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**SUSTAINABLE WATER AND SANITATION SERVICES  
FOR ALL IN A FAST CHANGING WORLD**

**Breaking the silence: new initiative for menstrual hygiene  
management under National Sanitation Program in India**

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**BRIEFING PAPER 1912**

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*This paper presents the highlights and insights from the Training of Trainers (ToT) on Menstrual Hygiene Management (MHM) Programme, which was run by the Water Supply and Sanitation Collaborative Council (WSSCC) in September, 2013 in New Delhi with the support of Government of India. The first of its kind, this national training initiative was organised with the objective of creating master trainers from states capable of returning to their communities as champions for a deeply stigmatised and taboo issue, an issue which is central to the dignity, health and well-being of women and girls. This event focused on need for building capacity to address the three prongs of MHM, including breaking the silence on taboo subject, incorporating into IEC strategies and encouraging the use of funds under rural national sanitation program Nirmal Bharat Abhiyan (NBA) for safe disposal materials. Government of India has now been included MHM in the NBA.*

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**Background**

According to a study by AC Nielsen and Plan International there are 355 million menstruating females in India; but only 12% use sanitary napkins, and the large majority live with the indignity of stigma, shame and taboos surrounding menstruation. Stress and loss of productivity are only two of the many unwarranted consequences attached to this biological phenomenon, which should be a source of pride as it is a key element of the female reproductive cycle, and one that helps perpetuate the human race. WSSCC's Menstrual Hygiene Lab, which ran during the 51-day Nirmal Bharat Yatra (NBY) across five Indian states between October 2 and November 19, 2012, found that 80% of girls interviewed did not have any knowledge of menstruation until the onset of menarche (when first time menstruation starts). For these girls, their first period was accompanied by fear of dying, shame and distress. Women and girls alike responded enthusiastically to the opportunity the MHM Lab gave them to talk about the issue, learn how to address it at a personal and societal level, and commit to taking transformative action. Based on this overwhelming response and the demand for information and knowledge on MHM, WSSCC embarked on a twin strategy of working with the Government of India to articulate these needs clearly in national policy, while building capacity to implement this policy across a range of stakeholders at state and district levels. The Training of Trainers Programme organised in Delhi was the first of its kind to have the objective of equipping trainees with tools and knowledge for advocacy and training that focused on arriving at an individual action plan, which each trainee could take forward to their respective states and organisations.

**Nirmal Bharat Abhiyan: Menstrual Hygiene Management in policy  
interventions**

The inaugural session The Secretary of the Ministry of Drinking Water and Sanitation (MDWS) and Director of Indian Institute of Public Administration (IIPA) highlighted the importance of the issue and the work to be done on MHM in India. He pointed out that while NBA guidelines and the majority of WASH initiatives do not explicitly mention menstrual hygiene there is a provision for piped water to households, which would help improve hygiene across the board. He also pointed to examples of successful initiatives

on MHM in schools in Tamil Nadu and Madhya Pradesh that could serve as an example and inspiration to the rest of the country. The Secretary said that his recent exposure to this issue had convinced him of the need to include it in sanitation and hygiene policy, and mainstream the issue in schools and colleges so that girls and women would not feel vulnerable and frightened. The Secretary has mentioned that the crucial issue of safe disposal through incinerators and composting, highlighting the complexity of the challenge and the need for further effort and action research. Taking these themes forward, the Secretary appealed to trainees to make full use of this opportunity to equip themselves with the knowledge and ability to break the taboos and silence around menstrual hygiene. He was excited by the innovation and courage behind the training and pleased to be associated with such a central issue as MHM, which affects hundreds of millions of women and girls. Director IIPA said that the ToT programme illustrated vividly and creatively the correlation between MHM and IIPA's focus on better administration and governance in India. Examples of successful initiatives on MHM in schools serve as an example and inspiration to the rest of the country.

