



SCOPING STUDY ON MENSTRUAL HYGIENE MANAGEMENT IN PERIYANAICKEN-PALAYAM AND NARASIMHANAICKEN-PALAYAM

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Abbreviations

ANM	Auxiliary Nurse Midwifery
AWC	Anganwadi Centre
AWW	Anganwadi Workers
BMGF	Bill and Melinda Gates Foundation
FGD	Focus Group Discussion
GoTN	Government of Tamil Nadu
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
MHM	Menstrual Hygiene Management
MHS	Menstrual Hygiene Scheme
NFHS	National Family Health Survey
NNP	Narasimhanaicken-palayam
PHC	Primary Health Centre
PNP	Periyanaicken-palayam
RTI	Reproductive Tract Infections
SBM (G)	Swachh Bharat Mission-Gramin
TNUSSP	Tamil Nadu Urban Sanitation Support Programme
TP	Town Panchayat
TSU	Technical Support Unit
ULB	Urban Local Bodies
UNFPA	United Nations Population Fund
VHND	Village Health Nutrition Day
WASH	Water, Sanitation and Hygiene

A large, light green, stylized letter 'E' graphic that serves as a background for the text. The 'E' is composed of three horizontal bars and a vertical bar on the left side, with a white rectangular cutout in the center.

Executive Summary

Executive Summary

Adolescents constitute around one-fifth of India's population, of which six million are adolescent girls. However, when it comes to their sexual well-being and needs, these issues remain largely unaddressed in welfare programmes, with poor menstrual hygiene being listed on the top of insufficiently acknowledged problems. While access and use of absorbents continues to be an issue, the silence around menstruation and the related superstitions and restrictions tend to disempower girls and women in the reproductive age group, severely impacting their psycho-social and economic well-being.

Improper disposal of menstrual waste is another noteworthy challenge when it comes to Menstrual Hygiene Management (MHM). Polymeric sanitary napkins, which have largely replaced cloth napkins, are made of material that is non-biodegradable, leading to the accumulation of used napkins in landfills. Accumulated menstrual waste can be hazardous because menstrual blood on napkins stagnates for a long time allowing pathogens such as *Escherichia coli* (E-coli) to grow, thereby causing adverse health impacts.

The Tamil Nadu Urban Sanitation Support Programme (TNUSSP), which works on realising the Total Sanitation Mission of the Government of Tamil Nadu (GoTN), via a Technical Support Unit (TSU) supported by the Bill and Melinda Gates Foundation (BMGF), conducted a scoping study in four slums in Periyanaicken-palayam (PNP) and Narasimhanaicken-palayam (NNP) in Coimbatore district. The study was aimed at understanding and addressing the issue of MHM among adolescent girls and women residing in slums or slum-like informal settlements.

This study scrutinised the various pieces of the MHM puzzle, including the use of sanitary pads and disposal of menstrual waste in four slum settlements and in government schools in both the town panchayats (TPs). The aim was to collectively observe adolescent girls from different socio-economic backgrounds and interview them on their attitude towards menstruation and MHM. Focus Group Discussions (FGDs) with residents and Key Informant Interviews (KIIs) with select members of the community, health workers, pharmacists and sanitary workers were also held.

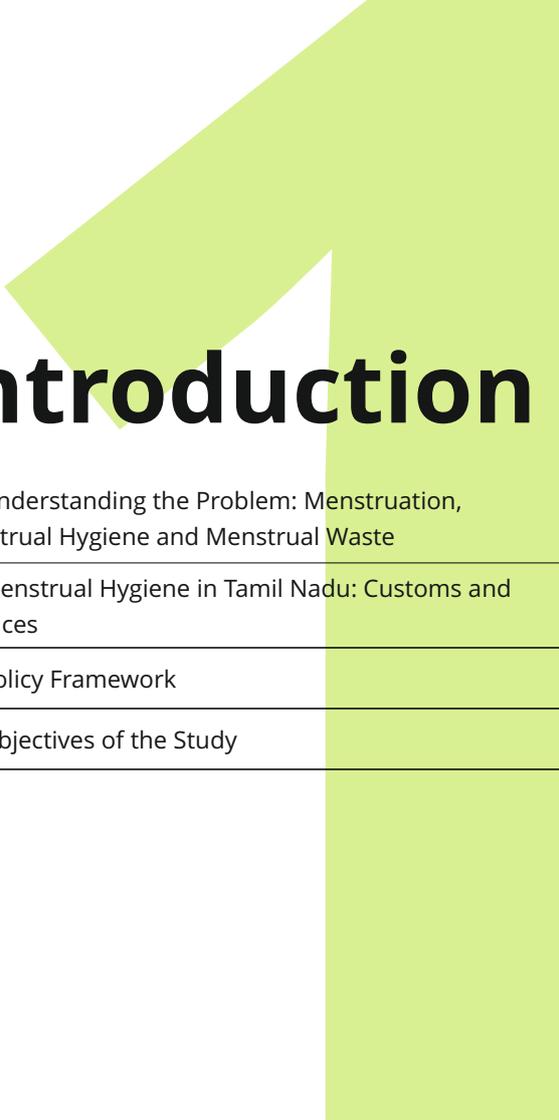
The exercise offered a wide perspective on MHM in the four slums where the study was conducted, with respect to knowledge, awareness, behaviour and practices. In addition to the myths and taboos surrounding menstrual hygiene, the study also showed where information on menstruation was sourced. Insights were also gathered on usage and disposal practices, and the social restrictions that were tied up with menstruation.

The study found that though systems had been put in place for providing better services to adolescent girls and women, the role played by families, community and society as a whole in breaking the silence around menstruation was of paramount importance. The study showed how whole communities could

be involved in breaking taboos, eradicating restrictions and passing on good menstrual hygiene practices to the younger generation of women.

The study also indicated that more serious intervention was needed in the area of disposal of sanitary waste. Neither of the two Town Panchayats (TPs) where the study was conducted had a proper disposal system, with one TP dumping waste behind a notified slum, while the other was disposing waste in a landfill just three kms away. These issues had to be addressed to ensure complete menstrual hygiene management.

It was found that the government was not indifferent to the idea of MHM. The GoTN had launched the Pudhu Yugam scheme in November 2011 for providing subsidized sanitary napkins to adolescent girls in rural and peri-urban areas. However, problems like lack of awareness, availability, quality of napkins, lack of privacy, irregular water supply, access to toilets, safe disposal of napkins; reproductive health education and family support continue to be issues, which need real-time attention to ensure proper menstrual hygiene.



Introduction

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1. Introduction

Lack of adequate sanitation poses one of the greatest barriers for Tamil Nadu in achieving her full development potential and ensuring high standards of public health for her citizens. The Government of Tamil Nadu (GoTN) has been a pioneer in not only recognizing the multiple challenges as core to improved standards of public health, but has also prioritised the full sanitation chain, including the strengthening of septage management as an economical and sustainable complement to network-based systems.

In order to achieve the Tamil Nadu Sanitation Mission, the Department of Municipal Administration and Water Supply, Government of Tamil Nadu (MAWS, GoTN) aims at scaling up access to safe and sustainable sanitation in all urban areas. Tamil Nadu envisions becoming a fully sanitized and healthy state, substantially eliminating open defecation, achieving improvements through the entire sanitation chain, safely disposing an increasing proportion of its human excreta, and re-using/ recovering resources from it.

The Bill and Melinda Gates Foundation (BMGF) supports the GoTN to realise this Mission. A Technical Support Unit (TSU), set up under this support, assists in the implementation of state-level and city-level initiatives. A consortium led by the Indian Institute for Human Settlements (IIHS) is responsible for programme implementation via TSU. Two urban locations, Tiruchirappalli and Coimbatore, are selected to demonstrate the implementation of innovations, and approaches to improve the entire sanitation chain. The learning from these two urban areas will be used to scale-up and implement programmes in urban areas across the state.

The Tamil Nadu Urban Sanitation Support Programme (TNUSSP), which was launched in Coimbatore in December 2015, functions in the town panchayats (TPs) of Periyanaicken-palayam (PNP) and Narasimhanaicken-palayam (NNP). The programme mainly focuses on the full cycle of sanitation to ensure better public health and the effects of social and behavioural change towards promoting good sanitation practices. The programme also works among women to ensure that the sanitation chain is more gender inclusive.

A scoping study was conducted in four slums in Periyanaicken-palayam (PNP) and Narasimhanaicken-palayam (NNP), to address the issue of Menstrual Hygiene Management, especially among adolescent girls and women residing in slums or slum like informal settlements,

1.1 Understanding the Problem: Menstruation, Menstrual Hygiene and Menstrual Waste

The beginning of menstruation pronounces the most integral physiological changes happening to young women from their adolescent period until menopause. Apart from personal importance, this phenomenon also has social implications. Across the world, May 28 is celebrated as Menstrual Hygiene

Day, in an attempt to break the silence around menstruation and build awareness about the crucial and fundamental role that good menstrual hygiene plays in empowering women and girls.

However, in several parts of India, menstruation is guided by myths and misguided judgments, with a long list of 'do-s' and 'don'ts'. Inadequate and incorrect information, with respect to menstruation, is often the reason for unnecessary restrictions in the daily activities of menstruating girls and women, thereby creating various psychological problems, including a sense of shame, alienation and indignity. Poor menstrual hygiene is one of the key reasons behind the high incidence of Reproductive Tract Infections (RTI) in the country, and contributes to female morbidity. A majority of adolescent girls in smaller towns utilize cloth, which includes old and worn-out garments, during menstruation, making themselves vulnerable to RTIs.

Adolescents constitute around one-fifth of India's population, of which six million are girls. However, when it comes to their sexual well-being and needs, these remain largely unaddressed in welfare programmes, with poor menstrual hygiene topping the list of insufficiently acknowledged problems. Though the GoTN launched the *Pudhu Yugam* scheme in November 2011 for providing subsidised sanitary napkins to adolescent girls in rural and peri-urban areas – through which 18 packs of sanitary napkins, containing six pads each, are given to adolescent girls annually – other problems continue to persist, which need real-time attention to ensure proper menstrual hygiene management. Some of these issues are listed below:

- lack of awareness with regards both menstruation and menstrual hygiene management
- availability, accessibility and quality of napkins
- lack of privacy, irregular water supply
- inadequate toilet facility, poor knowledge on disposal of napkins
- lack of reproductive health education and
- inconsistent family support

While menstrual hygiene primarily relies on the educational, financial, and social status of families, school educational programmes also play a major role in ensuring menstrual health of adolescent girls. A research done by the United Nations Population Fund (UNFPA) on Common Reproductive Tract Infections (RTIs), found that around 60 per cent of women diagnosed with RTIs are known to have poor menstrual hygiene, while women who are well informed about the importance of menstrual hygiene are less vulnerable when it comes to RTI and its impacts¹. (Anjana Verma, Jitendra Kumar Meena, and Bratati Banerjee, 2015).

