

# No More Whispering

## Menstrual Hygiene Management-Gender Perspective



Goparaju Sudha  
and  
Ramajyothi

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WASH Advocacy Series-I  
**No More Whispering**  
**Menstrual Hygiene Management-Gender Perspective**

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## FOREWORD

The challenge before us is the meeting the MDG drinking-water and sanitation target in India. Our own work over the past decade in the water and sanitation sector has however made us acutely aware of the absence of certain issues from the policy debate on sanitation and water.

MARI being engaged in WASH sector through its work at grassroots as well as policy level has seen the need for widening WASH agenda to include the crucial environmental and health related areas. It is currently involved in a project towards influencing governance process in the sector with a focus on peoples' centered advocacy by following the Right Based approach. The priority areas include water supply, sanitation, solid waste management, WASH in schools, sanitation services for differently-able and aged, and Menstrual Hygiene Management (MHM).

MARI has conducted a series of studies in Warangal district on the above issues in order to understand situation in the district and to build knowledge of different stakeholders. These study reports are brought out as WASH advocacy series. This booklet on Menstrual Hygiene Management is first of the series.

There is very little literature on menstrual hygiene management. The reproductive health, preventive health and right-based literature also failed to discuss various rights based aspects of the issue or practical and strategic needs of women and focused primarily on the symptoms and causes of toxic shock syndrome and dysmenorrheal. Overall the absence of MHM in the policy debate and hence in investments and action, is striking. This, points to a glaring need to highlight this issue in the policy debate together with practical work on what adolescent girls and women require to manage their menstrual needs in terms of materials, education and facilities for management and disposal.

I hope that the series of books would help in informing grassroots workers, government officials and policy makers on the critical concerns in WASH sector and future course of action in WASH sector.

**N. L. Narasimha Reddy**  
*Executive Director(Programmes)*  
Modern Architects for Rural India

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## ACRONYMS

APWN	Andhra Pradesh Women's Network
FANSA	Freshwater Action Network South Asia
FGD	Focus Group Discussion
DFID	Department for International Development
GTF	Governance Transparency Fund
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
MARI	Modern Architects for Rural India
MDGs	Millennium Development Goals
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MHM	Menstrual Hygiene Management
MSG	Steering Group of Ministers
NHRM	National Rural Health Mission
OBC	Other Backward Class
OC	Other Castes
RTI	Reproductive Tract Infections
SC	Scheduled Castes
SPSS	Statistical Packages for Social Sciences
ST	Scheduled Tribes
UTI	Urinary Tract Infections
WASH	Water, Sanitation and Hygiene

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## Acknowledgements

This booklet is a result of the study carried out in Warangal district, Andhra Pradesh, India: Menstrual Hygiene Management -Gender Perspective. We appreciate the commissioning of this study by Modern Architects for Rural India (MARI), as it is of great importance for meeting practical gender needs.

We would like to thank Mr. Ramisetty Murali (Secretary of MARI) for his valuable inputs and much needed support in carrying out this study.

Mr. Rajamohan Reddy (Programme Manager - GTF, MARI), besides coordinating data collection, has extended support at various stages of the study. Mr. Sridhar supported us in data organization and manuscript preparation. Ms. Aruna took an active part in the training of investigators, pre-testing the questionnaires, and in the Focus Group Discussions (FGD).

We would also like to thank Mr. N. L. N. Reddy, Executive Director of Programmes at MARI, who was always available and helped us in organizing, structuring, and analysing data.

Our special thanks to Ms. Nehanda Tankasala and Mr. Rajiv Velicheti for support in editing the report.

A special word of thanks is due to Mr. Sabhapati, the Correspondent of Holy Cross Nursing College, for deputing the nursing students for field investigation. We would also like to thank the field investigators for their support in data collection.

We are deeply grateful to the women in the study villages who shared their personal lives with us with an open heart - a big thank you to these women for enriching our thoughts.

It is our hope that this booklet will be useful to grassroots-workers and policy-makers in understanding menstrual hygiene from a gender perspective, and in planning their actions.

**Goparaju Sudha  
Ramajyothi**

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## Table of Contents

<b>Foreword</b>	<b>i</b>
<b>Acronyms</b>	<b>ii</b>
<b>Acknowledgments</b>	<b>ii</b>
<b>Chapter 1: WHY STUDY MENSTRUAL HYGIENE?</b>	<b>1</b>
<b>Chapter 2: METHODOLOGY</b>	<b>4</b>
Characteristics of study area	
Objectives	
Sample	
Tools	
<b>Chapter 3: MENSTRUAL HYGIENE MANAGEMENT PRACTICES</b>	<b>8</b>
Information and knowledge	
Infrastructure	
Hygiene Practices	
<b>Chapter 4: CONCLUSIONS AND RECOMMENDATIONS</b>	<b>24</b>
<b>REFERENCES</b>	<b>30</b>
<b>APPENDIX</b>	<b>31</b>

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## CHAPTER 1

# Why Study Menstrual Hygiene?

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**W**omen experience a variety of discriminations, some of which become the focus of research, policy-making and development programmes over the decades. There is considerable action in the development sector aimed at economic empowerment, political participation and involvement in women's decision-making process, access to health and education services, and against domestic violence. At the same time, a number of issues concerning women do not find their due place in these efforts. For instance, we have failed to recognise the practical needs of women, keeping in view something as fundamental as their differing bodily needs. An issue that has long been neglected in this context by the Water, Sanitation and Hygiene (WASH) sector is Menstrual Hygiene Management (MHM). This only indicates the magnitude of invisible nature of discrimination.

The menstrual cycle is an essential component of reproduction. It manifests partly through vaginal bleeding that occurs for 3-5 days at a time, normally every month, in healthy women aged 12-50. Women use various wadded materials to absorb the blood and associated discharge. For this purpose, the use of sanitary napkins is considered to be a desirable practice. The material used has to be changed before it dries up, causing inconvenience, or before it promotes bacterial growth which can lead to infection. In other words, women must use clean, safe material, and they must change it often. At times, however, despite their willingness to adopt best hygienic practices, women are not able

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to do so due to the absence of facilities such as clean water, bathrooms and disposal mechanisms.

Traditionally, women are discouraged from speaking openly about their bodies and bodily functions, especially those related to their reproductive organs. Consequently, they are often under-informed or misinformed on issues related to the menstrual cycle, including care, management and support systems. Since women often hesitate to share their health problems, they suffer silently. Major health problems include infections of reproductive organs and the urinary tract. It is possible to prevent reproductive tract infections by following proper menstrual hygiene practices. Today, private medical doctors often perform hysterectomies indiscriminately for any complaint of such an infection; this is a considerable problem which is not acknowledged sufficiently<sup>1</sup>.

