Journal of Advances in Developmental Research (IJAIDR)

E-ISSN: 0976-4844 ● Website: www.ijaidr.com ● Email: editor@ijaidr.com

Role of ASHA Workers in the Implementation of the Menstrual Hygiene Management (MHM) Scheme: An Impact Assessment in Punjab

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Abstract:
Menstruation is a complex phenomenon understood in multiple ways depending on the discipline. Menstruation is one of the most fundamental changes that girls experience, marking their transition to womanhood and potential motherhood. Menstrual Hygiene Management (MHM) is a recognized public health, social and educational issue, which must be achieved to allow the realization of human rights. The effectiveness of such schemes relies heavily on frontline health workers, including Accredited Social Health Activists (ASHAs), who act as a vital link between the health system and the community. ASHAs play a multifaceted role in promoting menstrual hygiene practices by conducting home visits, organizing group meetings, facilitating school awareness sessions, counseling adolescent girls, distributing sanitary products, and maintaining records. The research paper brings into account the role of ASHA workers in disseminating their role as they are the intermediatory between the scheme and the adolescent girls.

Keywords: Impact Assessment, Menstruation, Menstrual Hygiene Management (MHM)

Impact Assessment

Impact assessment is a process for the identification, analysis, assessment, management and monitoring of the potential impact of a project, both positive or negative. Impact Assessment is a process of research, planning and the management of social change or consequences (positive and negative, intended and unintended) arising from policies, plans, developments and projects (UNEP, 2007).
According to the **International Association for Impact Assessment (IAIA),** Impact Assessment is: "The process of identifying the future consequences of a current or proposed action." (International Association for Impact Assessment, 2009).

Objectives of the Impact Assessment

The objectives of Impact Assessment (IA) are to identify, predict, evaluate, and manage the potential social consequences of planned interventions (such as policies, programs, or projects). These assessments ensure that development is socially sustainable, equitable, and beneficial to communities.

Menstruation

Menstruation is a complex phenomenon understood in multiple ways depending on the discipline. Medically and biologically, it is a normal reproductive process involving the shedding of the uterine lining. In public health, it relates to hygiene and access to resources. Sociocultural perspectives emphasize the cultural meanings and social norms surrounding it, while psychology focuses on emotional and behavioral aspects (Martin, 2001).

Stigmatization of menstruation, female subordination and the impact on gender identities

Menstruation is one of the most fundamental changes that girls experience, marking their transition to womanhood and potential motherhood. Menstruation is still in many parts of the world associated with misconceptions and taboo practices that have an adverse effect on the well-being of girls and women. Some of the perception created by society are:

- The perception of women's blood being polluting and dirty creates a range of restrictions on their physical mobility and activities that affect their self-esteem and limits their agency and capabilities.
- Social control on menstruating girls makes them believe that a girl is different and inferior to their male peers, which has physiological impact on women in terms of feeling ashamed, embarrassed, even angry and negative about their own bodies' functions.
- Social control on menstruating girls' function to internalize the notion that women are inferior to men and that their own biology defines their weaker and subordinated position at home and in society.
- This social control and derogatory notions on menstruation also affect perceptions of femininity that will limit girls' access to education and to social interactions that will be marked by her inferior status.
- In many cultures like in the case of India, menstruating women are forbidden from entering religious spaces and social activities (Sommer, 2010).

Basic Definitions

It is important to understand what menstruation is, and how simple management interventions along with positive attitudes can make a lasting difference to the lives of every adolescent girl and woman. The following definitions are helpful:

PIC- BASIC DEFINITIONS

Adolescent girls	Adolescence describes the transitional period between childhood and adulthood. Girls aged 10 to 19 are adolescents.
Menarche	The first occurrence of menstruation
Menopause	The time in a woman's life when her menstrual periods stop and she is no longer able to have children
Menstruation; 'monthly periods'	A biological process in a woman where each month blood and other material is discharged from the lining of the uterus. Menstruation occurs from the onset of puberty until the menopause, except during pregnancy.
Menstrual Hygiene Management (MHM); menstrual hygiene	The (i) articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with (ii) adequate water and agents and spaces for washing and bathing with soap and (iii) disposal of used menstrual absorbents with privacy and dignity.
Menstrual absorbent	A sanitary cloth, napkin, towel or pad is an absorbent item worn by an adolescent girl or woman when she is menstruating, or directly after birth while she is bleeding. The material absorbs the flow of blood from her vagina.
Menstrual waste	Includes a used sanitary cloth, napkin, towel or pad that contains blood.
Bio-degradable; compostable, organic materials	A substance or object that is capable of being decomposed by bacteria or other living organisms and thereby avoiding pollution.

