Research Article

How effective is the Menstrual Hygiene Scheme? An evaluation study from North India

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ABSTRACT

Background: Menstrual hygiene is not up to the mark for Indian women residing in rural areas. To increase the use of napkins a social marketing scheme was launched. As the program is in preliminary stage of implementation the factors influencing it need to be evaluated. Our study aimed to analyze the influencing factors of this scheme.

Methods: A qualitative study was carried out during 2015 in a village of Northern India. Twenty in-depth interviews were carried out. Study design: It was a cross sectional study.

Results: It was found that 80% women were aware about sanitary napkins. 79% was motivated. Use was only 30%. They perceived that sanitary napkin was beneficial to them. The ASHA workers were disappointed due to fewer margins of profit and irregular supply. The other stakeholders in the community were not actively involved in the implementation of this scheme.

Conclusions: To conclude, there is a huge marketing potential of low cost napkins in rural India. The programme needs active involvement of various stakeholders and to ensure regular supply of napkins.

Keywords: Adolescent health, Menstrual hygiene scheme, Sanitary napkins

INTRODUCTION

Menstrual hygiene is of a great concern among large proportion of rural women in India. The current use of sanitary napkins among Indian women is low (10-11%) compared to developed countries like USA (73-90%).¹ Though ready-made napkin is not an issue for urban women. But for rural women still they are using cloth as an absorbent during menstruation.² As we know menstrual hygiene is the key to prevent many mild to serious infections like urinary tract, reproductive tract infections, bad odour etc. Study revealed in India, that high cost, lack of knowledge and lack of disposal facilities are the major barriers to use them.³ The Menstrual Hygiene Scheme (MHS) from Government of India aimed at adolescent girls. So that they had adequate knowledge and information about menstrual hygiene. It

was launched under (Reproductive and Child Health) RCH-2 component.⁴ It was expected to cover 1.5 crore adolescent (10-19) girls in 152 districts across 20 states.⁴ The supply of sanitary napkins in total 107 districts was envisaged initially in a central supply mode and rest 45 districts through Self Help Group (SHG) mode.⁴ Where SHGs were to manufacture and sold the sanitary napkins. It was also a part of women empowerment.

Procurement of sanitary napkins, by any of the above method has to be done at a fixed price of Rs. 7.50/- per pack of six sanitary napkins.⁴ It was branded as 'Freedays'. These napkins were being sold to the target population at the rate of Rs. 6 per pack of six napkins by Accredited Social Health Activists (ASHAs). The ASHA was eligible for an incentive amount of Re. 1 per pack, and getting a free pack of "Freedays" per month. The

balance Rs 5 is to be deposited in the State/District treasury.⁴ The scheme was taken off in 107 districts in the 17 States.⁴ After launch of three years the scheme was not popular due to irregular supply. This study aimed to analyse the factors influencing the MHS and also stake holder perspective in rural area.

METHODS

A qualitative study was conducted in Haryana. In a Rural Health Training Centre of Community Medicine Department, PGIMER, Chhagandigarh. The centre provides all kind of services by a team of doctors, ASHAs, nurse and other health workers. Five Focus Group Discussion (FGD) was carried out among the women aged 10-19 years residing in that study area. The group of FGD was consisted 5-8 adolescent of same village. The themes related sanitary napkin use, menstrual hygiene, and their perception about "Freedays" (sanitary napkins) scheme were explored. A total fifty in depth interviews were carried out with the help of health workers (ASHAs). At the time of data collection consent was obtained of all respondents. Thematic analysis of verbatim data was done.

It was a cross sectional study.

RESULTS

Majority were lower socioeconomic class (Parikh Scale). In general, 80% adolescent girls of that village were aware about "Freedays" (sanitary napkins) and they were 79% motivated also. Use was only 30%. One participant told that once you start using "Freedays" (sanitary napkins), it will feel bad to use the cloth again. Still most of the adolescent felt cloth was better than "Freedays" (sanitary napkins) during heavy menstruation. Two participants felt that sanitary napkins can cure disease of reproductive tract. For some participant, cloth was preferable than "Freedays", as disposal for sanitary napkins were a problem. For cloth at least they can hide it and dry it. As the supply was irregular and inadequate, financial problem was emerged as a main hurdle for using "Freedays".

