



dasra

Spot On!

Improving Menstrual Health
and Hygiene in India

December 2025

In collaboration with

Menstrual Health
Action *for* **impact**

Spot On! Improving Menstrual Health and Hygiene in India

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We are also sincerely grateful to our donor, **Kiawah Trust**, for their continued commitment to menstrual health and hygiene in India. Their steadfast support enabled Dasra to update and expand the Spot On report, ensuring it remains a vital and relevant resource for the sector.

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We also thank the many researchers, practitioners, and sector leaders whose insights and experiences strengthened this report.

Most importantly, we acknowledge the non-profit organizations, community partners, and social enterprises working tirelessly to advance menstrual health and hygiene across India. Their lived experiences, innovations, and perseverance continue to shape and strengthen the movement.

Finally, we are deeply grateful to the adolescent girls, women, and people who menstruate who shared their experiences with courage and honesty. Their voices remain at the heart of this work and reinforce why menstrual health must be recognized as a matter of equity, dignity, and justice.

Acronyms

BCC	Behaviour Change Communication
BIS	Bureau of Indian Standards
BV	Bacterial Vaginosis
GEM	Government E-Marketplace
IEC	Information, Education, Communication
MHM	Menstrual Hygiene Management
MHH	Menstrual Health and Hygiene
MSME	Micro, Small and Medium Enterprises
NARSS	National Annual Rural Sanitation Survey
NFHS	National Family Health Survey
PP	Pooled Proportion
RTI	Reproductive Tract Infection
SHG	Self Help Group
SRHR	Sexual and Reproductive Health and Rights
TV	Trichomonas Vaginalis
U-DISE	Unified District Information System for Education
WASH	Water, Sanitation and Hygiene



**REIMAGINING
MENSTRUATION:**
From Menstrual Hygiene
Management to Menstrual
Health and Hygiene





Background and rationale

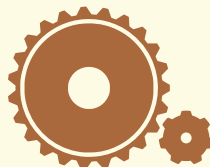
In 2015, Dasra published the *Spot On! report*, which highlighted the key challenges and solutions related to menstrual hygiene management (MHM) in India. It served as a comprehensive reference for information and data on the issue at the time. Since then, the landscape has significantly evolved. A broader and more diverse group

of stakeholders is now engaged in the space, with increased research on menstrual health and hygiene (MHH) and a growing number of multisectoral interventions being implemented to support both adolescent girls and adult women.

This brief presents an **update** to the 2015 Spot On report, with a focus on:



Recent data on menstrual health and hygiene



Key developments and opportunities for interventions



Stakeholders engaged in advancing action



Recommendations for action



Menstrual health and hygiene – a comprehensive approach to action

The conceptualization of MHH has evolved globally over the past decade from an emphasis on hygienic management of periods (menstrual hygiene management or MHM) to an overarching focus on health and wellbeing in relation to the menstrual cycle (menstrual health) (**Figure 1**). This report uses the term menstrual health and hygiene (MHH) to continue to draw attention to key components such as awareness, products, water, sanitation and hygiene (WASH) while acknowledging that these components contribute to the

health and wellbeing of people who menstruate. Further, emerging insights from research in India highlight findings related menstrual symptoms such as pain, menstrual irregularities, and condition like polycystic ovarian syndrome (PCOS), suggesting the need to understand and address menstruation beyond hygienic management. While national surveys classify certain materials as ‘hygienic’, this brief adopts a contextual definition that prioritises safe use, maintenance, and informed choice.

Key definitions

1 Menstrual Hygiene Management (MHM) entails that women, adolescent girls, and people who menstruate are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. MHM also encompasses the understanding that people who menstruate understand the biological functioning of the menstrual cycle and how to manage it with dignity, without discomfort or fear. (Sommer et al, 2015; WHO & UNICEF, 2015)

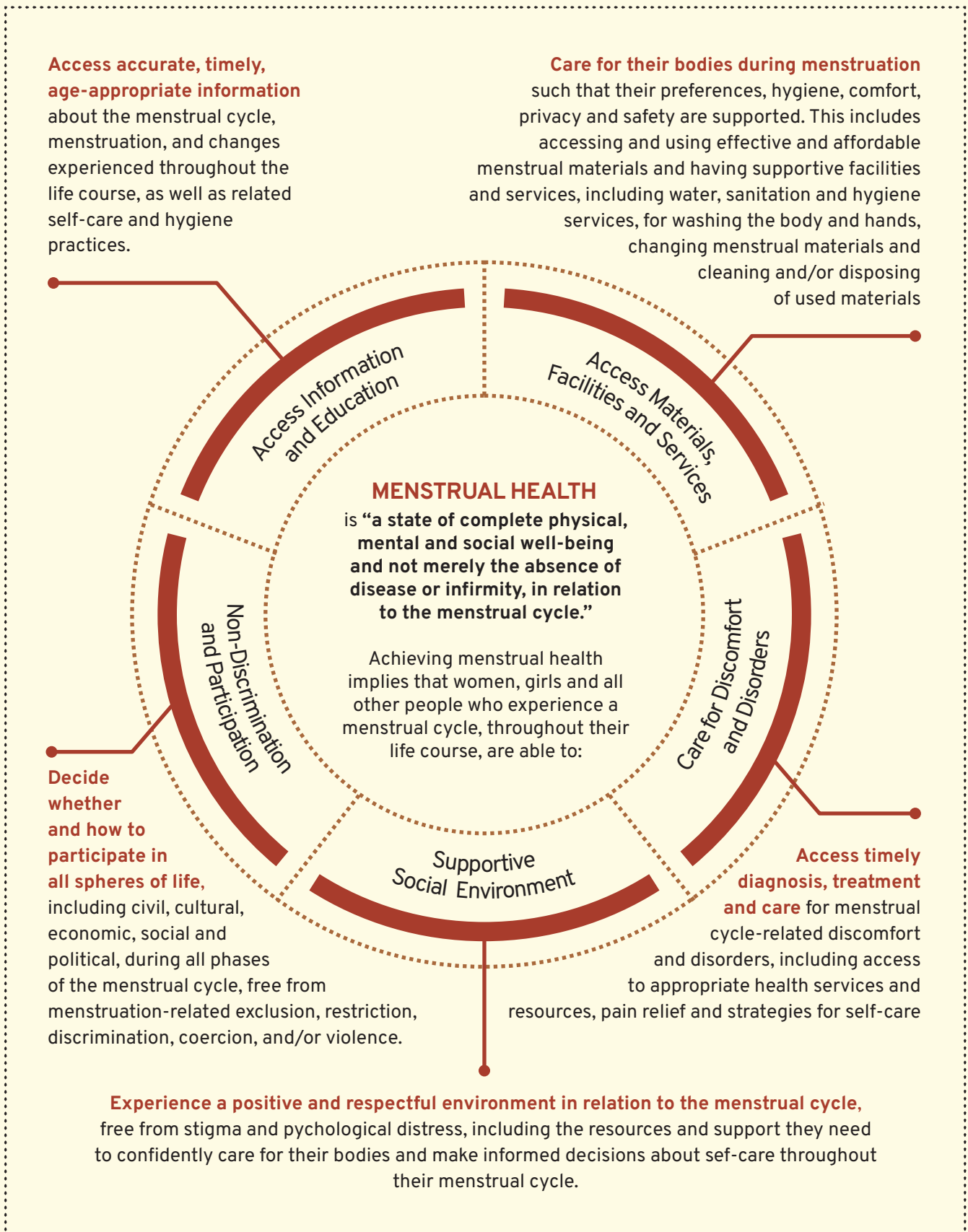
2 Menstrual Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in relation to the menstrual cycle (Hennegan et al., 2021).

