

### Increasing Access to Menstrual Hygiene Management Products

31 July 2018



## An Opportunity to Address Menstrual Health and Gender Equity<sup>1</sup>

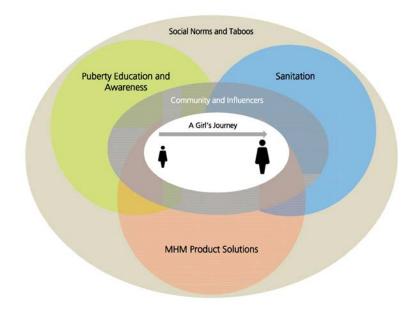
- Menstruation is a monthly challenge for billions of women and girls worldwide. On any given day, more than 300 million girls are menstruating<sup>1</sup>
- Qualitative research suggests that girls experience shame, embarrassment, and discomfort during menstruation because they lack access to affordable and preferred products, private and safe facilities, and education about menstruation and how to manage it<sup>2</sup>
- Evidence about the impact of poor menstrual health on other health, development, and empowerment outcomes is scant, not statistically significant, and largely inconclusive

## Menstrual hygiene interventions involve a number of critical components<sup>2</sup>

Critical components of a menstrual health intervention include:

- 1. access to knowledge,
- 2. access to products,
- 3. access to WSH services, and
- 4. improved social norms

Figure 1: Menstrual Health Framework<sup>2</sup>

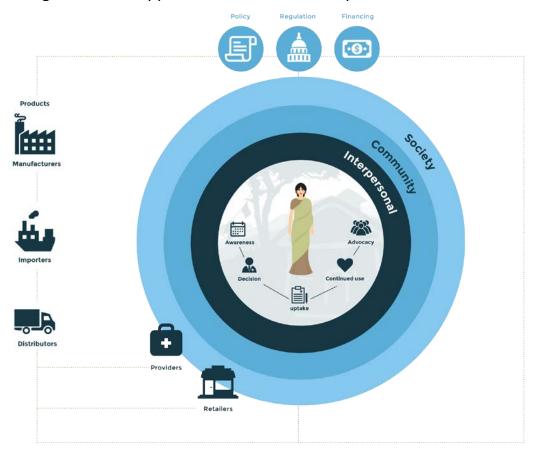


### **Build an understanding of the market**

#### **Project scope**

- Motivators and barriers to using homemade and commercial products
- Identify girls that are not accessing commercial products
- Preferred products attributes, means of access, and pricing trade-offs
- Understand supply constraints
- Identify potential opportunities to increase access to preferred products

Figure 2: PSI's Approach to Market Development



### Five primary sources of information



Literature Review



Qualitative Research



Quantitative Research



Stakeholder interviews



Solution workshops

Figure 3: Research locations



#### Methods in detail



#### Literature Review

Using data from commercial providers, academic literature, secondary data sources and interviews with market players, PSI built an understanding of key market trends, the depth and breadth of the market, and gaps in the use of commercial products. PSI also analyzed data from India's National Family Health Survey.



#### Stakeholder Interviews

PSI conducted semi-structured interviews with five manufacturers, 27 distributors and wholesalers, 80 retailers, 10 community health workers and teachers, four government stakeholders and 9 experts. Interviews were recorded, transcribed and coded for analysis. Interviews aimed to explore the business models of key players and the challenges faced in serving rural girls. Interviews with retailers and distributors were conducted in Tamil Nadu and Uttar Pradesh to uncover differences between the states.



#### **Qualitative Research**

PSI conducted 41 in-depth interviews and 20 focus group discussions with young women and girls age 13-24 and household influencers as identified by primary respondents. Research was conducted in three locations – rural Tamil Nadu, rural Uttar Pradesh, and urban Uttar Pradesh which were selected based upon the use of the use of commercial products by adolescent girls and young women ages 15-24 which was 91%, 40%, and 69% respectively.



#### Solution Workshops

PSI held workshops that brought together all the research and allowed the team to dig into the key constraints to access and use of products. These workshops were attended by a cross-section of departments at PSI both from headquarters and the field. In addition, PSI held an external workshop that included key stakeholders including donors, manufacturers, and advocates.



#### Quantitative Research

PSI conducted a Discrete Choice Experiment, in which 1,200 young women and girls in rural and urban Uttar Pradesh were surveyed on their current use of MHM products and their preferences for various attributes including price, quality, and purchase location. The broad objectives of the two pieces of research included building an understanding of barriers to adoption of commercial MHM products among girls and women; key influencers relevant to MHM product choices; and product preferences.

