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Stigma Around the Consumption of Sanitary Napkins and Implications for International Marketing Strategy: A Case Study from Rural India

Kranti K. Dugar, Assistant Professor, College of Business, University of Wisconsin - Eau Claire

Jennine Fox, Lecturer, College of Business, University of Wisconsin - Eau Claire
dugarkk@uwec.edu

Authors:

Dr. Kranti (Kran) Dugar is an Assistant Professor of Marketing at the University of Wisconsin – Eau Claire's College of Business. His teaching interests include new product development, consumer behavior, global marketing, marketing strategy, marketing research, and international immersion programs, and research areas of interest include deconsumption, consumer behavior, equity, diversity, inclusion, & belonging (EDIB), technology-consumer interaction, and global marketing. Prof. Dugar has a Ph. D. from the University of Denver, and an MBA from Ohio University. He has taught and has conducted research at universities in India, Bangladesh, France, and USA. A winner of the Chuck Tomkovick Teaching Excellence Award (2021), he has a strong track record of teaching excellence.

Prof. Jennine Fox is a Lecturer at the University of Wisconsin – Eau Claire's College of Business. She teaches Digital Marketing Fundamentals, Social Media Marketing, and Principles of Marketing. Prof. Fox was a marketing practitioner who worked in Internet Marketing and eCommerce for 10 years prior to teaching. She graduated from the University of Wisconsin-Eau Claire with a BBA in Marketing, a BA in Spanish, and a Certificate in Business Communications. She later graduated with a Master's in Business Administration (MBA) from the University of Wisconsin-Eau Claire.

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The Stigma of Menstruation

"You can tell the condition of a nation by looking at the status of its women." --

Jawaharlal Nehru

Gulabi Devi, a devout Hindu woman of 42 years, was not allowed into the temple. *"You are dirty during this time. If you step into the temple, you will destroy it,"*[1] she was warned by village elders. Without worship, the movement of her normal day was disrupted.

When she was menstruating, she used a cotton cloth for sanitation. She had not heard of sanitary napkins. Even if she had, there was no way she could afford them. All week, she felt shunned. At home, she slept on a separate bed on the floor. She ate alone and drank out of a separate glass. She was not allowed to enter the kitchen or to bring drinking water into the house from the village water well. She was not allowed to touch trees and plants, lest they die.

Ammu, Gulabi's 13-year-old neighbor, had it even worse. A lively girl until she first menstruated, Ammu loved playing catch with other students in school. She had flowing hair, which she liked to wash regularly. She was fond of snacking on fruits and pickles, but during her monthly menstruation, she was forced into a different life. She was not allowed to wash her hair, play catch, or eat pickles. No one told her about what was changing in her body. It just was not something anyone talked about. The lack of awareness at home; the lack of a structured curriculum around menstruation in the community; the lack of sanitation facilities at school; the lack of empathy from family members, from institutions, and from the community had her convinced, *"These five days are like punishment. They last forever. I must have done something wrong to have deserved this treatment."*[2] Ammu could not take the shaming, the taboo, and the stigma. She felt period poor. She quit school.

Customary Menstrual Hygiene

During menstruation, both Gulabi Devi and Ammu used a cotton cloth to catch menstrual blood. They washed and dried the cloths after use. They often dried them indoors so others could not see them, or if they dried the cloths in the sun, they put a *kurti* or *chunni* on top of

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the cloths to hide them. Eventually they burned the cloths. In the absence of the cotton cloths, they used ashes and rice husk sand. They were convinced that if they bought other menstrual sanitary products, they were consuming undignified taboo products. Shopkeepers, often run by men, felt awkward and embarrassed when they were asked for these products.

There were thousands of women and girls in rural Rajasthan and millions more across India just Gulabi Devi and Ammu. As of 2015-16, only 12% of India's girls/women used sanitary pads.[3,4] Sixty-two percent of Indian women between the ages of 15 and 24 still used cloth rags instead of sanitary napkins or tampons, increasing the risk of infection and cervical cancers.

Menstrual Health Information

Low awareness of menstruation was widespread in India. Seventy percent of menstruating mothers considered it dirty, 71% of adolescent girls remained unaware of menstruation until their first period, and the percentage of girls unaware of hygienic menstrual practices was high in rural areas (UNICEF's 2014 Report on Menstrual Hygiene in India).[5] Schools (and, indeed, family environments and a network of community health workers and grassroots leaders) could play a vital role in spreading awareness, encouraging dialogue of, instilling structured curriculums for, and dispelling stigma around use of sanitary napkins. However, menstrual health was not a topic that was spoken about, especially in the presence of males. Understanding of menstruation and menstrual health was lacking even some among older women. It was a vicious cycle of shame and lack of awareness – since they were never taught about it, they did not/could not pass it on. Media's role is limited, since there are many media dark areas in rural India.

