHM ecosystem, which offers lessons to those wishing to emulate them.

⁴⁷ Basis stakeholder conversations.

D. Role of the Private sector

Intervention

The private sector involved in the creation of menstrual hygiene products had largely been limited to urban spaces, with limited penetration into rural areas until early 2000s. The high prices of their products restricted their access to women from lower income households. However, in order to compete with locally made products, large-scale private manufacturers brought about significant variations in their branding, in addition to slashing their prices. As a result, they began to unbundle their previous packaging, and instead offered smaller quantities of napkins at more affordable prices. Stakeholder reports indicate a price fall from Rs. 300 for a packet of Stayfree pads numbering 30 or more, down to a pack of 8 pads sold at Rs. 16 in mid 2000s.⁴⁸ However, this product innovation was done at scale across the country, not just Tamil Nadu.

Soon, commercial products flooded the previously untapped markets. With napkin usage becoming more common, the more affordable nature of private products as well as perceptions regarding their perceived quality was able to convert a new share of the women population into now becoming a part of their customer base. The companies also harnessed vernacular media to promote them as aspirational products. Thus, as the market has continued to grow, besides major players such as Johnson & Johnson and Procter & Gamble, several smaller manufacturers too also began to produce sanitary napkins in and for Tamil Nadu. Today, Chennai's retail outlets stock over 45 different types of sanitary napkins across several brands such as Sofy, Comfy, Carefree, Whisper, etc. Some private sector companies have also been attempting to bid for government tenders to supply free sanitary napkins under the MHP. Stakeholder conversations reveal that while they have thus far been unable to meet the government mandated price-points without compromising on sanitary pad quality, they are currently in the process of innovating, to come out with products that meet both criteria⁴⁹.

Overall, the entry of the private sector has resulted in deeper penetration of sanitary napkins in rural markets, entry of greater variety and options, as well as products being offered at more affordable prices. All of this has slowly but surely helped transform the MHM landscape in Tamil Nadu as other states.

Impact

1. **Behavioural change and meeting supply gaps:** The MHP is credited with getting women and girls to switch from unhygienic menstrual practices to using hygienic sources of menstrual protection such as sanitary napkins, and rightly so. However once on-boarded, it was often the commercially produced private sector products with their targeted advertisements and quality assurances that made using sanitary napkins an aspiration. Private sector has also been able to keep up with their users need for innovative products, such as for longer-lasting products or those offering better coverage or more convenient in usage, etc. For example, sanitary napkins with wings are an innovation on the ordinary sanitary napkin that is widely preferred over and above others. This is evident by the fact that Whisper, a leading sanitary napkin product sees Whisper Choice, an affordable winged napkin version, dominating 70% share of their overall sales.⁵⁰
2. **Improved quality of sanitary napkins:** Conversations with stakeholders reveal discomfort due to quality issues with subsidised napkins provided by the government. Therefore, women who were beneficiaries of the MHP preferred to use commercial sanitary napkins on days with heavy menstrual flow, and MHP products on other days. These decisions highlight choices guided by a combination of price as well as quality, and highlights the significant behavioral changes wrought amongst women thanks to the penetration of sanitary napkin usage over the last decade. Collectively taken together, private players can be said to have ensured that women and girls in Tamil Nadu have access to variety of menstrual hygiene products of differing quality at competitive prices, which suit their unique needs.

⁴⁸ Basis stakeholder conversations with someone at the Department of Public Health & Preventive Medicine who prefers to remain anonymous.

⁴⁹ Basis stakeholder conversations with Ms. Chetna Soni (Category Leader, Femcare) from P&G

⁵⁰ Basis stakeholder conversations.

RECOMMENDATIONS FOR OTHER STATES

Although, many interventions that led to success in Tamil Nadu came about organically and built on top of each other as seen above, we have attempted to arrive at a blueprint for other states based on TN's experience. Our hope is that policymakers around the country can implement some of these recommendations in a concerted effort to improve MHM in their state. The recommendations are:

a. Identify gaps and issues in MHM and develop a state planning document on MHM basis this study

As a first step towards improving the menstrual hygiene management practices of states across India, the state governments should undertake a baseline study to evaluate the current gaps, challenges and status of women and girls in the state, with respect to menstruation. To gain a better understanding, differences in rural-urban behaviour and different beliefs of different communities w.r.t menstruation need to be documented so that they can inform targeted interventions.

