

TATA TRUSTS



**Menstrual Health & Hygiene
Management:
DIGNITY. WELLBEING. EMPOWERMENT.**



About Tata Trusts

Since inception in 1892, Tata Trusts — India's oldest philanthropic organisation — have played a pioneering role in bringing about an enduring difference in the lives of communities across the country. Guided by the principles and the vision of proactive philanthropy of Tata group founder Jamsetji Tata, the Trusts' purpose is to catalyse development in the areas of health, nutrition, education, water, sanitation and hygiene, livelihood, digital transformation, migration and urban habitat, social justice and inclusion, environment and energy, skill development, sports, and arts and culture. The Trusts' interventions, achieved through a strategic mix of direct implementation, partnerships and grant making, are made sustainable by technology, advocacy and community engagement.

About Tata Water Mission

Tata Water Mission (TWM) is a programme initiated by the Tata Trusts in 2015 to tackle the country's water crisis with a multi-pronged approach. The Mission aims to address the critical need for Water, Sanitation and Health (WaSH), including menstrual health.

The Tata Water Mission team aims for sustainable change at scale by using the traditional strengths of community mobilisation and capacity building, along with the power of innovative approaches and technological solutions.

Today, Tata Water Mission has a direct presence in 15 Indian states that have been identified as having high-to-extremely-high water stress areas. The programmes cover more than 5,500 villages and benefit around four million people through initiatives for safe drinking water, assured water sources, improved sanitation services and hygiene practices.

This report aims to document valuable findings, learnings and experiences of the Tata Water Mission's interventions for Menstrual Health & Hygiene Management in several Indian states.





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Introduction



India's rich demographic dividend includes its women. The link between overall advancement of the society and the wellbeing of women is well established. Women's health impacts

society deeply and on many levels – from household incomes and workforce contribution to family stability and socio-economic indices. Reproductive health is an important aspect of



women's wellbeing. Lack of awareness and adoption of safe menstrual health & hygiene management (MHM) practices pose a serious threat to this rich demography of India.

As highlighted in this report, a large majority of young girls and women in India lack the right knowledge on menstruation. Misinformation around biological aspects of menstruation can lead to several challenges across health, gender equality, sanitation and other socio-economic development factors.

The Tata Trusts embarked on a new journey with the start of the Menstrual Health & Hygiene Management programme in 2018. The need for this programme rose from the feedback the Tata Water Mission team received from women while implementing its extensive water and sanitation projects.

Five years later and eight states strong, the dedicated Tata Trusts' MHM team is a repository of vital insights. Through operations at a grassroots level, the team has gathered functional intelligence of the intricate gendered social fabric that envelops the menstrual health of millions of India's women and young girls.

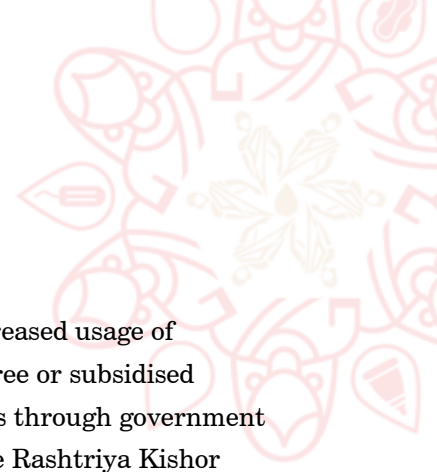
This report is an effort to document the need for MHM in India and to offer a tried-and-tested way forward. The MHM programme aims to achieve gender equity and community health through awareness and adoption of safe MHM practices in different parts of India. Through documentation of our on-ground interventions and case stories, this report is our sincere effort to make our learnings and insights available to a wider set of stakeholders who strive for a similar goal.

The need for Menstrual Health & Hygiene Management



Menstruation is a normal biological process and there are about 336 million menstruating women and girls in India, a quarter of the total

population. However, a majority of them face health and social challenges arising out of poor knowledge and social stigma. In India, safe and effective menstrual health & hygiene management



(MHM) has long been hindered by cultural beliefs and infrastructural challenges. These barriers don't just compromise women's health and their access to a better life and opportunities; they also have a larger socio-economic impact on families and communities (see Box 1).

The onset of puberty marks the invisible line where the girl child is treated differently by society. Gender disparities start becoming acute post menarche. Adolescent girls start to face restrictions in terms of their mobility and agency. Women in India continue to experience challenges in managing their menses – triggered by flawed understanding of human biology and lack of conversations around periods. Social factors such as access to sanitary products, safe disposal, toilets and privacy hinder menstrual health.

The heart of the matter is that any discussion towards empowerment of women in India needs to consider the social tensions around menstrual health and its impact on agency.

There are a few positive signs. The last decade witnessed a steady rise in the adoption of MHM in India. Government and non-governmental institutions have intensified efforts to address MHM in schools and communities. Government efforts in particular have resulted in greater availability of disposable sanitary pads through schools and Accredited Social Health Activists (commonly known as ASHAs) and Anganwadi workers (AWWs). Many complementary factors

have contributed to the increased usage of sanitary pads, such as the free or subsidised distribution of sanitary pads through government schools (under the erstwhile Rashtriya Kishor Swasthya Karyakram of the Ministry of Health and Family Welfare) and state sponsored schemes for distribution of sanitary pads. The increase in rural sanitary pad usage may also be attributed to better market availability – through smaller companies either manufacturing their own products or importing low-cost products and making distribution inroads into tier-2 and tier-3 towns and rural areas.

However, there is a long way to go. More social behaviour change is required to move the needle on menstrual health, especially as it pertains to reproductive health and gender empowerment.

A SIZEABLE PROBLEM

As suggested in the Menstrual Health in India Landscape Analysis report by FSG in 2016, more than 88 percent of women in India use home-made products to manage menstruation (see Box 2). In the absence of menstrual hygiene awareness, these methods may expose women to health risks.

Further, National Family Health Survey-5 data suggests that over a quarter of India's rural female population in the age group of 15-24 years does not use hygienic methods of MHM. This indicates a large population at risk.

MHM and socio-economic wellbeing

Healthy menstruation and menstrual hygiene management is intimately linked with several UNDP Sustainable Development Goals (SDGs), including:

1

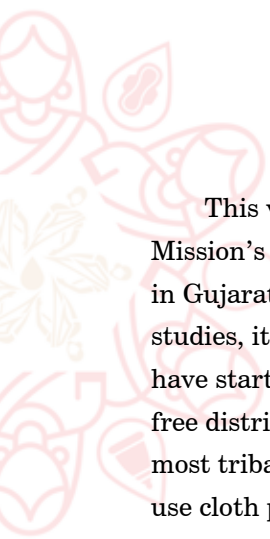


2

MHM in India: Key stats

- Approximately 88% of women in India use homemade products (such as old cloth or rags) to manage their menstruation.
- 71% of girls in India report having no knowledge of menstruation before their first period.
- 70% of women in India say their family cannot afford to buy sanitary pads.
- 40% of all government schools lacked a functioning common toilet, another 40% lacked a separate toilet for girls.

Source: Menstrual Health in India | Landscape Analysis, a report by global non-profit FSG, in 2016



This view is further supported by Tata Water Mission's baseline studies (see Box 3) conducted in Gujarat, Rajasthan and Jharkhand. In these studies, it was found that most school-going girls have started using sanitary pads thanks to the free distribution in government schools, while most tribal women in Rajasthan continue to use cloth pads. In Gujarat, while 87% of females use cloth pads, 13% (mostly girls) are now using sanitary pads according to a study conducted in 2018-19. In Jharkhand, the reported use of sanitary pads was lower due to the geographical remoteness of the location.

These baseline studies also reveal that more ground needs to be covered in terms of access to right menstruation-related information and dispelling myths and stigma associated with menstruation. Across all geographies, girls and women did not understand the biology of menstruation or vaguely connected it to reproductive health. The finding that none of the respondents in these states saw ASHAs and AWWs as sources of information on MHM is also a matter of concern.

BARRIERS TO MHM

In any society or region, it is important to understand the local knowledge, attitudes and practices related to menstruation with regard to myths and misconceptions and the access, use and disposal of MHM products. Often, these factors that pose the greatest barriers to awareness and adoption of safe MHM practices.

These socio-cultural challenges include the

taboos built around the perceived impurity of menstrual blood; the lack of access to information and support systems for girls and women; low availability of and access to safe and affordable menstrual hygiene products; and low access to adequate water, sanitation, hygiene and disposal facilities. Addressing these factors is essential to ensure hygienic management of menstruation.

i) Socio-cultural norm

The most pervasive barrier to effective MHM is the culture of shame and silence that surrounds menstruation. Research on MHM in India underscores low levels of awareness and underlying myths and misconceptions. The social taboos that surround menstruation prevent open and healthy discussion. Additionally, there are multiple restrictions on food consumption, religious worship, interactions and mobility that limit the ability of girls and women to practice safe MHM, and which often expose them to physically adverse conditions.

These myths and taboos limit women's ability to access, use, change, wash and use MHM products, specifically cloth, in a hygienic manner. For instance, after girls and women wash their menstrual cloth pieces, they dry the cloth pieces in dark rooms or corners instead of in the open sunlight (see Box 4).

The use of cloth pads over disposables has spawned its own set of misconceptions. Due to the market positioning of commercially sold sanitary pads, many users have been misled to falsely believe that using a cloth pad as an absorbent instead of a sanitary pad is unhygienic. This is

Awareness gap

- 71% of girls in India reported having no knowledge of menstruation before their first period.
- 50% of schools surveyed in Tata Trusts' geographies had health educators, but they were not trained to offer information on menstrual health.

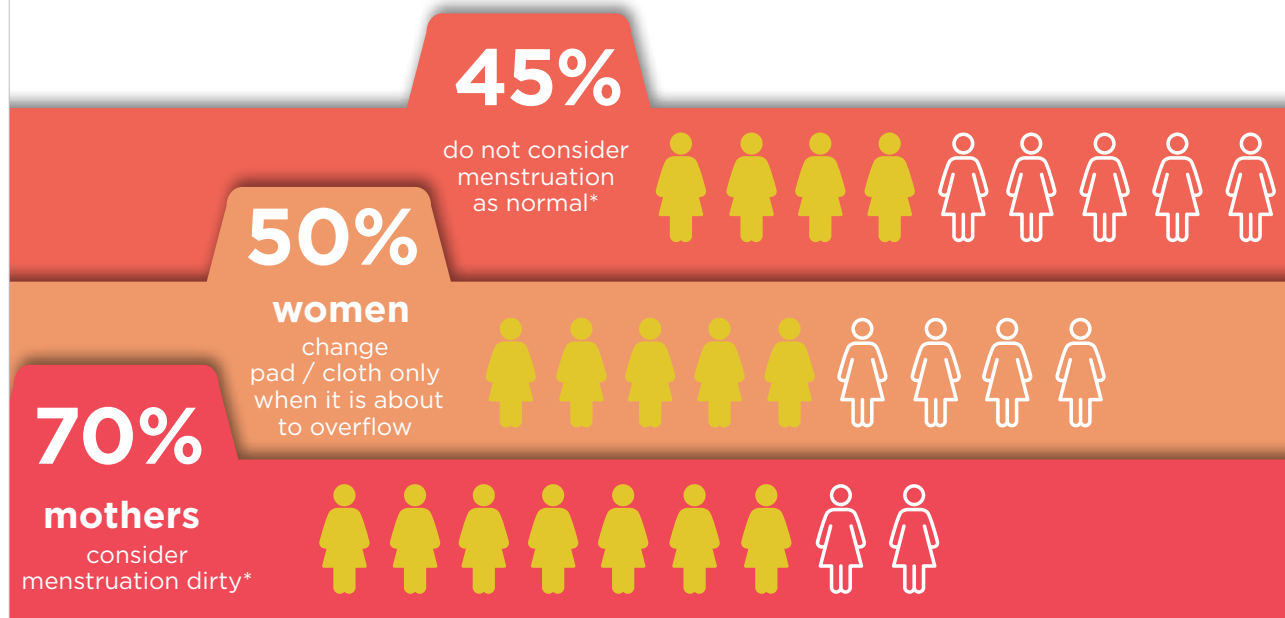
Menstruation myths

- In some regions, menstruating females are not allowed to touch infants.
- In some villages, people believe agricultural land will lose its fertility if mixed with menstrual blood.
- In certain regions, menstruating women are considered untouchable and barred from public places.

