A Critical Analysis of the Menstrual Health Scheme in Delhi

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ABSTRACT

Even though Menstrual Health Management is a global phenomenon, in the 21st century, women struggle with societal pressures and financial inequality. Although the Indian government is trying to take multiple measures to overcome this disparity, the reality is still far from its mission. This paper is supported by a qualitative data sample of underprivileged menstruating women who are unaware of this health aspect of theirs and the government support available to overcome their issues. A sample size of 35 was maintained in the age range from 12 to 60 years. This paper covers origins and taboos, general hygiene management, and critical analysis of the Menstrual Hygiene Scheme (MHS) - National Health Mission in India. The survey has proven the hypothesis that the 'MH Scheme' has not adequately reached rural areas in New Delhi, and girls and women need to be aware of their health and lifestyle. The paper covers aspects that still need attention and guidance for the scheme to succeed.

Keywords:*Menstrual Health Management, Menstrual Hygiene Scheme, Policy Analysis, Pad Man, National Health Mission, Menstrual Health in India*

INTRODUCTION:

Throughout the world, millions of girls and women experience menstruation. During her lifetime, a woman can menstruate for an average of 3000 days. However, in developing countries, young girls and women face many challenges as they struggle to maintain their

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menstrual hygiene. This situation persists despite new developments in hygiene and sanitation in recent years (Narendra Malhotra,2018).

A woman's menstruation is the process by which she sheds the uterine lining every month during her reproductive years (12-60). On average, a period or the menstrual cycle occurs every 28 days. During periods, uterus bleeding usually lasts five to seven days. It is estimated that approximately 35 millilitres of blood are lost during each menstruation. Typically, menarche (the first occurrence of menstruation) begins around 12. Women, usually between the ages of 45-55, experience menopause; this is the period when menstruation ceases. It is common for women to experience monthly abdominal cramps (Developing Knowledge and Capacity in Water and Sanitation GUIDE 18 Menstruation Hygiene Management for Schoolgirls, n.d.). Girls may start their menstrual period as early as nine and till as late as 16 years (Developing Knowledge and Capacity in Water and Sanitation GUIDE 18 Menstruation Hygiene Management for Schoolgirls, n.d). Girls who are highly active in sports or relatively thin may not start menstruating until later. Losing weight and experiencing a growth spurt may also delay menstruation. Menstruation and menstrual practices, clouded by taboos and socio-cultural restrictions, cause ignorance of scientific facts and hygienic health practices, which can sometimes result in adverse health outcomes (Goyal, A., Gupta, J., Choudhary, A., Harit, K., Ragesvari, K., & Gupta, I. (2021).

1. The Menstrual Health Scheme:

The Ministry of Health and Family Welfare introduced a scheme for promoting Menstrual Hygiene ('Menstrual Hygiene Scheme (MHS):: National Health Mission,' n.d.). The primary objectives of the scheme were:- To increase awareness amongst adolescent girls on Menstrual Hygiene, provide access to and use of high-quality sanitary napkins for adolescent girls in rural areas, and ensure the safe disposal of sanitary napkins through an environmentally friendly manner ('Menstrual Hygiene Scheme (MHS):: National Health Mission,' n.d.). This scheme was implemented in 2011 in which 107 districts were selected in 17 States wherein a pack of 6 sanitary napkins called 'Free-Days' was provided to rural adolescent girls for Rs 6/- each ('Menstrual Hygiene Scheme (MHS):: National Health Mission,' n.d.). From 2014 onwards, funds are given to States/UTs for decentralisation of procurement of sanitary napkin packs as provisions to rural adolescent girls ('Menstrual Hygiene Scheme (MHS):: National Health Mission,' n.d.). The ASHA (Accredited Social Health Activist) organisations continue to be responsible for the distribution, receiving an incentive of Rs 1 per every pack sold along with a free pack of napkins every month for the girl child's personal use. In addition, IEC (Information Education Communication)

educational material around MHS has been developed, using a 360-degree approach to create awareness amongst adolescent girls about safe & hygienic menstrual health practices. These include audio, video, reading materials for adolescent girls, ASHA job aids, and other field-level functionaries for communication ('Menstrual Hygiene Scheme (MHS): National Health Mission,' n.d.).