This can be done using focus group discussions with women of varying age groups to identify problems faced by them during menstruation as they are influenced by cultural norms and other factors. Gaining an understanding of their perception of menstruation, its causes, effects and impacts, will help design more effective strategies that can target the root cause of women's problems. Additionally, identifying key interventions required in each bucket- awareness, access, usage and disposal, as different areas, to be addressed at different times and chronological orders, can help in increasing the impact of interventions. This study and identified interventions may take the shape of a 5-year state MHM plan.

Given the above, the government can undertake the following strategies to address the gaps and challenges in the MHM space, and improvising solutions to best fit the region and socio-economic needs of the state.

b. Lend Political Backing to the MHM Plan

The government, both at the centre and the state level should lend political goodwill and backing to developing the MHM ecosystem. By citing linkages to MHM and other socio-economic factors such as education, health and employment, the government can make MHM a priority in states. The government can create visibility on issues regarding menstruation by including the topic in election promises, as state/party priorities and while making public health announcements, to name a few methods. This will lead to a shift in public narrative around the need and importance of MHM and breaking social stigma around women and menstruation.

Additionally, identifying a nodal department to coordinate MHM initiatives will help organise practices and actors, and oil the government machinery to implement the MHM plan. This department (in many instance Department of Rural Development) should have the ability to coordinate with state's livelihood missions, health mission and education department, to bring about a holistic implementation plan for MHM. Doing so, will bring about accountability in bureaucracy with respect to MHM initiatives. Moreover, setting bold and quantifiable targets for awareness and penetration of menstrual protection products for a fixed time period, will attract private sector players, NGOs/CSOs and CSR activities to collaborate with the government and help meet the targets, resulting in positive impacts and effective implementation of the MHM plan.

c. Commit Budget for Free Distribution of Sanitary Napkins

As discussed above, the most important factor in driving MHM adoption has been the free provision of SNs through the state's menstrual health program. It led to habit formation by facilitating trials and

repeated usage over a long period of time. The private sector has also used a similar approach for driving usage of their products. Realising the value of this approach, the central govt. also launched its scheme later merged with Rashtriya Kishore Swasthya Karyakram (RKSK) in 2014 which provides free napkins under the brand name 'Freedays'. However, the scheme covers only 112 districts in 17 states as of 2015.⁵¹ Some other states have also caught on the bandwagon after 2017 NFHS results and have made budget and scheme announcements. However, the schemes in most of these states are yet to take off in a proper manner. Also, in terms of scope and scale many of these are very limited as compared to TN. For example, while most of them are only focused on adolescent girls, TN's scheme also provides napkins to lactating mothers. The Rajasthan Govt. is an exception in announcing a scheme with an even bigger scope than TN, however, much of it is not being implemented currently.

Table 3: Tamil Nadu's MHP compared to RKSK (Centre) and other states

	Tamil Nadu	RKSK (Central scheme)	Maharashtra	Odisha	Uttar Pradesh	Kerala	Rajasthan
Target	School girls (aged 11-19 years), lactating mothers, and women prisoners	Girls aged 10 to 19	Girls (10-19 yrs) in Zila Parishad Schools, women in rural areas	Girls in grades 6th to 12th, women delivering in government hospitals	Girls aged 11 to 18 in government and aided schools	Girls aged 11 to 18 in government schools	Women aged 15 to 45
Coverage	Across Tamil Nadu	112 districts across 17 states	Zila Parishad schools and women in rural areas	Across Odisha	Across Uttar Pradesh	Expanding to government schools across Kerala (~1500 schools as of now).	Across rural areas of Rajasthan
Cost of sanitary napkins	Free napkins – 3 packs (6 pads each) every 2 months.	Rs.6 per pack of 6 napkins. 1 packet per month	Rs. 5 per pack of 8 napkins for school girls, 1 packet per month Rs. 24-29 per pack of 8 napkins for rural women, 1 packet per month	Free of cost- 18 Napkins for girls per month Rs. 1 per napkin for rural women. 6 Napkins per month	Free of cost pack of 10 napkins. 1 packet per month	Free of Cost, as per the requirements submitted by schools.	Free of cost, number of packets not available
Distribution network	Schools and anganwadis. Recently started subsidised distribution in colleges.	Schools	Participating SHGs	Schools, government hospitals and ASHA workers	Schools	School Counsellors	Schools, Colleges, Anganwadis, Sub-health centres, Annapurana Bhandars

