INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD
ISSN(O): 2455-0620 [Impact Factor: 9.47]
Monthly, Peer-Reviewed, Refereed, Indexed Journal with IC Value : 86.87
Volume - 11, Issue - 08, August - 2025

DOIs:10.2015/IJIRMF/202508001 --:-- Research Paper / Article / Review

Bridging the Gap: Rural Menstrual Health and the National Health Mission: Informative Paper

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Abstract: *Menstrual health remains an overlooked component of public healthcare, especially in rural India, where adolescent girls and women encounter systemic and cultural barriers. Despite biological universality, menstruation in rural settings is often framed as impure, secretive, or shameful—leading to diminished educational participation, compromised hygiene, and emotional distress (Nair, 2018). The lack of sanitary infrastructure, limited access to affordable menstrual products, and intergenerational silence further marginalize rural menstruators (Tamiru et al., 2015; Sen & Biswas, 2021). The* ***National Health Mission (NHM)*** *was instituted to improve health outcomes in underserved populations, offering a platform to address menstrual health through its* ***Menstrual Hygiene Scheme (MHS)****, community mobilization, and convergence with education and sanitation programs. The NHM's potential to transform rural menstrual care lies in its reliance on grassroots workers—****Accredited Social Health Activists (ASHAs)*** *and* ***Auxiliary Nurse Midwives (ANMs)****—who facilitate product distribution and awareness sessions. However, uneven implementation, limited training, and inadequate monitoring dilute these efforts (Mahajan & Sharma, 2021). This article explores how NHM initiatives impact rural menstrual health, identifies persistent gaps in education, infrastructure, and outreach, and highlights the importance of culturally sensitive, gender-inclusive interventions. Case studies from Kerala, Tamil Nadu, and Jharkhand illustrate both progress and challenges in NHM-driven menstrual care. By analysing policy frameworks, community-based innovations, and intersectional needs, the article offers strategic recommendations to strengthen NHM's menstrual health agenda and promote dignity, equity, and wellness for rural menstruators.*

Key Words: *Menstrual Health, Rural India, Cultural Stigma, Sanitary Infrastructure, National Health Mission (NHM), Accredited Social Health Activists (ASHAs), Menstrual Hygiene Scheme (MHS), Gender-Inclusive Interventions.*

1. INTRODUCTION:

Menstrual health goes beyond basic hygiene—it reflects dignity, autonomy, and access to equitable healthcare. Although menstruation is a biological process, its experience is shaped by entrenched socio-cultural attitudes, economic barriers, and systemic neglect, especially in rural India where roughly 65% of the population resides. Girls and women in these regions face widespread challenges: poor infrastructure, limited access to safe menstrual products, and silence surrounding menstruation. Taboos framing menstruation as impure lead to social exclusion and emotional stress, while the lack of open dialogue within families and schools results in misinformation and fear during menarche. Many rural schools fail to offer comprehensive reproductive education, and when menstruation is discussed, it's often fragmented or euphemistic. This disconnect contributes to poor health outcomes such as infections, anaemia, and disrupted education. Menstrual health must be acknowledged as a fundamental component of social justice and public health. Initiatives like the National Health Mission hold promise, but must be rooted in localized, culturally sensitive strategies and sustained community engagement. Addressing menstrual health in rural India demands more than policies—it requires building awareness, challenging stigma, and equipping girls with resources and education to manage menstruation confidently. Only through such holistic investment can India foster inclusive and healthy environments for all menstruators.

2. CHALLENGES IN RURAL MENSTRUAL HEALTH

2.1. Cultural and Religious Taboos: **Menstruation as Impurity** In many rural Indian communities, menstruation is perceived through a lens of ritual pollution. Cultural beliefs rooted in religion frame the menstrual cycle as unclean, leading to widespread social exclusion during periods (Nair, 2018). Girls and women are considered impure, not due to medical reasons but symbolic constructs. **Restrictions on Movement, Participation, and Speech** During menstruation, women may be barred from entering temples, participating in household rituals, or even sitting with others at mealtimes. Speech about menstruation is suppressed, contributing to shame and secrecy. These social controls limit freedom and reinforce gender-based marginalization (Krishna & Kumar, 2020).

