A RESEARCH REPORT FROM

ASSAM

PART 1 INTRODUCTION

In Assam, our research report on the 'Combating the Silence from Menarche to Menopause – A Comprehensive Report on Menstrual Hygiene Management in India', was conducted in the districts of Baksa and Kokrajhar. Baksa and Kokrajhar both have a specific set of inter-sectoral challenges connected to women's health and wellbeing in both the districts. Baksa falls under Niti Ayog's Aspirational District Programme (ADP)[1]. Kokrajhar, which is a non -aspirational district was included in this research due to its identity- conscious politics and the need to understand women's health issues employing community-sensitive as well as policy-based perspectives. Baksa and Kokrajhar each have the commonality of water scarcity and increasing inaccessibility to potable water in the villages selected for research. Drinking water crisis, energy deficiency and accessibility challenges to basic health and education facilities, transport system, poor monetary gains, high rate of unemployment issues faced by villagers in both the districts.

For completing our research sample in Baksa and Kokrajhar, ten villages were selected for field research and surveys. Research, including data collection and analysis for this case- study on Assam were done through the period of April 2022 to February 2023. Following a participatory and mixed-methods approach, information was sought and processed on the local situation on Menstrual Hygiene Management (MHM), Water Sanitation and Hygiene (WASH), education, health, livelihood, income, and availability of support systems to women in the selected districts. Though both districts are doing well on many parameters under the ADP, our study indicates that Baksa and Kokrajhar have much to achieve in terms of combating the silences on MHM with inter-sectoral perspectives on wellbeing of, what we refer to as, '**Elder and Ageing Menstruating Women'** or EAMW. Nevertheless, because our interaction included women as mothers, teachers, counselors, and caregivers of young girls within schools and families, we include a lateral analysis on the menstrual wellbeing requirements of school-going girls as well.

Our research has been designed to collect thick ethnographic data on actors, practices and discourses with an inter-sectoral and analytical perspective on Menstrual Hygiene Management (MHM) in selected research areas. Water, Sanitation and Hygiene (WASH), availability of community support systems, schemes and education as well as felt needs of menstruating women form a vital part of this 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 717 interviews were conducted by employing the Menstrual Practice Questionnaires (MPQs) wherein data was collected from 377 women from Baksa and 340 women from Kokrajhar. Our research covered populations ranging from Other Backward Classes (OBCs), Scheduled Tribes (STs) , tea garden workers, skilled and unskilled workers. Interviews and interactions took place in local languages, dialects and Hindi in which women were comfortable to communicate.

Focusing primarily on the category of, what we refer to as, **'Elder and Ageing Menstruating Women'** (henceforth EAMW) between the ages of 20 years to 49 years, we also share our findings on MHM related enablers and barriers for young school going girls. In an attempt to understand the well-being of menstruating women beyond their school years, this study on Assam documents the various kinds of barriers and silences in the effective MHM of EAMW. Nonetheless, we also explore our primary data to critically discern potential enablers towards an effective MHM of women between the ages of 20 years to 49 years. Our exclusive focus is on EAMW. However, as mothers, teachers and relatives of growing girls, these EAMW deal with young girls, hence we impart a 'lateral' focus on girls.

[1] ADP aims to improve the socio-economic status of the citizens expeditiously. The three core principles of the program 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).

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

BAKSA AND KOKRAJHAR DISTRICT OF ASSAM

Assam is situated in the North-East of India and is the largest northeastern state in terms of population while second in terms of area. Assam covers an area of 78,438 km^2 (30,285 sq miles). A significant geographical aspect of Assam is that it contains three of six physiographic divisions of India – the Northern Himalayas (Eastern Hills), the Northern Plains (Brahmaputra plain), and Deccan Plateau (Karbi Anglong) (Government of Assam, 2023).

Assam is the meeting ground of diverse cultures. The people of the enchanting state of Assam are an intermixture of various racial stocks such as Mongoloid, Indo-Burmese, Indo-Iranian and Aryan. The Assamese culture is a rich and exotic tapestry of all these races evolved through a long assimilative process. The natives of the state of Assam are known as "Asomiya" (Assamese), which is also the state language of Assam. The state has a large number of tribes, each unique in its tradition, culture, dress and exotic way of life (Government of Assam, 2023).

Assam is rich in water resources and has vast tracts of fertile land. It is also the third-largest producer of petroleum and natural gas in the country and has ample reserves of limestone. With its five national parks and 18 wildlife sanctuaries, the state is a biodiversity hotspot. Other potential areas of investment include power and energy, mineral-based industries, tourism, and crude oil refining (IBEF, 2023).

Assam has a history of disasters ranging from large earthquakes to severe floods (ASDMA, n.d., State Profile section). Annually many people and communities in Assam are affected by heavy monsoon that causes devastating floods across the state displacing tens of millions of people every year. Women and girls suffer disproportionately due to these floods. Additionally, water levels in the Brahmaputra and Barak River of Assam tend to rise and overflow during heavy rainfall inundating many territories, marooning villages causing displacement, homelessness as well as ecological, agricultural, crop and infrastructural damage and discontinuities (Deen & Debbarma 2020, pp. 105-109). .

This study brings into discourse the MHM and sanitation conditions and needs of communities existing in lesser-known contexts such as tea garden workers in Baksa and Kokrajhar districts of Assam. Tea garden-labourers have contributed substantially to the economy of Assam yet they are one of the most impoverished communities in the state. Low wages, discrimination, poor housing, and lack of education have perpetually kept them in a state of subjugation since the 19th century (Hazarika & Boruah, 2020).

BAKSA DISTRICT

As a result of the historic Bodoland Territorial Council (BTC) accord signed on February 10th, 2003, Bodoland Territorial Area District (BTAD) was formed with four districts namely Baksa, Chirang, Kokrajhar and Udalguri. Baksa district was carved out of Nalbari, Barpeta, Kamrup and a small portion of Darrang district (Baksa District Official Website, n.d., District Profile Section). In 2011, Baksa had a population of 950,075 of which male and female were 481,330 and 468,745 respectively. Average literacy rate of Baksa in 2011 was 69.25%. Male and female literacy rates were 77.03% and 61.27% respectively. With regards to sex ratio in Baksa, it stood at 974 per 1000 male compared to the 2011 census figure of 957 (Census,2011).

Baksa is one of the seven Aspirational districts from Assam, and has had a visible improvement in the health and nutrition sector after the inception of Baksa in Niti Aayog's ADP (Borah, Raj & Sharma, 2020). The improvement is also reflected in the district's change in ranking from 107 out of the 112 districts since the ADP's introduction in 2018 to now being ranked as 26 out of 112 aspirational districts for health and nutrition as of July 2020. This significant change in ranking could be a result of all the major health and nutrition programmes that the district is currently undertaking.

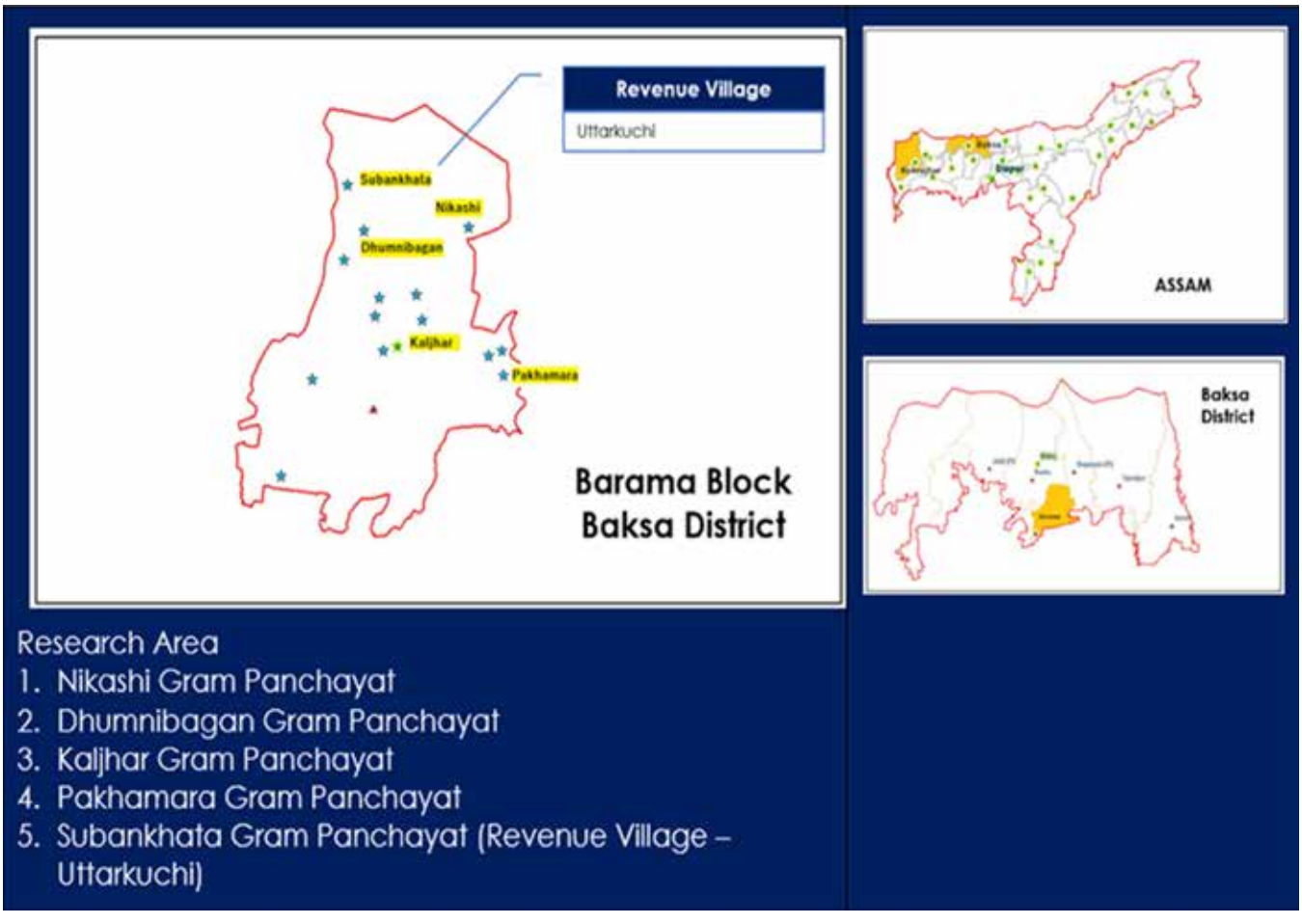
KOKRAJHAR DISTRICT

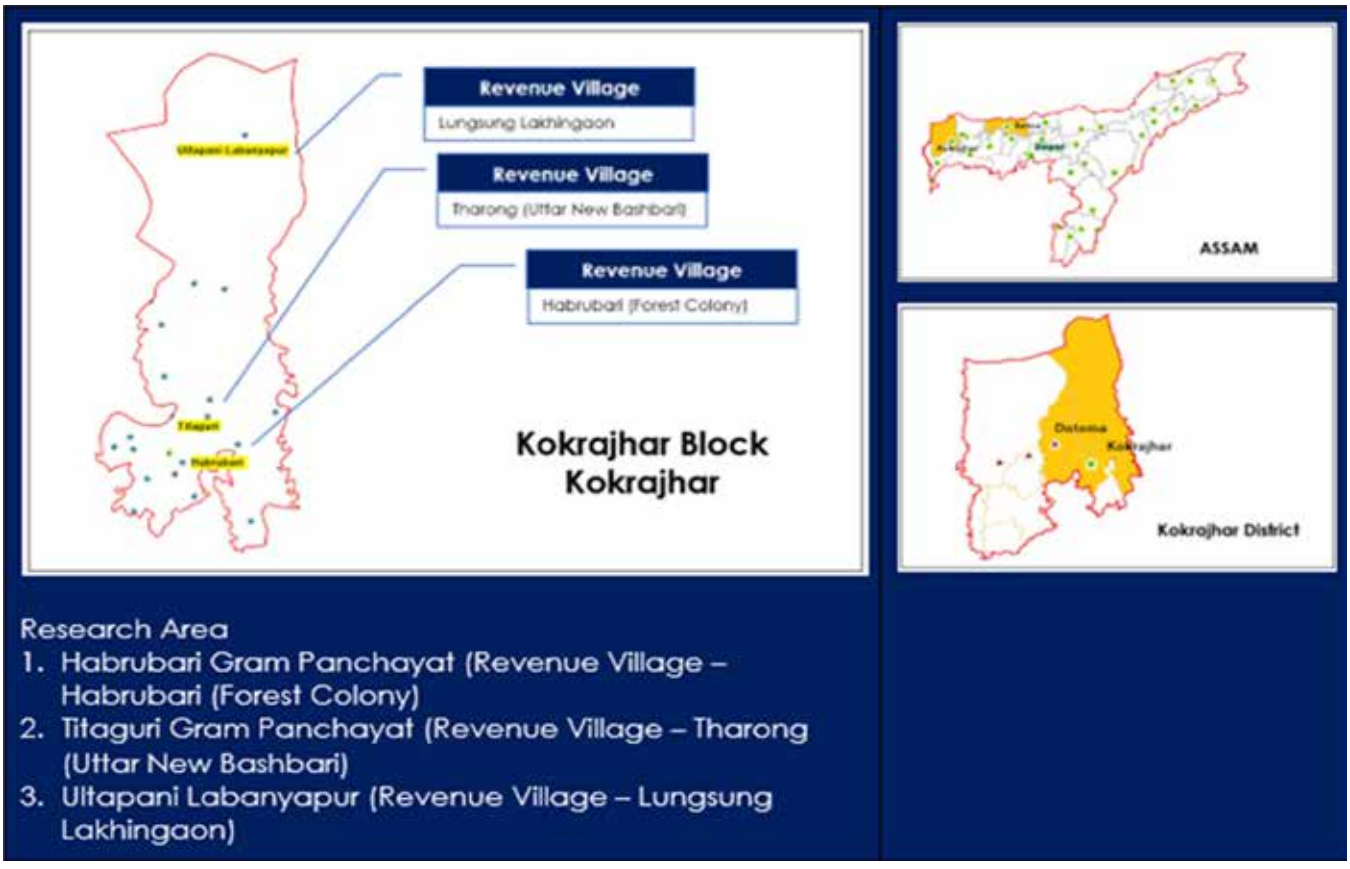
Kokrajhar district is an administrative district in BTR of Assam. It is predominantly inhabited by the Boro tribe. In 2011, Kokrajhar had a population of 887,142 of which male and female were 452,905 and 434,237 respectively. Average literacy rate of Kokrajhar in 2011 were 65.22%, male and female literacy were 71.89% and 58.27% respectively (Census, 2011). With regards to sex ratio in Kokrajhar, it stood at 959 per 1000 male compared to 2001 census figure of 946. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In the 2011 census, the child sex ratio is 954 girls per 1000 boys compared to the figure of 955 girls per 1000 boys of 2001 census data (Census, 2011).

In the past, Kokrajhar district has been the epicenter of ethnic conflicts in lower Assam but now enjoys relative peace but the issues of infrastructural underdevelopment, education, health, nutrition and most importantly, deforestation in the district is important to be addressed. Deforestation is one of the burning environmental issues in Kokrajhar district of Assam. It impacts adverse changes in forest cover which disrupts the environmental eco- system, threatens the biodiversity and sustainability of livelihood, especially of the tribal population and other forest-dependent communities of the region (Goyari & Mushahary, 2020).

Though both districts are doing well on many parameters where improvement is needed such as education, literacy and infrastructure, our study indicates that Baksa as an ADP and Kokrajhar as non-ADP have much to achieve in terms of combating the silences on MHM. An inter-sectoral perspective on wellbeing of the EAMW in particular, as well as a policy-appropriate focus on school-going menstruating girls can bring a desired positive change towards MHM in these districts.

