

**HOW SOCIAL MARKETING APPROACH PROMOTING
SANITARY PADS AND MENSTRUAL HYGIENE CAN
IMPROVE MENSTRUAL HEALTH IN RURAL AREAS OF
MAHARASHTRA, INDIA.**

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ABSTRACT

Background: The goal of social marketing is to bring desired and positive change in the society. Social marketing is majorly communication based, the more effective the communication, more it will be effective. Menstruation and menstrual experiences play a crucial role in women's life. This impacts both, their reproductive and sexual health as well as their social life. This study focuses on the role of social marketing in health sector of India and qualitatively investigates the perceptions, practices and experiences of women about menstruation in the rural area of Maharashtra, India.

Methods: A convenience sampling method was used in this study to select 12 women from the rural villages of Maharashtra in India. Phenomenological interview structure was used to find out menstrual hygiene practices, socio-cultural taboos and perceptions of these women. The data was further analyzed through thematic analysis.

Findings: Most of the volunteers lacked prior knowledge about menstruation and menstrual hygiene. Communication regarding menstruation between the family members, especially mothers, was limited to certain extent. Most of the women were using cloth instead of sanitary napkins. Lack of availability of sanitary napkins and cost were major reasons for the use of cloth. Socio-cultural taboos were still being followed by all of the participants.

Conclusions: Awareness campaigns about menstrual hygiene could be conducted in the rural areas through social marketing so as to educate the women to take proper measures. Introduction of sanitary pads in school and local shops is a must. Proper disposal incinerators as well as vending machines dispensing sanitary pads could be installed in schools. A number of opportunities have emerged for sanitary pad manufacturing companies to tie up with the locals in introducing cheap sanitary pads and simultaneously create awareness through social marketing. Counselling and support during menstruation can result in prevention of unwanted events in the lives of rural women.

Keywords: *Menstruation, hygiene, awareness, social marketing, qualitative, rural India, society, behavior.*

DECLARATION

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Date:

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Chapter 1: INTRODUCTION

India is considered to be one of the most populous countries in the world and it has had some changes in the morbidity patterns and socio-political demographic conditions which are responsible for the global attention in modern years. A number of policies have been adopted by the government, oriented towards growth, however, increasing regional, gender and economic disparities are a challenge for the health sector in the rural areas. Statistics prove that around 75 per cent of medical man power, health resources and health infrastructure are focused in developing urban areas where only 27 per cent of the total population resides. A consistent growth can be seen regarding non-communicable diseases like diabetes, mental illness and HIV/AIDS. The life expectancy (63 years), maternal and infant mortality rate are reflections of the health status of rural Indians which is now a grave concern. Both micro and macro levels (national/state and district/regional) are to be adopted in order to improve the current situation. A revision of National Health Policy is essential to improve the health care situation in rural areas, mainly focused towards long-term perspective. The Ministry of Health and Family welfare of India has now set up a wing to eradicate the current health related problems in the rural areas and create awareness among the rural population of India. This wing formed is functioning actively in the country with the help of Social Marketing.

Philip Kotler and Gerald Zaltman defined the concept of social marketing as *'The design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product designing, pricing, communication, distribution and marketing research'*. It can also be referred to the application of marketing in order to solve social and health related problems. The spread of diseases like AIDS, pregnancies and accidents are results of day to day human activities. Estimates shows that around 6 million people die in the UK as a result of smoking, since the establishment of health consequences in the early 1950's. Such problems can be tackled by social marketing by encouraging people to adopt healthier lifestyles. Application of accurate principles of marketing, one can successfully promote public health goals. Tobacco control, safe sex practices, effective menstrual hygiene, reduction in accidents are some of the public health behaviours that can be explored through social marketing. An advantage of social marketing is that it is consumer-oriented and has its own benefits at the same time.

1.1 THEROTICAL BACKGROUND OF SOCIAL MARKETING

Social Marketing differs from generic marketing and is yet based on marketing, social marketing can be called as, the 'process responsible for the influence of human behaviour on a large scale by using marketing principles for the purpose of societal benefit rather than commercial profit.' Social marketing is not specifically about using of marketing techniques to make changes to health behaviour. For example, campaigns used to influence rainwater harvesting, sanitation, child labour abuse, population growth etcetera. Social marketing differs from media advocacy. Social marketing evolved during the late 1950's and early 1960's, when marketing scholars considered the application of marketing to areas such as social and political. Such an example is of Wiebe asking the question in the year 1951, 'Can brotherhood be sold like a soap?', further suggesting that the

mimicking of social marketing with respect to commercial marketing can be the reason for its success. Social marketing paved its way with shift in public health policy towards disease prevention. Commercial marketing technologies started to be applied to campaigns aimed at health education in developing countries during the 1960's. Birth of the term 'social marketing' was officially printed in the year 1971 with the publication of the seminar article in the Journal of Marketing by Kotler and Zaltman in the year 1971. Paul Bloom, Dick Manoff, Karen Fox are some of the people who explored social marketing in practice. As a part of international development in third world countries, social marketing emerged during the period of 1960's. A number of Asian and African countries began experimenting with marketing techniques like audience segmentation and mass communication. Many of these early programmes mainly being exercises in social communications were important for the inception of social marketing.

Social marketing is the application of commercial marketing concepts and tools to influence the voluntary behaviour of target audiences to improve their lives or the society of which they are a part (Alan Andreasen, 2011).

Social marketing, more specifically, is the systematic application of interactive marketing principles and techniques that harness audience participation to deliver value and achieve specific behavioural goals for a social good (Jay Bernhardt, 2011).

Social marketing is a set of evidence and experience-based concepts and principles that provide a systematic approach to understanding behaviour and modifying it for social good. It is not science but rather a fusion of science, practical know-how, and reflective practice focusing on continuously improving performance of programmes aimed at producing net social good (Jeff French, 2011).

Social marketing is a process that involves (a) carefully selecting which segments and behaviors to target, (b) identifying the benefits and barriers to these behaviors, (c) pilot testing and developing strategies to address these benefits and barriers, and, finally, (d) broad scale implementation of successful programs (Doug McKenzie-Mohr, 2011).

1.2 BACKGROUND TO RESEARCH

Specification of target markets and establishment of a corresponding marketing mix are the marketing tactics which are further broken down into four categories commonly known as the 4Ps such as product, price, place and promotion. In India, social marketing has an impact on consistent growth in the behavioural patterns of the people in the last few years. A number of awareness campaigns have been undertaken by the Government of India such as family planning campaigns, AIDS awareness, contraceptive usage etc. The Government of Tamil Nadu was one of the first states in India to introduce free of cost sanitary napkins and vitamin tablets for adolescent girls in the rural areas in order to fulfil basic needs due to insufficient income. Considering worldwide, institutions like UNICEF, WHO and NACO have established various rehabilitation centres, also, public now have updated themselves with the safety and welfare measures through various social marketing institutions. Changing the behavioural pattern among the target audience is the primary focus of social marketing. Also, besides changing the behavioural pattern of an individual citizen, social marketing also influences policy makers and influential groups. Social

marketing is a framework rather than a theory as it extracts knowledge from many other areas such as sociology, psychology, anthropology and theory on communication in order to understand people's behaviour. Similar to generic marketing, it offers a process that involves consumer-oriented research, segmentation, market analysis and identification of strategies which is based on the exchange of costs and benefits among number of parties. Social marketing can be considered more complex than generic marketing as it involves changing of behaviours in political, social and economic atmospheres with limitation to resources. Also, the primary objective of generic marketing is to meet the demands of the shareholders whereas in the case of social marketing, the objective is focused on improving the citizen's quality of life.

1.3 STATEMENT OF PROBLEM

Considering current situation, it is noticed that human livelihood as well as their social behavior towards life is often interrupted by the environment, which may result threatening to their health. People are now aware about social marketing; however, they are not prepared to protect their life from the social evils surrounding the society. This report is an analysis to find out the impact of social marketing on menstrual health and hygiene of women in rural areas. Exponential population growth, use of contraceptives, family planning, violence against women, child abuse and plastic usage are also some of the social evils that the population of rural India yet faces. Tackling these obstacles requires spreading of awareness among the people which is now being undertaken by the Ministry of health and family welfare of India.

Menstruation is considered to be an indication of transforming into a woman from a girl. In India, roughly 355 women are menstruating, among which only a fraction of about 12 per cent women use sanitary pads and 10 per cent believe that it is a disease. A number of reasons giving rise to such thinking are the social prohibitions and the connection with traditional taboos. Such conditions have always been unfavourable for Indian parents to discuss the related issues to their daughter, further giving rise to the increase in unhygienic menstruation. The problem here lies within the hygiene level that the girls maintain during menstruation. Also, lack of provision of facilities and poor knowledge related to menstruation among the people in the rural parts of the country is an increasing risk. This study also throws light on the taboos regarding menstruation.