This conceptualization draws from the World Health Organization's (WHO) definition of health, and encapsulates all aspects of menstrual hygiene management and extends attention to health and wellbeing in relation to the menstrual cycle (including and beyond menstruation or the days of bleeding). It further identifies actionable areas to improve menstrual health (Figure 2).

Menstrual health and hygiene has also been addressed from a human rights, equity, and justice lens. These approaches lay emphasis on addressing and reversing the stigma, discrimination, and inequalities faced by

people who menstruate, and establish MHH as a matter of human rights and gender equality (Winker, 2021; Bagala et al, 2023).

Figure 1: Conceptualization of menstrual health (Hennegan et al, 2021)





The focus on adolescent girls

The report primarily focuses on adolescent girls (10-19 years) as much of the research, policy and programmatic focus, intervention insights on MHH in India comes from this particular population. Further, knowledge and healthy practices assimilated during adolescence can support women's health throughout their lives.

While adolescent girls are the focus of this brief, the terms “girls and women” are also used to bring attention to adolescents and the larger group of women of reproductive age (aged 20 – 49 years) who have a menstrual cycle and menstruate. The brief acknowledges the needs and realities of people with gender diverse identities, who do not identify as female, yet experience menstruation. When referring to all those who menstruate, the term “people who menstruate” is used.

Note on data presented on this brief

Insights on MHH in India come from a number of sources; this brief primarily draws from nationally representative surveys (such as the National Family Health Surveys), routine monitoring data and surveys by the Government of India (e.g., U-DISE, National Annual Rural Sanitation Surveys), systematic reviews and meta-analyses, rigorously conducted community and school-based studies by non-government organizations, academics and researchers.¹

¹ A comprehensive list of resources on MHH in India can be found at MHA's knowledge repository, [MHH Connect](#).

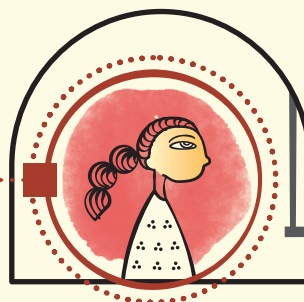
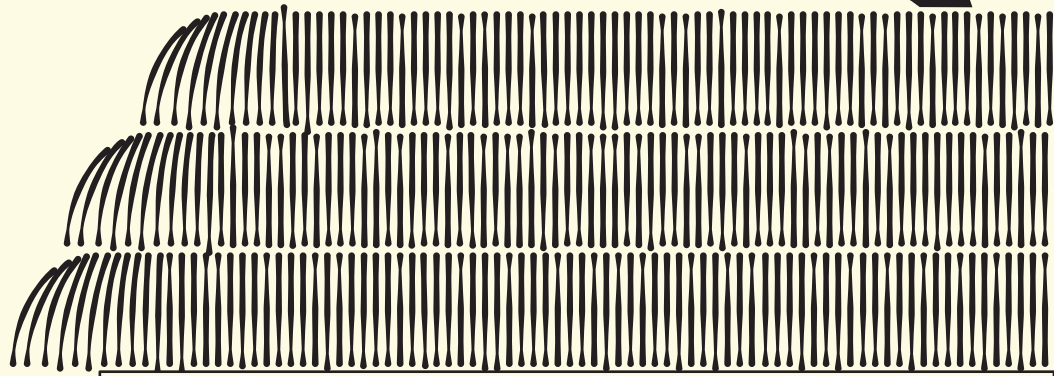


Insights on
MENSTRUAL
HEALTH &
HYGIENE (MHH)

This section draws on data collected and research published after 2015 to highlight the status of MHH in India.



Adolescent girls, especially those in school, are the primary focus of program and policy action on MHH in India², and consequently, much of the evidence on this issue is related to this population.



² While adolescence is the primary focus area, some State Governments implement interventions with adult women. For example, The Udaan Scheme in Rajasthan reaches adolescent girls and women; the Garima Abhiyan in Jharkhand also reached out to girls and women of reproductive age. Some NGOs (e.g., CFAR) work with transgender communities on MHH.



Insights on menstrual health and hygiene awareness and practices among adolescent girls in India

Two systematic reviews and meta-analysis, as well as the National Family Health Surveys (NFHS) provide critical insights on MHH among adolescent girls in India. The study by van Eijk and colleagues (2016) was the first rigorous effort to pool evidence across 138 studies on adolescent girls in rural and urban India conducted between 2000 – 2015. The analysis highlighted how pre-menarcheal awareness and understanding of the female reproductive system was poor among adolescents (48% and 23%, respectively), and how mothers were a primary source of information and support for over half of the adolescent girls

across studies (van Eijk et al., 2016). Sharma and colleagues (2020) published another study that analysed 183 papers published till 2019 that explored MHH practices in schools in India (Sharma et al., 2020). The latest National Family Health Survey (NFHS) 5 (2021) presents data on the use of products and materials during menstruation, and bathing practices during menstruation (IIPS & ICF, 2022). **Table 1** below presents available quantitative data on key indicators from the most recent research by Sharma et al. (2020) and NFHS-5 (2021).³

Table 1: Key data on the status of MHH among adolescents in India

INDICATORS	Sharma et al. (2020) ⁴	NFHS-5 (2021)
Awareness of menstruation before menarche	45%	-
Source of information on MHH: Teachers	7%	-
Peers as a source of information		-
Use of a hygienic menstrual materials (15–19-year-olds) ⁵		78%
Disposal facilities in school	30%	-
Bathing during menstruation (15–19-year-olds)		96%
Bathing in the same bathroom used by other household members (15–19-year-olds)		92.4%

³ More recent large-scale studies or systematic reviews on MHH among adolescents in India does not exist. The latest survey by [Sulabh International](#) across 7 states and 14 districts presents quantitative data for adult women, and not adolescent girls.

⁴ All data are pooled prevalence (pp)

⁵ While adolescence is the primary focus area, some State Governments and implement interventions with adult women. For example, The Udaan Scheme in Rajasthan reaches adolescent girls and women; the Garima Abhiyan in Jharkhand also reached out to girls and women of reproductive age. Some NGOs (e.g., CFAR) work with transgender communities on MHH.

