

Assessing the Awareness, Usage and Accessibility of Suvidha Sanitary Napkins Under PMBJP in the Context of Banaras Hindu University

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Abstract

Menstrual hygiene is a critical public health issue closely tied to gender equity, dignity, and education in India. Despite several governmental initiatives, including the introduction of low-cost Suvidha sanitary napkins under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), significant gaps remain in awareness, accessibility, and usage, especially among young women. This study evaluates these dimensions among 50 female students at Banaras Hindu University (BHU), offering a microcosmic insight into broader systemic challenges. Findings reveal that although 56% of participants were aware of Suvidha napkins, only 24% had access to them, and a staggering 72% had never used them. Preference for commercial brands, quality concerns, and insufficient institutional distribution emerged as key barriers. The study underscores the need for targeted awareness campaigns, infrastructural support, product quality improvement, and policy integration to make menstrual health management truly inclusive and impactful.

Keywords: Menstrual hygiene, Suvidha sanitary napkins, Menstrual health management, Banaras Hindu University, Policy intervention.

1. Introduction

1.1 Background and Rationale

Menstrual hygiene in India has historically been marred by stigma, misinformation, and inadequate infrastructure. Women have often relied on unhygienic methods such as cloth, leaves, or ash, leading to various health complications. While urban areas have witnessed a gradual uptake of commercial sanitary products, rural and economically weaker sections continue to face affordability and accessibility challenges.

With the advent of multinational corporations in the late 20th century, commercial sanitary napkins like Stayfree and Whisper became available, although primarily in urban markets. However, due to their high cost and the prevailing stigma, many women, especially in rural and economically disadvantaged areas, continued to rely on unsafe menstrual hygiene practices.

To counter these barriers, the Indian government launched the **Suvidha Sanitary Napkin initiative under PMBJP** in 2018, offering biodegradable pads at ₹1 per unit via Janaushadhi Kendras. However, the ground-level uptake of these products, particularly among educated youth, remains underexplored.

1.2 Objective

This study investigates the **awareness, usage, and accessibility** of Suvidha sanitary napkins among female students of Banaras Hindu University (BHU), one of India's largest residential universities. The research examines how far governmental schemes have penetrated even relatively privileged academic institutions and identifies barriers to effective implementation.

2. Literature Review

The literature on menstrual hygiene in India highlights it as a critical public health and gender equity issue, deeply embedded in socio-cultural taboos, economic disparities, and infrastructural gaps. Despite increasing policy attention and public awareness, menstrual health management (MHM) remains a challenge across both urban and rural India, particularly among adolescent and reproductive-age women. Several empirical studies point to the persistent gap between awareness and actual usage of sanitary products. Bhattacharya and Singh (2016) found that even though 80% of women in a North Indian village were aware of sanitary napkins and motivated to use them, only 30% actually used them due to irregular supply and low incentives for frontline health workers. Similarly, Dasgupta et al. (2019) in a Kolkata slum revealed that poor menstrual hygiene was associated with low education and socio-economic status, calling for targeted educational interventions.

Urban-based research by Wagh et al. (2018) showed that even in cities, misconceptions about menstruation persist. Their study of 100 urban girls showed that despite a high usage of sanitary pads (64%), 11% believed menstruation was a curse, and improper disposal practices were common. Likewise, Paria et al. (2014) compared menstrual hygiene among urban and rural girls in West Bengal and found that rural girls had lower awareness and were more likely to use and reuse homemade pads, increasing the risk of infections.

The role of socio-economic and regional disparities was further supported by national data from NFHS-5 (Karjee & Biswas, 2023), which showed that education, wealth, and geography significantly affect menstrual hygiene behavior. Women from higher-income households and with better education were more likely to use hygienic menstrual products.

