



SEEN, BUT IGNORED: A CRITICAL REVIEW ON MENSTRUAL HYGIENE PRACTICES IN INDIA

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ABSTRACT

Adolescent girls make up 8% of the total world population (estimated to be 0.6 billion) (World Bank, 2023); and improper menstrual hygiene can have long-lasting impacts on their health which may lead to period poverty, and wide-spread economy-wide spill-over effects (Khan, 2023). The continuing efforts of the World Bank to improve menstrual health management (MHM) is evident in the proportion of its ongoing projects involving menstrual health promotion (43 out of 178 projects as of Feb, 2022) (World Bank, 2023). Despite gaining attention in recent years, menstrual hygiene is a less familiar topic among the “355 million menstruating women in India” (World Bank, 2023). In the current article, the author will first, review the current state of menstrual health management in India and present reasons for the same. Second, it sheds light on the several policy efforts undertaken by the Indian government, NGOs, and citizens. Lastly, it presents suggestions on better MHM by referring to successful event studies and pilot projects.

KEYWORDS: *menstrual health management (MHM), Period poverty.*

INTRODUCTION

Menstrual health management (MHM) is a pressing issue in India, with factors such as lack of awareness, inadequate sanitation facilities, social stigma, and environmental concerns contributing to the problem. Indian women's lack of awareness is sustained by a paucity of knowledge on menstruation coupled with negligent approaches in educational institutions (Sharma et al., 2020). The lack of adequate sanitization and disposal facilities makes MHM even more difficult and has a negative impact on the health, education, and empowerment of women (Khan, 2023). Despite governmental efforts, including guidelines, programs, and subsidized biodegradable napkins, there is still a significant gap in effective MHM practices. Addressing this challenge requires identifying successful pilot studies and adapting them to the Indian context, along with exploring innovative approaches. This review article aims to highlight the importance of integrated strategies to promote MHM and advocate for improved menstrual health for women in India.

METHODOLOGY

This is a review paper which draws on the work of the existing field of research in this topic. Electronic literature databases were searched to identify studies that examined the current literature on menstrual health management in India, governmental policies and projects for the same (at national and international level). This systematic literature review is guided by the Cochrane method, and the search method and findings are presented in accordance with the relevant sections of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Higgins and Green, 2011, Moher et al., 2009). Studies were included in the systematic literature review based on the following inclusion criteria: they must (a) quantitatively examine and report the menstrual health management status in India, associated issues, policies and future direction; (b) use a multidimensional conceptualization of menstrual health management; (c) be published in an academic journal and public sector reports; and (d) be available in English.