Most women's health studies which address reproductive health have barely touched upon the subject of menstrual hygiene management. They have mostly focused on safe deliveries and sexually transmitted diseases. Only in recent years has menstrual hygiene got the attention of researchers. It may be noted, however, that a majority of the studies available on this topic are limited to adolescent girls. Fortunately, they

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<sup>1</sup>*Women are told that the removal of the uterus is the best option for those who do not want children anymore, and that they would be able to do away with the hassle of the menstrual cycle as well. They are also told that the removal of the uterus, fallopian tubes and ovaries would save them from any possibility of cancer to these organs. The fact is that unnecessary removal of reproductive organs causes hormonal imbalance in young women.*

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are not exotic studies; the studies carried out in recent past have discussed practical issues.

The intensity of the problems surrounding menstrual hygiene is evident from the fact that 41% of women are unprepared, psychologically, for menstruation (Maria Fernandes, Indira Khurana and Richard Mahapatra 2008). Formal education about reproductive health is very limited in South Asia. The majority of girls learn about menstruation from their mothers, sisters and friends (Dasgupta and Sarkar 2008, Dhingra, Kumar and Kour 2009). And they receive information mainly regarding use of cloths, the practice of rituals, cultural taboos, and cautious behaviour towards men and boys (Water Aid 2009). Lack of preparedness and exposure to menstrual hygiene practices lead to unhygienic practices, which have negative impact on women's health (Nelson, 2010).

MARI, being involved in WASH sector is currently implementing a project, namely, "Empowerment of tribal communities to pressurize Governments for ensuring Good Governance with respect to providing Water and Sanitation services" in Tadvai, Govindraopet and Gudur Mandals of Warangal district in Andhra Pradesh<sup>2</sup>. With this background, MARI recognised the need for integrating MHM under WASH. Hence, it has commissioned a study on this topic to better understand the problem, and to identify policy and programme imperatives.

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<sup>2</sup> *The project is implemented with the financial support of WaterAid / DFID and technical support of FANSA*

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## CHAPTER 2

# Methodology

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This section deals with the key objectives of the MHM study, and the methodology followed in conducting it.

**Characteristics of study area:** Warangal district is located in the Telangana region of Andhra Pradesh. The district is well known for commercial agriculture with crops like chilli and cotton grown in large part of the area, contributing to cash inflow. The situation in the district with regard to WASH, in particular, school sanitation and MHM, is not encouraging. The mandals<sup>3</sup> covered in the study are Govindaraopet, Guduru, Shyampet and Tadvai and are among the most backward areas in the district.

**Objectives:** The primary objective of the study is to understand the status of Menstrual Hygiene Management (MHM) practices in rural areas, and its implication on government policies and programmes. Other related objectives are:

1. To understand existing menstrual hygiene management practices among tribal and rural women and girls,
2. To understand the source of information and existing knowledge on menstrual hygiene practices,
3. To understand women's willingness to shift towards desirable practices,
4. To identify factors and the specific needs of women and girls that enable better MHM practices.

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<sup>3</sup> *Mandal is an administrative unit in Andhra Pradesh comprising of a number Gram Panchayats*

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**Sample:** The study sample comprised of 507 women and 489 girls (including girls in hostels). The sample included Scheduled Tribes (Adivasis), Dalits, other backward castes (OBC) and other castes (OC) from different economic backgrounds and occupations. Women in the study were randomly selected from 10 villages<sup>4</sup>, girls, from 7 schools<sup>5</sup> and 6 hostels<sup>6</sup>. (The sample for girls also includes 30 non-school going girls from 6 villages).



**Tools:** The tools used for the study were a checklist for conducting Focus Group Discussions (FGDs), and separate questionnaires for women and girls. The tools were field-tested before using for final data collection.

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<sup>4</sup> The villages covered by the study include Pathipaka and Shayampet (in Shayampet mandal), Narlapur, Projectnagar, Katapur and Tadvai (in Tadvai mandal), Teegalaveni, Balyanaikthanda, Chandrugudem and Apparajupally (Gudur Mandal).

<sup>5</sup> The schools from which girls (studying in classes 8, 9 and 10) were randomly selected were ZPSS-Pathipaka, ZPSS (Girls)-Shayampet, ZPPS-Katapuri, ZPPS-Narlapur, Adharsa High School-Gudur and Aurobindo High school-Gudur.

<sup>6</sup> BC hostel- Shayampet, Ashram school (Girls)-Tadvai, Ashram school (Girls)-Project Nagar and Kasturiba gandhi Balikala Vidyalayam- Gudur.

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**Data collection and analysis:**

As the topic is seen as sensitive by the study participants, only women investigators were used. Investigators were trained and deployed for data collection from sample women and girls in March 2011. They were closely monitored by two senior researchers in order to ensure quality.



The data, thus collected, were analysed using Statistical Package for the Social Sciences (SPSS). Besides generating frequency tables, cross-tables were prepared to understand the influence of age, caste and

occupation on hygiene practices. For the girls, cross-tabulation was done to see variation between girls in hostels, day scholars and non-schooling.

**Focus Group Discussions:** As part of the study, Focus Group Discussions (FGDs) were held in some of the sample villages and schools/ hostels to gather qualitative information on MHM. FGDs help in probing and cross-checking the information obtained in questionnaires, and allow women to reflect on their actual status. Additionally, FGDs give the opportunity to ask related questions. Our FGDs shed light on the fact that many young women are undergoing hysterectomies.

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As the questionnaires cover only menstruating women, without FGDs this information would not have come to light. The information gathered from FGDs was organised and is included in the report.

**Report structure:** The report has four sections. The first and second chapters deal with the need for the study and methodology respectively. The third chapter provides detailed analysis on the profile of sample women, access to water and sanitation facilities, knowledge and information, hygiene practices and factors influencing hygiene practices. The last and fourth chapter provides summary of findings and suggests policy and programme imperatives.

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## CHAPTER 3

# Menstrual Hygiene Management Practices

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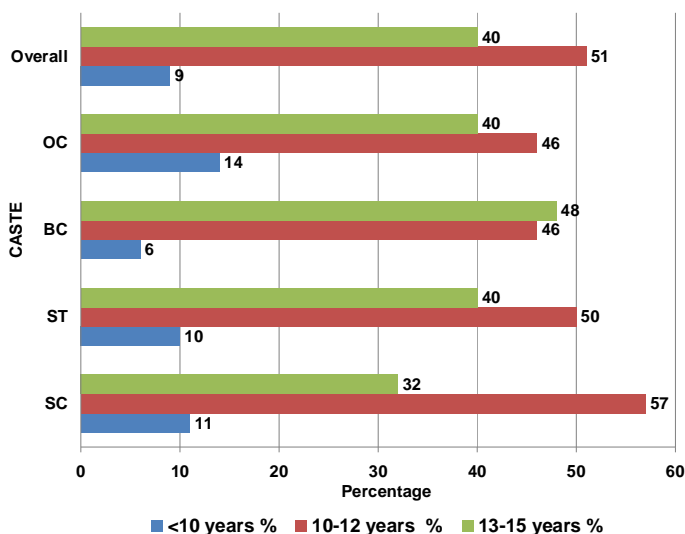
This section provides detailed analysis of MHM among study villages based on the data collected from villages and schools in Tadvai, Guduru and Shyampet mandals.

