

Menstrual Hygiene in India: A Long Way to Go!

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ABSTRACT

Background: Menstrual hygiene management (MHM) is a critical determinant of reproductive health, dignity, and gender equity. In India, despite policy advances, significant disparities persist across caste, geography, disability, and gender identity. **Aims & Objectives:** To review the current status, policy landscape, equity gaps, and programmatic challenges in menstrual hygiene in India and propose strategic directions for menstrual health equity. **Methodology:** A narrative review of secondary data sources including NFHS-4 and NFHS-5, Government of India guidelines, UN agency reports, and peer-reviewed literature indexed in PubMed and Google Scholar. Policy documents and NGO reports were reviewed to capture programmatic and implementation perspectives. **Results:** NFHS-5 reports 77.3% use of hygienic menstrual methods among women aged 15–24, an improvement from 57.6% in NFHS-4; however, rural–urban and caste-based disparities persist. Barriers include sociocultural stigma, inadequate WASH infrastructure, environmental concerns, exclusion of transgender and disabled populations, and weak monitoring mechanisms. Implementation challenges affect schemes such as MHS and RKSK. **Conclusion:** Menstrual hygiene in India requires a unified national roadmap integrating equity, sustainability, monitoring, and intersectoral coordination to ensure menstrual dignity for all.

KEYWORDS

Menstrual Napkin; Menstrual Hygiene Product; Menstrual Pads; Menstrual Tampon; Menstrual Cup; Menstruation

INTRODUCTION

Menstrual hygiene is an essential component of reproductive and sexual health, directly impacting the well-being, dignity, and empowerment of those who menstruate. In India, despite growing awareness, menstrual hygiene management remains a public health

and social challenge due to longstanding taboos, infrastructural limitations, and economic barriers. Addressing menstrual hygiene is crucial for achieving gender equality, improving educational outcomes, and protecting the reproductive health of women and girls, particularly adolescents and those

from vulnerable backgrounds. Menstrual hygiene isn't just about access to sanitary products—it's about dignity, safety, health, and the right to live without discrimination. It is also a fundamental human rights issue that intersects with bodily autonomy, public participation, and access to essential services under the Sustainable Development Goals (SDGs), particularly SDGs 3, 4, 5, and 6.(1) Despite increased awareness, menstrual hygiene continues to be overlooked in India's broader public health narrative.

MATERIAL & METHODS

This article is a narrative review based on secondary data from national surveys (NFHS-4 and NFHS-5), government policy documents, United Nations agency reports, peer-reviewed research articles indexed in PubMed and Google Scholar, and reports from non-governmental organisations working on menstrual health in India. Sources were selected to capture policy, programmatic, epidemiological, and equity-focused perspectives on menstrual hygiene.

Current Status of Menstrual Hygiene in India

According to the National Family Health Survey-5 (NFHS-5), 77.3% of women aged 15–24 use hygienic methods of menstrual protection, such as sanitary napkins, tampons, or menstrual cups, compared to 57.6% in NFHS-4. However, this progress masks disparities. Only 72.3% of rural women use hygienic methods compared to 89.4% in urban areas. Table 1 highlights the improvement in the use of hygienic menstrual methods over time, while also demonstrating persistent rural–urban disparities. Women from Scheduled Tribes, Scheduled Castes, and lower economic quintiles continue to face significant barriers to access.(2)

Table 1. Use of hygienic menstrual methods among women aged 15–24 years in India

| Indicator | NFHS-4 (2015–16) | NFHS-5 (2019–21) |
|-------------|------------------|------------------|
| Overall (%) | 57.6 | 77.3 |
| Urban (%) | 77.5 | 89.4 |
| Rural (%) | 48.2 | 72.3 |

Unsafe menstrual hygiene practices, including the use of old cloth or ash, can lead to reproductive tract infections, urinary tract infections, and adverse psychosocial outcomes such as shame, low self-esteem, and school absenteeism.(3) A study by WaterAid India in 2018 found that approximately 23% of girls drop out of school after menarche, often due to a lack of adequate toilets and menstrual support facilities.(4)

