

Institution: University of Liverpool		
Unit of Assessment: UoA17, Business and Management Studies		
Title of case study: Changing Menstrual Health Policy in India		
Period when the underpinning research was undertaken: September 2015 to 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): Supriya Garikipati	Role(s) (e.g. job title): Reader	Period(s) employed by submitting HEI: August 2003 to present
Period when the claimed impact occurred: December 2016 to August 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>By providing compelling evidence on the lack of informed choice in India's approach to menstrual health, Dr Garikipati's research and subsequent lobbying activities became the basis for policy change in India and influenced practices of key stakeholders across the country. National policy guidelines changed to shift away from disposable pads and include the entire range of menstrual materials. A government rural awareness campaign was instituted to support this change. Advocacy agencies (WaterAid, UNICEF) and state and civic organisations adopted informed choice in their menstrual programs across 13 states in India (~250 million women of menstruating age). Collectively, these changes improve awareness and access to menstrual alternatives, promoting resilient, sustainable and inclusive menstrual health in India.</p>		
2. Underpinning research		
<p>Through extensive fieldwork in India, Dr Garikipati carried out a series of research projects funded by ODA and EPSRC at the University of Liverpool between 2015 and 2018. The research explores how a tangle of social taboos, market failures and government policies have contributed to skewed menstrual health provisions in India. This research and subsequent engagement activities became the basis for changes to India's menstrual health policy and influenced stakeholder practices across this sector. The three key research insights are:</p> <p><i>First</i>, a culture of silence around menstruation coupled with heavy marketing of disposable pads in India resulted in their complete market dominance (3.1, 3.3). Research by Dr Garikipati, carried out in two separate projects across 16 sites in India, identifies that, in popular narrative, disposable pads were considered as 'the best' and even 'the only' hygienic way to manage menstrual hygiene. Despite a variety of choice in sustainable female hygiene products (like cloth pads and menstrual cups), information and availability of these was seriously lacking. The singular focus on disposable pads represented a dual burden for women from low-income households, both in terms of recurring costs to consumers but also to their eco-systems where absence of adequate waste disposal systems meant that waterbodies close to slums became the dumping ground for used pads. Dr Garikipati also documented how the recent lockdown in India left young women exposed to extreme supply chain vulnerabilities, when thousands had to go without sanitary products (3.4). These findings suggest that there is a need to explore resilient, sustainable and inclusive menstrual solutions.</p> <p><i>Second</i>, India's menstrual health policy and government initiatives reinforced this dominant discourse by actively promoting disposable pads. This policy-led push inadvertently denies women information and knowledge of menstrual alternatives, resulting in dependence on</p>		

state handouts of disposable pads or perverse menstrual choices (3.2, 3.3). Surveying a random sample of 277 women from 10 sites, Dr Garikipati finds that none were aware of menstrual products other than disposable pads and traditional cloth (3.3). Young girls from low-income households relied on schools for their supply of disposable pads, but did not know what they would do when this stopped. Lack of knowledge and inadequate access left women from low-income households with little choice but to ‘perversely’ shift expenditure from household essentials to disposable pads or use traditional cloth to manage their periods without adequate support on how to do this hygienically.

Third, informed choice as a policy tool has the potential to promote more resilient, sustainable and inclusive menstrual choices and help in ending period poverty (3.5). Dr Garikipati led a randomised controlled trial in 10 sites in India, which offered women either disposable pads or a reusable alternative or only information on the hygienic use and disposal of the full range of menstrual materials. After 6 months of exposure to these alternatives, the study found that ~40% of women offered a reusable alternative or only information were willing to change to a sustainable menstrual product. Not having to constantly rely on market purchases to manage their menstrual hygiene was one of the top reasons cited for the willingness to make this shift. This suggests that informing women’s menstrual choices may pave the way to more resilient and inclusive menstrual health.

3. References to the research

3.1 Garikipati, S., and Boudot, B. (2017) ‘To pad or not to pad: Towards Better Sanitary Care for Women in Indian Slums’, *Journal of International Development* (2017): 29, 32–51. Available from institution on request.

