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A GLIMPSE INTO THE VARIOUS ASPECTS OF PERIOD POVERTY

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Abstract:

Menstruation is a part of everyday life for women all over the world. But although half of the global population are females, a good proportion of women don't have access to sanitary products which help them to make that time i.e. period of the month much more bearable. Many young girls from low-income families are simply unable to buy sanitary pad which is considered as basic essential. For many young women, their periods are a time of embarrassment, fear and shame and this led to inability and unwillingness to attend school or job during this time. Education is the key and will underpin any shift in perception on periods - the curriculum needs to change and schools must talk about periods with girls and boys must be part of that, too. Also, disposal of sanitary pad is a grave issue, and is not being talked about enough. Improper disposal of used pads can lead to the contamination of the surroundings, as badly-wrapped pads can provide a breeding ground for mosquitoes, flies, and many other carriers of diseases and piling up of non-biodegradable and non-recyclable waste, as most sanitary pads are made of plastics, do not decompose for hundreds of years. To find out the problems related with period poverty, to understand the role of government to alleviate period poverty to examine sanitary products disposal methods used by low-income group and high-income group of women. This study tries to examine the various aspects of period poverty in both low income and high-income group of women.

Key Words: Menstruation, Menstrual Hygiene, Menstrual Cycle, Menarche, Menopause

Introduction:

Menstruation or period is a monthly challenge for billions of women and girls worldwide. Menstruation is the regular discharge of blood and mucosal tissue from inner lining of the uterus through the vagina. The first period usually begins between 12 and 15 years of age, a point in time known as menarche. However, period, may occasionally start as young as eight years old and still be consider normal. The typical length of time between the first day of one period and the first day of the next is 21 to 45 days in young women and 21 to 31 days in adult. Bleeding usually lasts around 2 to 7 days. Menstruation stops occurring after menopause, which usually occurs between 45 and 55 years of age. (Nicola Herd 2018).

Feminine hygiene products are also called menstrual hygiene products. They are personal care products used by women during menstruation, vaginal discharge and other bodily functions related to the vulva and vagina. These products are either disposable or reusable. There are two basic types of period products; external protection and internal protection. External protection such as pads and panty liners attaches to the crotch of underpants to absorb menstrual flow after it leaves the body, while internal protection such as tampons are inserted into vagina to catch or absorb menstrual flow before it leaves the body (Bychole Lambart 2018).

Women and girls constitute half of India's population. Yet gender disparities remain critical issue in India affecting woman's and girl's education, health and workforce participation. Menstrual hygiene management is a subject of deep concern in most developing countries where women, especially low-income group women face challenges in acquiring hygienic absorbents, clean water for washing and a private space for changing. Every month they are forced to opt for unhygienic ways to catch the flow and hide sign of menstruation, without caring for their own health and wellbeing.

For a long time, menstrual health was not a priority in the public health agenda. The Reproductive and Child Health Programme (RCH) in 1997, was not target-driven, hence menstrual health got space, but it was not completely addressed. Social organizations implemented programmes that trained stakeholders on best practices to manage menstruation. They mobilized communities and leveraged government schemes to build requisite infrastructure. Many campaigns have been initiated by various NGOs to break the silence on menstrual hygiene management and much is being done to support self-help groups by establishing production units to ensure access to safe and cost-effective products (Vishal Chowla, 2016).

Period poverty is a worldwide phenomenon. Harrowing cases of poor menstrual hygiene are commonplace: India, Kenya and Cambodia have battled for years to prevent girls from dropping out of school in communities where mattress stuffing and leaves are often used for menstrual management. In November 2017, Kerala launched its She Pad scheme, which will distribute free pads in three hundred schools across 114 panchayats. Girls and women of menstruating age are suffering this problem. They are denied access to menstrual product. In our society the menstruation is a part of reproduction and covered in biological context and often women are separated due to impurity.

Period poverty is not by any means a new problem but the actions of 18-year-old Indian origin teen activist from United Kingdom, Amiga George who launched her free period movement on twitter have recently ignited conversations in media. Amiga

George whose family is originally from Kerala started the movement in April 2017 after reading a report about children who regularly miss school for up to a week per month, due to not being able to afford sanitary supplies. Amiga took action by starting the free period campaign. The protest generated wide spread media interest. Amiga's campaign also tapped into wider sentiment - both about women's equality and the larger issue of poverty in austerity-ridden Britain - with several political parties making commitments to help end the problem. She is motivated by initiatives such as Kerala's She Pad Scheme. (Vidya Ram, 2018).

Though the UN has recognized menstrual hygiene as a global public health and human rights issue, globally 1.2 billion women lack access to basic sanitation and hygiene. The report calls on government agencies and NGOs to increase efforts to provide proper sanitation. The government should also include menstrual hygiene management as a component in its health policy and device strategies to address this issue plaguing the country. Movies like' Pad Man' and' Yes Bleed 'campaign caused a small stir in the country, but still statistics say that in India 60percent of adolescent girls missed school on account of menstruation and about 80percent still use home-made pads. (Aswathi Pacha May 2018).

Sanitary waste disposal has also become an increasing problem in India as the plastic used in disposable sanitary napkins are not bio-degradable and lead to health and environmental hazards. The impact is more pronounced because of the unorganized ways of municipal solid waste management and poor community collection, disposal and transportation networks in the cities and villages. Further, one major issue of sanitary waste has always been their categorization, i.e., whether it is biomedical or plastic waste. Soiled napkins, diapers, condoms, tampons and blood-soaked cotton, which are household waste according to the Solid Waste Management (SWM) Rules, 2016, are being disposed after segregation into biodegradable and non-biodegradable components.

As per MHM guidelines, 'Safe disposal 'means ensuring that the process of destruction of used and soiled materials is done without human contact and with minimal environmental pollution and 'Unsafe disposal' means throwing used cloth into ponds, rivers, or in the fields exposes others in the area to decaying material and should be avoided. Offsite disposal can be organized with the communal or town solid waste collection and management system. If a hospital with a safe and treatment unit for hazardous waste is nearby, this might be a best solution to explore. However, this is unfortunately not a viable option for many rural schools, and transport will be a logistical and financial challenge. Options for on-site disposal include disposal deep burial, composting, pit burning and incineration. The right option depends on key factors such as amount and type of materials, the available budget (investment and O&M costs) and environmental considerations. Burning in open heap should be totally avoided. If burning is the only option, a deep pit should be used. (Central pollution control board 2018).

