

## Baseline Report- MHM 2.0-Jharkhand

### *Project: Phase 2 of Gender Empowerment through Integrated Menstrual Hygiene Management (MHM) Initiative - JHARKHAND*

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#### 1. Executive Summary

The baseline survey was conducted in four blocks of Jharkhand—Murhu, Gurabhanda, Tundi, and Palajori—covering 519 adolescent girls and women aged 13–50 years. The data reveals critical insights into menstrual hygiene awareness, practices, and challenges in rural and tribal communities.

#### Key Findings:

##### 1. Awareness and Knowledge:

- **59%** were unaware of menstruation before menarche.
- **57%** view menstruation as expelling "dirty blood"; only **19%** understand it as a normal biological process.
- **24%** do not understand menstruation, and **20%** could not relate it to pregnancy.
- Misconceptions about anatomy persist, including the belief that menstrual blood exits from the same opening as urine.

##### 2. Hygiene Practices:

- Sanitary pads are the most used product (**411 users**), but **312** still rely on old cloth.
- **90%** wash cloth pads with soap; **10%** use only water.
- **Only 26%** dry pads in sunlight, while **45%** cover them when drying outside due to stigma.

##### 3. Infrastructure and Accessibility:

- **52%** change pads in bathrooms; **2%** do so in open spaces.
- **76%** purchase absorbents themselves, indicating growing autonomy.
- **Only 43%** have access to pads within their village; others travel up to 3 km.

##### 4. Disposal and Environmental Concerns:

- **39%** bury pads; **36%** discard with regular waste.
- **23%** dispose of pads in open areas; **1%** flush them in toilets.

##### 5. Affordability:

- **69%** spend ₹41–₹60 monthly; **23%** spend ₹20–₹40.
- Cost remains a barrier—**0%** chose affordability as a reason for pad use.

#### Key Challenges Identified:

- **Low awareness and widespread myths** about menstruation.

- **Limited access to affordable sanitary products**, especially in remote areas.
  - **Inadequate sanitation infrastructure** and unsafe changing or drying practices.
  - **Strong cultural stigma and silence**, limiting open discussion and male involvement.
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## 2. Introduction

- **Background of the MHM Program:**  
Mention why the program is being implemented, the target population, and the geographical area.
  - **Objectives of the Baseline Survey:**
    - To assess current knowledge, attitudes, and practices around menstruation.
    - To identify existing gaps in access to menstrual hygiene materials and information.
    - To establish a benchmark for future impact measurement.
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## 3. Methodology

### Survey Design

The baseline survey was designed to collect both quantitative and qualitative data from the community to understand existing knowledge, attitudes, and practices related to menstrual hygiene. The use of a mixed-methods approach ensured a more holistic understanding of the challenges and perceptions around menstruation in rural and tribal areas. While quantitative data provided measurable indicators, qualitative insights helped to contextualize community beliefs, behaviors, and the underlying cultural sensitivities.

### Sampling

- **Sample Size:** A total of 519 individuals participated in the survey.
- **Target Group:** The primary focus was on the tribal communities of Jharkhand. The survey was conducted across four blocks—Murhu, Gurabhandra, Tundi, and Palajori, which were identified as key intervention areas under the Menstrual Hygiene Management Program.
- **Selection Criteria:** A systematic random sampling method was adopted to ensure fair representation. Specifically, every fifth household in the selected villages was chosen to participate in the baseline survey. This approach helped maintain objectivity while ensuring a good coverage across different socio-economic segments.

### Data Collection Tools

To ensure data accuracy and consistency across all survey locations, a structured questionnaire was developed with inputs from subject matter experts and project stakeholders. The tool was designed under the guidance of TATA TRUST personnel, ensuring relevance and alignment with the program's objectives. Several rounds of review and refinement were carried out through email communications between the field teams and the TATA TRUST team before finalizing the format.

An Excel-based template was used to capture responses digitally. Each field survey team was trained to input the data directly into this standardized format. Following data entry, the

responses were collated and analysed using pivot tables and other basic data tools to identify patterns, trends, and priority areas for intervention.

#### Limitations

While the survey was largely successful in reaching the target population, a few limitations were encountered during implementation:

- **Respondent Reluctance:** A significant number of participants were initially hesitant or uncomfortable answering the questionnaire. This was primarily because many of the questions—especially those related to menstruation—were unfamiliar or considered sensitive topics within their cultural context.
- **Expectation Mismatch:** Some respondents expressed surprise or confusion over the nature of the questions, indicating a lack of prior exposure to discussions on menstrual hygiene. This may have influenced the openness and accuracy of certain responses.
- **Cultural Sensitivities:** In some cases, cultural taboos associated with menstruation made it difficult for enumerators to engage freely with respondents, particularly in the presence of other family members.

Despite these challenges, the field teams took proactive steps to build rapport with the community, explain the purpose of the survey, and ensure a respectful and confidential environment during data collection.

