A RESEARCH REPORT FROM

HARYANA







PART 1 INTRODUCTION

In Haryana, 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 Nuh (Mewat) and Jhajjar. Nuh is included in Niti Ayog's Aspirational District Programme (ADP)[1]. Jhajjar, which is a prosperous district of Haryana, is not an aspirational district. It was selected for this study because aside from being a core intervention area of the Sulabh Sanitation Mission Foundation (SSMF), women in Jhajjar despite belonging to prosperous sugarcane farming families remain vulnerable on issues of Menstrual Hygiene Management (MHM) owing to various socio-economic and policy related anomalies and barriers. The population composition of areas selected for research in this sturdy was dominated by the general category followed by the presence of Backward Class (BC) and Most Backward Castes (MBC) as well as Other Backward Castes (OBCs) and Scheduled Castes (SCs).

For completing our research sample in Jhajjar and Nuh, ten villages were selected for field research and surveys. Research, including data collection and analysis, for this case- study on Haryana 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 MHM (Menstrual Hygiene Management), WASH (Water, Sanitation, and Hygiene), education, health, livelihood, income, and availability of support systems to women in the selected districts. Though Nuh is beginning to work positively towards many parameters under the ADP, such as education, literacy, and infrastructure as an aspirational district, Jhajjar too needs to solve its socio-economic challenges. Our study indicates that Jhajjar and Nuh (Mewat) have much to achieve in terms of combatting 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 study has been designed to collect data and undertake inter-sectoral analyses on the Menstrual Hygiene Management (MHM) to emphasize on the objective of achieving menstrual health related wellbeing of women beyond their school years. We focus on the **'Elder and Ageing Menstruating Women' or EAMW** between the ages of 20 years to 49 years, though we also share our findings on MHM related enablers and barriers for young school going girls. Documenting the various kinds of silences in the effective MHM of EAMW, we suggest ways of combating the inter-sectoral hindrances towards the objective. Nonetheless, we also explore our primary data for critically appraising not only the barriers to MHM of women between the ages of 20 years to 49 years, but we also engage with the potential enablers. In the final section, 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 recommendations and areas of improvement.

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 Haryana 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 Haryana ends with suggestions on short term as well as mid-term enablers and recommendations for combating the inter-sectoral hindrances prevalent in areas observed.

NUH AND JHAJJAR DISTRICTS FROM HARYANA

Haryana, a state in northern India, is bounded by the union territory of Chandigarh and the state of Punjab on the north and northwest, the states of Himachal Pradesh and Uttarakhand on the north and northeast, the state of Uttar Pradesh and the union territory of Delhi on the east, and the state of Rajasthan on the south and southwest. Haryana has displayed strong economic growth with its GSDP at current prices estimated at US$ 121.77 billion for FY22, an increase of seven percent year-on-year. At current prices, Haryana's GDP growth is projected at 15.8 percent for FY22 (IBEF, 2023, Haryana section). In terms of industrial production, Haryana is one of the leading states in India. The main industrial products include passenger cars, motorcycles, mobile cranes and tractors. In addition to being a leading auto hub in India, Haryana has emerged as a base for the knowledge industry, including IT and biotechnology. Haryana is home to many large Indian and multinational companies due to its high-quality infrastructure and proximity to Delhi (IBEF, 2023, Haryana section). Haryana is also the second-largest contributor of food grains to India's central pool, earning itself the name of being one of the two bread baskets of India (the other is Punjab). It also accounts for more than 60 percent of the export of Basmati rice in the country (IBEF Presentation, 2020).

NUH (MEWAT)

Nuh district (Earlier officially known as Mewat district) is one of the 22 districts in the Indian state of Haryana. Mewat was a district in Haryana mainly known for agricultural yield on rain-fed land and agro-based activities. Now known as Nuh, the district was selected in the survey due to a concern for deepening knowledge on MHM and conceptions of the minority-dominated population of the area. In 2011, Mewat had a population of 1,089,263 of which male and female were 571,162 and 518,101 respectively. According to the 2011 Census, average literacy rate of Mewat in 2011 was 54.08%, male and female literacy were 69.94% and 36.60% respectively. For Muslim women in Mewat, the literacy rate ranges 1.76 % to 2.13 %, which is the lowest in the country (Census, 2011).

With regards to Sex Ratio in Nuh, it stood at 907 per 1000 male compared to the 2001 census figure of 899. The average national sex ratio in India is 940 as per the reports of Census 2011 Directorate (Census, 2011). The main occupation of the people of Mewat district is agriculture and allied and agro-based activities. The Meos (Muslims) who are the predominant population group, are fully agriculturists. Nuh has remained a region of slow transformations even after independence. The area lags the rest of Haryana on almost every indicator of development, even though the farthest point of Mewat is no farther than 145 Kms. from the country's national capital.

After becoming the only Aspirational district from Haryana, Mewat has achieved some developmental indicators but family planning, child immunisation, nutritional status of women and children, and maternal and child health have been some major challenges in the area. According to the National Family Health Survey-4, conducted by the Ministry of Health and Family Planning Welfare in 2015-16, only 15.5% people in Nuh practice family planning with just 2.6% using condoms (Kumar, 2019). Moreover, water crisis is another major issue in the district, with depletion of groundwater tube wells turning out to be contaminated and unfit for consumption. Supply of clean drinking water is a clear parameter on the development index while irrigation for fields is important to sustain agriculture, the mainstay of the economy (The Tribune, 2021).

JHAJJAR

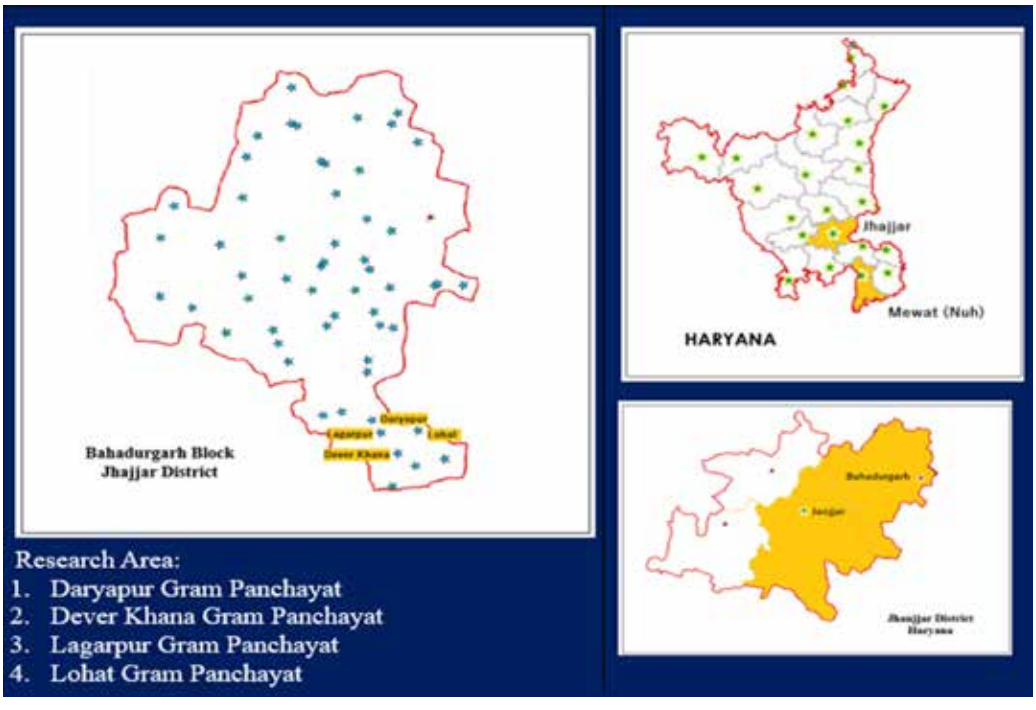
Jhajjar, a district in the state of Haryana, is known for its developing economy and infrastructural growth. Today it counts amongst the fast-developing regions of Haryana with focus on public welfare. Previously a part of Rohtak district, it was carved out of it and became an independent one on 15th July 1997 (Jhajjar district, n.d., About district section). Jhajjar is dominated by 74.2% rural communities engaged in agriculture (Malhan, 2020). Owing to its discriminatory set-up, women and girls in Haryana's Jhajjar feel vulnerable at public places such as parks, educational institutions, outside paan shops and even while traveling on public transport. Jhajjar is also infamous for its skewed gender ratio (The Tribune, 2018). In 2011, Jhajjar had a population of 958,405 of which male and female were 514,667 and 443,738 respectively (Census, 2011) Average literacy rate of Jhajjar in 2011 was 80.65, male and female literacy were 89.31% and 70.73% respectively. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate (Census, 2011).

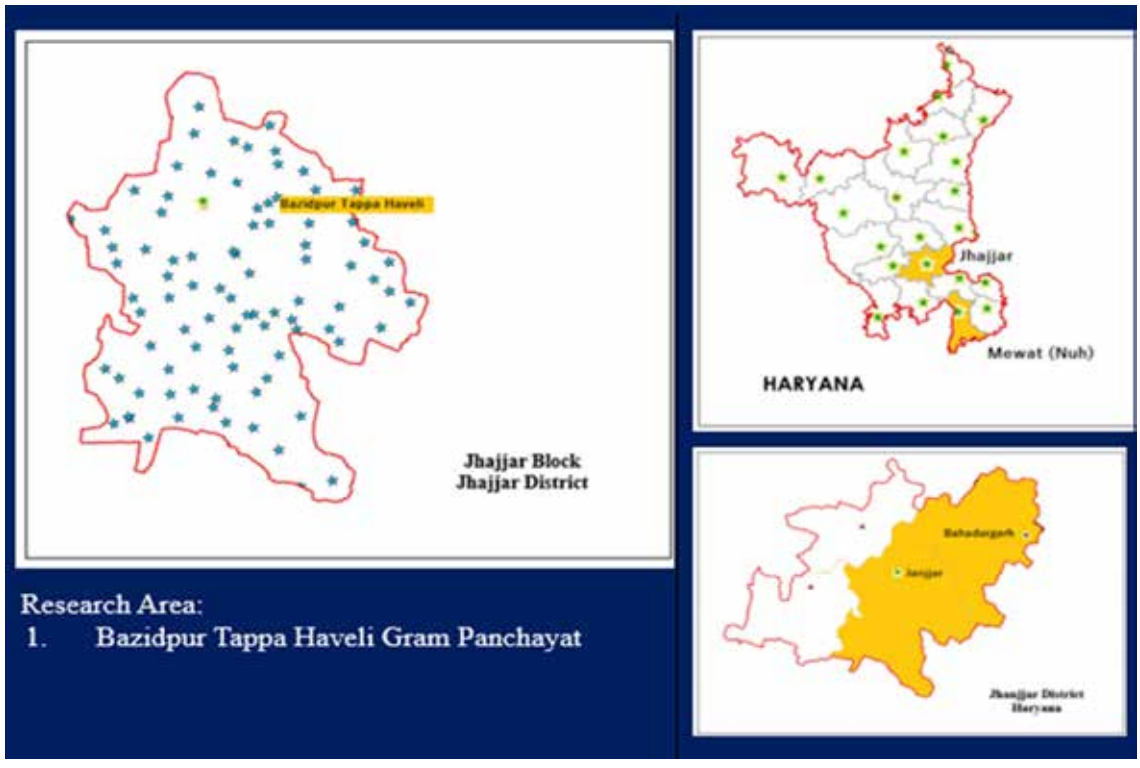
The groundwater, which is not potable, is saline along with prevalence of fluoride, chloride, and high TDS in the district (Komal, 2019). The hard and contaminated groundwater is also not being used for irrigation and water from other far areas is being brought by pipelines and canal water. Waterlogging is the major problem in areas where rice cultivation is increasing. Due to saline water, the pores of land are blocked and waterlogging starts in these types of areas. Using excess fertilizers and increase in chemical -farming also leads to increasing water logging (Komal, 2019).

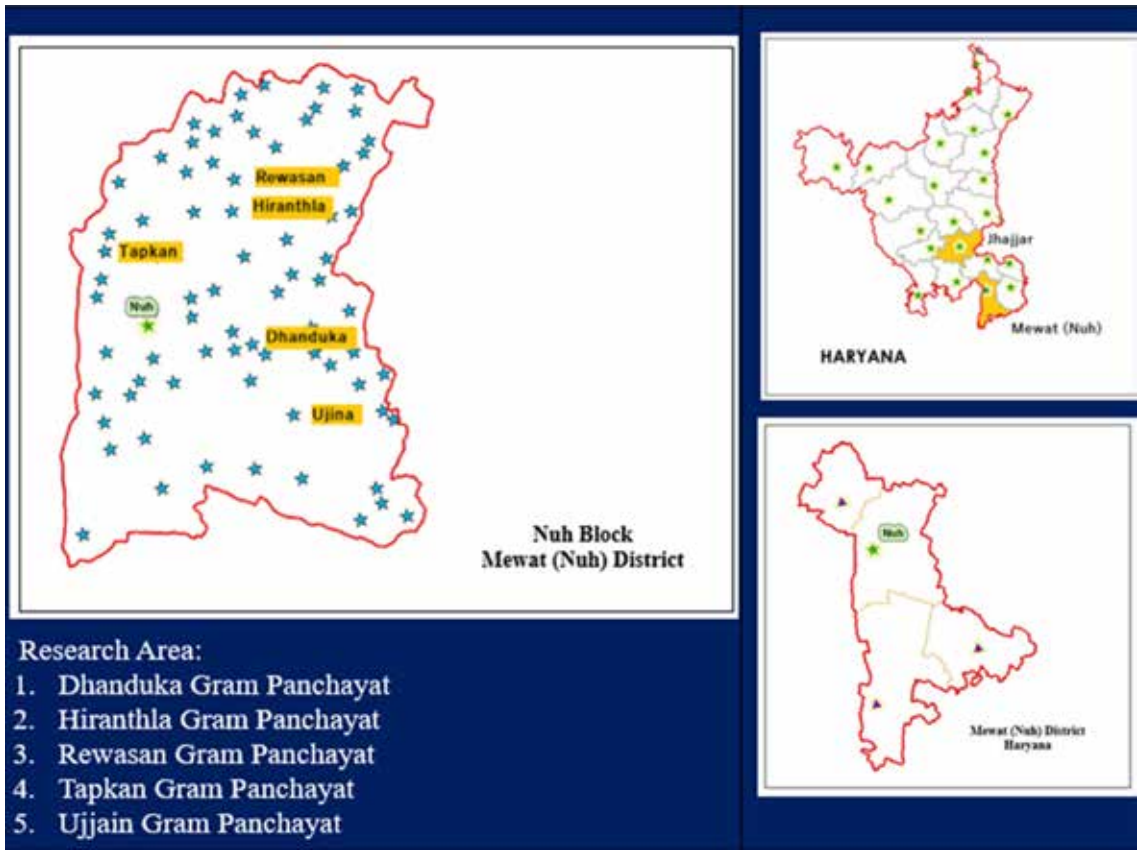
Though both districts are doing well on many parameters where improvement is needed such as education, literacy and infrastructure, our study indicates that Nuh as ADP and Jajhar as non-ADP have much to achieve in terms of combating the silences on MHM. An inter-sectoral perspective on well being of 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 LIST OF VILLAGES SELECTED FOR THE STUDY FROM MEWAT AND JHAJJAR

On an average, five villages from each district were selected based on factors such as access to minority-focused villages, scarcity of safe drinking water, migration due to rainfed land, unskilled laborers, etc. Our sample covers daily wage labourers, workers from the informal sector and agricultural labour, industrial skilled







workers as well as workers from unskilled backgrounds and self-employed families. In terms of communities and groups, the villages we selected have a diverse population ranging from Muslims, General Category and OBCs to Dalits. Isolated and/ or marginalized communities and a difficult or hesitant access to health services are some of the common grounds based on which villages and populations in Nuh and Jhajjar were selected. Even though their backgrounds and characteristics differ, Nuh and Jhajjar share some common challenges towards women's wellbeing.