Source: Tata Trusts baseline survey 2018-19

The situation at a glance

63 million adolescent girls in India live in homes without toilet facilities



untrue, as clean cotton cloth is one of the best available absorbents owing to the properties of high absorption, retention and breathability.

The popularity of disposable sanitary pads has also increased single-use-and-throw behaviour. Many women in the baseline studies reported replacing good quality reusable cotton cloth pads with other forms of cheap, synthetic cloth to practice affordable single-use behaviour. These materials, however, pose a higher risk of microbial growth leading to higher risk of reproductive tract infections (RTIs).

ii) Affordability and access

In rural areas, access to sanitary pads outside the

school setup remains limited, hindering the ability to adopt safe MHM practices. Where available, sanitary pads often sell at higher-than-affordable price points. In addition, not all women and girls in rural and low-income groups have access to appropriate spaces and sufficient water to wash the cloth properly or to change and discard disposable sanitary pads.

The lack of access to safe water, sanitation and hygiene (WaSH) facilities at all times, can result in girls and women using these products for longer than the prescribed safe duration (see Box 5). Another concern could be the need among low-income households to minimise their spending on sanitary products every month. This is further

Unhealthy practices

- Anecdotal evidence from rural Rajasthan suggests that adolescent girls use the same sanitary pad for 12 hours or more on a regular basis.
- In five districts of Uttar Pradesh*, more than half of the girls and women changed their menstrual absorbent only once a day or when it was about to overflow.

*Source: Baseline study commissioned by the Water Supply and Sanitation Collaborative Council (WSSCC)

exacerbated when women aspire to use sanitary pads but are faced with issues of affordability.

iii) Health risks for women and girls

The combined lack of awareness about menstruation and access and use of hygienic MHM methods has manifested in a host of physical and psychological health and socio-economic concerns for women and girls. The lack of access to hygienic MHM products makes them susceptible to adverse health conditions, psycho-social stress, and gender-based violence and animal attacks, and contributes to absenteeism from school and the workplace.

Research has shown that when girls cannot handle their menses in school, they miss school days or may discontinue their education altogether. Unhygienic management of menses makes girls and women susceptible to reproductive tract infections, repeated bouts of which can increase their risks of cervical cancer (see Box 6).

In the baseline study in Rajasthan, most adolescents reported psycho-social trauma because of the physical symptoms of the onset of menarche and lack of information to ease the trauma. All four states in the baseline studies reported shame and trauma about the onset of menarche, and about menstruation in general. In Gujarat, 67% girls and women reported that menstruation should be kept a secret and experienced shame talking about it.

This lack of information has provided a perfect breeding ground for myths and misconceptions to take root. Myths also further entrench inequitable gender norms and power



relationships. The culture of silence that envelops menstruation reinforces inequitable gender norms and limits girls' and women's mobility and agency.

Hygiene check

6

Studies* associate lack of access to WaSH facilities and unhygienic WaSH practices with higher RTI incidence in rural Indian girls and women across reproductive life stages.

*Source: Baker, Padhi, Torondel et al, 2017



MENSTRUATION – A SENSITIVE TOPIC

In the earlier part of this chapter, socio-cultural norms were discussed as one of the main barriers to awareness and adoption of safe MHM practices. Despite India's scientific development and information technology boom, myths and social taboos around menstruation continue to grip several rural regions. Many women and girls consider period blood as impure and a topic best left undiscussed.

These hard-learned behaviours and attitudes often pose a challenge to MHM awareness programmes. In some cases, MHM volunteers also face threats of violence for discussing menstruation, since it is a taboo in certain cultures.

Awareness of local and regional sensitivities around menstruation is crucial for any MHM programme to succeed. Often, religious and cultural beliefs, specific to the region, inform menstruation-related myths and behaviours of its community. Familiarity of these beliefs is essential before initiating MHM interventions in any region.

While most Indian languages have a biological term for menstruation, it is seldom put to layperson use. Knowledge of local phrases used to indicate menstruation can prove another essential tool in dealing with sensitivities around menstrual health.

Thus, MHM programmes when executed in collaboration with community resource persons (CRPs, often known as *sakhi* or companion) from the same community, stand a greater chance of success. Women, men and village elders are more likely to feel comfortable discussing a taboo topic with one of their own community members than open up to an outsider. Gender-based selection of CRP is also proven to further assuage sensitivity-related issues around menstruation. Deliberate pairing of women and men with volunteers of the same gender can help break ice without offending existing cultural beliefs and taboos.

Despite best intentions and efforts, it is imperative to allow scope for choice and consent. Permitting participants the choice to withdraw from a menstruation-related conversation or to express discomfort should be fundamental to any MHM programme. Allowing participants to practice consent and set safe boundaries around sensitive topics can help soften their resistance or discomfort towards menstrual health discussions.

GAINS FOR SOCIETY

A holistic, scalable and sustainable MHM programme aims to enable knowledge, adoption and sustained practices of safe MHM behaviours, reinforced by a supportive socio-cultural environment. While women and girls benefit directly from this approach, the gains are experienced by others too. Research results suggest that safe MHM practices can lead to improved reproductive health for women, informed decision making between married couples, better community living and higher social well-being.

i) Better reproductive health

Research studies have established direct links between a lack of hygienic MHM practices and higher instances of infections such as RTIs in women. Changed perceptions regarding menstruation and better MHM methods can

help increase reporting and help-seeking for cases of urogenital infections for timely treatment and also prevent them.

ii) Social empowerment

Social discourse on menstruation helps break down barriers and taboos. Girls and women are empowered to open up and talk without fear or shame. They gain confidence to share their experiences and benefit from a stronger understanding of their own health and body functions.

iii) Higher literacy

Inability to manage menstruation is a key contributor to higher drop-out rates among schoolgirls. Awareness of and access to reliable menstrual hygiene products, coupled with availability of MHM-friendly WaSH facilities to change them at regular intervals, can reverse the trend of school absenteeism and drop-outs by girl students.





Access to and awareness of safe MHM practices help build confidence in girls and young women to think, discuss and act about their health and well-being. MHM awareness aids a young woman with useful information and tools to make the right choice for her overall health and body. MHM education at the school-going age plays a vital role in shaping future women into individuals with higher autonomy over their reproductive health.

iv) Improved community living

Sanitary pads, by virtue of being disposable and non-compostable, also have an extremely damaging impact on the environment within which they are eventually disposed. Often, used

menstrual hygiene products end up polluting soil in open fields or water sources, harming the environment and impacting community health. Awareness and practice of safe MHM-related product disposal can help improve overall health and well-being of all community members.

All stakeholders should aim to fully eradicate unsafe menstrual hygiene practices in India. All stakeholders will need to adopt actions and programmes focused on dispelling myths, ending archaic menstruation practices and improving availability and access of menstrual hygiene products to achieve the 100% goal.

Please refer to the last chapter of this report for a further discussion on adoption of this goal.

Menstrual Health and Community:

Tata Trusts' 360 degree approach



The Tata Trusts have been actively pursuing community welfare and upliftment in India for over 130 years. Along with healthcare, education, rural livelihoods, nutrition and

social justice, the Trusts have developed programmes that build community capacity for Water, Sanitation and Hygiene (WaSH). These programmes fall under the Tata Water Mission.

TATA WATER MISSION'S EFFORTS

Tata Water Mission (TWM) aims to create a healthy and water secure future for underserved communities by providing access to safe, assured, and adequate water and improved hygiene services through sustainable approaches covering 42 districts across 14 states.

In the last five years, the Tata Water Mission has touched over four million lives in over 5,000 villages of India. The Mission's interventions covered four core areas:

- Improving water quality through affordable and innovative technology interventions at the community and household levels,
- Ensuring access to water and promoting conservation for improving delivery at the household level, while promoting community institutions for ensuring the sustainability of water systems,
- Promoting improved sanitation and hygiene practices through behavioural change, and
- Building institutions by enhancing the knowledge of communities to ensure sustainability.

However, it was felt that availability of water can only be ensured by considering all aspects of water in a holistic way during designing and implementation. This paved the way for the One Water framework under the WaSH theme of Tata Water Mission.

The Tata Water Mission's One Water philosophy is a community-centric approach to make villages and communities self-reliant for their drinking, domestic, irrigation and ecology-related water needs. One Water will facilitate integrated planning and implementation of Tata Water Mission's programmes to provide safe, assured and adequate drinking water and improved sanitation and hygiene facilities to underserved rural communities.

Menstrual health & hygiene management (MHM) was added as an integral component of the

Mission in 2018 as it takes forward the concepts of sanitation and hygiene and integrates them into essential development aspects such as community health and reproductive health.

The need for MHM-focused interventions stemmed from the feedback the Tata Trusts' team received from women while implementing its extensive water and sanitation projects. The MHM component has been added to the Mission's project locations where the team felt that it was a necessary component of the sanitation and hygiene programmes.

The MHM programme builds on the community and advocacy networks and resources that have been created as part of the WaSH programmes. Through its existing programmes, Tata Water Mission has covered extensive ground around:

- Creation and strengthening of community-based organisations (self-help groups, *pani samitis*, federations, etc.),
- Creation of behaviour change campaigns for water management, sanitation and hygiene,
- Engagement with government bodies (local and state) and other state-level partners for advocacy of behaviour change models.

The MHM programme thus builds on the in-roads that Tata Water Mission has already established in various communities. The team leverages existing community relationships for implementation of a holistic, scalable and sustainable MHM programme in key states.

THE MENSTRUAL HEALTH & HYGIENE MANAGEMENT PROGRAMME

The MHM programme of the Tata Trusts is helping to deliver positive change across the value chain beliefs, behaviours, products and access.