2.2. Lack of Education and: Schools Rural schools frequently neglect menstrual health in their curricula. Teachers often skip these topics due to personal discomfort or cultural norms. Girls remain uninformed about their bodies until menarche, causing anxiety and misinformation (Mahajan & Sharma, 2021). **Parental Silence and Generational Misinformation** Families often avoid discussing menstruation. Mothers may pass down traditional restrictions but not scientific facts, leading to myths like "don't bathe on your period" or "don't eat sour foods." This generational silence promotes stigma and discourages health-seeking behaviour (Kaur & Kaur, 2021).

2.3. Infrastructure Deficits: **Inadequate Sanitation in Schools and Homes** Many schools lack clean, private toilets and disposal units for menstrual waste. Girls without access to facilities miss classes or drop out, particularly in rural areas (Tamiru et al., 2015). At home, the absence of private spaces and toilets makes menstruation even more difficult to manage. **Limited Access to Clean Water and Disposal Facilities** Menstrual hygiene depends on water availability for washing and cleaning. In low-resource settings, girls often struggle to maintain basic hygiene. Disposal facilities are nearly non-existent, forcing unsafe practices like burying or burning used cloths and pads (Mahajan & Sharma, 2021).

2.4. Socioeconomic Barriers: Affordability of Menstrual Products Sanitary pads remain unaffordable for many rural families. Cost and access issues force girls to use cloth, rags, or paper substitutes. These alternatives often lack proper absorbency and hygiene, increasing risks of infection (Sen & Biswas, 2021). **Reliance on Unhygienic Alternatives in Low-Income Households** In regions where commercial products are unavailable or unaffordable, girls resort to methods that are ineffective and potentially harmful. Without access to sterilization or proper cleaning, reusable cloth becomes a source of recurring health issues (Mahajan & Sharma, 2021).

2.5. Gender and Caste-Based Discrimination: Dalit and Tribal Community Exclusion Caste-based discrimination in rural India marginalizes Dalit and tribal menstruators from healthcare outreach and school resources. Sen and Biswas (2021) highlight how NHM interventions are less effective in communities where caste bias obstructs equal distribution of products and education. **Neglect of Transgender and Nonbinary Menstruators** Most menstrual health programs target cisgender girls and women, ignoring gender-diverse individuals who menstruate. This exclusion reflects policy blindness to LGBTQ+ identities. Winkler & Roaf (2021) argue for inclusive frameworks that acknowledge all menstruators, ensuring dignity across gender spectrums.

3. THE ROLE OF THE NATIONAL HEALTH MISSION:

2.1 Overview of NHM and Adolescent Health Strategy: Mission Objectives and Framework the National Health Mission (NHM) was launched by the Government of India in 2005 to strengthen public healthcare delivery across rural and underserved populations. Its primary objective is to ensure equitable access to quality healthcare, with a focus on reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A). NHM operates through decentralized planning, flexible financing, and community participation, aiming to make healthcare responsive to local needs (Mahajan & Sharma, 2021).

Subprograms Targeting Menstrual Hygiene Menstrual health falls under NHM's Adolescent Health Strategy, which includes specific subprograms such as the Menstrual Hygiene Scheme (MHS) and Rastriya Kishor Swasthya Karyakram (RKSK). These initiatives focus on increasing awareness, providing affordable menstrual products, and integrating menstrual education into school and community settings. However, effectiveness varies across states depending on infrastructure, political will, and the capacity of local health workers.

2.2. Menstrual Hygiene Scheme (MHS): ASHA-Led Pad Distribution Under MHS, Accredited Social Health Activists (ASHAs) are trained and deployed to distribute low-cost sanitary pads to adolescent girls between 10 and 19 years of age. These pads are often sold at subsidized rates to ensure affordability, particularly in economically weaker sections. ASHAs also provide basic guidance on hygiene and disposal, acting as accessible health liaisons in rural communities (Sharma & Mahajan, 2022).

