



A RESEARCH REPORT FROM
TAMIL NADU





PART 1 INTRODUCTION

In Tamil Nadu, our study was conducted in the districts of Ramanathapuram and Virudhunagar. Both are included in Niti Ayog's Aspirational District Programme (ADP).¹

Ramanathapuram and Virudhunagar share socio-economic vulnerabilities such as poverty, relatively high school drop-out rates and illiteracy and both have a large number of marginalized women workers in the unorganized sector.

10 villages were selected for field research and surveys. All the research, data collection and analysis for this case study were done from April 2022 to February 2023. Following a participatory and mixed-methods approach, information was sought and processed on Menstrual Hygiene Management (MHM), Water Sanitation and Hygiene (WASH), education, health, livelihood, income and availability of support systems to women. Though both districts are doing well on many parameters under the ADP, our study indicates that they have much to achieve in terms of combating the silences on MHM with inter-sectoral perspectives on wellbeing of the **'Elder and Ageing Menstruating Women'** (EAMW, women 20-49 years). Since the women we interacted with included mothers, teachers, counsellors and caregivers of young girls within schools and families, we have also included a lateral analysis on the menstrual wellbeing requirements of school-going girls, and their enablers and barriers, though the primary focus remained on EAMW, to understand the well-being of menstruating women beyond school years.

Our research has been designed to collect thick ethnographic data on actors, practices and discourses with an inter-sectoral and analytical perspective on MHM in selected research areas. WASH, availability of community support systems, schemes and education as well as felt needs of menstruating women form a vital part of our research. We bring data through fieldwork, interviews, Focus Group Discussions (FGDs) and observations on MHM through women's participatory voices and opinions. A total of 457 interviews were conducted by employing the Menstrual Practice Questionnaires (MPQs), wherein data was collected from 178 women from Ramanathapuram and 279 from Virudhunagar. Interviews and interactions took place in the local Tamil language in which our respondents were comfortable.

In the final sections, the findings are examined against the voices of key informants to crystallize the significant results from our primary data as well as delineate context-specific and community-sensitive areas of improvement. Our case study ends with suggestions on immediate, short term as well as mid-term enablers and recommendations for combating the inter-sectoral hindrances prevalent.

TAMIL NADU

Tamil Nadu, which is one of the first British settlements in India, is the successor of the old Madras Presidency, which covered the bulk of the southern peninsula in 1901. The composite Madras State was later reorganized and the present Tamil Nadu was formed. Agriculture is the major occupation in Tamil Nadu, principal food crops being paddy, millets and pulses. Commercial crops include sugarcane, cotton, sunflower, coconut,

¹ ADP aims to improve the socio-economic status of the citizens expeditiously. Core principles of the programme are: Convergence (of Central & State Schemes), Collaboration (among citizens and functionaries of Central & State Governments including district teams) and Competition among districts (Niti Aayog 2018).

cashew, chilies, gingelly and groundnut (Government of Tamil Nadu, 2023). Major industries in the state are cotton, heavy commercial vehicles, auto components, railway coaches, power pumps, leather tanning industries, cement, sugar, paper, automobiles, and safety matches. Knowledge-based industries like I.T. and Biotechnology have become the thrust area of the industrial scene in Tamil Nadu (Government of Tamil Nadu, 2023). At current prices, Tamil Nadu's gross state domestic product (GSDP) is estimated to be 24.85 trillion INR (US\$ 320.27 billion) in 2022-23 (IBEF, 2023).

RAMANATHAPURAM DISTRICT

Ramanathapuram district, also known as Ramnad, is one of the 38 administrative districts of Tamil Nadu state in southern India. Ramanathapuram has an area of 4,123 km². It is bounded on the north by Sivaganga district, on the northeast by Pudukkottai district, on the east by the Palk Strait, on the south by the Gulf of Mannar, on the west by Thoothukudi district, and on the northwest by Virudhunagar District. According to the 2011 Census, Ramanathapuram district had a population of 1,353,445 with a sex-ratio of 983 females for every 1,000 males, much above the national average of 929. The average literacy of the district was 72.33%, compared to the national average of 72.99% (Census, 2011). The district has gender inequality in literacy rate, but the literacy gap was reduced to 14.29% in 2011 from 19.65% in 2001 (District Human Report Ramanathapuram, 2017, pp 5-10).

Having become an aspirational district in 2018, Ramanathapuram has shown improvement in various developmental indicators, which are much visible particularly in the health sector, such as decline in infant and maternal mortality rate, still birth rate and an ensured hundred per cent institutional delivery. Ramnad is moving towards population stability by reducing the trend of crude birth and death rate. The crude birth rate of the district was 13.9 in 2013-14 (District Human Report Ramanathapuram, 2017, pp 5-10).

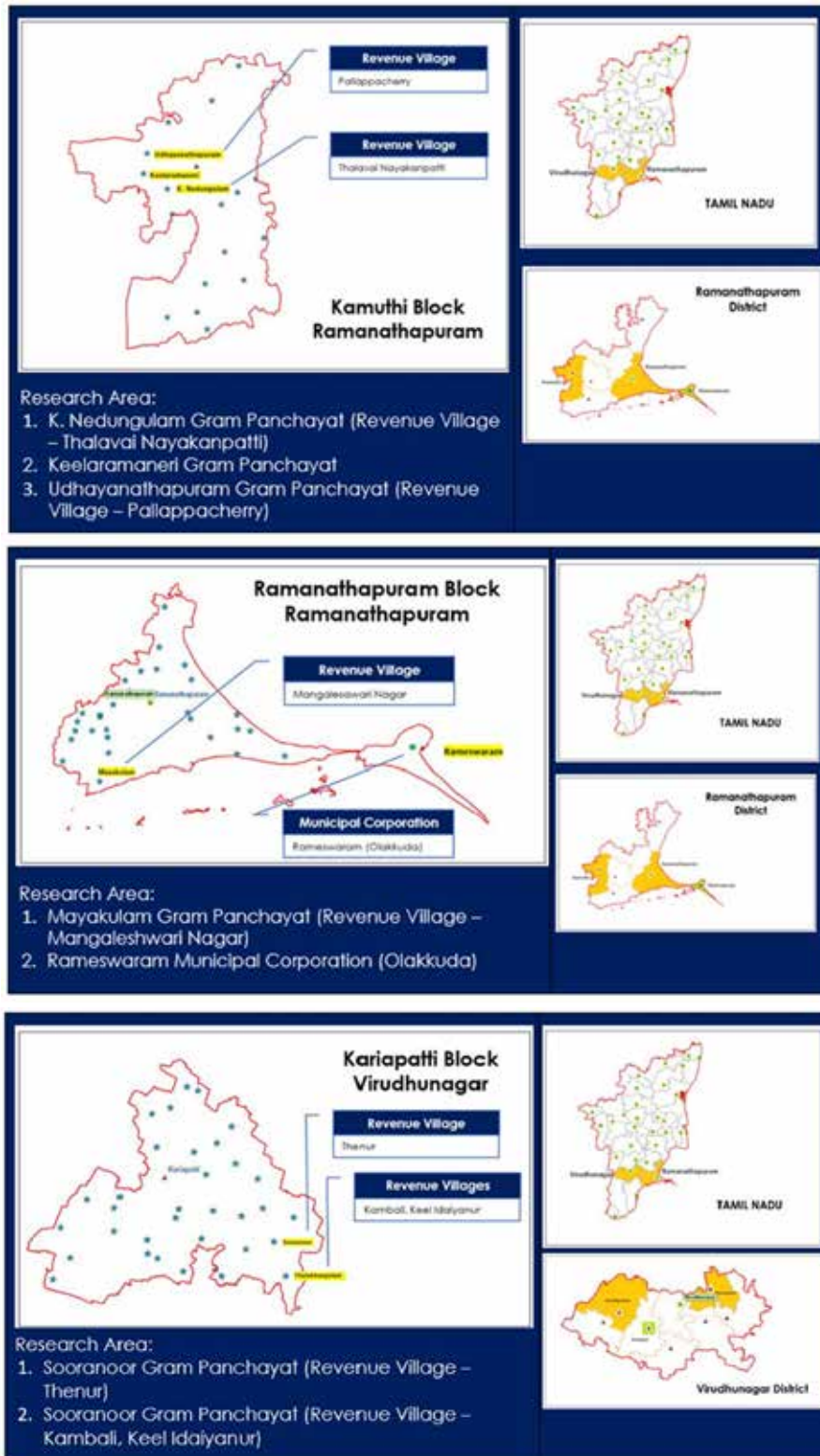
VIRUDHUNAGAR DISTRICT

Virudhunagar district was called Virudhupatti until the beginning of the 20th century. It was one among the six important places in Ramanathapuram district. Due to the rapid growth in the field of trade and education, it was renamed as Virudhunagar on 29 October 1923. According to the 2011 Census, the total population of Virudhunagar district is 1942288, with male population as 967709 and the female population as 974579. According to the 2011 Census, Virudhunagar's total population has increased by 190987 since 2001. The percentage increase was 10.91. There is a slight decrease in the sex ratio of the district. It decreased from 1012 in the 2001 Census to 1007 in the 2011 Census (District Human Report Virudhunagar, 2017, pp 1-15). The per capita income is one of the most important indicators in estimating the development of the district and there is a gradual and continuous increase the district's per capita income. During 2004 – 2005, its per capita income was 47,514 INR, which increased to 87,361 INR during the year 2011 – 2012. Thus indicating a strong development trend in the district (District Human Report Virudhunagar, 2017, pp 1-15). Moreover, Virudhunagar district is State performing well in education with its overall rate of literacy having increased from 73.70% to 80.20% between 2001 and 2011. Both the male and female literacy rates increased between 2001 and 2011, the last available census (District Human Report Virudhunagar, 2017, pp 1-15).

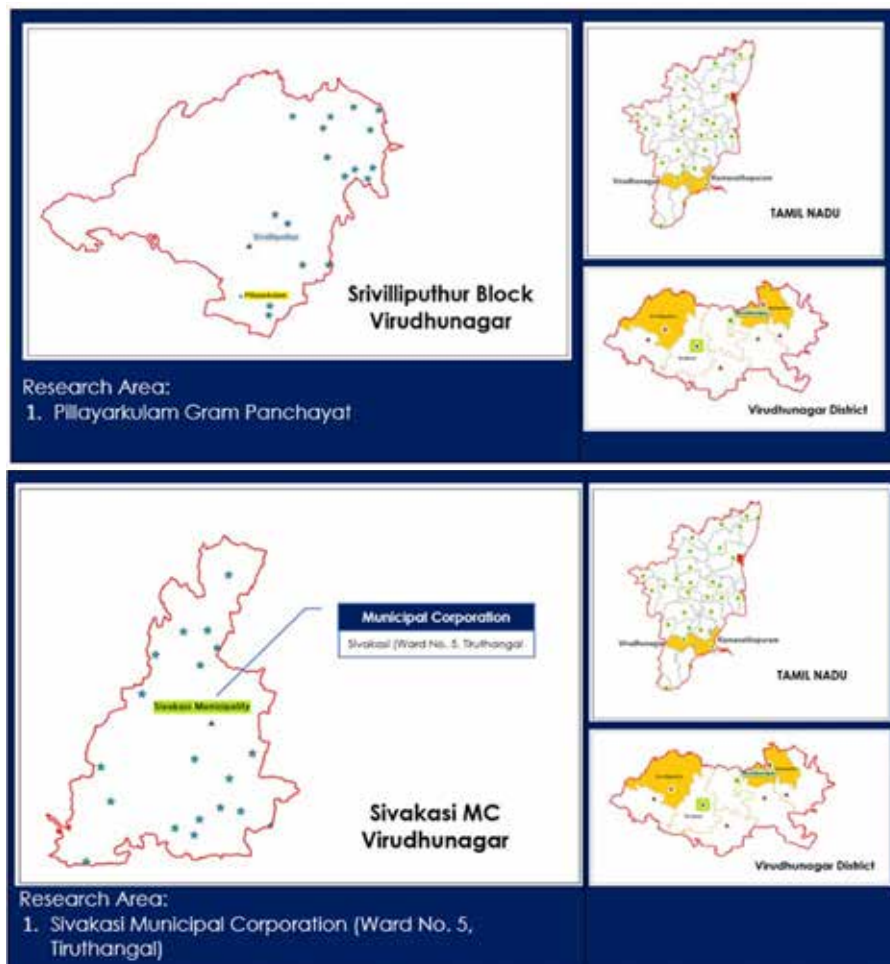
1.1 LIST OF VILLAGES SELECTED FOR THE STUDY

For the study, five villages from each district were selected on the basis of factors such as access to minority and tribal villages, vulnerable communities like fishermen and firecracker-making workers, scarcity of safe drinking water, migration due to rainfed land, unskilled labourers and rate of female literacy. While Ramnad had a dominant majority of Nayakkar, Dalit or fishing communities besides the Muslim population, the semi-urban area of Virudhunagar is significant for the presence of migrant workers and women engaged in firecrackers-making units. As marginalized groups, these communities face challenges regarding access to healthcare and educational facilities.

Thus, Ramnad and Vidrudhunagar villages provide views and inferences of mixed communities such as BC, MBC and Dalits who not only have a low literacy rate but are also deprived of basic amenities. Moreover, caste conflicts turn these villages into sensitive zones (*The Hindu* 2013; Quint 2021)².