**1. Information and knowledge :** As menstruation is still regarded as something very private, information and knowledge play an important role in adoption of better practices. Besides source of information, it is also important to examine whether information is positive or negative. There is also a need to look into sufficiency of information. All these dimensions of information will guide us towards identifying better strategies and actions.

**Age of Puberty:** Among women who attained puberty at ages 10-12 years (32%), 94% learned about menstruation only at the time of attaining puberty. In the case of women who attained puberty at the ages 13-15 years (57%), 41% were prepared before attaining puberty. Those who attained puberty at the age of 15 years or more (7%) were prepared before attaining puberty. Thus, higher the age at puberty, the better the chance of knowing about menstruation. There is an urgent need to prepare mothers so that girls attaining puberty at ages 10-12 years can be prepared well in advance.

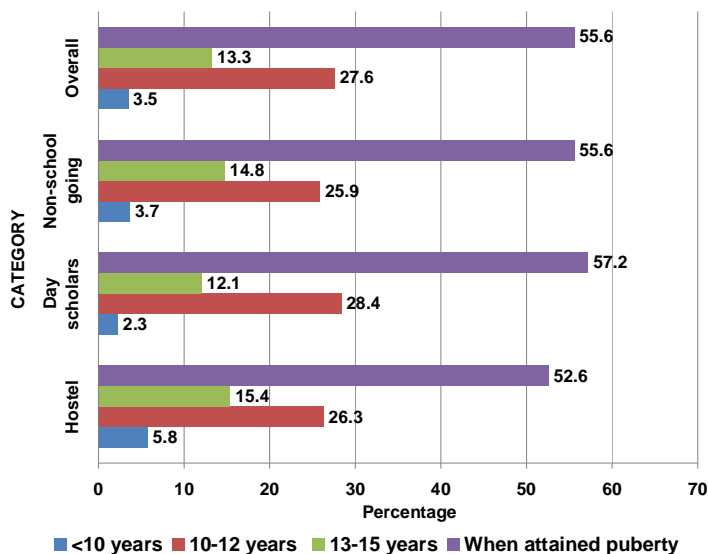
At the aggregate level, half of women came to know about menstruation at the age of 10-12 years, while 40% came to know at the age of 13-15 years (figure 1). Interestingly, 9% of respondents came to know at less than 10 years of age. It appears that a majority came to know at the time of attaining puberty. The caste-wise analysis of this parameter shows that the percentage of women and girls knowing at early age is higher for SC and lower for BC when compared with the rest of the sample (table A-1).

**Figure 1: Age at which women respondents learned about menstruation**



The situation of girls below 16 years shows that about 56% learned about menstruation when they attained puberty, which is a worrying factor (figure2). Others came to know at ages 10-12 years (28%), 13-15 years (13 %) and below 10 years (3.5 %).

**Figure 2: Age at which Adolescent girls learned about menstruation**



An important understanding that emerged is that the early girls are prepared, the better they are equipped. In other words, early preparation (before 10 years age) will lead to desirable menstrual practices.

Approximately two-thirds of members learned about menstruation from their mothers, with a slightly higher percentage for OCs and lower one for STs (table 1). Other sources of information are other family members (16%), friends (5%) and grandparents (2%). Incidentally, there is very little dependence on other family members and friends in the case of both OCs and BCs. (The trend in the case of OCs may be due to early division of household into small families and the consequent isolation as compared to other social categories). Surprisingly, only for 2% of women the grandparents do appear to be an important source across the caste groups.

**Table 1: Source of information by caste of women**

Source		SC	ST	BC	OC	Total
	N	173	149	150	35	507
Mother	Number	133	108	120	29	390
	%	77	72	80	83	77
Other family members	Number	22	32	26	1	81
	%	13	21	17	3	16
Friends	Number	13	7	0	5	25
	%	8	5	0	14	5
Grand parents	Number	5	2	4	0	11
	%	3	1	3	0	2

The trend for this parameter in the case of girls is different when compared with women. Grandmothers and mothers are equally important sources of information (Table 2). In addition, about 15% of girls count other family members as sources, while another 15% count friends. The source of information for non-school goers is largely family, with a higher dependence on grandmothers.

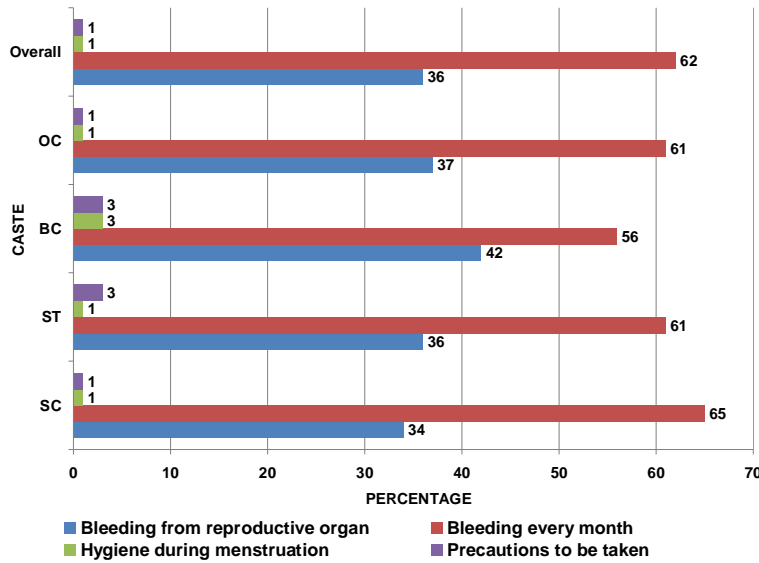
**Table 2: Source of information among adolescent girls**

Source		Hostel	Day scholars	Non-school going	Total
Mother	Count	45	114	7	166
	%	29	37	26	34
Other family members	Count	25	40	7	72
	%	16	13	26	15
Friends	Count	38	36	1	72
	%	22	12	4	15
Grand parents	Count	48	116	12	173
	%	30	36	44	35
Total	Count	156	306	27	489
	%	100	100	100	100

**Knowledge about menstruation:** To fully understand the respondents' knowledge on MHM, the study also collected information on their understanding of reproductive organs, the menstrual cycle, hygiene during menstruation, and precautions to be taken.