According to the National Family Health Survey (NFHS) 2015-16 report, around 57.6% of women in India use sanitary napkins. This includes 48.5% women in the rural areas, and 77.5% women in the urban areas. The report also said that there is an acute lack of information about female health and sanitation related issues among the adolescent girls in rural areas. (NFHS, 2015-16).

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4333591/>

A study done by Rupali Patle and Sanjay Kubdeon² from the Department of Community Medicine, Shri Vasant Rao Naik Government Medical College, pointed out to a 'huge information hole' among adolescent girls regarding menstrual hygiene. (Rupali Patle and Sanjay Kubdeon, 2014)

The issue of improper disposal of menstrual waste is a significant barrier in Menstrual Hygiene Management (MHM). Polymeric sanitary napkins, which have largely replaced cloth napkins, are made of material that is non-biodegradable. Their disposal leads to the accumulation of used napkins in landfills. Accumulated menstrual waste can be hazardous because menstrual blood on napkins stagnates for a longer time allowing pathogens such as *Escherichia coli* to grow, thereby, causing adverse health impacts.

This study, therefore, aimed to understand different aspects of MHM including usage of sanitary pads and the disposal of menstrual waste in targeted slum settlements. For this study, four slums (two from each TP) were chosen from the 11 slums in which the slum vulnerability assessment had been conducted. Based on the status of community health services and outreach services, it was decided that among the selected slums, one slum in each TP would have access to the above-mentioned services, while the other would have no access to these services. Along with the slums, the study was also done in government schools in both the TPs, to collectively observe adolescent girls from different socio economic backgrounds and interview them on their attitude towards MHM.

1.2 Menstrual Hygiene in Tamil Nadu: Customs and Practices

In Tamil Nadu, celebrations are held for a girl who attains puberty. Friends and relatives are invited, and presents are given to the girl to mark this special occasion. Nevertheless, before the commencement of the celebration, the girl is put through a ritual seclusion where she is asked to sit on a wooden plank, in the corner of her house, veranda, or cowshed, for a period of 9 to 13 days from the moment her period commences. Sometimes, a hut is made with fresh leaves, either inside or outside the house, where she is asked to remain during the entire course of her period. During this time, she is given special food to eat. Whenever she goes to the toilet, she is advised to carry neem leaves or anything made of iron to ward off evil spirits. Many times, the girl is told about the social taboos and restrictions that accompany puberty. However, it is pertinent to note that the girl is almost never told about the different kinds of sanitary products available, the need for maintaining menstrual hygiene or the ill effects of bad menstrual hygiene. This culture of silence forces adolescent girls to seek information from their peers who know little about the subject, pointing to an urgent need to address this silence.

1.3 Policy Framework

The national Menstrual Hygiene Management (MHM) policy 2015 was made considering the specific sanitation and hygiene necessities of adolescent girls and women. The framework involves access to knowledge and information on menstrual hygiene, provision of safe menstrual absorbents, access to

² Patle RA, Kubde SS. Comparative study on menstrual hygiene in rural and urban adolescent. *Int J Med Sci Public Health* 2014; 3:129-132.
<https://www.ejmanager.com/mnstemps/67/67-1380261753.pdf>

Water, Sanitation and Hygiene (WASH) infrastructure and provision of supportive training, policies and guidelines. The policy was geared towards restoring dignity for adolescent girls and women, and especially enabling adolescent girls to stay in school during their menstrual period. The MHM guideline was also issued by the Ministry of Drinking Water and Sanitation to support all adolescent girls and women. This guideline outlines what needs to be done by state governments, district administrations, engineers and technical experts in the line departments, and in schools towards ensuring proper management of menstrual hygiene.

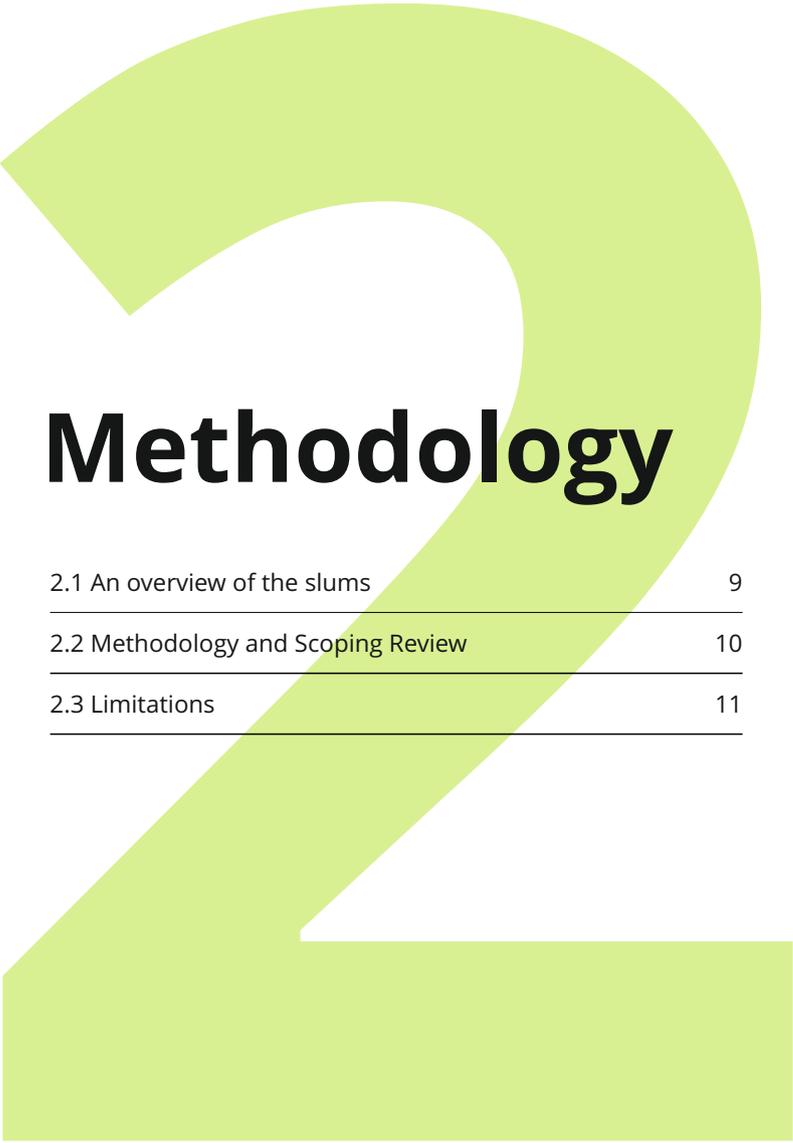
There are certain policies and strategies in place for the well-being of adolescent girls and women in relation to MHM. In June 2010, the Government of India proposed the Menstrual Hygiene Scheme (MHS) for ensuring menstrual hygiene by providing subsidized sanitary napkins for adolescent girls in rural areas. In March 2011, the Ministry of Women and Child Development introduced the 'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls' which aimed at empowering adolescent girls between the ages of 11 and 18 years by improving their health, nutrition and hygiene status to guarantee better menstrual health. The government also ordered the administration of one Iron and Folic Acid (IFA) tablet to young girls, along with a de-worming tablet once every six months.

MHM is also a vital part of the Swachh Bharat Mission. According to the Mission guidelines, issues relating to women's personal hygiene, especially menstrual hygiene are an area of special focus. The guidelines state that girls and women have hygiene and sanitation needs linked to their menstrual cycle, and many of them suffer in the absence of knowledge about safe Menstrual Hygiene Management (MHM) practices. The Scheme also provides funds to conduct Information, Education and Communication (IEC) activities to raise awareness among all stakeholders about menstrual hygiene.

When it comes to dealing with menstrual waste, the Mission guidelines state that the funds allocated for Solid and Liquid Waste Management should be used to implement safe disposal practices, setting up incinerators in schools, women's community sanitary complexes, Primary Health Centres, or in any other suitable places in the community. The guideline also says that socially acceptable and environmentally safe technologies should be used to ensure proper disposal.

1.4 Objectives of the Study

1. To understand the knowledge and perception of women and girls in the reproductive age group in the study area towards menstruation.
2. To understand their current practices on hygiene, usage and disposal for menstrual hygiene management.
3. To identify challenges for ensuring safe menstrual hygiene management.
4. To develop a policy framework on menstrual hygiene management for Tamil Nadu.
5. To design an intervention on introducing and ensuring safe menstrual hygiene management practices.



Methodology

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2. Methodology

The Tamil Nadu Urban Sanitation Support Programme conducted a scoping study in four slums in Periyanaicken-palayam (PNP) and Narasimhanaicken-palayam (NNP), aimed at understanding and addressing the issue of MHM among adolescent girls and women residing in slums or slum-like informal settlements. This study scrutinised the various pieces of the MHM puzzle, including the use of sanitary pads and disposal of menstrual waste in four slum settlements and in government schools in both the town panchayats (TPs). This chapter outlines the methodology used in the scoping study.

2.1 An overview of the slums

There are 11 slum in the two TPs of Periyanaicken-palayam (PNP) and Narasimhanaicken-palayam (NNP). Three of these slums – Anna Nagar, Kuppuchipalayam and Vivekanandhapuram – are in PNP, while the other eight – Arijana Colony, MGR Nagar (Union Road) South, Murugan Nagar, Rakkipalayam, Pudhupalayam, Om Shakthi Nagar, Ambedkar Nagar and Balavinaigar Nagar – fall within NNP.

The MHM scoping study was conducted alongside the slum vulnerability assessment that was carried out in all the 11 slums by the TNUSSP. This assessment included slum characteristics, housing and basic amenities, socio-economic and demographic profile, status of health and health services in all the slums. Based on the status of community health services, including the existence of Anganwadi Centres (AWCs) and outreach services, four slums (two from each TP) were selected for the scoping study – one with access to community health services, and the other without any access to such services (Table 1). Along with the slums, the study was also done in government schools in the two TPs, to observe adolescent girls from different slum backgrounds, and interview them on their attitude towards menstruation and towards MHM.