According to Gulabi Devi, *"I did not learn about it from my mother. I wish I had. When I was sixteen, she gave me the same information she must have received from her mother…something like, "Shhh…we do not talk about this. Here is a cloth to use." Men would indirectly, in non-participation, perpetuate the stigma by just leaving the room if menstruation was discussed. How does one dispel the stigma in such an environment?"*

Recalling her trauma, the head of sanitary napkin production at Vimukt India, Chanda Devi said, *"I had no idea what menstruation was. No one had told me this at home or at school. When I got my first period, I was at school. My salwar got a stain. I was terrified! I wondered why I was bleeding, since I hadn't faced an injury. "What's wrong with me?," I remember wondering."*[6]

Anna Blackwell, a Fulbright scholar from Wisconsin, who was studying anemia treatments and working on women's health initiatives in Rajasthan, pinpointed stigma around menstruation and lack of awareness as the two biggest barriers in attaining menstrual hygiene health. *"Mothers shy away from talking about menstruation and the care needed to their daughters, and young girls enter puberty on their own with limited support mechanisms and with very little information on their bodies, menstrual hygiene and disposal,"* she said. *"Unlike in the United States, in rural India, girls and women on their periods are treated as outsiders and are barred from their family and community,"*[7] she reflected.

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Having built relationships based on trust, and having made friends for life in India, Anna struggled with the lack of structured information and curriculum around menstruation. *"A structured and adaptive menstrual health curriculum that can reach even members of the community who cannot read and/or write is the need of the hour. Training needs to be provided for community health workers and grassroots leaders. Stigma-free and accurate information needs to be disseminated in schools, health departments, or through governmental projects in areas that are geographically isolated and disconnected. That would lead to lasting change around access to resources for education and awareness,"* Anna said (see Appendix C).

Having access to menstrual products and learning about menstruation at school and home would allow girls and women to take care of themselves and would empower them to make their own health decisions. By spreading awareness about menstruation and hygiene, countering myths and cultural superstitions, and providing appropriate sanitation facilities, functional toilets, and access to menstrual health products, schools could promote dignified menstrual experiences (see Appendix D).

However, so much depended on ensuring girls remained in school. They needed advocates for stigma- and shame-free menstruation. They needed solutions.

Literacy in Rajasthan

According to the 2011 Census of India, more than 50 million of the 68 million people in Rajasthan (a state in the Northwest of India) lived in rural areas. Rajasthan had a literacy rate of 67.1% in 2011, which put it in the bottom-five of 28 states and 7 union territories.[8] The overall gender literacy gap in India was 16.6% in 2011. Rajasthan had the lowest literacy rate among women in any state, 52.7%, compared to 80.5% for males.[9] That was a gender literacy gap of 27.8%, which, according to census data from 2001 and 2011, was the highest gender literacy gap of all states (see Appendix A).

Overall, approximately 66% of India's total population lived in rural areas as of 2018. Even as recently as 2017-18, the gender gap in literacy rates was the highest in Rajasthan at 29% (see Appendix B).[10]

Education: Women's Futures

> *"Educate one man, you educate one person, but educate a woman and you educate a whole civilization."* -- Mahatma Gandhi

Under the Right of Children to Free and Compulsory Education Act of 2009,[11] the Indian government made education free and compulsory for children of 6-14 years of age. A combination of stigma and ridicule, lack of sanitation facilities at school, and period-shaming meant girls dropped out of school as they reached puberty. As late as 2018, 23 million girls dropped out of school every year when they started menstruating in India.[12] Two hundred million women out of the 355 million menstruating girls and women in India lived in the dark about menstruation and good health-hygiene practices. Most believed menstruation was a

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burden, restricting their activities, causing trauma, and preventing them from reaching their life aspirations and attaining happiness.[13]

Improved outcomes for girls and women depended on education. If girls didn't drop out, and if they received seven full years of education, they would get married an average of four years later and have 2.2 fewer children.[14] If they attended one additional year of primary school, their lifetime wages would increase by 10-20%. If they attended one additional year of secondary school, their lifetime wages would increase by 15-25%.[15]

Vimukt India

"Built by the poor, for the poor" was *Vimukt* (Hindi for liberated) India's tagline. It came from humble beginnings in 1972, when Prabir Sen, a young post graduate student, volunteered to live and work in Rajasthan, one of India's poorest states. Sen became friends with a farmer from the small village of Bishnoi, Rajasthan. The farmer, Aditya, and Sen shared the same dream of assuaging poverty in the state by joining formal knowledge from urban settings with rural wisdom. Over the years, Vimukt India, through the application of a stakeholder model, initiatives driven by grassroot movements within rural communities, and with subsidy support from the government, had worked on solutions such as solar power, training women to lead, access to clean water, educating rural children, and improving health.