Concept of Period Poverty:

Period poverty refers to lack of access to sanitary products due to financial constraints. There are over millions of menstruating girls in India, but majority of women across the country still face significant barriers to a comfortable and dignified experience with menstrual hygiene management. Around seventy percent of women or their family in India cannot afford to buy sanitary pads. The majority of women and girls in India use homemade products to manage their period. Commercial pads are expensive for low-income users and low-cost pads vary in reach and quality. Higher costs of the menstrual products are the reason for period poverty. The cost of sanitary product is forcing some women to take unhygienic measures. A packet of sanitary pad cost nearly 35 to 40 rupees and women might need at least a couple of packets in a month, which mostly affect young girls or students or unemployed woman who do not have their own income. Over the past few years there has been a massive rise in the price of sanitary pads.

Recently an alternative product was developed which is called as moon -cup or menstrual cup which will last for years. It can hold up to three times more liquid than pads. But the users of cup are very few. The main reason for this is most of girl especially low-income group girls are unaware about this product, and also, they are unaware about how to use. Further the cost of these is also high. Lack of affordability and traditional beliefs force women to use other homemade measures like cloths but they do not consider hygienic matter of this type of homemade product. Poor sanitation and use of unhygienic products lead to serious health issue. Lack of affordability of sanitary pads also leads to overtime use which also create various health issues.

Disposition of sanitary pads are also an important matter for consideration. Used sanitary napkins that have not been disposed of properly, sometimes blocks the drainage system. Burning plastic sanitary pad causes harmful toxins to be released into the atmosphere and is therefore not an environment friendly solution to the problem. The material used to make plastic napkins is non-biodegradable, thus leading to the accumulation of used napkins in large heaps in landfills. Another problem of accumulated menstrual waste is the fact that menstrual blood on napkins stagnates for longer duration, thus allowing pathogens to thrive in it. Stagnant menstrual blood accumulates a lot of bacteria which rapidly multiplies at an exponential rate. Waste of sanitary napkins with a large number of diseases causing threat to hygiene in the surrounding areas. The improper disposal of sanitary pads is a problem that needs to be dealt with right from the grass root level. Women and even educated young girls are not aware of the hygiene problems caused by the improper disposal of sanitary pads.

There is global day to address the issue as menstrual health day on May 28 to raise awareness of the importance of managing periods with dignity, with events held around the world. This study tries to analyze the existence of period poverty and various problems faced by women during their period. The term menstruation and period is interchangeably used throughout this work.

Conceptual Background of the Study:

Girls and women of menstruating age are suffering all their problems in silence. They are denied access to menstrual products and made to believe they should be ashamed of their periods. They are forgotten in their time of need, left to use unsanitary measures to manage their menstruation or simply go without protection. On average, a woman or girl menstruates once a month, usually beginning around the age of ten to fifteen until her menopause. Menstruation is a natural bodily function, yet it remains stigmatized and unsupported by policy. Public discourse about a woman's period and its effects on her daily life has been largely non-existent for decades, even though hundreds of millions of women are experiencing their period on any given day. Only in the last few years has the menstrual equity movement really taken root. Advocates and lawmakers have spearheaded initiatives across the country to distribute menstrual products. The conditions for women to maintain a good hygiene during their

menses differ a lot globally. Due to the lack of economic means and knowledge about menstruation and thus allocation of money to buy pads, some women and girls do not have a sufficient access to sanitary products, some women who do not have enough private space to change, wash and dry clothes that are used as pads. Furthermore, those who cannot afford to buy sanitary pads are using cloths (Gabby Edlin 2017).

Poor menstrual hygiene management (MHM) has shown to be related to lower reproductive tract infections (RTIs) and urinary tract infections (UTIs), (Brian et al. 2012). The ties between menstrual hygiene and reproductive health are therefore strong. Although menstruation is a natural process that almost half of the world's population will experience, it is considered taboo in many countries; a shameful and private matter one should not share with anyone else. It has gone so far that even mentioning the subject in some countries has become a taboo. This has then resulted in many girls not knowing what menstruation is at the onset of their first period (menarche), (George 2013). There are a lot of cultural believes and myths related to menstruation. These believe restrict the women's freedom of movement, for example limiting them from sleeping in their own home, bathe or cook. Along with this lack of knowledge about MHM, unhygienic practices have serious health effects.

Concepts Related with Menstruation:

Menarche - Menarche is the first menstrual cycle, or first menstrual bleeding, in female humans. From both social and medical perspectives, it is often considered the central event of female puberty, as it signals the possibility of fertility. Girls experience menarche at different ages. The timing of menarche is influenced by female biology, as well as genetic and environmental factors, especially nutritional factors. The mean age of menarche has declined over the last century, but the magnitude of the decline and the factors responsible remain subjects of contention. The worldwide average age of menarche is very difficult to estimate accurately, and it varies significantly by geographical region, race, ethnicity and other characteristics.

Menopause - Menopause is the process through which a woman ceases to be fertile or menstruate. It is a normal part of life and is not considered a disease or a condition. The diagnosis is typically made retrospectively after the woman has missed menses for 12 consecutive months. It marks the permanent end of fertility and the average age of menopause is 51 years.

Menstrual cycle - Menstrual cycle is the regular natural change that occurs in the female reproductive system (specifically the uterus and ovaries) that makes pregnancy possible. The first period usually begins between twelve and fifteen years of age, a point in time known as menarche. They may occasionally start as early as eight, and this onset may still be normal. The average age of the first period is generally later in the developing world and earlier in developed world. The typical length of time between the first day of one period and the first day of the next is 21 to 45 days in young women and 21 to 35 days in adults an average of 28 days (Nicola Herd 2018).

Menstruation stops occurring after menopause which usually occurs between 45 and 55 years of age. Bleeding usually lasts around 2 to 7 days. The menstrual cycle is governed by hormonal changes. These changes can be altered by using hormonal birth control to prevent pregnancy.