This paper investigates the efficacy of the Menstrual Hygiene Scheme. One of the objectives of this study is to investigate the current state of menstrual health management in the country. In addition, the research explored the origins of MHS. Finally, developing an assessment of the functions and the current state of MHS will be investigated in the last section of this paper.

REVIEW OF LITERATURE:

The Millennium Development Goals first gained international attention to supporting girls in achieving universal primary education. Now, amidst these Sustainable Development Goals, menstrual health is supported by 6 of 17 goals. In recent years, donations have been received from governments and other stakeholders to address issues around menstrual health in low- and middle-income countries, as well as recognition of menstrual health as a multi-sectoral issue not limited to education. However, there is a dearth of rigorous, systematic, and longitudinal research on the issue and how it impacts the lives of young girls (India Menstrual Health Literature and Landscape Review-Splash, '1-26'). As a result, adolescent girls are under-prepared for puberty and menstruation, especially in rural areas.

Fortification of Menstrual Health Management programs in India is required. In addition, schooling on mindfulness and admittance to clean pads needs to be attended to. Previous studies reveal that lack of privacy is a significant concern in households and schools. The root cause of this is due to ignorance, misconceptions, and illiteracy (Kaur, Kaur, & Kaur, 2018).

There is a dire need for girls to receive more guidance on menstruation and the importance of good menstrual health and hygiene practices through modifying existing health education programs and improving reproductive health services in India. Mothers must be educated to communicate with their daughters regarding menstruation before menarche. Schools should be encouraged to provide basic facilities such as water, bathrooms, and safe, private spaces where girls can follow hygienic practices. Schools and parents can play a significant role in shaping healthy menstrual attitudes. Community-based adolescent-friendly health services should promote open discussions on reproductive health, menstrual

abnormalities, and psycho-social problems.

Further research should be conducted on menstrual health and hygiene in developing countries to meet girls' cultural, emotional, and social needs ('Menstrual Hygiene: A Challenging Development Issue,' n.d.).

Menstrual Health Management practices are poor in Indian schools. Although the government has developed national-level guidelines on all aspects of MHM-friendly-sustainable schools, practical implementation still needs to be improved. Research on Menstrual Health Management in schools mainly focuses on observational studies to assess the knowledge and practices of girls regarding Menstrual Health Management (Chothe et al., 2014). Moreover, research on the other aspects, such as waste management, teacher's knowledge assessment, and management information, is limited (Sharma, Mehra, Brusselaers, & Mehra, 2020) ('Menstrual Hygiene Preparedness Among Schools in India: A Systematic Approach'). There is a broad scope of integrating various curriculum or non-curriculum-based actions on menstrual health education (Sharma, Mehra, Brusselaers, & Mehra, 2020) and establishing schools as an ideal forum to disseminate Menstrual Health Management information. There is a need to transform the existing infrastructure into a menstrual hygiene-friendly one, which needs to be the priority area for all schools (government or private) (Sharma, Mehra, Brusselaers, & Mehra, 2020). To make the program easier to implement in all schools, authorities and management committees should simplify the detailed guidelines into practical action points. An increased momentum by International donors and small enterprises could synergize to improve menstrual health. In strategizing concentrated efforts in this direction, policymakers can use the emerging scientific and innovative solutions from Menstrual Health Management projects. Particular attention should be given to Menstrual Health Management, viz., product distribution, construction, and adaptation of 'Women-Friendly' washing facilities (VanLeeuwen & Torondel, 2018). Most research simply identifies the problem faced, however very little is actually done to tackle it.

DISCUSSIONS AND RESULTS

1. Menstrual Hygiene in India

In a developing country like India, girls and women struggle to manage their monthly periods. According to a health survey of 2015-16, about 355 million girls and women in India are of reproductive age (Upadhyay, 2019). While the most common product in India is the Sanitary Napkin, it is used by less than 20% of women due to poverty (Bhaskar, 2019, n.d).

2. Taboos and Societal Pressures

The social taboos like not entering the kitchen or the temple while the ongoing menstrual cycle, surrounding the topic of menstruation is reinforced each time black plastic bags are offered for sanitary napkins. The first revolutionary campaign that 'Whisper India,' a menstrual health company located in Baddi, Himachal Pradesh, worked on was pushing communication boundaries for societal good at its core. They mentioned the word 'Periods' in advertising and demonstrated how the product worked on National TV in 1993. In 2014, Whisper broke the taboo around 'Touching the Pickle' during menstruation ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.).

