

Research Article

DOI: <http://dx.doi.org/10.22192/ijamr.2018.05.07.007>

Communication Strategies for Raising Awareness about Menstrual Hygiene at the Bottom of the Pyramid

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Abstract

This paper aims to analyze the communication strategies regarding menstrual health in the bottom of the pyramid. The way we have attempted to do this is that we will first analyze the status quo present in the communication regarding menstrual health among low income. We will then attempt to analyze three cases from three different stakeholders - The government of India, a Multinational Corporation - P&G and an Indian NGO Vatsalya all of them looking to increasing awareness for menstrual hygiene. We have then tried to compare and critique the three cases against each other under a few lenses such as target audience, mode of communication analysis etc. Finally, we studied 3 papers which speak about the proposed solutions and current solutions for improving the awareness in menstrual health, and then attempted to link these solutions to the previous three cases - government, NGO and P&G.

Keywords

communication strategies, pyramid, stakeholders, NGO and P&G.

1. Introduction

The purpose of this paper is to analyze the communication strategies regarding menstrual health in the bottom of the pyramid. The way we have attempted to do this is that we will first analyze the status quo present in the communication regarding menstrual health among low income through the very traditional communication sources of women and school. We will then attempt to analyze three cases from three different stakeholders - The government of India, a Multinational Corporation - P&G and an Indian NGO Vatsalya all of them looking to increasing awareness for menstrual hygiene. We have then tried to compare and critique the three cases against each other under a few lenses such as target audience, mode of communication analysis etc. Finally, we studied 3 papers which speak about the proposed solutions and current solutions for improving the awareness in

menstrual health, and then attempted to link these solutions to the previous three cases - government, NGO and P&G.

1.1 Bottom of the Pyramid

The 4 billion plus people who live on less than 2\$ per day cover more than 60% of the world population. Over the years multiple organizations such as but not limiting to the World Bank, donor nations, various aid agencies, and the government have tried extremely hard to work towards this sector of the population but have failed to eradicate poverty. In the book “The fortune at the bottom of the pyramid”, written by CK Prahlad, he tries to eliminate this perception of “Helplessness” from this sector, and wants to bring to the foresight that this segments also represent the

resilient entrepreneur and the value conscious customers who can be a profitable segment to target. He calls for developing a sustainable model which involves all the stakeholders such as the poor, government and large firms in which the poor are actively engaged and at the same time the firms who are providing these services are profitable, leading to a symbiotic relationship for all the stakeholders.

2. Understanding the Status Quo—Establishing the need for communication

In the paper "‘Nobody told me nothin’, Communication about Menstruation among low income African American women" - The aim was to analyze the communication regarding menstrual health and how it impacts the poor women. The theme which came out of this discussion was that most of the woman of this section avoided the discussion on menstrual health, and this lack communication led to the build-up of negative connotations about this topic.

There were limited sources of learning about menstruation - typically schools and mothers. Most of the individuals in this sample portrayed the education they received in school as useless due to the fact that it came very late. Most of the women had already begun menstruating when they learned about menarche. At home, the individuals were provided information only when it was absolutely "necessary". There was a huge taboo regarding these topics as one of the participants in the sample-group states - "My mom just said, 'I'm going through the change of life, shut up and leave me alone!' I left it at that". Another theme which is dominant in this paper is the confusion and inaccurate beliefs regarding menstrual events which was expected due to the dearth of communication which was present regarding these topics. For example, in the case of the menstrual cycle, most of the woman in the sample believed that their period should come on the same date of every month, and when that did not happen, the woman thought something was wrong with them or that they were pregnant. Similar false beliefs had been prevalent regarding other menstrual topics such as menarche and menopause. Another result of this lack of communication was the prevailing negative connotations surrounding mental health. Women used derogatory words such as "Bitch", "Evil", "Smelly" and "Fishy" for menstrual women. Several women felt "Hurt" or "Scared" when they started menstruating. Regarding menopause, even though women didn't have much information about these, they had already formed strongly negative

feelings regarding these, and no one was looking forward to it.

All of the above examples iterate the same thought - the lack of the communication regarding menstrual health and the widely pervasive negative effects of the same. Hence there is an active need for more communication regarding menstrual health. In this term paper we will now try to analyze three cases of communication strategies which were implemented in India regarding menstrual health. Two of these cases look into the communication strategies adopted by the Government and NGOs to target the population at the bottom of the pyramid, while the last case is a detailed analysis of a corporate firm's communication strategy and campaigns. Our purpose of the last case study is to analyze the ways in which some elements from corporate communication strategies can be implemented to penetrate the bottom of the pyramid, and also draw a comparative between two reasonably different sets of communication strategies.