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	Haryana	
		Mewat	Jhajjar
Tool 1 Menstrual Practice Questionnaires (MPQs)	Method 1 The MPQs were In-depth Interviews (IDIs) for- actor, discourse and practice- analyses	428	274
Tool 2 Menstrual Practice Needs Scale (MPNS)	Method 2 Measurement of perceptions and needs based on the last menstruation cycle	59	58
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		

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	Mewat (in %)	Jhajjar (in %)
Total Respondents	**428**	**274**
Rural/ Peri-urban/ Urban		
Rural / Tribal	428	274
Mother Tongue	**Mewat (in %)**	**Jhajjar (in %)**
Haryanvi	1.4	100
Hindi	25.7	0
Mewati	72.9	0
Other languages you know		
Hindi	97.9	100
Mewati	1.9	0
Tamil	0.2	0
Religion		
Hindu	47.9	98.9
Muslim	52.1	1.1
Caste/ Tribe type		

General	29.9	68.2
OBC- Other Backward caste	22.9	24.1
SC- Scheduled caste	10.3	5.5
ST/ PVTG	2.3	1.1
BC/MBC	34.6	1.1
Marital status		
Never married	1.4	3.3
Married	90.2	96
Widowed	7	0.7
Divorced	1.4	0

- **Religion:** More than half of the interviewed from Mewat i.e., 52.1 percent of the women were Muslim, and others were Hindu. 98.9 percent of interviewed women from Jhajjar were Hindu.
- **Community:** Along with the Muslim -dominant interviewees, one-third population of Mewat was from BC or MBC constituting almost 34.6 percent. The scheduled Caste population was 10.3% (Koli, Meetha), and more than half, i.e., 52.9%, were from the General or OBC (Kasab, Koli, Kurmi, Lohar, Mali, Mewati, Nhai, Saaka). More than two third of women from Jhajjar were from the General caste (Thakur, Sheikh), i.e., 68.2 percent and 24.1 percent belonged to OBC.
- **Marital status:** 92.5% of respondents from the survey were married. In Mewat, the average age at marriage was found to be below 18 years. In Jhajjar, it was 19.9 years.
- **Children and Family Size:** Average number of children in Mewat was 4 and that of Jhajjar 3 i.e., lesser than Mewat. Thus, the average family size from Mewat was 6 persons, whereas, from Jhajjar, it was 5.

3.1.2 AVERAGE INCOME

- **Hesitation to Reveal income:** 31.1% of women (i.e.,133 out of a total of 428) from Mewat and 70.8% women (i.e.,194 out of a total of 274) from Jhajjar did not want to disclose their incomes.
- **%of Regular Income Families:** However, from the rest, we could find that the 59.1% (n=253) families from Mewat had regular income, as compared to 18.2% (n=50) of the families in Jhajjar with the same
- **Income Disparity in Districts:** At 174319 INR, the average yearly family income in Jhajjar was found to be more than in Mewat where the families earned 94732 INR on an average.

3.1.3 SOURCES OF INCOME

In Mewat, nearly half i.e., 47.4% of families were earning mainly from regular sources of income such as farming, industrial skilled work, Government service, Private service, or their own business as a single source of income. All remaining families were earning from irregular sources of income, working as daily wage laborers, farm workers, unskilled workers, and seasonal work.

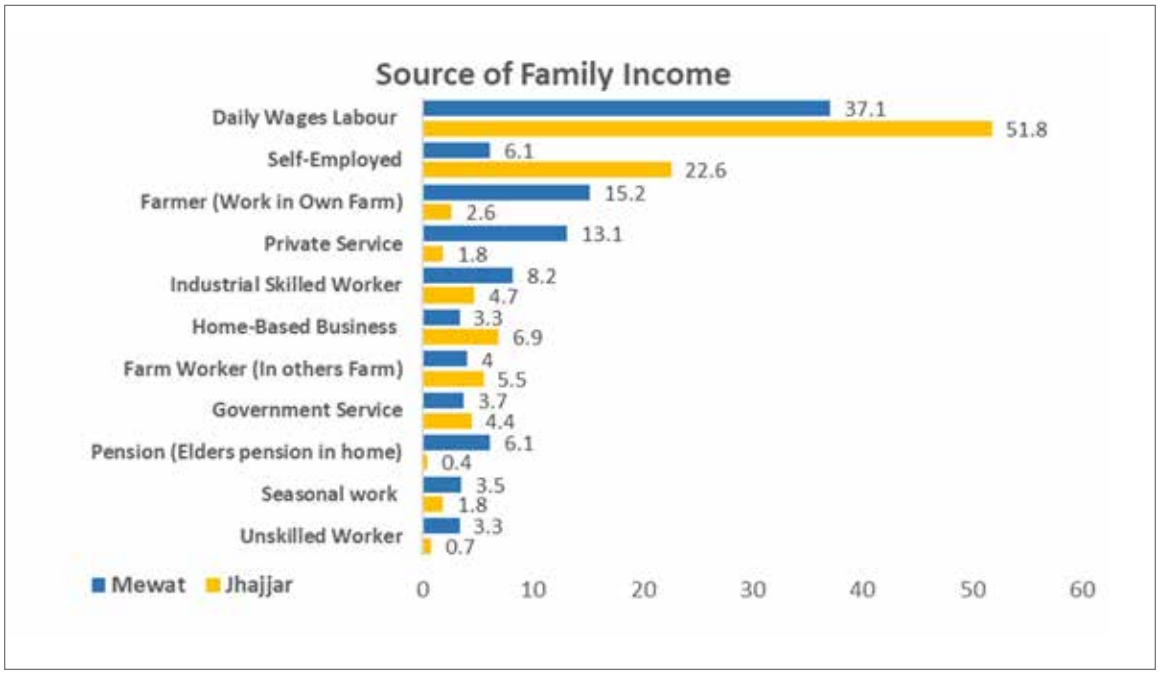
INCOME TRENDS

- **Sources of Income in Mewat**: In Mewat, 47.4% of the families who disclosed their income (n=253) were earning mainly from regular sources of income such as farming, industrial skilled work,

Government service, Private service, or from their own business as a single source of income. While the rest of the families in Mewat were earning from irregular sources of income, by working as daily wage laborers, farm workers, unskilled and seasonal workers.

- **Sources of Income in Jhajjar:** In Jhajjar, 29.2% (n=274) of the families who disclosed their income earned from regular sources. Rest of the families earned mostly from irregular work
- **Multiple Sources of Income:** Very few families from both the districts i.e., around 5 % of the total interviewees earn from multiple sources of income.
- **Women lack Disposable Income:** While families in both the districts earned from regular, irregular, or multiple income sources, 651 of our respondents (N =702) in our survey expressed that they do not earn despite working on their own farms. Neither do they have disposable income nor decision making powers to invest in personal medical care related to MHM.

3.1.4 SOURCES OF FAMILY INCOME



*Multiple Choice Question

TRADITIONAL KNOWLEDGE & SKILLS

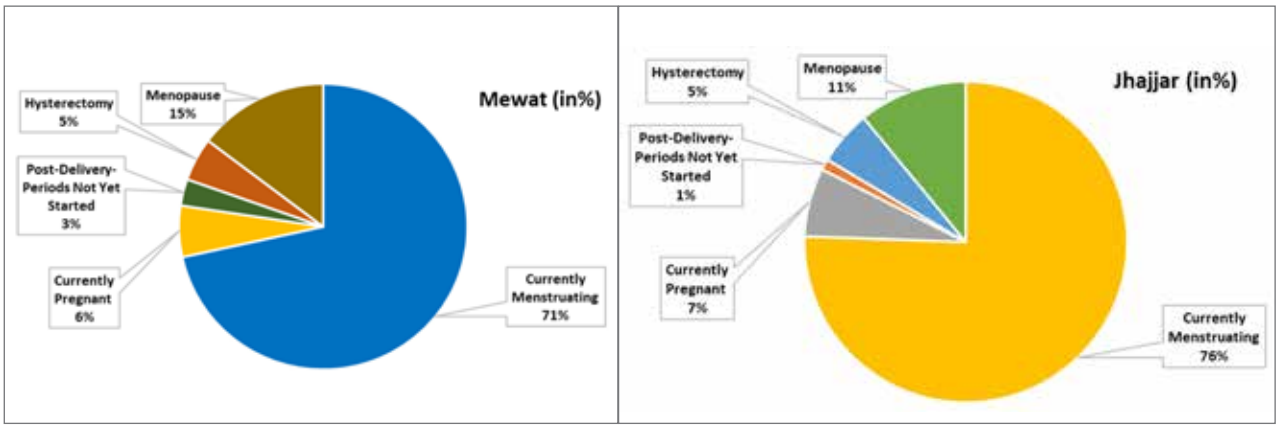
Women in Nuh and Jhajjar possess traditional knowledge and skills such as tailoring, pad-making, embroidery, knitting and weaving.

- **Traditional Skills:** 138 women from our sample in Nuh and Jhajjar reported possessing traditional skills. Only 28.3% women earn from these skills.
- **Income/ Earning in Mewat:** In Mewat, 23 (41.8%) out of the 55 women who reported possessing traditional knowledge and skills, earned from their skills. In Jhajjar, 16 (19.3%) out of 83 women who reported possessing traditional knowledge and skills utilise these to earn an income.
- **Income/ Earning in Jhajjar:** The proportion of women earning from their traditional skills in Jhajjar was nearly one in five whereas in Mewat 42% EAMW reported that they earn from the traditional skills they possess.

Since traditional skills and knowledge can empower women in various ways and augment family income too, we suggest that women may be encouraged to earn through native arts and talents, where they form one of the best options. In Mewat, many women seem to be enthusiastically earning through traditional skills such as tailoring, embroidery etc. Vocational training schemes and centers around such arts and crafts can help Mewati women to come up and improve their prospects while the women in Jhajjar who lag behind in traditional skills can become monetarily empowered and confident to protect themselves from discrimination and domination that they face in the local social context.

3.1.5 MENSTRUATION STATUS

- **Total EAMW**: Out of 702 women surveyed through MPQs from both the districts of Haryana, 573 women (i.e., 81.6 %) were in their active menstrual years.
- **Age at Menarche:** Average age at menarche was 13, whereas the average age at attaining menopause was 42.6 years.
- **Number of Hysterectomies**: A total of 36 (4.8%) hysterectomies were done among the women in our sample from Haryana, with the average age at hysterectomy around 38.7 years.



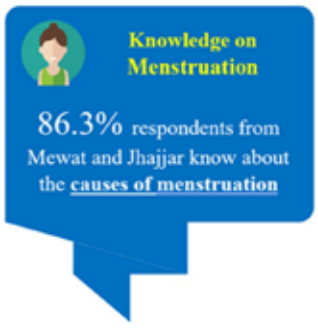
3.2 DISCOURSE ANALYSIS:

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.

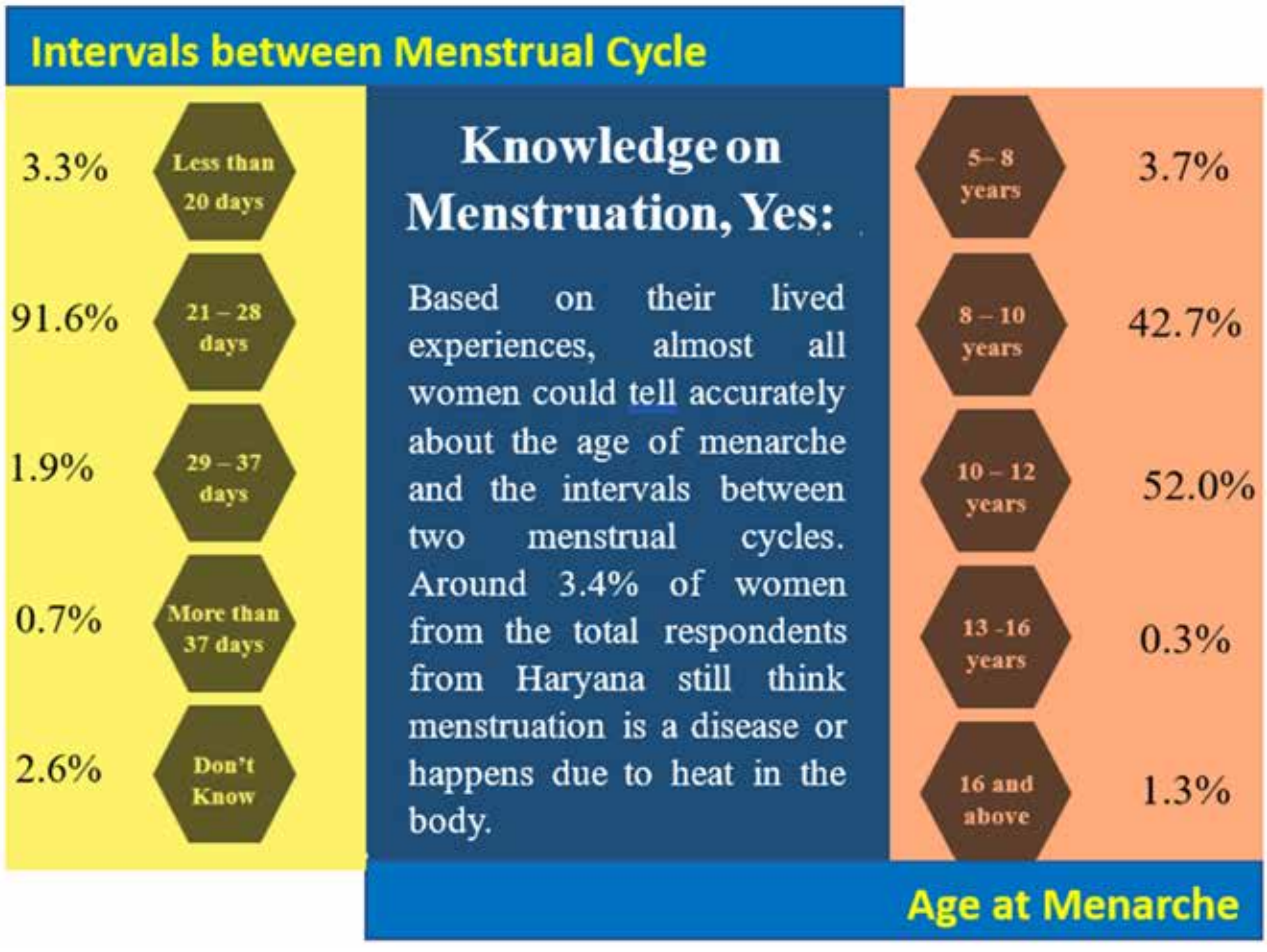
3.2.1 KNOWLEDGE ABOUT MENSTRUATION:

Knowledge About Menstruation	Mewat (in %)	Jhajjar (in %)
Total Respondents	**428**	**274**
Causes of Menstruation		
Hormonal change	83.2	91.2

Knowledge About Menstruation	Mewat (in %)	Jhajjar (in %)
Disease	3.3	3.6
Don't know	12.1	5.1
Due to heat in the body	1.4	0.0
Organs Involved in Menstruation		
Uterus/ Birth canal	93.5	96.0
Abdomen/ Bladder	2.3	0.7
Don't know/ not answered	4.2	3.3



Precise Information: Though, 95% of the women are biologically aware as they could answer questions on organs involved in menstruation, however 13.7% could not answer about causes of menstruation.