Source: UNICEF and WaterAid. (2013)

Menstrual Hygiene Management (MHM)

Menstrual Hygiene Management (MHM) is a recognized public health, social and educational issue, which must be achieved to allow the realization of human rights. Globally, over 50% of females are of reproductive age, and 500 million lack adequate menstrual hygiene facilities. Many girls reach menarche without adequate knowledge or the skills to manage menstruation hygienically. More than half (52%) of adolescent girls in Ethiopia have never received any information about menstrual hygiene, because of religious taboos, socio-cultural misinformation, and inadequate menstrual supplies and facilities, which leads to fear, confusion, and lack of confidence when menarche occurs (UNICEF, 2017).

The Menstrual Health Management Scheme (MHM Scheme) in India has evolved over more than a decade of policy experimentation, rooted in broader public health and gender equality frameworks (Garg et al., 2012).

The **first formal step** came in 2011–2012 with the **Menstrual Hygiene Scheme (MHS)** under the ***National Rural Health Mission (NRHM)***. This initiative aimed to provide **subsidized sanitary napkins** to rural adolescent girls and to raise awareness about hygiene and menstrual health. (R. Garg et al. 2012) detail how the program was structured through Accredited Social Health Activists (ASHAs) distributing pads and conducting information sessions in rural communities.

Frame work for Implementation

The broad framework for implementation of MHS in the State will be:

- The napkins to be sold to adolescents' girls at the rate of Rs 6 for a pack of six sanitary napkins by Accredited Social Health Activists (ASHAs) through door-to-door sale and also utilizing the platforms of school and Anganwadi Centers.
- Out of the sale proceeds, the ASHA gets an incentive amount of Re. 1 per pack, besides getting a free pack of sanitary napkins per month.
- The funds recouped after the sale proceeds may be utilized –

i. Payment for transportation of sanitary napkins by ASHA from facility to village and rental costs for storage of sanitary napkins, if any

ii. Payment of Rs. 50 as incentive to ASHA for conducting monthly meeting on health issues with adolescent girls.

- The balance fund is to be recouped to the State Health Society Account to be utilized for procurement in the following year.

The scheme was initially implemented in 2011 in 107 selected districts in 17 States wherein a pack of six sanitary napkins called **"Freedays"** was provided to rural adolescent girls for Rs. 6. From 2014 onwards, funds are now being provided to States/UTs under National Health Mission for decentralized procurement of sanitary napkins packs for provision to rural adolescent girls at a subsidized rate of Rs 6 for a pack of 6 napkins. The **ASHA** will continue to be responsible for distribution, receiving an incentive Rs 1 per pack sold and a free pack of napkins every month for her own personal use. She will convene monthly meetings at the Anganwadi Centres or other such platforms for adolescent girls to focus on issue of menstrual hygiene and also serve as a platform to discuss other relevant Sexual and Reproductive Health (SRH) issues.

Menstrual Health Management Scheme (MHM Scheme) in Punjab

Modern policy developments began with the **National Rural Health Mission (NRHM)** in 2011, under which the **Menstrual Hygiene Scheme (MHS)** was implemented across northern states including Punjab. The scheme distributed subsidized sanitary napkins through **Accredited Social Health Activists (ASHAs),** aiming to reach adolescent girls in rural areas (Garg et al., 2012). Punjab's health department integrated this initiative into **its *Adolescent Reproductive and Sexual Health (ARSH)*** program, complementing education and awareness sessions in schools.

