Regional inequity in menstrual health persists in India

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Central, eastern and northeastern India lag behind in access to the government's menstrual health and hygiene programmes. This needs to change.

Women with higher education levels are significantly more likely to have adequate menstrual health and hygiene. : India Water Portal Flickr (CC BY-NC-SA 2.0)

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India has made significant progress in addressing menstrual health and hygiene (MHH), with initiatives such as the Menstrual Hygiene Scheme contributing to a substantial increase in access to period products.

However, true menstrual equity remains a distant dream for many, particularly in underserved regions.

While national MHH programmes deserve recognition, regional disparities persist. This is reflected in the government's inability to bridge the gap between states which have performed well and those which have lagged behind, demanding a more nuanced and geographically targeted approach.

The National Family Health Survey-5 (NFHS-5) reveals that only 27.7 percent of young women aged 15-24 years have access to adequate MHH: a combination of safe period products, clean water, soap and private sanitation facilities. Nearly three-quarters of young women still face significant challenges, including limited infrastructure, financial constraints and persistent social stigma.

This figure masks stark regional variations. MHH access ranges from a dismal 2.3 percent in Assam's Karimganj district to a high of 89.4 percent in Mizoram's Champhai district. This demonstrates that MHH's benefits remain unevenly distributed. The central, eastern and northeastern parts of India lag behind, highlighting the need for targeted interventions and a deeper understanding of regional context.

Period poverty or the inability to access menstrual necessities is often framed solely around the affordability of period products. However, research presents a more complex picture. Period poverty also includes the lack of essential WASH (water, sanitation and hygiene) infrastructure, accurate information and a supportive environment free from stigma.

Women in rural areas, low-income communities and marginalised groups disproportionately experience this multi-dimensional poverty, further entrenching preexisting social and economic inequalities. For these women, menstruation can be a source of anxiety, stress and even health risks.

Access to WASH

Access to adequate WASH is a fundamental requirement for menstrual health and hygiene. Yet, the NFHS-5 data reveals significant gaps in WASH access across India. Nearly 22 percent of women lack access to water at home and over 25 percent lack soap for handwashing. These basic necessities are fundamental for managing menstruation hygienically and safely. Without them, women are often forced into unsafe practices, increasing their risk of infection and other health complications.

The central, eastern and the northeastern regions, in particular, face significant WASH challenges. Lack of basic infrastructure directly contributes to lower MHH adequacy rates in these regions. Prioritising investments in WASH is not just about building toilets and water sources. The emphasis can be on laying the foundation for healthy MHH and empowering those who menstruate.

Education is a powerful catalyst for change. Women with higher education levels are significantly more likely to have adequate MHH. Education empowers those who menstruate with knowledge and confidence to manage their periods safely and hygienically.

It also helps challenge harmful social norms and taboos surrounding menstruation. Mass media can amplify these educational efforts, normalising conversations about MHH and disseminating vital information.

Economic disparity

Economic disparity is a significant driver of MHH inequity. Addressing this requires not only subsidising period products but also tackling financial barriers in accessing WASH. Conditional cash transfers linked to household investments in WASH infrastructure can incentivise families to prioritise these essential investments.

However, just building infrastructure isn't enough. The software of infrastructure—social norms and behaviours that influence its use—need to be addressed, requiring community engagement, targeted education and culturally sensitive approaches.

Effective policy implementation is crucial. Policies guaranteeing free period products and sanitation facilities can be effectively enforced and monitored. Public-private partnerships can leverage resources and expertise to improve the affordability and availability of both products and WASH infrastructure, especially in underserved regions.

Grassroots initiatives play a vital role in empowering women to take ownership of MHH and WASH in their communities, from building and maintaining local WASH facilities to leading educational campaigns.

While bridging MHH's regional gaps is imperative for the government, policymakers can prioritise investments in WASH infrastructure and ensure equitable access to resources. NGOs and community leaders can implement targeted programmes and empower local women.

Individuals can educate themselves and others, advocate change and support organisations working to improve MHH. Cooperation can achieve true menstrual equity in India and ensure that every woman manages her periods with dignity, health and confidence. Beyond women's health, this is a matter of social justice and a fundamental human right.

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