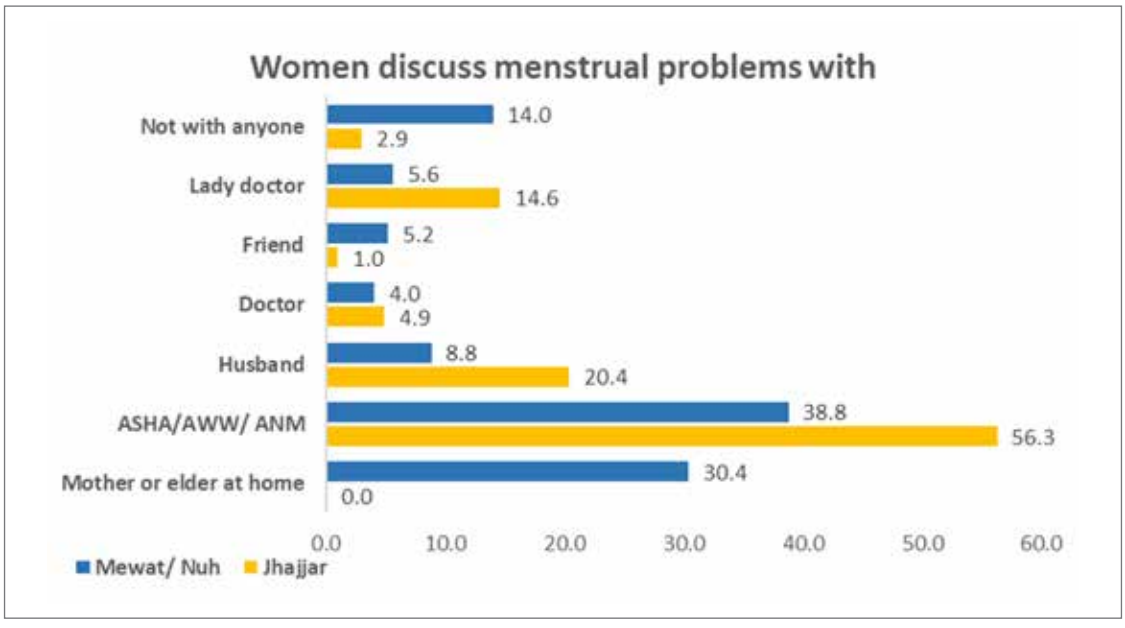
- **Basic Understanding, Yes:** Based on their lived experiences, almost all women could tell accurately about the age of menarche and the intervals between two menstrual cycles. Around 3.4% of women from the total respondents from Haryana still think menstruation is a disease or happens due to heat in the body.
- **Precise Information:** Though, 95% of the women are biologically aware as they could answer questions on organs involved in menstruation, however 13.7% could not answer about causes of menstruation.

3.2.2 SOURCE OF INFORMATION ABOUT MENSTRUATION

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

- Top sources of information for young girls about menstruation at the time of Menarche were parents, grandmother, sister, or sister-in-law reported from both of the districts

Women like to discuss their menstrual problems with the following:

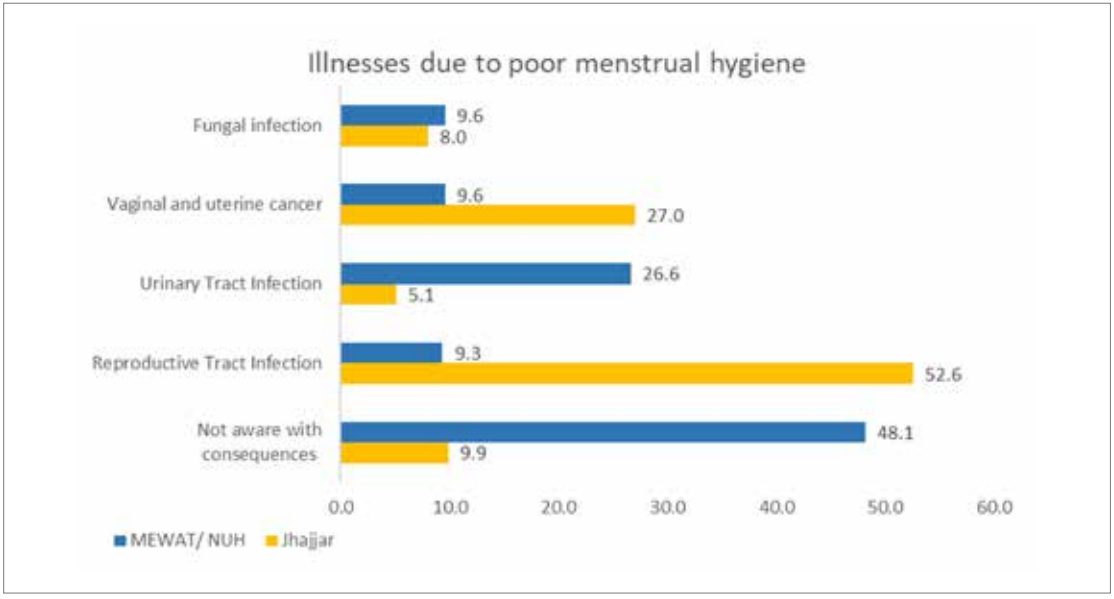


*Multiple Choice Question

- **Close Relatives:** Mothers and elders were the most important source of information on menstruation for our respondents when they experienced menarche as young girls. 73.4% of the respondents from Mewat and 58.1% respondents from Jhajjar claimed that the primary source of information on menstruation were parents, guardians and relatives like a grandmother, sisters, or sister-in-law.
- **Frontline Health Workers (FHWs):** Out of the total surveyed from Jhajjar, 56.3% were more comfortable to talk about their MHM problems with the FHWs in the village such as Accredited Social Health Activist (ASHA), Auxiliary Nurse and Midwife (ANM) and Anganwadi workers (AWW) rather than close relatives. Unlike in Jhajjar, only 6.8% women in Mewat reported their sources of information as government workers. It emerges that families transfer more information on menstruation in Mewat than they do in Jhajjar
- **Spouses:** 8.8% women from Mewat and 20.4% of Women from Jhajjar felt comfortable talking about menstrual 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 combatting the silence on it.
- **Nobody:** However, 14.0% of our respondents from Mewat and 2.9% from Jhajjar prefer to talk with no one and remain silent about their menstrual problems. While family awareness programmes could benefit the latter, familiarity, and knowledge of functions of FLHWs to spread awareness on women's health can empower the minority -community women in Mewat and this way close an information- communication gap in both the districts.

3.2.3 MENSTRUAL HEALTH, EDUCATION, AND AWARENESS ON INFECTIONS

Apart from the use of different menstrual products, the study presents data on health problems which were experienced by our respondents 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.

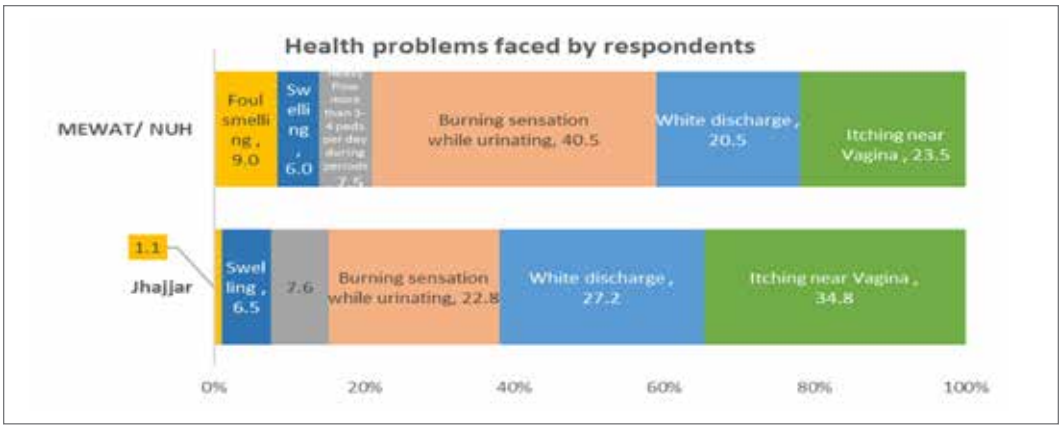


*Multiple Choice Question

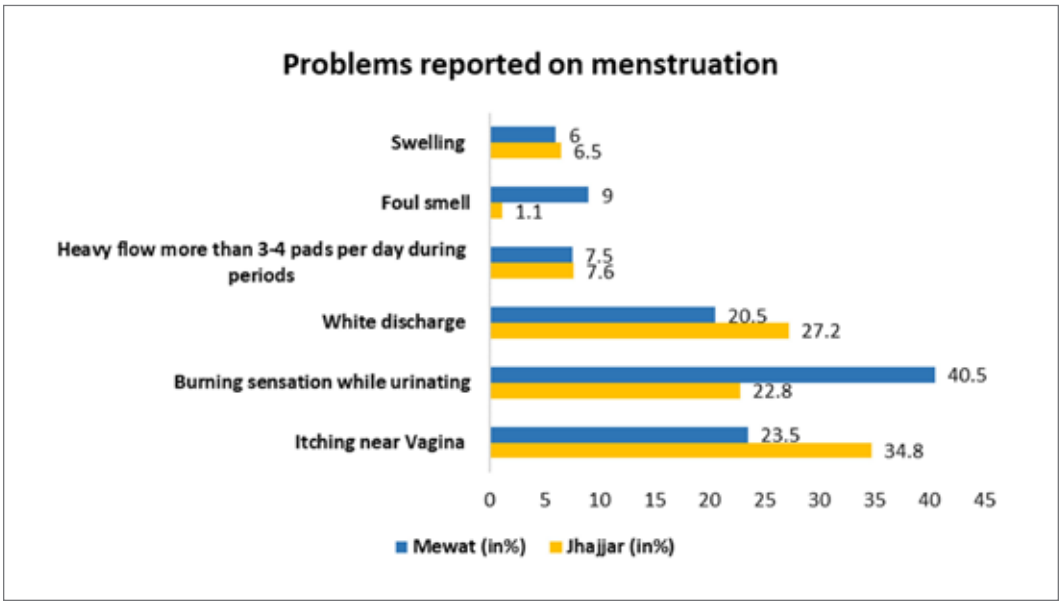
- **Widespread ignorance and low knowledge on exact health risks:** When asked about the side effects of poor menstrual hygiene, 48.1 % of women from Mewat couldn't answer,
- **Fungal Infections and UTIs:** In Mewat 26.9% of women could talk about the occurrence of urinary tract infection. In Jhajjar, almost nine out of ten women could talk about side effects. Reproductive Tract Infection (RTI) was reported by 52.6%, followed by 27% of women who told about vaginal and uterine cancer.
- **Low knowledge on exact health risks:** Adverse health conditions while working in or outside home often lead to rashes, Urinary Tract Infections (UTIs) and Reproductive Tract Infections (RTIs). However, our findings indicate a lack of awareness on these risk factors. Not being able to understand and/or give answers on the relationship between MHM and rashes, infections and other risks indicates ignorance per se.
- **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 Haryana has been that around 26.5% women did not attend schools. 34.9% of our participants (from a total of 702) were women who attended school only up to secondary grade. In other words, all these women did not receive formal education and lost out on the opportunity to discuss it amongst peers, with teachers and counselors and break barriers of communication around the issue. EAMW who participated in our study, were women who could complete their school education and either remain shy to speak or know about menstruation or effectively become silent on the theme.

3.2.4 HEALTH SYMPTOMS AND PROBLEMS DURING MENSTRUATION (MEWAT N=344, JHAJJAR N=229)

Apart from health problems related to infections and diseases during menstruation, all menstruating women were further asked about any other symptoms or discomforts that they face:



- **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:** More than one-fifth (82.1%) of the EAMW from both districts reported that they did not have any health problems during menstruation. In the later part of the survey, however, they confirmed itching near vagina, burning sensation while urinating and white discharge were the top three issues that women faced due to poor vaginal hygiene. Symptoms like swelling and foul smell and heavy flow of more than 3-4 pads per day during periods were also reported by 6% - 9% of women from both the districts.
- Half the women reported seeking medical advice over menstrual health problems and only four out of ten visited a doctor and got cured after completing treatment.
- **Symptoms and Solutions:** Abdominal pain and backache followed by cramps and headache were the top three health symptoms reported by our respondents during menstruation. When faced with one or more physical symptoms, 63.1% of the women from Mewat take rest while 17.7% prefer painkillers. 1.5% of our women interviewees do not take rest/ leave from work due to discriminatory wage cuts. 54.3% of the women in Jhajjar take rest while 23.1% take painkillers in both districts. It was found that women take care of themselves during periods by consuming specific foods. However, more than one- third of the women from both the districts reported that they do not face any health symptoms during menstruation.

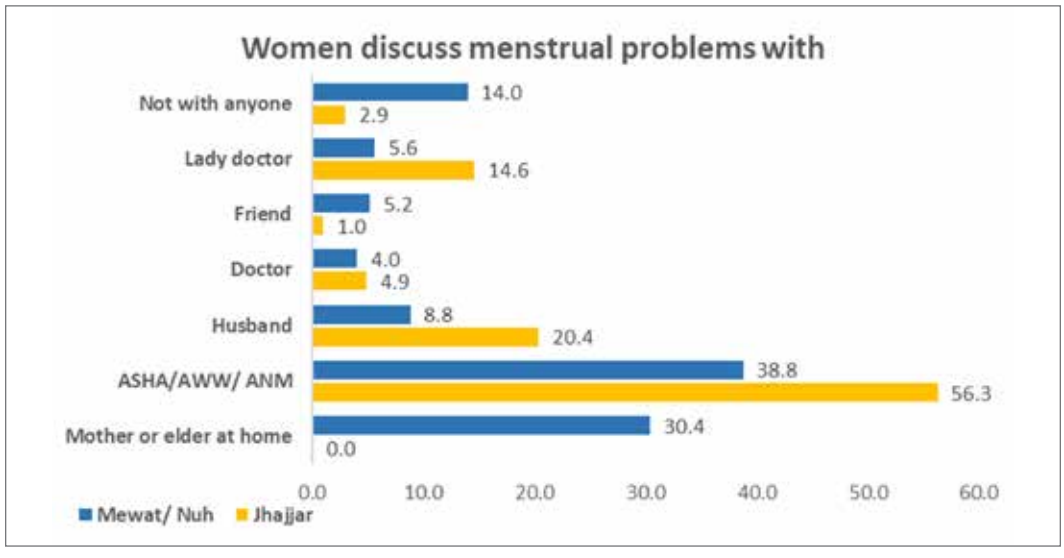


*Multiple Choice Question

Women in Mewat and Jhajjar do not experience physiological and internal problems during their menstrual cycle as much as they face topical disorders. Knowledge campaigns and adopting good practices of personal cleanliness and hygiene, appropriate use of absorbents during menstruation can relieve the women of their MHM related diseases and disorders. Lack of water and contaminated/ saline water in both the districts could be one of the reasons why women's health suffers to the extent found by our survey. 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 combatting health and hygiene related silences on periods in 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.

TALKING ABOUT MENSTRUAL PROBLEMS WITH FAMILY, FRIENDS, DOCTORS AND HEALTH WORKERS

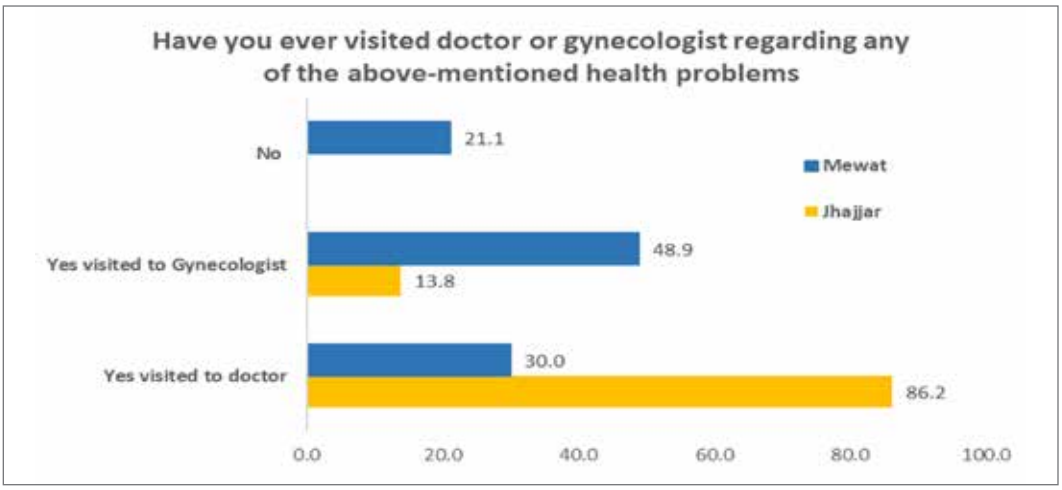
Women who did/do not approach the doctor despite treatment needed give reasons such as 'do not feel the problem is serious', bear silently, feel shy to talk to male doctors where a lady doctor is not available nearby. When medical facilities are located faraway, women refrain from accessing these as there is no one to accompany them, others use home remedies or rely on support from local health workers.