A few provincial examinations have likewise shown that menstruating women do not know the importance of the menstrual cycle, and they see their period as an illness. As a result, many women follow social practices and sustain restrictions that limit their growth and health during the menstrual cycle. NGOs often aim to help adolescent girls studying in schools and provide them with necessary information regarding their menstrual health ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.). Among a few restrictions associated with modernization, the one around menstruation has had a long-lasting impact on India. General public perceptions of women during menstruation are based on the belief that they are tainted and unapproachable.

3. The Adoption of Menstrual Health Products

In India, 64.4 % of women aged 15-24 use sanitary napkins, 49.6% use cloth, and 15% use locally prepared napkins ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.). Menstrual products range from sanitary napkins to compostable pads, diverse types of cloth pads, menstrual cups, and tampons. The states with the lowest percentage of using hygienic methods of menstrual protection are Bihar, Madhya Pradesh, and Meghalaya ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.). One ponders the growing lack of will to adopt various menstrual products and their accessibility. Awareness, quality, accessible products, and choice are critical for menstrual health and hygiene. Dr. Arundati Muralidharan of Menstrual Health Alliance India said that cloth is unsafe. However, she considers it a menstrual product that can be used hygienically with information and guidance ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of

Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.). Further interpreting NFHS (National Family Health Survey) data, Dr. Muralidharan inferred that the percentage of menstruators using cloth indicates a potential to promote numerous menstrual products. With young girls and women having limited or no access to menstrual education and essential sanitary products, the concept of menstrual hygiene has remained a challenge in India ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.).

4. Impact of COVID-19 on Menstrual Health Management

According to UNESCO, the global pandemic forced girls to abandon sanitary napkins for menstrual pads made of cloth, raising the spectre; of a looming health hazard ("Adoption of Sanitary Napkins Is Less than 20% in India, Whereas Adoption of Cosmetics like Lipstick Is Significantly Higher at 65%: Chetna Soni, P&G," n.d.).

A survey was conducted to support this research paper. The sample consisted of girls and women from a locality called Rangpuri Pahari, New Delhi. It is a semi-rural-urban area just opposite the International Airport in the capital. Menstruating women in the age group of 12 to 55 years were questioned over two weeks. All women chosen had not reached menopause yet and had periods more or less regularly. Whereas all of them had used cloth, tissues, or wool, instead of pads (especially during the COVID-19 lockdown), only 35% were found to be using sanitary pads.

Poonam Muttrej, who reported that the COVID-19 pandemic had exacerbated women's deprivation of menstrual hygiene products, among several other basic needs, observed the contributions of the COVID lockdown toward a sanitary pad crisis in India. Bihar and Rajasthan reported stock-outs of sanitary napkins at local shops. Anganwadi Centers, a central access point for sanitary napkins and iron and folic acid tablets for girls, were also closed (Staff, n.d.).

MENSTRUAL HEALTH MANAGEMENT GUIDELINES

The Swachh Bharat guideline for menstrual hygiene states to improve awareness general on menstrual waste management, and disposal of menstrual waste, including incineration on the installation of sanitary vending machines and incinerators in schools, to upgrade the status of the same (Menstrual Hygiene Management under Phase 2 of the Swachh Bharat Mission - Grameen, n.d.).

The money available under the IEC (Information, Education, and Communication) component can be used to promote knowledge and skills on Menstrual Hygiene Management in all places, particularly among teenage girls in schools. Funds from the SLWM (Solid and Liquid Waste Management) components can also be utilised to build school incinerators. This waste disposal component should be included in IEC strategies to raise awareness among all stakeholders. The SBMG (Swachh Bharat Mission Gramin) should focus on women's menstrual hygiene issues. Hygiene and sanitation requirements for girls and women are connected to their menstrual cycle. Women suffer because of a lack of understanding about MHM safe measures (Menstrual Hygiene Management National Guidelines, 2015).