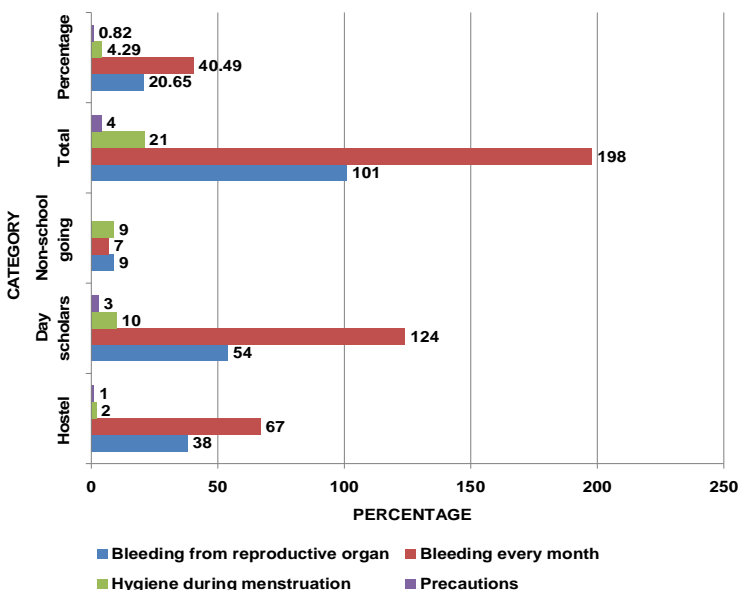
While 62% of women have knowledge of monthly bleeding, only 36% know that the bleeding occurs vaginally (figure 3). A small number of women have knowledge of hygienic practices (9 out of 507), and precautions to be taken (6 out of 507). There is not much variation noticed across the caste groups on this parameter. We learnt from FGDs that women only have a basic knowledge of menstruation and vaginal bleeding, contributing to woefully inadequate preparation to deal with menstruation.

**Figure 3: Extent of knowledge about menstruation amongst women**



The trends in the case of girls are similar to those seen in women (figure 4). However, girls have slightly better knowledge of hygiene and precautions. This suggests that formal education institutions need to play a larger role in educating girls on this aspect.

**Figure 4: Extent of knowledge of menstruation amongst girls**



**Men's perception of menstruation:** Among tribal communities, menstruation is considered wholly to be a women's affair. When a girl attains puberty, there is no celebration, nor is any information regarding the puberty passed on to the men formally. In caste groups, however, a girl's puberty is formally announced, and in most cases, celebrated through a ritual.

In both tribal and non-tribal communities, men are not informed formally every month. In the case of married women, the husbands have knowledge of bleeding because of physical intimacy with their wives. None of the women in the study complained of harsh treatment from husbands during menstruation, though they said that they still had to attend to household work as well outside work as usual.

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Lack of information confuses boys and trouble girls. This is illustrated in a case captured by us. When a girl experienced menstrual cramping, her frightened brother, who had no knowledge of menstruation called for emergency medical help. The mother misinformed the brother, telling him not to worry and that consumption of a raw mango had caused the pain. This has caused the brother to be overly weary of the girl eating mangos; the girl herself will never seek help from her brother regarding menstruation issues, because he does not have the information needed to be able to cope.

Preparing men as brothers, fathers and husbands to be supportive to women needs extensive education. Hiding things from them makes the situation worse for women.

**2. Infrastructure:** Infrastructure such as bathrooms, toilets and water facilities directly influence MHM practices. These need highest priority, given the levels of privacy women have to maintain with regard to personal hygiene. The following analysis reveals the current situation with regard to the state of infrastructure. Only 31% of women have toilet facilities in their houses; of these only 21% are in usable condition. The availability of toilets is highest at 54% for OC, followed by 44 % for BC, 25% for ST and 20% for SC (table A-2).

A majority of women (90%) reported that every member in their family uses the toilet (Table 3). Interestingly, cases of toilets being used exclusively by men or



women were also reported. About 94% of women have access to a household bathroom, of which only 33% are in good condition. The rest have to do with make-shift arrangements of waist-high or shoulder-high walls. On the whole, the toilets and bathrooms available are in poor condition.

**Table 3: Selective usage of household toilet by caste**

		<b>Caste</b>	<b>SC</b>	<b>ST</b>	<b>BC</b>	<b>OC</b>	<b>Total</b>
<b>Sex</b>	<b>N</b>	<b>35</b>	<b>37</b>	<b>66</b>	<b>19</b>	<b>157</b>	
Every member uses toilet	Number	30	33	63	15	141	
	%	86	89	45	11	90	
Only women	Number	3	3	2	2	10	
	%	9	8	20	20	6	
Only men	Number	2	1	1	2	6	
	%	6	3	17	33	4	

We captured women's views on the state of sanitation and male responses to the problem during FGDs. Women feel that men do not consider the construction of toilets or bathrooms, is as important as constructing houses and that they are not women's needs. For instance, a majority of households in Pathipaka village have Pucca houses, but only 15 out of 315 families have usable bathrooms and toilets (with the rest having waist-high or shoulder-high walls as part of make-shift arrangements).

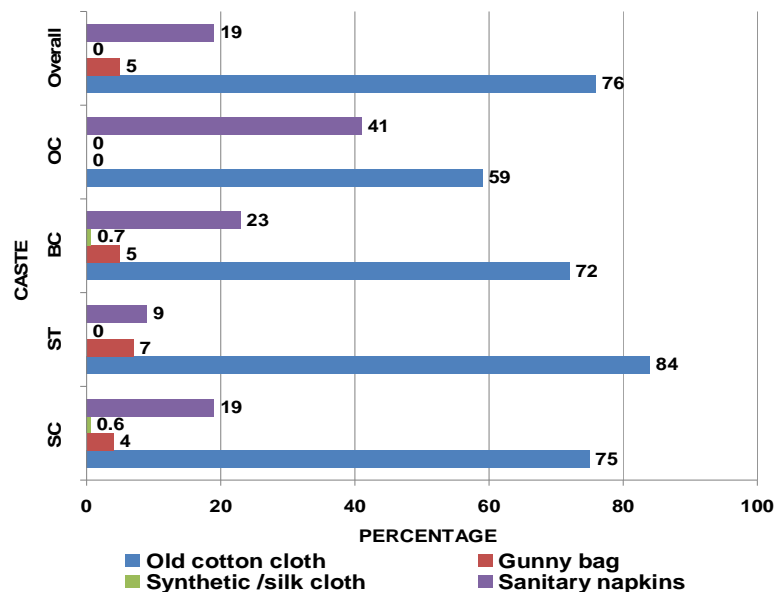
The general, poor economic situation and men's attitude towards toilets and bathrooms is making women suffer more for the lack of sanitation facilities. A woman participant summed up the situation thus: When I asked my husband to construct a toilet at home and there are men all around to go out, he replied, saying "Everyone goes out; the men are not particularly looking at you." Another woman added: "It seems the seasons and the land use methods are also against us. When we have

good rains, the irrigation tank is full, the land is full with crops, and we have hardly any space to go out for defecation. But when the tank is dry, at least we have a place to go."

**3. Hygiene Practices:** This section analyses the hygiene practices among the sample women and girls. As discussed in Chapter 1, women use various types of material as wadding to absorb menstrual blood.

At the aggregate level, three-fourths of women respondents were using cotton cloths. It may be noted that 19% of women and more OCs and BCs were using sanitary napkins (Figure 5). There is also an extreme practice of using gunny bag or sack cloths in the case of 5% of women, which is more prevalent among SC, ST and BC women. (The use of gunny bag is higher in STs).