Review of Literature:

Joy Parkinson et.al (2024) explains that period poverty is a critical global crisis characterized by a lack of access to menstrual products, clean water, and private sanitation facilities. This issue affects millions of individuals across both developing and developed nations, resulting in severe consequences for physical health, emotional well-being, and educational participation. Cultural taboos and social stigma further aggravate the problem, often forcing marginalized populations to use unsafe materials or face isolation. Addressing these barriers requires a comprehensive strategy involving health marketing, policy reform, and the promotion of sustainable hygiene solutions. Organizations like Australia's Share the Dignity demonstrate how targeted advocacy and free product distribution can restore basic human rights and dignity to those in need. Ultimately, eliminating period poverty is essential for achieving global gender equality and ensuring that menstruation does not hinder economic or social opportunities.

Hafiz Jaafar et.al (2023) examines the neglected global crisis of period poverty, which describes the systemic lack of access to menstrual supplies, sanitary infrastructure, and health education. By synthesizing research from various medical databases, the text highlights how deep-seated cultural stigmas and economic barriers create profound social injustices for women during their productive years. The authors aim to quantify this burden for policymakers, urging them to implement strategic interventions and further clinical research to eliminate these inequities. Ultimately, the source serves as a call to action to prioritize menstrual equity as a fundamental component of public health in the modern era.

Ranjanbir Kaur (2018) explains that subsidies should be given on menstrual products so that every woman can afford them easily. NGOs should come forward to educate low-income group people about menstruation, MHM, importance of toilets at homes, hand washing diseases related to reproductive tract due to poor hygiene. Girls should be aware of the consequences of disposing menstrual product in open area or flushing them in toilet. Disturbing with proper lids should be placed in toilet. If possible, incinerators should be installed at homes, schools and community level

Shalini Vora (2017) states that menstruation is mostly framed as negative, painful process in which is exacerbated while living in precarious situation and sanitary products are seen as too expensive or completely unaffordable for most. Limited access to, safe spaces clean underwear and laundry were all cited as important facilities and services that could ease the discomfort of the menstrual week. There is a clear need to improve the channels of communication and understanding of which organizations provide sanitary products amongst female homeless community.

Supriya Garikipati (2017) identifies the fact that MHM interventions have excluded a substantial segment of women in slums by their singular focus on sanitary pad adoption. MHM intervention to be inclusive and at the same time to ensure more resilient cities, they must pay attention not only on price, but also to disposability and ultimately aim to improve the choice of menstrual protection alternatives available to women.

Barman A Katkar (2017) explains that currently the world is facing a very big problem of carbon footprint of feminine hygiene product. An alternative raw material that is sustainable in nature without compromising on the functional requirement of the product. Nature has encompassed every solution within itself. With more and more use of natural fiber in hygiene product will

make it eco-friendly. Use of natural fiber in sanitary pad will reduce the cost of the product will lower accessible to low-income group women. As the product is biodegradable, prevent non-biodegradable waste generation.

Emily Balls (2017) explains that educational programmes can improve the menstrual knowledge and management in group of girls who are already in education. Although there was good evidence that educational interventions can improve MHM practices and reduce social restrictions.

Monica Lenon (2017) opined that sanitary waste disposal has become increasing problem in India as the plastic used in disposable sanitary napkins are not biodegradable and lead to health and environmental hazards. The impact is more pronounced because of the unorganized ways of municipal solid waste management and poor community collection. The lack of concern for sanitary waste management in our country is reflected in the fact that there is no reliable statistics on the subject. Due to the lack of segregation of waste, there is hardly any documentation in this area, so through instruction for handling and management of sanitary waste are essential

Nivedita Pathak (2016) Opined that the provision of low-cost sanitary napkins to women in low-income group areas is not an answer to the myriad problems they face menstrual management. Apart from the need is for a mechanism for ensuring the quality of the products and reducing the environmental cost of non-reusable products, the need is for a change in attitude towards menstruation. It is because this is a taboo topic ruled by religion cultural conventions that low-income group women face not only discomfort but also problem linked to reproductive health.

Arpan Yagnik (2016) examines the advertisement for menstrual hygiene products to discover the roadblocks in the diffusion of innovation of menstrual hygiene products. A new cultural product should be presented as an option to the existing one and not as a superior replacement indicating the abolishment of prevalent product. A piece of cloth is still the most commonly used method to take care of the menstrual flow. The TV commercials that the most prevalent option is targeted and a distinct message is disseminated on mass communication mediums about sanitary pads being superior and pieces of cloth have to be abolished

Vishakha Goyal (2016) explains that still the women consider menstrual hygiene product as luxury product, hence there is immediate need to make women aware. It is very important to spread this awareness that these age-old practices of using cloth and locally prepared napkins among women increase the risk of spreading of reproductive tract infections among women.

Alicia Botello-Hermosa (2015) opined that the main fears obtained regarding menstruation is hygiene that forbids menstruating women the slightest contact with water due to the risk of diseases. The eldest women are the ones who have more fear regarding water hygiene during menstruation. Even today many women of all ages in both low-income group and high-income group context remain subject to false fears and pressures. Educational level has an important impact on these false fears and pressures.

Ranjana Sharma (2014) explains that sanitary napkins have very low penetration in India, partly due to un-affordability and due to the use of unhygienic old cloth pieces. As a result, suffer from infections. This is due to the lack of awareness and economic inability for adopting better precautions like use of good sanitary napkins during menstruation. Usually, different varieties of sanitary napkins are found available in the market but they are very expensive and are not affordable for low-income group and underprivileged women.

Ashok Pandey (2014) highlighted the need of the adolescents to have accurate and adequate information with challenges about menstruation. The interesting aspect highlighted by the school girls regarding the quality of attendance in school suggest that studies are needed to explore more at the qualitative aspect of the effect on daily activities around menstruation particularly school attendance

Paul Montgomery (2013) explains that providing better sanitary care and puberty education for school girls is one intervention that might provide rapid effects with long-lasting positive consequences and thus should be considered seriously by policy makers.

Rajesh Garg (2012) explains that the availability of sanitary napkins should not be restricted to health centres and health functionaries. In the villages the women SHGs, traditional birth attendants, female shop keepers etc should be involved to store and distribute sanitary napkins as girls would more comfortable to purchase sanitary napkins from them. In addition, a functional adolescent group should have responsibility and be a part of these SHGs. These functional adolescent groups would help in promoting vocational, livelihood skills and increasing awareness regarding reproductive health.