3. Case 1: Government of India: Promotion of Menstrual Hygiene among Adolescent Girls in Rural Areas

In India, menstruation and menstrual practices are clouded by taboos and socio-cultural restrictions for women as well as adolescent girls. Limited access to products for sanitary hygiene, and lack of safe sanitary facilities could prove to be barriers to increased mobility and the likelihood of resorting to unhygienic practices to manage menstruation. In rural India, some of the common practices are:

1. Use of old clothes as pads by recycling them
2. Use of ash or straw, which offers no protection

The government of India identified the vast majority of adolescent group (10-19 years) in the bottom of the pyramid facing menstrual hygiene issues. The aim was to ensure that they have adequate knowledge and information about the use of sanitary napkins, that high quality safe products are made available to them, and that environmentally safe disposal mechanisms are readily accessible.

Government of India has undertaken awareness programme against tabooing of menstruation in the form of communication materials such as posters, leaflets, mid media, audio-video and interpersonal communication materials.

3.1 Overall Strategy

The scheme adopts 3 main strategies:

Demand generation through ASHA (Accredited Social Health Activists) and other community mechanisms such as Kishori Mandals.

Develop life skill courses for class IX and X through the Adolescent Education Program (AEP) and the Rashtriya Madhyamik Shiksha Abhiyan, a centrally sponsored scheme under the Union ministry of human resource development.

Supply side intervention through ensuring a supply of a product (sanitary napkin) which is reasonably priced and of high quality.

Since the third strategy focuses on adoption, we will focus here on the first two communication strategies primarily on raising awareness.

3.2 Outreach through ASHA/Other community mechanisms

Monthly meetings are organized by ASHA and adolescent resource group at the anganwadi centre or Panchayat Bhavan for the target age group under the Ministry of Women and Child development. These meetings are organized on Sundays to ensure both the in-school and out-school girls can attend. An incentive is paid to the ASHA by the Village Health and Sanitation Committee (VHSC) funds for conducting each monthly meeting.

The monthly meetings focus on the issues of menstrual hygiene and also serve as a forum for supplying sanitary napkins to the girls. In addition, other issues that impact adolescent health such as: early marriage, nutrition, gender issues, knowledge of contraceptive choices, understanding of Sexually Transmitted Infection (STI) including HIV and the consequences of high risk behavior, improving self-esteem and negotiation skills will be discussed. The monthly meetings are complemented by household visits to promote menstrual hygiene among girls who are unable to attend the monthly meeting and motivate attendance for future meetings.

3.3 Outreach through schools

Develop life skill courses for class IX and X through the Adolescent Education Program (AEP) and train the

nodal teachers for talking and raising awareness among the adolescents. This method of raising awareness is also followed by the NGO Vatsalya (discussed in detail in Case 3). According to the government, sanitary pad vending machines and napkin incinerators have already been installed in 40 Kendriya Vidyalayas.

In order to improve the sanitation and hygiene facilities, Menstrual Hygiene and Management (MHM) was initiated by Government of Tamil Nadu and UNICEF in eight high schools in Krish-nagiri in 2009. This programme is focused on the capacity building of adolescent girl students. For example, Asha demystifies taboos surrounding menstruation, orienting them to manage the menstrual process, provide access to sanitary napkins and disposal of soiled ones. Also, intensive counseling is done in order to remove the myths and taboos on menstruation.

3.4 Impact

The girls feel empowered to carry the messages on hygiene practice into their households and community. Now they feel free to discuss the issue with our mother, elder sisters and other girls in our community. With increased awareness, girls have managed to dispel myths. Discussion on menstruation is no more a taboo.

The menstrual hygiene programme has been linked with the life skills training programme in the schools with active involvement of female teachers.

4. Case 2: Procter and Gamble - Whisper

Procter and Gamble (P&G) is one of the largest and amongst the fastest growing consumer goods companies in India, that is committed to improving the lives of more consumers in parts of India, completely. Among their huge assortment of brands, lies Whisper - a brand of feminine hygiene products such as menstrual pads and sanitary napkins. A major reason for the considerable rise in Whisper's market share lies in the awareness campaigns that P&G has been successfully implementing over the last few years. Here we talk about three such campaigns employed by the company, with a primary focus on 'Touch the Pickle' campaign which is widely hailed as one of the best communication-based campaigns of recent years.