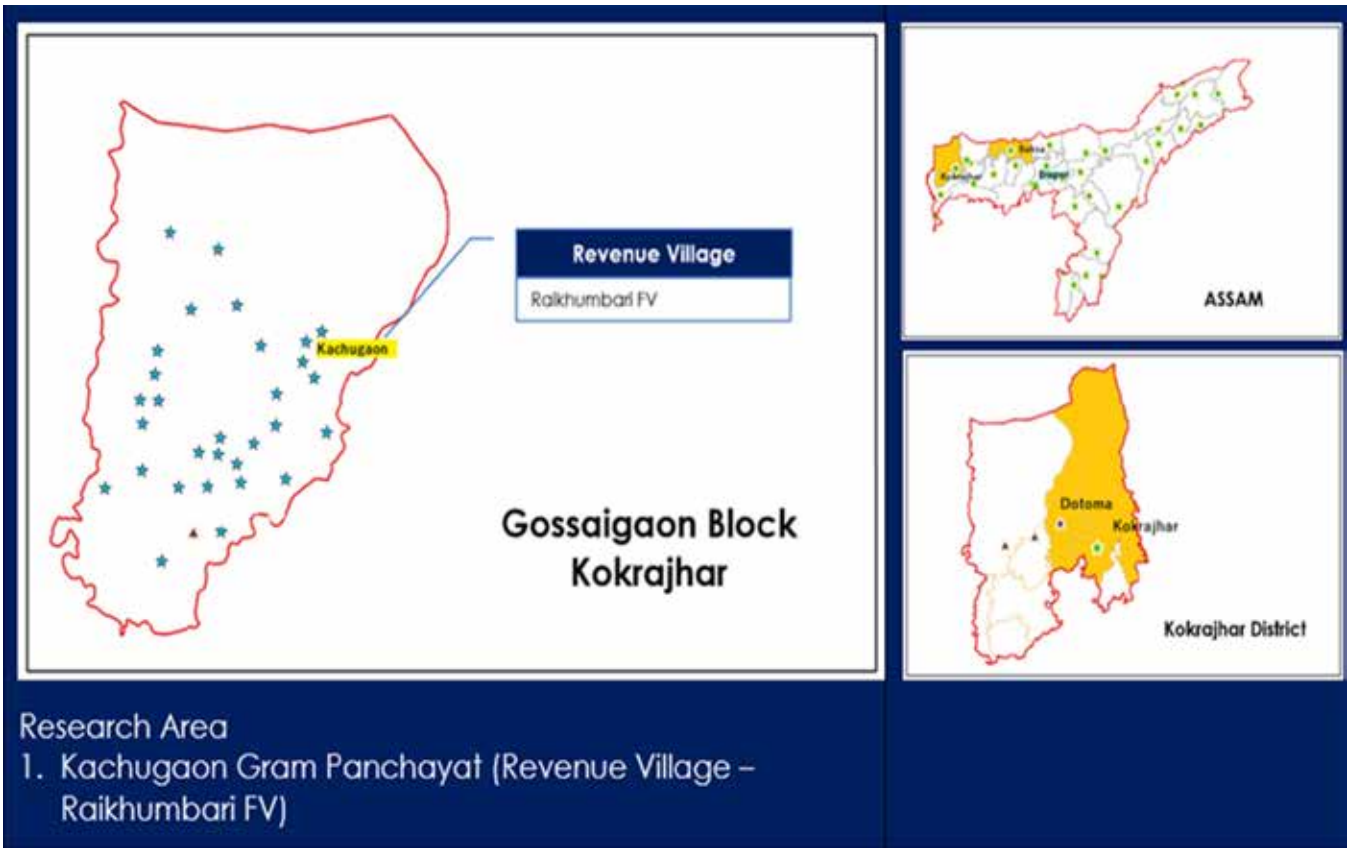
1.1 VILLAGES SELECTED FOR THE STUDY FROM BAKSA AND KOKRAJHAR





Research Area

1. Habrubari Gram Panchayat (Revenue Village – Habrubari (Forest Colony)
2. Titaguri Gram Panchayat (Revenue Village – Tharong (Uttar New Bashbari)
3. Ultapani Labanyapur (Revenue Village – Lungsung Lakhingaon)



Research Area

1. Kachugaon Gram Panchayat (Revenue Village – Raikhumbari FV)

PART 2 DATA TOOLS AND STRUCTURE OF THE CHAPTER

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	Assam	
		Baksa	Kokrajhar
Tool 1 Menstrual Practice Questionnaires (MPQs)	Method 1 The MPQs were In-depth Interviews (IDIs) for- actor, discourse and practice- analyses	377	340
Tool 2 Menstrual Practice Needs Scale (MPNS)	Method 2 Measurement of perceptions and needs based on the last menstruation cycle	52	62
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 ACTOR ANALYSIS FROM MPQs

3.1 ACTOR ANALYSIS

In this section, socio-economic profile as well as the current menstruation status of the actors is detailed.

3.1.1 DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Demographic Profile	Baksa (in %)	Kokrajhar (in %)
Total Respondents	**377**	**340**
Peri-Urban	0.0	10.9
Rural / Tribal	100.0	89.1
Religion		
Adidharma	0.5	0.0
Christian	7.7	17.9
Hindu	90.2	82.1
Muslim	1.6	0.0
Caste/ Tribe Type		
General	18.6	2.9

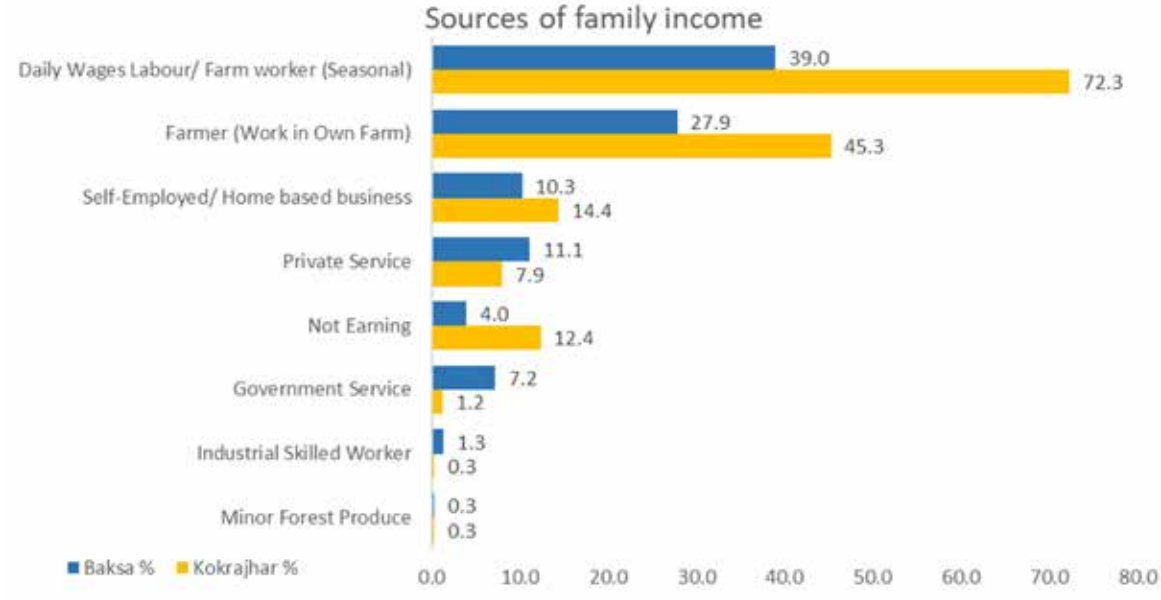
Demographic Profile	Baksa (in %)	Kokrajhar (in %)
OBC- Other Backward Castes	42.2	28.5
SC- Scheduled Caste	3.7	0.9
ST- Scheduled Tribe	35.5	67.6
Marital Status		
Never Married	14.1	18.2
Married	79.0	73.5
Widowed	6.6	7.4
Separated	0.0	0.9
Divorced	0.3	0.0

- **Religion:** More than 86.7% of our respondents stated Hinduism as their religion while the rest of the sample pertained to Christianity and others.
- **Community:** 50.8% of our respondents from both the districts belonged to the ST communities (Assamese, Bodo, Rabha) 35.7% were OBCs (Bengali, Chouhan, Gorkha, Kalita, Karia, Munda, Santhal, Urao), 11.2% from the General Categories (Brahmin, Gorkha, Nepali) and 2.4% from SC communities (Haldar, Mondal) formed the rest of the population interviewed.
- **Marital Status:** 76.4% of the women interviewed were married, highlighting the fact that in Baksa 14.1% interviewed women were never married and average age at marriage was 19 years whereas in Kokrajhar 18.2% of the women interviewed were never married with the average age of marriage being 22 years. In terms of age at marriage both Baksa and Kokrajhar were more progressive than other states in our survey.
- **Children and Family Size:** Average number of children was two and average family size was four.

3.1.2 AVERAGE INCOME

- **Family income:** The average yearly income of families in Baksa was 112898 INR as compared to 131955 INR for Kokrajhar. Average income of the families from both the districts were also found comparatively better than the rest of the ST focused districts from our survey.
- **Earning women:** Only 110 women, out of a sample of 717 respondents, from Assam earn. In total, 89 women from Baksa and 21 women from Kokrajhar were earning women. The median earning of women from both districts was 30000 INR to 40000 INR.
- More women belong to the working class in Baksa than in Kokrajhar, but the women in the former earn less than their counterparts in the latter district. However, along with a high average income reported by those women who work for a livelihood, our data informs us that income disparity in Kokrajhar is also higher than in Baksa.

3.1.3 SOURCES OF FAMILY INCOME

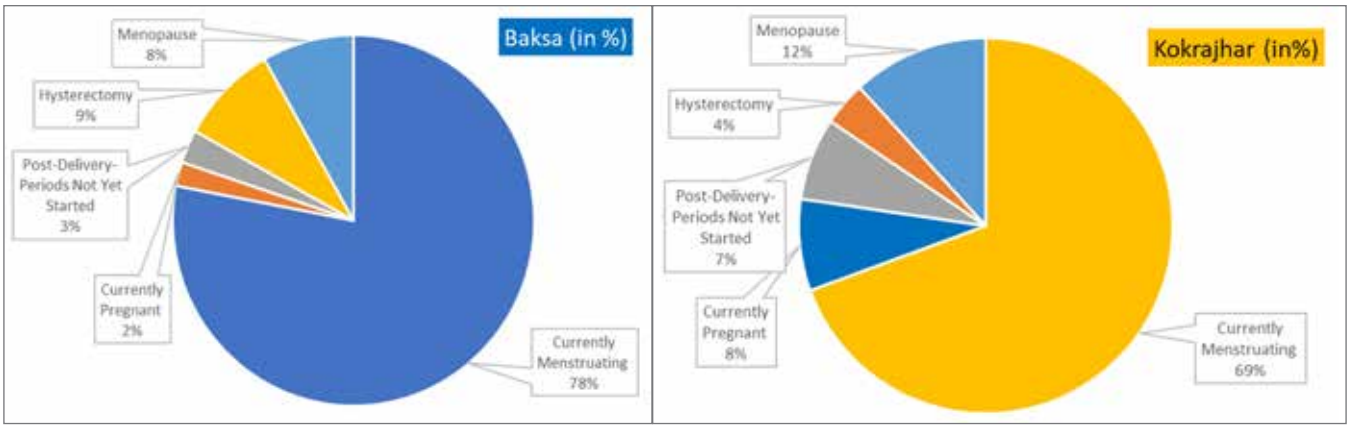


- **Farming** 259 families out of 717 i.e., 36.1% from Assam stated farming was their regular source of income. 39% respondents from Baksa and almost two third of the respondents i.e., 72.3% families earn from daily wages labour work, farm work or seasonal work was one of their sources of income.
- **Source of Income in Baksa:** 95.2% women in Baksa reported that their families had a single primary source and out of these 57% had a regular source of income. 42.2% of our respondents reported their primary earning source as irregular jobs such as daily wage labour, farm labour, Minor Forest Produce (MFP) collection and seasonal work.
- **Source of Income in Kokrajhar:** Only 31.5% women reported that their families earn through a single source of income. 40% women in Kokrajhar stated that their families earn primarily from farming along with other regular sources of income such as industrial/ skilled jobs and small businesses. All the remaining women from Kokrajhar informed that their families had multiple though irregular sources of income such as daily wages labour, farm labour and seasonal work etc.
- **Traditional Knowledge and Skills**:123 women out of 377 from Baksa possess traditional skills. Out of these, 55.3% earn from their skills. In contrast, 181 women out of 340 from Kokrajhar possess a traditional skill but only 1.1% earn from that.
- **Women lack Disposable Income:** Although they worked on their own farms and their families also counted on multiple sources of income. 607 (84.7%) of the women from our total sample in Assam 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.

Since traditional skills and knowledge can empower women in various ways and augment family income, we suggest that women may be encouraged to earn through these activities. Besides, as the case of Kokrajhar illustrates, women drop out of schools owing to financial constraints and formal enhancement and training in traditional skills can generate income for and make young girls and women independent.

3.1.4 MENSTRUATION STATUS

- **Total EAMW**: 530 out of 717 women surveyed through the MPQs were in their active menstrual years.
- **Age at Menarche:** Average age of attaining menarche was 12, whereas the average age of menopause was 44 years.
- **Number of Hysterectomies**: Total 46 hysterectomies (i.e. 6.4% of total population) were reported from both the districts. In Baksa, where 33 women had undergone the procedure, the average age at hysterectomy was 31 years, whereas in Kokrajhar the average age of hysterectomy was 43 and a total of 13 women had undergone hysterectomies.



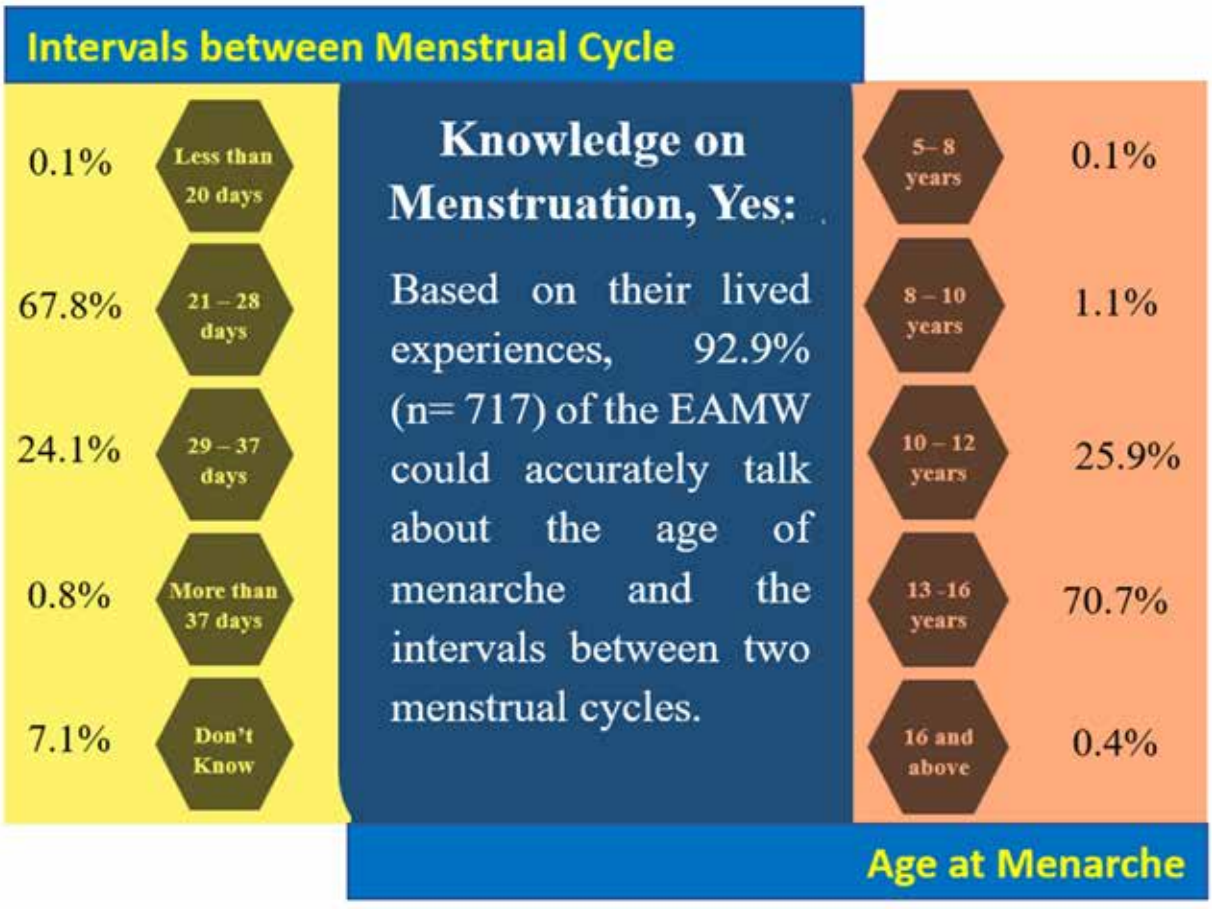
3.2 DISCOURSE ANALYSIS

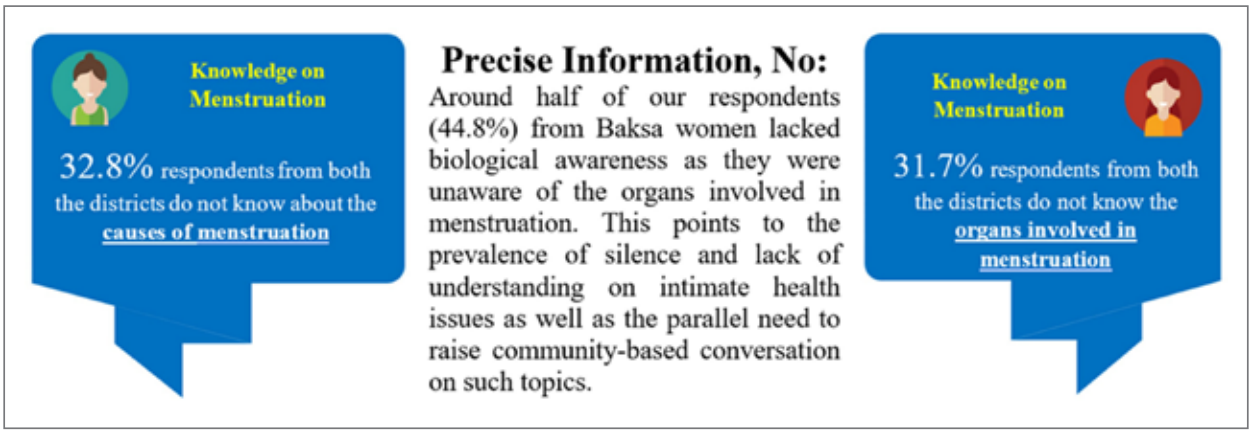
In this section, our findings relate to levels of knowledge that our respondents profess on the causes of menstruation, organs involved in it and an analysis of their discourses on the subject. In other words, we analyze the information given during the IDIs to understand how much general as well as precise comprehension women seem to have on menstruation as a monthly and bodily process. Further, we present our findings on the extent of communication as well as silence around the theme, for instance with whom and how much they chose to discuss or not discuss on issues experienced and their general observations related to MHM. We also present data on educational backgrounds of women, how the women position themselves on medical care options and facilities available/ not available and their awareness on use and disposal of menstrual absorbents, health risks as well as common disorders and symptoms they experience during menstruation and, in cases of hysterectomy, where applicable.

3.2.1 KNOWLEDGE ABOUT MENSTRUATION:

Knowledge About Menstruation	Baksa (in %)	Kokrajhar (in %)
Total Respondents	**377**	**340**
Causes of Menstruation		
Hormonal change	53.6	80.3
Disease	1.9	0.0
Don't know	44.6	19.7

Knowledge About Menstruation	Baksa (in %)	Kokrajhar (in %)
Organs Involved in Menstruation		
Uterus/ Birth canal	54.4	82.9
Abdomen/ Bladder	0.8	0.0
Don't know/ not answered	44.8	17.1





➲ **Basic Understanding, Yes:** Based on their lived experiences, 92.9% (n= 717) of the EAMW could accurately talk about the age of menarche and the intervals between two menstrual cycles.

