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## 'Breaking the silence around menstruation': experiences of adolescent girls in an urban setting in India

Shobhita Rajagopal and Kanchan Mathur

### ABSTRACT

The onset of menstruation is one of the important changes that occur in the lives of adolescent girls. It brings many challenges with it. Menstruation is often dealt with in secrecy in many cultures and communities. In India, restrictions are placed on women and girls during menstruation, and the tradition of excluding menstruating women and girls from various activities continues. Adolescent girls also suffer from myriad health problems associated with menstruation. Many lack the facilities and resources they need for menstrual hygiene. This article draws on research into the experiences and challenges faced by adolescent girls in managing menstruation at school and home in the slums of Jaipur, Rajasthan. The article analyses the role and impact of government-led policy and interventions. It argues that the continued silence around menstruation needs to be broken: not only by addressing the practical issues of menstrual management, but also by creating a supportive environment for empowering girls with information about their bodies, and destigmatising the issue of menstruation. The article also draws lessons for policy advocacy.

El comienzo de la menstruación constituye uno de los cambios más importantes en la vida de las jóvenes adolescentes y conlleva muchos retos. En muchas culturas y comunidades la menstruación es abordada con discreción. En India se imponen restricciones a las mujeres y las niñas durante el periodo menstrual; además, sigue manteniéndose la tradición que las excluye de distintas actividades. Por otra parte, las jóvenes adolescentes acusan numerosos problemas de salud asociados con la menstruación, en tanto muchas de ellas carecen de las instalaciones y los recursos que requieren para la higiene menstrual. El presente artículo se basa en investigaciones en torno a las vivencias y los retos enfrentados por jóvenes adolescentes de los barrios pobres de Jaipur, Rajasthan, a la hora de manejar la menstruación en la escuela y el hogar. Además, analiza la función y el impacto que tienen en este ámbito las políticas y las intervenciones gubernamentales. En este sentido, sostiene que es necesario romper el silencio que ha existido respecto a la menstruación: se deben abordar las cuestiones prácticas de su manejo y crear un entorno propicio que empodere a las jóvenes, brindándoles información sobre sus cuerpos y eliminando el estigma vinculado al tema. Finalmente, el artículo recoge aprendizajes que pueden contribuir a la incidencia en políticas públicas.

Le début de la menstruation fait partie des changements importants qui surviennent dans la vie des adolescentes. Il implique de nombreux défis. La menstruation est souvent traitée dans le secret dans de nombreuses cultures et communautés. En Inde, des restrictions sont imposées aux

### KEYWORDS

Menstruation; menstrual hygiene; silence; adolescent girls; taboos; empowerment

femmes et aux filles durant la menstruation, et la tradition d'exclusion des femmes et filles ayant leurs règles de diverses activités se poursuit. Les adolescentes souffrent par ailleurs d'une myriade de problèmes de santé associés à la menstruation. Nombre d'entre elles n'ont pas les installations et ressources dont elles ont besoin pour assurer leur hygiène menstruelle. Cet article se base sur des recherches menées sur les expériences et les défis auxquels sont confrontées les adolescentes au moment de gérer la menstruation à l'école et au foyer dans les bidonvilles de Jaipur, au Rajasthan. Il analyse le rôle et l'impact des politiques et interventions menées par le gouvernement. Il soutient que le silence qui perdure autour de la menstruation doit être brisé: non seulement en abordant les questions pratiques de la gestion de la menstruation, mais aussi en créant un environnement porteur pour autonomiser les filles en leur fournissant des informations sur leur corps et en déstigmatisant la question de la menstruation. L'article tire aussi des enseignements pour le plaidoyer en matière de politiques publiques.

## Introduction

When I started menstruating I was not prepared for it. No one had talked to me about menstrual blood, at home or in school. When I told my mother that I had blood stains on my underwear, I was advised to use cloth, and not enter the temple or touch pickle. I usually miss a day or two of school during my period. (Rita, 15 years old, focus group discussion with schoolgirls in Jaipur city, June 2016)

The onset of menstruation, and the practices associated with it, are areas shrouded in silence across many cultures in South Asia; yet they bring many challenges. On the one hand, puberty is a period of rapid transition for adolescent girls, and a critical time for identity formation; on the other, prevailing patriarchal ideologies, cultural taboos, and traditional practices exclude women and girls from various activities, including school attendance, reinforcing gender inequalities.

