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Hype over *Pad Man* but India's Menstrual Woes Continue



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A woman at a building meant for women to stay during menstrual period at Narasipura-Gollarahatti in Arasikere taluk.

Menstrual hygiene, an essential building block of a woman's health, suffers wanton neglect in India's public discourse. Though public policies are in place, the progress made by India's government, private, and civil society sectors is not in sync with the nation's aspiration to be a global economic superpower. R. Sujatha, consultant on gender issues, and R. Gopinath, development economist, critique the steps taken, call for an overhaul in the approach, and emphasise the need for all segments of society to be involved to find effective solutions to the most fundamental of issues confronting girls and women in India.

Thanks to the hype around the release of the recent film, *Pad Man*, a lot of celebrities signed up for the cause on the social media. A commercial venture had opened up a floodgate and the age-old taboo of menstruation was addressed with so much ease that the common man was discussing it. *Pad Man* thus received immense support, thanks to its brilliant promotional strategy, which created the needful hype. But reality is somewhat different when it comes to the 3As: Awareness, Accessibility, and Affordability of menstrual hygiene.

The innumerable myths and taboos linked to menstrual hygiene, vary across different regions of the country. As part of the *Pudhu Vazhvu* project (Tamil Nadu Empowerment and Poverty Reduction Project), a primary survey was conducted in 2017 ¹ in Tamil Nadu which revealed that knowledge and awareness prior to menarche (onset of menstruation) was only around 27 per cent, indicating that nearly 75 per cent of the girls did not have knowledge of reproductive care before menarche. This led to a situation where more than 80 per cent expressed negative emotions at its onset. The survey also showed that only 54 per cent were aware of the organs of reproduction and 58 per cent felt that menstrual blood was unhygienic.

If this is the case in Tamil Nadu, which is among the most progressive States with respect to menstrual hygiene and where investments for the free supply of sanitary napkins in Government and aided schools in rural areas ranged between Rs. 47 crores and Rs.65 crore between 2011-12 and 2016-17, the situation in other States with respect to awareness can well be imagined.

Moreover, as a study by Bill & Melinda Gates Foundation ² underscored, even within this limited gamut of awareness, focus was on product use rather than on the psychosocial aspects of adolescence where the actual socialisation of gender roles happens. Menstruation is closely linked to reproductive health, and therefore, as in the case of

sex-education, it is considered a taboo subject in India. Menstrual Hygiene Management (MHM) has implications relating to the health, education, work and mobility of girls and women and needs to be looked at as part of the overall effort within Sexual and Reproductive Health and Rights (SRHR) which encompasses the right and ability of all individuals to decide over their own bodies, and to live healthy and productive lives ³.

This could be the reason NGO workers and teachers prioritise teaching the practical elements of MHM over other aspects of menstruation and what it signals. The practical aspects of MHM focus on education, awareness, articulation, and the confidence to manage menstruation with safety and dignity. It also looks at improved access and availability of safe hygienic materials with adequate water and agents and spaces for washing and bathing with soap. The other critical component of MHM is the disposal of used menstrual absorbents with privacy and dignity. As is evident, these concerns relate to the tangible and practical aspects of menstrual hygiene rather than directly address the taboos and cultural beliefs associated with it.

Incentivising luxuries, taxing periods

The practical aspects of awareness and continuous education by various women's groups have in fact opened the market wide for multinational commercial sanitary napkins, packaged and sold at maximum retail prices. It would be difficult in reality to assess how much of the recently-introduced Goods and Services Tax (GST) is passed to the consumer. The question of accessibility and affordability needs to be taken together and understood. On the one hand, the different States are vying with each other to provide sanitary napkins free of cost or at subsidised rates, on the other there is a levy of 12 per cent GST on the hygiene product which has been classified under the 'Miscellaneous' category of items.