Table 2.1 Scoping Study Areas					
Sl. No.	Town Panchayat	Total No. of Slums	Selected Slums for Scoping Study	Community Health service	Total Population
1	PNP	3	Anna Nagar	Available	522
			Kuppuchipalayam	Not Available	425
2	NNP	8	Om Shakthi Nagar	Available	294
			Balavinaigar Nagar	Not Available	160

Source: TNUSSP, 2018. Scoping Study on MHM at PNP & NNP, Coimbatore, Tamil Nadu

2.2 Methodology and Scoping Review

The rationale behind choosing the slums of PNP and NNP for the scoping study was because of the prevalence of social taboo and lack of awareness on hygienic practices in the usage of menstrual absorbents and their disposal. The methods used for the scoping study included:

- Extensive literature review of published and unpublished literature. (Links in Bibliography)
- Review of policy documents
- Key Informant Interviews and Focus Group Discussions with concerned stakeholders.
- Field investigation and Field observation

Prior to the study, a visit was made to the intervention area for reconnaissance and mobilisation. The study was categorised into three segments – supply, demand and disposal – each having a different set of stakeholders. It was decided that qualitative research methods such as KIIs would be employed to collect information from a wide range of professionals, and FGDs would be employed to obtain detailed information related to attitudes, behaviours and perception of the target group on the subject of MHM.

Unique questionnaires were developed for each of the stakeholders and were evaluated by experts at every stage of their preparation. Before starting the actual survey, the questionnaires were piloted among select stakeholders and corrections were carried out to ensure cultural appropriateness and sensitivity.

2.2.1 Interviews with Stakeholders:

Among those from whom the sanitary napkins could be sourced, Anganwadi Workers (AWWs), Auxiliary Nurse Midwives (ANMs) and pharmacists were interviewed to understand the buying or usage of menstrual absorbents by girls and women in the reproductive age group, their level of awareness, and state of menstrual hygiene, usage and disposal practices. Questions about the acceptability of the subsidized napkins were also included in the questionnaire.

In PNP, two pharmacies, which were adjacent to the two selected slums, were randomly picked for the survey (Table 2). One of them was a standalone pharmacy, while the other was a pharmacy chain. In NNP, both the pharmacies randomly picked were adjacent to only one of the selected slums (Om Shakthi Nagar), as the other slum selected for the study did not have any pharmacy within a radius of three kms. Here, both the pharmacies belonged to private clinics. The pharmacists were interviewed on the preferred sanitary pad brands, their cost and the quantity sold each month.

Among the consumers, adolescent girls and women in the reproductive age group were interviewed. Four FGDs were conducted among women belonging to different age groups in the selected slums. One round of FGD each was conducted with adolescent girls, in each of the government schools in the two TPs. Questions on knowledge, attitude and practices relating to MHM formed the

basis of the FGDs. Perceptions about the existing health services, outreach services and free distribution of sanitary napkins were covered during the FGDs.

Solid waste collectors and the community toilet cleaners were two groups of sanitary workers who were interviewed during the study. They were asked questions on the methods of collecting, segregating and disposing sanitary waste and the constraints they faced. One solid waste collector and one community toilet cleaner from each TP was also interviewed individually as part of the study.

Table 2.2 Interviews with Stakeholders				
Sl. No.	Stakeholders		No. of Key Informant Interviews	No of Focus Group Discussions
1	Pharmacist	Stand-alone Pharmacy	1	-
2		Pharmacy Chain	1	-
3		Hospital Pharmacy	2	-
4	Anganwadi Workers		2	-
5	Auxiliary Nurse Midwives		2	
6	Adolescent girls at Government schools		-	2
7	Women in the community		-	4
8	Sanitary Workers	Solid Waste Collectors	2	-
9		Community Toilet Cleaners	2	-
Source: TNUSSP, 2018. Scoping Study on MHM at PNP & NNP, Coimbatore, Tamil Nadu				

2.3 Limitations

There were certain factors that limited the study. Some of them are:

- There was apprehension among the government agencies that the study would lead to more overlapping programmes on MHM. At present the two programmes – Pudhu Yugam (distribution of free sanitary pads) and the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (providing folic acid supplements) are being implemented in the study area. The Pudhu Yugam programme was launched in November 2011 as part of the Government's Menstrual Hygiene Management Programme, and provides 20 sanitary napkins every month to adolescent girls in rural and peri-urban areas in the age group of 11-19 years. The scheme has so far covered around 88,000 adolescent girls in the state. The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls is responsible for the provision of iron and folic acid supplements, carrying out regular health check up and providing referral services to adolescent

girls. Considering that both these programmes are being implemented successfully in the TPs, there was a fear that any new scheme would dilute the impact of the existing schemes.

- There was an overall reticence and discomfort in answering questions related to MHM.



Key Findings and Discussions

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3. Key Findings and Discussions

The scoping study on menstrual hygiene management threw up some very interesting findings on the perception and attitude towards menstruation, access to and usage of sanitary napkins as well as the disposal procedures. Interviewing different stakeholders ranging from adolescent girls at the local government schools to anganwadi workers and ANMs, to pharmacy owners threw up a range of responses on MHM in the two TPs. The findings from the study are given below.

3.1 Adolescent girls at the government school

This FGD was held with adolescent girls in the age group of 12 to 15 years. Girls who had attained menarche and those who had not, were both part of the group. The key findings from the FGD are as follows.

3.1.1 Perceptions about menstruation

Majority of the girls who participated in the FGD said that menstruation was a normal physiological change that occurred in the bodies of all women. Some of them said that speaking about menstruation was difficult and it was a taboo topic. The girls also said that they had a difficult time 'during that time of the month', with many of them complaining about pre-menstrual syndrome (PMS) symptoms like irritability, anxiety, or mood swings. For some girls, menstruation was a time of intense hormonal changes, which led to feeling of increased vulnerability and depression.

3.1.2 Access to information

Majority of the girls said that they got to know about menstruation from their friends, and the only time they talk about their periods is when they are among their peers. Many of them admitted that they were not comfortable discussing their periods with any of their family members including their mothers.

3.1.3 Use of absorbents

The FGD showed that girls normally used sanitary pads to manage their periods. They not only found it more comfortable, but also convenient in preventing leakages. Majority of the girls who were interviewed said they preferred using a specific brand from a multi-national company, which cost them about Rs 6 per pad. They were not happy with the quality of subsidized napkins provided under the Pudhu Yugam scheme, which they said were not absorbent enough (Figure 3.1). However, some of the girls admitted that they used the subsidised napkins at home, while some others said that they gave those napkins to their mothers to use along with the usual cloth.

Figure 3.1: Subsidised Napkins provided by the Government



Source: TNUSSP, 2018. Scoping Study on MHM at PNP & NNP, Coimbatore, Tamil Nadu

3.1.4 Access to sanitary pads

The girls buy their sanitary pads from the few petty shops and a couple of pharmacies close to their residences. Most of them said that they buy pads on their own, though they admitted being embarrassed about it.

3.1.5 Discomfort at school

Few of the girls said that they found it difficult to handle their periods when they were in school. Lack of concentration, mainly due to fear of leakage, problems in changing the sanitary pads, maintaining privacy, etc. were among some of the major issues. 'Taking the pad out of the bag without anyone noticing it and carrying it to the toilet is not at all easy,' said one of the girls. Disposing the used pad was another issue that many of the girls pointed out.

3.1.6 Restrictions

All girls without exception said that they were forced to observe some restrictions when it came to menstruation. They were prevented from participating in religious functions, entering the kitchen, eating certain kinds of food or even socializing with friends. 'During my periods I am treated like I am suffering from some disease and I am not allowed to touch anyone' said one of the girls. Eating sweets is also prohibited; as it is believed that intake of sugar would increase the blood flow, leading to weakness. The girls said their mothers, as well as their grandmothers, laid down the restrictions rather strictly.

3.1.7 Health and Hygiene

Most of the girls said that they suffered from fatigue, stomach cramps and backache at the onset and during their periods, for which they used home remedies recommended by their mothers or grandmothers. However, when they face more serious issues, they approach the private hospitals. As far as hygiene is concerned, the girls only used water to clean their hands after using the toilet in the schools. At home, they had access to soap and water. Most of the girls said that they changed their pads four to six times in a day.

3.1.8 Toilet usage and method of disposal

Irrespective of whether the girls used individual toilets at home or community toilets, they collected their soiled pads in a plastic cover through the course of their period, and burnt them once the menstrual cycle was over. When in school the girls used the manual incinerator to dispose soiled napkins (Figure 3.2).

Figure 3.2: Incinerator to dispose sanitary napkins at the government school



Source: TNUSSP, 2018. Scoping Study on MHM at PNP & NNP, Coimbatore, Tamil Nadu

3.2 Women in the slums

One round of FGD was held in each of the slums – Anna Nagar, Kuppuchipalayam, Balavinaigar Nagar and Om Shakthi Nagar. The FGDs were held in the evening as most of the women said they were free at that time, after finishing with their household chores. Each FGD had anywhere between 6 and 10 participants. (Figure 3.3).

Though the women came to the FGD enthusiastically, they were rather embarrassed when they heard the subject of discussion was menstruation. However, after the initial hesitation, they warmed up to the subject and had a very candid discussion.

The key findings captured during the discussion are mentioned below:

Figure 3.3: Focus Group Discussion with the women at Om Sakthi Nagar, NNP



Source: TNUSSP, 2018. Scoping Study on MHM at PNP & NNP, Coimbatore, Tamil Nadu

3.2.1 Knowledge

Almost all the women in all the FGDs said that they considered the menstrual period a normal physiological process, which all women undergo. 'There is nothing specific to talk about' said one of the women during the discussion.

3.2.2 Use of absorbents

Most of the women who participated in the FGDs said that they were familiar with the ready-made absorbents. The younger women said they preferred to use sanitary pads, while the women above the age of 40 years said they were comfortable using cloth as they had gotten used to it. The women who used cloth admitted that they had to deal with issues of leakages and staining. The women who used store bought absorbents said that they preferred using a specific brand from a multi-national company, which cost them about Rs 6 per pad. Their opinion of the subsidized napkins provided by the government was the same as that of the adolescent girls i.e. they are of mediocre quality as they are not absorbent enough.

3.2.3 Health and Hygiene

Many of the women said that they suffered from stomach cramps, body ache and fatigue during their period. While some of them used home remedies, others said that they purchased over-the-counter drugs from the local pharmacy to tide over those days. However, for serious medical complaints they approached the primary health centres (PHCs). The frequency of changing the pad, as reported by women, was between three to four times a day. Those who used cloth said that they washed it and dried it in the toilet itself and put it away in a 'secret' place. They had no information about the possibility of getting RTIs due to poor menstrual hygiene.

