Increasing Access to Menstrual Hygiene Management Products

31 July 2018
Objectives

- Provide brief context for the project
- Give an overview of the project’s methodology
- Discuss key findings and some potential solutions under consideration in India
- Share our next steps and any questions
An Opportunity to Address Menstrual Health and Gender Equity

- Menstruation is a monthly challenge for billions of women and girls worldwide. On any given day, more than 800 million girls and women between the ages of 15 and 49 are menstruating.
- Qualitative research suggests that girls experience shame, embarrassment, and discomfort during menstruation because they lack access to affordable and preferred products, private and safe facilities, and education about menstruation and how to manage it.
- Evidence about the impact of poor menstrual health on other health, development, and empowerment outcomes is scant, not statistically significant, and largely inconclusive.

Source: FSG. "An Opportunity to Address Menstrual Health and Gender Equity". May 2016.
Menstrual hygiene interventions involve a number of critical components²

Critical components of a menstrual health intervention include:

1. access to knowledge,
2. **access to products,**
3. access to WSH services, and
4. improved social norms

Build an understanding of the market

**Project scope**

- Motivators and barriers to using homemade and commercial products
- Identify girls that are not accessing commercial products
- Preferred products attributes, means of access, and pricing trade-offs
- Understand supply constraints
- Identify potential opportunities to increase access to preferred products

**Figure 2: PSI’s Approach to Market Development**

- Policy
- Regulation
- Financing

- Products
- Manufacturers
- Importers
- Distributors
- Providers
- Retailers

- Community
- Interpersonal
- Society
Four primary sources of information

Qualitative Research
Quantitative Research
Stakeholder interviews
Solution workshops

Ethiopia research expanded to cover rural locations Yetnora and Goha-Tsihon
Why are girls using commercial products? We asked them.

“At college I used to have leakage. Friends suggested I use pads [instead of homemade products].” rural TN

“[My] other daughter discussed with friends about heavy periods – they suggested pads” rural UP

The use of “cloth at school is difficult because I am scared of leaks.” Ethiopia

“Cloth is comfortable but doesn’t stick. Pad sticks to panties and feels safe, no stains.” Ethiopia

Fear of stains
Why are girls using commercial products? We asked them.

- “When we use pads, we can walk freely and work freely” urban UP
- “…Use improvised product when I stay at home or out for short while. Otherwise if I go out always use pad to make myself free of any worry of staining and falling down.” Ethiopia
- “School, dance class, church, use pad; only use cloth at home.” Ethiopia
- “When I have to go to the road, to buy any stuff, with my cousins, then I have a problem. When I walk it moves from its place.” India

Increased mobility
Girls prefer commercial products

“When I compare sanitary pads with cloth it’s incomparable. I continue using improvised products because I have no [other] option.” Ethiopia

“If we had enough money we would never buy the cloth. We have other priorities than this.” Ethiopia

“No advantage to improvised pads I can think of till now.” Ethiopia

“When we sit, it [cloth] is uncomfortable. Now we use whisper choice and it is flat so we don’t feel anything. But when using cloth it used to bulge and when we sit, it used to be uncomfortable” rural Tamil Nadu

[after switching from cloth to commercial pads] “I feel free now and I can go outside” urban Uttar Pradesh
A focus on India

Key findings and opportunities for consideration
Fewer women use commercial products in rural areas

- States with higher per capita incomes generally had higher rates of commercial product usage.
- There is a large amount of variability between states, with eight states accounting for 70% of the use of cloth and mixed use:
  - Uttar Pradesh (15.6M)
  - Bihar (6.5M)
  - West Bengal (5.4M)
  - Madhya Pradesh (4.9M)
  - Maharashtra (4.9M)
  - Rajasthan (4.4M)
  - Andra Pradesh (3.1M)
  - Karnataka (2.9M)

Figure 4: The use of commercial products amongst adolescent girls and young women age 15-24 by state*

Source: PSI analysis of NFHS-4 data
*Includes both exclusive commercial product use and mixed product use
Product use varies dramatically by rural/urban settings and across wealth quintiles

- The exclusive use of commercial products increases with wealth quintile
- Use of both commercial and cloth products (mixed use) is pervasive and also increases with wealth quintile
- Adolescent girls and young women living in rural areas and falling in the lowest three wealth quintiles account for 77% of all cloth users age 15-19.