## Why are girls using commercial products? We asked them.



- "At college I used to have leakage. Friends suggested I use pads [instead of homemade products]." rural TN
- "[My] other daughter discussed with friends about heavy periods – they suggested pads" rural UP
- The use of "cloth at school [is]difficult because I [am] scared of leaks." Ethiopia
- "Cloth is comfortable but doesn't stick. Pad sticks to panties and feels safe, no stains." Ethiopia

## Why are girls using commercial products? We asked them.





- "When we use pads, we can walk freely and work freely" urban UP
- "...Use improvised product when I stay at home or out for short while. Otherwise if I go out always use pad to make myself free of any worry of staining and falling down." Ethiopia
- "School, dance class, church, use pad; only use cloth at home." Ethiopia
- "When I have to go to the road, to buy any stuff, with my cousins, then I have a problem. When I walk it moves from its place." India

### Girls prefer commercial products



"When I compare sanitary pads with cloth it's incomparable. I continue using improvised products because I have no [other] option." Ethiopia

"If we had enough money we would never buy the cloth. We have other priorities than this." Ethiopia

"No advantage to improvised pads I can think of till now." Ethiopia

"When we sit, it [cloth] is uncomfortable. Now we use whisper choice and it is flat so we don't feel anything. But when using cloth it used to bulge and when we sit, it used to be uncomfortable" rural Tamil Nadu

[after switching from cloth to commercial pads] "I feel free now and I can go outside" urban Uttar Pradesh



### A focus on India

- Market snapshot
- Insights on product use
- Opportunities for consideration

#### The fastest growing market in the world

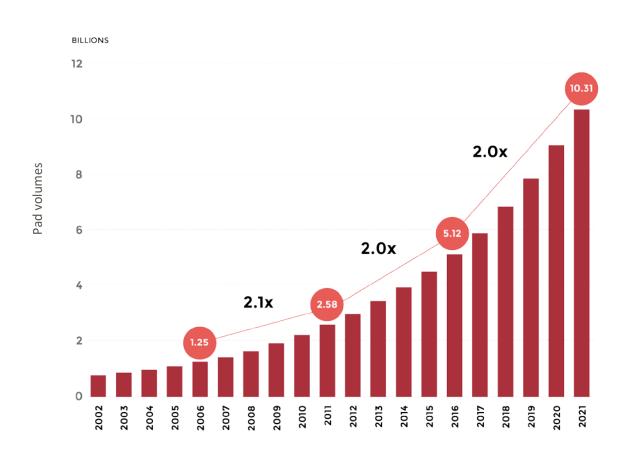


Figure 4: Retail sales of menstrual hygiene products in India, 2002-2016. Billions of units.

- With 13% annual growth in 2017 volumes, India the fastest growing menstrual hygiene management market in the world.
- In 2016, more than 5.12 billion units (i.e., sanitary pads, tampons, and pantyliners) were sold at a value of more than INR28.6 million (US\$415 million).

#### ...but far short of market saturation

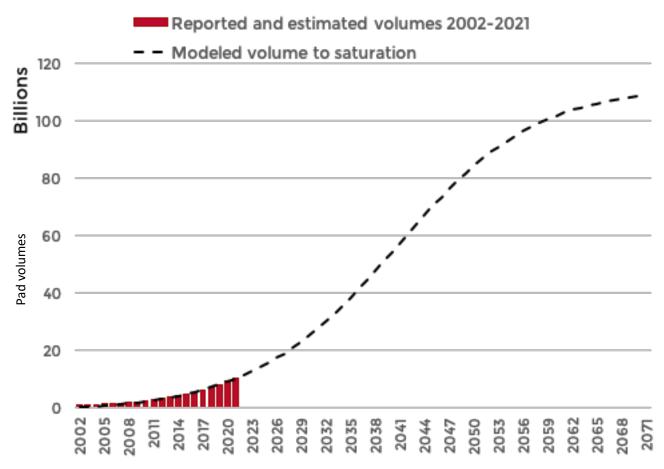


Figure 5: Projected retail sales of menstrual hygiene products in India, 2002-2070. Billions of units.

- Despite its rapid growth, penetration of commercial menstrual hygiene products remains extremely low when compared to more developed markets.
- The per capita consumption of products within the age group 12-54 years is 13 units per year while women in China and the US use more than 250 units (sanitary pads or tampons) per year.
- Modeling the market growth to saturation, it appears that the Indian market could hit a saturation point after 2060 of approximately 110 billion pads per year.

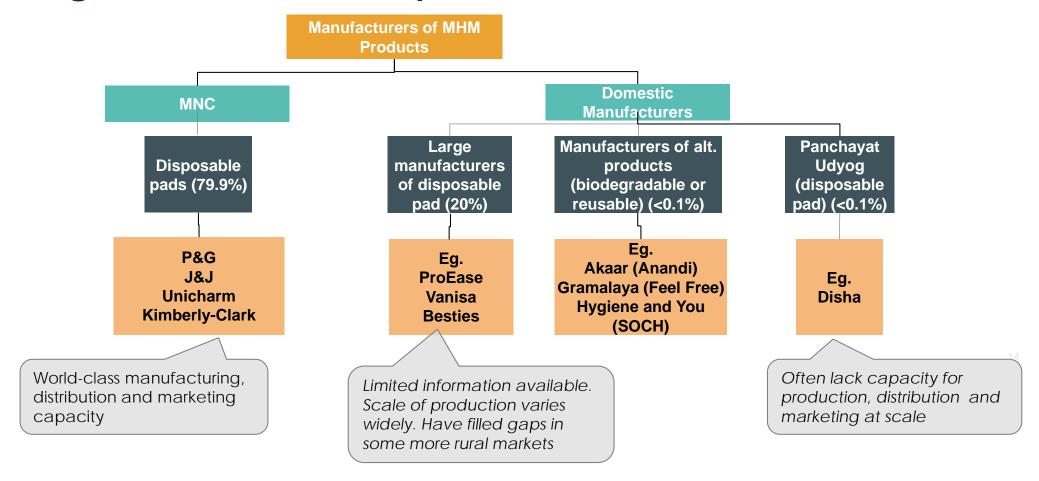
### The overwhelming majority of sales are for disposable, nonbiodegradable pads, and there are a huge number of brands.