3.2.4 Access to sanitary pads

Women bought their sanitary pads from the few petty shops and a couple of pharmacies close to their residences. Most of them asked their husbands or someone in their family to buy the pads for them, as they were embarrassed about buying it themselves.

3.2.5 Male perception

Most of the women did not want their husbands to know about their periods. The older women said that they did not even ask their husband for any kind of help, while the younger women said that they expected their husbands to help them in case of any physical discomfort. They, however, admitted that in most cases they did not find their husbands supportive.

3.2.6 Awareness and restrictions on the girl child

Majority of the women said that they had not informed their girl children about menstruation or prepared them for their menarche. During menarche, they informed the girls about different customs and rituals that had to be followed. Mothers did not expect their daughters to have any questions, nor were they prepared to answer them.

On the onset of their period, girls were told that they had to inform an aunt on either side of the family, or a woman in the neighbourhood, and not their own mothers. The belief that informing the mother about her first period would bring bad luck on the girl and her family was ingrained in the minds of women and they had told their daughters about it.

The menstruating girl was asked to sit on a wooden plank in a secluded area for a period of 10 to 14 days, after which a huge celebration would be held where friends and relatives would be invited. The women said that they themselves were expected to stay away from the kitchen and not participate in any festival or visit the temple during the course of their own period, and they had enforced the same restrictions on their daughters.

The women admitted that they expected their daughters to get all the information about menstruation from their peers, and not ask them (mothers) anything on the subject.

3.2.7 Toilet usage and disposal management

Women who had no access to either individual or community toilets said that they found defecating in the open very difficult during their periods. They were expected to wake up when it was still dark to finish their ablutions. This was particularly so in Balavinaigar Nagar and Kuppuchipalayam. In the other two slums – Anna Nagar and Om Shakthi Nagar – women were relatively comfortable because they were able to access either their own toilets or the community toilet. Burning menstrual waste behind their houses was a common practice, though some of the women said that they would put their soiled pads in a plastic cover and hand it over to the solid waste collectors.

3.3 Key Informant Interview with Community Health Workers

A Key Informant Interview (KII) was held with the Community Health Workers such as the Auxiliary Nurse Midwives (ANM) and Anganwadi Workers (AWW) (Figure 3.4). Two Anganwadi Workers and two Auxiliary Nurse Midwives were interviewed to understand the current practices on menstrual hygiene management, menstrual health status and service interventions in the targeted communities. The study found that the Anganwadi Centres (AWCs) in the slums were situated in an easily accessible location. One day each month was observed as the Village Health Nutrition Day (VHND)³ by the Anganwadis during which special services were offered to pregnant and lactating women. These included ante-natal care and post-natal care check-up, immunization, awareness classes for pregnant women and lactating mothers on basic healthcare, importance of maintaining hygiene, importance of good nutrition, vaccinations, etc. The VHND was also used to run basic check-ups. People who were ill were referred to the local PHCs. Sometimes the VHND was also used to spread awareness on the importance of safe sanitation. However, it was also found that the VHND was not observed in all the AWCs every month. In fact, in one of the slums, which was a part of the study, the VHND activities had been stopped due to space constraints.

³ [2] <http://nhm.gov.in/communitisation/village-health-nutrition-day.html>

Figure 3.4: Key Informant Interviews

	
<p>a) Key informant interview with the Anganwadi Worker at Om Sakthi Nagar, NNP</p>	<p>b) Key informant interview with the ANM at the PHC, PNP</p>
<p>Source: TNUSSP, 2018. Scoping Study on MHM at PNP & NNP, Coimbatore, Tamil Nadu</p>	

On the other hand, the AWCs played a major role in counselling adolescent girls who dropped in every day to talk to the Anganwadi Workers. In one of the AWCs, it was observed that there was a stock of subsidised napkins, which was used by around 16 adolescent girls from the same community. Of them, three were school drop-outs who found it rather convenient to access sanitary napkins from the AWC. The AWW, in her interview, however, said that the subsidised napkins were not of good quality and could be safely used only for a couple of hours. ‘It is very difficult for those who are solely dependent on it’ she said.

The ANM usually visits the AWCs on the second Fridays of every month for providing outreach services. In the event of her not coming on Friday, she visits the on the following Monday or Wednesday. In some AWCs, the ANM distributes Iron and Folic Acid (IFA) tablets to adolescent girls in the government schools.

During school holidays, adolescent girls also take part in the VHND and are counselled on health, nutrition, personal hygiene and other psycho-social issues. Menstrual health complaints like white discharge, cramps and back ache, apart from general complains like streptococcal infections are common in the community, and women turn to the AWCs for help and guidance.

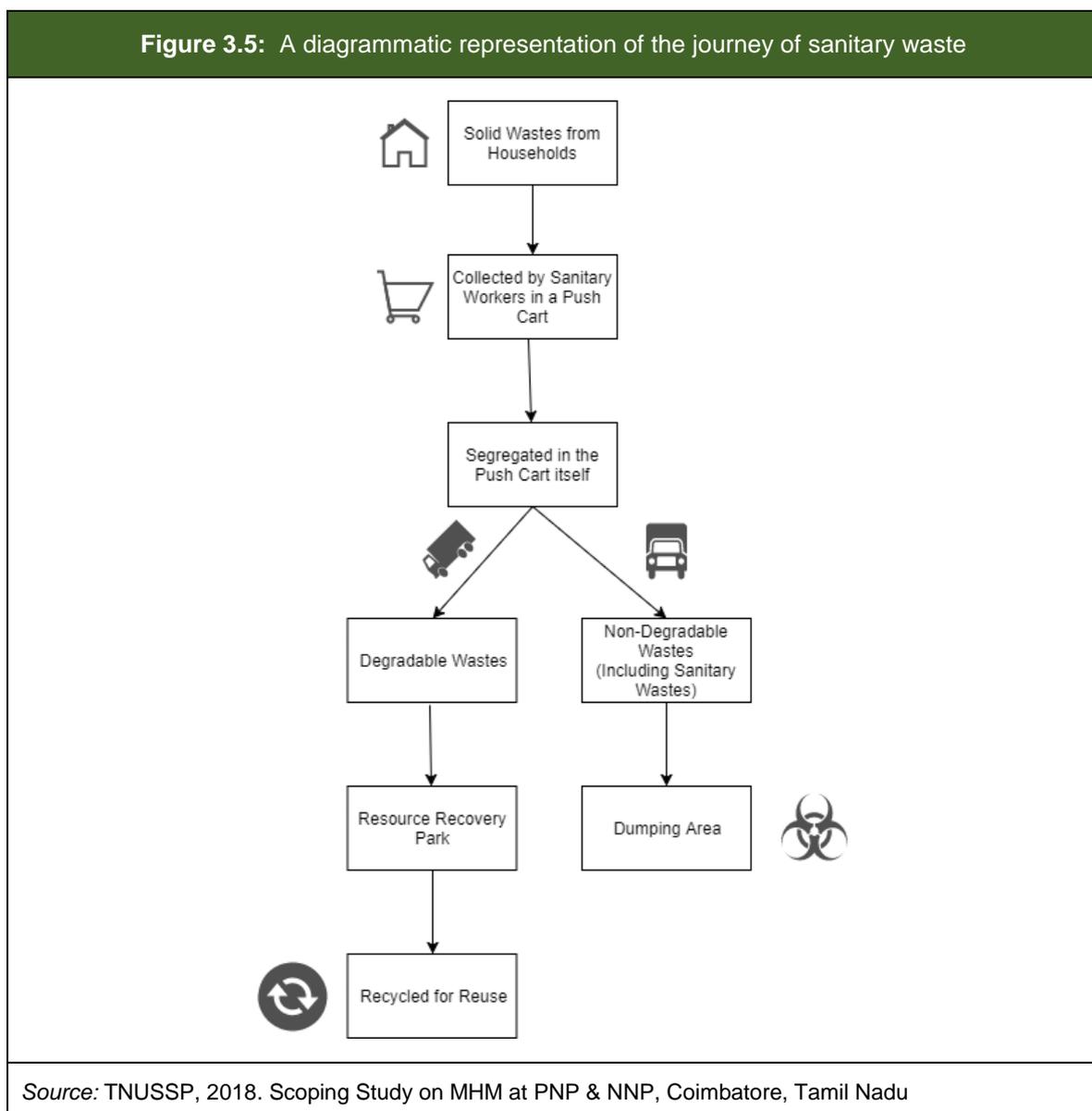
3.4 Key Informant Interview with Pharmacists

There were three types of pharmacies in the community – stand-alone pharmacies, pharmacy chains and pharmacies that are connected to hospitals. All these pharmacies are registered under the Indian

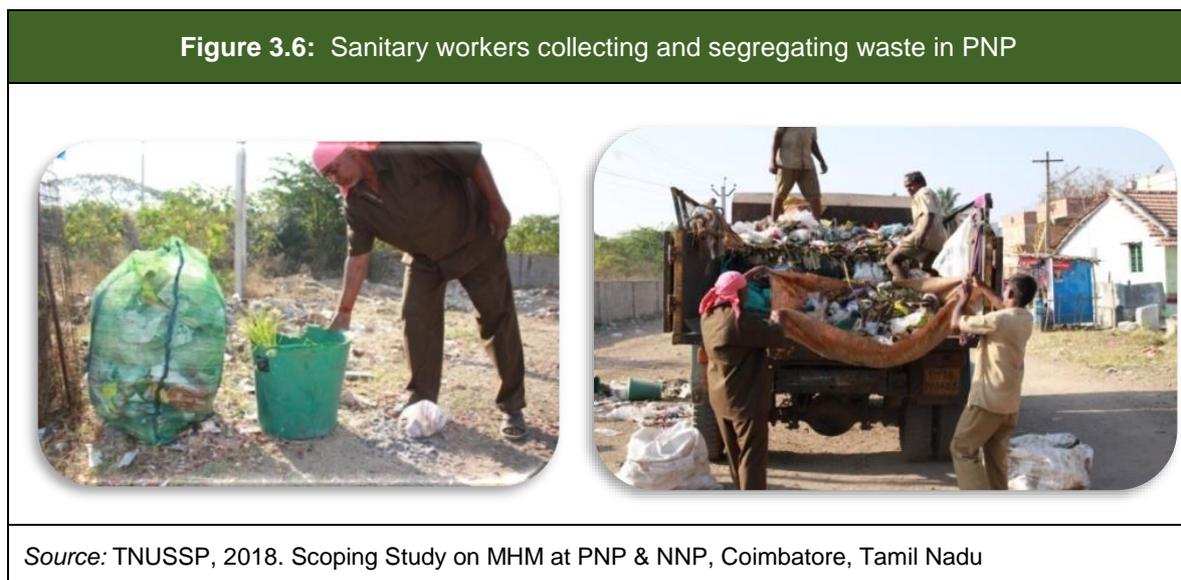
Pharmacy Act, and there are at least two employees in each of the pharmacies. Some pharmacies also impose a minimum education qualification before hiring their employees, which means that all those employed in the pharmacies have completed SSLC. Almost all the pharmacies are open on all days of the week, including Sundays.