**Figure 5: Type of wadding material used by women to absorb menstrual blood, by caste.**

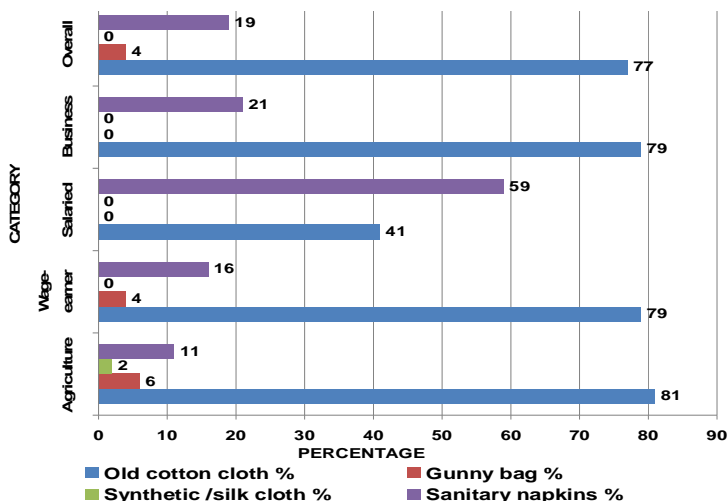


It is evident from the figure 6 that variables like age and occupation have a significant influence on the adoption of desirable practice (i.e., the use of sanitary napkin).

- A quarter of women below 30 years of age were using sanitary napkins. The percentage of women using sanitary napkins is low for women older than 30 years. Those using gunny bag or sack cloths also belong to this age group.
- Salaried women (59%) are more likely to use sanitary napkins. The proportion of women using sanitary napkins is low, however, amongst those engaged in agriculture and wage employment as compared with aggregate figures.

The better trends in the case of salaried as well women younger than 30 are to do with their awareness and ability to overcome constraint of availability of napkins at the village level.

**Figure 6: Type of wadding material used by women to absorb menstrual blood, by occupation**



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It emerged from FGDs that in general, mothers use old cotton cloths and buy napkins for daughters. Sanitary napkins are not available for purchase in villages, and must be bought when the women travel to the mandal head quarters. The use of sanitary napkins has increased in recent years with the increase in number of girls going to schools and colleges. Mothers in villages come to know about the use of sanitary napkins from hospitals during deliveries and from school-going daughters. Women using napkins see their advantages, including the lack of needing to wash, and better physical comfort in walking and sitting. Some women are also starting to use under-garments, where previously none were used, in order to use napkins. Mothers consider napkins as more of a comfort than a need and are starting to provide napkins for the sake of comfort to their daughters. It should also be noted that the increased cash-flow in the villages in the last 3-4 years due to Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) has facilitated the change to a better practice.

The situation of girls appears to be better when compared with women on this parameter: 66% were using sanitary napkins and 34% cloths.

There is significant variation amongst girls in hostels, day scholars and non-school going. The best case scenario is observed in girls from hostels, which may be due to the free supply of napkins there. What is concerning is that only 4% of non-school-going girls were using sanitary napkins. The probable reason for the worst-case scenario observed among non-school-going girls is a lack of awareness, as well as non-affordability.

About 43% of women changed material twice a day, which is not a healthy practice (table 4). 39% changed three times per day, and 5% changed more than three times per day. It is concerning to note that 13% changed only once per day, which is a highly risky practice. The disaggregated analysis of data shows that:

**Table 4: Number of times per day wadding material for menstrual blood absorption is changed by age group.**

		Age	<20	21-30	31+	Total
Times per day	N		212	172	123	507
once a day	Number		23	22	22	67
	%		11	13	18	13
Twice a day	Number		75	100	41	216
	%		35	58	33	43
Three times a day	Number		106	40	52	198
	%		50	23	42	39
Four times a day	Number		8	6	6	20
	%		4	3	5	4
More than four times a day	Number		0	4	2	6
	%		0	2	2	1

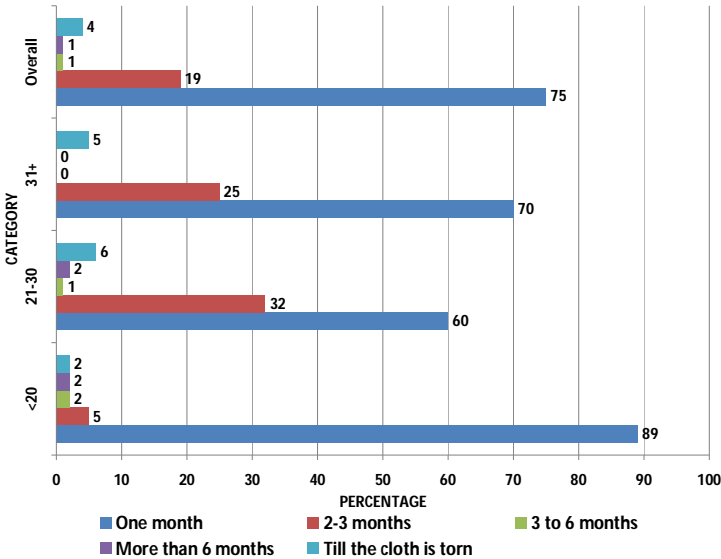
- Half of the women changing wadding material three times belong to the less than 20 years age group. Furthermore, 46% of women changing material twice belong to age group of 21-30 years.
- A large number of women changing material twice a day or less are either wage earners or in petty business (Table A-5). There is, thus, a need to provide facilities for changing at the work place (including agriculture fields).

At the aggregate level, a large number of girls (44%) are changing napkins twice a day, followed by 36% three times a day and 15% four times a day. A small percentage (4%) of girls was changing wadding material only once a day. There is, however, a slight variation between girls in hostel and day-scholars on this parameter.

The predominant practice in the case of girls in hostels was changing material three times or more in a day (64%). At the same time, a majority

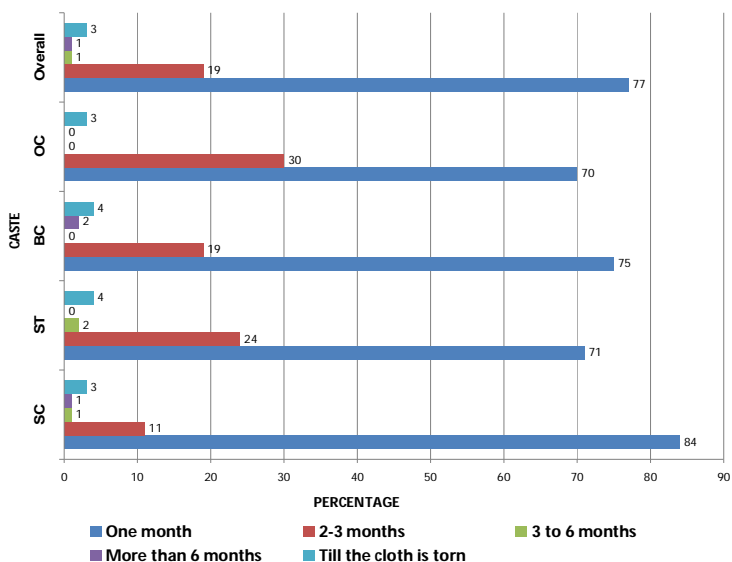
of day-scholars and non-school-going girls were changing material either twice or once a day. The place of residence has impact on the practice. There is also a need to improve the situation in hostels through an improved supply of napkins, health education and proper monitoring. Another important aspect of hygienic practices is the reuse of cloths, its washing and safe-keeping (figure 7). The data reveals that three-fourths of women were using cloths only for one cycle, which is even higher (89%) for women below 20 years age. However, it emerged from FGDs that very rarely do women dispose of cloths every month. In view of this, the findings are to be read with caution.