Figure 6: Select MHM Products Available in India<sup>1</sup>

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### A range of business and production models serve the market



## Two suppliers dominate the market but local manufacturers are increasing their market share

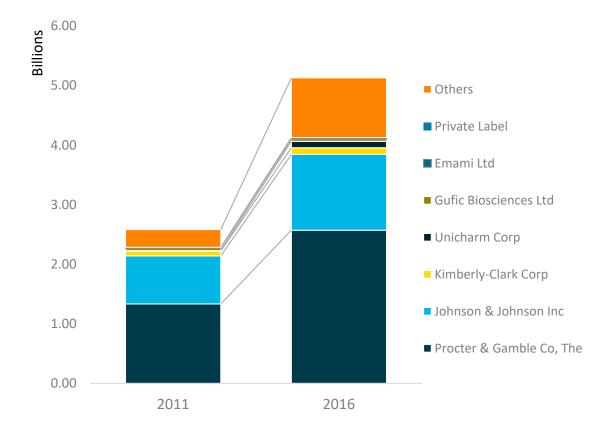


Figure 7: Top selling companies in India by retail sales volumes in 2011 and 2016.

- Top two firms account for nearly 75% of retail sales.
- Market leader Procter & Gamble has been maintaining its market share at approximately 50%.
- Smaller competitors increased their market share from 11.6 to 19.6% over the period.

## A wide range of products and features are available on the market in Uttar Pradesh but prices are high



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# Approximately 40% of AGYW age 15-24 report using homemade products. Access to commercial products varies dramatically

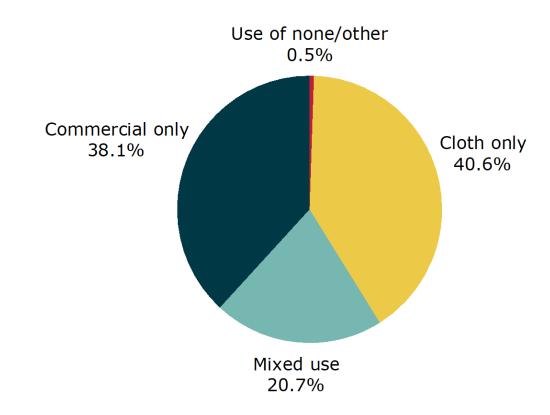
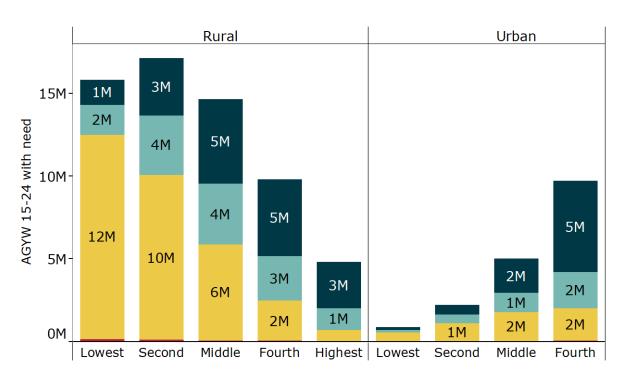


Figure 8: The use of commercial and cloth products amongst adolescent girls and young women age 15-24 – all India

- ~93 million AGYW age 15-24 who need sanitary products
- ~41% (37.7 million) of AGYW 15-24 exclusively use homemade cloth products
- ~38% (35.4 million) exclusively use commercial products
- ~21% (19.2 million) use a mix of commercial and homemade products
- ~Less than 1% (0.5 million) of AGYW 15-24 reported using other or no products.

### Product use varies dramatically by rural/urban settings and across wealth quintiles

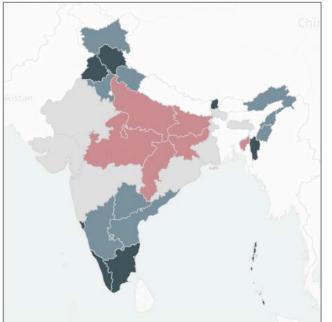


- Commercial onlyMixed useCloth onlyUse of none/other
- The exclusive use of commercial products increases with wealth quintile
- Approximately, 90% of AGYW in the highest wealth quintile use commercial products exclusively or in combination with cloth while only 23% of AGYW in the lowest wealth quintile did the same.

