

A reason to smile: the five 'A's approach to promote menstrual hygiene management in adolescent girls

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Menstrual hygiene is an issue that every girl has to deal with from adolescence until menopause. Bringing the issue of menstrual hygiene management (MHM) out of the closet has been a constant struggle and challenge, even in a progressive state like Maharashtra, India, where nearly 19 million adolescent girls and women of menstrual age live (55 per cent of total rural female population of the state, GoI, 2011). Field studies by UNICEF suggest only 13 per cent of menstruating adolescent girls between 11 and 19 years of age were aware of menstruation before menarche and 60–70 per cent of adolescent girls do not attend school during their time of menstruation. Also, 84 per cent report the absence of a place to change absorbents at school. Girls simply stay away from school to avoid staining and embarrassment. Given the nature of the findings, which involves both demand (awareness) and supply (access) interventions, this paper proposes a framework of enabling factors at five levels: awareness, aspiration, affordability, availability, and access. The paper looks at an approach to design and implement MHM programmes with scale, and concludes with recommendations based on systemic challenges in the overall political and administrative priority for MHM programmes in India with reference to Maharashtra.

Keywords: MHM, adolescents, lifecycle, UNICEF Maharashtra, awareness

WASH (WATER, SANITATION, AND HYGIENE) has always been perceived as a public health and engineering wing. There has been limited effort to see WASH from a life cycle perspective, linking it with gender, social esteem, and basic human rights.

However, in the recent past, there has been an effort by global WASH practitioners, including in India, to recognize the importance of incorporating a gender perspective (WSP, 2011).

The Government of India recognizes menstrual hygiene management (MHM) as an important issue, and thus has included MHM within the Clean India Campaign

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Box 1 Government of India's initiative to address MHM

In 2010 the government, through the National Rural Health Mission (NRHM), developed Operational Guidelines for Promotion of Menstrual Hygiene among Adolescents. The aim of this scheme is to strengthen existing interventions (namely, Adolescent Reproductive and Sexual Health, ARSH, and the Adolescent Education Programme, AEP), creating a forum for discussing adolescent health-related topics. For menstrual hygiene it focuses on rural areas with three main objectives:

1. Increase awareness on menstrual hygiene, build self-esteem, and empower adolescent girls
2. Increase access to and use of high quality sanitary napkins by adolescent girls
3. Ensure safe environmentally friendly disposal of sanitary napkins

The programme planned to reach all adolescent girls of whom 70 per cent are above the poverty line and 30 per cent are below the poverty line.

Box 2 KAP study (2010, unpublished)

Study results:

- 22 per cent of respondents informed that girls leave school after attaining menarche as per their experience of others
- 64 per cent of sanitary napkin users reported using burning as a method for disposal for used sanitary napkins

(Rapid assessment by WSSD and UNICEF in 2010 among 437 women and girls in eight districts of Maharashtra, 20 Gram Panchayats)

(*Swachh Bharat Mission: SBM*) launched on 2 October 2014, with an exclusive guideline on MHM issued in December 2015 (see Box 1).

In 2010–11, UNICEF Mumbai carried out two studies. The first study (see Box 2), conducted in partnership with the Water Supply and Sanitation Department (WSSD), Government of Maharashtra, and NGOs, focused on Knowledge, Attitudes, and Practices (KAP), while the second study (see Box 3) was conducted to establish the WASH baseline in 2011.

Box 3 WASH baseline (2011, unpublished)

Baseline results:

- 13 per cent are aware of menstruation before menarche
- Nearly 70 per cent of adolescent girls do not go to school during menses
- 84 per cent of school-going adolescent girls reported absence of facilities to change absorbents at school
- 46 per cent of respondents practised seclusion during menstruation in the form of all the stated three behaviours: they were not allowed to enter the kitchen, cook food, or enter a place of worship during menstruation
- The use of sanitary napkins ranged from 9 per cent to 24 per cent. The use was on the higher side among adolescent girls
- Respondents informed that sanitary napkins sold by female shopkeepers would enhance the feeling of comfort while buying.

(WASH baseline by UNICEF in 2011 with 2,280 women and 427 adolescent girls; 170 Gram Panchayats of three districts of rural Maharashtra: Chandrapur, Nandurbar, and Latur)

A study (Thakre et al., 2012) assessing menstrual practices among school-going adolescent girls in Nagpur observed that the cleaning of external genitalia was unsatisfactory in a higher number of rural girls (79.4 per cent) than urban girls (58.1 per cent).

