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**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT
OF WATER AND SANITATION FOR ALL**

**Menstrual hygiene: engaging with governments to
strengthen programmes of action**

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Menstruation is a phenomenon that is quite unique to females. The first menstrual cycle in females marks her journey from child to womanhood. Though this time period is quite crucial for a young girl, standing all alone she faces the first encounter all by herself amid the culture of silence or half baked knowledge which transgresses into various repercussions up to the end of her reproductive life. Menstrual health is a major area of concern in reproductive health affecting a large number of women starting from adolescence. Menstrual hygiene and management have direct consequences on fertility and reproductive tract infections respectively and effects on school absenteeism. This paper presents how government programs are limited to distribution of napkins lacking awareness building and environment creation. Government programs lack convergence, holistic approach. The role of development organizations is to strengthen the program, need of convergence among departments and how to do it.

Rationale

Poor menstrual health and hygiene is a crisis that most of us don't even acknowledge. With over 200 million women in India who are ignorant of safe menstrual hygiene practices faces serious detrimental effects on education, health or in their overall development. For girls existing gender norms and concerns about privacy are paramount -once they reach puberty, they need access to a toilet or a private place to manage their menstruation. Absence of adequate water, sanitation and hygiene (WASH) facilities services and prevalence of social stigma and taboos leading to their low self-esteem is a violation of their human rights. Nor are there avenues to get information, nor channels from where the right kind of information can be sought, nor is it appreciated to speak or tell the information. Prevailing taboos hound the menstrual days of all girls and women in many forms, like not allowing them to cook, restriction on food items, going to the temple, speaking to boys or men. At the same time government programs are limited to availability of napkins and not linked to information on menstrual hygiene. Non availability of required and safe infrastructures like safe spaces to change, safe toilets at home, in community or at school make it even more difficult to manage the menstrual days for girls and women. Government programs are implemented in a fragmented manner, where the health department runs schemes on napkins, the department of education builds toilets without even consent or understanding on safe design for girls in schools, and a third department builds toilets in the community, with a missing link on safe space for women. The biggest gap in such programs is that they lack information, education and communication/behavior change communication (IEC/BCC) activities.

Background

Menstruation has always been a taboo subject in India and across the globe, where it is not a subject to talk about. Moreover it is a matter of women and matter of shame, so generally this issue is kept hidden. 113 million adolescent girls account for nearly 11% of the population. Despite their numbers girls and women are a largely invisible population. Prevailing socio economic culture and customs leave them powerless to decide their future. Lack of autonomy makes girls in India extremely vulnerable –they are subject to

marriage, violence at home and in the community, lack of education and employment skills. Amid the culture of silence and half-baked knowledge transgresses into various repercussions till the end of life, as menstrual hygiene management (MHM) has direct consequences on fertility and reproductive tract infection respectively. Although often not acknowledged, it is clear that measures to adequately address menstrual hygiene would directly contribute to SDG 6. In addition to this there are major effects on school absenteeism and gender discrepancy.

A cycle of neglect: *lack of involvement in decision making*: Women and girls are often excluded from decision making and mobility. At the household level, they have little control over decisions like whether they can access private latrines or buy safe material for use during menstruation. Availability of money to spend on sanitary materials by women is still a decision which men take; most people, and men in particular, find menstrual hygiene a difficult subject to talk about. As a result of these issues, WASH interventions often fail to address the needs of women and girls.

Lack of information and awareness: Young girls often grow up with limited knowledge of menstruation because their mothers and other women shy away from discussing the issues with them. Adult women are themselves not aware of biological facts and good hygiene practices during menstruation. Instead they pass on cultural taboos/myths and restrictions to be observed. Men and boys typically know less but it is important for them to understand menstrual hygiene so they can support their wives daughters, mothers, students, employees and peers.

