ABBREVIATIONS USED:

- Menstrual health and hygiene (MHH)
- Menstrual health management product (MHMP)
- Water Sanitation and Hygiene (WASH)
- Menstrual Health Management (MHM)
- Menstrual health and hygiene product (MHHP)
Executive Summary:

Background: This report presents findings of the baseline survey on Menstrual Health & Hygiene Management in Prison. The survey was undertaken in 3 prisons e.g. TIHAR, GURIGRAM and DASNA where India Vision Foundation is working for the reformation of the female inmates.

The main objective of this survey was to assess the understanding of the incarcerated female inmates about Menstruation and its management in prison;

Menstrual health and hygiene is fundamental to the dignity and wellbeing of women and girls. And since prison inmates are completely dependent on the state for provision of even basic medical care, it is imperative to link prison health with the well-being of the society on the whole as one day these prison inmates will come back to the community after their release. Policy makers as well as the general public need to understand that the prison and the community are at a continuum. There is a direct connection between MHM and health and social outcomes. Sustainable Development Goal (SDG) 6 also prioritises adequate and equitable access to WASH infrastructure and services, noting the particular needs of women and girls.

Some cultural beliefs about menstruation reinforce gender inequities and have negative impact on the dignity, health and education of women and girls. Menstruation is closely linked to reproductive health, and therefore, as in the case of sex-education, it is considered a taboo subject in India.

The Government action on the subject of health care in prisons: The All India Prison Reforms Committee, also known as the Mulla Committee, worked on the aspect of prison reforms from 1980-1983. The committee had submitted a report that covered all the aspects like medical, administrative, hygiene etc. The International Committee on Red Cross (ICRC), has come up with a set of stringent norms to ensure that detainees are allowed equitable access to basic amenities associated with maintenance of hygiene and sanitation: They said: “Women should be provided with suitable sanitary products to deal with menstruation (including the disposal of materials) with dignity and privacy. Detainees should be provided with a sufficient supply of such products to meet individual needs”. The Bureau of Police Research and Development (BPRD), suggested a slew of measures to improve hygiene in Indian prisons, in its model prison manual 2016.
The objectives of this study are

- to generate information on needs and requirements of menstruating female inmates and check whether the guidelines of the Prison Manual related to menstrual health are followed; also to check the available facilities of water, sanitation and regular supply of sanitary napkins.
- to study the impact of incarceration on their reproductive health.
- To understand the socio cultural context (given a big disparity in their age, education and socio-economic background) on their management of MHH was also made.
- To understand the facilities available in prison for the management of MHH and the safe disposal of MHMP was also tried through the survey;

Since reproductive health care is fundamental to the dignity of a woman, even if she is a prison inmate, hence the survey also focussed on whether prisons offer a safe and hygienic environment and facilities to a menstruating female inmate.

**Data collection method:**

Data collection methods used was direct interview method and Focussed Group interviews

**Location of the Survey:** The survey were conducted in

1. TIHAR PRISON
2. GURUGRAM PRISON
3. DASNA PRISON

**Total number of respondents:** 78 female inmates
SUMMARY OF THE FINDINGS:

A. PERSONAL INFORMATION OF THE RESPONDENTS

- **Age**: 61% are 20-30, 31% are 30-40, and 8% are 41 & above.

- **Educational Qualification**: 23% are illiterate, 7% are 5th, 31% are 8th, 8% are 9th, 8% are 10th, and 8% are 12th.

- **Marital Status**: 92% are married, 8% are widowed.

- **Nature of Case**: 50% are Cheating/Fraud, 25% are Murder, 9% are Accomplice in Rape, 8% are Kidnapping, 8% are Dowry.

- **Occupation prior to imprisonment**: 77% are Housewife, 23% are Job.
B. INFORMATION ON MHH & MHMP BEFORE THEIR IMPRISONMENT

**Age when menstruation started**
- 77% Less than 15 years
- 23% Between 15 to 18 yrs

**First Reaction**
- 39% Scared
- 38% Uncomfortable
- 15% Depressed
- 8% Normal & ready

**Source of Information**
- Friend: 42%
- Sister: 25%
- Mother: 17%
- Teacher: 8%
- Grandmother: 8%

**Mother's Education**
- 77% illiterate
- 8% 10th pass
- 15% 12th pass

**Previous knowledge of Menstruation**
- 38% Yes
- 62% No

**Access to MHMP**
- 38% Yes
- 62% No
Was it Safe and easy to manage

- Yes: 60%
- No: 40%

Options used other than standard MHHP

- Old cloth: 70%
- Cheap napkin: 30%

Access to water and hygienic sanitation facility at home

- Yes: 92%
- No: 8%

Information/Facility of Safe disposal of MHMP

- Yes: 85%
- No: 15%
C. Socio Cultural Context of Menstruation:

Is MHH a taboo/Stigma in your family

- Yes: 62%
- No: 38%

Myths of MHH shared by female family members

- Not pray, touch Holy books/ not enter temple/prayer room: 50%
- Not enter kitchen/touch food: 20%
- Not enter kitchen/touch food: 10%
- Not touch or eat pickle: 5%
- Not enter temple/prayer room: 5%
- No bath or hair wash for 3 days: 10%
- Cannot cook: 6%
- Remain away from male family members: 4%