4.1 'Touch the Pickle'

This campaign was not centered around the product category; it was an awareness campaign asking women to break free of the period-related taboos that they have grown up with. This campaign focused on targeting the masses through a variety of communication strategies, with the primary aim of making Indian women feel more comfortable about their menstrual cycle and become more informed about menstrual hygiene.

Whisper, along with IPSOS, carried out a survey among 1,105 women and 202 men across 10 cities. The result that nearly half of urban Indian women still behave in ways prescribed by age-old beliefs was shocking, especially considering that the respondents were women aged 13 to 49, living in tier-I and tier-II cities of India. These beliefs range from washing their hair only after the fourth day of the menses, not watering plants during periods, or even touching pickle jars. This survey proved to be the motivation as well as the formal basis behind the structuring of the campaign.

4.1.1 Implementation of the Campaign

1. The first phase This phase included surveys and discussions in public forums. RJ Malishka conducted shows on radio (Red FM 93.5) to bring up the topic of taboos in periods, social media icons and influencer discussed it further, and several news channels chipped in with debates being aired on this topic. Media buying also played a crucial role here as companies like MediaCom did a lot of last minute, 'opportunity buy'. For instance, when something related to the subject was being discussed on TV, and P&G was not involved directly, they would place an ad at the last minute to keep the conversation going. Elements of viral marketing were incorporated as media organizations propagated relevant videos which were being shared online or had gone viral. A famous example is the incident when Parineeti Chopra refused to answer a journalist's question till he mentioned the word 'period' (his original choice was 'problem').
2. The second phase As India's leading sanitary napkin brand, Whisper came up with a

powerful 30-second commercial. The groundbreaking film by the Mumbai office of BBDO India encouraged women to touch the pickle jar, symbolic of traditions and taboos revolving around menstruation. In the film, an active teenage girl courageously touches a pickle jar and proclaims "I touched the pickle jar" as other women applaud. A voice-over urges: "Girls, let's make the taboos go away and touch the pickle jar." The film received over 1.9 million views on YouTube. The film was launched on numerous digital and television platforms, along with front page ads in leading dailies in six cities.

3. The third phase This phase focused on communication strategies that ask people to participate. Madison PR extended the reach of the campaigns by arranging innovative photo opportunities and live events. Women from all walks of life came forward to share their own 'taboo stories', eminent anthropologists tried to share the origin and history of these taboos, numerous on-ground events were organized and innovative pull-outs were inserted into magazines. Opinion leaders such as Menstrupedia's founder Aditi Gupta, film actors, Tanvi Azmi, Mandira Bedi and Shraddha Kapoor, and medical expert Dr. Suneela Garg came on board. The TED talk platform also gave a voice to this issue through talks in some cities like Bangalore.

Reach of the campaign: The final 'Touch the Pickle' campaign saw direct participation from 2.9 million women, who responded with their own stories of breaking taboos. The press events, features and authored columns garnered earned media worth USD 6.1 million and 1,200 million earned impressions. The campaign not only received exposure across Tier-1 Indian media, but also gained global interest from BBC, FT, Reuters and Wall Street Journal.

4.1.2 Salient Features of this Awareness Campaign

BBDO India, a top advertising agency, was contracted by P&G, to create an awareness campaign that would create an instant connect between this sensitive issue and the masses.

1. **The Title:** The campaign title 'Touch the Pickle' was very strategically chosen as it had the right tone and intrigue to lead the taboo

conversation. It was light and odd, thus making it a title that would attract the attention of majority of the people. It was also a great metaphor for all the period taboos.

2. Target Audience: Only about 40% of urban Indian women use sanitary napkins. Therefore the campaign became as relevant to the urban as to the semi-urban or rural population. It also simplified the task of assessing the target's response as it is easier to see the change in mindsets and behaviors in urban audiences. Since the campaign could have offended some people, especially women and men aged above 55 or so, the choice of media was also niche channels. The advertisement was not done on Hindi GECs, but on channels with a more educated and evolved audience.

3. Personal Engagement: P&G used the strategy of "lean-forward touch points," resulting in a more personal and closer engagement with the audience. Instead of just television, which passed on the message to a large population at a time, the campaign ensured greater focus on personal platforms like digital and magazines.