To improve Menstrual Health Management, the Menstrual Health Management Guidelines point out the importance of departmental convergence. However, the guidelines lack clarity on what convergence might look like in action, i.e., who will precisely coordinate or oversee the coordination across departments and levels ("Menstrual Hygiene – Talk about What is Not Comfortable!' 2020). Individuals restricted to rural areas and their mothers frequently propagate gendered social practices related to the menstrual cycle. This could temporarily influence a young girl's Menstrual Health Management conduct and may have longer-term consequences for her progress to adulthood. Girls struggle with typical periods and menstrual health management problems, such as less cyclical awareness and restricted product access (Madhusudan Gopalan, 2019 .n.d). Studies have shown that 71% of girls in India need information about their monthly cycle before menarche; studies have also shown that girls have no insight into their menstrual health factors ('The percentage of state-level orientations organized on Menstrual Health Management' or the percentage of schools with a separate functional toilet block for girls (Madhusudan Gopalan, 2019).n.d). The survey inferred that the scheme's help benefited 22% of the women, who were school-going teenagers, and had their school staff inform them about such a lifestyle and provide the necessary aid.

1. MHM Items and usage

There have been a few early endeavours to create inventive Menstrual Health Management items, such as biodegradable pads made from organic materials, bamboo, banana stem fibre, sugarcane squander, and reusable fabric pads. However, these items have a high direct cost and are not accessible on a large scale. EcoFemme in Autryville, Tamil Nadu, associations fabricate soft cotton fibre pads, give livelihoods to women, teach school going girls about its usage, and liberate the pads from their high costs ('Menstrual Health in India | Country Landscape Analysis, n.d ').

In 2012 government-funded schools, 40% of all administration schools could have done better on working standard toilets, and another 40% came up short on discrete washrooms for girls. Often public toilets are not separate for women and men, and the stalled washrooms are often not hygienic. Thus, a discrete one is necessary, especially during periods, as the uterus lining is open and permeable to germs and infections during the menstrual cycle. Thus having a clean toilet is of utmost importance ('Menstrual Health in India | Country Landscape Analysis, n.d '). Despite public-level endeavours, 53% of all families in India miss washroom usage, requiring women and girls to use collective or public toilets which might be located far away or requiring them to defecate in the open at dusk, increasing their probability of getting harassed ('Menstrual Health in India | Country Landscape Analysis, n.d ').

2. The Swachh Bharat Abhiyan and Issues

Swachh Bharat Mission (SBM) or Clean India Mission is a countrywide campaign initiated to eliminate open defecation and improve solid waste management ("Swachh Bharat Mission" 2020). Menstrual Hygiene Management (MHM) is an integral part of waste management under the Swachh Bharat Mission Gramin (SBM-G) campaign, underlining the importance of this otherwise taboo topic that affects the health and well-being but also the education and overall development of girls and women in the country.

One hundred sixty-two social practices and taboos related to the menstrual cycle hinder women and girls from utilizing toilets, asking for help or even realise that they need hygienic places to assist them during ongoing cycles. These strategies are exceptionally typical in regions with no toilets or suitable areas, and talking about the menstrual cycle is not considered standard. Indeed, even in metropolitan regions, this mainly rises to around half ('Menstrual Health in India | Country Landscape Analysis, n.d '). Lack of awareness and appreciation outweighs the strength and health of the nation's women.

In Delhi alone, more than 66% of women's toilets did not have a working flush, 53% did not have a running water facility, over 51% did not have a facility for washing hands, and about 61% of toilets did not have soap to use (Public Toilets in Delhi a Status Survey, 2016), which raises a concern regarding the quality of public sanitation available for women. Plans are in the pipeline to train women in the village through the National Rural Livelihood Mission (NRLM) Self-Help Groups to make sanitary pads ("Pink Toilets; Swachh Bharat Mission Focuses on Menstrual Hygiene" n.d.). Indicators of preventive health, such as menstrual hygiene, sanitation, and access to healthcare, have improved in India between 2015 and 2019 as per data from the NFHS. At the Madras School of Economics, 'Preventive healthcare

includes measures taken to prevent and control the spread of diseases, and it includes efforts to improve living conditions and make public health facilities more accessible,' says author Brinda Viswanathan. This is vital to the Swacch Bharat Abhiyan, and how we still need to work on this. Public toilet hygiene is vital for menstrual hygiene, especially in preventing diseases and infections. Thus, spending on essential feminine cleanliness is necessary. The absence of acknowledgment implies that most women need to stay quiet about their periods, which makes them not involved in cleanliness items and missing school as a method for overseeing the monthly cycle. An absence of admittance to quality cleanliness items obstruct accomplishing 100% inclusion for feminine cleanliness ('Pink Toilets; Swachh Bharat Mission Focuses on Menstrual Hygiene" n.d.).