It is quite clear that there are many factors affecting menstruating girls beyond mere access to sanitary items.

Strategy and framework

In Maharashtra, the WASH life cycle strategy was developed with a specific niche for MHM programming. Access to improved water, sanitation, and hygiene, apart from being a public issue, is also a rights- and gender-based issue, especially for the adolescent period.

Five 'A's approach addressing MHM

To address MHM in a comprehensive fashion, we applied an actionable framework to MHM in Maharashtra, which is governed by five pillars: awareness, aspiration, affordability, availability, and access (five 'A's) (see Figure 1) (adapted from IDE Social Marketing Framework, Cambodia, 2011).

- *Awareness.* A systematic and structured approach towards creating awareness about menstruation and menstrual hygiene management, using communication tools, resource materials, community- and school-based programming, involving boys and the community as a whole.

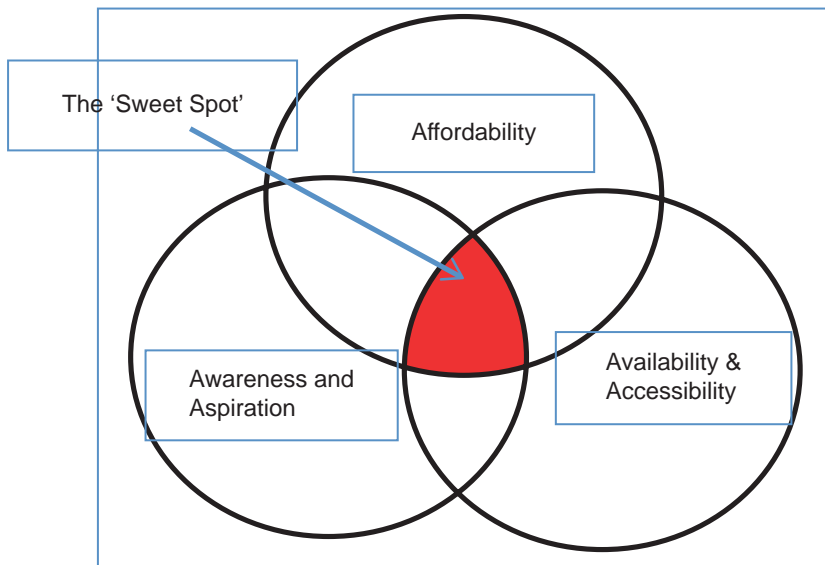


Figure 1 Five 'A's' approach

- *Aspiration.* The product offering must be aspirational and aesthetically pleasing to trigger health-seeking behaviours and satisfy people's desires. The term is used here in a broad sense and it encompasses a wider meaning which is related to the aspiration for better hygiene practices/lifestyle during menstruation.
- *Affordability.* Toilet design, hand-washing stations, sanitary napkins/absorbents, or water treatment methods need to be affordable with the present market choices with multiple options.
- *Availability.* A menu of customized options and complete solutions such as availability of sanitary pads or absorbents in school, with health workers and different designs for young girls.
- *Access.* Gender- and child-sensitive design, easy to operate and maintain with cost-effective solutions, and decentralized supply chain which enables easy, barrier free access; such as girls' toilet with dustbin or incinerator, hand towels, and soap.

Adolescent WASH framework focusing on MHM

This framework is an evolving one and looks at the issue of MHM in a holistic manner. The framework looks at MHM beyond absorbents and creation of facilities.

Menstruation is associated with puberty. This is a time of biological change that brings with it restrictions, rules, confinement, and changed expectations in many cultures. Hence, a girl needs to be made aware before these changes take place in her body and guided through these changes before she starts looking at herself in a negative manner or starts accepting the misconceptions related to menstruation.

A systematic behaviour change communication strategy is the overarching component within the proposed framework (see Figure 2). Creating sensitivity among boys and males is a non-negotiable component. Including men and boys in the dialogue surrounding MHM is crucial so they can support their wives, daughters, sisters, and fellow students more positively.

It is essential to empower girls and women through interpersonal channels of communication, emphasizing the normalization of menstruation and repeated positive messages: for example, 'Menstrual cycle is a purely natural process and there is nothing dirty about it', 'menstrual blood is not impure'. This is impossible to do with just information giving. Creating a support system for the girls and a platform for regular sharing is a key.

