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# Market Assessment Final Report

of

# Menstrual Health and Hygiene (MHH) Products and Services

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This report has been prepared by Intellectap Advisory Services Pvt. Ltd. (Intellectap) with support from SPIRE Research & Consulting. Opinions and views expressed here are solely basis the data collected and stakeholder consultations.

The information has been obtained from the review of publications, secondary sources, data analysis and stakeholder consultations which are accurate to best of our knowledge. Despite all precautions taken to accurately reflect the information accumulated in this respect, any errors pointed out subsequently by anyone cannot lead to any liability on part of the authors or project partners. The contents of this report may be used by anyone providing proper acknowledgement.

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## Acknowledgment

This report is a result of the market assessment jointly carried out by Intellectap Advisory Services Pvt Ltd. (Intellectap) and SPIRE Research and Consulting. A team led by Mr. Ashish Sinha (Private sector specialist & Program Lead) and comprising of Suparmanto (National Principal Investigator), Nikita Shrivastava (Senior Research Associate cum Program Manager), and Harshita Seth (Research associate) prepared this final report on the market assessment on menstrual health and hygiene management (MHH) products and services in Indonesia.

This report is an outcome of the insights shared by various stakeholders across the country. We are grateful for the support and critical inputs by the representatives of the UNICEF Indonesia office and various ministries and departments at the National and Provincial levels. We are grateful to the Ministry of Health (MoH), Ministry of Trade, Ministry of Tourism and Creative Economy, BAPPENAS, and others.

We would like to express our heartfelt gratitude to all the individuals and representatives who supported the assessment by providing insights from the field. We would also acknowledge the support received from community organizers, local manufacturers, suppliers for sharing the insights with us.

We would also like to acknowledge the contribution and insights shared by ecosystem stakeholders like Plan International, Indonesian Planned Parenthood Association, Simavi, and private players such as Perfect fit, Biyong Foundation, Sustaination, BeGirl, and others.

We welcome your feedback on this effort and encourage you to reach out to the team with your questions and comments through [www.intellecap.com](http://www.intellecap.com) or by email at [health@intellecap.net](mailto:health@intellecap.net).

## List of Abbreviations

|             |   |
|-------------|---|
| ASEAN       | Association of Southeast Asian Nations  |
| BAPPEDA     | Local Government Development Planning Agency  |
| CAGR        | Compound annual growth rate   |
| CBO         | Community based organization  |
| CIC-ARH Y/S | Center for Information and Counseling on Adolescent Reproductive Health for Youth/Student |
| CLTS        | Community-led total sanitation program  |
| CSR         | Corporate social responsibility   |
| FBO         | Faith based organization  |
| FKPKMI      | Forum Kerjasama Pengembangan Kesehatan Masyarakat Indonesia                               |
| GPS         | Global Positioning System   |
| HF          | Health Facility   |
| HWS         | Handwashing station   |
| IDR         | Indonesian rupiah   |
| IEC         | Information Education Communication   |
| IFC         | International Finance Corporation   |
| INGOs       | International Non-Governmental Organization   |
| JMP         | Joint Monitoring Programme  |
| MH          | Menstrual Health  |
| MHH         | Menstrual Health and Hygiene  |
| MHM         | Menstrual Hygiene Management  |
| MoECRT      | Ministry of Education, Culture, Research and Technology (MoECRT)                          |
| MoH         | Ministry of Health  |
| MOHA        | Ministry of Home Affairs  |
| MORA        | Ministry of Religious Affairs   |
| MPs         | Members of Parliament   |
| MSME        | Micro, Small & Medium Enterprises   |
| NGOs        | Non-Governmental Organization   |
| NTT         | East Nusa Tenggara  |
| ODF         | Open Defecation Free  |
| PMA         | Performance Monitoring and Accountability   |
| PSI         | Population Services International   |
| STBM        | Sanitasi Total Berbasis Masyarakat  |
| UKS         | Usaha Kesehatan Sekola  |
| UNICEF      | United Nations Children's Fund  |
| VAT         | Value Added Tax   |
| WASH        | Water, sanitation and hygiene   |
| WHO         | World health organization   |
| YHCS-CHC    | Youth Heath Care Services at Community Health Center                                      |

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# I. Executive Summary

## Context

Like many Asian countries, Indonesia has a young and reproductive population with 45% of the country's 270 million people aged between 15 and 49. 24 million adolescent girls have or will soon reach menarche, with the median age at first menstruation being 13 years. This reflects the need for a focussed approach towards MHH in the country.

The government of Indonesia has incorporated various policies, programs, and interventions at the national and sub-national levels to strengthen the MHH environment. The initiatives include establishing a national reproductive health commission, incorporating MHH as a critical component under the education program (Usaha Kesehatan Sekolah, UKS) and Sanitasi Total Berbasis Masyarakat (STBM) program. A decentralized approach has been adopted for the ground-level implementation of MHH related interventions in the country.

However, Indonesian women face several barriers to safely and effectively managing their periods. The barriers stem from both the demand and supply sides of the ecosystem in Indonesia and can be mapped around four critical domains of access, affordability, awareness, and acceptance. To move the MHH agenda in Indonesia forward, UNICEF Indonesia commissioned a Market assessment of the MHH products and services.

## Market Assessment Approach & Methods

The purpose of the market assessment is to identify ways to make the MHH products and services available and accessible to the majority of Indonesian women at an affordable rate.

The market assessment adopted a human-centered design approach to understand the barriers related to MHH products and services. It focussed on the bottom-up approach to identify the preferences and challenges of the users and suggested recommendations that resonated with their needs. A 360-degree framework was adapted to assess the menstrual health and hygiene (MHH) market in Indonesia across three broad levels: a) Demand side, b) Supply-side, and c) Ecosystem level using both qualitative and quantitative information.

Following the purposive sampling method, the assessment was conducted across three provinces of Indonesia. These include Jakarta, East Nusa Tenggara, and Papua. Ethical clearance from Institutional Review Board at Institute for Research and Community Service Atma Jaya, Indonesia was obtained for the assessment.

## Findings – Demand Side

Commercial disposable pads are the most preferred MHH products among adolescents and women due to their comfort and leak-proof characteristic. In Papua, women shared that they also use piece of cloth to manage their menstrual flow. Laurier and Charm are the most preferred brand, followed by Softex, Kotex, and Protex in the disposable pad category. The affordability of basic menstrual pads is not a concern; however, value-added products fall outside the affordability range. Lack of access to accurate information on MHH restricts adolescent girls' and women's participation in various spheres of life.

Mini-markets/small retail shops and supermarkets are the key sources of purchasing menstrual products in both rural and urban areas of Indonesia. There is an awkwardness to obtain information about the MHH products due to the presence of male shopkeepers. The out-of-stock products and presence of expired products at the nearby store in rural locations inhibit continued usage of pads.

Most of the public health facilities do not provide menstrual hygiene products and there is lack of female-friendly toilets. Health workers provide counseling related to menstrual health. However, due to the taboo and awkwardness related to MHH topic, women do not seek information.

At Schools, the non-availability of menstrual hygiene products and female-friendly toilets is a major concern. There is a lack of formal training for the school staff on MHH. Also, no formal curriculum is

followed to impart training on menstrual health and hygiene. At schools, girls prefer to use disposable sanitary pads. However, a lack of funds and budget both at public and private schools prevents the schools from maintaining an inventory of sanitary pads.

At market places, transportation hubs, and workplaces, lack of female-friendly toilets in public places, especially in remote locations is the main challenge. The non-availability of sanitary pads dispensers at public facilities is a missed opportunity for private players. There is a need for advocacy at the private workplaces to mainstream MHH such as leave policy, separate toilets and private spaces for women, and provisioning of pads.

### **Findings - Supply side**

The Menstrual Hygiene market was worth USD 288 million in 2020 and mainly consists of sanitary pads, reusable pads, tampons, panty liners, and menstrual cups. It is expected to grow at a CAGR of 7.9% during 2021-2025. Unicharm, Kao Indonesia, and Kimberly Clark are the leading market players and could be the top choices for private sector engagement initiatives. The majority of sales (57%) happen at hypermarkets and supermarkets. Convenience store contributes 26% of total retail sales.

A wide range of *halal* certified menstrual hygiene products with a variety of features and at different price points are produced by the MNCs in Indonesia. MHH manufacturers and marketers use both modern and traditional distribution channels to take the products across the country however there is limited distribution network in the rural and remote locations. MNCs engage in educating and promoting best practices around MHH as part of their social responsibility. Mass media and social media are the key marketing channels for the commercial promotion of MHH products.

Innovative MHH products like reusable pads and period underwear are being produced by social enterprises. However, the lack of national standards on reusable pads impacts the credibility of the products. The target for reusable pads produced by social enterprises is rural consumers. They are promoted as environment-friendly and sustainable products. Due to high initial investment, reusable pads are more expensive than disposable pads thereby becoming less preferred product.

Distributors at the urban locations stock more brand/ product range in comparison to rural distributors as urban consumers demand variety in brands while rural consumers are more loyal to the brand. The price at the last mile is high due to the high cost of transportation. Distributors are reluctant to deliver at the remote locations in Papua due to lack of appropriate connectivity. They wait for bulk orders to minimize the transportation cost.

Retailers shared that product features that attract the customers for these products include the comfort, price, and brand popularity. Market assessment observed that in-store placement of the products is not consumer friendly and therefore many times customers do not know if retailer is stocking the product or not. There was no in-store promotion for increasing the sales or awareness of menstrual products.

### **Recommendations**

#### *Implications for Government*

1. Formulate a National Level Policy and Operational Guideline for a sector wide response to Menstrual Health and Hygiene
2. Incentivize healthcare workforce to distribute and provide MHH products and information using performance-based model
3. Build skill of teachers on MHH through structured training to make credible, accurate, and accessible information available for girls at the schools

#### *Implications for UNICEF and other Development partners*

1. Establish a Menstrual health and hygiene coalition in Indonesia to strengthen coordination among key stakeholders and build a sustainable ecosystem for MHH

2. Design and Execute Locally Produced & Community Owned Model to create entrepreneurship opportunities for the local women and make the products available, accessible and affordable for the community
3. Conduct a mapping of retail outlets to identify outlets where they currently do not stock MHH products and can be connected with a Distribution Centre.
4. Work with Banks/ DFIs to create Innovative Financing solutions for women owned enterprises in MHH space
5. Provide Accelerator and Incubator support to Innovators in MHH space to convert innovations into a commercially viable business

*Implication for Manufacturers (Large companies)*

1. Provide gender lens training focussed on addressing embarrassment and changing social norms to distributors and retailers on MHH products.
2. In-store promotion through dedicated kiosk, banners, posters, product detailers and free sample products, especially in traditional stores could help in creating brand awareness and hence in making the brand as the preferred one.
3. Large manufacturers should consider new business opportunities in the form of setting up sanitary pads dispensers at the public facilities.
4. Enter into reusable sanitary pads business. This will help in building consumer's confidence and trust in the sustainable menstrual products i.e. reusable pads.
5. Address the markets currently not addressed by reaching more and more number of local last mile delivery channels.

## 2. Introduction

This chapter talks about the overall scenario of Menstrual Health and Hygiene Management in Indonesia. This includes understanding Menstrual Health and Hygiene Management, overview of MHH in Indonesia, key government programs and its delivery mechanism. Through secondary analysis, the chapter dives into the gaps related to access, awareness, acceptance, and affordability issues for the women and adolescents in the country.

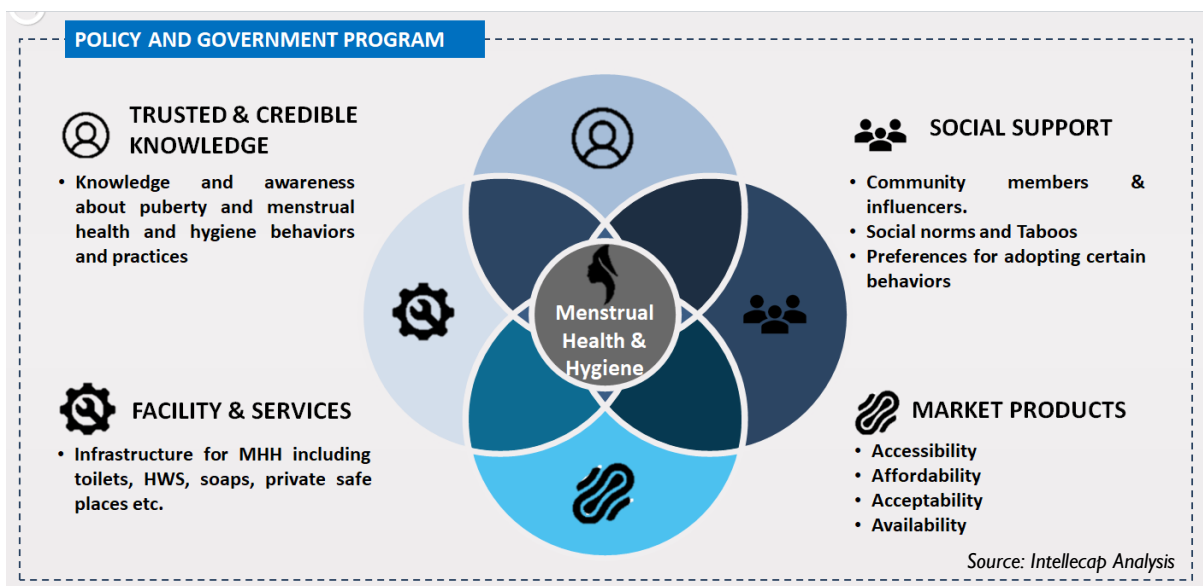
### 2.1 Understanding Menstrual Health and Hygiene Management

Almost every woman in this world menstruates between 2 to 7 days every month to complete a normal biological process. Though an integral part of a woman's life, yet menstruation is deeply steeped in myths, taboos, and silence. Across the globe, managing menstruation comfortably, safely, and without shame has been an issue for women<sup>1</sup>. This is why menstrual health and hygiene management which is about creating an ecosystem for safe menstrual management for individuals assumes importance.

The WHO and UNICEF Joint Monitoring Programme (JMP) defines Menstrual Health Management as *“Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials”*.

The illustration below showcases the critical components required to practice safe menstrual health and hygiene management.

Illustration 1 Critical components to practice safe MHH



**Component # 1: Trusted, credible, relevant, and updated knowledge** - Knowledge and awareness about puberty and menstrual health management, information and services related to hygiene products, behaviors, and practices to end the stigma and associated discrimination.

**Component # 2: Social support** - Social support from family members, peers, and community members around the various taboos that influence an individual's choices and participation during periods.

<sup>1</sup> FAST FACTS: Nine things you didn't know about menstruation, UNICEF 2018

**Component # 3: Facility and services-** Strengthening the WASH infrastructure at both the public and private places to ensure holistic participation of women in various aspects of life. This would mainly entail increased availability and accessibility of toilets, HWS, soaps, dustbins for disposal of used pads, and other supporting services.

**Component # 4: Market products-** Ensuring the menstrual products like pads (disposable and non-disposable), tampons, menstrual cups, and others are accessible, affordable, available, and acceptable by the individuals. It is important to design national standards for these products to ensure that safe product is available for end-users.

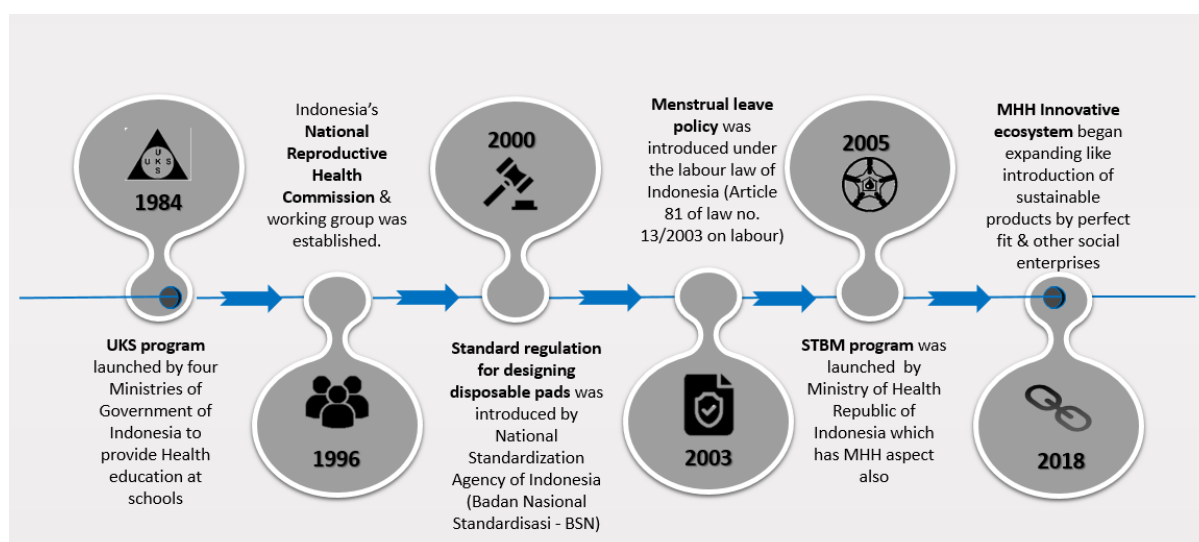
These four components need a thriving environment in terms of policy, regulation, and government support to reach the desired result. The poor application of MHH can affect the development of an ideal family, human productivity, and could ultimately determine the progress of a country.

## 2.2 Overview of Menstrual health and hygiene in Indonesia

Like many Asian countries, Indonesia has a young and reproductive population with 45% of the country's 270 million people aged between 15-49<sup>2</sup>. 24 million adolescent girls have or will soon reach menarche, with the median age at first menstruation being 13 years<sup>3</sup>. This reflects the need for a focussed approach towards MHH in the country. Other conditions that encourage the urgency of initiatives around MHH in Indonesia are the high number of child marriages reaching 1.2 million events<sup>4</sup>, where 1 in 9 Indonesian women aged 20-24 years got married at a child age (Social Survey National Economy 2018). This is mainly due to the misinformation around menarche, with majority associating menarche as right time for the girls' marriage.

The government of Indonesia has incorporated various policies, programs, and interventions at the national and sub-national levels to strengthen the MHH environment. The initiatives include establishing a national reproductive health commission in 2001, launching the national school health program Usaha Kesehatan Sekolah, UKS in 1984 and Sanitasi Total Berbasis Masyarakat (STBM) program in the country. Way ahead of other countries, Indonesian labor laws incorporated the menstrual leave policy to increase the participation of women in the workplace. Government has also developed standard product regulation for the disposable pads. The illustration below highlights the major milestones related to MHH history in Indonesia.

**Illustration 2 MHH history in Indonesia**



<sup>2</sup> Indonesia DHS 2017

<sup>3</sup> Understanding practices, determinants and impacts among adolescent school girls, MHH in Indonesia, 2015

<sup>4</sup> Menstrual Hygiene Management and Prevention of Child Marriage, NU Muslimat Central Leadership, in collaboration with UNICEF Indonesia, 2020

## Key MHH programs in Indonesia

Some of the critical programs/policies from the current perspective for menstrual health and hygiene management in Indonesia have been detailed out below-

### 1. Usaha Kesehatan Sekolah/Madrasah, (UKS/M):

The National School Health Program was launched in initiated since 1956. The first joint decree of four ministries was signed on 1984.. The program is implemented in the convergence between four Ministries namely the Ministry of Education, Culture, Research and Technology (MoECRT) ), the Ministry of Health (MoH), the Ministry of Religious Affairs (MORA), and the Ministry of Home Affairs (MOHA). MOECR acts as the UKS/M Guidance Team at the Central Level and technically prepares the policies, standard guidelines, and coaching guidelines for all the levels starting from the Provincial UKS/M Guidance Team, Regency/City UKS/M Guidance Team, District UKS/M Guidance Team to the UKS/M Implementation Team at the ground level<sup>5</sup>.