Colin Sumpter, Belen Tornondel (2012) opined that the management of menstruation presents significant challenges for women in lower income settings the effect of poor menstrual hygiene management however remains unclear. Across the globe menstruation and its management also have important social and cultural implications which may be in turn impact women and girl's lives. Raising awareness regarding menstruation and hygienic practices has remained largely a neglected area in terms of research, despite its increasing popularity amongst public health organization.

Ray Sudheshana, Dasgupta (2012) reveals that menstrual hygiene is far from satisfactory among a large proportion of the adolescent girls while ignorance, false perceptions, unsafe practices and reluctance of mother to educate her child are also quite common among them. Thus reinforce the need to encourage safe and hygienic practices among adolescent girls and bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation.

Gali Kintworth (2011) opined that large number of girls would wide stay away from school due to fear of staining. Menstrual cramps and the problems of managing menstruation with only poor sanitation facilities available at their schools. For school girls, this can lead to missing between 4-6 days of schooling every month.

Reshma Kamath (2011) explains that sanitary napkins of well-developed sanitary napkin industry in India are often unaffordable to the millions of Indian women living in low-income and underprivileged communities. This is primary due to the cost of the sanitary napkins resulting from the use of expensive machinery and huge profit margins by these brand name companies

Preet Rustagi (2006) opined that gender dimensions of poverty often gain significance from the notion that women constitute the poorest of the poor, being the lowest of the social and economic hierarchies. Female headed households are necessarily poor and suffer from vulnerabilities when compared with those of male headed household.

Santhosh Nandal (2005) suggests that enhancing the participation of the poor especially poor women in economic decision making should be helpful in reducing poverty. Investment in basic education and literacy, especially for girls, appropriate investment in healthcare, especially productive, maternal and child health should go a long way in reducing poverty.

Statement of the Problem:

The present study intends to analyze the existence of period poverty among both low-income group and high-income group women. One in five girls or women aged 8 to 50 cannot afford sanitary pad. A packet of sanitary pad costs nearly forty rupees and women might need at least a couple of packets a month that is a total monthly cost of around sixty rupees. While it might not seem like a great deal of money but it is sadly the cause that a growing number of women particularly teenage girls are struggling to afford these amounts in each month. Menstrual products are expensive and high tax rate can make them even more difficult to afford. The study also intends to analyze the effectiveness of various government programs to avoid period poverty and the methods of disposition of sanitary pads among the sample.

Objectives of the Study:

- To find out the problems related with period poverty
- To understand the role of government to alleviate period poverty
- To examine sanitary products disposal methods used by low-income group and high-income group of women.

Methodology:

- Method of data collection: For the present study both primary and secondary data has been used. Primary data required for the study has been collected by using a well-designed interview schedule prepared according to the objectives of the study.
- Source of primary data: The primary data required for this study has been collected by using convenience sampling. For this purpose, sample of 50 women chosen from both low income group and high-income group area in Kannur district. The low-income area comes under Keezhur Chavasseri panchayat and high-income group comes under Mattannur municipality.
- Source of secondary data: The secondary data has been collected from annual reports, reports of various studies and publications from various journals and internet.
- Area of the study: The primary data regarding period poverty collected from 50 respondents, as two segments. First from an area which is located in Kannur district, Iritty taluk, Keezhur Chavasseri panchayat called as' Township colony', which is socially and economically backward. Second segment focused on an area which is comparatively much better than first area that is Mattanur which is characterized as a small town and developing as a part of Kannur international airport.
- Period of the study: The primary data required for the study has been collected during the period from November 2024 to December, 2024.

Limitations of the Study:

- The major problem was respondents were not ready to disclose full personal details especially the matters of period. Especially low-income group women, they considered period as taboo topic.
- Lack of secondary information because it is a new topic and few studies are conducted on this.
- Lack of enough time to collect data.

Results and Discussion:

The primary data regarding period poverty collected from 50 respondents, as two segments based on their income. First from an area which is located in Kannur district, Irittytaluk, Keezhur Chavasseri panchayat called as' Township colony', which is socially and economically backward. They constructed their house with government's financial support of 150,000 (Official records, Keezhur Panchayat, Chavasseri) for each of them. And they depend on public well-constructed by the panchayat and there is no tap water facility for the family who lives far away from the public well. Second segment focused on an area which is comparatively much better than first area that is Mattanur which is characterized as a small town and developing as a part of Kannur international airport. The collected data has been analyzed and organized into following tables and figures.

Socio-Economic Profile of the Respondents:

The profile of the respondent includes age, educational qualification, ration card type, marital status, monthly income, water availability, toilet facility etc. These characteristics are important as they have an important role in determining the status of women.

The distribution of sample by age is one of the most important demographic groupings. The samples are taken on the basis of age, because age plays an important role in determining period.

Table 1: Age Wise Classification

S.No	Age	Number of Respondents	Percentage (in%)
1	10-20	18	36
2	20-30	12	24
3	30-40	10	20
4	40-50	10	20
5	Total	50	100

Source: Primary data

The table 1 shows that, most of the sample comes under the age group of 10 to 20 as 36 percent, which includes students and married women 44 percent of the sample are women who are mothers under the age category of 20 to 40. Remaining 20 percent of the sample are comes under the age of 40 to 50 who are reaching to menopause.

Awareness regarding menstruation can attain through education. Educated women are more aware about menstrual hygiene management. Illiterate community is still under the control of conservative and superstitious beliefs. Therefore, its effects are viewed in their life. 44 percent have high school education which includes ongoing students also. 4percent of the sample are illiterate and 18 percent of them are above SSLC.34 percent have LP, UP education. The people from the low-income group have lower educational qualification. Due to poverty male members in the family discontinued their education after LP and UP and they engaged in job at an early age. Female discontinued their education because of early marriage and poverty.

Marriage is an important part of every woman's life. Marital status of the sample shows that 46 percent of the sample are married women. The practice of early marriage is prevailed among the surveyed group. Among them 38.9 percent are employed, who are capable of buying their sanitary products by their own earnings. 40 percent of the sample is unmarried; who are more depended as because most of them are students and are depends on their guardian for meeting their regular income needs. There are 12 percent widows and 2 percent divorced women.