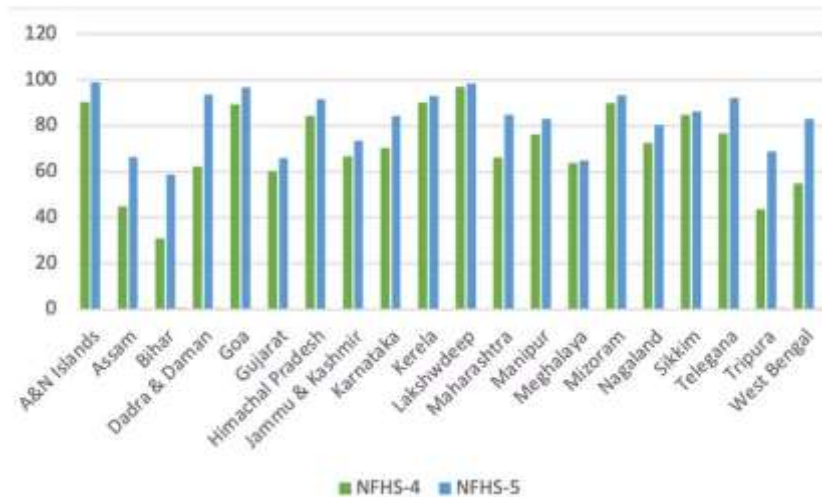
HISTORY OF MHM IN INDIA

A comparative analysis of the NFHS (National Family Health Survey) 4 and NFHS 5 survey draws attention to the improvement in menstrual practices in India. All the states being studied showed a marked improvement in sanitary item usage, coming mainly from the rural states. With initiatives like the “Bihar’s bicycle program”, the use of sanitary products more than doubled in Bihar. There was a marked improvement in the infrastructural landscape of sanitation over the last decade (Sharma et al., 2020). The percentage of total population using basic sanitary services increased from 42% in 2010 to 71% in 2020, and that for the rural population increased from 33% to 67% during the same period (World Bank, 2023). The percentage of rural population using safely managed sanitation services dramatically rose from 23% in 2010 to 50% in 2020 (World Bank, 2023). Even though we are miles away from where we want to be, the health and sanitation landscape in India has changed dramatically over the past decade stemming from



economic improvements, and relentless efforts of the government and society. The increase in awareness, coupled with better accessibility to safe sanitation services has led to large-scale improvements in menstrual hygiene practices (Sharma et al., 2020). The effects of such policies on the quality of female life could be instrumented using the human capital index, which is a holistic measure for the level of well-being of a community or individual. The human capital index for women increased from 0.46 in 2017 to 0.5 in 2020 (World Bank Group, 2023).

Figure 1
Comparative Analysis of the NFHS 4 and NFHS 5 survey
Women in Bihar Are Experiencing a 'Revolution'



Note. The above image depicts the comparative analysis of the NFHS 4 and NFHS 5 survey with regards to the usage of menstrual products in India (Babbar, 2021). The x-axis represents the different states being surveyed and the y-axis represents the percentage of women using hygienic methods for menstrual management.

In the next section, we shed light on the efforts of the central government, the state government, NGOs, and individuals in combating period poverty.

MHM PROJECTS AT NATIONAL LEVEL

Projects in Maharashtra

Since 2009, the Maharashtra government has launched several initiatives to improve menstrual hygiene practices in the state (Kabir et al., 2020). Maharashtra could be viewed as the forerunner of menstrual health awareness in India, and the lessons from its various policy implementations could help establish effective guidelines for other states. In 2016, the Maharashtra government launched state-specific guidelines on menstrual health management within the framework of the national guidelines (Kabir et al., 2020). It also prepared a roadmap on ways to integrate menstrual health management with the ongoing programmes (Kabir et al., 2020). Maharashtra has also been the pioneer in the launch of innovative strategies, such as the Asmita Yojana. This program aims at providing menstrual products at subsidized rates to adolescent girls (5RS for a pack of 8) and rural women (INR 24/-) through issuing a “smart card” (Kabir et al., 2020). In its first year, more than 276554 smart cards were issued and napkins worth INR 3.6 million were provided at subsidized rates (Kabir et al., 2020). It also made menstrual health education compulsory and compelled institutions to adhere to the UNICEF guidelines (Kabir et al., 2020). Such practices were further enforced through unannounced government visits to schools (Kabir et al., 2020). The State Water and Sanitation Department invested over INR 200 million to improve the sanitation infrastructure in 27,668 schools (Kabir et al., 2020). In order to ensure social inclusion, the state government partnered up with UNICEF to provide the required WASH facilities in inaccessible regions (Kabir et al., 2020). Additionally, the tribal development department invested INR 40 million to better facilitate inclusive MHM in schools (Kabir et al., 2020). The program resulted in an increased attention on such topics and led to the involvement of several ministries. Through the “Meena Ranj Manch”, the government reached over 40000 youth clubs and mobilised over 9000 stakeholders (Kabir et al., 2020).



Figure 2
Timeline for MHM Accomplishments in Maharashtra



Note. The above timeline sheds light on the various efforts and accomplishments of Maharashtra in improving MHM (Kabir et al., 2020).

The implementation of MHM in Maharashtra helped get a clearer picture of the factors leading to unhygienic menstrual practices. Inaccessibility was identified to be one of the key factors, acting in conjunction with the lack of awareness and prevalent social stigma to accelerate period poverty (Kabir et al, 2020). It was further revealed that continuous interventions were more effective than one-time interventions (Kabir et al, 2020). Additionally, establishment of working groups within the government were identified as the key to secure greater participation from development partners and civil society organisations (Kabir et al, 2020).