The core area of focus includes a) health education, b) health services, and c) ensuring a healthy environment at school for adolescent girls. Under this program, knowledge around the various aspect of menstruation health management is imparted to girls through teachers/facilitators in school. Apart from this Puskesmas officers (health centre staff) also provides information around puberty and curative/ rehabilitative reproductive health to adolescents during periodic health check-ups conducted at the schools.

To ensure the implementation of the UKS/M programme is efficient and effective, an Activity Plan is prepared by the Implementing Team which is later converted into a School Work Plan (RKS) document comprising of a School Expenditure Budget Plan (RABS).

### 2. Sanitasi Total Berbasis Masyarakat (STBM) program:

Intending to improve the sanitation status across the country, the Government of Indonesia launched the community-led total sanitation program (CLTS) as a pilot in 2005 under a program called *Sanitasi Total Berbasis Masyarakat* (STBM). Given the successful implementation, the program was adopted as a national-level strategy to execute improved sanitation practices and services. The core five pillars of the STBM program are:

- Open Defecation Free (ODF) communities
- Handwashing with soap at critical moments
- Household water treatment and safe storage of water and food
- Solid waste management
- Liquid waste management

Though Menstrual Health and Hygiene is not the core area of the programme, the implementation of this programme did help in creating a conducive ecosystem for the menstruators in the country (i.e. availability of water, triggering handwashing behaviours).

### 3. National Standards:

Concerning MHH products, the National Standardization Agency of Indonesia has defined a **standard regulation for designing disposable sanitary pads in Indonesia**. The regulation was issued in 2000 and was later revised in 2015<sup>6</sup>. Although the regulation is available, data standard around Absorbency Rate, pH Value, material (top, bottom, and middle layer) is not publically accessible.

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<sup>5</sup> Guidelines for the Guidance and Development of School and Madrasah Health Activities (UKS/M), Directorate General of Primary and Secondary Education, MOECR, 2019

<sup>6</sup> Development and compliance of quality standards for disposable and reusable menstrual health pads in LMICs, Reproductive Health Supplies Coalition

## Delivery structures to deliver MHH Interventions

A decentralized approach has been adopted for the ground-level implementation of MHH related interventions in the country<sup>7</sup>. Some of the key Government (Ministry of Health and Ministry of Education, Culture, Research and Technology (MoECRT)) and social structures which deliver MHH related services have been summarised below<sup>8</sup>.

### Illustration 3 Delivery Structures at the Community Level

|  |   |
|--|---|
| <b>At the community Level</b>              | <b>Integrated health service post (Posyandu)</b><br>A community-based care unit. Information and services on family planning, maternal and child health, immunization, nutrition, diarrhea, basic sanitation and essential drugs is provided, conducted by local health cadres with regular visits by puskesmas staff |
| <b>At the Village Level</b>                | <b>Village health post (Poskesdes)</b><br>A community-based care unit. Served by village midwives and health cadres, providing a more comprehensive service than Polindes, including surveillance and health promotion  |
|  | <b>Village maternity clinic (Polindes)</b><br>Maternity care, prenatal and postnatal care as well as family planning. The land and/or buildings are a combination of government and community funded. Village midwives mainly take care of services at the polindes.  |
| <b>At the District/ Sub-District Level</b> | <b>Primary health centre (Puskesmas)</b><br>Provides primary care curative, rehabilitative, preventive, promotive   |
|  | <b>Auxiliary Puskesmas (Pustu)</b><br>Simple health service unit for a population of upto 3000  |
|  | <b>Mobile Puskesmas</b><br>Replacing puskesmas and pustu for remote areas, using motorcycles, cars or boats   |
| <b>At the School Level</b>                 | <b>Dokter Kecil (little doctor)</b><br>Under this programme a student at the Primary School is appointed by the teacher to promote healthy behaviour among the students   |
|  | <b>Kader kesehatan remaja (adolescent health cadres)</b><br>The cadre is deployed at the at the High School level and are trained by the puskesmas staff to promote healthy and hygiene behaviours including MHH.   |

Source: Multiple, Intellectap Analysis

## 2.2.1 Current MHH Landscape in Indonesia

According to the World Health Organization data, around 72 million women in Indonesia are of reproductive age.<sup>9</sup> These women face several barriers to safely and effectively managing their

<sup>7</sup> Mapping of Environmental Conditions and Non-Governmental Organizations in the Implementation of Community-Based Total Sanitation Program (STBM) in Siak River Side Settlement in Pekanbaru City - 2021

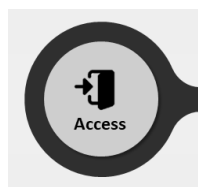
<sup>8</sup> The Republic of Indonesia, Health System Review, 2017

<sup>9</sup> Intellectap's internal analysis and World Health Organization, Indonesia 2020



periods. The barriers stem from both the demand and supply sides of the ecosystem in Indonesia and can be mapped around four critical domains of access, affordability, awareness, and acceptance.

In Indonesia, limited literature is available on menstrual health and hygiene management (MHH) to understand the current trends and gaps. The majority of the studies have been conducted on small scale, specifically focussed on MHH in schools. Some of the key learnings from secondary research have been compiled below.



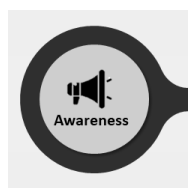
**Access: Access to enabling environment in terms of adequate sanitation facilities is essential for MHH for women and girls<sup>10</sup>.**

In Indonesia often women and girls are unable to practice safe menstrual health and hygiene in various settings including home, schools, public places like markets, and transportation centres to limited access to supportive infrastructure. An assessment study carried out by the Ministry of culture and education in Indonesia highlighted that 15% of the primary schools do not have access to water, and around 54% do not have separate latrines for girls and boys. Limited access to water and poor sanitation facilities often result in absenteeism and school dropout amongst girls during their period<sup>11</sup>.

In terms of **infrastructure facilities and services**, 78.8% of the female in Indonesia has most of the things required to effectively manage their periods in terms of the product, infrastructure, and disposal mechanism<sup>12</sup>. The study suggests, 61.3% of the women use the main household sanitation facility to change pads and clean their private parts during menstruation<sup>13</sup>. The use of sanitation facilities at schools and work was very limited and only 2% of the total respondents reported using them during menstruation<sup>14</sup>. Studies suggest that inadequate WASH facilities and fear of leakage result in reduced participation of girls in normal school and social activities. Almost one in seven girls had missed one or more days of school during their last menstruation<sup>15</sup>.

Disposal being a critical aspect of menstrual hygiene management, 70% of the females dispose of menstrual waste in the bins. Other place and options used by females to dispose of the waste include the burning of the pads, toilets/ latrines, bush, etc.<sup>16</sup> Very few schools provided means of disposal inside the latrine compartments due to which girls were unable to dispose of absorbent materials discretely<sup>17</sup>.

Given the current challenges building gender-inclusive facilities is important to ensure women and girls' participation across various spheres of life.



**Awareness: The importance of creating awareness around menstrual health is critical to resolving mental and physical challenges faced by women in Indonesia<sup>18</sup>.**

In terms of **knowledge and awareness** around MHH, in Indonesia, the majority of women (89%) know that menstruation is one of the women's physical changes at puberty, however, **only 12% of women and 6% of men know where to find discussion/information on reproductive health<sup>19</sup>**. The preferred places to get information on reproductive health are the a) Center for Information and Counselling on Adolescent Reproductive Health for Youth/Student

<sup>10</sup> Guidance on Menstrual Health and Hygiene, UNICEF, 2019

<sup>11</sup> Hastuti, Dewi, R. K., & Pramana, R. P. (2019). Menstrual Hygiene Management (MHH): A Case Study of Primary and Junior High School Students in Indonesia. The SMERU Research Institute, 107. [http://www.smeru.or.id/sites/default/files/publication/mkm\\_en\\_0.pdf](http://www.smeru.or.id/sites/default/files/publication/mkm_en_0.pdf)

<sup>12</sup> Menstrual hygiene Management, Indonesia, 2017, performance monitoring and accountability 2020, BMGF

<sup>13</sup> Menstrual hygiene Management, Indonesia, 2017, performance monitoring and accountability 2020, BMGF

<sup>14</sup> Menstrual hygiene Management, Indonesia, 2017, performance monitoring and accountability 2020, BMGF

<sup>15</sup> Understanding practices, determinants and impacts among adolescent school girls, 2015

<sup>16</sup> Menstrual Hygiene Management, Indonesia, 2017, Performance Monitoring and Accountability (PMA) 2020, BMGF, Johns Hopkins Bloomberg School of Public Health. A nationwide survey in Indonesia of 8,163 females aged 15 to 49.

<sup>17</sup> Understanding practices, determinants and impacts among adolescent school girls, 2015

<sup>18</sup> Kennedy, E., Suriastini, W., Macintyre, A., Huggett, C., Wheen, R., Faiqoh, Rahma, A., & Inathsan, B. (2015). Menstrual Hygiene Management in Indonesia. Burnet Institute, 1–45.

<sup>19</sup> National Population and Family Planning Board, Statistics Indonesia, Ministry of Health - Kemenkes, and ICF. 2018. Indonesia Demographic and Health Survey 2017 - Adolescent Reproductive Health. Jakarta, Indonesia: BKKBN, BPS, Kemenkes, and ICF. Available at <http://dhsprogram.com/pubs/pdf/FR343/FR343.pdf>

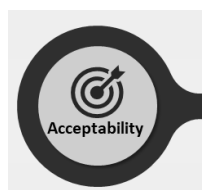


(CIC-ARH Y/S), managed by BKKBN, b) the Youth Health Care Services at Community Health Center (YHCS-CHC), managed by the Ministry of Health, and c) Youth Centers<sup>20</sup>. Amongst these the most popular source to seek reproductive health information is YHCS-CHC followed by CIC-ARH Y/S. Around 33% of men and 34% of women reported seeking reproductive information at YHCS-CHC and around 11% of men and 16% of women reported seeking reproductive information CIC-ARH Y/S. 3% of men and 3% of women seeks information from the youth center.

Schools are considered critical institutions of imparting credible MHH related information. However, only 1% of female adolescents communicate on menstrual reproductive health with teachers in their schools<sup>21</sup>. Apart from this, the awareness related to the frequency of changing the menstrual products and the practice of washing hands before and after changing the absorbent material is limited amongst the school-going adolescents.<sup>22</sup> These gaps in behaviour are attributed to limited awareness about hygienic MH practices.

Given the topic of menstruation is associated with a lot of shame and taboo most women refrain from having any discussion around menstrual health. The analysis from the Demographic and Health Survey of 2012 showed that 53% of female respondents discussed menstruation with their friends, and as many as 41% of female respondents spoke with their mothers about menarche (Ministry of Health & Indonesia, 2012). Through interviews, we understand that mother or friends emerge as the most trusted source of information. While the source remains credible and trustworthy, the information may be outdated, and thus not relevant.

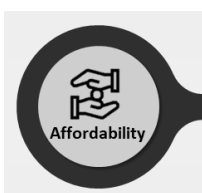
Limited or no access to accurate information about menstruation not only impact the reproductive health of women in the country but also negatively impact their participation in education and employment and poses a risk to their mental health<sup>23</sup>.



**Acceptance: The local myths, taboos, and social restrictions play a key role in influencing the acceptability of MHH products for women.**

Due to very limited awareness around MHH, the cultural context in Indonesia makes the acceptance of safe menstrual practices a challenge for women and girls. According to a 2015 study by UNICEF Indonesia, nearly 20% of girls in urban and rural areas believe that menstruation is a disease. Girls also experience bullying/distraction at school due to menstruation and they choose not to go to school during menstruation. Also, certain practices like the burning of used pads are prevalent due to taboos associated with it<sup>24</sup>.

Regarding the **acceptability and usage of the MHH product**, as per the Performance Monitoring and Accountability (PMA) 2020, around 95.6% of urban women and 88.5% of rural women use sanitary pads to manage monthly flows. The remaining women in the country either use cloths, cotton wools, or other materials like tampons, toilet paper, foam, natural materials, etc. to manage menstruation.<sup>25</sup> Though the study provides data around the material used, little information is available around the MHH product quality, frequency of changing the pads, price and product preference, and barriers related to products access in the country.



**Affordability: Ensuring the availability of affordable menstrual products is essential for improving the menstrual health of women.**

<sup>20</sup> *Ibid*

<sup>21</sup> Ritanti, R., Wahyudi, C. T., & Permatasari, I. (2021). Hygiene Behavior of Female Adolescent During Menstruation in the Rural Area of Serang Regency, Banten. *Quality : Jurnal Kesehatan*, 15(1), 56–64. <https://doi.org/10.36082/qjk.v15i1.206>

<sup>22</sup> Kennedy, E., Suriastini, W., Macintyre, A., Hugggett, C., Wheen, R., Faiqoh, Rahma, A., & Inathsan, B. (2015). Menstrual Hygiene Management in Indonesia. *Burnet Institute*, 1–45.

<sup>23</sup> *Ibid*

<sup>24</sup> *Ibid*

<sup>25</sup> Menstrual Hygiene Management, Indonesia, 2017, Performance Monitoring and Accountability (PMA) 2020, BMGF, Johns Hopkins Bloomberg School of Public Health. A nationwide survey in Indonesia of 8,163 females aged 15 to 49.

Though affordability is a critical barrier to access quality menstrual products, limited literature around the same is available about the Indonesian context<sup>26</sup>. It is an important aspect and needs further probing.

In this context, a deep dive to analyse the strengths, issues, constraints, and potential risks within the current value chain, and identify potential opportunities and capabilities, particularly in reaching low-income consumers of menstrual health and hygiene is of utmost importance.

To move the MHH agenda in Indonesia forward, UNICEF Indonesia commissioned a Market assessment of the MHH products and services. The objectives and purpose of this market assessment has been discussed in detail in the following chapter.

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<sup>26</sup> A Holistic Approach to Better Menstrual Health and Hygiene: Entrepreneurs in Action, The World Bank, 2021

## 3. Market Assessment Study

This chapter describes the overall purpose and objective of the MHH market assessment. Also, highlights the approach and methodology, assessment geography, ethical considerations, and limitation faced while conducting the market assessment.

### 3.1. Purpose

The purpose of the market assessment is to identify ways to make the MHH products and services available and accessible to the majority of Indonesian women at an affordable rate.

The core idea is to undertake a holistic assessment of the menstrual hygiene (MH) market in Indonesia to assess the gaps & opportunities and identify ways to rapidly scale up the existing market-ready MHH innovations.

### 3.2. Objectives

The specific objectives of the market assessment include:

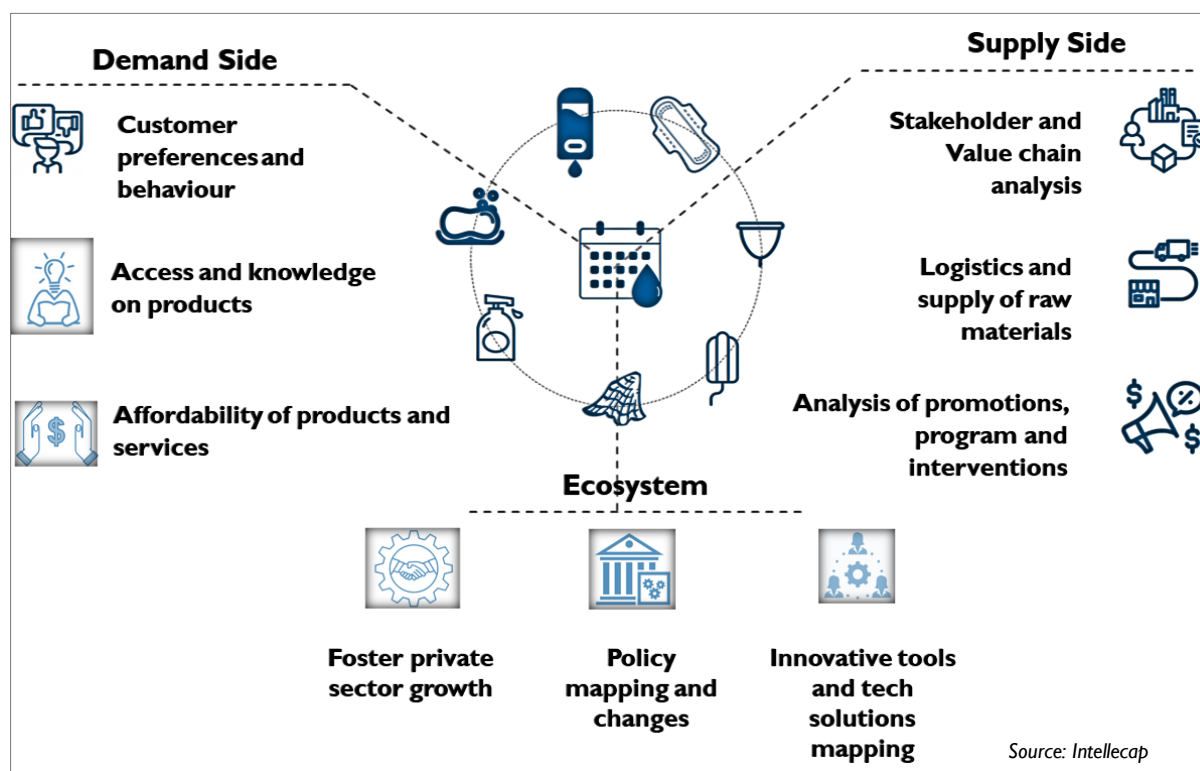
1. **Deep dive into the supply-side ecosystem**
  - a. Stakeholder mapping and analysis of market actors including social enterprises, manufacturers and marketers, distributors, retailers of MHH products.
  - b. Understand the involvement of women, men, adolescents, people with disabilities, and other vulnerable groups in the value chain.
  - c. Identify the income-generating activities and how social structures can be leveraged to serve the underserved markets.
2. **In-depth analysis of demand and customer preferences:**
  - a. Understand consumer preferences for the MHH products in urban and rural locations.
  - b. Capture the behavioral aspects, knowledge, attitude, social/ cultural norms, and practices that trigger the usage of MHH products.
  - c. Identify challenges faced in obtaining the products from the lens of acceptability, accessibility, availability, and affordability.
3. **Review enabling ecosystem**
  - a. Review the market enablers like government policy, regulations, standards certifications, subsidies, taxes, and information access.
  - b. Engage with the Government, INGOs, NGOs, and other influential stakeholders.
4. **Identify innovations, innovative tools, and technology-based solutions for scaling up:**
  - a. Study the product range, technology options, recent innovations which could be incorporated to make an affordable, desirable MHH solution available for all.

### 3.3. Approach and Methods

The market assessment adopted a human-centered design approach to understand the barriers related to products and services around menstrual health and hygiene management. It focussed on the bottom-up approach to identify the preferences and challenges of the users and suggest recommendations that resonated with their needs. A mixed-method approach i.e. both qualitative and quantitative technique was used to collate the required information.

A 360-degree assessment framework was adapted to assess the menstrual health and hygiene (MHH) market in Indonesia across three broad levels: a) **Demand side**, b) **Supply-side**, and c) **Ecosystem level**.

Illustration 4 MHH Market Assessment Framework



The information collected through primary and secondary research has been synthesized to assess the market and identify the gaps and opportunities in the MHH supply chain. Additionally, this report provides information on various innovations and market-based models that can be scaled up to strengthen the current MHH value chain.

The three steps undertaken to execute the market assessment have been detailed below.

**Step 1: Secondary research (Desk Review)-** Secondary research was undertaken and various documents/studies conducted by UNICEF and other agencies available in the public domain have been reviewed to understand the current challenges in the MHH value chain at demand, supply, and ecosystem level. This includes government policy documents around the National school health program (UKS), Sanitasi Total Berbasis Masyarakat (STBM) program, Republic of Indonesia health system review, etc. Apart from this to understand the market landscape of various MHH products, brand share, and their retail sales in Indonesia various market assessment studies were also reviewed. One of the objectives of the desk research was to identify information gaps and develop tools to address these information gaps through primary research. The list of the documents reviewed is presented in Annexure 4.

