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Period Poverty

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Abstract

Menstruation has long been a topic of neglect. A woman menstruates for almost 40 years and yet she is denied the basic sanitation facilities during her period. There exist various policies which directly and indirectly focus on menstrual hygiene management, but all of them focus on how the physical products are provided to the women and not whether the woman is educated to use them or not. Hence, as always, figures of sales and productions are given more importance than busting the taboos and myths which stand in the way of educating a woman in her basic rights. In this paper, the general situation with an aspect on the coronavirus, and some selected policies will be reviewed. Some policy recommendations which can be adopted are made accordingly.

1.0 Introduction

A sight very common in rural India is the public celebration of the first occurrence of menstruation, which is marked by rituals and celebration. However, despite this loud celebration, behind the scenes, menstruation invites shame, silence, and seclusion from everyday routine. ^[1]

Disposable menstrual products were not commonly available and menstrual cloth in the form of rags, ashes and sheets were worn. Superstitions existed, women, being illiterate, were marginalized from important information and had to travel about 2 km to get access to any sanitary products.^[2] Now, even in the 21st century, a discussion on periods turns into whispers.

According to reports, more than 350 million women in India menstruate, but still around 64% of them do not have access to sanitary essentials.^[3] Lack of awareness and the taboos that render menstruation a dirty phase in women's lives have deprived women from getting access to proper menstrual hygiene management.^[4] Access to menstrual products becomes more important because the lack of menstrual hygiene and products causes major health issues.

1.1 Problems due to Covid-19

The ongoing pandemic has worsened the already grim situation for women in the country as they are being forced to search for alternatives, including unhygienic options. The shutdown and the strict restrictions on movement have caused a shortage of products like pads in the market. Some have even reported stitching pads for themselves at home using synthetic clothes.

Another shocking aspect here is the fact that sanitary products like pads were not included in the list of essential services as well. ^[5] Menstruation is not just a woman's issue, but a human rights issue. Hence, it is important to talk about it. This research paper wishes to talk about all such issues surrounding menstruation with a special focus on gender inclusivity.

2.0 Concept of Period Poverty

“Girls and women of menstruating age are suffering in silence.”^[6]

Menstrual equity in India is still a far-fetched dream. The dichotomy in the country is so extreme that only “12% of the menstruating population has adequate access to period products.”^[7] The remaining 88% is largely dependent on unsafe alternatives such as rags, cloth pieces, leaves, et cetera. Thus, period poverty refers to a condition of lack of sanitation products such as sanitary napkins, hand wash, education on menstruation know-how and adequate and accessible WASH

(water, sanitation and hygiene) facilities. Period poverty is not merely financial poverty. “Its realm extends to the stigma around menstruation which silences girls and often leaves them unprepared and uninformed about managing their periods.”^[8]

Denial of basic facilities can have mutilating effects on a woman. The socio-cultural taboo associated with menstruation, lack of menstrual products and basic hygiene facilities leaves a trail of low self-confidence in women. The prohibitions imposed due to lack of education leave them traumatized. All this often leads to girls dropping out of school and hesitating in finding greener pastures for themselves in life.

Menstruation is a natural process and access to basic facilities is a fundamental right. Menstrual products, WASH facilities and education are pivotal requirements of a menstruator to lead a dignified life. Lack of such necessities is in direct contravention of the fundamental rights promised under Article 14 (Right to Equality) and Article 21 (Right to Life and Liberty). It was upheld in *Maneka Gandhi v. UOI* that the right to life cannot be mere animal or physical existence but a life of dignity. The Directive Principles of State Policy also promise the welfare of all the people (Article 38), childhood care and education (Article 45) and promotion of public health (Article 47).