Monthly income determines both economic status and expenditure pattern of a family. The first area, which is the socially and economically backward have less monthly income as because they are engaged in coolie or agricultural activities in their area itself. The families in high income group have much better occupation as because they are educated and they earn higher monthly income than the low income group.

Table 2: Monthly Income of the Family

S.No	Income(in ₹)	Number of Respondents	Percentage (in%)
1	Below 1000	1	2
2	1000-5000	13	26
3	5000-10000	11	22
4	10000 and above	25	50
5	Total	50	100

Source: Primary data

Table 2, shows that 50 percent i.e. half of the sample who lives in high income group have monthly income higher than 10,000. And the low-income people included in the lower income category i.e. There is 2 percent of low-income people who have income between 500 to 1000, 26 percent of them have income in between 1000 to5000 and 22 percentage 5000 to 10000.

Ration card is a multi-purpose legal document. Civil Supplies Department of Kerala Government issues ration card to the citizens of Kerala. There are 4 types as; Yellow shows the most economically backward section of the society who is AAY beneficiaries. Pink card shows priority or BPL; Blue are APL and White are non-priority category.

Table 3: Ration Card Type of the Family

S.No	Classification on the Basis of Colour	Number of Respondents	Percentage (in%)
1	Yellow	17	34
2	Pink	8	16
3	Blue	19	38
4	White	6	12
5	Total	50	100

Source: Primary data

Table 3 shows that the half of the samples are economically backward and lives in low-income group, and they hold yellow or pink ration card as 34 percent and 16 percent respectively. The high-income people, who are economically much, better than the low-income people and they possess blue or white ration card as 38 percent and 12 percent respectively.

Even though a lot of changes in the real-world situation have been happened the period or menstruation becomes a problem for the women. Pure water availability for wash is necessary for menstrual hygiene. 82 percent of the samples have water availability fully or partly and 18 percent have no accessibility for pure water for wash. Sample of low-income group depends on public well for meeting their regular needs.

During menstruation hygiene is very important. Women have to use toilet frequently. So better and neat toilet facility become an essential factor during this occasion both in their house and also in the working areas. If they have no toilet facility at home, workplace, school they may feel both physical and emotional discomfort and finally it may lead to various health issues.

Table 4: Toilet Facility of the Sample

S.No	Facility	Number of Respondents	Percentage (in%)
1	Yes	45	90
2	No	5	10
3	Total	50	100

Source: Primary data

Table 4 shows that 90 percent of the samples have toilet facility in their house. Low-income group get government's financial assistance i.e., they have 150000 (official records of Keezhur Chavasseri panchayat) for the construction of home with hygienic toilets. Survey results shows that the respondents belong to low-income group are not able to construct fully furnished toilets with this amount. Therefore, the hygienic condition in these toilets is not good. However, 10 percent of the families have no toilet accessibility in their house.

Period Poverty at a Glance:

Puberty is the time in life, when a boy or girl becomes sexually mature. It is a process that usually happens between ages 9 to 16 for girls (Somchit Jarurata 2014). Puberty is considered to be the beginning years of adolescence, when girls experience the first menstrual period.

Table 5: Age of Puberty of the Respondents

S.No	Age	Number of Respondents	Percentage (in%)
1	Below 12	16	32
2	12-14	15	30
3	14 above	19	38
4	Total	50	100

Source: Primary data

Table 5 shows that 38 percent of the sample attained puberty at the age of 14 and above and 32 percent are in between 10 to 12 ages and 30 percent are in between 12 to 14. They opined that age of puberty have relationship with mother, that is they attained puberty at the age as same as their mother attained puberty.

The menstrual cycle, which is counted from the first day of one period to the first day of the next, isn't the same for every woman. Menstrual flow might occur every 21 to 35 days and last two to seven days. For the first few years after menstruation begins, long cycles are common. However, menstrual cycles tend to shorten and become more regular as age. Menopause can happen in three ways: period can remain regular and then stop suddenly; they can change in a regular pattern (e.g. cycle gets longer or shorter) and eventually stop; or they can be completely unpredictable until they stop. Menstrual cycle might be regular about the same length every month or somewhat irregular, and period might be light or heavy, painful or pain-free, long or short, and still be considered normal. For most women, menstruation happens in a fairly regular and in a predictable pattern. The menstrual cycle can vary from woman to woman. For a normal woman have 350 menses in their lifetime, if they have regular period. Their expenditure for sanitary napkins depends on their menstrual cycle.

Table 6: Length of Menstrual Cycle

S.No	Class	Number of Respondents	Percentage (in %)
1	Less than 15	3	6
2	16-21	3	6
3	21-30	34	68
4	Above 35	10	20
5	Total	50	100

Source: Primary data

Table 6 shows that 68percent of the samples have healthy menstrual cycle of 21 to 30 days. Based on the surveyed information 6 percent of respondents have less than 15 days gap in between two consecutive periods i.e. their menstrual cycle is less than 15 days. Most of them are aged women who are reaching to menopose. 20 percent of the samples have irregular menstrual cycle i.e., above 35 days which is not good due to health issues and 6percent of them have menstrual cycle in between16 to 21 days.

There is lot of menstrual products such as sanitary pad cloth, menstrual cup etc. Most of us are not aware about all these products. A menstrual cup which is newly innovated feminine hygiene product that is inserted into vagina during menstruation and it can reuse after proper cleaning. Educated or young people are more aware about modern products while aged or old people know only cloth which is traditional. It is because of the impact of education among young generation. On the other hand, the old generation is not willing to adopt new method even though they have awareness as because they believed that modern sanitary products will create health issues to them.