**Step 2: Primary research-** The interviews were conducted with different categories of stakeholders:

- 1) **Demand-side stakeholders:** Demand-side stakeholders across households, schools, health facilities, religious places, transportation hubs, and public & private workplaces were identified to be interviewed. The interviews captured information around the access, availability, affordability, and preference of MHH products.
- 2) **Supply-side stakeholders:** The supply-side stakeholders across the value chain including manufacturers, stockists, distributors, and retailers were interviewed. The interviews focussed on collating information around the supply chain and distribution issues, pricing, accessibility of markets, and promotion-related gaps. The overview of key informants from the supply side for the interview include:

**Manufacturers** – This category refers to the producers of the menstrual hygiene products including sanitary pads, menstrual cups, and tampons. Indonesia has a limited number of manufacturers engaged in producing menstrual hygiene products at a commercial level. For this assessment, we approached both the multi-national companies and local manufacturers (social enterprises) of the MHH products.

**Distributors** – The distributors refer to the agent who supplies goods to the retailers i.e. the endpoint of sales. Distributors were approached to understand the barriers faced by them in ensuring the last-mile delivery of MHH products. The purpose of the discussion was to understand the reach and catchment of these distributors and the challenges faced by them.

**Retailers/Chemist/Cosmetics stores** - This category refers to the last purchase point of the consumers. The assessment approached the retailers to capture the last mile information and understand the consumer preference and the actual trend in the sales of the products. Retailers from both urban and rural locations were engaged in the assessment to understand the urban and rural preferences and specific challenges.

- 3) **Ecosystem Enablers:** Key decision-makers and MHH domain experts including relevant Government agencies, Development partners, CBOs, NGOs, and social enterprises were also interviewed. The objective was to further understand the gaps and opportunities across market enabling activities (policy, regulations, standards, certifications); market facilitating activities (availability of micro-financing), and market engaging activities (transportation, logistics, and innovations).

**Step 3: Analysis and documentation-** The information collected from secondary and primary research was further synthesized and triangulated to assess the market drivers and barriers across the stakeholders involved in the MHH value chain. The findings from the analysis helped in identifying mitigation strategies required to overcome the gaps/barriers across the supply chain.

Stakeholders and specific areas of inquiry are summarised in Annexure 2.

### 3.4. Assessment geography

The assessment was conducted across three provinces of Indonesia. These include Jakarta, East Nusa Tenggara, and Papua. Within these provinces, samples were selected from urban, peri-urban, and rural areas to ensure insights from varied contexts were gathered. The selection of districts followed the purposive sampling method. Sampling was based on the following criteria:

- A mix of urban, peri-urban, and rural locations to understand the deviations
- Geographical variations such as coastal, hill, island locations in the country
- Cultural and social variations such as traditional tribal areas

To ensure there is no selection bias and the best outcomes are achieved, the households, schools, healthcare facilities, and other respondents were randomly selected. Annexure 3 summarizes the sample for the MHH Market assessment study.

### 3.5. Ethical Consideration

As the assessment intended to gather sensitive and personal information around menstrual health and hygiene management from women and adolescent girls, we took an ethical clearance from an Institutional Review Board at Institute for Research and Community Service Atma Jaya before commencing the data collection. As a part of the ethical considerations following aspects were ensured:

- **Recruiting female moderators to interview female respondents around MHH-** Given MHH is a sensitive topic, female moderators interviewed female respondents and ensured that they were comfortable discussing the issues without any hesitation.

- **Informed consent-** Informed consent was taken from adult respondents above the age of 18 years. For the adolescent respondents (aged between 11-17 years), the consent was sought using an assent form and their parents/guardians were requested to sign the parental consent form.
- **Voluntary participation-** Participation in the assessment was completely voluntary.
- **Data security protocols-** Given that it was critical to protect the identities of research participants all measures were undertaken to prevent any inadvertent disclosure of personal identifiers.

### 3.6. Limitations of the market assessment

We faced the following limitations during our project execution

- Due to limited time available with government officials, limited inputs have been captured from Government stakeholders.
- There was very limited interest from the manufacturers, small-scale enterprises, and distributors of MHH products to participate in the assessment.
- Due to COVID-19 restriction, technical experts had limited opportunities to travel to market assessment locations in Indonesia.

## 4. Findings – Demand Side

### Summary of findings

#### **Adolescent girls and households**

- Commercial disposable pads are the most preferred MHH products due to their comfort and leak-proof characteristic. In Papua, women shared that they also use piece of cloth to manage their menstrual flow. Laurier and Charm are the most preferred brand, followed by Softex, Kotex, and Protex in the disposable pad category.
- The affordability of basic menstrual pads is not a concern, however, value-added products fall outside the affordability range.
- Mini-markets/small retail shops and supermarkets are the key sources of purchasing menstrual products in both rural and urban areas of Indonesia.
- There is an awkwardness to obtain information about the MHH products due to the presence of male shopkeepers.
- Lack of access to accurate information on MHH restricts adolescent girls' and women's participation in various spheres of life.
- The out-of-stock products and presence of expired products at the nearby store in rural locations inhibit continued usage of pads.

#### **Health Facilities (HF)**

- Survey of the public health facilities reveal that most of them do not provide menstrual hygiene products and also lack female-friendly toilets.
- Health workers provide counseling related to menstrual health. However, due to the taboo and awkwardness related to MHH topic, women do not seek information.
- Cultural norms, education level, and financial capacity impact the uptake of MHH products by women in rural areas.

#### **Schools**

- The non-availability of menstrual hygiene products and female-friendly toilets at schools is a major concern.
- There is a lack of formal training for the school staff on MHH. Also, no formal curriculum is followed to impart training on menstrual health and hygiene.
- At schools, girls prefer to use disposable sanitary pads. However, due to lack of funds and budget, schools cannot provision for sanitary pads.

#### **Market places, transportation hubs, and Workplaces**

- Lack of female-friendly toilets in public places, especially in remote locations is the main challenge.
- The non-availability of sanitary pads dispensers at public facilities is a missed opportunity for private players.
- There is a need for advocacy at the private workplaces to mainstream MHH such as leave policy, separate toilets and private spaces for women, and provisioning of pads.

## 4.1. Adolescent girls and households

The market assessment interviewed female members of the households and adolescent girls at schools. In total, 50 adolescents (36 female and 14 male) and 78 households (61 female and 17 male members) were interviewed. The section discusses the product preferences, awareness of women and adolescents around MHH, and price sensitivity towards the value-added menstrual hygiene products.

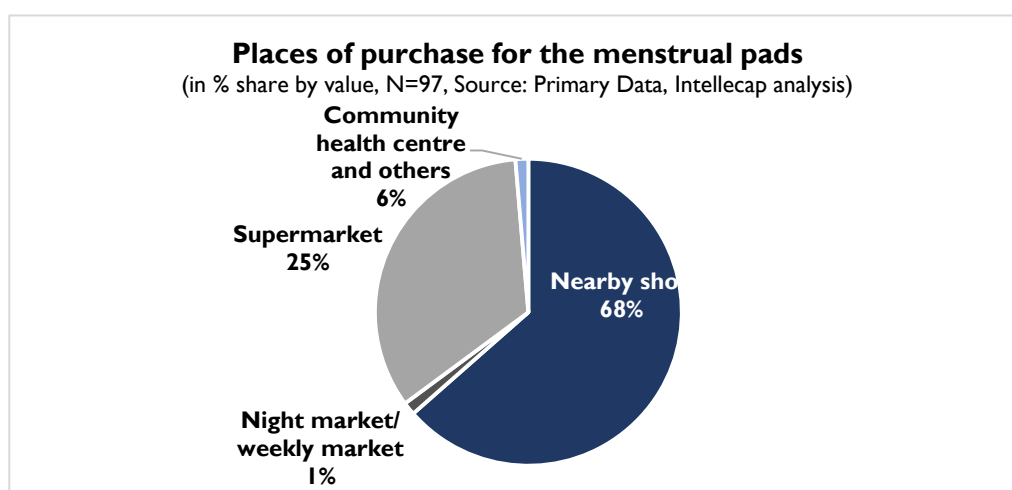
**Access: There is an awkwardness to obtain information about the MHH products due to the presence of male shopkeepers.**

**The out-of-stock products and presence of expired products at the nearby store in rural locations inhibit continued usage of pads.**

In terms of infrastructure, as per the primary consultations, most of the women and girls have access to washrooms, a regular supply of water, soaps, and menstrual products to manage the hygiene monthly menstrual flows at home. Most of them also said that they wash their hands before and after using sanitary pads though there was no mechanism to verify the actual behaviour in practice.

Women mostly buy sanitary pads from the nearby shops and the supermarkets on their own. The breakdown of the preferred places for purchase by the consumers has been summarised below.

It was highlighted by most of the female respondents that the presence of male shopkeepers often makes them uncomfortable to buy the product. Due to the taboo associated with the MHH topic, the women and adolescent girls feel shy and embarrassed to discuss the MHH products or seek additional information about the product from the male shopkeeper.



**“The store keeper is man so I am a bit shy”.** Female, 30 yrs. old, Kupang, East Nusa Tenggara

Apart from this, access to quality products has been a challenge in rural and far-fetched locations. Women highlight that sometimes shopkeepers sell expired products or low-quality products to them which later results in itchininess and red rashes in their private parts. The interviews with the key informants also suggested similar issues on the ground. The verbatim from the key informant has been captured below:





**“In Papua, closer to town single usable pads are easily accessible but in remote locations, it is a challenge. In addition, often in remote locations, the single-use pads are not of good quality (have passed the expired date) and thus further causes health issues amongst women”.** *Social Enterprise with operations in Papua*

**Awareness: Lack of access to accurate information around MHH restricts adolescent girls' and women's participation in various spheres of life.**

Consistent with our secondary research, our primary findings highlight that most women and adolescents lack access to accurate information about menstrual health and hygiene management. Women believe that during menstruation dirty blood is discharged from the body and the same is a way of the body to flush out toxins. Not just this, the knowledge in relation to menstruation biology and the various MHH good practices is also limited. Some common bodily changes during puberty highlighted by the respondents include the appearance of pimples on the face, change in voice pitch, enlarged breasts, and the appearance of hair in private parts of the body.

Menstruation is considered a private issue and women prefer not to discuss it with others. In reference to sexual and reproductive health including menstruation, the primary sources for seeking information are usually the mothers and teachers, though shame and secrecy restrict a detailed discussion with them around this topic. Apart from them, the other secondary sources of information include friends, peers, and grandmothers. The discussion with any healthcare professional only happens when adolescents or women face any health issues like irregular periods. This reflects a need for a single reliable source of credible information on MHH needs to be made available to women and adolescent girls to encourage best practices.

Some of the common myths and taboos around menstruation, shared by the respondents include restrictions around the consumption of various foods, participation in religious activities, restriction in cutting of nails and hair and washing of hair, etc.



**“During menstruation dirty blood is discharged from the female's womb”** *Female, 16 yrs, Wamena, Papua*

**“Menstruation is normal and no changes in the body occur due to menstruation”** *Female, 17 yrs, Bogor, Jakarta*

**“Don't eat sour, cold food because it will hinder the smoothness of menstruation”** *Female, 55 yrs, Tangerang, Jakarta*

**“Women cannot wash their hair during menstruation in Indonesia as they think this will stop their period”** *NGO representative, operating in WASH and women empowerment space in Indonesia*

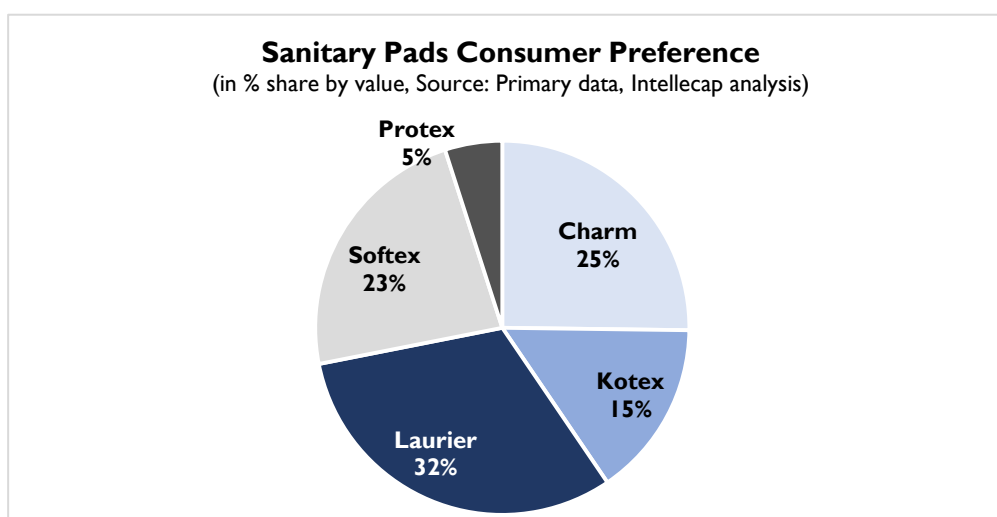
**Acceptance: Commercial disposable pads are the most preferred MHH products due to their comfort and leak-proof characteristic.**

Across the three provinces, women and girls from both urban and rural areas prefer using commercial disposable pads due to the comfort and leak-proof characteristic. In Papua, women shared that they also use piece of cloth to manage their menstrual flow. The below table shows a province-wise preference of the menstrual products:

| Table: Province-wise MHH product preference (N=97)<br>Source: Primary data, Intellecrap analysis |                    |         |       |       |               |
|--|--------------------|---------|-------|-------|---------------|
|  | East Nusa Tenggara | Jakarta | Papua | Total | In percentage |
| Disposable pad   | 30                 | 39      | 22    | 91    | 94%           |
| Piece of cloth   |                    |         | 3     | 3     | 3%            |
| Reusable pads  | 1                  |         | 1     | 2     | 2%            |
| Menstrual cups   |                    | 1       |       | 1     | 1%            |

In terms of brand preference, Laurier and Charm are the most preferred brand for commercial disposable pads because they are comfortable to use and are leakproof. Apart from this, both these are most accessible as well, which makes their preference even higher. The overall brand preference across the three provinces has been summarised below.

| Table: Province-wise MHH brand preference (N=97)<br>Source: Primary data, Intellecrap analysis |                    |         |       |       |               |
|--|--------------------|---------|-------|-------|---------------|
|  | East Nusa Tenggara | Jakarta | Papua | Total | In percentage |
| Charm  | 11                 | 38      | 12    | 61    | 25%           |
| Kotex  | 8                  | 24      | 5     | 37    | 15%           |
| Laurier  | 19                 | 35      | 22    | 76    | 31%           |
| Softex   | 15                 | 26      | 15    | 56    | 23%           |
| Protex   | 12                 | 0       | 0     | 12    | 5%            |



Apart from the pads, usage of the products like menstrual cups and tampons is very limited and is confined to urban women only. Typically the usage of these products is associated with the taboo around the loss of virginity and sexual rights.

















**“I use disposable pads to feel safe during menstruation”** Female, 23 yrs.,  
Southwest Sumba, East Nusa Tenggara

**“Prefer Laurier, it’s comfortable, easy to use and is accessible”** Female, 12 yrs.  
Jayapura, Papua

**Affordability:** Affordability of basic menstrual pads is not a concern; however, value-added products fall outside the affordability range.

Most of the women said that sanitary pads are within the reach of their financial capacity and they use it regularly. The respondents were willing to pay around IDR 1,000-2,500 for the disposable pads and suggested that this range is affordable for the household. A detailed analysis of the various sanitary products available in the Indonesian market across their features (unique selling proposition) and price shows that consumers do have a range of product choices in the affordable range. However, for value-added products, the cost is high and falls beyond the affordable range of the majority of women especially women in rural areas. Only 10% of the women were willing to pay more than IDR 3,000 which is the starting price of many products that have the desired features. Willingness to pay did not differ significantly by urban versus rural site or by adolescent versus women.

|                      |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|---|---|---|---|---|---|---|--|---|---|---|
| Brand                | Laurier Flexi Protect   | Hers Protex   | Softex Hello Kitty Comfort slim   | Kotex Healthy Protection  | Softex Hello Kitty Comfort slim   | CHARM Cooling Fresh   | Nina Anion  | World Bio  | Natesh  | Easy Day  | Sensitive Always Ultra  |
| Price per Pack (IDR) | 13700   | 5900  | 14000   | 15500   | 20000   | 18,500  | 31900   | 40000  | 30000   | 50000   | 60000   |
| Price per Pack (USD) | 0.96  | 0.41  | 0.98  | 1.09  | 1.40  | 1.30  | 2.24  | 2.81   | 2.11  | 3.51  | 4.2   |
| Pads per pack        | 28  | 12  | 20  | 14  | 13  | 8   | 10  | 10   | 6   | 8   | 7   |
| Price per Pad        | 489   | 492   | 700   | 1107  | 1538  | 2313  | 3190  | 4000   | 5000  | 6250  | 8571  |
| Affordability range  |   |   |   |   |   |   |   |  |   |   |   |
| USP                  | Non wing  | Without wings   | Regular flow  | Anti-bacterial coating (makes you free from itching)                              | Heavy flow  | Mint Cool Sensation Night Pad   | Ultra thin, Ultra absorbent   | Enriched with S.A.P for maximum absorption   | Sanitary Pads Night Use Extra Long  | Super Long Night/Heavy Flow Pad   | Soft like cotton  |

-  Affordable, however, lacks preferred product features
-  Affordable and preferred range of products
-  Unaffordable range of products with value-added features

Source Multiple, Intellectap Analysis

Other menstrual products like reusable pads, tampons, and menstrual cups are very expensive in comparison to disposable pads. Only 20% of women in Indonesia could afford reusable pads. Tampons approximately cost USD 8 for a pack of 8 to 10 pieces, which is not affordable to most women in Indonesia.



**“Reusable pads are easily available in rural parts of the country as well. However their uptake by population is minimal due to the initial investment required (one reusable pad is very expensive in comparison to one disposable pad)”.** *NGO representative, operating in WASH and women empowerment space in Indonesia*

## 4.2. Health facilities

As part of the market assessment, the team visited 61 health facilities (19 in East Nusa Tenggara, 24 in Jakarta, and 18 in Papua). The various types of health facilities visited were Auxiliary Public Health Center, Referral Center, Integrated Service Post, Puskesmas Pembantu, and Village Maternity Ward.

**Access: Most of the public health facilities do not provide menstrual hygiene products and lack female-friendly toilets.**

Only 10% of health workers interviewed shared that they supply menstrual products to the women. That showcases the non-availability of the MHH products at the Public Health Centers/ Referral centers.

According to the health workers, women and girls mostly buy menstrual products on their own, from mini-markets/small retail shops, and supermarkets available in their locality. Other sources of purchase include grocery shops and pharmacies. However, some of the local customs and norms like avoiding contact with family members and other community members often restrict the mobility of the women to procure menstrual products.



Picture 1 Toilet at a Rural Puskesmas, Southwest Sumba East Nusa Tenggara

In terms of supportive infrastructure, most of the health facilities visited had separate toilets for women to change pads during periods though there is non-availability of private space to rest. The toilets in most urban health facilities have rubbish bins which could be used in the easy disposal of used pads. In terms of handwashing stations, 96% of the health facilities reported having them. In rural health facilities, some of the challenges observed include the non-availability of rubbish bins, unavailability of clean handwashing stations, and lack of water flow at HWS.

**Awareness: Health workers provide counselling related to menstrual health. However, due to the taboo and awkwardness related to MHH topic, women do not seek information.**

Most of the respondents at the health facilities shared that they provide counseling related to menstrual health and hygiene management. Some of the topics covered in the counseling sessions include usage and cleaning of the pad, keeping the hygiene of private parts, fertility period and family planning, late period, and information around effective pain management.