Significance of the study

Sanitation and hygiene are key issues for women, consistent with their need for privacy, dignity and self-respect. Good menstrual hygiene triggers health, confidence, and self-esteem of women and is linked to gender equality and basic human rights. India is a country of contrasts, with extreme wealth and poverty and gender-related disparities, resulting in significant variation in health and social indicators among girls and women. Recognizing the relevance of Menstrual Hygiene Management to the health, the Government of India has initiated an array of policies and programmes. In India's rural areas, women lack of resources, education and awareness about personal hygiene and hygiene products and they don't even have any conversation around menstruation. It is necessary for people to understand that menstrual hygiene is of utmost importance and there should be openness about puberty and menstrual hygiene in the country. In

Punjab state, 62.51 percent of the population is living in rural areas and only 37.49 percent of population is residing in urban areas. But it is important to emphasize here that 75 percent of health care facilities are concentrated in urban areas. (Census of India, 2011). So, this study evaluated the role of ASHA workers in promoting the Menstrual Hygiene Management Scheme on adolescent girls in rural areas of Moga district of Punjab. It focused on how this scheme has empowered ASHA workers of rural areas. ASHA workers being the backbone of the scheme plays an important role in creating awareness among the adolescent girls regarding the sanitation and hygiene. So, this research paper is an attempt to analyze the role played by ASHA workers in managing the scheme efficiently and effectively.

The Objective of the study was to assess the role of ASHA workers in promoting the scheme.

Research Methodology

- **Locale of the study:** The research was conducted in the Moga District of Punjab. As a pilot project the scheme was initially started in Moga, Firozpur, Muktsar, Bathinda and Faridkot. In January, 2018 NITI Aayog announced **"Transformation of Aspirational Districts"** Programme which aims to transform and uplift 117 backward districts in India in terms of basic amenities, infrastructure facilities, health facilities, standard of living etc. Among 117 backward districts of India, Moga and Firozpur districts of Punjab were included in this Programme. As per census 2011, Moga in comparison with Firozpur is highest in terms of population, area and density of population. Therefore, Moga as a district was selected for the study. Moga is divided into 3 blocks: **Bagha Purana, Moga and Nihal Singh Wala**. From these three blocks the village having the maximum and minimum population were taken into account. From these selected villages adolescent girls between 10-19 years were selected for the study.
- **Selection of the respondents:** For the selection of ASHA workers**,** a register was procured from Community Health Centers (CHCs) where they were registered. From this register, amongst all the six villages, Nihal Singh Wala and Didarewala from Nihal Singh Wala Block, Samalsar and Panjgrain Khurd from Bagha Purana Block, Buttar and Buttar Khurd from Moga Block), ASHA workers were selected by proportionate stratified sampling method.
- **Tools of Investigation:** The data was collected with the help of interview schedule. Focused Group Discussions method was incorporated in the study.

Role of ASHA workers in Promoting the Menstrual Hygiene Management (MHM) Scheme

Menstrual Hygiene Management (MHM) is a critical aspect of adolescent health, particularly in rural areas where awareness and access to sanitary facilities are often limited. Effective implementation of such schemes relies heavily on frontline health workers, including Accredited Social Health Activists (ASHAs), who act as a vital link between the health system and the community (MoHFW, 2011). ASHAs play a multifaceted role in promoting menstrual hygiene practices by conducting home visits, organizing group meetings, facilitating school awareness sessions, counseling adolescent girls, distributing sanitary products, and maintaining records. (Singh, 2015) The following aspects highlight the role played by ASHA workers in creating awareness about this scheme among adolescent girls.

- **Sources of awareness about the MHM Scheme:** The distribution of ASHA workers based on the source of awareness about the Menstrual Hygiene Management Scheme (MHM) indicates that out of total 28 respondents, 18 ASHA workers, which is 64.29 percent reported that they received information about the scheme through their supervisors or ANMs. The second major source of information was from the

meetings held at health department reported by 8 respondents, accounting for 28.57 percent that they learned about the scheme through such meetings. In contrast, government circulars were found to be the least effective source of awareness. Only 2 ASHA workers that is 7.14 percent reported that they received information about scheme through official circulars.