Girls trying their hand at the newly installed sanitary pad vending machine in their residential school in Nalgonda, Telangana, on March 8, 2018. Photo: Singam Venkataramana

The argument that Indian manufacturers would lose to Chinese products if the tax rate is reduced is not convincing given that there are no specific tax sops or lower slabs for napkins manufactured by various domestic units, including those under MSMEs and the SHGs. The higher GST is reflective of a patriarchal insensitivity to the female biological reality that cuts across the political spectrum. This sexist mindset simultaneously incentivises beauty-enhancing but physiologically non-essential products such as *sindoor*, *bindi* and disincentivises a hygiene-enhancing necessity such as the sanitary napkin. In an irony cruel to India's women, the movie, *Pad Man*, won a tax waiver, even as an online petition started by a parliamentarian demanding the removal of GST on sanitary napkins, and which was supported [as on March 10, 2018] by more than four lakh people, remains unaddressed ⁴. Other calls for a relook at the GST on sanitary napkins have met a similar fate.

It is here that the paradox evolves – the increasing awareness and hype have pushed up the demand for sanitary protection products which have gradually changed from an aspirational good to a basic necessity. This demand can be met by multinational product majors, or by locally produced “Made in India” units resulting in an unequal playing ground for the latter.

Sanitary hygiene products in U.S. are classified as medical device regulated by United States Food and Drug Administration (USFDA) so there is stringent quality control. India, however, still follows the Bureau of Indian Standards (BIS) – 5405 of 1980s, updated only once since then. In other words, there is only tokenism in talking about menstrual hygiene and bringing about changes in the system to promote women’s empowerment.

Centralisation and other policy woes

The Delhi Declaration ⁵ in SACOSAN-III (South Asian Conference on Sanitation) in the International Year -2008 was the first commitment made at the country level to place menstrual hygiene as a national priority. The declaration states:

“The special sanitation needs of women (e.g. menstrual hygiene management) will be integrated in planning, implementation, monitoring and measurement of program outcomes. The key role of women in managing sanitation and hygiene in community settings will be enhanced”.

Post the Declaration, India launched its Menstrual Hygiene Scheme (MHS) in 2011 with the supply of *Freedays*, a sanitary napkin product that was centrally procured and distributed to adolescents through ASHA in 107 districts across 20 States targeting 15 million adolescents.

A total amount of Rs. 70.65 crore was ear-marked for the supply of 9.32 crore packs of sanitary napkins during the 11th Five Year Plan to the 17 States implementing the Scheme through centralised procurement ⁶. The national policy had in fact taken up a vertical programme controlled from the Centre to implement a project that was under the State subject. It is only States like Tamil Nadu, West Bengal, and Haryana that strongly lobbied against this centralisation, arguing that since they had a

substantial self-help group (SHG) sanitary napkin manufacturing base, they would prefer to go on their own than depend on the central supplies in 45 districts.

Santha Sheela Nair, a Tamil Nadu cadre Indian Administrative Service (IAS) official posted in the Union government as Secretary, Drinking water Supply and Sanitation, and a strong advocate of the MHM and Sujatha Rao, also from the IAS and Secretary, Health & Family Welfare, helped in operationalising the scheme. A specific training module was developed for ASHA workers to take the programme forward to the grassroots. The focus was primarily on the adolescent girls and keeping the girl child in school for a longer period, improving her educational levels and delaying the age at marriage.

Tamil Nadu, of course, went one step further with the late Chief Minister, Jayalalithaa, announcing – as part of her election manifesto – free supply of sanitary napkins. With the promulgation of Government Order. 279 H&FW, 4-11-2011, the scheme was launched to cover 32.79 lakh adolescent girls, 729 women prison inmates and 525 in-patients in Government hospitals. It is to be noted that Tamil Nadu which started this pioneering scheme has spent an amount of Rs.330.38 crore under this programme in the last six years ⁷. However, the scheme became a supply-driven one providing quality sanitary napkins through State-level procurement by the Tamil Nadu Medical Services Corporation (TNMSC); it failed to create proper linkages and a convergent platform with SHG women producers located across the State.