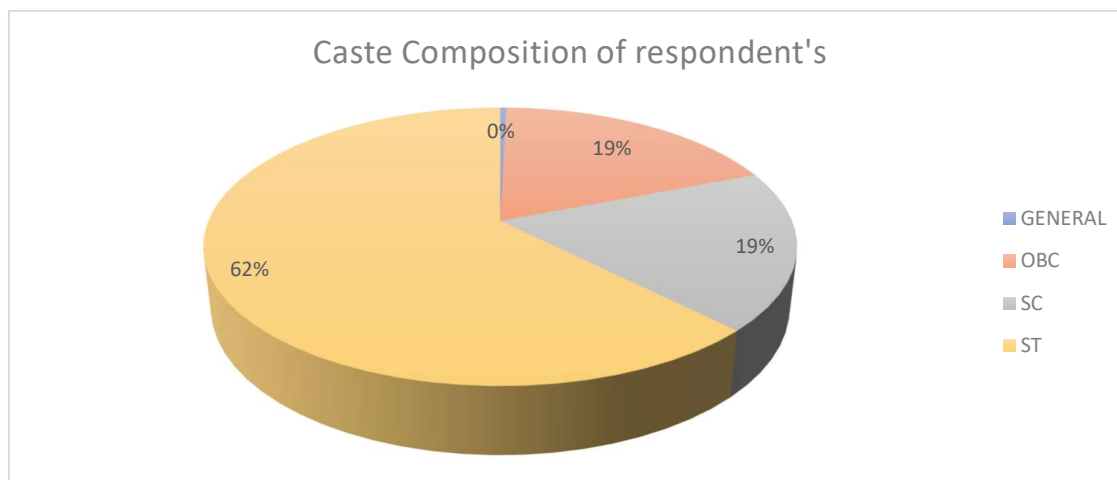
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#### 4. Demographic Profile of Respondents

The baseline survey for the Menstrual Hygiene Management (MHM) program was conducted across four blocks in the state of Jharkhand, namely Murhu, Gurabhanda, Tundi, and Palajori. These areas were selected based on the program's target implementation zones and represent a mix of rural and tribal communities with diverse socio-economic backgrounds.

A total of 519 respondents participated in the survey, representing adolescent girls, young women, and adult women, with ages ranging from 13 to 50 years. This broad age distribution allowed for a comprehensive understanding of menstrual hygiene knowledge and practices across different life stages, from adolescence to adulthood.

The surveyed households typically comprised 3 to 8 members, with an average household size of 5 individuals. This demographic data is crucial for understanding the familial and community dynamics that influence menstrual hygiene practices, access to information, and resource availability. It also provides a contextual backdrop for interpreting the findings and tailoring future interventions accordingly.



## 5. Key Findings

### 5.1 Knowledge and Awareness

- Awareness about menstruation before menarche

According to the baseline survey data:

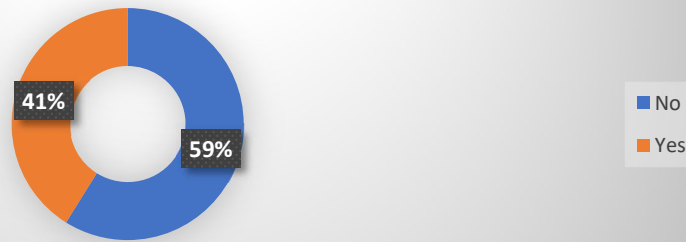
- **59% of respondents** indicated that they were **not aware** of menstruation before they experienced menarche.
- **41% of respondents** reported that they had **some awareness** of menstruation prior to its onset.

This finding highlights a significant gap in early reproductive health education and preparedness among girls and young women in the surveyed communities. The fact that a majority of respondents encountered menstruation without prior knowledge suggests a need for **earlier, more structured menstrual health education**, particularly targeted at adolescent girls before they reach puberty.

The lack of awareness can lead to confusion, fear, and poor hygiene practices at the onset of menstruation. It also reflects limited communication within families and educational institutions regarding puberty and reproductive health.

This data underscores the importance of integrating **menstrual hygiene education into school curriculums** and **community awareness programs**, ensuring that girls are informed, prepared, and supported through this natural biological transition.

## Awareness of menstruation before menarche



Mother, friends and teachers are the most common sources to understand menstruation before menarche.

- Understanding Menstruation:

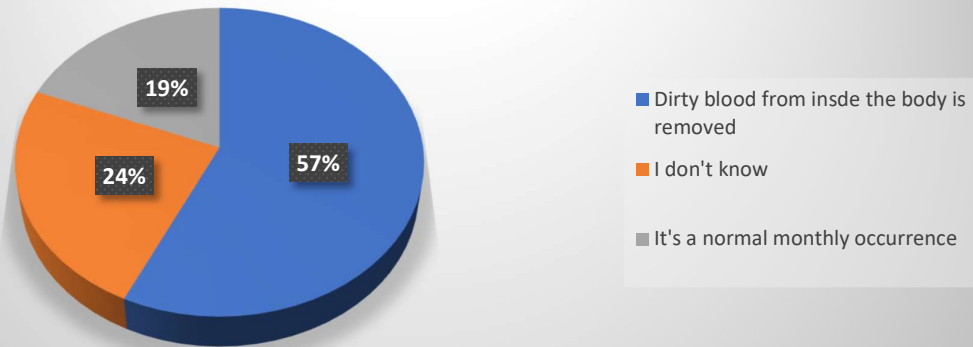
According to the data:

57% of respondents believe that menstruation is the process through which “dirty blood is removed from inside the body.” This dominant perception reflects a myth-based understanding of menstruation, where it is seen as an impure or unclean process. Such beliefs can reinforce shame, secrecy, and discriminatory practices during menstruation, including restrictions on movement, diet, or participation in daily activities.

24% of respondents admitted they do not know what menstruation is or what causes it. This statistic is significant, indicating a lack of basic reproductive health knowledge among nearly a quarter of the respondents. It highlights an urgent need for awareness and education initiatives that target not just adolescent girls, but also women who may have never received proper information.

Only 19% of respondents recognized menstruation as a “normal monthly occurrence.” This small percentage reflects those with a scientifically accurate and healthy understanding of menstruation. It suggests that menstrual health education has reached only a limited segment of the population.