Period poverty is not merely a violation of constitutional promises but is also a pressing human rights issue. The issue intersects with the UN Sustainable Development Goals 4, 5 and 6 ensuring quality education, gender equality, and clean water and sanitation. “Elimination of period poverty and access to menstrual products are crucial for sustainable development.”^[8] Several international instruments cast an obligation on the State to ensure access to these basic facilities. The entire framework of Universal Declaration of Human Rights, 1948 provides for equality, dignity and non-discrimination. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) guarantees the highest standard of attainable health to all the people. The CEDAW or Convention on Elimination of All Forms of Discrimination against Women provides for equal health care access to both men and women. It specifically provides for health care facilities to be provided to women living in rural areas.

3.0 PESTEL Analysis

POLITICAL

The identity and position allocated to a woman in her household and society is an important determinant of her menstrual health management. Both men and women in the household find it a very arduous task to discuss the topic and address the issues faced. “Feminism In India [described the experience](#) of a Dalit woman: ‘If given sanitary napkins for free to the women in [our] family, [we] would rather sell it to feed [the] family than use it’.”^[9] Lack of agency and political will to confront such issues is responsible for the topic always taking a back seat. As a result, “by not prioritising menstrual health, and focusing little or not at all on policy- and programmatic support for managing menstruation, policymakers and administrators reinforce patriarchal biases as well as further women’s vulnerabilities and challenges.”^[10] It is important for people in the political arena who are bestowed with the responsibility of legislating for the country to address it as an important health concern. The ignorance stems from the general dialogue on the topic to make a policy issue thereby underpinning their basic human right to menstrual hygiene. Set aside legislation or a scheme, tackling period poverty never makes it even to the political manifesto!

ECONOMIC

Menstruation continues to be a hush-hush affair in this patriarchal world. It is an unimportant, unattended issue often leaving period poverty with no share in the economic budget. It is often referred to as a ‘women’s disease’ which undermines the importance of discourse needed on the subject. The government’s decision to charge Goods and Services Tax on sanitary napkins and labelling it as a luxury good is a testimony to the fact. “A large study in India showed that only 12% of menstruating women used sanitary pads, and 70% of women cited cost as a major barrier for using them.”^[11] However, the struggle does not end at sanitary napkins. There is more to it. Adequate WASH facilities are equally important. The high cost of sanitation facilities, infrastructural up-gradation for menstruation is a costly affair. They often have to go to the fields, sleep outside their homes and use rags or soiled clothes during the menstrual cycle. Thus, women are accorded a secondary status in areas of health and nutrition which makes them vulnerable to diseases owing to lack of adequate WASH facilities.

SOCIAL

The main reason for the social construct by the patriarchal society against periods is that menstrual taboos are rooted in the minds of the people, especially in the rural sector. These taboos and myths exclude women from menstrual hygiene services. Not being able to touch animals, food that others will eat, exclusion from religious rituals, the family home and sanitation facilities, are a few examples of such taboos still prevalent in many parts of the country.^[12]

One of the most famous examples was of the Sabarimala temple in Kerala, where menstruating women were banned from entering out of respect to the celibate nature of the deity (underage teenage male) in this temple.^[13]

In some settings, menstruating women are viewed as impure, kept away from men and banned from using the same water sources in order to not contaminate them and are also refrained from using latrines during their periods despite having access to them.^[14]

All of this has led to the internalization of the stigma which makes them feel dirty and ashamed of menstruation.^[15]

One of the main reasons for the taboos to still exist and menstruation hygiene management to be neglected is gender inequality. Unequal rights result in women's voices being ignored within households and communities and in development programs.^[16] Another reason for the same is the lack of knowledge and awareness amongst women. Many pre-pubescent girls do not receive information about menstruation and are unaware of proper disposal techniques of sanitary products.^[17] This results in women and girls being denied access to the basic facilities when they need them the most.

TECHNOLOGICAL

One of the major problems is the lack of cheap production units of sanitary products. The cost of sanitary pads is high for rural women because of the high production cost.

Women should be made entrepreneurs to produce these pads on their own, but no efforts have yet been made by the government to bring this change. Promoting low-cost technology with regards to production of sanitary products will lead to the betterment of menstrual hygiene. Another major area where technology plays its role is the disposal system.