The MHM programme was launched in 2018, with pilot projects in two states — Uttarakhand and Rajasthan. Over time, the Trusts' have developed a multi-pronged approach to MHM that addresses inter-connected issues such as

DIGNITY WELLBEING EMPOWERMENT



Why Menstrual Health & Hygiene Management is important for India's women



CHALLENGES



Lack of proper knowledge about menstruation / natural physiological processes



Social stigma & cultural beliefs – myths and taboos



Inadequate access to safe and sustainable products



Infrastructural challenges – water, toilets, disposal methods



TATA TRUSTS MENSTRUAL HEALTH & HYGIENE MANAGEMENT



Launched in
2018



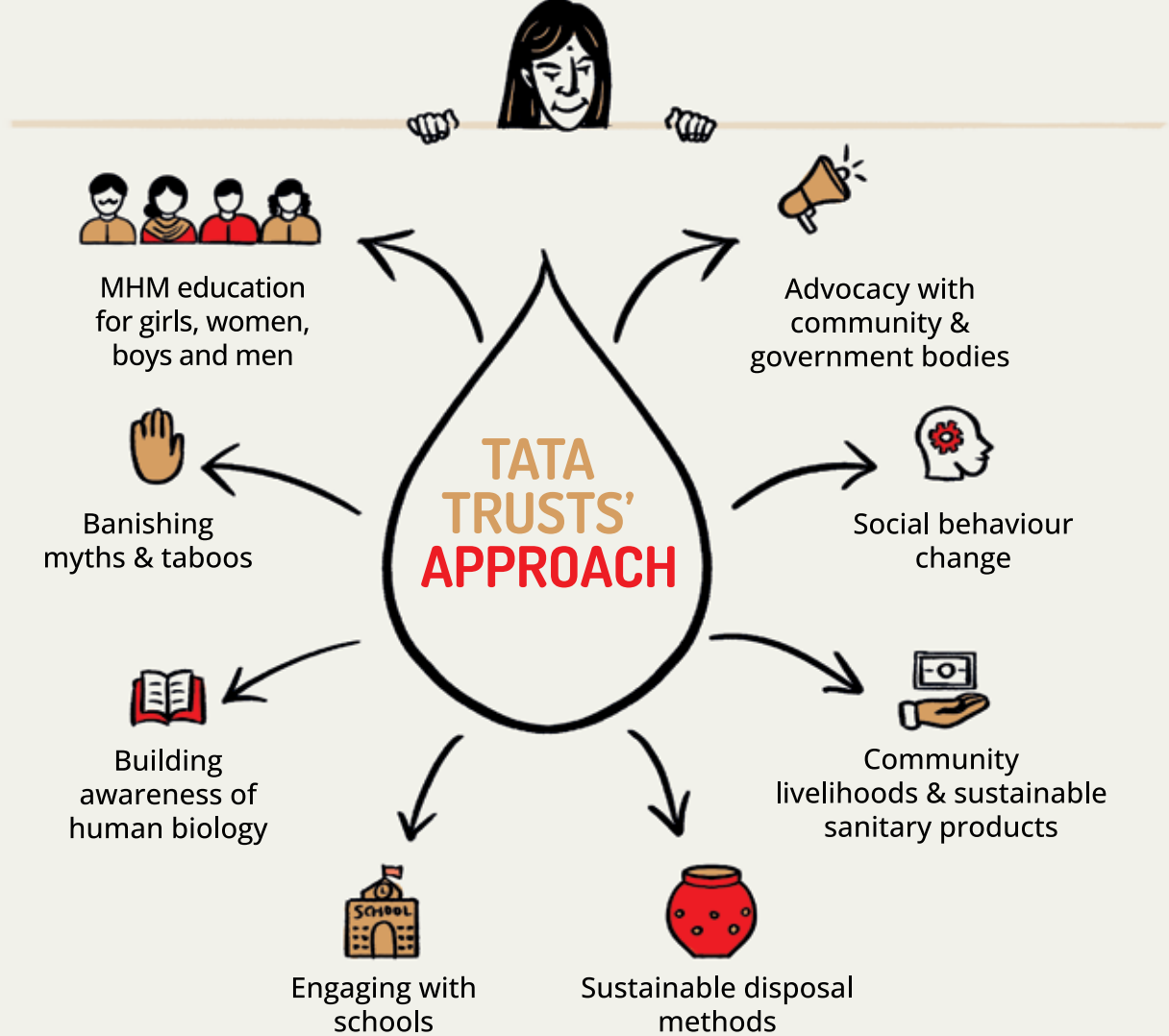
Across
27 districts



Covers
1,400 villages



of **8** states –
Rajasthan, Gujarat, Maharashtra, Karnataka,
Assam, Uttar Pradesh, Uttarakhand and Jharkhand



BRINGING POSITIVE CHANGE

BUILDING CAPABILITY OF



300+ trained sakhis
(community resource
persons)



4,000
frontline
workers



RESTORING SENSE OF DIGNITY TO

200,000+
women and girls



INFLUENCING

5,500
men and boys

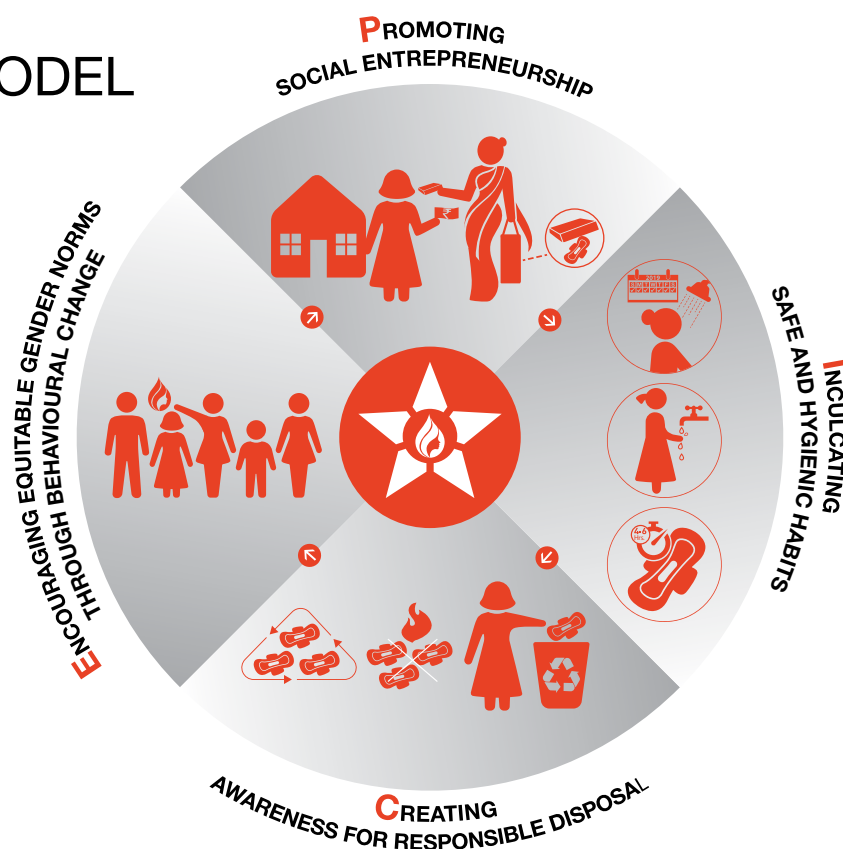
ENHANCING WELL-BEING, DIGNITY AND EMPOWERMENT THROUGH

40,000+
awareness
sessions

10
cloth pad
stitching units

100,000+
supply of
cloth pads

EPIC MODEL



awareness, gender inequitable norms, access, hygiene, sustainable menstrual products, and safe menstrual waste management.

TATA TRUSTS' APPROACH TO MHM

There are four key objectives in the MHM programme, which are summarised as the EPIC model:

- Encouraging equitable gender norms through behavioural change
- Promoting social entrepreneurship
- Inculcating safe and hygienic habits
- Creating awareness for responsible disposal

The EPIC model helps create sustainable change in the community — from building awareness to empowering women to speak up, to a focus on health and hygiene, local supply chains for sustainable products and safe disposal.

Behavioural change, at the individual, household and community levels, is central to

achieving these objectives. Activities under the MHM programme are designed and executed to lead to the following outcomes — educating adolescent girls about their physiology and good hygiene practices; encouraging adult women to adopt hygienic practices and stitch their own cloth pads; and engaging family members and schools to enhance the reach and impact of the effort and addressing gender inequitable norms.

The Trusts have developed training modules that build awareness and knowledge about MHM. These sessions support sustainable behaviour change.

AIDING WOMEN THROUGH AGENCY

Through awareness sessions designed exclusively for women, the MHM programme creates awareness amongst menstruating women and girls. The sessions teach them

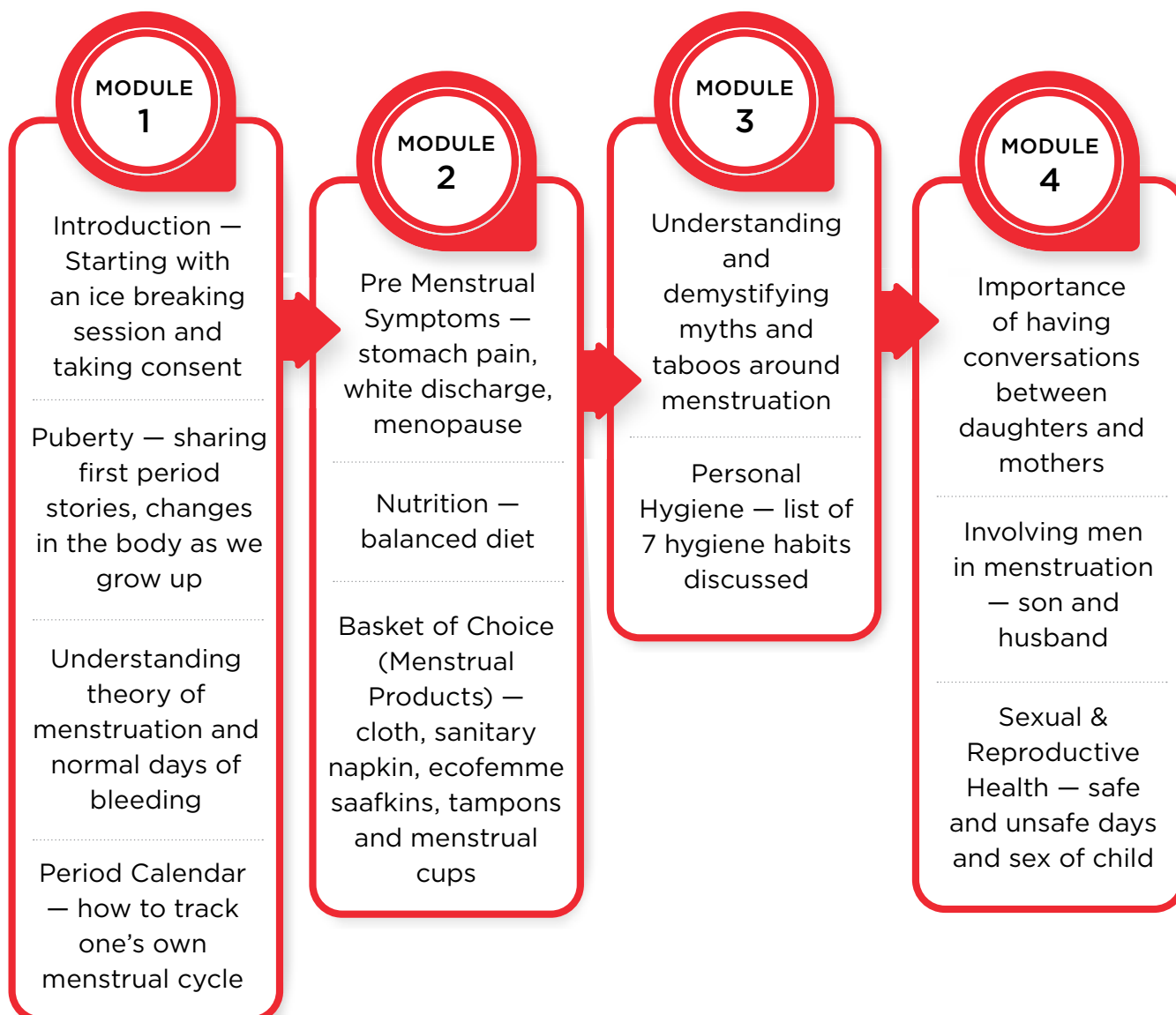
about their bodies, reproductive systems and the biology of menstruation. The MHM team guides them with the right knowledge to manage their menstruation effectively and in a hygienic manner (see box 7 on page 22). Women also gain valuable information on nutrition and menstrual management products, which help them make an informed choice of healthy living.