1.4 AIMS AND OBJECTIVES

The following research will help in identifying the impact of social marketing towards the improvement of menstrual hygiene among girls and women in the rural parts of Maharashtra, India. This research will also help in understanding the current situation pertaining to the menstrual hygiene in rural areas.

HYPOTHESIS:

H_a = there is minimal impact of social marketing on menstrual hygiene among girls and women in rural villages of the state of Maharashtra, India.

H_b = there is significant impact of social marketing on menstrual hygiene among girls and women in rural villages of the state of Maharashtra, India.

1.5 LIMITATION OF SCOPE

Scope of study is restricted to selected category of respondents. The data collected in this study is obtained by interviewing girls and women in the age group of 18 to 30. This is limited to females belonging to different rural areas located in different districts in the state of Maharashtra, India. Ignorance or biases by the respondents on answering the questions may not be ignored.

1.6 SIGNIFICANCE OF STUDY

Prior aim of social marketing is achieving and maintaining significant social change. This desirable change is often achieved by means of television, radio, printing media and internet. Public educational campaigns which are aimed at social change have their roots in social marketing. Such campaigns can be dated back to ancient Greece and Roman periods where the objective was freedom of slaves (Kotler and Roberto, 1989). However, this study focuses on the social marketing practices carried out in the rural areas of a developing country.

Menstrual hygiene management (MHM) is a growing concern among public health problems. An approximate population of 8% worldwide consists of adolescent girls, at such a high magnitude, this has now become a global concern and about 80% of these girls reside in Asian and African countries. Talking about India, it is home to about quarter of its population consisting of adolescent girls. Millions of these girls are still facing undignified and uncomfortable experience with menstrual hygiene management.

Promotion of menstrual hygiene was formally introduced as a key responsibility of community health workers by National Rural Health Mission in the year 2005 (Accredited Social Health Activist, ASHA) which was further followed by implementation and promotion of menstrual hygiene in rural areas in the year 2011. A significant level of push at national level is being made to address this issue, via campaigns, introduction of biodegradable or eco-friendly menstrual products, implementation of sexual education at school level, also, a film regarding this issue was released in the year 2018 which focused on the practice of taboos of menstrual hygiene in rural India. With respect to the school in rural areas, certain barriers are responsible that prevent in establishing a safe and hygienic environment for menstrual practices within the school premises such as ongoing social taboos, poor sanitation, lack of water, poor disposal facilities, shame and fear. These system related challenges leave a negative impact for their sexual health and reproductive health outcomes and also affects their self-confidence whereas secondary schools should be responsible to make schools menstrual hygiene friendly.

Chapter 2: LITERATURE REVIEW

A complete research is considered only when it is supported with the study of researches conducted in the past. In the following study, previous studies and theories conducted in

the area of menstrual hygiene in rural areas of India are being presented in a formal design. This review would also help in gathering useful information among a number of relevant sources, both academic and non-academic.

2.1 CONCEPTUALIZING SOCIAL MARKETING

‘Social Marketing is not an obsolete idea today; rather it can be utilized in innovative ways by addressing many social problems beyond contraceptive promotion and by involving many social stakeholders’ (Sanjib Kumar Jha, Manager of Social Marketing, Futures Group).

Social marketing is a term often confused with a number of theories such as social media or behavioural economics. Firstly, it is important to know about social marketing, how does it differ from non-profit marketing, commercial marketing and how does it educate the people and simultaneously cause marketing. Social marketing comprises of the following objectives; (a) behavioural influence (b) utilization of a systematic planning process and application of marketing principles and techniques (c) prioritizing target audience segments and (d) delivering a positive benefit for the society (Social Marketing in India, 2013). Influencing desired behaviours successfully is prime objective of a social marketer. To simplify further, target audience is expected to accept one of the following objectives;

- i. acceptance of a new behaviour (for example, composting food waste),
- ii. giving up a potentially unappealing behaviour (for example, smoking) which is the primary reason to stress more on behavioural influence rather than behavioural change,
- iii. modifying a current behaviour (for example, increasing exercise or physical activity with respect to the number of days),
- iv. rejecting an old habit or undesirable behaviour (for example, talking on mobile phone while driving).

Continuing a desired behaviour (for example, giving blood on regular basis) and switching a behaviour (for example, taking stairs instead of elevators) are recently suggested areas for influence in people’s behaviour by Alan Andreasen. The most challenging aspect of social marketing is that it completely depends on ‘rewarding good behaviours’ rather than ‘punishing bad ones’ by economic or legal forms of influence. For example, influencing householders, instead of using harmful chemicals, using natural agents for cleaning is a task as it is difficult to show them that their actions are responsible for a healthier environment. Also, obesity and diabetes are increasing concern for today’s youth, however, it is difficult to convince the youth to take up good habits like eating healthy and giving up on junk food.

2.1.1 ORIGIN OF SOCIAL MARKETING IN INDIA

Considering social marketing as an influencing public behaviour, it is visible that it is not a new phenomenon in India. Even before independence (British rule), promoting *swadeshi*, or abolishment or sati practice and liberalisation of the untouchables are some of the examples. It is clear that the term Social Marketing was first officially introduced by Philip

Kotler and Gerald Zaltman, around 40 years ago, however, roots of the same can be found during the 1950's in India when the event of promotion of contraceptives was held as a part of family planning program, this program was considered to be the first of its kind worldwide at the national level. Considering this scenario, Mala and Nirodh are one of the first social marketing brands worldwide. This contraceptive promotion and branding were carried on by the Health Ministry of India until the late 1990's and was later handed over to private social marketing sectors. DKT international, Hindustan Latex Family Planning Promotion Trust, Janani, Parivar Seva Sanstha are some of the prominent social marketing organisations in the private sector in India.

2.1.2 DIFFERING SOCIAL MARKETING AND COMMERCIAL MARKETING

Quite a few differences are to be considered between the terms social marketing and commercial marketing. In the case of commercial marketing, the primary aim is to sell the goods and provide services which in turn produces financial gain for the corporation, however, social marketing focuses on the influence of human behaviours that will contribute to the societal gain. Commercial marketers focus on selected target audiences for financial gain, resulting in profitable sales, whereas in Social marketing, target audience are segmented based on various criteria such as willingness for change, potential to reach audience etc. However, one similarity between these two is that the target of both types of marketers is gaining returns on their investment of resources. Although, both segments of marketing have competitors in the market, however, their competitors are very different in nature. Competition can be simplified as other organisations that offer the same products or services. As compared to commercial marketing, social marketing competitors are mostly the preferred or current behaviour of the target audience sector along with the advantages associated with it, including organisations those sell or promote competing behaviours such as the tobacco industry. It is often believed that social marketing is a complex phenomenon, however, the competitors have to be more financially invested, for example, making people believe that smoking is cool, consumption of high fat and cholesterol food is the new normal or maybe watching television long continuous hours is entertaining. Similar to the financial resources spent by the competitors, the challenges faced to influence people are difficult too. Considering Indian audience, following challenges faced are a norm:

- i. Encouraging new habits (exercising four to five days a week)
- ii. Being embarrassed (carrying a condom or buying a condom)
- iii. Hearing bad news (testing oneself for HIV)
- iv. Giving up lazy or leisure time (volunteering for events)
- v. Giving up pleasure (short showers)
- vi. Spending more (buying recycle paper or using reusable bags)

Above differences also can be compared to some similarities between social and commercial marketing aspects;

- i. Research in marketing is used in both the processes. A thorough research is needed for both the aspects in order to create a marketing strategy.
- ii. Segmentation of audience. Both these aspects require segmentation of audience based on needs, resources as well as the current behaviour of the same.

- iii. 4Ps are considered for both these aspects. An integrated approach is required, using all the tools from the toolbox and not just advertisement or using certain persuasion to communicate with the audience.
- iv. Resulting the measures. Valuation of feedback is considered for both and is often seen as an opportunity for future improvements.

2.1.3 UNIQUE VALUE PROPOSITION

A number of fields have adopted some of the key characteristic of social marketing. Some of the characteristics adopted are listed as:

- Engaging with the audience. Marketers working for social marketing see their audience as the one making the decisions by provision of choices. Unlike commercial marketers, social marketers do not believe in the fact that they are the experts and they know what is best, in fact, social marketers are completely audience centred and they understand about the needs of the people by providing them support to achieve the needs.
- Focusing behaviour. Social marketing focuses on an individual's behaviour which in turn can be resulted into social benefit. Various strategies gain significant responses, however, in the case of social marketing, achievement is measured only when the individual accepts desired behaviour. Changing attitudes and creating awareness is insufficient.
- Audience segmentation. In order to gain significant benefits, certain areas of population are shortlisted and evaluated according to the needs and then fixed, based on various variables. The audience segment selected are those which are highly likely to adopt the change in behaviour or accepting the goals of the organisation's campaign.
- Evaluation. Social marketing is a process that must be ongoing and monitoring the data on regular time periods is necessary in order in expansion of the impact of programs as there is constant change in the preferences of the audience as well as change in the environment.
- 4Ps of marketing. The fundamental building blocks of social marketing comprises of the 4Ps, product, place, price and promotion. The 4Ps are used by marketers to make it easy for the people to behave as desired and simultaneously increase in the benefits once the people adopt the change to behave. These four elements are used by social marketers to influence a significant change.
- Sustainability. Adjustments to the changes taking place among the audience along with regular monitoring of the program results into sustainability. To maintain long term success, it is necessary to sustain.
- Communication. One of the key approaches to indulge change in the behaviour of an individual is through communication. In regards to social marketing, communication refers to activity that is responsible for the benefits. However, communication cannot be termed as the only way to influence an individual's behaviour.
- Behavioural economics. This section of economics comprises of sociology, psychology, economics and anthropology. To simplify further, this research allows

the marketer to focus on the changes in an individual level behaviour with respect to the changes in the external environment. Applying these insights maximises the effectiveness of behaviour change on a large scale.