An evaluation of MHS by Chandigarh's Postgraduate Institute of Medical Education and Research and published in the *International Journal of Community Medicine and Public Health* in 2016 concluded that the scheme could not become popular due to irregular supply of sanitary napkins which was expected given the high degree of centralisation ⁸. The Government of India, meanwhile, reworked its Menstrual Hygiene programme and MHM became an integral part of the Swachh Bharat Mission Guidelines (SBM-G) in 2014. The handing over of the menstrual hygiene programme to what essentially is a sanitation scheme, reflects of the marginalisation (perhaps guided by the 'taboo of impurity') of what inherently is an issue relating to a healthy female reproductive system. Nonetheless, these guidelines ⁹, produced with the help of UNICEF India, aim to support all adolescent girls and women and

outline what needs to be done by State governments, district administrations, engineers and technical experts in line departments and school head teachers and teachers.

The guideline is in three parts, the Main Guideline; a series on 'Action Guides' that describe what each key stakeholder must do, why and how; and Technical Guides. The guidelines, though well-meaning, have failed to make a lasting impact despite the involvement of the ministries of health, women and child development, drinking water and sanitation and human resource development and the situation continues to remain grim in rural areas. This is largely because of the challenges imposed by the 3As: Awareness, accessibility, and affordability.

Abdication of responsibility, hazardous disposal systems

Even if the 3As were to be successfully managed, there is another critical element in the process of ensuring menstrual hygiene that needs attention – disposal of used sanitary napkins, particularly in the context of the increasing debate on what is to be preferred: reusable or disposable pads. Arguments are being presented on how disposable sanitary pads are increasing the environmental burden of disposal. There is a need for research on bio-degradable products or compostable products that are also disposable.

The *Pudhu Vazhvu* project primary survey of Tamil Nadu in 2017 revealed that nearly 60-65 per cent of the respondents preferred not to disclose how they disposed of their napkins while 20-25 per cent said they dumped them in drains and toilets. In this scenario, what has completely remained in the dark is that though multinational companies have enjoyed the benefits of an increased market share, they have not been part of any Extended Producer Responsibility (EPR) for helping the local bodies with the disposal systems.

To protest this, the Swachh Pune Seva Sahakari Sanstha Maryadit (also known as Solid Waste Collection and Handling, or SWaCH) sent bags of soiled sanitary napkins to the corporate offices of the MNCs manufacturing market-leading feminine hygiene products. SWaCH had repeatedly sent letters and emails to the companies, informing them of the plight of waste pickers and requesting meetings to discuss proper disposal of sanitary napkins, says Manisha Desai, a member of the

SWaCH, who runs the Red Dot Campaign to help solid-waste-management workers to readily identify sanitary waste and take the required precautions while handling them ¹⁰. But their pleas were not heard.

The Plastic Waste (Management and Handling) Rules, 2011, include certain provisions of Extended Producer's Responsibility (EPR). These provisions make producers responsible for the end of life of their products and the financing and organising of an environmentally sound system for the management of waste generated from these products. However, the EPR of these companies does not even insist on not throwing the napkins into toilets which clogs the underground Sewerage Systems. The impact of this can only be imagined in a situation where we have still not been able to end manual scavenging which is prevalent as a curse, despite our claims to be an emerging, economic superpower!¹¹

The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013, under Section 33 states, "It shall be the duty of every local authority and other agency to use appropriate technological appliances for cleaning of sewers, septic tanks and other spaces within their control with a view to eliminating the need for the manual handling of excreta in the process of their cleaning".

Workers point to the disposal of baby diapers and sanitary napkins. Even in the case of collection of solid waste, there is often a need to manually segregate the degradable and bio-degradable waste and this in itself leads to several infections.

The Pune Municipal Corporation (PMC) is probably the only local body that has taken cognisance of the issue and made the requisite intervention ¹². The PMC has recognised that with growing awareness regarding hygiene and availability of sanitary napkins and diapers, usage has increased as also the problem of their scientific disposal. It contacted the producers of these goods and requested them to provide separate easily identifiable bags to discard the used pieces. After they received a negative response, the PMC encouraged SWaCH to make paper bags to dispose of used sanitary napkins and promoted their usage.