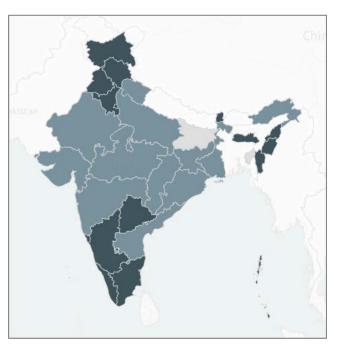
Figure 8A: The use of commercial and cloth products amongst adolescent girls and young women age 15-24— all India

#### Fewer women use commercial products in rural areas





#### **Urban** areas



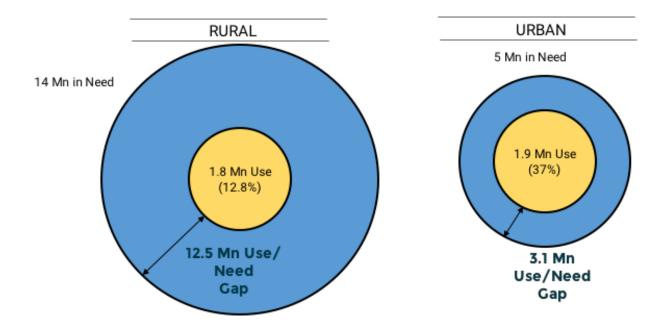
- States with higher per capita incomes generally had higher rates of commercial product usage
- There is a large amount of variability between states, with eight states accounting for 70% of the use of cloth and mixed use:
- Uttar Pradesh (15.6M)
   Maharashtra (4.9M)
  - Bihar (6.5M) Rajasthan (4.4M)
- West Bengal (5.4M) Andra Pradesh (3.1M)
- Madhya Pradesh (4.9M) Karnataka (2.9M)

Percentage of females age 15-24 using commercial methods



Figure 9: The use of commercial products amongst adolescent girls and young women age 15-24 by state\*

# In Uttar Pradesh, use of commercial products is low in both rural and urban areas, however, the gap is much larger in rural areas.

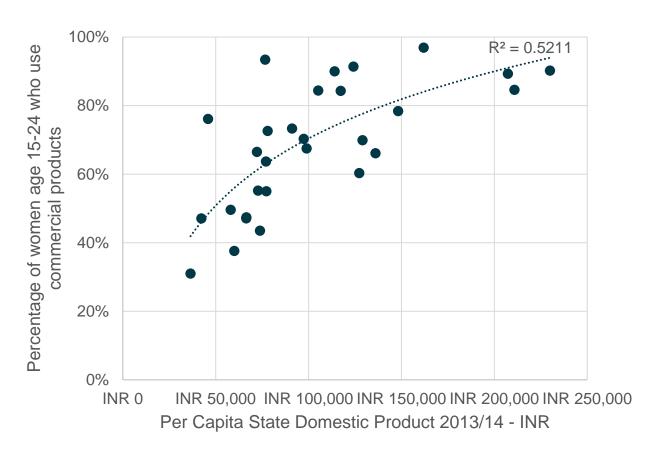


- In rural Uttar Pradesh, only 1.8 million (12.5%) of 14 million adolescent girls and young women age 15-24 exclusively use commercial products.
- In urban areas, use is much higher but still relatively low with 1.9 million (37%) of 5 million adolescent girls and young women age 15-24 exclusively use commercial products.

Figure 10: The exclusive use of commercial products amongst adolescent girls and young women age 15-24 in urban and rural Uttar Pradesh

Source: PSI analysis of NFHS-4.

### States with higher per capita incomes generally had higher rates of commercial product usage



- From industry research, we found that manufacturers consider markets with per capita incomes of US\$ 1,000 - US\$ 3,000 (68,000 -200,000INR) to be high growth opportunities.
- Below US\$1,000 per capita GDP, use is likely constrained by affordability and household prioritization.
- Above US\$3,000 per capita GDP, use is likely to be high with the market nearing saturation.
- A review of per capita income and usage by state, found that this relationship appears to hold strongly in India.

Figure 11: The use of commercial products amongst adolescent girls and young women age 15-24 by state\*

### Key takeaways on use

- Data gap on Use for 13-14 and 25-49 years
- 8 states contribute 70% of Use/Need Gap. UP has the highest unmet need.
- The UP market is failing 15-24 year old adolescent girls and young women. The unmet need is bigger in rural areas (12.5 Mn) than urban areas (3.1 Mn)
- In rural areas, the market is failing 15-19 unmarried across all wealth quintiles
- In urban areas, market is failing15-24 unmarried in lower three wealth quintiles

#### Affordability is a major barrier

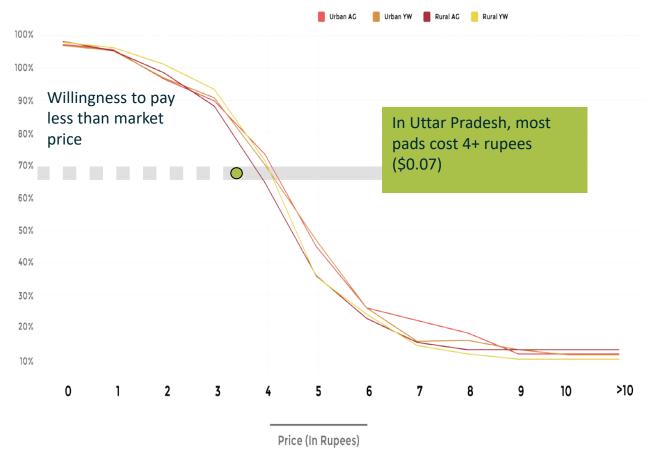
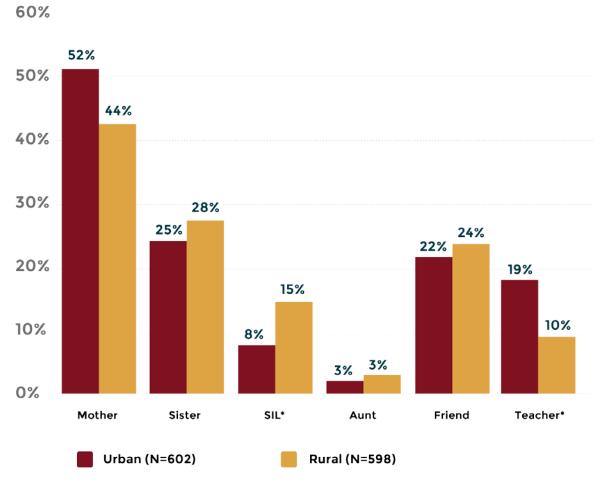