Most of the health workers reported that women and adolescent girls do not approach them to seek MHH related information. The family members or friend are the most trusted sources of information related to MHH.



**“We do not sell pads”** *Integrated Healthcare Centre Cadre, Kupang District, East Nusa Tenggara*

**Acceptance and Affordability: Cultural norms, education level, and financial capacity impact the uptake of MHH products by women in rural areas.**

Health workers reported that disposable sanitary napkins are the most commonly used in the communities. The most preferred disposable pad brands are Charm and Laurier. However, women are not aware of the range of MHH products that is available in the market. The health workers reported that the financial capability of an individual is often a driving factor influencing the choice of the product used by them.

Health workers from the rural areas of Papua shared that cultural norms and education level often possess a challenge to the uptake of MHH products. They also highlighted that products are expired and out of stock at the shops.

### 4.3. Schools

Under this market assessment, a total of 27 schools were interviewed. In these schools, the administration staff or the principal was interviewed. Out of 27 schools, 11 schools were from urban, 8 from peri-urban, and 8 from rural localities. The sample included both public (19) and private (8) schools across Jakarta, NTT, and Papua. The below section summarizes the findings from institute-level aspects regarding access, awareness, acceptance, and affordability of the MHH products and services.

**Access: Non-availability of menstrual hygiene products and female-friendly toilets at schools is a major concern.**

The interviews bring out that only 8 out of 27 schools provided sanitary pads to the girl students. Of these 8 schools, 5 are located in urban areas and mainly concentrated in Jakarta. In terms of public/private, 6 out of 8 schools that provide sanitary pads are public schools.

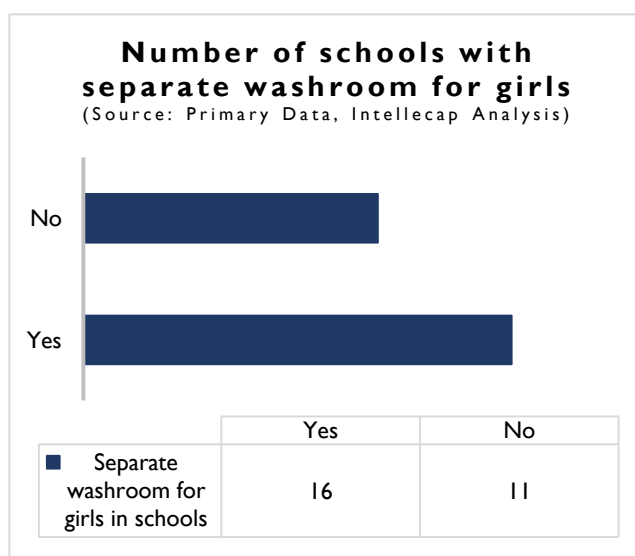
The schools that provide pads to the students mostly procure the products themselves from the nearby supermarkets/kiosk. The expense of the same is borne by the school itself and two of the schools mentioned that they received the pads from donors.

In terms of infrastructure, most of the schools have separate washrooms for girls to manage their menstruation, though the availability of private space to rest is a challenge. Most of the washrooms have dustbins and girls usually dispose of the pads in them though limited information is available on how the collected sanitary waste from the dustbin is disposed of by the school authorities. Apart from these most of the institutions have hand-washing stations in school with water and soap for girls to use.

| Table: Province-wise analysis<br>Do you provide menstrual products/pads to girls in school? |            |            |
|---|------------|------------|
| Province  | Yes        | No         |
| East Nusa Tenggara  | 13%        | 47%        |
| Jakarta   | 63%        | 16%        |
| Papua   | 25%        | 37%        |
| <b>Overall</b>  | <b>30%</b> | <b>70%</b> |

| Table: Locality-wise<br>Do you provide menstrual products/pads to girls in school? |            |            |
|--|------------|------------|
| Province   | Yes        | No         |
| Urban  | 38%        | 42%        |
| Peri-urban   | 25%        | 32%        |
| Rural  | 38%        | 26%        |
| <b>Overall</b>   | <b>30%</b> | <b>70%</b> |



Picture 2 Sanitary pad stored in the cupboard at the Elementary school Islam Nurul Fatimah, Bogor and Madrasah Ibtidaiyah merasugun, Wamena, Papua

**Awareness:** There is a lack of formal training for the school staff on MHH. Also, no formal curriculum is followed to impart training on menstrual health and hygiene.

22 out of 27 schools interviewed shared that they provide MHH related education and information to the students. However, 40% of these schools do not follow any curriculum or structured ways for imparting MHH education. And those who suggested that they follow a curriculum for MHH education, on further probing it was found that either it is part of biology classes or physical & health education classes. It reflects that no standard modules are being followed at the schools for imparting MHH related education. As per the respondents, some of the topics which are currently being covered under MHH education at schools are hand hygiene, menstruation, puberty, and physical growth.

14 schools reported that they do not provide any formal training to the school staff/ teachers and there is no special facilitator for conducting this activity. Generally, a religious leader (in Madrasa), biology/science teacher, or physical sports teacher provides MHH related information to the students. In other schools, staff reported attending brief training sessions around washing, cleaning, and disposing of sanitary pads. Apart from that, Madrasa shared that community health center or medical health staff generally provides MHH related information to girl students.



**“No we don’t have a separate curriculum, we mostly teach about menstruation through our science classes”** *Teacher, Kota Kupang, East Nusa Tenggara*

**“No we don’t provide MHH related information”** *Public Madrasa, Kota Tangerang, Jabodetabek*

**Acceptability & Affordability:** At schools, girls prefer to use disposable sanitary pads. However, a lack of funds and budget prevents the schools from maintaining an inventory of sanitary pads.

School administrative staff suggested that the most preferred menstrual product amongst girls is disposable sanitary pads and the most preferred brand includes Charm (38%) and Laurier (32%). Other pads which are generally used by the girls are Softex (22%), Kotex (5%), and others (5%). A wide range of IDR 60,000 – 250,000 was reported as the monthly expenses by the school on the procurement of sanitary pads. The schools' admin staff shared that there is a lack of budget allocation and funding to procure the sanitary pads. Out of 27 schools interviewed, only 3 reported providing sanitary pads to the girls through the government allocated budget. Rest of the schools which provide MHH products either fund it from the school’s cash or pooled fund from teachers.



#### 4.4. Marketplaces and Transport hubs

Under the market assessment, 25 transport hubs (12 bus terminals, 3 harbors, 8 railway stations, and 2 airports) and 21 market places were also visited to observe the public facilities. At these public places, the administrative staff of the facilities was interviewed.

**Lack of female-friendly toilets in public places, especially in remote locations is the main challenge.**

In terms of the availability of proper infrastructure, the assessment suggests that around 45% of visited public places do not have separate toilets for women.

In Papua, out of 14 places visited, 52% do not have separate toilets for women. A review by different provinces (refer to the table for the detailed province-wise data) suggests that public places mainly in NTT and Papua lack female-friendly toilets, particularly those that are in semi-urban and rural locations.

Facility-wise analysis indicates that Airports and Railway stations are well equipped with the basic infrastructure needs but facilities like market-places, bus terminals, and community gathering places do not have appropriate female-friendly toilets.

The lack of female-friendly toilets could hamper the women's intention to change the pads frequently and can put women and girls at greater risk of damaging their health.

| Table: Province-wise analysis<br>Does this place have separate toilets for women? |            |            |
|---|------------|------------|
|   | No         | Yes        |
| East Nusa Tenggara  | 33%        | 23%        |
| Jakarta   | 14%        | 65%        |
| Papua   | 52%        | 12%        |
| <b>Grand Total</b>  | <b>45%</b> | <b>55%</b> |

| Table: Facility-wise analysis<br>Does this place have separate toilets for women? |           |           |
|---|-----------|-----------|
|   | No        | Yes       |
| Airport   |           | 2         |
| Bus Terminal/Land Transport   | 6         | 6         |
| Community Gathering Place   | 1         |           |
| Harbor  | 1         | 2         |
| Market Places   | 13        | 8         |
| Railway station   |           | 8         |
| <b>Grand Total</b>  | <b>21</b> | <b>26</b> |

**The non-availability of sanitary pads dispensers at public facilities is a missed opportunity for private players.**

The observation suggests that sanitary pad dispensers were not present inside the female toilets in public places. Only two market places (Bulak market in Jakarta and Youtefa market in Papua) reported that the sanitary pads are available at the female toilets on a pay and use basis. The average cost of the sanitary pad at these public ranges between IDR 7,000-10,000 per pad. That showcases an untapped opportunity for the private players.

The market assessment observed that out of 47 public places visited, 39 places have trash bins. Mostly the toilets at bus terminals and marketplaces lack trash bins that could be used for the disposal of used sanitary pads.

Awareness generation on MHH products usage and disposal through messaging at the point of use/ female toilets is limited in transport hubs and marketplaces. Discussions indicate that there are no are regulations/ policy directives that govern or regulate the availability of MHH products in these places.

#### 4.5. Workplaces

Under the market assessment, 36 workplaces (18 public and 18 private) were visited to observe the facilities around MHH for the female workforce.

**There is a need for advocacy at the private workplaces to mainstream MHH such as leave policy, separate toilets and private spaces for women, and provisioning of pads.**

Out of the 36 workplaces, all but one reported that they have female employees. However, only 16 reported having separate toilets for women. The lack of female toilets was more prominent at private workplaces. A province-wise analysis reveals that in NTT majority of workplaces were without separate toilets.

In terms of public and private workplaces analysis, 65% of private workplaces did not have a separate toilet for females employees.

| <b>Table: Province wise analysis, Availability of separate toilets for female employees (source: Primary data, N=36)</b> |            |            |
|--|------------|------------|
|  | <b>No</b>  | <b>Yes</b> |
| East Nusa Tenggara   | 45%        | 19%        |
| Jakarta  | 25%        | 44%        |
| Papua  | 30%        | 38%        |
| <b>Grand Total</b>   | <b>56%</b> | <b>44%</b> |

| <b>Table: Types of workplace analysis, Availability of separate toilets for female employees (source: Primary data, N=36)</b> |            |            |
|---|------------|------------|
|   | <b>No</b>  | <b>Yes</b> |
| <b>Private</b>  | 65%        | 31%        |
| <b>Public</b>   | 35%        | 69%        |
| <b>Grand Total</b>  | <b>56%</b> | <b>44%</b> |

Seven organizations shared that they have taken measures to focus on menstrual health and hygiene management for their female employees. Some of the aspects considered by the workplaces include toilet cleaning and hygiene, availability of water and soap for basic hygiene, and availability of dustbin for the trash.

However, none of the workplaces reported any focused measures taken around menstrual health and hygiene management for its female employees specifically around menstrual leave or policy.



## 5. Findings - Supply side

### Summary of findings

#### **Overall Market Landscape**

- The Menstrual Hygiene market was worth USD 288 million in 2020 and mainly consists of sanitary pads, reusable pads, tampons, panty liners, and menstrual cups. It is expected to grow at a CAGR of 7.9% between 2021-2025.
- Unicharm, Kao Indonesia, and Kimberly Clark are the leading market players and could be the top choices for private sector engagement initiatives.
- As of date, the majority of sales (57%) happen at hypermarkets and supermarkets. Convenience store contributes 26% of total retail sales.

#### **Manufacturers**

- A wide range of *halal* certified menstrual hygiene products with a variety of features and at different price points are produced by the MNCs in Indonesia.
- MHH manufacturers and marketers use both modern and traditional distribution channels to take the products across the country however there is limited distribution network in the rural and remote locations.
- MNCs engage in educating and promoting best practices around MHH as part of their social responsibility. Mass media and social media are the key marketing channels for the commercial promotion of MHH products.

#### **Social Enterprises and Innovators**

- Innovative MHH products like reusable pads and period underwear are being produced by social enterprises. However, the lack of national standards on reusable pads impacts the notion around quality and credibility of the product.
- The target for reusable pads produced by social enterprises is rural consumers. They are promoted as environment-friendly and sustainable products.
- Due to high initial investment, reusable pads are more expensive than disposable pads thereby becoming less affordable.

#### **Distributors**

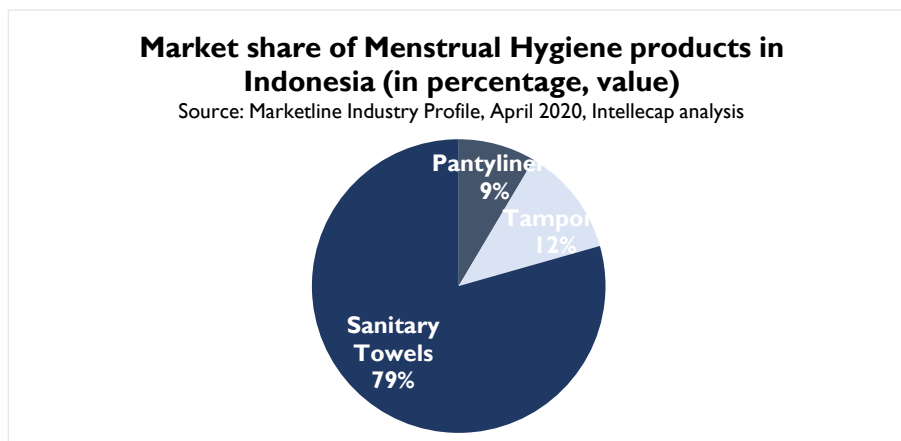
- Distributors at the urban locations stock more brand/ product range in comparison to rural distributors as urban consumers demand variety in brands while rural consumers are more loyal to the brand.
- The price at the last mile is high due to the high cost of transportation.
- Distributors are reluctant to deliver at the remote locations in Papua due to lack of appropriate connectivity. They wait for bulk orders to minimize the transportation cost.

#### **Retailers**

- Product features that attract the customers for these products include the comfort provided, price, and brand popularity.
- In-store placement of the products is not consumer friendly and deters the accessibility of products.
- No in-store promotion for increasing the sales or awareness of menstrual products.

## 5.1. Overall Market Landscape

The Indonesian market of menstrual hygiene (MH) products was worth USD 288 million in 2020 and mainly consists of sanitary pads, reusable pads, tampons, panty liners, and menstrual cups. Out of all these products, sanitary pads dominate the menstrual hygiene market share and are widely used both in urban and rural areas. This is mainly because the sanitary pads are easily accessible across the country and the per-unit cost of the product is affordable for the consumers<sup>27</sup>.

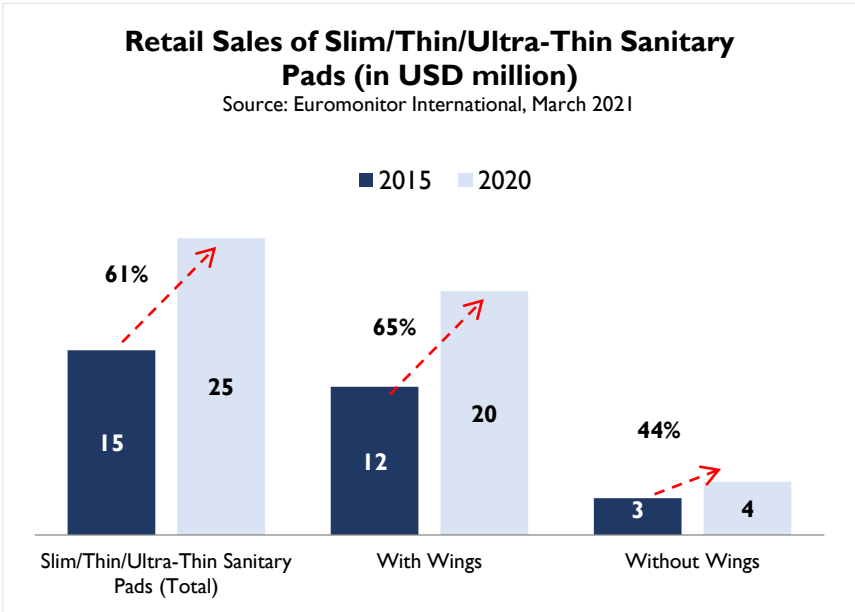


### Types of Sanitary Pads available in the market

To cater to the consumer needs various types of sanitary pads are available in the market. The standard sanitary pads with wings are the most sold sanitary pads across the country. This is mainly due to the trust placed in the thickness of the pads for leakage prevention and the security offered by wings attached to underwear for keeping the pads fixed at a position. However, for the urban consumers, the companies are increasingly designing the latest innovations and trends within the category like slim, thin and ultra-thin sanitary pads to match the consumer expectation and increase the market share. The sales for standard sanitary pads with and without wings have increased by 42% in the last 5 years while the other innovative pads like slim/thin/ultra-thin have also recorded a growth of 61% in the last 5 years.



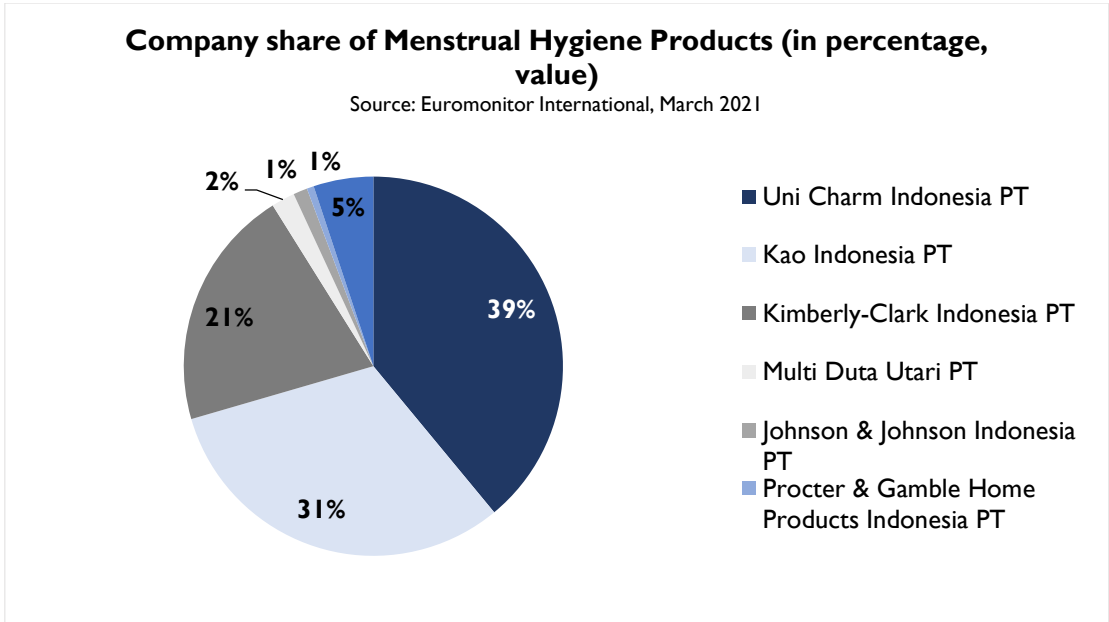
<sup>27</sup> Stakeholder interview and primary data



**Competitive landscape**

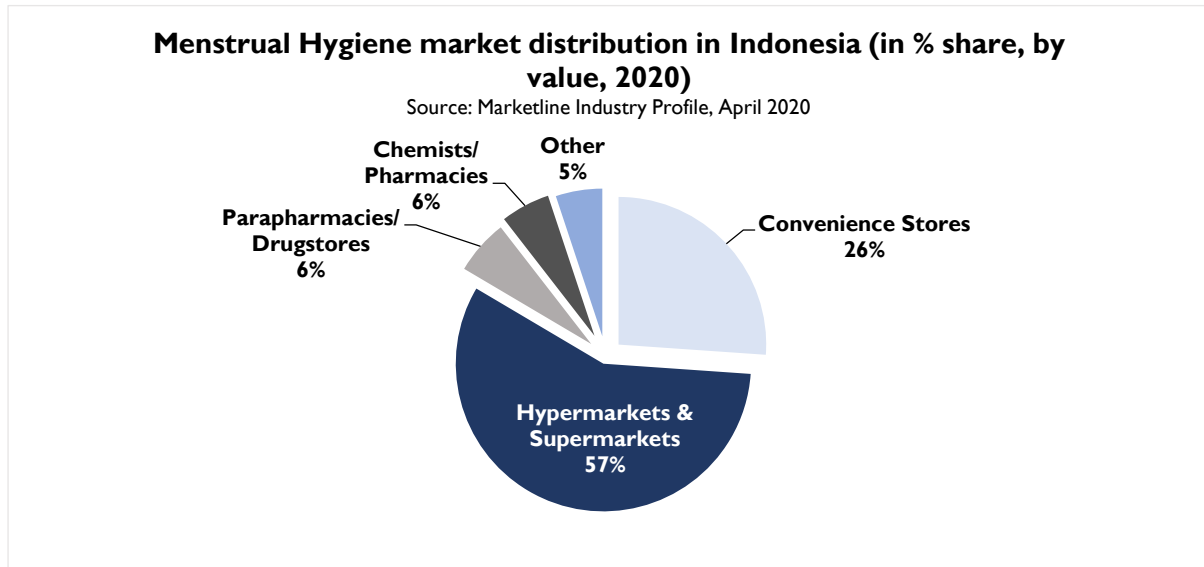
As per the market share of the companies in Indonesia, Unicharm is the most popular menstrual hygiene brand. Apart from Unicharm, Kao and Kimberly Clark also occupy a significant share of the market. Apart from these, other popular brands available in the Indonesian market include Procter & Gamble and Johnson and Johnson. Given that these brands occupy a sizeable part of the market, this makes it increasingly difficult for new brands and smaller brands to enter or gain further ground.