⁵¹ Unstarred Question 1979, Ministry of Health and Family Welfare, Lok Sabha, 31/07/2015, <http://loksabhaph.nic.in/Questions/QRResult.aspx?ref=21046&lno=16>

d. Leverage SHG networks

Given the inputs from various stakeholders in the MHM space, both in Tamil Nadu and other states in India, a primary starting point for interventions is a bottom up approach to the issues surrounding menstrual hygiene. To create a sustainable model, which requires less state capacity and monitoring from agencies, interventions need to incentivise beneficiaries to invest in their own menstrual hygiene. Keeping the socio-economic indicators in mind, this can be done using established SHG networks in states, and encouraging the growth of local champions on the ground, while creating stronger incentives to enrol a higher number of people to be a part of a community led movement.

i. Formation and capacity building of SHGs

Most states have strong pre-established SHG networks in place due to efforts made by the government for collective action and the National Rural livelihood Mission, which have penetrated remote rural villages across India. By building and using this network to further the reach of SHGs, the government can tap into them and train women to produce locally sourced sanitary napkins.

Building capacity and training women to produce sanitary napkins at the community level is a sustainable model for improving menstrual hygiene amongst women as the demand and supply of pads can be met in smaller silos, at affordable prices and using communities for efficient distribution of products.

Producing sanitary napkins at the community level will also have an impact as it brings about behavioural changes, as well as, changes in perceptions of personal hygiene. As seen in our above analysis, when women see gloves, masks and sterilisation units being used to produce sanitary napkins for them, they automatically give more attention to their menstrual hygiene as their perceptions and awareness on menstruation increases. Similarly, an increase in income, and the option to gain a livelihood, incentivises women to produce sanitary napkins, and supply it to other women in the community, thereby increasing sales, penetration of products and economic empowerment amongst women.

ii. Promoting community leaders and champions on the ground

Identification of local stakeholders and leaders on the ground is vital for a bottom-up approach to menstrual hygiene. Being a vastly tabooed subject, if menstrual hygiene management can be spearheaded by local champions, any intervention would be more successful due to beneficiaries being able to identify with their leaders.

Training and moulding local champions as effective leaders can drive development in a more sustainable fashion, and transfer the power to the people, rather than having it concentrated at the centre. A decentralised approach to managing programs and interventions has multiple benefits as they inculcate skills and qualities into the communities, which over time metamorphize, and bring about transformational changes in behaviours, such as menstrual protection and disposal methods. Additionally, encouragement of local champions and leaders on the ground, should be a gender-neutral intervention, given that taboos surrounding menstruation will need interventions amongst both men and women.

Interventions such as training local champions and skilling community resource persons to spearhead interventions, while assisting them in leading the change, will bring about great impacts, in a more sustainable fashion for the long term.

iii. Using SHGs as distribution networks for regular commercial brands

India, having a vast and diverse landscape, has many regions that are remote and rural. These villages, may have hindrances with regards to access to menstrual hygiene products and distribution of sanitary napkins. Additionally, their SHG networks may not be as well established, resulting in a lack of capacity to produce sanitary napkins at scale.

Therefore, the private sector plays a crucial role in filling in the gap for demand of products. However, as commercial napkins do not have retail shops in remote villages, an innovative model would be to use SHG networks to distribute

commercial sanitary napkins, while giving a cut of the sales to SHG women as economic incentives. Such an approach has been piloted in Karnataka with much success.

iv. Organizing SHGs into a registered federation

Collective action – i.e. organizing like-minded individuals into a network - has many benefits, such as offering individuals with a common aim, the necessary capacity and heightened bargaining power to achieve their goals. And when such a network or collective is vested with the force of law behind it, such as by registering themselves formally as a legal entity, then, in addition to magnifying its natural strengths, it also makes other gains. For one, the legal status converts the collective's identity into a recognizable and reckonable brand. Having a brand allows you to improve membership, increase capacity and source funds. This in turn enhances the collective's ability to expand operations and perform at scale. Last but not the least, it leads to better marketing as a result of improved communication and outreach.

Going by the above, it is therefore vital to encourage SHGs who are leveraged to form part of the MHM ecosystem in a state, to organize themselves into federations or other legal entities regardless of whether they chose to produce sanitary napkins themselves, or act as distribution channels for commercial products.

v. Increase in education and awareness on Menstruation and MHM

Increasing awareness and education on menstruation is likely to have overflow effects on menstrual hygiene management as it will decrease the prevalence of myths and misconceptions surrounding menstruation.