Figure 5: The use of commercial and cloth products amongst adolescent girls and young women age 15-19.

Source: PSI analysis of NFHS-4 data
Affordability is a major barrier

- Can be considered from two angles
  1) household prioritization
  2) price sensitivity.

- “Money needs to be saved; The amount of money we spend on a packet of pads we can use to get some groceries... we can get flour and grains.” IDI, 18-24, UP INDIA

- “If income increase, would still prefer cloth. It is fine, why change it? Cash can be used elsewhere.” Influencer, UP INDIA

**Figure 6: Demand curve for basic sanitary products amongst rural and adolescent girls in Uttar Pradesh**

Source: PSI research in Uttar Pradesh
Mothers are key influencers for commercial product use

- “I don’t tell my father that I want to buy pads but mother will.” IDI, 18-24, UP

- “Daughter asked me once for 34 Rs pad – I told her 34 Rs every month is too difficult.” — Influencer, 13-17, UP

Figure 7: Key influencers on adolescent girls and young women in Uttar Pradesh

Source: PSI research in Uttar Pradesh
Seven Opportunities for Consideration

1. Give girls access to the products they want and help them dispose of them responsibly
2. Leverage partnerships with suppliers that can achieve scale
3. Improve multi-sectoral coordination of the national MHM strategy through identification of leading agency/government body
4. Strengthen routine data collection and analysis to improve the development of data-driven national strategies
5. Invest in a refresh of minimum quality standards
6. Explore application of subsidy through targeted demand-side interventions
7. Invest in understanding linkages between MHM, sexual and reproductive health and adolescent health programs
Give girls access to the products they want ....

Key preference drivers included:
▶ Stickiness
▶ Length of the pad
▶ Wings
▶ Absorbency
▶ Cost

“Price does play a role, but it's actually very often overestimated. It's not about price, is about value. If you have relatively little disposable income and you're spending a significant amount for a menstrual product, you really, really expect that this product delivers the benefit that you really want.”

- Manufacturer

Figure 8: Key product preferences amongst adolescent girls and young women in Uttar Pradesh
55% of girls living in rural Uttar Pradesh noted that they have difficulty disposing of products.

“How do I deal with the disposed product?” You really have to think about that. I think it’s very important, because otherwise, if you’re really successful, the women in those villages are gonna be knee-deep in used napkins. I mean you don't want that.”

- Manufacturer

Figure 9: Where girls reported disposing of products in rural and urban Uttar Pradesh
Leverage partnerships that can achieve scale

- incentivize production in areas with large unmet need
- integrate MHM programming with main stream curriculum in schools
- incentivize the use of locally sourced absorbents
- involve manufacturers in the design of disposal solutions

“I'm not saying price is an issue, but cost is an issue. If you wanna make this sustainable, you have to do it in a way that in the end, it's profitable. Otherwise, it's just a subsidy, it's charity, and that's a different animal.”

- Manufacturer
Ministry

- Ministry of Health and Family Welfare
  Menstrual Hygiene Scheme (MHS) and the Rashtriya Kishor Swasthya Karyakram (RKSK)

- Ministry of Women and Child Development
  Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or SABLA

- Ministry of Drinking Water and Sanitation (MDWS)
  Swachh Bharat Mission (Rural)

- Ministry of Housing and Urban Poverty Alleviation (MoHUPA)
  Swachh Bharat Mission (Urban)

- Ministry of Human Resource Development
  Sarva Shiksha Abhiyan (SSA)

**No one owns the MHM agenda**

Programmes suggest convergence with other government programmes, yet operationalization of convergence mechanisms is lacking.