Studies also highlight that in the coming years, high absorbency and leakage protection will be key consumer preferences. The brands that will provide additional value along with these desired features in the products will be preferred by female consumers. For instance, menstrual products with skincare benefits and comfort will become an increasingly important factor for consumers while purchasing menstrual products.



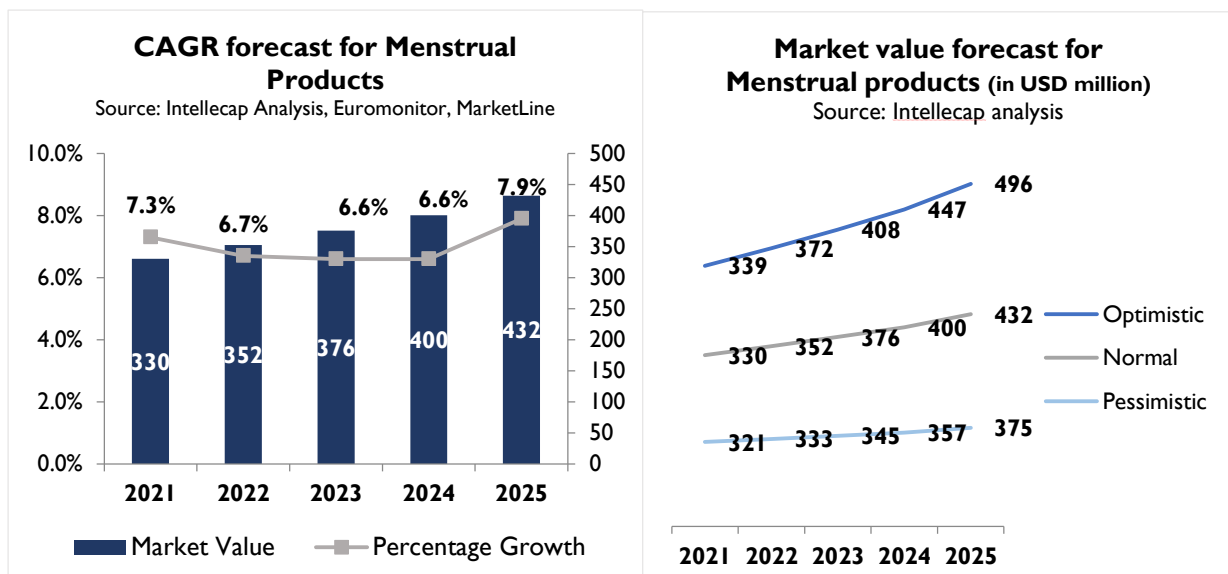
## Distribution channels

57% of the MHH products are retailed through supermarkets and hypermarkets. Convenience stores are also amongst the other popular preferable distribution channel. From the primary interviews with the stakeholders and adolescents/ women, the assessment found that nearby convenience stores and traditional grocery stores are the most sought out places for purchase at the last mile. In 2018, there were 4.5 million traditional groceries, 33,000+ convenience stores, and 1750 Hypermarkets and Supermarkets in Indonesia. This suggests that to increase the penetration of menstrual products in the rural areas, the preferred products should be made available at the traditional grocery stores and establishing a robust distribution channel till the last mile.



## Market Forecast

The overall market value for menstrual products is expected to grow at a CAGR of 7.9% from 2021 to 2025 (Intellectap analysis). The analysis has tried to forecast market value in three scenarios i.e. optimistic, normal, and pessimistic. The key reasons that strongly catalyze the growth trajectory of menstrual products include the increase in population size of target consumers in the country, expected increase in education levels, and higher disposable incomes amongst female consumers in Indonesia. These will contribute to an increased demand for sanitary protection products for the forecasted period.



## 5.2. Manufacturers

The market assessment faced challenges in engaging with the multi-national manufacturer and marketers of sanitary pads. Due to a limited set of primary interactions, the analysis on the manufacturer has mainly been based on the secondary information available.

**Product & Price: A wide range of menstrual hygiene products with varied features and prices are produced by the MNCs in Indonesia**

The leading manufacturers of sanitary pads in Indonesia like UniCharm, Kao, and Kimberly Clark are dedicated to providing proper sanitary and hygiene product options for Indonesian women. The secondary sources suggest that companies invest regularly in the research and development of innovative MHH products with the highest quality material for various activities. The products of the leading players are laboratory-tested as Hypoallergenic (safe for sensitive skin) and certified as *halal* products<sup>28</sup>.

The manufacturers have launched a range of MHH products across the price points from economical as well premium price segments. They have also introduced a variety of features like non-wing/wing/slim/ standard pads while targeting different age groups like active teens/ females aged 24-35 years and female aged 15-49 years. This suggests that consumers of Indonesia have a good range of products to choose from based on their individual preferences.

Stakeholder interviews indicate that apart from sanitary pads, other products like tampons, menstrual cups, and reusable pads are also available in the market. Few of the brands manufacture in the country and others import the products. Detail on the reusable pads has been covered in the next section under social enterprise and innovators. Please refer to Annexure 5 for the list of available MHH products and their price in the Indonesian market.

**Place: MHH manufacturers and marketers use both modern and traditional distribution channels to take the products across the country however there is limited distribution network in the rural and remote locations.**

The large-scale manufacturers in Indonesia have their production units mainly in Karawang and Mojokerto districts. From here the produced good is then sent to the warehouses from where the organization closely works with local distributors to distribute the products across the country.

The table below gives an overview of the places where an MNC produces, stores, and distributes the products.

| Name of the Manufacturers | Manufacturing units in Indonesia   | Warehouses/ Distribution network   |
|---------------------------|--|--|
| <b>Unicharm</b>           | 4 Factories;<br>2 each in Karawang and Mojokerto (lower belt of the country) | 4 warehouses; 2 each in Karawang and Mojokerto<br><br>The Company also uses three other warehouses owned by external third parties in Karawang, Cikarang, and Surabaya.<br><br>The Company has developed an extensive national scale distribution network, consisting of 113 independent third party distributors, covering the five main islands of Indonesia, 98 cities, and 514 districts throughout Indonesia as of 31 December 2020 |

<sup>28</sup> Sustainability Report 2020, Kimberly Clark and Sustainability Report 2020, UniCharm

| Name of the Manufacturers     | Manufacturing units in Indonesia  | Warehouses/ Distribution network   |
|-------------------------------|---|--|
| <b>Kao</b>                    | 2 production facilities in Chikarang and Kawarang (lower belt of the country) | They have one logistics center in Kawarang.<br>In addition to that, to penetrate the products across the country, the company has 7 sales offices (5 in Java, 1 in Sumantra, and 1 in Sulawesi).<br>The company has a network of 170 sub-distributors spread across the 5 islands of the country to reach the consumers. |
| <b>Kimberly Clark- Softex</b> | Tangerang, Sidoarjo, East Jawa, Karawang(lower belt of the country)           | The company works with 87 local champion distribution partners, covering 199 distribution points in Indonesia.   |

### **Distribution Network of MNCs in Indonesia**

Indonesia is a vast, sprawling country—the 15th largest in the world in terms of land area. Its 250 million people are spread out across more than 6,000 inhabited islands. For consumer-packaged goods or Fast-moving consumer goods (CPG or FMCG) companies to make their products available to such a large and dispersed population, they must do business with the country’s myriad of retailers, which operate a combined 4.1 million off-premise and on-premise stores selling CPG products<sup>29</sup>.

Given the geographic challenges and the immense number of retail outlets in Indonesia, Route-To-Market planning and execution are extremely important for FMCG companies.

Indonesia’s businesses are organized along traditional lines, with the full spectrum of agents<sup>30</sup>, distributors<sup>31</sup>, and other intermediaries represented in the economy<sup>32</sup>.

For distribution of the products, two channels are prominent i.e. Modern and Traditional.

- Modern: Manufacturer - retailer – consumer
- Traditional: Manufacturer - wholesaler - retailer - consumer

Finding a stocking distributor can be a challenge in Indonesia due to a general unwillingness to assume the carrying charges involved with warehousing. Traffic congestion and weak infrastructure often make it very expensive to ship product long distances within Indonesia from a central warehouse.

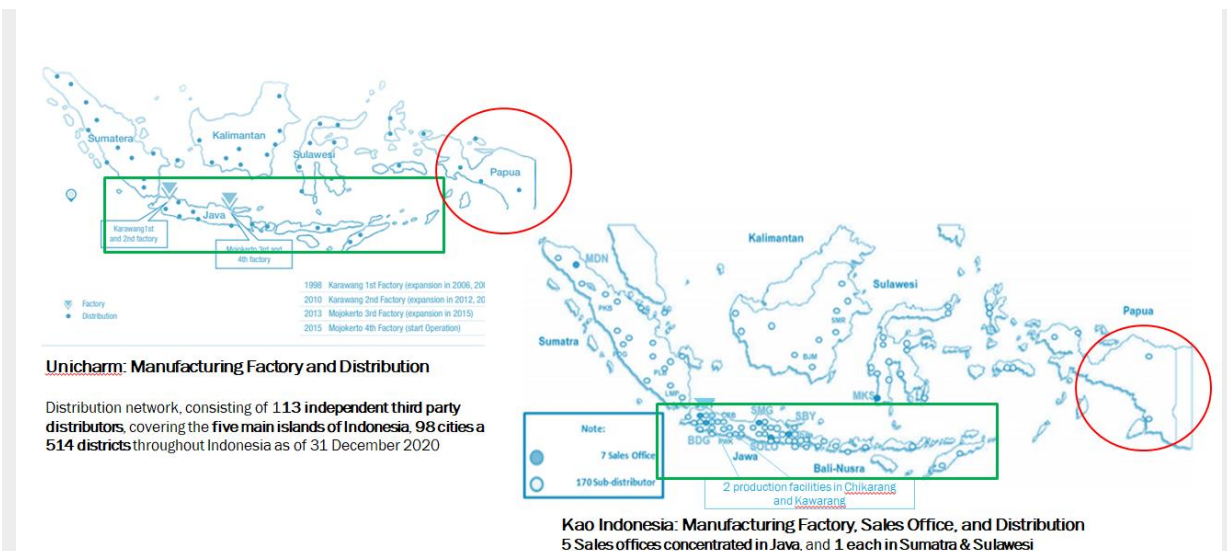
The secondary information suggests that current availability of third party distributors is not well spread across the country and is concentrated in only 2 out of 5 islands of Indonesia. The below maps give a snapshot of the distribution network for Unicharm and Kao Indonesia.

<sup>29</sup> Winning in Indonesia’s consumer-goods market: Best practices in customer and channel management, McKinsey&Company, Nielsen, 2015

<sup>30</sup> An agent is a national trading company acting as mediator to act for and on behalf of the principal on the basis of agreeing to undertake marketing without transferring rights to physical goods and/or services owned/controlled by the appointing principal. The principal may be a manufacturer or supplier and may be located offshore or onshore.

<sup>31</sup> A distributor is a national trading company acting for and on behalf of the company on the basis of an agreement to purchase, store, sell as well as market goods and/or services owned or controlled.

<sup>32</sup> Official Website of the International Trade Administration, Indonesia - Country Commercial Guide



Picture 3 Distribution Network of Menstrual pads MNCs in Indonesia

A thorough analysis of the existing distribution network of the large MNCs indicates that:

- There is over-dependence on the third-party distributors to make the products reachable to the last mile especially in the remote locations which are dominated by traditional retailers.
- There is lesser penetration of the distributors/agents in the Northern and Western belt of the country i.e. Kalimantan, Sulawesi, and Papua has a limited network of distributors.

**Promotion: Mass media and social media are the key marketing channels for the commercial promotion of MHH products. MNCs also engage in educating and promoting best practices around MHH as part of their social responsibility.**

The leading brands of choice for the sanitary pads in Indonesia, have taken the responsibility of not only commercial promotion of the products but also social responsibility to be a pioneer in educating menstrual problems in Indonesia.

For commercial promotion, mass media is the key channel of promotion of sanitary products in Indonesia. The companies are focused to capture opportunities arising from expanding middle-income class by promoting higher usage of premium products. The companies are looking at the increasing women's need for comfort as the main idea to encourage thinner and night time napkin usage, which also provides company with higher margins<sup>33</sup>. Recently, direct marketing is increasingly conducted using social media advertisements also.



Picture 4 Social media promotion of the sanitary pad in Indonesia

Other key engagements by MNCs to promote and educate about MHH practices has been mentioned below:

<sup>33</sup> The Leader, the Expert, and the Innovator, PT Unicharm Indonesia Tbk., 2019 and Euromonitor Report



| Company Name          | Initiatives   |
|-----------------------|---|
| <b>UniCharm</b>       | <p><b><u>Menstruation education at schools:</u></b> Every year the Company holds menstrual education sessions at multiple schools in the physical format. However, 2020 was hampered by the COVID-19 pandemic, so the Company conducted menstrual education via online platforms. The Company considers the internet to be a very potential platform to provide education to children and adolescents about menstruation, especially during the pandemic.</p> <p><b><u>Healthy lifestyle during COVID-19:</u></b> The company conducted the Charm 7 Days Challenge. This activity utilized social media platforms to engage women and train on physical exercises relevant to the menstrual cycle and the body capability at that time.</p> |
| <b>Kimberly Clark</b> | <p><b><u>Happify your School:</u></b> The program focussed to impart menstrual health and hygiene-related education to adolescents in junior high schools in 11 provinces of Indonesia. The program provides information about menstruation, reproductive organs, hygienic practices, etc.</p> <p><b><u>Menstrual hygiene management:</u></b> The organization pledged to donate 1.5 billion rupiahs each year from the sale of our Softex Daun Sirih and Softex Comfort Slim products from 2019 to 2021 for supporting the UNICEF's Water, Sanitation and Hygiene (WASH) program.</p>  |

### 5.3. Social Enterprises and Innovators

The market assessment team interviewed social enterprises and start-ups in MHH space in Indonesia to understand the challenges and gaps in the ecosystem. Refer to Annexure I for the details of the interviewees.

**Product: Innovative MHH products like reusable pads and period underwear are being produced by social enterprises. However, the lack of national standards on reusable pads impacts the credibility of the products.**

As per the discussion with multiple social enterprises and Innovators in the MHH space, they focus on producing reusable pads, and period underwear. The organizations shared that a range of products is packaged together to prepare a menstrual hygiene kit which usually comprises reusable pads of varying sizes-small, regular, and large, period underwear, panty, and cleaning agent for the used pads. Most of their efforts in producing the products are concentrated on packaging, sewing, and designing and is being undertaken by the women.

The interview with stakeholders highlighted that there is no product standards/ regulations or certification from the national-level authorities for the reusable pads. They often face a challenge in building credibility for their product due to lack of consistency and safety perceptions about the product.

National standards help support basic consumer rights, such as the right to safety and the right to be informed. This reflects the need to have a product specific national regulation for reusable pads that could qualify the quality of the end product. A consultative approach should be adopted for developing the product standards/regulations such that all the players have a level playing ground while setting up the qualifying features for reusable pads.

**Place: The target for reusable pads produced by social enterprises is rural consumers.**



In terms of places, the social enterprises sell their products in the nearby localities through their network or on online platforms like Tokopedia.

The target market for reusable pads is the rural market as the adoption of the product is negligible in the urban market. This is mainly due to two reasons: a) the stigma associated with dealing with menstrual blood is unhygienic and harmful; and b) similar or lower priced convenience products are available and accessible in the market.

Another challenge that limits the business and geographic expansion of social enterprises is related to financing. The discussion with women-led enterprises for reusable pads suggests that it is difficult to get capital from banks. They are mostly dependent on self-funding/loans through personal relationships.

**Price: Due to high initial investment, reusable pads are more expensive than disposable pads thereby becoming less affordable. Creating community-based social enterprises could be a game-changer.**

In spite of easy availability of reusable products, the uptake is minimal due to the high cost. One reusable pad generally costs between IDR 25,000-30,000 which is very expensive in comparison to one disposable pad. This makes the commercial expansion of social enterprises a huge challenge.

To make the pads affordable to women in rural areas, enterprises train women to self-manufacture – either for self-consumption or to build community-based social enterprises. This initiative has helped women in remote locations to manage their periods safely by designing their pads. It also helped in creating entrepreneurship opportunities in the last mile.

#### **Case Study # 1 : Biyung Indonesia-Social Enterprise engaging women with disabilities**

Biyung Indonesia is a social enterprise that manufactures reusable pads by skilling women's groups in rural communities. The enterprise aims to empower women around menstrual health and hygiene and advocates for reducing the environmental damage caused by the usage of disposable pads.

The organization closely works with women collectives which include, women with disabilities, housewives, etc. to manufacture and scale the reach of the product. The average group size of the women collectives varies from 10 to 25 women with each group having women with disabilities as an integral part of it. The organization has so far distributed around 7137 pads and provided MHH related messaging to 1863 women from their nearby communities.

However, the organization faces major challenges in terms of getting capital from banks to expand their work. Also, given that Biyung is a micro-enterprise, donors are restricted from giving any donation or funding.

Further, the organization has been badly hampered by COVID-19 pandemic with almost a 70% decrease in sales due to their inability to sell products.

Given the enterprise has shown promising evidence in terms of creating employment along with solving last-mile delivery challenges for quality MHH products, the organization in the future seeks to generate capital for expanding operation for economic empowerment of women and women with disability



in the larger ecosystem.

**Promotion: Promoted as environment-friendly and sustainable products.**

The organizations shared that they promote their products as environmentally friendly.

They also engage with adolescents and women to provide education and awareness about MHH products and information about puberty, physical changes in body, and reproductive rights, etc.

**Case Study # 2 : Perfect Fit - locally manufactured reusable menstrual pads amongst females in rural locations of Indonesia**

The Perfect Fit brand was established in September 2020 with the official company name PT. Putri Fajar Inspirasi.

The Perfect fit offers the availability of affordable and locally manufactured reusable menstrual pads amongst females in rural locations of Indonesia. The reusable pads are designed to meet the needs of the local women in terms of comfort, leakage, and easy wash. These products are co-created with and for women in the communities.