Indian government's CPCB has set guidelines for disposal of sanitary waste. It has been recommended to follow some methods to dispose of sanitary napkins: Use of low-cost methods, electric incinerator and high-temperature incinerator for bio-waste.

All these are easily applicable but need to be implemented effectively on every level systematically. These required infrastructure facilities should be made more accessible especially on rural fronts. ^[23]

ENVIRONMENTAL

Even though a woman, on an average, menstruates for more than 20 years in her lifetime, she is failed to be provided with basic facilities to maintain her hygiene. Services and infrastructure like private, clean, and equipped spaces where she can change and wash, and dispose of sanitary materials, are not available to her. ^[19]

Washing any sanitary products with soap and drying them in sunlight is difficult due to lack of water facilities. Due to this lack of hygienic environment, they are exposed to many bacterial infections like reproductive tract infections. ^[20]

Apart from this, a woman, on an average is estimated to throw away 125-150 kg of sanitary products in her lifetime which amounts to [433 million](#) such products per month to be discarded in India. ^[21]

Most of the women all over India, use sanitary napkins. After use, they often dispose of them in ways that are not hygienic, like wrapping them in plastic or paper and throwing them along with domestic garbage, flushing them down or throwing them into water bodies. The plastic used in disposable pads is very hazardous as each piece contains around 2 gram of non-biodegradable plastic which can take on about 500-800 years(approx.) to decompose. ^[22]

LEGAL

Men are ignorant of the ground level problems owing to lack of sex education on the same. "Bruno Bettelheim propounds the concept of "vagina envy," the envy felt by men concerning the sexual organs and functions of women. "Men, realizing the important link between menstruation and childbirth, and feeling excluded from this realm, may react toward these processes with jealousy, resentment, or ambivalence."^[23] Hence, reliance on the relief measure or a scheme is entirely on women.

The numbers revealing political participation of women at national, state and local level is a picture of dismay. The seventeenth Lok Sabha constituted in the year 2019, has 14.39% women parliamentarians which is the highest representation of women since independence. At the all India level, the women participation in the State Assemblies was 11% against the total elected representatives in the State Assemblies. Women's participation in Panchayati Raj Institutions has been considered good, with an overall participation rate of 44.37%. However, the concept of 'Pradhan Pati' where women are puppets in the hands of their husbands plays a pivotal role in politics at the local level. Hence, no effective legislation has seen light of the day to tackle period poverty.

4.0 Discourse on Non-Binary

Every person born on this earth is unique and may not fit into the narrow compartments created by mankind. They may identify themselves as non-binaries often collectively termed as the LGBTQ+ Community.

“Transgender people identify themselves as a different gender than the one that was assigned to them at birth, while intersex people are born with physical or biological sex characteristics which do not fit the ‘typical’ sex definitions of male or female.”^[24]

They are often referred to as ‘third gender’ and discriminated against for basic necessities such as health care and education vital for a dignified life. This marginalized community often faces exclusion from the mainstream society. They are also victims of an ‘identity crisis’ in which they lack any legal rights. A particular problem faced by non-binary menstruators is access to washrooms. Lack of separate washrooms makes them even more vulnerable to abuse.

Practically observing, “transgender men who access men’s toilets will also usually not have access to infrastructure and services for menstrual hygiene usually found in women’s toilets. Transgender boys may not be able to access appropriate menstrual health information in school education programmes.”^[24] They fear embracing their identity owing to fear of ostracization by the society and thus continue to suffer.

4.1 A few suggestions for better inclusion of non-binaries in menstrual health management programmes are:

- I. The very first step is to take cognizance of the fact that not all menstruators are women and not all women menstruate.^[7] That shall be the first step in gender-inclusive policies for tackling period poverty.
- II. Consult non-binary menstruators while framing of policies to have a better note of their problems. By this step, they shall be ensured of their holistic inclusion and substantive equality and not mere formal equality in the society.
- III. Use careful terminologies which do not further victimize them. “Where possible, work with education and health service providers to ensure they are adequately trained and sensitised, to enable transgender people to access MHH information, facilities, and supplies without harassment or discrimination.”
- IV. Prevent further stigmatization through adequate proper provision of services such as gender-neutral washrooms or gender-segregated washrooms as per their requirement.