## **Conceptual framework**

### **Three dimensions of Menstrual Hygiene Management**

The training was based on WSSCC's framework for Menstrual Hygiene Management (MHM), which includes the three interlinked dimensions of managing menstruation hygienically. The three prongs of MHM are:

- Breaking the silence – fostering understanding that menstruation is a fact of life and a distinct biological female attribute of which women should be proud, not ashamed. Girls should be encouraged to talk about this biological phenomenon in an informed and positive manner, to prepare them emotionally and physically for the onset of menstruation and subsequent monthly menstrual periods;
- Managing menstruation hygienically and safely – ensuring adequate water, cleansing and washing materials and private spaces for managing menstrual flows hygienically and privately, and with dignity, in the home and in public spaces;
- Crucial issue of safe disposal of menstrual waste– ensuring mechanisms for safe reuse, collection and disposal solutions of menstrual waste, with dignity and environmental safety.

### **Right to sanitation (RTS)**

Following the three-pronged approach was a discussion about the rights framework, the Right to Sanitation, and barriers to access and use, which set the tone for the next four days. The group was quick to understand and point out that often policies, as well as the implementation of sanitation initiatives, do not take into account gender, age and disability. There were several critical questions raised, including: “If the Right to Sanitation is established and ratified why is there no demand for this right?” and “Can RTS be achieved for women and girls without considering MHM?” Perhaps the most important point raised was that although infrastructure and facilities play a crucial role, women are unable to demand their rights because of lack of confidence and security. For example, while girls may have the necessary facilities in school, they still stay at home during menstruation because of fear and parental restraints on their mobility during this time. Archana Patkar shared her experience from the Nirmal Bharat Yatra, where the highest demand among girls was not for sanitary napkins but for a counsellor or teacher they could talk to. A recurring question was for more information on this issue.

### **Breaking the silence**

The training began with an experience-sharing exercise in which participants talked about their first encounter with menstruation. It was evident from the participants' enthusiasm over the course of the exercise that for many (especially male participants) this forum was the first opportunity they had had to openly discuss this topic. Furthermore, it was clear that silence and shame attached to menstruation had touched everyone in one way or another. Stories from men often highlighted confusion, secrecy and separation between boys and girls, while women's anecdotes illustrated the shame, isolation, fear, sadness and taboos associated with menstruation. Some interesting anecdotes included:

*“As a young boy, I used to see advertisements for sanitary napkins and imagine that wearing these pads would help me run faster. It wasn't until biology class in school that I realised what was going on. And the family would always make an effort to cover or avoid us watching these ads. I asked but was never told what it was.”*

*“In my village I used to notice that a lot of cloth was thrown out in piles outside. On one occasion I noticed that some of the cloths looked familiar and were from my house and I became suspicious and began questioning adults about why they were thrown out. I was given a very vague explanation around menstruation, that is was something that women encountered, and was shut out from having any further conversation around it.”*

An unusual anecdote highlighted the involvement of a progressive male family member. It inspired the group to use the portrayal of a positive figure to create the concept of ideal role models and champions for this cause.

*“My first period was extremely painful and I was scared and in a great amount of pain. It was my father who actually taught me how to use the pads and to take care of my health and nutrition. I was actually informed that it was a good thing – and given full information about the regularity of my period, etc.”*

At the end of the exercise it became obvious that menstruation was shrouded in shame, taboo, fear, secrecy and isolation. Perhaps the most significant feature of this session was that for the first time both male and female participants had experienced an equal and open platform to share and discuss menstruation and how it had touched their lives.

### **Understanding Menstrual Hygiene Management**

The next two training sessions were spent understanding the three main aspects of menstrual hygiene management (as mentioned previously). The trainees were divided into groups and studied tools developed by WSSCC and its partners, which explain the menstrual cycle and changes in the human body from childhood and adolescence to adulthood. The tools and training guides developed by WSSCC are living material, designed to change, evolve and be adapted to different contexts.