² The Hindu (Special Correspondent) (2013) "One village one constable scheme to prevent caste clash in Ramnad". <https://www.thehindu.com/news/national/tamil-nadu/one-village-one-constable-scheme-to-prevent-caste-clash-in-ramnad/article4262516.ece>. [accessed 26 February 2023] Quint (2021) "Beheadings & Caste Wars in South Tamil Nadu: Pallar vs Thevar, the Inside Story". <https://www.thequint.com/news/india/south-tamil-nadu-beheadings-the-inside-story-of-a-decades-long-caste-war> [accessed 26 February 2023]



PART 2 DATA TOOLS

2.1 RESEARCH TOOLS, METHODS AND THEMATIC FOCUS FOR DATA COLLECTION, CORRELATIONS AND COMMUNITY-BASED ANALYSES:

Types of Interviews- Tools and Focus	Data Collection and Analysis- Methods and Themes	Tamil Nadu	
		Ramnad	Virudhunagar
Tool 1: Menstrual Practice Questionnaires (MPQs)	Method 1: The MPQs were In- depth Interviews (IDIs) for- actor, discourse and practice- analyses	178	279
Tool 2: Menstrual Practice Needs Scale (MPNS)	Method 2: Measurement of Perceptions and Needs Based on last Menstruation Cycle	42	47
Tool 3: Key Informant Interviews (KIIs)	Method 3: Voices, Excerpts, Salient Findings and Observations	12	12
Themes: WASH, Education, and Health, Livelihood	Focus: Inter-Sectoral findings and conclusion and comparisons		

PART 3 FINDINGS FROM MPQs AND MPNs

3.1 ACTOR ANALYSIS

3.1.1 DEMOGRAPHIC PROFILE OF THE RESPONDENTS-AT A GLANCE

Demographic Profile	Ramnad (in%)	Virudhunagar (in%)
Total Respondents	178	279
Rural / Tribal	85.4	55.2
Semi- Urban / Urban	14.6	44.8
Mother Tongue		
Tamil	100.0	100.0
Religion		
Christian	14.0	0.0
Hindu	75.8	99.3
Muslim	10.1	0.7
Caste/ Tribe type		
OBC/MBC/BC	64.6	83.5
SC- Scheduled caste	35.4	16.1
ST- Scheduled Tribe	0.0	0.4
Marital status		
Never married	9.6	7.2
Married	85.4	91.4
Widowed/ Separated/ Divorced	5.1	1.4

- **Religion:** Of those interviewed from both districts, 90.2% were Hindus. In Ramnad, besides the Hindus, 10.2% were Muslims and 14% were Christians; 99.3% of the women interviewed from Virudhunagar were Hindu.
- **Community:** Along with Muslims and Christians, more than one-third (35.4%) population of Ramnad was from SC whereas two-third population (64.6%) was BC or MBC. Similarly, in Virudhunagar, BC and MBC (Leppai, Maravar, Mukkulathore, Mutharayar, Thottiya, Valaiyar, Yadhavar, Adhithir, Agamudayar, Kadaiyan, Kammalar, Saanan, Vishwakarma etc) women interviewed were 83.5% and Scheduled Caste (Adhithiravidar, Kadaiyan, Kadaiyar, Pallan) population was 16.5%. Few interviewees (0.7%) from Virudhunagar were from Sakkiliyar tribe.
- **Marital Status:** 89.1% of the respondents were married. The average age of marriage in both districts was 19.7 years.
- **Children and Family Size:** Average number of children was two and the average family size was four persons.

3.1.2 AVERAGE INCOME

- **Family Income:** In Tamil Nadu, only half of the families have a regular income; 55.1% families from Ramnad and 50.2% families from Virudhunagar earn as daily wagers and unskilled workers.
- **Earning Women:** 62.9% of 178 women from Ramnad and 24% of 279 women from Virudhunagar go out to work and earn. But the average yearly income of women in Ramnad was as low as 13,401 INR and 42,624 INR in Virudhunagar.
- **Income Disparity in Districts:** At 100,919 INR, the average yearly family income in Virudhunagar was found to be more than in Ramnad where the families earned 74,758 INR on an average.
- **Total EAMW:** Of the total women surveyed through the MPQs, 91.5% were in their active menstrual years. The average age of hysterectomy was 41 years.

3.1.3 SOURCES OF INCOME

- **Farming** was the main and single source of regular income for only 20.1% for families of the total women interviewed from Ramnad and Virudhunagar. But in Virudhunagar, 80% of the population worked on their own farms, but earned from more than one source to survive.
- **Daily Wage Labour:** Contract labour, either as daily wage work or seasonal farm work, emerged as the highest source of supplementing family income for 52.1% of the families. In all, 75.3% women from Ramnad and 66.3% from Virudhunagar were reported working on farms owned by others or as daily wagers or as seasonal workers. Thus, half of the population from both districts had irregular annual income.
- **Profession/ Skill:** Fishing was a major source of income among Ramnad families besides the earnings from daily wages.
- **Traditional Knowledge and Skills:** 24.7% of respondents from Ramnad and 13.6% of respondents from Virudhunagar possessed traditional knowledge and skills; 32% of the survey participants from Virudhunagar were skilled in art and craft, while 56% practiced farming, fishing, and preservation of food; 11.7% of women practiced tailoring, cracker-making and pad-making. Of the total 457 women, only 103 women possessed traditional skills in both the districts and of those, 26 women from Ramnad and 14 from Virudhunagar could earn using those skills.
- **Women Lack Disposable Income:** **Although they worked on their own farms and their families also counted on multiple sources of income, 60.6% of the women from our total sample in Ramnad and Virudhunagar reported that they 'did not earn'. Our data indicates that women remain hamstrung in terms of disposable income for personal expenses as well as any decision making on medical care in relation to MHM.**

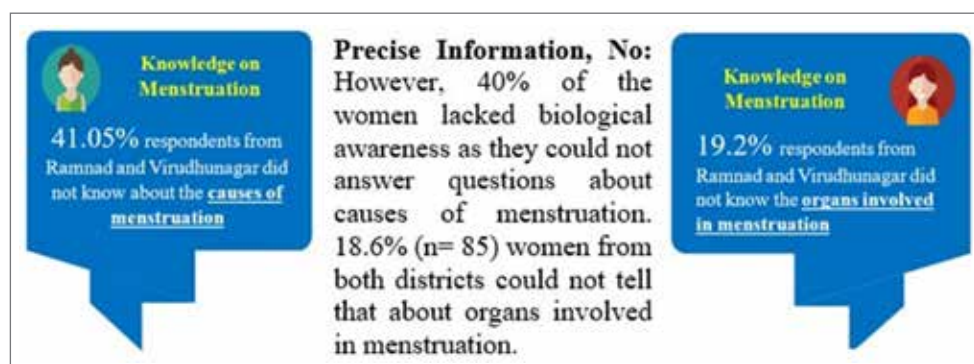
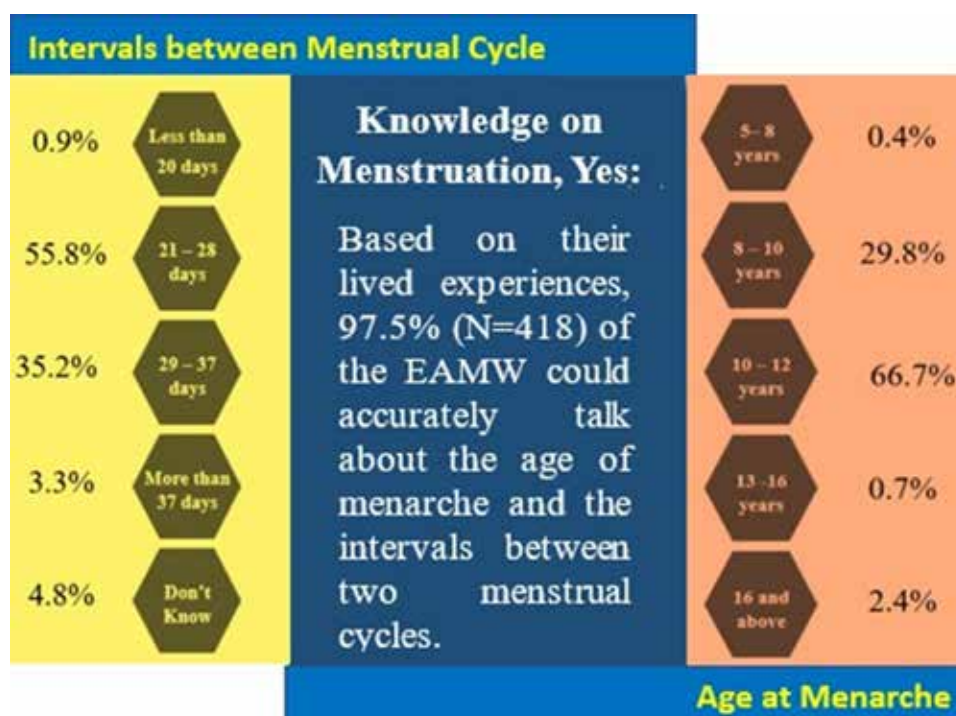
3.2 DISCOURSE ANALYSIS

This section presents the findings about the level of knowledge that the respondents professed regarding the causes of menstruation and organs involved in it. As part of the analysis of their discourse on this subject, interpretation of the information given during the IDIs is also carried out to know how much these women understand about menstruation, both as a monthly process of the body on the one hand and in precise medical terms on the other. Furthermore, the section presents the findings about the extent of communication undertaken as well as silence maintained about menstruation. For instance, how much and with whom women chose to discuss or not discuss the topic and issues related to MHM. Also, data is presented on educational backgrounds of women; knowledge about symptoms, health risks and disorders related to menstruation or about hysterectomy; how they view the available medical care options and facilities; and awareness about use and disposal of menstrual absorbents.

3.2.1 KNOWLEDGE ON MENSTRUATION

66% of women could talk about menarche; 92.6% of women could talk about intervals between two menstrual cycles based on their own experiences.

Knowledge About Menstruation	Ramnad (in %)	Virudhunagar (in %)
Total Respondents	178	279
Causes of Menstruation		
Hormonal change	59.6	58.4
Disease	0.6	0.0
Natural process	0.0	1.5
Do not know	39.9	40.1
Organs Involved in Menstruation		
Uterus/ Birth canal	78.1	83.5
Abdomen/ Bladder	4.5	3.6
Do not know/ not answered	17.4	12.9



- **Basic Understanding, Yes:** Based on their lived experiences, 97.6% (N=418) of the EAMW could accurately talk about the age of menarche and the intervals between two menstrual cycles.
- **Precise Information, No:** However, 40% of the women lacked biological awareness as they could not answer questions about causes of menstruation. 18.6% (n= 85) women from both districts could not tell that about organs involved in menstruation.

3.2.2 SOURCE OF INFORMATION ON MENSTRUATION

- **Family and Close Relatives:** For young girls, the top sources of information on menstruation at the time of menarche were mother, grandmother, sister, or sister-in-law, as reported from both districts.
- **Frontline Health Workers (FHWs):** Of the total 418 EAMW surveyed, only 6.2% from Ramnad and 0.4% from Virudhunagar received information about menstruation from sources such as Accredited Social Health Activist (ASHA), Auxiliary Nurse and Midwife (ANM) and Anganwadi Workers (AWW).

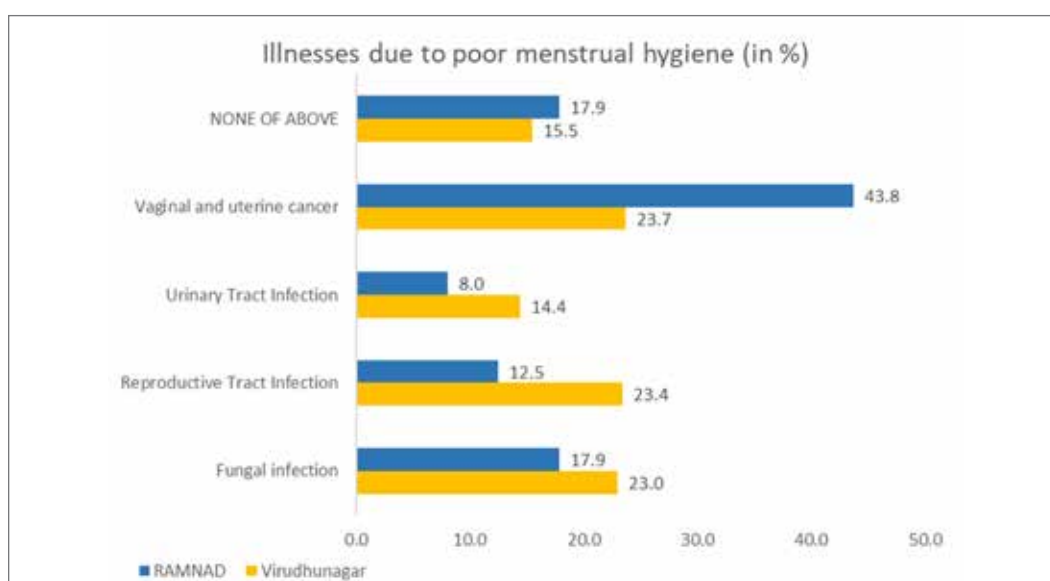
Women preferred to discuss their menstrual problems with the following:

- **Spouses:** 13.6% of women from both districts felt comfortable talking about menstrual problems with husbands. If men can be oriented, and helpful regarding their wives' MHM issues, that would bring a positive health outcome for EAMW, besides combating the silence on it.
- **Nobody:** However, 20.4% from both districts preferred to talk with no one and remain silent about their menstrual problems; 45.5% from Ramnad and 51.7% from Virudhunagar denied having any problems w.r.t MHM.

3.2.3 MENSTRUAL HEALTH, EDUCATION AND AWARENESS ABOUT INFECTIONS

The study also presents data on health problems experienced by the respondents during menstruation. It indicates that adverse health condition while working in or outside the home resulted in rashes, urinary tract infections (UTIs) and reproductive tract infections (RTIs) in case of many women. The survey verified whether the women preferred to visit a doctor or stay quiet in case of health issues.

- **Fungal Infections and UTIs:** 83.7% women knew about lack of MHM and risks of infection; 21.3% stated that poor menstrual hygiene causes fungal infections while 12.3% said it causes UTIs.