Peer Education and Hygiene Counselling In addition to product distribution, MHS promotes peer-led health education. Selected adolescent girls and boys are trained as Peer Educators, who conduct awareness sessions and facilitate community discussions. These efforts aim to create a supportive environment where menstruation is normalized and stigmas are challenged. However, in some regions, lack of structured training and supervision for educators has limited the reach and impact of these sessions (Kaur & Kaur, 2021).

2.3. NHM and ASHA/ANM Workforce: Training, Outreach, and Limitations NHM's success hinges on the effectiveness of its frontline workers—ASHAs and Auxiliary Nurse Midwives (ANMs). These workers play a pivotal role in menstrual education and distribution. However, studies have found gaps in their menstrual literacy and cultural sensitivity. Many ASHAs lack formal training in explaining menstrual physiology or addressing myths, which can hinder trust and communication (Bobel, 2019). ANMs, while medically trained, are often overwhelmed with responsibilities, limiting their bandwidth for focused menstrual outreach.

Community Trust and Engagement Despite limitations, ASHAs are often viewed as trusted figures, especially in remote communities. Their personal relationships and consistent presence allow them to influence attitudes toward menstrual hygiene. When equipped with adequate training and resources, they can foster open conversations, dispel misconceptions, and connect menstruators with healthcare services. Long-term success, however, requires institutional support, proper incentives, and sustained engagement strategies (Mahajan & Sharma, 2021).

4. COLLABORATION WITH SCHOOLS AND LOCAL GOVERNANCE:

4.1 Integrating Menstrual Education in Schools

Implementation of RKSK Modules: The Rashtriya Kishor Swasthya Karyakram (RKSK), launched under the National Health Mission, aims to promote adolescent health through school-based interventions across six themes—including menstrual hygiene. In rural schools, RKSK modules are designed to educate students about body literacy, reproductive health, and safe menstrual practices. These sessions typically cover topics like anatomy, hygiene management, disposal techniques, and myth-busting around menstruation (Mahajan & Sharma, 2021). However, the effectiveness of RKSK integration hinges on consistent curriculum delivery and local adaptation. In many areas, the modules face resistance due to cultural discomfort or lack of teacher readiness. Moreover, gender-exclusive teaching continues to sideline boys, reinforcing menstrual stigma as a "female-only" concern (Kaur & Kaur, 2021). For RKSK to succeed in rural settings, its materials must be sensitively framed and supported by practical sanitation infrastructure within schools.

Training of Teachers and Peer Leaders: Teacher training is pivotal for fostering comfortable, informed classroom discussions. Educators in rural areas often lack the resources or confidence to address menstruation constructively. Capacity-building workshops led by district health departments can equip teachers with both biological knowledge and tools for sensitive communication (Sharma & Mahajan, 2022).

Peer educators—students selected and trained to lead health dialogues—act as key facilitators for RKSK content. These adolescents often resonate more closely with their peers, enabling relatable discussions and personalized support. When empowered, peer leaders can normalize menstruation in the classroom, dispel myths, and encourage openness among both boys and girls (Kaur & Kaur, 2021). However, their training must be sustained and monitored to ensure consistency in messaging and emotional support.

4.2.Involvement of Panchayati Raj Institutions and NGOs

Community Engagement for Sustainable Change: Panchayati Raj Institutions (PRIs)—local elected bodies—play an essential role in rural governance and community health promotion. When PRI members, especially women representatives, are involved in menstrual health advocacy, they help bridge the gap between state-level programs and local needs. Their endorsement can legitimize menstrual initiatives, encourage family participation, and counter resistance stemming from conservative norms (Krishna & Kumar, 2020). **Non-Governmental Organizations (NGOs)** complement PRIs by facilitating awareness campaigns, school workshops, and adult education programs. NGOs like Goonj and Menstrual Health Alliance India have pioneered community-led storytelling circles, theatrical performances, and health caravans to address menstrual stigma. These culturally resonant formats help rural populations challenge internalized shame and engage more willingly with menstrual health education (Bobel, 2019).

When PRIs and NGOs collaborate effectively with schools and NHM health workers, they create interconnected support systems that sustain menstrual awareness beyond one-time events.