A number of recent studies have focused on knowledge, attitude, and practices regarding menstruation and hygiene in India (including Dube and Sharma 2012; Khanna *et al.* 2005; Sahayog 2016). They confirm a widespread silence around girls' experience of menstruation and puberty, and highlight that the impact of this on girls themselves is far-ranging. Attitudes too are generally unsupportive, and girls grow up in environments where there are a range of practical challenges including unmet water, sanitation, and hygiene (WASH) and health needs. Managing the practical and psychological aspects of menstruation is difficult for girls, affecting self-confidence and self-esteem, and the achievement of the wider development goal of women's empowerment. In particular, unmet menstrual hygiene needs affect girls' sense of 'power within', and their 'power to' – placing constraints on their mobility and the activities they can do – in particular, education.

Studies emphasise a need to focus on menstruation, challenging the stigma that surrounds it, and focusing also on practical aspects of how to manage menstruation – referred to in the literature most often as 'menstrual hygiene'.<sup>1</sup> Recent policy directives issued by the Government of India (2015) emphasise the need to raise awareness around menstrual hygiene management to empower adolescent girls.

Good menstrual hygiene is crucial for the health, education, and dignity of girls and women. Equipping adolescent girls with adequate information and skills on menstrual hygiene and its management helps in empowering them with knowledge which enhances their self-esteem and positively impacts academic performance. It is important that the wider society, communities and families must challenge the status quo and break the silence around menstruation. (Government of India 2015, 5)

Menstrual health and hygiene is part of the National Health Mission, the flagship programme of the Government of India launched in 2005. The primary focus has been on raising awareness on menstrual hygiene. Distribution of subsidised disposable sanitary napkins<sup>2</sup> for adolescent girls in the rural areas is also part of the programme (Ministry of Health and Family Welfare, Government of India 2016).

This article draws on a study of a recent scheme, UDAAN ('We Fly'), launched in July 2015 for rural areas of Rajasthan but also covering poor urban areas of Jaipur. While assessing the impact of UDAAN, the study focused more widely on the experiences and continued challenges faced by adolescent girls in managing menstruation, and the need to break the silence around menstruation.

### Setting the context: gender, education, and health in Rajasthan

Rajasthan is one of the largest states in northern India. It ranks eighth in terms of total population among Indian states (Government of Rajasthan 2016, 1) and has a large rural population. Jaipur, its capital, has an estimated 3.5 million inhabitants, of whom 22.4 per cent live in the city's slums (PFI 2012).

Gender-based inequalities in Rajasthan are acute. Gender differentials in literacy are also high: male literacy is 79.19 per cent, while female literacy is just 52.12 per cent (Government of Rajasthan 2016, 98). The average age of completion for elementary school for boys and girls is 14 years. While elementary education (Grades 1–8) statistics are improving and the gender gap is narrowing, the drop-out rate of girls is higher compared to boys (U-DISE 2014–15 2015). In addition, despite improvements at elementary levels, gender disparity at higher levels of schooling is a persisting development challenge, with serious consequences for empowerment of girls. The overall percentage of girls in total enrolment in secondary education in Rajasthan is 41.60 per cent; at the secondary stage it is 42.60 per cent and at the higher secondary stage it is 40.66 per cent (Rajagopal and Sharma 2016, 9). The gender gap at secondary level is 12.56 per cent (U-DISE 2016–17 raw data provided by Rajasthan Council of Secondary Education, Government of Rajasthan).

Schooling through adolescence and beyond offers girls an option beyond early marriage and childbearing. Rajasthan has a high prevalence of child marriage. The percentage of girls who are married before the legal age of 18 years is 31.6 per cent, as compared to the national figure of 17 per cent (Government of Rajasthan 2017, 4). This means that a high percentage of adolescent girls enter motherhood at an early age; with far-reaching health implications.

While the overall health indicators for Rajasthan have shown some improvement in the past decade, many challenges continue, and these include challenges relating to maternal

and child health. The maternal mortality rate for the state was 244, much higher than the India national average of 167 (NitiAyog 2017). The recent National Family Health Survey (2015–16, 2) indicates that the fertility rate declined from 3.2 in 2005–06 to 2.4 in 2015–16. However, it continues to be higher than the average for India of 2.2 (*ibid.*, 2). The report also states that nearly half – 46.8 per cent – of women in the 15–49 years age group are anaemic (*ibid.*, 4); and that Infant Mortality Rate fell from 65 in 2007 to 41 in 2015–16, but this is still high compared to other Indian states (*ibid.*, 2).