In addition, a system for scientific disposal of such paper bags was put in place by designating three locations across the city where 600 to 900 pieces of sanitary napkins are scientifically disposed daily at each location. A system of collection,

transportation and disposal has been especially developed for the same and areas of focus are working women's hostels, areas recognised as vulnerable to prostitution, red-light areas, girls' hostels, and big residential societies. The PMC proposes to extend these services to 15 more locations across the city. It is also to be noted that the classification of sanitary napkins as medical waste as per the Central Pollution Control Board poses its own set of challenges that to be resolved ¹³.

An increase in awareness and men joining hands in the endeavour to manufacture low-cost commercial napkins will bring greater focus to the issues of environmental sustainability and whether to use disposable or reusable pads. What is required is a look at the technology options and pricing mechanism that will be available for product pricing and whether these can make the products more affordable and accessible. This effort will also need to be linked to the other schemes of the Government like adolescent health and women/Skill Development where subsidies and incentives are being provided for enhancing employability and income generation. The Tamil Nadu Corporation for Development of Women has recently taken the initiative of organising these women under Federation – TN-SANFED to manufacture and link their supply to the Government scheme ¹⁴. The sanitary napkin industry and social entrepreneurs market menstrual hygiene. However, in the debates on reproductive health and women's rights, despite a stated anxiety there is not enough recognition that the burden of contraception still falls on the women.

On the occasion of International Women's Day this year, the Government of India announced the introduction of sanitary napkins under the name 'Suvidha', priced at Rs. 2.50 each and available in a packet of 4 for Rs. 10. The launch is in line with the aim of the Government to make quality drugs available at affordable prices through the Janaushadhi stores under the Department of Pharmaceuticals of the Ministry of Chemicals and Fertilisers. The availability and accessibility of these napkins will still have to be ensured as the scheme unfolds. This is also another of Union Government's moves to opt for centralised supplies and encroach into yet another State Subject – Health ¹⁵.

Menstruation and the work space

Women in work spaces still lack basic toilet facilities and a place to change, which consistently erodes their health and well-being. Limited access to functioning toilets is still a barrier and disproportionately impacts menstruating girls and women ¹⁶. In 2012, 40 per cent of all government schools lacked a functioning common toilet, and another 40 per cent lacked a separate toilet for girls ¹⁷.

It was then that the Supreme Court stepped in with its judgment in 2012 which ordered schools across the country, irrespective of whether these were government, government-aided, private or minority schools, to provide separate toilets facilities for boys and girls, drinking water, sufficient class rooms, and teaching and non-teaching staff. Close monitoring of this landmark judgment ensured that this issue was addressed to a certain extent but the number of toilets made available was hardly commensurate with the standard requirements for the number of students studying. In work spaces, toilets become an important sign of the real level of inclusion of women in institutions but unfortunately, we find the concern missing when space planning for offices take place.

Rose George's book, *The Big Necessity*, makes interesting observations in this regard and traces how non-provision of public toilets was a way to keep women at home in 19th century Britain ¹⁸. The reluctance to provide women's toilets in Indian shops and offices is echoes is often cloaked either in an embarrassing apology or an ostensibly practical concern with costs. Constructing separate toilets needs capital, which can suddenly turn scarce, even when more general expenditure, for example on air-conditioning, is easily sanctioned. The spread of malls and cafes has become an easy way to justify this — women are simply pointed to the bathrooms in these places. Maharashtra probably is the first State where the Labour Department issued an order that directed all commercial establishments to provide separate toilets for women staff or face penalties and even criminal action ¹⁹. Tamil Nadu has also enacted a similar regulation, However, monitoring this would be the greatest challenge.

For the want of space

The issue of toilets for women in the unorganised sector is another issue altogether. A study by Sowmya Swaminathan on saltpan workers indicates the abysmal conditions in which women work with no toilets at all and a harsh landscape with not even bushes or trees in sight for miles. So much so that women abstain from eating or drinking so as to eliminate the need for using a facility ²⁰. This could be the condition of many of the women working in unorganised sectors such as construction and other similar areas where women are employed. Access to toilets becomes all the more critical during menstruation. Women need to change their sanitary protection frequently and this is important for the prevention of reproductive and urinary tract infections.