Lack of access to sanitary materials and facilities: Women and girls often find menstrual hygiene difficult due to lack of access to appropriate sanitary protection products or facilities (eg a private space with a safe disposal method for used cloths or pads and a water supply for washing hands and /or sanitary material).

The situation of programs at the state level and gaps

In the state of Uttar Pradesh, India, central government supported programs of selling of sanitary napkin at very marginal cost were initiated in 16 districts. The programs were mostly limited to selling of napkins, and stakeholders like frontline workers and officials of the health department had no idea how to implement the program. It led to big piles of napkins in departments and no takers of sanitary napkins in community. Both these program had a disconnect with behavior change communication methods. There were no platforms or methods created where stakeholders can be trained or counseled on how to manage the menstrual days, what is safe space, why it is required, what kind of materials can be used. Both these programs ran in isolation for years with a limited focus on selling of napkins. There was negligible improvement in conditions, as school toilets were still defunct, communities did not had toilets, most of the time girls or females even didn't know how to wear the napkins or stick to panty in right manner. Health workers who were responsible for selling of napkins had no training on counselling of girls or women, they themselves had no idea of using the napkins and their benefit. Moreover these programs were limited to a few districts of states and were never universalized. These programs closed in 2015. In 2015 the state government of Uttar Pradesh launched a whole state program where free distribution of napkins was planned for girls attending government schools. This program was not linked to how teachers would be trained on counselling the girls on how to use it, its benefit, what is menstruation etc. This program was primarily designed for distribution of napkins only. There was no convergence planned with Sarva Shiksha Abhiya (education) for improvement of toilets in schools. Nor was there convergence with Panchyati Raj Department, who is responsible for toilet construction in villages. Also there was no disposal mechanism planned for such huge distribution of napkins in the whole state. In all such departments, decision-making positions are mostly occupied by men of our society. Also in the community, if individual toilets are to be promoted for girls and women, the decision on expense for same lies with men. It becomes imperative to involve and engage with men as one important stakeholder if one is to ensure safe and healthy menstruation time for girls and women in society.

Initiative taken in Uttar Pradesh and the role of development organizations like Water Aid

Starting in 2015, WaterAid India North and State Health Mission (SHM) engaged together in an agreement to improve the structure of the program. In 2015 WaterAid and state government supported the capacity building of all 75 districts, and all stakeholders including Accredited Social Health Activists (ASHA),

Medical officials in -charge (MOIC), chief medical officers (CMOS), District program managers (DPM). Under this support the capacity building of more than 5500 ASHAs and government officials was done directly by WaterAid in 27 districts, and through indirect support in the rest of the districts.

Process

WaterAid and its partner Vatsalya, have innovatively engaged with different platforms in Uttar Pradesh to build the capacity of stakeholders and bring policy level decisions in the state. Working on the many dimensions of menstrual hygiene and its management, where capacity building, demystifying the taboos, making the whole process inclusive has capacitated not only girls and women, but has reached to multifaceted stakeholders by focusing on three major dimensions: awareness, materials (demand and supply), and facilities.

Therefore to ensure human rights of girls and women, mainly Right to life, liberty and security, health, reproductive health and family planning, privacy, right to free from practices that harm women and girls, free from sexual violence, enjoy scientific progress, WaterAid India North and Vatsalya went into collaboration with State Health Mission (SHM) to support centrally sponsored scheme Menstrual Hygiene Scheme in Uttar Pradesh by facilitating state /district level trainings on MHM to district officials from health, education and ICDS department under one roof directly in 27 districts and through technical material in rest of districts. This was not only limited to district level, the next day, capacity building of frontline workers was also facilitated by notifying them of their roles and responsibilities. Over 5,500 administrators (District Magistrates, Chief Development Officers), health workers, and education personnel participated in training.