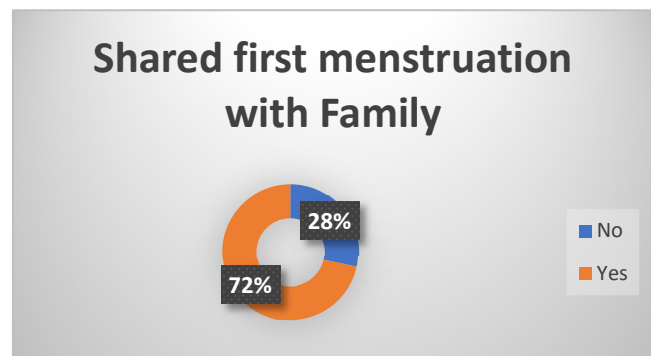
## Thought on Menstruation



- Sharing with family:

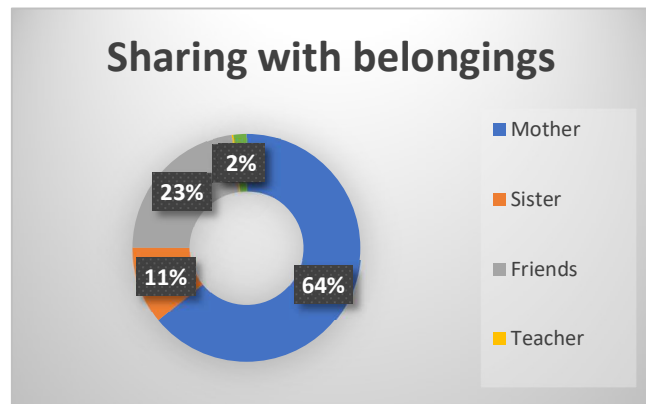
According to the data:

- 72% of respondents** stated that they **shared their experience of first menstruation with their family**. This is an encouraging sign as it suggests that the majority felt comfortable enough to communicate this personal event with family members, most likely their mothers or older female relatives. Open dialogue in families is essential for emotional support, guidance on hygiene management, and reducing stigma around menstruation. It can also help girls better cope with the physical and emotional changes they experience during puberty.



- 28% of respondents** indicated that they **did not share** their first menstruation experience with their family.

This figure reflects a significant portion of girls who possibly felt shame, fear, or discomfort in speaking about menstruation at home. It may also point to a lack of supportive family structures or cultural taboos that discourage discussion around menstruation.



- Understanding Menstrual blood

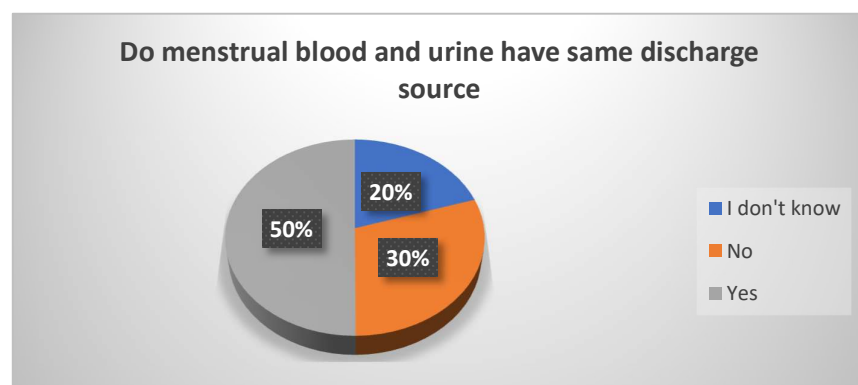
## Understanding on menstrual blood



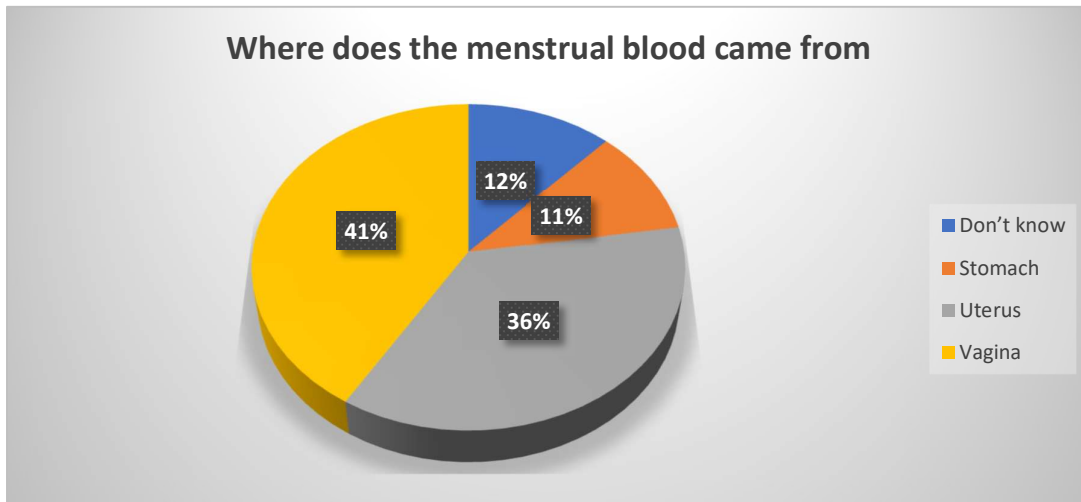
- 61% of respondents believe menstrual blood is impure: A majority of respondents view menstrual blood as “dirty” or “impure.” This perception stems from deep-rooted cultural taboos and misconceptions. Because menstrual blood exits the body, many equate it with waste, similar to urine or feces, which are traditionally considered unclean. This belief leads to stigmatizing behaviors, such as isolating menstruating individuals, restricting their participation in daily activities, and prohibiting them from entering kitchens or places of worship.
- 4% of respondents were unsure or unaware: A small percentage of respondents admitted to not knowing how to classify menstrual blood, reflecting a lack of exposure to reproductive health education. This confusion highlights the urgent need for awareness and sensitization efforts, especially among adolescent girls, boys, and even adults.
- 35% of respondents believe menstruation is a natural and pure process: Encouragingly, over one-third of the participants recognized menstruation as a normal physiological function. These individuals displayed a more informed and respectful view toward menstruation. For them, it is understood as a natural part of reproductive health, similar to other bodily processes. This group tends to be more open to discussing menstruation and is more likely to adopt healthy hygiene practices and reject traditional restrictions.