Several studies report that girls do not change sanitary pads when they are in school premises. A similar finding was evident in the baseline primary survey study on MHM status where nearly 40 per cent respondents mentioned that they changed napkins only twice a day while nearly 50 per cent said they would change every four to six hours.

Even when toilets are available, cultural practices and hygiene routines as well as community attitudes related to menstruation limit the use of existing toilets, particularly during menstruation ²¹. Girls may avoid using toilets for fear of leaving blood stains in the latrine, especially if water for washing is not adequately available. Social norms and cultural constraints associated with menstruation also inhibit women and girls from using toilets and disposal mechanisms appropriately. Social norms, cultural taboos and the diktats with regard to menstruation cut across religions and act as a deterrent and inhibit women and girls from using toilets and disposal mechanisms appropriately.

Men as partners in change

Men and boys influence women's and girls' experiences of MHM through the various roles: as husbands, fathers, brothers, students, peers, teachers, community leaders, entrepreneurs, employers, development and humanitarian practitioners, and policymakers. It is necessary for male teachers to be informed and be confident about

dealing with issues regarding menstruation and menstrual hygiene so that they can support female students and create a less stigmatising environment at school.

This is particularly important as there are far fewer female teachers in secondary schools in India. An inclusive approach where men are equal partners will ensure that there is greater support that facilitates empowerment of the whole community especially women and girls. There is increasing need for involvement of men and boys through creating spaces for open dialogue which will enable men and boys to realise the importance of MHM as well as issues of reproductive health, women's self-esteem, and empowerment. Effective MHM involves the presence of toilet facilities along with water and soap so that females have a safe place to change and clean themselves and these require the support of men who are sensitive to the need and make decisions on investment ²². School managements and teachers need to be sensitised for providing an MHM-friendly environment in schools, including awareness-raising and provision of toilets for girls with sanitary napkin disposal facilities.

The critical challenge girls face at school in relation to menstruation is the fear of harassment by boys, which affects their self-esteem. Physical and verbal bullying was one of the problems associated with MHM. The PVP survey done in Tamil Nadu, found that boys in the same classes expressed unwillingness to discuss menstrual hygiene and felt that it was not relevant or important to them. The attitudes of boys to menstruation and menstrual hygiene ranged from disinterested to extremely negative. Men can contribute towards changing cultural norms and challenging taboos around menstruation, and become actively involved in decisions relating to women's menstrual hygiene needs. However, there is an inherent challenge in involving men and boys due to the strong belief that menstrual hygiene is not to be discussed with men and boys. Obviously engaging men as partners in the persistent interpersonal communication strategies are essential for MHM programmes to make men and boys recognise women and girls as equal partners.

The emphasis on menstrual hygiene as a management issue rests solely on the fact that women world over ²³ face many challenges in dealing with menstruation. Dealing with it merely as a biological function needing privacy and concerned with hygiene practices is the rationale for providing the much-needed psycho-social

support. Raging hormones associated with the turbulent teens need counselling and supportive services. It is often seen that the gender based restrictions post-puberty, rationalised as essential for ‘protecting’ girls, make them more vulnerable, leading to an embedding a sense of subservience in them as adults.

Gender stereotyping exposes girls to several related vulnerabilities: a greater risk of early drop out from school, child marriage, early pregnancy, suffering from physical and sexual violence in silence, and HIV and other sexually transmitted infections. Foregrounding menstrual hygiene has in fact offered opportunities to engage various partners towards providing the psycho-social support so much essential for girls and boys as they grow into their adult roles. Gender sensitisation during adolescence is critical and has a lasting impact on the gender roles they assume later in their lives. Corporates, leaders, feminists, social media activists all need to get involved in talking about menstrual hygiene, especially in rural India, which means breaking barriers and going beyond the digital divide. At present the role of corporates is rather limited in rural areas and is confined mostly to advocacy in urban areas. Sadly, public conversation around menstruation is still negligible. The euphoria and celebrations around International Women’s Day has faded away. However, the struggles for day-to-day hygiene and cleanliness as basic rights continue and these are the challenges that would have to be answered and addressed to provide the equal space that the women so deserve even while they continue to handle a basic physiological function like menstruation.

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