Projects in Gujarat

An intervention was carried out in Gujarat for one year in 2018 in order to promote hygienic menstrual practices among the tribal women in Gujarat (Vayeda et al., 2021). 892 government frontline workers were trained to spread awareness in 202 villages in Gujarat. "MHM corners" and "MHM committees" were set up in schools to improve awareness and accessibility to hygienic menstrual practices (Vayeda et al., 2021). The intervention led to reduction in absenteeism from 24% at baseline to 14% at headline (Vayeda et al., 2021). The percentage of students utilizing safe disposal practices increased from 69% at baseline to 90.5% at headline (Vayeda et al., 2021). The intervention also helped improve the knowledge of adolescents regarding hormonal changes (7.5% at baseline v/s 73% at headline) (Vayeda et al., 2021). The results of the intervention study were very encouraging, and thus re-enforcing the multi-pronged approach required for better efficacy.



Figure 3
Study design and Impact areas for the Intervention Study in Gujarat

Intervention	Output	Short term Outcome	Medium term Outcome	Impact
Training of frontline workers	Number of frontline workers trained	Number of sessions conducted by frontline workers	Number of adolescent girls aware about MHM	Empowered adolescent girls
Preparing job aids	Providing job aids	Job aids utilized	Hesitation of the subject reduced	Mainstreaming of MHM as a subject
Establishing MHM corner MHM Committee	Number of MHM corners established	Number of adolescents who visited and utilised MHM material from corner like absorbents, pain killer tablets	Number of adolescent girls remaining present in school during menstruation	
Facilitation & monitoring through supervisors	Number of supervisory visits in a period	Sessions conducted by frontline workers	Awareness and MHM facilities increased	

Note. The above flowchart depicts the study design for the intervention study carried out in Gujarat along with its impact (Vayeda et al., 2021).

Other Successful MHM Projects

In 2012, operational guidelines were issued for the promotion of menstrual hygiene in schools (Sharma et al., 2020). In 2014, the Ministry of Health and Family programme launched the Rashtriya Bal Swasthya Karikram (RBSK) which aimed at bettering MHM practices using a peer education model (Ministry of Health & Family Welfare-Government of India Report, 2020). In 2014, the Urban Management Centre introduced the WASH assessment tool as part of a 3-year project (Sharma et al., 2020). This introduced innovative approaches, such as mobile app-based data collection for sanitation surveys and Swachh Survekshan. It also introduced the concept of a ‘model school’ which was fine-tuned to the state of the Indian economy (Sharma et al., 2020). In 2015, the National Rural Health mission laid down MHM guidelines which included suggestive measures for improving menstrual hygiene, and established 6 indicators to gauge the performance of MHM (Sharma et al., 2020). In 2018, the government also launched biodegradable napkins for 1rs under the "Pradhan Mantri Bhartiya Janaushadi Pariyojana" (Sharma et al., 2020). Project Jagriti by MAMTA health institute launched a 10-step guideline towards promoting MHM (Sharma et al., 2019).

Project by NGOS and other Societal Efforts

Several efforts have been undertaken by NGOs to break the social stigma around menstruation, and to promote effective MHM in India. The Citizens Association for Child Rights attracted funding for its CSR initiative on improving MHM by top companies like UNICEF, ONGC, TATA Trust, and Viacom 18 (Asan India, 2022). This initiative aims at providing basic knowledge about menstruation and hygiene practices to adolescent girls in the Municipal Corporation of Greater Mumbai. The Myna-Mahila foundation is the pioneer in India for ensuring better menstrual hygiene practices through an integrated approach. It has developed the Myna app to improve menstrual education via health relative videos, inclusion of a period tracker, and the option of scheduling one-on-one consultations with experts (Myna Mahila Foundation, 2022). It also provides doorstep access of menstrual pads to girls across slums in India (Myna Mahila Foundation, 2022). Its key achievements include the provision of more than 12,00,000 sanitary pads, by empowering more than 5,50,000 women (Myna Mahila Foundation, 2022). It aims at bettering its reach by providing menstrual health services to more than 2 million women by 2025 (Myna Mahila Foundation, 2022).