**Figure 7: Length of time wadding material is re-used, by age group**



About 19% of women reuse cloths for 2-3 cycles. There are also women who were using cloths up to six cycles or until the cloths are torn (5%). Both these practices are higher among women in the age group 21-30 years (32%).

**Figure 8: Length of time wadding material is re-used, by caste**



A majority of girls in hostels, who use cloths, dispose of it every time they use (87%), followed by 10% who use it for one cycle (Table A-6). A small number of girls keep cloths for more than a month. On the other hand, a majority of non-school goers were using cloths until they were torn.

The practice of re-using cloths without taking certain precautions may lead to health problems. Even though 89% of women said that they use cloths only for one cycle, the repetitive use of the same cloths during this period without proper cleaning will lead to health problems.

According to the data, overall 48% of women burned used cloths considered a best practice. About 16% of women disposed of cloths in earthen pits. (It is believed that if someone steps on a used napkin, the user's fertility will be affected negatively).



Other practices followed by women in disposing material are disposing in the bushes (14%), drainage (12%) and dustbin (6%). The practice of burning and depositing in earthen pit is prevalent in the age group of 30 and above. The practice of throwing used material into drainage leads to clogging of drains, and must be discouraged by all means.

The preferred method of disposing used cloths among hostel girls is dustbins, while among day-scholars and non-school-goers, it is drainage. The practice of burning is not practised by girls.

Two main reasons for not using sanitary napkins are non-availability (47%) and non-affordability (37%). The figure is higher for below 20 years age group (Table 5). It may be noted that 71% of wage earners have felt that they were not using napkins due to non-affordability (table A7&A8). Another reason for not using napkins is that women are not comfortable (14%), which was reported by women in the age group of 31 years and above.

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**Table 5: Reasons for not using sanitary napkins, by age group**

Age group		<20	21-30	31+	Total
Reason	N	198	128	84	409
Non affordability	Number	165	70	45	280
	%	83	55	54	68
Not comfort able	Number	28	52	36	115
	%	14	41	43	28
Problem to dispose	Number	5	6	3	14
	%	3	5	4	3

However, we need to look at these reasons for non-use with an alternative perspective:

- When a pack of eight napkins will cost just Rs.22, the affordability does not appear to be a valid reason for non-use. Therefore, the question of affordability has to be viewed in relative terms so as to help prioritise practical gender needs. In other words, the problem has to be approached from a gender sensitization point of view, and not just as economic affordability.
- Women in south India, in particular in rural areas, usually wear sarees after getting married. They are generally also not used to wearing under-garments, including panties. As the use of napkins necessitates the wearing of panties, women feel uncomfortable. There is, thus, a need to revisit the design of the sanitary napkin.
- While promotion of the use of napkins is desirable, there is a need to think about safe disposal methods, which has not yet been considered a significant problem.

From table 6, it is clear that women are not fully following desired hygienic practices with reference to menstrual management. As a result, women are prone to different health problems<sup>7</sup>. The women could not

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<sup>7</sup> One of the problems identified by women is *dysmenorrhoea which includes severe cramps has been classified as a health problem.*

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relate menstrual hygiene and Reproductive and Urinary Tract Infections (RTIs and UTIs) and related health problems. This indicates a lack of awareness and proper understanding of menstrual hygiene management and reproductive health problems.

**Table 6: Health problems related to menstruation experienced by women in study**

Health Problem	Number	Percentage
Cramps	248	49
Heavy bleeding	64	13
Body pains	27	5
Frequent bleeding	30	6
White discharge	9	2
Itching/burning sensation	9	2
No problem	120	24

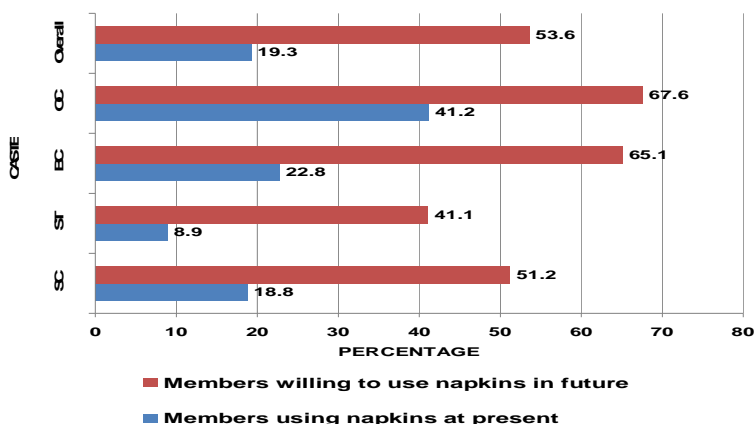
Women also reported during FGDs that a large number of them have undergone hysterectomies; the reason for this was heavy bleeding and/or menstrual cramps. Further discussion revealed that they were using unclean cloths and reusing them without properly washing and drying. In addition, they were storing the cloths in places where insects could easily infest them. If these lapses are addressed, it would be possible to drastically reduce the number of RTIs and UTIs.

Hysterectomy has become a common procedure; often it is performed without discussing the concerns of surgery and its attendant cautions. Women wrongly believe that it is better to have a hysterectomy instead of sterilization, after once giving birth to the required or desired number of children. They also see hysterectomy as a way to permanently relieve themselves of the hassles of menstruation. It is of great concern that women are not aware of the negative impacts of hysterectomy on their health.

When asked about their willingness to change from cloths to sanitary napkins, 34% women who are currently using cloths said they were

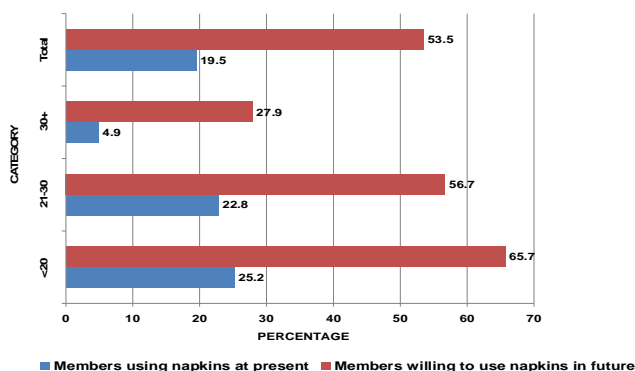
willing to make the shift, provided improved access to napkins, availability, facilities for disposal, etc (Figure 9 &10). The disaggregated analysis of data shows that willingness is higher among SCs and BCs, women in the age group of less than 20 years, and farmers and wage earners.