BREAKING BARRIERS WITH MEN

Through couple counselling sessions, the MHM

team encourages women to initiate a dialogue with their partners on menstruation. These sessions help married men to understand and positively view menstruation. They also become better sensitised to the needs of their partners. These sessions help husbands understand the impact of menstruation management on their lives, for instance, in family planning. The right knowledge can lead to informed decision-making. The team follows up on couple counselling sessions with home visits.

Training Modules



Note: Recap is done at the beginning of each session with the help of IEC materials

BUILDING AWARENESS OF HUMAN BIOLOGY

The counselling programme for young boys and girls is tailored keeping in mind the curious, adolescent mind. Gamification is used in the counselling sessions to create a safe and judgement-free space for young girls to discuss menstruation openly. The team believes that a safe familial and social environment for MHM is possible only when discussion around menstruation engages all genders, and especially includes adolescent boys and adult men.

The MHM team conducts dedicated counselling sessions that facilitate a dialogue with adolescent boys (Class 8 upwards) on normalising puberty, male biology, female biology including menstruation. The intent is to create an enabling environment within the family to manage menstruation effectively. Similar biology lessons have been incorporated in the women and men counselling sessions to normalise conversations around puberty and the biology of human reproduction.

BANISHING MYTHS & TABOOS

The MHM programme relies on gamification to break the taboo of discussing menstruation openly and to encourage young girls and women to share their personal experiences. Take for instance, the red-dot activity. This activity is designed for adolescent girls; participants are given red paint colour and a piece of paper. Participants are asked to make a red colour dot at the centre of the paper and each is asked to rub the folded piece of paper together and share what they see or feel like, after opening it again. Responses that mention blood are used to pivot the dialogue towards the connection of



blood and women. This helps introduce the topic of menstruation or periods.

Such an activity helps break taboos related to talking openly about menstruation. It also opens up conversations that eventually dispel myths and common misconceptions, such as ‘period blood is impure’.

ENGAGING WITH SCHOOLS

The Tata Trusts engages with relevant stakeholders at the village and district level schools, such as teachers, principals, education officers, etc., and seeks permissions to engage with school-going girls for MHM awareness. With these stakeholders’ support, sessions on MHM

Safe space

7

A strong sisterhood of 300-strong *sakhis* (means companion, a term used to denote community resource persons) drive the MHM programme. These *sakhis* are entrusted with the task of taking the menstruation message to village communities, as well as schools. The *sakhis* also provide women and adolescent girls with a safe space to share their menstrual journey stories.



are conducted by the Tata Trusts' subject experts in the classrooms. To break the ice with school children, female teachers are engaged to help build an introduction. These school sessions focus on creating awareness, addressing myths and taboos, and providing knowledge on menstruation to girls.

The desired, actionable outcome of these sessions is to encourage girls to speak to their

mothers about menstruation, the choice of products to handle menstruation and adoption of improved practices. The Tata Trusts, through these sessions, also aims to create a trickle-down effect, where peer educators can be created within schools. These peer educators can help take the MHM conversation forward with other young girls, if needed.

Tata Trusts 'Happy Period Room' concept is one such measure used to engage with the school-going population. The Happy Period Room provides a safe place for girls to access MHM products, ensure privacy to change their pads, and avail improved access to water and sanitation facilities.

ADVOCACY WITH COMMUNITY AND GOVERNMENT BODIES

The sustainability of the MHM programme hinges heavily on the support and involvement of key stakeholders. At the community level, it is approval of the gram panchayats and village elders and school authorities (see box 8). At the government level, it calls for engagement with multiple ministries and departments (Health & Family Welfare, Women & Child Development, Water & Sanitation, Rural Development, and Education).

It also calls for sustained behaviour change at the individual, household and societal level. The MHM programme has embedded behaviour change

Taking MHM to girls' schools

Gujarat has a total of 240 KGBVs established under *Samagra Shiksha* at present. The Tata Water Mission team extended the MHM programme to Kasturba Gandhi Balika Vidyalyayas (KGBV), which falls under the Education Department, to cover the adolescent girls enrolled in 25 KGBVs in Amreli, Bhavnagar, Gir, Somnath, Junagadh and Dahod.

In the next phase, the Tata Water Mission Gujarat team will impart training on menstrual hygiene to staff members from each of the 25 KGBVs. These trained staff will in turn teach adolescent girls in their schools about the proper practices for menstrual health.

(The KGBV scheme was launched by the Government of India in August 2004 for setting up residential schools at an upper primary level for girls belonging predominantly to scheduled caste, scheduled tribe, other backward class, and minorities in difficult areas. The scheme was merged with Sarva Shiksha Abhiyan in 2007. With the RTE Act, 2009, coming into force (with effect from 1st April 2010) and the Sarva Shiksha Framework of implementation being revised to correspond to the RTE Act, the KGBV component of Sarva Shiksha Abhiyan is also being implemented in the overall context of child rights and child entitlements and in harmony with the spirit and stipulations of the Act.)



at the heart of the programme. This includes messaging around importance of hygienic use of absorbents, personal grooming, health-seeking practices and the need for MHM-friendly WaSH facilities (see box 9). The behaviour change

messaging is targeted at women and girls, along with influencers and decision makers such as husbands, parents, elders, etc. The community as a whole needs to be convinced of the importance of MHM. Tata Water Mission seeks to engage

The ideal MHM-friendly facility

9

The programme educates stakeholders on the know-how of making a toilet facility an MHM-friendly one. Aspects such as allowing women access at all times, presence of light and ventilation, availability of soap and water, ensuring safety and privacy by appropriate latches, adding hooks and shelves to facilitate changing and washing absorbents — these are some simple necessities.

with all key stakeholders to ensure MHM-friendly behaviour is adapted and becomes a sustainable habit.

Stakeholder buy-in becomes more important when WASH facilities are needed. For instance, schools need girls-only toilets with taps for water and facilities for disposal of menstrual products. The programme also provides technical support to enhance existing facilities.

Awareness sessions are conducted in continuation of other village-level meetings, such as meetings of *Pani Samitis*. These education sessions help convince men to attend couple counselling sessions for MHM later. Participation from Panchayat members and local leaders strengthens the mobilisation purpose.

The Tata Trusts engages with officials both at the district and block level to set up health camps. These health camps provide screening and consultation process to women and young girls to allay their menstruation concerns.

As part of its interaction with government bodies, the Tata Trusts also provides training and reference materials to ASHAs and anganwadi workers. These government front line workers are thus equipped to discuss menstrual health with the women in the community. This increases the outreach to women and creates a cascading effect as more women are empowered to discuss their

menstrual issues and doubts. The Trusts also organise meetings wherein doctors talk about the issue and its repercussions on health, hygiene, sanitation, etc. with the community.

The Trusts also raise awareness of the issue through district and block level workshops held for stakeholders such as government departments, other NGOs, and academic institutions. The intent is to drive greater public discourse on the subject and to promote a solution-oriented approach among people and institutions that are concerned with social development.

SOCIAL BEHAVIOUR CHANGE

The efforts of the Trusts are geared to create social behavioural change at the macro level as well as the micro level. The macro level consists of engaging with the larger community as a whole, such as by addressing menstruation at community health camps, having doctors address the community, encouraging local opinion leaders to speak up.

This open communication helps dispel myths and taboos and encourages women to speak up. It adds momentum to societal change. The micro level consists of outreach to individuals through *sakhis* (or CRPs / community resource persons), and through the frontline workers.

Digital Behavioural Change Communication Material



COMMUNITY LIVELIHOODS & SUSTAINABLE SANITARY PRODUCTS

Providing access to sustainable absorbents for safe and hygienic menstrual management is a key component in the MHM programme. Typically, women use pads made by folding cloth. But these need to be washed and dried hygienically to be safe for reuse. The Trusts promote the importance of keeping such cloth pads clean and dry.

Girls, women and men are also made aware of the product of baskets available to practice menstrual hygiene. Large parts of India lack garbage handling facilities; throwaway products tend to become environmentally-damaging litter or end up in landfills.

The MHM team works to bolster awareness of the need for environmentally sustainable products. Access to menstrual hygiene products is a key pillar of the MHM programme. Developing a supply chain for sustainable sanitary pads has led to the creation of community livelihoods, specifically for women-led self-help groups (SHGs).

LOCAL SUPPLY CHAINS

The MHM programme sets up supply chains through formation of self-help groups (SHGs) in collaboration with the Uttar Pradesh State Rural Livelihood Mission (UPSRLM). These SHGs in turn set up cloth-pad producing units with support from the Tata Trusts' MHM team. Tata Trusts ensures the supply side is met with demand. This demand is primarily created through awareness programmes. The Trusts also ensures further availability of cloth pads through social entrepreneurs, retail channel and depot holders.

Skill Training: With a focus to provide the three A's – accessibility, availability and affordability – to menstruating women and girls, the MHM team has set up skill-training programmes for women. These workshops teach women to stitch washable and reusable menstrual pads using safe, sustainable and easily available material. The women make pads for themselves as well as for sale in the market. Women entrepreneurs are guided and encouraged to sell these reusable cloth pads directly and through local shops. The embedding of livelihoods within the MHM programme helps to develop a sustainable eco-system.

Cloth Pad Production Units: The thought behind initiating cloth pad production is to make women self-reliant for their needs during menstruation. The team works with CRPs who reach out to local women SHGs to set up these units (see box 10). Where necessary, The Tata Trusts provides the initial capital to set up these units. Cloth pad production units are running in Uttar Pradesh and being planned in Assam, Maharashtra (Nashik, Nandurbar & Amravati), and Gujarat.

SUSTAINABLE DISPOSAL METHODS

Branded sanitary pads available in the market are typically throwaway but non-compostable. They have an extremely damaging outcome on the environment. Often, menstruating girls and women are not aware of how to segregate and dispose of used products in a safe and effective manner. Making them aware is key to developing sustainable long-term solutions for menstrual waste management.

DIY cloth pad stitching video

10

During the pandemic, when field visits were not possible, the MHM team came up with a communication solution, to make women self-reliant and capable of managing their menstruation with safety and dignity. The MHM team created an animated video on 'How to stitch your own Cloth Pad.' The video was circulated by CRPs and through WhatsApp and other social media channels.