The literature also includes critical perspectives that go beyond empirical data. Delaney (2019), in *Menstruation Across Cultures*, explores how menstrual taboos have historically silenced the issue, limiting women's access to healthcare and education. Sreenivasan (2020), in her book on reproductive health and women's rights in India, critiques government programs like PMBJP for prioritizing product distribution over education and empowerment. Sharma (2021) echoes this in *Body Talk*, a collection that combines narratives and expert opinions to illustrate how deeply entrenched cultural beliefs shape menstrual practices.

Policy-focused studies emphasize the need for participatory and rights-based approaches. The edited volume *The Menstrual Movement in South Asia* (Kapoor & Sharma, 2022) documents grassroots activism and critiques initiatives like Suvidha for lacking community involvement and design feedback. While the scheme provides low-cost pads, its effectiveness is limited by weak distribution and low awareness.

A comparative global perspective is offered through Scotland's Period Products Act (2021), which made menstrual products freely available in public institutions. Scholars like Mitra (2024) argue that while India's Suvidha scheme is affordable, it falls short of being transformative due to gaps in implementation and outreach. The Scottish model is seen as a gold standard for menstrual equity, highlighting the importance of integrating menstrual health into public education, healthcare, and discourse.

Supporting documents such as the BPPI Annual Report (2023–24), Menstrual Hygiene Management National Guidelines (2020), and UNICEF's Menstrual Health Reports (2022) provide institutional insights. They underscore a multi-sectoral approach involving schools, healthcare, NGOs, and local bodies. These reports stress the importance of awareness, access to affordable products, safe disposal mechanisms, and community engagement to challenge prevailing taboos.

The NITI Aayog Health Index Report (2023) also calls attention to the lack of menstrual hygiene indicators in public health tracking. Though maternal and adolescent health are monitored, menstrual health remains underrepresented despite its impact on reproductive health.

In conclusion, the literature reveals a nuanced picture: while government schemes like Suvidha are steps in the right direction, their reach and impact are hampered by supply issues, cultural stigma, and insufficient educational outreach. A shift from purely product-based solutions to holistic, culturally sensitive, and community-driven strategies is essential to make menstrual hygiene a right rather than a privilege in India.

3. Methodology

3.1 Research Design

This study follows a descriptive and exploratory research design to examine awareness, accessibility, and usage patterns of Suvidha Sanitary Napkins under the PMBJP scheme among female students at Banaras Hindu University (BHU). The descriptive component focuses on quantifying levels of awareness, product usage, and availability, while the exploratory aspect investigates the underlying social, cultural, and logistical barriers that affect the adoption of these menstrual hygiene products. A mixed-methods approach was employed, using both quantitative surveys and qualitative Focus Group Discussions (FGDs) to gather comprehensive insights.

Structured questionnaires provided measurable data points on awareness, preferences, and user experiences, while FGDs offered rich, contextual narratives around students' attitudes toward menstrual hygiene, perceived quality of Suvidha products, and stigma-related challenges. This dual approach ensured a well-rounded understanding of the gap between policy provisions and ground realities. The research design was chosen to support both statistical analysis and thematic interpretation, allowing the study to produce actionable recommendations for policy refinement and implementation strategies.

3.2 Sampling and Participants

The target population for this study comprised female students enrolled in undergraduate, postgraduate, and doctoral programs at Banaras Hindu University (BHU). Given the focus on evaluating awareness, usage, and accessibility of Suvidha sanitary napkins, the female student demographic was ideal due to its direct relevance to the research objectives. These students come from diverse regional and socio-economic backgrounds, making them suitable for capturing a wide spectrum of experiences and perspectives related to menstrual hygiene management and government schemes like PMBJP.

To ensure fair representation across various academic and demographic categories, the study adopted a stratified random sampling method. The population was stratified by educational level (UG, PG, PhD) and faculty (Arts, Social Sciences, Science, Medicine, etc.) to capture variability in awareness and access patterns. This approach helped avoid selection bias and allowed the researcher to make more meaningful comparisons across academic strata. Stratification also ensured that no particular academic group dominated the sample, enhancing the reliability of the findings.