Table 7: Education and Awareness about Sanitary Products

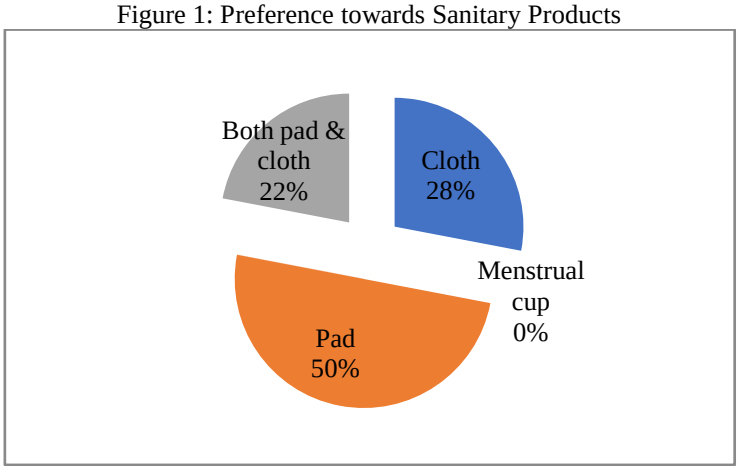
Education	Heard Sanitary Product	
	Both Cloth & Pad	Cloth, Pad Menstrual Cup
Illiterate	2(5.2)	0
LP	5(13.15)	0
UP	11(28.9)	1(0.1)
HS	15(39.47)	7(58.33)
Above SSLC	5(13.15)	4(33.3)
Total	38(76)	12(24)

Source: Primary data, Figures in the parenthesis percentage to total

Table 7 shows the influence of education for the awareness of sanitary product. Out of 50 women 38 of them knows about both cloth and remaining 12 are knows about menstrual cup which is a new innovation. It is clear from the table that education affects the awareness about sanitary products. Illiterate, LP, educated people are not heard about menstrual cup. While women or students who have UP (0.1), high school (58.33) or above SSLC (33.3) educated heard about menstrual cup. Based on survey results 5.2 percent of the illiterate women heard about both pad and cloth through advertisement.

The sanitary pad is far and away the most widely used method of menstrual management. It is easy to use, and pretty straightforward. The pads we use today are made up of mostly synthetic, bleached material. Cloth is more preferred by aged women who follows traditional believes and have fear of health issues of modern method. Menstrual cup is a new invention as compared with other, but most of them have not aware about this new invention, and it is not common among them. The following figure shows the preference of sample towards sanitary products.

Figure 1: Preference towards Sanitary Products



Source: Primary data

Figure 1 shows that 50 percent of the samples are pad users and 28 percent of them are using cloth. Among the sample, 22 percent are using cloth along with pad for better absorption and to reduce the number of pad per month and thereby reducing the cost incurred for it. And there are no menstrual cup users among the samples.

The reasons responsible for preferring sanitary products varies depending on comfort, knowledge about the product, absorbance, economical, fear of health problems etc. Besides this one may choose particular product because of ignorance about other methods. The reason may vary from women to women.

Table 8: Reason for the Preference of Sanitary Product

S.No	Reasons	Number of Respondents	Percentage (in%)
1	Comfortable	16	32.0
2	Knowledge	9	18.0
3	Absorb better	11	22.0
4	Economical	9	18.0
5	Fear of health problems	5	10.0
6	Total	50	100.0

Source: Primary data

Table 8 describes that 32 percent of the sample choose their sanitary product as because it is comfortable to them. 18 percent of samples have prior knowledge about choosing particular sanitary products. 22 percent of the sample's preference is based on the absorbing capacity of sanitary products and 5percent of samples have fear of health problem when choosing other products than their preferred one. 18 percent consider their income and cost of sanitary product and choose the most economical one.

Earlier period i.e. before the sanitary pad become popular women use cloth instead of pad. The researcher tried to find out the problems created due to the use of cloth during menstruation. Among 26 cloth users 7 women opined that cloth is not hygienic and 5 of them have health issue while using cloth. And 3 women faced health problem and they opined that cloth is unhygienic. Others are satisfied with cloth and they have no problems with cloth.

Sanitary pads are made from a range of materials, differing depending on style, country of origin and brand. The frequency a woman will need to change her pad will vary depending on whether her menstrual flow is heavy or light. The expenditure on sanitary products per month depends on the number of pads. Now different types of pads are available in the market, which are differ in size, smell, material etc. Number of pads per month depends on the absorbing capacity, extra-large and large pads will absorb more which reduce the no. of pad per month

Table 9: Number of Pad

S.No	Number of Pad (Per Month)	Number of Respondents	Percentage (in%)
1	1 pack	19	52.77
2	2 pack	16	44.44
3	More than 2	1	2.8
5	Total	36	100

Source: Primary data

Table 9 describes that 52.77 percent of sample use 1 pack of sanitary pad per month and 44.4 percent uses 2 packs. One pack is mostly used by the women who use cloth along with pad. 2.8 percent of women use more than 2 packs.

There are number of companies who concentrate on the production of sanitary pads, such as stay free, whisper, carefree, kotex, sofy, don't worry etc. These companies utilize the woman's wants and try to make huge profit. They try to make innovations and inventions day by day in the field of sanitary pads such as variety smell, size etc which attracts the woman. Stay free and whisper are the main brand preferred by the sample because they are not aware about other companies or the advertisement influence of these two companies. Brand Stay free sanitary pads are preferred by 55.6 percent of the sample and 44.4 percent prefer whisper brand.

Quality plays a vital role in the selection process of sanitary napkins, price and quality factors influence towards the satisfaction level of consumers. When considering quality, it is depend upon the absorbing capacity and adore of the product. Prices of sanitary products may vary in accordance with the size and company.86.11 percent of the sample consider price and quality when choosing sanitary pad and only 13.9 percent of sample are not concerned about these two factors.

Expenditure pattern of sanitary products is depending on various factors such as price of the product, preferred company, the size of the product, its absorbing capacity, quality, no. of pads per month and the flow of menstrual blood. Economically stabled people are not concerned about their expenditure on sanitary products as it cost less when considering their income, but for the poor expenditure on sanitary products are significant in their budget. Every month woman wants to spent particular amount for buying sanitary pad. Generally, the average cost of sanitary pad is around 40, one may feel it is low when considering other expenditure, but for poor teenage girls or for unemployed women it is high as because they have no income for purchasing it.

Period poverty refers to having lack of access to sanitary products due to financial constraints. The biggest barriers to use sanitary pad is its affordability. Because of this they use various alternative methods which are not hygienic. Most low-cost sanitary pads are small in size and made from different raw materials as per their lower price versions, high-cost products have quality as compared to the low-price ones.