- **Precise Information:** When questions were asked about biological awareness, 475 women (N=717) could answer about causes of menstruation and 487 women could tell us about organs involved in menstruation. Almost one- third of our respondents were found short of information.

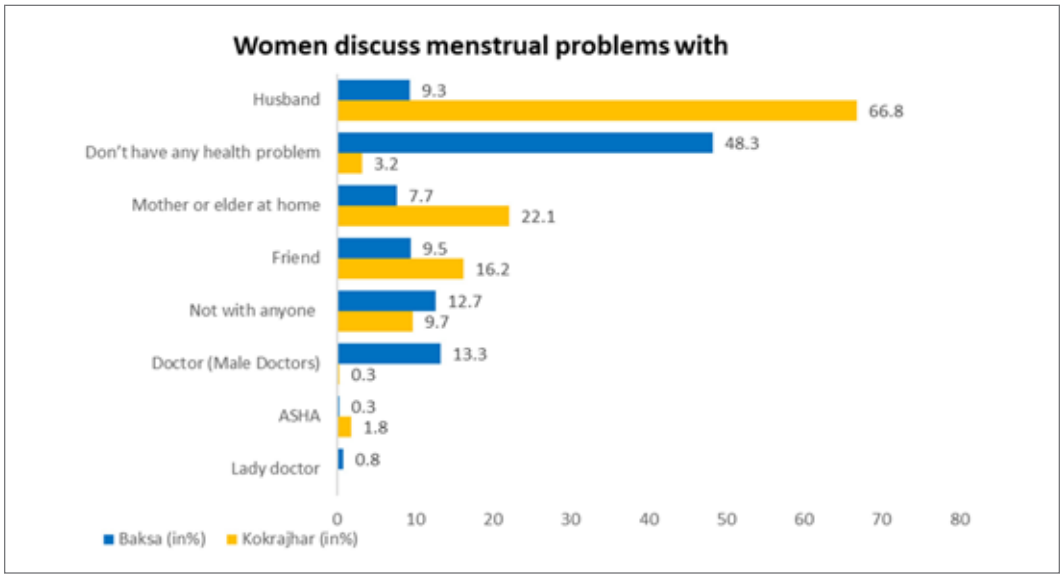
3.2.2 SOURCES OF INFORMATION ON MENSTRUATION

For young girls the top sources of information on menstruation emerged as follows:

- At the time of Menarche, girls were mostly informed about it by parents (mostly mothers), grandmother, sister, or sister-in-law reported from both of the districts.

Women like to discuss their menstrual problems with the following:

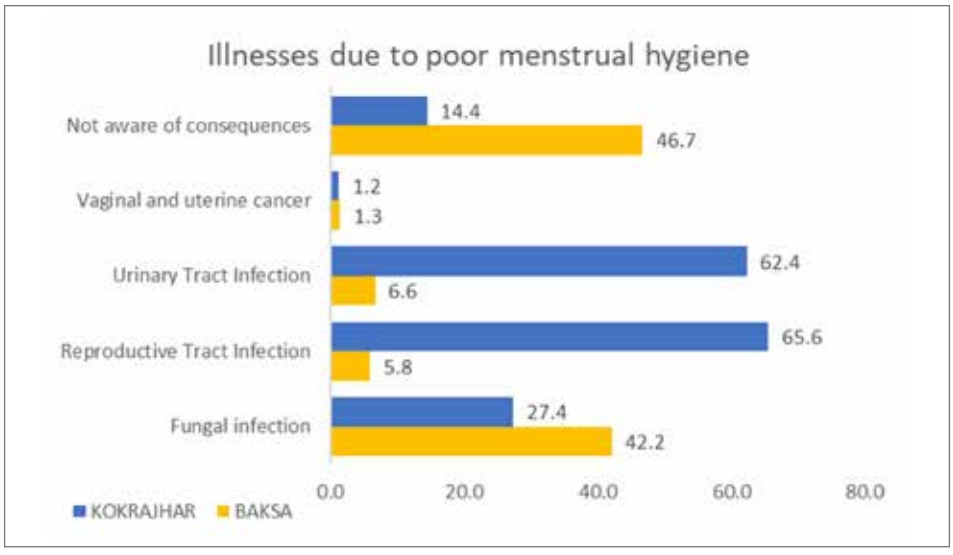
- **Close Relatives:** Mothers and elders were the most important source of information on menstruation related issues.
- **Frontline Health Workers (FHWs):** Out of the total of 738 EAMW surveyed, 186 (25.9%) discuss MHM issues with Accredited Social Health Activist (ASHA), Auxiliary Nurse and Midwife (ANM) and Anganwadi workers (AWW) which is a good indication of external support mechanisms functioning for women aside from family.
- **Spouses:** Above two third women i.e., 227 women out of 340 From Kokrajhar felt comfortable talking about menstrual problems with husbands whereas only 35 women out of 377 from Baksa were comfortable talking about their menstrual problems with husbands. Our data gives evidence of a perfect positive correlation between age at marriage and discussing MHM related problems with husbands. If men can be oriented, stay alert and helpful on their wive's MHM issues, that would bring a positive health outcome for EAMW, besides combating the silence on it.
- **Nobody:** However, 12.7% of our respondents from Baksa and 9.7% from Kokrajhar prefer to talk with no one and remain silent about their menstrual problems. Moreover, nearly half i.e., 182 women from Baksa denied having any problems w.r.t MHM.



*Multiple Choice Question

3.2.3 MENSTRUAL HEALTH, EDUCATION, AND AWARENESS ON INFECTIONS

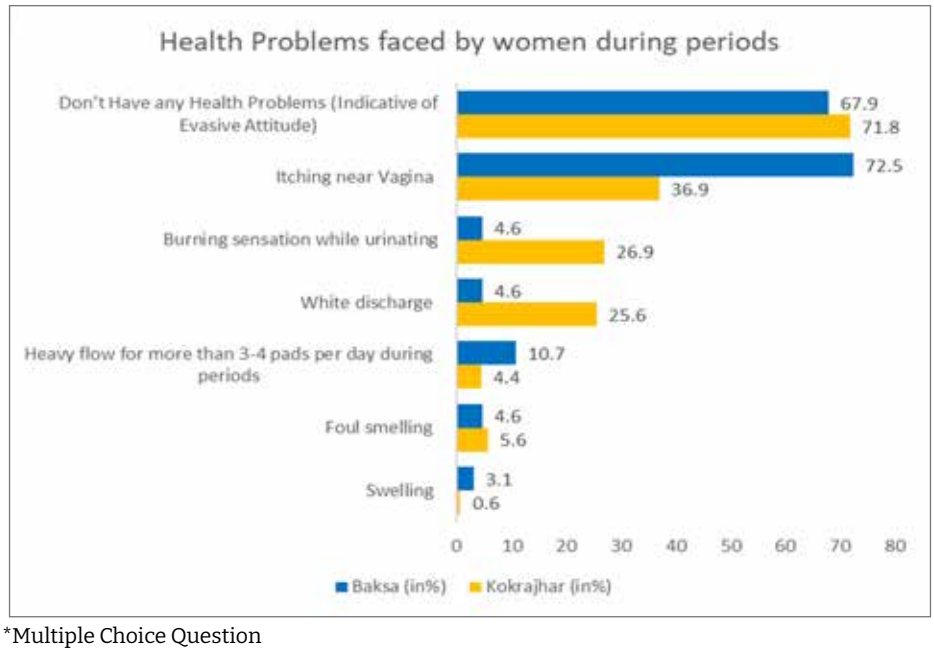
Apart from the use of different menstrual products, the study brought to light the health problems which our respondents experienced during menstruation. It was further verified whether they visit the doctor in case of any health issues or prefer to keep quiet and bear it. Adverse health conditions while working in or outside the home may lead to rashes, urinary tract infections (UTIs), and reproductive tract infections (RTIs) for many women, as indicated by our survey findings.



*Multiple Choice Question

- **Knowledge about poor menstrual hygiene**: When asked about the side effects of poor menstrual hygiene, 291 EAMW out of 340 from Kokrajhar (85.6%) could speak about the impacts of poor menstrual hygiene. In Baksa only half the EAMW i.e., 201 out of 377 women could answer.
- **Fungal Infections and UTIs:** Around half of the women from Baksa ie 42.2% and 27.4% women from Kokrajhar knew about lack of MHM and stated that poor menstrual hygiene leads to fungal infections while above two third of women from Kokrajhar were aware and said it causes RTIs or UTIs.
- **No Schooling, Taboos and Communication Barriers:** However, given that speaking about periods itself is a taboo or is a challenge due to shyness/ hesitancies, generalizations on awareness on MHM may be misleading. Community and area specific conclusions are a better way ahead. One of the most noteworthy findings from both the districts of Assam has been that around 23.9% women from Baksa and 2.6% women from Kokrajhar did not attend schools. 37.8% of our participants (from a total of 717) were women who attended school only up to secondary grades. In other words, all these women did not receive formal education. EAMW who participated in our study either remain shy to speak or know about menstruation or effectively become silent on the theme.

3.2.4 HEALTH SYMPTOMS DURING MENSTRUATION

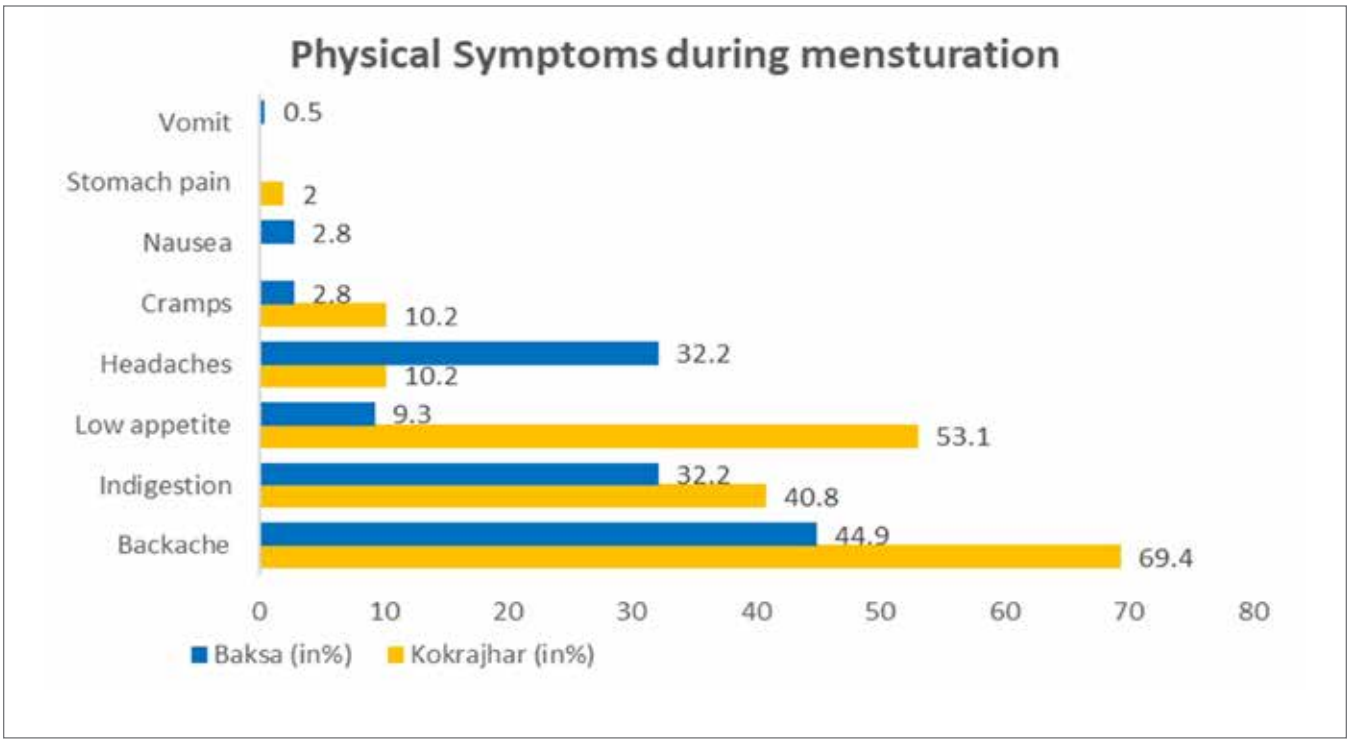


*Multiple Choice Question

- **MHM, health and accessibility to health care**: Apart from the modes as well as patterns of and awareness on MHM, the survey imparts light on the health problems undergone by participants during menstruation. For arriving at inter-sectoral findings on health management, women were asked if they visit a medical professional to resolve menstrual health issues and reasons if they do not.
- **Vaginal symptoms and attitude:** Around 500 EAMW out of 717 from both districts reported that they did not have any health problems during menstruation. In the later part of the survey, however, itching near vagina and burning sensation while urinating and white discharge we are the top three issues women faced due to poor vaginal hygiene.

The prevalent level of knowledge indicates that women in Baksa and Kokrajhar know about medical and topical health problems owing to low menstrual hygiene. Not being able to understand and/or give answers on the relationship between MHM and rashes, infections and other risks would have indicated widespread ignorance. However, given that speaking about periods itself is taboo or stems from shyness/ hesitancies, generalizations, knowledge on health risks itself do not suffice and ways to combat the layered silences on menstruation are an urgent need: EAMW in both the districts are knowledgeable on MHM risks in absence of personal cleanliness and hygiene, yet the prevalence of intimate health related disorders and conditions across our sample population indicates that women may still exist in silence rather than opting to seek medical advice or discuss MHM and sanitation issues openly. Hence, community-sensitive, and area-specific steps to combat the gaps and silences are a better way ahead.

Mechanisms to handle menstrual discomforts: In Kokrajhar, women take rest during their periods as a way to handle menstrual discomfort. However, from our research, it emerges that a few women, specifically the daily wagers (farmers or otherwise); tea garden workers are also afraid to take leave from work for menstruation related discomforts and do not take rest. Others rather take painkillers, take rest for some time, and go to work because a leave means wage-cuts. Such discriminatory work conditions and severe repercussions that it may imply for a women's income, physical and mental wellbeing can be seen in other contexts across India, such as the case of Maharashtra (in this study) also shows.



*Multiple Choice Question

Indeed, if health anomalies during menstruation are not resolved, pushed to the peripheries or remain shrouded in silence, women have much to lose in social, economic and personal spheres. For combating health and hygiene related silences on menstrual hygiene and care for women beyond school years to benefit the EAMW, the governmental healthcare must tune itself to hear their voices. In the last section of this chapter, titled 'Excerpts and Voices', we bring community-based views and suggestions from women over this issue.

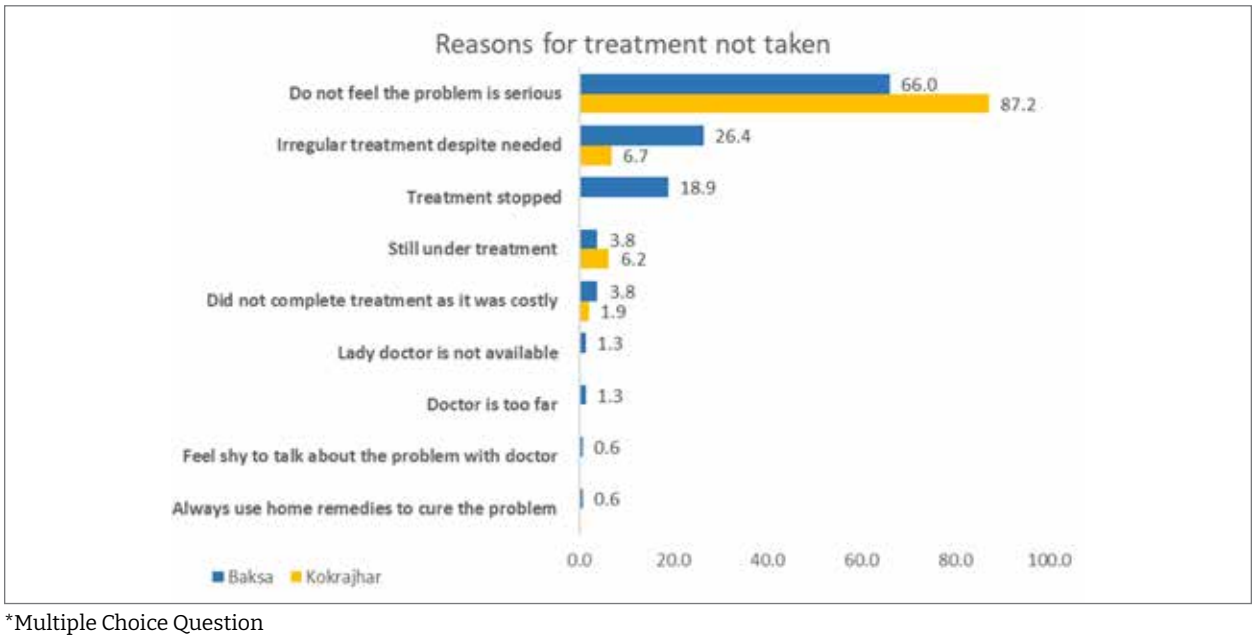
Speaking about MHM: When asked with whom they talk to or discuss menstruation problems, 60% of women from Baksa reported they do not think the problem is serious and do not talk with anybody, whereas 66.8% of women from Kokrajhar said they discuss their problems with their husbands. Our survey findings from Kokrajhar district in Assam bring to notice a good practice as women feel encouraged to speak with their husbands on their MHM needs and experiences.

- **Treatment:** However, when asked if they visit a doctor or gynecologist regarding any of the above-mentioned menstrual symptoms and discomforts, 50% from Baksa and 36.8% from Kokrajhar reported that as they do not think the problem was serious, they have yet to approach the health system and prefer to wait silently for it to get over.