The organization started its business by employing people who were working in local industries, such as fashion, handicrafts, snacks, and others. Currently, 10 people are employed, which include people with disability, elderly women, and women who have experienced domestic violence.

The marketing approach taken by Perfect Fit is through promotional activities, education, and collaboration. The organization currently sells pad in packages. One package contains four sanitary pads consisting of 2 sanitary pads for night use and 2 sanitary pads for daytime use. The price for 1 package of sanitary pads (4 pieces) is IDR 120,000. The sanitary pads can be used for 3 years. The current production capacity is 1,000 – 1,500 pieces per month. The capacity has reduced due to the pandemic, earlier the production capacity was 2,000 pieces per month.

As a part of this engagement, we interviewed one of the women collective groups working under the brand Perfect fit in NTT province. Their services are spread across Maumere, Kupang, Lembata, Kefamenanu locations of NTT province.

Some of the challenges faced by the organization to expand their production and reach include:

- The price of the reusable sanitary pad package is way higher than disposable pads.
- The trust of potential consumers to the quality and safety of the product is low
- Challenges in procuring quality raw material and its negative impact on the production cost
- Limited promotional activities around MHH. The education activities in district schools often encounter obstacles from the school administration because they require lengthy bureaucratic approvals at the Provincial level.

Given these challenges, the organization feels that involving parties who have strong competence and great influence to increase public trust like government officials and public figures would be essential.



## 5.4. Distributors

The market assessment interviewed 36 distributors operating 51 warehouses across the sample locations (16 in East Nusa Tenggara, 14 in Jakarta, and 6 in Papua) of varied sizes (large and small distributors). The distributors deal in various product categories including sanitary pads, hand hygiene products, cosmetics, stationery, and other basic necessities.

**Product: Distributors at the urban locations stock more brand/ product range in comparison to rural distributors as urban consumers demand variety in brands while rural consumers are more loyal to the brand.**

As per the interviews, distributors distribute multiple brands of sanitary pads across the region. Laurier, Charm, and Kotex brands are stocked by all the distributors in all 3 assessment locations i.e. NTT, Jakarta and Papua. Some of the specific sanitary pad brands distributed by distributors in Jakarta include Avail, Natesh, Ibish. Protex brand was stocked by distributors in NTT province.

The distributors shared that demand for disposable sanitary pads is more in urban areas in comparison to rural locations. The stock of distributors is largely dependent on the brand preference of the consumers in that region. The distributors reported that consumers in the urban markets are not price-sensitive, and look at a variety of brands before making a final purchase decision. However, rural consumers are price sensitive and are generally loyal to the brands.

Some of the main challenges highlighted by the distributors in the NTT region are the frequent cancellation of the order due to miscommunication, or bad weather, or accident on the road. And in the Papua region, the distributors mentioned that the major challenge is of stock outs and unavailability of the preferred brands of sanitary pads.



Picture 5 Distributor at the Kupang City



**“(Challenge is) When customers focus on certain types/brands and we can't provide them”; “Stock and delivery issues”** *Distributors, Papua*

**“(Challenge is) When the customers refuse the product that have been delivered”; “When the weather doesn't support delivery. For example, when it rains, customers usually will cancel the order”** *Distributors, NTT region*

**Price: The price at the last mile is high due to the high cost of transportation.**

Given that the manufacturing units for most, large-scale manufacturers are set up in one location (lower belt of the country) this considerably increases the transportation cost for the products to other parts of the country thus increasing the overall price of the products.

As discussed in one of the province-level interviews:



**“The biggest challenge in Papua in terms of product absorption in the community is the high price of the product, and the low purchasing power of the people. Currently, the average gross domestic product in Papua Province is predominantly influenced by the results of mineral mining.”**

**“The prices of products in Papua are generally more expensive, due to the high cost of product distribution to reach areas where air transportation is dominant. Because in the majority, there are around 16 districts located in mountainous areas and have not been connected to land transportation”** *Department of Industry, Trade, Cooperatives, SMEs and Manpower, Papua*

On average, the distributors mentioned that the profit margin ranges between 5 to 8 percentages on the sanitary pads. The high transportation cost to interior parts of the provinces reduces this margin and hence there is reluctance to service faraway places. And if at all the products reach the last mile, the cost is high to absorb the transportation cost and other logistics related expenses.

**Place: Distributors are reluctant to deliver at the remote locations in Papua due to lack of appropriate connectivity. They wait for bulk orders to minimize the transportation cost.**

In terms of downstream distribution of products, the customers for distributors include retailers, small suppliers, and other small-scale businesses like pharmacies. The orders are generally received online, through Whatsapp, or by calling, or in-person visit at the warehouse. Once the order is received by the distributor, products are packed and sent to the customers. The distributors shared that for the supply of products in the rural locations, they wait for the bulk orders to process the orders. This is mainly due to the high cost of transporting the products to villages or remote locations. Another reason shared by distributors on why they await a bulk order to deliver in villages is that in case an order is cancelled at the last minute it causes huge financial loss.

In



**“Delivery to the village is done when there is a lot of product demand and combined with other products”** *Distributor, West Sumba District, East Nusa Tenggara*

**“(For last mile delivery, we) have partners in each villages and we deliver by car or motorbike”** *Distributors, Papua region*

**(Challenge in distribution) “Yes especially for rural areas. The purchase lot size for this area is lower and the distance between warehouses is far and the road conditions are not good”,** *Distributor, East Nusa Tenggara*

terms of distribution of products directly to schools, only four distributors in East Nusa Tenggara mentioned that they do sell sanitary pads directly to schools. None of the distributors in Jakarta and Papua reported that they are supplying the MHH products to schools.

**Promotion: Bundling offers like buy 1 get 1, free shipping, and special discounts on specific products are executed by distributors.**

Most of the distributors reported that do not have any specific promotional strategy for increasing the reach of their business. The distributors said that most of the promotion for sanitary products happens through TV advertisements, brochures, banners, etc. which are done by the manufacturers.



To push higher sales of the products, distributors shared that they do marketing like making promotion on buy 1 get 1, free shipping, and special discounts on specific products.

## 5.5. Retailers

Indonesian retail is dominated by small independent store owners, collectively known as “fragmented trade”. The modern retail, particularly convenience-store chains, supermarkets, and hypermarkets is also upcoming segment and is growing twice as fast as fragmented trade.

Under this market assessment, a total of 61 retailers were interviewed across urban and rural areas (15 from East Nusa Tenggara, 13 from Jakarta, and 33 in Papua). The type of retailers covered under the assessment - small retail shops, traditional stores, and pharmacies. Almost 45 percent did not have any female staff at the store.

**Product & Price:** Product features that attract the customers for these products include the comfort provided, price, and brand popularity. The price of the product is a dominant feature to determine consumer product preference.

The popular brands available at retail and pharmacy stores include Laurier, Charm and Softex across the three provinces. Some of the region specific brands observed at the outlets are FC (Female comfort) in Papua, Hers Protex in East Nusa Tenggara and HNI in Jakarta.

Picture 6 Disposable pads stock at the Retailers



Stock of Protex at NTT store



Stock of FC at Papua store



Stock of HNI at Jakarta

As per the retailers, the price of the product is a dominant feature to determine the consumer product preference. The average price for the preferred category of products ranges between IDR 5,000 to 8,000 in rural areas and around IDR 10,000-15,000 in urban areas. Some of the other product features which attract the costumers for particular brands are popularity among the peers, social influence, quality in terms of health benefits and the comfort.

50% of the retailers mentioned that the most preferred pack size for consumers is 8 pcs package. In rural areas, smaller packs or sachets consisting of 2 pads were also observed and the same was in demand by the consumers.



Picture 7 A traditional retailer in Buaran, East Jakarta City selling sachets of Charm sanitary pads

In terms of volume of sales, products sold per day depend on the size of the retail shop. As per data, 5 to 10 packets of sanitary pads are sold by a mid-size retail shop in a day.

Key findings around the challenges faced by the retailers in stocking and selling menstrual hygiene products are:

- 22 retailers (out of which 18 are from Papua province) said they need more capital/ loans from the bank to increase the inventory and grow the scale of their business. There is a need to stock more units and variety of the brands of sanitary pads to give choices to the consumers.
- Few retailers mentioned that training on product knowledge and promotion/ branding at the retail outlets could increase the demand of the sanitary pads.
- Frequent stock outs, failure to fulfil the demand of orders, and delay in delivery of the stocks hamper the business of the retailers. They also mentioned that suppliers are seldom to visit the store.
- Retailers from Papua province shared that due to harsh transportation route in Jayapura, decrease in cargo load from Jayapura due to COVID-19 limitations and delays in logistics/ containers due to bad weather result in increase of the price of the products in the region. However no such challenges were shared by retailers from NTT and Jakarta based retailers.

**Place: In-store placement of the products is not consumer friendly and therefore many times customers do not know if retailer is stocking the product or not.**

In terms of placement of the sanitary pads products, the market assessment observed that display of the sanitary pads is not very consumer friendly. Often there is difficulty in accessing the products at the outlet which can negatively affect the intention of the consumer thereby limiting the purchase of the product. As observed in the pictures below, sanitary pads are displayed at top most rack or higher racks which could be difficult to access for the women.

As reported by retailers, women buy the MHH products from the retailers by themselves and they prefer to discuss the product with a female shopkeeper. The same findings were noted from the demand side interviews, where consumers reported challenge in purchasing the product due to presence of the male shopkeepers. Given the taboos associated with the topic, unreachable and inaccessible products at the retail outlets limit the capability of the people to get more understanding about the different sanitary products and brands in the market. Hence making the products reachable for the consumers so that they can check the product/ compare the options by themselves is of utmost importance.

At few instances, it was observed that though the sanitary products were available at the shop, the same was not displayed at all. The lack of awareness could hamper the accessibility of the sanitary pads.



Left side picture: The sanitary pads are displayed at the top most rack which may be unreachable to consumer. Top picture: similar display of the sanitary pads which can hamper the selection process of consumers.



Picture 8 In-store placement of Sanitary pads in the Retail outlets



Picture: The traditional retail at peri-urban location in Kupang, East Nusa Tenggara. There is no display of the sanitary products, though the same was available at the outlet.



Picture: The layout of a traditional store in rural location of Jayapura, Papua. Though sanitary pads were available at the store, the lack of display consumers could hamper the sales of the product.

**Promotion: No in-store promotion for increasing the sales or awareness of menstrual products.**

In terms of in-store retail promotions, most of the retailers reported that they do not have any promotional activities like banners/ offers for increasing the reach of menstrual products. At few instances, the product promotion of Laurier brand was observed and retailers mentioned that having such banners help in increasing awareness about the products.

As distributors hardly visit the store, the promotional support or any other retail marketing related suggestions are not given to the retailers.



## 6. Recommendations

### Summary of Recommendations

#### **Implications for Government**

1. Formulate a National Level Policy and Operational Guideline for a sector wide response to Menstrual Health and Hygiene
2. Incentivize healthcare workforce to distribute and provide MHH products and information using performance-based model.
1. There is also a need to increase the WASH budget for public facilities including Healthcare facilities to build female-friendly toilets. There is a need to effectively implement the building female friendly toilets at schools and public facilities through fixing of responsibilities. An agency or department should be assigned the task and monitor regularly.
3. Build skill of teachers on MHH through structured training to make credible, accurate, and accessible information available for girls at the schools
4. Integrate Menstrual education into curriculum and encourage peer-to-peer learning through intra & extra school activities, etc.

#### **Implications for UNICEF and other Development partners**

2. Establish a Menstrual health and hygiene taskforce under Jejaring AMPL coalition in Indonesia to strengthen coordination among key stakeholders and build a sustainable ecosystem for MHH.
3. Design and Execute Locally Produced & Community Owned Model to create entrepreneurship opportunities for the local women and make the products available, accessible and affordable for the community
4. Conduct a mapping of retail outlets to identify outlets where they currently do not stock MHH products and can be connected with a Distribution Centre.
5. Work with Banks/ DFIs to create Innovative Financing solutions for women owned enterprises in MHH space
6. Provide Accelerator and Incubator support to Innovators in MHH space to convert innovations into a commercially viable business

#### **Implication for Manufacturers (Large companies)**

1. Provide gender lens training focussed on addressing embarrassment and changing social norms to distributors and retailers on MHH products.
2. In-store promotion through dedicated kiosk, banners, posters, product detailers and free sample products, especially in traditional stores could help in creating brand awareness and hence in making the brand as the preferred one.
3. Large manufacturers should consider new business opportunities in the form of setting up sanitary pads dispensers at the public facilities.
4. Enter into reusable sanitary pads business. This will help in building consumer's confidence and trust in the sustainable menstrual products i.e. reusable pads.
5. Address the markets currently not addressed by reaching more and more number of local last mile delivery channels.

## 6.1. Implications for Government

### 1. Formulate a National Level Policy and Operational Guideline for a sector wide response to Menstrual Health and Hygiene:

MHH aspects need a multi-pronged and multi-sectoral response. Various elements like education, awareness, female-friendly sanitation facilities, socio & economic factors, enabling policy, and responsive market are the drivers of good menstrual health. As the issue of MHH requires investments and partnerships from multiple sectors, a National level Policy could help in outlining the Sector Wide Approach for MHH and in setting up the priority areas.

MHH is part of the reproductive health policy established with Government Regulation. MoH and MoECRT have issued guidelines and training modules for teachers and parents. MoECRT has integrated MHH into the UKS programme included female-toilet design. However, the implementation is still weak as it depends on the subnational level commitment (decentralization).

Hence, a Local level Operation Plan should be formulated. It is proposed to bring together all the stakeholders to commit and take tailored initiatives to tackle MHH in a collaborative and coordinated manner. It is imperative that we identify who is going to implement it at the local level and that agency needs to be monitored in terms of the effective implementation of operation plan.

The policy and operational guideline around MHH need to be defined in a consultative process and should include the roles and responsibilities of different leading stakeholders to deliver results.

#### **Suggested key Strategic Focus Areas of MHH National Level Policy/ Strategy in Indonesia:**

- i. Menstrual Health & Hygiene should be identified as the key development priority and implemented in mission mode.
- ii. Engage religious, traditional and community leaders, women, and adolescent girls to address the myths, taboos, stigma, and influence social norms around menstruation
- iii. Encourage Private sector participation in behaviour change and ensuring supply of MHH products at the last mile.
- iv. Enable regulatory environment for MHH at National and Province level.
- v. Establish a functionally effective monitoring, evaluation, research and learning framework to ensure maximum accountability in policy implementation at local levels.
- vi. Environment-friendly and safe disposal of the menstrual waste

**Potential Partners:** UNICEF, Ministry of Health (Government of Indonesia), and Ministry of Education, Culture, Research and Technology (MoECRT)

**Priority:** Immediate

### 2. Incentivize healthcare workforce to distribute and provide MHH products and information using performance-based model

As the findings suggested that manufacturers are dependent on the third-party distributor to reach consumers across the country, the market assessment suggests that the capacity of distributors is built to enhance their reach. To increase the reach of third party distributors, we can connect the private distributors to strong network of public health sector.

There is a need to identify the custodian for the last mile delivery and build a network of Mobile distributors. There is a potential to utilise the strong network of existing Government structures, such as community Health workers<sup>34</sup> to bring the hygiene products closer to the community. This

<sup>34</sup> Under Puskesmas i.e. Primary Health center, there is a network of health service and information providers at the community level. Puskesmas supervise and support a wider network of primary care services that extend to village level, including pustus, mobile puskesmas, village health posts, private clinics and village midwives

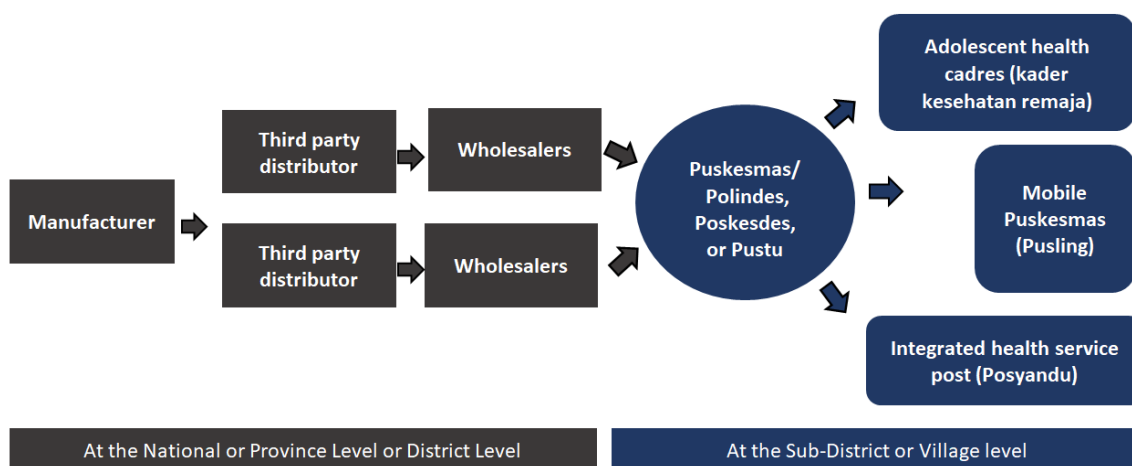
approach will help in building a sustainable distribution network for the last mile and as well as building the the capacity of government staff. We propose to develop a **Product Basket** comprising of hand hygiene and female hygiene products which will be sold at the doorstep of the households. This model will also help increase employment and act as a lever for alternate income generation in remote locations.

Following a **Hub-Spoke model**,

- Puskesmas, Polindes, Poskesdes, and Pustu can act as the Hub.
- Mobile Puskesmas (Pusling), integrated health service post (Posyandu), adolescent health cadres (kader kesehatan remaja) at high school level and the village/ community/ school level can play the role of Spokes. They will be primarily responsible for distribution of the MHH products
- At Sub-district level Puskesmas will take up the role of Hub. Their responsibility will be stocking and procuring the MHH products.
- At school level, UKS Unit in school can provide the MHH products. For example, UKS unit provide menstrual pad in the toilet, and girls can take it and put money in the box.

A tentative structure of the proposed Distribution Model for last mile delivery:

**Illustration 5 Proposed Distribution Model for last mile delivery**



**Potential Partners:** UNICEF, Government of Indonesia (Ministry of Health), Local Government Development Planning Agency (BAPPEDA), Directorate of Logistics Distribution Facilities, Private sector (Kimberly Clark – Softex), Intellectap Advisory

**Priority:** Medium

### **Learning from India: MENSTRUAL HYGIENE SCHEME(MHS)**

This model could be a holistic solution for MHH issues at the last mile – including increasing awareness among adolescents/ women on Menstrual Hygiene and increasing access to and use of high-quality sanitary napkins.

The government of India (Ministry of Health and Family Welfare) has introduced a scheme for the promotion of menstrual hygiene among adolescent girls in the age group of 10-19 years in rural

areas<sup>35</sup>. The scheme provided a pack of six sanitary napkins called “Freedays” to rural adolescent girls for INR 6 (USD 0.1). The frontline health workers (ASHA) is responsible for the distribution, and also receive an incentive of INR 1 per pack sold and a free pack of napkins every month for her personal use. She is also responsible to convene monthly meetings at the Aanganwadi Centres or other such healthcare institutes for adolescent girls to focus on the issue of menstrual hygiene and also serve as a platform to discuss other relevant SRH issues. A range of IEC material has been developed around MHS, using a 360-degree approach to create awareness among adolescent girls about safe & hygienic menstrual health practices.

Similarly, Indonesia can also leverage its Government structure to become the last-mile delivery partners of third party distributors. This will improve the access to menstrual products for women in rural/ remote locations. In order to effectively monitor and execute the model, a **Performance Based Incentives** is recommended. This can lead to greater success rate of the programme as health workers will be motivated to participate in the programme to earn financial incentives.