- **Understanding of ASHA workers regarding the objectives of the scheme:** Understanding the objectives of the Menstrual Hygiene Management (MHM) Scheme is essential to assess how well adolescent girls are informed about its purpose and benefits by ASHA workers. Out of total 28 respondents, 11 ASHA workers, that is 39.29 percent understood that the provision of sanitary napkins at subsidized or free cost was the first and foremost objective of the scheme. The second most recognized objective was improving the health of adolescent girls reported by 9 respondents, accounting for 32.14 percent. Only 4 respondents that is 14.28 percent, identified promoting menstrual hygiene as an objective, and an equal number, accounting for 14.29 percent, mentioned that the objective of the scheme was to reduce school absenteeism among adolescent girls. This reflects a relatively low level of awareness about the educational and behavioral aspects of menstrual hygiene, which were crucial components of the scheme. At village level, variations can be observed. For instance, in Samalsar and Panjgrain Khurd, more ASHA workers recognized health improvements as an objective, whereas in Nihal Singh Wala, the focus was more on the provision of sanitary napkins. In some villages like Didarewala and Buttar Khurd, responses were very limited, indicating gaps in awareness and training.
- **Level of confidence and clarity among ASHA workers in explaining the MHM Scheme to community members:** Assessing how confident ASHA workers feel in explaining the Menstrual Hygiene Management (MHM) Scheme to community members provides insight into their understanding and internalization of the program. (Hennrgan, 2019). Out of 28 respondents, a large majority of 22 ASHA workers, which was 78.57 percent, reported that they were very confident in explaining the MHM scheme. This indicates that most workers were well prepared and comfortable in spreading awareness at the community level. A very small proportion, only 2 respondents, which was 7.14 percent, stated that they were somewhat confident, showing that they need further additional clarity regarding the scheme. On the other hand, 4 respondents, accounting for 14.29 percent, reported that they were not confident, which suggests that a limited number of workers may require further training or guidance.
- **Activities performed to promote the MHM Scheme:** Studying the activities performed by ASHA workers to promote the Menstrual Hygiene Management (MHM) Scheme helps in understanding their engagement and participation in spreading awareness. These activities may include door to door visits, group meetings, counselling of adolescent girls, distribution of sanitary napkins and maintaining records etc. (Kok, 2015). Out of the total 28 respondents, 17 workers, accounting for 60.72 percent, reported that they were involved in record maintenance. This indicates that administrative work forms a major part of their role in implementing the scheme. This activity is widely practiced across almost all villages, with complete participation observed in villages like Didarewala and Buttar Khurd. In comparison, activities that involve direct interaction with the community were less frequently performed. Door-to-door visits was reported by only 3 respondents that is 10.71 percent, showing that only a small number of workers actively visit households to spread awareness. Similarly, counselling of adolescent girls was also carried out by 3 respondents that is 10.71 percent, mainly concentrated in villages such as Samalsar and Panjgrain Khurd, indicating that this activity was limited to specific areas rather than being widespread. The distribution of sanitary napkins was performed by 4 respondents that was 14.29 percent,

making it slightly more common than other outreach activities, but still not widely practiced. This activity was mainly seen in villages like Nihal Singh Wala and Buttar, suggesting that supply-related responsibilities were handled by selected workers. Group meetings was the least performed activity, with only 1 respondent that is 3.57 percent. This suggests that community-level awareness through meetings or collective discussions were rarely organized. At the village level, differences were noticeable. Some villages, such as Nihal Singh Wala and Samalsar, show involvement in a variety of activities, whereas others like Didarewala and Buttar Khurd reported very limited activities beyond record maintenance. Overall, the findings indicate that ASHA workers were more engaged in record-keeping than in community outreach activities. While some efforts are made in awareness generation through visits, counselling, and distribution, these are limited in comparison.