### Confusion Around Anatomy:

- Another concerning observation from the survey is that a notable number of respondents mistakenly believe that urine and menstrual blood are expelled from the same opening. This anatomical



This anatomical misconception leads to further confusion and discomfort around menstruation. It may also result in poor menstrual hygiene practices, such as not understanding the need to keep the vaginal area clean or not knowing how infections can occur.



- Menstruation and Pregnancy:

- **80% of respondents** correctly identified that **menstruation is directly related to pregnancy.**

This group demonstrated a foundational understanding of the female reproductive system. They were aware that menstruation is part of the **monthly menstrual cycle**, which prepares the female body for a potential pregnancy. If pregnancy does not occur, the uterus sheds its lining, resulting in menstrual bleeding. This awareness suggests that basic biological concepts are reaching a majority of the community—either through health workers, informal discussions, or limited school education.

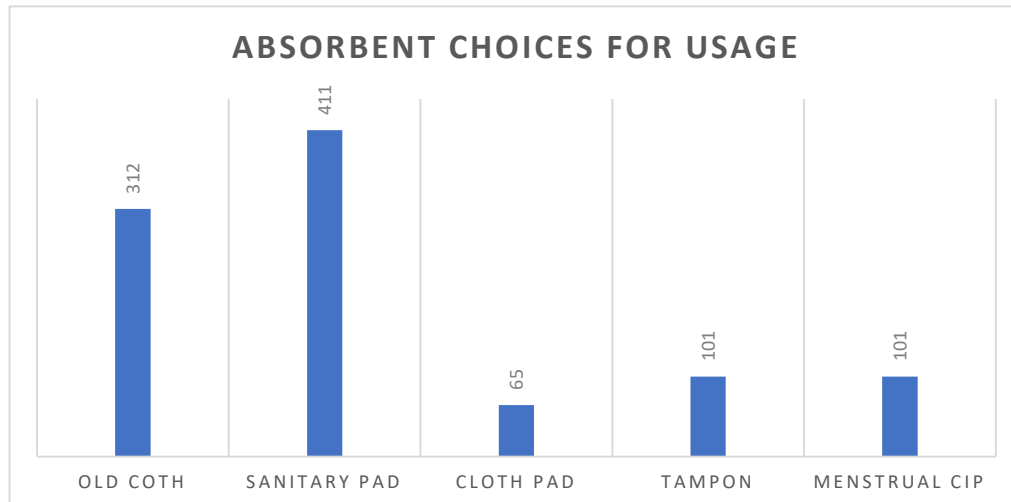


- However, **20% of the respondents** were **unable to link menstruation with pregnancy.** This gap in knowledge is a cause for concern and points toward broader systemic challenges, including:

**Inadequate reproductive health education** in schools. **Taboos and cultural silence** around menstruation, which limit open discussions. **Lack of access to scientifically accurate information**, especially in remote or tribal communities. Limited involvement of boys and men in reproductive health conversations, which reinforces menstruation as a "women's-only" topic.

## 5.2 Practices During Menstruation:

- **Products used:** Respondent are not only dependent on one kind of absorbent, few of them are using sanitary pad and cloth pads, depends on the need of an hour. If they are travelling, they use sanitary pads else they use.



Survey data reveals a varied pattern of menstrual absorbent usage among respondents, indicating that menstrual hygiene practices are influenced by accessibility, context, and individual preference. The findings from the chart show:

- **Sanitary Pads** are the most commonly used product, with **411** users reporting their use. This suggests a growing preference for disposable and convenient options, especially during travel or work.
- **Old Cloth** remains significantly used, with **312** respondents still depending on this traditional method. This could reflect economic limitations or cultural practices in certain communities.
- **Cloth Pads**, a more sustainable alternative, were used by **65** respondents.
- **Tampons** and **Menstrual Cups** were each used by **101** respondents. The equal number of users indicates a modest but emerging acceptance of internal menstrual products, possibly among younger or more informed users.

The diverse use of absorbents underscores the need for inclusive menstrual hygiene programs that address affordability, accessibility, and education on product options and their safe use.

### Cleaning Practices for Cloth Pads:

The survey data highlights the hygiene practices followed by respondents who use cloth pads for menstrual management. The key findings are:



- **90%** of the respondents **wash their cloth pads with soap**, indicating a strong awareness of proper hygiene practices. This is a positive sign, as washing with soap helps remove bacteria and stains effectively, reducing the risk of infections.
- **10%** of the respondents **only rinse cloth pads with water**, which is less effective in maintaining hygiene. This practice may stem from a lack of awareness, limited access to soap, or cultural taboos related to menstrual washing.