3.2 Muralidharan, A., Mahajan, T., and Garikipati, S. (2019) “Informing choice: Landscape and considerations for menstrual hygiene products in India”, *WaterAid Policy Brief*, New Delhi. Available from institution on request.

3.3 Garikipati, S. (2020) “Asymmetric Information in Menstrual Health and Implications for Sustainability: Insights from India” in Swain RB and Sweet S (Eds.) *Sustainable Consumption and Production: Challenges and Development*. Palgrave Macmillan, London. Available from institution on request.

3.4 Garikipati, S. (2020) “The Future of Periods Can be Sustainable and Cheap, *Conversation*, 25th June 2020. Available at: <https://theconversation.com/the-future-of-periods-can-now-be-sustainable-and-cheap-133025>.

3.5 Garikipati, S., Docherty, R., and Phillips-Howard, P. (2019) ‘Period Poverty, Informed Choice and Consumer Preference: Evidence from a Field Experiment in India’, (December 11, 2019). Available at SSRN: <https://ssrn.com/abstract=3747091>

4. Details of the impact

Overview: Research and dissemination activities by Dr Garikipati resulted in broadening the provisions of India’s menstrual health policy by introducing *informed choice* as its core tenet, shifting away from the heavy policy promotion of disposable pads for menstrual hygiene. Engaging with key organisations working in the sector resulted in influencing menstrual awareness and training practices. Reaching across 13 states in India with a population of around 250 million women of menstruating age, significantly these changes further their right to *informed choice*, contributing to resilient, sustainable and inclusive menstrual health.

Engagement: Using her research and its policy related messages, Dr Garikipati has lobbied stakeholders in the menstrual health sector at various levels: engaging with policy makers at the national (5.5) and state levels (5.6); collaborating with key organisations working in the sector like WaterAid (5.7) and UNICEF (5.8); participating in public dissemination activities

via TV and press (5.4) in partnership with grassroots organisations that work directly with women from low-income households (5.9, 5.10). Dr Garikipati became a founding member of Menstrual Health Alliance of India (MHAI) – an alliance of organisations working in this sector to advocate improved menstrual awareness and influence policy. Dr Garikipati was also instrumental in starting new state chapter of this alliance (5.7).

Impact and Beneficiaries: The research resulted in changes to India’s menstrual health policy and has influenced stakeholder activities across the sector. It has also raised awareness and use of menstrual alternatives in the Indian population. Three changes: to policy; women’s awareness and education: and to stakeholder practices are notable impacts resulting from the research.

Policy change: In November 2019, Dr Garikipati’s research and engagement activities became the basis for changes to the menstrual hygiene management (MHM) National Guidelines (5.1). Specifically, changes were made to guidelines under Table 3.1 (5.1, pp.15-16) to include information on a range of menstrual materials and to Table 4.2 (5.1, p.19) to include their effective waste management strategies.

To deliver the policy change, the Ministry also initiated a public awareness wall-art campaign across rural India. The Director, Department of Drinking Water and Sanitation, Ministry of Jal Shakti, notes that Dr Garikipati’s research on menstrual health has led to the inclusion of ‘informed choice’ in the government’s menstrual awareness campaign. He further notes that: “Such campaign initiatives have a significant role in influencing menstrual choices made at population levels among the 350+ million young women of menstruating age in India” (5.5).

Sanitary awareness and education for women: State level engagement resulted in an invitation by one of India’s largest municipal corporations for Dr Garikipati to contribute to their sanitary awareness programme, Safai Karamchari Yojana (SKY) (5.6). It incentivises domestic workers as agents to improve sanitation and waste management in modern urban dwellings. In collaboration with key implementing partners, Dr Garikipati developed the menstrual choice and waste management component in SKY’s training material for domestic workers. An implementing partner for the municipality notes: “...the components on sanitary choices and their waste management, have been used as part of SKY training in all seven areas of Hyderabad. So far, over 70,000 domestic workers have been trained... and we have good results on their increased engagement to achieve better menstrual waste management in households. Our estimates... suggest that household menstrual waste has dropped between 50% to 90% in these areas” (5.6).