- **Source of identification of eligible beneficiaries under the MHM Scheme:** The findings of the study indicate that out of total 28 ASHA workers, 14 respondents accounting for 50 percent reported that household surveys were most widely used method as a source of identification of eligible beneficiaries under the MHM scheme. The second source of identification of eligible beneficiaries under MHM scheme was the school records reported by 9 respondents that is 32.14 percent. If we talk about village wise, Nihal Singh Wala reported the highest contribution with 4 respondents that is 50 percent, followed by Samalsar with 2 respondents that is 25 percent, Panjgrain Khurd with 1 respondent accounting for 33.33 percent, and Buttar with 2 respondents that is 28.57 percent, while Didarewala and Buttar Khurd reported no use of school records for identification. The third major source of identification of eligible beneficiaries under MHM scheme was ANM which was reported by 3 respondents which is 10.72 percent. A very small proportion, only 2 respondents, which was 7.14 percent, stated that they used Anganwadi records as the source of identification for the eligibility of beneficiaries under MHM scheme. The findings indicate that household surveys played a crucial role in identifying eligible beneficiaries, followed by school-based identification methods, while Anganwadi records and referrals from health workers was comparatively less utilized. This suggests that direct field-level data collection remains the most effective and widely practiced method for beneficiary identification under the MHM scheme, whereas institutional records and referrals could be strengthened to ensure more comprehensive coverage.
- **Interaction with beneficiaries regarding the scheme:** In a rural village setting, ASHA worker plays a crucial role in creating awareness and ensuring proper utilization of the Menstrual Hygiene Management (MHM) scheme. Her interaction with beneficiaries' mainly adolescent girls and women is personal, informative, and supportive. (Gopalan, 2012) Out of the total 28 ASHA workers, 23 respondents that is 82.14 percent, reported that they interacted with beneficiaries on weekly basis. This indicates that weekly visits was the most common and effective method used by ASHA workers to maintain regular contact with beneficiaries. In contrast, monthly interactions were relatively limited, with only 4 respondents that is 14.29 percent reporting such frequency. This suggests that only a small portion of beneficiaries received services or guidance on a monthly basis. In Nihal Singh Wala, most respondents reported weekly interaction, with a small proportion indicating monthly contact and only 1 respondent reported daily interaction. In Bagha Purana, villages like Samalsar reported a higher number of weekly interactions, while Panjgrain Khurd reported both weekly and minimal monthly engagement. In Moga, Buttar village had a significant number of weekly interactions, whereas Buttar Khurd had very limited responses but still follows the weekly pattern. Overall, the data highlighted that ASHA workers maintained regular and systematic weekly interaction with beneficiaries across all selected villages. This consistent

engagement helps in spreading awareness, ensuring follow-up, and improving the implementation of health-related schemes.

- **Assist beneficiaries with documentation or enrollment**: Assisting beneficiaries with documentation or enrollment is an important responsibility of ASHA workers, as it ensures that eligible individuals can easily access government health schemes without facing procedural difficulties. (Dasgupta, 2008) Out of total 28 ASHA workers, 26 respondents, that is 92.86 percent, mentioned that they enrolled the beneficiaries with their documents. There were only 2 respondents, accounting for 7.14 percent, who mentioned that they did not any kind of documentation for the enrollment of beneficiaries. This clearly indicates that assistance to beneficiaries with documentation was a common and important role performed by ASHA workers. Looking at the block wise distribution, in Nihal Singh Wala block, all ASHA workers from the both Nihal Singh Wala and Didarewala villages, reported that they assisted beneficiaries. Similarly, in the Moga Block, both villages, Buttar and Buttar Khurd, showed full participation, with all the ASHA workers helping in documentation. In Bagha Purana Block, most ASHA workers were also providing assistance. However, in Samalsar village, 2 ASHA workers reported that they do no assist beneficiaries. In Panjgrain Khurd village, all ASHA workers reported that they do assist beneficiaries with documentation.
- **Effective role in increasing awareness and utilization:** The findings of the study show the effectiveness of ASHA workers in increasing awareness and utilization of health schemes across different villages and blocks, revealing that a large majority of respondents perceived their role as highly effective. Out of 28 respondents, 23 ASHA workers, accounting for 82.15 percent, stated the role of ASHA workers as very effective, indicating strong performance in community engagement and awareness generation, while only 2 ASHA workers, that is 7.14 percent, considered it moderately and slightly effective, and only 1 respondent, that is 3.57 percent, felt it was not effective. Village-wise analysis also reflected a similar trend, with most villages such as Nihal Singh Wala, Samalsar, and Buttar showing a large majority of ASHA workers were highly effective in increasing awareness and utilization, while only a few scattered responses fall under moderate, slight, or not effective categories. This overall pattern suggests that ASHA workers were playing a significant and impactful role in promoting awareness and encouraging utilization of health services, although minor gaps still exist in certain areas that could be improved for even better outcomes.
- **Satisfaction level for implementation of the scheme**: The findings of the study revealed the satisfaction level of ASHA workers regarding the implementation of the Menstrual Hygiene Management (MHM) scheme across different villages. It reflected varying levels of satisfaction, indicating both strengths and areas needing improvement. Out of the total 28 respondents, 10 ASHA workers, accounting for 35.71 percent reported being very satisfied with the implementation of the scheme. Another 8 respondents, that is 28.57 percent, expressed that they were satisfied, which together shows that a majority have a positive perception of the scheme. However, 3 respondents that is 10.72 percent, remained neutral, suggesting uncertainty or mixed experiences. Notably, 7 respondents, that is 25 percent, reported being dissatisfied, indicating that a significant proportion still faces challenges in implementation. Village-wise analysis revealed differences in satisfaction levels. In Nihal Singh Wala, responses were mixed, with workers distributed across very satisfied, satisfied, and dissatisfied categories, reflecting varied experiences. Didarewala reported a small but positive response, with one respondent being satisfied. In Samalsar, most respondents fall under neutral and dissatisfied categories, indicating relatively lower