A pad is not a privilege - a basic necessity

Menstrual hygiene is a critical yet often neglected component of reproductive health and gender equity. In India, menstruation remains enshrouded in silence, misinformation, and cultural taboos, with access to menstrual hygiene products and services marked by deep social, economic, and environmental disparities. Factors such as caste, class, geographic location, disability, and gender identity all influence whether individuals who menstruate can manage their menstruation safely and with dignity. Furthermore, the growing impact of climate change has manifested in the form of floods, droughts, and displacement, creating additional vulnerabilities. During climate-related disasters, menstrual hygiene needs are often deprioritised in relief responses, leading to increased risk of infection, psychological distress, and loss of privacy.(5)

Gender minorities, such as transgender and non-binary individuals who menstruate, frequently face exclusion from menstrual hygiene programmes that are typically designed around cisgender women's needs. Similarly, individuals living in humanitarian settings, those experiencing homelessness, and those in custodial institutions often lack consistent access to menstrual products, clean water, and safe disposal facilities. Climate change further compounds these inequities by disrupting supply chains for menstrual products, damaging sanitation infrastructure, and increasing displacement, particularly for already marginalised populations. Integrating menstrual hygiene into disaster preparedness protocols, relief kits, and post-disaster recovery planning must become standard practice for health and disaster authorities.(6)

Therefore, menstrual hygiene must be recognised as a public health and climate resilience issue. Tackling these intersecting challenges requires a comprehensive and intersectional framework that improves access to menstrual products and addresses the broader socio-environmental determinants of menstrual health.

Government Policies and Programmes

The government of India has launched several interventions to promote menstrual hygiene and address these challenges.

1. Menstrual Hygiene Scheme (MHS): Under the National Health Mission, the MHS was introduced to provide subsidised sanitary pads to adolescent girls in rural areas. Accredited Social Health Activists (ASHAs) are responsible for distributing pads and spreading awareness of MHM.(7) While the scheme is a step forward, many districts' coverage remains patchy and inconsistent. Irregular supplies, lack of adolescent-friendly communication strategies, and absence of feedback mechanisms from beneficiaries also influence the uptake. However, evaluations have highlighted several implementation challenges, including irregular supply chains, variability in ASHA incentives across states, limited adolescent engagement, and the absence of robust monitoring and feedback mechanisms. These gaps affect the consistent uptake and sustainability of the scheme.

2. Rashtriya Kishor Swasthya Karyakram (RKSK): Launched in 2014, RKSK is a broader adolescent health programme that includes menstrual hygiene as a key component. Peer educators are trained to provide information and support regarding menstruation, reproductive health, and hygiene practices.(8)

3. Swachh Bharat Mission (SBM): Although primarily focused on sanitation, SBM has improved access to functional toilets in schools and households, indirectly supporting menstrual hygiene by creating private spaces for girls and women to manage menstruation.(9)

4. Guidelines on Menstrual Waste Management: It is estimated that a single menstruator using disposable sanitary pads generates approximately 125–150 kg of non-

biodegradable menstrual waste over her lifetime. In India, where waste segregation and incineration facilities are unevenly distributed, menstrual waste often ends up in landfills or water bodies, posing environmental and occupational health risks. The Central Pollution Control Board (CPCB) released guidelines for the safe disposal of menstrual waste. Despite this, implementation remains weak due to a lack of awareness, disposal infrastructure, and stigma around menstrual waste.(10)

Across programmes, common implementation challenges include fragmented inter-sectoral coordination, limited budgetary prioritisation at district levels, weak monitoring frameworks, and inadequate beneficiary feedback mechanisms. These constraints limit the scalability, quality assurance, and long-term sustainability of menstrual hygiene interventions. While these programmes signify progress, their integration and sustainability are limited by inadequate monitoring, lack of inter-sectoral coordination, and poor community engagement.