Local Pad Manufacturing and Storytelling Initiatives: In many villages, local self-help groups (SHGs) or women's cooperatives produce **biodegradable or reusable menstrual pads**, often supported by NHM or NGO grants. These

units provide both economic opportunities and product accessibility, reducing dependence on commercial brands and mitigating waste disposal issues (Mahajan & Sharma, 2021). Storytelling initiatives—where elders, educators, and peers share personal menstrual experiences—foster empathy and intergenerational dialogue. Krishna & Kumar (2020) demonstrated that such programs not only challenged taboos but also strengthened community trust in health workers. When menstrual health is framed as a shared narrative, families are more likely to participate, listen, and evolve their perspectives.

5. ADVANCING MENSTRUAL HEALTH IN INDIA: INTEGRATED STRATEGIES AND COMMUNITY-CENTRIC INNOVATIONS:

Technological and Digital Outreach: Digital platforms have revolutionized menstrual health education by bridging gaps in access and awareness. Initiatives like *Digital Didi* and *Menstrual Health Express* use mobile learning systems, WhatsApp-based chatbots, and interactive storytelling to reach adolescent girls and women in remote areas (DEF, 2023). These tools offer culturally sensitive, multilingual content that demystifies menstruation and promotes hygienic practices. Moreover, AI-powered platforms like *MenstLLaMA* have demonstrated superior contextual accuracy and empathy in delivering menstrual health information (Adhikary et al., 2025).

Mobile Applications, Chatbots, and E-Learning Modules: Apps such as *ZenHer* and *SocialBoat* integrate menstrual tracking with personalized health advice, symptom monitoring, and access to gynaecological consultations (ZenHer, 2025; Sarkar, 2023). Chatbots like *Sirona* and *ISHA* offer anonymous, stigma-free environments for users to ask questions and receive guidance. E-learning modules embedded in school curricula and community programs enhance menstrual literacy among adolescents and caregivers, often using gamified content and peer-led facilitation (Ramaiya et al., 2019).

Role of ASHAs and Health SoochnaPreneurs: Accredited Social Health Activists (ASHAs) and Health SoochnaPreneurs serve as frontline educators and distributors of menstrual products. Their proximity to communities enables them to challenge taboos, promote safe practices, and ensure last-mile delivery of sanitary pads (Sprihasociety, 2023). Training modules developed by the National Health Mission (NHM) equip ASHAs with communication tools, hygiene education strategies, and bookkeeping skills to monitor uptake and impact (NHM, 2021).

Innovations in Product Access and Disposal: Innovative models like *Tendryl* and *Goonj* address both access and sustainability. Tendryl's IoT-enabled vending machines and eco-friendly incinerators ensure dignified access and safe disposal within school and workplace washrooms (YourStory, 2025). Goonj's cloth-based *MY Pads*, made from repurposed textile waste, empower women through production and distribution while promoting circular economy principles (Goonj, 2025). These models reduce environmental burden and foster community ownership.

Community Engagement and Behavioral Change: Behavioral change communication (BCC) strategies rooted in the Theory of Planned Behaviour and Social Cognitive Theory have proven effective in shifting menstrual norms. Campaigns like *GARIMA* and *Ujaas* use peer-led storytelling, participatory theatre, and visual tools to normalize menstruation and reduce shame (Ramaiya et al., 2019; Patkar, 2025). Engaging boys, parents, and teachers in these dialogues fosters inclusive environments and reinforces positive attitudes.

Role of SHGs, Peer Educators, and Local Champions: Self-help groups (SHGs), peer educators, and local champions play a pivotal role in sustaining menstrual health interventions. SHGs often produce and distribute reusable pads, while peer educators facilitate school-based sessions and community outreach (UDGI Foundation, 2025; GlobalGiving, 2024). Local champions—teachers, ASHAs, and SHG leaders—act as trusted messengers, breaking silence and modelling healthy behaviours. Their involvement ensures cultural relevance and long-term impact.