The communication also includes advocacy at the national and subnational level to develop an environment wherein various stakeholders are ready and equipped to address MHM.

The MHM programme developed by UNICEF Mumbai has been implemented in a few districts in Maharashtra (India) led by the head of the district administration with the intent that every girl from the age of 12 years in every village is reached. This means coordination between the SBM and other departments at both the district and the block level is critical. So far more than 70,000 adolescent girls have

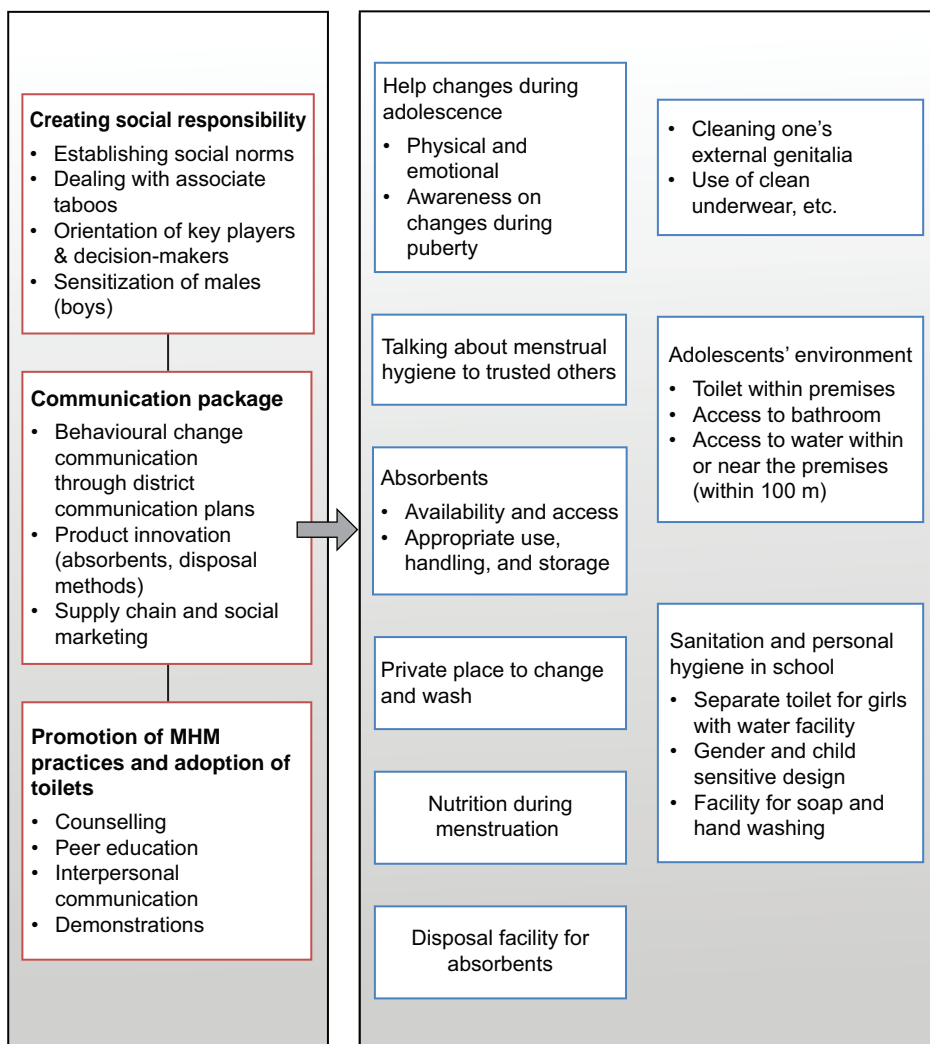


Figure 2 Adolescent WASH framework focusing on MHM

Source: authors' own analysis

Note: the entire framework has been adapted by UNICEF Maharashtra Office. Hence in the results section the name of the organization has been referred to frequently.

been reached under the district level approach of MHM programming. The method of operation is depicted in Figure 3.

MHM intervention was also incorporated in another UNICEF WASH in School project (in partnership with Universal Education Program and a local NGO) called Daily Handwashing for an Ailment-free Life (DHaAL). This has been implemented in 100 schools of two blocks in two districts of Maharashtra targeting girls belonging to standard 6th to 10th (aged 11–16).