Table 10: Area Wise Differences in Affordability of Sanitary Pads

Area	Affordability		Total
	Yes	No	
High Income Group	20(55.6)	0	20(55.6)
Low-Income Group	6(16.7)	10(28)	16(44.4)
Total	26(72.2)	10(28)	36(100)

Source: Primary data, Figures in the parenthesis percentage to total

Table 10 shows the affordability of sanitary pad among high income and low-income people. Percentages are shown in brackets. It is easy to compare their affordability based on their social status. Among sample, sanitary pads are affordable to the 55.6 percent of high-income women. Which means sanitary pads is affordable to each high-income woman. Sanitary pads are affordable to only 16.7 percent among the low-income women and not affordable to 44.4 percent of low-income women. Employed woman are self-reliant and they can buy their sanitary pads by using their own money but in the case of unemployed women or students, they can't meet their cost of sanitary pad alone. They want to ask someone to purchase their sanitary products. Unmarried woman or students depends their parents and married women depends on husband.

Table 11: Source of Money for Purchasing Sanitary Product

S.No	Source	Number of Respondents	Percentage (in%)
1	Own	14	38.9
2	Depending on others	22	61.1
3	Total	36	100.0

Source: Primary data

From the table 11 it is clear that 38.9 percent of the sample is employed and they use their own money to purchase sanitary pad. 61.1 percent of them are unemployed or students depend on others to purchase sanitary products.

Menstrual blood is contaminated and wearing a same pad for long is unhygienic and can lead to diseases such as skin rashes, urinary tract infection and vaginal infection. Ideally, one should change pad every six hours. Many women use pad for a long time because they try to reduce the number of pad per month and monthly expenditure for it, and also it may be of they are not at home and difficult to change and wash themselves

Table 12: Relationship between Same Pad for Longer Hours and Awareness about Health Issue

Using Same Pad (in Hours)	Awareness About Health Issue of Overtime Use		Total
	Aware	Not Aware	
Up to 4	4 (11.11)	2(5.5)	6(16.6)
04-08	3(8.3)	6(16.67)	9(25)
08-12	6(16.67)	8(22.22)	14(39)
12 and Above	2(5.56)	5(13.9)	7(19.4)
Total	15(41.7)	21(58.33)	36(100)

Source: Primary data, Figures in parentheses are percentage to total

Table 12 describes about the hours of using same pad by each pad users and their awareness about health issue of overtime use. Among overtime users who use pad more than 12 hours, only 5.56 percent are aware about bad effects of overtime use and reaming 13.9 percent are unaware. Only 16.67 percent women are aware about health issues who use pad between 8 to 12 and 22.22 percent among them are unaware. 8.3 percent are aware about health issue who use pad between 4-8 hours and remaining 16.67 percent are unaware. Among 6 pad users who use pad up to 4-hour, 11.11 percent women are aware about health issue and remaining 5.5 percent are unaware and they use less time compares to others as because they are aware about bad effects of overtime use of same pad. Finally, among the 36 pad using respondents 58.33 percent are unaware and 41.7 percent are aware about the health issue related to use of same pad for longer hours.

Many women get emotional and physical discomfort before and during period. Some women experience minimal or mild discomfort during menstruation but others suffer from severe pain that prevents them doing their day-to-day activities.

Period pain can affect women's daily life and hold them back. Many women suffer from painful period, unaware of the effective natural remedies that can make their period more comfortable. Period's pain is very common. Most girl and women have pain of varying intensity at some point during their period. In some women the pain is so bad that they are unable to carry out their usual daily activities, like going to work or school, on one to three days every month. Anti-inflammatory painkiller is often used to relieve period pain, especially the drugs ibuprofen and naproxen. These medications are all Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). They inhibit prostaglandin production and can relieve period pain in that way. Many NSAIDS are available from pharmacies without a prescription. Remedial measures and its side effect are important which affect the healthy life.

Table 13: Treatment for Periodic Pain

S.No	Measures	Number of Respondents	Percentage (in%)
1	Allopathic	14	28.0
2	Natural	6	12.0
3	Ayurvedic	5	10.0
4	Hide Pain	7	14
5	No Physical Discomfort	18	36
6	Total	50	100.0

Source: Primary data

Table 13 shows that 28 percent of the sample takes allopathic medicine to overcome pain during period and 12Percent depend on natural or homemade remedy.10 Percent of the samples are depending on ayurvedic medicine. Among the 50 sample, 14 percent hide the pain during period. Remaining 36 percent have no physical discomfort during period.

There are various programs introduced by government in order to reduce period poverty. These are introduced by both central government and state government and enacted by local government through various welfare institutions such as Anganvaadies local health centres, Aasha workers etc. These programs mainly concentrate on the distribution of free or subsidized pads through welfare institutions to the teenage girls in an area. It also includes the distribution of nutritious food to teenage girls through Anganvaadies.50Percentof the sample is aware about the various programs of government in order to reduce period poverty and remaining 50 Percent are not aware about these government programs.

The effectiveness of government programs can be studied in detail by analyzing the availability of subsidized pad among the sample. These mainly includes the distribution of pads such as sofyshe pads etc, which are introduced by government under the programme of Reproductive and Child Health programme (RCH) 2013.RCH (Navapreet, 2017) aims to promote adolescent health and control reproductive tract infections and sexually transmitted infections. And these are distributed through Anganwadi's to teenage girls. 58 Percent of women do not get the subsidized products as because of the age limit or they are cloth users or they are aged woman. Remaining 42 Percent get subsidized pad from the welfare institutions

Union Minister for Chemicals & Fertilizers and Parliamentary Affairs, Shri Ananthkumar announced the launch of 'Suvidha', the 100 percent Oxo-biodegradable Sanitary Napkin, under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). The affordable sanitary napkin available for Rs. 2.50 per padat over 3200 Janaushadhi centres across India and would ensure 'Swachhta, Swasthya and Suvidha' for the underprivileged Women of India. Regarding the awareness of the sample about the government's programme suvidha. 76 percent of the sample is unaware about the recent program and only 24 percent have awareness about 'Suvidha' sanitary napkins.

There is general opinion that, subsidized sanitary napkin lack the absorbing and liquid retention capacity and hence may lack in hygiene and comfort as because it is made up of using low-cost raw materials and low technology etc. Following table analyze the opinion about quality of these subsidized pads among the sample, which use the subsidized pad and suvidha sanitary napkin.