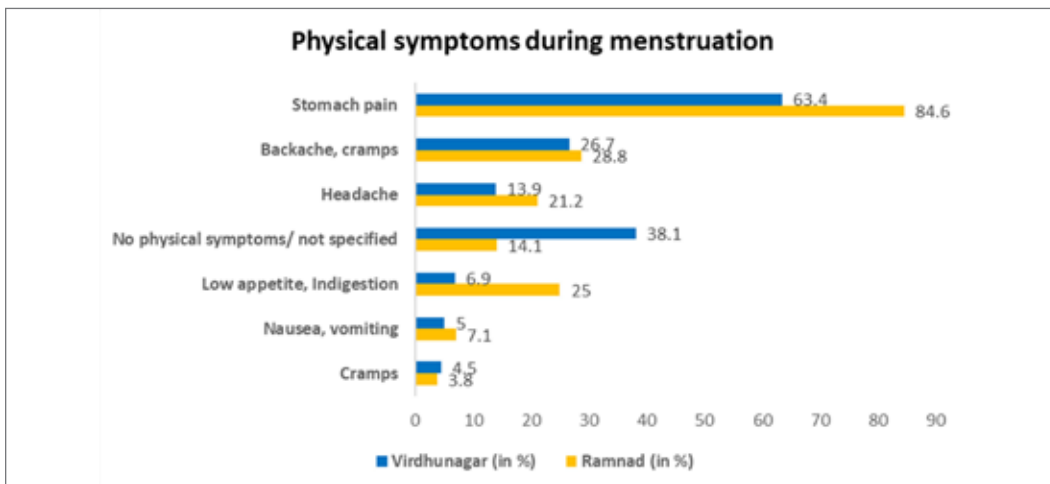


- **Poor Knowledge about Exact Health Risks:** The findings indicate a lack of awareness about the risk factors, inability to understand or offer response to queries on the relationship between rashes, infection and other related health ailments.

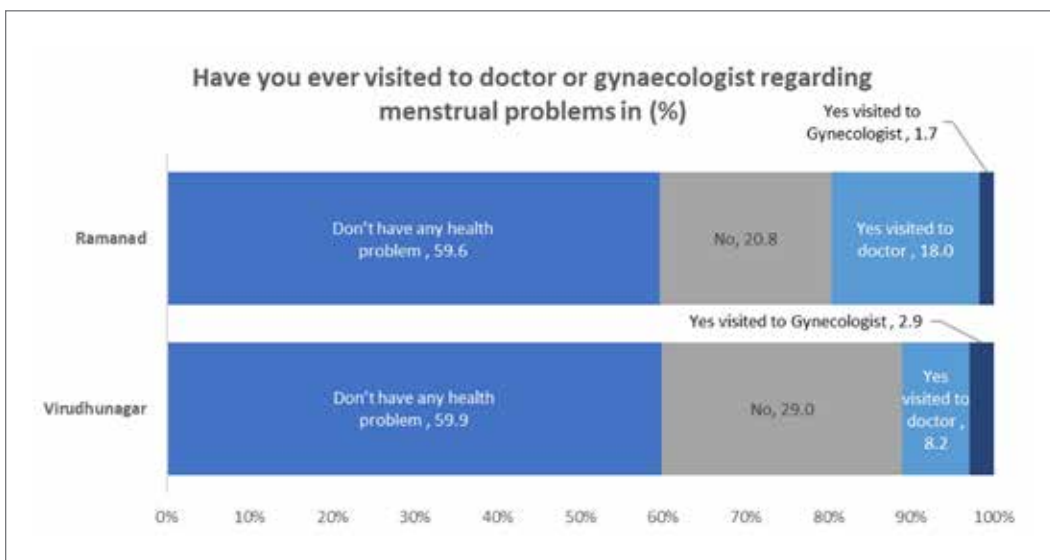
- **No Schooling, Taboos and Communication Barriers:** Since talking about menstruation is a taboo, generalization regarding awareness about MHM could be misleading. Community and area-specific conclusions are preferred. A noteworthy finding from both the districts is that around 20.4% women did not attend school; 33.9% of respondents were women who went to school up to the secondary level. Thus, women lack formal education and the EAMW who participated in the study were either too shy or preferred to remain silent on the topic.

3.2.4. HEALTH SYMPTOMS DURING MENSTRUATION

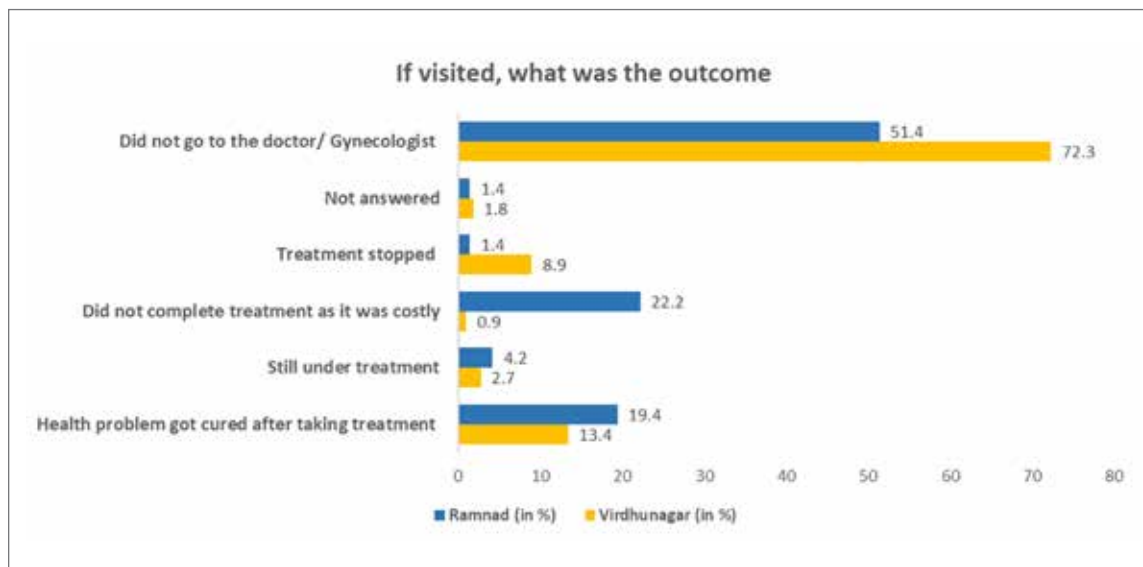
The survey questioned all participating women about any symptoms or discomfort, other than health issues, that they might have faced during or around their periods.



- **Health Symptoms:** Stomachache, backache and headache were the top-three symptoms during menstruation as reported by the respondents.
- **Remedies/Solutions:** When experiencing all or any physical symptoms, 83% of women in Ramnad take rest, while 3% take painkillers and 11% do not take rest/do not take leave from work due to wage cuts. In Virudhunagar, 85% of the women take rest, while 12% take painkillers and 5% of the respondents do not take rest or leave due to wage cuts.
- **Treatment:** In both districts, of the women who reported health problems during menstruation, 118 women, which is 25.8%, never went to a doctor, while 66 women (14.4%) said they visited a doctor for menstruation related issues for this.



- **Neglect and Silence:** The EAMW neglected the health issues related to menstruation for several reasons, but primarily due to hesitation to speak about it and fearing loss of income since missing work would lead to wage cuts or incurring extra expense by visiting a doctor.



The study further verifies the respondents' visit to the doctor for health issues during menstruation or otherwise (n=184). Of the 72 women from Ramnad, 35 reported to have visited a doctor or a gynecologist and of the 112 women from Virudhunagar, 31 did so. Almost half of these women from Ramnad underwent treatment, whereas two-third of those from Virudhunagar who visited doctor did not opt for the treatment. Indeed, if anomalies related to health, particularly during menstruation, are not resolved or are dismissed and covered by silence, then the women have much to lose in social, economic and personal spheres.

In the last section of the chapter, titled "Excerpts and Voices", we bring community-based views and suggestions over this issue from the women.

3.2.5 REASONS FOR NON-TREATMENT

- The main reason for women from Virudhunagar for not going to a doctor or a gynecologist was that they did not consider the problem as serious, followed by having no money to bear the expense of visiting a doctor as the second major reason.
- Having an access to a doctor was a challenge and in case it was not a woman doctor, they would hesitate to discuss the problems related to menstruation with a male doctor.

A total of 64.1% from Tamil Nadu did not avail a doctor's treatment. As per district-specific statistics, 72.3% from Virudhunagar and 51.4% from Ramnad did not consult a doctor. This contributes to not talking or discussing the problem with anyone unless it becomes unbearable.

3.2.6 HYSTERECTOMIES

In comparison to the six other states included in our study, cases of hysterectomy at 2.2% of total respondents in both districts of Tamil Nadu were lower. Out of 418 EAMW surveyed in both the districts, 15 women had undergone hysterectomies at an average age of 41 years, which certainly is a very young age for opting for such a procedure. Out of these 15, (9 from Ramnad and 6 from Virudhunagar), 11 had received both pre- and post-operative counselling.

- **Biological Causes:** Multiple reasons for hysterectomy identified by women who had hysterectomies included tiredness, stomach pain, heavy bleeding (9 responses) while working during menstruation. Other issues included white discharge, itching, swelling, fibroids and other problems relating to the uterus (13 responses).

- **Socio-Economic Causes:** One woman reported an increase in menstrual hygiene and health issues/disorders and another said that decision for hysterectomy was taken due to loss of wages if leaves are taken.
- **Government/ Private Treatment:** Out of 9 hysterectomies, 4 from Ramnad were done at government hospitals and 5 at private hospitals. From Virudhunagar, 3 cases did not specify the place of hysterectomy. All hospitals/ clinics were chosen based on convenience to reach, treatment and facilities, and based on prior experience of family or friends. An average expense for hysterectomy in government hospitals was 10,000 INR whereas it was approximately 50,000 INR in private hospitals. Of the 15 women, 14 reported weakness post-hysterectomy; 11 further reported not being able to work like pre-hysterectomy.

The findings on hysterectomies in Ramnad and Virudhunagar suggest that the informal labour sector in Tamil Nadu discriminates against women and creates pressures on husband-wife teams (*jodis*). Moreover, misconceptions about uterine relevance post motherhood is much prevalent. Further, MHM-related inconveniences experienced in exploitative labour situations also subjects a woman to inadequate WASH facilities. Not surprisingly, marginalized women face complex challenges regarding their reproductive health as well as wellbeing options which often leads to a hastily executed hysterectomies. MHM of EAMW should become a vital part of labour laws, public health, and community-based awareness drives.

In Tamil Nadu, though there is a concern regarding wage-cuts due to leaves taken during menstruation, yet cases of removal of the uterus were found to be minimal. With better MHM and related policy coverage, there is a hope that women can fare better and be healthier.

3.3 PRACTICE ANALYSIS

Good menstruation practices start with the usage of clean menstrual absorbents followed by maintenance of reproductive hygiene. This section brings to light the prevalence of practices regarding personal hygiene such as washing hands and genitals during menstruation as well as usage and disposal patterns of menstrual hygiene products. Data is presented on how personal and community-based beliefs, customs and taboos influence MHM outcomes and self-care regimes of our respondents. In Ramnad and Virudhunagar, given their circumstances, many women still adhere to traditional methods of MHM over pads. Of the 418 menstruating women interviewed from Ramnad and Virudhunagar, only 75.4% women use sanitary pads, (0.7% using reusable sanitary pads) and rest all women use cloth.

3.3.1 SANITARY PADS OR OTHER ABSORBENTS

- **Cloth:** Of the 418 EAMW interviewed from both districts, 53.3% women used only cloth during menstruation. Precisely, 63.5% EAMW in Ramnad and 47.3% EAMW in Virudhunagar used cloth because of its ready availability, affordability, durability and due to lack of awareness about other menstrual products.
- **Other Material:** Reusable sanitary pads were used by only three EAMW from Virudhunagar. One woman (out of 156) from Ramnad and two (out of 262) from Virudhunagar used cotton. Such a practice speaks of preferences as much as it does of scarcities.
- **Sanitary Pads in Combination with Traditional Methods:** Sanitary pads, on the other hand, were used by 85.9% women from Ramnad and 69.1% EAMW from Virudhunagar. However, our data also indicates that pads are used in combination with a cloth as 40.2% from the total EAMW felt that the latter was easy to use and easily available, as also pointed out by another 76.8% EAMW, besides 28% EAMW who argued about its durability, with 9.1% mentioning its affordability. About one-fourth (22.7%) of the respondents said the elders at home decided what is to be used.

3.3.2 SPENDING CAPACITY ON MENSTRUAL HYGIENE PRODUCTS

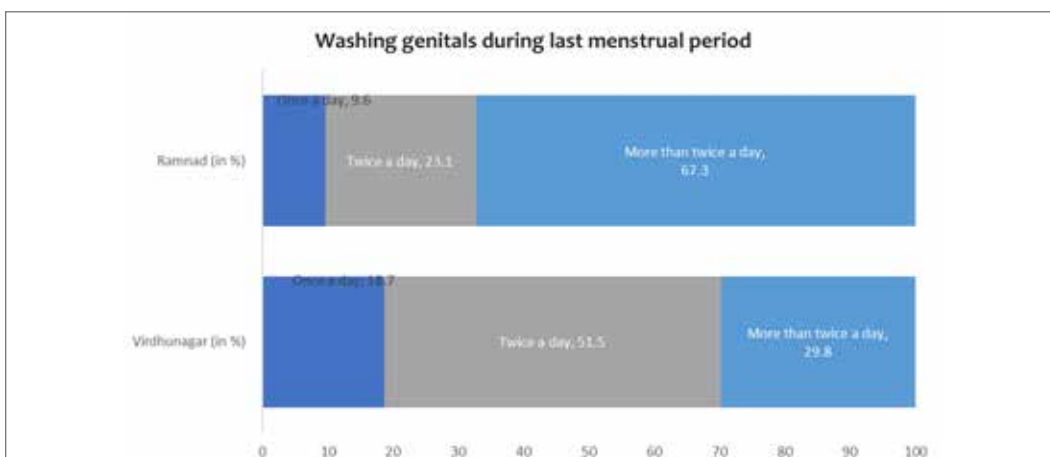
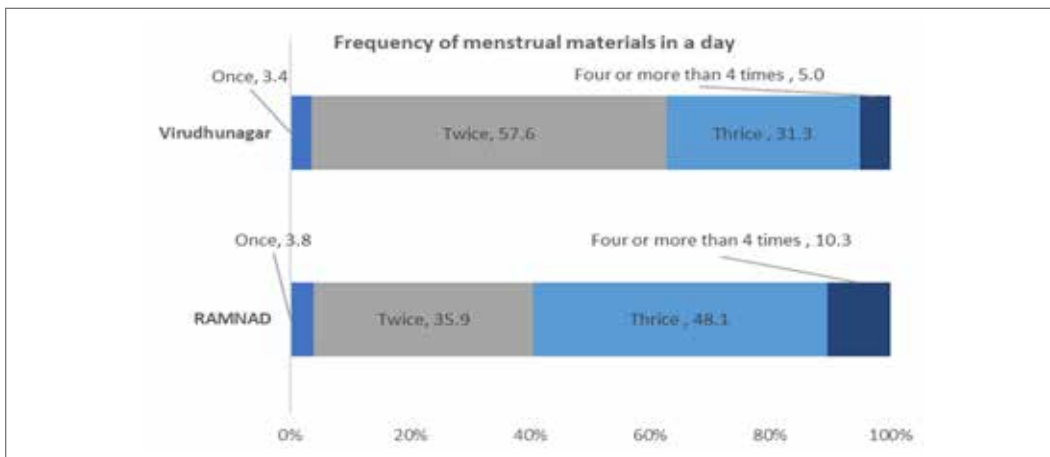
- 83.5% EAMW from Ramnad and 85.5% EAMW from Virudhunagar spent on sanitary pads. More than half (56.9%) of the women from Ramnad reported spending up to 100 INR on menstrual products, while 74.8% women from Virudhunagar reported spending upto 100 INR on it.