In the Sharma et al. (2020) systematic review, and in a majority of other community and school-based studies in India, teachers and frontline workers do not emerge as major sources of information on menstruation, despite their role in the delivery of Government and NGO led MHH interventions. This warrants further exploration as frontline functionaries and teachers enable implementation at scale. Further, qualitative insights from the Sharma et al. (2020) systematic review and a recent multi-state study by Sulabh International suggests that religious norms

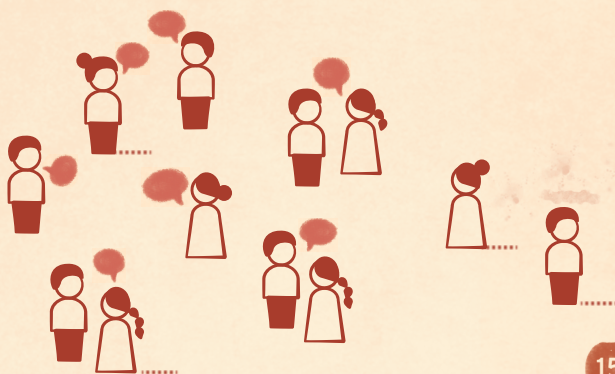
and taboos prevail across settings, and preclude many girls and women from worship during menstruation, while norms and restrictions associated with social interactions, food consumption, and bathing may have reduced to some extent in many settings (Sharma et al., 2020; Sulabh International, 2024). The NFHS-5 promisingly found, for instance, that 96% of young women (15-24 years) take a bath during menstruation, with 92% bathing in the same bathroom as other family members (IIPS & ICF, 2022).

Severe forms of social exclusion

(i.e., isolation during menstruation), stigma and discrimination at home, school and in communities, while markedly reduced, **continue to be experienced by some.**

For example, social isolation in menstrual huts continues in some parts of Maharashtra (*Kurmaghars*), Uttarakhand, Andhra Pradesh and Chhattisgarh, and in some other states as well (Joshy et al, 2019; Sulabh International, 2024). These huts or sheds have limited or no essential amenities like toilets and water, and can be unsafe, though recent efforts in Maharashtra have shown how menstrual huts

can be made safer (SBM-Grameen, 2002). While limited, some research points to the links between menarche (particularly early menarche) and early marriage, and the discontinuation of education after puberty (Raj et al, 2015; Roest, 2016).





Insights on the usage of menstrual products in India

The NFHS collects data on the usage of menstrual products by young women ages 15-24 years⁶, and reports on the usage of hygienic materials⁷ during periods (IIPS & ICF, 2022). Data is disaggregated by location (urban, rural), age (15-19 years, 20-24 years), educational attainment, wealth quintile, socio-demographic characteristics (caste/tribal status, religion), and by state.

Table 5 (in Annexure) presents detailed data for India from the latest NFHS-5⁸, with key highlights are presented below (IIPS & ICF, 2022):

Use of hygienic menstrual products:



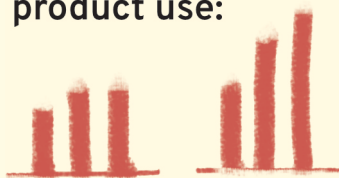
77.6% of young women (aged 15-24 years) used hygienic menstrual products; 89.6% in urban areas and 72.6% in rural India. These data show an increase in the use of hygienic products from NFHS-4 (2015-16) that found that 57.6% of young women used hygienic menstrual products (77.5% in urban areas, 48.2% in rural areas) (see **Figure 4**).

Promising trends in states:



Increase in the use of hygienic menstrual products was more pronounced in some states than others, with the increase particularly apparent in states with MHH focused schemes since the NFHS-4 was conducted in 2015-16 (e.g., Bihar, Rajasthan, Odisha, Madhya Pradesh) (**Table 2**)

Variations in product use:



Product use patterns differ across rural and urban areas, with cloth use more prevalent in rural areas, and sanitary pads in urban areas (**Figure 3**).

⁶ The NFHS-5 report does not present data on the use of menstrual products for women over age 24 years, while data is collected for older women

⁷ NFHS-5 considered locally prepared pads, sanitary pads, tampons and menstrual cups as hygienic methods to manage menses. Cloth is considered to be an unhygienic menstrual product

⁸ State specific data are available [here](#)

Figure 2: Use of hygienic products across select States in India as reported in NFHS-4 (2015-16), and NFHS-5 (2019-2021)

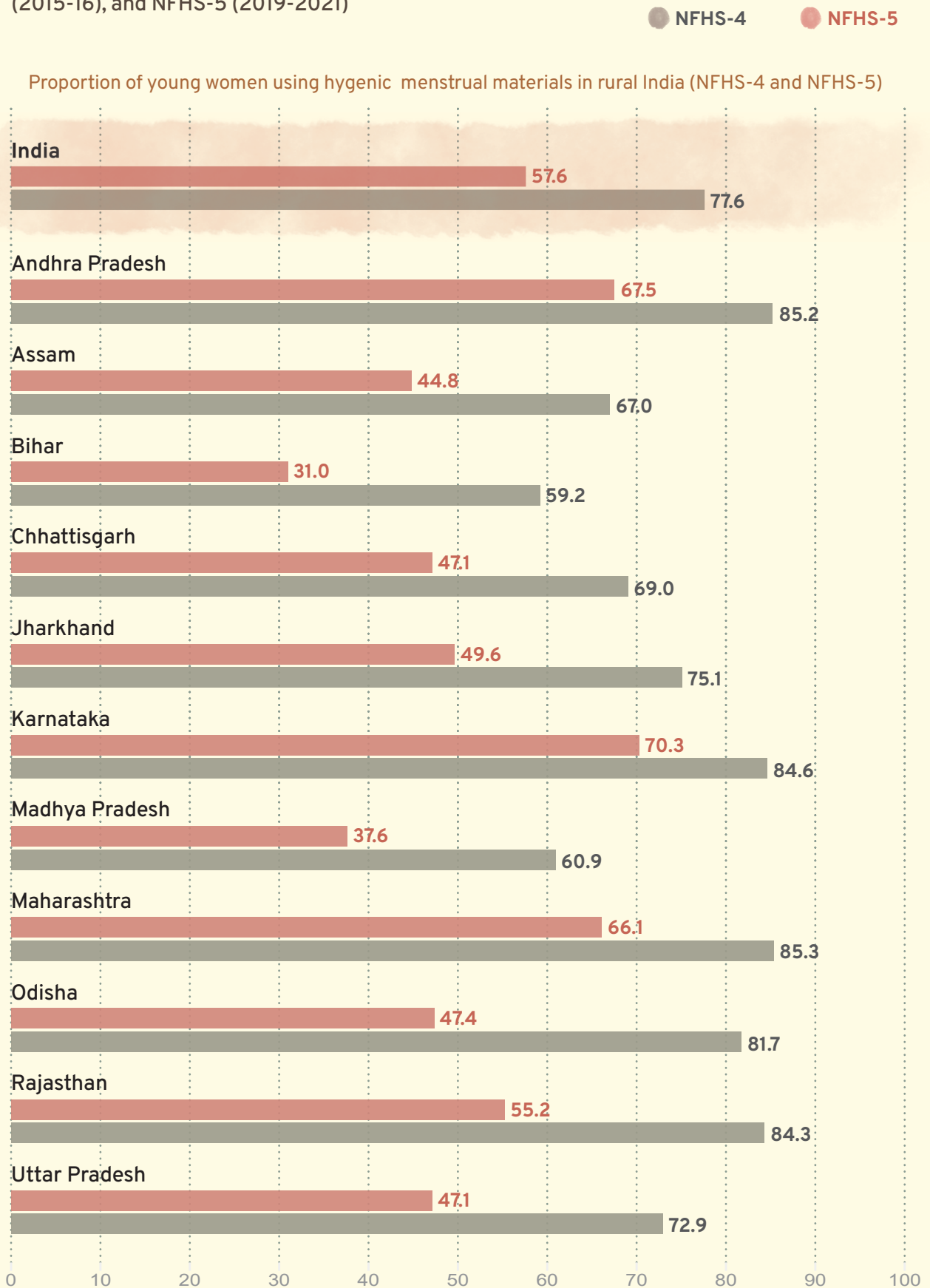
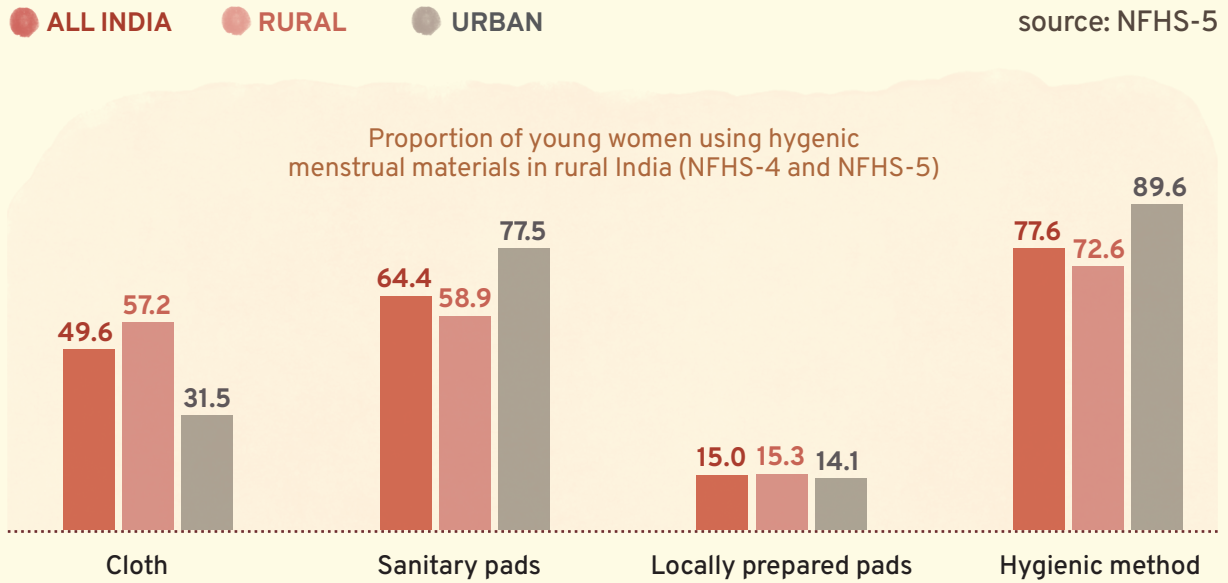