3.3 Tools and Data Analysis

The study utilized a semi-structured questionnaire as the primary research tool, designed to collect both quantitative and qualitative data on various dimensions such as awareness, usage frequency, accessibility, affordability, satisfaction, and perceptions regarding Suvidha sanitary napkins. The questionnaire included a mix of closed-ended questions for statistical analysis and open-ended questions to capture nuanced opinions and suggestions. Additionally, Focus Group Discussions (FGDs) were conducted using a pre-defined discussion guide to facilitate deeper exploration of participants' experiences, cultural beliefs, and attitudes toward menstrual hygiene practices. These tools were carefully designed to ensure clarity, cultural sensitivity, and alignment with the research objectives.

4. Key Findings

1. Awareness of the Suvidha Scheme

One of the most prominent findings of this study is the limited awareness of the Suvidha sanitary napkin scheme among female students at BHU. Although 56% of respondents reported being aware of the initiative, a substantial 44% were either completely unaware or had only a vague idea about its purpose and availability. This is notable given that the target population comprises educated university students who are expected to be more exposed to public health messaging. The primary source of information for those who were aware was social media, which accounted for 42% of the responses. Institutional channels like college notice boards, health workers, and university health centers had minimal influence, suggesting that official mechanisms for health education are underutilized.

2. Accessibility and Distribution Gaps

Accessibility of Suvidha napkins emerged as a major issue. Only 24% of the participants stated they had access to Suvidha napkins either on-campus or nearby, while a significant 64% reported no access at all. Furthermore, 46% of students expressed uncertainty about where or how to obtain the napkins, indicating a lack of visibility and communication about distribution points. The main outlets used by those who accessed Suvidha napkins were Jan Aushadhi Kendras (24%) and government hospitals (16%), while college dispensaries were rarely utilized (8%). This suggests a need to strengthen and better publicize on-campus distribution systems.

3. Usage Patterns and Product Experience

Usage of Suvidha sanitary napkins among BHU students was found to be remarkably low. A significant 72% of respondents had never used the product. Only 6% reported using them regularly, while another 6% used them occasionally. A moderate 16% had tried Suvidha napkins once or twice but did not continue, often citing discomfort, low absorbency, or limited availability as reasons for discontinuation. These findings reflect that the low-cost pricing of Suvidha is not enough to ensure usage if product quality and consistency are not adequately addressed.

4. Preference for Commercial Brands

In terms of product preference, most students favored commercial brands such as Whisper and Stayfree, with 35% choosing each. These brands are well-established in the market and are often perceived to offer better comfort, reliability, and quality. In contrast, low-cost alternatives like Proease had limited users (13.35%), and Suvidha remained relatively unpopular. These choices suggest that trust in brand and product performance strongly influences purchasing decisions, often more than price. This is particularly relevant in a demographic where comfort and hygiene are highly prioritized.

5. Menstrual Health Challenges

The study revealed that menstrual health remains a serious concern among university students. A large proportion of respondents—74%—reported experiencing menstrual pain, while 66% experienced mood swings. Other issues such as rashes (58%) and odor (36%) were also commonly reported, which could be linked to the use of low-quality products or prolonged use due to cost or accessibility constraints. Despite these concerns, 48% relied on home remedies, and 24% did not seek any form of medical help, indicating gaps in health literacy and access to healthcare services for menstrual-related issues.

6. Menstruation and Academic Participation

Menstruation also had a direct impact on academic and social participation. More than half (55.1%) of the respondents said they “rarely” missed school or events due to their period, while 28.6% admitted to “occasionally” missing such activities. A small portion (8.2%) reported frequent disruptions. Additionally, 59.2% of students stated that their comfort during menstruation “depends” on factors like symptom severity, classroom environment, or availability of facilities. These findings highlight that menstrual discomfort, if not addressed with supportive infrastructure and resources, can hinder full participation in university life.