### 3. Integration of MHH education into the curriculum and structured training for school teachers on MHH

The current awareness levels around menstrual health and hygiene management amongst adolescent girls and women in Indonesia call for immediate action for a comprehensive approach that attends to creating awareness around MHH best practices and available products.

It is recommended that MHH education activities target all stakeholders, so that a sense of care arises from all who are related to women, including husbands. We need to build a perception that the benefits of implementing MHH can also provide benefits to families, as well as the risks of not implementing MHH, also having an impact on families, productivity, and individuals.

As teachers at schools form a critical part of an adolescent girl and women’s life and act as gatekeepers in influencing the MHH behaviors, it is necessary to build their skill. There is a need of trained MHH facilitator at school, so that credible, accurate, and accessible information is available for girls at schools. This should include promotion of health seeking behaviour, availability of different hygiene products, self-care practices, and elimination of menstrual myths and misinformation.

Along with skill enhancement of teachers through structured trainings, we also recommend the integration of MHH education into the curricula as guided by the reproductive health guideline for schools. The curriculum will be important in standardization of the information imparted to adolescents. Also, encouraging peer-to-peer learning through intra & extra school activities will be critical to create for conversation around this topic and reduce the taboo.

**Potential Partners:** UNICEF, Government of Indonesia (Ministry of Health and Ministry of Education, Culture, Research and Technology (MoECRT)), Local Government Development Planning Agency (BAPPEDA)

**Priority:** Medium

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<sup>35</sup> [Menstrual Hygiene Scheme \(MHS\)](#), National Health Mission

## 6.2. Implications for UNICEF and other Development partners

### 1. Establish a Menstrual health and hygiene coalition in Indonesia

A task force consisting of individuals, groups, and relevant public and private institutions should be established at the National level. Currently, UNICEF is working with Jejaring AMPL (WASH network) to promote MHH. Jejaring AMPL consists of government, CSOs, CBOs and private sector. We propose that MHH initiatives should be strengthened under Jejaring AMPL. To make it a nation-wide mission, a separate MHH taskforce should be created within WASH coalition.

The goal of this proposed taskforce will be to strengthen coordination among key stakeholders to build a sustainable ecosystem for Menstrual Health and Hygiene in Indonesia. The coalition will be a key platform to learn and share the resources, skills, and expertise to encourage consensus-building and evidence-based advocacy and interventions that bring about positive Menstrual Health Management engagement and change.

#### ***Learnings from Tanzania & Namibia: Exemption of Tax on all sanitary pads<sup>36</sup>***

Through the Ministry of Finance and Planning, the Government of Tanzania undertook a major step in supporting MHH through the exemption of Value Added Tax (VAT) on all sanitary pads starting July 2018. A key factor in the success of this advocacy for VAT removal was a national MHH coalition that brings together key government ministries, UN agencies, CSOs, international NGOs, and the private sector. The national MHH coalition organized the first high-level advocacy event during the 2018 Menstrual Hygiene Day bringing together more than 50 Members of Parliament (MPs) and high-level government officials with development partners to deliberate on tax exemption for sanitary pads. The result was a statement pledging support to MHH by the government and MPs. Similarly, in 2021, the Ministry of Finance, Namibia announced “..that the supply of sanitary pads will be VAT zero-rated to enhance affordability by the girl child” This was the outcome of an online campaign #taxfreeperiodnam which garnered attention from the media, Government, and other stakeholders.

#### ***Menstrual Health and Hygiene Advocacy in Indonesia***

In terms of the Indonesian context, dedicated efforts are needed to advocate for gender-sensitive programming and building enabling systems for women empowerment. We propose the following two priority advocacy agendas for the MHH Coalition in Indonesia:

##### **A. VAT Reform and implications on women in Indonesia:**

As per the recent Statement on Macroeconomic Framework and Principles of Fiscal Policy in 2022 by Minister of Finance<sup>37</sup>, Indonesia will soon be going through a tax sector reform. It aims to create a fair and healthy taxation system by putting lower tariffs on basic needs and recycling new revenues into social programs and transfers to the poor.

It is of utmost importance that tax reform incorporates gender equality objectives into the new VAT policy design through advocacy. There is a need to advocate for VAT exemptions or lower the tariff on essential women’s hygiene products and menstrual products. It will make the products more

<sup>36</sup> Periodtax.org, Case study: Tanzania, Namibia

<sup>37</sup> <https://www.kemenkeu.go.id/en/publications/news/these-are-three-fiscal-reforms-in-2022/>

accessible and affordable for the women from low income strata.

Moreover, even if the tax is exempted – it will result in reduction of price of the final product by 10% (i.e. a pack of sanitary pads which is currently available at 3000 Indonesian rupiah will be available at 2700 rupiah). So it may not still be affordable for 9.8% of proportion of Indonesia Population living below the National Poverty line<sup>38</sup>. Hence it is crucial that the new additional revenue from VAT reform must be used urgently to fund welfare programs for women including distribution of free pads to alleviate the impact of the pandemic on women and vulnerable groups.

#### **B. Standards and Regulations for Menstrual Products:**

The National Standardization Agency of Indonesia has defined a standard regulation for designing disposable sanitary pads in the country. The regulation was issued in 2000 and was later revised in 2015. Across the global, countries like Kenya, Ethiopia, Uganda have set standards for reusable sanitary towels, reusable pads and India is working to develop similar standards for menstrual cup as well. Hence, to keep up with the global product quality and standards, there is a need to revisit the standards in Indonesia and define it across the product category. With an objective to empower consumers with sufficient information to make an informed choice, clear standardization parameters should be defined for following:

- Disposable Pads (Physical parameters: Materials & components, construction, size dimensions and absorbency/ flow; Packaging: Materials – Type, construction and dispersion' Marking: Manufacturing details and date of expiry, Raw materials: Biocompatibility i.e Material safety – toxicity, irritation, skin sensitivity etc. (ISO 10993), Duration of wear (linked to absorbency and hygiene and method of disposal, Hygiene/Microbiological parameters: Total viable bacterial count)<sup>39</sup>
- Reusable Pads (Absorbency & Retention capacity, pH Level, Durability (30-60 washes), Odor, Drying time, Color fastness, Microbiology levels (Enterobacteriaceae, Staphylococcus aureus, and Pseudomonas aeruginosa)<sup>40</sup>
- Menstrual cup (Cup material, cup size, FDA approval, Safety and product standards, Environmental requirements, Manufacturing and expiry date, Instructions for Use including guidance for washing and sterilization, Instructions for storage and maintenance)<sup>41</sup>.

**Potential Partners:** Development Partners (UNICEF, UNWomen, UNFPA); Private Sector Partners (Unicharm Indonesia PT, Kao Indonesia PT, Kimberly-Clark Indonesia PT, Multi Duta Utari PT, Johnson & Johnson Indonesia PT, PnG); Others (PERIOD Jakarta, Plan International Indonesia; and Government (Ministry of Health (MoH) and Ministry of Education, Culture, Research and Technology (MoECRT))

**Priority:** Medium

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<sup>38</sup> ADB, Poverty Data: Indonesia, 2020

<sup>39</sup> Menstrual Health & Hygiene Web-Dialogues 2019 - 2020

<sup>40</sup> *Ibid*

<sup>41</sup> [Menstrual Cup Specifications](#), UNFPA, UNICEF, UNHCR

## 2. Design and Execute Locally Produced & Community Owned Model:

Access to affordable and sustainable menstrual products is key to improving menstrual health and hygiene in Indonesia. Indonesia being complex geography with more than 6000 inhabited islands to cater to – locally produced and community-owned model could be a game-changer.

This solution has the potential to create entrepreneurship opportunities for the local women and make the products available, accessible and affordable for the community. The model apart from creating employment opportunities could also help in imparting knowledge and awareness about MHH to the community members. The existing social structures could be leveraged to create new business units at the community level.

Social Help Groups of women in the community could be trained and equipped with resources to start a new business of disposable sanitary pads productions. They can play the dual role of manufacturer and distribution to the end consumers/ bulk buyers like NGOs or hospitals. For the initial capital investment, CSR or other development funds could be mobilised. This will also help in creating employment at local level.

### Learning from India :Aakar Innovation

Product type: Disposable sanitary pads

Cost of machinery: Setup cost for Machine USD 6,800

Each pad cost: 40 percent less cost than branded products

The organization sets up mini factory units for sanitary pad production, which are fully run and operated by women. These production hubs provide employment opportunities to local women, enabling them to be self-dependent and earn a source of income. Apart from production, the local women's groups are also involved in selling and distributing sanitary pads and providing menstrual health information thus empowering women to manage their menstruation with dignity.

Faith-Based organizations<sup>42</sup> can also be explored to create the new business units for sanitary pads production. FBOs are much better equipped than SHGs and have better influencing at the community members. They can start the small scale industry and also encourage women to use the pads for better MHH.

As part of the proposed social entrepreneurship initiatives, UNICEF can put efforts to build the capacity of women in community to take up this livelihood opportunity. To start the process, UNICEF needs to identify certain sets of community groups or women collectives or existing social entrepreneurs who are interested and could be upskilled to produce and distribute MHH products.

**Potential Partners:** Aakar Innovations, India, Perfect Fit, Biyong Foundation, Persatuan Karya Dharma Indonesia/PERDHAKI (a Catholic organization has a network consisting of 85 hospitals), Muhammadiyah (an Islamic group has a network consisting of 69 hospitals and several maternity clinics)

**Priority:** Short-term

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<sup>42</sup> In Indonesia, there are several community organizations with religious affiliations that play significant roles in the health sector, some of the key organizations are Muhammadiyah (Islam), Nahdatul Ulama (Islam), Persatuan Karya Dharma Kesehatan Indonesia/PERDHAKI (United Devotion for Indonesia Health, a Catholic organization), Persekutuan Pelayanan Kristen untuk Kesehatan di Indonesia/PELKESI (Christian Congregation for Health in Indonesia), Yayasan Kesehatan Kristen untuk Umum/YAKKUM (Christian Foundation for Health), Walubi (Buddhist), Parisada Hindu Dharma (Hindu). Together they also create a platform for cooperation in the form of the Collaboration Forum for Indonesia Community Health Development (Forum Kerjasama Pengembangan Kesehatan Masyarakat Indonesia/FKPKMI).



### 3. Conduct a mapping of retail outlets:

Due to the lack of data on retail outlets and availability of products across the outlets – the Market assessment recommend conducting a retail mapping exercise on pilot basis. The market assessment recommends UNICEF to focus on its programme locations (NTT and Papua are suggested for the pilot study).

The objective is to go into both Urban and Rural market areas and map out every street to create a full database of retail outlets. The purpose is to identify outlets where they currently do not stock MHH products and can be mapped or connected with a Distribution Centre or local distributors.

The survey will gather information regarding sanitary products availability, pricing, brands, SKUs and current footfall. The retail outlets will include shops in informal markets, retail outlets located in local and traditional markets, selling products from one or multiple companies.

The mapping may also capture other important outlet information, such as GPS coordinates, photographs of the outside and inside of the outlet, product categories, pricing, etc. The outcomes of this exercise will provide an overview of the outlets in the target market along with a real time database of the retail.

The outcome will help in identifying the current gaps in the market and can work as catalyst to resolve Last Mile Distribution issues.

**Potential Partners:** Industry, Trade and Cooperative Agency, UNICEF, Private Sector Players

**Priority:** Medium

### 4. Innovative Financing Mechanism for women owned enterprises in MHH space

Indonesia ranks 73 on the Ease of Doing Business parameter at the global level<sup>43</sup>. Though there is improvement in the ranking in the last couple of years, two criteria where the country is not performing well are a) Starting a Business (ranked 140) and b) Trading across borders (ranked 116)<sup>44</sup>. Moreover, due to COVID-19 pandemic, more than 37 percent of women-owned MSMEs experience income losses – between 40 and 60 percent<sup>45</sup>. Primary interviews also suggested that small-mid -size enterprises face challenges in securing capital/loan from the banks.

It is recommended that UNICEF works with Banks/ DFIs to create lucrative financing solutions for small/mid-sized enterprises. There is a need for designing innovative and customised financing products for MSMEs with favourable terms and conditions.

### 5. Provide Accelerator and Incubator support to Innovators in MHH space:

Given that menstrual hygiene is highly taboo and shaped by cultural factors worldwide including Indonesia, we think that local groups are often best placed to deeply understand what needs to be done and what interventions would be acceptable in their communities. Therefore, fostering an enabling environment and creating favourable conditions for innovators can facilitate growth.

In this backdrop, the assessment suggests that an *Accelerator & Incubator programme* is designed and launched to support menstrual hygiene entrepreneurs. Programme could include helping entrepreneurs to build their capacity in scaling their businesses, especially where Innovations need to be converted to a commercially viable business. It may also include designing innovative financing models to help the innovators raise capital through debt/equity/grant models.

**Potential Partners:** Amplify Change (<https://amplifychange.org/>); Simavi, PSI, IFC, Intellect Advisory

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<sup>43</sup> World Bank, DoingBusiness.org, Country Profile : Indonesia, 2020

<sup>44</sup> *Ibid*

<sup>45</sup> UNDP & Institute for Economic and Community Research (LPEM) University of Indonesia: Impact of COVID-19 Pandemic on MSMEs in Indonesia



### **6.3. Implication for Manufacturers (Large companies)**

#### **1. Provide training to distributors and retailers on MHH products**

The market assessment findings indicate a lack of product knowledge and awareness about the range of menstrual hygiene products among retailers and distributors. There is a need to build this capacity in the last mile actors who ultimately interact with the consumers and sell the products.

Given, that the last mile actors are male shopkeepers and MHH is a sensitive topic, gender lens training focussed on addressing embarrassment and changing social norms should be imparted. The fundamentals around how to speak to the consumers and how to describe the features of the products in a culturally suitable manner should be part of the training exercise.

#### **2. In-store promotion and in-store kiosk branding for better access and display**

Interviews suggest that consumers prefer specific brands for managing their menstruation requirements. In-store promotion through banners, posters, product detailers and free sample products, especially in traditional stores could help in creating brand awareness and hence in making the brand as the preferred one.

In-store kiosk branding is a concept where retailers can designate space for a particular brand/product to give better visual appeal. The large-scale manufacturers can design a mini-kiosk that can be kept at traditional stores to give better accessibility and visibility to the MHH products. This will ensure that consumers can access the products and avoid the embarrassment of engaging with the male shopkeeper.

#### **3. Business opportunity: Sanitary napkin Vending machine at female toilets**

The unavailability of sanitary dispensers at the female toilets in public places like airports, harbours, bus terminals, and in market places is a missed opportunity. The research<sup>46</sup> also suggests that many women enter the menstrual cycle suddenly while outside the home and most of them did not prepare or carry sanitary napkin. This showcases a business opportunity for large MNCs to install sanitary napkin dispensers at the female toilets in public places. It will not only be a financially lucrative model, but the presence of this machine can help in building brand awareness.

#### **4. Venture into new product category and start producing reusable pads**

The market assessment observed that there is minimal uptake of reusable pads due to high initial investment and lack of trust in the product. The assessment recommends large manufacturers to produce reusable sanitary pads, so that the market confidence in the reusable products is boosted. If MNCs venture into reusable pads, consumers will have more trust, confidence and comfort in using this product. MNCs can also invest in creating awareness about the product and its positive impact on the climate and environment.

It is crucial that big players take up this role of building sustainable world by reducing solid waste and climate change affects.

#### **5. Address the markets currently not addressed**

There is a need to cover the underserved markets especially in farfetched locations of Papua and NTT. Local networks should be strengthened to reach more and more number of local last mile delivery channels. It is recommended that Distributors' capacity is built to encourage them to regularly visit the markets/ retails/ interior locations to identify the last mile delivery partners.

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<sup>46</sup> Vending Machine Business as a Solution to Feminine Hygiene Products Necessary, A S Yunita and I Pangaribuan 2019

**Potential Partners:** Private sector players (could be monitored and supported by coalition)

**Priority:** Immediate and ongoing

## Annexure I: List of the Key Stakeholders interviewed

| SN                              | Name of the Respondent      | Organization   | Designation  |
|---------------------------------|-----------------------------|--|--|
| <b>National level</b>           |                             |  |  |
| 1                               | Wahanudin                   | Ministry of National Development Planning Agency (BAPPENAS) & Directorate of Residential Housing                           | -  |
| 2                               | Nadia Sitompul              | Ministry of National Development Planning Agency (BAPPENAS) & Directorate of Residential Housing                           | -  |
| 3                               | Adila Muthi                 | Ministry of National Development Planning Agency (BAPPENAS) & Directorate of Residential Housing                           | -  |
| 4                               | Armafutriani                | Ministry of National Development Planning Agency (BAPPENAS) & Directorate of Residential Housing                           | -  |
| 5                               | Atika                       | Ministry of National Development Planning Agency (BAPPENAS) & Directorate of Residential Housing                           | -  |
| 6                               | Bonny Yul Abels Hasudungan  | Directorate of Logistics Distribution Facilities   | -  |
| 7                               | Anggraeni Irawati Hermantyo | Covid-19 Task Forces and Behavior Change Secretariat   | -  |
| 8                               | Ratna Dwicahyaningtyas      | Covid-19 Task Forces and Behavior Change Secretariat   | -  |
| 9                               | Putri                       | Covid-19 Task Forces and Behavior Change Secretariat   | -  |
| 10                              | MD. Arifi                   | Ministry of National Development Planning Agency (BAPPENAS) and Directorate of Public Health Nutrition                     | -  |
| 11                              | Ema Nurmeina                | Ministry of Tourism and Creative Economy-Directorate of Standardization and Business Certification                         | -  |
| 12                              | Ibu Yayu Mukaromah          | Government   | National consultant for SRH and MHM  |
| 13                              | Preetha and Zainal          | UNICEF   | WASH and HH Representative   |
| <b>Province/ District level</b> |                             |  |  |
| 1                               | Harris Manuputy             | SAGA Group   | General Manager  |
| 2                               | Kamarudin                   | Local Revenue Agency (BAPPENDA) for Biak District<br>Indonesian Islamic Religious Scientist Council (MUI) in Biak District | Secretary to the Local Revenue Agency (BAPPENDA) for Biak District<br>Chairperson of the Indonesian Islamic Religious Scientist Council (MUI) in |

|                             |   |  |   |
|-----------------------------|---|--|---|
|                             |   |  | Biak District   |
| 3                           | Nurhaini Widiastuti   | -  | BENTARA Papua   |
| 4                           | Noak Korwa  | -  | Yayasan RUMSRAM Biak  |
| 5                           | Dantje Rumpaidas  | -  | Yayasan RUMSRAM Biak  |
| 6                           | Parulian  | Local Government Development Planning Agency<br>(BAPPEDA) Papua Province, Social Cultural Division | 6   |
| 7                           | Samuel Kareth   | SME Cooperative Trade Industry Office and Labor SME sector   | 7   |
| 8                           | Office Representative   | Women's Empowerment and Child Protection Office, Papua Province                                    | 8   |
| 9                           | Office Representative   | Department of Social Affairs, Papua Province   | 9   |
| 10                          | Representative from Family Welfare Empowerment Mobilizing Team (TP PKK), Papua Province | Family Welfare Empowerment Mobilizing Team (TP PKK), Papua Province                                | 10  |
| 11                          | Amos Andrie Palulungan  | Jayawijaya District Health Office  | Head of environmental health and occupational health and sports                       |
| 12                          | Joni Tadung   | Regional Development Planning Agency/Bappeda Jayawijaya Regency                                    |   |
| 13                          | Linda Wellikin  | Industry, trade and cooperative Industry   | Staff   |
| 14                          | Henny Beay  | Women's Empowerment, Child Protection, and Family Planning of Jayawijaya District                  | Secretary   |
| 15                          | Jeki Pigome   | Human Settlements Division of the Public Works and Public Housing Service                          | Head of the Human Settlements Division of the Public Works and Public Housing Service |
| 16                          | Mr. Yuberius Usior  |  | Head of Industrial dan Trade Agency   |
| <b>Development partners</b> |   |  |   |
| I                           | Angelina Yusufdar<br>Mustafa  | Simavi   | Programme Coordinator / Partnership Development                                       |

|                            |                             |   |  |
|----------------------------|-----------------------------|---|--|
|                            |                             |   | Officer- Simavi  |
| 2                          | Silvia Anastasia Landa      | Plan International                        | Project Manager  |
| 3                          | Hidayat Ahmad               | Indonesian Planned Parenthood Association | Head of PKBI NTB                                       |
| 4                          | Wildan Setiabudi            | UNICEF                                    | Program officer, WASH                                  |
| 5                          | Galio RD Burdames           | UNICEF                                    | WASH department  |
| 6                          | Muhammad Zainal             | UNICEF                                    | WASH specialist  |
| 7                          | Rostia La Ode Pado          | UNICEF                                    | WASH department  |
| 8                          | Dhanang wuriyandoko         | UNICEF                                    | Sanitation specialist/ Consultant                      |
| 9                          | Md. Afrianto Kurniawan      | UNICEF                                    | WASH department  |
| 10                         | Eko Widodo                  | UNICEF                                    | WASH department  |
| 11                         | Reza Hendrawan              | UNICEF                                    | WASH Specialist  |
| 12                         | Mr. Ishak Matarihi          | Rumsram Foundation                        | Director   |
| 13                         | Mr. Pip                     | Rumsram Foundation                        | Ex-Secretary for Education in Rumsram                  |
| 14                         | Mr. Mesakh Nicholas Sadrakh |   | Head of Division of Elementary and Junior High Schools |
| <b>Private enterprises</b> |                             |   |  |
| 1                          | Audrey Anderson Duckett     | Be Girl                                   | Chief Operating Officer                                |
| 2                          | Tungga Dewi                 | Perfect fit                               | Founder and CEO  |
| 3                          | Westiani Agustin            | Biyung foundation                         | Founder  |
| 4                          | Dwi Sasetyaningtyas         | Sustaination                              | Founder  |