- Average monthly spending on menstrual products in case of Ramnad women was 108 INR and that for Virudhunagar women was 72 INR.
- Despite earning less, Ramnad women spend more on MHM material.

3.3.3 PERSONAL HYGIENE AND WASH DURING LAST MENSTRUAL CYCLE

Personal hygiene includes keeping genitals clean and washing hands before and after changing the menstrual absorbent. The survey assessed all practices adopted to maintain proper hygiene and management of menstrual material.

Hygiene Practices followed by women in every menstrual cycle for reusable absorbents





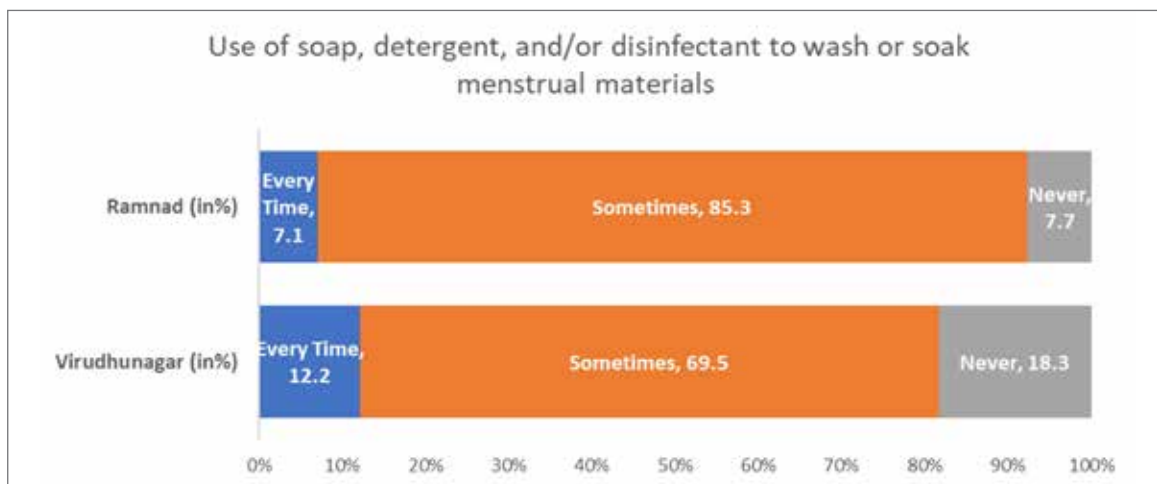
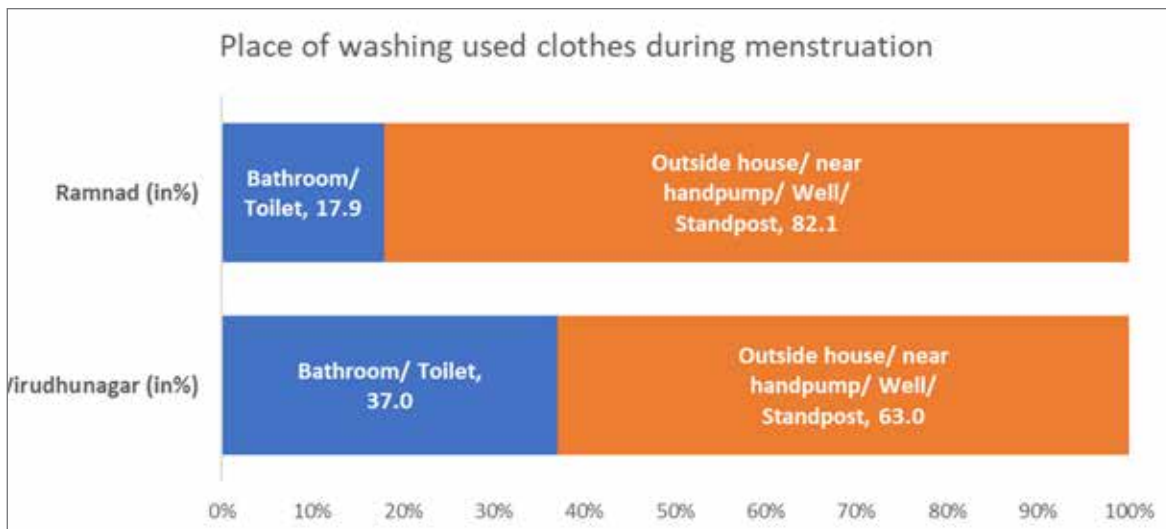
Hygiene Practices: A Summary of Personal Hygiene Practices of Women in Ramnath and Virudhunagar

- **Changing Absorbents:** 48.1% of women from Ramnad reported changing menstrual material twice a day and 35.9% changed thrice a day. From Virudhunagar, 57.6% of women changed menstrual material twice a day and 31.3% changed it thrice a day.
- **Washing Hands:** 48.1% and 65.6% of women from Ramnad and Virudhunagar respectively washed their hands before and after changing their menstrual material, whereas 46.8% of women from Ramnad and 27.1% of women from Virudhunagar washed their hands sometimes.
- **Cleaning Genitals:** 90.4% and 81.3% of women from Ramnad and Virudhunagar respectively washed their genitals more than twice a day during their last menstrual periods; 15.4% of women from Ramnad and 22.5% of women from Virudhunagar never used soap while washing their genitals.
- **Building an Enabling Attitude:** More awareness on personal hygiene, MHM and WASH is required among menstruators between the ages of 20 and 49 years, as per our data. Behaviour, community-driven change and hygiene practices in this case run parallel not only with an enabling infrastructure and clean water but also community-sensitive drives towards an enabling attitude.

3.3.4 MENSTRUAL HYGIENE PRACTICES

Safe hygiene practices consist of washing and timely changing of menstrual absorbents as well as their proper disposal. This may vary with the absorbent type. Hygiene also depends on changing the absorbent during the day, keeping the genitals clean, washing hands before and after changing the menstrual absorbent.





Hygiene Practices: A Summary of Menstrual Hygiene Practices of Women in Ramnad and Virudhunagar

- Reusing Adsorbents:** Of the total interviewed women, 53.1% reported using the same cloth during menstruation; 79.5% of women from Ramnad and 59.2% of women from Virudhunagar washed their menstrual clothes. However, 85.3% women from Ramnad and 69.5% from Virudhunagar used soap or detergent very sparingly. Additional 7.1% of women from Ramnad and 12.2% from Virudhunagar never used soap or detergent while washing menstrual material.

- ⇒ **Disposal at and away from Home:** In Virudhunagar, 9.3% women reported that they disposed of menstrual material in the latrine at home and 7.3% women practiced the same when away from home. Such a practice is contra-indicative for it can choke toilets.
- ⇒ **Area Specific Disposal Practice:** Observing larger area-specific mechanisms in the selected villages from Ramnad and Virudhunagar shows almost two-third women from Ramnad and one-third women from Virudhunagar throw menstrual material in the bushes or the water bodies. Those who disposed of menstrual waste in community waste dump yards were reported to be only 14.7% in Ramnad, but 64.1% in Virudhunagar.
- ⇒ **Drying not Optimal:** 90.4% of women from Ramnad and 34% from Virudhunagar dry their menstrual clothes in a hidden place. While reusing cloth during menstruation, apart from washing properly, one must ensure that the cloth is fully dried in sunlight. The practice of drying reused menstrual clothes was better followed in Virudhunagar than in Ramnad.
- ⇒ **Detrimental Indicator:** 80.8% women from Ramnad and 25.6% of them from Virudhunagar use completely dry cloths only sometimes when they change during periods. This is a detrimental indicator for maintaining personal and menstrual product hygiene and puts women at grave health risks.

Do you ensure that your cloth is dry before using?

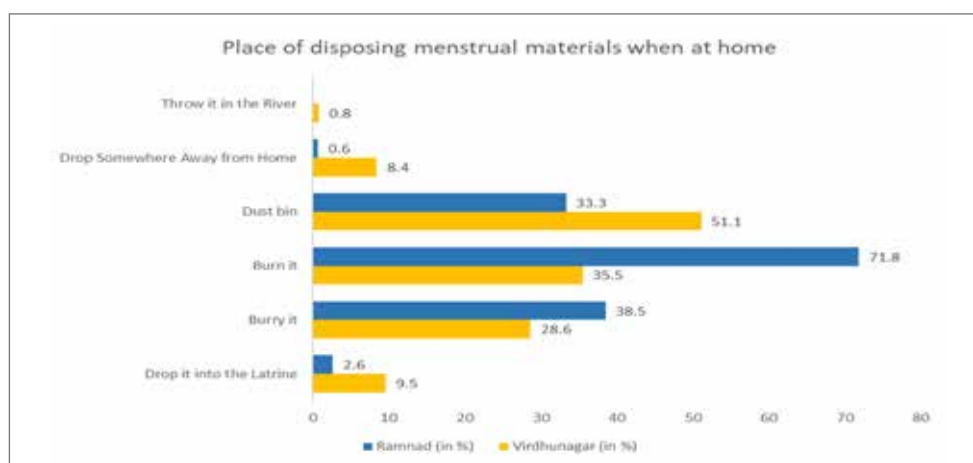


Given the fact that in rural, remote and economically vulnerable communities, women may, as our data indicates, not have options to consult qualified health practitioners, more awareness campaigns and door-to-door endeavours are called for.

3.3.5 AREA-SPECIFIC DISPOSAL MECHANISMS

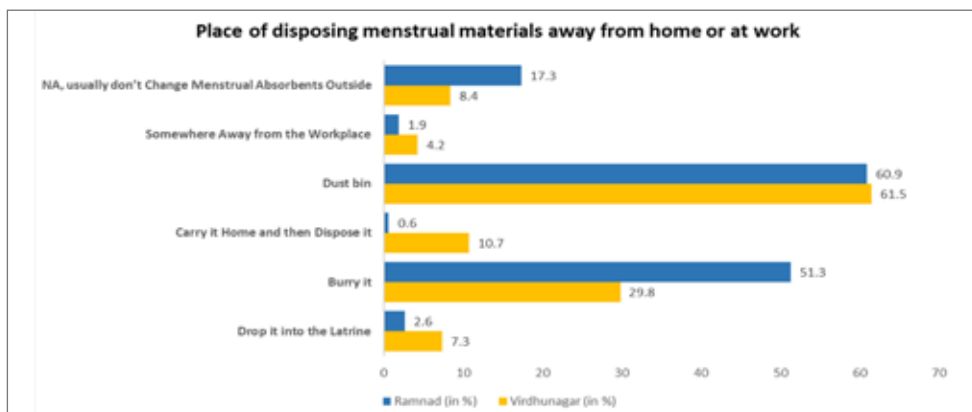
When asked about the system of disposal of menstrual material in their own area, it was found that they must manage problems at their own levels. The district does not support any disposal mechanism for menstrual material.

Methods of Disposal in both Districts when at Home



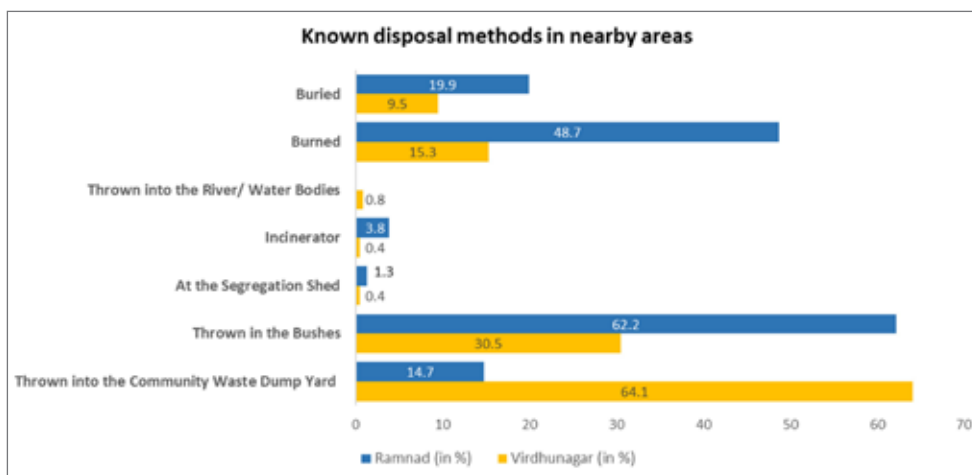
Top Practices: When at home, women in Ramnad either bury or burn the used menstrual material, whereas majority women in Virudhunagar throw it in the dustbin instead of burning it.

Methods of Disposal in both Districts when away from Home



Top Practices: When women are away from home, as per their responses, they do not prefer to change menstrual absorbent. The 61% of women, in both districts, threw the used menstrual material either in the dustbin or somewhere away from the workplace in the open; 7.3% women from Virudhunagar carried used menstrual material home and then disposed it of.