The Centre for Community Health Research adopts an integrated approach by partnering up with Panchayats, state and central governments, schools and PTAs (parent teacher associations), other NGOs, and local community groups. It has targeted the states of Tamil Nadu, Kerala, and Karnataka for increasing the awareness and accessibility to better menstrual hygiene practices and improving sanitation through scientific solid and liquid waste management (Asan India, 2022).



Further, the worldwide release and critical acclamation of the Indian film “Padman” helped a great deal in breaking the social stigma around menstruation. The introductory advertisement at the beginning of all films could be viewed as another effort by the Bollywood industry to promote menstrual awareness. In the entrepreneurial community, “padcare labs” could be seen as the flag-bearer of innovation for bettering menstrual practices. The company has introduced a patented solution which aims at reducing the non-biodegradable waste generated from usage of non-eco-friendly pads.

Global Successful Pilot Studies

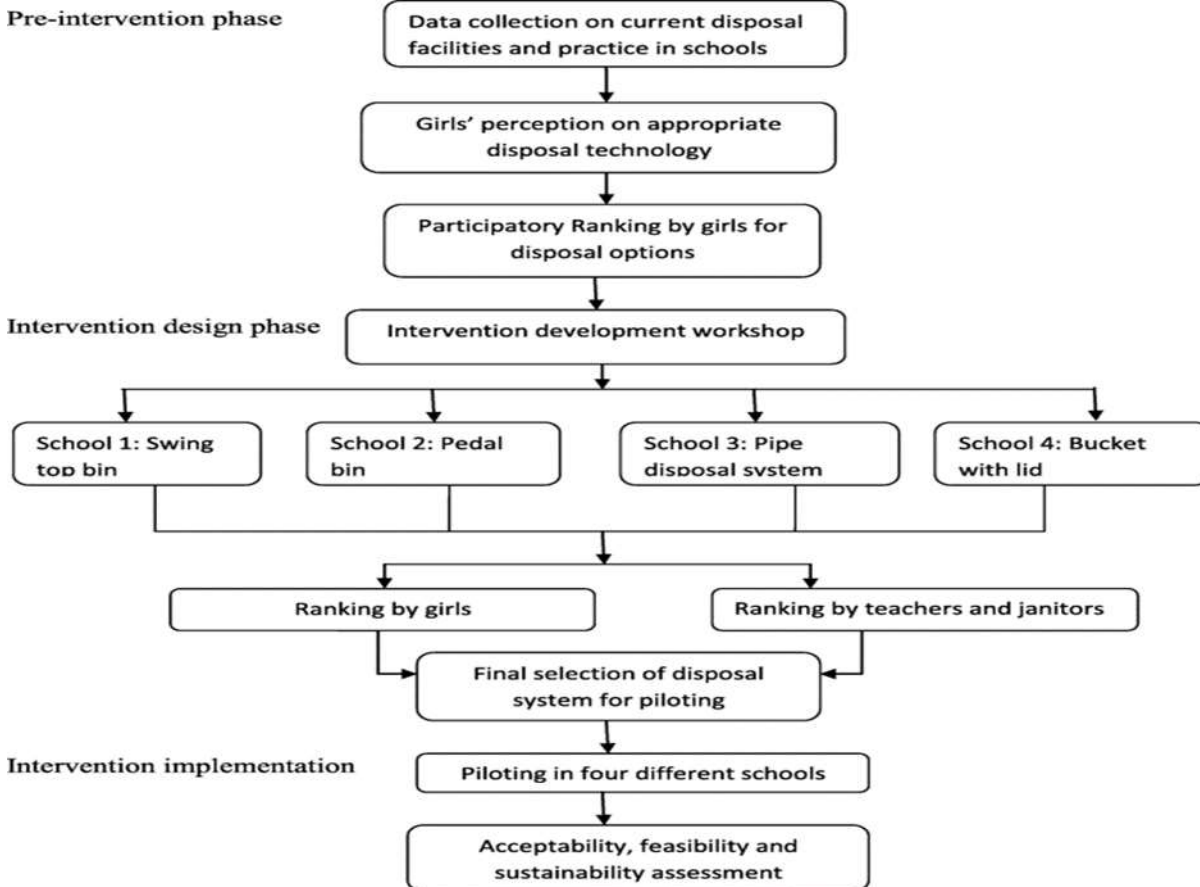
In the next section, we draw our attention to interventions and pilot studies which revolutionized the way of dealing with menstrual hygiene.