ASHA involved napkin distribution, were not satisfied with the supply and subsidy given to them. According to one ASHA worker "in the beginning we liked the work, but due to short and irregular supply we don't want to continue it" We have talked to officers to increase and regularize the supply but they said that they cannot do anything. As the supply is irregular from higher level. The villagers were ignorant about the disposal of "Freedays". The villagers blamed that village health and sanitation committee (VHSC). They don't provide dust bins for disposal. The MHS programme implementation only focused on production work, proper distribution outlets were not established. Till the time of study, the main distribution mode was through ASHA workers. As

we know that success of any programme is dependent on Information Education and Communication (IEC) activities. However, the ASHAs that are the providers were not fully aware about these IEC activities.

DISCUSSION

Like family planning programme, this sanitary napkin programme (MHS) has emerged as a felt need for every rural adolescent. Our study reveals that 80% of adolescent were aware of sanitary napkins. And 70% adolescent were motivated to use this. Still use was low as 30%. Mainly interpersonal communication (peer groups) had enhanced their awareness 80% and still practice was not up to the mark. These may be two reasons firstly, they believe that pad comes with fixed (small compared to cloth) size so that, it may not absorb during heavy menses. Secondly cloth is readily available in home as they experienced shortage of supply of napkins. However adolescent expressed difficulties in disposal of pads. As in India there is no place for dustbin in rural areas for disposal of napkins. As we know that various myths/beliefs are linked with the sanitary pads.

Their cultural belief is that; it is an object for evil eye/magic spell on others. There is a common belief that stepping across a menstrual napkin "thrown by others" is very harmful. As government of India tried to popularize the use of napkins in rural areas to improve menstrual hygiene. Idea of mass production associated with women empowerments were also considered by involving rural women.

This study pointed out that irregular supply and minimal subsidies are the major barrier for implementation of this programme. Similar results were observed in the study of Singh A et al.⁵ For success of any health programme, persons involved should be motivated enough, and incentive is the most important motivation factor for them.⁶ This menstrual hygiene scheme has ignored the opportunity cost involved.⁷ Another important point is that, flow of supply is a critical determinant for implementation, success and sustainability of any programme.^{8,9}

Irregular supply also aggravated the dissatisfaction among ASHA workers. Sustainability of any community health programme depends upon active participation from the community. National Health Mission has emphasized the community participation.^{8,9} We came to know from this study, community felt that Village Health and Sanitation Committee (VHSC) had not done enough for them. Lack of dust bin reflects that the adequate groundwork was not done as far as cultural sensitivity was concerned. Besides problem of regular supply, there are many other issues which need to be addressed. Still the main mode for distribution is personal contact.

CONCLUSION

Huge demand of sanitary napkin is present in rural India. It will be worthy for companies if anyone provides/donates/produce low cost high quality napkins with properly involving relevant stakeholders at all levels in community. As our study points out the main barriers (irregular supply, low subsidy and not involving relevant stakeholders) of using sanitary napkins.

Limitations

Further research with larger sample size should be done.

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REFERENCES

1. Hindustan Latex Family Planning Promotion Trust (HLFPPT) (cited 2016 May). Available from: <http://www.smfconference.com/about-us.php>
2. Nair MKC, Chacko DS, Darwin RM, Padma K, George B, P S R. Menstrual disorders and menstrual hygiene practices in higher secondary school girls. *Indian J Pediatr*. 2012;79(1):S74-8.
3. Younis N, Khattab H, Zurayk H, El-Mouelhy M, Amin MF, Farag AM. A community study of gynecological and related morbidities in rural Egypt. *Stud Fam Plann*. 1993;24:175-86.
4. Government of India. [cited 2016 May 13]. Available from: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health-rksk/menstrual-hygienscheme-mhs/background.html>
5. Singh AJ. Place of menstruation in reproductive lives of women of rural North India. *Indian J Community Med*. 2006;31:10-4.
6. Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? *Indian J Comm Med*. 2008;33:77-80.
7. Ray S, Dasgupta A. Determinants of menstrual hygiene among adolescent girls: A multivariate analysis. *Nat J Commun Med*. 2012;3(2):294-301.
8. Implementation guide on RCH-II: Adolescent reproductive sexual health strategy. Available from: http://www.mohfw.nic.in/NRHM/Documents/ARSH/Implementation_guide_on_RCH%20II.pdf (Accessed on: March 2016).
9. A vending machine radicalizes girl's personal hygiene choices. Available from: http://www.unicef.org/india/health_3623.htm. (Accessed on: March 2016).

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