3.3.6 KNOWN DISPOSAL METHODS IN THE COMMUNITY AND NEARBY AREAS



3.3.7 SOCIAL CUSTOMS, BELIEFS, MYTHS AND TABOOS

The world of social customs, replete with its mandatory dos and don'ts in various communities represents their beliefs and mandates. Social customs, beliefs, myths and taboos contain overt and covert forms of barriers and enablers which influence MHM related practices as well as everyday experiences of menstruating women. In this respect, we have quite similar findings from Tamil Nadu's Ramnad and Virudhunagar districts, as presented below:

Customs followed by Women in Reference to Menstruation: Ramnad District

Ramnad (178 Respondents)	Strongly agree	Agree	Disagree	strongly disagree
I am allowed to mix with others socially during my periods.	3.4	65.2	31.5	0.0

Ramnad (178 Respondents)	Strongly agree	Agree	Disagree	strongly disagree
I am not allowed to attend any social rituals during my periods.	2.2	51.1	44.9	1.7
I do not go to religious places during periods.	2.8	61.2	35.4	0.6
I avoid travelling during periods.	2.2	34.8	61.8	1.1
I am told to stay in the corner of the house during my periods.	0.6	30.9	65.2	3.4
	Yes	No		
I am allowed to carry out routine work at home during my periods.	94.9	5.1		
I am allowed to cook in the kitchen during my periods.	95.5	4.5		
Others in my family take care of me during periods.	91.0	9.0		
I have freedom to visit a doctor in case of any health issue.	87.6	12.4		
I am allowed only special foods during periods.	3.4	96.6		
I sit for lunch and dinner with all my family members.	33.7	66.3		

Customs followed by Women in Reference to Menstruation: Virudhunagar District

Virudhunagar (279 Respondents)	Strongly agree	Agree	Disagree	strongly disagree
I am allowed to mix with others socially during my periods.	16.8	67.4	10.8	5.0
I am not allowed to attend any social rituals during my periods.	5.4	51.6	37.3	5.7
I do not go to religious places during periods.	4.7	73.8	12.2	9.3
I avoid travelling during periods.	2.2	44.4	41.9	11.5
I am told to stay in the corner of the house during my periods.	3.6	5.4	68.8	22.2
	Yes	No		
I am allowed to carry routine work at home during my periods.	95.0	5.0		
I am allowed to cook in the kitchen during my periods.	93.5	6.5		
Others in my family take care of me during periods.	72.8	27.2		
I have freedom to visit a doctor in case of any health issue.	85.7	14.3		

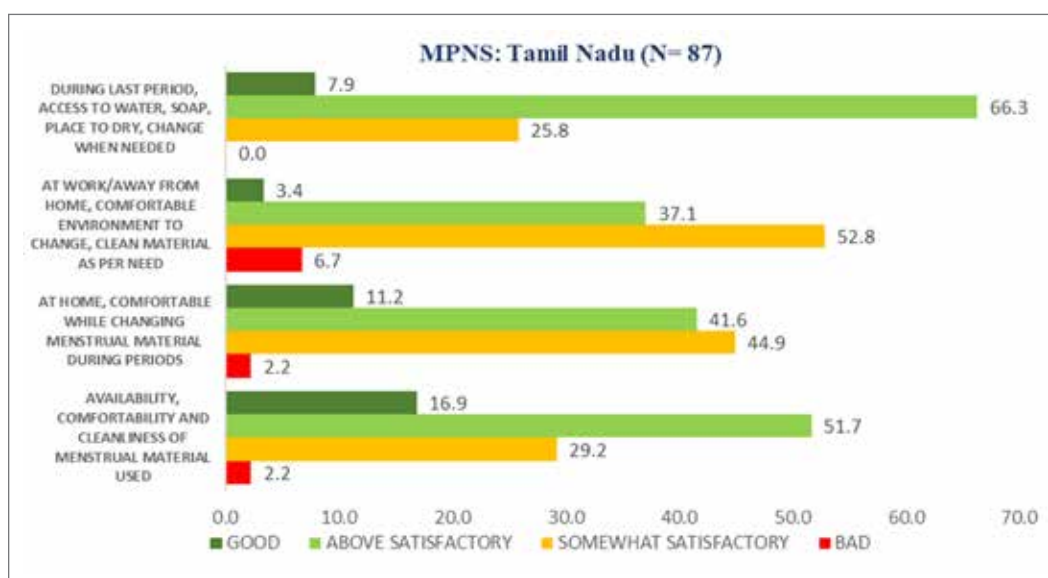
Virudhunagar (279 Respondents)	Strongly agree	Agree	Disagree	strongly disagree
I am allowed only special foods during periods.	10.4	89.6		
I sit for lunch and dinner with all my family members.	83.9	16.1		

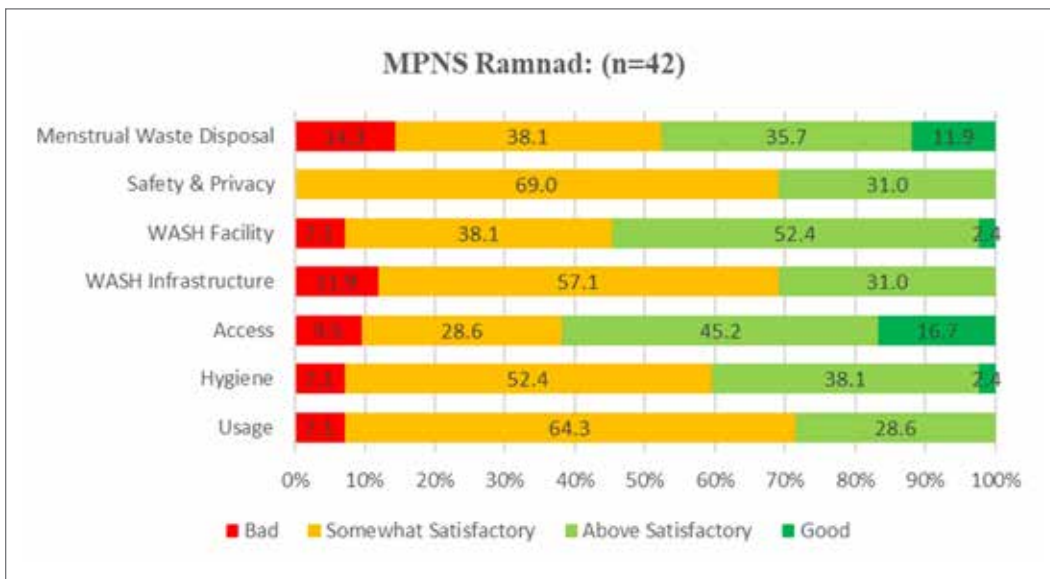
- **Socialize:** 31.5% of the women in Ramnad and 15.8% in Virudhunagar were not allowed to socialize during their menstrual cycle.
- **Worship/ Visit Temples:** In Ramnad, more than half of the women do not visit religious places. Two-third of the women do not attend any social rituals and 37% avoid travelling during periods. More than three-fourth of the women in Virudhunagar do not visit religious places, and 46.6% avoid travel during periods.
- **Segregation:** Both in Ramnad and Virudhunagar, nine in 10 women said that they did routine work and cooked in the kitchen during their periods.
- **Seeking Medical Help:** In Ramnad 87.6% and in Virudhunagar 85.7% women had the freedom to visit a doctor in case of any health issue.

3.3.8 MENSTRUAL PRACTICE NEEDS SCALE (MPNS)

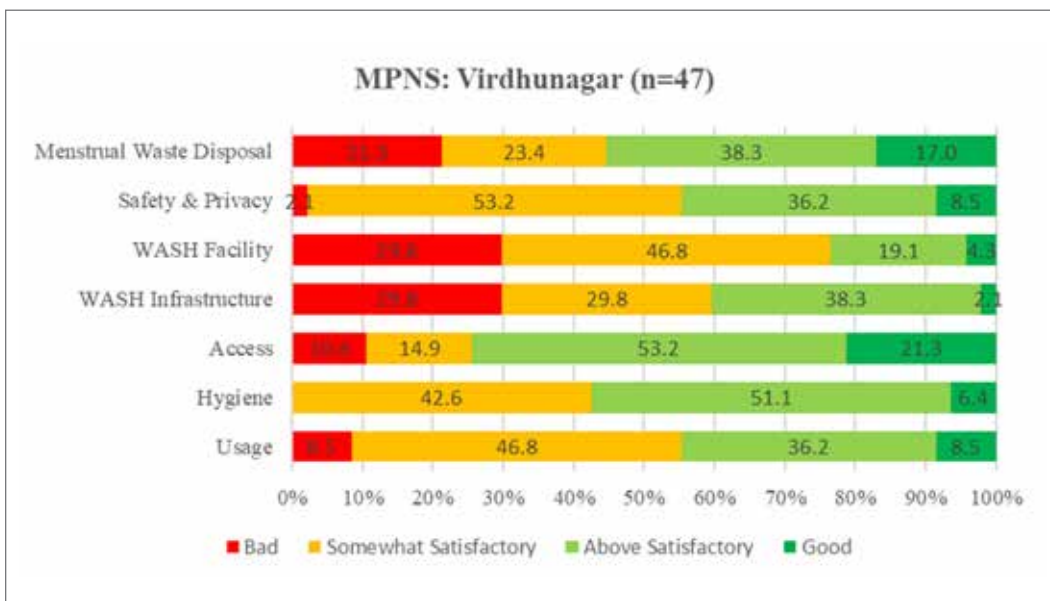
The Menstrual Practice Needs Scale (MPNS) was used to measure and assess the felt needs and experiences of women during their last menstrual period. 87 respondents from both the districts shared their perceptions/ experiences on availability of water, sanitation, hygiene, safety, and privacy as well as access to menstrual absorbents. Through the use of MPNS, we could access the actual trends, practices and experiences regarding MHM, WASH, safety and privacy which form the ‘menstrual everyday’ of surveyed women in Ramnad and Virudhunagar districts in Tamil Nadu.

- **Reusing MHM Products:** After being assessed on the MPNS, it was observed that 52.9% of respondents rated the surroundings to change or clean menstrual material during periods as per need during the last menstrual period as below satisfactory level.
- **Comfort:** Similarly, 44.9% respondents felt that while changing menstrual material during their last menstruation, their level of comfort was only somewhat satisfactory.
- **Clean and Dry Menstrual Material:** Two-third of the women had access to water, soap and a place to dry as well as change menstrual material at above satisfactory to good level whenever needed during their last menstrual period.





Ramnad: When measured on the MPNS scale (based on their last menstrual experience about privacy), 42 women rated WASH infrastructure, hygiene practices and usage of menstrual material at below satisfactory level.



Virudhunagar: When measured on the MPNS scale, based on their last menstrual experience about privacy, WASH facility and infrastructure, and usage of menstrual material, 47 women rated it as below satisfactory level.

3.4 INTER-SECTORAL FOCUS

This part of our study examines vulnerabilities, issues, and risks pertaining to menstruation with respect to social as well as inter-sectoral stress factors:

- To impart an inter-sectoral focus on MHM narratives and practices from diverse contexts and cross-sections of society, we bring an analysis of five villages each in these two Aspirational Districts.
- We document the lives of fishing and farming communities, textile mill workers, Dalits and factory workers in the unorganized sector and migrant populations in Virudhunagar.

- Against this background, we present a brief inter-sectoral data analysis on migration and MHM, WASH and MHM, Education and MHM, Livelihood and MHM and lastly, MHM from the perspective of awareness towards public policies.

The overall narrative of different practices on MHM in these villages related to community-based vulnerabilities, socio-economic conditions and beliefs including monetary freedom/ disposable income of women besides health and education related inter-sectoral factors.

3.4.1. MIGRATION AND HEALTH

In Ramnad and Virudhunagar, only 13 women (N=457) responded that they migrated from Virudhunagar. Out of these 13 cases, seven families constituted seasonal migrants who found work near their villages and usually migrated for less than 6 months.

- Out of these migrants, 9 were agricultural labourers and others engaged in the following work/ jobs: brick kiln (1), industrial labourer (1), worked in restaurants (1), and worked in bank(1).
- On the basis of responses from 11 women, across 13 migrant families, who acknowledged that migration causes an impact on their menstrual health, this study suggests: A closer observation and analysis of migration and MHM in Tamil Nadu districts should be done for achieving better health prospects for menstruating women of 20-49 years age.
- Our findings indicate that 11 out of the 13 migrant women strongly feel that their seasonal work conditions and resource scarcity influences their menstrual health negatively.

3.4.2 TRADITIONAL SKILLS AND EARNING CAPACITY

- Our data shows that 103 women (N= 457) in both the districts possessed traditional skills.
- 58 women had skills in farming, fishing and cattle rearing; 16 were skilled in bamboo related crafts, embroidery, knitting and weaving while 12 were into tailoring, pads-making and cracker-making.
- However, out of the women possessing traditional skills and knowledge, 63 (N=103) earned from their knowledge and customary skills. This is an encouraging indication as compared to other states of our research.
- However, EAMW across both the districts complain of poverty and scarcity of means to deal with MHM. A targeted improvement of scope of traditional skills can be a ready relief measure for those who do not earn from their skill sets and knowledge bank.

Given that there is a possibility of augmenting family income from traditional knowledge and customary skills, vocational courses could be organized for women struggling with socio-economic vulnerabilities to enhance their disposable income, alongwith decision-making powers in spending on MHM health and wellbeing.

3.4.3 WASH AND MHM

NFHS-5 shows 78.6% households from Ramnad and 59.8% from Virudhunagar used an improved sanitation facility; 55.52% families in Ramnad had improved sanitation facilities as compared to 59.8% from Virudhunagar (International Institute for Population Sciences (IIPS) and ICF 2021, p. 105, 195).