Addressing Taboos, Myths, and Gender Norms: Menstruation in India is often entangled with myths and restrictive gender norms. Studies reveal that many girls face isolation, mobility restrictions, and misinformation during their periods (Sewa International, 2023; Jain, 2024). Interventions must confront these beliefs through culturally sensitive education, intergenerational dialogue, and media campaigns. Programs like *Pink Friday* and *Swachhta Shaniwar* engage boys and families to dismantle stigma and promote dignity (Yadav, 2024).

Participatory Communication Models: Participatory models emphasize co-creation, dialogue, and community ownership. Tools like menstrual storytelling circles, youth-led radio shows, and menstrual health clubs foster safe spaces for expression and learning (CCHR, 2024). These models align with participatory communication theory, which values horizontal exchange and empowerment over top-down messaging. When communities shape the narrative, interventions become more resilient and responsive.

6. SYSTEMIC BARRIERS IN MENSTRUAL HEALTH MANAGEMENT IN INDIA:

Challenges and Gaps Despite policy momentum, menstrual health in India continues to face multidimensional challenges. NFHS-5 data reveals that only 27.7% of young women aged 15–24 have access to comprehensive menstrual health resources—defined as hygienic products, clean water, soap, and private sanitation facilities (Babbar & Chakrabarty, 2025). Period poverty remains prevalent, especially among rural, tribal, and low-income populations. Cultural taboos, misinformation, and gendered restrictions further exacerbate exclusion. For instance, 71% of adolescent girls are unaware of menstruation before their first period (Mudgal, 2025), leading to fear, shame, and school absenteeism. Moreover, menstrual health is often siloed within reproductive health frameworks, neglecting its intersection with education, sanitation, and gender equity.

Infrastructure, Access, and Affordability Access to menstrual products and supportive infrastructure is uneven across geographies and socioeconomic groups. NFHS-5 shows that 22% of women lack water access at home, and 25% lack soap for handwashing, undermining safe menstrual hygiene (Chakrabarty & Singh, 2024). Many schools and public spaces lack gender-segregated toilets, disposal bins, and privacy, contributing to dropout rates and absenteeism. While initiatives like PMBJP's ₹1 Suvidha pads and ASHA-led distribution have improved affordability, coverage remains inconsistent. Reusable products such as menstrual cups and cloth pads are cost-effective but underutilized due to cultural resistance and lack of training (Savant, 2025). In informal workspaces, women face additional barriers—lack of washrooms, privacy, and disposal options—leading to unsafe practices and health risks (Rana, 2022).

Digital Divide and Literacy Barriers Digital interventions—apps, helplines, and online campaigns—have expanded menstrual health outreach, but access remains skewed. Only 35% of rural internet users are women, and digital literacy gaps persist (The Statesman, 2024). This limits access to online education, telehealth, and e-commerce for menstrual products. DEF's *Digital Didi* initiative trained over 35,000 women and girls in digital literacy and menstrual health, but such efforts are not yet scaled nationally (Alvares, 2023). Moreover, low literacy levels hinder comprehension of product instructions and health messaging. Bridging this divide requires community-based digital literacy programs, inclusive content in vernacular languages, and gender-sensitive tech design.

Policy Fragmentation and Implementation Bottlenecks India's menstrual health landscape is governed by multiple ministries—Health, Education, Women & Child Development—leading to policy fragmentation. While national guidelines exist (MoHFW, 2015), implementation varies widely across states. For example, some states distribute pads via ASHAs, others via schools or Anganwadi centers, with no unified protocol. Budget allocations are inconsistent, and menstrual waste disposal remains unregulated. The Supreme Court recently questioned the feasibility of a national menstrual hygiene policy due to ground-level gaps (Babbar & Ojha, 2023). Programs like Odisha's *Khushi* scheme and Kerala's *Thinkal* initiative show promise, but lack standardized monitoring and evaluation frameworks (Desaraju et al., 2025). Without convergence between WASH, SRH, and education sectors, menstrual health remains under-prioritized.

7. DISCUSSION

Menstrual health in India continues to face systemic hurdles despite policy advancements under NHM and related initiatives. Data across sectors point to entrenched inequalities shaped by geography, caste, gender identity, and age. While adolescent girls receive policy attention, other vulnerable groups—including adult women and gender-diverse individuals—remain neglected. Social norms, poor WASH infrastructure, and untreated menstrual disorders exacerbate these issues, often clustering regionally. Importantly, conditions like dysmenorrhea and PCOS intersect with broader health concerns, yet low health-seeking behaviour persists. Addressing menstrual health demands holistic reform: inclusive policies, stigma reduction, and investment in both physical infrastructure and community-based education.