Figure 12: Demand curve for basic sanitary products amongst rural and adolescent girls in Uttar Pradesh

- Can be considered from two angles
  - 1) household prioritization
  - 2) price sensitivity.
- "Money needs to be saved; The amount of money we spend on a packet of pads we can use to get some groceries... we can get flour and grains." IDI, 18-24,UP INDIA
- "If income increase, would still prefer cloth. It is fine, why change it? Cash can be used elsewhere." Influencer, UP INDIA

#### Mothers are key influencers for commercial product use



- "I don't tell my father that I want to buy pads but mother will." IDI, 18-24, UP
- "Daughter asked me once for 34 Rs pad – I told her 34 Rs every month is too difficult." — Influencer, 13-17, UP

Figure 13: Key influencers on adolescent girls and young women in Uttar Pradesh

## ...but friends, aunties, schools and promotional activities can also drive adoption

- Friends: "Friend came to her house explained how to use pad." IDI,13-17,UP INDIA
- Schools: "My teachers gave the pad from the school. Once I started using the pads I stopped using the cloth." IDI TN-Rural (18-24 Y) INDIA
- ▶ Promotion: "In 7th standard, Whisper came to school; They explained Whisper product, puberty, puberty symptoms and gave one pack." IDI,18-24, Rural, TN
- "[Television Ads] were very clear with lots of bleeding and how pads sag and misplace; Whisper Choice will help. I wanted to try it out. That's how I bought for first time." 3/</:/r INDIA

#### There is a strong preference for buying products from women

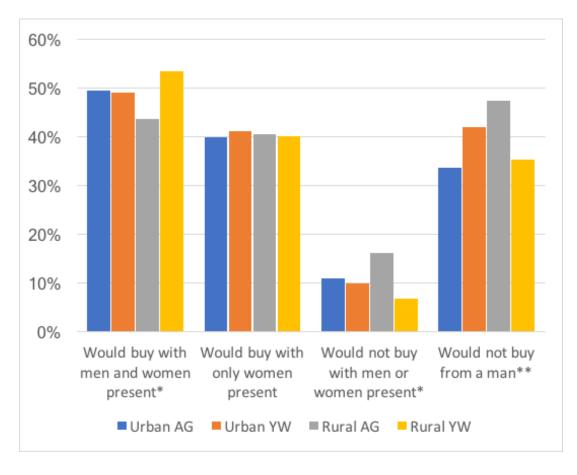


Figure 14: Preferences for purchasing products from women in urban and rural Uttar Pradesh

- When required I buy from male shop keeper but since women available I buy from them."
   1/u/./comm
- "I will say 'give me 45 Rs. pack' and they will understand[without saying the name]." 2/r/:/mix

### A focus on India

- Market snapshot
- Insights on product use
- Opportunities for consideration

#### Seven Opportunities for Consideration

- 1. Give AGYW access to the products they want and help them with responsible disposal.
- 2. Leverage partnerships with suppliers that can achieve scale.
- 3. Improve multi-sectoral coordination by assigning a nodal agency.
- 4. Strengthen routine data collection and analysis to improve the development of data-driven national strategies.
- 5. Invest in minimum quality standards.
- Explore application of a subsidy through targeted demand-side interventions.
- 7. Invest in integrating MHM, sexual and reproductive health, and adolescent health programs.

### Give girls access to the products they want ....

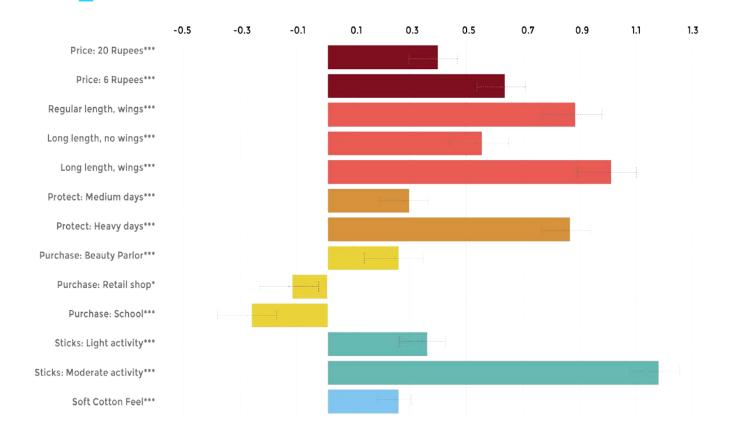


Figure 15: Key product preferences amongst adolescent girls and young women in Uttar Pradesh