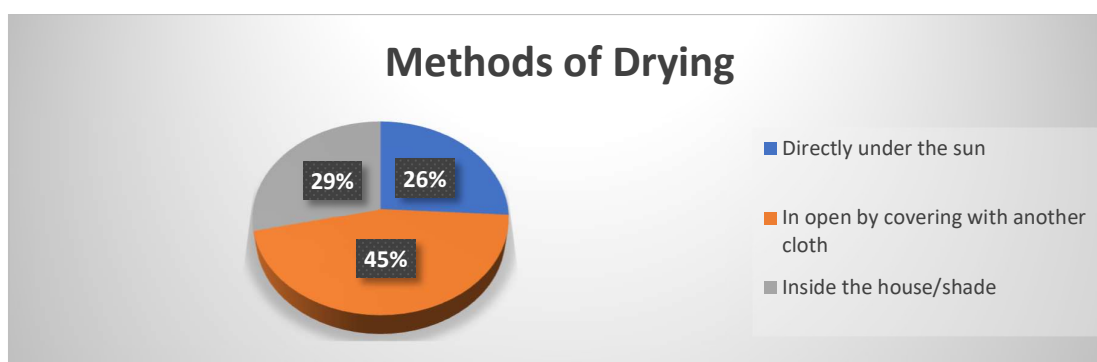
#### Implication:

While the majority are following hygienic practices, the presence of a 10% segment not using soap suggests the need for targeted education on proper cleaning methods to ensure health safety. Programs should include behaviour change communication (BCC) that emphasizes:

- The importance of using soap,
- Proper drying in sunlight,
- And regular replacement of reusable pads.

#### Drying Practices:

The chart reveals important insights into how users dry their reusable menstrual absorbents (such as cloth pads), which significantly affects hygiene and health outcomes:



- **45%** of respondents **dry their cloth in the open but cover it with another cloth**, likely due to social stigma or embarrassment. While this allows for some exposure to fresh air, it limits full sunlight exposure, reducing the benefits of UV sterilization.

- **29%** of users **dry their absorbents inside the house or in shaded areas**, which poses hygiene concerns. Lack of sunlight may prevent proper drying and encourage bacterial or fungal growth, increasing infection risk.
- Only **26%** of respondents **dry cloth pads directly under the sun**, which is the most hygienic method as sunlight acts as a natural disinfectant.

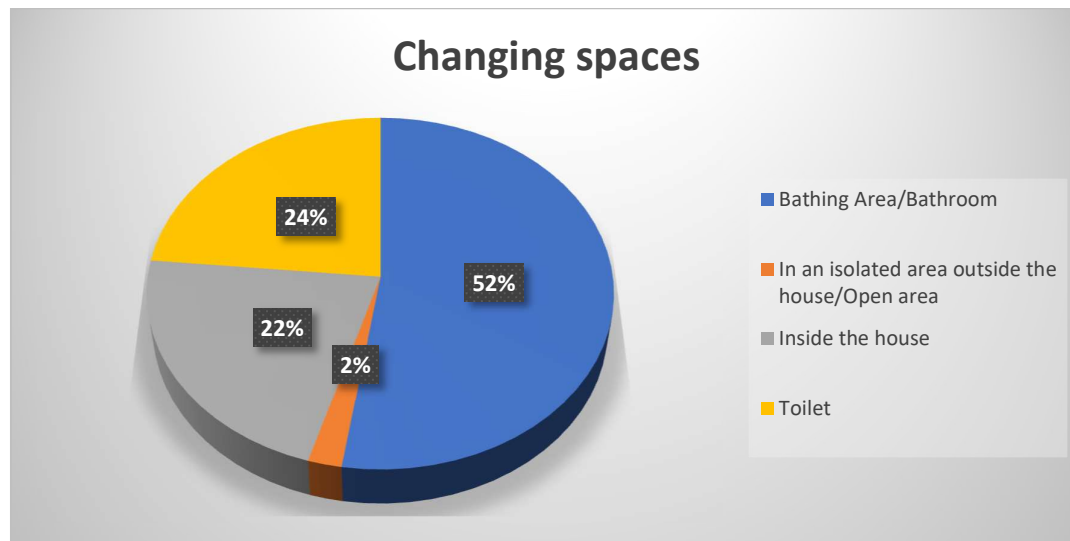
#### Implication:

Despite awareness around cleanliness, social stigma and privacy concerns appear to influence drying practices more than hygiene guidelines. The data calls for:

- Increased education around the **importance of sunlight for proper sterilization**,
- Behaviour change campaigns to **reduce menstrual shame**,
- Infrastructure support, like **private sun-drying areas** in community settings or schools.

#### Spaces Used for Changing Menstrual Absorbents:

- The chart offers a snapshot of the locations where respondents change their menstrual absorbents, shedding light on privacy, safety, and hygiene conditions:



- **52%** of respondents use the **bathing area or bathroom**, which is the most appropriate and hygienic option. This indicates that over half have access to private, relatively sanitary facilities.
- **24%** change in the **toilet**, which may offer privacy but could compromise hygiene if toilets are not clean or if handwashing facilities are inadequate.
- **22%** of respondents change **inside the house (not in a designated bathroom or toilet)**. This may suggest either a lack of dedicated sanitation infrastructure or a need for discretion due to social norms.
- Alarmingly, **2%** reported changing in **isolated or open areas outside the house**, pointing to severe gaps in access to private and safe sanitation facilities.