4.1.3 Impact of the Campaign

As a result of this campaign, the share of voice grew from 21% to 91% and also increased the emotional equity of Whisper, who already enjoyed a strong performance equity. Competitor brands like Sofy and Stayfree joined in the awareness drive with digital campaigns. Mainline actors who traditionally never endorsed sanitary pads, became the face of these products eg. Sonakshi Sinha. This campaign is a great example of how there has been a shift in corporate communication strategy from brand solutions to social solutions, in recent years. The marketers can impact and shape social fabric by an in-depth understanding of the consumer's social context and the brands can help them achieve what they want. It is important to build trust, which is a crucial step to building a brand. Thus, it is important to acknowledge the strength of communication strategies that infuse emotions in the consumers and appeal to their appetite for social change. The campaign was so well-structured on all fronts that it won the Glass Lion Grand Prix at Cannes International Festival of Creativity, which recognizes work that implicitly or explicitly addresses issues of gender inequality or prejudice.

4.2 # BreakTheSilence

This is Whisper India's new all-digital campaign, keeping in touch with the rapid advent of digital communication strategies. The campaign, designed by Leo Burnett India, was flagged off by a video ad released on all social media platforms which included Facebook, Twitter, and Youtube. The ad talks about the experience of girls' first period stories and the turmoil they had to go through. It features a self-made Whisper anthem to the tunes of "Mann Mei Hai Vishwas" with lyrics reiterating the advantages of using a Whisper pad over items like cloth. By portraying that no girl is standing alone in the fight against period struggles, the video has a powerful essence to it. Thus, this digital campaign aims to instill a sense of confidence, solidarity and pride among Indian females, empowering them to embrace the phenomenon of menstruation.

4.3 # OwnThose5Days

Apparently, the myth is that menstruating girls/women should take rest during their menstruating five days of the month, since they cannot perform to their full potential. This campaign, launched in 2016, strived to break this myth with the help of real life women achievers, who share stories of themselves having been up and lively even during their periods. This campaign focused on celebrity-driven communication, wherein female icons from diverse fields showed their support for this issue. Badminton champion, Ashwini Ponnappa; youngest Indian female pilot, Ayesha Aziz; and youngest female chef, Anahita Dhondy featured in its ad film. Relating your message to the right people can go a long way in increasing its effectiveness and outreach. This campaign also enhanced its impact by engaging women through writing their story on a placard and share a selfie holding it on the social media pages of the brand. The social media properties of the brand are an array of selfie stories. Girls are holding placards narrating how they OwnThose5Days.

Through a right blend of the key elements of communication strategies, Whisper has been quite successful in busting period taboos and making menstruating women feel confident and empowered enough to perform to their optimum.

5. Case 3: Vatsalya NGO: Increasing Awareness and Safe Sanitary Practice among Adolescent Girls

5.1 About Vatsalya

VATSALYA is a resource center which aims at improving health and social indicators of communities, primarily focusing on upliftment of women and children. Area of specialization of Vatsalya are maternal and child health, sex selective elimination, nutrition, child survival, child rights protection and Wash and Menstrual Hygiene management. It achieves this through advocacy, training, research, program implementation and capacity building of Community Based Organizations (CBOs).

5.2 IAAAG- The Campaign

Increasing Awareness and Safe Sanitary Practice Among Adolescent Girls (IAAAG) was an initiative by Vatsalya, funded by Procter and Gamble and Plan India. The project operated from April 2011 to January 2012 and functioned in two phases across 26 districts of Uttar Pradesh covering 1870 schools. The main objective of the program was to increase awareness among adolescent girls. Additionally, free sanitary napkins were provided.

5.3 Motivation and Objective

The campaign was started when Plan India conducted a nationwide survey on MHM (Menstrual Health Management) sampling 1033 women 151 gynecologists, which established the result that approximately 88 percent of the women use unhygienic alternatives to the usage of sanitary napkins and more than 70 percent have been infected. The enhancement of KAP (Knowledge, Attitude and Practice) amongst the adolescent girls of economically weaker section of semi-urban and rural areas for menstrual health and hygiene was the primary objective.

5.4 Strategy: BCC - Behavior Change Communication

BCC is an interactive model used to engage with communities to target the social behavior of people to enable them to sustain and maintain the positive change. Peer to peer model and facilitator training is used as the main methodology to leverage capacity creation in communities. BCC is characterized by its direct approach towards changing behavior. BCC is research based, client centered, benefit oriented, service linked, professionally developed and linked to behavior change. BCC is important for increasing the area of interaction between health care providers and communities, between provision of health technology and acceptance and utilization of health technology.

