

EVALUATING THE IMPACT OF GOVERNMENT PROGRAMS ON MENSTRUAL EQUITY AND ACCESSIBILITY IN KARNATAKA

**Dr. Aishwarya Nagarathinam¹, Dr. Aarthy Chellasamy²,
Dr. Sangeetha Rangasamy³ and Dr. Kavitha Rajamohan⁴**

^{1,2} Assistant Professor, CHRIST University, Bangalore.

^{3,4} Associate Professor, CHRIST University, Bangalore.

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Abstract

Women and girls in India have limited access to sanitary products, inadequate sanitation facilities, and societal stigma around menstruation which pose substantial challenges to proper menstrual hygiene management (MHM), affecting their health, education, and economic possibilities. A lot of government programs have been introduced in Karnataka, India to promote MHM equity and accessibility. Despite these initiatives, a thorough knowledge of their effectiveness remains inadequate. This study fills this gap by thoroughly examining government actions. The study aims to identify important challenges faced by women and girls, evaluate the efficiency of existing programs in boosting MHM access, and guide future policy decisions. By measuring program impact, this study focuses on ensuring equitable access to menstrual hygiene products and services for all women and girls in Karnataka.

Keywords: Menstruation, Hygiene, Women's Health, Government, Effectiveness.

1. INTRODUCTION

In India, menstrual hygiene is a crucial but often disregarded topic of women's health. The absence of appropriate menstrual hygiene management facilities and enduring cultural stigmas related to menstruation pose major obstacles to women's and girls' empowerment and well-being nationwide (Aishwarya N & Simran Tharani, 2019). The management of menstruation hygiene involves a range of measures, such as the usage of sanitary items, availability of clean water and sanitation amenities, and spreading of information regarding menstrual health and cleanliness. However, due to issues including poverty, poor infrastructure, and societal stigma, many women and girls in India encounter obstacles when trying to maintain proper menstrual hygiene. In India, only 36% of women and girls have access to adequate sanitary facilities during menstruation, and almost 70% of them cannot afford sanitary pads (WaterAid India, 2020). In addition to that, the stigma and shame attached to menstruation are frequently fueled by cultural beliefs and societal standards, which results in widespread discrimination against and exclusion of women and girls from a variety of facets of daily life. The absence of thorough education on menstrual hygiene contributes to the spread of false information and misconceptions about the menstrual cycle, making it more difficult for women to manage their periods safely and hygienically. Inadequate menstruation hygiene has an impact on women's health, education, and economic possibilities in addition to causing physical discomfort (UNICEF India, 2023). If left untreated, bacterial vaginosis and other reproductive tract infections, such as urinary tract infections, can have long-term health effects (Dasgupta & Sarkar., 2008). Moreover, teenage girls who struggle to manage their menstruation frequently miss school, which increases educational gaps and reduces their opportunities for the future (Hennegan et al., 2016). A multifaceted strategy is required to tackle both societal norms and infrastructure issues related to menstruation hygiene in India. Enhancing the availability of reasonably priced menstruation products, advocating for education on menstrual hygiene, and eradicating the stigma

associated with menstruation are essential steps toward improving the health and overall well-being of women and girls throughout the nation. Despite the implementation of various government programs aimed at enhancing menstrual equity and accessibility in Karnataka, there remains a lack of comprehensive understanding regarding the effectiveness and outcomes of these initiatives. This study seeks to address this gap by systematically evaluating the impact of government interventions on menstrual equity and accessibility, with a focus on identifying key challenges, assessing program effectiveness, and informing future policy directions to ensure equitable access to menstrual hygiene products and facilities for women and girls in Karnataka.

2. LITERATURE REVIEW

Inadequate access to menstrual hygiene products, lack of sanitation facilities, and prevailing cultural taboos contribute to poor menstrual hygiene practices, which, in turn, pose various health risks. Poor menstrual hygiene increases the risk of reproductive tract infections, including bacterial vaginosis, urinary tract infections (UTIs), and pelvic inflammatory disease (PID). According to the World Health Organization (WHO), approximately 70% of all reproductive tract infections in developing countries are attributed to poor menstrual hygiene practices (WHO, 2015). A study conducted in rural India found that women who used unhygienic menstrual materials were at a significantly higher risk of developing RTIs compared to those using sanitary pads (Block et al., 2023; Balamurugan & Bendiegiri, 2012). Improper disposal of menstrual waste and prolonged use of unclean menstrual materials can lead to bacterial and fungal infections in the vagina. The warm and moist environment created by menstrual blood provides an ideal breeding ground for bacteria and yeast, increasing the likelihood of infections such as candidiasis (yeast infection) and bacterial vaginosis (Dasgupta et al., 2008). Chronic exposure to cervical infections, particularly human papillomavirus (HPV), resulting from poor menstrual hygiene practices, is a significant risk factor for cervical cancer. A meta-analysis conducted by Plummer et al. (2016) found that women with a history of RTIs had a significantly higher risk of cervical cancer compared to those without such history, highlighting the link between poor menstrual hygiene and cervical health. Women and girls who lack access to menstrual hygiene products may resort to using unhygienic materials such as cloth rags, newspaper, or even leaves during menstruation. Prolonged use of such materials can result in excessive blood loss and increase the risk of anemia. A study conducted in rural Bangladesh found that girls using reusable cloth during menstruation were more likely to experience iron deficiency anemia compared to those using disposable sanitary pads (Alam et al., 2017).