TO UNDERSTAND THE ORIGINS OF MHS

1. Reasons for MHS

The scheme is plagued with issues of irregular and inadequate supplies of sanitary napkins, and according to the same study ('Menstrual Hygiene in India: Questioning the Sanitary Napkin Policy', n.d), this policy fails to highlight plans to provide training on the usage of sanitary napkins in particular. Post Graduate Institute of Medical Education and Research (PGIMER) 2018 conducted a study that pointed out that although 80% of women are aware of sanitary napkins, only a mere 30% of them use them ('Menstrual Hygiene in India: Questioning The Sanitary Napkin Policy', n.d). Rural women mostly use cloth or tissues, and sanitary pads are relatively new. They are often unaware of sanitary pads and cannot afford them ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). The policy also remains tight-lipped regarding endorsing sanitary napkins specifically as a product for menstrual hygiene. The normalisation of using sanitary napkins at large is often attempted, whether as an adolescent welfare scheme or state practices. For instance, it is common practice to distribute sanitary napkins as a freebie during elections ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). The Election Commission, during the 2019 Lok Sabha elections, adopted a strategy to incentivize women to vote by distributing sanitary napkins ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). The government policy failed to realise that merely distributing sanitary napkins neither ensures the usage nor awareness surrounding menstrual hygiene. It only leads to problems such as infections due to a lack of awareness and clogging of drains due to poor disposal ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). Sanitary napkins come with a heavy requirement for their disposal.

2. Need for Hygienic Disposal, Do's and Don'ts

The Solid Waste Management (SMW) Rules explain that waste generated should be segregated into wet, dry, and domestic waste ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). The sanitary napkins are to be appropriately wrapped, put in the dry waste category, and handed over separately ('Menstrual Hygiene in India: Questioning the Sanitary Napkin Policy' n.d). However, such guidelines are seldom not adhered to at the ground level, leading to drain clogging and contamination. The current policy mentions two ways of disposal of sanitary napkins at the community level, deep-pit burial and burning ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). The study conducted by the ministry of drinking water and sanitation recorded that of all the sanitary napkins disposed of, 28% were disposed of in the open, 33% were buried, and the rest were burnt openly('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). All the modes mentioned earlier of disposal invariably lead to environmental degradation. Disposing of sanitary napkins is limited to a particular category of biodegradable napkins ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary'). It, however necessitates proper waste segregation, which is missing in India. Thus, the tussle between environmental risks in incinerators and landfills is highly problematic ('Menstrual Hygiene in India: Questioning the Sanitary Napkin Policy' n.d).

An entire range of sustainable alternatives to sanitary napkins exists now and, if subsidised, can improve menstrual health amongst women in India. For instance, some products empower rural women by producing small-scale organic washable (reusable) products for menstruation ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). While these reusable pads are sold for Rs 200 each, the government can subsidise them or produce eco-friendly products and sell them. Furthermore, reusable products also tackle potential problems regarding irregular supply. Biodegradable pads are produced by Aakar (its pads are called Anandi), Saathi Pads, and Sakhi (under the Vatsalya Foundation) ('Why Do Government Efforts to Ensure Menstrual Hygiene Focus on Sanitary Napkins?' n.d.). The per-cycle cost to the customer is just added to Rs 96 ('Menstrual Hygiene in India: Questioning the Sanitary Napkin Policy' n.d). Women may also prefer reusable products, as they are similar but more hygienic to their existing practices of using clothes as absorbents ('Menstrual Hygiene in India: Questioning the Sanitary Napkin Policy' n.d).

3. The Pad Man Concept

Even today, cultural and social influences are the main hurdles in ensuring education about menstrual hygiene for adolescent girls. The survey sampling found that most women were taught about menstruation as and when they got their first period. Shock and anxiety were their first reactions, and they wished to teach their daughters about this well in advance so that they would not be as underprepared as they were themselves. Two of the thirty-five women sampled were aware of it but had trouble adjusting to using pads as they could not afford pads for a significant lifetime.