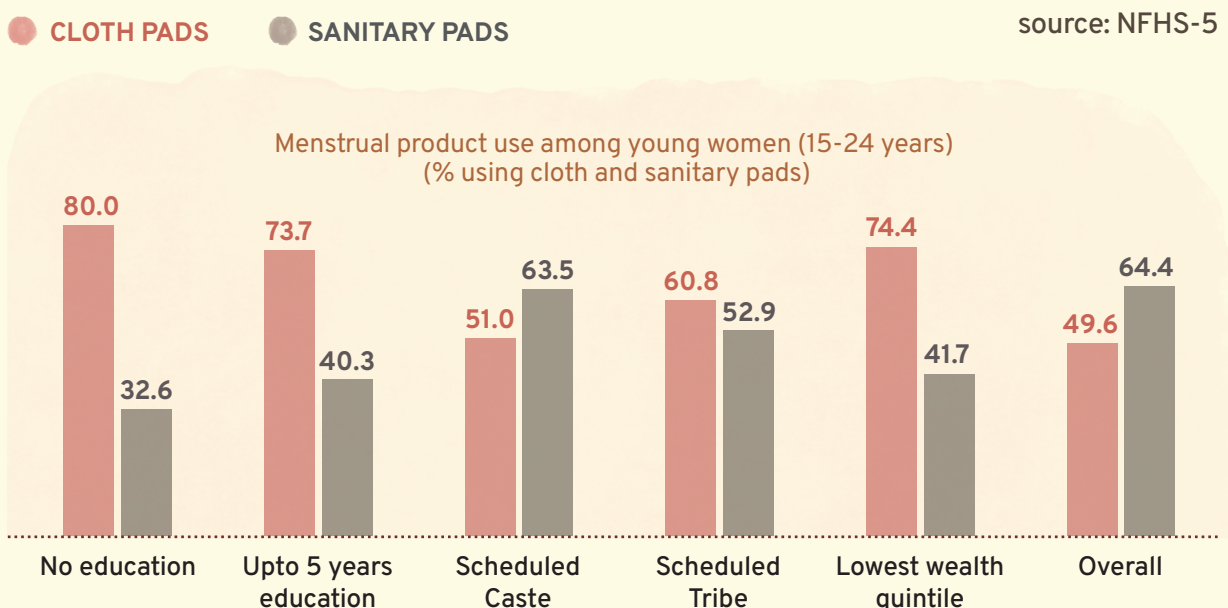
Figure 3: Usage of menstrual products in urban and rural India



Notable differences in the usage of menstrual products across socio-demographic characteristics related to educational level, wealth status, and caste and tribal status (see **Figure 4**; detailed data in **Table 5** in the annexure). Young women with lower levels of education, from Scheduled Tribe or Scheduled Caste families, and those from

economically disadvantaged backgrounds were more likely to use cloth than sanitary pads. More recent analyses of NFHS-5 further reiterate that the use of hygienic menstrual products and access to supportive WASH facilities is affected by urban-rural residence, wealth, and education (Chakrabarty et al., 2025).

Figure 4: Variations in cloth & sanitary pads use across key demographic indicators



Recent analyses of NFHS-5 data identified determinants of menstrual product use (Babbar and Garikipati, 2023), finding that education and mass media exposure were important drivers of menstrual product use. Women with higher levels of education, greater exposure to mass media, and access to improved sanitation facilities were more likely to use “modern” period products such as disposable pads, tampons and menstrual cups than those with lower levels of education and mass media exposure (Babbar and Garikipati, 2023).

The NFHS-5 report and analyses drawing on this data consider cloth use as unhygienic, and sanitary pads, tampons and menstrual cups as hygienic menstrual management. While the use of dirty rags or old cloth should

be strongly discouraged, the use of clean and soft cotton cloth, homemade stitched cloth pads or readymade reusable pads can be promoted, particularly among communities where cloth use is prevalent, where cost constraints are prominent, and where market access to commercially available menstrual products is highly limited. What is critical is the hygienic use and maintenance of all menstrual materials, both disposable and reusable. Further, findings clearly lay the foundation for education and widespread awareness on MHH, and support for the introduction of a basket of safe and effective products that enable girls and women to select the menstrual materials that best suits their needs and contexts informed by comprehensive information.