Comfortable to discuss MHH with

- Mother: 54%
- Sister: 28%
- Friend: 12%
- Relative: 6%

If MHH education given in school

- Yes: 17%
- No: 83%
D. EXISTING INFRASTRUCTURE AND FACILITIES FOR MHH IN PRISON

- **Experience of managing MHH in prison**
  - Easy: 62%
  - Problematic: 15%
  - Can't say: 23%

- **If access to water and hygienic sanitation facility available in prison**
  - Yes: 92%
  - No: 8%

- **If enough toilets with regular supply of water in prison**
  - Yes: 69%
  - No: 31%

- **If facility available for disposal of sanitary napkin**
  - Yes: 92%
  - No: 8%
### Menstrual Health Survey in Prisons by Renu Nag for India Vision Foundation

#### Other sources of getting MHHP

- 18% Other
- 4% Family
- 13% Government
- 28% Markets
- 37% Hospitals

#### Attitude of female warders

- Helpful and understanding: 55%
- Disregarding: 43%
- Not helpful: 2%

#### Expectations from the Government

- Regular supply of good quality MHHP very month: 48%
- Supply of required number of MHHP: 27%
- Awareness and education on safe disposal of MHHP: 7%
- Ensure supply of water in prison toilets: 7%
- Regular Cleaning of Toilets: 5%
- Build more toilets: 6%
CONCLUSION:

Based on the Menstrual Health and Hygiene Survey under taken in three prisons of New Delhi (TIHAR), Haryana (GURUGRAM) and Uttar Pradesh (DASNA), following conclusions can be made:

Personal Profile of the respondents:

- Most of the respondents belong to the age group of 20 to 30 years and most of them were married.
- Nearly 23% were found to be illiterate while 31% were 10th pass who were mostly housewives before their involvement in cases like murder, cheating, dowry cases and even kidnapping.

Information on Menstrual Health and its management before their incarceration:

- 77% had their menarche (start of menstruation) between the age of 15 to 17 years and first reaction ranged from scary, discomforting and even depressed as to what has happened to them.
- Nearly 38% said they were ready as they are the ones whose mother had educated them about MHH beforehand and their mothers were the educated ones.
- The respondents who had knowledge and information about MHH also had access to sanitary napkins or MHHP.
- When asked about the other options of MHHP the respondents shared that old cloth, rags and even cheap quality napkins made of cotton cloth were given to them which were very uncomfortable to use as washing and drying them was not safe and easy. So most of them said they would just throw the cloth away.

Stigma or Taboo about MHH:
Nearly 62% respondents shared various taboos that were passed to them from the female members of their families. The most prominent amongst both Hindu and Muslim were not entering the place of prayer/ not touching the holy book and not praying during menstruation as they were impure during these days. Few shared how their grandmothers and aunts warned them not to touch pickle as it would get spoiled by their dirty hands and in few cases not to touch food or the drinking water vessel. Many shared their experiences of being treated as sick person and not being allowed to take bath or even head wash for first three days of periods.

But 54% shared that they were most comfortable to discuss about MHH with their mothers while it was found that only 17% were given education and information in their schools out of the literate respondents as the government school in their village had no such arrangements.

Existing infrastructure and facilities for MHH in prison

- It was interesting to note that nearly 62% respondent shared that managing MHH was easy in prison as they had enough toilets and access to regular supply of water in the prison along with availability of dustbins for the hygienic disposal of MHHP.

Almost 90% respondents shared female inmates show total disregard towards cleanliness and hygiene in the prison by throwing their used MHHP anywhere and even toilets are choked as many a time they throw them in the flush

- Nearly 83% said that managing their MHH in prison was not problematic and 89% said they were provided MHHP by the prison. But there were mixed views on the quality of these products as nearly 39% found them bad while 48 said they were good while 13% said they were ok.

Interestingly many inmates shared that it was only after coming to prison that they started using sanitary napkins because they were earlier using cloth as napkins are expensive.
• When asked about the source from where they get the MHHP when the prison administration in unable to provide them, 37% said they buy from canteen while few said they ask their family members to bring during their “mulakat” while others replied that they mutually help each other during difficult times while few inmates are thankful to NGO like India Vision Foundation who distribute sanitary napkins in the prisons occasionally.

• 55% respondents found the behaviour and attitude of the female warders helpful and understanding while 43% said the female warders showed total disregard to their problems inspite of them being females.

**Expectations from the Government:**

• All respondents were of the view that since they are in the custody of the STATE hence it is the responsibility of the government to help them in managing their menstrual health and hygiene in prison with dignity!

• Some of their suggestions were: regular supply of required number of MHHP of good quality every month, regular cleaning of toilets as most of the toilets remain clogged and the female inmates have to clean them, few want regular supply of water in toilets (water supply in Haryana is a problem) while some want the programs on creating awareness on safe disposal of MHHP.

Thus lots of information into the issue of managing menstrual health and hygiene in the prison could be found through the survey. The results are encouraging and show that all prison administrations are now taking responsibility of the prison inmates and are making provisions on the lines of Prison Manual. It is observed that the prisons are really the correction homes now that are treating the inmates in a humane and dignified manner!! India Vision Foundation is happy to associate with these prisons in transforming the lives of the prison inmates…..

-----Thanks-----