#### Key preference drivers included:

- Stickiness
- Length of the pad
- Wings
- Absorbency
- ► Cost

"Price does play a role, but it's actually very often overestimated. It's not about price, is about value. If you have relatively little disposable income and you're spending a significant amount for a menstrual product, you really, really expect that this product delivers the benefit that you really want"

### ...and help them with responsible disposal

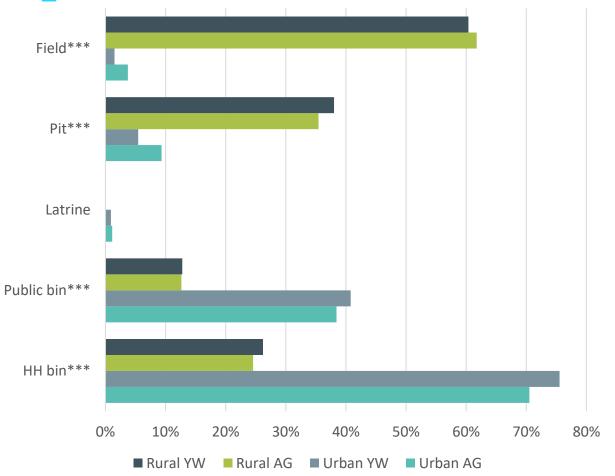


Figure 16: Where girls reported disposing of products in rural and urban Uttar Pradesh

55% of girls living in rural Uttar Pradesh noted that they have difficulty disposing of products.

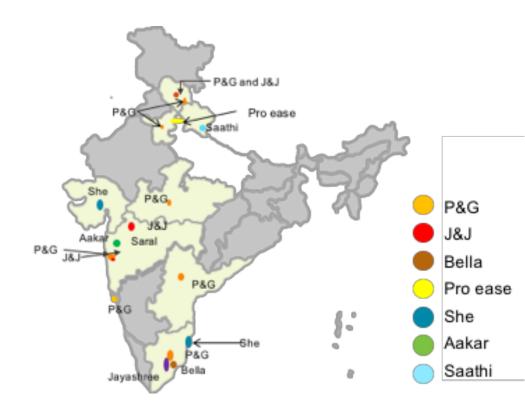
"How do I deal with the disposed product?" You really have to think about that. I think it's very important, because otherwise, if you're really successful, the women in those villages are gonna be knee-deep in used napkins. I mean you don't want that."

### 2 Leverage partnerships that can achieve scale

- incentivize production in areas with large unmet need
- integrate MHM programming with main stream curriculum in schools
- incentivize the use of locally sourced absorbents
- involve manufacturers in the design of disposal solutions

"I'm not saying price is an issue, but cost is an issue. If you wanna make this sustainable, you have to do it in a way that in the end, it's profitable. Otherwise, it's just a subsidy, it's charity, and that's a different animal."

Figure 17: Large scale manufacturing sites are located far from areas with most unmet need



## Improve multi-sectoral coordination of the national MHM strategy through identification of leading agency/government body

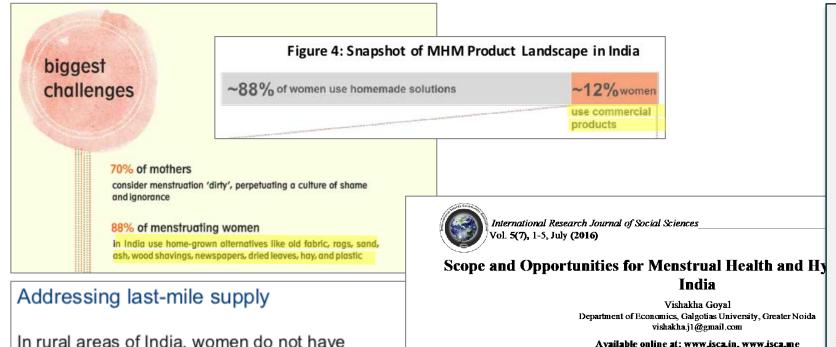
#### **Provision/Scheme Ministry** Menstrual Hygiene Scheme (MHS) and the Ministry of Health Rashtriya Kishor Swasthya Karyakram and Family Welfare (RKSK) Ministry of Women Rajiv Gandhi Scheme for Empowerment of and Child Adolescent Girls (RGSEAG) or SABLA Development Ministry of Drinking Water and Sanitation Swachh Bharat Mission (Rural) (MDWS) Ministry of Housing and Urban Poverty Swachh Bharat Mission (Urban) Alleviation (MoHUPA) Ministry of Human Resource Sarva Shiksha Abhiyan (SSA) **Development**

#### No one owns the MHM agenda

Programmes suggest convergence with other government programmes, yet operationalization of convergence mechanisms is lacking.