There is a minimum of five multinational company napkin brands available in each of these pharmacies. Whisper Ultra (costing Rs.34 and Rs. 40) is the most popular among customers. Many of the pharmacies reported selling at least 70 packs of Whisper Ultra each month. Both men and women approached pharmacies to buy sanitary napkins, though most of the business came through prescriptions from the private healthcare providers.

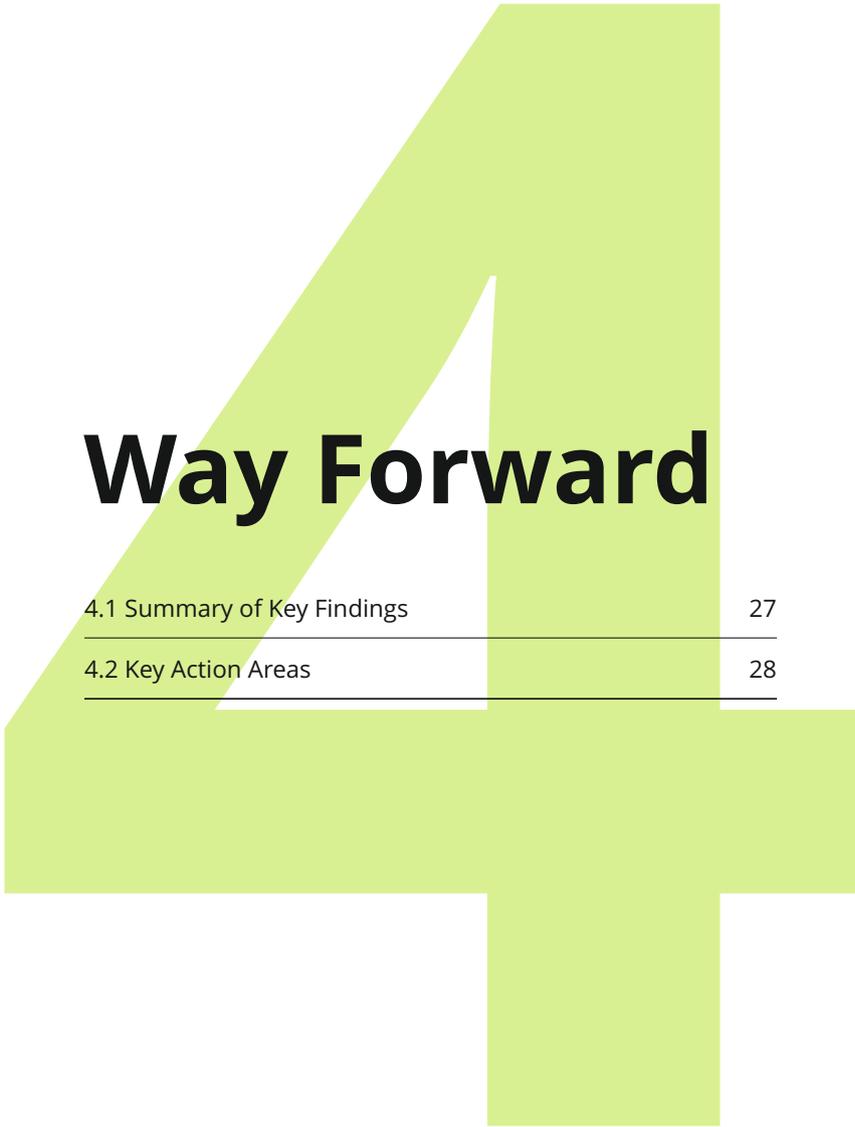
3.5 Key Informant Interview with Sanitary Workers



Sanitary workers who included solid waste collectors and community toilet cleaners were interviewed in each of the TPs, as part of the study. The solid waste collectors are often women, while the community toilets are cleaned by men. In both TPs, the community toilets are cleaned once in three days. In PNP, there was only one male worker who was responsible for cleaning all the community toilets. The sanitary waste from the community toilets in this TP are burnt once in 3-4 days in the community toilet premises itself. 'The only problem with burning the sanitary waste is the foul smell it creates. Otherwise, burning sanitary waste is a good practice' said the sanitary worker. In NNP, sanitary waste is mixed with all the other waste and dumped in a landfill three kms away from the TP. .(Figure 3.6)



Sanitary waste from households is collected by the solid waste collectors who go from house to house with a pushcart. Often, sanitary waste is mixed with other solid waste and put into a plastic cover, which the sanitary workers are expected to sort out into recyclable and non-recyclable waste – a job they find both repulsive and a possible health hazard. 'We are also human beings and we also run the risk of falling ill,' said one of the women workers during the interview. Once the waste is segregated, the recyclable waste is taken to the resource recovery park and the non-recyclable waste is taken to a landfill, which is 2 km away from the resource recovery park. Both kinds of waste are conveyed through tractors, which are owned by the TP. Each day around six loads (three in the morning and three in the evening) of non-recyclable waste is disposed at the landfill. This practice of disposing waste at the landfill has been followed for the last 20 years.



Way Forward

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4. Way Forward

The exercise offered a wide perspective on MHM in the four slums where the study was conducted, with respect to knowledge, awareness, behaviour and practices. In addition to the myths and taboos surrounding menstrual hygiene, the study also showed where information on menstruation was sourced from. Insights were also gathered on usage and disposal practices, and the social restrictions that were tied up with menstruation. The scoping study revealed that state government and the Urban Local Bodies (ULBs) had put in place several schemes for adolescent girls and women to facilitate menstrual hygiene management. Some of the key findings are given below:

4.1 Summary of Key Findings

The subsidized sanitary napkins, which were being supplied by the government under the Pudhu Yugam Scheme reached the beneficiaries regularly. Though many users complained about the quality of the subsidised napkins, all of them agreed that the napkins were easy to access and were made available to them month after month, with very few stock-outs.

The government healthcare machinery like the community health workers - AWWs and ANMs – were active and working towards providing better services to adolescent girls and women, especially in relation to menstruation. The girls in the slums also reported getting their IFA tablets and supplements regularly, and without any trouble. The few glitches that were reported sometimes were easily sorted out.

Not surprisingly, the study showed that families, community and society as a whole play an important role in breaking the silence around menstruation. The findings reiterated that it was necessary to get whole communities involved while breaking taboos, eradicating restrictions and passing on good menstrual hygiene practices to the younger generation of women.

The study also indicated that a real-time intervention needs to be carried out on the disposal of sanitary waste. Neither of the two TPs where the study was conducted had a proper disposal system, with one TP dumping waste behind a notified slum, while the other was disposing waste in a landfill just three kms away. It was also observed that the sanitary waste was mixed with other solid waste by the households before disposing, which the sanitary workers were expected to sort. Though the Bio-Medical Waste (Management and Handling) Rule 1998 states that items contaminated with blood and body fluids, including cotton, dressings, soiled plaster casts, lines and bedding, are bio-medical waste and should be incinerated or autoclaved to destroy pathogens, this rule was almost never followed in the two TPs. It was not unusual to see the sanitary workers segregating the sanitary waste using bare hands, exposing themselves to micro-organisms like E-coli, salmonella, staphylococcus, etc.

4.2 Key Action Areas

As a result of the study, some of the key areas proposed for future action in addressing the gaps and issues for proper MHM in the two town panchayats are as follows:

1. Awareness campaigns should become a regular feature in the community to explain the importance of MHM, thereby breaking the culture of silence on the subject, simultaneously empowering women and girls to handle their menstrual cycle with ease.
2. Develop education materials for lectures and presentations on menstrual hygiene for distribution among community members.
3. Incinerators with proper mechanism (traditional/modern) to be installed in community toilets and appoint a responsible person to ensure proper maintenance.
4. Advocacy programmes should be held to introduce people to the different government schemes on menstrual hygiene management, especially among communities, which are unaware of, or have not completely received the benefits of government schemes and services.
5. Good quality menstrual absorbents as well as mechanism for safe disposal of sanitary waste should be made available in all schools, through planned PPP or CSR interventions
6. Community members can be trained in the production of good quality sanitary napkins, which are cost effective as well as eco-friendly. This would not only make good quality menstrual absorbents more accessible, but would also provide livelihood opportunities within the community, while at the same time contributing towards breaking the silence around menstruation.
7. Posters on the need for menstrual health and hygiene management should be put up in the public and community toilets in both the TPs.

It is envisaged that a focused intervention by enforcing some of the recommendations given above would bring about a sustainable change in the area of MHM and serve to empower adolescent girls and women in the reproductive age group, while having a positive impact on the community as a whole.

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Annexures

Annexure 1: Focus Group Discussion (Adolescent Girls
Questionnaire) A3

Annexure 2: Focus Group Discussion (Community
Women Questionnaire) A9

Annexure 1: Focus Group Discussion (Adolescent girls Questionnaire)

Table A 1.1: Information about menarche (பூப்பூ பற்றிய தகவல்)	
1.	Age of menarche attained by majority of the girls? பெரும்பான்மையான பெண்கள் பூப்பூ அடைந்த வயது என்ன? Below 10 (10 க்கு கீழே) 10- 12 13- 15 Above 15 (15 க்கு மேலே)
2.	Do majority of the adolescent girls know about menstruation when they get their period for the first time? இளம் பருவத்தினர் பெரும்பான்மையானவர்கள் மாதவிடாய் பற்றி அதற்கு முன்னரே அறிந்திருக்கிறார்களா? Yes (ஆம்) No (இல்லை)
3.	Source of information before menarche? பூப்பூக்கு முன்னரே அதுபற்றிய தகவல் எவ்வாறு தெரிந்தது? From her mother (அம்மாவிடமிருந்து) From her grandmother (பாட்டியிடமிருந்து) From her friend (நண்பர்களிடமிருந்து) From relative (உறவினர்களிடமிருந்து) Others (மற்றவர்கள்) : _____

Table A 1.2: Perception about menstruation (மாதவிடாய் பற்றி அறிதல்)	
4.	What do you think about menstruation? நீங்கள் மாதவிடாய் பற்றி என்ன நினைக்கிறீர்கள்? Taboo (விலக்கப்படல்) Curse (சாபம்) A physiological process (ஒரு உளவியல் செயல்முறை) Caused by a disease (ஒரு நோயினால் வருகிறது) Others(மற்றவை): _____
5.	Which of these absorbents is convenient to use? இந்த உறிஞ்சுகளில் எது பயன்படுத்த வசதியானது? Sanitary napkins (அணையாடைகள்) Cloth (துணி துண்டு) Others (மற்றவை): _____
6.	Why do you think the said absorbent is convenient? இத்தகைய உறிஞ்சுதல் வசதியானது என நீங்கள் ஏன் நினைக்கிறீர்கள்?
7.	Why do you think other absorbents are not convenient? மற்ற உறிஞ்சுதல் வசதியாக இல்லை என்று நீங்கள் ஏன் நினைக்கிறீர்கள்?