Unique value proposition of social marketing is the integration of shared and unique characteristics of behaviour change ideas into a program of change in behaviour. Social marketing believes that words and regulations are insufficient to successfully influence audience's behaviour. Marketers built on the perception of consumer on basis of self-interest, behavioural barriers and forces that are competitive which also create choices, these in turn lead to reduction in barriers, increase in the benefits and later move audience into action.

2.1.4 WHO CAN DO SOCIAL MARKETING?

Social marketing techniques and principles are mostly used by those who are responsible ones to improve health of the public, environmental protection, prevention of injury, enhancing financial stability and in some cases solving community engendering. In most of the cases, these individuals are considered people working at community level positions rather than the title social marketers. Organisations related to the public sector agencies are often the one sponsoring for these efforts, such as Ministry of Health, World Health Organisation, rural development ministry, social justice ministry, department of school education, environment and forest ministry, fire departments, AIDS control organisations. A number of times Non-governmental organisations get involved supporting with their agency. An example of such is the Bill and Melinda Gates foundation that uses campaign or awareness regarding HIV/AIDS to promote testing. Considering for profit companies, the professionals holding positions are responsible for corporate social responsibility, philanthropy and community relationships. These professionals often team up with the NGOs which in turn can benefit the audience. Primary goal being society, it is necessary to ensure that it meets the organisation's goal as well considering the brand image. Reckitt Benckiser promoting Dettol handwash for prevention of diarrhoea, Sanofi Aventis advertising diabetic patients to follow exercise or appropriate diet along with proper medication, Suzuki operating training institutes in order to promote safe driving are some of the examples.

2.1.5 ROLE OF SOCIAL MARKETER

In recent days, there has been a lot of criticism regarding too much efforts towards individual behaviour change and it is eminent that the social marketers now should consider pushing themselves towards influence of upstream factors. Primary motive of social marketing is to make the world a better place and not focus only towards investors or financial executives (Andreasen Alan, Social marketing in the 21st century).

Considering the rising issue of HIV or AIDS, social marketers now focus on reducing risk behaviours like unprotected sex and the use of condoms, also, promoting timely testing especially during pregnancy, this would be considered downstream. However, if these marketers move upstream, it would be noticed that a number of organisations and community leader have the potential to implement this change a bit easier. Social marketer could also team up with pharmaceutical industries which in turn would lead to quicker and

easier testing for AIDS or HIV. Similarly, they could also work with doctors or physicians in order to communicate with the people by asking them about unprotected sex. They could also encourage the department of schools and education to include programs to aware middle school kids about AIDS and HIV. Ensuring availability of condoms, provision of personal incidences or stories to the media, meeting ministers or community leaders of NGOs and asking them for the provision of staff resources or maybe influencing producers of operas popular with the audience are some of the areas that the marketers could look forward. They could also visit the local shops like hairdressers and salons and ask the owners and employees to help in spreading the word with their customers. Also, encouraging parents to understand this issue is necessary so that they can talk about it with their children about the spreading of HIV and AIDS.

Marketing process is the same in this case as compared to the influence of individuals such as, orientation of a customer, clear goals and objectives, marketing mix development, research about the audience and putting in efforts for evaluation, the only exemption being is the change in target audience.

2.2 OVERVIEW OF MENSTRUAL HYGIENE IN RURAL INDIA

India's maximum number of populations belongs to the rural areas of the geographical boundaries where there is still a lack of number of basic facilities like transportation, electricity, jobs, clean water etc. Including this lack of facilities, difficulties arise in the case of female rural section. Along with issues like social rights and taboos, one of the issues that the women of rural areas face are menstrual practice, hygiene and the lack of its awareness and also in some cases lack of availability of sanitary napkins and pads.

Menstruation is a physiological process that begins at the age of puberty in females, however, strangely in the rural parts of India, it is still misunderstood as an age where it is considered as a transition from a girl into a woman. There is this strange thinking among the rural population where menstruation is considered as a 'unique' thing for females which is also thought of as un-clean and dirty. Social cultural factors and taboos are the reason that the female population of rural areas go through these problems and are forced to follow false practices. There are some cases where the women know about the hygiene practices but they are bound to follow unhygienic ways by using cloth because of the lack of availability of sanitary pads. Also, a subsequent knowledge regarding the practices and menstruation in the rural areas may also be considered in a negative attitude regarding parents and even avoiding discussion.

2.2.1 ANALYSIS CONDUCTED IN THE PAST DECADE.

Researchers Rajkumar Patil, M Iqbal Khan, Lokesh Agarwal, Sanjeev Kumar Gupta, Vedapriya DR, M Raghavia and Anuj Mittal (2011) studied about beliefs regarding menstruation in the rural area of Pondicherry. This study was mainly a focus regarding the beliefs, myths and misconceptions about menstruation and also if there is a difference regarding this among the literates and illiterates. The findings were resulted that most of

the population was unaware about hygiene and they had a strong belief in the old sayings and cultural taboos.

Similarly, Rajesh Garg, Sanjeev Gupta and Shobha Goyal (2011) conducted a research related to the issues about menstrual hygiene practices from the point of view of health, social and human rights. The conclusion of the results was that the entire population had their roles in execution if the target was menstruation hygiene. This research throws light on a number of roles to be executed by the government, teachers and society.

Another study was conducted in the rural areas of Tamil Nadu by researcher's SS Shilpa, S Sangeetha Balamurugan and Sheetal Shaji (2013). This study also focused on the social-cultural factors regarding menstrual hygiene practices during menstruation. This study concluded that maximum population of women in the respected area were following unhygienic practices due to lack of their awareness. Similar to this research, another research was conducted to identify the menstrual hygiene problems faced by only adolescent girls in the same area by S Senthil, Priya, AS Al Iratnam and R Shankar (2016). This study was conducted by cross-sectional population of about 500 adolescent girls between 14 to 19 years of age. This study concluded that a very poor hygiene was followed by these girls as well and they also suggested programs to create awareness in the schools of these rural areas with an inclusion of genital hygiene practices in the context.

'Menstrual management and low-cost sanitary napkins' are papers written by researchers Nivedita Pathak and Jalandhar Pradhan in the year 2016. This research highlights the social taboo, lack of water, toilets, privacy etc rather on focusing only about the provision of sanitary pads and napkins. According to the both researchers, only provision of sanitary pads is not a solution, need for a change in the attitude is necessary too. Poor menstrual management has long term effects on the reproductive system of rural women which is also the cause of increase in maternal mortality. This paper also finds that rural women reported an increase in reproductive tract infections as compared to women in urban areas and there is hardly any change in the past few years. Provision of low-cost sanitary napkins is a necessity in the rural area; however, it can only be proven useful if other problems are dealt with such as toilets, clean water, privacy, change in attitude and proper disposal.

A research conducted in the year 2014 to analyse how hygienic women are during menstruation period in both urban and rural areas. This analysis was done by researchers Balaji Arumugam, Saranya Nagalingam, Priyadarshini Mahendra Varman, Roshni Ganesan and Preethi Ravi. The results found by menstrual hygiene index was that the prevalence of menstrual hygiene was better in the urban area (63.3 % women) and poor in the rural area (35 % women). This analysis also found out that about 31% of rural women are unaware about the cause of menstruation, about 42% are unaware where it comes from and 68% of rural women have no prior knowledge or awareness about menstruation before menarche.

A study done in rural area of South India which is field practice area of Stanley Medical college and hospital. This study was carried out by oral questions over a period of five months which included 250 subjects. This study was carried out by P Seenivasan, K Caroline Priya, Arthi E, Gaviya G, Kanchana Devi B, Karunya C, Midhuna G, Priyadarshini R and Priyadarshini S. This study too focused about the knowledge,

practice and attitude about menstruation and menstrual hygiene among the rural women. This study concluded that even though a fair awareness and knowledge about menstrual hygiene is present among the women, the actual application of these practices was poor.