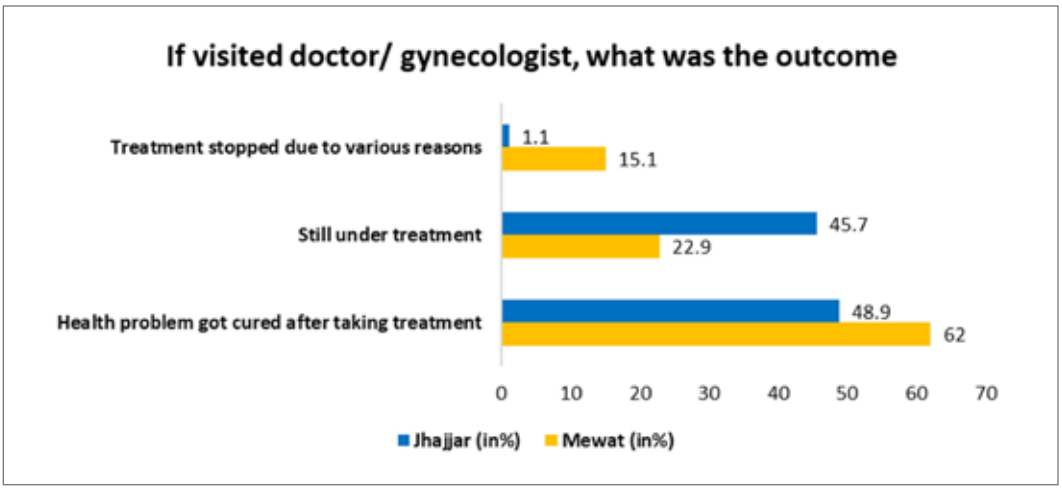


*Multiple Choice Question

- **Denial, Negligence, Silence:** Around 6 out of 10 women from Jhajjar did not report any health problem which indicates a denial or self-negation of women regarding menstrual health issues. By not reporting any health issues they escaped from giving answers of further questions or their silence is just a shield to their hesitation of speaking about their periods and intimate wellbeing in the public domain. Women and girls should be encouraged by their families (especially in Nuh) and the FLHWs (especially in Jhajjar) to articulate their concerns on menstruation with confidence and ease.
- **% Women who speak on Menstrual Issues**: % Women who speak on Menstrual Issues: Around 43.9% of the respondents from both the districts were comfortable discussing menstrual health related problems with frontline health workers like ASHA, ANM and Anganwadi workers.
- **Medical Advice/ Follow-up:** When asked if they visit a doctor or gynecologist regarding any of the above-mentioned menstrual symptoms and discomforts, 47% from Mewat and 65.7% from Jhajjar reported that as they do not think the problem is serious, they have yet to approach the health system. Only 5% of respondents out of total reached the doctor for a menstrual health related problem.

In Haryana, women rely on FLHWs more than they do on medical practitioners for seeking support on MHM. It is hence, the onus of the formal as well as the informal medical system to reach out to these women, break the ice and convince them to participate in their MHM and wellbeing and consult doctors at the right time.





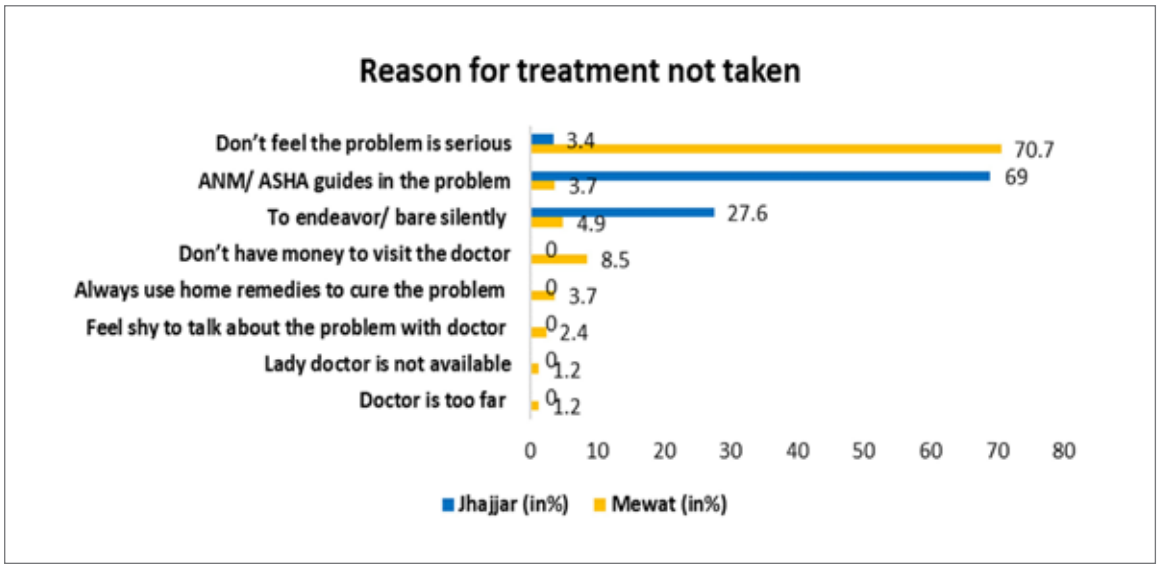
➲ Nearly half of the women from Mewat and two -thirds from Jhajjar reported not having any serious health problems to seek treatment. Around 62% of the women from Mewat (n=428) and 48.9% of women from Jhajjar (n=274) had completed their treatment medically when menstruation related issues arose in the past. Rest of the women reported that despite needing it, they dropped out of treatment due to non-affordability.

Reasons for treatment not taken (Multiple Response)	Mewat (in %)	Jhajjar (in %)	Haryana (in %)
Total Respondents	**82**	**29**	**111**
Don't feel the problem is serious	70.7	3.4	53.2
ANM/ ASHA guides in the problem	3.7	69.0	20.7
Bear silently	4.9	27.6	10.8

Reasons for treatment not taken (Multiple Response)	Mewat (in %)	Jhajjar (in %)	Haryana (in %)
Do not have money to visit the doctor	8.5	0.0	6.3
Always use home remedies to cure the problem	3.7	0.0	2.7
Feel shy to talk about the problem with doctor	2.4	0.0	1.8
Lady doctor is not available	1.2	0.0	0.9
Doctor is too far	1.2	0.0	0.9

3.2.5 REASONS FOR NON-TREATMENT

- **Ignorance:** In Mewat 70.7% women did not feel the problem was serious.
- Frontline Health Workers (FHWs): In Jhajjar 69% women received guidance from local health workers like ANM/ ASHA in the problem.
- **Attitude (Shyness and Silence):** In Mewat, the women bear silently, use home remedies to cure problems, and face shyness in discussing the problem with the doctor and mentioned monetary problems. In Jhajjar, all women reported that they bear problems silently and do not discuss with anyone.
- **Lady doctor/ Gynaecologist:** Women were not in position to discuss the availability of doctors or Gynaecologist due to the taboo and stigma about discussing problems with anybody. Merely 2.4% of our informants from Mewat refrain from seeking medical advice on MHM owing to non-availability of a lady doctor.



*Multiple Choice Question

- **Situations of Health Emergency:** In case of health emergency, women from both the districts were found inclined towards pursuing treatment. 78.9 percent of women from Mewat went to a doctor or gynaecologist for menstrual-related problems, out of which almost half the women (48.9 percent) reported that problems got resolved after taking treatment, but 12 percent of women stopped their treatment due to high treatment costs which they were not able to afford.
- **Reasons for Non-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 including the tendency to be silent on MHM, as shown in the table above. However, a positive way to look at such a finding is that even if they avoid going regularly to a doctor, when an urgent need arises, women do not shy away from seeking consultation with doctors in Nuh and Jhajjar districts in Haryana, unlike our respondents in Maharashtra, Odisha, and Bihar. Also, women in Haryana are more likely to complete their treatments.

3.3 PRACTICE ANALYSIS

Good menstruation practices start with the usage of clean menstrual absorbents followed by maintaining hygiene regularly 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 Mewat and Jhajjar, given their circumstances women also practice traditional methods of MHM besides sanitary pads. Out of a total of 573 menstruating women interviewed, 48.5% from women from Mewat and 62.9% women from Jhajjar use sanitary pads, rest use cloth.

3.3.1 SANITARY PADS OR OTHER ABSORBENTS

- **Cloth:** Out of the total of 573 EAMW interviewed from both the districts, 39.8% women surveyed use only cloth during menstruation. because of its ready availability, affordability, durability and, lack of awareness about other menstrual products
- **Sanitary pads:** Out of 573 menstruating women, 54.3 % of women reported using sanitary pads. When asked about the reasons, they found cloth as a readily available and affordable option to use in combination of pads.
- **Other Material:** 34 women (out of 344) from Mewat i.e. 9.9% reported that they do not use any menstrual products.

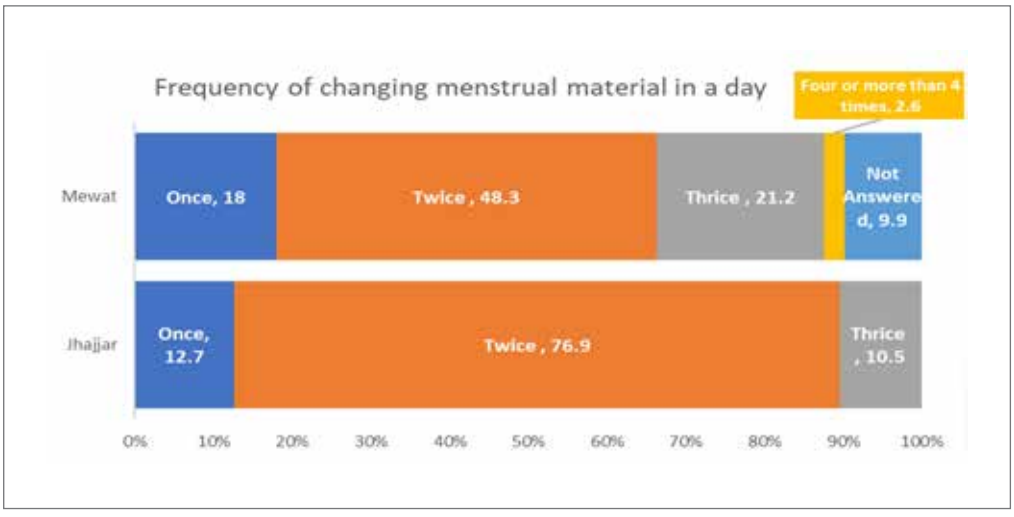
Perhaps why many EAMW (see the section on KIIs below) demand free sanitary pads is because they cannot always afford to buy these. This is surprising because most of our interviewees in Haryana (barring the ones from EWS/ BPL) expressed that they do not have financial constraints. It seems that despite their wealthy backgrounds, women cannot decide/ lack the awareness or orientation to buy pads for themselves or they fail to convince their families to include pads in the monthly budget of the families. Hence the monthly expenditure on menstrual absorbents is low in **Nuh and Jhajjar**. However, this may also be indicative of the silence which enshrouds MHM and inhibits women to take proactive and vociferous decisions towards self-care in Haryana. This study does not promote the use of any one menstrual hygiene product against another, but our findings across 7 states in India indicate that women do ask for free sanitary pads instead of buying them, even if they have the capacity to spend. Women in **Haryana** need to be supported and made aware of MHM so they can be inspired towards enlightened self-care.

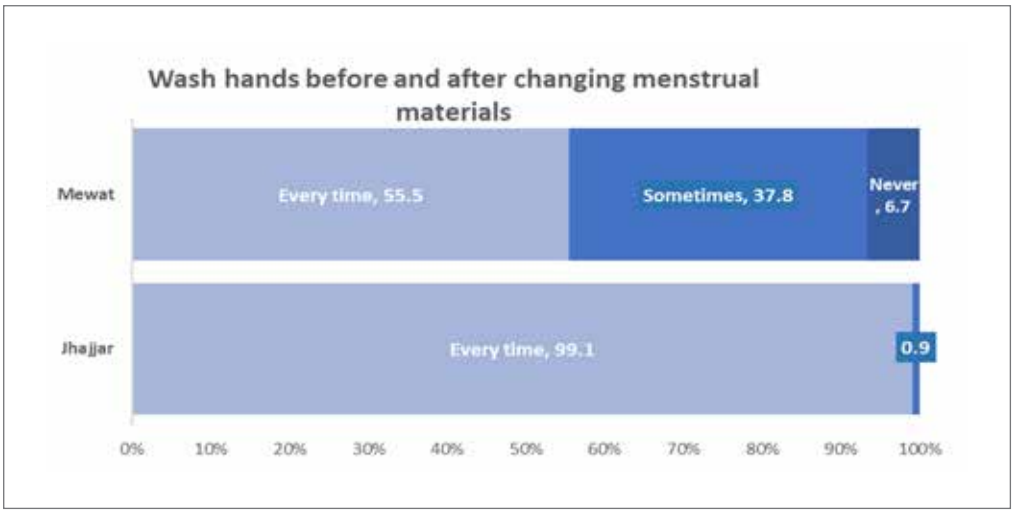
3.3.2 SPENDING CAPACITY ON MENSTRUAL HYGIENE PRODUCTS

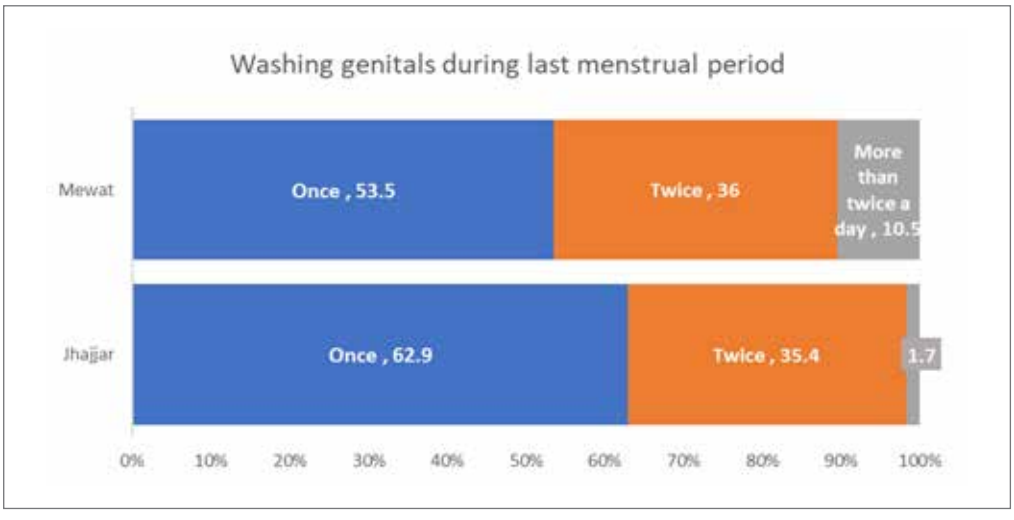
- **Spending capacity:** Though 50.3% women from Mewat and 62.4% women from Jhajjar responded that they have spending capacity on menstrual products, average spending for both districts was very less as per woman reported per month. Average spending capacity for Jhajjar was found to be more (59.54 INR) than in Mewat (32.25 INR). Data also shows that there was no relationship between spending capacity on sanitary pads and the earning of women.
- **Preference of material:** This survey clearly shows how women have specific choices w.r.t use of menstrual absorbents. Apart from affordability, responses came up like easy to use (37.8 percent), easily available

absorbents (53.2 percent), and around one-fourth of respondents were told what is to be used is decided by elders at home (39.4 percent). So lack of decision making opportunities contribute to a silence over many MHM related issues,