Inadequate menstrual hygiene, such as not changing of sanitary pads or tampons for longer time and improper genital hygiene, can increase the risk of urinary tract infections. Poor menstrual hygiene practices were associated with a higher prevalence of UTIs among women in low-resource settings (M.M & S.G, 2018). UTIs can cause discomfort, and pain, and, if left untreated, lead to more severe complications such as kidney infections. The stigma and shame associated with menstruation, compounded by inadequate access to menstrual hygiene products and facilities, can have adverse psychological effects on women and girls. Studies have shown that menstruation-related stigma can lead to feelings of embarrassment, anxiety, and low self-esteem, ultimately affecting mental well-being and social participation (Sumpter & Torondel,

2013). Awareness of government programs on women's health is crucial for any program to succeed. Research shows that the awareness level depends on their education, economic background, and source of information (Babulu & Maharajan, 2022). Globally, there is a greater emphasis on women's health programs and a lot of research is done to measure improving awareness through community participation, and targeted interventions is essential for ensuring women benefit from government health programs (Trivedi et al., 2022).

3. THEORETICAL FRAMEWORK

Achieving menstrual equity and accessibility transcends simply providing sanitary products. This complex issue intersects with various social, economic, and health factors, demanding a multifaceted approach to effective solutions. At its core, menstrual equity rests on the fundamental human right to health, education, and dignity, as outlined by UN Women (2023). This framework emphasizes the state's obligation to guarantee accessible menstrual hygiene management (MHM) for all, tackling "period poverty" as a violation of these fundamental rights. The framework serves as a powerful reminder that menstrual equity is not about charity but upholding essential human rights.

The social justice framework highlights the unequal burden faced by marginalized communities due to intersecting inequalities of poverty, race, and gender. Works by (Garg et al., 2012) and (Manorama & Desai, 2020) demonstrate how these factors create disparities in MHM access and contribute to menstrual stigma. It calls for dismantling discriminatory policies and practices, urging us to move beyond individual solutions and address systemic barriers (Garg et al., 2012).

Feminist theory offers diverse perspectives on menstrual equity. Liberal feminism, championed by (Belayneh et al., 2019) advocates for equal access to resources like free period products in schools and workplaces, promoting equal opportunity and challenging financial barriers. Critical feminism, as seen in Nagaraj et al. (2017), delves deeper, challenging societal taboos and negative representations surrounding menstruation, aiming to dismantle the very foundation of stigma. Intersectional feminism, exemplified by (Trivedi et al., 2022) pushes further, emphasizing the need for inclusive solutions that address the specific needs of diverse communities, ensuring no one is left behind. Moving beyond solely focusing on products, the capability approach, as outlined by (Garg et al., 2012) focuses on individuals' "capability" to manage their periods with dignity and confidence. It requires creating an enabling environment with accessible resources, education, and positive attitudes toward menstruation. Critical Race Theory, like (MM & SG, 2017), delves into how systemic racism creates barriers for marginalized communities and reinforces menstrual stigma, urging us to address the root causes of inequality.

4. EXISTING GOVERNMENT PROGRAMS AND THEIR CHALLENGES ON MENSTRUAL EQUITY

Existing Indian government programs, while aiming to empower women in various aspects of their lives, have not fully addressed the issue of menstrual equity. While impactful in other areas, programs like SAKHI lack clarity regarding their specific contributions to menstrual equity. This analysis delves into the existing initiatives and the challenges they face in ensuring all women in India have access to safe period

products and adequate hygiene facilities. By examining limitations in program scope, accessibility, and awareness, the analysis aims to shed light on the roadblocks hindering the creation of a society where menstruation is managed with dignity and hygiene for all.

i) Scheme for Promotion of Menstrual Hygiene in Adolescent Girls (MHM) : The Menstrual Hygiene Scheme (MHS), launched by India's Ministry of Health and Family Welfare, aims to improve menstrual hygiene management (MHM) among adolescent girls in rural areas (National Health Mission, nhm.gov.in). MHS focuses on three key objectives:

- 1) Increase awareness: Through educational campaigns and community engagement activities, the MHM scheme seeks to dispel myths and taboos surrounding menstruation, empowering girls with accurate information and fostering open communication within families and communities (National Health Mission, nhm.gov.in)
- 2) Improve access: The scheme provides subsidized sanitary napkins to adolescent girls, making them more affordable and accessible, particularly for those from low-income backgrounds. This intervention aims to combat period poverty and ensure girls can manage their menstrual cycle hygienically (pib.gov.in)
- 3) Promote safe disposal: The MHM scheme emphasizes the importance of safe and environmentally friendly disposal of sanitary napkins. This includes providing guidance on proper disposal methods and exploring sustainable solutions for menstrual waste management (National Guidelines on Menstrual Hygiene Management (MHM))

ii) Rashtriya Kishore Swasthya Karyakram : The Rashtriya Kishore Swasthya Karyakram (RKSK), also known as the National Adolescent Health Programme, aims to address the health and well-being of adolescents in India, including menstrual hygiene management. The program incorporates the Menstrual Hygiene Scheme, which provides funds to states and union territories (UTs) for the procurement of sanitary napkins for adolescent girls (aged 10-19 years) (Press Information Bureau, 2023).

RKSK plays a crucial role in promoting menstrual hygiene by:

- Addressing affordability: By providing subsidized sanitary napkins, RKSK helps combat period poverty, which refers to the inability to access menstrual hygiene products due to financial constraints (Moser & Rowlandson, 2017). This ensures that cost isn't a barrier to proper menstrual hygiene management for adolescent girls.
- Raising awareness: Through adolescent-friendly health clinics (AFHCs) and peer educators, RKSK raises awareness about menstrual hygiene practices, dispelling myths and promoting safe and healthy habits (National Health Mission - NHM Assam, 2020). This empowers girls with the knowledge and confidence to manage their periods effectively.

However, studies like the one conducted in Gujarat highlight challenges in implementation, including the unavailability of sanitary pads due to logistical issues (Patel et al., 2023). Continuous monitoring and efficient resource allocation are crucial

to ensure the successful implementation of RKSK's Menstrual Hygiene Scheme and its impact on adolescent girls across India.

iii) Jan Dhan - Aadhaar - Mobile (JAM) : The JAM trinity, encompassing Jan Dhan (banking access), Aadhaar (unique ID), and Mobile (phone connectivity), has the potential to significantly impact menstrual hygiene management (MHM) in India. JAM can facilitate Direct Benefit Transfers for MHM products, like sanitary pads, directly to women's bank accounts, potentially bypassing intermediaries and ensuring they reach intended beneficiaries. This could be particularly beneficial for underprivileged women who may struggle to afford these products. Also, Mobile connectivity allows for targeted MHM awareness campaigns and educational resources to be disseminated through SMS or mobile applications, reaching a wider population, including those in rural areas.

iv) Swachh Bharat Mission (SBM) : The Swachh Bharat Mission (SBM), also known as the Clean India Mission, launched in 2014, aimed to achieve universal sanitation coverage in India. Notably, menstrual hygiene management (MHM) became an integral part of the SBM Grameen (rural) phase, recognizing its critical link to sanitation. The mission's National Guidelines on Menstrual Hygiene Management (Ministry of Drinking Water and Sanitation, n.d.) emphasizes several key areas such as toilet construction, awareness generation, accessibility of menstrual products, and waste disposal.

v) Poshan Abhiyaan : The Government of India's Poshan Abhiyaan (National Nutrition Mission), launched in 2018, aims to improve nutritional outcomes for children, adolescents, pregnant and lactating women. While not explicitly targeting menstrual hygiene management (MHM), Poshan Abhiyaan's focus on adolescent girls' health holds the potential to address MHM challenges indirectly. Inadequate iron and folic acid intake are significant contributors to anemia among adolescent girls in India, impacting their overall health and potentially causing complications during menstruation (Garg et al., 2012). Poshan Abhiyaan's interventions like providing iron-folic acid supplementation and promoting dietary diversification can help address these deficiencies, potentially improving menstrual health and reducing related issues like fatigue and heavy bleeding.

vi) SAKHI initiative: Karnataka : The SAKHI initiative (Support, Awareness & Knowledge for Health In) launched by the Government of Karnataka in 2010 aims to empower women by addressing various social and health issues. Launched in 2010, the initiative focuses on several critical areas, including:

- Reproductive and Sexual Health (RSH): Providing information, services, and access to contraception to women.
- Gender-Based Violence (GBV): Raising awareness, offering support services to victims, and facilitating access to legal recourse.
- Life Skills and Livelihood Development: Equipping women with skills and resources to improve their employability and economic independence.