### Adolescent girls' experience of menstruation in Rajasthan

Barriers to adolescent girls' education include unmet WASH needs, including those related to menstruation. Various studies carried out in Rajasthan (Dube and Sharma 2012; Khanna *et al.* 2005) have assessed adolescent girls' knowledge and attitudes about reproductive health and menstrual practices. They note a huge knowledge gap among adolescent girls regarding menstrual processes. Years of schooling, residential status, caste, and exposure to media are major factors in adolescent girls and women's adoption of safe and hygienic menstrual practices (*ibid.*). The issues are worst in the rural areas, where a few non-government organisations (NGOs) (e.g. Jatan Sansthan and Vishakha) have initiated safe menstrual health campaigns and body awareness programmes in schools and local communities. They have also produced a range of washable and reusable sanitary napkins.<sup>3</sup>

Fear and panic is a dominant reaction reported by many girls in these studies at the time of their first periods. Much of the information imparted to a young girl about puberty and menstruation focuses on the need to restrict her movements and modify her behaviour. Female mobility is widely constrained due to social and cultural norms, but lack of reliable, efficient, and discreet means of dealing with menstruation present an additional practical set of issues. Girls frequently missed school for one or two days during their menstrual period. The silence around the issue within homes also transmits into educational institutions; this is not a topic dealt with openly in schools. The majority of the girls in the rural areas focused on in the studies used old cloths as protection, and many reported suffering from various reproductive health problems (Dube and Sharma 2012; Khanna *et al.* 2005).<sup>4</sup>

Similar issues exist in Rajasthan's urban areas. Maya Unnithan-Kumar conducted an ethnographic study (Unnithan-Kumar 2001) on women's experiences of reproduction in Jaipur, in communities living on the outskirts of Jaipur city. She noted that most women there regarded menstruation as a flow of waste or dirt, and were using menstrual cloths that had to be washed out of sight and hidden in cracks of stone or placed under other clothes to dry. Notions of shame and impurity thus combined in shaping women's menstrual practices and personal hygiene. Many poor women and girls in slums have no access to safe, clean toilets with water supplies.

According to the baseline survey carried out by the NGO Centre for Advocacy and Research (CFAR) in 2012 covering 236 households in seven urban slums of Jaipur, only 51.27 per cent of households had personal toilets in their homes. The availability of

common public toilets was poor (CFAR 2012, 8). In addition, user charges also deterred people from using them; 47.46 per cent of households practised open defecation (*ibid.*).

In July 2015, the State Government of Rajasthan launched a free sanitary napkin distribution scheme called UDAAN, which replaced an earlier programme initiated in 2011–12 in select districts by the central Government of India.<sup>5</sup> In July 2015, the UDAAN scheme was started in Jaipur. The aim was that around 2 million girls, both school going and non-school going and 233,000 girls from slum areas were to be covered (Rajagopal *et al.* 2016).

Though UDAAN was primarily mandated for rural areas, the decision to include urban girls was largely influenced by constant advocacy by the NGO CFAR, working on issues related to WASH in urban slums of Jaipur. CFAR has been working in these slums since 2009. It has worked at multiple levels for crystallising the demands of the community, and making government service providers more responsive towards the needs of the urban poor.

CFAR (2015) published a study of unmet WASH and menstrual needs of pupils in 105 government schools. It showed many girls found it difficult to attend classes, went home from school, were sent home by staff, or dropped out of school altogether after menstruation began. They often experienced acute embarrassment, a sense of shame, and low self-esteem (CFAR 2015). Some manufacturers of sanitary pads were distributing their products on a charitable basis in schools, as a marketing and promotional exercise. However, this distribution was not carried out on a regular basis.

When the UDAAN scheme was launched in Jaipur, 200 girls from government schools and 70 girls from slum areas in Jaipur were provided with a three-month stock of sanitary pads. Each packet contained eight pads. In the first phase 50,000 pads were supplied. By 5 November 2015, around 45,500 napkins had been distributed to 15,000 girls – 12,500 school-going girls and 2,500 girls residing in slums (personal communication with officials in the Department of Health and Family Welfare, Government of Rajasthan, April 2016). The scheme was to be further expanded in a phased manner to seven districts by 2 October 2015 and to all districts by 8 March 2016 (*ibid.*). The distribution was carried out in the months of July to September 2015, via schools and at *Anganwari*<sup>6</sup> Centres.