satisfaction. Panjgrain Khurd reported a better trend with more respondents being very satisfied, though some dissatisfaction still exists. In Buttar, a majority of respondents were satisfied or very satisfied, indicating effective implementation in this village. Buttar Khurd reported a fully positive response, though with a very small sample. Overall, the findings suggested that while the implementation of the MHM scheme was generally viewed positively by a majority of ASHA workers, there was still a considerable proportion expressing dissatisfaction. This dissatisfaction may be linked to issues such as inadequate incentives, irregular supply of materials, workload pressures, and social barriers.

- **Improvements required for better implementation of the scheme**: The distribution of responses from ASHA workers regarding factors that could make their work easier and more effective highlight the key areas where improvements were needed to enhance their performance and efficiency. Out of total 28 ASHA workers, 11 respondents that is 39.29 percent, stated that increased awareness among the community would significantly ease their work. This suggests that when beneficiaries were more informed, ASHA workers faced fewer challenges in communication, acceptance, and implementation of the scheme. The second major factor was the regular supply of materials, reported by 10 respondents, accounting for 35.71 percent. This indicated that consistent availability of resources such as sanitary napkins and related materials was essential for smooth functioning and effective service delivery. A smaller proportion of respondents that is 5, which accounts 17.86 percent, highlighted the need for increased incentives, suggesting that better financial motivation could improve their performance and job satisfaction. Additionally, 2 respondents, that is 7.14 percent, mentioned that reducing paperwork would make their work more manageable, indicating that administrative burden was a minor but notable concern. Village-wise trends showed that community awareness campaigns were particularly emphasized in Nihal Singh Wala and Samalsar, while the need for regular supply of materials was highlighted across multiple villages such as Didarewala, Panjgrain Khurd, Buttar, and Buttar Khurd. The findings indicated that to improve the effectiveness of ASHA workers, priority should be given to enhance community awareness and ensuring regular supply of materials, along with improving incentives and reducing administrative workload. These measures would not only support ASHA workers but also strengthened the overall implementation of the scheme at the grassroots level.

Conclusion:

The study can be concluded by saying that ASHA workers played a crucial and effective role in the implementation of the Menstrual Hygiene Management (MHM) scheme at the grassroots level. Their strong engagement with the community, regular interaction with beneficiaries, and active involvement in awareness activities have significantly contributed to improve menstrual hygiene practices among adolescent girls. Interpersonal communication, particularly through supervisors and health department interactions, emerges as the most influential channel for disseminating information, while formal training platforms and mass media remain underutilized. The findings also indicated that ASHA workers possessed a good understanding of the scheme and demonstrated high confidence in communicating its objectives, reflecting their preparedness as frontline health educators. Their systematic approach in identifying beneficiaries through household surveys, school records, and Anganwadi coordination further strengthened the effective delivery of services at the village level. Overall, the research emphasized that while the MHM Scheme was being implemented effectively with active participation from ASHA workers, there was a need for continuous support in terms of resource availability, strengthened awareness

strategies, and addressing socio-cultural constraints. Enhancing these aspects will not only improve the efficiency of ASHA workers but also ensure better health outcomes, increased awareness, and adoption of safe menstrual hygiene practices within rural communities. It can be concluded by saying that strengthening awareness among adolescent girls and providing adequate support to ASHA workers was essential for ensuring safe, hygienic, and dignified menstrual practices, ultimately improving overall community health.

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