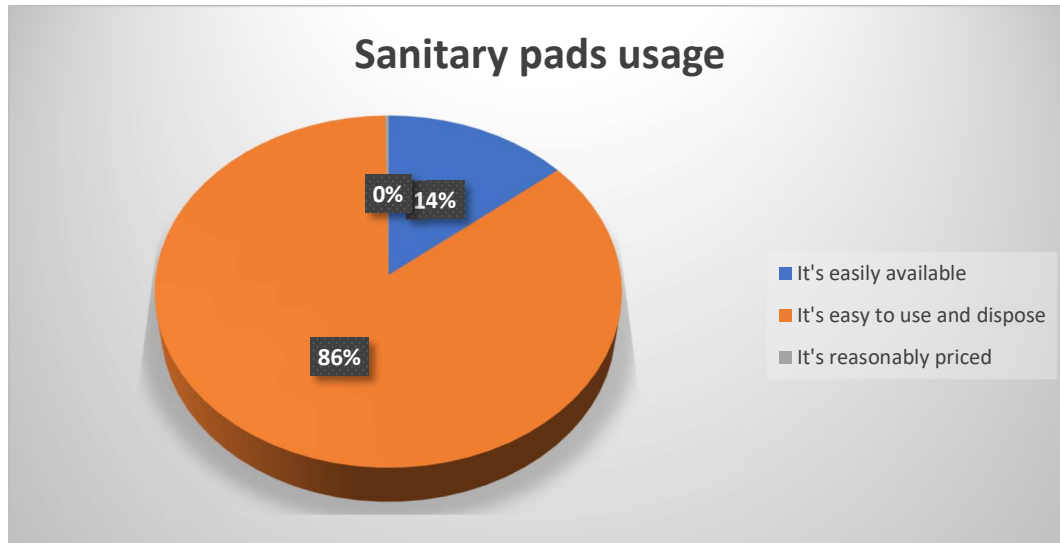
#### Implication:

While a majority have access to reasonably hygienic changing spaces, a significant portion of the population faces challenges in maintaining menstrual dignity and hygiene. The data highlights a need for:

- Improved access to **dedicated menstrual-friendly infrastructure**,
- Awareness campaigns emphasizing the need for safe and private spaces,
- Addressing **socio-cultural stigma** that may force women to change in less appropriate areas.

### 5.3 Factors Influencing Sanitary Pad Usage:

The chart illustrates the primary reasons behind the preference for sanitary pads among respondents. The findings are as follows:



- A significant **86%** of users prefer sanitary pads because **they are easy to use and dispose of**. This suggests that convenience and hygiene are the dominant factors influencing their choice.
- **14%** of respondents chose sanitary pads because **they are easily available**, indicating that availability still plays a role but is secondary to convenience.
- **0%** selected **reasonable pricing** as a factor, highlighting that **cost is a significant barrier**. This implies that while users value the ease of sanitary pads, many might find them **financially burdensome** and may not consider them affordable for regular use.

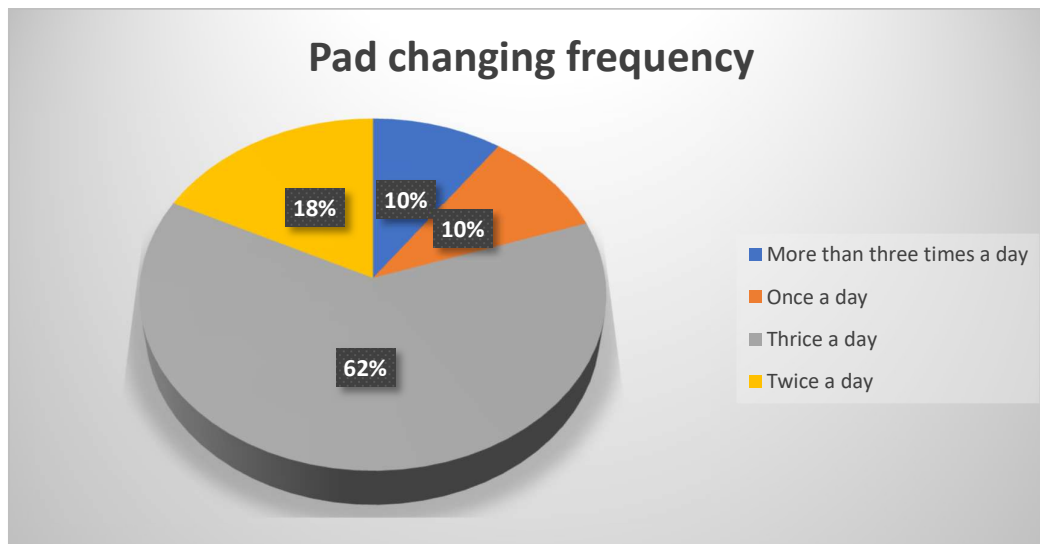
#### Implication:

The high preference for sanitary pads due to ease of use is promising, yet the absence of cost-related preference underlines the **need for affordable or subsidized options**. Interventions could include:

- Government or NGO-driven **free or low-cost sanitary pad distribution**,
- Social marketing to improve **affordability and access**,
- Education campaigns to promote **cost-effective, safe alternatives** (e.g., reusable pads or menstrual cups).

#### Frequency of Changing Menstrual Pads:

This chart presents the self-reported frequency with which respondents change their menstrual pads daily. The distribution reveals critical insights into menstrual hygiene behavior:



- A majority of **62%** of respondents change their pads **thrice a day**, indicating **good hygiene practices**. Changing pads frequently helps prevent infections and discomfort.
- **18%** change **twice a day**, which is still within acceptable hygiene norms depending on the flow and pad type, but may need reinforcement of best practices.
- Only **10%** report changing pads **more than three times a day**, possibly due to heavier flow or strong hygiene awareness.
- Another **10%** change their pad **just once a day**, which raises concern. Infrequent changing can lead to **infections, skin irritation, and odor**, and reflects either **lack of access to supplies** or **inadequate awareness**.