A man approached a horde of similar individuals with a progressive idea to strengthen rural Indian women (Writer, 2021). This man was shocked to see women who could not bear clean pads and were forced to use filthy clothing to retain blood. To accommodate the reasons which could adversely affect the soundness of women, Arunachalam Muruganantham, a school dropout from an underprivileged family in Southern India, set out on his journey to bring change by imagining a straightforward machine that could be utilised to manufacture modest sanitary pads (Writer, 2021). The survey suggested that only 31% of women's husbands/male members knew that they had periods only because they were trying to conceive a child. All these women had borne a child or two. Only two women had asked their spouses for help during cramps; both their husbands were educated, and other women considered it inauspicious to speak regarding this to their spouses.

He embarked on his journey to bring change by imagining a straightforward machine to manufacture modest sanitary pads. From fostering a machine put together with wood to winning the National Innovation Award, Arunachalam made feminine cleanliness go a long way. Out of 943 entries featured in the National Innovation Award, he won the first position and was honoured by President of India, Mrs. Pratibha Patil (Writer, 2021). It took Arunachalam a year and a half to construct 250 machines, which he took to the most affected states in North India, like Bihar, Madhya Pradesh, and Uttar Pradesh. Arunachalam did not just prevail concerning carrying the idea of feminine cleanliness to the standard discussion. In addition, he figured out how to produce work for women in the provincial area of India.

A sizable portion of Arunachalam's clients are NGOs and women's self-improvement gatherings. A manual machine costs around Rs 75,000, and a semi-computerized machine costs more. Each machine can give 3,000 women admit pad utilisation and work for 10 hours (Writer, 2021). They can create 200-250 pads daily, usually around Rs 2.50 each. Women utilise their image names for the pad they create, which provides them with a feeling of entrepreneurship. He empowers each woman to utilise sanitary pads even in the remotest

Indian towns(Writer, 2021).

CURRENT STATE OF MHS AND ITS FUNCTIONS

1. Government's Orders (2016)

The latest letter from the ministry regarding the Menstrual Health Management scheme in 2016-17 stated that procurement of sanitary napkins under the Menstrual Hygiene Scheme would be done at the State level through the process of competitive bidding (Home: National Health Mission, n.d).

As per the decision by the Government of India, the maximum limit to support sanitary napkin procurement with NHM (National Health Mission) funds would be Rs 12 for a pack of 6 napkins, inclusive of all taxes and transportation costs. Accordingly, in the state where the scheme is implemented, PIP (Program Implementation Plan) allocation will be Rs 8 for a pack of 6 napkins for now.

In contrast, the state will use the funds available as sale proceeds of the sanitary napkins from previous years to provide additional Rs 4 per pack. The States proposing fund requirements for procurement of sanitary napkins for the first time in their State PIP will be supported with Rs 12 per pack of 6 napkins for the first year of the proposal. Moreover, the guidelines mentioned earlier will apply from the following year (Home: National Health Mission, n.d). Per the Menstrual Hygiene Scheme guidelines, sanitary napkins will continue to be sold to adolescent girls @Rs 6 per pack of 6 napkins deposited in the State Health Society Account. States are requested to propose a budget for procurement of sanitary napkins in their PIP 2016-17 accordingly.' ('Home: National Health Mission' n.d.).

2. Remedial Measures

May 28 has been declared Menstrual Hygiene Day to highlight the importance of good menstrual hygiene management ("Menstrual Hygiene," n.d.). Greater emphasis on menstrual issues means a rise in education, employment, income, and development. On August 15 2020, Prime Minister Narendra Modi became the first Prime Minister of India to address menstrual health as a matter of public health. It is imperative to look at the condition of women, government efforts in this regard, and what can be done by the state to improve the status of menstrual health in our country.

The Bihar government offers two days of menstrual leave to its female employees - women can take their days off on any day of the month with no justification (Jha, n.d.).