## Annexure 2: Stakeholder-wise Information areas

| Menstrual Hygiene: Key Information Areas for Primary Data collection  |   |
|---|---|
| Pillars   | Information Areas   |
| <p><b>Demand-side</b></p> <p><b>Key Informants:</b><br/>Households,<br/>School administrators,<br/><br/>Admin staff at the workplaces,<br/>marketplaces, transportation<br/>hubs and religious places</p> | <ol style="list-style-type: none"> <li>1. Preference of the products</li> <li>2. Affordability and willingness to pay for the MHH products</li> <li>3. Availability of MHH products</li> <li>4. Key factors which inhibit the usage of products</li> <li>5. Key cultural challenges</li> <li>6. Awareness about the product options in the market</li> <li>7. Education on puberty and knowledge around best MHH practices</li> </ol>   |
| <p><b>Supply-side</b></p> <p><b>Key Informants:</b><br/>Manufacturer<br/>Distributors<br/>Retailers<br/>Marketers<br/>Innovative Businesses<br/><br/>Cottage industry</p>                                 | <p><b>National and Local manufacturers</b></p> <ol style="list-style-type: none"> <li>1. Manufacturing details</li> <li>2. Current market coverage</li> <li>3. Raw materials procurement –barriers associated</li> <li>4. Production Issues -Labour, Capital, and legal issues</li> <li>5. Marketing efforts required and its impact -Promotion, Distribution, and consumer behavior</li> <li>6. Steps taken to increase the reach – last-mile delivery and challenges associated, rural and urban analysis</li> <li>7. Future plans with regards to MHH products</li> <li>8. Pricing and Margins</li> <li>9. Competition analysis</li> <li>10. Quality control</li> <li>11. Regulations and impact on production</li> </ol> <p><b>Distributors and Stockist</b></p> <ol style="list-style-type: none"> <li>1. Details about the different types of MHH products</li> <li>2. Distribution issues faced related to sanitary pads</li> <li>3. Transportation and logistics issues faced</li> <li>4. Marketing support-Promotion, Distribution</li> <li>5. Rural vs urban consumption</li> <li>6. Pricing and Margins</li> <li>7. Regulations and impact on the distribution of products</li> </ol> <p><b>Retailer/Chemist/Cosmetics stores</b></p> <ol style="list-style-type: none"> <li>1. Consumer preference concerning the brand, quality, and material</li> <li>2. Consumer Price preference</li> <li>3. Inventory management challenges</li> </ol> |
| <p><b>Enablers</b></p> <p><b>Key Informants:</b><br/>Government (National/ sub-national level)<br/>Donors and Private sector players</p>  | <ol style="list-style-type: none"> <li>1. Programs and Policies</li> <li>2. Infrastructure related issues and solutions</li> <li>3. Incentives for private sector players</li> <li>4. Advertising and marketing</li> <li>5. Tax breaks and subsidies</li> <li>6. Partnerships with ecosystem enablers (IGOs, NGOs, government)</li> <li>7. Innovation landscaping</li> </ol>  |

## Annexure 3: Sample for the Market Assessment

### Demand-side stakeholder

| SN | Stakeholder Category               | Target respondent   | Purpose   | Number of respondents |
|----|------------------------------------|---|---|-----------------------|
| 1  | Household Adolescent Girls or Boys | -Household head<br>-10 – 19 yrs old adolescents                         | To understand the knowledge, preference, and availability of MHH products and services  | 78                    |
| 3  | Health Facility                    | Staff at Health Facility/<br>Community Health Workers/ Referral Centres | To understand the Knowledge, preference, and availability of MHH products and services as observed by the health workforce in the community and at health centres | 54                    |
| 4  | School Administrator               | School Administrator  | To understand the product availability, accessibility, and preferences of MHH products and services at school   | 47                    |
| 5  | Workplace                          | Administrative staff  | To understand the product availability, accessibility, and preferences of MHH products and services at Workplace  | 36                    |
| 6  | Religious Institutions             | Staff at Place of Worship   | To understand the product availability, accessibility, and preferences of MHH products and services at Religious Institutions                                     | 18                    |
| 7  | Marketplace and Transportation Hub | Admin staff of Marketplace and Transportation Hub                       | To understand the product availability, accessibility, and preferences of MHH products and services at Marketplace and Transportation Hub                         | 18                    |
| 8  | Self-help Groups                   | Members of the self-help group  | To understand the knowledge, preference, and availability of MHH products and services in their location  | 18                    |

### Supply-side stakeholder

| SN | Research instrument name                 | Target respondent  | Purpose   | Number of respondents |
|----|--|--|---|-----------------------|
| 1  | Manufacturers                            | MHH large and mid-scale enterprises marketing/sales teams head | To understand the challenges faced by the manufacture of MHH product and their selling in Indonesia | 10                    |
| 2  | Distributors                             | MHH product distributor org. head                              | To understand the challenges faced in the distribution of MHH products                              | 18                    |
| 3  | Retailers                                | Shopkeepers/Supermart managers                                 | To understand the challenges faced in selling MHH products  | 38                    |
| 4  | Innovators and small scale manufacturers | Enterprises owners-running small scale/innovative MHH business | To understand the challenges faced by the innovators of MHH product and their selling in Indonesia  | 18                    |

### List of the Districts covered under each of the three Provinces

| Province           | Urban         | Rural            | Peri Urban  |
|--------------------|---------------|------------------|-------------|
| Jakarta            | East Jakarta  | Kabupaten Bogor  | Tangerang   |
| East Nusa Tenggara | Kota Kupang   | Sumba Barat Daya | Kab. Kupang |
| Papua              | Kota Jayapura | Biak             | Wamena      |

## Annexure 4: Bibliography

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## Annexure 5: MHH products compendium

| Menstrual Hygiene Products |                 |   |                           |             |
|----------------------------|-----------------|---|---------------------------|-------------|
| SN                         | Product Type    | Product Name                                | Brand/Name of the Company | Price       |
| 1                          | Disposable Pads | Charm Bodyfit Wing 23cm 10 pads             | Unicharm Indonesia        | 8625        |
| 2                          |                 | Charm Bodyfit Non Wing 23cm 20 pads         | Unicharm Indonesia        | 11250       |
| 3                          |                 | Charm Safe Night Wing 29cm 10 pads          | Unicharm Indonesia        | 10500       |
| 4                          |                 | Charm Safe Night Wing 35cm 12 pads          | Unicharm Indonesia        | 16950       |
| 5                          |                 | Charm Safe Night Wing 35cm 18 pads          | Unicharm Indonesia        | 24900       |
| 6                          |                 | Charm Safe Night Gathers 35cm 12 pads       | Unicharm Indonesia        | 15500       |
| 7                          |                 | Charm Safe Night Gathers 35cm 18 pads       | Unicharm Indonesia        | 17900       |
| 8                          |                 | Charm Safe Night Gathers 42cm 8 pads        | Unicharm Indonesia        | 20900       |
| 9                          |                 | Charm Safe Night Gathers 42cm Wings 8 pads  | Unicharm Indonesia        | 19600       |
| 10                         |                 | Charm Cooling Fresh Wing 23cm 16+2 pads     | Unicharm Indonesia        | 15900       |
| 11                         |                 | Charm Cooling Fresh Non Wing 23cm 24+2 pads | Unicharm Indonesia        | 17450       |
| 12                         |                 | Charm Cooling Fresh Non Wing 26cm 14 pads   | Unicharm Indonesia        | 18500       |
| 13                         |                 | Charm Night Cooling Fresh Wing 29cm 10 pads | Unicharm Indonesia        | 13900       |
| 14                         |                 | Charm Night Cooling Fresh Wing 35cm 8 pads  | Unicharm Indonesia        | 13900       |
| 15                         |                 | Charm Night Cooling Fresh Wing 42cm 6 pads  | Unicharm Indonesia        | 17000       |
| 16                         |                 | Charm Night Cooling Fresh Wing 42cm 8 pads  |                           | 22900       |
| 17                         |                 | Charm Extra Comfort Wing 23cm 18 pads       | Unicharm Indonesia        | 17500       |
| 18                         |                 | Charm Extra Comfort Non Wing 23cm 23 pads   | Unicharm Indonesia        | 22500       |
| 19                         |                 | Charm Extra Comfort Wing 26cm 8 pads        | Unicharm Indonesia        | 10125       |
| 20                         |                 | Charm Extra Comfort Non Wing 26cm 16 pads   | Unicharm Indonesia        | 20900       |
| 21                         |                 | Charm Extra Dry Wing 23cm 18 pads           | Unicharm Indonesia        | 15750-21900 |

|    |  |  |                    |             |
|----|--|--|--------------------|-------------|
| 22 |  | Charm Extra Dry Wing Long 25cm                               | Unicharm Indonesia | 21000       |
| 23 |  | Charm Extra Dry Night 29cm 12 pads                           | Unicharm Indonesia | 19500       |
| 24 |  | Charm Slim Protect Wing 23cm 18 pads                         | Unicharm Indonesia | 21348       |
| 25 |  | Charm Slim Protect Wing 26cm 14 pads                         | Unicharm Indonesia | 22000       |
| 26 |  | Charm Sleep Protect+   | Unicharm Indonesia | 23600       |
| 27 |  | Hers Protex Soft Care Maxi Wing 10 pads                      | Wings Surya        | 4756        |
| 28 |  | Hers Protex Night Care Wing 20 pads                          | Wings Surya        | 11000       |
| 29 |  | Hers Protex Extra Maxi Non Wing 23cm 60 pads                 | Wings Surya        | 19795       |
| 30 |  | Hers Protex Maxi Wing Extra Soft                             | Wings Surya        | 11000       |
| 31 |  | Hers Protex Comfort Night Flexi Wing 10 pads                 | Wings Surya        | 10000-11500 |
| 32 |  | Hers Protex Soft Care Regular Medium Flow 8 pads             | Wings Surya        | 3900        |
| 33 |  | Hers Protex Soft Care Non Gel 10 pads                        | Wings Surya        | 5000-9000   |
| 34 |  | Laurier Double Comfort Wing 25cm 14 pads                     | Kao Indonesia      | 12800       |
| 35 |  | Laurier Relax Night Wing 30cm 16 pads                        | Kao Indonesia      | 13800-15500 |
| 36 |  | Laurier Healthy Skin Night 35cm 6 pads                       | Kao Indonesia      | 11900-15250 |
| 37 |  | Laurier Active Day Super Maxi Non Wing 8 pads                | Kao Indonesia      | 3609        |
| 38 |  | Laurier Active Day Super Maxi Wing 30 pads                   | Kao Indonesia      | 14580       |
| 39 |  | Laurier Active Day X-TRA Non Wing 30 pads                    | Kao Indonesia      | 14000       |
| 40 |  | Laurier Active Day X-TRA Long Wing 16 pads                   | Kao Indonesia      | 12100       |
| 41 |  | Laurier Flexi Protect 22cm 28 pads                           | Kao Indonesia      | 12700       |
| 42 |  | Laurier Flexi Protect Wing 22cm 18 pads                      | Kao Indonesia      | 11850       |
| 43 |  | Laurier Flexi Protect Long Wing 25cm 14 pads                 | Kao Indonesia      | 11200       |
| 44 |  | Laurier Relax Night (30cm) 16 pads                           | Kao Indonesia      | 13800       |
| 45 |  | Laurier Relax Night (35cm) 12 pads                           | Kao Indonesia      | 15000-19000 |
| 46 |  | Laurier Celana Menstruasi 2 pcs                              | Kao Indonesia      | 32700       |
| 47 |  | Laurier Super Slimguard Day 22.5cm 14 pads                   | Kao Indonesia      | 20000-24000 |
| 48 |  | Laurier Super Slimguard Day 22.5cm with Safety Guard 20 pads | Kao Indonesia      | 24900       |
| 49 |  | Laurier Super Slimguard Night 30cm 14 pads                   | Kao Indonesia      | 31240       |

|    |                      |  |                  |               |
|----|----------------------|--|------------------|---------------|
| 50 |                      | Laurier Super Slimguard Night 35cm 8 pads      | Kao Indonesia    | 18000-19400   |
| 51 |                      | Laurier Healthy Skin Day Non Wing 22cm         | Kao Indonesia    | 15600         |
| 52 |                      | Laurier Healthy Skin Day 22cm                  | Kao Indonesia    | 18900-22000   |
| 53 |                      | Laurier Healthy Skin Night 30cm 8 pads         | Kao Indonesia    | 11100         |
| 54 |                      | Laurier Healthy Skin Night 35cm 6 pads         | Kao Indonesia    | 12000-15000   |
| 55 |                      | Whisper Wings 40 pads                          | Whisper          | 40640         |
| 56 |                      | Softex Comfort Slim 2 in 1                     | Softex Indonesia | 16000         |
| 57 |                      | Softex Daun Sirih Non Wing 23cm 8 pads         | Softex Indonesia | 5500          |
| 58 |                      | Softex Daun Sirih Wing 23cm 20 pads            | Softex Indonesia | 13500         |
| 59 |                      | Softex Daun Sirih 29cm 16 pads                 | Softex Indonesia | 20425         |
| 60 |                      | Softex Daun Sirih 36cm 12 pads                 | Softex Indonesia | 18000-20500   |
| 61 |                      | Softex Daun Sirih 3 in 1                       | Softex Indonesia | 15600         |
| 62 |                      | Softex Celana Menstruasi All Size 2pcs         | Softex Indonesia | 13800         |
| 63 |                      | Softex Celana Menstruasi Extra Size 2pcs       | Softex Indonesia | 19900         |
| 64 |                      | Softex Comfort Slim Non Wing 23cm 8 pads       | Softex Indonesia | 4200          |
| 65 |                      | Softex Comfort Slim Wing 23cm 8 pads           | Softex Indonesia | 4500-6000     |
| 66 |                      | Softex Comfort Slim 29cm 16 pads               | Softex Indonesia | 21400         |
| 67 |                      | Softex Comfort Slim 36cm 12 pads               | Softex Indonesia | 15900         |
| 68 |                      | Softex Comfort Slim 42cm 6 pads                | Softex Indonesia | 16500         |
| 69 |                      | Kotex Healthy Protection Slim Non-Wing 10 pads | Kotex Indonesia  | 18000         |
| 70 |                      | Kotex Daun Sirih Over Night Wing 9 pads        | Kotex Indonesia  | 13410-15120   |
| 71 |                      | Kotex Overnight ProActiveGuard                 | Kotex Indonesia  | 18300         |
| 72 | <b>Menstrual Cup</b> | FemmyCycle Menstrual Cup                       | FemmyCycle       | 599600        |
| 73 |                      | Lunnete Reusable Menstrual Cup                 | Lunnete          | 580000        |
| 74 |                      | Rhea Cup                                       | RHEA             | 250000        |
| 75 |                      | Dayliee Menstrual Cup                          | Dayliee          | 149000        |
| 76 |                      | G Menstrual Cup                                | G Cup            | 159000        |
| 77 |                      | Ecotalk Menstrual Cup                          | Ecotalk          | 185000-205000 |
| 78 |                      | Soul4earth Menstrual Cup                       | Soul 4earth      | 156000-225000 |
| 79 |                      | Diva Menstrual Cup                             | Diva Cup         | 659000        |
| 80 |                      | Lena Menstrual Cup                             | Lena             | 589300        |
| 81 |                      | MeLuna Menstrual Cup                           | Me Luna          | 399000        |
| 82 |                      | OrganiCup Menstrual Cup                        | ORGANICUP        | 499900        |
| 83 |                      | Yukki Menstrual Cup                            | Yukki            | 399900        |
| 84 |                      | Saalt Menstrual Cup                            | saalt            | 600000-650000 |

|    |                |                               |                        |        |
|----|----------------|-------------------------------|------------------------|--------|
| 85 |                | AneerCare Shiny Menstrual Cup | AneerCare              | 180000 |
| 86 | <b>Tampons</b> | Natracare Cotton Tampons      | Natracare<br>Indonesia | 120900 |

## Annexure 6: Criteria for Female-friendly Toilets

Public Work in Indonesia has a policy on universal design for infrastructure, and MoECRT has drafted a female-friendly toilet design in WinS guideline. Some of the key elements of female friendly toilets are:

**Security and privacy** – The female toilets should be separate from male toilets. They should be situated at sufficient distance and their entrances should not face each other. Each cubicle in the female toilets should have a door latch and should have space for hanging or keeping stuff. The toilet should be well lit from both inside and outside. The walls, doors, and roof should be made of non-transparent material with no gaps and spaces.

**Water and soap availability**- The toilets should have a running water supply with a soap station. It should be situated in an accessible position to help women wash themselves and their menstrual materials easily.

**Availability of dustbins**– Availability of pedal-operated dustbins with lids for disposing of used sanitary pads is essential. Rubbish bags should be put inside the dustbins. When full, the rubbish bag should be removed and emptied in the incinerator. Toilets should have clear signage of how and where to dispose of used MHH material. For other personal waste, separate dustbins should be kept.

**Well managed and maintained toilets:** Public toilets will only be used if they are well managed and clean. Allocating manpower for regular cleaning of toilets is essential. The manpower should be regularly paid and provided with all the resources like gloves, cleaning agents, brushes for cleaning the washroom. <sup>474849</sup>

**Serving the requirements of women with disability:** While designing these toilets we should also keep in mind the needs of women with disability. Aspects like sufficient width of toilets, support rods for holding, raised seats, ramp for wheelchair users are critical for women with disability. <sup>50</sup>

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<sup>47</sup> UNICEF-Guidance-menstrual-health-hygiene, 2019

<sup>48</sup> Making the case for female friendly toilets, 21 August 2018; Margaret L. Schmitt David Clatworthy, Tom Ogello, Marni Sommer

<sup>49</sup> A '[Female-friendly guide](#)' for public and community toilets written by WaterAid, UNICEF and WSUP, 2018

<sup>50</sup> UNICEF, Inclusive and Accessible WASH in UNICEF: Good practices by country, 2015