- Multiple other governance bodies
  - Ministry of textiles
  - Ministry of Cosmetics and drugs
  - Urban Local bodies
- Multiple guidelines
  - MHM Guidelines, SLWM guidelines, CPCB, BIS etc, guidelines

### Strengthen routine data collection and analysis to improve the development of data-driven national strategies.



In rural areas of India, women do not have access to feminine and child health products and consider health and hygiene-related problems as unavoidable. Only 12 percent of India's 355 million menstruating women use sanitary napkins.

From NFHS-4, we know that 58% of Indian women age 15-24 reported using commercial products<sup>1</sup> including:

- 78% of urban women
- 48% of rural women

NFHS-4 and PMA2020 datasets allow us to really understand usage patterns for the first time. Analysis could enable targeting of efforts towards populations with the highest unmet need.

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#### Abstract

Menstrual hygiene continues to be amongst the most challenging development issues to taboos, myths and misinformation create the illusion that menstruation is inherently shar countries like India, women and girls often lack access to hygienic sanitary materials and

necessary for good menstrual hygiene management (MHM). "Sanitary Protection: Every Woman's Health Right "a study by AC Nielsen reveals only 12% of India's 355 million women use sanitary napkins. Over 88% of women resort to shocking alternatives like un-sanitized cloth, ashes and husk sand. Incidents of Reproductive Tract Infection (RTI) are 70% more common among these women. The biggest barrier to using a Sanitary Napkin (SN) is affordability. Around 70% of women in India say their family can't afford to buy them, 88% of women use old fabric, rags or sand to manage their flow. This tells the immense entrepreneurial opportunities in the segment. A recent study anticipate the industry to grow to INR 45.9 billion by 2017. the only need to work in this direction is the reduction in cost of production.

1) Source: NFHS-4

#### Invest in refresh and enforcement of minimum quality standards

India's product standard, IS-504 1980, was developed in 1980 and is does not cover new product advances as well as alternative products.

Could be an opportunity to address disposal challenges and would enable reusable products to be included in public tenders.

"I would say in general, it's all not true. It's all...as far as I know, nobody is selling a 100% biodegradable napkin anywhere in the world, developed or underdeveloped. There's a lot of claims around it. There are products that claim that it can be. For example, there are some company that use polylactide as a polymer barrier and for the cover, and that is correct, it is biodegradable in a commercial, hot composting facility. And in the developing world, there are none. So it's not biodegradable. I mean it's not biodegradable under the conditions where you sell it. Is it theoretically biodegradable? Yes, but practically, no."

### Explore application of subsidy through targeted demand-side interventions

- Making a market in rural areas can be challenging because, without demand, retailers often will not stock MHM products.
- Since 2011, the government of India has directly procured and distributed products for wide distribution through ASHAs and school-based programs.
- Demand-side interventions could be a tool for improving the targeting of subsidy, enable choice (products and places), and provide retailers incentives to stock products.

### Invest in integrating MHM, sexual and reproductive health, and adolescent health programs.

- Critical component of reproductive life cycle and premise for adolescent girls' sexual and reproductive health.
- When girls are more knowledgeable about their bodies and fertility, and able to
  effectively manage their menstrual hygiene, they may be more empowered and
  better equipped with the information, tools, and confidence necessary to manage
  their long term sexual and reproductive health, including family planning.
- When working on sexuality education with adolescents, talking about family planning and sexual health is often challenging and might feel far to some adolescents. Using MHM and puberty as an entry point can possibly familiarize girls and boys with fertility and their reproductive system without going into "planning a family".
- Identifying firm links could unlock significant funding and expertise and naturally fit with adolescent health programming.

#### Seven Opportunities for Consideration

- 1. Give AGYW access to the products they want and help them with responsible disposal.
- 2. Leverage partnerships with suppliers that can achieve scale.
- 3. Improve multi-sectoral coordination by assigning a nodal agency.
- 4. Strengthen routine data collection and analysis to improve the development of data-driven national strategies.
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### **Acknowledgments**