Intervention Study in Bangladesh

The pilot study conducted a 6-month intervention program in Bangladesh carried out in 2 rural and 2 urban schools (Jahan et al., 2020). The intervention included a three-pronged strategy, which aimed at improving education, accessibility, and maintenance. Students were provided MHM packs, which included all the necessary items required during menstruation. Sexual education was made part of the course curriculum, and facilities were in place for hygienic disposal of menstruation pads (Jahan et al., 2020). Figure 1 represents the study design.

Figure 4

Study Design of the Intervention Program in Bangladesh



Note. The following image has been used from Jahan et al. (2020) to explain the intervention.

The follow-up mechanism ensures strict adherence to the objectives, as 100% of students reported receiving puberty education, 92% of which received booklets; 85% of students reported to have received the MHM packs (Jahan et al., 2020). Following were the key results of this intervention as reported by Jahan et al. (2020): (1) The program led to more frequent changing of menstrual pads by adolescent girls, increasing the average from 3.4 times/day to 4.2 times/day; (2) Increased use of recommended disposal leading to a 8% change between baseline and headline; (3) Fewer incidents and lower case of absenteeism (28% at baseline v/s 20% at headline); (4) 64% of girls disagreed or strongly disagreed to feeling anxious due to menstruation at headline, compared to 33% at baseline; (5) 65% of girls disagreed to being distracted while menstruating at headline, compared to 45% at baseline.



The above results call for an integrated approach as used in the intervention study. The integrated approach could be better carried out by unifying and centralizing the efforts of various NGOs, government ministries, and educational institutions.

Intervention Studies under the World Bank

The Rural Water and Sanitation program was launched in Bangladesh to remove the credit market failures limiting the construction and maintenance of sanitation facilities (World Bank Group, 2023). The program provided microfinance loans to facilitate investment in household WASH facilities and infrastructure (World Bank Group, 2023). The program aims at meeting the financial requirements of 150 women entrepreneurs to help them market and sell menstrual hygiene products through doorstep sale and delivery (World Bank Group, 2023). The program also aims at constructing better facilities in public places to promote hygienic practices (World Bank Group, 2023). In the 1 year of its rollout, the program has empowered over 167281 women with access to better sanitation facilities. By 2025, the program aims at including over 600,000 women entrepreneurs to help overcome the distributional challenges and societal stigma (World Bank Group, 2023). The World Bank launched the Scaling-up Water Supply, Sanitation and Hygiene product in Lao in FY 2019. The program aims at creating a national platform for different stakeholders to engage in improving menstrual health practices through its “nutritional convergence” approach (World Bank Group, 2023). It aims at fostering behaviour change at a community and household level through intervention programs aimed at educating the different demographics and communities. It also strives to better the infrastructural framework in line with good menstrual hygiene practices (World Bank Group, 2023). The World Bank has launched several other projects in the developed and developing economies such as the GAMA in Ghana, Urban Sanitation Project in Mozambique, and the Water Supply and Sanitation Access program in Eswatini (World Bank Group, 2023).

All these programs retain certain common characteristics which could serve as important blue-prints to effective programs. Firstly, the efforts of the World Bank reiterate the importance of a multi-pronged strategy targeted at all sections of the society. Educational interventions should target both men and women, and must be accompanied by appropriate infrastructure. Secondly, the project in Bangladesh provides a new rationale for developmental efforts. It underlies the existing demand-side and supply-side market failures leading to underproduction of environmentally friendly menstrual products and outlines ways to combat the same. The intervention reveals the interconnectedness of social evils like underemployment of women, lack of awareness regarding menstrual hygiene practices, and the underproduction of biodegradable menstrual products. An integrated approach could be employed to tackle all of these by employing more women in household sales of pads which would also help raise awareness at a household level. At a community level, finance constraints could be reduced through micro-finance loans aimed at entrepreneurs specialising in biodegradable products. Lastly, the nutritional convergence approach stresses on the need to harmonize the societal, communal, governmental, and international efforts through the creation of a centralized platform.