Convergence and engagement with Education department on supporting MHM

Likewise, collaboration was done with Education department at district level of Uttar Pradesh to capacitate female teachers with the correct and appropriate information on MHM and WASH, so that they can train girl students, but most of the time, it was observed that knowledge was lacking. Aforesaid collaboration sessions were facilitated in Kasturba Gandhi Balika Vidyalaya (centrally sponsored program of residential schools for deprived girls), in all eight developmental blocks of Lucknow and Sant Kabir Nagar, and training of 350 nodal teachers on WASH & MHM in all middle schools (class 6-8) of Lucknow districts. These nodal teachers were trained to facilitate regular monthly sessions on menstrual hygiene, personal hygiene, using toilets and its management in their respective schools. WASH brigade (child cabinet of 10-15 children) of children to ensure the sustainability were developed in each school.

Case Studies

“My mother used to tell me that during menstruation I should not touch or eat certain food and drink, nor visit religious places as they are full of sanctity and piousness. It was there in my heart to break the false cocoon knitted by my mother. I was advised that this is normal practice everyone follows. As a student of science it was very difficult for me to accept any irrational issues. Now with education on MHM I am more confident and now I also educate my fellow village members, colleagues and friends and early adolescent girls on MHM and best practices on MHM. Also I educate them on why should challenge the stereotypical, self-made inter-generational, social taboos and codes of false beliefs”.

**Anuradha, student of class XII, Bakshi ka talab Inter Collage,
Village Baisan Bangh Chinhut Lucknow (India)**

“In the beginning I also believed that this is a women oriented issue but however later on we all (referring to community) recognized that as men we are also related to it. India is a patriarchal society where we exercise power, but I personally presume that we need to share this power dynamics with women. We have to give them wings so that they walk freely, move with head high in sky, learn without fear, take her own decisions express her thoughts and finally let her fly poise.”

**Bhanu Pratap Singh, 72 years old , senior local resident in Village Duggor,
Block Chinhut, District Lucknow (India)**

Toilets are a must as private places for women and girls

To support MHM for women and girls in communities and schools, it is essential that there is a private place to change napkins, and to use the toilet in time of need. Due to lack of toilets most girls in rural India go absent from schools or are forced to drop out at this age. To support this issue WaterAid has supported the construction and restoration of sanitation blocks in almost 300 private and government schools across UP to ensure that girls have private space to use, and they feel safe using this space. Along with it was ensured that water is also available in toilets. Now government of India has taken initiative and has provided budget to improve sanitation facilities in all government schools.

How men were involved:

In each of the 66 villages, separate groups were established for adolescent girls, women, boys and men. Focus group discussions were held to understand the existing understanding, gaps, knowledge and myths around MHM within each group. The project team wanted to reach out directly to stakeholders and understand their challenges, needs and solutions from their own perspective. A WASH brigade team was established in school and *Swaccha toil* in the community to act as a communication medium between the project team and the stakeholders. These support groups were sensitized on WASH issues and MHM. Male groups were formed in the target communities including groups of boys, youths and married males. Community meetings were held involving school teachers, youths in and out of school and elderly men in community. Men and boys were innovatively involved through different approaches including games to stimulate discussion. IEC materials were used to share information on menstruation and menstrual hygiene and the groups were also sensitised on gender issues. This enabled them to recognize the significance of MHM so that they can support the behaviour changes which facilitate women and girls in realizing their reproductive rights. At the preliminary stage it was very difficult to talk with men on MHM because there was too much reluctance, prejudice, myths and misconceptions surrounding the issue, but by regular meetings and inter-personal communication things started changing. A film from the same community “Making invisible the visible” based on positive deviance was made and widely used in community to showcase the real time cases has made a positive impact. Other strategies were adopted to engage men and raise awareness of menstrual hygiene issues and their relation to water and sanitation. For example male masons were engaged and their capacity was developed to design incinerators and household and school toilets. Male members of school management committees were also engaged through training and awareness raising sessions to provide supportive environments for effective MHM in schools and to inspire men to become change agents.