Implications for Policy, Practice, and Research

Policy: India's Draft National Menstrual Hygiene Policy (2023) signals a shift toward lifecycle-based, inclusive governance. However, integration across ministries—Health, Education, WCD, Jal Shakti—remains siloed. There is a need to embed menstrual health within SRHR, SDG frameworks, and climate resilience agendas (UNFPA & WaterAid India, 2022).

Practice: Community-led models such as "Project Laali" in Rajasthan demonstrate the power of culturally resonant messaging and participatory design. Yet, many schemes still prioritize product distribution over behavioural change, environmental sustainability, or informed choice (Mudgal, 2025).

Research: There is a dearth of longitudinal, intersectional studies on menstrual health. Future research must explore menstrual literacy, eco-friendly product adoption, and digital health innovations, especially among marginalized populations.

Comparative Insights from Global Models

Global models offer instructive contrasts. Kenya's "WASH in Schools" program integrates menstrual hygiene into sanitation infrastructure and curriculum, while Scotland's Period Products Act ensures universal access. In contrast, India's schemes often lack robust monitoring, gender-transformative pedagogy, and environmental safeguards (Splash Foundation, 2020). UNICEF's MHM programming in Maharashtra exemplifies multi-sectoral coordination, budget tracking, and convergence across ministries. However, such models are not uniformly scaled across states. Internationally, the Guttmacher-Lancet Commission's SRHR framework advocates for bodily autonomy, menstrual dignity, and integrated care—principles India's policy landscape is beginning to embrace (UNFPA, 2022).

8. RECOMMENDATIONS

- **Policy Integration**: Embed menstrual health within NHM, SBM-G, RKSK, and SRHR frameworks. Ensure convergence across ministries with dedicated budget lines and accountability mechanisms.
- **Inclusive Targeting**: Expand focus beyond adolescent girls to include adult women, PwDs, gender-diverse individuals, and informal sector workers.
- **Eco-Social Innovation**: Promote reusable, biodegradable products and invest in menstrual waste management infrastructure. Standardize eco-labelling and incentivize local production.
- **Behavioral Change Communication**: Use participatory, culturally sensitive campaigns to normalize menstruation. Engage boys, men, and influencers to dismantle taboos.
- **Digital Ecosystems**: Leverage menstrual tracking apps, AI-based prediction tools, and telehealth platforms to enhance menstrual literacy and access to care.
- **Monitoring & Evaluation**: Develop indicators aligned with SDGs and NFHS to track menstrual health outcomes, equity, and environmental impact.

9. Strengthening NHM Integration and Multi-Sectoral Convergence

NHM's RMNCH+A strategy includes menstrual hygiene as a priority, yet implementation varies. Strengthening NHM requires:

- **Convergence Platforms**: Establish inter-ministerial task forces at state and district levels.
- **Capacity Building**: Train ASHAs, ANMs, and school staff on menstrual health, disorders, and eco-friendly practices.
- **Data Systems**: Integrate menstrual health indicators into HMIS and NFHS surveys.
- **Community Engagement**: Use VHNDs and SHGs to co-design interventions and feedback loops.

Enhancing Digital Ecosystems and Community-Led Models

Digital tools like Flo, Clue, and Project Laali's SMS-based outreach show promise in menstrual literacy and cycle tracking (Kumar et al., 2024). However, access and data privacy remain concerns. Recommendations include:

- **Localized Apps**: Develop vernacular, low-bandwidth apps with menstrual education and symptom tracking.
- **Community Tech Hubs**: Equip Anganwadi centers and schools with digital kiosks for menstrual health resources.
- **Participatory Platforms**: Use WhatsApp groups, IVRS, and youth clubs to foster dialogue and peer support.