All of these solutions were focused on training women who returned to their villages to bring light and learning into their communities. In 2020, Vimukt India impacted 1,300 villages in 80 countries around the world, breaking down barriers by enabling information-sharing and empowerment.[16]

Vimukt India was also trying to make a difference in the lives of women and girls like Gulabi Devi and Ammu by creating safe and trusted spaces, countering taboos and myths around menstruation, encouraging structured conversations and curriculum around menstrual health, challenging rigid gender roles in society, and offering subsidized and affordable sanitary napkins. How could Vimukt India build a marketing strategy around sanitary napkins to help overcome the stigma and create lasting change in rural Indian communities?

The Opportunity -- Women's Health Initiative and Impact

Vimukt India worked with women to produce sanitary napkins at an affordable price (see Appendix E). The combination of education and affordable products for menstrual hygiene and management was an important step in improving the lives of women in rural India. They hired a marketing manager, Pamela Lott, as well. Given the stigma, sociocultural influences, media dark areas, and product challenges unique to rural India, Pamela needed to use Gulabi Devi and Ammu's stories to develop a marketing mix strategy that would address the problem of stigma and taboo around the consumption of sanitary napkins in rural India. Assume that you are in the role of Pamela Lott, what would you do? How would you use the four A's of addressing low-income/BOP consumers to create awareness and build an effective marketing strategy for sanitary pads in Rajasthan?

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[1] Personal interview with author, Feb 29, 2020, Rajasthan, India.
[2] Personal interview with author, Feb 29, 2020, Rajasthan, India.
[3] National Family Health Survey (2015-16). Ministry of Health and Family Welfare. Retrieved March 13, 2020, from https://dhsprogram.com/pubs/pdf/FR339/FR339.pdf.
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[6] Personal interview with author, Feb 29, 2020, Rajasthan, India.
[7] Personal interview with author, Feb 27, 2020, Georgia, USA.
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[9] Ibid.
[10] Periodic Labour Force Survey (2017-18). Ministry of Statistics and Programme Implementation, National Statistical Office. Retrieved February 8, 2020, from http://mospi.nic.in/sites/default/files/publication_reports/Annual%20Report%2C%20PLFS%202017-18_31052019.pdf.
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[16] Barefoot College International (2020). We're taking action on menstrual hygiene day. Barefoot College International. Retrieved November 1, 2021, from https://www.barefootcollege.org/menstrual-hygiene-day-2020/.

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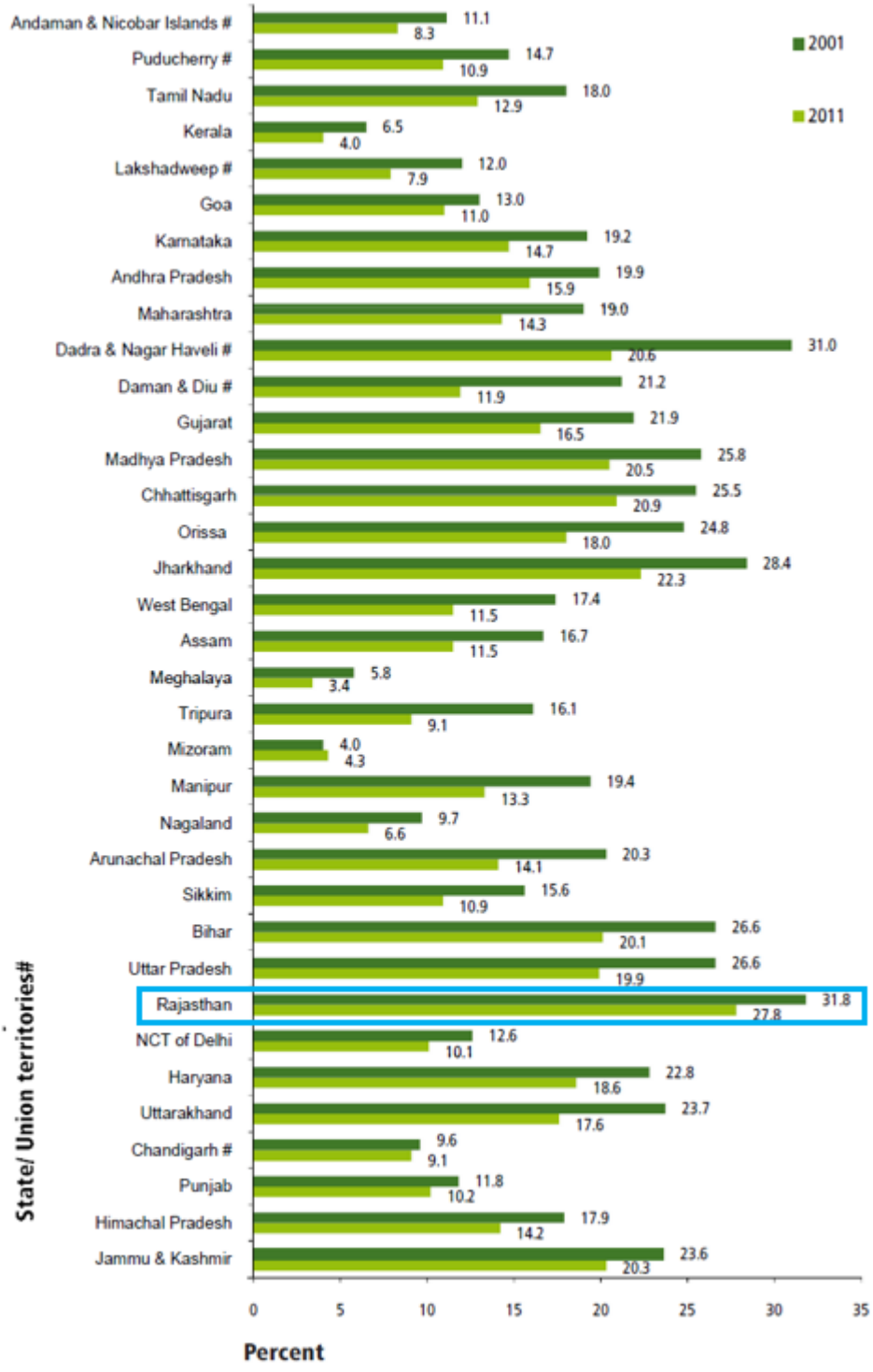
Appendices