**Figure 9: Willingness to shift to disposable napkins by caste**



Almost all cloths users among hostel girls, day-scholars and non-school going are willing to shift to napkin use. If enabling conditions are created, a large percent of women are willing to shift from the present practice to using sanitary napkins.

**Figure 10: Willinanness to shift to disposal napkins by age group**



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## **CHAPTER 4**

# **Conclusions and Recommendations**

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Water, Sanitation and Hygiene (WASH) sector has for long neglected menstrual hygiene management, which is of great importance for meeting practical gender needs of women.

1. Lack of sanitation facilities have come in the way of using disposable sanitary napkins. There is, therefore, an urgent need to promote WASH facilities in schools and at the household level, not only from a hygiene perspective but also from a gender perspective.
2. Availability and affordability are considered to be major reasons for not using sanitary napkins. Improvement in MHM is possible when it is addressed as a gender discrimination issue. There is also a need to address an attitude of self-denial amongst women and a general attitude that women's needs come last. In other words, women and girls need to be educated in such a way that they consider MHM a basic need rather than comfort, and also such that they include related costs as an essential part of household expenditure.
3. Several studies have established the link between hygiene practices and RTI/UTI. Women who are re-using cloths without a proper washing and drying are particularly prone to these problems. The consequences are invisible health concerns such as unnecessary hysterectomies, which needs to be addressed immediately in the form of health education aimed at women.

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4. The availability of cotton cloths itself is a major concern as cotton being replaced by synthetic cloths. It may be noted that use of synthetic cloths is not comfortable as its absorption capacity is much lower than cotton. Therefore, there is an urgency to shift to disposable sanitary napkins.
  5. Disposal of used cloths appears to be major concern due to recent changes in the rural landscape. Proper methods of disposal need to be given immediate attention as they pose the threat of another health hazard if not addressed fully.
  6. This study reveals that girls are attaining puberty at ages 10-12 years. This indicates that prior education (before puberty) on reproductive organs and menstruation is paramount. Early education should also include information on hygiene and good menstrual management.
  7. A majority of non-school-going girls and day scholars are involved in unhealthy menstrual management practices. The challenge is to spread menstrual hygiene awareness both at the community level and in schools.
  8. Many girls have learned about sanitary napkins from television programs or advertisements. The main sources of information on menstruation and practices for girls, however, are mothers and grandmothers. Mothers learn about sanitary napkins from hospitals, and sometimes from their daughters. Yet they have very little knowledge about MHM. This necessitates a systematic process of education and knowledge generation among mothers and grandmothers (as important source of information), as well as girls, by using both formal and informal methods. Men and boys also need to be given a minimum level awareness of menstruation to be supportive.

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9. There is a positive scenario in the case of girls in hostels due to free supply of napkins. On the other hand, the situation of day scholars is not encouraging. In order to improve this, the following are recommended:
- Free supply of sanitary napkins for all school-going girl children,
  - Services of trained health personnel, motivated school teachers and knowledgeable parents to spread awareness and correct information on menstrual hygiene to adolescent girls<sup>8</sup>, and
  - Girls in the hostels should be provided with adequate number of napkins; restrictions on supply can lead to unhygienic practices like changing less frequently than required.
10. Good hygiene practice also includes changing napkins often. Besides sanitary napkins, other possible hygiene management practices should also be explored, especially in light of concerns of environmental pollution.
11. A large-scale effort must to be made to bring the issues surrounding menstruation and MHM out of secrecy and out of the closet (similar to the efforts surrounding HIV/AIDS and open defecation). Women-friendly language, which can be openly used, must be developed.
12. Menstrual hygiene comes under the purview of the Ministry of Health and Family Welfare. The Steering Group of Ministers (i.e., MSG), under the National Rural Health Mission (NHRM) will design and implement policies and programmes of MHM. There is no clear

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<sup>8</sup> Use teachers and health workers in the case of school going GIRLS; and PHCs and health workers in the case of women.

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- understanding of who does what and how the programmes reach the community.
13. In the recent past, the Indian government announced that in some selected districts Asha workers will be engaged in selling disposable sanitary napkins in rural areas, and that they will be given some incentive to do so.
  14. The government of Andhra Pradesh is supplying disposable sanitary napkins to girls in social welfare hostels ( i.e. 1 pack of 8 napkins per month).
  15. Menstrual hygiene consists of more than simply napkin use. Therefore, creating infrastructure and their use and maintenance as well as gender sensitization must be given equal importance.
  16. Since the major source of information is family, mainly mothers and grandmothers, both formal and informal education programmes, besides educating adolescent girls, should focus on mothers and grandmothers as the main transmitters of menstrual information and knowledge.

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## Appendix

**Table A1**

Age at which women respondents learned about menstruation.

		SC	ST	BC	OC	Total
AGE	N	173	149	150	35	507
<10 years	Number	19	15	11	5	50
	%	11	10	7	14	10
10-12 years	Number	98	75	81	46	300
	%	57	50	54	46	59
13-15 year s	Number	56	40	58	40	194
	%	32	59	39	14	21

**Table A2**

Infrastructure Facilities by caste

Facilities		SC	ST	BC	OC	Overall
N=		173	149	150	35	507
<b>Toilets</b>						
Availability of toilets	Number	35	37	66	19	157
	%	20	25	44	54	31
Toilets under construction	Number	4	26	3	0	33
	%	2	17	17	0	7
<b>TYPE OF TOILET</b>						
Toilet with Doors	Number	27	22	42	17	108
	%	77	59	64	89	69
Toilet without doors	Number	6	6	15	1	28
	%	17	16	23	5	18
Kutchra Construction	Number	2	9	9	1	21
	%	6	24	14	5	13
<b>Bathrooms</b>						
Availability of bathrooms	Number	161	136	148	34	479
	%	93	91	99	97	94
Bathrooms under construction	Number	12	13	2	1	28
	%	7	9	1	3	6
<b>Type of bathrooms</b>						
Bathroom with Doors	Number	39	42	68	17	166
	%	23	28	45	49	33
Bathroom without doors	Number	22	23	19	4	68
	%	13	15	13	11	13
Kutchra Construction	Number	112	84	63	14	273
	%	65	56	42	40	54

**Table A3**

Type of material used by girls to absorb menstrual blood, by schooling type

			Hostel	Day scholars	Non-school going	Total
Material	Old cotton cloth	Count	20	120	25	165
		%	12.8%	38.9%	92.6%	33.5%
	Synthetic/silk cloth	Count	1	1	1	3
		%	.6%	.3%	3.7%	.6%
	Sanitary napkins	Count	135	185	1	321
		%	86.5%	60.5%	3.7%	65.6%
Total		Count	156	306	27	489
		%	100.0%	100.0%	100.0%	100.0%

**Table A4**

Number of times per day wadding material for menstrual blood absorption is changed, by caste

	Caste	SC	ST	BC	OC	Total
<b>Times per day</b>	<b>N</b>	<b>173</b>	<b>149</b>	<b>150</b>	<b>35</b>	<b>507</b>
once a day	Number	15	27	30	3	75
	%	9	18	20	9	15
Twice a day	Number	76	70	65	16	227
	%	44	47	43	46	45
Three times a day	Number	70	51	53	14	189
	%	40	34	35	40	37
Four times a day	Number	10	1	2	1	14
	%	6	1	1	3	3
More than four times a day	Number	2	0	0	1	2
	%	1	0	0	3	0

**Table A5**

Number of times per day wadding material for menstrual blood absorption is changed, by occupation.