WASH & MHM	Ramnad (in%)	Virudhunagar (in%)
Total Respondents	178	279
Water Facility at Home		
Piped water	29.2	48.4
Piped to yard/ Plot/ Public tap	52.8	49.8
Bore well/ Tube well/ Well covered/ Hand pump	2.8	1.4

WASH & MHM	Ramnad (in%)	Virudhunagar (in%)
Tanker/Truck / Cart with small tank	15.2	0.4
Toilet Facility at Home		
Individual household latrine	46.6	58.8
Community toilets	0.0	19.0
Open defecation	53.4	22.2
Type of House		
Kutcha house	7.3	16.1
Pucca house	47.2	50.9
Semi pucca house	45.5	33.0

- **Acute Water Scarcity:** Our data indicates that 91.9% of respondents from both the districts said that they have regular source of water through piped water and public taps. Only 2% depended on hand pumps, bore wells or tube wells. However, both the districts face severe drinking water shortage especially in summer. The situation becomes worse due to chronic droughts, water salinity and clayey soil which restricts the availability of deep freshwater aquifers.
- **Kind of House:** Housing conditions were found to be relatively good in both the districts where almost 49.5% of the families have pucca houses (roof, wall, and floor all are made up of pucca material) and 37.9 families interviewed live in semi kutcha houses (either 1 or 2 from roof, wall and floor is made up of kutcha/ makeshift materials) and only 12.7 families live in kutcha houses (roof, wall, and floor all made up with kutcha material).
- **Toilet Facilities:** 54% families used Individual Household Latrines (IHHL) and 11.6% used community toilets. Almost 34.4% of families defecated in the open owing to various anomalies like poor living conditions, water scarcity or community-wide preferences for open spaces.

During menstruation, a woman's WASH needs are relatively higher as compared to the rest of the days of the month. During period, she needs more water to clean herself for personal and intimate hygiene, including after defecation. Besides, a regular supply of clean water and facility of a private and a secure place to change her menstrual absorbents and clean herself form a profound part of her sense of dignity and safety. Therefore, the access to the toilet and bathroom becomes a critical need during periods.

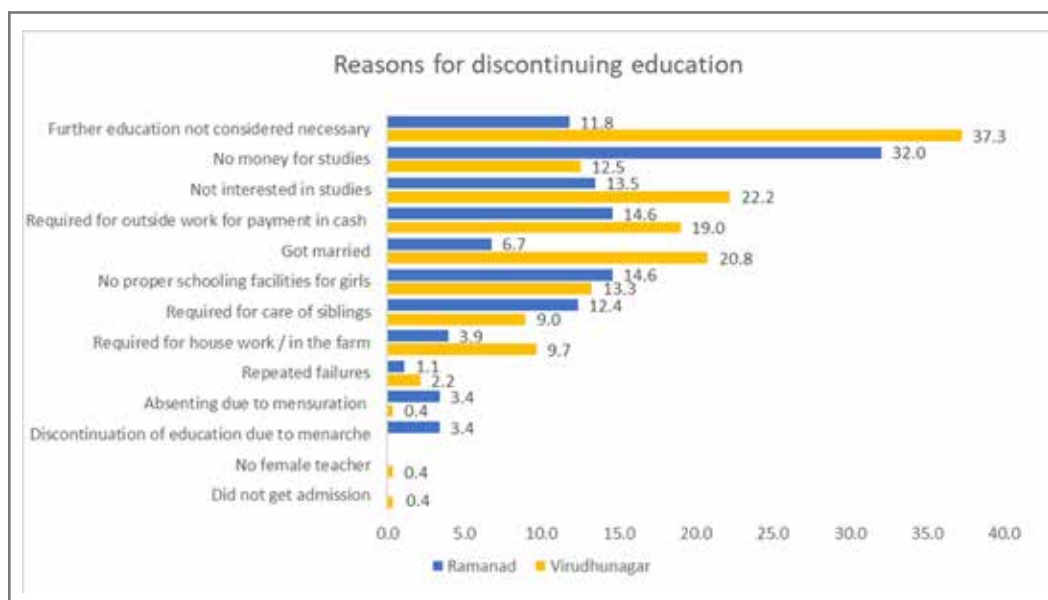
3.4.4 EDUCATION AND MHM

One in three women (N=457) in our research areas have completed education till secondary school while 20.4% of women were uneducated. The biggest obstacle in the way of education, in case of both the districts, was lack of money for schooling, and girls were needed to work outside the home to earn their livelihood.

Education & MHM	Ramnad (in%)	Virudhunagar (in%)
Total Respondents	178	279
Education		
No Education	17.4	22.2

Education & MHM	Ramnad (in%)	Virudhunagar (in%)
Primary (1st -4th)	19.1	18.6
Secondary (5th-7th)	19.1	12.5
Higher Secondary (8th-10th)	15.2	14.3
12th/ Undergraduate	19.1	20.4
Graduate and above	10.1	11.8
Reason for Discontinuing Education		
Family Barriers	30.9	67.0
Monetary Barriers	50.6	41.2
Educational Barriers	21.3	24.7
Lack of Facilities	14.6	14.0
No Response	24.7	13.6

- **Family Related Bottlenecks, Poverty and Attitudes:** 44.9% women surveyed dropped out of school owing to lack of finances, while 53% faced other family-related barriers. In Ramnad, monetary problems required girls to contribute to the family income by working as wage-labour, while in Virudhunagar girls were pulled out of school because education was not considered necessary. Both these reasons bear directly on the fate of education of the adolescent girls. Another barrier is serving as caretaker for siblings when their mother is engaged in outside work.
- **School Drop-Out Rate:** Dropping out of school at various ages was high in these districts though 20% of the women completed school and 11% pursued higher education. There is a policy of silence for providing MHM support to those who drop out of school or those who cannot go to school as compared to menstruating girls who can continue their schooling. Although our survey is primarily concerned with the wellbeing of women in their menstruation years beyond school, yet some of our findings on schooling and MHM are significant, having pan-India relevance.



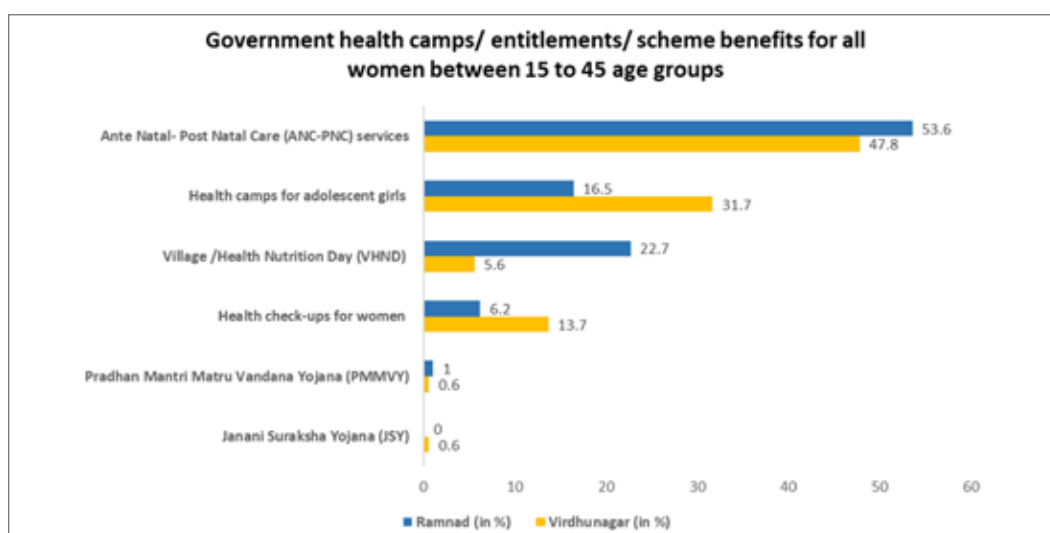
- **Menarche and Marriage:** Menarche & Menstruation is a major criterion for some parents and families to lay restrictions on the movement of a girl outside of home, including a preference that adolescents drop out from school altogether. Among those girls who continue their schooling, being absent from school due to MHM-related issues, including physical symptoms such as pain, leads to interruption in education during post-menarche years. Community believes that a girl is preparing for adulthood in early post-menarche years which leads to pressure on the family to marry her off.
- **Schools in need of Improvement:** Almost 15% of the women surveyed stated that they had dropped out owing to lack of proper toilet, water and MHM orientation in the school.

In these districts we found, barriers to education are not as much related to infrastructure at school for menstruating girls as much as they are to poverty, need for income and community attitudes towards the girl child. The family usually considers education to be unnecessary when the girl enters puberty. However, for those girls who continued education, absencing during menstruation was noted in both the districts. Our data is an indicator that despite the overall progress of a state, certain districts and pockets of groups and communities, experience unique kinds of marginalization and barriers related to puberty and menarche. Tamil Nadu seems almost a modular state in terms of MHM prospects and education when the NFHS-5 data is taken into consideration. Yet the voice of EAMW as well as young menstruating girls in Ramnad and Virudhunagar narrate a different story. Disparity remains high even in a small sample. Perhaps, a little policy push can go a long way in securing proper MHM.

3.4.5 AWARENESS TOWARDS COUNSELLING ON MHM PUBLIC POLICY:

National Health Mission runs various programmes for the age group of 15 to 45 years that is for adolescent girls as well as women. Most women in both the districts are aware of the public policy.

- **Local Health Service:** In both districts, women respondents were informed about availing PNC services and participated in the VHND. The data shows that nearly 10.9% of women (N= 457) and adolescents participated in health check-ups; 99% of the women respondents from both the districts were not even aware of Pradhan Mantri Matru Vandana Yojana (PMMVY), Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram (JSSK).
- **Engagement with Public Health Services:** There was lack of awareness about schemes such as PMMVY and JSY in both the districts; 232 and 145 women respectively from both the districts benefitted from the Antenatal Care and Postnatal Care (ANC-PNC) services and attended Village Health Nutrition Day (VHND) on a regular basis.



- **Significance of Public Health Facilities:** Health support systems in India are so designed that for every 1000 population there is an Accredited Social Health Activist (ASHA) appointed, for around 5 to 6 villages,

there is a Sub Centre where treatment for small illnesses as well as 24/7 facility of delivery is available. After that, for every 30000 people, there is a Primary Health Centre (PHC). And as we move further, the availability of Rural or Sub District hospitals, district hospitals in urban areas, municipal corporation health clinics, and hospitals are available.

- **Accessibility and Choice:** EAMW covered in this survey were asked through IDIS about the nearest accessible public health facility. Regarding accessible/ affordable treatment from government health facilities, merely 20.8% of women from Ramnad and more than half i.e 56.3% from Virudhunagar responded positively. Very few respondents from both districts reported that they do not avail general treatment from public health facilities. When women (between the age group 19 to 49 years) were questioned about the nearest accessible public health facility, Ramnad women cited Primary Health Centre (87.1%), sub district hospitals (13.5%) and Municipal health clinic (11.8%) as the options available. The nearest public health facilities reported by Virudhunagar women were Primary Health Centre (73.5%) and Sub Centre (16.1%).
- **Importance of Health Camps:** Women across various contexts are differently integrated with the national public health infrastructure and policies. Health camps, which are periodically organized in villages, are specifically important and needed in areas which are remote and cut- off or where Sub Centers are not available. Our survey findings indicate that a major chunk of the population from both the districts benefitted from ANC and PNC services. If health camps start covering the wellbeing of EAMW in remote and isolated areas, women will also benefit. Our findings indicate that women are familiar with and dependent on the State-sponsored programmes such as health camps, ANC-PNC and VHND. However, our data shows almost negligible interventions from national schemes such as JSY, PMMVY and JSSK. Owing to the vast reach and significance of, as well as a substantial reliance on public health system in India, the MHM of EAMW can get a much-required boost if the issue receives adequate attention through public policy. Even the ADP can stand to gain from women's participation if MHM is piloted as an inter-sectoral intervention cutting across education, social security, WASH and livelihood.

Counselling on MHM: Upon being asked if they ever received any counselling on menstrual health, 33.3% of our women from Ramnad and Virudhunagar responded in the affirmative. Counselling on MHM was received from health workers such as ASHA, ANM and AWW.

- **Level of Integration with Policies:** In Ramnad district, the percentage of women getting benefits from government schemes was found to be very low as 75.3% of women reported that they have not ever received any benefits from the schemes and services. At the same time, contrastingly, 93.2% women from Virudhunagar availed some or the other benefit from schemes and services.
- **Need for Counselling on MHM among Working Women:** This clearly shows that working women (including farmers) who are occupied during the day do not prioritize availing/ claiming the benefits of government health services, as indicated by the data. In Virudhunagar, around 75% of women reported that they do not work outside the home (or are self-employed) in which case they could easily carve out time to reach government services.

Received Counselling on Menstrual Hygiene from Health Workers	Ramnad (in%)	Virudhunagar (in%)
Total Respondents	178	279
No	89.9	52.0
Yes	10.1	48.0

Yes: Out of the total respondents, 10.1% EAMW from Ramnad (n=178) and 48.0% from Virudhunagar (n=279) reported that they seek counselling, guidance and treatment in relation to health issues from the public healthcare facilities.

No: 305 women, out of the 457 women, had never received counselling on menstruation or MHM in their villages.

There are various maternal and child health programmes designed by the Government of India through which menstruating women get benefits from various services and schemes. Along with other counselling sessions, if counselling on menstrual health hygiene is given to women, they would benefit in terms of being better informed and alert on MHM. On the one hand working women fail to draw the benefits of welfare schemes, owing to pressures of work and income, as well as documentation hurdles to avail governmental benefits, and on the other they suffer on health grounds.

PART 4 VOICES, EXCERPTS AND OBSERVATIONS

As part of our research, we conducted approximately 12 open-ended interviews with key informants. These KIIs were taken across each district, not necessarily restricting ourselves to voices of people from villages included in our field research. People interviewed during this exercise were important stakeholders in communities/villages such as AWWs, ANM, doctors, teachers, ASHAs, counsellors and social workers. Their voices are crucial for the development of the community as they give a unique point of view on the local village population as well as district-wide situations. In a small but significant way, these grassroot voices help us arrive at community-sensitive and area-specific recommendations and the ways forward. Highlights from these interviews are as follows:

Ramanathapuram: Eight respondents across five villages stated that there are no toilets in the villages. Out of these eight, one respondent added that their village school lacks a toilet; seven others informed about lack of provision for free sanitary napkins in the village; six respondents spoke of water scarcity and taboos related to menstruation in their villages; five shared that the village requires a disposal mechanism for menstrual waste and four respondents were not aware of any scheme related to menstruation. Three respondents informed us that no awareness generation initiatives on MHM had ever taken place in the village. According to another informant, her village was not open defecation free (ODF) and one stated that iron and folic acid tablets were not distributed in her village.