Photograph 1. Low cost incinerator in schools



Photograph 2. Low cost home based disposal of menstrual waste

Disposal solutions

While working on MHM facilities for females, making safe material like cloth napkins or sanitary pads available in markets, it is essential to make provision of disposal mechanisms in communities and schools. WaterAid initially tried keeping dustbins in school classrooms and school toilets. Girls were trained to keep their soiled used menstrual napkins in these dustbins in toilets. Also provision of water and soap was made

available. Slowly the issue of collection napkins in dustbin was an issue. Then another experiment to dig and bury the napkins was tried. But this was also not the most viable method as it takes years to decompose the napkins. Then we moved to local models of incinerators which were made of local available material and were of low cost. This had space from toilets to put the used napkins and on the other side there is iron mesh to collect the napkins. These were burned using locally available agricultural waste. This was a simple technique and was easy to dispose. Though globally there are many discussions on environmentally friendly techniques and best method is yet to be discovered, this technique was observed to be easy and friendly to use, with no big collection left to pile up in schools, and ash is easy to discard. Also there is no big collection of napkins in each week and there are only a small percentage of girls menstruating out of all girls in schools. Also in the community, WaterAid has experimented with a technique where an easily available earthen pot is used at household level to burn the napkins, which has made life easier for women, since they now do not have to go out in the open field to throw their napkins.

Sustainability

Sustainability of the program could not be achieved until and unless policy level changes and programs are engaged or made for its beneficiaries. Hence regular efforts were made by advocating on the issue with state government. This resulted in the launch of a new scheme called Kishori Shakti Swasthya Yojana (KSSY) in Uttar Pradesh in which free sanitary napkins will be supplied to each school going girl from sixth to twelfth standard in all government and aided schools. WaterAid North is now scaling up the model of training nodal teachers in the entire state through a cascade model, taking the experience of Lucknow forward. The plan is to engage with State Commission for Protecting Rights of Child (UP SCPCR) and Sarv Shiksha Abhiyaan to develop master trainers (female teachers) on MHM in all 75 districts of UP who will facilitate sessions with teachers from their respective development blocks.

Recommendations

- It is essential to plan a comprehensive program where capacity building of frontline workers is planned, and they are trained on MHM;
- It is essential to plan and allocate funds in each annual plan by government for regular capacity building of all stakeholders ;
- It is essential and required that IEC /BCC materials are widely distributed and are made in local languages;
- It is a must to have convergence among departments and MHM is not seen as only a health program, instead its linkages with education and other departments are also acknowledged and programs are conceived in joint discussions;
- There is a need to establish a monitoring system to monitor the program where capacities and implementation of the program are both monitored and supported;
- Identify and recognize the positive deviance is a must; it is essential to promote and felicitate them;
- Menstruation and its physiology should be part of the education curriculum in schools, and all children should be taught on MHM so that on the one side, girls are more confident and boys have sensitivity towards the subject and issues;
- There is a need for research on the linkages between MHM and health of women, especially reproductive health. There is a requirement to study and talk about cases where women have suffered in silence due to non-availability of safe and clean material, toilets and has led to life threatening disease;
- There is a requirement to engage with mass media - both print and electronic - as they can support in making a positive and conducive environment among society at large, which can create an environment of talking about MHM, so that it does not remain a subject of taboo and shame;
- Government should focus not only on provision of sanitary napkins but also should have programs on safe management of menstruation through proper facilities in communities and schools.
- Government should also plan and allocate funds on disposal of menstrual waste. There is a need to find better solutions and for the same research and discussion on disposal is essential.

Conclusion

This paper focuses on MHM, issues related to it and how to engage governments in the program. Programs need to improve their horizon where focus on provision of napkins is not the only way; there should also be plans and programs on capacity building, sensitizing media, and improved monitoring systems. There

should be visible convergence between government departments and MHM should be included in government education curriculums. There is also a need for good IEC material which can be replicated and disseminated widely for use and creating awareness.

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