Promoting Gender-Inclusive and Sustainable Menstrual Health Governance

Governance must move beyond product-centric approaches to rights-based, gender-transformative models. Key strategies:

- **Policy Coherence**: Align menstrual health with SDG 5, NEP 2020, and climate action plans.
- **Gender Budgeting**: Allocate funds for menstrual health across sectors, with disaggregated tracking.
- **Menstrual Leave & Workplace Inclusion**: Expand policies beyond Kerala and Bihar to informal sectors.
- **Environmental Justice**: Regulate menstrual waste disposal and incentivize sustainable product innovation.

10. CONCLUSION:

India's progress in menstrual health through schemes like NHM, Asmita Yojana, and She Pad marks an important shift toward accessibility, yet significant gaps remain in ensuring equitable and comprehensive care. The

NFHS-5 highlights that fewer than 30% of young women have access to essential menstrual health resources, with sharp disparities between urban and rural areas and among districts. These inequities stem from a combination of poor infrastructure, social stigma, and low health literacy. To truly advance menstrual health, it must be reframed as a matter of human rights and social justice—not merely hygiene. A rights-based, cross-sectoral approach is needed, integrating education, sanitation, climate resilience, and sexual and reproductive health services. Future policies like the National Menstrual Hygiene Policy must address the full lifecycle of menstruators and include marginalized groups. Embedding menstrual indicators in surveys and school audits will help drive accountability and inclusivity. Only then can India achieve dignity, equity, and wellness in menstrual health.

REFERENCES

1. Adhikary, P. K., Motiyani, I., Oke, G., Joshi, M., Pathak, K., Singh, S. M., & Chakraborty, T. (2025). *MenstLLaMA: A Specialized Large Language Model for Menstrual Health Education in India*. Journal of Medical Internet Research, 27, e71977.
2. Alvares, G. (2023). *Destigmatising Menstruation: To Better Health and Sustainability*. Feminism in India.
3. Babbar, K., & Chakrabarty, M. (2025). *Regional inequity in menstrual health persists in India*. The Diplomat.
4. Babbar, K., & Ojha, M. (2023). *Towards an Inclusive National Policy on Menstrual Health and Hygiene*. ORF Issue Brief No. 675.
5. Bobel, C. (2019). *The managed body: Developing girls and menstrual health in the Global South*. Springer Nature.
6. Bolakotagi, S. M., & Lati, A. (2023). *Menstrual health: A definition for policy, practice, and research*. UIJIR.
7. Chakrabarty, M., & Singh, A. (2024). *A Geographical Analysis of Access to Adequate Menstrual Health and Hygiene Resources*. Global Social Welfare.
8. Chrisler, J. C., Gorman, J. A., Marván, M. L., Johnston-Robledo, I., & Stubbs, M. L. (2015). *Ambivalence about menstruation*. Menstruation Matters, 1(1), 1–25.
9. Das, P., & Jungari, S. (2025). *Prevalence, risk factors and health-seeking behavior of menstrual disorders among women in India*. Global Health Action, 17(1), 2433331.
10. DEF. (2023). *Digital Intervention for Better Menstrual Health*. Digital Empowerment Foundation. https://www.defindia.org
11. Desaraju, S., Panda, N., Panigrahy, R. P., & Panda, B. (2025). *Policy to Practice: Insights from Implementation of a School-Based Sanitary Napkin Distribution Programme in Odisha*. Health Research Policy and Systems, 23(94).
12. FactChecker. (2023). *Menstrual Hygiene Day: Not All Women Adopting Safe Practices Quit Unhygienic Methods*.
13. GlobalGiving. (2024). *Train 4600 Indian girls as peer health leaders*. https://www.globalgiving.org
14. Goonj. (2025). *Transforming Urban Surplus: Goonj's Journey from Menstrual Health to Circular Solutions*. https://goonj.org
15. IAPSM. (2022). *Advisory on Menstrual Health and Hygiene Management*.
16. International Institute for Population Sciences. (2023). *Comparative study of menstrual hygiene among women aged 15–24 in India (NFHS-4 & 5)*.
17. Jain, I. (2024). *Champions of Menstrual Hygiene Management Making Schools Period-Friendly*. Times of India.
18. Kaur, R., & Kaur, K. (2021). *Intergenerational communication and menstrual health awareness*. International Journal of Women's Health, 13(2), 211–223.
19. Krishna, P., & Kumar, A. (2020). *Celebrating or segregating: Puberty rituals and menstrual stigma in southern India*. Asian Gender Studies, 11(3), 134–151.
20. Kumar, K., Gupta, A., Prakash, A., & Sachdeva, S. (2024). *Comparative analysis of menstrual cycle prediction algorithms in mobile apps*. ICETCS Conference Proceedings.
21. Kumari, P., & Kumar, R. (2023). *Menstrual hygiene among women aged 15–24 in India: Prevalence and correlates*. Social Science Spectrum, 9(3).
22. Mahajan, N., & Sharma, D. (2021). *Government interventions in adolescent menstrual health: A critical review*. Journal of Public Health India, 8(2), 101–115.
23. Mudgal, M. (2025). *Improving menstrual hygiene in India: The fight against period poverty*. ORF Expert Speak.
24. Nair, A. (2018). *Menstrual taboos and cultural practices in South Asia*. Asian Social Science, 14(9), 56–62.
25. NHM. (2021). *Training Module for ASHA on Menstrual Hygiene*. National Health Mission. https://nhm.gov.in
26. Patkar, P. (2025). *Menstrual Dignity at the Grassroots: The Ujaas Model of Health, Livelihood & Change*. The CSR Universe.