From policy to panchayat, menstrual health must be everybody's business

Spotlight: Tamil Nadu's Comprehensive Menstrual Hygiene Programme

Tamil Nadu has been at the forefront of menstrual hygiene initiatives in India. In 2011, the state launched the **Menstrual Hygiene Programme (MHP)**, providing free sanitary napkins to adolescent girls in rural areas. This initiative was later expanded to urban areas, ensuring that girls aged 10–19 in government schools and women inpatients at government medical institutions receive sanitary napkins at no cost.(8)

Under the MHP, beneficiaries receive 18 napkins every two months. The program's procurement process involves open tenders, encouraging participation from large companies, local industries, and self-help groups. Regular quality audits are conducted to ensure high standards. Tamil Nadu's consistent budgetary support and integration of menstrual hygiene into health policies make this a replicable model. The programme has successfully promoted awareness, reduced school absenteeism, and empowered women statewide.(8)

Non-Governmental Initiatives

Several non-governmental organisations (NGOs) have complemented government efforts through grassroots initiatives.

Goonj, a prominent NGO, launched the "Not Just a Piece of Cloth" campaign to provide cloth sanitary pads made from recycled cotton. The initiative emphasises dignity, community participation, and awareness creation in rural and tribal communities.(11)

Menstrupedia, a digital initiative, uses comic books and multimedia tools to educate adolescents about menstruation in an engaging, age-appropriate manner. It has partnered with schools and NGOs to distribute menstrual health materials in multiple Indian languages (12)

The Pad Project, popularised through the Oscar-winning documentary *Period. End of Sentence* supports the installation of low-cost sanitary pad-making machines, allowing rural women to manufacture and sell biodegradable pads, promoting both menstrual health and livelihood generation.(13)

These initiatives demonstrate how innovative, community-based models can bridge awareness, access, and acceptance gaps when integrated with local culture and language.

Innovations from Startups and Social Enterprises

Several Indian startups and social enterprises, such as Saathi Pads and Carmesi, are innovating biodegradable menstrual products and establishing distribution channels in rural areas. Integrating these initiatives with government schemes through public-private partnership (PPP) models could enhance access and sustainability.

Bridging the Gaps: Adolescents and the Excluded

Adolescents represent a critical population for menstrual hygiene interventions. Menarche often marks a period of confusion and silence due to a lack of accurate information. In many cases, girls receive inadequate or no menstrual education before their first period. This knowledge gap is compounded in socioeconomically disadvantaged groups, among those with disabilities, and in conflict or disaster-affected zones. A systematic review revealed that while many adolescent girls use

sanitary pads, significant gaps persist in their knowledge and hygiene practices, underscoring the need for comprehensive menstrual education. While many schools now have toilets, studies reveal that they often lack gender-segregated facilities, water supply, and disposal bins, deterring regular attendance during menstruation. Additionally, it highlighted that despite increased awareness over the years, many adolescent girls still lack adequate knowledge about menstruation, leading to poor hygiene practices.(14)

These gaps highlight the need not only for expanded coverage but also for systematic monitoring of menstrual hygiene interventions, particularly among adolescents and socially excluded groups. Monitoring frameworks must move beyond distribution metrics to capture meaningful outcomes related to education, dignity, and hygiene practices. Accordingly, key indicators for evaluating menstrual hygiene programmes may include school absenteeism during menstruation, availability of functional toilets with water and disposal facilities, regular access to preferred menstrual products, and self-reported comfort, safety, and hygiene practices. Disaggregating these indicators by age, caste, geography, disability, and gender identity is essential to ensure that programme benefits reach the most vulnerable populations.

Marginalised populations, such as Dalit, Adivasi, transgender individuals, and homeless women, face layered barriers to menstrual hygiene, including financial exclusion, caste-based stigma, and the absence of gender-sensitive sanitation infrastructure. For example, transgender persons who menstruate are often excluded from MHM programmes that are designed around cisgender female needs. Research indicates that caste significantly affects access to hygienic menstrual methods. Data from the National Family Health Survey 2019–2021 showed that while 86% of menstruators from dominant caste groups had access to hygienic methods, only 75% and 78% of menstruators from the Scheduled Castes and Scheduled Tribes categories, respectively, could access such methods. (15) Furthermore, a study