Another study conducted in the year 2014 among rural areas of West Bengal by Dr Dipanwita Pandit, Dr Prasanta Kumar Bhattacharya and Dr Raja Bhattacharya. This study 'Menstrual Hygiene: Knowledge and practice among adolescent school girls in rural areas of West Bengal' tried to find out knowledge and practice with menstruation among the school girls. Along with the necessary precautions, it is important for mother of a girl child to be aware about appropriate information about reproductive health in order to pass it on to her growing daughter. This study highlighted the importance of information on reproductive health.

Similarly, a study conducted in another rural area of South India (Karnataka) about the perception of individuals about menstrual practices and menstruation among high school girls, a total of 4 government schools were selected for this study. This study was conducted by Shilpa R, Shanbhag D, Goud BR and Singh J in the year 2012. The results of the study revealed that only 28.7% girl students were aware about menstrual hygiene practices and only 48.1% had knowledge that it is something related to pregnancy. Also, regarding the usage of sanitary napkins and pads, it was found out that most of the girls were using cloths.

Likewise, a study conducted in rural area of Gujrat, among adolescent tribal girls by Shobha P Shah, Pankaj P Shah, Rajesh Nair, Shrey A Desai, Lata Desai and Dhiren K Modi in the year 2013. The study was titled as 'Improving the quality of life with new menstrual hygiene practices among adolescent tribal girls in rural Gujrat, India'. This study focused about menstrual hygiene practices that were known and accepted by adolescent tribal girls, this study resulted that a number of girls used cloths even though sanitary napkins were available, the reason being clothes were easily available and also cheap as compared to sanitary napkins.

A qualitative study conducted in the year 2011 in northern part of India, in a village in the state of Haryana. The information extracted was mainly by the experience and opinion of the girls in the village, women and also some non-governmental organizational groups like ASHA and Sakshar Mahila Samooh (SMS). A number of 34 women were interviewed in-dept whereas a total of 4 focused group discussions were created consisting about 7 to 10 members per group (80% married and 20% unmarried). During the same year, the government had come up with a scheme of distributing sanitary napkins at cheap rates in the rural areas. Some of the resulted responses of these interviews and FGD's were – (1) the use of napkins feel good but there is no other alternative than cloth as we do not get the napkins now (2) Napkins are good but cloth is the only reliable thing during heavy menses (3) I thought the use of napkins was supposed to cure the 'disease' of watery discharge but neither the disease is cured nor we have access to sanitary napkins anymore (4) we have been told to bury the napkin, but we are scared of awkward questions if someone sees us in the action of burying, I think cloth is the only alternative at least we can hide it and dry it.

Constant or repeated use of menstrual absorbent material or cloth results in fostering of micro-organisms which further increase the risk to vaginal, pelvic and urinary infections,

these infections if further left untreated may give rise to major problems such as ectopic pregnancy, infertility, low birth weight babies, toxic shock syndrome and prenatal infection. India accounts for 16% of total cervical cancer cases occurring globally (Srivastava, A., Mishra, J. 2018). In spite of the government of India coming up with a scheme in the year 2011 of making sanitary napkins available to pubescent girls in the rural areas, a large section of these girls was clueless about the importance of menstrual cycle and the related hygiene practices. A recent study conducted in the year 2017 in a couple of rural areas in the southern part of India stated that out of 500 pubescent girls, only 261 had received prior information about menstrual hygiene. Among these, about 121 girls had received information about personal or menstrual hygiene from their mother and only 20 of those girls had received it from television, radio or teachers. Also, 100 girls among those 500 used cloth or re-usable cloth instead of sanitary pads or napkins. In terms of disposal, 305 girls either buried the pads or burned them.

2.2.2 UNDERSTANDING PREVIOUS ANALYSIS

Studying the above conducted researches and papers, it is understood that as a government and as a citizen, quite a lot of work is needed to be done. In this technologically advanced country, there are still a number of areas where such taboo and issues still exist. It is also understood that only providing proper materials like sanitary pads is not enough, proper provision of knowledge and creation of awareness among these rural parts is necessary. This change should also be considered as a normal change as related to any other physiological change in women and men. Majority of the women in the rural areas were agreeable with the use of cloth and rags which is also considered to be acceptable culture wise. The pads or napkins provided by the government seem to be permanent in size and the appearance of the same did not represent a look of absorbing adequate heavy flow. One of the reasons that these women choose cloth over pads was because they could vary the size of the cloth as per their need. There was also shortage of the sanitary napkins provided by the government, however cloth was available abundantly. Disposal of the used napkin may also seem to be a problem as the women felt quite embarrassing. This problem could have been solved if there was provision of dust bins in the rural areas, however no facilities were provided for the same. Overall, it can be noticed that the image of the government is on a decline among the rural community as the schemes had not been successful in meeting the demands of the women. Few studies have been found based on qualitative studies or that have been performed by interviewing individuals about the reasons or understanding the routine issues on the basis of experience of women and girls. Also, government has established a number of initiatives in order to spread awareness to these areas, however, very limited changes can be seen in the past years, to tackle this issues, adoption of social marketing as an initiative can be implied to create awareness, educate women and provision on sanitary napkins in rural areas.

2.3 SCOPE OF MENSTRUAL HEALTH AND HYGIENE PRODUCTS IN INDIA

Statistically, half of the population of Indian women are being neglected with respect to gender specific. The fact being neglected over many years is that on an average, a woman

spends 2100 days of her life menstruating in India, however, the affordability and accessibility of menstrual hygiene products is unavailable thus affecting the development of girls and women in rural parts of India. Considering the cost of sanitary napkins, in the competitive market of India, most of the napkins available are beyond the purchase power of women in the low-income group needs as it is not feasible for them to afford it every month (Goyal, V. *Scope and opportunities for menstrual health and hygiene products in India*, 2016). Roughly 70 percent of females in rural India have similar reason about their families unable to spend so much every month. Mathematically, a pack of 10 sanitary pads costs around 30 to 40 INR which results into spending of 48 INR per woman per month which is too expensive for a woman coming from a low-income family. It can be easily recognised that affordability is an obstacle in this market segment. Stayfree, P & G and Whisper (Johnsons & Johnsons) are the big brands in Indian market but they lack to approach the bottom level of the pyramid consumers. A study conducted stated that out of 187 provision and medical stores from 62 villages in rural India, not a single of them store or stock sanitary pads (Nilesen A.C, *Sanitary protection: Every women's health right*, 2011).

NIIR project consultancy services conducted a research on Feminine Hygiene Products in order to study industry of menstrual hygiene in India. This study found out that the Indian sanitary napkin market has a leading share by only few multinational companies like Johnson & Johnson Ltd and Proctor and Gamble Hygiene health care Ltd. These companies are growing at a rate of 21 percent which future forecasting predicts will increase to 25 percent thus leaving minimum scope for other firms to operate in this segment. One of the major obstacles responsible for this is lack of awareness among female population regarding their own menstrual hygiene is product availability and high cost. (NPCS, *Market research report on Feminine Hygiene Products (Sanitary Napkins and Pads) in India opportunities, demand analysis, market share, industry size, sector outlook & forecasts up to 2017*, 2014). A number of small-scale help groups and industries have taken initiatives into their hands for the provision of sanitary napkins at an affordable rate in rural areas.

- Jayaashree Industries is one such example, they made a revolutionary idea of country made machines for manufacturing pads which can be run both on electricity and foot pedals therefore making it easy to install in villages and create employment for the local women. This machine is capable of producing about 1000 napkins a day and the price of a packet is reduced to INR 16 for a pack of 8 pads.
- Similarly, another help group 'Azaadi Group' has developed a 100 percent biodegradable product. This product is cheaper than the product available in the market by around 43 percent. This phenomenal revolution by combining biodegradable and cheaper product has the potential to change the menstrual hygiene industry (Singh, S, S d Kandpal and Roy, D, *Menstrual hygiene practices and rti among ever-married women in rural slum*, 2011).
- Another such help group is 'Mahalaxmi self-help group', this group has helped in developing practical solutions in manufacturing by adopting social marketing approaches in order to create demand and also making sure that the product reached the target segment through spread of knowledge as well as distributing

materials. Solely, this self-help group comprise of women as managers, workers and distributors.

- Tiruvidenthai Akshaya self-help group under public-private-community partnership is a group working in the southern part of India in the state of Tamil Nadu where the average per capita income of rural people is low. Maximum households were unable to afford sanitary pads and were using cloths and rugs for this purpose, however, this self-help group has introduced a vending machine dispensing sanitary pads for mere value of INR 2. This machine is sponsored by UNICEF and is also a part of corporate social responsibility by TVS electronics Ltd. Furthermore, this initiative has now been undertaken by the government of Tamil Nadu under the Total Sanitation Campaign. This is a unique example displaying how public-private-community partnership can motivate small social enterprises.