#### Implication:

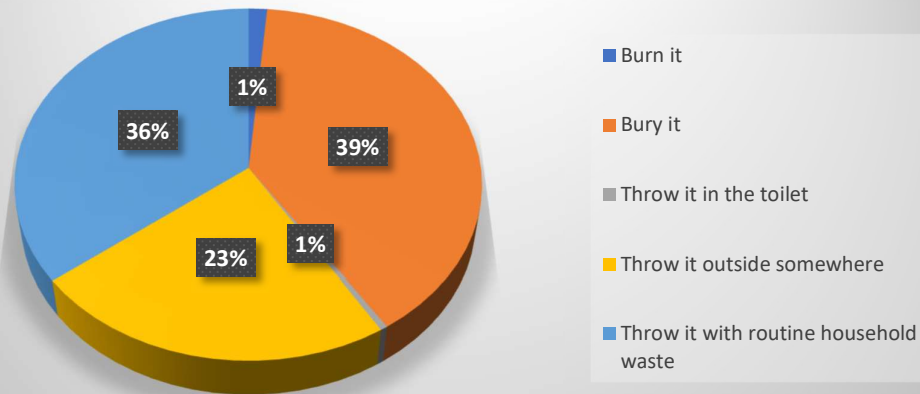
While a majority demonstrate healthy pad-changing habits, the 10% who change only once a day point to a gap in menstrual hygiene education or product availability. This highlights the need for:

- **Awareness campaigns** on the importance of regular changing,
- Ensuring **affordable and adequate supply** of menstrual products,
- **School and community-based interventions** to normalize discussion around menstrual care routines.

#### 5.4 Sanitary Pad Disposal Practices:

The chart illustrates how respondents dispose of used sanitary pads, revealing a mix of environmentally and hygienically sound as well as problematic methods:

## Disposal Methods of Sanitary pads



- **39%** of respondents **bury** their used pads — a more environmentally acceptable method if done properly, especially in rural or semi-urban settings.
- **36%** dispose of pads **with routine household waste**, which is a common practice but raises concerns about handling, segregation, and contamination, particularly if not properly wrapped.
- **23%** **throw pads outside somewhere**, which is both **unhygienic and environmentally damaging**. It reflects a lack of awareness or infrastructure for safe disposal.
- **1%** each **burn** the pads or **throw them in the toilet**. Burning is not ideal unless done in controlled incinerators due to the release of toxic fumes. Flushing pads can cause **severe plumbing blockages and sewage system damage**.

### Implication:

The findings underscore a critical need for:

- **Safe and accessible disposal options**, like sanitary bins and community incinerators,
- **Awareness campaigns** on environmentally safe practices,
- **Discouraging practices** like open disposal or flushing.

### Accessibility of Sanitary Pads:

The chart presents where respondents access sanitary pads and reveals the extent of their availability in rural and semi-urban settings:

## Availability of Sanitary pads



- **52%** of respondents access sanitary pads from a **nearby village (within 2–3 km)**. This suggests moderate availability that may still require short-distance travel and time commitment, especially during menstruation.
- **43%** report availability **within the village**, which is a **positive indicator** of improved accessibility and normalization of menstrual hygiene products.
- Only **5%** rely on sources from a **nearby town (within 10–15 km)**, indicating limited access within their immediate community and a **potential barrier** in emergencies or for young girls.

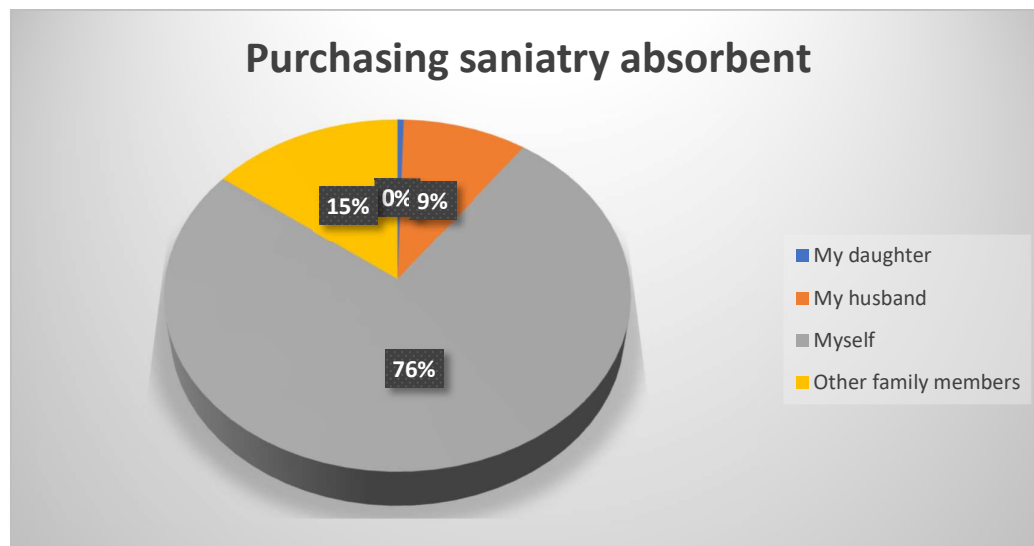
#### Implication:

While over 90% of respondents have access within 3 km, the data indicates:

- A **need to improve last-mile delivery**, especially in more remote areas,
- **Scope for scaling up local distribution**, such as through self-help groups, schools, or anganwadi centers,
- **Increased community-based supply points** to make sanitary pads consistently available in the village itself.