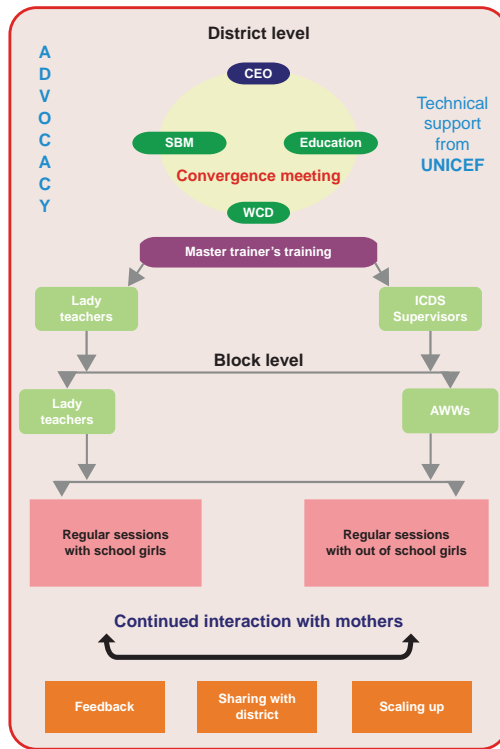


Figure 3 District approach for MHM programming

This project included a strong communication component delivered through a contact drive wherein trained promoters (outreach workers) visited the designated schools every week and conducted activities related to hand washing with soap and MHM. Also, district school teachers were trained on MHM.

Communication materials were provided to help girls feel confident about managing their menstruation privately and successfully in school. The girls were given individual copies they could take home; hence they were able to share the information with their mothers, sisters, and other girls who are not in school.

Feedback from the ground suggested that the school girls had for the first time ever broken their silence on menstruation and begun talking about it; this included both girls in the menstruating age group and those who would soon attain menarche.

The DHaAL project showed increased awareness and expected change in hygiene practices related to MHM in particular within all the designated schools.

The MHM intervention programme focused on the following components. These components put together defined the overall approach.

- Advocacy with district-level stakeholders to ensure appropriate attention to MHM within strategies and programmes, along with the necessary action, accountability, and financing.

- Equip teachers and other frontline workers on MHM to become empathetic to girls' needs; also training them to deliver sessions to the adolescent girls and sensitively discuss with parents.
- MHM nodal teacher in each school; other frontline workers and community volunteers are engaged to cover schools without any female teachers.
- Contact drive focusing on interpersonal communication for MHM among adolescent girls for an extended period of time that would include handholding by teachers and other frontline staff.
- School clubs/MHM councils for girls are strengthened and equipped to take forward the mandate along with the nodal teacher.
- Dovetailing MHM with current district level initiatives.
- Convergence and coordination among the relevant line departments.

We have further categorized the results under three major pillars – awareness and aspiration, availability and accessibility, and affordability (see Figure 1) – based on various other efforts made by us.

Awareness and aspirations. To create opportunities for sharing experiences related to MHM and to promote sanitation for girls at home and in school (e.g. separate toilets for girls); adolescent girls in project areas have been trained to deliver messages on adolescent hygiene including MHM through the medium of participatory theatre. The semi-structured, post-performance discussions resulted in very interesting dialogue. The overall feedback from the community as well as from the adolescent girls (who were a part of this process) has been very positive. Peer education has proved to be very successful wherein adolescent girls share information on MHM.

Further, UNICEF Maharashtra developed innovative communication materials on MHM after a detailed formative research and pilot with the adolescent girls.

Overall, we have been enabling different platforms in schools such as the Meena Raju Manch (a group of 10 girls and 10 boys working on different social and gender issues in school from the age group of 10–14 years), institutional set-ups such as schools, Ashramshalas, and Kasturba Gandhi Balika Vidyalaya (KGBV: residential girls' school for tribal and excluded communities), and adolescent girl-related programmes such as the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls for spreading messages related to adolescent hygiene and MHM. Moreover, issues related to MHM have been incorporated in all such government schemes as a training module or communication materials. Menstrual hygiene management has also been included in India's first dedicated postgraduate WASH course being offered by the Tata Institute of Social Sciences (TISS).