3.3.3 PERSONAL HYGIENE PRACTICES AND WASH DURING LAST MENSTRUAL CYCLE (MEWAT N=344 , JHAJJAR N=229)





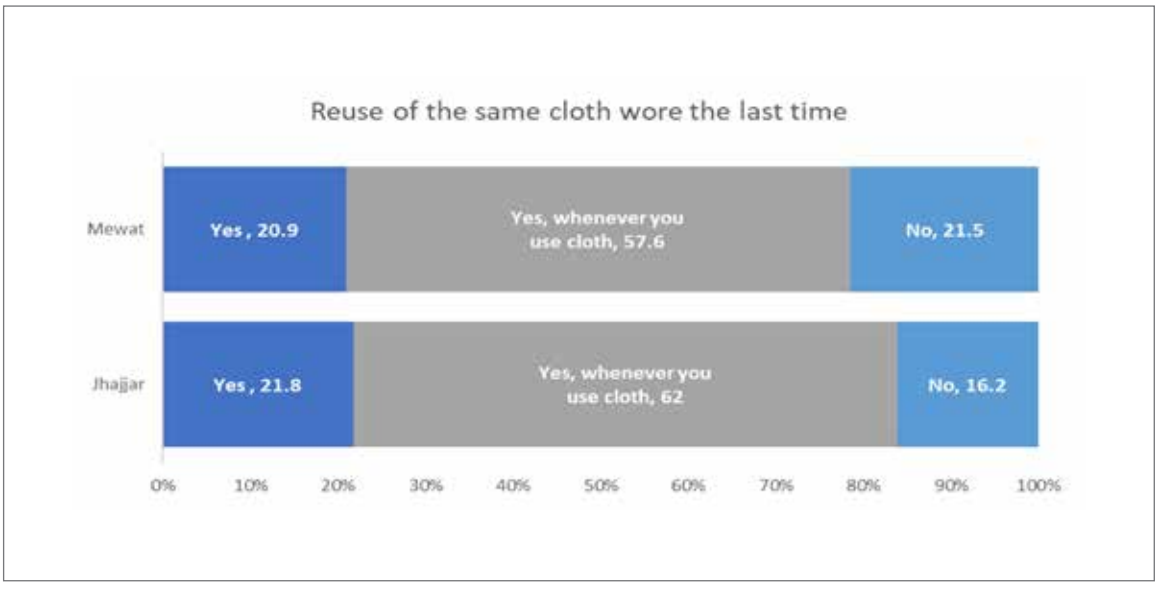


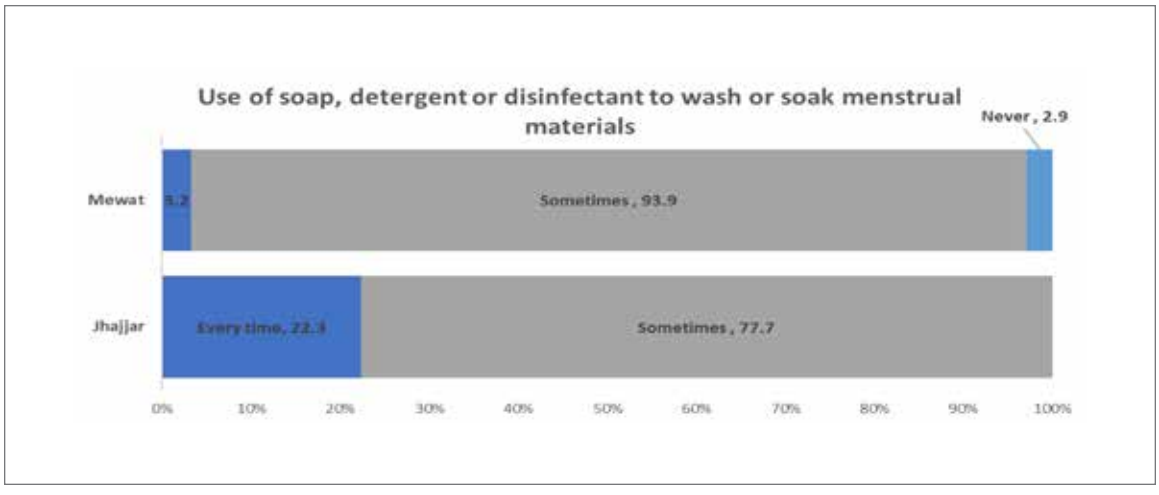
- **Frequency**: From both districts, around 75.6% of women responded that they change menstrual material twice or thrice a day.
- **Washing Hands:** Only 55.5% women from Mewat reported that they wash their hands every time they use or change menstrual material. Hygiene practices were found to be better in Jhajjar where 99.1% of the interviewed women wash hands every time they use/ change menstrual material.
- **Washing genitals during the last Menstrual Period:** From both districts, 93% of women wash their genitals once or twice a day during menstruation. 7% wash more than twice a day. Nonetheless, only 30.9% use soap while washing.

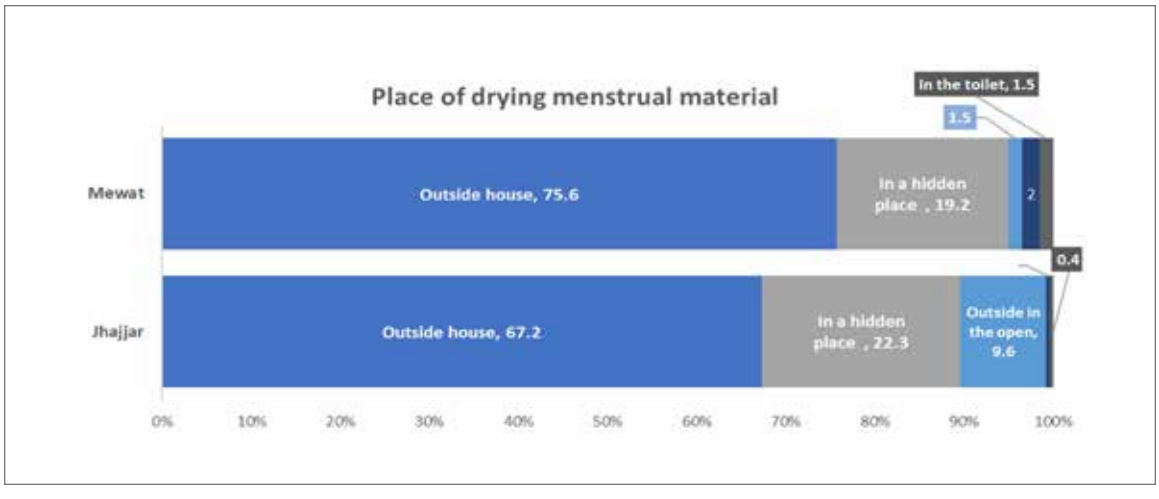
Our data indicates that more awareness towards MHM and WASH alongside provision of and access to proper WASH infrastructure and sanitation services is the most basic need for enabling EAMW and communities to take actions in the Mewat and Jhajjar districts from the state of Haryana.

3.3.4 MENSTRUAL HYGIENE PRACTICES (MEWAT N=344 , JHAJJAR N=229)

Safe hygiene practices consist of washing and timely changing of menstrual absorbents as well as their proper disposal. This may vary with the absorbent type. 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.







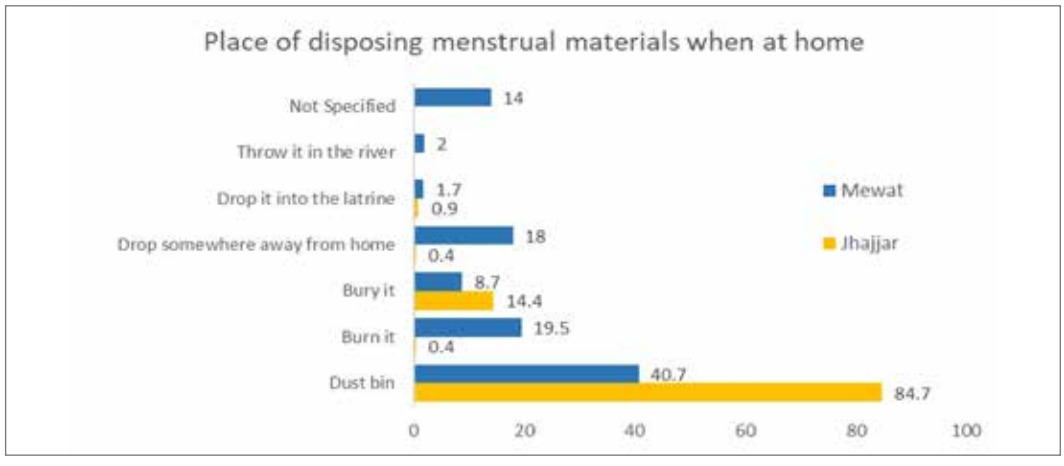
- **Reusing MHM Products:** From both districts, 80.6% of women claimed the use of clean cotton cloth during menstruation, out of which 59.3% of women **reuse the cloth**.
- **Washing MHM Products:** According to our data, 15.3% EAMW from both districts wash their menstrual clothes in toilets or bathrooms at homes as compared to 83.8% EAMW who wash their menstrual clothes outside the house, near hand pumps or a well.
- **Use soap every time:** From both districts, around 10.8% women said that they use soap while washing menstrual clothes every time.
- **Use soap sometimes:** However, owing to prevalence of WASH related hardships, seven in ten women in Jhajjar as against nine in ten women in Mewat use soap only sometimes to wash menstrual clothes.

- **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. Practices related to drying reused menstrual cloth were found to be better in both districts as on an average seven out of 10 women said that they dry menstrual material outside the house. Still, it was stated that one-fifth of respondents i.e 20.4% of women dry their clothes used in menstruation in a hidden place. But 9.6% of the women from Jhajjar responded that they dry their menstrual clothes in the open.
- **Use of dry menstrual material:** 12.5% women from Mewat sometimes or never use completely dry menstrual material which is a worrisome situation and which may lead to developing various types of infections and irritations.

3.3.5 AREA-SPECIFIC DISPOSAL MECHANISMS (MEWAT N=344 , JHAJJAR N=229)

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.

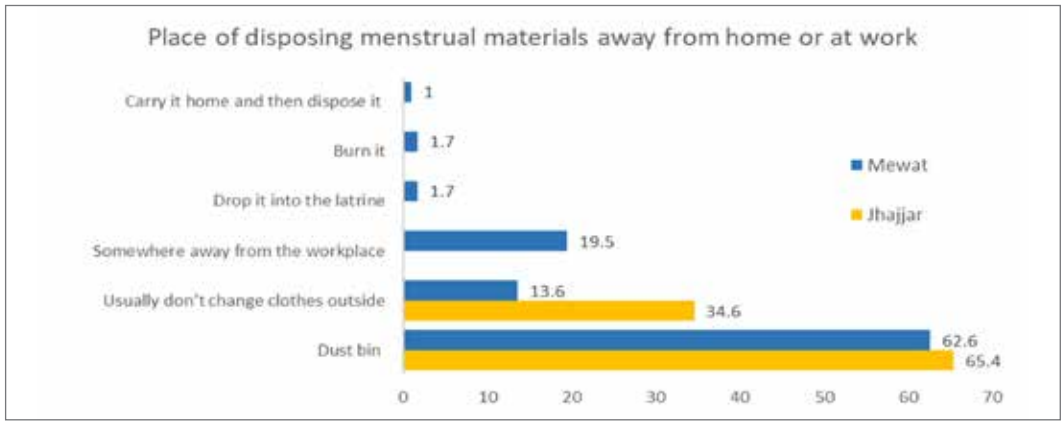
Methods of disposal in Both Districts: When at Home



*Multiple Choice Question

- **Top Practices:** When at home, 40.7% women in Mewat wrap menstrual material in a paper or plastic bag then throw used material in a dust bin, followed by 8.7% who bury or 19.5% who burn whereas most of the women in Jhajjar (84.7%) throw in the dust bin or 14.4% bury it.
- When asked about the system of disposal of menstrual material in their area, it was found that they have to manage problems at their own levels. The district does not support any disposal mechanism for menstrual material.

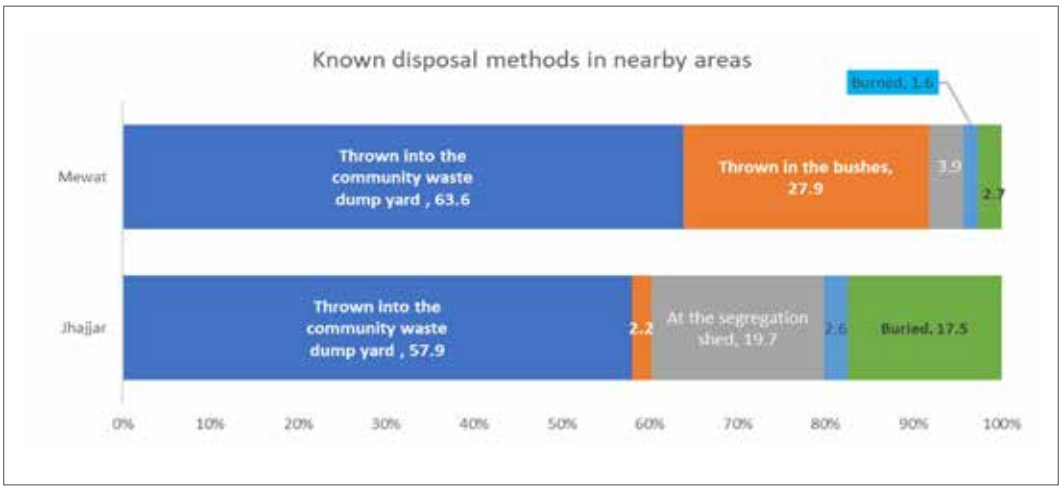
Methods of disposal in Both Districts: When away from Home



*Multiple Choice Question

- **Top Practices:** Almost two-thirds of our respondents throw their used menstrual waste in dustbins when away from home. One third of the women in Jhajjar and 13.6% from Mewat do not change menstrual material when outside home. 19.5% of women from Mewat practice throwing it somewhere in the open space.

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



- According to around 60% of our respondents, the used menstrual material is mostly thrown in the community waste dump yard in the village and nearby areas.
- **Disposal of MHM Waste and WASH concerns**: 72 (27.9%) of respondents from Mewat (n=258) throw used menstrual material somewhere away from home in bushes.

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 Haryana's Mewat and Jhajjar districts, the same being presented as follows.