27. Pinkishe Foundation. (2024). *Menstrual health and hygiene in India: Progress, challenges, and the path forward*.
28. Ramaiya, A., Malhotra, A., Cronin, C., Stevens, S., Kostizak, K., Sharma, A., Nagar, S., & Sood, S. (2019). *How does a Social and Behavioral Change Communication Intervention Predict Menstrual Health and Hygiene Management?* BMC Public Health, 19, 7359.
29. Rana, T. (2022). *India's Major Challenges in Realising Menstrual Health*. Accountability Initiative.
30. Sarkar, G. (2023). *How SocialBoat Is Harnessing Generative AI To Help Women Take Control of Their Menstrual Health*. Inc42.
31. Savant, A. (2025). *Towards a #PeriodFriendlyWorld: Advancing Menstrual Hygiene and Health in India*. Elets eHealth.
32. Sen, S., & Biswas, M. (2021). *Menstrual inequities among Dalit women in rural India*. Social Health Journal, 5(2), 91–104.
33. Sewa International. (2023). *Knowledge, Attitude, Practice on Menstrual Hygiene Management in India*. https://sewainternational.org
34. Sharma, D., & Mahajan, N. (2022). *The impact of menstrual education campaigns in India: A socio-cultural review*. Journal of Public Health and Education, 10(3), 149–158.
35. Splash Foundation. (2020). *India menstrual health literature and landscape review*.
36. Sprihasociety. (2023). *An Uphill Struggle: ASHA workers and menstrual health awareness in India*. https://www.sprihasociety.org
37. Tamiru, S., Mamo, K., & Muchie, M. (2015). *Understanding menstrual experiences in African schools*. African Journal of Education and Health, 7(4), 233–244.
38. The Statesman. (2024). *Privileges Buffering: The Digital Divide for Rural Indian Women*.
39. UDGI Foundation. (2025). *StreeSwabhiman Project*. https://udgifoundation.org
40. UNFPA & WaterAid India. (2022). *Integrating menstrual health and sexual and reproductive health and rights*.
41. UNFPA India. (2022). *Menstrual Hygiene among Adolescent Girls: Key Insights from NFHS-5*.
42. UNICEF & DWSS Maharashtra. (2021). *Menstrual hygiene management: State-level implementation review*.
43. UNICEF India. (2025). *Menstrual hygiene programming in Maharashtra*.
44. Winkler, I., & Roaf, V. (2021). *Menstrual health and human rights: Global policy approaches*. Health and Dignity Review, 9(1), 43–61.
45. Yadav, P. (2024). *Inclusive Gender-Neutral Approaches in MHM*. Times of India.
46. ZenHer. (2025). *Women's Health Platform*. https://www.zenher.in