Influencing stakeholder practices: Dr Garikipati, in collaboration with WaterAid, developed materials on *informed choice* for advocacy and public engagement (5.7). Two key documents were developed: a *policy brief* (5.2) on ‘informed choice’ as a policy tool to promote resilient and sustainable menstrual health to share with organisation and policy-makers; and an *information pamphlet* (5.3a, 5.3b) covering the full range of menstrual materials in accessible language to share with end-users. Both documents have been widely disseminated via MHAI and also feature on WaterAid’s website (5.2, 5.7). Demand from the sector resulted in the information pamphlet being translated into the national language, Hindi (5.3, 5.7, 5.8). Evidence suggests that “These advocacy materials have proven to be very significant in influencing MHM policy and practices” (5.7).

The policy lead at WaterAid, India notes that: “We have used... [the policy brief] to help policy makers appreciate how informed choice has the potential to become an effective policy tool to make MHM practices more resilient and sustainable. These engagements have influenced policy thinking in India and we find a perceptible shift...” (5.7) The policy lead also notes that WaterAid has used the pamphlet to reach over 50,000 girls and women attending their events, but virtual reach is likely to be much higher. A Water, Sanitation and Hygiene in Institutions Specialist at UNICEF, India notes (5.8) that the information pamphlet is used in all their 13 centres in India: “so that they can... use it for advocacy purposes with

respective nodal departments". "The nodal departments can recommend various options for managing menstruation to communities..." (5.8).

Also, Dr Garikipati's public engagement led two national NGOs working with vulnerable women – Kasturbha Gandhi National Memorial Trust (5.9) and Safa India (5.10) – to introduce 'informed choice' in their MHM initiatives. Dr Garikipati helped develop their informed choice material which reaches around 225,000 women via these NGOs. This has led to an impressive increase in the use of sustainable menstrual materials among their communities (between 65% to 80%) (5.9, 5.10) and also in significantly reducing the menstrual waste in their centres (up to 70%) (5.10). As a by-product of this work, Safa also started a livelihood initiative where they teach women how to make cloth pads and help market these (5.10). The Head of Kasturba Trust notes: *"This [informed choice] has enabled our residents manage their menstrual hygiene without the constant need to spend monthly and has also greatly reduced the menstrual waste generated at our 23 trust centres"*(5.9).

5. Sources to corroborate the impact

- 5.1 National MHM Guidelines, which includes the changes made to the guidelines. Changes were made specifically to Table 3.1 (pg. 15-16) and Table 4.2 (pg. 19).
- 5.2 "Informing Choice: Landscape and Considerations for Menstrual Hygiene Products in India". A policy brief on 'informed choice' to share with policy-makers and government officials. Co-created by Dr Garikipati, WaterAid and MHAJ.
- 5.3 Information pamphlet on menstrual materials co-created by Dr Garikipati, WaterAid and MHAJ in English (5.3a) and in Hindi (5.3b).
- 5.4 Clipping of media interviews (tv appearances and several media interviews) corroborating work with KGNMT.
- 5.5 Corroborating statement from The Director, Department of Drinking Water and Sanitation, Ministry of JalShakti corroborating Dr Garikipati's research engagement with national level policy makers and influence on MHM awareness campaign.
- 5.6 Corroborating statement from the Director, Kartavya Foundation, implementing partner for the Greater Hyderabad Municipal Commission, detailing Dr Garikipati's role in developing the training material for *Safai Karamchari Yojana*.
- 5.7 Corroborating statement from Dr Arundati M, Director of WASH programmes at WaterAid India outlining Dr Garikipati's role in the joint work on advocacy.
- 5.8 Corroborating statement from Dr Pratibha Singh, the Director of WASH programmes at UNICEF outlining how they use the information pamphlet developed by Dr Garikipati, WaterAid and MHAJ in 13 states across India.
- 5.9 Corroborating statements from Chairpersons of *KGNMT* detailing Dr Garikipati's role in influencing and developing an 'informed choice' programme for the organisation.
- 5.10 Corroborating statements from Chairpersons of *Safa* detailing Dr Garikipati's role in influencing and developing an 'informed choice' programme for the organisation.