INFERENCES AND WAY FORWARD

1.1 MHM AND WOMEN'S HEALTH: INTEGRATING WOMEN TO WELLBEING POLICIES OF THE COUNTRY:

It is important to integrate menstrual health management into public health policy in India to achieve the well-being of the Elder and Aging Menstrual Women(EAMW). The EAMW, being in the prime of their life (beyond school years and before menopause: 20-49 years), form a veritable social-economic national resource, and thus reaching out to them needs to become an urgent concern in the country's policy making. If menstrual health concerns are not resolved or are pushed to the periphery, or remain shrouded in silence, then not only menstruating women but their families, society and the country would have much to lose socially and economically. For combating MHM related silences**,** engaging in active care for the EAMW is a prime need in the country.

1.2 MIGRATION AND MHM AND HEALTH

In the unorganised sector, there is often seasonal migration. Such work is often based on completely unfair labour contracts and harsh working conditions without relief or empathy for menstruating women in the prime of their lives. Consequently, both women and their partners (working as a team) are subjected to undue monetary wage deductions for leaves on account of adverse menstrual health symptoms. Complications in intimate health during and after menstruation are not uncommon given the shabby MHM conditions on farms and factories or other places of work in the unorganised sector. The women seldom have any recourse to get proper treatment for their menstrual health

1.3 HYSTERECTOMIES AND MHM: GENDER MAINSTREAMING THE UNORGANISED WORK SECTOR

Our findings on hysterectomies suggest that the informal labour sector that employs marginalised farming, Dalit and tribal communities and migrants discriminates against women and creates pressures on husband-wife teams (*Jodis*). Moreover, misconceptions about uterine relevance post-motherhood abound. Exploitative labour situations are bereft of adequate MHM and WASH facilities, and marginalised women face complex labour-rights related challenges regarding their reproductive health, oftentimes leading to hastily executed hysterectomies. MHM should become a vital part of labour laws, public health and community-based awareness drives on menstruation.

1.4 AWARENESS AND MHM: PERSONAL HYGIENE AND WASH PRACTICES DURING LAST MENSTRUAL CYCLE INDICATE LACK OF AWARENESS

Our data indicates that more awareness on MHM and WASH, alongwith better access to WASH infrastructure and sanitation is the basic need for EAMW, specially in rural belts in the country where otherwise women agricultural labourers normally suffer MHM related deprivations.

1.5 EDUCATION, SOCIAL NORMS AND MHM

We recommend that governments prioritise strengthening existing policies, programmes and capacities to deliver awareness, improve the reach and quality of low-cost pads and other menstrual hygiene products, and improve targeting influencers such as leaders, FLHWs etc. The ability of girls to manage their menstruation is hindered by broader gender inequities and discriminatory social norms across India. MHM can be leveraged as a less sensitive entry point to address other issues and concerns like sexual and reproductive health, reproductive rights, maternal infant wellbeing, teenage pregnancy prevention, prevention of STDs etc; and thereby improve a girl's empowerment. In this area, research and programming are still nascent. Menstruation should not disrupt women's health, education, or growth. However our data indicates that even educated women still opted for uterus removal. While those who have never gone to a school or received education go in for hysterectomies in public hospitals, the educated women prefer private hospitals.

1.6 WOMEN'S DISPOSABLE INCOMES AND MHM OUTCOMES

Women can augment family income from traditional knowledge and customary skills, and thus vocational courses coupled with micro-financing to enhance disposable incomes can be organised for women struggling with socio-economic vulnerabilities. Disposable incomes give women a better opportunity towards empowered decision-making for MHM, personal and medical care. Our surveys indicate a good level of education among the EAMW. Therefore, these women can be willing participants in endeavours that try to hone their skills and talents through formal training and internships to expand their employment. The EAMW, especially with good levels of education can be targeted through existing SHGs.

1.7 MHM AND WASH

During menstruation a woman's WASH needs are relatively higher as compared to the rest of the days, as she needs more water to clean herself for personal and intimate hygiene, including after defecation. In addition, ensuring that a woman has the facility of a private and secure place to change her menstrual absorbents after cleaning herself are a profound part of her sense of dignity and safety. Therefore, the access to a toilet and bathroom becomes a critical need during periods. It emerges from our data that despite a good amount of IHHLs with coverage under SBM and JJM, inadequacies still abound and open defecation is still practised presenting a daunting privacy and health challenge for menstruating women. Additionally floods and droughts constitute water scarcities and influence MHM outcomes negatively.

1.8 PUBLIC POLICY AWARENESS AND MHM: AWARENESS OF PUBLIC POLICY AND COUNSELLING ON MHM CAN HELP WOMEN

Our survey revealed that women are quite familiar with the local state services under the public health system. However the proportion of women covered under women and child welfare and adolescents' health schemes differs across states and districts, and many times this remains low. However, once women become familiar with the schemes meant for them, they tend to become dependent on their benefits owing to their own marginalised existence. Spreading awareness towards government schemes and wellbeing on MHM among women beyond school years is still a long way from being actively considered as a public policy in India. Owing to the vast reach of and acceptance of Public Health system in India, the MHM of EAMW can get a much-required boost if it receives adequate public policy attention. We feel that women's participation in the Aspirational Districts Programme (ADP) can increase if MHM is piloted as an inter-sectoral intervention.

1.9 SALIENT FINDINGS FROM DATA: LAYERED SILENCE AS WELL AS THE WAY OUT

- Evidence from our qualitative and quantitative evaluation pertaining to the seven states under study suggests that there is a layered silence on women's menstrual health owing to inter-sectoral hindrances and policy barriers.

- Attitudes, myths, beliefs, and discriminatory practices make this silence doubly potent in bringing profound challenges to MHM among EAMW. Community-voices across the sample population portray a negative discriminatory attitude towards periods. These discriminatory voices and attitudes are practised by both men and women across social strata. Many EAMW as well as key informants endorsed negative attitudes towards menstruation, either owing to the circumstantial difficulties they themselves experienced growing up or for want of better knowledge and support systems on the issue. Inadvertently, such voices contribute to perpetuation of a debilitating discourse on menstruation.
- Our research shows that menstrual health related policies on nutrition, free pad distribution, educational awareness through Schools, interactions with ASHA and community-based events for adolescent girls are followed in varying degrees all over India. According to our data from KIIs, the most regularly implemented scheme is the free distribution of IFA tablets, followed by free health check-ups. Free pad distribution scheme is in some areas, whereas discontinued in others. Our key informants indicate that policies that are implemented regularly become a part of social endorsement as well as expectations, such that people anticipate as well as welcome these, and become reliant on such public good gestures. This is true for health check-ups and nutritional tablets. However, where regularly awaited and needed schemes are not implemented well or discontinued without explanation, people become disheartened, anguished, and unhappy with the state. This is true in the case of free pad distribution schemes. Existing governmental policies require to be in sync with menstrual health schemes and awareness for adolescents as well as women.
- 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 key stakeholders such as EAMW, leaders, influencers, families, policy makers and implementers. Mainstreaming MHM into programmes such as ADP can ensure gender perspective and gender equity in all actions, projects and programmes.
- Policy makers and implementing agencies need to realise that where taboos or myths present cultural barriers to MHM, only schooling will not serve as the panacea for all ills. In addition, provisions for MHM and WASH, as well as gender mainstreaming laws and approaches need to be incorporated into social upliftment programmes in community spaces, villages, anganwadis, schools, as well as in organised and unorganised sector workplaces.