Neglect, hesitation, and Silence: There seems to be a negligent attitude towards medical follow up as well as a hesitation and economic encumbrances to approach doctors. Only 28.4% of women from Baksa and merely 5.3% of women from Kokrajhar visited a doctor, out of which 20% of women from Baksa stopped taking treatment as it was not affordable. 1.9% of women out of 5.3% stopped treatment as it was not affordable.

Medical Care, Access, and Unaffordability: 21.5% of women from Baksa and 55.9% from Kokrajhar did not take treatment at any health institution/ center. 86% of women did not feel the problem was serious. 10% of women did not have money to visit the doctor, and others preferred to bear it silently as they felt shy to disclose the problems to a doctor. Few of them reported the unavailability of a lady doctor or inaccessibility to reach the doctor.

3.2.5 REASONS FOR NON-TREATMENT (BAKSA N=377, KOKRAJHAR N=340)



*Multiple Choice Question

- **Ignorance:** The main reason for 66% women from Baksa and 87.2% women from Kokrajhar, for not going to the doctor or gynaecologist was they did not feel that the problem they face is serious. No money was the second major reason. This contributes to not talking or discussing the problem with anyone unless it becomes unbearable.

- **No Lady doctor/ Gynaecologist:** Apart from these reasons access to doctors also came up as one of the reasons and if the lady doctor is not available nearby.
- **Attitude (Shyness and Silence):** Women feel shy to discuss the problems related to menstruation with doctors. A total of 26.4% from Baksa reported about availing irregular treatment.

Besides, women's attitudes and beliefs on talking about menstruation or not, lack of affordability, accessibility, and ad-hoc self-care modes (consulting traditional medical practitioners, seeking advice from others etc.) were the major causes found for non-treatment as well as silence on MHM, as shown in the table. We suggest that women should be given employment and equal opportunities to earn as well as spend money on their physical, sexual, and reproductive health.

We suggest that awareness drives on medical care for solving the anomalies and hindrances related to MHM in sensitive ways can help the women combat negligence of menstrual well-being and silence around the issue. Also, women need counseling and support services/ programs to empower them towards prioritizing MHM in Baksa and Kokrajhar.

3.2.6 HYSTERECTOMIES

Out of 717 respondents, 46 had undergone hysterectomy. As per district wise breakup, 33 (8.8%) women from Baksa and 13 (3.8%) from Kokrajhar reported having undergone the removal of uterus.

- **Biological Causes:** Out of 33 women from Baksa, 25 women said that hysterectomy was done under medical advice. One woman underwent hysterectomy to avoid the risk of cancer due to uterine fibroids and another reported that after two children, she did not find the uterus as an important part of the body and hence opted for an elective hysterectomy. The remaining six women from Baksa and all 13 women from Kokrajhar chose not to specify the cause.
- **Socio-economic Causes:** All 46 women specified various combinations of physical symptoms and conditions before hysterectomy, such as tiredness while working during menstruation (69.7%), stomach pain during menstruation (28.3%), abnormally heavy bleeding during menstruation (21.7%), fibroid or other problems related to the uterus (15.2%), backache and weakness (15.2%). Few also experienced white discharge, itching, and swelling.
- **Government:** Overall two -third women out of 46 (30 respondents) underwent hysterectomy in a government hospital. Half of the respondents went to Government hospitals due to the convenience to reach and considered it a reliable place for treatment. Average expenses for hysterectomy in government hospitals were 1470 INR, whereas average expenses for hysterectomies in private hospitals were found to be 28000 INR.
- **Post operative consequences:** Out of 46 women, 41 women who underwent hysterectomies reported that their life became complicated after the surgery. All 41 women were facing weakness post-hysterectomy, followed by 22 who confided that they are not able to work like before.

Our findings on hysterectomies in Baksa and Kokrajhar suggest that the informal labour sector in tribal areas of Assam discriminates against women and creates pressures on them almost in the same way as it happens elsewhere such as in the sugarcane farming and other work sectors in various states. Moreover, misconceptions about uterine relevance post- motherhood abound. Further, MHM related encumbrances experienced in exploitative labour situations also subject a woman to inadequate WASH facilities. Not surprisingly, marginalised women face complex challenges and crossroads regarding their reproductive health as well as wellbeing options, oftentimes leading to hastily executed hysterectomies. MHM of EAMW should become a vital part of labour laws, public health, and community -based awareness drives.

3.3 PRACTICE ANALYSIS

Good menstruation practices start with the usage of clean menstrual absorbents followed by maintenance of reproductive hygiene from menarche till menopause. 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. We also bring data on how personal and community-based beliefs, customs and taboos influence MHM outcomes and self-care regimes of our respondents. In the tribal belts of Baksa and Kokrajhar, given their circumstances women adhere to traditional methods of MHM over pads etc. Out of a total of 600 menstruating women interviewed (EAMW) from Baksa and Kokrajhar, 247 i.e. 41.2% women use cloth. Though 313 i.e. 69% women in Baksa and 287 i.e. 48.1% women in Kokrajhar use sanitary pads, they use sanitary pads in combination of cloth.

3.3.1 SANITARY PADS OR OTHER ABSORBENTS

Type of Menstrual Products Women Use	Baksa (in %)	Kokrajhar (in %)
Total Respondents	**313**	**287**
Sanitary pad	69.0	48.1
Cloth	31.9	51.2
None	1.3	0.0
Other	0.6	1.4

- **Cloth:**100 women from Baksa i.e. 31.9% and 147 women from Kokrajhar i.e. 51.2% use cloth during menstruation because of its ready availability, affordability, durability and also, lack of awareness about other menstrual products.
- **Sanitary Pads in combination with Cloth:** Out of those using pads, most combined its use with cloth because women found cloth as a readily available and affordable option. The reasons behind it were mainly that cloth was more easily available during menstruation than pads. The ready availability and durability of home-based/ reusable menstrual hygiene products were a couple of other reasons for using cloth.

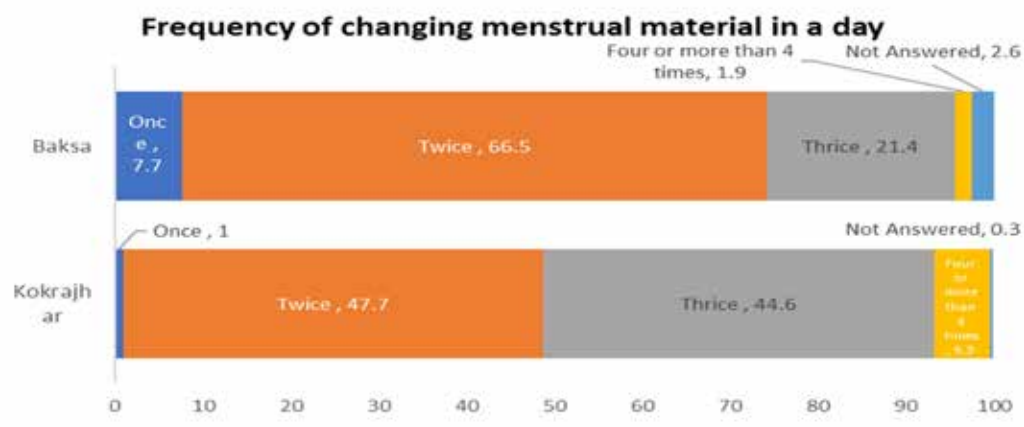
Surprisingly, in Baksa, where menstrual awareness is lower than in Kokrajhar, women reported higher use of pads. This could be reflective of work-related exigencies that tea garden workers live through and their search for convenient MHM products. Perhaps that explains why many (see the section on KIIs below) demand free sanitary pads because they may think of these as more convenient in their remote plantations or flood-prone and water-contaminated zones, but lack financial capacity to buy these. Most of the women reported using a combination of sanitary pads with cloth.

3.3.2 SPENDING CAPACITY ON MENSTRUAL HYGIENE PRODUCTS

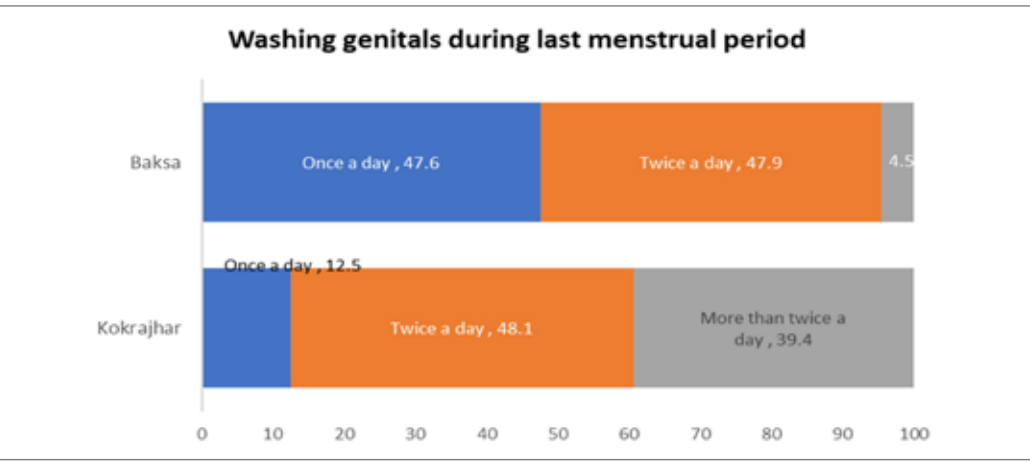
- 70% EAMW from Baksa and 48.4% EAMW from Kokrajhar spend on sanitary pads. The average spending of sanitary pad users was found to be merely 87.8 INR per month.
- 82.2% of (n= 219) women from Baksa reported spending up to 100 INR on menstrual products, whereas 99.3% women (n=139) from Kokrajhar reported spending 51-100 INR on menstrual products. In this sense, it is clear that women's earning capacities and opportunities to earn have to be taken up as policy goals and implemented in rural and semi-urban scenarios.

3.3.3 PERSONAL HYGIENE PRACTICES AND WASH DURING LAST MENSTRUAL CYCLE

Safe hygiene practices consist of washing and timely changing menstrual absorbents as well as their proper disposal. This may vary with the absorbent type. Personal hygiene also depends on changing the absorbent during the day, keeping genitals clean, washing hands before and after changing the menstrual absorbent. The survey assessed all practices used to follow hygiene and management of material during menstruation.


Frequency of changing menstrual material in a day
Four or more than 4 times, 1.9
Not Answered, 2.6
Baksa
Onc e , 7.7
Twice , 66.5
Thrice , 21.4
Once , 1
Not Answered, 0.3
Kokrajh ar
Twice , 47.7
Thrice , 44.6
0 10 20 30 40 50 60 70 80 90 100


Wash hands before and after changing your menstrual materials
Never , 2.2
Baksa
Every time , 91.1
Kokrajhar
Every time , 63.8
Sometimes , 36.2
0 10 20 30 40 50 60 70 80 90 100


Washing genitals during last menstrual period
Baksa
Once a day , 47.6
Twice a day , 47.9
Once a day , 12.5
Kokrajhar
Twice a day , 48.1
More than twice a day , 39.4
0 10 20 30 40 50 60 70 80 90 100


Use of soap while washing genitals
Baksa
Every time, 66.5
Sometimes , 24.6
Kokrajhar
Every time, 15.7
Sometimes , 53.3
Never, 31
0 10 20 30 40 50 60 70 80 90 100

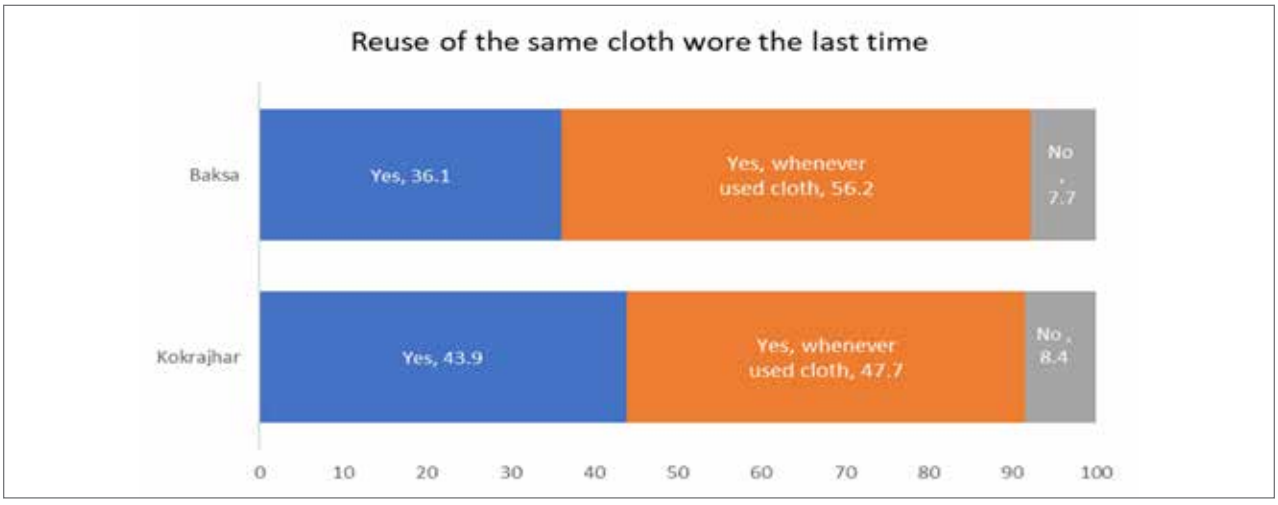
- **Frequency**: From both the districts, around 87.9% EAMW from Baksa and 92.3% EAMW from Kokrajhar change menstrual material twice or thrice a day.
- **Washing Hands:** 91% EAMW from Baksa and 63.8% EAMW from Kokrajhar wash their hands every time they use or change menstrual material.
- **Washing genitals during the last Menstrual Period** :52.4%, EAMW from Baksa and 87.5% EAMW from Kokrajhar washed their genitals more than twice a day during their last menstrual periods. Use of soap while washing the genitals was found more frequently in Baksa than in Kokrajhar.

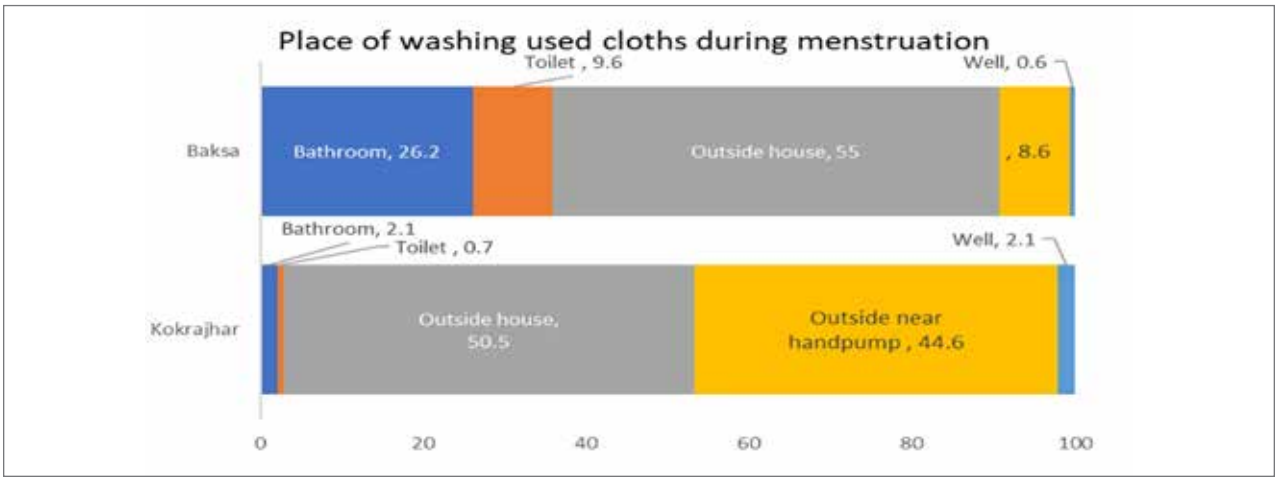
Our data indicates adequate awareness towards MHM and WASH alongside provision of and access to proper WASH infrastructure and sanitation services in both districts of Assam where women agricultural labourers suffer adverse working conditions owing to menstruations.

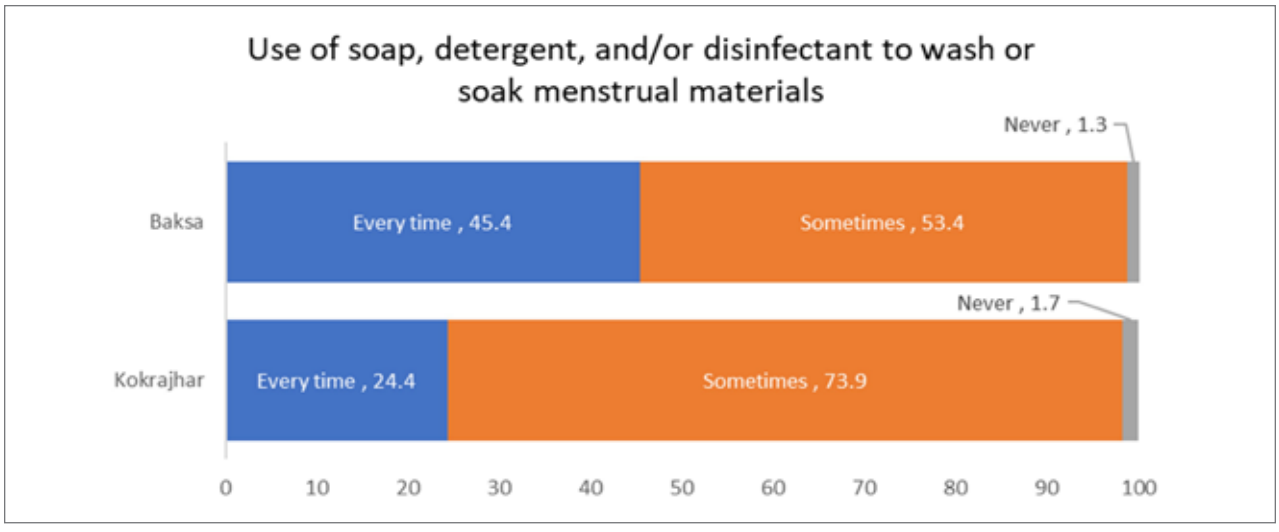
More awareness on personal hygiene, MHM and WASH is required among menstruators between the ages of 20 to 49 years as our data suggests. Behavior changes and hygiene practices in this case go hand-in-hand not only with an enabling infrastructure, clean water but also community-sensitive drives towards an enabling attitude.