School Curriculum

Introduction of menstruation in school curriculums, for both boys and girls, will inculcate hygienic menstrual habits amongst girls, while normalising the subject for both male and female future generations. Including both males and females in awareness and education campaigns for menstruation will reduce the taboo relating to the subject and help men understand the need for MHM. While most villages have males in positions of leadership, their ignorance towards menstruation contributes to the lack of menstrual hygiene. By increasing awareness at the ground level, in a gender-neutral way, the subject can be addressed by all.

Local Networks

Additionally, the village and district health units, as well as, anganwadi centers, should hold menstruation awareness campaigns to inform women in the community about menstruation, its causes and consequences, as well as ways to hygienically use products for menstrual protection and disposal. Holding awareness campaigns in village community centres will be useful in imparting information at a large scale and bring women together to demand better products for menstrual protection. The awareness on the subject will also help them make informed choices about what methods they would like to choose and opt for. As seen in Tamil Nadu, with increase in information and capacity building at the community level, there has been huge developments in product designs and innovation, leading to demand for better quality napkins and different styles, including, with wings, belt or beltless napkins, biodegradable napkins, washable and reusable cloth napkins, etc, which empower communities and build sustainable models for menstrual protection and hygiene.

Lessons from Maharashtra Model for MHM awareness

One of the states to have developed a menstrual hygiene management program that in time could possibly rival that of Tamil Nadu's in terms of reach and focus is Maharashtra. The state's Rural Development & Panchayatiraj Department introduced the *Asmita Yojana*⁵² as a part of its' rural livelihood mission to provide sanitary napkins to adolescent girls and women. As a part of the state's menstrual hygiene management programme, the government had also made

⁵² Scheme for free sanitary napkins- Asmita Yojana, National Repository of Information for Women, Ministry of Women and Child Development, Government of India, <http://www.nari.nic.in/schemes/scheme-free-sanitary-napkins-asmita-yojana>

menstrual hygiene education mandatory in schools in 2017⁵³; that said, with sanitary napkins being a more tangible and measurable output than the awareness component, it has received more attention.

Regardless, the awareness component of Maharashtra's scheme has been rigorously designed. The education imparted is to be in accordance with the programme on menstrual hygiene education designed by UNICEF, which includes six monthly sessions by hygiene experts. For instance, at the very inception of the program, in 2017 itself, Sangli Zilla Parishad in Maharashtra launched a three-tier programme⁵⁴ where a resource group of experienced persons from the district administration trained master trainers who in turn were expected to spread awareness at the gram panchayat level with the help of base trainers. A task force has also been set up at the district and state level to monitor the implementation of this initiative. The programme is being run in coordination with the Education, Health and ICDS Departments and NGOs, with the aim of reaching about 85,000 girls in the first phase and around 40 million households.

vi. Improve means of disposal and increase in access to disposal outlets

Disposal of menstrual waste is another gap in MHM practices across states in India. Due to issues surrounding disposal, women feel stigmatised and ashamed of using menstrual hygiene products, which often results in poor hygiene. Access to proper means of menstrual waste disposal are required for sustainable MHM practices. Incinerators should be installed in public washrooms, schools and community centres, along with the need for gender friendly infrastructure that address menstruation. Proper dustbins and vending machines can also contribute to menstrual hygiene across public spaces.

Moreover, while urban areas do not face a problem in achieving penetration for access to products and sanitary napkins, they face a major constraint in disposal as waste management is an issue. Due to this, it is important for public buildings and toilet infrastructure to be gender friendly, ergo, have disposal bins for menstrual waste, and incinerators to correctly dispose of waste.

CONCLUSION:

Tamil Nadu, as an example for menstrual health hygiene management, shows that large gains can be made through concerted efforts by state governments. The challenge, with respect to menstrual hygiene management lies in the fact that it remains to be a severely unaddressed issue in India. There are over 355 million women in India who are in the menstruating age and a significant proportion of these women do not have access to hygienic means of menstrual protection, products, awareness or infrastructure. The social stigmatization and myths around menstruation have prevented it from being a topic addressed with respect to women and public health and sanitation.