Table A 1.3: Menstrual hygiene practice and management (மாதவிடாய் சுகாதாரம் நடைமுறை மற்றும் மேலாண்மை பொருட்கள்)

8.	<p>Absorbent material most commonly used during menstruation by majority of the adolescent girls are: பருவ வயதிற்கு மேற்பட்ட பெண்களுக்கு மாதவிடாய் போது மிகவும் பொதுவாக பயன்படுத்தப்படும் உறிஞ்சு பொருள்?</p> <p>Cloth (துணி துண்டு) Sanitary napkins (அணையாடைகள்) Both cloth and sanitary napkins (இரண்டும்) Others (மற்றவை) _____</p>
9.	<p>Does every adolescent girl in the reproductive age receive the benefit? (<i>Pudhu Yugam</i> Scheme) இளம் பருவ வயதில் உள்ள ஒவ்வொரு இளம் பெண்ணும் புது யுகம் நன்மையைப் பெறுகிறார்களா? Yes (ஆம்) No (இல்லை)</p>
10.	<p>If '<i>Pudhu Yugam</i>' scheme is not implemented, what is the reason behind it? புதுயுகம் திட்டத்தை பயன்படுத்தவில்லை என்றால் அதன் காரணம் என்ன?</p>
11.	<p>What is done with the '<i>Pudhu Yugam</i>' sanitary napkin packages by those who don't use them? புதுயுகம் திட்டத்தை பயன்படுத்தாதவர்கள் அந்த அணையாடைகளை என்ன செய்கிறார்கள்?</p>
12.	<p>For those who use cloth as absorbent material, when is it used? உறிஞ்சும் பொருள் என துணி துண்டு பயன்படுத்துபவர்கள், எந்த சூழ்நிலையில் அதை பயன்படுத்துகின்றனர்? At home (வீட்டில்) At school (பள்ளியில்) Both (a) & (b) (இரண்டும்)</p>
13.	<p>If a girl gets her period for the first time in school, how is it managed? பள்ளியில் மாதவிடாயின் முதல் நிலையை ஒரு பெண் அடைந்தால் அது எவ்வாறு நிர்வகிக்கப்படுகிறது?</p>
14.	<p>If cloth is used where is it washed, dried and stored? துணி துண்டு பயன்படுத்தப்படுகிறது என்றால், அது எங்கே கழுவி, உலர்ந்த மற்றும் சேகரிக்கப்படுகிறது?</p>
15.	<p>If sanitary napkins are used, how often are they changed? அணையாடைகள் பயன்படுத்தினால், எவ்வளவு நேரத்திற்கு ஒருமுறை அதை மாற்றுகிறார்கள்?</p>
16.	<p>Sources used for cleaning hands after using toilet at school? பாடசாலைகளில் கழிப்பறைகளைப் பயன்படுத்தி கைகளை சுத்தம் செய்வதற்கு பயன்படுத்தப்படும் ஆதாரங்கள்? a) Only water (தண்ணீர் மட்டுமே) b) Water and soap (தண்ணீர் மற்றும் சோப்பு)</p>
17.	<p>Sources used for cleaning hands after using toilet at home? வீடுகளில் கழிப்பறை உபயோகித்த பிறகு கைகளை சுத்தம் செய்ய பயன்படுத்தப்படும் ஆதாரங்கள்? Only water (தண்ணீர் மட்டுமே) Water and soap (தண்ணீர் மற்றும் சோப்பு)</p>

Table A 1.4: Privacy and comfort during menstruation (மாதவிடாய் நேரத்தில் தனியுரிமை மற்றும் ஆறுதல்)

18.	Is there any difficulty in maintaining privacy at home? வீட்டில் தனியுரிமையை பராமரிப்பதில் சிரமம் உள்ளதா? Yes (ஆம்) No (இல்லை)
19.	Is there any difficulty in maintaining privacy at school? பாடசாலையில் தனியுரிமையை பராமரிப்பதில் ஏதாவது சிரமம் இருக்கிறதா? Yes (ஆம்) No (இல்லை)
20.	What are the difficulties faced in school during menstruation? மாதவிடாய் காலத்தில் பள்ளியில் உள்ள கஷ்டங்கள் யாவை? Difficulties in paying attention in class (பாடம் கவனிப்பதில் சிரமம்) Difficulties in changing absorbents (உறிஞ்சுவதை மாற்றுவதில் சிரமம்) Difficulties in maintaining privacy (தனியுரிமை பராமரிப்பு சிரமம்) Other difficulties (மற்றவை) _____

Table A 1.5: Disposal management of sanitary napkins (அணையடைகள் அகற்றுதல் மேலாண்மை)

21.	How are the sanitary napkins disposed of at home? வீட்டில் எவ்வாறு அணையடைகள் அப்புறப்படுத்தப்படுகிறது?
22.	How are the sanitary napkins disposed of at school? பள்ளிக்கூடத்தில் அணையடைகள் எவ்வாறு அகற்றப்படுகின்றது?
23.	How is the cloth, which is used as absorbent, disposed when it becomes old? எவ்வாறு உறிஞ்சும் சாதனமாக பயன்படுத்தப்படும் துணி அப்புறப்படுத்தப்படுகின்றன? Burnt (எரிக்கப்படுகிறது) Buried in the ground (புதைக்கப்படுகின்றது) Thrown in the drainage (வடிகாலுக்குள் தூக்கி எறியப்பட்டது) Others (மற்றவை) _____

Table A 1.5: Restrictions during Menstruation (மாதவிடாய் போது கட்டுப்பாடுகள்)

24.	Are there any kind of restrictions during menstruation? மாதவிடாய் காலத்தில் எந்த விதமான கட்டுப்பாடுகளும் பின்பற்றப்படுகிறதா? Yes (ஆம்) No (இல்லை)
25.	Who is the person who imposes these restrictions? கட்டுப்பாடுகளை பின்பற்றுவதில் யார் மிகவும் கடுமையானவர்? Mother (அம்மா) Father (அப்பா) Grandmother (பாட்டி) Relatives (உறவினர்கள்) Others (மற்றவர்கள்) _____

Table A 1.5: Restrictions during Menstruation (மாதவிடாய் போது கட்டுப்பாடுகள்)	
26.	<p>What are some of the restrictions? (Multiple Response) ஏந்த விஷயங்களைக் கட்டுப்படுத்துகிறீர்கள்?</p> <p>To go to School (பள்ளிக்கு செல்ல)</p> <p>To attend Religious occasion (சமய சந்தர்ப்பத்தில் கலந்துகொள்ள)</p> <p>To enter kitchen (சமையலறையில் நுழைவதற்கு)</p> <p>To eat certain foods (சில உணவுகளை சாப்பிட வேண்டும்)</p> <p>To play games (விளையாடுவதற்கு)</p> <p>Others (மற்றவை) _____</p>
27.	<p>Mention some of the common food faddism practiced during menstruation? மாதவிடாய் போது நடைமுறையில் உள்ள பொதுவான உணவூட்டல் சிலவற்றை குறிப்பிடுங்கள்?</p>

Table A 1.7: Menstrual health and awareness (மாதவிடாய் சுகாதாரம் மற்றும் விழிப்புணர்வு)	
28.	<p>What are the common ailments faced during menstruation? மாதவிடாய் காலத்தில் ஏற்படும் பொதுவான நோய்கள் யாவை?</p>
29.	<p>What are the common side-effects and infections that occur on using sanitary pads? அணையடைகள் பயன்படுத்துவதனால் ஏற்பட்ட பக்க விளைவுகள் மற்றும் தொற்று வியாதிகள் என்னென்ன?</p>
30.	<p>What are the common side-effects and infections that occur on using cloth? துணிபயன்படுத்துவதனால் ஏற்பட்ட பக்க விளைவுகள் மற்றும் தொற்று வியாதிகள் என்னென்ன?</p>
31.	<p>If there is any physical problem related to menstruation, where do you go for treatment? மாதவிடாய் சுகாதாரத்தில் நோய்கள் ஏற்பட்டால் எங்கு சிகிச்சை எடுப்பீர்கள்?</p> <p>a) Government hospital (அரசு மருத்துவமனை)</p> <p>b) Primary health centre (Government) (முதன்மை சுகாதார மையம்)</p> <p>c) Private healthcare providers (தனியார் சுகாதார வழங்குநர்கள்)</p> <p>d) Medication directly taken from pharmacy (மருந்து கடைகளில்)</p> <p>e) Home remedies (வீட்டு வைத்தியம்)</p>
32.	<p>If home remedies are taken to treat infections or illness related to menstrual health, mention some of them. மாதவிடாய் ஆரோக்கியத்திற்காக வீட்டு வைத்தியம் செய்தீர்களென்றால், அவற்றில் சிலவற்றை குறிப்பிடுக.</p>
33.	<p>Who provides ideas for home remedies? வீட்டு வைத்தியங்களுக்கு கருத்துக்களை யார் வழங்குவது?</p> <p>Friends (நண்பர்கள்)</p> <p>Mother (அம்மா)</p> <p>Grandmother (பாட்டி)</p> <p>Relatives (உறவினர்கள்)</p> <p>Neighbours (அண்டைவீட்டார்)</p> <p>Others (மற்றவர்கள்) _____</p>

Table A 1.7: Menstrual health and awareness (மாதவிடாய் சுகாதாரம் மற்றும் விழிப்புணர்வு)