Insights on access to water, sanitation and hygiene (WASH)

Access to WASH facilities at the household, community, educational institutions and worksites is critical to support the hygienic management of periods, and prevent adverse health outcomes (such as urogenital tract infections and reproductive tract infections). Analysis of nationally representative data has not been able to establish the linkage between access to water and sanitation facilities and menstrual health outcomes, yet some robust community-based and hospital-

based studies have identified such linkages (see section 2.4.2). Furthermore, marked improvements in WASH facilities in households and schools during the Swachh Bharat Mission, Phase 1 (2014-2019), and in water access through the Jal Jeevan Mission (2020 – 2024), have positive implications for health and hygiene as seen in a landmark study on reduced infant mortality in India (Chakrabarti et al., 2024).

Status of WASH at the household and community level

As per the National Annual Rural Sanitation Survey (NARSS) – 3, conducted in 2019-20, 94.4% of all rural households had access to toilets, with 79.2% of households having access to their own toilet (Government of India, Ministry of Jal Shakti, 2020).

Rural households having:

access to toilets

94.4%

access to their own toilets

79.2%

The NFHS-5 reported that 70.2% of households had an improved sanitation facility, a marked increase from 48.5% reported during NFHS-4 (IIPS & ICF, 2022)⁹.

Increase in households with an improved sanitation facility

NFHS-4

48.5%



NFHS-5

70.2%

Further, access to an improved source of drinking water was reported in 95.9% of homes, with 73.9% having water access in or delivered to the household premises¹⁰ (IIPS & ICF, 2022).

Households having:

access to an improved source of drinking water

94.4%

water access in or delivered to the household

73.9%

Status of WASH in Schools

As per the U-DISE report 2023-2024, India has 14.71 lac schools and 24.8 crore enrolled students (Government of India, Ministry of Education, 2024)¹¹. The latest U-DISE report (2023-2024) found that across all schools, 97.2% had separate toilets for girls, and 93.6% had functional toilets for girls (Government of India, Ministry of Education, 2024).

⁹ The difference in the estimates from NARSS - 3 and NFHS-5 may be due to sampling differences in the two surveys

¹⁰ NFHS-5 includes the following as an improved source of water: piped water, tubewell or borehole, protected dug well, protected spring, rain water, tanker water, bottled water, community RO plant

¹¹ At the time of this brief, the latest [U-DISE report](#) and data available are for 2023-24.

Table 2 Status of WASH infrastructure in schools

Source: U-DISE 2023-2024

Total number of schools

14.71

LAC

Number of Government schools

10.22

LAC

Total number of students

24.80

CRORES

Total male students

12.87

CRORES

Total female students

11.93

CRORES

Schools with drinking water within the school premises



Schools with girls' toilets



Schools with handwashing facilities



Schools with toilets for children with special needs





Association between MHH and other relevant outcomes

MHH and Education



An estimated 24% of girls miss school during their periods, but the reasons for school absenteeism vary across studies (van Eijk et al, 2016). The existing body of evidence does not identify a single overarching menstruation related determinant of school absenteeism or education discontinuation, but alludes to an interplay of factors related to menstrual management and health that affects school participation:

- **Menarche** or the first menstruation, is associated with readiness for marriage or sexual activity in some communities, leading some families or communities to discontinue girls' education after puberty.
- **Access to WASH facilities in school** affects whether girls are able to change their pads or discard their pads safely, privately and comfortably in schools, and girls may miss school during their periods if toilets are unavailable, dysfunctional, or unclean (Gupta et al, 2018; Sivakami et al, 2019; Sharma et al, 2020; Yaliwal et al, 2021).
- **Access to safe and effective menstrual products** in adequate quantities can affect school attendance during periods. If a girl

does not have sufficient menstrual products, she may not attend school.

- **Menstrual discomfort and pain** are significant reasons why some girls miss school in India (Priya et al, 2016; Sivakami et al, 2019; Parle and Khatoon, 2019; Sharma et al 2020).

The systematic review on MHH in schools in India (by Sharma et al, 2020) noted the following important takeaways relevant for MHH in school settings:

- **Insights varied widely** on MHH education in schools with one study in the systematic review noting that only 19% of schools had MHH related IEC.¹²
- **Key challenges with teachers** as sources of information on MHH included unavailability or limited availability of female teachers in schools, especially secondary schools, and competing priorities for teachers, and teachers' discomfort with MHH related content. Further, male teachers were perceived to be insensitive to and uncomfortable with MHH related issues of female students.

¹² However, the Global Baseline for Wash in School report noted that 64% of schools in India provided menstrual hygiene education to female students. This discrepancy could be due to the fact that the Global Baseline Report for WASH in Schools (2018), that reported that 64% of schools had MHH sessions, drew this information from the Swachh Vidyalaya Puraskar data. Schools self-select to share this data, and therefore it may not be nationally representative.

● **Notable issues with school toilets**

included limited water supply for washing and flushing, lack of cleanliness of toilets, paucity of disposal solutions for used menstrual products, and broken doors and locks in toilets.

● Studies note a **lack of emergency**

menstrual product supplies and pain medication for menstrual pain.

Menstrual concerns, disorders, and linkages with sexual and reproductive health



Few studies have examined the health aspects of MHH. A seminal clinical study in Odisha found strong and consistent associations between hygienic product usage and menstrual hygiene practices such as personal washing. Reusable cloths were found to be strongly associated with *Candida* infection (aPRR = 1.54, 95%CI 1.2–2.0), weakly associated with bacterial vaginosis (BV) infection (aPRR = 1.23, 95%CI 1.0–1.54) and not associated with trichomonas vaginalis (TV) infection. Further, among women reusing absorbent material, *Candida* but not BV or TV infection was more frequent among those who dried their pads inside their houses and those who stored the cloth hidden in the toilet. Higher frequency of change of absorbents was protective of infections (aPRR = 0.72, 95%CI 0.61–0.86) (Das et al., 2015). Besides this clinically evidenced study, others reported health issues derived from lived experience and self-reporting of the respondents. A study analysing NFHS-4 data found a strong association between the use of hygienic materials and RTI symptoms (genital sore/ulcer and had genital discharge) (Vishwakarma et al., 2021).

Several studies, especially among school going girls in India note some form of menstrual discomfort or problem experienced by adolescents such painful periods, backaches, heavy bleeding, irregular menstrual cycles, and premenstrual symptoms (e.g., Anand et al, 2018; Muralidharan 2019; Bachloo et al., 2016; Gupta, 2019; Gupta et al., 2018; Kshirsagar et al., 2016; Priya et al., 2016; Parle & Khatoon, 2019; Sulabh International, 2024). The prevalence of these conditions in India is unclear as studies rely on self-reported symptoms, and not clinical investigations.