- Multiple other governance bodies
  - Ministry of textiles
  - Ministry of Cosmetics and drugs
  - Urban Local bodies

- Multiple guidelines
  - MHM Guidelines, SLWM guidelines, CPCB, BIS etc, guidelines

**Improve multi-sectoral coordination of the national MHM strategy through identification of leading agency/government body**
Strengthen routine data collection and analysis to improve the development of data-driven national strategies.

Addressing last-mile supply

In rural areas of India, women do not have access to feminine and child health products and consider health and hygiene-related problems as unavoidable. Only 12 percent of India’s 355 million menstruating women use sanitary napkins.

58% of Indian women age 15-24 reported using commercial products¹ including:
• 78% of urban women
• 48% of rural women

Figure 4: Snapshot of MHM Product Landscape in India

| 70% of mothers consider menstruation ‘dirty’, perpetuating a culture of shame and ignorance |
| 88% of menstruating women in India use home-grown alternatives like old fabric, rags, sand, ash, wood shavings, newspapers, dried leaves, hay, and plastic |

Abstract

Menstrual hygiene continues to be amongst the most challenging development issues today. Not only do deep-rooted taboos, myths and misinformation create the illusion that menstruation is inherently shameful, gross and weird, but in countries like India, women and girls often lack access to hygienic sanitary materials and basic facilities. Sanitary Pads necessary for good menstrual hygiene management (MHM). "Sanitary Protection: Every Woman’s Health Right" a study by AC Nielsen reveals only 12% of India’s 355 million women use sanitary napkins. Over 88% of women resort to shocking alternatives like un-sanitized cloth, ashes and husk sand. Incidents of Reproductive Tract Infection (RTI) are 70% more common among these women. The biggest barrier to using a Sanitary Napkin (SN) is affordability. Around 70% of women in India say their family can’t afford to buy them. 88% of women use old fabric, rags or sand to manage their flow. This tells the immense entrepreneurial opportunities in the segment. A recent study anticipate the industry to grow to INR 45.9 billion by 2017. The only need to work in this direction is the reduction in cost of production.

¹ Source: NFHS-4

Received 20th February 2016, revised 13th April 2016, accepted 7th May 2016.
India’s product standard, IS-504 1980, was developed in 1980 and is does not cover new product advances as well as alternative products.

Could be an opportunity to address disposal challenges and would enable reusable products to be included in public tenders.

“I would say in general, it's all not true. It's all...as far as I know, nobody is selling a 100% biodegradable napkin anywhere in the world, developed or underdeveloped. There's a lot of claims around it. There are products that claim that it can be. For example, there are some company that use polylactide as a polymer barrier and for the cover, and that is correct, it is biodegradable in a commercial, hot composting facility. And in the developing world, there are none. So it's not biodegradable. I mean it's not biodegradable under the conditions where you sell it. Is it theoretically biodegradable? Yes, but practically, no.”

-Manufacturer
Explore application of subsidy through targeted demand-side interventions

• Making a market in rural areas can be challenging because, without demand, retailers often will not stock MHM products.

• Since 2011, the government of India has directly procured and distributed products for wide distribution through ASHAs and school-based programs.

• Demand-side interventions could be a tool for improving the targeting of subsidy, enable choice (products and places), and provide retailers incentives to stock products.
Invest in understanding linkages between MHM, sexual and reproductive health and adolescent health programs

• Critical component of reproductive life cycle and premise for adolescent girls’ sexual and reproductive health.

• When girls are more knowledgeable about their bodies and fertility, and able to effectively manage their menstrual hygiene, they may be more empowered and better equipped with the information, tools, and confidence necessary to manage their long term sexual and reproductive health, including family planning.

• When working on sexuality education with adolescents, talking about family planning and sexual health is often challenging and might feel far to some adolescents. Using MHM and puberty as an entry point can possibly familiarize girls and boys with fertility and their reproductive system without going into “planning a family”.