Customs followed by women in reference to Menstruation: Mewat District (n=428)

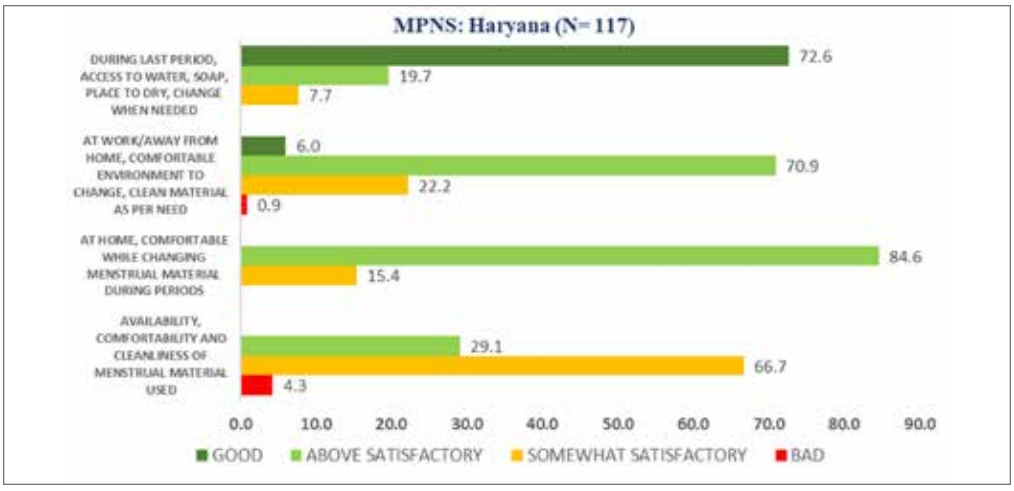
Mewat (428 respondents)	Strongly agree	Agree	Disagree	strongly disagree
I am allowed to mix with others socially during my periods.	25.2	20.3	54	0.5
I am not allowed to attend any social rituals during my periods.	0.9	40.2	58.2	0.2
I do not go to religious places during periods.	1.2	52.2	45.3	1.2
I avoid traveling during periods.	0.2	17.3	81.8	0.7
I am told to stay in the corner of the house during my periods.	0.5	11	84.8	3.7
	Yes	**No**		
I am allowed to carry out routine work at home during my periods.	98.8	1.2		
I am allowed to cook in the kitchen during my periods.	96.7	1.3		

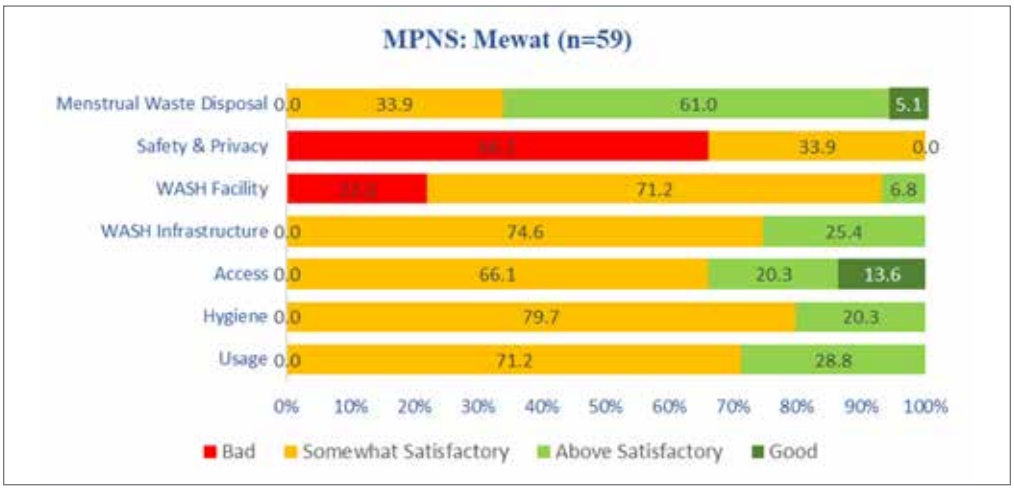
Mewat (428 respondents)	Strongly agree	Agree	Disagree	strongly disagree
Others in my family take care of me during periods.	92.1	7.9		
I have freedom to visit doctor in case of any health issue.	93.5	6.5		
I am allowed only special foods during periods.	52.3	47.7		
I sit for lunch and dinner with all my family members.	85.3	14.7		

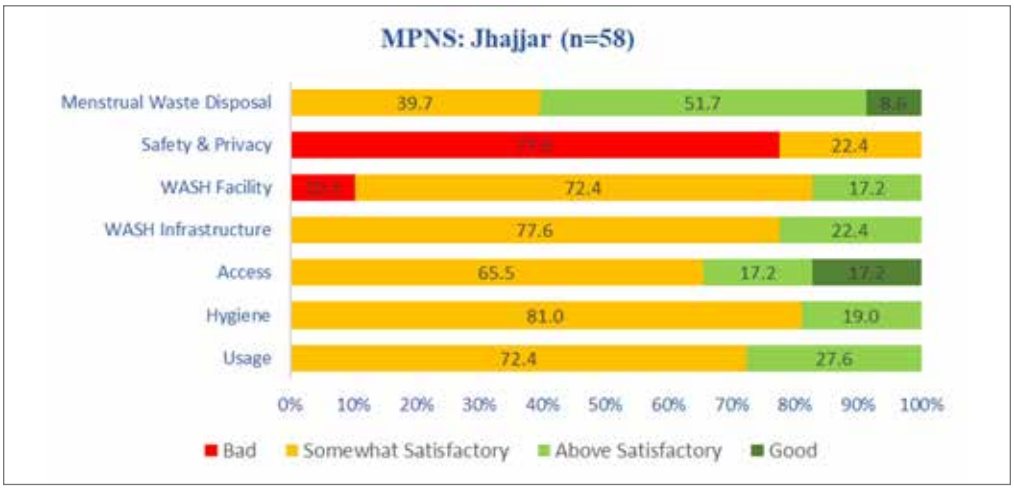
Customs followed by women in reference to Menstruation: Jhajjar District (n=274)

Jhajjar (274 respondents)	Strongly agree	Agree	Disagree	strongly disagree
I am allowed to mix with others socially during my periods.	3.3	89.4	7.3	0
I am not allowed to attend any social rituals during my periods.	0.4	34.7	63.9	1.1
I do not go to religious places during periods.	1.8	93.8	4.4	0
I avoid traveling during periods.	0	41.2	56.6	2.2
I am told to stay in the corner of the house during my periods.	0	4.4	69.3	26.3
	Yes	**No**		
I am allowed to carry out routine work at home during my periods.	98.9	1.1		
I am allowed to cook in the kitchen during my periods	96.4	3.6		
Others in my family take care of me during periods.	98.2	1.8		
I have freedom to visit a doctor in case of any health issue.	97.1	2.9		
I am allowed only special foods during periods.	11.7	88.3		
I sit for lunch and dinner with all my family members.	61.7	38.3		

- **Religious places**: 52.2% of women in Mewat (n=428) were neither allowed to go to religious places during their periods nor socialize. Similarly, more than half of the women do not visit religious places in Jhajjar or socialize during their periods.
- **Travel:** Eight in ten women said that they travel during periods and enjoy working at home, working in the kitchen without any restrictions during their periods. Also 93.5% have the freedom to visit a doctor in case of any health issue.
- **Socialise:** 89.4% of women from Jhajjar (n=274) were allowed to socialise with others during their periods, but not allowed to go to religious places during their periods. Almost one third were not allowed to attend social rituals and almost 95.6% women were not allowed to visit religious places.
- **Cook:** Almost all i.e., above 95% said that they can work in the kitchen without any restrictions and carry out routine work at home during periods.
- **Visit a doctor**: Also 97.1% have the freedom to visit a doctor in case of any health issue.







3.3.8 MENSTRUAL PRACTICE NEEDS SCALE (MPNS)

The MPNS was used to measure and assess the felt needs and experiences of women during their last menstrual period. 117 respondents from both the districts in Haryana 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 Mewat and Jhajjar districts in Haryana:

- **Availability, comfortability and cleanliness:** After being assessed on the MPNS, it was observed that 66.7% of respondents rated the availability, comfortability and cleanliness of menstrual material used at below satisfactory levels of comfort. The rest, i.e. three- fourth of the women rated their comfortability

and environment to change clean material as per need as well as access to water, soap, place to dry and change material when needed as above satisfactory to good level during their last menstrual period (i.e. the previous menstruation cycle).

- **Privacy:** 49 women from Mewat, when measured on the MPNS, based on their last menstrual experience about privacy, WASH infrastructure, hygiene practices and usage of menstrual material rated these at below satisfactory levels.
- **Hygiene:** 58 women from Jhajjar, when measured on the MPNS, based on their last menstrual experience about privacy, WASH infrastructure, access, usage of menstrual material and hygiene rated it as below satisfactory levels.

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.

Villages selected from Nuh and Jhajjar have a varied population profile, Jhajjar is led by mainly a General Castes majority followed by the presence of OBCs. Nuh/ Mewat has BC and MBC majority communities followed by General Castes, OBCs and SCs. From these two districts, we include intersectoral aspects, issues and themes such as education, WASH, livelihood and health that impact women's MHM and wellbeing at various levels.

- **Acute Drinking Water Scarcity:** Due to the clayey soil conditions of the terrain in both the districts, water logging occurs at many land-patches. The severity of such waterlogging increases post-monsoon when excess water remains stagnant due to the absence of drainage, which is an additional challenge in Jhajjar and Nuh. Likewise, the groundwater salinity in both the districts is compounded by the extremely high TDS (Total Dissolved Solids) levels and other chemical contaminations thereby making water unfit for drinking, cooking etc as well as agricultural purposes. This results in an uneven water supply and shortage, thereby forcing households, schools and farmers to buy water through tankers once in every 15 days.
- **Interpersonal Milieus and Health**: In both Jhajjar and Nuh, menstrual well-being narratives seem suppressed in the case of younger menstruating women (till their mid-thirties) who are dominated by feelings of hesitation to speak about the phenomenon. The answers may lie in the way that older menstruating women who do visit doctors and PHCs fail to integrate younger, married women within families towards active medical care when faced with menstrual health issues. Even school teachers in Jhajjar and Nuh, often refer to menstruation as a 'problem'. Hence growing up in and moving into social milieus ridden with dearth of sensitisation on menstruation create interpersonal barriers in effective MHM and women's health, as our data in sections below indicates.
- **Income and Decision Making**: Our data (analyzed in various sections of this report) indicates that EAMW who participated in this survey come from relatively prosperous families and also have their own farm-based incomes. However, owing to family related barriers, none of the women have disposable income. They are also not able to make proactive decisions on MHM or spend on menstrual absorbent and personal menstrual care.

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. To impart an inter-sectoral focus on MHM related narratives and practices from diverse contexts and cross-sections of society, we bring analysis on ten villages, five each in the Aspirational Districts of Mewat and Jhajjar. We document the lives of farmers, farm workers, labourers, unskilled workers from MHM perspectives from menstruating women. The overall narrative of different practices on MHM in these villages mainly 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.

3.4.1 MIGRATION AND HEALTH

In Jhajjar and Nuh, 34 out of a total of 702 women interviewed for this study mentioned that they migrate for work with their families.

- From Jhajjar 20 families migrate for long term agricultural work, sugarcane cutting, brick-making, construction work, etc.
- In Nuh, 11 families migrated for long term agricultural work such as sugarcane cutting, tea plantation, or farm labor. Three families migrated for local farm work and daily-wage work. Some migrant families in this district migrate for stone quarrying, mining, and working in restaurants.
- Our findings indicate that 18 out of the 34 migrant women strongly feel that their seasonal work conditions and resource scarcity influences their menstrual health negatively.

3.4.2 TRADITIONAL SKILLS AND EARNING CAPACITY

Our data shows that out of the 138 women (N=702) who possessed traditional skills, more than 50% were capacitated in four main activities. namely, craft, embroidery, knitting, weaving, tailoring, and pad-making. However, out of the women possessing traditional skills and knowledge only 28.3% earn from their knowledge and customary skills.

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

3.4.3 WASH AND MHM

According to the NFHS-5 Report, 97% of households from Mewat and Jhajjar live with an improved drinking water source. If we look further at NFHS- 5 data on households, 91.7% in Jhajjar have improved sanitation facilities as compared to 71.7% from Mewat (International Institute for Population Sciences (IIPS) and ICF 2021, p. 51, 87).

WASH & MHM	Mewat (in %)	Jhajjar (in %)
Total Respondents	**428**	**274**
Water Facility at Home		
Bore well/ Tube well/ Well covered	3.3	36.5
Hand pump	10.7	36.5
Piped water/ Piped to yard/ Plot/ Public tap	40.9	26.3
Tanker/Truck / Cart with small tank	45.1	0.7
Toilet Facility at Home		
Individual household latrine	81.1	100.0
Community toilets	16.8	0.0
Open defecation	2.1	0.0
Type of House		
Kutcha	10.7	7.3

Pucca	58.4	44.5
Semi pucca	30.8	48.2

- **Facilities at home**: 54.9 percent of women from Mewat said that they have regular sources of water through piped water, public taps, hand pumps, bore wells, or tube wells. The remaining 45.1 percent of women mentioned the scarcity of water and that they have to source the water through a tanker/truck/cart with a small tank. The situation in Jhajjar regarding household facilities was found to be better than in Mewat regarding drinking water and toilet facilities.
- **Kind of House:** Housing conditions were found to be better in both the districts where almost 53% of the families have pucca houses (roof, wall and floor all are made up of pucca material) and 37.6 families interviewed live in *semi pucca* houses (roof, wall and floor all made with kutcha material). Only 9.4 families live in *kutcha* houses (either 1 or 2 from roof, wall and floor is made up of kutcha/ makeshift materials).
- **Toilet Facilities:** 89.3% families (n=428) in Mewat have semi-pucca or pucca houses . 81.1% families use Individual Household Latrines (IHHL), the rest use community toilets. 2.1 percent of families defecate in the open. In Jhajjar, 92.7% (n= 274) families live in pucca and semi-pucca houses whereas 100% of the families use IHHLs.
- **Sanitation and Access Challenges:** One of the main everyday challenges in the area emerged to be compromised access to potable water and proper drainage system. Our findings indicate that almost half of the population surveyed in Mewat needs to purchase water from tankers. Piped water coverage was stated by 40.9 % of the respondents from the district whereas three-fourth of the respondents from Jhajjar rely on tube well bore wells and handpumps. This indicates excessive reliance on private sources to extract ground water. which, given the water salinity and TDS in the region implies exposure of the people to water that is not potable as well as heavy on chemical contaminants. Poor quality of water, if used consistently, has its own overall pitfalls and health risks, but for menstrual hygiene management it presents additional challenges for EAMW in Jhajjar and Nuh

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. Therefore, the access to the toilet and bathroom become a critical need during periods.

3.4.4 EDUCATION AND MHM

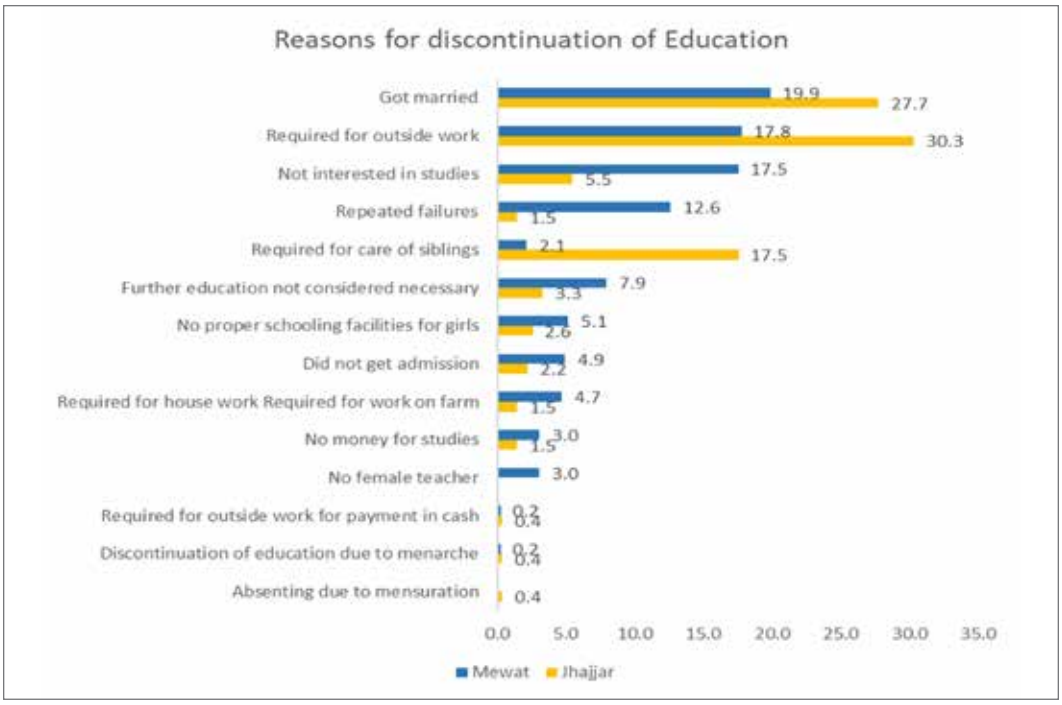
Around two-thirds of women from Mewat have completed education till secondary, whereas 57.3 percent of women from Jhajjar have completed their education beyond higher secondary. Top three barriers in the way of education reported from Mewat include education being stopped as the girl was married off (19.9%), or she was required to contribute to the family income by working against wage-labour.