### **Our research: purpose, methods, and participants**

In April 2016, we undertook a study of the impact of UDAAN at the request of CFAR, which was written up as a report (Rajagopal *et al.* 2016). The objective was to measure the impact of the intervention on girls living in areas with few basic services, especially urban slums. It also aimed to assess both the direct and indirect benefits to girls in schools and the slums of Jaipur where CFAR works. As feminist researchers located in a social science research institute, this study provided us with an opportunity to engage with a subject that was critical to the empowerment of adolescent girls. The findings of the study could also be used to bring the subject centre-stage within policy discourse. CFAR was also keen on using this assessment as an advocacy tool, for influencing the state government to include urban girls in its coverage.

The study was carried out from April to June 2016. It involved a total of 270 girls (130 school-going and 140 non-school-going girls) in 12 slums in Jaipur, and within five government schools where the UDAAN pads had been directly distributed by the manufacturer. It covered girls in the age group of 10–20 years. The group was predominantly Hindu, and belonged to socially disadvantaged caste groups. Even though the scheme had been so short-lived, research could shed light on the wider issues around menstruation and the provision of sanitary pads to urban girls, including the knowledge and practices of girls around menstruation, the role of teachers and health providers, and the attitudes of mothers.

We used mixed research methods. Quantitative data were collected through a survey tool. Qualitative data were gathered through focus group discussions (FGDs) and in-depth interviews. We visited schools for the research and also focused on non-school-going girls in the slum areas, who were identified with the support of CFAR. An effort was made to facilitate an environment where the girls could talk openly about menstrual health and share their experiences.

Most of the girls in our research came from low-income households, where self-employment was the main occupation. Parents were largely involved in petty trading and casual labour. Fathers drove auto-rickshaws, or did tailoring or gem polishing. Typical tasks for mothers included bangle-making, vegetable-vending, embroidery, and paper-bag making. About 15 per cent of the school-going girls helped out with these activities when they were not in school.

Twenty-three per cent of the non-school-going girls were also involved in various home-based economic activities like bangle-making, making paper bags, and embroidery work; a small proportion of girls were working as domestic help and a few were working in the formal sector such as export houses. All girls assisted their mothers with unpaid care work for the family.

The highest proportion of school-going girls (47 per cent) in our research belonged to Scheduled Caste<sup>7</sup> households, while the remainder of school-going girls were from General Caste<sup>8</sup> groups (27 per cent), Other Backward Castes (24.6 per cent), and Scheduled Tribe (1.5 per cent). In contrast, among non-school-going girls, the highest proportion were from General Caste groups (41.4 per cent), while the others were from Scheduled Caste (38 per cent), Other Backward Castes (15.7 per cent) and Scheduled Tribe (5.0 per cent)

The presence of more Scheduled Caste girls in schools corroborates the fact that government schools continue to be the mainstay institutions for children from disadvantaged communities. However, the higher proportion of non-school-going girls from the General Caste groups also indicates that despite having a better social status, the girls are often compelled to drop out of the school due to several social reasons.

The educational levels of parents were not high. Nearly half (48 per cent) of fathers of school-going girls had attained education beyond secondary schooling, leaving after Grade 10, and only 18.1 per cent had never attended school. In contrast, 58 per cent fathers of non-school-going girls had never attended school, and 16 per cent had attained Grade 10. A high proportion of mothers (70 per cent) did not have any formal education. Ninety-one per cent of mothers of non-school-going girls were not literate, compared with 63 per cent of mothers



of school-going girls. The poor educational levels of mothers are significant in terms of the information shared by them on menstruation and related issues with their daughters.

In the following sections, we share some of the most interesting and important findings from the study. The concluding section posits the way forward for policy advocacy.

### Awareness and sources of information regarding menstruation

Locally, the most common terms used by girls to refer to menstruation was ‘period’ (in English) and ‘MC’ (again referring to an English term, ‘monthly cycle’). Most girls reported first menstruation between the ages of 10 and 15.