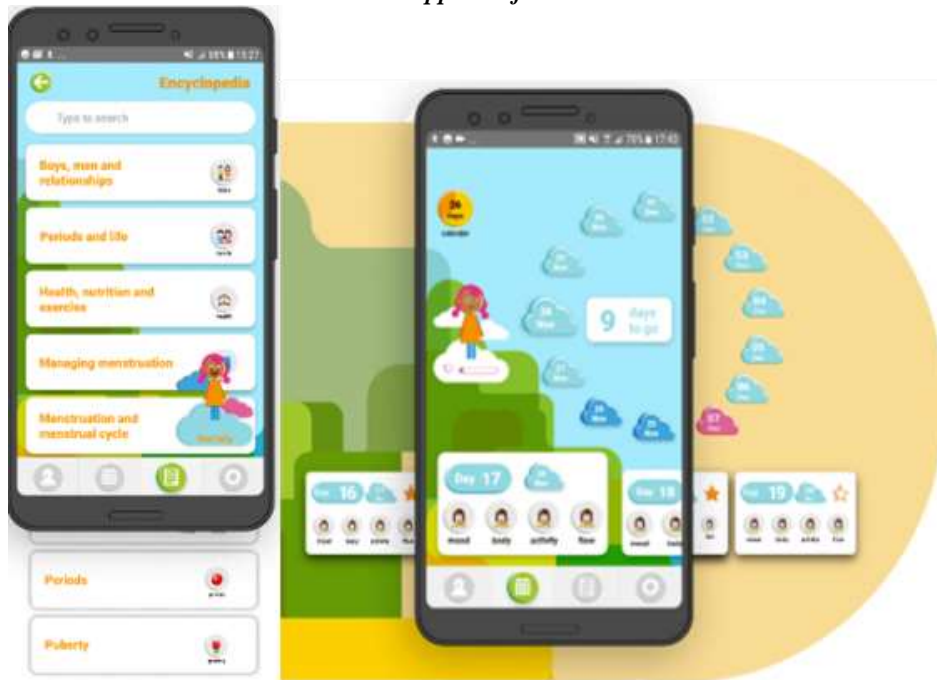
INNOVATIVE APPROACHES TO MHM

OKY Period Tracker

In 2018, the UNICEF engaged in extensive market research by interviewing adolescents, their parents and teachers in Mongolia and Indonesia in order to create the prototype for its period tracker app (Franchi, 2020). Once the prototype design was finalized in 2019, it was subject to multiple revisions based on in-person and remote testing in urban and rural areas (Franchi, 2020). The in-depth research and subsequent revisions led to the development of a “women-friendly” app which stood out in many aspects. The app was applicable to a range of devices, and its content was accessible offline as well (Franchi, 2020). Apart from educational content, the app included several features, like multiple user logins and password protection for better privacy; and period tracker and prediction for diminishing the health hazards (Franchi, 2020). The content was age and culturally appropriate, and helped disseminate such knowledge in a fun and positive manner (Franchi, 2020). The game like design, coupled with menstrual health quizzes and personalized avatars helped women view such topics in a new light (Franchi, 2020). The promotional efforts of the UNICEF began in May, 2020 and thus the app has not yet tapped into many emerging economies. It highlights the key requirements which such applications must fulfil and thus establishes meaningful guidelines for the development of such applications which could be fine-tuned to the Indian economy.



Figure 5
App Interface



Note. The above image represents the user-friendly design of the app which helps draw girls and women from around the world into being better aware about their hygiene (Tyers, 2020).

Innovative Finance

The market for female hygiene products was estimated to reach \$ 42.7 billion by 2022 (Franchi, 2020). In order to better tap this neglected market, the Criterion institute partnered up with Pacific RISE to investigate the barriers to trade and deploy effective strategies in overcoming them (Franchi, 2020). As per Franchi (2020), the extensive market research carried out helped identify the following barriers to trade: (1) Weak supply chains leading to distributional challenges and high COGS; (2) Lack of customer willingness to pay; (3) Credit market failures arising from gender biases; (4) High degree of risk involved in such emerging markets.