Education and MHM	Mewat (in %)	Jhajjar (in %)	Haryana (in %)
Total Respondents	**428**	**274**	**702**
Education			
No education	29.9	21.2	26.5
Primary (1st -4th)	21.7	8.0	16.4

Education and MHM	Mewat (in %)	Jhajjar (in %)	Haryana (in %)
Secondary (5th-7th)	21.7	13.5	18.5
Higher Secondary (8th-10th)	16.1	34.7	23.4
12th/ Undergraduate	9.1	19.7	13.2
Graduate and above	1.4	2.9	2.0
3.4.4 Reasons for Discontinuing Education			
Family barriers	29.9	48.5	37.2
Monetary barriers	25.7	33.6	28.8
Educational barriers	30.4	7.7	21.5
Lack of facilities	13.1	4.7	9.8

- **Bottlenecks**: Bottlenecks: In Jhajjar, out of the 33.6% responded to Monetary barriers of which 30.3% of girls were required to contribute to the family income by working against wage - labour. 25.7% of the women from Mewat responded that monetary barriers were the main obstacle such as no money for studies or family priority being they help in household chores as their parents worked on farms. Family-based barriers such as further education not being considered necessary play an important role in an adolescent girl's prospects of completing education. 17.5% of women from Jhajjar reported that they were required at home to take care of their siblings. 17.5% of women had dropped out of school as they were required at home to take care of their siblings and another 17.8% reported no proper schooling facilities for girls or non-availability of female teachers (3%)
- **Schools in need of Improvement:** In Haryana, our key informants have indicated (in section 4.1 and 42.) that schools are in a bad shape, lack cleanliness and hygiene, have no maintenance staff to clean toilets in many places and in general suffer extreme shortage of water. In such a situation, it is certainly difficult for menstruating girls to attend school regularly, especially when some teachers in Haryana consider menstruation as a 'problem', (refer to Part IV below).
- **Menarche and Marriage:** Overall, in Jhajjar marriage emerged as the single most prominent reason for not being able to complete education beyond school whereas one-third of the women from Mewat reported that they had to discontinue studies as their families did not consider education necessary. The average age of marriage has been reported to be around 18 to 19 years whereas the school drop-out rate for girls is high in the areas studied. 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.
- **Failing/ Lack of Interest**: Girls not being interested in studies (17.5%) and repeated failures (12.6%) emerged as the next set of reasons in Mewat for the discontinuance of education. In some cases, the families did not wish for girls to continue their education as it was not considered necessary.

All these barriers show education for women has many hurdles in both the districts. Barriers range from social barriers, monetary barriers due to poverty to lack of facilities in schools such as the availability of female teachers, and availability of schools nearby. Yet, our data indicates that there are positive changes in many contexts and a little policy push can go a long way in securing MHM focus and care in the educational sector.



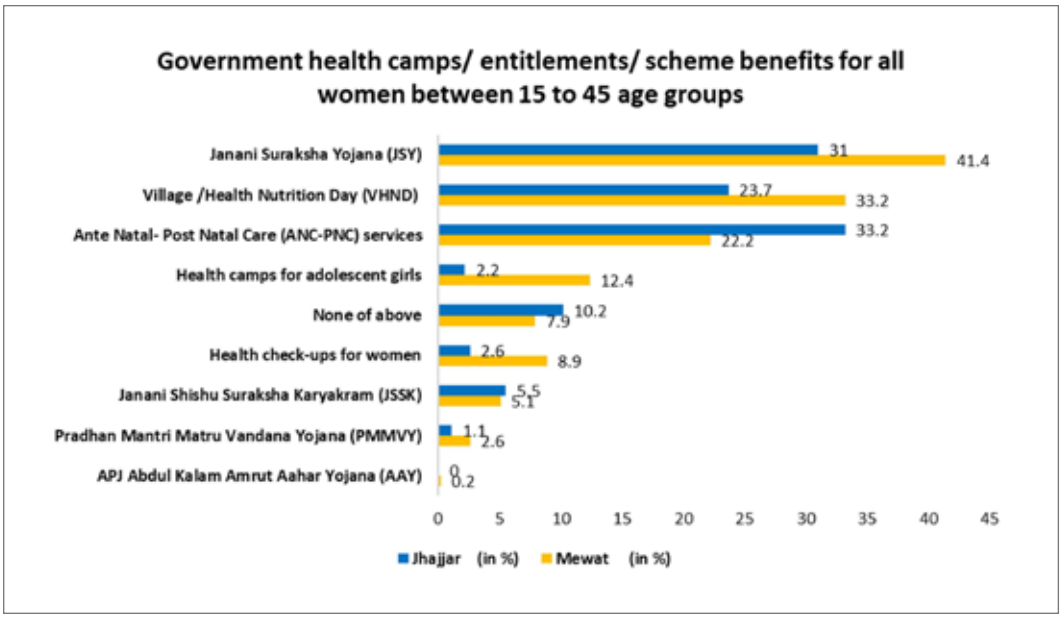
*Multiple Choice Question

Our survey affirms that there is a strong relationship between educational challenges and the onset of puberty and menstruation. However, in the case of our respondents from Haryana, the barriers to education are not related only to community attitudes post-menarche or girls absenting themselves during menstruation. It is about families needing support for augmenting their incomes, or girls being required to take hold of household chores. Moreover, in both the districts of Haryana only few women reported dropping out of the school owing to puberty or post-menarche. Majority were allowed to carry on education where schools were near and had safe MHM facilities, such as clean and functional toilets.

3.4.5 AWARENESS TOWARDS PUBLIC POLICY AND COUNSELING ON MHM PUBLIC POLICY:

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. Most women in both the districts are aware of public policy.

- **Local Health Services:** In both districts, women respondents were informed of availing benefits from the Janani Suraksha Yojana, VHND and ANC - PNC services. The data shows that merely 14.8% of women (N=702) and adolescents participated in health check- ups. 98% of the women respondents from both the districts were not even aware of Pradhan Mantri Matru Vandana Yojana (PMMVY).
- **Engagement with Public Health Services**: Janani Surakhsna Yojna (JSY) benefits nearly 265 women in both the districts. While Antenatal Care and Postnatal Care (ANC-PNC) services are availed by 186 women. Another 207 participate and attend the Village Health Nutrition Day (VHND) on a regular basis.
- **Importance of Health Camps**: Women across various contexts are differently integrated with the national public health infrastructure and policies. Health camps, which are periodically organized in villages, are specifically important and needed in areas which are remote and cut-off or where Sub-centers are not available. Our survey findings indicate that a major chunk of the population surveyed from both the districts, JSY, VHND, ANC-PNC services were received by women. 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.



*Multiple Choice Question

- **Significance of Public Health Facilities:** Health support systems in India are designed such that for every 1000 population there is Accredited Social Health Activist (ASHA) appointed, for around 5 to 6 villages, there is a Sub Centre where treatment for small illnesses as well as 24/7 facility of delivery is available. After that, for every 30000 people, there is a Primary Health Centre (PHC). And as we move further, Rural or Sub District hospitals, district hospitals in urban areas, municipal corporation health clinics, and hospitals are available.
- **Accessibility and choice:** EAMW covered in this survey were asked through IDIs about the nearest accessible public health facilities for getting treatment or pursuing their health issues. When asked whether they get accessible/ affordable treatment from government health facilities, 83.2% of women from Mewat and 88.7% from Jhajjar responded positively. Very few respondents from both the districts reported that they do not avail general treatment from public health facilities. When women (between the age group 19 to 49 years) covered in this survey through In-depth Interviews (IDIs) were asked about the nearest accessible public health facilities for getting treatment for their health issues, the nearest public health facilities reported by Mewat women were Primary Health Centre (60 .7%), Rural hospitals (22.4%) and Subcenter (9.3%). The nearest public health facilities reported by Jhajjar women were Primary Health Centers (56.2%), Rural Hospitals (24.5%), and District Hospitals (16.8 %).

Our findings indicate that women are familiar with and dependent on the services guaranteed from the public health system as well as they receive monetary benefits from the schemes such as Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY) and transportation facilities under Janani Shishu Suraksha Karyakram (JSSK) along with ANC and PNC services. 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, WASH and livelihood.

COUNSELING

Upon being asked if they ever received any counseling on menstrual health, 64.8% of our interviewees responded in the affirmative. Counseling on MHM was received from health workers such as ASHA, ANM and AWW.

Received counseling on Menstrual Hygiene from health workers	Mewat (in %)	Jhajjar (in %)
Total Respondents	**428**	**274**
No	18.9	60.6
Yes	81.1	39.4

Yes: Upon being asked if they ever received any counseling on menstrual health, 64.8% EAMW responded in the affirmative. Counseling on MHM was received from health workers such as ASHA, ANM and AWW. Out of the total respondents, 81.1% EAMW from Mewat (n=428) and 39.4% from Jhajjar (n=274) reported that they seek counseling, guidance, and treatment on health issues from the public healthcare facilities.

No: In Haryana 247 women, out of a total of 702 had never received counseling on menstruation or MHM in their villages.

There are various maternal and child health programs designed by the government of India through which menstruating women get benefits from various services and schemes. Along with other counseling sessions, if counseling on menstrual health hygiene is given to women, they would benefit in terms of being better informed and alert on MHM.

4 VOICES, EXCERPTS AND OBSERVATIONS

As part of our research, we conducted Key Informant Interviews (KIIs) in both the selected districts from Haryana. People interviewed during this exercise were important stakeholders in communities and villages such as Anganwadi workers, ANM, Sarpanchs, 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 of the village population and in a small but significant way 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:

Nuh (Data derived from 5 villages of the district): In the Nuh district of Haryana, 7 respondents across 5 villages stated that their areas experienced water scarcity to the extent that potable water had to be bought by the residents. Five respondents informed us that free sanitary pads were distributed to the women in their villages. Two respondents added that there are strong taboos in the villages related to menstruation. ASHA in one of the villages interacted with women to counsel them on MHM, while an Anganwadi worker in another village of NUH worried about the situation of menstrual waste generation in her village.

Jhajjar (Data derived from 5 villages of the district): In Jhajjar district of Haryana, two respondents from five villages stated that women were not distributed free sanitary napkins. One respondent confirmed that two free pads were given to adolescent girls in her village every month. Another respondent informed us that government funds for toilets were not used to build toilets and as result people still had no toilets in their houses One of our respondents stated that women of Jhajjar did not have any area specific need on menstruation as the government had fulfilled all their needs.

4.1 VOICES, EXCERPTS AND OBSERVATIONS OF RESPONDENTS NUH (MEWAT)

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.

An **ASHA worker** (Interview conducted during July-August 2022)[2] in Tapkan village of Nuh district of Haryana stated that her village had *Rashtriya Swasthya Mission, Rashtriya Swachata evam Swasthya Raksha* for women. Two meetings are held every month with ASHA workers to sensitize women about the use of sanitary pads during menstruation. *Kishori Swasthya Kendra* is run under the RKSK scheme in the village. On WASH needs

[2] HR KII1 NUH: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

in the village she observed every household buys water tankers worth 1000 rupees which last only for 15 days. It was not clear how women's WASH needs were fulfilled throughout the year. She further added that women were not allowed to bathe for 4-5 days during menstruation as there was a superstition that bathing would decrease their blood flow during menstruation.

An **ASHA worker** (Interview conducted during July-August 2022)[3] in the Rewasan village of Nuh district of Haryana informed us that the village does not have proper distribution of sanitary pads. She added poverty is the main reason why women cannot spend on sanitary pads, even though they may want to buy such products. She explained ASHA workers regularly inform women about using pads, now the situation is changing positively.

An **Anganwadi worker** (Interview conducted during July-August 2022)[4] In the Rewasan village of Nuh district of Haryana added that there is Iron and calcium tablet distribution in the village, Anganwadi workers regularly conduct meetings with adolescent girls to inform them about using sanitary pads during menstruation and methods to dispose of pads after use. On WASH needs in the community she replied the village had toilet facilities in every household, but villagers had to buy water tankers for their daily needs. She further added that free sanitary pad distribution has been stopped in the village but there is a need for free pads, adequate water facility, and toilets in the village.

A **School teacher** (Interview conducted during July-August 2022)[5] from Tapkan village of Nuh district of Haryana commented sanitary pads were distributed freely in village school where teachers conducted regular meetings with adolescent girls to inform them on proper ways of using pads during menstruation. However, the school is not in a good condition, there are no rooms and no boundary wall in the school. On WASH needs, she said that the school has to buy a water tank worth 1000 rupees regularly. There is a toilet facility, but the teacher asks, "what use is a toilet without water?"

An **Anganwadi worker** (Interview conducted during July-August 2022)[6] in the Rewasan village of Nuh stated that the scheme for free sanitary pads distribution is implemented in school and three meetings are held every month to educate girls about using sanitary pads and maintaining cleanliness during menstruation. On WASH needs in school and community she answered that since the village does not have any water resource, villagers had to buy water tankers worth 9000 INR for their daily water needs. It was not clear how women and school going girls manage to fulfill their WASH needs throughout the year. On area specific requirements, she was worried that the government had stopped providing sanitary pads on subsidiary prices. She suggested that the village needed a free pad distribution drive and adequate water facility for school as well as every household in the village.

A **SHG head** (Interview conducted during July-August 2022)[7] in Dhanduka village in Nuh stated that regular meetings were held to generate awareness among women about using sanitary pads during menstruation. On WASH needs in the community, she informed that each household had to buy water from water tankers for their daily needs. On an average each family spends 1000 INR to buy water. From her account it was evident that lack of water resources is a major disabling factor in achieving proper menstrual health and hygiene in the village. She further added once women were not allowed to enter kitchens and temples but now the situation has changed.

A **village Sarpanch** (Female) (Interview conducted during July-August 2022)[8] in Nuh responded that her village had a free sanitary pad facility in school and further, pads were sold at a subsidized price in Anganwadi. There are also regular meetings with women to inform them about menstruation. From her account it was evident that the village had a toilet facility in every household but the village did not have any water. Every household had to buy a 1000 rupees water tank every month. On the area's MHM requirement she added that the village needed a free sanitary pads facility for women.

[3] HR KII2 NUH: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

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

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

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

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

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

An **Anganwadi helper** (Interview conducted during July-August 2022)[9] in the Tapkan village of Nuh stated that the village had a free sanitary pad distribution facility for BPL families. Two meetings every month were held with women to inform them about using pads and methods of disposing of them after use under the RKSK scheme. On WASH needs, in the community, she added there is not enough water in the households and the village school. The village worries about how to deal with the problem of menstrual waste generation.

An **Anganwadi helper** (Interview conducted during July-August 2022)[10] in the Rewasan village of Nuh stated that the village had a program of distribution of sanitary pads. Anganwadi workers regularly conduct meetings with girls to make them aware of proper ways of using pads during menstruation. From her account it was evident that every household in the village had inadequate water and toilet facilities. The village does not have a proper sewage system and setting it right was an urgent priority. On taboos related to menstruation in the village, she replied women were not allowed to enter temples and perform pooja but now 'they have freedom to cook.'

A **School Teacher** (Interview conducted during July-August 2022)[11] in the Rewasan village of Nuh told us that girls were provided sanitary pads if her periods started in school. She added, the school had inadequate water, but a

proper toilet had been built by many households. The village should be provided free sanitary pads and a pad -disposing machine.