4.2 Policies

Ignoring the menstrual hygiene needs of a woman is a violation of her rights and hence there are some policies aimed at improving their situation. The next chapter deals with some of the most common ones present for MHM.

4.2.1 Swachh Bharat: Swachh Vidyalaya

Swachh Bharat: Swachh Vidyalaya is a national campaign whose key feature is to ensure that every school in India has a set of functioning and well-maintained water, sanitation, and hygiene facilities.

It talks of a combination of technical (drinking water, hand washing, toilet and soap facilities) and human development activities (promote and help to prevent water, hygiene and sanitation-related diseases) to achieve WASH in schools.

These facilities ensure that children are healthy and well-nourished and can fully participate in school and get the most from their education. ^[25]

It was believed that girls are particularly vulnerable to dropping out of school, partly because many are reluctant to continue their education when toilets and washing facilities are not private, not safe, or simply not available. They need adequate sanitary facilities at school to manage

menstruation and thus when schools would have appropriate, gender-separated facilities, an obstacle to attendance would be removed. ^[25]

WASH Facilities to be provided:

I. Separate toilets for boys and girls.

II. Menstrual hygiene management facilities including soap, adequate and private space for changing, adequate water for cloth washing and disposal facilities for menstrual waste, including an incinerator and dust bins.

For providing these facilities, the main route was the construction of toilets with provisioning of water as input, which was expected to result in a ‘functional’ toilet as output. The outcome of improved health and reduced morbidity will be reflected in their improved attendance which would result in better performance. This finally, would result in economic growth and development in terms of long term impact of the program.

Behaviour change activities to be included:

I. Menstrual hygiene education sessions at school, along with steps to ensure that girls have a private place to wash and change their clothes.

II. Steps to be taken to support girls include stockpiling extra sanitary pads and clothes (such as school uniforms) for emergencies. ^[26]

Failure

The first challenge in this programme relates to the saturation nature of the programme. It is envisaged that all schools will be covered under the programme. This, therefore, entails the practical problem of obtaining an appropriate ‘control group’. ^[27]

A WaterAid study found that the focus on rapid implementation for achieving physical targets resulted in poorly constructed toilets with suboptimal quality unsuited to the local geography and not adhering to design parameters. ^[33]

The sanitation provision for girls was completely ignored as the majority of the schools still do not have functional and usable girls’ toilets or the menstrual facilities. ^[27] There is also a lack of dedicated funds for the operation and maintenance of the facilities.

All these notwithstanding, interventions carried out under the initiative primarily fulfilled only the physical requirement of facilities for school sanitation but hardly converged with the

behavioural change practices in schools. Hence the mode of implementation, has defeated the comprehensive perspective with which the program was designed. Further, it was also found that the program hardly had any convergence with other similar and related government programmes.^[27]

4.2.2 National Rural Health Mission (MHS)

The Ministry of Health and Family Welfare introduced a program for promotion of menstrual hygiene named Menstrual Health Scheme which targeted adolescent girls in the age group of 10-19 years, residing in rural areas, to ensure that they have adequate knowledge and information about the use of sanitary napkins, that high-quality safe products are made available to them, and that environmentally safe disposal mechanisms are readily accessible.^[28]

It had two key strategies:^[29]

I. The outreach to adolescent girls through monthly meetings convened by ASHA for the girls in the target age group and promotion of menstrual hygiene through nodal school teachers.

II. Ensuring regular availability of sanitary napkins to the adolescent girls. At the community level, the ASHA will be responsible for ensuring an adequate supply of sanitary napkins to adolescent girls who require them. Monthly meetings would be the key forum to facilitate this regular supply. Girls who are at homes and unable to attend these monthly meetings will be reached out to through home visits to ensure a supply of sanitary napkins.