While this session aimed to improve understanding of the biological processes linked to the menstrual cycle it also enabled participants to systematically provide feedback on the training tools they used. Valuable feedback was acquired from the group on the CHAKRA (menstrual wheel a pictorial wheel to understand menstrual cycle) and KIVAD (a tool to show changes in body of boys and girls) tool, which will be incorporated into the toolkits to refine them before being shared with the trainers for future use.

The groups then brainstormed on the three aspects of MHM and shared solutions on how to address the challenges we face breaking the silence, on MHM practices and safe reuse and disposal. These included:

- Gender Sensitisation – MHM at its core is about equity and a life of dignity for women and girls,
- Sex education – while this has been a controversial issue it is crucial that sex education be added to school curricula, with a focus on a practical understanding of the body,
- MHM should be clear in policy guidelines – health workers are incentivised to work on an issue only if it is included in the policy and guidelines, and indicators are monitored,
- Using mass media – the involvement of Vidya Balan (the Bollywood actress who is brand ambassador for the sanitation campaign in India) has changed things because now people are thinking about toilets as an issue, and the same should be applied to MHM,
- Education on safe hygienic practises,
- More research on disposal practices,
- Research on links between menstrual hygiene and reproductive tract infections.

### **Training resources and skills**

Having spent almost two days learning and discussing the various aspects of MHM, each group prepared a session from the training modules and conducted a training exercise in plenary.

As each group contained different kinds of workers, managers, trainers and facilitators, they displayed a good understanding and internalisation of the complexity of issues attached to MHM, including the role of disability, role played by boys and men in MHM and the links between reproductive health and MHM. All of the trainees employed creative tools, such as role-playing exercises linked with question and answer sessions, to impart the training, while bearing in mind the distinctive needs of rural and semi-urban target groups.

These training sessions helped the WSSCC team understand the efficacy of the training manuals and the trainees’ level of understanding. Consequently, sensitive issues such as disability, and technical topics that needed a medical understanding, may require more supporting materials and tools.

The last two sessions of the training moved away from the foundations of MHM to training-based soft skills. Expert trainers conducted sessions on communication and training skills. These sessions were

particularly well-received by the participants as they put the issues discussed over three days in the context of effective communication and training.

### **Action plans and next steps**

On days three and four the groups divided into sub-groups based on trainees' home states and sectors. They then developed action plans for 2014, given existing manpower and resources. This was a powerful exercise as the participants were able to apply the learning from the previous two days, and put it into actionable steps using existing know-how and the resources available to them. Action plans (summaries of which are included in the Annexes) focused on immediate next steps and using existing resources with potential technical assistance from WSSCC.

There were several motivated plans from around the country. For example, the NGOs drew up plans to conduct surveys and trainings with adolescent youth and women in their communities, while some government workers created a work plan for community mobilisation and advocacy with policy makers in their region.

Depending on capacities and roles, the plans varied from being extremely comprehensive to ambitious.

An organisation in Delhi, for instance, aims to train 1000 adolescent girls and boys and 1000 women in MHM. The NGO group from Uttar Pradesh conducted an impressive self-analysis and created a multi-stakeholder plan that includes training in villages, schools and community-based organisations with women. The Uttar Pradesh NRHM group plans to direct its energy onto advocacy across different levels. Chhattisgarh is planning on focusing its efforts on advocacy, capacity building and development of resources and communication materials, while the Madhya Pradesh group has developed comprehensive advocacy and training plans.

### **Learning points**

- To use the materials and tools, CHAKRA ( a pictorial wheel to understand menstrual cycle) and KIVAD( tool to show changes in body of boys and girls) for understanding and advocacy;
- Proper understanding of conceptual framework (Breaking the silence, Managing menstruation hygienically and safely, safe disposal and reuse of menstrual waste) is important for clear understanding;
- Demonstration of MHM Lab in each training is important;
- If high-level policy-makers participate, this training of trainers and awareness raising approach has shown that it can lead to policy change;
- Advocacy at policy level is necessary in each State.