Three-quarters of school-going girls (73.3 per cent) and an even higher proportion of non-school-going girls reported not having any prior information regarding the onset of the menstrual cycle. This confirms earlier studies (Khanna *et al.* 2005; Sahayog 2016). They were totally unprepared for menstruation. During FGDs in government schools and the slum areas, one of the participants stated:

I had no information regarding menstruation before I started my periods. I had only observed that on certain days, my mother did not enter the kitchen and cook. When I asked my mother about this, she did not given any reason or explanation. (Meena 16 years, during FGD with school-going girls in Jaipur city, June 2016)

All girls agreed that when they started their periods, the first person they went to was their mother. The role of schools in providing information (which could happen via teachers, media, or books) was negligible. Media outside school also had a negligible role. The lack of school attempts to discuss menstruation, including how to cope with periods in terms of hygiene, was a serious concern. During FGDs in schools, typical comments were:

The teachers themselves are inhibited and do not discuss the topic openly. (Meenakshi, 15 years)

When my friend started menstruating in the school, I was scared and embarrassed to see blood spots on her clothes. (Sunita, 16 years)

The teacher asked me to go home and talk to my mother. (Reshma, 16 years)

### Taboos, myths, and restrictions during menstruation

The taboos and myths associated with menstruation are pervasive, and continue to restrict women’s and girls’ participation in private and public spheres. Since menarche indicates puberty, sexual maturation, and consequent ability to reproduce, there is an anxiety around the sexuality of girls, and various restrictions are placed on their mobility.

It is significant to note that 88 per cent of all school-going and non-school-going girls had a negative feeling about menstruation, and considered menstrual blood as *ganda* (that is, unclean or impure). The biological purpose of menstruation in the female reproductive cycle was not widely understood. Instead, the common perceptions articulated were that body heat is thrown out during menstruation, and menstrual blood is the accumulated dirt that flows out of the body every month.



The deeply ingrained notions of ritual pollution and impurity associated with menstruation translate into taboos, myths, and euphemisms around menstruation. The restrictions placed on girls intensify during religious activities and occasions. Taboos and restrictions during menstruation included:

- Girls are not allowed to enter the kitchen to cook as they are regarded as ‘impure’ and cannot touch certain food items like *achaar* (pickle), as there is a widespread belief that preserved food items spoil. An associated belief is that eating hot and spicy food increases the flow of blood and hence there is a restriction on eating such food.
- Menstruating girls are not allowed to touch the *matka* (water pot).
- Participation in religious activities and performing religious rituals is strictly prohibited. Girls are not allowed to visit a temple or perform *pooja* (prayer); reading the Koran and offering *Namaz* (prayer) is also forbidden.
- Unmarried girls cannot serve food to fathers and brothers during menstruation.
- Girls did not wash their hair for three days during their periods and could enter the temple or place of worship at home and kitchen thereafter (field notes, June 2016).

Other possible restrictions on mobility and carrying out household chores like sweeping, and washing clothes and utensils did not emerge as a significant factor in the study. However, the practical implications of leaving home without sanitary protection that could be relied on were clear, and as stated earlier, the central focus of the study.

### Usage of sanitary protection and problems in disposal

Importantly, a major inter-generational change was observed, related to use of modern forms of sanitary protection. Common terms used to refer to sanitary pads were pads or brand names like Whisper or Carefree.

Nearly three-quarters (73 per cent) of both school-going and non-school-going girls used sanitary pads as protection during menstruation. The use of sanitary pads was found to be higher among school-going girls than non-school-going girls. The use of cloth was comparatively higher among non-school-going girls.

During the FGDs, girls from both groups said they often combined use of cloth and sanitary pads. The out-of-school girls in the slums, especially those from poorer backgrounds, said when they did not have money to buy pads, they had no choice but to revert to using cloth. The commonly used commercial brand was Whisper or Carefree. The research team was informed that these products have also been distributed in schools free of cost by the company. These distributions happened before UDAAN and have continued to happen afterwards. Given the main aim of the UDAAN programme was to make available sanitary pads on a regular basis free of costs, it was felt that it would help change practice especially for girls who could not afford to buy commercial pads.

The majority of girls who have used sanitary pads reported that they change the pads twice a day as they felt that not doing so would lead to infection. However, this was

sometimes impossible due to the lack of availability of clean washrooms/toilets both within homes and in schools. Girls in a government school said:

If we go to school during periods we have to use the toilet at least once to change napkins. (Kishma, 17 years, FGD, May 2016)

The toilets are not clean. In such a situation we try and avoid using the toilets. We also refrain from drinking too much water. (Dikshita, 16 years, FGD, May 2016)

The girls who used cloths reported various problems in cleaning, washing, and drying the cloth. Eighteen per cent of those who used cloths reported they dried them under other garments. The remaining 40 per cent reported they dry cloths in a secluded area away from the gaze of the male members of the family. Field observations revealed most houses in the slum areas are located in congested lanes. The laundry was mostly washed outside the homes in the lanes, and girls found it almost impossible to wash and dry the cloth used for menstruation publicly.