In the school, health education and supply and distribution of sanitary napkins both to be done through the mechanisms of the AEP/School Health Programme. Orientation of nodal teachers and school principals to be conducted through the existing mechanisms. The nodal teachers would be made responsible for storage of sanitary napkins, maintaining record of use and for safe disposal. The provision of separate toilets for girls and incinerators for safe disposal of sanitary napkins also to be made.

III. The sourcing and procurement of sanitary napkins was kept in mind with each pack containing six napkins and were provided through SHGs and through manufacturers through a competitive bidding process.^[29]

The scheme was initially implemented in 2011 in 107 selected districts in 17 States wherein a pack of six sanitary napkins called “Freedays” was provided to rural adolescent girls for Rs. 6/-.

A range of IEC material developed around MHS, using a 360-degree approach to create awareness among adolescent girls about safe & hygienic menstrual health practices which includes audio, video and reading materials for adolescent girls and job-aids for ASHAs and other field level functionaries for communicating with adolescent girls were also included.^[28]

Failure

The supply was irregular and inadequate, and the pads sold as Freedays were costly.

Provision is complicated with breaks in the supply chain. Focus was not given to the flow of supply, which is a critical determinant for implementation, success, and sustainability of any program.^[31]

High motivation required for ASHA to negotiate how to carry heavy boxes of napkins from clinic stores to their community, and to schools, was not provided.^[30]

Provision to girls was compromised by cost – while a pack only costs Rs.6/-, girls in poor communities cannot afford this, requiring either the ASHA pays herself, or girls continue using cloth.^[30] No check control mechanism was set up to make sure that the pads are sold at the original cost.

There were also no provisions for the disposal of Freedays without any dustbins for the product.^[31]

Another major problem was the lack of system for providing proper information to girls. Provision of information through counselling by ASHA appears minimally effective, in part because ASHA has many other activities, and likely focus on activities with targets that provide incentive remuneration.^[30] There was no system to keep track of timely and organized meetings of ASHA.

4.2.3 National guidelines for Menstrual Health Management

The Menstrual Hygiene Management Guideline is issued by the Ministry of Drinking Water and Sanitation to support all adolescent girls and women. It outlines what needs to be done by state governments, district administrations, engineers and technical experts inline departments; and school headteachers and teachers.^[32]

The guidelines were as follows:

I. Every adolescent girl and woman, and their families, including men and adolescent boys, must have awareness, knowledge and information so that menstruation is understood and can be managed safely with confidence and dignity. ^[32]

II. Every adolescent girl and woman must have easy access to sufficient, affordable and hygienic menstrual absorbents during menstruation.

III. Every adolescent school girl must have access to a separate toilet with private space for cleaning, washing. This includes access to adequate and sustained water supply and soap. ^[32]

IV. Every adolescent girl must have access to infrastructure for disposal of used menstrual absorbent, and should know how to use it. ^[32]

To bring in these, the roles of various ministries was planned out as follows: ^[32]

Ministry of Women and Child Development (MWCD):

- Training of Anganwadi supervisors and workers;
- Enabling access to absorbents via Self Help Groups, production of Sanitary Napkins at the village level by Self Help Group run units and marketing and demand generation of Sanitary

Napkins through Mahila Arthik Vikas Mahamandal (MAVIM):

- Reaching out to out of school girls through Rajiv Gandhi Scheme for Empowerment and Adolescent Girls (SABLA), Integrated Child Development Services, Self Help Groups under

Mahila Arthik Vikas Mahamandal:

- Promoting Menstrual Hygiene Management promotional activities and supply of sanitary napkins; disposal mechanisms established; trained staff; Water, Sanitation and Hygiene related facilities;
- Counselling of adolescent girls on puberty and Menstrual Hygiene Management through Adolescent Resource Centers (ARCs).