#### Purchasing Sanitary Absorbent:

##### Key Observations:



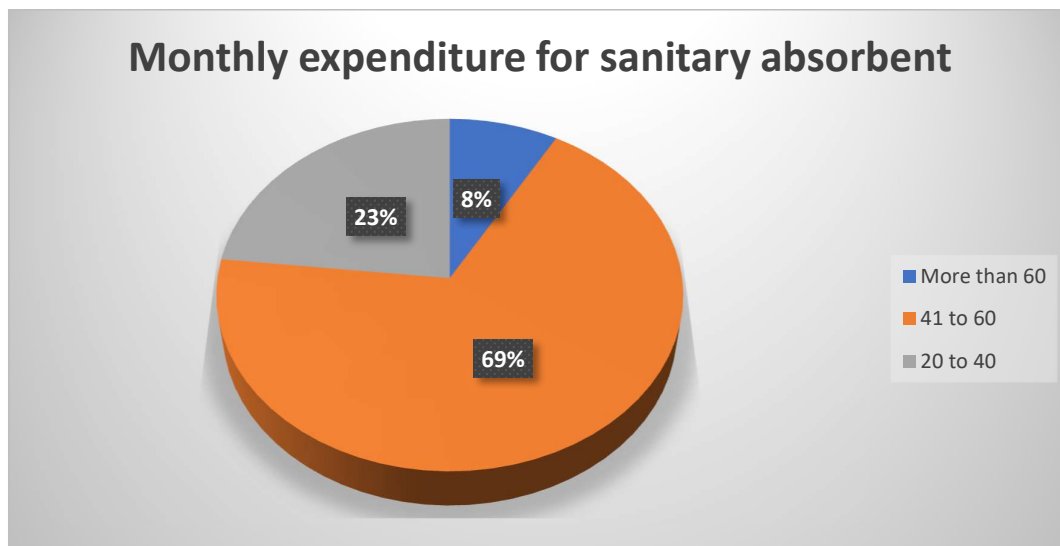
- **76%** of respondents reported purchasing sanitary absorbents themselves. This reflects a significant level of **self-agency and comfort** among menstruators in managing their hygiene needs. It may also indicate a shift away from stigma or dependency.
- **15%** stated that **other family members** (besides husband or daughter) purchase the products. This may suggest continued **discomfort or barriers** for some individuals, possibly due to social taboos, age, or mobility constraints.
- **9%** reported that **their husband buys the products**, indicating **some male involvement** but still limited. It also highlights that awareness or shared responsibility among male family members is **relatively low**.
- **0%** reported their daughter purchasing the absorbents, which may indicate:
  - Dependence of younger girls on adults,
  - Lack of empowerment or access for adolescent girls,

- Potential social discomfort around menstruation in younger family members.

#### Implications:

- There is **positive autonomy** among menstruators themselves, but the data still suggests:
  - **Limited male participation** in menstrual health responsibilities,
  - **A need to empower adolescent girls** through education and access,
  - Opportunities to **destigmatize menstruation further within families**, especially among men and younger girls.

**Monthly expenditure for sanitary absorbent** illustrates the distribution of expenditure levels among respondents.



#### Categories and Proportions:

1. **₹41 to ₹60 (Orange) – 69%**
  - This is the largest segment, indicating that **a majority of respondents spend between ₹41 to ₹60** per month on sanitary absorbents.
  - This suggests that mid-range sanitary products are the most commonly purchased.
2. **₹20 to ₹40 (Grey) – 23%**
  - Nearly a quarter of respondents fall into this lower expenditure bracket.
  - This may indicate either budget constraints or the use of more affordable products (possibly cloth-based or low-cost brands).
3. **More than ₹60 (Blue) – 8%**
  - A small percentage spend more than ₹60 per month.
  - This could imply use of premium brands or higher consumption due to individual needs.

#### Key Insights:

- The **dominance of the ₹41–₹60 range (69%)** shows a clear preference or affordability point for the majority.
- **Only 8% spend above ₹60**, which may reflect limited access to or preference for higher-end products.

- The 23% spending ₹20–₹40 may represent economically weaker segments or rural populations.
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## 6. Key Challenges Identified

Summarize the major issues found during the survey, such as:

- Lack of awareness and misinformation
  - Inaccessibility of affordable sanitary materials
  - Poor sanitation infrastructure
  - Cultural stigma and silence around menstruation
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## 7. Recommendations

Provide actionable suggestions based on findings, such as:

- MHM awareness sessions in schools and communities
  - Training for teachers and health workers
  - Distribution of low-cost menstrual products
  - Setting up sanitary pad banks or vending machines
  - Ensuring WASH facilities in schools
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## 8. Conclusion

The baseline survey highlights critical gaps in menstrual health awareness, access, and practices among women and girls in the target blocks of Jharkhand. While there are encouraging signs of growing autonomy and use of sanitary products, deep-rooted myths, inadequate infrastructure, and cultural taboos continue to hinder safe and dignified menstrual hygiene management. These findings emphasize the urgent need for comprehensive, community-based interventions that combine education, affordable product access, and infrastructure support. Addressing these challenges holistically will be essential for empowering menstruators, improving public health outcomes, and breaking the silence around menstruation in rural and tribal communities.