Virudhunagar: 12 respondents from five villages stated that the villages lacked toilets. Out of the 12, two specifically mentioned that the schools were in serious need of toilets; nine respondents spoke of water scarcity in the villages while one of them pointed out that the school lacked water facility. Six respondents each stated that there was no distribution of sanitary napkins and that there was no disposal mechanism for menstrual waste in the villages. Two respondents said that there were no awareness generation programmes related to menstruation. Similarly, two respondents said that they were not aware of any scheme related to MHM or implemented by the government. Two respondents said women from villages faced safety issues as they had to defecate in the open.

4.1 VOICES AND EXCERPTS: RAMANATHAPURAM

Alagarsamy (Interview 12.08.22)³, a **Ward Member** of a village in Tamil Nadu, had knowledge about MHM but she opined, “We are not aware of any scheme available for the age group of 20- 49 years”. According to her, lack of information and governmental support systems get further compounded by paucity of financial resources at the family level. When asked about WASH, she answered that the village had a pond that fills up in the rainy season and was enough to meet the water need. However, it was not clear whether the women’s WASH needs could be fulfilled throughout the year from that pond. She added that a separate toilet and free sanitary napkins for all women were an urgent need of the hour. For those using pads, in the absence of disposal facilities, menstrual waste generation is a huge challenge. She also talked about taboos during menstruation as “women were not allowed to enter temples and perform *Pooja* at home, yet there were good customs such as bathing twice a day and using clean cloth during menstruation”.

³ TN KIII RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

Shanthi (Interview 22.07.2022)⁴, a **Block coordinator** of a village in Tamil Nadu, seemed well versed about menstrual hygiene. She emphasized on continuing the education of children beyond adolescent years. “Even if free pad distribution of pads becomes regularized, it should be ensured that every girl up to 18 years gets pads because some of them were living in hostels or with their parents.” She felt lack of financial resources was a challenge to achieve proper menstrual health in the village and suggested that pads be sold at the rate of 1 Rupee, be provided through the Public Distribution System (PDS) and ration shops. Regarding WASH, she said that under the JJM scheme water supplied in the village was not adequate. Schools had water facilities and, “even if there is no tap in the toilet, efforts are taken to keep water in barrels or small containers”. On taboos in her village, she narrated how menstruating women were segregated in their homes. She also added that the government had allocated a separate place in public toilets to burn menstrual waste. Still, menstrual waste generation in her village was much higher than the disposal facilities could manage.

V. Ramadevi (Interview 29.07.2022)⁵, a **school teacher** in Ramanathapuram, stated that the village had a programme to provide pads to girls between 10 and 18 years of age. Iron tablets for children were distributed every Thursday but she had never heard of the *Rashtriya Kishori Suraksha Karyakaram* (RKSK). Moreover, she added that the village needed napkin facilities at public places and toilets for women between 20 and 49 years. To WASH queries, she replied that the village did not have enough potable water. Her village school had a water supply but no disposal machine for menstrual hygiene materials, which should be installed in every *Anganwadi* and for every SHG. She said that families do not allow their women to enter temples or celebrate festivals during menstruation in accordance with local beliefs and taboos. Bathing twice and use of sanitary napkins were two prominent measures adopted by the village women to maintain menstrual hygiene, but organizing more awareness drives for women was important.

Anujaya (Interview: 25.07.2022)⁶, a village **Health Nurse** in Tamil Nadu, stated that the village had a programme for protecting adolescent girls from anemia by distributing IFAtablets and free sanitary napkins to girls. But the village required a programme for providing free sanitary napkins to every menstruating woman. On women’s WASH requirements in the village, she demanded individual as well as community toilets for women, dustbins in public places, and a place to burn menstrual waste. The village nurse was unaware of any ‘WASH’ programmes but added, “we have water in our village. Village is properly cleaned all around”.

Fatima (Interview: 19.07.2022)⁷ an **Anganwadi Worker** (AWW) in Tamil Nadu responded that a programme for providing IFSC tablets and sanitary napkins to girls was implemented. However, she suggested that sanitary napkins be provided to all menstruating women. She emphasized upon creating awareness and educating women on menstruation. On women’s WASH requirements in the village, she demanded toilets and menstrual waste disposal machines. She insisted that the Panchayat should be responsible for keeping the village clean.

Sreedevi (Interview: 08.07.2022)⁸, a **school teacher** in Tamil Nadu, was well aware about the programme of free sanitary napkins to adolescent girls, importance of personal MHM and the celebration of a menstrual hygiene day in the village. The school teacher said, “Women had to travel 10 kms-15 kms to buy pads, hence free sanitary napkins, pain killers, and nutrient tablets for all menstruating women were basic and important necessities that should no longer be ignored.” She also demanded public toilets and waste disposal machines for women in the village. One of the prominent village taboos, she informed us, was not allowing menstruating women to enter temples.

Shanthi (Interview: 08.07.2022)⁹, an **Anganwadi Worker** (AWW) in a village in Tamil Nadu, talked about the provision of free sanitary napkins for girls in the village school. A play on menstrual hygiene was held in the

⁴ TN KII2 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

⁵ TN KII3 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

⁶ TN KII4 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

⁷ TN KII5 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

⁸ TN KII6 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

⁹ TN KII8 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

school but she was unaware of any scheme on adolescents or for EAMW in her village. On women's needs in the village, she said that providing free sanitary pads and nutrient tablets to every menstruating woman would be steps in the right direction. She also insisted upon creating awareness among women about proper use and disposal of sanitary napkins. On prevalent taboos she replied that one of the most prominent was not being allowed to enter temples during menstruation.

Jeyarani (Interview: 14.08.2022)¹⁰, who is a **SHG leader** in a village in Tamil Nadu, was aware of free sanitary napkin and iron tablets distribution programme for the age group of 10-19 years, but she said, "We are not aware of any scheme available for the age group of 20-49 years." On the requirements of menstruating women, she responded, "all of them are not in a position to buy sanitary napkins. The government should provide them with free sanitary napkins like these are provided to adolescent girls." Even the village school lacks a water facility because it is a primary school. On women's infrastructural requirements for MHM, she emphasized that villages must have public toilets and disposal machines to create menstrual hygiene in the village. Families adhere to usual taboos such as restrictions on performing *pooja*, entering temples and celebrating festivals during menstruation.

Pushpam (Interview: 09.07.2022)¹¹, a village **counsellor** in Ramanathapuram district of Tamil Nadu, responded, "I do not know about government schemes/programmes for adolescents that are related to menstrual hygiene, most of the people are unaware about any such services in my village." She added that creating awareness about menstrual hygiene infrastructure in public places where women gathered could be an important change. On WASH queries, she informed that she was "unaware of the term and had no knowledge about this scheme." Besides, the village lacks proper water and toilet facilities and people still follow open defecation. On the requirements of EAMW, she demanded free sanitary napkins for every household and an incinerator to burn menstrual waste in each village. Pushpam mentioned 'good customs' followed in the village such as stocking up on sanitary pads in advance to be used in emergency and complete disposal of menstrual waste.

Sornam (Interview: 11.07.2022)¹², the **President of Fisherwomen Association** of a village in Tamil Nadu, informed us of provisions of sanitary napkins, iron and folic acid tablets free of cost to adolescent girls in the village school. She emphasized on creating awareness about the proper usage and disposal of sanitary napkins. However, women still used cloth in her village. On WASH queries, she was not aware of any specific schemes or programmes around the theme. However, she added her village does not have a water supply and people had to buy drinking water. Though the village school has water supply, "there is no adequate toilet facility for girls to use during the menstruation". She suggested that free sanitary pads be supplied throughout to young girls as they were unable to buy napkins during school holidays due to financial constraints. A specific taboo practiced in the village related to not holding children during menstruation besides the common restrictions around worshipping and entering temples.

Nirmala Devi (19.07.2022)¹³ who is a **School Headmistress** in a coastal village in Tamil Nadu informed us of a training programme for menstruating girls in her school and an ongoing free sanitary pads scheme too. She insisted upon educating women on using pads instead of cloth and taking enough rest during menstruation suggesting that there must be a separate restroom for menstruating women at workplaces too. She added that schools needed a separate toilet facility along with required instructions on how to use the toilet and dispose of the napkins during menstruation. Installing a napkin disposal machine would be a good idea.

4.2 VOICES AND EXCERPTS: VIRUDHUNAGAR

Sudha (Interview: 08.07.2022)¹⁴, the village **Sarpanch** in Tamil Nadu's Virudhunagar, informed us that a programme for providing free sanitary napkins and nutrient tablets was implemented regularly in her village.

¹⁰ TN KII9 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

¹¹ TN KII10 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

¹² TN KII11 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

¹³ TN KII12 RN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

¹⁴ TN KII1 VN: Available in Data Records, MHM Project (2022-2023) SSMF- Sulabh International

Moreover, she provided counselling to young girls under *Rashtriya Kishori Suraksha Karyakaram* (RKSK). On the requirements of women in the age group of 20 to 49 years, regarding MHM, she opined that providing free sanitary pads to all menstruating women and installing functional public toilets were prime needs. This should be followed by providing menstrual waste disposing machines and regular health check-ups for women every thirty to ninety days. This compromised their safety, privacy as well as hygiene. It was evident that she was unaware of schemes and concepts such as WASH but she responded that villages had water facilities and some villagers had toilets in their houses. The village school does not have toilets. School going menstruating girls clearly have a challenge in fulfilling their WASH needs. On women's infrastructural needs, she demanded public toilets.

Indira (Interview: 26.07.2022),¹⁵ a **SHG Head** in an urban area of Virudhunagar, stated that free sanitary napkins and nutrient tablets were provided to adolescents in her village and health check-ups were done at the Primary Health Center (PHC). Due to poverty, women were unable to buy sanitary pads so free sanitary pads, functional toilets and regular water provided for every menstruating woman for better MHM. On WASH queries and MHM, she informed that the village school lacked water supply and toilet.

Gomathi (Interview: 25.07.2022),¹⁶ a **School Teacher** in a village in Tamil Nadu, said that free sanitary napkins and iron tablets were given to adolescent girls in the village school. According to her poverty was a challenge in achieving proper menstrual health management. Like many of our other respondents, she suggested free sanitary napkins, clean toilets, and rest facilities for women in the age group of 20 to 49 years. In response to queries on WASH and MHM in schools and communities she answered, "In government schools we do not have water facilities, students fear using the toilets. Girls were in a very difficult situation during menstruation." She also suggested free health check-ups for all women be organized regularly as the cases of uterus cancer have increased.

Kalaiselvi (Interview: 12.07.2022)¹⁷, an **AWW** in a village in Tamil Nadu was happy with the ongoing schemes and programmes such as conducting PNC-ANC meetings, awareness camp on anemia and meetings with adolescent girls. On specific requirements regarding menstrual hygiene, she suggested separate toilet facilities, menstrual waste disposal machines and clean water for women. Opening up on taboos and constraints that women in her community faced, she narrated, "We have to use separate space at home, separate plates and tumblers. There is a restriction to bathe in the pond (or in open spaces) during menstruation. Others do not allow us in their home during menstruation." But the village counts on some good customs such as 'burning of menstrual waste' in a bid to dispose of it properly.

Respondent Umakani (Interview: 09.07.2022),¹⁸ a **Village Health Nurse (VHN)**, talked about providing free sanitary napkins to women under *Rashtriya Kishori Suraksha Karyakaram*. She also added that iron and folic acid tablets be provided to women in the age group of 20-30 years. On WASH, she is unaware about any such 'scheme'. Nonetheless, she added that every village had a common tap to collect water. Moreover, *Jaldhan Kisan* scheme also provided water tap to every household. She added that the village school does not have water and sanitation provisions. She emphasized on creating awareness in the society about menstrual hygiene and suggested that sanitary napkins should be provided to every girl on the first day of menarche.

Velli (Interview: 08.07.2022)¹⁹, a village **Sarpanch**, said that under RKSK there is a programme for providing sanitary napkins and nutrient tablets to adolescent girls. She suggested free sanitary napkins and free medical examination for uterus and breast cancer for every menstruating woman in the village. On menstrual hygiene in school, she said the school had a separate dustbin to dispose of used sanitary pads. Regarding the menstrual hygiene requirements of the EAMW, she stressed the need for public toilets for working women and safe community spaces for disposal of menstrual waste. On WASH, a tap in every household, and a menstrual waste

¹⁵ TN KII2 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

¹⁶ TN KII3 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

¹⁷ TN KII4 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

¹⁸ TN KII5 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

¹⁹ TN KII6 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

disposal machine in institutions and community spaces was an urgent need. She added that the village had a good custom of providing fish oil to menstruating women.

Vijayalakshmi (Interview: 24.08.2022),²⁰ a **Medical Adviser** in a village in Virudhunagar district, began with a free sanitary napkin scheme for girls. She added the village had programmes under RKSK such as counselling for adolescent girls and whoever is under stress during menstruation, the village has also set up a RKSK counselling centre in the government hospital. She stressed upon creating awareness about menstruation. Regarding WASH, she said, the village had a water facility but the school does not have water and toilet facility. It was not clear how school-going girls fulfil their menstrual needs.

A **Village Health Nurse (VHN)**, Thannammal (Interview: 21.08.2022)²¹ was acquainted with functional schemes such as providing nutrient tablets and organizing camps on menstruation. In her opinion, provision of free sanitary napkins for women in the age group of 20-49 years should be considered urgently by the government. On menstrual hygiene schemes, she replied, “So far all the schemes are available at school level but not implemented in the community.” From her account it was evident that the village needs a public toilet with clean water facility and menstrual waste disposal machine/s.