Ministry of Human Resource Development (MHRD):

- Training of Nodal teachers for providing support to girls and boys on puberty related issues and support to girls with regards to Menstrual Hygiene Management in schools and

Kasturba Gandhi Balika Vidyalayas:

- Access to absorbents at the school level and teaching to make absorbents for self-use in schools,

- Access to water, Sanitation and Hygiene related facilities supporting Menstrual Hygiene Management,
- Setting up School Management Committees to enable gender-sensitive decisions supporting coping of girls with puberty and menstruation; reaching out to fathers and sensitizing them on Menstrual Hygiene Management so they can be supportive and make appropriate decisions.

Ministry of Drinking Water and Sanitation (MDWS):

- Undertaking Menstrual Hygiene Management promotional activities, provision of disposal mechanisms,
- Enabling access to Water, Sanitation and Hygiene related facilities (WASH) supporting Menstrual Hygiene Management,
- Provision of funding for IEC and training.

The goals to be achieved were also specified as for State, District and School level:^[32]

For state level, the aim was largely to coordinate with different ministries, departments and schemes, create awareness among the targeted groups and work on training and capacity building.^[32]

For the District level, the focus was on creating awareness within society, capacity building at district, block and school levels and Monitoring of KPI and indicators to name a few.^[32]

At the School level, it was important to become empathetic to girl's challenges and needs and help them overcome stigma and shame associated with menstruation Education. Provide the required MHM related training to school girls (and boys maybe too); work on School WASH facilities and assure clean WASH facilities, operation and maintenance. Also to sustain supply of water and soap, safe disposal of used menstrual absorbent and provision of emergency sanitary napkins.^[33]

Failure

The main loophole under all the schemes launched by various ministries is that there is a lack of clear guidelines on how school-going adolescent girls in rural and urban areas will be reached.^[34]

On analysis of all the schemes, it was found that there is a lack of certain factors which if included in them would make the scheme more successful.

I. Knowledge and awareness amongst girls

The schemes operating are not translated into any tangible improvement in all-girls' knowledge. There have been no efforts for solving religious restrictions and cultural taboos which strongly affect girls' lives across different settings. As yet, there is no strong system for providing information to schoolgirls; few teachers feel responsible for counselling, relying on mothers, while most stakeholders recognise mothers have minimal knowledge and propagate myths and traditions around menstruation. Where counselling occurs in school, as a lesson, it is limited to only older girls (after they have begun menstruating), and are not repeated over time, giving little chance for full understanding, and normalisation. There is also a dearth of written literature or guidelines in schools.^[30]

II. WASH facilities in school

There is a substantial disparity between policy and practice at grassroots level. The average of 111 pupils per toilet falls well below guidelines of 80:1 and five regular schools had 200+ girls per toilet and no efforts have been made to rectify the same. Thus, current supply has yet to take need into account.

Most schools lacked water close to girls' toilets, none had soap, and few had changing facilities. WASH infrastructure specific for menstruating girls thus remains an unfulfilled component. Focus is not given to the lack of water and poor disposal options. This results in dirty toilets making MHM an unpleasant experience for girls, contributing to their absenteeism during menstruation.^[30]

III. Effective and safe disposal

Very few schools both from girls' or teachers' perspective had a good quality and reliable functioning disposal system. Only a few schools have incinerators and there are no provisions for checking their quality and function.^[30]

IV. Low subsidies

It was also observed that minimal subsidies were the major barrier for implementation of most of the schemes.^[34]

Taking into consideration all costs for working on capacity building of teachers, expenses on reaching out to all girls (adolescent) are yet to be included in the guidelines.

5.0 Non-Governmental Organisations

5.1 GOONJ

Despite so many policies, there are still so many women without the access to basic sanitation facilities to manage their menstruation. To bring some tangible change, Goonj started to work for the cause of menstrual hygiene management.