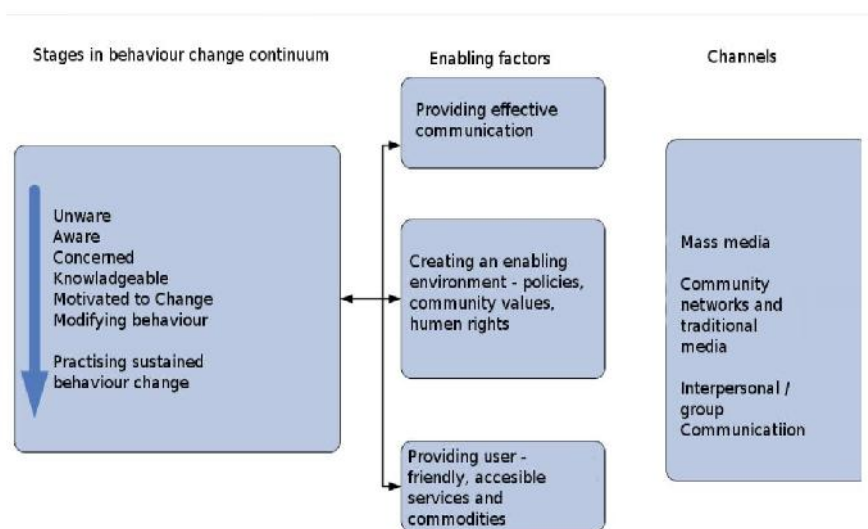


Image Source: Behavior Change Communication, Dr. A. Samaranayake, Dr. Anil Sama-ranayake (MBBS,MA,MD) Health education Bureau, Ministry of Health - Sri Lanka

5.5 Implementation

Done in two phases - pilot and scale up. The pilot phase was done to figure out any gaps and weed out possibilities of errors based on feedback received from a smaller audience. Experience sharing

sessions were held after the pilot phase before moving on to the scale up phase.

Pilot phase: This phase was implemented in only four districts of Kanpur, Ghaziabad, Lucknow and Meerut. The target was to mobilize about 3 lac girls in total for this cause, and in this phase 5 percent of this number was achieved. IEC (Information Education Communication) tools such as AV modules, games and questionnaires were used.

Scale up phase: 284000 girls were made aware in this phase covering 26 districts. Collaborations were made with other local NGOs and bodies to increase outreach. Training of trainers were conducted and session plans were formalized. The coverage was significant and the feedback received was positive.

5.6 BCC structure followed

1. **User Identification:** The districts were chosen such that they represented both western and eastern UP. The districts were selected based on the criteria that they should have at least 80 percent semi-urban or rural population. The district level partner NGOs were a key stakeholder in the project and were carefully chosen. These organizations were required for efficient management through their connections with schools. Other major stakeholders were the trainers and they were provided with proper training to equip them with thorough knowledge and demo experience.

2. Community mobilization

Audio visual presentations and films were used in schools with electricity provision whereas for rural areas a compact and handy book flipbook was developed. Information was disseminated using cards, leaflets, lectures, videos, games, demos, posters, beads, aprons, picture collages, FAQ books, pamphlets and a flipbook. The local language and dialect of the regions was used in these booklets. These mass media methods helped in community mobilization as the

colorful and pictorial ways helped in grabbing attention and had a greater impact on mind for a longer period of time. Leaflets, flipbooks, cards etc. are much more handy and compact and can be used in private to read again and again.

Training of trainers was an important part of community mobilization because trainers were the core information disseminators for spreading the awareness. Training work-shops not only included lectures but also demonstrations and activities. Importance was given to quality of information imparted as besides building their understanding and perspective, knowledge level was also to be built to enable them to handle the queries of the students.

Distribution of free samples of sanitary napkins helped girls to break the barrier and give it a trial. This has benefited a number of girls especially those from poorer backgrounds.

Questionnaire and surveys helped more engagement with the girls and to know more about their problems, grievances, knowledge level and hygiene practices used by them.