The government of Tamil Nadu, with the support of NGOs, CSOs, the private sector and other key players in the MHM space, has created an effective MHM ecosystem and positively impacted women of varying age groups. Creating an effective MHM ecosystem is a challenge that can be achieved with coordinated and concerted efforts by different government departments such as Department of Rural Development, Department of Public Health, Department of Education and State Livelihood Programs. With institutionalised support from the government, the quantifiable indicators for MHM can be improved over time and result in improvements in many linked socio-economic factors, as well. Progress in MHM can translate to better health, lower school dropout rates, more labour force participation for women and benefits that are carried on in the long term, through every progressing generation. It is imperative that policymakers give MHM urgent public health attention and implement suitable and actionable interventions based on

⁵³ Maharashtra government makes menstrual hygiene mandatory in schools, Pallavi Smart, Mid-day.com, 01/11/2017, <https://www.mid-day.com/articles/maharashtra-government-makes-menstrual-hygiene-mandatory-in-schools/18700182>

⁵⁴MHM Programme to reach 85,000 adolescent girls, 40 million HH, http://swachhsangraha.gov.in/sites/default/files/MHM_programme_to_reach_85%2C000_adolescent_girls%2C_40_million_HH.pdf

the below blueprint, and after undertaking a thorough review of current barriers to adoption of MHM in their respective states.

A BLUEPRINT FOR STATES TO IMPROVE MENSTRUAL HEALTH MANAGEMENT

Steps/Stages	Intervention	Impact
<p>Step 1: Identify gaps and strategies for menstrual hygiene management</p>	<ul style="list-style-type: none"> • Build state level 5-year implementation plan for MHM laying out interventions by district to tailor solutions to specific local needs • Identify challenges faced by women with regards to MHM bucketed under 4 following categories: <ul style="list-style-type: none"> ○ Awareness ○ Access ○ Usage ○ Disposal • Scrutinise existing schemes for MHM if any, and gaps thereof • Map different groups of beneficiaries and their unique challenges 	<ul style="list-style-type: none"> • Creates a clear roadmap for all stakeholders in the MHM ecosystem • Leads to targeted interventions to increase effectiveness of the MHM program • Effective allocation of resources for maximisation of impact • Better identification of partners required for MHM implementation on ground
<p>Step 2: Make MHM a government priority</p>	<ul style="list-style-type: none"> • Lend political goodwill to MHM in the state citing linkages to education and employment • Create visibility of the issue through election promises/public health announcements • Identify a nodal department to coordinate MHM initiatives. This department (in many instance Department of Rural Development) should have the ability to coordinate with state’s livelihood missions, health mission and education department. • Create local champions and capacity building at the district level. These champions could be officers at district level, SHGs, NGOs and special staff (through fellowships/contracting, etc.) to lead the MHM work locally • Set bold quantifiable targets for awareness and penetration of hygienic methods of menstruation management for a period of five years. 	<ul style="list-style-type: none"> • Leads to a shift in the public narrative around the importance of MHM and breaking social stigma around the issue • Brings action and accountability in bureaucracy w.r.t. MHM initiatives • Builds capacity at the grassroots level to champion MHM initiatives • Attracts private sector/NGO partners for collaborations on MHM projects
<p>Step 3: Commit budget for free distribution of sanitary napkins</p>	<ul style="list-style-type: none"> • Undertake distribution of free sanitary napkins (~9-10 napkins per woman per month), using existing government distribution networks such as schools, anganwadi centres, hospitals, district health centres, etc. • Procure napkins for distribution through an open competitive tendering process. Commercial companies, SHGs, small scale industries should be allowed to compete till the time they meet the quality standards. • As far as the budget allows, try to cover as many groups of women as possible including school going girls, college going girls, lactating mothers, older women in that order to drive adoption. 	<ul style="list-style-type: none"> • Increases access to sanitary napkins for those who cannot afford/have not tried napkins before • Induces behavioural changes in beneficiaries towards using hygienic methods of menstrual protection by facilitating trials • Ready market for sanitary napkins by government leads to competition in turn leading to a decrease in prices, product innovation and development of a local ecosystem of producers