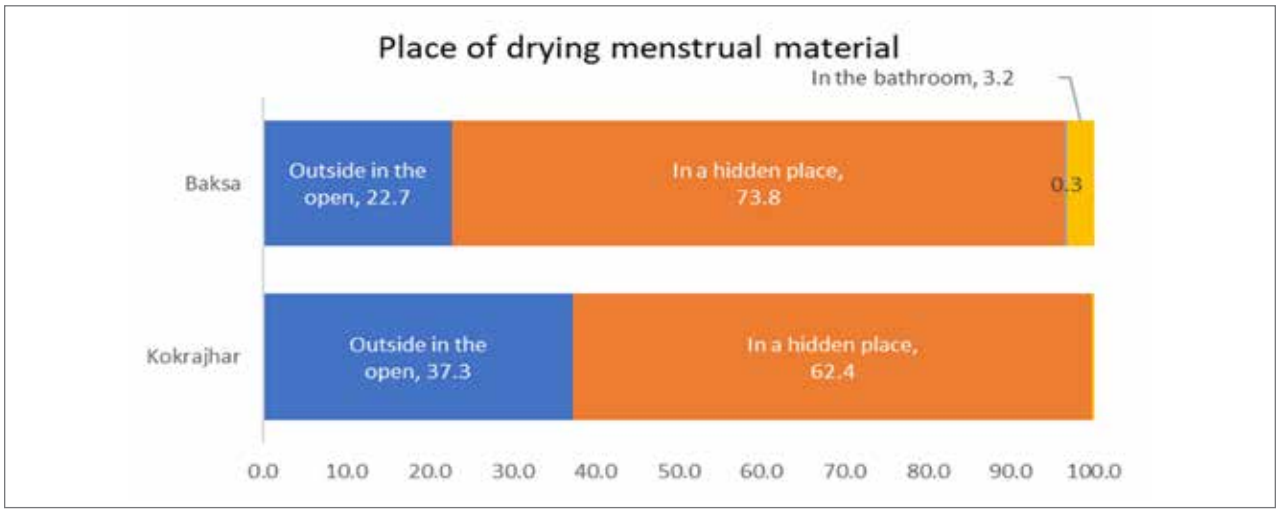
3.3.4 MENSTRUAL HYGIENE PRACTICES

Safe hygiene practices consist of washing and timely changing menstrual absorbents as well as their proper disposal. This may vary with the absorbent type. Personal hygiene also depends on changing the absorbent during the day, keeping genitals clean, washing hands before and after changing the menstrual absorbent. The survey assessed all practices used to follow hygiene and management of material during menstruation.









- **Reusing MHM Products:** 52.2% EAMW reported that they reuse the same cloth during menstruation.
- **Washing MHM Products:** 63.6% EAMW from Baksa and 95.1% EAMW from Kokrajhar washed their menstrual clothes outside their homes or near hand pumps most of the time. 35.8% of EAMW from Baksa wash their menstrual clothes in the bathroom or the toilet.
- **Use soap every time:** 45.4% EAMW from Baksa and 24.4% EAMW from Kokrajhar use soap or detergents regularly.
- **Use soap sometimes:** 54.7% of women from Baksa and 75.6% from Kokrajhar use soap or detergent very sparingly.
- **Drying MHM products**: While reusing cloth during menstruation, apart from washing, one also needs to follow the practice of drying the cloth properly in sunlight. 22.7% EAMW from Baksa and 37.3% EAMW from Kokrajhar dry their menstrual clothes in the open, while the rest practice drying their menstrual clothes in hidden places.
- **Use of dry menstrual material:** Only 37.1% EAMW from Baksa and 35.9% from Kokrajhar ensure that their clothes are completely dry before using them.

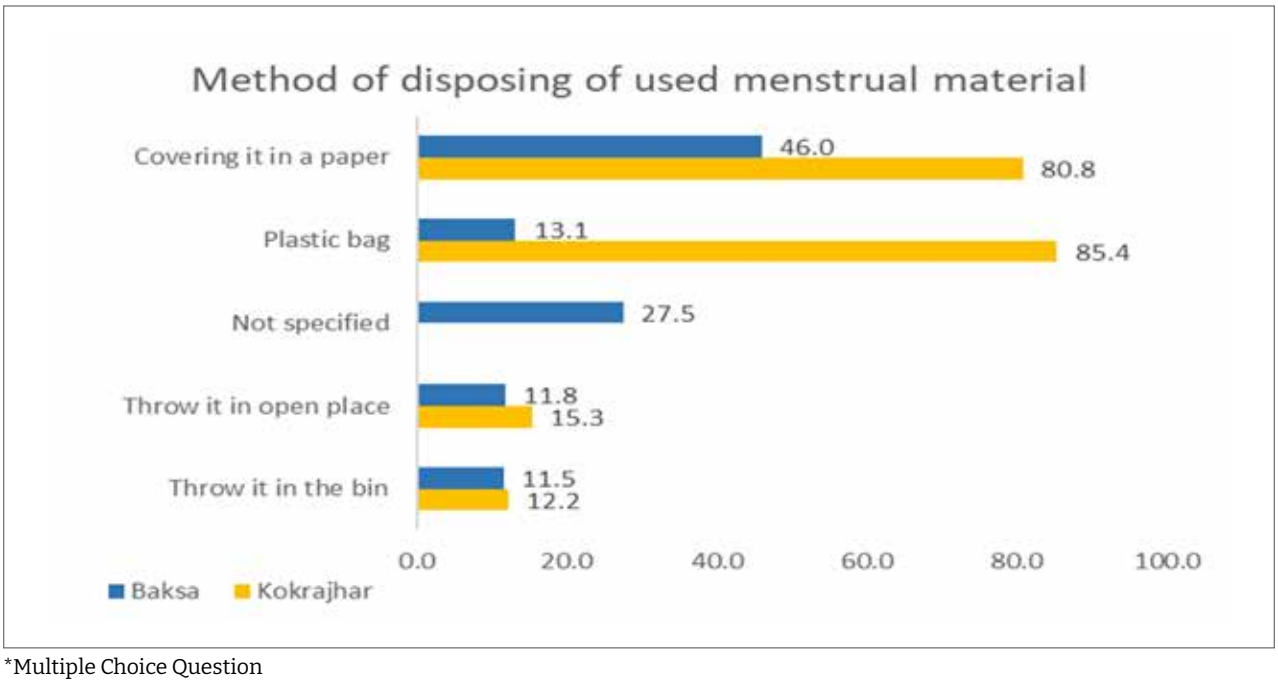
3.3.5 AREA-SPECIFIC DISPOSAL MECHANISMS

- **No specific Disposal Mechanism in place:** When asked about the system of disposal of menstrual material in their area, it was found that women have to manage problems at their own levels. The district does not have any disposal mechanism for menstrual materials nor monitoring mechanisms to follow-up and optimize implementation of hygienic practices.

METHODS OF DISPOSAL

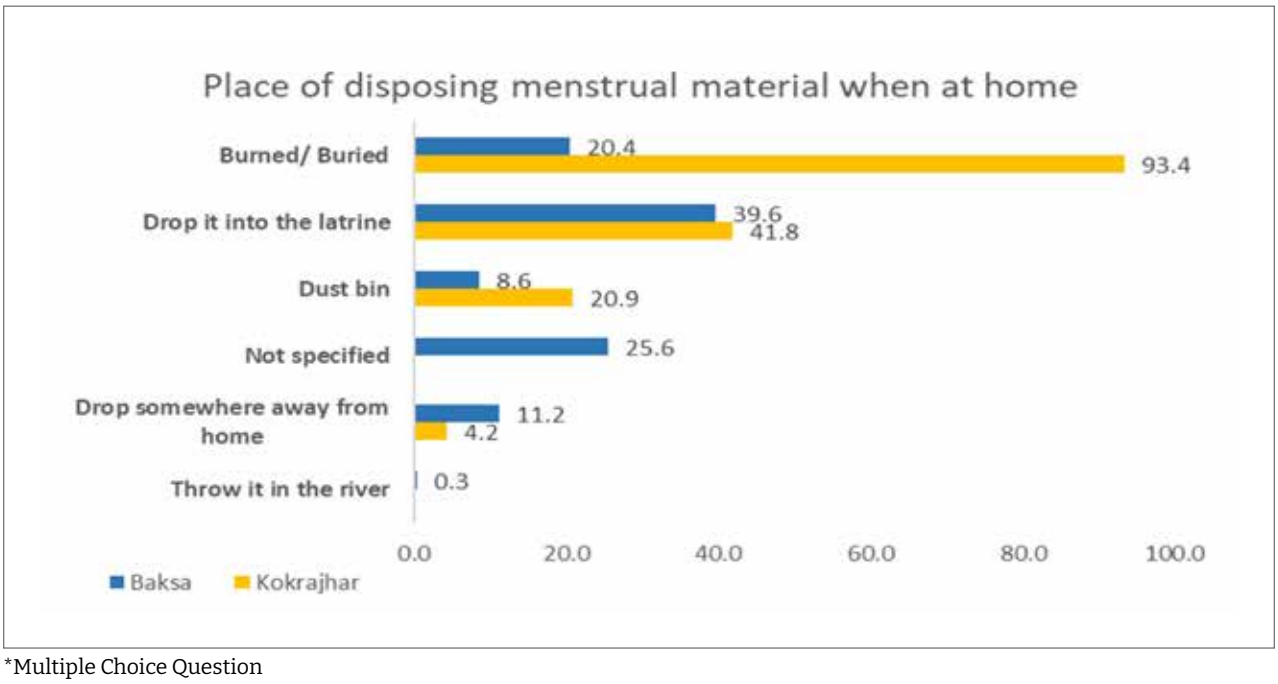
Respondents were enquired through a set of multiple choice questions regarding the methods of disposal used by them to discard menstrual material. Our respondents had various preference and even a mix of preferences depending upon they daily routines, such as when they were outside or inside the house and so forth.

Common Practices for disposing of menstrual material were found to be different in Kokrajhar than in Baksa. In Kokrajhar, one third women don't prefer to change menstrual material during periods when they are away from home.



*Multiple Choice Question

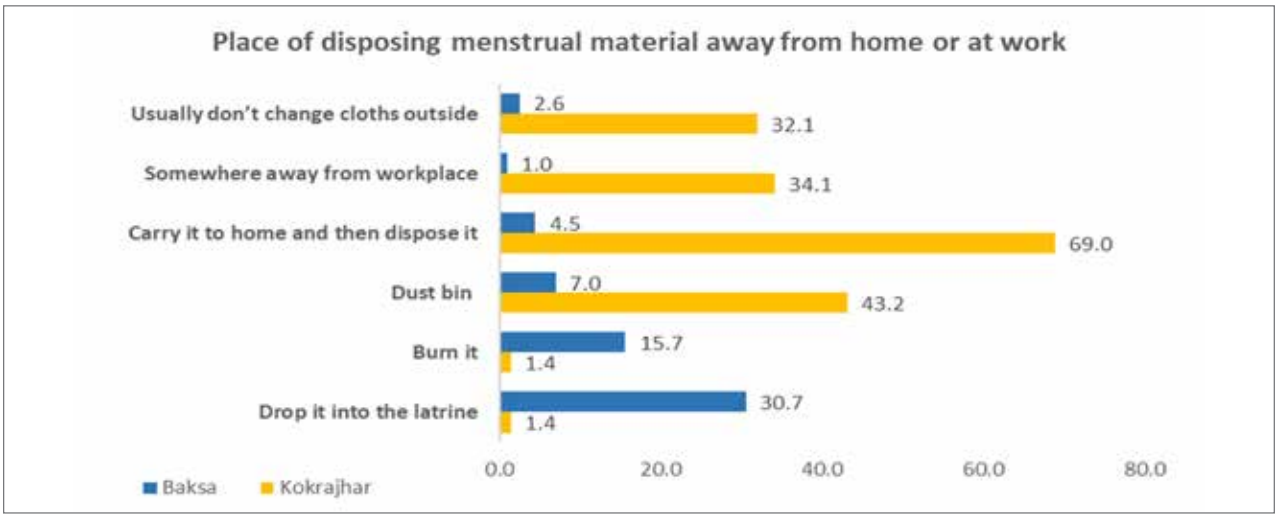
Methods of disposal in both districts - When at home



*Multiple Choice Question

- **Top Practices at Home:** When at home, women in Kokrajhar either bury or burn the used menstrual material whereas more women in Baksa drop it in the latrine or burn it.

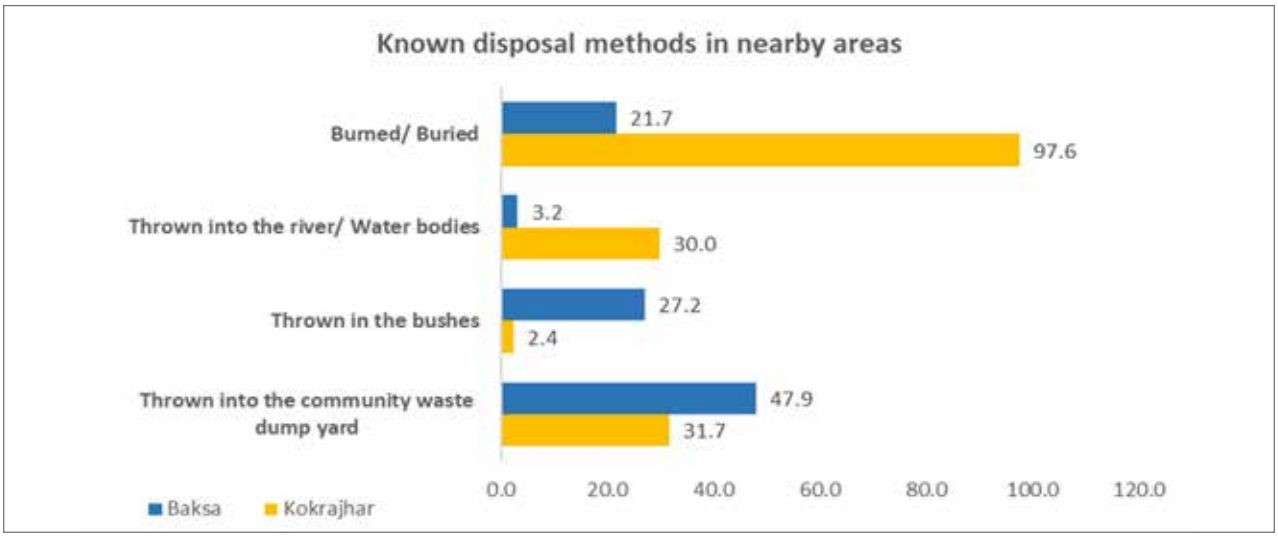
Methods of disposal in Both Districts: When away from Home



*Multiple Choice Question

- **Top Practices away from Home:** When women are away from home, as per responses, nearly one third women from Kokrajhar usually do not prefer to change menstrual material. If at all they change material outside, more than two third women carry it to home and then dispose of it. Rest of the women in Kokrajhar throw used menstrual material either in the dustbin or throw somewhere away from the workplace in open space. It was seen that 30.7% women from Baksa follow poor practices like dropping used menstrual material into the latrine.

3.3.6 KNOWN METHODS OF DISPOSAL IN THE COMMUNITY AS WELL AS NEARBY AREAS



- **Baksa:** According to our respondents, different practices were followed in both the districts of Assam. From Baksa responses almost half 47.9% women throw used menstrual material into community waste dump yards followed by second common practice as throwing it into bushes or burning it.
- **Kokrajhar:** In Kokrajhar, 97.6% women responded that used menstrual material is mostly burned or buried at the community level in the village and nearby areas. While selecting multiple responses 30.7% women said they throw used menstrual material into the river or water bodies.