2.4 IMPLICATION OF SOCIAL MARKETING WITH MENSTRUAL HYGIENE

In the success of social marketing strategies and to sustain them for the long-run, it needs a considerable change in the way of ones thinking along with the change in the environment. This is to be considered crucial in the case where the target audience expects a support from the organization, such case of implication of behavioral changes should have a conducive environment. In the case of a company adopting social marketing as its brand promotion, a number of aspects are to be gained along with the factors of improving social welfare, creation of differentiated brand positioning, enhancement of the company's public image, strengthening consumer bonds, boosting the internal morale of the employees, thus increasing sales and also an increase in the value market of the firm. Such kind of marketing by a firm may impact on the consumer thinking, thus creating a unique bond with the firm that surpasses current marketplace transactions.

Indian Sanitary Market reached a value of US\$ 414 Million in the year 2012 and the expected increase in the market is of more than 6 % till the year 2022 (US\$ 596 Million). Proctor and Gamble (P & G) is the market leader with more than 50% of the market with its brand 'Whisper', followed by its competitors Johnson and Johnson (Stayfree and Carefree), Kimberly-Clark (Kotex) and Unicharm (Sofy). Sanitary market in India has gained much prominence because of the rise in the initiatives by NGO's and government schemes. The sanitary pad markets in India has been on the increase since the past years yet there is a huge gap that has to be filled among the citizens of India. Previous conducted researches show a number of failures among the activities conducted and the initiatives undertaken by the government as well. Moreover, in this technologically advanced world, there are still people who are unaware about personal hygiene and menstrual hygiene. Thus, these are the gaps to be considered in the literature.

2.4.1 WHY USE SOCIAL MARKETING FOR PROMOTION OF SANITARY PADS AND MENSTRUAL HYGIENE?

Comparing social marketing and commercial marketing, the primary aim of social marketing is social good whereas, aim of the latter is primarily financial good. However, commercial marketers too can contribute to the achievement of social good. Theoretically, social marketing is a term described as having two parents, namely a 'social parent' and a 'marketing parent', a social parent includes social policy and social science and a marketing parent includes commercial as well as public sector marketing approaches. Social marketing practice and theory has been applied and progressed in a number of countries such as Canada, Australia, New Zealand, USA and UK, also, a number of key policy papers of the government have accepted a strategic social marketing approach. AIDS controlling programs are used all over India on a large scale and a large number of social workers are working for it. An example of standard marketing approaches and social marketing program is a 3 month marketing campaign to create awareness and to encourage the locals to get vaccinated for H1N1 virus, this is more tactical in nature and should be avoided for consideration of social marketing, however, a campaign promoting regular checkups of all the vaccinations encourages long term change in behavior that benefits the society, this can be considered in terms of social marketing. Similarly, in order to create a value-added change in behavior regarding to menstrual hygiene and use of sanitary pads, social marketing is a tool that can be proven beneficial for the society.

2.4.2 DOES SOCIAL MARKETING RESPONDS TO WOMEN NEEDS?

Definition of Kotler and Zaltman emphasizes the need to find out wants of the consumers and to satisfy those needs rather than finding consumers for existing products and convincing them to buy those products. Theoretically social marketing presents some difficulties for the promotion of menstrual hygiene or sanitation. However, most of the products or behaviors promoted by social marketing are predetermined, in this case, sanitary pads or napkins. Although sanitary pads are considered to be in the best interest of the consumer, there are some questions whether social marketers really respond to the demands of the consumer. A range of products responding to consumer demands should be available as suggested by commercial principles, hence social marketing should be able to promote sanitary pads and napkins.

Chapter 3: RESEARCH QUESTIONS

3.1 RESEARCH AIM

This study attempts to put forward the idea of social marketing that can help in improving the menstrual hygiene condition of rural women in Maharashtra, India. The research will aim to extract up-to-date findings of the current situation from women belonging to rural village areas and further investigate the topic.

3.2 RESEARCH QUESTIONS

This research topic will traverse by investigation of answers to the following questions:

- I. How will social marketing help in improving the menstrual hygiene situation for the women in rural areas?
- II. What strategies can be applied to create awareness about menstrual health and hygiene through social marketing?
- III. In what way can social marketing benefit the companies that provide menstrual hygiene products and services to the rural areas?
- IV. What are the opportunities for introduction of cheap sanitary pads in India?

Chapter 4: METHODOLOGY

4.1 METHODOLOGICAL CHOICE

Research method used for this study is qualitative analysis. Qualitative research methods are concerned with gaining an in-depth understanding of the subject and are primarily focused on *how* and *why* of a certain issue, situation, culture, scene or social interactions. Considering this, the sample size used for qualitative methods is often small as compared to those used in quantitative methods. There are a number of debates as to the right size of sample for such researches. Most of the scholars argue that the important factor to be considered while deciding sample size is the concept of saturation (Mason. M, *Sample size and saturation in PhD studies using qualitative interviews*, 2010). Some experts in qualitative research avoid the topic of exactly *how many* interviews are enough, however, variability can be seen in what is suggested as minimum. A number of books, chapters and articles recommend and suggest anywhere around 5 to 50 participants is adequate. In order to conduct a successful research, it is crucial for the researcher to consider relevant data at various stages of the previous conducted research philosophies, research approaches and method of data collecting. Saunders et al (2015) stated that the notion of the philosophical research typically refers to the way the world is viewed in order to interpret knowledge (Research Onion). In this scenario, the researcher mainly has an option of four research philosophies to choose from- realism, pragmatism, positivism and interpretivism. In the case of the current study, interpretivism is considered as more of a subjective approach and hence the researcher will be using the philosophy of interpretivism which will be conducted through guided and accomplished interviews.

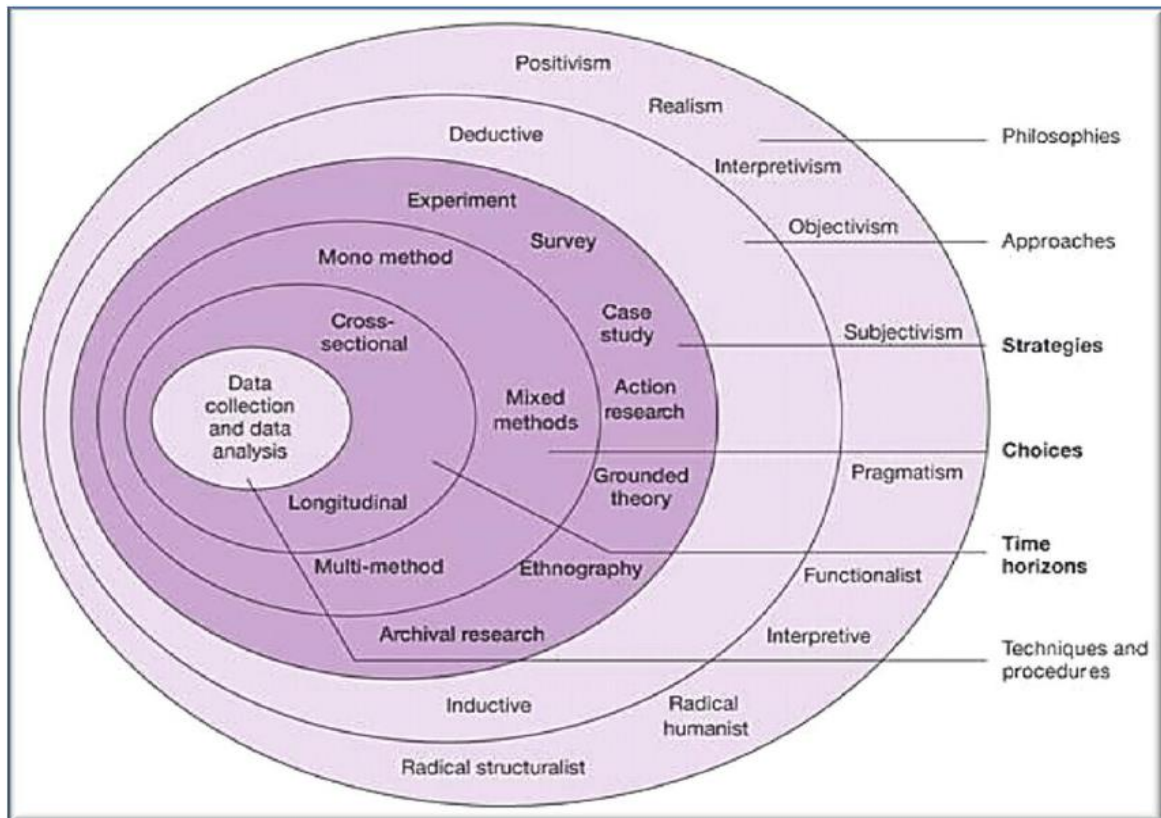


Figure: Research Onion (Saunders *et al.*, 2015)

4.2 INTERPRETIVISM

Interpretivism research paradigm illustrates interpretation of specific elements along with human interest of the mind. This kind of approach emerges into the understanding of social realities of perceptions and it considers the viewing of people as subjective beings, therefore such kind of approach ensures value and meaning through individual's feelings, opinions and viewpoints (Saunders et al, 2009). As per some researchers, interpretivist approach is not suitable for generalizing situations or populations (Mack, 2010; Dudovskiy, 2016), however, Green and McClintock argue '*One individual's perception of meaning in a given setting is likely to differ from others and representing both is needed for an understanding of the whole*'. Considering the approach of this research paradigm, researcher finds a degree of resemblance as the study conducted is related to feelings and experiences of rural women of different age about social taboos, traditions and social stigma.