The program identified trade finance as the key solution to all the problems mentioned above (Franchi, 2020). The inclusion of a third-party helps reduce the “payment risk” and “supply risk” mentioned above (Franchi, 2020). Additionally, investing in an ecosystem helps raise awareness, thereby making the market more appealing to investors (Franchi, 2020). Two finance intermediaries were set up to analyse the demand and secure investors (Franchi, 2020). Additionally, a board of experts were set up to fulfil the advisory requirements. The program reached its first milestone by attracting an investment of \$ 49,300 from 15 investors spread across USA, Australia, and Sweden (Franchi, 2020). The success of this initiative makes it a viable blue-print which could be deployed by the Indian government to centralize the production of menstrual products, and help combat the supply-side issues.

Opportunities to Implement Effective MHM in India

Even though the results on a school-level are promising in the form of reduced female absenteeism, dropouts, and child-marriage (CK, 2022); a targeted approach towards middle-aged and elder women (>25 years of age) is the need of the hour. Firstly, laws concerning gender equality at the work-place are either not enforced ineffectively or present only in certain states. According to a survey, 37.3% of women reported to have missed work during periods, and 60% of women had sanitation facilities located at a distance from the workplace (CK, 2022). This could partly explain the remarkable low participation rate of women in the workforce (CK, 2022). Only 23% of female participated in the workforce even though women account for nearly half of the population (World Bank, 2023). Thus, the societal stigma regarding menstruation and the role of women in general is yet to be changed at a national level.

Even though the practices and policies in place go a long way in improving menstrual awareness, one may make a case for the efficient coordination of such activities. The activities of the different departments of the government, international agencies, NGOs, and companies could be better coordinated to reach a greater impact with the same resource spend. The inclusion of the private sector in such practices, through CSR initiatives is imperative to implement such policies at a large scale.



The market for menstrual products in India is infected with several demand-side and supply-side market failures. On the one hand, the difference between the actual benefit and perceived benefit of such products necessitates some form of government intervention, which has traditionally been subsidies. On the other hand, asymmetric information leads to production of low-quality pads. Moreover, the use of non-biodegradable sanitary pads poses serious environmental issues. This has necessitated the shift from awareness on the use of menstrual products, to awareness on its actual benefits, environmental effects and quality. Extensive marketing campaigns are being carried out by players like P&G and Johnson & Johnson to eradicate the asymmetric information characterizing the menstrual hygiene market in India. The government should leverage the efforts of the private sector to combat such market failures.

Figure 6
Spotlight Red Campaign by Procter & Gamble (P&G) and UNESCO India



Note. The “Spotlight Red” campaign launched in Mumbai by P&G, in association with UNICEF, is displayed in the above picture.

POLICY RECOMMENDATIONS

First, better utilization of resources. The efforts of several international agencies (like UNICEF and World Bank), multinational companies (like P&G and Johnson & Johnson), and NGOs could be harmonized to ensure demographic and communal inclusion at a national level. The Myna app could be revised in line with the OKY period tracker, fine-tuned to the Indian economy, and be rolled out on a national basis. Start-ups, like ‘padcare labs’ should receive extensive government support to ramp-up their production and operations. Just as done in Maharashtra, the government should devise ways on integrating MHM into the existing operations at a state and national level. Successful pilot studies by the World Bank could be replicated and fine-tuned to the existing economy.

Second, approaches based on multiplicity. Provision of subsidies and other such government interventions in the absence of market failures leads to welfare loss. Even in the presence of market failures, the welfare gain from policies is relatively smaller compared to their cost. Multiplicity refers to the big welfare effects of comparatively low costing policies. Such welfare gains could be achieved through nudges and mainly exist in the presence of behavioural biases. The market failures characterizing the menstrual products market in India (asymmetric information regarding the quality of menstrual products and difference between the actual and perceived benefit) make such multiplicity approaches relevant. The presence of gender inequality, social stigma, and other such biases further provide the government with opportunities to achieve dramatic welfare gains. Consumers should be made better aware of how to check for quality certifications. The rise in consumer consciousness would itself incentivize the private sector to adhere to these standards.