A **Nurse** (Interview conducted during July-August 2022)[12] in a PHC in Ujjina village of Nuh confirmed that in her area, there was a passing focus on menstruation under the *Rashtriya Swasthya Mission, Jal Swacchta evam Swasthya Raksha*, celebration of Mentrual Hygiene Day on 28th May, and creating awareness through meetings on menstrual hygiene. Moreover, the village had *Kishori Swasthya Kendra, Kishori Swasthya Karyakaram,* and distribution of Iron and Folic acid tablets under RKSK. She added villagers had to buy water tankers, there is need for adequate water facility in the village, and to deal with menstrual waste there is need to equip the village with dustbins.

4.2 VOICES, EXCERPTS AND OBSERVATIONS OF RESPONDENTS: JHAJJAR

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.

An **Anganwadi helper** (Interview conducted during July-August 2022)[13] in Dariyapur village of Jhajjar district of Haryana confirmed that the village had a program of free distribution of iron tablets to girls. An awareness program for girls about menstruation and nutrition was also held. She added the village had adequate water, toilet, and a dustbin facility. On old customs which continue in their village, she stated that some women still use cloth to manage their periods.

A **SHG leader** (Interview conducted during July-August 2022)[14] in Bazidpur village in Jhajjar informed us that the village benefitted from a programme of free pads distribution from the government. A regular awareness program to inform girls about using and disposing sanitary pads was held in the school and villages. On WASH needs in the village, she confirmed that there was adequate water and proper toilet facility in every household. On taboos regarding menstruation, she stated that, "Previously women were not allowed to perform *pooja* during menstruation but now the situation has changed, they can perform their prayers after taking a bath."

A **School Teacher** (Interview conducted during July-August 2022)[15] in Dariyapur village in Jhajjar informed us that two pads are distributed every month to adolescent girls in school. On WASH needs in school she replied

[9] HR KII9 NUH: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[10] HR KII10 NUH: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[11] HR KII11 NUH: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[12] HR KII12 NUH: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[13] HR KII1 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[14] HR KII2 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[15] HR KII4 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

that it had a toilet but no maintenance staff to sweep, mop and clean it. She further added that, "The school needs a pad-vending and pad- burning machine, a peon and staff to clean the toilet and school premises".

A **kitchen worker** (Interview conducted during July-August 2022)[16] in the Anganwadi of Dariyapur village in Jhajjar district of Haryana states that in recent years there has been a positive change about maintaining cleanliness in the school. She further added that the village has begun to make efforts to make girls aware of eating nutritious food during menstruation. On customs and taboos in Jhajjar, the kitchen worker informed us that girls are much freer to practice their personal routines during menstruation.

Our respondent, an **ASHA worker** (Interview conducted during July-August 2022)[17] in Dariyapur village in Jhajjar stated that the village distributed Iron tablets to girls and regular awareness meetings on menstruation were held. Previously sanitary pads were distributed on the subsidized price of 15 Rupees per packet but now this scheme has been stopped. Moreover, village had *Kishori Swasthya Kendra and Rashtriya Kishori Swasthya Karyakaram* under RKSK scheme. On WASH in the community she added, village had water and toilet facilities in every household and, "there is no area specific need on menstruation, the government has fulfilled all our needs."

The **Anganwadi worker** (Interview conducted during July-August 2022)[18] of Lagarpur village of Jhajjar added that *Anganwadi* workers regularly conduct awareness programs with girls to inform them about using sanitary pads and methods of disposing of them after use. She further added that the village had water and toilet facilities in every household but Anganwadi does not have a water and electricity facility.

Our respondent, an **Anganwadi worker** (Interview conducted during July-August 2022)[19] in Bazidpur village of Jhajjar commented that the village had a free sanitary pad program for girls belonging to poor families who benefited from the *Kishori Swasthya Kendra* under RKSK. On WASH in the community, she confirmed that there is water facility in every household, the government provided money to build toilets but "people do not use this money for building toilets".

An **Anganwadi helper** (Interview conducted during July-August 2022)[20] in Deverkhana village of Jhajjar informed us that the village had a free sanitary pad distribution facility for BPL families, and a regular awareness program to educate women about menstruation. But the village lacked proper sanitation facilities.

An **Anganwadi worker** (Interview conducted during July-August 2022)[21] in Deverkhana village of Jhajjar stated that the village facilitated free distribution of iron tablets for girls. On WASH she added that the village had adequate water facilities in every household but free sanitary pads were required for all women.

4.3 SALIENT FINDINGS FROM DATA

Processing through our data from Nuh and Jhajjar, we have gained some valuable insights on women's health, education, livelihood and overall community outlook on menstrual health management needs and transformations on ground.

In Nuh, a schoolteacher and an AWW referred to menstruation as a 'problem' for girls and women. Likewise, many key informants and our respondents too believed that the entire package of 'myths and taboos' around menstruation is normal and good for women. However, some voices do call out for a much-needed change in knowledge, attitude and practice around menstruation.

Aside from that, WASH requires a much-needed boost in Nuh because of water problems ranging from waterlogging to contamination, lack of potable water and severe water shortage wherein families need to buy

[16] HR KII5 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[17] HR KII6 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[18] HR KII7 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[19] HR KII8 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[20] HR KII9 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

[21] HR KII10 JHA: Available in Data Records, MHM and WASH Project (2022-2023) SSMF- Sulabh International

a tanker. A tanker lasts for fifteen days per family, except in one case where they said that it lasts for thirty days. Schools in Nuh experience water scarcity and need to buy a tanker every seven days. This means that their WASH needs are grossly unfulfilled. In fact, that women have said they do not have water to even bathe daily. In some villages (Revakal, Dandluka and Tapkan) of Nuh District there is no water. In villages that have but they deal with a severe sewage / drainage problem.

In most villages, the government has stopped supplying free sanitary pads for adolescent girls in schools. Pads are given by school authorities as an emergency gesture only if the girls' menstrual cycle starts while attending school/ during school time. A Sarpanch and Aganwadi helper told us that since July –August 2022 (when interviews were taken for this survey) pads are no longer available at subsidized rates. In Tapkan village, however some BPL families are still availing of free pad distribution services.

National schemes like *Rashtriya Surakhsa Mission* are organised by the central government but the Haryana state government does not spend on pads. Nothing is available for helping menstruating women in NUH unlike in Odisha where state runs *Khushi, Advika* schemes. However, our salient finding is that many women want to use only cloth, while women from the Muslim community believe in the myth that, if any menstrual protection material is used, 'the heat/ from the stomach will reach the brain' or '*pet ki garmi dimaag tak pahunch jayegi*' as some of the informants think.

Like women from tribal, Dalit and OBCs and other Hindu communities, Muslim women do not go to any place of worship, nor do they offer prayers during their periods. Earlier, women from the Muslim communities in Nuh were not allowed to cook, but now the times are changing and families do have more freedom from taboos. Although women in Nuh face diseases and issues related to MHM, only older women visit PHCs. Young women from all communities do not prefer going to the hospitals which are on an average 8 to 10 kms away from these villages.

NUH families do have toilets in their house, however owing to water scarcity, no one uses these, and hence the habits still deviate towards open defecation. Four to five out of our twelve key informants have verified that people refrain from using toilets and prefer the open spaces to relieve themselves.

In Jhajjar there is more or less adequate water supply and proper toilet facility in every household according to five of our key informants. In Bajidpur village, funds to construct toilets were given under the *Pradhan Mantri Swachh Bharat Yojana*, however, people did not use these funds for building toilets. Dariyapur village of Jhajjar experiences water shortages.

Menstruating women are prohibited from bathing. Previously during periods, women were not allowed to perform Pooja, but nowadays the women can do so after bathing. Hence, a change has been noticed whereby people show the positivity to move away from taboos that do not hold significance in their lives.

In Jhajjar district, there is an awareness orientation towards maintaining cleanliness. Dariyapur village gets a quota of two free sanitary pads for adolescent girls i.e., the school going ones. Elderly women in Dariyapur used to get a sanitary pad packet at subsidized rates but now this scheme has been discontinued. Most women use cloth and the elder and older ones prefer using cloth. In DevarKhana Village, pads are distributed only for BPL families and Iron tablets given to adolescent girls.

From our interactions and databases pertaining to Haryana 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 Haryana, 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 actions, projects and programmes.

4.4 RECOMMENDATIONS/ AREAS OF IMPROVEMENT

IMMEDIATE AREAS OF ACTION

1. **Empower EAMW on MHM themes:** According to our findings, discrimination, segregation as well as isolation and judgmental attitude from family and community creates a mental health burden for women and girls in their menstruating years. Hence, social support systems, counseling to create public awareness on social-biological knowledge around menstruation can bring relief and ease the myths, taboos and pressures around menstruation. We suggest more awareness drives on menstruation, with a special focus on EAMW in the age group of 20 to 49 years. Monthly or three-monthly compulsory and inclusive health check-ups are organized for EAMW.
2. **Inclusive Health Check-ups:** Monthly or three-monthly compulsory and inclusive health check-ups should be organized for EAMW.
3. **Equip schools for personal hygiene**: Ensure provision of liquid hand-wash or soap in schools and students be monitored as well as guided on proper usage of soaps for hand washing. Village schools lack maintenance staff to clean the premises as well as **toilets** therein. Schools need sanitation staff in school for maintenance and cleanliness of sanitation facilities and surroundings.
4. **Education and Holistic approach towards MHM:** In Jhajjar and Nuh, school teachers need training for a proper orientation towards menstruation. A positive attitude and a scientific comprehension of MHM can be ingrained in young girls with the help of aware and insightful teachers.

SHORT-TERM

5. **Pad distribution schemes and disposal mechanisms**: Ensure that free pads are adequate and need to be facilitated, regularized, monitored and revised (as need be) for sustained use as well as orientation and empowerment of women.
6. **Two pads for adolescent girls per month under the free pad distribution scheme** are not only inadequate but also do not solve the purpose of comfort and hygiene of young school-going girls from EWS of society or BPL families in both the districts of Haryana.
7. **Optimize MHM and WASH parameters:** In Mewat (Nuh), it is evident that due to inadequate water supply, people buy water through tankers (45.1% families) which last for 15 days per family on an average. Providing sustainable source, portable treatment systems and Functional Household Tap Connection under the JJM Scheme will regularize and overcome drinking water scarcity and free the villages and families from tankering issues.
8. **Participatory Monitoring by Village-committees:** Funds for building toilets under the SBM scheme are (mis)used by families for other purposes in Jhajjar, Haryana. In Assam and Odisha, our data points to a separate finding. The funds are given to a contractor through the Gram Panchayat for making toilets in the village but the contractor does not make proper ceilings, sewage systems and doors and leaves after making inferior quality toilets. We recommend active participatory monitoring by villagers to ensure fund utilisation and toilet construction mechanisms to help villages attain their WASH and MHM goals.

LONG TERM

Haryana 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.

9. **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.
10. **Bridge the gaps between Elder and Younger Menstruating Women**: Build capacities and knowledge base of elder women by virtue of special community-oriented programmes can help the betterment of MHM outcomes of younger menstruating women in Haryana. Our data reveals that elder and/ or older women turn up for general medical check-ups and visit PHCs in Nuh and Jhajjar while younger women prefer to seek non-medical advice or practice self-medication to cope up with MHM and menstruation related distresses silently.
11. **MHM at Family level:** Ensure sustainable water source (preferably gravity schemes as per viability that are low on operations and maintenance) along with source strengthening measures and provision of Functional Household Tap Connections (FHTCs) to all households under National Jal Jeevan Mission scheme.
12. **JJM for Institutions and MHM:** Institutional water supply under JJM scheme to ensure supply of adequate running water in girls' toilets in schools.
13. **MHM friendly Toilets:** Ensure provisioning of community toilets as well as toilets in schools, work areas with washing areas, bathing cubicles, and running water under SBM(G) phase II where needed.

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ANNEXURE I

Criteria/ Reasons for Selection of Villages from Jhajjar

#	District	Block/ Town	Gram Panchayat/ Ward	Village
1	Mewat	Nuh	Dhanduka	Dhanduka
2	Mewat	Nuh	Hirmathla	Hirmathla
3	Mewat	Nuh	Rewasan	Rewasan
4	Mewat	Nuh	Tapkan	Tapkan
5	Mewat	Nuh	Ujina	Ujini
6	Jhajjar	Jhajjar	Bazidpur	Bazidpur Tappa Haveli
7	Jhajjar	Bahadurgarh	Daryapur	Daryapur
8	Jhajjar	Bahadurgarh	Devar Khana	Devar Khana
9	Jhajjar	Bahadurgarh	Lagarpur	Lagarpur
10	Jhajjar	Bahadurgarh	Lohat	Lohat

** For selection criteria for villages: See Annex I*

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.
1	Bazidpur Tappa Haveli	Bazidpur Tappa Haveli	949	166	Lack of access to secondary education for girls, Early marriage for girls, Migration from the village,

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.
					Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases
2	Bahadurgarh	Daryapur	2410	782	Lack of access to secondary education for girls, further education not considered necessary for girls, High cases of disguised unemployment in the village, Migration from the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases
3	Bahadurgarh	Devar Khana	1227	397	High cases of disguised unemployment in the village, Migration from the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.
4	Bahadurgarh	Lagarpur	1188	281	No proper schooling facility for girls in the village, No female teachers in the school, Early age of marriage for girls. Cases of permanent and temporary migration in the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.
5	Bahadurgarh	Lohat	1358	481	No proper schooling facility for girls in the village, Cases of permanent and temporary migration in the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.

Reasons for selecting Villages from Mewat (Nuh)

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.
1	Nuh	Dhanduka	1002	395	Lack of access to secondary education for girls, Further education not considered necessary for girls, Migration from the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.

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.
2	Nuh	Hirmathla	1370	180	Lack of access to education, Cases of disguised unemployment, High rate of permanent and temporary migration, Scarcity of water, Concentration of calcium & Magnesium salt in water.
3	Nuh	Rewasan	3,620	485	Lack of access to education for girls as school is far away or further education is not considered necessary for girls, kutcha and semi pucca houses in the village, Regular migration from the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.
4	Nuh	Tapkan	3211	409	Lack of access to education for girls, Migration toward NCR from village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.
5	Nuh	Ujina	6452	1270	High rate of disguised unemployment in the village, Regular migration from the village, Scarcity of water, Concentration of calcium & Magnesium salt in water, Occurrences of menstrual hygiene related diseases.

ANNEXURE II

Important Women-Centric Schemes in Haryana

- *Mukhyamantri Doodh Uphaar Yojana:* It was launched on 5 August 2020 by the Chief Minister Shri Manohar Lal Khattar (BJP) under the Ministry of Women, and Child Development, Government of Haryana. The objective of the scheme is that the state government will provide free fortified milk to children, pregnant women, and lactating mothers.
- *Mahila Evam Kishori Samman Yojana:* It was launched on 5 August 2020 by the Chief Minister Shri Manohar Lal Khattar (BJP) under the Ministry of Women, and Child Development, Government of Haryana with the aim that free sanitary napkins would be distributed to women / girls belonging to Below Poverty Line (BPL) category in villages.
- *Apki Beti Hamari Beti* Scheme: It was started in 2015 by the Chief Minister of Haryana Shri Manohar Lal Khattar (BJP) under the Ministry of Women, and Child Development, Government of Haryana. In this scheme a sum of 21000 INR is invested with Life Insurance Corporation LIC in the name of the 1st Girl child of SC/BPL families and 2nd child of family belonging to any caste. On attaining 18 years of age, the girl child will be paid a tentative amount. With effect from 24.08.2015 third girl child born in families belonging to any caste were also covered.

- *Ladli Social Security Allowance Scheme:* It was launched by Chief Minister Shri Bhupendra Singh Hooda (INC) on 1 January 2006 under the Department of Social Justice and Empowerment, Government of Haryana. The scheme is in the pattern of Old Age Allowance Scheme for the families having only girl child/children. Parents were provided with 2500 Rupees per month allowance.
- *Working Women Hostel:* This scheme was operationalised under the Ministry of Women, and Child Development, Government of Haryana. The objective of the scheme is to promote availability of safe and conveniently located accommodation for working women, with day care facilities for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunities for women exist.