Availability and accessibility: strengthening sanitary napkin enterprises. UNICEF, in the initial stages, partnered with a Dutch NGO which supports female entrepreneurs in India. They helped by training women from Sanitary Napkin Enterprises (SNEs) on sales and marketing. A training manual on SNE was developed during this process. The SNE in one district (a district is an administrative division managed by local government; Maharashtra has 36 such districts) was developed and training was organized for all the SHGs (self-help groups: a group of 10–20 women from poor

families engaged in different thrift and credit activities and working for rights and entitlements of the poor) to run SNEs in the state.

UNICEF also piloted an initiative in two districts of Maharashtra wherein adolescent girls' groups were involved in awareness generation, demand creation, and social marketing of sanitary napkins in their villages (defined as a clustered human settlement or community, larger than a hamlet but smaller than a town). Within a very short span of time, the adolescent girls' groups were able to reach more than 1,800 households and sold more than 5,000 sanitary pads (a packet of eight sanitary napkins). This initiative made sanitary napkins available at the doorstep of the girls and hence they became highly accessible through their peers.

Affordability. It was observed that the sanitary napkins made locally by SNEs were reported as affordable by women. This in turn acted as a motivator for women to buy the absorbents regularly.

The initiative in two districts wherein adolescent girls' groups were involved in demand creation and social marketing of sanitary napkins also highlighted that the women were even willing to pay a bit more as the product was made available through girls within their village. The aim is to enable the community to prioritize MHM needs and to empower them to make decisions to spend on those needs.

Challenges

As a sensitive issue, menstrual hygiene management receives limited attention at the family/community/institutional level and within the wider societal context. Some of the key challenges are as follows:

- The implementation of the MHM initiative requires many stakeholders to work together. There is a lack of clarity on the lead department in the government and convergence is a key challenge at all levels.
- The government decision to supply highly subsidized sanitary napkins to adolescent girls in some of the rural areas might affect the entire concept of the demand-driven programme.
- Absence of a well-structured behaviour change communication strategy at all levels.
- A high degree of resistance by the community to dialogue on this topic.
- Frontline functionaries themselves manifested a whole range of misplaced perceptions and attitudes making the task of training them very difficult.
- The focus of the government programme is by and large distribution of sanitary napkins.
- The decision to distribute sanitary napkins at almost negligible cost by the National Health Mission (NHM) to the girls could kill the market of SHGs.
- Extreme ignorance and lack of sensitivity of the government functionaries to the issue acts as a hindrance in taking forward the work related to MHM.

- The issue of MHM has to be layered and cannot be a frontal approach keeping the cultural sensitivities in mind.

Conclusion: way forward

The physical manifestations of puberty and the lack of safe, dignified practices to manage menstruation have somehow created a complex, heavy silence around this important and very positive life cycle change. The resulting restrictions in health, hygiene, self-expression, schooling, mobility, freedom and space, and gender broadly have a far reaching and damaging impact on girls and women globally. Thus, good MHM programming must go beyond mere facilities for washing and disposal in school.

One of the fundamental gaps in menstrual hygiene management is the lack of effective socio-behaviour change communication strategies and material.

Interpersonal communication can make lasting change in hygiene behaviour:

- Conducting adolescent group meetings or formation of adolescent girls' groups (AGGs) as platforms to encourage discussions or using the already existing platforms in their villages to reach out-of-school adolescent girls.
- Meena Raju Manch/child cabinets formed within schools to be used as vehicles for communication.
- Including MHM in the school curriculum and regular hygiene promotion classes.
- Taking up a skill development programme for girls to teach them ways to make cheaper napkins at home for self-use.
- The 'peer-to-peer/girl-to-girl' education approach would increase girls' interest and empower them as well to deal with menstruation confidently.
- Changing the mind-sets of boys and men could foster stronger psychosocial support and create an enabling environment to address the WASH needs of girls and women.

The Government of India and State of Maharashtra need to work on an improved supply chain for access to sanitary napkins at the doorstep or a decentralized depot at the school, linking with the school health programme and Iron and Folic Acid Supplementation Programme under NHM. In addition to this, the government needs to invest in research and development on disposable sanitary napkins, incinerators, and barrier-free access to school girls' toilet design under SBM.

Involvement of stakeholders at all levels of the programme, including girls, parents, community leaders, teachers, principals, district level programme managers, state-level policymakers, and media is essential to ensure uptake, coverage, and ownership of the issue.

Convergence and coordination among the relevant line departments plays a major role throughout the implementation of the programme. MHM is multi-sectorial. Different sectors must work in unison to guarantee delivery of software and hardware and to ensure monitoring.

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