Behaviour Messaging: The MHM programme includes knowledge-building sessions around safe and effective disposal options. The messaging encourages women to make an informed choice of product that takes into consideration factors beyond cost, such as disposal and waste management. This messaging also touches upon the need for household-level segregation so that families can participate and manage menstrual waste appropriately.

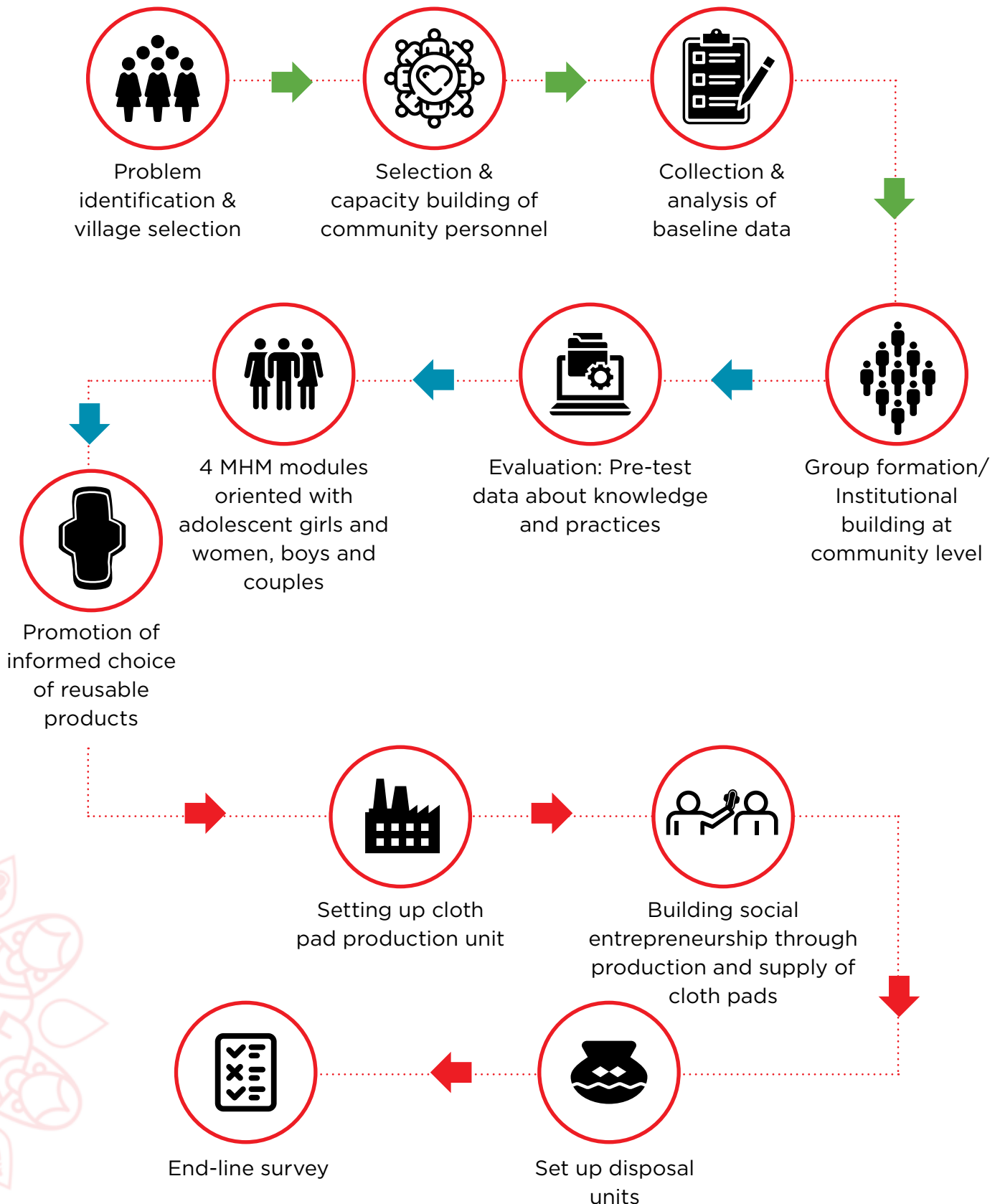
Interventions: Where feasible, the MHM programme implements various models for menstrual waste management including composting, low-cost incineration and bio-medical incineration. These models are implemented within the larger solid waste intervention programmes designed and implemented by Tata Water Mission. In certain communities, the programme has introduced *matka* incinerators, which can be installed in close vicinity of households and allow for safe and controlled incineration of used absorbents (see box 11).

Matka Incinerators

Innovative mud pot incinerators, popularised by Tata Water Mission, ensure easy and hygienic disposal of used sanitary pads. Given a mud pot is the sole requirement for this intervention, it is easy to implement for anyone wishing to use this incinerator. The *Matka* incinerator involves creating eight to ten holes in an earthen pot. These holes are placed strategically to ensure inlet of oxygen, and outlet of smoke or even rain-water in a safe manner. The pot with a lid is placed in a mud-pit, with few pieces of bricks placed under it. The bricks ensure the pot remains dry. Sanitary pads can be burnt safely inside these pots, thus preventing litter.

Empowering women: Holistic approach for MHM

Planning Phase →
Implementation Phase →
Consolidation Phase →





Stories

from the field



No More a 'Curse of God': Dealing with taboos and myths

For years, Somi Bai Garasiya, a 42-year-old tribal woman from Basantgarh village in Sirohi district of Rajasthan, would fear the onset of her periods. Hundreds of miles away, in a village in Maharashtra, Vaishali Aatram had similar concerns. “I felt dirty and untouchable while menstruating because I considered myself impure during these phases,” says the 28-year-old from Indrathana village from Maharashtra’s Yavatmal district.

That menstruation or period blood is dirty or impure is one of the most widespread and harmful myths around menstruation. Champaben Solanki, 35, from Gujarat’s Dahod district once believed that menstruation was a “curse by God”. Like her, 60% of the women and girls surveyed by Tata

Water Mission in Gujarat consider menstrual blood “impure”. In Jharkhand, the percentage was even higher — covering 75% of the women surveyed.

These myths and misconceptions often lead to social restrictions that adversely impact the physical and psycho-social health of women and adolescent girls. The most common restrictions are in the form of limitations on food consumption, social interaction, mobility and religious worship. For instance, in Rajasthan, women are forbidden from cooking or doing water-related chores during menstruation. Champaben says that she was subjected to purification by cow-urine during her menstruation cycles. “For five days a month, I was not allowed to touch kitchen utensils; I had to sit outside and use a separate plate to eat on,” Champaben says.

An open and scientifically-tempered conversation is critical for dispelling these taboos and myths. Hence, a standard inclusion in the Trusts’ MHM interventions across genders and ages is a ‘myth-buster’ conversation around menstruation. Informative sessions around the functions of menstrual blood have proved helpful in dispelling these myths. The volunteers draw attention to menstrual blood’s function as nutrition for the unborn child to dispel the ‘impurity’ myth.

By participating in the MHM initiative, hundreds of women like Somi Bai, Champaben and Vaishali now have access to the right knowledge and tools to handle their menstruation better. Somi Bai says that she doesn’t hesitate to visit temples during her periods anymore. For others like Vaishali and her daughter, these interventions have put an end to the practice of seclusion during periods.



The Apron:

Teaching human biology

For Supriya Saidane in Dhadgaon block, Nandurbar district, Maharashtra, the apron she wears is an important tool of education. The apron in question is not a regular one; it bears an illustration of the female reproductive system. Often met with giggles at first sight, the apron has succeeded in delivering the right information around menstruation.

Like Supriya, several team members of the Tata Trusts' MHM programme effectively use the apron to explain the biology of menstruation to women and men alike. The visual impact of the apron is further aided by exercises where women are asked to close their fists to gain an idea of the size of the uterus. Next, the women learn where each of their vital reproductive organs are placed in their bodies. They also relate these to their monthly periods. Understanding the body and its functions is the first and most important step towards women's menstrual health.

"Knowing about 'safe days' helps me with family planning," says Savita Tudu, a 20-year-old from Chanaro village in Jharkhand's Hazaribagh district. Savita is one of the thousands of women who have benefitted from the Tata Trusts' MHM counselling sessions. Information about bodily changes accompanying the onset of puberty, the role of the menstrual cycle in family planning, and charts on period trackers are also made available at these sessions for women and adolescent girls.

Tata Trusts' MHM interventions extend awareness on human biology (both male and female) to adolescent boys and men through different counselling sessions. Anecdotal evidence suggests that involving young boys and men in MHM programmes helps escalate success on two main counts: access and awareness.



For Navli Bai from south Rajasthan, MHM counselling opened up a new line of conversation with her husband. "My husband did not know anything about it (menstruation) earlier," she says. "Now he understands and helps me with housework when I have my periods." Awareness has turned Navli Bai into an MHM crusader in her community. She encourages her friends to have a frank and open conversation about menstruation with their husbands.

Getting the men similarly aware of the biology behind menstruation is critical to the sustainability of the intervention. For instance, in a rural, patriarchal setup, male consent and participation is crucial to ensure that sufficient WaSH facilities are created. Further, women are more likely to discard superstitious practices related to menstruation when supported by a male family member.

Men as Allies:

Counselling the males of the household

By the time she had her first period, Vishwanath's wife was already living at her in-laws' house. "Both of us were unaware of menstruation and thought it was an ailment," says Vishwanath, a resident of Nawgoiya village in Bahraich district of Uttar Pradesh.

With the low average age of marriage in rural India, millions of young boys and girls find themselves in a marital bond, but unaware of menstruation or its biology. Aware of these realities, the Tata Trusts' MHM programme aims to involve men equally in its awareness campaigns. Correct scientific knowledge and know-how on extending the required support needs to be given to men, so that they can provide the required supportive socio-cultural environment for women to make informed decisions and manage their menstruation with dignity.

Vishwanath's participation in the programme changed his views. He was able to access the right information on menstruation and the methods to handle it hygienically through these interventions. Quick to spring to action, he made his first purchase of a cloth pad for his wife right after the session. He says that these sessions have helped him learn about the various products available and to make the right product choice. "I chose the cloth pad as it would suit my budget while also supporting my wife's health," he says.

Couple counselling sessions have proved to be an effective route to rope men into the MHM interventions. This brings women and their husbands together, helping them initiate conversations on this taboo subject. This is key to helping the women make informed choices with their husbands' support.

Findings from Tata Water Mission's research

on post-intervention gains suggest that the best outcome of the MHM programme so far has been that women are able to speak to their husbands and male relatives openly about menstrual issues for the first time.

For Mohanlal and Nolakidevi Grasia, a tribal couple based in rural Rajasthan, these couple counselling sessions proved to be an eye-opener. "For the first time, I understood the process of menstruation and the trouble my wife goes through when it occurs," says Mohanlal, who is now on a mission to educate other male members of his community.

Given that the decision-making powers often lie with men in many rural and semi-urban setups, MHM programmes tend to richly gain from their involvement. Leading a mission similar to Mohanlal's, is Arun Mishra, who attended a Tata Trusts MHM counselling session organised for men in his village, Rampur Paida, in Uttar Pradesh's Shravasti district. "I was unaware of what my wife, Sangeeta, had to go through during her periods. The counselling session helped me understand things better," he says.