An essential aspect of menstrual hygiene and management is disposal of used pads. The lack of appropriate disposal mechanisms is a serious problem. The majority of girls reported that they wrapped the napkins in a newspaper or put them in plastic bags before disposing of them. The disposal was done under cover and girls said that they feel extremely embarrassed if someone watched them disposing of the used pads. The lack of hygienic public disposal systems is acute in the slum areas.

## Problems faced during menstruation

### *Health problems*

Numerous problems were reported by both school-going and non-school-going girls during menstruation. A high proportion of girls reported suffering from abdominal cramps, body ache, and weakness. Nausea and vomiting during menstruation was also common. A small percentage resorted to home remedies. Forty-five per cent of girls also reported having itching and burning and swelling in the vagina, leucorrhoea and dysmenorrhoea. Girls using cloths also stated that usage of cloth led to laceration and discomfort. Most girls did not take any medication for these problems or consult a doctor. The inadequacy of health services within reach is also a contributing factor.

### *School attendance problems*

Several factors impact regular attendance and continuation of girls in schools in Rajasthan. These include proximity of schools from home, especially secondary schools, presence of women teachers in schools, quality of teaching and learning, and availability of infrastructure facilities including toilets/restrooms/common rooms. In addition, girl's attendance is also influenced by unmet menstrual needs.

While a high proportion of girls (83.8 per cent) reported that they attended school during menstruation, physical management of menstruation was a problem. The problems

encountered include: unhygienic toilets due to lack of running water; and the dearth of covered dustbins compels girls to throw the used napkins inside the toilets, clogging them and making them unusable. Besides, there is no soap in the toilets for washing. The girls also hesitate to ask for sanitary napkins from teachers. In co-educational schools girls find it difficult to carry and change sanitary napkins for fear of being teased by boys.

Many girls stated missing school for a day or two due to abdominal cramps and pain. They also stated that they have to travel by public transport and often do not get a seat on the bus and have to stand for long durations. The discussions with school teachers also highlighted this fact.

The lack of forums in schools where girls and boys can discuss issues related to menstrual health and hygiene emerged as a critical gap. The low levels of information regarding menstrual processes and the continuation of notions of pollution and impurity points to the inadequacy of the schooling system to address this issue. This is further compounded by the culture of silence around menstruation within homes contributing to a negative feeling about a natural biological process. It is also evident that school curricula have failed to address the existing misconceptions and taboos around menstruation.

### Girls' experience of UDAAN

All the school-going girls in the sample had received sanitary napkins in their schools; 70 per cent of them also reported that a few instructions on usage and disposal were given at the time of distribution. However, in each school the distribution pattern differed. A higher proportion of girls (41.6 per cent) reported that they had received the sanitary napkins three times, 36.1 per cent of girls said they had got the sanitary napkins only once, and 22.3 per cent of girls reported they had received the sanitary napkins twice. The majority reported that the sanitary napkins lasted only for two months; for those who shared the napkins with other female members in the family, the packets lasted only for one menstrual cycle.

A high proportion of non-school-going girls in the slums were aware of the UDAAN scheme. They stated being given information regarding the usage and disposal of sanitary napkins during meetings organised by CFAR. Each girl was given a set of three packets. However, the distribution was carried out only once; 65 per cent of non-school-going girls had used the packets themselves; but 35 per cent of girls reported that they had also shared the napkins with their mothers and sisters. The majority of girls said that the three packets lasted for two months.

The meetings with the adolescent girls are organised twice a week every Monday and Friday. Inputs are also provided by CFAR team to girls during these meetings. The main issues discussed are sanitation and hygiene, menstrual hygiene, nutrition, and health. All girls in the age group of 11–18 years were given the napkins in the month of September 2015. A total of 160 girls benefited from the Udaan scheme. Three packets were given to each girl. Even today about 10 per cent of girls in the slums use cloth, as they cannot afford to buy sanitary napkins. (FGD with Accredited Social Health Activist (ASHA) and Mahila Arogya Samiti (MAS) members, June 2016)<sup>9</sup>

Eighty-three per cent of school-going girls reported that even though the distribution of free napkins was erratic, they continued to use sanitary napkins. However, 17 per cent of girls also reported they had gone back to using cloth during menstruation as they could not afford to buy napkins on a regular basis. Fifty-three per cent of girls who were continuing to use napkins reported that they were spending up to Rs 50 per month, 10 per cent of girls were spending up to Rs 75 and 22 per cent of girls stated spending more than Rs 75 per month on purchasing napkins.