However, menstrual hygiene is not up to the mark for Indian women residing in rural areas (Bhattacharya & Singh, 2016). Menstrual hygiene practices determine the momentary inconvenience and are often a reason for uneasiness. Specific steps like social promotion of good quality and minimal expense of sanitary napkins at open outlets, arrangement for sufficient water supply, dispensers for minimal expense clean napkins, wall-mounted incinerators in schools, working environments, and public spots would go a long way in enhancing the menstrual hygiene and help them in getting the reliable way of life (Kumar, Prasuna, & Seth, 2017). However, as found in the survey, the scheme is yet to reach many more and help them uplift from their current situation, which remains the need of the hour.

3. Measures at and outside Home

Teachers and mothers should be taught and prepared to give information about menstrual hygiene to adolescent girls. Given this vital role, they must be armed with the correct and appropriate information on menstrual health to impart knowledge. Various drives must be taken up at upper primary and secondary levels of school education, where students should be aware of how and why menstruation takes place and should be normalised to talk about it. As the MH Scheme states that its main agenda is to spread awareness regarding the same. This issue still lacks educational support from health workers, pragmatic guidelines to operationalize MHM in schools, and adequate monetary resources to implement the needed actions (Sharma, Mehra, Brusselaers, & Mehra, 2020). Fear, shame, ongoing social taboos, ignorant unsupportive teachers, lack of water, sanitation, disposal facilities, and privacy, are some of the barriers in building an enabling environment for safe and hygienic menstrual practices within the school premises (Sharma, Mehra, Brusselaers, & Mehra, 2020). There have yet to be such policies or implementation drives in place.

Social and electronic media play a significant role in making girls and women aware of the latest menstrual products, manufacturers, and government policies. Subsidies should be given for menstrual products so that every girl/woman can afford them easily. In addition, non-government organisations can come forward to educate rural people about menstruation, menstrual hygiene management, the importance of toilets in homes, hand washing, and diseases related to the reproductive tract due to poor hygiene (Kaur, Kaur, & Kaur, 2018).

METHODOLOGY

This research has used qualitative research. The research has also utilized a closed-ended survey with 35 participants. The fieldwork was undertaken to assist illiterate participants in which the researcher assisted them in filling out survey forms, through verbal

commands, personally so people were not left unheard. The method of content analysis of multiple research papers has also been used to analyse the policy.

LIMITATIONS

The limitations in conducting this research were the limited sample size of 35 people, and the unavailability and inaccessibility of accurate government data. Thus, these limitations have affected the research majorly.

CONCLUSION

History has not been kind to women, an understatement in all regards. Their anatomical and physical differences are constantly exploited by alienating them from decision-making around their bodies throughout the past. Nevertheless, even as we edge closer, this inauthenticity translates to a lack of awareness and proactively towards essential menstrual hygiene. Even at the cusp of the 21st century, our nation's most fundamental aspects of menstrual upkeep continue to be tarnished by taboos. The pace of acceptance and progress is almost non-existent. Women need to take charge to bring about a radical change to see themselves rise from the shackles that have grounded them for generations.

It is imperative to enable women by providing essential menstrual management and removal services that are logically sound, accessible, and affordable. Ensuring accessible menstrual hygiene for citizens ought to be a necessity in the formative plan, which calls for critical and immediate action from all stakeholders to change the situation of menstrual hygiene in India. Swachh Bharat Mission Guidelines also need development markers to quantify India's progress in MHM. Establishing sensible time-bound objectives to demonstrate the effective execution of existing strategies and projects would be a welcome undertaking to deliver essential hygiene and regenerative services to girls and women. In addition, changing the way mediations are conducted can contribute to increased living standards and ensure a change in information, mentality, and practices to guarantee the increased agency of women.

AUTHOR'S BIOGRAPHY

I graduated with a BA in Sociology (Honours) from Lady Shri Ram College for Women, University of Delhi, India. I have done volunteer and administration work in TFI (Teach For India), policy drafting with Sissala Heritage Foundation, Ghana (a UNO initiative), internships at ONGC (Oil and Natural Gas Corporation) in their CSR Department

and also with Niti Aayog (Government Think Tank) in their education vertical.

These exposures have sparked my interest in policy investigation. I am currently interning with Hamari Pahchan, an NGO working with the underprivileged in Delhi. While heading their proposal for a project called 'Sukhad', a menstrual health awareness and improvement project, I was intrigued by this phenomenon affecting all women in rural areas and decided to pursue research on it. My interest in Public Policy has peaked with this research, and I hope to pursue the same in my master's program.

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