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Menstrual Hygiene: The status in India

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Why in News:

There has been an uptick in the last few years in the focus on menstrual health and hygiene (MHH) worldwide. In India, MHH gained its rightful place in the public health discourse when the National Health Mission 2011 promoted a menstrual hygiene scheme among adolescent girls in rural areas.

How has India addressed menstrual hygiene?

India has continued to do well on this front. The fifth National Family Health Survey (2019-2021) revealed that around 90% of women with 12 or more years of schooling used safe period products (locally prepared napkins, sanitary napkins, tampons, and menstrual cups) in 17 states and Union territories.

From the previous round of the survey, 20% more women aged 15-24 years used hygienic methods during menstruation.

Menstrual hygiene management (MHM) is an integral part of the 'Swachh Bharat Mission' guidelines; the Union Ministry of Drinking Water and Sanitation also issued MHM guidelines for schools in 2015.

MHH has a crucial part in achieving the U.N. Sustainable Development Goals. Different states have their own schemes, but the primary focus of service delivery remains on the distribution of sanitary napkins.

Maharashtra's 'Asmita Yojana', Rajasthan's 'Udaan', Andhra Pradesh's 'Swechcha', Kerala's 'She Pad', Odisha's 'Khushi', Chhattisgarh's 'Suchita', and Sikkim's 'Bahini' all have provisions to distribute subsidised or free sanitary napkins to adolescent girls

Kerala and Karnataka governments have been distributing menstrual cups as a sustainable alternative to sanitary napkins. These initiatives have helped promote MHH countrywide but there are important challenges to equity.

Menstrual health is not a 'women's subject'. Comprehensive and meaningful education on menstrual processes, supportive environments, encouraging participation, and honest conversations can help adolescent boys and men better understand MHH.

Importance of knowledge of menstruation

Knowledge regarding the physiological processes associated with menstruation has a pivotal role in determining sexual and reproductive health outcomes.

Most girls don't know their bodies are changing when they start menstruating, that menstruation is a biological process, or what they can do to regulate it. A 2014 report by an NGO, Dasra, said over 23 million girls drop out of school every year due to a lack of adequate MHM facilities, including sanitary napkins and proper knowledge of menstruation.

Focused national policies and budgetary support for menstrual hygiene, with appropriate infrastructure, provisions of adequate pain relief, and sensitivity training for teachers vis-à-vis such socially controversial subjects could

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effectively help better implement menstrual-care measures in schools.

Challenges to MHH in India

In India, social taboos about menstruation limit girls' and women's lives, including restrictions on eating, cooking, visiting places of worship, participating in social events, and sleeping arrangements on menstruation days.

In Maharashtra, a study by researchers at the Tata Institute of Social Sciences, Mumbai, found that the practice of segregating menstruating girls and women to 'kurmaghars', or "period huts", with no sanitation and other basic facilities poses a significant barrier to conducive sexual and reproductive health outcomes among females.

Women in informal work (e.g. construction work, domestic work etc.) often have no access to washrooms, clean water for bathing, and to cost-effective hygiene products and their safe disposal. Often they also lack privacy to change their menstrual products.

Third, recently, the Supreme Court refused to consider a PIL regarding menstruation leave for female employees and students nationwide, claiming that it was a policy issue.

The 2022 'Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill' specified three days of paid leave for women and transwomen during their periods, and additional benefits for students. Only two states, Kerala and Bihar, currently have menstrual leave policies for women.

Again, these measures benefit people in organised work but challenges remain for women in the informal sector. More has to be done to ensure women are not penalised for their periods.

Paid menstrual leave should not be used against menstruators. Hirers should not view them as "risky hires", resulting in discrimination and fewer career opportunities and advancements.

The health, self-esteem, and general well-being of those who menstruate can be improved by giving them autonomy in managing their periods with enough rest and choice of other feasible measures as they see fit.

Significance of Policy in ensuring MHH

Policy and programme discussions often lack a life-cycle approach to menstruation, remaining centred around young women and excluding millions of women who experience menopause.

Indeed, experiences of menopause are often characterised by unmet needs, lack of timely care, lack of public awareness, and miscommunication.

To ensure best practices are followed, there must be mandatory menopausal training for healthcare professionals and a welcoming, flexible, inclusive, and supportive workplace culture for women going through menopause.

Managing MHH necessitates a multifaceted strategy. It needs to evolve beyond simply distributing pads, to addressing the complex systemic issues, including cultural practices, choice, privacy, autonomy to make decisions, knowledge, disposal, referral and access to health services, sanitation, washing facilities, empathetic school, workplace, and familial systems, and advocacy.

Other MHH to be met

If MHH is to be inclusive, it must also cater to the menstrual needs of the differently abled, transgender men, and people with other gender identities who menstruate. Gender-nonconforming persons face safety problems and a lack of menstrual supplies. We need to urgently understand their unique needs as well.

A different overlooked part of MHH is the safe disposal of sanitary napkins and the associated difficulties and misconceptions. Despite being cheap and affordable, officials have also noted quality issues in sanitary napkins distributed under various government schemes. This could undermine the goal of providing accessible, safe menstrual hygiene care for females.

Menstrual cups are a cheap, sustainable, and eco-friendly alternative to sanitary napkins, but they are still treated with scepticism.

Research has found that socio-cultural and socio-economic factors influence menstruators' choice of absorbents and disposal mechanisms. As there can be no one-size-fits-all solution, menstruators must be educated and empowered to make informed choices, rather than expecting all of them to prefer sanitary pads.

Conclusion

While India may celebrate its milestones on this menstrual hygiene day, it also has a long way to go to end period poverty and ensure period equity. Only then will India also achieve the fulfilment of its menstruators' sexual and reproductive health rights, and ultimately everyone's human rights.