3. Platforms

- (a) Sessions held in schools by trainers for around 80 girls at a time.
- (b) Training of trainers and coordinators.
- (c) Rehearsal workshops held for students.
- (d) Follow-up activities to reiterate and emphasize for better adoption
- (e) Feedback discussions held for all the stakeholders involved.
- (f) Pledge/oath taking exercise by all girls to reinforce the change in behavior

4. Target population Adolescent girls of age group 10-14 from economically weaker sections of semi-urban or rural areas in the districts of U.P.

Promotion of healthy behavior messages The focus topics were menstruation and problems related to it, adolescence and maintenance of hygiene. Related topics like anemia, re-productive tract infection, and

gender issues were also explained to students. Since UP has an skewed sex ratio, female foeticide was also discussed as this was a great way to reach out to around 3 lac girls. Schools were asked to keep extra sanitary napkins with them at all times and to provide them to girls whenever required. Dustbins with lids were kept in girls washrooms. Roadside cosmetic vendors were requested to have enough stock of sanitary napkins available. Helplines were set up for clearing any queries of girls.

6. Critique and Comparative Study of the three Cases

This section aims to analyze the key elements of any communication strategy, in context of the three cases discussed above. The elements we shall discuss are:

Target Audience

Communication Platforms/Modes Core idea behind the strategy Target Engagement

6.1 Target Audience

The Government and NGOs were more focused on targeting the Bottom of the pyramid, implementing policies and providing monetary incentives in a direct one-one approach. While the Government looked to educate and aware the rural females in general, Vatsalya had identified adolescent girls as their prime target audience. In comparison, the focus of P&G was more inclined towards creating mass awareness in different parts of India, but with slightly greater focus on the semi-urban and urban areas than the rural areas. Also, the target audience was moderately educated people, and not people who were deeply influenced by age-old traditions.

6.2 Communication Platforms/Modes

Here we see a stark difference in the modes of communication employed by different agencies. These communication platforms are closely linked with the target audience as well as the capacity of the organization carrying out the awareness campaign.

The Government utilized their decentralized and widespread network of bodies to carry out the awareness campaigns i.e. they had on-ground presence in their target areas. The government utilized the local governmental bodies and schemes like

ASHA(Accredited Social Health Activists) and MHS(Menstrual Hygiene Scheme) in the existing system to optimize and iterate the system. They approached school teachers and various local NGO's and government bodies to hold community meeting and skill development of the teachers. Vatsalya also indulged in similar direct forms of communication, spreading awareness through word-of-mouth techniques, training workshops and education lessons. Since bottom of the pyramid population is usually not easily penetrated by mass/online media, these modes prove more effective.

P&G, on the other hand, focused on development of engaging online content, powerful commercials, celebrity associations and mass media coverage. With social media icons promoting the cause, the public itself became their decentralized network. They collaborated with famous film stars and sports persons, whom people connect and believe in. With presence in print media, news channels, magazines and social media platforms, they effectively targeted the Indian population as a whole, something which would not have been feasible through direct on-ground interaction.

6.3 Core Idea behind the strategy

The idea that our communication strategy propagates is vital to its success. Here, we see three diverse examples of that.

Since Government looked to target the rural backward areas with limited financial capacity, their awareness campaigns mostly revolved around cheap sanitary pads and increased accessibility of hygienic alternatives to cloth. This aimed to remove the inertia of rural people to gain awareness about such issues, as they will now feel that the solution is within their reach.

Vatsalya used a BCC strategy, as explained above, wherein they looked to appeal to the "open minds" of the adolescent girls so that menstrual hygiene management becomes a part of their behavior itself. If the girls are made aware from a young age, the problem can be tackled at its root.

P&G's Whisper campaigns are a prime example of how effective emotions can be in reaching out to the target audience. By invoking a sense of confidence, unity and self-esteem in the women, they aimed to make them feel comfortable about the natural

phenomena of menstruation. When female influencers are portrayed as combating menstruation through optimism and self-belief, the audience relates to those emotions and gets instantly connected to the cause.

6.4 Target Engagement

Engagement of the audience was through bead games and rehearsals held in the schools by the NGO. Other forms of engagement were through IEC tools like flipbooks, pamphlets, videos, FAQ books and posters. These methods have a long lasting impression, are compact and handy and suitable for illiterates as well.

P&G incorporated the most prevalent and newest form of consumer engagement - participation of people on social and online media. Through live photo events, tweets (#TouchThePickle, #BreakTheSilence and #OwnThose5days), online story galleries and inviting people to contribute by clicking photos of themselves holding placards and talking about their menstruation struggles and taboos, they gave the people an opportunity to become a part of this awareness revolution, thus enhancing its effectiveness.