	Occupation	Agriculture	Wage earner	Salaried	Business	Unemployed	Total
<b>Times per day</b>	<b>N</b>	<b>63</b>	<b>336</b>	<b>29</b>	<b>19</b>	<b>24</b>	<b>507</b>
Once in a day	Number	14	55	3	4	15	91
	%						
Twice in a day	Number	18	147	14	10	21	210
	%						
Three times in a day	Number	29	123	13	5	19	189
	%						
Four times in a day	Number	2	9	1	0	2	14
	%						
More than four times in a day	Number	0	2	0	0	1	2
	%						

**Table A6**

Length of time wadding material is re-used by adolescent girls

	<b>Length of time</b>	<b>Hostel</b>	<b>Day scholars</b>	<b>Non-school going</b>	<b>Total</b>
	One month	16	73	5	94
	%	10.3%	23.9%	18.5%	19.2%
	2-3 months	1	45	5	51
	%	.6%	14.7%	18.5%	10.4%
	3-6 months	0	3	0	3
	%	.0%	1.0%	.0%	.6%
	More than six months	1	5	0	6
	%	.6%	1.6%	.0%	1.2%
	Till the cloth is torn	3	37	16	56
	%	1.9%	12.1%	59.3%	11.5%
	Use and through	135	143	1	279
	%	86.5%	46.7%	3.7%	57.1%
<b>Total</b>	Count	156	306	27	489
	%	100.0%	100.0%	100.0%	100.0%

**Table A7**

Disposal sites for used cloths among girls

<b>Practice</b>	<b>Disposal site</b>	<b>Hostel</b>	<b>Day scholars</b>	<b>Non-school going</b>	<b>Total</b>
Earthen pit	Count	2	46	3	51
	%	1.3	15.0	11.1	10.4
Dustbin	Count	61	36	4	101
	%	39.1	11.8	14.8	20.7
Compost pit	Count	2	6	2	10
	%	1.3	2.0	7.4	2.0
Drainage	Count	5	30	2	37
	%	3.2	9.8	7.4	7.6
Burning	Count	84	180	15	279
	%	53.8	58.8	55.6	57.1
Bushes	Count	2	8	1	11
	%	1.3	2.6	3.7	2.2

**Table A8-** Reasons for not using sanitary napkins, by caste

Caste		SC	ST	BC	OC	Total
Reason	N	141	133	115	20	409
Non-availability	Number	77	73	71	18	242
	%	55	55	62	90	59
No affordability	Number	65	52	53	14	184
	%	46	39	46	70	45
Not comfort able	Number	24	20	25	3	72
	%	17	15	22	15	18
Problem to dispose	Number	7	4	1	0	9
	%	5	3	1	0	2

*Note: Obtained multiple responses on this question.*

**Table A9 -** Reasons for not using sanitary napkins, by occupation

Occupation		Agriculture	Wage earner	Salaried	Business	Total
Reason	N	56	322	15	16	409
Not affordable	Number	38	229	9	9	285
	%	68	71	60	56	70
Not comfortable	Number	13	90	2	5	110
	%	23	28	13	31	27
Problems disposing	Number	5	3	4	2	14
	%	9	1	27	13	3

**Table A10 -** Willingness to shift to disposal napkins by occupation

Not affordable		Farmer	Agriculture	Employee	Business	Unemployed	Total
Members using napkins at present	Count	7	55	17	4	11	98
	%	11.1	16.4	58.6	21.1	45.8	19.3
Members willing to use napkins in future	Count	33	181	21	8	16	272
	%	52.4	53.9	72.4	42.1	66.7	53.6
Likely shift in practices given the enabling conditions (%)	Count						
		41.3	37.5	13.8	21	20.9	34.3

**Table A11-** Willingness to shift to disposal napkins among girls.

		Hostel	Day scholar	Non-school going	Total
Use of disposable napkins	Number	156	303	1	460
	%	100	99.02	3.70	94.07
Girls currently using napkins	Number	135	185	1	321
	%	86.54	60.46	3.70	65.64
% Change	Number	156	306	27	489
	%	13.46	38.56	0.00	28.43

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## About Authors

**Ms. Goparaju Sudha** is a sociologist involved in feminist movement since 1980s. She played an important role in enhancing civil society involvement in Natural Resource Management (NRM) issues as AP NGO-Program State Coordinator of Inter Cooperation-Swiss Development Cooperation. She was instrumental in evolving Capacity Building strategy for Andhra Pradesh Rural Livelihood Program (APRLP)- a bilateral project of Government of Andhra Pradesh and DFID. Her contribution to NRM programmes, mainstreaming gender concerns in development, people centred advocacy and nurturing of civil society networks are well known. Currently, she is working as a freelancer and supporting a number of organisations on policy studies, change management and capacity building aspects. She is a member of the Fresh water action network (FANSA-AP) and the Southern Action on Genetic Engineering (SAGE).



**Ms. R. Rama Jyothi** is a founder member of MARI. She was involved in design and implementation of a wide range of programmes for the integrated development of women. Her work in MARI and other grassroots organisations in Andhra Pradesh has had influence thinking related to gender concerns and women empowerment approaches in Micro Finance programmes. The exposure to the real life conditions of women provoked her to leave her basic profession of financial management and began to work on women's issues since 1993. As a trainer she contributed significantly to the capacity building of grassroots workers on women's development. Being a representative of MARI in AP Women's Network (APWN), she is carrying out an informed debate on Menstrual Hygiene management (MHM) while giving strategic direction to its water and sanitation initiative.





## About Organisation

Modern Architects for Rural India (MARI), a non governmental organisation, established in 1988 by a team of young professional social workers with an aim of investing professional knowledge and skills for meeting needs and concerns of disadvantaged communities and fulfilling their aspirations. For over two decades MARI has been intensively engaged in grassroots action in Warangal district with a focus on watershed development, agriculture, Water, Sanitation and Hygiene (WASH), micro-finance, Rural Livelihoods, child development and health issues. The experiences thus gained are being used to influence mainstream development process. Currently MARI works directly with 190480 people in 230 habitations of 28 mandals in Warangal district.

MARI has been implementing a people centred advocacy program in WASH sector with the support of Governance Transparency Fund (GTF) to influence governance process. (GTF program is being supported by DFID and the global program is being steered by WaterAid-UK. In south Asia FANSA is implementing the program through five CSO-partners, MARI being one of them.) This booklet is an outcome of a study carried out by MARI to influence Governance process in WASH sector and make information and knowledge available widely to a range of policy and opinion makers.

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