34.	<p>What is the primary source of information/ awareness regarding menstruation? மாதவிடாய் பற்றிய தகவல் / விழிப்புணர்வு எவ்வாறு கிடைக்கிறது?</p> <p>Mother (அம்மாவிடமிருந்து) Sisters (சகோதரிகளிடமிருந்து) Friends at school (பள்ளி நண்பர்களிடமிருந்து) Neighbours (அண்டைவீட்டாரிடமிருந்து) Teachers at school (பள்ளி ஆசிரியர்கள்) Others (மற்றவர்கள்) _____</p>
35.	<p>With whom do you feel comfortable sharing or asking doubts regarding menstrual hygiene? மாதவிடாய் சுத்திகரிப்பு மேலாண்மை குறித்து யாருடன் பகிர்ந்துகொள்வது அல்லது கேட்பது வசதியாக இருக்கும்?</p> <p>Mother (அம்மா) Grandmother (பாட்டி) Sister (சகோதரி) Friends (நண்பர்கள்) Others (மற்றவர்கள்) _____</p>

Table A 1.8: Access to toilet and disposal management (கழிப்பறை மற்றும் அகற்றல் முகாமைத்துவத்திற்கான அணுகல்)

36.	<p>What is the type of toilet facility accessed? அணுகக்கூடிய கழிப்பறை வசதி என்ன?</p> <p>Community toilet (சமூக கழிவறை) Shared toilet (பகிரப்பட்ட கழிப்பறை) Individual household toilet (தனிப்பட்ட வீட்டு கழிப்பறை) No toilet facility (கழிப்பறை வசதி இல்லை)</p>
37.	<p>If community toilet is accessed, does it have enough water facility? சமூக கழிப்பறை அணுகப்பட்டால், போதுமான நீர் வசதி உள்ளதா?</p>
38.	<p>How are the used sanitary napkins disposed of in the community toilet? பொதுக்கழிப்பறைகளில் எவ்வாறு அணையடைகள் அப்புறப்படுத்தப்படுகின்றது?</p>
39.	<p>How often are the disposed napkins cleared by the sanitary workers? எவ்வளவு நாட்களுக்கு ஒருமுறை அப்புறப்படுத்தப்பட்ட அணையடைகள் துப்புரவு தொழிலாளர்களால் சுத்தம் செய்யப்படுகிறது?</p>
40.	<p>How are the used sanitary napkins disposed in the individual household toilet? தனிப்பட்ட வீட்டு கழிப்பறைகளில் எவ்வாறு அணையடைகள் அப்புறப்படுத்தப்படுகின்றது?</p>
41.	<p>How are the old sanitary clothes disposed of? எவ்வாறு பயன்படுத்திய அணையடைகளை அப்புறப்படுத்துவீர்கள்?</p> <p>Burnt (எரிக்கப்படுகிறது) Buried in the ground (புதைக்கப்படுகின்றது) Thrown in the drainage (வடிகாலுக்குள் தூக்கி எறியப்பட்டது) Others (மற்றவை) _____</p>

Table A 1.8: Access to toilet and disposal management (கழிப்பறை மற்றும் அகற்றல் முகாமைத்துவத்திற்கான அணுகல்)	
42.	<p>How is menstruation managed if there is no facility to access toilet (open defecation is practiced)? கழிவறையை அணுகுவதற்கான வசதி இல்லை என்றால் (திறந்த வெளியீடு நடைமுறையில் உள்ளது) இது எவ்வாறு மாதவிடாய் காலத்தில் நிர்வகிக்கப்படுகிறது?</p> <p>Using community toilet in the neighbor community அண்டை சமூகத்தில் சமூக கழிப்பறைகளைப் பயன்படுத்துதல்</p> <p>Sharing toilet with relatives/neighbor உறவினர்கள் / பக்கத்து வீட்டில் கழிப்பறை பகிர்ந்துகொள்வது</p> <p>Others (மற்றவை) _____</p>

Table A 1.9: Availability of amenities (வசதிகளின் இருப்பு)	
43.	<p>Does the community have services to buy sanitary napkins? அணையாடைகளை வாங்குவதற்கு சமூகத்தில் வசதி வாய்ப்புகள் இருக்கிறதா?</p> <p>Yes (ஆம்) No (இல்லை)</p>
44.	<p>If yes, how many facilities are available within the community? ஆமெனில் எவ்வளவு வசதிகள் உங்கள் சமூகத்தில் இருக்கின்றன?</p>
45.	<p>Which are the preferred locations to buy sanitary napkins? எங்கிருந்து அணையாடைகளை வாங்க விரும்புவீர்கள்? (Multiple answers)</p> <p>Grocery shop within the community சமூகத்தில் உள்ள மளிகை கடைகள்</p> <p>Grocery shop outside the community சமூகத்திற்கு வெளியே உள்ள மளிகை கடைகள்</p> <p>Pharmacy within the community சமூகத்தில் உள்ள மருந்துக்கடைகள்</p> <p>Pharmacy outside the community சமூகத்திற்கு வெளியே உள்ள மருந்துக்கடைகள்</p> <p>Others (மற்றவை): _____</p>
46.	<p>How much distance travelled outside the community to buy sanitary napkins? அணையாடைகள் வாங்க சமூகத்திற்கு வெளியே எவ்வளவு தூரம் செல்ல வேண்டும்?</p>
47.	<p>Generally, who buys the sanitary napkin? பொதுவாக அணையாடைகள் வாங்குவதற்கு விருப்பமானவர் யார்?</p> <p>Father (அப்பா) Husband (கணவர்) Brother (சகோதரர்) Self (சுயமாக) Others (மற்றவை): _____</p>
48.	<p>Name the sanitary napkin brand that is most preferred? உங்களுக்கு விருப்பமான அணையாடையின் நிறுவன அடையாளம் என்ன?</p>
49.	<p>Why is that particular brand preferred? ஏன் அந்த குறிப்பிட்ட நிறுவன அடையாளத்தை விரும்புகிறீர்கள்?</p>
50.	<p>What is the cost of the preferred brand of sanitary napkin? நீங்கள் விரும்பும் அணையாடையின் விலை என்ன?</p>

Annexure 2: Focus Group Discussion (Community Women Questionnaire)

S.No	Table A 2.1: Knowledge and Practice (அறிவு மற்றும் பயிற்சி)
1.	<p>What do you think about menstruation? நீங்கள் மாதவிடாய் பற்றி என்ன நினைக்கிறீர்கள்?</p> <p>a) Taboo (விலக்கப்படல்) b) Curse (சாபம்) c) A physiological process (ஒரு உளவியல் செயல்முறை) d) Caused by a disease (ஒரு நோயினால் வருகிறது) e) Others (மற்றவை): _____</p>
2.	<p>What are the different practices that are followed to manage menstruation in this community? இந்த சமூகத்தில் மாதவிடாய் நிர்வகித்தல் குறித்த பல்வேறு நடைமுறைகள் என்ன?</p>
3.	<p>What kind of absorbents are preferred by older women to manage their menstruation? மாதவிடாய் சமயத்தில் பெண்கள் பெரும்பான்மையாக பயன்படுத்தும் சாதனம்?</p> <p>a) Sanitary napkins (அணையாடைகள்) b) Cloth (துணி துண்டு) c) Others (மற்றவை) : _____</p>
4.	<p>What is the cause for this preference? ஏன் இதற்கு முன்னுரிமை அளிக்கப்படுகிறது?</p>
5.	<p>What kind of absorbents are preferred by the young and middle-aged women to manage menstruation? மாதவிடாய் நிர்வகிக்க இளம் மற்றும் நடுத்தர வயது பெண்களின் பெரும்பான்மையாக என்ன வகையான பயன்பாடு பயன்படுத்தப்படுகிறது?</p> <p>d) Sanitary napkins (அணையாடைகள்) e) Cloth (துணி துண்டு)</p>
6.	<p>Why are they preferred? ஏன் இதற்கு முன்னுரிமை அளிக்கப்படுகிறது?</p>

Table A 2.2: Quality and quantity of usage பயன்பாட்டின் தரம் மற்றும் அளவு	
7.	<p>What is the common drawback of using cloth instead of sanitary napkins? பொதுவாக அணையாடைகளுக்கு பதிலாக துணி பயன்படுத்துவதனால் ஏற்படும் இன்னல்கள் என்னென்ன?</p>
8.	<p>What is the common drawback of using sanitary napkins? அணையாடைகள் பயன்படுத்துவதனால் ஏற்படும் இன்னல்கள் என்னென்ன?</p>
9.	<p>If cloth is used, how and where it is washed? துணி பயன்படுத்தினால், அதை எவ்வாறு சுத்தம் செய்கிறார்கள்?</p>

Table A 2.2: Quality and quantity of usage பயன்பாட்டின் தரம் மற்றும் அளவு	
10.	After washing where it is dried and stored? துவைத்தபின் அதை எவ்வாறு உலர வைக்கிறார்கள்?
11.	How many times is the cloth changed in a day? ஒரு நாளைக்கு எத்தனை முறை துணி மாற்றப்படுகிறது?
12.	If sanitary napkins are used, how often are they changed? அனையடைகளை ஒரு நாளைக்கு எத்தனை முறை மாற்றுகிறீர்கள்?

Table A 2.3: Social and individual challenges சமூக மற்றும் தனிப்பட்ட சவால்கள்	
13.	Do women go to work during their period? பெண்கள் மாதவிடாய் சமயத்தில் வேலைக்கு செல்கின்றனரா? a) Yes (ஆம்) b) No (இல்லை)
14.	If yes, how do they manage menstruation? ஆமெனில், மாதவிடாய் சமயத்தில் எப்படி நிர்வாகிக்கின்றனர்?
15.	Where do they change their sanitary napkins? அனையடைகளை எங்கு சென்று மாற்றுகின்றனர்?
16.	Are the men in your family are aware about the menstruation cycle? மாதவிடாய் சுழற்சியைப் பற்றி உங்கள் குடும்பத்திலுள்ள ஆண்கள் அறிந்திருக்கிறார்களா?
17.	What is the response from men towards menstruation? மாதவிடாய் காலத்தை பற்றி ஆண்கள் பதில் என்ன?
18.	In what ways are men in the family supportive towards women during menstruation? மாதவிடாய் காலத்தில் பெண்களுக்கு ஆண்கள் எந்த விதத்தில் ஆதரவாக இருக்கிறார்கள்?
19.	In what ways are men in the family not supportive towards women during menstruation? மாதவிடாய் காலத்தில் பெண்களுக்கு ஆண்கள் எந்த விதத்தில் ஆதரவளிக்கவில்லை?