4.3 RESEARCH STRATEGY

Phenomenological interview structure was used to interview the volunteers in this study. This structure does not focus on *what* to ask but *how* to manage the process of questioning (Bevan Mark, 2014). Phenomenological structure allows the researcher to structure his interview in a way that enables a thorough investigation. Questioning requires use of structural and descriptive questions along with imaginative variations for illustrative

acceptance. This method allows the researcher to examine experience of a person both methodically and actively with a structure that is not restrictive. This type of structure provides all the essentials necessary for the researcher to demonstrate in a qualitative interview such as reliability, credibility and trustworthiness.

Phenomenological Attitude	Researcher Approach	Interview Structure	Method	Example Question
Phenomenological Reduction	Acceptance of natural attitude of participants	Contextualization (Eliciting the Lifeworld in Natural Attitude)	Descriptive/Narrative context questions	“Tell me about becoming ill” or “Tell me how you came to be at the satellite unit”
	Reflexive critical dialogue with self	Apprehending the phenomenon (Modes of appearing in natural attitude)	Descriptive and structural questions of modes appearing	“Tell me about your typical day at the satellite unit” or “Tell me what do you do to get ready for dialysis”
	Active listening	Clarifying the phenomenon (Meaning through imaginative variation)	Imaginative variation: varying of structure questions.	Describe how the unit experience would change if a doctor was present at all times”

Table: A structure of phenomenological interviewing (Bevan, M. *A Method of Phenomenological Interviewing*, 2014)

Quality of data, qualitative method used, scope of the study, nature of topic and useful information obtained from each participant are factors that are considered important while finalizing a sample (Morse. J, *Determining sample size*, 2000). Primary data is focused in this study because this kind of data is considered to be the most relevant form of data. Secondary data consisting information is considered from academic journal, books and news articles. Interviews are considered to be excellent tools in evaluating and planning further extension programs, the reason being the use of discovery-oriented and open-ended methods thus allowing the interviewer to further explore perspectives and feelings of the respondent on a particular subject. Also, this shapes further questions that are relevant to the respective topic and gain knowledge about background of the subject.

4.4 SEGMENTING AND SELECTING TARGET AUDIENCES

Sampling method to be used for the research is convenience sampling. This type of sampling method also known as availability sampling or haphazard sampling is a type of non-probability sampling method which leans on collection of data from members of the population that are conveniently available for participating in the research. It would be excellent to use the whole population in every type of research, but it is not possible to do so because of the population being almost finite, hence this is the reason of using sampling techniques like convenience sampling by most researchers (Etikan *et al.* 2016).

Convenience sampling uses the first available primary data source for the research without the need for any additional requirements. Simplifying further, this method involves those participants which are voluntarily available and typically wherever convenient.

Specifically, in business studies, this type of sampling can be applied in order to gain initial primary data with respect to certain issues like perception regarding a specific brand or customer perspective in designing new product. A total of 12 females were interviewed for this study ageing between 18 and 30 years, belonging to different villages from the state of Maharashtra, India. All questions asked were reviewed by the researcher and these interviews were conducted in local language. The audio data was transcribed and translated into English language.

4.5 ETHICAL CONSIDERATIONS

As there was no involvement of clinical trial or intervention, it was not required to obtain ethical approval from institutional review board. Consent form was presented to the participants along with the terms and conditions prior to the study. As the focus of the study is on the topic of menstruation which is considered a sensitive topic in the rural areas, majority of the women were uncomfortable with their names being used in the study, therefore the researcher made an exception and none of the participant's name have been listed.

Chapter 5: ANALYSIS AND REPERCUSSIONS

DATA COLLECTION

An advantage of telephonic interviews is that they can be held at any suitable place. For this purpose, the researcher took help of his fellow colleagues from Maharashtra, who belonged to different parts of native villages and asked them if it was possible to find volunteers who were willing to help in the research. A total of 12 women were willing to volunteer belonging to 4 different districts from Maharashtra, India. These interviews were held in a duration of thirty-five to forty-five minutes. All the interviews were arranged according to suitable availability of the volunteer participants. Each of the participant was detailed about the consent form and was made aware that all the data and recording will be deleted once the research is finished. All the interviews were recorded by recorder application on mobile phone and later transferred to Windows Voice recorder application for transcription.

The phenomenon of menstruation is a sensitive topic to the rural areas, therefore the researcher has to compromise and come up with suitable questions based on previous conducted studies. Topics covered in literature gave the researcher a motive for a thematic question guide. A pilot study was conducted in order to ensure that the latter would understand intention of the researcher for this study. An example of interview guide can be found in Appendix 2 of this document.

Sr. No	Respondent Status	Description of Case	Results/Interpretation
1.	Age 21 years, housewife in village area of district Latur, Maharashtra, India.	<p>Described about the experiences and her encounters during her menarche.</p> <p>She said that she was not allowed to go to the temples during menstruation period and that she has to use cloth as it was a tradition.</p>	<ul style="list-style-type: none"> • It can be noticed that a lot of secrecy was to be maintained. • A lot of pain was tolerated by her during menstruation. • No proper knowledge was provided regarding menstrual hygiene.
2.	Age 18 years, college student, Ratnagiri, Maharashtra, India.	<p>Described about her first-time experience which happened when she was in school.</p> <p>She said that her clothes got stains and classmates made fun.</p> <p>Nobody provided her with sanitary pads and neither there was any moral support. She had misunderstood that she hurt her private parts and she will die.</p>	<ul style="list-style-type: none"> • Lack of guidance at school by teachers. • Humiliation. • No sanitary pads available at school. • Lack of cleaning facilities.
3.	Age 26 years, works as a house maid, village Vikram gad, district Palghar, Maharashtra, India.	<p>Described her experience by sharing information about infection that she got by using cloth.</p> <p>Further, she said she used a cloth for entire cycle and re-used it by washing the cloth.</p> <p>She was also refrained from entering the kitchen</p>	<ul style="list-style-type: none"> • Infection caused due to repeated use of cloth. • Family treating unfairly. • Unhygienic usage of cloths may result in major health problems in the future.

		during her menstruation cycle by her in-laws.	
4.	Age 25, street vendor, Palghar, Maharashtra, India.	<p>She shared her experience about a separate room to eat and sleep during her menstruation cycle. She was also not allowed to enter the kitchen; her utensils and plates were separated during the cycle period.</p> <p>This led to her thinking as if she is been treated like a criminal.</p>	<ul style="list-style-type: none"> • Stress and frustration. • Negative perspective towards menstruation.
5.	Age 28, district Raigad, Maharashtra, India.	<p>She shared her unique experience that she was not allowed to touch 'pickle' during menstruating days as it was a taboo stating that it might get rancid.</p> <p>She was not allowed to go to school during these 5 days of the month and neither was she allowed to worship the Gods.</p>	<ul style="list-style-type: none"> • Mental stress and anxiety. • Feeling embarrassed. • Risking education.

Table: The above transcripts derived from interviews are some of the common problems that the women in rural India face today.

5.1 PERCEPTION ABOUT MENSTRUATION

Locally used term for menstruation was known as '*Mahina* or *Pali*' literal meaning 'month' or 'monthly period'. Common knowledge among the women of these villages was that menarche was a stage where a girl can get pregnant and deliver a baby. Menstruation process was described as a process of leaking blood from the body that occurs once a month for 5 to 6 days. All of the interviewed women stated that they did not have any knowledge about menstruation before menarche. 2 of the women said that they had some idea about it but they only knew that it was the occurrence of bleeding every month, they said that this information was given to them by their mothers. However, it was noticed that the mothers had a very limited role to the girls as an awareness source regarding menstruation. Majority of the females answered that they never had any discussion with their mothers about menstruation prior to menarche. It was also noticed that all the women

initially experienced fear during menarche and they believed that there was something wrong with their body and they are going to die.

5.2 SOCIO-CULTURAL TABOOS RELATED TO MENSTRUATION

A number of social taboos were still being followed by women in the villages. One of the common traditions that was followed by the women was that they were not allowed to worship Gods and neither were they allowed to cook in the kitchen during this period. Also, the women said that they had separate utensils to use during their menstruation days. 4 of the women said that they were not allowed to touch preservatives such as pickles, stored spices etc.