3.3.7 SOCIAL CUSTOMS, BELIEFS, MYTHS, AND TABOOS

The world of social customs, replete with its mandatory do's 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 Assam's Baksa and Kokrajhar districts, the same being presented as follows:

Customs followed by women in reference to menstruation: Baksa District (in %)

Baksa (377 Respondents)	Strongly Agree	Agree	Disagree	Strongly Disagree
I am allowed to mix with others socially during my periods.	12.7	55.7	30.2	1.3
I am not allowed to attend any social rituals during my periods.	7.2	63.1	29.4	0.3
I do not go to religious places during periods.	22.8	72.9	4.0	0.3
I avoid traveling during periods.	4.5	62.9	32.1	0.5
I am told to stay in the corner of the house during my periods.	1.9	30.0	66.0	2.1
	Yes	**No**		
I am allowed to carry out routine work at home during my periods.	75.1	24.9		
I am allowed to cook in the kitchen during my periods.	50.9	49.1		
Others in my family take care of me during periods.	89.1	10.9		
I can visit a doctor in case of any health issues.	91.2	8.8		
I am allowed only special foods during periods.	25.2	74.8		
I sit for lunch and dinner with all my family members.	81.7	18.3		

Customs followed by women in reference to menstruation: Kokrajhar District (in %)

Kokrajhar (340 Respondents)	Strongly Agree	Agree	Disagree	Strongly Disagree
I am allowed to mix with others socially during my periods.	4.7	90	4.1	0.3
I am not allowed to attend any social rituals during my periods.	0.6	20.6	78.2	0.6
I do not go to religious places during periods.	22.8	79.7	7.1	10.9
I avoid traveling during periods.	0.6	5.9	93.5	0.0
I am told to stay in the corner of the house during my periods.	0.0	0.0	99.4	0.6

	Yes	No
I am allowed to carry out routine work at home during my periods.	41.2	58.8
I am allowed to cook in the kitchen during my periods.	96.5	3.5
Others in my family take care of me during periods.	26.2	73.8
I can visit a doctor in case of any health issues.	100.0	0.0
I am allowed only special foods during periods.	0.3	99.7
I sit for lunch and dinner with all my family members.	97.7	2.3

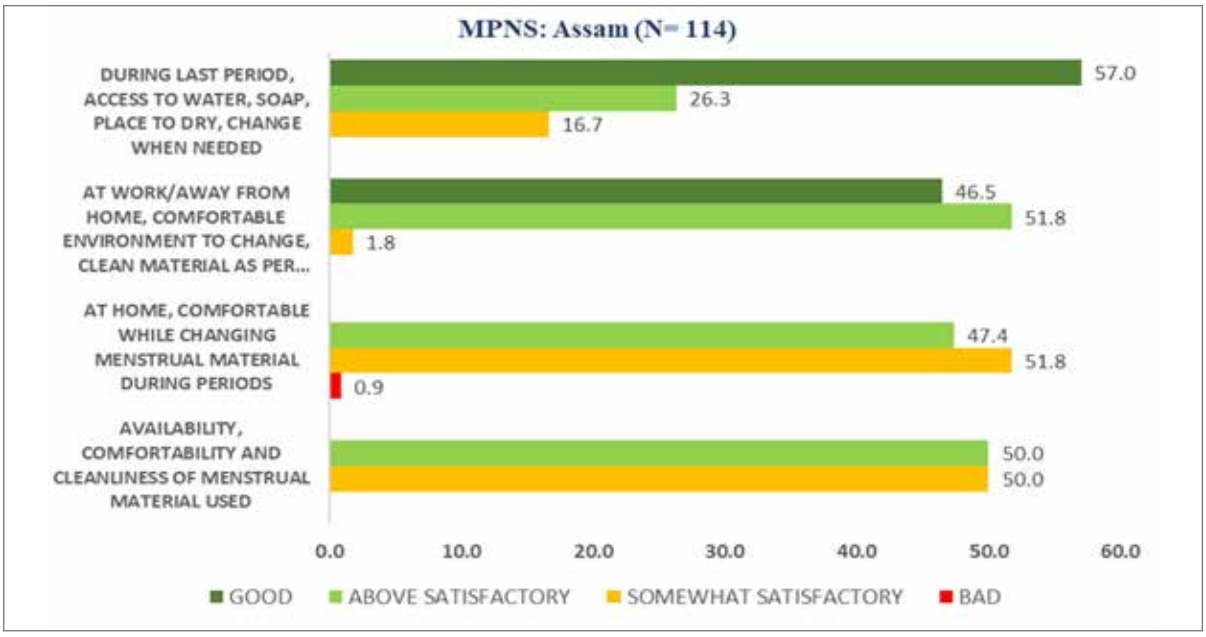
- **Social customs in Baksa:** More than half of the women in Baksa(63.1%) were not allowed to socialize during their menstrual cycle. Almost three- fourth of the women are not allowed to visit religious places. Nearly two- thirds of them cannot attend any social rituals and avoid traveling during periods. Almost one in every three women (31.9%) in Baksa is still segregated and told to sit in a corner of their home during their periods. Only 5 in 10 women said that they can carry routine work and cook in the kitchen during their periods. Also, 91.2% have the freedom to visit a doctor in case of any health issue.
- **Social customs in Kokrajhar:** More than three- fourth of the women in Kokrajhar (78.8%) were not allowed to attend social rituals and religious ceremonies. Almost all said that visiting religious places was out of bounds for them. But 9 out of 10 women freely traveled during periods and not a single woman reported that they were segregated or isolated and confined to a corner of their home during the periods. In these last two aspects, women from Kokrajhar seemed to enjoy more freedom during their menstruation than those in Baksa. Though more than half of the women were not allowed to carry out routine work at home during periods, almost all (96.5%) women were allowed to cook in the kitchen during periods. Likewise, all women reported freedom to visit the doctor for health issues as well.

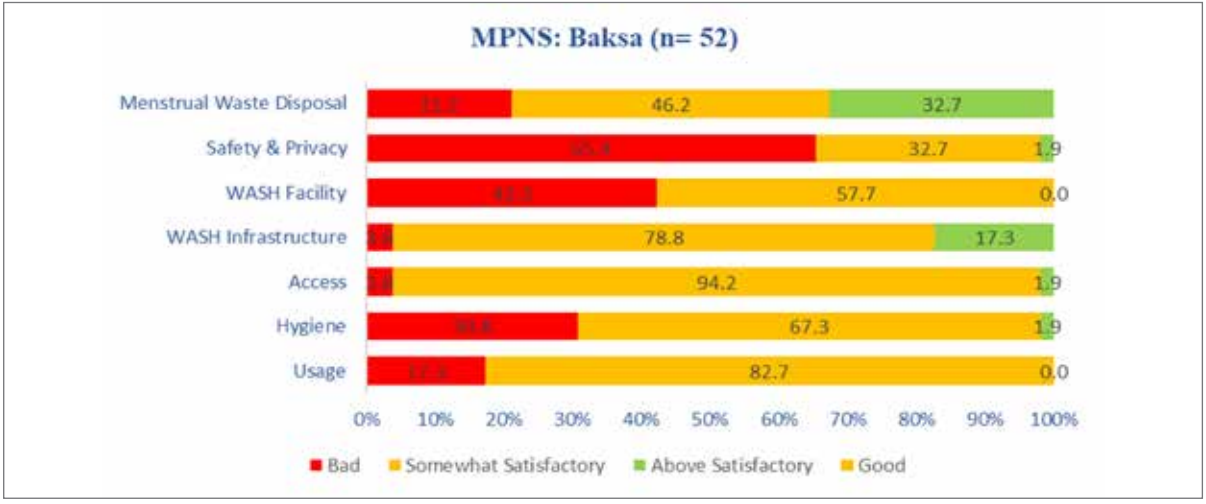
3.3.8 MENSTRUAL PRACTICE NEEDS SCALE (MPNS)

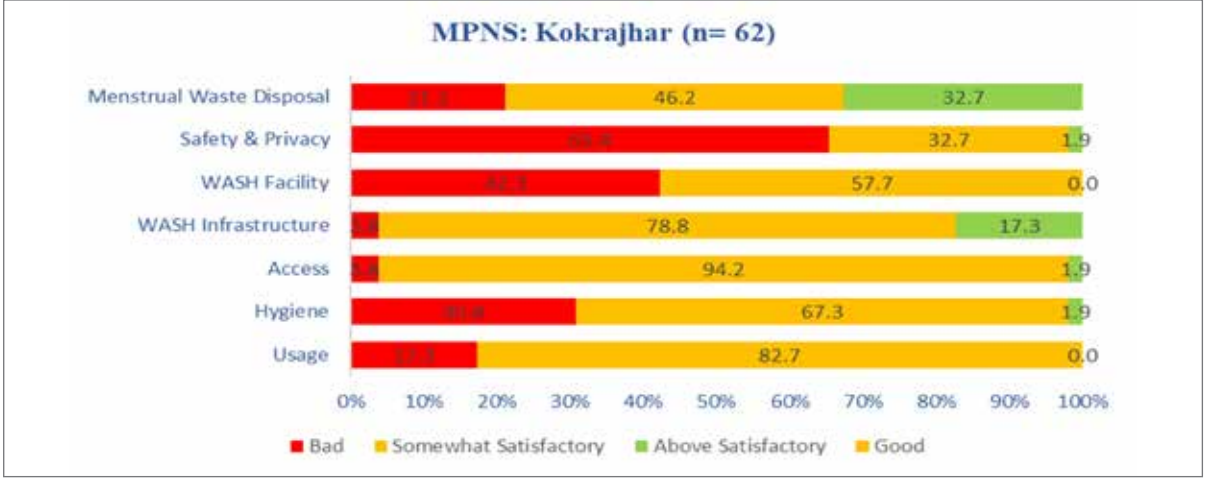
The Menstrual Practice Needs Scale (MPNS) was used to measure and assess the felt needs and experiences of women during their last menstrual period. 114 respondents from both the districts in Assam shared their perceptions/experiences on availability of water, sanitation, hygiene, safety, and privacy as well as access to menstrual absorbents. Through the use of MPNS, we were able to access the actual trends, practices and experiences w.r.t MHM, WASH, safety and privacy which form the 'menstrual everyday' of surveyed women in Baksa and Kokrajhar districts in Assam.

52 women from Baksa, when measured on the MPNS, based on their last menstrual experience, assessed their privacy and wash facilities as bad to below satisfactory level. Even WASH infrastructure, hygiene practices, access and usage of menstrual material was rated at below satisfactory levels during their last menstrual cycle.

62 women from Kokrajhar, when measured on the MPNS, based on their last menstrual experience about privacy, access to menstrual products and hygiene rated it as below satisfactory levels. 37.1% women rated wash facilities as bad and remaining rated it at somewhat satisfactory level. More than three- fourth women assessed the WASH infrastructure and availability of clean menstrual products as being at a good level during their last menstrual experience.







Our findings suggest that perhaps, women and families in Kokrajhar try their best to make MHM as smooth an experience as they can. This also indicates that in Kokrajhar women may be taking some firm steps into social transitions and be in a better position to search for enabling conditions. However, in terms of customary do's and don'ts or taboos, women in Kokrajhar have only a relative liberty as compared to women in Baksa because there are religious restrictions placed on them during their periods.

3.4 MHM FROM AN INTER-SECTORAL PERSPECTIVE

Reading the everyday realities of a menstruating woman requires an inter-sectoral position because her life unfolds not just at home, but in community spaces, schools, farms and workplaces during her periods. Moreover, a menstruating woman also negotiates various socio-economic and inter-sectoral circumstances such as WASH, public health facilities, migration and public policy. Hence, this part of our study examines vulnerabilities, issues, and risks pertaining to menstruation with respect to an inter-sectoral focus:

- As villages selected from Baksa and Kokrajhar districts are tribal communities dominant, they depend on natural farming and Minor Forest Produce (MFP) collection. Water scarcity and increasing inaccessibility of potable water are crucial issues in these villages. Drinking water crisis, energy deficiency and challenges on accessibility to basic health and education facilities, transport system, poor monetary gains, high rate of unemployment issues faced by villagers in both the districts.
- Though Assam gets ample rain and has fertile land, proper mechanisms of rainwater harvesting and sources are not generated for the villages. People mainly depend on bore water.
- Against this background, we present a brief inter-sectoral data analysis on migration and MHM, WASH and MHM, Education 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 or disposable income of women besides health and education related inter-sectoral factors. 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 villages surveyed in both the districts were SC (Scheduled Caste) and BC (Backward Classes) dominant. Above 30% of people from both the districts still use open defecation suggesting that either they may not have WASH facilities at their disposal, or they may not have adapted to WASH facilities available. Around three-fourths of the population had a low education level and in some villages, there were no schools. For livelihood, people were mainly dependent on rainfed land for cultivation. More than half the population was dependent on daily wage labour -work.

3.4.1 MIGRATION AND HEALTH

- Out of a total of 110 respondents migrating from Baksa 79.1% women reported migrating for seasonal work located near the village.
- Out of a total of 78 respondents (n= 340) from Kokrajhar, all women migrate for seasonal work near the village.
- Out of 188 migrants combined from both the districts,178 migrate to Tea Leaf Plantations as daily wage labourers.
- Our findings indicate that 165 out of the 188 migrant women strongly feel that their seasonal work conditions and resource scarcity influences their menstrual health negatively.

A closer observation and analysis of migration and MHM in districts of Assam should be done for achieving better health prospects for menstruating women between 20 to 49 years of age. Most of our findings relate to migrants who work in tea gardens and hence we suggest that more studies and policies on this theme would be able to cater to urgent MHM needs.

3.4.2 TRADITIONAL SKILLS AND EARNING CAPACITY

In Baksa and Kokrajhar 62.5% practiced farming, fishing, cattle rearing, dairy products, preserving, hunting followed by 31.3% women who practiced traditional art and craft as well as skill-based work.

- In Baksa, out of the 123 women (n=377) who possessed traditional skills, 68 practiced farming, fishing, cattle rearing, dairy products, preserving, hunting; 37 practiced arts, music, dance; another 37 women practiced craft, bamboo craft embroidery, knitting, weaving; and 24 women were into tailoring.

- In Kokrajhar, out of the 181 women (n=340) who possessed traditional skills and art, 122 women practiced arts such as bamboo craft, embroidery, knitting and weaving followed by 58 women who practiced art, dance, music. .
- While 68 women reported earnings from traditional knowledge and skills in Baksa, only 2 women from Kokrajhar managed to earn using their traditional skills and know-how .

Given that there is a possibility of augmenting family income from traditional knowledge and customary skills, vocational courses can be organised for women struggling with socio-economic vulnerabilities to enhance their means of livelihood and disposable income. A disposable income can give women better opportunities towards an empowered decision -making w.r.t MHM as well as personal and medical care.

3.4.3 WASH AND MHM

NFHS-5 data shows that 68.9% households in Baksa and 72.2% from Kokrajhar use an improved sanitation facility (International Institute for Population Sciences (IIPS) and ICF 2021, p. 93, 99).

WASH & MHM	Baksa (in %)	Kokrajhar (in %)
Total Respondents	**377**	**340**
Water Facility at Home		
Bore well/ Tube well/ Well covered	35.0	45.0
Hand pump/ Standpipe	6.1	57.4
Piped water/ Piped to yard/ Plot/ Public tap	58.1	3.2
Protected Spring	0.0	7.9
Tanker/Truck / Cart with small tank	7.2	1.2
Toilet Facility at Home		
Individual household latrine	92.8	95.3
Community toilets	5.8	1.8
Open defecation	1.3	2.9
Type of House		
Kutcha	30.5	47.9
Pucca	21.0	3.5
Semi pucca	48.5	48.5

- **Kind of House:** Housing conditions were found to be better in Baksa than in Kokrajhar. 69.5% of women from Baksa reported that they stay in semi-pucca or pucca houses. Whereas nearly half (47.9%) of the families in Kokrajhar stay in kutcha houses. *Pucca* houses are made of roof, wall and floor with a concrete or pucca material as compared to kutcha houses that have roofs, walls and floors all made up with non-concrete or kutcha/ makeshift material.

- **Compromised Toilet Facilities:** According to our findings, Individual Household Latrines (IHHL) are used by 92.8% families in Baksa and 95.3% in Kokrajhar respectively. Open defecation is practiced but in negligible numbers in both the districts. Pucca houses can have toilets built within as opposed to Kutcha houses where such a provision is not possible. Irrespective of the housing patterns, people preferred to use toilets for defecation owing to various positive anomalies such as good practices and community-wide preferences for usage of toilets and environmental cleanliness.
- **Drinking Water Challenges:** One of the main everyday challenges in the area emerged to be compromised access to drinking water facilities. Our findings indicate that only 230 families out of the 717 surveyed across both the districts use piped water for drinking purposes. The remaining families rely either on bore wells, tube wells, or hand pumps near their dwellings. Almost all EAMW from both the districts reported water scarcity and problems related to presence of iron in the water and constraints on availability of sufficient water for MHM in households, schools and institutions. Moreover, drinking water supply and sanitation challenges exacerbate during floods and post- flood situations.

It is clear that during menstruation a woman's WASH needs are relatively higher as compared to the rest of the days of the month. When a woman experiences her periods, she needs more water to clean herself for personal and intimate hygiene, including after defecation. Besides, a regular supply of clean water, ensuring that a woman has the facility of a private and secure place to change her menstrual absorbents and clean herself are a profound part of her sense of dignity and safety. In places such as Baksa and Kokrajhar, during floods and immediate post- flood situations, contaminated water and practices such as open defecations increase the risk of communicable diseases and vector borne diseases. For menstruating girls and women, such a scenario poses extremely serious threats to their intimate and personal hygiene making them susceptible to various kinds of genital, uterine and urinary infections. Therefore, access to clean and functional toilets and bathroom/ bathing cubicles become a critical need during periods, in normal routine or situations of natural calamities and disasters.

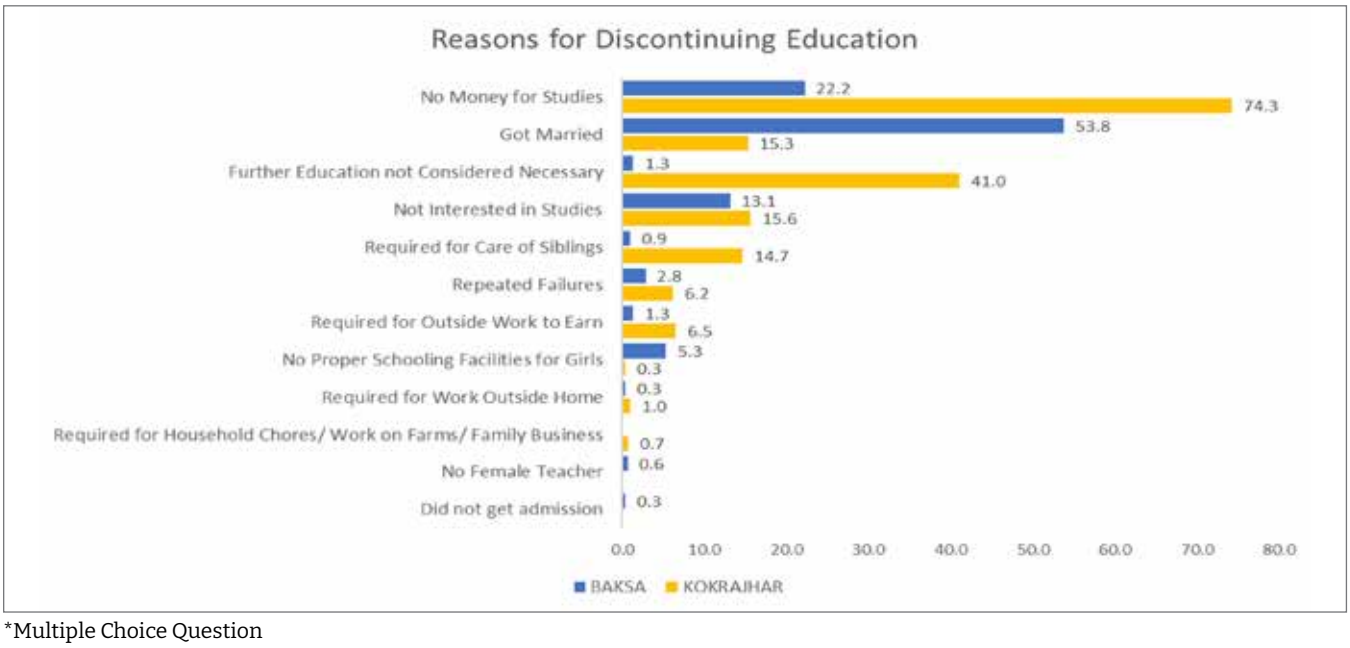
3.4.4 EDUCATION AND MHM

Out of our total respondents (N=717), 99 women were illiterate across Baksa and Kokrajhar. Whereas 618 EAMW preserved education primary to other education levels.