### **Recommendations**

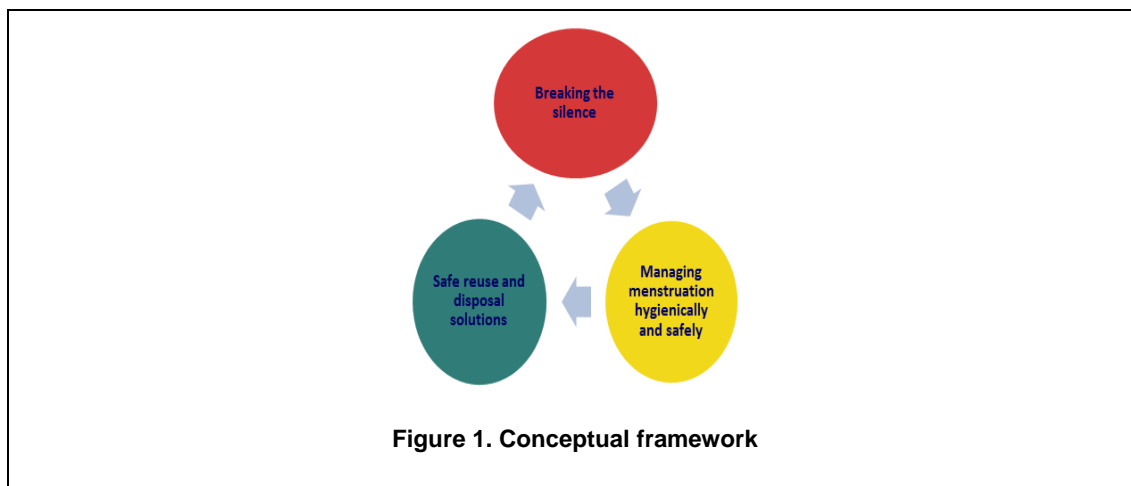
- The role of women and women's movements to be strengthened for dissemination;
- Funds for IEC to be utilised for extensive use for awareness raising and capacity building;
- Campaigns to be mounted at all levels to promote mind set change in male and female to break myths and taboos;
- To improve MIS and monitoring system for getting information from states, including use of ICTs;
- Convergence with Health and Education department is important;
- Hindi published materials should be improved;
- Funds should be available for solid and liquid waste management ;
- To develop good trainers at state and district level is key to roll- out MHM at gross root level.

### **Conclusion**

The training of trainers conducted by WSSCC in Delhi for Hindi-speaking states was an unusual ToT, in more ways than one. Creating a cadre of master trainers for MHM, an area often mistakenly considered esoteric or minor, meant that participants had to make significant leaps in becoming comfortable with discussing menstruation, understand the topic and its challenges, and then build the skills needed to transfer this knowledge. This was an ambitious task for such a short training.

Over the course of four days, not only did several participants (who have never discussed menstruation openly) conduct training sessions for over 50 people, they were also able to create plans for advocacy, communications and training within their respective organisations. Additionally, this group also served as first testers of the materials and resources developed by WSSCC. All of this feedback has been recorded and

will be incorporated into the material as well as the next set of training sessions. The Secretary Government responsible for sanitation in India attended this training programme. After recognising the importance of the topic, he introduced changes in the national guidelines to include menstrual hygiene management. Others in other countries might wish to consider replicating this approach to policy influence and change through similar training and awareness raising at a high level



**Photograph 1. Counselling & Advocacy in MHM Lab**



**Photograph 2. Participation of Girls during NBA Yatra in MHM Lab**



**Photograph 3. Menstruation is pride not taboo**

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### **Note**

After Nirmal Bharta Yatra, WSSCC has prepared training module and organised Training of Trainers program on MHM at New Delhi in Septmebr,2013. Government of India has made changes in national sanitation guidelines and rolling-out MHM program in whole country as component of Nirmal Bharta Abhiyan.

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### **Keywords**

Equity and inclusion, Menstrual Hygiene Management, Breaking the Silence, Conceptual framework, safe disposal of used materials, Reuse, Advocacy, Counselling, Training of Trainers, Capacity building, Hygiene, Women, Girls, School

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