5.3 MENSTRUAL HYGIENE PRACTICES

On an average, the women reported to experience menstruation 4 to 6 days monthly, sometimes it extends up to 7 to 9 days. Among the interviewed women, 8 still use cloths instead of sanitary pads and napkins. Primary reason to use cloth was the unavailability of sanitary pads and napkins, also, the women found cloth to be more comfortable as they were now used to it. Limitation to finance was the second most reason of not using pads, as sanitary pads were expensive to the women in these villages and they were unable to afford every month. Few of the women said that they felt ashamed to buy sanitary pads from the store as the storekeepers were men.

'I do not have enough money to buy basic groceries for my family every month, in such difficult situation, how can I afford such expensive pads' (says 25-year-old vegetable vendor).

However, 2 of the interviewed females who are young and school students say that they prefer pads as compared to cloths as they are safe and easy to use.

'We find pad to be more comfortable as it is easy to use and there are times when use of cloth leaves stain marks on the dresses but this does not happen when we use pads.'

Women using cloth mostly used the same cloth on repeated basis by washing and cleaning the cloth with soap water. They dispose-off these cloths by burying them somewhere in the field area or by burning them, whereas the school going girls said that they dispose it off by wrapping it in a newspaper and throwing in the school dustbin.

5.4 MYTHS AND COMMON RESTRICTIONS

Studying the literature reviews, previous studies and the study conducted by the researcher, there are a number of myths and restrictions that follow the taboo of menstruation in the rural parts of Maharashtra, India. Some of these restrictions are:

- A number of women had a conception initially that menstruation is a sign of something going wrong with their body.
- Common scenario to be noticed is that the women were not allowed to go to the temples or worship Gods during menstruating days.
- Some of the women said that they had separate utensils as well as a separate bed during this period.
- They were prohibited from entering the kitchen as it was termed as unholy.
- In some cases, girls were not allowed to go to school.

5.5 MENSTRUATION PROBLEMS

Considering physically, women complained that they faced abdominal pain, back pain weakness, uneasiness, sometimes vomiting and nausea. In some cases, they also suffered loss of appetite and irritation.

‘During the initial days I feel pain in the stomach and back, there is pain in the chest too. Sometimes, I do not feel like eating.’

In rarity, some women also experienced severe pain and heavy bleeding, also in some cases it was observed that sometimes there was absence of periods for a month or two.

Girls going to school said that they preferred not to go to school during menstruation because the school lacked facilities for hygiene like clean water and sanitary napkins and it was quite uncomfortable for them to sit for long periods. Another reason was feeling of ashamedness, they were afraid that if in case there are stains on their dress, the classmates would make fun of them.

‘I am afraid to go to school during this time because if there is stain on my dress, my friends will make fun of me.’

Chapter 6: DISCUSSION

6.1 INTRODUCTION

Relevant further discussion is necessary to derive a conclusion and answer the research questions. This chapter will bring together the findings and analysis of the data collected from the interviews and link it to the literature reviewed.

6.2 THEMATIC ANALYSIS

This research showed that there is very less knowledge among the rural women regarding menstruation and menstrual hygiene practices. It was clear that the women were pervasive with unhygienic practices and socio-cultural restrictions. Some of the women were aware about menstruation but they lacked proper knowledge about the hygiene practices to be followed. This is a call for special education and awareness programs to be introduced in

these areas about menstrual hygiene and practices. The above research findings support the previous findings of past researches conducted in different rural parts of India. It was noticed that the mothers play a limited role in making their daughters aware about menstruation practices, this was in variation with the previous studies which exhibit that mothers play a crucial role in the same (Shanbhag et al., 2012; Jogland and Yerpude, 2011; Kamath, Ghosh, Lena and Chandrasekaran, 2013). The reason stated to this contrast can be because of the women being illiterate and considering the rural setting, they often felt shy to talk about such sensitive topics. Having no knowledge and reason for the restrictions being implemented to the women during their menstruation period, many were limited to their social freedom. Furthermore, unavailability of cheap sanitary pads led to use of cloths by the women which they used to reuse by washing with soap water without any antiseptic liquid, this was a severe case which could lead to reproductive problems in the long term. This carried on with improper disposal of cloths, the reason being lack of knowledge of disposal practices thus risking microbial infections and morbidities (Lawan and Yusuf, 2010).

6.3 OPPORTUNITIES AND EVOLUTION

According to “*Indian Sanitary Napkin Market: Industry Trends, Share, Size, Growth, Opportunity and Forecast 2018-2023*”, the Indian sanitary napkin market was valued at US\$ 441 million in the year 2017, and it is expected to grow up to US\$ 631 million by the year 2023. This opens doors for opportunities for the current market dominators to implement social marketing schemes at such rural parts of the villages, thus encouraging and creating awareness about menstrual hygiene among the girls and women. One of the reasons that the awareness about menstrual hygiene is unsuccessful in rural areas is because of lack of funding and the lack of interest among people to take a step forward to this initiative. Creating an awareness by social marketing will also be beneficial for the companies to create a strong brand value in the consumer mindset. Also, with this initiative, companies can provide work to the women in these areas in the manufacturing of the pads thus creating employment for the locals. Communication is the key, compelling words and visual images create a huge impact on the human minds and stirring images as such can penetrate the heart, education awareness workshops, seminars presented by expert spokespersons create a huge difference along with engaging the local citizens and villagers in events and cause promotions, affect the value propositioning.

6.4 SOCIAL MARKETING STRATEGY

This can further be implemented by applying the 10 steps to developing a social marketing plan by Nancy Lee and Sameer Deshpande (*Social Marketing in India*, 2013).

1. Background, Purpose and Focus

1.1 Social issue: Menstrual hygiene among girls and women.

1.2 Target population: women living in the rural areas.

1.3 Solution: provision of cheap sanitary pads, creating awareness about menstrual hygiene.

2. Situational Analysis

2.1 SWOT analysis: strength and weakness of the organization and the opportunities and threats that will be tackled by the organization.

2.2 Learnings from prior efforts by any organization in the same field as well as preliminary research on the market.

3. Target audiences

3.1 Narrowly describing priority target audience, demographics, Geographic (number of rural areas along with districts and talukas), willingness to behavioral change, studying the values and lifestyle.

3.2 Market research findings providing hypothesis for the audience which include factors like size (school girls, women laborers, housewives etc), issues and incidences (various issues related such as social cultures and taboos), responsiveness to the marketing mix elements, problem severity, incremental costs etc.

4. Behavioral Objectives and Goals

4.1 Behaviors that the target audiences are willing to adopt (using sanitary pads instead of cloths, proper disposal of sanitary napkins), initial objective consist of those that are simple and have the highest willingness along with the most impact.

4.2 SMART goals calculating outcomes of the desired behavior along with the changes in behavior intent – Specific, Measurable, Achievable, Relevant, Time-bound.

5. Target audience barriers, Benefits, Competition and Influential others.

5.1 Barriers and costs associated with the adoption of expected change in behavior (barriers such as skepticism, resistance to adopt change etc.).

5.2 Unique and meaningful benefits that will help in influencing and sustaining the behaviors that are targeted (using sanitary pads will result in less chances of getting infected, provision of sanitary pads at school, awareness about menstrual hygiene at school)

5.3 Competing behaviors.

6. Positioning statement

How we want the audience to see the change in behavior that is intended, unique benefits and the value proposition.

7. Marketing mix strategies (4Ps)

7.1 Product: benefits and features of the product offered in order to assist in adoption.

Core product: benefits promised to the audience in exchange for adopting the behavior.

Actual product: features of the product offered (low cost sanitary pads, locally manufactured).

Augmented product: additional benefits and services to help the target audience in order to increase the appeal (employment for the local women).

7.2 Price: costs corresponding with the adopted behavior and strategies to reduce the cost (physical effort, time, psychological)

7.3 Place: easily accessible (convenient access of products and services to the audience including distribution and simultaneously strengthening desired behaviors)

7.4 Promotion: maximum communication throwing light on the advantages, features, fair price and easily accessible (introducing volunteers to spread awareness, feedback received from the women using the sanitary pads etc.)

8. Plan for Evaluation

8.1 What will be measured: inputs, outputs, outcomes (referring from step 4) and return on investment.

8.2 How and when will the measures be taken

9. Budget

9.1 Comprises of implementation of the marketing plan which includes supplementary research and monitoring.

9.2 Any expected cost savings or partner contributions.

10. Plan for Implementation and Program Management

Includes the partner and their roles- who will do what, when etc.