Preference between subsidized and branded products depends upon various factors such as economic stability of the family, quality of the product, lasting hours, and comfortless etc. poor people will consider cost when purchasing sanitary pad and they will choose government's subsidized pad as because it is economical. But middleclass or rich people or employed women will buy branded sanitary pad like Stay free, Whisper, Kotexetc. Because they give more importance to quality rather than price and inaccessibility or ignorance about subsidized pad.

Table 14: Preferred Pads

S.No	Preference	Number of Respondents	Percentage (In %)
1	Subsidized	7	19.44
2	Branded	29	80.6
3	Total	36	100.0

Source: Primary data

Preference of the sample between private and subsidized sanitary pads is clear from the table 14 and it describes that 80.6 percent prefer private sanitary pad and only 19.44 percent prefer subsidized pads. Majority of the sample choose private it is because of the inaccessibility of subsidized pads to the sample.

Sanitary waste disposal has become an increasing problem in India as the plastic used in disposable sanitary napkins are not bio-degradable and lead to health and environmental hazards. There are various methods of disposition commonly used by every woman such as flushing, burning, throwing etc. Flushing sanitary pad is more common. Diapers will clog a toilet, or an outgoing line. It is not safe to burn used sanitary pads until they are no longer being worn. It is not at all safe to burn disposable sanitary waste. Burning sanitary pads releases toxic dioxins which could lead to ill health.

Table 15: Methods for Disposal of Pads

S.No	Methods	Number of Respondents	Percentage (in %)
1	Flush	19	52.8
2	Burn	7	19.4
3	Throw with garbage	10	27.8
4	Total	36	100.0

Source: Primary data

It is clear from the table 15 that, 52.8 percent of pad users flush their sanitary pad after use, because don't know about clogging toilet after disposing sanitary pad.19.4 percent of the sample burn the pad and they burn after drying up. Remaining 27.8 percent throw these pads with garbage and they don't consider the degradability of sanitary pads in soil.

Using incinerator is the best method for the disposition of sanitary pads because it reduces spread of infection due to unhygienic disposal of sanitary pads and reduces environmental pollution due to non-biodegradability of sanitary pads (central pollution control board, 2016) but is not affordable to everyone. Majority of the sample flush the sanitary pad after use which is not a safe method because of lack of awareness about disposition. Among the sample only 11.11 percent are aware about the disposition and majority of them are students who use incinerator at school for disposition and they got awareness class from anganvadies about disposition. 88.9 percent are unaware about the disposition and use unsafe method for disposition of sanitary pads. Welfare institution in an area has significant role in providing support to women. These institutions include primary health centres, anganavadies, etc. Among these anganvadies plays an active role in both high income and low-income group and they perform the role of mediator between government and people. They conduct awareness class to the people especially to teenage girls and also provide subsidized pads and nutritious foods to teenage girls. Anganvadies in both low income and high-income group have significant role in empowering teenage girls and woman in that area. Providing subsidized pads, awareness campaign are important among them. 40 percent of sample get both subsidized pads and awareness campaign, while 2 percent get only subsidized pad from anganvadies because of the age limit for the availability of subsidized pad. 24 percent get awareness campaign which includes women, girls etc. 34 percent of the respondent opined that they do not get any support from anganvadies in their locality.

In some societies menstruation being perceived as unclean. Many girls and women are subject to restrictions in their daily lives simply because they are menstruating. Not entering the “puja” room is the major restriction among high income girls whereas, not entering the kitchen is the main restriction among the low-income girls during menstruation. Menstruating girls and women are also restricted from offering prayers and touching holy books. The underlying basis for this myth is also the cultural beliefs of impurity associated with menstruation. It is further believed that menstruating women are unhygienic and unclean and hence the food they prepare or handle can get contaminated. There are various religious beliefs behind this, menstruating women are traditionally considered ritually impure and given rules to follow. Menstruation and menstrual practices still face many social, cultural, and religious restrictions. But the attitude of young generation towards this type of restriction is negative. They consider this type of restriction as unnecessary, but the old generation considers these restrictions are right.

Table 16: Types of Restriction

S.No	Types	Number of Respondents	Percentage (in %)
1	Isolation	6	12.0
2	Exclusion from devotion	13	26.0
3	Cooking	2	4.0
4	Not restricted	29	58.0
5	Total	50	100.0

Source: Primary data

Table 16 shows that among the 42 percent who faces restriction, 12 percent faced isolation during period and 26 percent faced exclusion from devotion and only 4 percent restricted from cooking. The woman who faced isolation and restriction from cooking are aged and they restricted during their teenage time due to the false beliefs existed in our society during that period. Among the 58 percent of unrestricted sample most of them face simple restriction such as restriction during prayer, touching holy books etc.

Conclusion:

The research was born as an inspiration of the most discussed topic in media in recent times i.e., Period poverty. Over the last couple of years, access to sanitary products has been raised as a concern by campaigns and stakeholders. As a result of this movement the government of India also laid an attention to this and tries to alleviate this period poverty by avoiding tax on sanitary pads. In nutshell, Period poverty refers to lack of access to sanitary products due to financial constraints. Most of us are not concerned or ready to talk about this issue because period is considered as a taboo in our society. The silence surrounding menstruation also leads to a lack of knowledge and choice among young people about reusable menstrual products. And this will badly utilize by the sellers of sanitary products and they exploit us by increasing price of these sanitary products. The main objective of the study is to find out the problems related with period poverty. Along with there are two other objectives as to understand the role of government to alleviate period poverty and to examine sanitary products disposal methods used by low income and high-income group of women. All the objectives of the study have been fulfilled in this work. The study concludes that period have several negative effects in the life of females. Lack of accessibility of toilets, water, and comfortable pads are resulting in both physical and psychological difficulties in practicing Menstrual Hygiene Management. The period poverty will make them to adopt unhygienic methods which will further affect their healthy life. Sanitary products are essential for women and this necessity is misused by the private sanitary product companies, and women are forced to use expensive sanitary pads which they cannot afford. Government programmes are there but the effectiveness of these programmes is not much efficient. The ruling social norms have in turn created a society that lacks social support and where cultural menstrual practices are still common. Lack of awareness in the matter of sanitary pad disposal creates several problems. Through awareness it helps in reducing the environmental problems

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