The 27-year-old is now a votary of hygienic menstrual practices, sharing poems and write-ups to break the silence surrounding the subject. "It's not just a woman's responsibility to eliminate the stigma around menstruation," he insists.

Bhura Ram, a landless labourer from Mandwara Khalsa of Rajasthan's Sirohi district and his wife, are yet another success story of the MHM couple counselling. Bhura, along with his wife Sepi Devi attended the couple counselling sessions, which helped him transform his views about menstruation. "Earlier I was not





that much aware about menstruation and its related issues which the women face, but after discussion with the MHM staff I have understood my role to support my wife Sepi,” he said.

Bhura plans to build a wall near the cow shed in such a way that some private space or a kind of makeshift toilet/bathroom could be

made for Sepi where she can change her pads during menstruation. With a dedicated space Sepi can also dry her menstruating cloth under direct sunlight.

The initiative taken by Bhura reflects that the change is possible; it just needs the right approach and mindset.

The Matka Incinerator:

A unique, cost-effective disposal method for used pads

Innovative mud pot incinerators, popularised by the Tata Water Mission team*, ensure easy and hygienic disposal of used sanitary pads in the villages of Jharkhand and Maharashtra.

Forty-year-old Dhaneshwari's family has six members — including two daughters of menstruating age, a son, and her husband. She and her husband are actively involved in all the programmes conducted by Collectives for Integrated Livelihood Initiatives (CInI, an associate organisation of Tata Trusts) since 2015. She was one of the early adopters of a *matka* (mud pot) incinerator in her premises.

In 2019, the MHM programme was initiated in Dhaneshwari's village, Kajri, with self-help group members. During the training sessions, there were discussions regarding the methods of safe disposal of used sanitary pads. The *matka* incinerator was one of the methods advocated. Not many women welcomed the idea of installing one in their backyards, but Dhaneshwari volunteered to do it. Her daughters used sanitary napkins during their periods and were disposing of their used pads by burying them in the soft, muddy ground near their hand pump. However, they did not like this disposal process because during summers, the used pads were exposed and were seen by everyone, including men, and caused them much embarrassment. Additionally, burying them near the hand pump caused a health hazard. The MHM training enlightened Dhaneshwari about the

benefits of the safe disposal of used sanitary pads through a mud pot incinerator.

In Survani village in Dhadgaon block of Maharashtra's Nandurbar district, a mother-in-law and daughter-in-law duo emerged as the frontrunners in the use of *matka* incinerators. Thirty-two-year-old Pramila Balwant Padvi works as an Accredited Social Health Activist (ASHA worker), and is constantly on the lookout to learn new things with the support of her mother-in-law. In fact, the older woman came forward with an old pot when none of the other villagers were willing to provide one for the incinerator. Pramila was the only one to use it initially, but two of her friends, Jayashree and Vaishali, joined in later.

The installation of the *matka* incinerator brought small, yet significant changes in Dhaneshwari's and Pramila's families and surrounding communities. "One of my daughters suffers from severe physical discomfort during her menstrual periods. When I came to know about the *matka* incinerator, I got one installed at my house. Now both my daughters use it to dispose of their pads. They are aware of the importance of menstrual hygiene management," says Dhaneshwari.

The innovative mud pot incinerator is slowly, but surely, finding acceptance and momentum among rural and tribal communities. Along the way, it is helping community members in destigmatising and normalising periods.

* Tata Trusts is committed to promote cost-effective and alternate technological solutions that can be easily managed by the local communities. Trusts aims to facilitate in identifying suitable solutions by the communities for their requirement, which are locally available.



Cloth Pad Production: Entrepreneurial opportunities for SHGs

The sudden, pandemic-induced strict lockdown starting March 2020 left many girls and women struggling to access menstrual hygiene products. Many regions of Uttar Pradesh, one of the project area of Tata Trusts' MHM initiative, faced a similar issue. The lockdown had severely affected girls' and women's access to sanitary napkins. There were various reasons for this – their movement was restricted due to the lockdown; their ability to pay had reduced due to their families' loss of wages; and even if they could afford it, shops nearby had closed down, shutting off access.

The situation was even more critical among female migrants and women in temporary shelters and quarantine centres. The Tata Trusts used Community Resource Persons (CRPs) to reach out to women-led self-help groups (SHGs) in these districts through the Uttar Pradesh State Rural Livelihoods Mission (UPSRLM).

The SHGs were roped in to setup production units at the local level. This ensured easier access and greater affordability for sanitary pads. The first production unit was set up in Bahraich in May 2020, thanks to a frontline worker who offered space in her home. The Trusts funded the first production unit by providing a sewing machine, raw materials and other resources needed for the first 3,000 pads. The pads could be reused for up to six months and were affordable at ₹60 each.

Localisation of supply is a crucial aspect in ensuring affordable and regular supply of menstrual hygiene products in rural areas. The Tata Trusts' MHM team regularly partners with locals to further this cause, and Sheela Soni, a resident of Swaroopganj in Rajasthan's Sirohi district, saw a perfect opportunity in this



collaboration. The Trusts team was looking for women willing to be trained to stitch reusable cloth pads on a commercial basis. Wanting to set up her own business, Sheela volunteered for, and underwent, the training required to become an entrepreneur. "The Trusts team also took me to villages to interact with the women and I then saw that there was considerable demand for pads," she says.

There were some early challenges. Sourcing the raw material for the pads locally was a challenge, so Sheela and her husband had to travel to Gujarat to buy the stock they needed. Eventually, Sheela tied up with a wholesaler to control her costs and keep the pads affordable. As a part of her marketing strategy, she canvasses in areas where women congregate – like at panchayat meetings or at local factories that employ female workers.

Today Sheela is both an entrepreneur and an employer to a network of sales-girls in multiple villages, hired on a commission basis. Making a tidy profit of ₹1,00,000 in two years has also encouraged her to diversify into other businesses serving her women clientele.

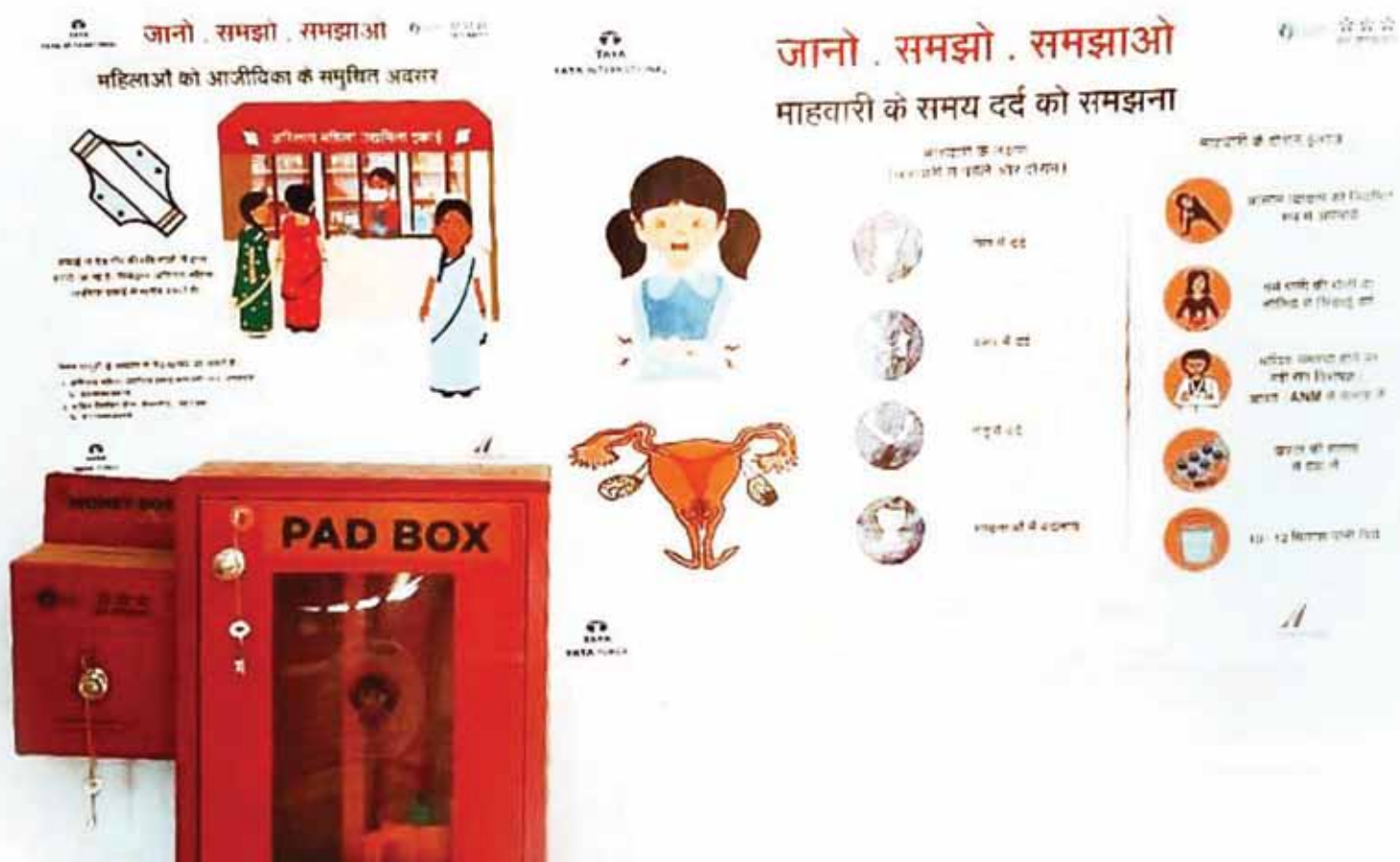
The Happy Period Room: Safe spaces in schools

The Tata Trusts started the Happy Period Room model on a pilot basis as a way to address school absenteeism, girls having trouble managing menstruation during school hours and the overall shame and anxiety young girls experience around their periods.

In April 2022, 13 Happy Period Rooms were developed in the Bahraich, Shravasti and Lucknow districts of Uttar Pradesh on a pilot basis. This innovative model aims to promote safe and hygienic use of menstrual products with dignity. The aim is to provide young school girls a safe space to change and store their menstrual absorbents.

Tata Trusts requested schools to provide a separate room that could be renovated into a Happy Period Room. These rooms are equipped with basic infrastructure such as a wall mirror, dustbin, mug and bucket, storage box, etc. The room is also equipped with informational charts, including a period calendar, and a manual on symptoms and menstrual management.

Tata Trusts ensures the model is sustained through training and orientation of teachers and the students. Assigning cleanliness monitoring duties to the students and stock maintenance duties to teachers further helps build a sense of ownership towards sustaining these rooms.



Sustainable Sanitary Pads:

The DIY route

Periods-related products and the safe disposal of sanitary waste are emphasised in the MHM initiative. Under the Trusts' efforts to ensure access to good-quality and eco-friendly menstrual absorbents, sanitary pad production units have been established in Uttar Pradesh, Rajasthan and Maharashtra. Additionally, the team teaches women and adolescent girls to stitch their own cloth pads.

Another part of the MHM module emphasises the different types of products available in the market and explains the pros and cons of each. This empowers the women to make more informed decisions.