6.5 MEASURES AND INITIATIVES

Considering general awareness like education, human rights, vaccination are now carried out in India on a wide scale. Similarly, efforts must be undertaken by the government of the country towards development point of view regarding menstrual hygiene practices among rural women in India. Not to forget as an individual, it is our responsibility to change our attitude towards menstruation. Researcher has listed suggestions about initiatives that can be undertaken by the government and citizens, some of the ideas have been modified corresponding to the current ongoing initiatives by the government;

- Campaigns should be conducted in the rural and tribal areas where women are able to freely attend and understand menstrual hygiene and practices.
- Medical professional's help and attention to these areas could prove largely beneficial.
- Incinerators can be installed at selected places, especially schools, thus making it easier for the girls and women to dispose-off used sanitary pads.
- Clean water, sanitation and washing facilities should be focused in school premises in order to maintain menstrual management.
- School curriculum must introduce menstrual hygiene and the teachers should also be trained in a way to impart sexual health education in the classes.
- Laws should be introduced involving shopkeepers and stores to stock sanitary napkins and at least one female shopkeeper should be involved so the women feel comfortable to buy the napkins.
- Local media like television and radio can be used to promote social marketing information related to introduction of awareness campaigns.
- Counselling centers should be introduced for women who have faced stress and trauma due to socio-cultural taboos and traditions.

Chapter 7: CONCLUSION AND RECOMMENDATION

7.1 CONCLUSION

Social marketing is a concept that has changed the traditional concept of marketing. A number of issues have been addressed through social marketing such as pollution, imbalance in the ecological system, poverty, education, clean water and sanitation etc. There are many opportunities for private companies to create a brand value for themselves through social marketing awareness for menstrual hygiene and practice in India. Experiences shared by women about menstruation and hygiene practices clearly indicates that the women are facing a lot of problems regarding availability of sanitary pads, clean water and proper washing facilities, improper disposal of cloths and napkins, using the same cloth repeatedly etc. Solving these problems by introduction of schemes will only prove to be partly helpful, in order to solve them completely, the mindset of the people regarding menstruation in the rural areas should be channelized so that women feel comfortable in sharing such problems with their family members. Stakeholders of the society are also responsible to come up with initiatives to create a healthy and productive environment for women. It can be found that the government of India has come up with a lot of schemes for the rural areas, however, it is important to work on the ground reality as the result of the previous schemes have been termed negative. Similar to this, institutions and universities should undertake the responsibility of teaching menstrual hygiene and practices to the girls and women on first-hand basis. Also, they can work on the ground reality of eradicating socio-cultural taboos that have been carried on through generations.

7.2 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the overall study conducted, following listed are recommendations for future research:

- This study consisted of 12 participants from a single state in India, it will be beneficial if similar researches are conducted with a larger sample size and targeting participants from different states of the country.
- There is no previous record of social marketing being conducted in such rural areas by private companies thus it is important to perform an in-dept research on whether implementation of such techniques can lead to some constraints.
- This study was conducted on qualitative basis to gain an in-dept insight of the current situation, quantitative analysis or a mix of both methods, qualitative and quantitative could be adopted to gather accurate findings.
- Finally, researcher believes that further research can also include adolescent girls or girls who have not yet attained menarche as participants to enquire about their thoughts and knowledge.

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Appendix 1

PERMISSION TO PERFORM THE RESEARCH

National college of Ireland,

School of Business,

Dublin, Ireland.

Email: info@ncirl.ie

PERMISSION TO PERFORM RESEARCH STUDY THROUGH INTERVIEW

I am a student of National College of Ireland and studying Master of Science in Management program. I would like to write my master's thesis on the topic 'How social marketing approach promoting sanitary pads and menstrual hygiene can improve menstrual health in rural areas of Maharashtra, India'. The primary objective of this research is to find out the level of knowledge about menstrual hygiene among the girls and women in rural areas, to get an idea about the current situation regarding menstruation and how is the government helping in improving the situation. I am requesting your kind permission to collect research data by asking you some questions and the research data collected would be through interviews. The selection criteria for this study is:

- Females aged between 18-30
- Volunteer participants
- Consent approved from parents if necessary.

In agreeing to participate in the following research I understand the following:

- It is the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
 - If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage.
 - I have been informed as to the general nature of the study and agree voluntarily to participate.
 - There are no known expected discomforts or risks associated with participation.
 - All data from the study will be treated confidentially. The data from all participants will be compiled, analyzed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.
 - At the conclusion of my participation, any questions or concerns I have will be fully addressed.
 - I may withdraw from this study at any time and may withdraw my data at any time during participation. I understand that once my participation has ended, that I cannot withdraw my data as it will be fully anonymized.
- Please tick this box if you have read, and agree with all of the above information.
- Please tick this box to indicate that you are providing informed consent to participate in this study.

Siddhesh Jadhav,

+(353)899629217

Appendix 2

Interview Template guide

To start can you give me a little bit of information on your background such as your age, educational qualification, marital status.

What was the status of your knowledge about menstruation before menarche?

What are your feelings during menstruation?

Are there any religious participations during menstruation?

Are there any impacts on social life because of menstruation?

When was the last time you had a body medical check-up?

How often do you visit a doctor?

Do you use cloths or sanitary pads?

What about your other family members? Do they use cloth too?

How effective absorbents are the cloths that you use?

How do you wash the cloth?

How do you dispose of these cloths?

Are you aware about the hygiene problems that cause due to use of cloth?

Does the government or private companies or NGOs conduct any campaigns regarding menstrual hygiene awareness?

Are sanitary pads easily available?

Government have introduced cheap sanitary pads, are you aware about it?

If these pads are available in your village will you switch to using sanitary pads?

Appendix 3

Transcript of interview conducted on respondent 1

Interviewer (introduction): Thank you for doing this <respondent 1>. As you know I am doing my dissertation on the topic ‘how social marketing approach to promoting sanitary pads and menstrual hygiene can improve menstrual health in rural areas of Maharashtra, India’. What I am trying to assess is, the current situation of menstrual hygiene and health of women in your village area.

Interviewer	Respondent
To start can you give me a little bit of information on your background such as your age, educational qualification, marital status.	I live in a village located in Latur district of Maharashtra, India. I am of 21 years of age and I have studied till high school (Secondary school certificate). I was married at the age of 19.
What was the status of your knowledge about menstruation before menarche?	I didn't have any prior knowledge about menstruation. At age of 15, it happened at the time while I was in the kitchen cooking dinner. I was scared, I felt like there is something wrong with my body. I told my mother about it, she said me to put a cloth around it, that was all she said.
What are your feelings during menstruation?	I feel pain in my stomach, the first 2 days are quite painful.
Are there any religious participations during menstruation?	Yes, I am not supposed to take a bath or enter the temple during my menstruation period. It is considered as unholy. Also, we are not allowed to enter the kitchen as well, I asked my mother about it and all she said was this is a tradition that has been in our family from the past many years.
Are there any impacts on social life because of menstruation?	Not actually, but I feel embarrassed during this period to have social contact with anyone.
When was the last time you had a body medical check-up?	I do not remember; I think the last medical check-up that I had was when I was in high school.
How often do you visit a doctor?	I usually visit the doctor only when I am sick or unwell, other than that none of the family members go to the doctor.
Do you use cloths or sanitary pads?	Pads are very expensive and my family cannot afford it every month. I use cloth as I am quite comfortable with it now and it is easy to use and we can reuse it.
What about your other family members? Do they use cloth too?	Yes, my mother-in-law and sister-in-law both use cloth.

How effective absorbents are the cloths that you use?	What I do is I fold the cloth a number of times until it becomes thick enough to absorb the blood. Sometimes it leaves a stain on a dress.
How do you wash the cloth?	I wash it using soap water and I have to wash it in secrecy so that nobody notices me while washing it, most of the time I wash it at night when everyone is asleep.
How do you dispose of these cloths?	I have been told to bury them somewhere in the field or burn them. To bury them I have to go somewhere far because it gets quite embarrassing if someone sees me burying it.
Are you aware about the hygiene problems that cause due to use of cloth?	No, I don't know about it but the everyone in my family uses cloth so I think there must not be any problems. If there were any problems then they wouldn't use it.
Does the government or any private companies or NGOs conduct any campaigns regarding menstrual hygiene awareness?	I don't remember, the last campaign that I am aware of was many years ago, there were some people who put up hoardings on the main street of our village regarding use of sanitary napkins. After some days, some people from the village took off the hoardings.
Are sanitary pads easily available?	There are a couple of shops near the village market who have stocks of pads
Government have introduced cheap sanitary pads, are you aware about it?	Yes, I have heard of it but I think they are not available in our village.
If these pads are available in your village will you switch to using sanitary pads?	If they are cheap then I can afford them and I will have no problem in using sanitary pads instead of cloths.
Thank you so much for your time.	Thank you.

Transcripts available on request.

Appendix 4

Participant Table

Age	Marital Status	Taluka/District	Using sanitary pads or Cloth
18	Unmarried	Ratnagiri	Cloth
18	Unmarried	Ratnagiri	Cloth
19	Married	Ratnagiri	Cloth
21	Married	Latur	Cloth
24	Married	Satara	Sanitary pad
25	Married	Palghar	Sanitary pad
26	Married	Palghar	Sanitary pad
26	Married	Palghar	Cloth
28	Married	Raigad	Cloth
28	Married	Satara	Cloth
29	Married	Ratnagiri	Cloth
30	Married	Palghar	Sanitary pad