- 90 women (n=377) from Baksa were illiterate whereas 148 had received education till the 7th standard; 66 were educated till higher secondary, and the rest, 73 were educated beyond the 10th standard, including having completed graduation and post-graduation.
- In Kokrajhar, 42 women (n=340) were educated till the 4th standard, 176 were educated till higher secondary, and another 103 were matriculates and above.

Education and MHM	Baksa (in %)	Kokrajhar (in %)
Total Respondents	**377**	**340**
Education		
No education	23.9	2.6
Primary (1st -4th)	10.3	14.7
Secondary (5th-7th)	28.9	21.5
Higher secondary (8th-10th)	17.5	30.3

Education and MHM	Baksa (in %)	Kokrajhar (in %)
12th/ Undergraduate	8.8	27.6
Graduate and above	10.6	3.2
3.4.4 Reasons for Discontinuing Education		
Lack of Facilities	0.9	0.0
Monetary Barriers	23.8	82.4
Family Barriers	55.9	71.0
Educational Barriers	15.9	21.8



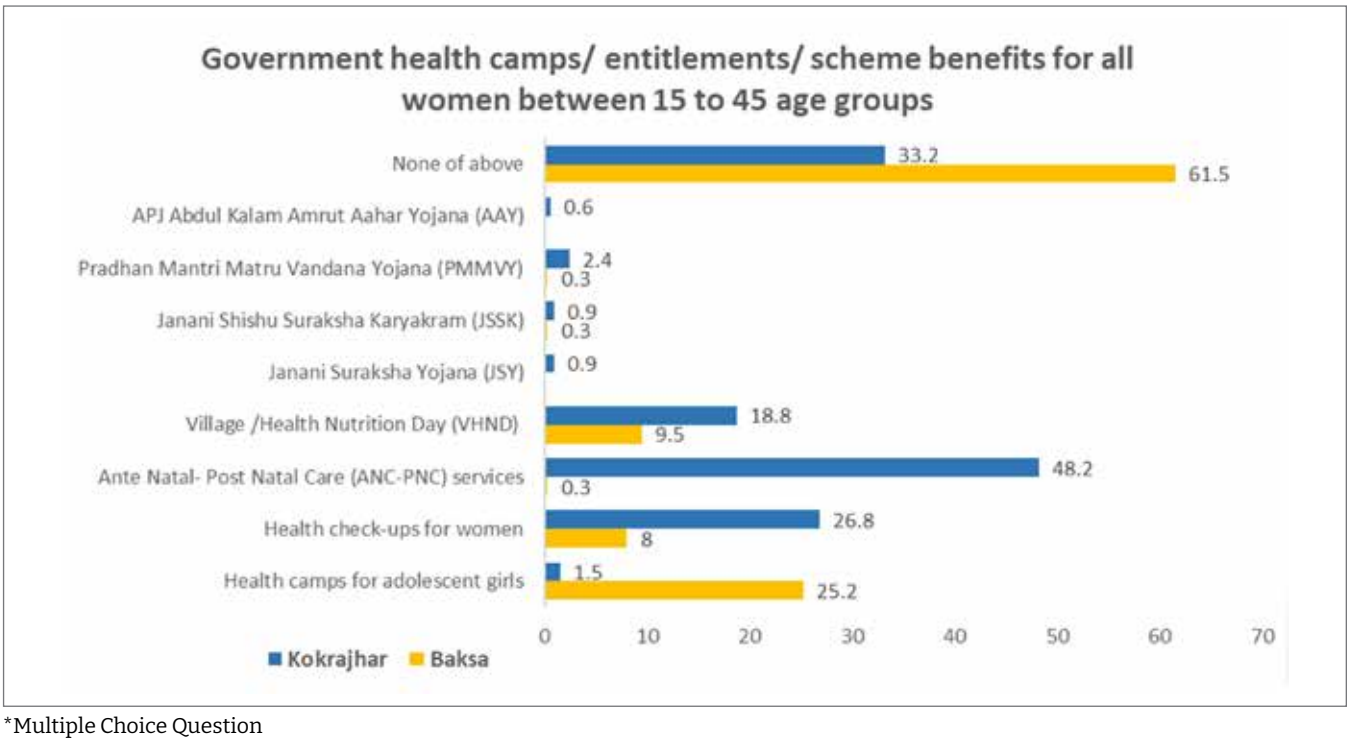
*Multiple Choice Question

- **Bottlenecks such as Poverty**: In places such as Baksa and Kokrajhar, during floods and immediate post- flood situations, contaminated water and practices such as open defecations increase the risk of communicable diseases and vector borne diseases. For menstruating girls and women, such a scenario poses extremely serious threats to their intimate and personal hygiene making them susceptible to various kinds of genital, uterine and urinary infections. Therefore, access to clean and functional toilets and bathroom/ bathing cubicles become a critical need during periods, in normal routine or situations of natural calamities and disasters
- **Failing/ Lack of Interest**: 281 of the total women respondents who discontinued education reported reasons such as education was not considered as a necessity, repeated failures, and further education not considered necessary.
- **Improper Facilities in Schools:** Other discernible hindrances to complete education related to the absence of proper schooling facilities and infrastructures for girls (40) and no female teacher (2).
- **Menarche and Marriage:** In Assam, across our sample population 255 women dropped out of school and got married post-menarche and attainment of puberty. Menstruation emerges as a major criterion for some parents and families laying restrictions on the movement of a girl outside of home, including a preference that adolescents drop from school. Girls being absent from school due to MHM related issues

including physical symptoms such as pain etc. also lead to interruptions in education post -menarche in some cases. While community beliefs such as a girl being 'ready for adulthood' in early post-menarche years leads to pressure on the family to marry her off .

3.4.5 AWARENESS TOWARDS PUBLIC POLICY AND COUNSELING ON MHM

Public Policy: National Health Mission runs various programs for the age group of 15 to 45 years, i.e., for adolescent girls as well as women. From the survey, 61.5% of Baksa women and 33.2% of Kokrajhar women were not aware of Government health entitlements and scheme benefits.



*Multiple Choice Question

- **Significance of Public Health Facilities:** Public Health facilities usually play an important role in providing free and affordable treatment. Health support systems in India are designed such that for every 1000 population there is 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, Rural or Sub-District hospitals, district hospitals in urban areas, municipal corporation health clinics, and hospitals.
- **Accessibility and Choice:** When asked whether they get accessible/affordable treatment from government health facilities, 57.6% of women (n=164) from Baksa and 54.4% from Kokrajhar (n=340) responded positively. Very few respondents from both the districts reported that they do not avail treatment from public health facilities. EAMW covered in this survey were then asked through IDIs about the nearest accessible public health facilities for getting treatment or pursuing their health issues. The nearest and most accessible public health facilities reported by the EAMW in Baksa and Kokrajhar emerged as Sub-Centers and PHCs. Out of a total of 504 women interacted with, 231 reported that Subcenter were their nearest health recourse, while 68 EAMW consulted Primary Health Centers and finally the District Hospital emerged as the go-to institution for 53 women who opted for it as their first choice. Around 30% of our respondents, however, in Kokrajhar were unaware about the nearest public health facility around their villages.
- **Local health Services:** In Kokrajhar, out of the EAMW (n=340) who affirmed that ongoing public health services had benefited them, half reported having benefited from ANC-PNC services, whereas in Baksa, out of the EAMW (n=164) who availed benefits from ongoing government schemes, only 0.3% respondents received ANC - PNC services .

- **Engagement with Public Health services**: Our findings indicate that though women are familiar with the services they get from the public health system, very few EAMW from both the districts could talk about the schemes for them other than ANC-PNC or health check-ups. Therefore, the community was unaware of Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY) etcetera.
- **Importance of Health Camps**: Women across various contexts are differently integrated with the national public health infrastructure and policies. Health camps, which are periodically organised 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 in Baksa one in every four adolescents (of 15 years and above of age) in the village attended health camps as compared to 1.5% girls from villages in Kokrajhar. However, three times more respondents (91) from Kokrajhar participated in health camps for women as compared to only 13 respondents from Baksa. If health camps start covering the wellbeing of EAMW in remote and isolated areas, women will stand to benefit from many health based objectives and parameters of the Indian government.

Our findings indicate that other than ANC-PNC services, women between the 15 years to 45 years age group are not familiar with Government health camps, entitlements, scheme benefits for them. Our data is indicative of the absence of women's voice and reach over health schemes and benefits for their welfare. Such a lack of information also leaves unaddressed their hesitation to speak and articulate on MHM concerns in day-to-day life. In this way the EAMW face a double silence as even the policy makers have so far been unable to adequately combat the silence on this obviously important health issue.

COUNSELING

There are various maternal and child health programs, services and schemes designed by the government of India benefit the women on menstrual health as well if counseling sessions are a part of these. However not much is known about the pattern of organisation of these sessions, or if these were conducted in villages. EAMW who participated in this survey, expressed enthusiasm, and underlined counseling on MHM as an urgent need where not given. If counseling on MHM is given regularly to EAMW, they would benefit in terms of being better informed and more attentive towards self-care, thereby managing to bring community insights and voices to dispel the silence and myths around the issue through active participation.

Received counseling on Menstrual Hygiene from health workers	Baksa (in %)	Kokrajhar (in %)
Total Respondents	**377**	**340**
No	45.1	91.2
Yes	54.9	8.8

Respondents were asked if they ever received any counseling on menstrual health and two- third answered in the negative. However, the prevalence of counseling on menstruation in Baksa was far better than in Kokrajhar.

- **Yes:** Upon being asked if they ever received any counseling on menstrual health, only 33.1% of our EAMW responded in the affirmative. Counseling on MHM was received from health workers such as ASHA, ANM and AWW.
- **No:**170 women in Baksa (n=377) answered no, while 310 women from Kokrajhar (n=340) did not receive any counseling at all.

Menstrual health of women beyond school years is still a long way from being actively considered as a public policy measure in India. 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 women's participation if MHM is piloted as an inter-sectoral intervention cutting across education, social security, health, WASH and livelihood and other relevant sectors.

PART 4 VOICES, EXCERPTS AND OBSERVATIONS

As part of our research, we conducted Key Informant Interviews (KIIs) in both the districts. People interviewed during this exercise were important stakeholders in communities and villages such as Anganwadi workers, ANM, Doctors, Teachers, ASHA workers etc. the voices of these stakeholders are critical for the development of the community as they give a unique point of view on the village population and in a small but significant manner, have helped us analyze how to combat the silence on menstrual health issues in area- specific and community -sensitive ways. The highlights of these interviews are as follows:

Baksa (Data derived from 5 villages of the district): In Baksa, our study shows that respondents from 4 villages were not aware about any government scheme related to menstrual hygiene. Two villages had scarcity of water. In one village, free sanitary napkins were no longer distributed. No awareness generation initiative for women, MHM and WASH existed in any of the villages.

Kokrajhar (Data derived from 5 villages of the district): In Kokrajhar, free sanitary pads were not distributed in 4 of the 5 villages under study. 3 informants stated that their villages do not have any awareness generation programme or initiative related to menstrual hygiene. Two of the selected villages experience scarcity of water.

4.1 VOICES, EXCERPTS AND OBSERVATIONS OF RESPONDENTS: BAKSA

Our respondents from the field have shared their experiences, conceptions and observations on MHM. Below are some voices and excerpts from our interactions with them.

Pramila (Interview conducted during July-August 2022)[2], an **Anganwadi Worker (AWW)** in Baksa stated, the village does not have any scheme related to menstrual hygiene. On menstrual needs of women between 20 to 49 years of age, she explained, most of the girls in her village got married at the age of 20 which leads to early pregnancies. This affects their health, and the village urgently needs nutritional health programs for women. On WASH conditions in the village and schools, she informed us that water pipeline installation was completed but supply remained pending. On sanitation, only meetings were held in the village so far, although schools have been provided with water testing kits to check the purity of the water. The ANM recommended the need of creating more awareness among villagers on menstrual hygiene and importance of maintaining cleanliness. She explained how despite some positive changes, villagers continued to follow rigid customary beliefs and rituals such as strict segregation of menstruating women to the point of total isolation. Women are not allowed to step out of the home for 4 days and that includes girls not being allowed to go to school and lastly, prohibition of participation in religious ceremonies.

An **ASHA Supervisor** (Interview conducted during July-August 2022)[3], working under the National Rural Health Mission (NRHM) in Bagaribari village of Baksa district spoke of the lack of any specific scheme on menstrual health for older women, though iron tablets do get distributed to women of different ages. From her account, it was evident that Bagaribari conducted regular awareness programmes to teach women about hygiene and nutrition. On WASH needs in the community and schools, she stated there was an adequate water supply in the village and the school including the availability of potable water. On taboos related to menstruation in the village she asserted that, "there were no superstition or debilitating myths in the village. People were aware on MHM at a personal level and follow some good habits such as providing healthy food to women and prevention of hard labour during menstruation."

Kabita (Interview conducted during July-August 2022)[4], a **supervisor of ASHA workers** in a village in Baksa shared that regular awareness programmes were conducted in the village on using pads and maintaining cleanliness during menstruation". On WASH conditions in community and schools she added, "Some schemes are being implemented in our village in the name of water supply but I have not heard anything linking them to menstrual hygiene management." Potable water was available in the village school. On customary practices and taboos, she informed that women were treated as untouchables during menstruation, they were not allowed to enter the kitchen and other places of worship, they were also not allowed to participate in religious rituals.

Basanti (Interview conducted during July-August 2022)[5], an **ASHA worker** in a village in Baksa responded that regular awareness programmes were held to teach women about using pad and maintaining hygiene during menstruation. Moreover, a special awareness programme under Village Health Nutrition Day (VHND) was conducted for women dealing with malnutrition and breast-feeding issues. Responding to WASH queries in her village, she informed us that, "water pipelines had been installed in the village but water supply has not started yet". The ASHA worker said that there were no harmful superstitions around menstruation in their village but some good practices abound such as serving healthy food to women and preventing them from lifting weights or doing physically heavy work during menstruation.

Dipasmita (Interview conducting during July-August 2022)[6], an **AWW** in a village in Baska claimed, "she has heard about Kishori Suraksha Karyakaram but no one has benefitted in the village from this scheme." The village convened a regular awareness programme to teach women about hygiene and cleanliness during menstruation.

Sunita (Interview conducted during July-August 2022)7, a **SHG member** in a village in Baksa discussed how earlier under a 'free sanitary pads' distribution scheme sanitary pads were subsidised but now the scheme has been stopped. Her village suffered a shortage of sanitary pads so women used cloth and it is therefore observable that families should be provided sanitary pads at a 'very nominal price'. On taboos and myths related to menstruation in the village, she explained women were not allowed to touch any religious objects, to cook or enter the kitchen and temples. Also, menstruating women were not allowed to eat sour fruit and eggs. In some houses, women did not have the permission to sleep on the bed during menstruation.

Upasana (Interview conducted during July-August 2022)[8], a **Doctor** in a village dispensary in Baksa responded that under *Rashtriya Kishori Suraksha Karyakaram (*RKSK*)* a theme-based program on menstrual health and hygiene is active in 27 districts of Assam. She added women do use cloth as well during menstruation. Diseases such as inflammatory disease and urinary infections, malnutritions were commonly seen in EAWM women in her villages. Entering the kitchen and going to temples during menstruation is taboo in their social set-up.

4.2 VOICES, EXCERPTS AND OBSERVATIONS OF RESPONDENTS: KOKRAJHAR

Our respondents from the field have shared their experiences, conceptions and observations on MHM. Below are some voices and excerpts from our interactions with them.

Hema (Interview: 23.08.2022)[9], a **Teacher** in an upper primary school in Kokrajhar district of Assam responded, she had no idea about the scheme related to menstrual hygiene for girls in the village. She added if any emergency happened in school the teacher bought the sanitary pads for students. On WASH conditions in the village and schools she responded, village and schools had water filters in place as well as separate toilets for boys and girls in the school. She further added the village school does not have any vending machine for sanitary pads. Hema opined that in her village, "speaking about menstruation was itself a taboo in the society as people still hesitate from discussing it openly". She insisted upon creating more awareness among peoples about menstrual hygiene.

[4] AS KII3 BAK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[5] AS KII4 BAK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[6] AS KII5 BAK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[7] AS KII6 BAK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[8] AS KII7 BAK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[9] AS KII1 KOK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

Hiraboti (Interview: 24.07.2022)[10], an **Anganwadi worker** in a village in Kokrajhar stated that it was urgent that schemes such as free sanitary pad distribution to adolescent girls be continued and monitored well lest discrepancies mar their vigour. Regular awareness programmes should be held in collaboration with the health department to help the village women learn state-of-the-art knowledge on MHM . She further added that her village had a piped water facility but it was not accessible to every household. Every household had a toilet installed under *Swach Bharat Abhiyan* (SBA), though there were water scarcities. On taboos in the village, she explained menstruation itself is considered taboo in the society as no one even wants to discuss it openly.