It tried to shift the mindset of the masses with their ‘Not just a piece of cloth’ initiative through which it repurposes 3,000 tons of cotton and semi-cotton cloth that they get annually from across the country to manufacture MyPAD, cheap, sustainable and biodegradable pads. It has produced more than 4 million sanitary pads produced out of waste cloth which then reaches the rural population and empowers thousands of women there.^[35]

Its main goal was to address the gaps and challenges of menstrual hygiene and management for the women by engaging comprehensively with all key stakeholders.^[35] In all its work, it addresses three critical A’s of menstruation; Access, Affordability and Awareness and works with grassroots partners to distribute these sanitary napkins.^[35]

Another program called ‘Cloth for Work’ incentivises beneficiaries by giving them napkins as a reward for providing labor for their community’s development work.^[35]

The women working in the production units pose a great example of how creating awareness on social issues like menstruation makes a huge difference in changing ancient, ingrained mindsets. Most of these women are from interior villages and have experienced these challenges first hand. Today, they not only work here with pride and distribute menstrual kits within their communities, but they also speak openly about periods to their family and relatives and also educate masses in their own neighborhoods.^[35] Goonj also organizes various drives to collect the waste cotton, and organize other campaigns like TALK TO TEN or ‘Chuppi Todo Baithak’ to break the barriers and talk about these issues more openly.^[35]

5.2 Menstrupedia

According to Menstrupedia, there was a need to talk about menstruation management in an innovative and effective way. NID graduate Aditi Gupta thus co founded Menstrupedia with the intention of presenting information about menstruation in a way that is not only easy to understand but also sensitive towards the taboo nature of the subject, i.e. through comics.^[36]

The best time to educate a girl about menstruation is when she is most likely to experience menarche (the first menstruation) whereas the books in the Indian educational system introduced the topic of menstruation in an insufficient manner and often at a very late stage. Therefore they released a prototype of their comic talking about menstruation.^[36]

In around 2012, their official website was launched as a medically correct guide on menstruation along with beautiful supportive illustrations. The guide covered topics like basic definitions, how to use pads, how to dispose of them and much more.^[37]

The website also has a provision where people can ask questions related to menstruation or any other related topic. The answers are from the community members themselves just like in a regular forum. But unlike a forum the focus is more on finding an answer to a posed question, rather than engaging into a discussion.^[36]

They also work on a blog which is a completely collaborative space where people from all walks of life write, share their stories and experience on menstruation and issues related to it.^[36]

Future plan: After having completed the comic that they are developing, the team wants to convert it into printed comic book as well as into audio visual comic available for desktop and tablet devices and translate it into various languages so as to reach out to as many people as possible.^[36]

6.0 Impact of the Coronavirus Pandemic

In these tough times, a lot of NGOs and other institutions are making efforts to make sure women are not denied their right to safe menstrual practices.

Following the spread of coronavirus and the subsequent lockdown, Project Baala understood that women, especially from marginalised communities would face difficulties in accessing pads. Since the lockdown began, the team has distributed 18,000 pads in the urban slums of Delhi and other regions. They have also digitised their workshop to help women receive information about health and hygiene even during this time.^[38]

Since March '20, Oxfam India has been responding in 14 states with food, Personal Protective Equipment (PPE), sanitation kits, WASH facilities and awareness initiatives to support the efforts of the Indian Government and help the most marginalised and vulnerable communities.^[39]

Habitat for Humanity India is also supporting families and individuals living in vulnerable conditions with no safety net by providing them with essential goods and hygiene items. They say, “While housing is at the heart of everything we do, Habitat for Humanity India has been sensitising and raising awareness on the importance of hygiene and sanitation through our WASH (Water, Sanitation and Hygiene) program.”^[39]

7.0 Sustainable Development Goals of UN towards MHM

The United Nations has been a champion of women’s rights and has taken initiatives to improve their quality of life and standard of living. Sustainable Development Goals of the United Nations target at improving menstrual health management through a holistic approach. Goal 3.7 focuses on “universal access to sexual and reproductive health-care services”

Goal 4 aims at quality education which shall eliminate gender disparities and ensure gender-sensitive facilities to both girls and boys.

Goal 5 works on the lines of gender equality by ending all forms of discrimination against women and ensuring public participation of women in public sphere. It also provides for adequate reproductive and sexual health services to be provided to women.