7. Institutional and Policy Gaps

The final set of findings relates to perceptions of institutional support and government efforts. About 40% of respondents lacked access to proper disposal facilities for menstrual waste, particularly in hostels or shared campus spaces. An overwhelming 94% of students expressed a need for more awareness programs related to menstrual hygiene and government schemes like Suvidha. When asked about the effectiveness of government efforts under PMJAY, only 24% felt the government was doing enough, while the rest were either unsure or dissatisfied. These findings reflect a disconnect between public health policy and on-ground implementation, as well as the need for better health education and participatory outreach efforts in university settings.

5. Discussion

The discussion highlights key findings from the study on Suvidha sanitary napkin awareness, accessibility, and usage among female students at Banaras Hindu University (BHU). A major concern identified is the low awareness level—despite being a target demographic with access to education and information, 44% of students were either unaware of the Suvidha scheme or uncertain about its details. This gap underscores the need for more effective and targeted awareness campaigns.

Accessibility was another significant challenge, with 64% reporting unavailability of Suvidha napkins in or near the campus and only 24% confirming access through Jan Aushadhi Kendras or college dispensaries. As a result, 72% of students had never used Suvidha napkins, with most opting for commercial brands due to better quality, comfort, and availability.

The discussion also connects menstrual health to broader issues such as academic participation, emotional well-being, and personal comfort. Many students reported menstrual-related discomforts and occasional absenteeism. Additionally, students overwhelmingly supported the need for more awareness programs, better disposal infrastructure, and menstrual health education on campus.

Overall, the findings suggest that while the Suvidha initiative is well-intentioned and affordable, its impact is limited by poor outreach, insufficient distribution, and lack of institutional support. Greater efforts are needed to integrate menstrual health into campus policies, improve product visibility, and ensure consistent supply and user-friendly access.

6. Suggestion

1. Enhancing Awareness Campaigns

The study revealed a significant lack of awareness regarding the Suvidha sanitary napkin scheme among female students, even within an academic setting like BHU. To address this, it is essential to conduct regular and targeted awareness programs within the university. These could include workshops, seminars, and open discussions on menstrual hygiene, led by healthcare professionals and supported by student-led organizations. Additionally, digital platforms such as WhatsApp groups, university websites, and social media pages should be actively used to spread information about the availability and benefits of Suvidha napkins. Integrating such information into student orientation programs would ensure that new students are made aware of the scheme from the beginning of their academic journey.

2. Improving Accessibility and Distribution

Despite the affordability of Suvidha napkins, accessibility remains a challenge. To bridge this gap, the distribution network must be strengthened within the university. Jan Aushadhi Kendras near campus should be regularly stocked, and college dispensaries should be empowered as primary distribution points. Vending machines offering Suvidha napkins at subsidized rates can be installed in hostels, libraries, and girls' common rooms for convenient access. Partnerships with NGOs and women's health organizations could further aid in organizing mobile distribution units during high-demand periods, such as examination seasons or menstrual health awareness weeks.

3. Ensuring Product Quality and User Comfort

A major reason for the low usage of Suvidha napkins was perceived inferiority in terms of quality and comfort. Therefore, it is recommended that the government and implementing agencies conduct regular feedback surveys or product trials among university students. Based on this feedback, improvements should be made in product design, such as enhancing absorbency, softness, and overall packaging to match the standards of popular commercial brands. Additionally, ensuring that the product remains biodegradable will align the scheme with sustainability goals, further improving its appeal to environmentally conscious users.

4. Strengthening Disposal Infrastructure

Proper menstrual hygiene management does not end with product distribution; disposal is equally important. The study found that a significant number of students lacked access to appropriate disposal facilities in hostels and campus buildings. To address this, sanitary waste bins and incinerators should be installed in all female washrooms, hostels, and high-traffic academic blocks. These should be regularly maintained and clearly marked for menstrual waste. Awareness campaigns on safe and dignified disposal practices should also be conducted to promote environmentally friendly and hygienic behaviors.