Appendix A – Gender Literacy Gap in India by States (Census of India 2011)



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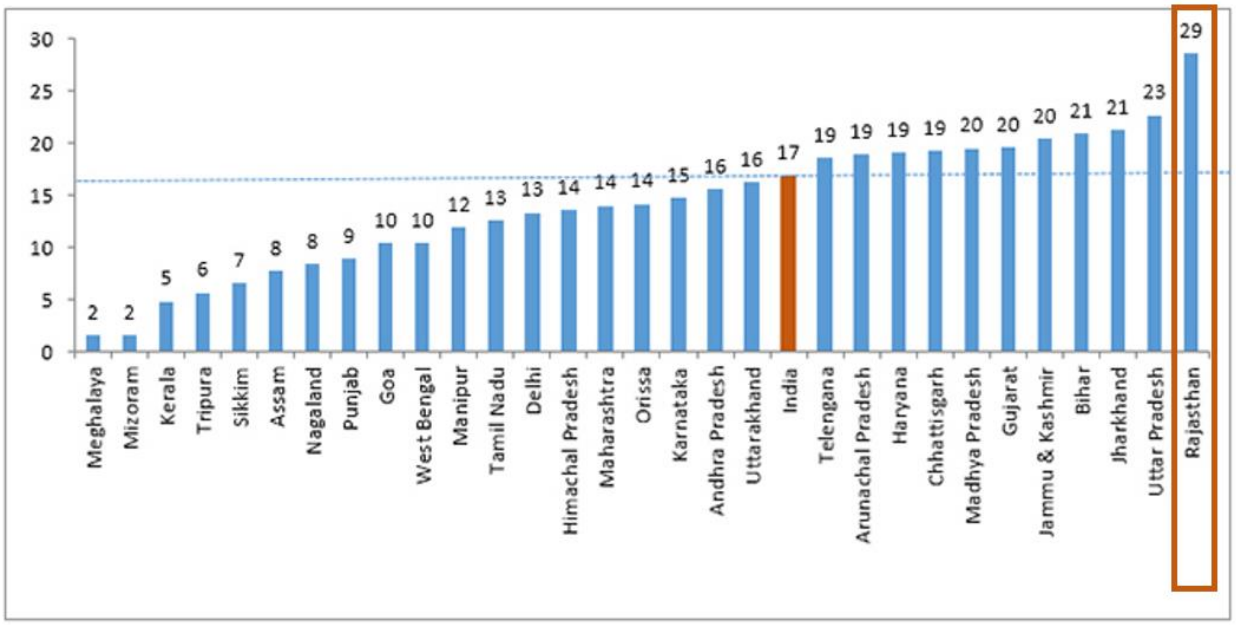
Appendix B – Gender Literacy Gap in India (2017-18), Overall, and by States (Periodic Labour Force Survey (2017-18)



Appendix C – Anna Blackwell Stressing the Importance of Women's Health Education in Rural India

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Appendix D – Vimukt India's Workshops Designed to Dispel Misinformation and Build Safe Spaces Around Menstruation

Appendix E – Sanitary Napkin Production Line at Vimukt India