The theory of related markets should be applied carefully to the existing menstrual hygiene market to more effectively combat the market failures. The low participation rate of women (23%) (World Bank, 2023) could be improved through policies aimed at providing micro-finance facilities and subsidies to women entrepreneurs to facilitate the production and distribution of menstrual products. The limited reach of large companies like P&G and Johnson & Johnson in rural areas leads to unawareness and inaccessibility to hygienic menstrual products in such areas. This, coupled with low participation rate of women in such areas (30.03%) (Biswas & Banu, 2022), makes such policies even more applicable. Women could be equipped with the required finance and skills in producing hand-made eco-friendly products. Door-to-door distribution of menstrual product by women would serve as



a supplementary source of income, along with improving awareness. Such policies would help in lowering the societal stigma, meeting the supply-side issues, and may foster demand-led industrialisation.

Subsidy provision should be limited to only those communities where the private sector and social sector underperforms. The essence of the above argument is that if a household can afford a menstrual product, but is not purchasing owing to the divergence between the actual benefit and perceived benefit; governmental efforts should be directed at improving the mind-set rather than providing the subsidy. Even in scenarios where the households cannot afford menstrual products, consumption subsidies should be replaced with production subsidies to have a greater impact through job creation, better awareness, and improvement in living standards.

Third, lowering the societal stigma. Labour laws and their implementation should be better enforced to promote gender equality. With the increase in consumer consciousness, companies have turned their attention to maintaining a good public image. Companies like Zomato and Swiggy offer period leaves to their female employees in order to promote employee welfare and better their brand perception. Whereas Zomato employees are entitled to 10 PLE's (period leaves every year), female employees in Swiggy can claim 2 leaves every month. This aspect of private sector behaviour, coupled with the primary role of women in household consumption could be better exploited by increasing the transparency regarding work conditions and gender equality. A nationalised database could be launched to collect surveys on the work conditions, and accordingly reports could be published. This practice would ensure automatic implementation of labour laws, and lead to better work conditions for women. Efforts should be taken on creating a "ripple effect" in the economy with the children at its heart. Family events on menstrual hygiene could be organized in schools to ensure upward flow of knowledge from students to parents. The role of the youth in lowering the societal stigma needs to be understood, and appropriate strategies need to be devised to ensure social and demographic inclusion.

All the steps required to ensure effective MHM complement each other, in the sense that awareness about menstrual hygiene can ensure effective MHM only if facilities and infrastructure are in place, and there is lack of social stigma relating to the topic. This understanding stresses on the importance of an integrated approach to menstrual hygiene, whose success is empirically confirmed by the event studies in Bangladesh and Gujarat. Moreover, the efforts of different groups need to be harmonized in order to achieve a greater impact. This can be seen in the efforts of the Centre for Community Health Research which has partnered up with various government bodies to ensure a greater impact. Such programs should be rolled out nation-wide in order to abolish period poverty and taboos in India.

CONCLUSION

The menstrual revolution in India is in different stages in different regions. Successful pilot studies in states like Maharashtra, where menstrual hygiene and related concepts were introduced more than a decade before, could serve as viable blueprints for other states. Such states could act as centres of innovation in further reducing the societal stigma around menstruation through targeting corporates, the use of technology, and multiplicity approaches. Innovative strategies launched by the UNICEF and World Bank could be carefully applied to such states, which would serve as pilot studies for other states. The challenges faced in implementing MHM in India and other countries should be carefully considered to avoid ineffective planning and execution. Multiplicity approaches based on behavioural biases and related markets should be adopted to maximize welfare gains using the scarce resources. Coordination and integration between different sectors of the government and society is imperative to avoid duplication of work and wastage of resources. The government should leverage the ideologies and efforts of agencies like UNICEF and the World Bank to eradicate period poverty at a national level. The private sector must be increasingly involved for increasing awareness around such issues. The role of the youth needs to be recognized and better leveraged through appropriate policies.

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