5. Promoting Inclusive and Open Dialogue

Menstrual stigma continues to be a barrier to access and awareness, even among educated populations. Encouraging open and inclusive dialogue around menstruation is essential. The university can promote this by hosting informal discussion sessions, storytelling events, or health talks involving both male and female students. Training peer educators and student ambassadors to lead these conversations can foster a supportive environment where menstruation is normalized, and students feel comfortable discussing their needs without fear of judgment or embarrassment.

6. Institutional and Policy Measures

Menstrual hygiene should be formally recognized as part of the university's health and wellness strategy. BHU can establish clear policies that include menstrual product availability, waste management

infrastructure, and awareness programming as part of regular institutional reviews. Setting up an anonymous feedback mechanism would allow students to report product shortages, suggest improvements, or raise concerns. Further, menstrual hygiene topics should be incorporated into general health or life skills curricula to ensure all students receive structured, accurate information as part of their education.

7. Leveraging Government Schemes Effectively

The study revealed a disconnect between government initiatives like PMBJP and their implementation at the student level. To bridge this, there must be stronger collaboration between university administrations and the agencies overseeing schemes like Suvidha. Simplifying the process of accessing subsidized products and improving coordination with Jan Aushadhi Kendras can help make the scheme more effective. Campaigns should not only emphasize affordability but also frame menstrual hygiene as a matter of dignity, health, and gender equality to ensure greater acceptance and participation.

7. Limitations

This study, while insightful, has certain limitations. Firstly, it is geographically restricted to Banaras Hindu University (BHU), which, despite its diversity, may not reflect the experiences of women in rural or less-resourced regions of India. The findings are therefore not fully generalizable to the broader population.

The sample size of 50 students, though sufficient for a small-scale institutional study, may not capture all demographic variations, especially among more marginalized or remote-background students. Additionally, the study relies on self-reported data, which is subject to biases such as underreporting due to stigma or overreporting due to social desirability.

As a cross-sectional study, it provides a snapshot at one point in time and does not track changes in awareness, usage, or attitudes over a longer period. A longitudinal approach could have offered deeper insights into evolving behaviors and the effectiveness of awareness campaigns.

Finally, the study focused specifically on Suvidha sanitary napkins, without comparing them in detail with other menstrual hygiene products available in the market. A comparative analysis could have provided a more comprehensive understanding of user preferences and challenges.

8. Conclusion

This study explored the awareness, accessibility, and usage of Suvidha sanitary napkins under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) among female students of Banaras Hindu University (BHU). Despite being a well-educated and urban university population, the research revealed significant gaps in awareness and accessibility, indicating a disconnect between policy design and on-ground implementation. Although over half of the respondents had heard of the Suvidha initiative, a considerable percentage were either unaware or unsure of its details and availability. This suggests that the initiative, while well-intentioned, suffers from insufficient promotion and outreach even within academic environments.

The data further showed that only a minority of students used Suvidha napkins, with the majority preferring commercial brands like Whisper and Stayfree. Factors influencing this preference included perceived quality, availability, and brand familiarity. Meanwhile, 64% of respondents reported unavailability of Suvidha napkins in or around campus, and 72% had never used the product, pointing to major shortcomings in distribution and supply chains. Students who had tried the product also reported concerns related to comfort and effectiveness, which further limited its adoption.

Importantly, the study confirmed that menstrual health significantly impacts academic participation, physical comfort, and emotional well-being. A large number of students experienced menstrual discomfort, missed classes or events, and expressed the need for better support systems. The findings highlight the necessity of institutional support, awareness campaigns, and better infrastructure, including disposal facilities, access points within hostels and dispensaries, and inclusion of menstrual health education in university programs.

In conclusion, while government schemes like Suvidha are a commendable step toward menstrual equity, their success depends on effective implementation, continuous awareness-building, and active community involvement. For such initiatives to achieve their full potential, they must go beyond product distribution to address deeper cultural stigmas, education gaps, and infrastructural shortcomings. This research underscores the urgency of making menstrual hygiene a visible, inclusive, and well-supported aspect of public health and educational policy.

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