The co-ordinators in schools reported that since the distribution had been irregular, they were not able to respond or give a definitive answer to the girls regarding the supply of the next lot of sanitary napkins.

Almost all the school-going and non-school-going girls felt that the UDAAN scheme had benefited them and helped save money. It also saved them the effort of purchasing sanitary napkins from the market (girls continue to be inhibited in asking for a packet of sanitary napkins over the counter). They expressed a willingness to purchase the napkins at a subsidised rate, but demanded that the supply in school be regularised.

A two-thirds majority of non-school-going girls (67 per cent) said after the distribution, they had started using sanitary napkins more regularly. The free supply of UDAAN napkins had helped in saving money. However, girls who discontinued usage said that the free packets finished in two months and they could not afford to buy sanitary napkins on a regular basis from the market.

I have four daughters and all of them have their monthly cycles. I cannot afford to buy napkins; so I tell them to use cloth. I know it is not hygienic as I have suffered due to infection myself but I have little choice. (Interview with a mother in a slum area, May 2016)

The ASHA and MAS members also felt that the UDAAN scheme had helped girls, but since the napkins were distributed only once, many girls had to discontinue usage. They recommended that this programme should be continued and monitored closely.

Several suggestions were put forth by girls (both in school and in slums) regarding the free napkins scheme. These included:

- Government should ensure regular/monthly supply of good-quality sanitary pads to all school-going and non-school-going girls in urban and rural areas.
- Sanitary napkins should be made available at the *Anganwari* centres at a nominal rate.
- Information regarding menstruation, related problems, and usage of sanitary napkins should be given to all girls in school and in the slum areas.

## Discussion

To us, it is evident that the free distribution of napkins scheme has benefited a number of girls in urban areas of Jaipur city. The fact that sanitary napkins were made available in the

school and in the slum areas made it convenient for girls as they did not have to source it from the market. For the non-users it helped to change practice to some extent, though they reverted to using cloth due to irregular supply of napkins. The overall suggestions given by the girls focus on the need for a regular supply of napkins in schools and slum areas, as well as initiating discussions on menstrual health and hygiene.

In a context where girls face multiple disadvantages and scarce resources, a focus on menstrual health and management is important. The insights gained from our research point to the fact that while providing physical and material means for menstrual management is crucial, it does not necessarily empower girls who lack basic information about their bodies. Such knowledge is critical if girls are to feel confident about normal bodily changes and attain a sense of positive body awareness (Kirk and Sommer 2006). The need for a holistic response in creating gender-friendly initiatives and promoting awareness on health and hygiene to address puberty and menstruation challenges also emerges as critical.

A discernible inter-generational change in usage of commercially produced sanitary protection was observed. However, the silence around menstruation, compounded by the lack of information regarding bodily processes, the adherence to patriarchal beliefs and taboos, and the lack of questioning by the girls, are serious concerns that need to be addressed at various levels.

Given the gender gap in school enrolment and attendance at higher stages of schooling in the state, disruption in school attendance during menstruation is worrisome. Poor sanitary facilities and non-availability of clean toilets with water in schools make it unsuitable for changing sanitary pads and for disposing of menstrual waste. This situation discourages girls from attending school. Further poor protection and inadequate washing facilities increase susceptibility to infection and related problems.

School curricula typically do not cover the topic of sexual maturation and onset of menarche in a gender-friendly manner. It does not help girls and boys to understand the changes occurring in their bodies. Though the textbooks focus on the biological and technical aspects of human reproduction, no effort is made to discuss the social and emotional aspects which the adolescents need to understand. The crucial role of teachers and the need for open discussions and dialogues within the schooling environment is self-evident.

While the findings highlight the positive impact of the UDAAN scheme, any programming around the issue of menstrual hygiene management should be based on an in-depth analysis of both urban and rural contexts. Provisioning of sanitary protection is a useful response, but only part of a solution. Several other mechanisms need to be in place to enable girls to manage menstruation with confidence and dignity. Also, government-initiated schemes that promote change in practice are rendered meaningless unless they can be sustained over a period of time. When we probed further on why distribution under UDAAN had been discontinued, we did not get a satisfactory response from the government officials. It is evident that the officials had not done any long-term planning or allocated adequate budget to cover urban areas.