Evidence gaps

- Limited data on adult women
- Few longitudinal studies
- Under-representation of gender-diverse populations
- Interchangeable use of MHM and MHH after defining the shift
- Tension between NFHS framing (“hygienic vs unhygienic”) and the more nuanced stance on cloth

Developments in the MHH LANDSCAPE IN INDIA





Overview of MHH Stakeholders in India

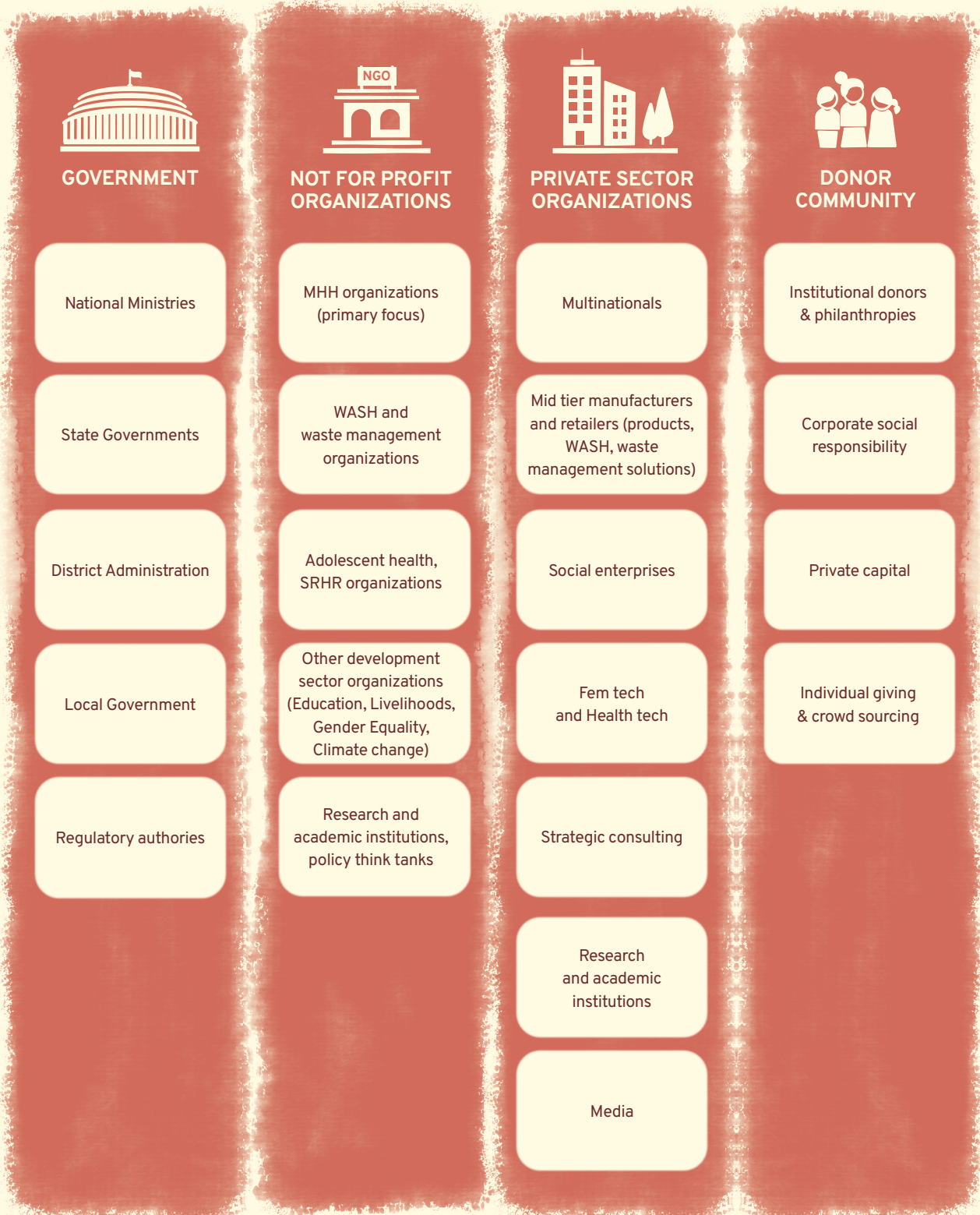
Four major stakeholder categories address MHH in India: the Government of India, not for profit organizations, for profit entities, and the donor community.

Each of these stakeholder categories is diverse in itself, in terms of the scale of work (e.g., national, state, community), strategies or approaches, nature of work (e.g., implementation, research, communications, policy), their approach to MHH and sectoral focus (i.e., as the primary focus or a part of a larger agenda), and the components of menstrual health that they solve for (e.g., awareness, behaviour change, product access).



Figure 5 showcases the major stakeholder categories and key actors within each category who have led action on MHH in India.

Figure 5: Snapshot of MHH stakeholders in India





Government initiatives on MHH

The Government of India has been a global leader on MHH. Government initiatives on MHH started in 2011 with the Menstrual Hygiene Scheme initiated by the Ministry of Health and Family Welfare. Since 2014, a number of Government initiatives have addressed menstrual health and hygiene management at the national and state levels (**Table 3**). Notable developments are highlighted below:

- The focus of government initiatives is on providing menstrual products and awareness, and enabling access to WASH facilities for girls and women, and disposal solutions for menstrual waste.
- At the national level, **the Swachh Bharat Mission (SBM)-Grameen** (Phase 1 [2014-2019] and Phase 2 [2020 - 2024] launched in 2014), provided a catalytic platform to further MHH interventions at the community level in several states. The IEC budget under SBM-Grameen was utilized for awareness generation and for menstrual waste management.
- The **Swachh Vidyalaya initiative** promoted WASH in schools (including separate toilets for girls), and simultaneously supported MHH education in schools in several states.
- The **School Health and Wellness Program** launched in 2020 by the Ministries of Health and Family Welfare and Education addresses MHH in schools, as a part of a holistic health initiative for students, and calls out MHH as one of its objectives.
- While many states provide sanitary pads under Central schemes such as Menstrual Hygiene Scheme of Rashtriya Kishor Swasthya Karyakram, **some have state-specific schemes** to enable state wide awareness generation and product distribution. Some examples are Khushi scheme in Odisha, IM Shakti Udaan Scheme in Rajasthan, Asmita Plus Scheme in Maharashtra, Uditia Scheme in Madhya Pradesh, Suchi Scheme in Karnataka (Table 6 in Annexure).
- In both Central and State schemes, **the overarching focus has been on adolescent girls**. In some states like Maharashtra, Rajasthan, and Tamil Nadu sanitary pads have also been made available to adult women through ASHAs, Anganwadi workers, and self-help group initiatives (e.g., Jeevika in Bihar, Rajeevika in Rajasthan).
- The Ministry of Health and Family Welfare has developed a **new National Policy for Menstrual Hygiene** that seeks to accelerate action on MHH for adolescents in schools (Ministry of Health and Family Welfare, 2023).