Respondent Ms Indira (Interview: 25.07.2022)[11], an **ANM** in a village in Kokrajhar responded with the program of free distribution of sanitary pads to adolescent girls in the village and regular awareness programme to sensitize women about maintaining cleanliness during menstruation. Her village, she informed, does not have any drinking water facility from any governmental schemes. Further, lack of financial resources was a major reason in achieving proper menstrual health as she said, "people who are economically better off can afford to purchase sanitary pads from the market whereas people who are economically weak and not in the position to buy sanitary pads make use cloth while menstruating." She further added people were not open to discussing menstruation except the Bodo community in the village. There is a need to raise awareness about menstruation in the village.

Sitralekha (Interview: 24.08.2022)[12], a **School teacher** in a high school in a village in Kokrajhar stated that she is unaware of any scheme about menstruation in the village and school. She added "a few years ago there was a free sanitary pads distribution program for girls in the school but now the government has stopped that." On WASH in the village school, she replied the school had separate toilets for boys and girls with running water in the school which are clean and usable. School also had installed dustbins in the premises of the school so that all the dry waste can be disposed of at the dustbins rather than littering. She emphasised that creating awareness among women about menstruation would remedy the hesitation among people to talk about it with the opposite gender. Sitralekha spoke of 'Tolani Biya' which is a celebration hosted enthusiastically just as a wedding when the girl gets her first period. Throughout these rituals, girls are not allowed to come out from the room or work for three days and only certain special foods are served to her. On day four, the girl steps out of her room/ segregational space and bathes, after which she is allowed to mingle with other people as usual. This rule is exclusively for those attaining menarche. During the monthly periods menstruating girls carry on their daily routine but there is a restraint on going to religious places.

Sumitra (Interview: 22.08.2022)[13] an **ASHA worker** in a village in Kokrajhar responded that, "There are no particular schemes for adolescent girls and women now, however a few years ago the government used to distribute free sanitary pads for the girls and women especially the age group of 18-40 years. Though the scheme was for the age group of 18-40 years only, we as ASHAs used to make a list of all menstruating girls and women and distribute accordingly." Moreover, the village had sessions on peer group information for adolescent girls to spread awareness about menstruation under the RKSK scheme. She added there is an installation of water taps in the village. Toilets have been built in every household under *Swachh Bharat Abhiyan*. She suggested the village needed a free sanitary pads distribution programme for every menstruating woman.

4.3 SALIENT FINDINGS FROM DATA

Processing through our data from Baksa and Kokrajhar, 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.

On sanitation, only meetings were held in the village so far, although schools have been provided with water testing kits pointing out our key informants and respondents from Baksa. Nutrition for pregnant and lactating

[10] AS KII2 KOK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[11] AS KII3 KOK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[12] AS KII4 KOK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[13] AS KII5 KOK: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

women, as well as proper MHM possibilities and provisions are the main concern of the health related to the EAMW in Baksa. In Kokrajhar, our findings indicate that the tribal communities have diverse belief systems over menstruation. Bodos are the most forthcoming to talk freely on MHM. A high school teacher informed us that the Tolani Biya ritual takes place at the onset of periods or Menarche. For three days after her first period, the girl is secluded. At the end of this period, she takes a bath and is allowed to socialize with others. Menstruating women and girls are allowed all tasks other than those related to religious places including prayers and worshiping rituals.

Sanitary Pads are freely distributed to adolescent girls in most villages. Indira, an ANM opines that this helps in sensitizing both the girls and women towards the maintenance of cleanliness and hygiene during periods. In Kokrajhar, in most villages there is free sanitary pad distribution. In one of the villages our respondent Sitralekha informed that free sanitary pad distribution has been but stopped recently.

However, owing to resource scarcity, only the women who are economically better off can afford to buy sanitary pads and the others use cloth during menstruation. Villages in our sample have a paucity of clean drinking water though under the Swach Bharat Abhiyaan water taps have been installed in the villages. On a more positive note, Sumitra, a young woman from a village in Kokrajhar informed us that toilets have been built in every household and schools count on a good water supply with separate toilets for boys and girls. Our respondents feel the need to have a pad-vending machine to make it a more secure experience for young girls and encourage attendance in schools and WASH.

Our respondents spoke at length how education affects a growing woman's practices and choices. However, education per se, may not be the only factor over women's menstrual well-being or betterment, but we found how the community learns to see educated girls returning to the village from their hostels in a newer light. Young school –going girls who live in hostels are faced with the challenge of learning to manage their menstrual needs alone and away from the comfort zone of home. They are able to look after themselves by adopting and becoming aware of newer knowledge, practices and options such as pads provided by schools.

Conversely, elderly women and communities on their part do not expect the girls who have been away from village life to follow area-specific customs/taboos or even beliefs related to MHM when they come home or return to the village. Segregation during menstruation, for instance, wanes as a practice as both, the attitude of the girls as well as community outlook towards them, registers transformations. Slowly and with rising awareness the communities learn to reflect upon their practices. Our data indicates the potential capacities that change and transformation have when they arise from within and communities do adapt to their own advantage changing needs. Hence, we recommend launching inter-sectoral awareness drives and a participatory search for enablers towards better MHM in Baksa and Kokrajhar would help in combating the silences that women still encounter or a part thereof on ground.

From our interactions and databases pertaining to Assam, it clearly emerges 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. These discriminatory voices and attitudes in Assam, just as our research from some other parts of India shows, pertain to both men and women across social strata. 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. Inadvertently or otherwise, such voices contribute to the perpetuation of a debilitating discourse on 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

URGENT

1. **State- of- the art Knowledge Drives**: To improve the MHM related outcomes in Baksa and Kokrajhar, existing schemes be regularised and monitored while awareness drives are incorporated within these with programme-based targets.
2. **Enable existing Village Health and Nutrition Committees (VHNCs) on MHM:** For overall capacity building on menstruating women's health and nutrition at the village level, empower the existing VHNCs to address the issue locally in Baksa and Kokrajhar.
3. **Enable existing Village Water Sanitation Committees (VWSC) on MHM:** MHM drives should be conducted alongside the promotion of information on WASH. Get the enablers in terms of WASH in tandem with community voices. The VWSC in each village to understand the MHM barriers and is to be operationalised under the national Jal Jeevan Mission (JJM) and is composed of a five women-team. Local Community Based Organisations (CBOs) can help mobilize community support to this end.
4. **Lady doctors in PHCs:** The presence of women medics in PHCs or visiting sub-centers regularly/ once a month to monitor health needs of menstruating girls and women and not just pregnant and lactating mothers will help cover those who are in need of medical help .
5. **Free and fair distribution of menstrual hygiene products to combat health risks:** Regularizing Free pads/ menstrual absorbents distribution schemes for school going girls and extended to elder women in the village. Respondents in surveyed villages raise the demand that women also need clean cloth to be made available for use during menstruation, for those who prefer traditional methods of protection and hygiene.
6. **Capacity Building on Household Water Treatment Systems (HWTS)**: Village folk are eager to rid water of iron contamination, therefore imparting learning and holding workshops on HWTS is recommended. These initiatives can be activated through the existing (Free Test Kit) FTK women groups (under Jeevika Scheme) formed under the JJM scheme.
7. **Disaster-prone zones:** For disaster prone areas, such as flood zones in Assam, MHM cubicles or at least separate makeshift toilet facilities be set up for menstruating women for the sake of privacy as well as community hygiene during emergencies

SHORT TERM

8. **MHM Kit for Relief Distribution:** Provision and Distribution of life saving hygiene items such as soaps, detergents, disinfectants, sufficient quantity of menstrual hygiene products (pads/ cloths as preferred but essentially dry when put to use), etcetera to be included in the list of relief materials with an MHM perspective in post- flood situation.
9. **Ensure that there are schools and make Schools MHM Friendly:** Where there are no schools, ensure that in such remote and impoverished areas, schools are established within vicinity and reach as per the population demographics and requirements of adolescents. This will ensure a relevant focus on the girl child as well. Nevertheless, capacitation of young girls towards MHM and educational continuity can happen only if schools in both the districts are equipped with proper facilities. Educating children entering puberty is a prime need that EAMW firmly points out in all villages. Growing girls need to have a sense of composite physical and reproductive know-how of their body and well-being, as women in Assam observe. If menstruation is not given a proper introduction and discursive/interactive space in an adolescents' world view and 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 in order to ensure continuity in education as well as proper MHM is the foremost demand from Assam.
10. **WASH in Schools and Community**: Girls should be provided with separate toilets equipped with running water tap connections.

11. **Micro- Credit facilities through SHGs**: Provide credit facilities to EAMW through Assam State Rural Livelihood Mission (ASRLM) and other government supported credit schemes that could enhance the earning capacities whereby menstruating women can become active decision makers in self-care.

LONG TERM

Assam MHM Committee: A State level Menstrual Health and Wellbeing Committee be initiated to integrate remote places, mountainous regions etc. into the state and national ADP and MHM plans.

12. **MHM at District, Block, Gram Panchayat Level**: Information, education, and communication (IEC) for menstrual hygiene education and awareness that includes information around safe menstrual hygiene products; and menstrual waste management with safe disposal facilities.
13. **Alternative livelihood options for EAMW**: Build capacities and skills of women from poor, marginalised households through functionally effective SHGs for gainful self-employment under Assam State Rural Livelihood Mission (ASRLM).
14. **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. Consider disaster resilient WASH infrastructure for all weather access.
15. **Jal Jeevan Mission (JJM) for Institutions and MHM:** Institutional water supply under JJM scheme should have adequate running water in girl's toilets in schools. Iron removal water treatment systems to be constructed/ installed in the village water supply scheme.
16. **Make Toilets Period Safe** Provide community toilets as well as toilets in workplaces with washing areas, bathing cubicles and running water under SBM(G) phase II where needed.
17. **Menstrual Waste Disposal:** More Research and Development (R&D) is essential to evolve an environment appropriate disposal mechanism of menstrual waste.

REFERENCES

Assam Disaster Management Authority (ASDMA), State Profile. Available From http://sdmassam.nic.in/state_profile.html [accessed 11 December 2022]

Brahma, Anu Rani. (2022) Women and Armed Conflict in Assam. *International Journal of Humanities and Social Science Invention (IJHSSI)*, (11)3 28-31. Available from https://www.ijhssi.org/papers/vol11(3)/Ser-2/D1103022830.pdf. [accessed 11 December 2022]

Baksa District Official Website (n.d.) District Profile. Retrieve. Last updated 14 February 2023. Available from https://baksa.assam.gov.in/frontimpotentdata/district-profile [accessed 15 February 2023]

Borah, P.K., Raj, S., Sharma, G.K. (2020). Role of Knowledge Management in Transformation of Aspirational Districts Programme – A Case Study of Health & Nutrition Sector in Baksa District of Assam. *Journal of Interdisciplinary Cycle Research*. (12)7. [accessed 5 January 2023]

Census 2011 Office of The Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India. Available from https://www.census2011.co.in/census/district/141-baksa.html [accessed 1 January 2023]

Census 2011 Office of The Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India. Available from https://www.census2011.co.in/census/district/159-kokrajhar.html [accessed 2 January 2023]

Deen, Sahab., Debbarma, Atul. (2020) Flood Disaster Management in Assam. 10. 105-109. . Available from https://www.researchgate.net/publication/347999448_Flood_Disaster_Management_in_Assam. [accessed 11 December 2022]

George et al Enarson, Elaine Enarson and Betty Hearn 1998. Morrow. Westport, CT: Praeger.George, Sudhir Jacob. (1994) The Bodo Movement in Assam: Unrest to Accord. *Asian Survey*, (34)10 878-892 [accessed 11 December 2022]

Goyari, Sanchuma., Mushahary, Bijuta. (2020) An Analysis of Deforestation in Kokrajhar District of Assam using Remote Sensing Technique. *International Journal of Research, Culture, Society*, (4)1 157-161. Available from https://ijrcs.org/wp-content/uploads/IJRCS202001031.pdf [accessed 20 January 2023]

Government of Assam (2023) *Assam State Portal.* Available from https://assam.gov.in/about-us/391#:~:text=About%20Assam,-Assam%20is%20situated&text=Assam%20covers%20an%20area%20of,West%20Bengal%20to%20the%20west. [accessed 20 January 2023]

Hussain, Monirul.(1987) Tribal Movement for Autonomous State in Assam, *Economic & Political Weekly*, (22)32. [accessed 11 December 2022]

Hazarika, Bonti. Boruah, Deepika. (2020) Rights of Marginalised and Role of State: A Study on Tea Garden Labourer in Assam: *Journal of Critical Reviews,* 7(4) 2151-2152. [accessed 10 January 2023]

International Institute for Population Sciences (IIPS) and ICF. 2020. National Family Health Survey (NFHS)-5, State and District Factsheets, Assam. Mumbai: IIPS. 9 & 135. Available from http://rchiips.org/nfhs/NFHS-5_FCTS/COMPENDIUM/Assam.pdf [accessed 12 January 2023]

Indian Brand Equity Foundation (IBEF), Ministry of Commerce and Industry, Government of India (2023) *About Assam: Tourism, Industries in Assam, Agriculture and Economy*. New Delhi. Available from https://www.ibef.org/states/assam [accessed 20 January 2023]

Niti Aayog, Government of India (2018) *DEEP DIVE Insights from Champions of Change The Aspirational District Dashboard.* Available from https://smartnet.niua.org/sites/default/files/resources/firstdeltaranking-of-aspirational-districts.pdf [accessed 08 January 2023]

Sarmah, Satyendra Kumar. (2014) Script Movement Among the Bodos of Assam, *Proceedings of the Indian History Congress, 2014*, Vol.75 1335-1340. [accessed 11 December 2022]

ANNEXURE I

Criteria/ Reason 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.
Baksa District					
1	Dhamdhama	Uttarkuchi	1589	308	Drinking water crisis
2	Dhamdhama	Pakhamara	1319	252	High rate of out of school Children (OoSC) and lack of access to education for girls especially. High concentration of Fe in ground water
3	Baska	Nikasi	2510	485	Drinking water crisis. Poor communication
4	Barama	Kaljhar	2867	593	High rate of unemployment. Inactive Self-Help Groups (SHGs)

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.
5	Baska	Doomni	6855	1413	Low transition rate, lack of awareness on need of education. Alcoholism
Kokrajhar District					
1	Kachugaon	New Raikungbar	204	57	Health, livelihood, nutrition, education, WASH etc.
2	Kokrajhar	New Bashbari	342	83	Accessibility of health and education facilities, transportation, livelihood, nutrition, hygiene
3	Dotma	No.3 Sonapur	292	77	Accessibility to health and educational facilities, transportation, WASH, gender, child marriage etc.
4	Kokrajhar	Lungsung Lakhigaon	162	40	Access to education, health facility, hotspot of TB, Transportation, livelihood, WASH, trafficking, child marriage etc.
5	Kokrajhar	Forest Colony	171	43	Child marriage, livelihood, poverty, health, nutrition, WASH etc.

ANNEXURE II

Important Women-Centric Schemes in Assam

- *Assam Affordable Nutrition & Nourishment Assistance Yojana (ANNA Scheme)*: This scheme was started in March 2019 by the Chief Minister Shri Sarbanad Sonowal (BJP) with a budget of 489 crore annually under the Ministry of Food, Civil Supplies, and Consumer Affair, Government of Assam. The aim is to provide rice at just Rs. 1 per Kg. ANNA yojana in Assam would serve the basic purpose that all poor citizens particularly children and women have nutritious meals every day. Around 53 lakh households in Assam will benefit from this scheme.
- *Gyan Deepika Scheme:* This scheme was started in February 2019 by the Chief Minister Shri Sarbanad Sonowal (BJP). Under this scheme students are going to get more benefits like 50,000 INR subsidy on educational loans, free uniforms for Class 9th, 10th students, free Textbooks, E -battery bikes for Girls.
- *Indira Miri Sarbajanin Bidha Pension Achoni:* This scheme was started in 2019 by the Chief Minister Shri Sarbanand Sonowal (BJP) under the Ministry of Panchayat and Rural Development, Government of Assam. Under this scheme, one-time financial assistance will be offered to the grieving families, where the eligible widows will be provided with a lump sum amount of 25,000 INR as immediate family assistance.
- *Wage Compensation Scheme for Pregnant Women in Tea Gardens* Scheme: This scheme was started in October 2018 by the Chief Minister Shri Sarbanand Sonowal (BJP) under the Ministry of Health, and Family Welfare, Government of Assam. The aim of this scheme is that each pregnant woman in tea

gardens will get a sum of 12,000 INR so that she can take better care of herself and her unborn baby without compromising the livelihood of her family.

- *Assam Arogya Nidhi:* This scheme was started in 2013 by Chief Minister Shri Tarun Gogoi (INC) under the Ministry of Health, and Family Welfare, Government of Assam. The scheme is to provide financial assistance up to 1,50,000 INR to BPL families and families having a monthly income of less than 10,000 INR (Rupees Ten Thousand) for general and specialised treatment of (i) life threatening diseases; (ii) of injuries caused by natural and manmade disasters, such as industrial/farm/road/rail accidents, bomb blasts etc. Life threatening diseases include heart diseases and Heart Surgery, Cancer, Kidney, and Urinary diseases, Orthopaedic, Thalassemia, Bone marrow Transplant, AIDS, and chronic Mental Illness with Surgical Treatment.
- *Comprehensive Abortion Care:* This scheme was started in 2010 by Chief Minister Shri Tarun Gogoi (INC) under the Ministry of Health, and Family Welfare, Government of Assam. The scheme is to understand each woman's particular social circumstances and individual needs and tailor her care accordingly. The scheme aims at addressing the needs of young women and also, reduces the number of unintended pregnancies and abortions, and identify and serve women with their sexual or reproductive health needs.
- *Weekly Iron Folic Acid Supplementation scheme (WIFS):* This is a central government scheme adopted by the Government of Assam under the Ministry of Health, and Family Welfare, Government of Assam, to institute a school and Anganwadi based weekly IFA supplementation (WIFS) programme for control of anemia in adolescent boys and girls, age between 10 to 19 years.