An informed product-choice needs to be supplemented with easy access, availability and affordability of the said products. Bearing this in mind, the Trusts have rolled out various measures, such as workshops that train women to stitch their own cloth pads, SHG-driven local supply chain of pads, and local production units.

Rami Bai from Pindwara block of Sirohi district in Rajasthan stitches her own cloth pads. She learned this skill at one of the pad-stitching workshops organised under the MHM programme by the Centre for microFinance (CmF, an associate organisation of Tata Trusts), as part of its multi-thematic development programme in South Rajasthan — the 'Transformation Initiative' (a collaboration between the Rajasthan government and Trusts).

Today, she motivates others to do the same and practices hygienic menstruation management. The 'stitch your own cloth pads' workshops empower and encourage women to adopt safe and hygienic menstrual health products, without facing access or affordability issues.



"My thighs used to chafe due to the sanitary pads since I was working on the farm all day," says Khushboo, a project beneficiary. "Ever since I learnt about the reusable cloth pad through MHM's awareness sessions, it has been a boon. Especially since these pads are beneficial to my health, environment-friendly and economical."

17-year-old Arju, from Kaisarganj, Bahraich, Uttar Pradesh, shares "I used to use pads bought from the market. But then, a Tata Trusts representative showed us a video - Stitch our own cloth pads. We learnt it and now we make our own pads, which last for eight months". Arju is happy as this helps them save money. She has recommended the same process to her mother, sisters and other women in the neighbourhood.

The initiative has been supplemented with the setup of local cloth production units, making it easier for women to access and afford cloth pads. Ten of these units are already operational in the states of Uttar Pradesh, Gujarat, Rajasthan, Jharkhand and Assam.

Further, the Tata Trusts also engage with local SHGs to put in place a supply chain to ensure access to good quality and eco-friendly menstrual absorbents for communities.

Success of *Sakhis*: Building community outreach

For Sonal Kanwar from Lotana village in Rajasthan's Sirohi district, menstruation was a difficult topic to discuss. This changed after September 2018, when Sonal began training to become a *sakhi* (or companion) in the programme. As a part of the Tata Trusts' MHM community outreach work, *sakhis* or Community Resource Persons (CRPs) mobilise women and girls of their communities and disseminate knowledge on menstrual health and its management. *Sakhis* are women chosen from within the community, as the familiarity ensures that women and girls feel comfortable approaching them. Women who enrol to become *sakhis* themselves experience a transformation in perspective. "Not only did I realise that there is nothing wrong with talking openly about menstruation, I also learned why it's important for women to do so," Sonal says.

In distant Assam, fellow *sakhi* Malaya Das voices a similar sentiment. "The training cleared up several misconceptions in my mind about menstruation," says the 23-year-old from Dokoha village in Nalbari district. "People's attitudes have changed since I became a *sakhi*. I'm treated with more respect and my family feels proud of

me. Women approach me frequently for advice on menstruation problems and it feels good to see them talk about it with their families."

Sakhis serve as the first point of contact with the community. Each *sakhi* engages with 15-20 adolescent girls and adult women, helping them understand the nature of menstruation and safe practices to manage it. This ensures that women understand why menstruation occurs and, hence, are encouraged to make informed decisions. A lot of emphasis is laid on having conversations about menstruation and breaking the silence associated with it, which is key in practicing correct hygiene practices with dignity.

Sakhis are aided by participatory tools for session delivery to ensure that the learning process becomes interesting and key information is not missed. Beneficiaries are provided handbooks in the form of a comic strip that enables them to understand menstruation and related information in a fun way. The illustrations are colourful to grab attention, and the story is simple and relatable. This ensures that key learnings are not forgotten and that there is a point of reference to the information and knowledge shared during the session.



Partnering the Government: Strengthening existing programmes



Preeti Ben (43), is the principal of Kasturba Gandhi Balika Vidyalaya (KGBV) in Pavthi, Gujarat. Preeti is elated to see how the lived experience of the current generation is significantly different from that of her own around menstruation. “I cried and cried until my mother came back from the school where she used to teach,” she recalls her first experience with menstruation at the age of 14. Preeti points out that the girls from her hostel no longer have to undergo the same experience, thanks to the Tata Trusts’ efforts.

Preeti’s school is a residential school for girls and part of the 25 Kasturba Gandhi Balika Vidyalayas (KGBV, established under *Samagra*

Shiksha) that Tata Water Mission’s team in Gujarat covered under its MHM programme. The MHM programme reached out to adolescent girls of 25 KGBVs in Amreli, Bhavnagar and Dahod districts of the state. Preeti said the efforts taken by sakhis have helped the girls living at the hostel to be more vocal about any issues concerning their reproductive health; they practice better hygiene and use reusable cotton pads or sanitary napkins. In the second part of Tata Water Mission’s collaboration with GRC for KGBV schools, the team aims to impart MHM training to 12 identified staff members from each of the 25 KGBVs. The trained staff would in turn impart information to the adolescent girls at these KGBVs.

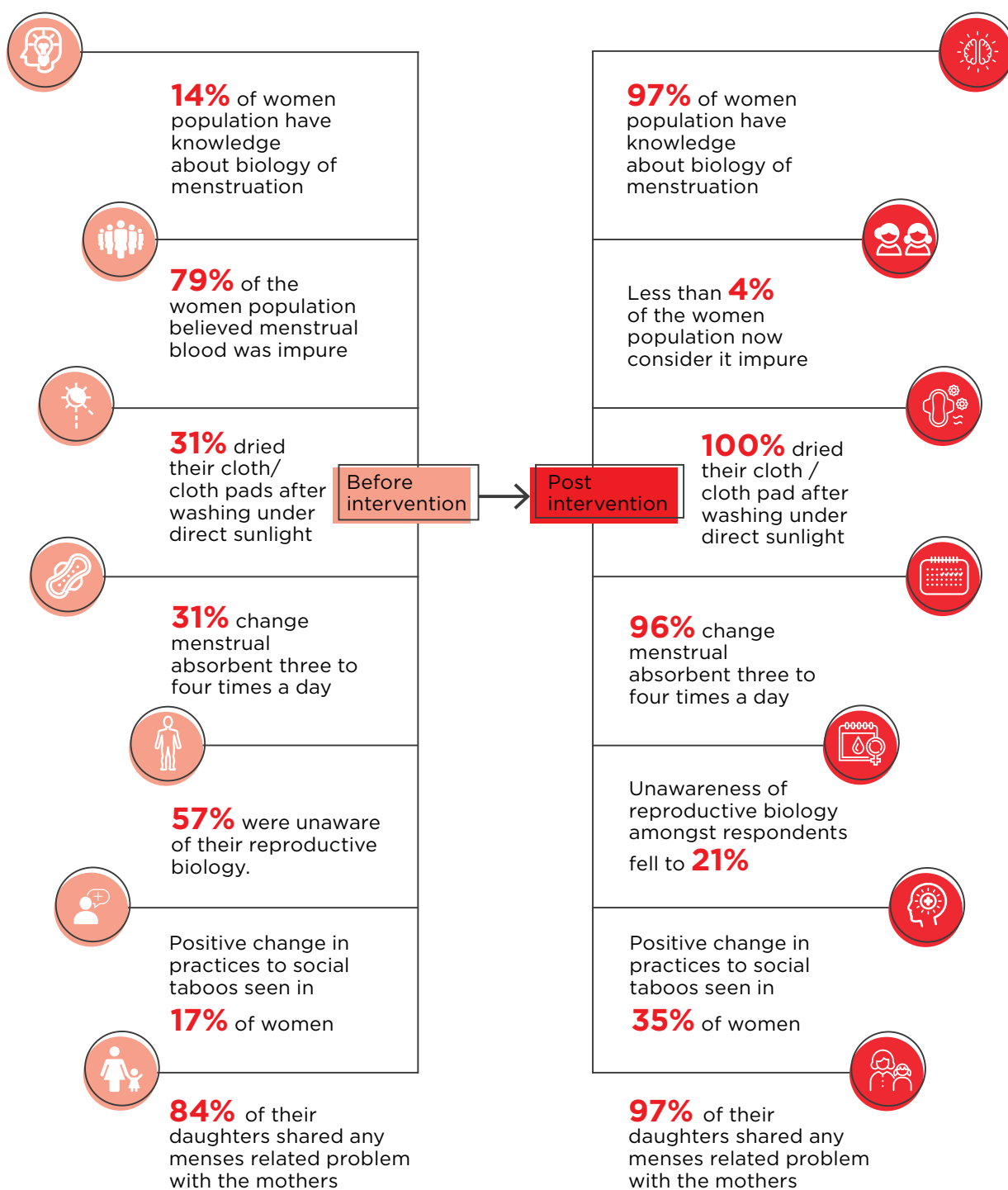
In August 2004, the Government of India launched the KGBV scheme and later merged with Sarva Shiksha Abhiyan in 2007. It’s objective was to set up residential schools at an upper primary level for girls belonging predominantly to scheduled caste, scheduled tribe, other backward class, and minorities residing in difficult areas. With the RTE Act, 2009, coming into force (with effect from 1st April 2010) and the Sarva Shiksha Framework of implementation being revised to correspond to the RTE Act, the KGBV component of Sarva Shiksha Abhiyan is also being implemented in the overall context of child rights and child entitlements and in harmony with the spirit and stipulations of the Act.

Insights and Impact



The results of the MHM programme implemented in eight states — Assam, Gujarat, Jharkhand, Karnataka, Maharashtra, Rajasthan, Uttarakhand and Uttar Pradesh — have been really encouraging.

Immediate gains from Tata Trusts' MHM programme



Source: Impact assessment study (2022) by third party in Assam, Gujarat, Rajasthan and Uttar Pradesh

Key behavioural changes

Some of the changes visible can be summarised as follows:

- There is greater awareness of the need for community-scale menstrual health management.
- Women are more open to talk about their menstrual needs, especially among family members, husbands and menfolk as well as mother and daughter.
- Women and girls are more aware of how menses are connected to child-bearing and reproductive health.
- Leveraging SHGs for cloth pad production provides livelihood opportunities and also adds to usage practices that are safer for the environment.
- MHM programmes lead to improved health seeking behaviours among women. Women are more willing to talk about issues related to

MHM, when appropriate awareness is created. It has improved health seeking behaviour among women (who are more open to visit a doctor or the public health centre to talk about issues related to MHM).

- Access to the right knowledge and tools to manage menstruation leads to long-term gains in gender empowerment. Women are more likely to stake claim to their bodily autonomy when introduced to the right means and knowledge about their physical self at an early age. There are definite gains to make in moulding confident women of the future through a focus on menstrual health and awareness.
- Women are more likely to feel empowered and confident to navigate their social life when made aware that there is no rationale behind myths about menstruation.



Future goals

While the programme has scored well in getting the menstruation conversation started, it also highlights the work that needs to be done. The findings suggest that issues such

as pricing of pads, deep-rooted social norms, health seeking behaviour and responsible disposal by users need to be addressed in order to show sustained results.

“



Definite wins have been achieved by the Trusts' interventions at the pilot stage. These learnings will further help strengthen MHM value chain interventions.”

— **Divyang Waghela**, Head, WaSH



Pricing appears to be the biggest roadblock to the use of alternatives to cloth pads. This needs to be urgently addressed.



Sustained messaging on social norms is needed to address the barriers that have not yet been eliminated by training.