focusing on the Juang tribe, recognised as one of the particularly vulnerable tribal groups in India, highlighted the cultural beliefs and practices that hinder proper menstrual hygiene management among its women (16) A rights-based and intersectional approach is urgently required. Menstrual health must be recognised as part of the broader sexual and reproductive health rights (SRHR) framework and embedded within school curricula, public health campaigns, and community health services. Government schemes must ensure equitable distribution of menstrual products and access to safe disposal mechanisms. Simultaneously, WASH infrastructure in schools and public places must be upgraded to meet the needs of menstruators, including those with physical disabilities. The United Nations Population Fund emphasises that interventions for persons with disabilities must adopt a rights-based approach, placing the diverse needs and experiences of persons with disabilities at the centre. This approach is crucial for menstrual health and hygiene management. State and national surveys like NFHS and DLHS should integrate more granular menstrual hygiene indicators, including product preference, absenteeism, and WASH access.(5)

Training frontline workers, especially ASHAs, ANMs, and teachers, is essential in adolescent-friendly menstrual health education. A study highlighted that many ASHA workers and ANMs have not received formal training on menstrual health, which hampers their ability to educate and support adolescent girls effectively. This gap underscores the need for structured training programs for frontline workers. (17)

Spotlight: Kerala's Menstrual Cup Initiative

While disposable sanitary pads may cost ₹30–60 per month, a menstrual cup—typically costing ₹300–1,000—can last up to 5–10 years, making it a more cost-effective option in the long term. However, upfront cost, lack of awareness, cultural acceptability, and access to water remain barriers to widespread adoption.

In 2022, Kerala launched the “Thinkal” project to distribute menstrual cups to women and adolescent girls in urban and semi-urban areas. Led by the Kochi Municipal Corporation and supported by local NGOs, the campaign aimed to promote sustainable menstrual practices and reduce waste. More than 5,000 menstrual cups were distributed along with hands-on training sessions.

The initiative sparked open conversations around menstrual health and comfort. Community influencers and healthcare workers played a key role in sensitisation. Kerala's approach exemplifies how local governance, community education, and eco-friendly products can holistically change behaviour and address menstrual hygiene.(18)

Additionally, a webinar series conducted among primary healthcare workers, including ASHAs and ANMs, demonstrated a significant increase in knowledge about menstrual cups and hygiene management, indicating the effectiveness of targeted training interventions.(19)

Investing in menstrual hygiene is investing in gender equity

CONCLUSION AND RECOMMENDATIONS

Menstrual hygiene in India is no longer an invisible issue, but there is still a long way to go. Government programmes like MHS and RKSK have created a foundation. At the same time, NGOs have played a critical role in filling gaps through innovation and community engagement. However, systemic challenges persist, particularly for adolescents and vulnerable populations. Addressing these requires a comprehensive, inclusive, and sustained effort that moves beyond product distribution to tackle the social, infrastructural, and knowledge-based barriers restricting menstrual health equity.

A society where every person can menstruate with dignity, safety, and support is not only a health imperative but a matter of justice and human rights. It is time for India to adopt a National Menstrual Health Roadmap that

harmonises existing schemes, introduces unified monitoring indicators, and ensures that no menstruator is left behind. Such a roadmap is not just a policy need but a promise of dignity, health, and equality.

As we advance, India's menstrual health agenda should focus on:

- Developing a National Menstrual Health Roadmap with unified indicators across ministries
- Strengthening monitoring systems linking menstrual health to education and WASH outcomes
- Ensuring inclusion of disabled, transgender, homeless, and disaster-affected populations
- Promoting environmentally sustainable and affordable menstrual products through public-private partnerships

AUTHORS CONTRIBUTION

IM conceptualised the manuscript, conducted literature review, drafted and revised the manuscript. SG provided critical revisions and policy guidance. KMG contributed to policy interpretation and final manuscript review. All authors approved the final version.

CONFLICT OF INTEREST

There are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work, the authors used ChatGPT (OpenAI) to assist in language editing, structuring, and refinement of text. The authors critically reviewed, edited, and validated all content and take full responsibility for the final manuscript.

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