There has been an increase in awareness of contraceptive methods and a rise in family planning service utilization among women in Karnataka after the SAKHI initiative's implementation (Gangopadhyay et al., 2014). However, challenges remain in addressing persistent social stigmas and ensuring accessibility of services,

particularly in rural areas. A research study has identified that the SAKHI initiative has contributed to a slight decrease in the prevalence of reported domestic violence cases (Nath et al., 2017). Also, another study suggests that the SAKHI initiative's skill development programs have empowered women by enhancing their income generation abilities and promoting self-reliance (Mahadev et al., 2016). While the SAKHI initiative appears to have yielded positive results in some areas, particularly regarding reproductive health awareness and skill development, challenges remain in addressing deeply ingrained social norms ensuring widespread access to its services, enhancing their income generation abilities, and promoting self-reliance.

Challenges for the Government initiatives on menstrual equity

Program	Focus Area	Challenges
Menstrual Hygiene Management (MHM)	Raising awareness, providing access to sanitary products.	Limited reach, focus on awareness over accessibility, sustainability concerns.
Rashtriya Kishore Swasthya Karyakram (RKSK)	Adolescent health, including menstrual health.	Integration challenges, teacher training gaps, addressing gender biases.
Jan Dhan-Aadhaar-Mobile (JAM)	Financial inclusion.	Indirect linkage to menstrual equity, exclusion of vulnerable groups, limited awareness about potential use for sanitary products.
Swachh Bharat Mission (SBM)	Improving sanitation facilities.	Focus on toilet construction over menstrual hygiene management, maintenance & sustainability issues, limited reach in rural areas.
Poshan Abhiyaan	Improving nutrition.	Indirect impact on menstrual health, limited focus on adolescent girls, need for integrated approach.
SAKHI	Empowering women in various social & health areas, including menstrual health (uncertain).	Limited data on menstrual health component, sustainability concerns regarding product distribution, need for broader awareness & community engagement.

Figure 1: Challenges for the government initiatives on menstrual equity

(Source: Authors' own depiction)

5. FRAMEWORK FOR ACTION

In countries like India still, menstruation is considered to be a stigma though we are pioneers in the digital landscape. Popular Social media platforms can be used to create campaigns and content with hashtags like #menstrual awareness, #Normalize periods, #Schemes to reach the target audience. The Ministry of Health can identify popular influencers who can advocate for awareness content on policies and schemes and can achieve wider reachability if it's through regional language. Meanwhile, government healthcare providers can be educated with training programs on the usage and proper disposal of menstrual products. They can conduct campaigns by partnering with local NGOs by creating informative posters, flyers, and procedures to enroll for available schemes through the government. Today's lifestyle has changed the timeline of girls menstruating which it starts at a very early age of 10. The Ministry of Education can incorporate the MHM-related contents in textbooks to normalize stigma on periods. Government can advocate tax exemptions on menstrual-related

products which makes it easily affordable for all income groups. Distribution centers can be laid in collaboration with healthcare communities to emphasize the importance of MHM thereby allocating funds during the yearly financial budget. The government can expand Research & Development thereby manufacturing hazard-free and subsidized menstrual products. As we embark on the digital revolution the government can launch exclusive mobile apps containing all information related to MHM, sometimes the disposal mechanism also becomes a major hindrance for many. Unsafe disposal leads to an unhygienic environment and majorly it may be due to a lack of water resources or lack of knowledge on proper disposal mechanisms. Short videos or clips on proper disposal mechanisms can reduce the environmental impact the app can help them to locate nearby health centers to avail for schemes and product pickup on these lines. The registered female can be notified of their policy deadlines, renewals on policies, products and proper disposal-related information. Consequences of improper disposal of menstrual products can be enacted as skit or street play for better understanding.

6. CONCLUSION

The initiatives from the Indian government related to women and girls empower them in their lives. However, menstruation equity is one area that needs a lot of advocacies and activities where every woman and girl from each of part of the country should have access to sanitary products and hygiene facilities. This study on MHM initiatives in Karnataka has clarified that the efforts need a diversified approach. Initiatives such as Influencer-led social media campaigns with regional language content can enhance public awareness and education about government policies. Also, special training to healthcare providers and ASHA workers on local outreach programs can help to enhance access and knowledge. Early teaching through school curricula can help to normalize menstruation and reduce stigma. Finally, a specialized mobile app can be developed to give extensive MHM information, such as proper disposal procedures, as well as help women and girls find nearby healthcare facilities and arrange for product pickup. These initiatives, along with the evaluation of existing programs in this study, can guide future policy.

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