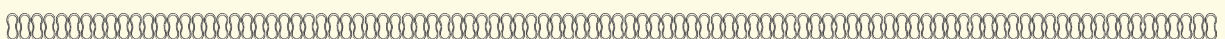


Table 3: Government of India initiatives on MHH

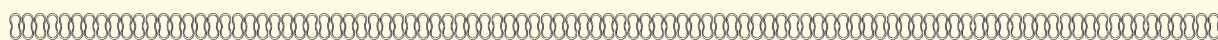
Name of Government initiative	Focus area			
	Awareness	Products	WASH	Waste management
Menstrual Hygiene Scheme, 2011	✓	✓		
SABLA/Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG), 2011	✓			
Nirmal Bharat Abhiyan, 2012			✓	✓
Rashtriya Kishor Swasthya Karyakram, 2014	✓	✓		
Swachh Bharat Abhiyan - Grameen (Phase 1), 2014-2019	✓		✓	✓
Swachh Bharat Abhiyan - Urban, 2014-2024			✓	✓
Swachh Bharat: Swachh Vidyalaya Abhiyan, 2014	✓		✓	✓
National Guidelines for MHM, 2015	✓	✓	✓	✓
Solid Waste Management Rules, 2016				✓
Guidelines on Sanitary waste management, 2018				✓
Janaushadhi Suvidha Sanitary Napkins Scheme, 2018		✓		
Swachh Bharat Abhiyan - Grameen (Phase 2), 2019-2024			✓	✓
School Health and Wellness Initiative, 2020	✓			
Suvidha Sarthi scheme, 2023		✓		
Menstrual Hygiene Management Policy 2024	✓	✓	✓	✓

Not for profit organizations



Non-governmental organizations (NGOs) working on MHH deliver interventions either directly or in collaboration with community-based organizations. UN agencies (UNICEF and UNFPA) and some NGOs also provide technical support to National and State Government Departments. While some NGOs focus primarily on MHH, some address MHH as a part of their larger portfolio of work on WASH, SRHR, or education. Like Government initiatives, NGOs also spread awareness, provide products,

improve WASH facilities, and institute waste management solutions, albeit at a smaller scale, and often with marginalized or vulnerable communities. Many NGOs work with adolescent girls, with a few expanding their interventions with adult women as well. Since the COVID-19 pandemic, telephonic helplines (e.g., [Hello Sathi](#)), digital platforms (e.g., Cha Jaa) and AI chatbots (e.g., [Just Ask](#) and [Ask Nivi](#)) have been initiated to provide information and support on MHH.



The menstrual product landscape & product standards in India

The rich menstrual product landscape has evolved in India to include a range of disposable and reusable menstrual products (Mahajan et al, 2021). Key developments for each of the major product categories is captured in [Table 4](#) (Mahajan et al, 2021). Quality standards for menstrual products is an important consideration to ensure that people who menstruate have access to quality products. The Bureau of Indian Standards (BIS) leads the establishment of standards for menstrual products in India, and has published standards for disposable sanitary pads, and reusable cloth pads and menstrual underwear. Standards for menstrual cups are being developed.

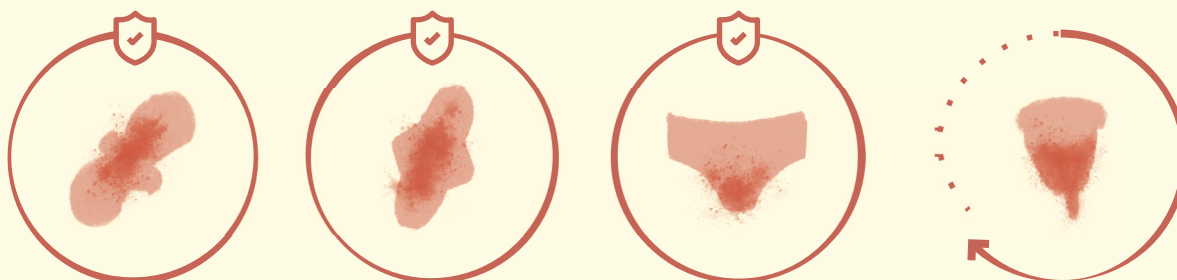


Table 4: Overview of menstrual products in India

	Disposable sanitary pads	Reusable cloth pads and menstrual underwear	Menstrual cups
Market size	INR 3000 crores		
Market players	<ul style="list-style-type: none"> ● Multinational companies have 85%+ of the market share ● 50+ mid-tier manufacturers and resellers 	<ul style="list-style-type: none"> ● ~20 small and mid-sized market players producing stitched, fabric-based pads, or menstrual underwear ● Some companies or organizations produce reusable cloth pads for both commercial sales and for subsidized distribution 	<ul style="list-style-type: none"> ● ~20 cup manufacturers and distributors in India (only a few companies manufacture in India, with several companies and NGOs importing cups for sales and distribution in India) ● NGOs have introduced and supported cup use with low-income groups in rural and urban India, with research highlighting the potential for uptake if the appropriate support is provided
Sales and distribution channels	<ul style="list-style-type: none"> ● E-commerce ● Direct to consumer ● Physical retail outlets ● Business to business ● Government vendor ● Exports 	<ul style="list-style-type: none"> ● E-commerce ● Direct to consumer ● Business to business ● Exports (limited to few companies) 	<ul style="list-style-type: none"> ● E-commerce ● Direct to consumer ● Physical retail outlets ● Business to business ● Government vendor
Decentralized access models	<ul style="list-style-type: none"> ● Decentralized manufacturers (using manual, semi-auto and automatic), including women's self-help groups 	<ul style="list-style-type: none"> ● Production of reusable pads happens at the individual level (e.g., make your own cloth pad), community level for low cost or free distribution (e.g., Goonj's My pad) 	
Innovations	<ul style="list-style-type: none"> ● Innovations in disposables include pads made with natural fibres such as banana fibre, bamboo fibre, and bioplastics 	<ul style="list-style-type: none"> ● Innovations in reusable pads include pads with absorbent banana fibre and antimicrobial pads ● Innovations in menstrual underwear include products made from cotton, microfiber, and bamboo fibre 	
Quality standards as per BIS	<ul style="list-style-type: none"> ● IS 5405:2019 <p>Criteria for compostability have been introduced</p> <p>The Quality Control Order by the Ministry of Textiles as on 23 September 2023 now mandates that all companies and enterprises manufacturing menstrual product adhere to the BIS standards</p>	<ul style="list-style-type: none"> ● IS 17514 <p>The Quality Control Order by the Ministry of Textiles as on 23 September 2023 now mandates that all companies and enterprises manufacturing menstrual product adhere to the BIS standards</p>	<ul style="list-style-type: none"> ● Under development as of December 2024. Yet to be finalized and published



Opportunities to expand MHH programs beyond adolescent girls in schools

Linking MHH and sexual and reproductive health and rights (SRHR) across the lifespan:

MHH and SRHR are intimately linked, yet often addressed in silos. Further, MHH is often addressed for adolescents, while several SRHR interventions focused on family planning, abortion care, maternal health, cancer prevention reach adult women. Integrating MHH and SRHR can bring significant benefits to people across the life course. A publication that traces the interlinkages in the Indian context can be found [here](#).

MHH in emergencies and humanitarian contexts:

In response to natural disasters (e.g., cyclones, floods), some Governments and civil society organizations have incorporated attention to MHH. For example, the Government of Assam has included menstrual products as a part of their emergency relief kit, and in Odisha, the Odisha State Disaster Management Authority has established separate toilets for girls and women cyclone relief shelters. For girls and women in humanitarian settings who are displaced from their homes for due to conflict, some organizations conduct MHH sessions and provide menstrual products (e.g., Sirona supports cup use with refugees in Delhi, and relief efforts in Manipur in 2023 secured both disposable and reusable products for distribution). An India focused resource on MHH for emergencies and humanitarian contexts can be found [here](#).