Goal 6 guarantees clean water and sanitation. The sub-goal 6.2 states “...access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.”^[24]

8.0 Suggestions

In a patriarchal set up like India, tackling period poverty can be a daunting task. Therefore, to solve this Herculean task, a comprehensive framework of reforms, policies and schemes needs to see light of the day. A multi-faceted approach fulfilling the standard requirements of - “awareness, aspiration, affordability and access”^[40] is required.

8.1 Awareness

Communication and education are the key to spreading a message on the importance of menstrual health. It is important to break the ice on the topic and discard futile taboos on menstruation. Even in the twenty-first century, menstruating women are considered impure,

asked to not enter the kitchen or touch pickle, are forbidden from entering religious places. It is the social responsibility of every individual to alienate themselves from the ages old dogmas.

Another important aspect is comprehensive gender neutral sex education. Men and boys too, should be included in this process of knowing and understanding female anatomy. This can be carried out in schools through camps, sensitization programmes, workshops, et cetera. Making reproductive health a part of the curriculum, shall also make individuals more informed and ensure their non-compliance to social stigmas and taboos. United Nations Economic and Social Council framed guidelines in 2018 to enhance comprehensive sexuality education. It involved various initiatives such as teaching about planned-parenthood, respect for diverse family forms, consensual sexual behavior, et cetera.

8.2 Aspiration

“There is nothing more rare, nor more beautiful than a woman being unapologetically herself; comfortable in her perfect imperfection. To me, that is the true essence of beauty.”^[41]

~ Dr. Steve Maraboli

For a woman or a girl to be confident and aspirational it is important to free her from the shackles of patriarchy, social stigmas, taboos and restrictions. Public acceptance of menstruation plays an important role in this. If menstruation continues to be a hush-hush affair with women lacking basic necessities for menstrual hygiene, economic empowerment of women shall remain a distant dream. For economic empowerment of women, whole-hearted state intervention is needed. Budgetary allocation in the health sector and period poverty should be the priority. Government subsidized sanitary napkins should be provided through Anganwadi workers of Self-help groups. Schemes or campaigns by government departments should percolate reproductive health management to the lowest levels.

8.3 Affordability

Women’s sexual and reproductive rights surround several issues with them, such as the right to abortion, the right to choose contraceptives and prevent maternal mortality by adequate facilities. This forms the core of their right to life, right to privacy, a prohibition from discrimination, right to health and the right to be free from torture. The current health care regime has made right to health a prerogative of the rich. A reassessment of the same is the need of the hour. Health care

facilities provided by government hospitals need to be refined and quality services upto the mark should be provided.

8.4 Access

When menstruation is made a subject of common parlance, as the authors mention in their analysis, providing sanitary napkins does not end the struggle against period poverty. Access to adequate facilities such as washrooms, hand wash, soaps is concomitant to good menstrual health. “Gender- and child-sensitive design, easy to operate and maintain with cost-effective solutions, and decentralized supply chain which enables easy, barrier free access; such as girls' toilets with dustbins or incinerators, hand towels, and soap.”[40] The Swachh Bharat initiative is one such exemplary initiative to ensure access to sanitation facilities in the rural areas and remote corners of the country.

9.0 Conclusion

The destination of menstrual equity is far and the hurdles in the way are many. A lot of efforts have to be taken to ensure a better standard of living to all the menstruators irrespective of their sexual orientation. Injustice has always been served to them and it is time for reparation of social wrongs committed. “The resulting restrictions in health, hygiene, self-expression, schooling, mobility, freedom and space, and gender broadly have a far reaching and damaging impact on girls and women.”[42] No single body or government can have a magic wand to completely root out the problem. Charity begins at home and the first step in ensuring a better world can be achieved if we ostracize the stigmas and the menstruators. Every policy initiative will have its own weaknesses but everything can be overcome if we are committed to a scientific based temper. It is 2020 and at the dawn of this scientific age, it is high time for all of us to shed off the futile customs and ensure dignity to every individual.

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