## Conclusion

More research is required to map interventions that are contextually designed and address multiple challenges of unmet menstrual needs faced by adolescents. Menstrual hygiene is an important element in this, but is not the only issue in a context in which puberty, sexuality, and sexual and reproductive health are not discussed fully and openly in families, communities, or schools. A well-informed continuous school education and empowerment programme for boys and girls needs to be initiated to minimise stigma around menstruation. Encouraging adolescent forums to help shape healthy menstrual attitudes also emerges as critical. Engaging with men and boys on these issues, including menstruation, is crucial. NGOs and civil society organisations can take a lead in initiating these dialogues and interventions at various levels.

Bearing in mind its effect on reducing girls' confidence and freedom to attend school and generally move around freely in the community, the issue of menstrual hygiene management needs to be brought centre stage within policy discourse as issues of body awareness are critical to adolescent empowerment. Menstrual hygiene needs to be addressed comprehensively, to give women and girls the confidence and space to voice their need for improved menstrual hygiene. A multi-sectoral approach is essential to help break the silence on the issue by leveraging and converging with different government schemes across key sectors, including WASH, reproductive health, education, and rights, to reach out systematically to adolescent girls and boys with relevant information. NGOs like CFAR can play an important part in advocacy and research, as well as community interventions. Another priority area of work is continuous and systematic engagement and capacity building of frontline workers like *Anganwari* workers, ASHA, and teachers is essential to promote understanding on issues related to menstruation and menstrual hygiene management.

In the context of the UDAAN scheme specifically, there is an urgent need to streamline guidelines and put monitoring mechanisms in place for making it effective. The continued and regular supply of napkins is crucial to support a change in practice among non-users. Critically, the issue is one of poverty, and partnerships could be developed with the many groups producing low-cost sanitary napkins in the state. Given the demand and inability of many girls to source napkins from the market, the opportunity lies in linking up with these groups for universal coverage.

## Notes

1. The use of the term 'menstrual hygiene' presents the issue of menstruation in the terms of technical approaches to WASH, but is limited to dealing with the practicalities. Some feminist activists highlight that without working to challenge social norms about menstruation, stigma will persist for a natural biological function of healthy women, which is not unclean or impure.
2. 'Sanitary napkin' is a formal and old-fashioned term which does not describe the products of today offered to women – which are pads, not cloths. However, within government officials use the word napkins. Most women refer to them using brand names, e.g. Whisper.
3. For details, see [www.jatansanathan.org](http://www.jatansanathan.org) and [www.vishakhawe.org](http://www.vishakhawe.org) (last checked 24 May 2017).

4. The link between unmet needs for menstrual hygiene and reproductive tract infections in India is still being researched, and more studies are needed (Anand *et al.* 2015). However, a media report by a female reporter in a local newspaper, about district hospitals in Rajasthan, estimated that around 50 per cent of the female outpatient cases she had encountered had reproductive tract infections, and to a significant extent she considered these attributable to poor hygiene practices during menstruation (Dainik Bhaskar 2015).
5. In 2011–12, the Menstrual Hygiene Programme was initiated in selected districts of Rajasthan under the National Rural Health Mission (NRHM) of the Government of India. The scheme reached out to rural girls in the age group of 10–19 years. Under the scheme, a packet of six sanitary napkins were sold to the girls at the cost of Rs 6 per packet by the local Accredited Social Health Activist (ASHA). ASHA are designated community health workers instituted by the Government of India's Ministry of Health and Family Welfare as part of the NRHM. In 2014–15, the Government of India approved the expansion of this programme to 16 districts in the state, and rural girls were to be supplied with sanitary napkins. In 2015–16, the number of districts was reduced from 16 to 12.
6. *Anganwari* (courtyard) centres are part of the Integrated Child Development Scheme of the Government of India to address issues related to development of children in the age group 3–6 years.
7. Scheduled Castes are the officially designated disadvantaged communities in India that have been accorded special status by the Constitution of India.
8. General Castes or Forward Castes is a term used in India for the upper caste groups who are considered socially, educationally, and economically advanced. These groups of people do not qualify for any of the affirmative action schemes operated by the Government of India.
9. Mahila Arogya Samitis are constituted as part of the National Urban Health Mission in each slum area to facilitate linkages to community health services.

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