7. Proposed Solutions

When looking at the communication strategies in menstruation awareness, it is important to consider effective communication strategies, in the healthcare in general, which have been successfully implemented. From the above mentioned cases we are trying to propose a model solution for effective communication as key takeaways.

For any effective communication strategy to work in healthcare sector, it is important that there should be a behavioral change in the community towards the prevalent practices and beliefs. Interpersonal communication integrated at community level is the most effective way to do so. This is due to the cultural similarity in the people who give a message and those who receive it. Moreover, a communication strategy might be able to reach 100% of the people but it won't be able to create any impact on the behavior of the people unless it bursts the myths and raise awareness of the disease. Therefore, disease facts, treatment and prevention methods must be communicated too. Such type of integrated interpersonal communication, having complete facts and involving local community, can have effects much greater than those with the mass media only. The results in the above cases show that, though, radio is very effective in communicating even

to the rural areas but when compared to this particular strategy of integrated interpersonal communication, the campaigns using mass media like TV and radio and other print media are not as effective.

We shall now try to look the solutions which worked well with the bottom of the pyramid females of India. In India, it has been found that the cultural beliefs and taboos around menstruation are the biggest barriers for effective communication. In a study it was found that though 67.5% of girls already know about menstruation, more than 97% were not aware about the source of bleeding. Moreover, the information they receive was primarily from mothers, sisters and girl friends and which was mainly about the practice of rituals, the concept of pollution and how to behave with men and boys. Apart from these, social norms and low literacy and confidence among women are also a big barrier to women involvement in the issue and integrated interpersonal communication is difficult but possible. Hence, here, long term strategies would work.

Because of the prevailing myths and beliefs about menstruation in the local community, it becomes important that the communication strategy should be to involve local communities to increase awareness about the purpose of menstruation as the biological process, instead of just increasing awareness about the sanitary pads as it would not be able to cross the barriers of beliefs otherwise. The most effective way to involve with the communities seems to be through women working in the NGOs which are working for the people of the community. Breaking the silence through such NGO workers should be the first step. Women self help groups are good platforms to initiate discussions about menstrual health as individual discussions seem to be disturbing one's privacy or seen as 'spoiling' the females by the males and elderly.

Next, after breaking the silence of the quietest of all, the issue can be taken up formally as menstrual hygiene, talking about the facts, bringing clarity and exposing the myths and bringing solutions.

The teachers also play an important role when students are concerned. Therefore training teachers and students on menstrual hygiene education is equally important. It is with teachers that students can discuss issues without hesitation, and it will help them understand the biological process better, helping in bursting the myths more.

Various IEC tools can be used like showing picture cards on how a woman spend her menstrual days, explaining the menstrual cycle and motivating the women to speak up about the issues they are facing.

The work that should be done following this is to integrate men in the process and sensitize them because they are the decision-makers in the families, hence deciding on the provision of menstrual hygiene services.

The above points correlate with the BCC communication strategy as it is one of the most effective method of communicating to masses especially for health related issues. It ensures sustainability and longevity of ideas in the minds of people through generations since it gets engrained in the core behavior, attitude and lifestyle.

7.1 Steps Forward

As seen in the above section, integrated interpersonal communication with IEC tools focusing on reducing the misconceptions should come before the awareness on menstrual hygiene. The menstrual hygiene awareness would include the following strategies:

Connect with the local initiatives and encourage the use of locally produced menstrual protection products

Provide information on personal and menstrual hygiene in schools under the topic of sexual education to boys and girls and to male and female teachers. Additional sessions can be held for the same.

The information of the use of products (sanitary pads, cups etc) and disposal should be provided using above strategies.

Non-profit organizations, Anganwadi workers and mantrisamiti members should be involved in the process so that they can act as torch bearers to incorporate good practices in the inhabitants.

Searching the target groups in the new markets by local organizations and active involvement of women.

Most effective communication would be by including menstrual hygiene and sanitation in school education through policy.

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Quick Response Code	
DOI: 10.22192/ijamr.2018.05.07.007	

How to cite this article:

Ata Ul Haque, Akash Kumar. (2018). Communication Strategies for Raising Awareness about Menstrual Hygiene at the Bottom of the Pyramid. *Int. J. Adv. Multidiscip. Res.* 5(7): 40-50.
DOI: <http://dx.doi.org/10.22192/ijamr.2018.05.07.007>