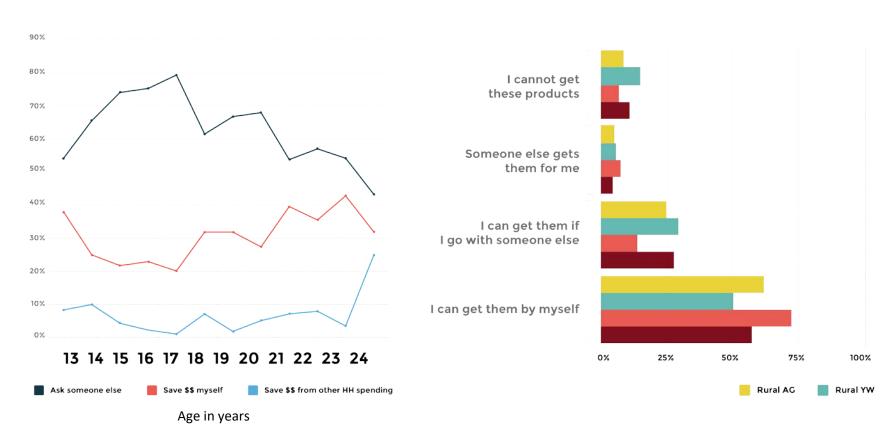
| PSI                             | PSI/India   | PSI/Ethiopia                      | Additional Experts and Advisors                  |
|---------------------------------|---|-----------------------------------|--|
| Patrick Aylward                 | Vivek Sharma  | Donato Guilino                    | Bethany Caruso, PhD                              |
| Senior Market Dynamics Advisor  | Chief Technical Officer, PSI/India                        | Country Representative            | Emory University Rollins School of Public Health |
| Kristen Little                  | Mahasweta Satpati   | Fregenet Getachew Desta Marketing |  |
| Research Lead                   | Senior Research Manager                                   | Technical Advisor                 | Lucas Nene                                       |
|                                 |   |                                   | Design   Health                                  |
| Shannon Rosenberg               | Pranita Achyut  | Rediet Seleshi                    | Founder and principal design                     |
| Market Dynamics Advisor         | Associate Director Monitoring,<br>Learning and Evaluation | Marketing Manager                 | strategist                                       |
| Fareha Ahmed                    |   | Ephraim Mebrate                   | Alyse Schrecongost                               |
| Project Manager                 | Aprajita Singh  | Marketing Research Manager        | Program Officer                                  |
| ,                               | Senior Specialist - Advocacy and                          |                                   | The Bill and Melinda Gates                       |
| Maria Carmen Punzi              | Knowledge Management                                      |                                   | Foundation                                       |
| Menstrual Hygiene Lead          |   |                                   |  |
|                                 |   |                                   | Graham Snead                                     |
| Bethany Corrigan                |   |                                   | Program Manager                                  |
| Gender Senior Technical Advisor |   |                                   | The Bill and Melinda Gates Foundation            |
|                                 |   |                                   |  |

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## Most adolescent girls and young women get funds from influencers but can purchase products themselves

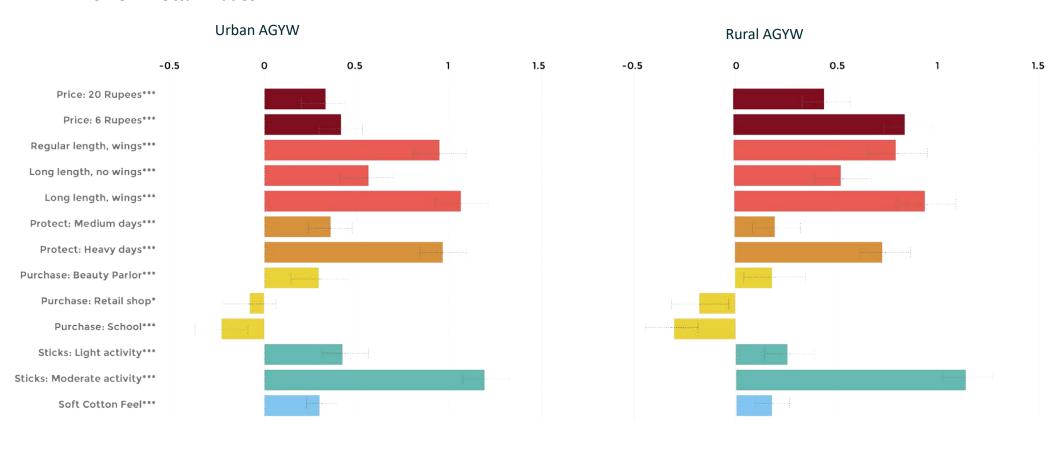
Figure 18: How do you get the money to purchase the products you use to manage your periods?

Figure 19: Are you able to get things for your menstruation (pads, cloths, sanitary napkins, etc.) when you need them?

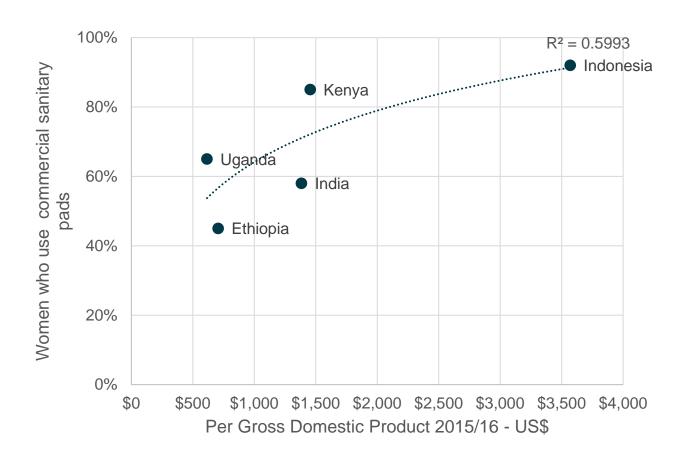


### Preferences were largely consistent across urban and rural environments in Uttar Pradesh

Figure 20: key product preferences amongst urban and rural adolescent girls and young women in Uttar Pradesh



## Countries with higher per capita incomes generally had higher rates of commercial product usage



- From industry research, we found that manufacturers consider markets with per capita incomes of US\$ 1,000 – US\$ 3,000 to be high growth opportunities.
- Below US\$1,000 per capita GDP, use is likely constrained by affordability and household prioritization.
- Above US\$3,000 per capita GDP, use is likely to be high with the market nearing saturation.
- A review of per capita income and usage by across India and PMA2020 countries, found that this relationship appears to hold strongly.

Figure 21: The use of commercial products amongst adolescent girls and young women age by country