Table A 2.4: Ritual beliefs, restrictive customs and food faddism சடங்கு நம்பிக்கைகள், கட்டுப்படுத்தப்பட்ட பழக்கவழக்கங்கள் மற்றும் உணவு கட்டுப்பாடுகள்	
20.	Does this community have rituals, restrictive customs and food faddism with relation to menstruation? இந்த சமுதாயத்தில் மாதவிடாயின் அடிப்படைகளில் சடங்கு நம்பிக்கைகள் உள்ளதா? a) Yes (ஆம்) b) No (இல்லை)

Table A 2.4: Ritual beliefs, restrictive customs and food faddism சடங்கு நம்பிக்கைகள், கட்டுப்படுத்தப்பட்ட பழக்கவழக்கங்கள் மற்றும் உணவு கட்டுப்பாடுகள்	
21.	If yes, what are they? ஆம் என்றால், அவைகள் என்ன?
22.	What restrictions are you supposed to follow during menstruation? மாதவிடாய் காலத்தில் பின்பற்ற வேண்டிய கட்டுப்பாடுகள் எவை?
23.	Do adolescent girls also follow restrictions? இளம் பெண்களும் கட்டுப்பாடுகளை பின்பற்றுகிறார்களா? a) Yes (ஆம்) b) No (இல்லை)
24.	Are young girls who have attained menarche restricted from going to school? பூப்பு நிலையை அடைந்த இளம் பெண்கள் பாடசாலைக்கு செல்ல தடை விதிக்கப்பட்டுள்ளதா? a) Yes (ஆம்) b) No (இல்லை)
25.	If yes, why are they restricted from going to school? ஆம் என்றால், பள்ளிக்கூடம் செல்ல ஏன் கட்டுப்படுத்தப்படுகின்றனர்?
26.	Is there any food faddism followed during menstruation? மாதவிடாய் காலத்தில் ஏதேனும் உணவு கட்டுப்பாட்டு முறைகளை பின்பற்ற வேண்டுமா? Yes (ஆம்) No (இல்லை)
27.	If yes, mention some of the common food faddisms. ஆம் என்றால், பொதுவான உணவூட்டலில் சிலவற்றைக் குறிப்பிடுங்கள்

Table A 2.5: Awareness about menstruation (மாதவிடாய் விழிப்புணர்வு)	
28.	At what age are the girls informed about menstruation? எந்த வயதில் மாதவிடாய் பற்றி பெண்கள் அறிந்திருக்கிறார்கள்?
29.	Explain in brief the information about menstruation given to young girls before they attain menarche. மாதவிடாய்ப்பருவம் அடைவதற்கு முன்னர் இளம் பெண்களுக்கு அடைப்பற்றி கொடுத்த தகவல்கள் என்னென்ன?
30.	Where does a young girl receive guidance from, at the onset of her periods? மாதவிடாய் பருவம் அடைந்த இளம் பெண்கள் யாரிடமிருந்து அறிவுரை பெறுகிறார்கள்? a) Friends (நண்பர்கள்) b) Mother (அம்மா) c) Grandmother (பாட்டி)

Table A 2.5: Awareness about menstruation (மாதவிடாய் விழிப்புணர்வு)

	<p>d) Relatives (உறவினர்கள்)</p> <p>e) Neighbours (அண்டைவீட்டார்)</p> <p>f) Others (மற்றவர்கள்) _____</p>
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Table A 2.6: Menstrual Health மாதவிடாய் சுகாதாரம்

31.	<p>What are the common ailments faced during menstruation?</p> <p>மாதவிடாய் காலத்தில் ஏற்படும் பொதுவான நோய்கள் யாவை?</p>
32.	<p>What are the common side-effects and infections that occur on using sanitary napkins?</p> <p>அணையடைகள் பயன்படுத்துவதனால் ஏற்பட்ட பக்க விளைவுகள் மற்றும் தொற்று வியாதிகள் என்னென்ன?</p>
33.	<p>If there is any illness related to menstruation, where do you go for treatment?</p> <p>மாதவிடாய் சுகாதாரத்தில் நோய்கள் ஏற்பட்டால் எங்கு சிகிச்சை எடுப்பீர்கள்?</p> <p>a) Government hospital (அரசு மருத்துவமனை)</p> <p>b) Primary Health Centre (Government) (முதன்மை சுகாதார மையம்)</p> <p>c) Private healthcare providers (தனியார் சுகாதார வழங்குநர்கள்)</p> <p>d) Medication directly taken from pharmacy (மருந்து கடைகளில்)</p> <p>e) Home Remedies (வீட்டு வைத்தியம்)</p>
34.	<p>If home remedies are taken to treat infections or illness related to menstrual health, mention some of them.</p> <p>மாதவிடாய் ஆரோக்கியத்திற்காக வீட்டு வைத்தியம் செய்தீர்களென்றால், அவற்றில் சிலவற்றை குறிப்பிடுக.</p>

Table A 2.7: Access to toilet and disposal management (கழிப்பறை மற்றும் அகற்றல் முகாமைத்துவத்திற்கான அணுகல்)

35.	<p>What is the type of toilet facility accessed?</p> <p>அணுகக்கூடிய கழிப்பறை வசதி என்ன?</p> <p>a) Community toilet (சமூக கழிவறை)</p> <p>b) Shared toilet (பகிரப்பட்ட கழிப்பறை)</p> <p>c) Individual household toilet (தனிப்பட்ட வீட்டு கழிப்பறை)</p> <p>d) No toilet facility (கழிப்பறை வசதி இல்லை)</p>
36.	<p>If community toilet is accessed, does it have enough water facility?</p> <p>சமூக கழிப்பறை அணுகப்பட்டால், போதுமான நீர் வசதி உள்ளதா?</p>
37.	<p>How are the used sanitary napkins disposed of in the community toilet?</p> <p>பொதுக்கழிப்பறைகளில் எவ்வாறு அணையடைகள் அப்புறப்படுத்தப்படுகின்றது?</p>

Table A 2.7: Access to toilet and disposal management (கழிப்பறை மற்றும் அகற்றல் முகாமைத்துவத்திற்கான அணுகல்)	
38.	<p>How often are the disposed napkins cleared by the sanitary workers?</p> <p>எவ்வளவு நாட்களுக்கு ஒருமுறை அப்புறப்படுத்தப்பட்ட அணையடைகள் துப்புரவு தொழிலாளர்களால் சுத்தம் செய்யப்படுகிறது?</p>
39.	<p>How are the used sanitary napkins disposed of in the individual household toilet?</p> <p>தனிப்பட்ட வீட்டு கழிப்பறைகளில் எவ்வாறு அணையடைகள் அப்புறப்படுத்தப்படுகின்றது?</p>
40.	<p>How are the old sanitary clothes disposed of?</p> <p>எவ்வாறு பயன்படுத்திய அணையடைகளை அப்புறப்படுத்துவீர்கள்?</p> <p>a) Burnt (எரிக்கப்படுகிறது)</p> <p>b) Buried in the ground (புதைக்கப்படுகின்றது)</p> <p>c) Thrown in the drainage (வடிகாலுக்குள் தூக்கி எறியப்பட்டது)</p> <p>d) Others (மற்றவை) _____</p>
41.	<p>How is menstruation managed in communities where there is no facility to access toilet (open defecation is practiced)?</p> <p>கழிவறையை அணுகுவதற்கான வசதி இல்லை என்றால் (திறந்த வெளியீடு நடைமுறையில் உள்ளது) இது எவ்வாறு மாதவிடாய் காலத்தில் நிர்வகிக்கப்படுகிறது?</p> <p>a) Using community toilet in the neighbour community</p> <p>அண்டை சமூகத்தில் சமூக கழிப்பறைகளைப் பயன்படுத்துதல்</p> <p>b) Sharing toilet with relatives/neighbour</p> <p>உறவினர்கள் / பக்கத்து வீட்டில் கழிப்பறை பகிர்ந்துகொள்வது</p> <p>c) Others (மற்றவை) _____</p>

Table A 2.8: Availability of amenities (வசதிகளின் இருப்பு)	
42.	<p>Does the community have services to buy sanitary napkin?</p> <p>அணையடைகளை வாங்குவதற்கு சமூகத்தில் வசதி வாய்ப்புகள் இருக்கிறதா?</p> <p>a) Yes (ஆம்)</p> <p>b) No (இல்லை)</p>
43.	<p>If yes, how many facilities are available within the community?</p> <p>ஆமெனில் எவ்வளவு வசதிகள் உங்கள் சமூகத்தில் இருக்கின்றன?</p>

Table A 2.8: Availability of amenities (வசதிகளின் இருப்பு)

44.	<p>Which are the preferred locations for buying sanitary napkins? எங்கிருந்து அணையாடைகளை வாங்க விரும்புவீர்கள் ? (Multiple answers)</p> <p>a) Grocery shop within the community சமூகத்தில் உள்ள மளிகை கடைகள்</p> <p>b) Grocery shop outside the community சமூகத்திற்கு வெளியே உள்ள மளிகை கடைகள்</p> <p>c) Pharmacy within the community சமூகத்தில் உள்ள மருந்துக்கடைகள்</p> <p>d) Pharmacy outside the community சமூகத்திற்கு வெளியே உள்ள மருந்துக்கடைகள்</p> <p>e) Others (மற்றவை):_____</p>
45.	<p>What is the average distance that one travels to buy a sanitary napkin? அணையாடைகள் வாங்க சமூகத்திற்கு வெளியே எவ்வளவு தூரம் செல்ல வேண்டும்?</p>
46.	<p>Generally, who gets to choose the brand of the sanitary napkins? பொதுவாக அணையாடைகள் வாங்குவதற்கு விருப்பமானவர் யார்?</p> <p>a) Father (அப்பா)</p> <p>b) Husband (கணவர்)</p> <p>c) Brother (சகோதரர்)</p> <p>d) Self (சுயமாக)</p> <p>e) Others (மற்றவை):_____</p>
47.	<p>Name the sanitary napkin brand that is most preferred? உங்களுக்கு விருப்பமான அணையாடையின் நிறுவன அடையாளம் என்ன?</p>
48.	<p>Why is that brand preferred most? ஏன் அந்த குறிப்பிட்ட நிறுவன அடையாளத்தை விரும்புகிறீர்கள்?</p>
49.	<p>What is the cost of the preferred brand of sanitary napkins? நீங்கள் விரும்பும் அணையாடையின் விலை என்ன?</p>
50.	<p>Do you or your daughter receive 'Pudhu Yugam' sanitary napkins?</p> <p>a) Yes</p> <p>b) No</p>
51.	<p>If yes, how many packets are received per month?</p>
52.	<p>What is your opinion about Pudhu Yugam scheme?</p>



Tamil Nadu Urban Sanitation Support Programme (TNUSSP) supports the Government of Tamil Nadu and cities in making improvements along the entire urban sanitation chain.

The TNUSSP is implemented by a consortium of organisations led by the Indian Institute for Human Settlements (IIHS), in association with CDD Society, Gramalaya and Keystone Foundation.