<p>Step 4: Leverage all possible government touchpoints to increase access to products</p>	<ul style="list-style-type: none"> • Leverage as many govt. distribution networks as possible for making sanitary napkins available. For ex. at Primary Health Centres, Sub hospitals, Anganwadi centres, schools, colleges, through SHG networks under livelihood missions, etc. • Can also be done through vending machines in urban areas in places of high footfall. 	<ul style="list-style-type: none"> • Ensures deeper penetration of menstrual hygiene products where usual retail shops may not otherwise sell commercial products.
<p>Step 5: Continue awareness efforts on menstrual hygiene management</p>	<ul style="list-style-type: none"> • Use vernacular media and local community networks to increase awareness on menstruation as a biological process, choices of products for menstrual protection and correct usage of products • Include MHM awareness in school curriculum through state board guidelines • Train teachers in public schools to build their capacity to engage in conversations related to MHM at school. • Partner with CSOs/NGOs and private sector to conduct workshops in schools/colleges to increase awareness and education on menstruation 	<ul style="list-style-type: none"> • Increased awareness on menstruation as a bodily function leads to a decrease in misconceptions, taboos and myths surrounding it • Leads to an increase in demand for hygienic menstrual protection products from ground up
<p>Step 6: Leverage SHG networks to increase production/ distribution</p>	<ul style="list-style-type: none"> • Tap funds from rural and urban livelihood missions to setup SHGs for production of sanitary napkins (<i>SHGs as manufacturers</i>) or distribution of commercially available sanitary napkins (<i>SHGs as retailers</i>) depending on their capabilities • Organise SHGs into a collective to enable them to scale their operations. Aid the collective with capacity building, access to capital and market linkages • If SHGs are producing napkins, give them an opportunity to win government tenders to create a ready market for them 	<ul style="list-style-type: none"> • Presents an opportunity for alignment with state livelihoods missions • Local production of napkins leads to higher involvement of women in MHM initiatives • Leads to better penetration of products in otherwise remote areas
<p>Step 7: Creation of gender friendly infrastructure</p>	<ul style="list-style-type: none"> • Create gender friendly infrastructure such as washrooms in public spaces, such as schools, hospitals, government buildings and community centres to enable dignified usage. • Ensure cleanliness and maintenance of washrooms to increase usability 	<ul style="list-style-type: none"> • Comfort in using menstrual hygiene products due to privacy • Safe usage of products preventing infections and long-term health hazards
<p>Step 8: Invest in menstrual hygiene waste disposal mechanisms</p>	<ul style="list-style-type: none"> • Create infrastructure for safe and hygienic disposal including dustbins, disposal pits, incinerators in local communities and public spaces 	<ul style="list-style-type: none"> • Reduced shame and stigma due to privacy in usage and disposal

APPENDIX

List of Stakeholders Consulted

Government Stakeholders	
Department of Health, Tamil Nadu	Dr. Shanti
Department of School Education	<i>Did not want to share their name</i>
Tamil Nadu Corporation for Development of Women	Aron, Consultant MHM
Department of Rural Development & Panchayat Raj	P. Selverajan, Additional Project Director, Pudu Vazhvu Project
SANFED	Ms. Nagalakshmi, President
IAS Officer, Tamil Nadu	Sarayu Mohanachandran
State Planning Commission, Tamil Nadu	Santha Sheela Nair, Retired IAS officer, erstwhile OSD to CM's office & Vice Chairperson
Private Sector/ Social Enterprises/CSR Stakeholders	
Eco-Femme	Kathy Walkling, Founder
P&G (Whisper)	Chetna Soni, Category Leader, Femcare Smiti Jain, Brand Manager
Stayfree (J&J)	Anand Kumar S, Product manager, Johnson & Johnson
Kotex	Manisha Masoom, Category Manager
NGOS/CSOs	
Goonj	Jigisha, Contact person, Chennai
WOMAN NGO	Ms. Kannaghi Chandrashekar, Founder
Gramalaya	Mr. Sai Damodaran, Founder
UNICEF India	Sugatha Roy
Gandhigram Institute of Health and Rural Welfare	Dr Seethalakshmi, Director
WaterAid India	Arundati Muralidharan, Manager - Policy
Aware Foundation	Kavya Menon, Trustee
Centre for Women Development	Renuka
Menstrual Health Alliance, Delhi	Tanya Mahajan, Coordinates MHM Alliance
IIHS - Indian Institute for Human Settlements	Ganesh Kumar, Specialist - Behaviour Change and Communication and Social Development Abhilaasha N, Assistant, Practice
Bharathidasan University (worked with BHEL)	Dr. Manimekalai, Professor, Women's Studies
Hindu Centre for Public Policy	R. Sujatha R. Gopinath
Others	
Doctor working in the space of public health	Dr. Yamini Sundaram