A **SHG Head** in a village, Divya (Interview: 08.07.2022),²² informed us that under RKSK, free sanitary napkins and nutrient tablets were distributed to adolescent girls. She added, “WIFS, Albendazole tablets are provided for girls in the age group of 10 to 19 years. Tablets are also given to women in the age group of 20 -49 years.” Women used to get free sanitary napkins through government schemes but since January 2022 (past six months), this scheme was discontinued. On sanitation and hygiene in the village, she added that the village relied on a common pond for water. A separate toilet for women and proper disposal as well as sanitation mechanisms for menstrual products is an urgent requirement for common welfare.

Annavelli (Interview: 29.07.2022),²³ the **SHG Head** in Virudhunagar, knew about schemes such as free sanitary napkins and nutrient tablets. She stated that the village had a water facility provided by the Panchayat. On menstrual hygiene requirements, she added that the village needed proper toilets and waste disposal mechanisms. The village school, however, had a proper water supply and toilet facility.

Divya (Interview: 09.07.2022),²⁴ who works as a **School Teacher**, informed that in her village free sanitary napkins were provided to adolescent girls and that the village conducted awareness camps on menstrual hygiene under RKSK. She said that in the absence of proper toilets, the village women experienced safety and privacy issues since they had to go behind thornbush trees to change their pads. Therefore, she pitched strongly for proper toilet facilities with adequate water supply as well as menstrual waste disposal machines, besides regular health check-ups for menstruating women.

Annakili (Interview: 09.07.2022)²⁵, who is an **Integrated Child Development Service (ICDS) worker** in a village, confirmed that free sanitary napkins, nutrient tablets as well as awareness camps regarding menstrual hygiene were facilitated regularly in the village. She emphasized on creating awareness about menstrual hygiene in the age group of 20-49 years. She added, “Due to poverty many of them are not able to buy sanitary napkins. They need to buy the pads for being at work.” It was evident that waste disposal was also a challenge in the village.

4.3 SALIENT OBSERVATIONS FROM DATA

Processing through our data from Ramnad and Virudhunagar, we have gained some valuable insights on women’s health, education, livelihood and overall community outlook on menstrual health management needs and transformations on ground. In Tamil Nadu’s Ramanathapuram, our key informants speak of a lack of

²⁰ TN KII7 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

²¹ TN KII8 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

²² TN KII9 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

²³ TN KII10 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

²⁴ TN KII11 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

²⁵ TN KII12 VN: Available in Data Records, MHM Project (2022-2023) SSMF-Sulabh International

financial resources which impedes wellbeing options towards menstrual health. Though schools are providing pads, iron tablets as well as folic acid tablets to adolescent girls in the district, for menstruating women in the age bracket of 20 to 49 years, no specific schemes exist. For hygiene purposes, most villages and schools have no toilets.

Nonetheless, parents, elders and key informants opine that education of all children must continue beyond puberty and at the school level all hindrances should be overcome. Pads for menstruation girls are provided in many schools but during holidays families must purchase pads which is untenable for most owing to extreme financial hardships and constraints. At the same time, pads being available at 10-12 km away from the villages, on an average, makes it equally hard for those who can afford the pads. All key informants suggested that pads/ absorbent material should also be made available for women beyond the age of adolescence.

Ramanathapuram women register their demand for a pad's disposal machine/ mechanisms quite often in our interviews as dispensing of menstrual waste properly is a big challenge.

Interviews and interactions in Virudhunagar indicate the existence of customs that the women feel are good local practices. Adolescent girls receive nutrient tablets and sanitary napkins from schools along with regular health check-ups in PHCs, but sanitary pads are no longer available for women since the beginning of 2022. There is a scheme announced called Jal Dhan Kisan Yojana, but still not functional as taps, etc. are still under construction. Akin to Ramanathapuram, poverty remains a challenge in Virudhunagar too.

Factories as well as schools have a water scarcity that challenges sanitation and hygiene. Even where water supply exists, villages are equipped only with a single tap. Toilets for working women are non-existent and so is the case in almost all village homes. In the case of village schools having toilets, the conditions for use are below optimal.

From our interactions and databases pertaining to these two districts of Tamil Nadu, it clearly emerged that apart from a silence on women's menstrual health in terms of inter-sectoral hindrances and policy related negligence in India, there are community-voices that portray a negative and discriminatory attitude towards periods. Many EAMW as well as key informants endorse negative attitudes (as told to our surveyors and field-researchers) towards menstruation, either owing to the circumstantial difficulties that they grow up experiencing or for want of better knowledge and support system around the phenomenon. The key to combating the inter-sectoral and community-based silences and barriers on MHM among women beyond school years lies in augmenting positive practices and discourses on menstruation. One of the best ways to achieve this is by involving multiple actors, key and critical stakeholders such as EAMW, leaders, influencers, families, policy-makers and implementers. Hence, gender mainstreaming MHM can ensure gender perspectives and attention to the goal of gender equality in all activities, projects and programmes.

4.4 RECOMMENDATIONS/ AREAS OF IMPROVEMENT

IMMEDIATE

- 1. EAMW, MHM and Health Checkups:** According to our findings, villages in Virudhunagar and Ramnad require intervention to bring relief to EAMW, who raised the demand of being provided free sanitary pads or priced at a token amount of 1 Rupee per pad, including for young menstruating girls during school vacation. They also proposed that monthly or three-monthly compulsory and inclusive health check-ups be organized in their villages.
- 2. MHM Interventions for Young Girls:** Young menstruating girls feel extremely uncomfortable to go to school for four to five days during menstruation owing to the fear of no toilets in school. Teachers and school counsellors, social workers and FLWs themselves need to be oriented, as well as be motivated to:
a) collaborate with each-other to propose infrastructural interventions at the school level through Gram Sabha/ Panchayats resolutions; b) proactively ensure that school sanitation facilities are monitored regularly c) help raise awareness for adolescent girls for a better MHM at home and in schools such that her menstruation is not a hurdle in continuation of her education.

3. **Pad/Menstrual Absorbent Dispensing and Disposal Mechanisms:** Our data indicates that EAMW not only demand that pads/ absorbents be available within reach for marginalized communities but they be given the right infrastructure and system for disposal of menstrual waste. We suggest that disposal systems be urgently facilitated, standardized and monitored ensuring sustainability as well as orient and empower young girls and women in these to dispose menstrual waste in dignified secure ways. Installation of Pad-Vending Machines at every Anganwadi and SHG premises will further help MHM goals.

SHORT TERM

1. **Prevent School Drop-Outs, Make Schools MHM Friendly:** Capacity building of young girls in MHM enabling them to continue education can happen only if schools have proper facilities. Educating children entering puberty is a prime need that EAMW firmly point out in all villages. If menstruation is not given a proper introduction and interactive space in an adolescents' life, they go through feelings of isolation, stress, embarrassment and confusion over the issue. Making schools period-safe, in terms of knowledge and skill proliferation, sanitation and care will ensure continuity in education.
2. **WASH in Schools and Community:** Schools to be provided with separate toilets for girls with running water either through tap connection and installation of storage tanks under the JJM Scheme. Toilets should be constructed, operationalized and have regular water supply in homes, public spaces and workplace.
3. **Micro-Credit Facilities through SHGs:** Women Self Help Groups (SHGs) formed under the Mahalir Thittam Scheme shall be provided with 10000 INR as revolving fund. Further providing credit facilities to EAMV through TNSRLM and other government supported creditschemes could enhance the earning capacities whereby menstruating women can become active decision-makers in self-care.

LONG TERM

1. **Tamil Nadu MHM Committee:** A state-level Menstrual Health and Wellbeing Committee be initiated to integrate MHM issues of remote places, mountainous regions, etc. into the State, ADP and MHM plans.
2. **MHM at District, Block, Gram Panchayat Level:** Information, education, and communication (IEC) for menstrual hygiene should be imparted at various levels.
3. **Mahalir Thittam Scheme Provisions for EAMW:** Build capacities and skills of women from poor, marginalized households through functionally effective SHGs for gainful self-employment under TNSRLM.
4. **MHM at Family level:** Ensure sustainable water source along with source strengthening measures and provision of Functional Household Tap Connections (FHTCs) to all households under National Jal Jeevan Mission scheme.
5. **Water supply under Jal Jeevan Mission (JJM) for MHM:** Water supply be provided under JJM scheme in girl's toilets in schools.
6. **MHM friendly Toilets:** Provide community toilets as well as toilets in workplaces with washing areas, bathing cubicles, and running water under SBM(G) phase II to facilitate better MHM.

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ANNEXURE I

Criteria / Reasons for Selection of Villages

Sr. No	Block/ TP/ Municipality/ Slum/ Tribal	Proposed Gram Panchayat/ Revenue Village/hamlet/ward	Total Population (refer JJM/ SBM data)	Total Households	Prevailing social issues/ issues of inclusion/ etc.
Ramanathapuram District (Ramnad)					
1	Kamudhi Block	K. Nedungulam panchayat /Thalavai Nayakanpatti village	2,132	472	Adolescent girls are taken out of school and sent to textile mills for work
2.	Kamudhi Block	Keelaramaneri village and Panchayat	2000	362	Area is majorly occupied by Nayakkar community, Muslims
3.	Kamudhi Block	Udhayanathapuram Panchayat /Pallappa cherry village,	1,500	489	Dalit community does not have access to healthcare services.

Sr. No	Block/ TP/ Municipality/ Slum/ Tribal	Proposed Gram Panchayat/ Revenue Village/hamlet/ward	Total Population (refer JJM/ SBM data)	Total Households	Prevailing social issues/ issues of inclusion/ etc.
4.	Ramanathapuram Block	Mayakulam Panchayat /Mangalesawari Nagar	1,987	609	Fishing is the primary occupation
5.	Rameshwaram Municipality	Olakkuda area	2073	457	Semi urban area under municipality

Virudhunagar District

1.	Kariapatti block	Sooranur Panchayat/ Thenur village	2252	609	Mixed community with the representation of BC/MBC
2.	Kariapatti block	Thulukkankulam panchayat/Kambali village	2701	706	Dalit community does not have access to basic amenities
3.	Kariapatti block	Thulukkankulam panchayat/Keel Idaiyanur village	531	166	Dalit community does not have access to basic amenities
4.	Srivilliputhur block	Pillaiyarkulam Panchayat and village	2634	1045	Poor female literacy rate. 25% as per census.
5.	Sivakasi Municipal Corporation	Ward No.5, Thiruthangal	71040	15519	Migrant workers and women workers engaged in making firecrackers

#	District	Block/ Ward	Gram Panchayat/ Ward	Village
1	Ramnad	Kamudhi Block	K. Nedungulam panchayat	Thalavai Nayakanpatti
2	Ramnad	Kamudhi Block	Keelaramanathi Panchayat	Keelaramanathi village
3	Ramnad	Thiruppulani Block	Panikulam panchayat	Pallapatcherry village
4	Ramnad	Thirupulani Block	Kalari panchayat	Kallupatti village
5	Ramnad	Rameshwaram Municipality	Ollakkuda area	Ollakkuda Ward

#	District	Block/ Ward	Gram Panchayat/ Ward	Village
6	Virudhunagar	Kariapatti Block	Sooranur panchayat	Thenur village
7	Virudhunagar	Kariapatti Block	Thulukankulam panchayat	Kambali village
8	Virudhunagar	Kariapatti Block	Thulukankulam panchayat	Keel Idaiyanur village
9	Virudhunagar	Kariapatti Block	Thulukankulam panchayat	Karaikulam village
10	Virudhunagar	Kariapatti Block	Thulukankulam panchayat	Gudukulam village

* For selection criteria for villages: See Annexure I

ANNEXURE II

Important Women-Centric Schemes in Tamil Nadu

- *Moovalur Ramamirtham Ammaiyar Higher Education Assurance.* Started in 2022, this scheme was announced by Chief Minister Shri M K Stalin (DMK) under provisions of the Social Welfare Department, Government of Tamil Nadu. The objective of this scheme is to enhance the enrollment ratio of girls from government schools to Higher Education institutions. Through this scheme, the financial assistance of 1000 INR/month will be provided to the girls till they complete their Undergraduate (UG) degree/Diploma/ITI/any other recognized course. The incentive amount under this scheme is to be disbursed directly into the student's Bank Account.
- *Chief Minister's Girl Child Protection Scheme:* This scheme was started by the Chief Minister, J. Jayalalithaa (AIADMK), in August 2011 under the Ministry of Women and Child Development, Government of Tamil Nadu. The objective of **Scheme-I:** An amount of 50,000 INR is deposited in the name of the girl child born on or after 01/08/2011, in the form of fixed deposit, with the Tamil Nadu Power Finance and Infrastructure Development Corporation Limited, for 18 years for a family with one girl child only. The copy of the fixed deposit receipt is given to the family of the girl child. **Scheme-II:** An amount of 25,000 INR each is deposited in the names of two girl children, where the second girl child's born on or after 01.08.2011 in the form of fixed deposit with the Tamil Nadu Power Finance and Infrastructure Development Corporation Limited, for 18 years for a family with two girl children only. The copy of the fixed deposit receipt is given to the family of the girl children.
- *Tamil Nadu Free Sanitary Napkin Scheme:* This scheme was started by AIADMK Chief Minister, J. Jayalalithaa, in 2011 under the Ministry of Health and Family Welfare, Government of Tamil Nadu. The objective of the scheme is to provide free-of-cost sanitary napkins to government school girls and women in-patients at Government Medical Institutions (GMIs) under the menstrual hygiene programme.
- *Dr Dharmambal Ammaiyar Ninaivu Widow Remarriage Assistance Scheme:* This scheme was started by the Chief Minister of state, Shri M. Karunanidhi, in 1972-73 under the Ministry of Women and Child Development, Government of Tamil Nadu, to encourage widow remarriage and to rehabilitate widows. Under this scheme, financial assistance of 15,000 INR is given through ECS and 10,000 INR as National Savings Certificate along with 4 gram 22-carat gold coin for making Thirumangalyam. The degree/diploma holders are given 50,000 INR, out of which, 30,000 INR is given through ECS and 20,000 INR is given as National Savings Certificate along with 4 gram 22-carat gold coin for making Thirumangalyam.