• Identifying firm links could unlock significant funding and expertise and naturally fit with adolescent health programming.
Seven Opportunities for Consideration

1. Give girls access to the products they want and help them dispose of them responsibly
2. Leverage partnerships with suppliers that can achieve scale
3. Improve multi-sectoral coordination of the national MHM strategy through identification of leading agency/government body
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QUESTIONS AND DISCUSSION

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A strong link between per capita income and commercial product use

Figure 11: Reported commercial product use by per capita state domestic product

Figure 12: Reported commercial product use by per capita GDP

Sources: NFHS-4, PMA2020 Ethiopia MHM Factsheet, PMA2020 Kenya MHM Factsheet, PMA2020 Uganda MHM Factsheet. Indian state data is AGYW age 15-24 while other countries are for the broader population of women.
The market for menstrual hygiene products is scaling quickly

Figure 13: Retail sales of sanitary pads in India, 2002-2016

Source: Euromonitor from trade sources/national statistics
Most adolescent girls and young women get funds from influencers but can purchase products themselves

Figure 14: How do you get the money to purchase the products you use to manage your periods?

Figure 15: Are you able to get things for your menstruation (pads, cloths, sanitary napkins, etc.) when you need them?
There is a strong preference for buying products from women.

Figure 16: Preferences for purchasing products from women in urban and rural Uttar Pradesh

- “When required I buy from male shop keeper but since women available I buy from them.” 1/u/comm

- “I will say ‘give me 45 Rs. pack’ and they will understand[without saying the name].” 2/r/mix
PREFERENCES WERE LARGELY CONSISTENT ACROSS URBAN AND RURAL ENVIRONMENTS IN UTTAR PRADESH

Figure 17: **key product preferences amongst urban and rural adolescent girls and young women in Uttar Pradesh**

### Urban AGYW

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<th>Score</th>
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<td>Price: 20 Rupees***</td>
<td>0.5</td>
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<tr>
<td>Price: 6 Rupees***</td>
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<tr>
<td>Regular length, wings***</td>
<td>0.5</td>
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<tr>
<td>Long length, no wings***</td>
<td>1.5</td>
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<td>Protect: Heavy days***</td>
<td>0.5</td>
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<tr>
<td>Purchase: Beauty Parlor***</td>
<td>0.5</td>
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<tr>
<td>Purchase: Retail shop*</td>
<td>1</td>
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<tr>
<td>Purchase: School***</td>
<td>1.5</td>
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<tr>
<td>Sticks: Light activity***</td>
<td>-0.5</td>
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<tr>
<td>Soft Cotton Feel***</td>
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COSTS AND PRODUCT FEATURES IN UTTAR PRADESH

Figure 18: key product preferences amongst urban and rural adolescent girls and young women in Uttar Pradesh

| PRICE PER PACK: [Rs] | 10 | 29 | 30 | 30 | 32 | 33 | 34 | 39 | 40 | 42 | 49 | 59 | 80 | 80 | 80 | 90 | 182 |
|----------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|____|
| PADS/PACK            | 3  | 7  | 7  | 8  | 8  | 8  | 6  | 6  | 7  | 6  | 6  | 7  | 7  | 8  | 7  | 10 | 15 |
| BRAND                | Pro Ease | Swachh | Pro Ease | Be Secure | Sofy Body Fit | Stay Free Secure | Whisper | Sofy | Stay Free Secure | Whisper | Sofy | Stayfree Advanced | Whisper Max Fit | Whisper Ultra Clean | Carefree | Whisper Maxi Nights |
| NOTES                | No Wings | Extra Long | Absorbent gel extra long | Extra Long with Wings | Xtra Large Xtra Long | Extra Long, Anti Bacterial | Extra Long, No Wings | "Lasts all day" | Belted No Wings | Extra Large, Extra Absorbent, Larger Wings |

Products at this price range offer fewer features [such as wings]. Subsidized products associated with poor quality.

As prices increase, retailers begin to stock fewer and fewer of these products due to low customer demand.

Respondent preferred price range

Prices increasingly move out of range for respondents.