Pad disposal is a major challenge in these areas. Deeper work is needed to determine how best to dispose of used menstrual absorbents using advanced technologies which are economical, accessible and environment friendly.



People Speak



Team speak

“



We have found the existing women-led self-help groups (SHG) value chain extremely reliable in creating a sustainable local supply chain for safe MHM products. Women creating for women has definitely helped our cause.”

— **Pankaj Papnoi,**
Rajasthan

“



Our initial efforts to promote safe MHM practices repeatedly hit a wall. On digging further, we realised that awareness generation about MHM practices needs to be compulsorily paired with the availability of affordable and accessible products. In our case, teaching women to stitch their own cloth pads emerged as the best option.”

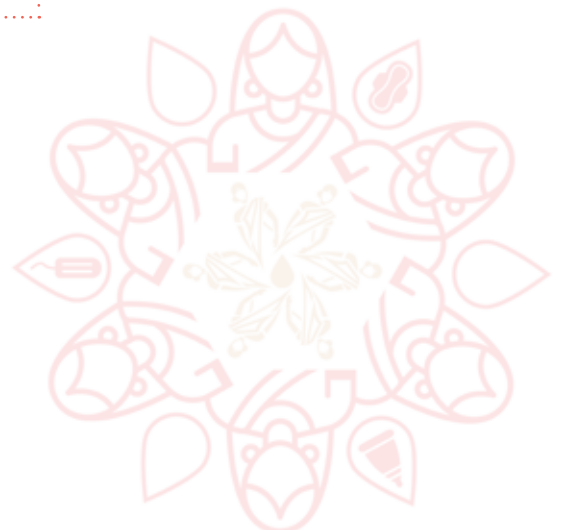
— **Anulekha Sharma,**
Assam

“



Talking about the sensitive topic of menstruation amongst the community/ women was an uphill task, but gamification tools came to our rescue.”

— **Shaheen Naz,**
Jharkhand



“



Adolescents are curious by nature. From our experience, just providing them a safe space to ask and receive the right information related to their queries can help the MHM agenda manifold.”

— **Pallavi Gautam,**
Uttar Pradesh

“



The community resource persons trained by us, play an important role in outreach to young girls and women. For sensitive topics such as MHM, it is advisable to rely on community ownership for best results. People feel comfortable approaching one of their own.”

— **Shaktiprava Maharana,**
Gujarat

“



When we conducted our first baseline study in this region to gauge MHM awareness, the results were disappointing. Convincing the conservative members was challenging at first. However, most members come around once the benefits become obvious. At their core, most people care for their community and are willing to change for the better.”

— **Supriya Saidane,**
Nandurbar, Maharashtra

“



Our holistic approach helped in demonstrating societal level impact, wherein adolescent boys and male members are sensitised and educated about menstruation and related information. The feather on our cap is our strong partnership with the local government departments,

through which we are engaging with ASHA and Anganwadi workers in order to amplify positive behavioural changes amongst the communities.”

— **Ketan Hingu,** Gujarat



Stakeholder voices

“



The Tata Trusts have done very inspiring work in the field of Menstrual Hygiene Management in the tribal villages of Sirohi and Pali district. Village community, especially tribal women and adolescent girls, received training on stitching reusable cloth pads, thereby triggering behaviour of changing sanitary products at least three to four times a day during menstruation. The Tata Trusts has also actively supported the 'Chuppi Todo' campaign of the Department of Women Empowerment, Rajasthan, to eradicate the myths associated with menstruation. Many congratulations to the MHM team of the Tata Trusts for bringing change at the grassroot level.”

— **Ms Ankita Rajpurohit**,
Assistant Director,
Department of Women
Empowerment, Pali,
Rajasthan

“



Due to the Tata Trusts' MHM programme we have been able to make adolescent girls aware of their health and hygiene. By learning about safe Menstrual Hygiene Management practices, they will be better equipped to be cognisant about their wellbeing, contribute to the upliftment of their self, family and the community. Once they experience the positive change themselves, they are more willing to advocate it to their friends and family members.”

— **Ms Darshana Suthar**,
Officer in Charge
(Girls Education),
State Project Office,
Samagra Shiksha,
Gandhinagar, Gujarat

“



Tata Trust's Menstrual Hygiene Management programme is a great initiative....it is helping community members, women and adolescent girls in understanding that menstruation is a normal biological process and also breaking the silence around myths and taboos which exist since centuries.”

— **Mukesh Kumar Sachan**, Child
Development Project
Officer, ICDS – Gilaula,
Shravasti, Uttar
Pradesh





The Next Horizon



The first chapter of this report pointed out rural India's 'more-than-a-quarter' problem. This refers to the fact that over 25% of India's rural population still doesn't practice safe menstrual health & hygiene management (MHM). There is clearly a need for greater education about menstruation, particularly among adolescents. The adoption of safe MHM is also hindered by the low access, availability and affordability of safe MHM products. Thus, joint and concerted efforts by all stakeholders is needed to bridge this substantial gap urgently.

Need for integrated efforts: Owing to its inter-disciplinary nature, MHM in India lacks an individual and/or centralised government body responsible for influencing and implementing MHM-related policies, programmes and budgeting. Central government ministries, state and district-level departments, and regulatory bodies are all equal and important stakeholders in India's MHM agenda. At the central government level, the stakeholders include the Ministry of Health and Family Welfare, Ministry of Drinking Water and Sanitation, Ministry of Women and Child Development, Ministry of Rural Development and Ministry of Human Resource Development.

At the state and district level, the relevant departments include those dealing with the subjects of health, education, women and child development, water, sanitation and waste management (SBM), Panchayati Raj and livelihoods development. It is thus imperative that all state programmes map the relevant departments by their political will and interest to work on MHM, as well as by budget allocations and their existing programmes on menstrual health. Consistent engagement with these departments can allow the programme to influence its design and implementation at the state or district level.

Role of NGOs: India's social sector needs to act as a link between state-sponsored programmes and their intended beneficiaries. Non-government organisations (NGOs) working at the grassroots level should step up to ensure no community member falls through the cracks. The social sector can contribute towards the intended 100% menstrual hygiene goal by identifying beneficiaries from susceptible groups such as economically-backward, illiterate, tribal communities, geographically-remote areas and linking them to state-sponsored MHM benefits. The social sector needs to double up as a representative for these communities and bargain their rightful place in MHM-related decision-making and policies at the state and centre level.

Philanthropic activism: Any desired increase in adoption of safe MHM practices, will need to be bolstered with funds and infrastructure aimed at making menstrual hygiene products accessible and affordable. Close to half of the country's population will experience menstruation at some point of their lives. Empowering young girls with the right knowledge and access to MHM products allow for the short-term gain of increased literacy among the women population. Besides, there are long-term gains to be made through creation of gender equity at schools, higher education facilities and later workplaces.

Philanthropists need to pledge long-term commitment of funds to make menstruation safe for this large demographic. Philanthropic institutions should consider incubating startups, disruptive technologies and small to medium entrepreneurs who focus on affordable menstrual hygiene.

Healthy menstruation and menstrual hygiene management is closely linked to four different SDGs set by the United Nations. A greater focus on MHM will go a long way towards gender empowerment and will have a cascading effect on village-level socio-economic change.

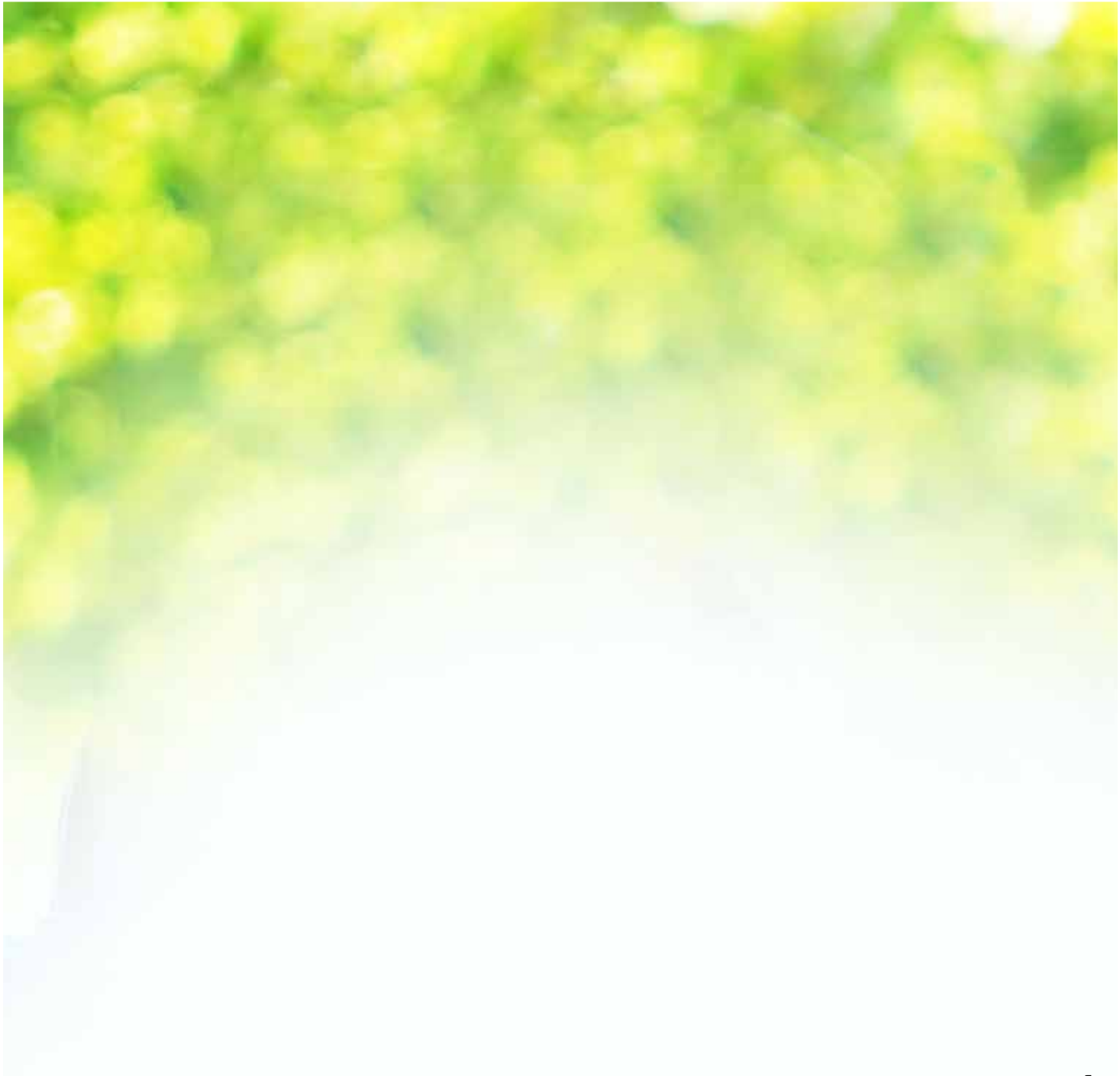


NOTES





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TATA TRUSTS
World Trade Center-1, 26th floor
Cuffe Parade, Mumbai 400 005, India
Tel: +91 - 22 - 6135 8282
Email: talktous@tatatrusters.org
Website: www.tatatrusters.org

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