MHH and persons with disabilities:

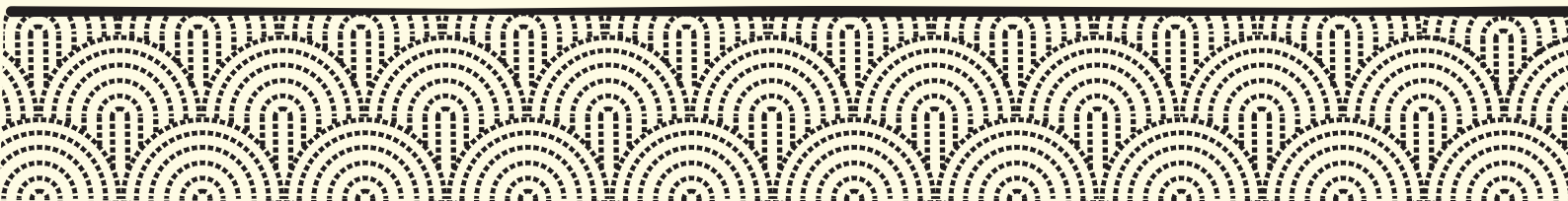
Persons with disabilities face particular challenges with menstruation due to the constraints imposed by their impairments. While persons with disabilities also need information, products, WASH facilities and other supportive services related to MHH, these interventions need to be responsive to the unique needs and constraints of different types of disabilities (i.e., visual impairment, hearing and speech impairment, cognitive impairment, locomotor impairments, or a combination). A comprehensive resource featuring good practices from India can be found [here](#).

MHH and vulnerable communities:

While work on MHH is limited with vulnerable and marginalized communities such as LGBTQIA+ community, women in sex work, migrants and refugees, there are ongoing discussions and efforts to understand the MHH needs of these vulnerable populations. For instance, a toolkit to understand people who menstruate who do not identify as female can be accessed [here](#).

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Recommendations
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**TO ENABLE
MENSTRUAL
HEALTH
& HYGIENE
FOR ALL IN
INDIA**



Recommendations for implementation efforts:



Review and update existing MHH frameworks to guide action on MHH, incorporating attention to awareness generation and fostering positive gender norms, enabling access to a basket of menstrual products, gender responsive and inclusive WASH facilities and waste management solutions, and access to health services.



Awareness focused interventions to provide comprehensive information on the reproductive system, menstrual cycle and menstruation, menstrual hygiene management, menstrual product options and safe usage, safe disposal of used products, menstrual concerns and disorders, and importance of nutrition during adolescence.



MHH related behaviour change interventions to address behavioural barriers to beneficial MHH practices, and foster favourable social and gender norms with adolescent girls, influencers and gatekeepers.



WASH focused interventions to:

- Include waste management solutions that support immediate disposal (at the very minimum) and consider solutions for the end-of-life treatment of used menstrual products.
- Include operations and maintenance of existing WASH, disposal and menstrual waste management facilities.



Explore linkages with health services for menstrual concerns and disorders, as well as linkages with nutrition and anaemia control initiatives with adolescents.



Work with gatekeepers and influencers (boys, men, mothers, peer group, teachers) to engender positive social and gender norms, and reduce stigma and discrimination

Recommendations for evidence generation:



Tracking of progress on menstrual health and hygiene through the inclusion of MHH indicators in routine monitoring and in assessments and evaluations

- Which interventions works to promote MHH, and what works at scale
- Cost-effectiveness of MHH interventions
- Factors enabling and hindering the uptake and sustained use of reusable menstrual products



Models to enable sustained access to affordable and quality products of choice



Impact of MHH interventions in terms of health and wellbeing, meaningful participation in school, the workforce, and in daily activities



Document case studies of intervention approaches that:

- Provide comprehensive menstrual health information
- Promote informed product choice
- Foster favourable gender norms and behaviour change among adolescents, and among their influencers and gatekeepers
- Enable gender responsive WASH facilities in different settings, as well as safe disposal and effective menstrual waste management solutions
- Integrate MHH into adolescent health and nutrition services
- Disposal and waste management solutions that are effective, safe, low-cost, and contextually appropriate

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Annexures

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Table 5: Usage of menstrual materials by young women 15-24 years in India (NFHS-5)

Background characteristic	Cloth	Locally prepared pads	Sanitary pads	Tampons	Menstrual cups	% using a hygienic method
All India	49.6	15.0	64.4	1.7	0.3	77.6
Age						
15-19	49.3	15.2	64.5	1.7	0.3	78.0
20-25	50.0	14.7	64.2	1.6	0.3	77.2
Residence						
Urban	31.5	14.1	77.5	1.8	0.5	89.6
Rural	57.2	15.3	58.9	1.6	0.2	72.6
Schooling						
No schooling	80	11.0	32.6	1.1	0.1	43.5
<5 years complete	73.7	11.6	40.3	1.1	0.3	51.3
5-7 years complete	69.0	13.5	46.8	1.3	0.2	59.4
8-9 years complete	57.8	14.4	58.7	1.7	0.3	71.9
10-11 years complete	43.3	16.3	70.7	1.7	0.4	84.7
12 or more years complete	35.2	15.9	76.8	1.9	0.4	90.3
Caste/Tribe						
Scheduled Caste	51.0	15.1	63.5	1.5	0.3	76.7
Scheduled Tribe	60.8	13.9	52.9	1.9	0.3	65.6
Other backward class	51.2	15.9	63.6	1.7	0.3	77.7
Other	40.7	13.7	71.6	1.6	0.3	83.7
Wealth Quintile						
Lowest	74.4	12.0	41.7	1.4	0.2	53.6
Second	61.9	15.3	56.8	1.7	0.2	71.1
Middle	47.6	16.3	68.0	1.6	0.2	82.1
Fourth	36.3	16.3	75.6	1.9	0.3	89.0
Highest	22.8	14.8	83.1	1.7	0.5	95.1

Table 6: State Government schemes on MHH

State	Name of Government initiative	Focus area			
		Awareness	Products	WASH	Waste management
Andhra Pradesh	Swechha Scheme, 2021	✓	✓		
Assam	Sanitary pads included in the list of relief items to be distributed during emergencies, 2022 Free sanitary pads to be provided in schools, 2023				
Bihar	Mukhya Mantri Kanya Uthan Yojana, 2018		✓		
Chhattisgarh	Suchita Yojana, 2018	✓	✓		✓
Goa	Stri Shakti Scheme, 2021	✓	✓		
Gujarat	Taruni Suvidha Programme, 2016	✓	✓		
Jharkhand	Garima Abhiyan, 2018	✓	✓		
Karnataka	Suchi Yojana, 2014 Suchi - Nanna Maithri, 2023 (menstrual cups)	✓	✓		
Kerala	She Pad Scheme, 2017 Thinkal initiative, 2019 (menstrual cups)	✓	✓		
Madhya Pradesh	Udita Yojana, 2016	✓	✓		
Maharashtra	Asmita Plus Yojana, 2017-18	✓	✓	✓	✓
Rajasthan	Udaan Scheme, 2022	✓	✓		
Uttarakhand	Sparsh Sanitary Napkin Scheme, 2018	✓	✓		

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