LIITHMR UNIVERSITY

School of Development Studies

MBA Rural Management

Batch-06th (2017-2019) First Year

Marketing Management

Term Examination

Time - 3 Hour **MM-70**

The question paper contains ___10_ printed page.

Read the given case carefully and answer the following questions. First three questions carry 10 marks each whereas, fourth question carries 40 marks.

1. For the product in question what bases would you use for the segmentation?
2. Using these bases can you define the target market (segments) for this product?
3. How would you position your product offering in the target segment?
4. Design the suitable marketing mix for the product with the special emphasis on mitigating the social barriers involved in creating the market for the product. Your answer should clearly suggest the
    - The possibilities to augment the core product,
    - Suitable distribution channel and
    - The promotion strategies using the 6 M model.

Creating a Market for Low-Cost Menstrual Hygiene Products in India[1]

Abstract

Unhygienic practices in menstrual management are a major public health concern in India. It affects socio-economically vulnerable women in both rural and urban areas. The major challenge for health professionals and policy makers is addressing myths associated with the biological process of menstruation. These myths make the hygienic management of menstruation difficult, and ultimately lead to school drop-out, loss of productive employment, and many reproductive tract infections and diseases. Traditionally, women use clothes, mud, leaves, dung and animal skins to stop the flow of blood. Sanitary napkins currently available in the market are too expensive for many women. Cost and cultural barriers to access have struck a chord with some social entrepreneurs, such as Better Tomorrow (BT), a Non-Governmental Organization (NGO) whose aim is to improve women's health by introducing low-cost sanitary napkins to the marketplace. Young management trainee, Ms. Sameera, is working with BT and thinks their product and its price point are good, but she is clueless about the strategy she should suggest persuading women in the district Sultanganj (in the central province of India) to buy. Her dilemma concerns attitudinal change towards menstruation, along with espousing the new menstrual management practice using the low-cost sanitary napkin. The case outlines the situation faced by Ms. Sameera by highlighting the objectives of her current assignment, and her understanding of social marketing practices. Students need to assume the role of Ms. Sameera and discuss the steps she can suggest to generating a market for low-cost sanitary napkins.

Students may be asked to prescribe the strategy as required by BT to roll out its plan. The Theory of Trying (TT) may help students understand the theoretical underpinnings of such a strategy.

Introduction

Sameera was starting her first professional assignment as a Management Trainee (MT). She had graduated from the country's leading health management institute. She was always fascinated by challenges and promises health management offers in the country like India. During her Masters in Health Management (MHM) course, she was struck by the dismal health indicators in India, primarily the gender disparities in health indicators. She was always astounded by the belief system that had made some of the physiological phenomenon related to women mysterious, and now the data was staring her in the face, showing the damage of these long-held cultural beliefs. During her MHM program she had decided to work for the improvement of women's health. Menstrual hygiene management was an area where she wanted to make a substantial contribution. She was placed in an organization called Better Tomorrow (BT) working for an improvement of women's health and incubating the business models related to the same. She was ecstatic, nonetheless a chill passed through her spine when she considered the magnanimity of the issues confronting women's health in India. After successful completion of two months training, the Chief Executive Officer (CEO) of BT called Sameera. She was a bit anxious before the meeting as she was unaware of what was there in the offing. The CEO made her comfortable and then asked her, "are you ready to take up a challenge?" she responded in affirmative. CEO

continued, "can you please create a strategy for the sustainable adoption of low-cost sanitary napkins by women in the district Sultanganj in the central province of India?"

Insert Case Table1 about here

Menstrual Hygiene in India

Menstruation is a natural bodily process of woman's health cycle. It indicates women's reproductive health. However, the extent to which menstruation is considered a "normal" health issue that can be discussed openly differs amongst women from different socio-economic strata. For women from the underprivileged socio-economic background, menstruation becomes the most dreaded time of the month. Menstruation is shrouded in deep-rooted taboos associated with myths describing menstruating women as impure, filthy, sick—women are even said to be cursed during their periods. It is viewed with shame and treated with secrecy in India. Women are confined to certain spaces, marked for the purpose, outside the main living space in the house premises during their menstrual cycle. Their movements are restricted, and their need to stay clean and dry is neglected. As a result, women from poor rural and urban households often experience poor reproductive health and increased maternal mortality compared to wealthier women in India. Women are isolated from family, friends, and their community—even other women—due to the social stigmas associated with the menstruating bodies. They cannot enter kitchens, temples; cannot perform rituals and participate in festivals; they must eat with different utensils and are barred from touching pickles, for fear they will turn the food rotten.

In a study by Indian Council of Medical Research (ICMR), it was found that 70% of mothers consider menstruation as 'dirty' and 'polluting'. Many teachers and frontline health workers echo the same sentiments. Lack of management of menstrual hygiene, both due to

misinformation and structural issues such as not having safe and dignified sanitation facilities, becomes a cause of girls' drop-out from school. One in five girls in India drops out of school due to menstruation. Adolescent girls in India miss up to 50 days of schooling in a year due to the lack of menstruation care. It also compromises women's ability to engage in productive employment.

Traditionally women use cloths to manage their menstrual hygiene in India. These cloths are cut out from the used sarees and lungis which are conventional dressing of Indian men and women. In small homes, the lack of private spaces makes it difficult to clean and dry these cloths. Thus, women re-use soiled cloths rather than replacing them frequently, and become prone to infection. Wearing the same soaked fabric all day at school or work causes outer clothing to stain, adding to shame for young girls and the pressure to drop out from school. Left unchecked, infections can cause heavy bleeding and subsequent chances of anemia which is very common amongst Indian women. Some reports state that tribal and rural women go to the extent of using dirty rags and mud to check the menstrual flow. In some extreme cases leaves, dung, and animal skins are used to manage the menstrual flow. In a study conducted by A. C. Nielson and Plan India, 88 percent of menstruating women were found to be using old un-sanitized fabric, rags, or sand.

A woman spends on average 2100 days of her life menstruating, so the ability to care for herself and stay healthy during this time greatly affects her educational development and social mobility. Health conditions for women in rural areas is different from that of urban areas since women from rural areas may not have known the use of sanitary napkins and may not be aware of it. As per some reports in 2012 out of 355 million menstruating women in India, only 12 percent use store-bought disposable sanitary napkins. However, the National Family Health

Survey (NFHS) report for 2015-16 suggest that 78% women in urban India uses hygienic means to manage menstruation as against only 48% in rural India. As per this report overall 58% Indian menstruating women use hygienic means for menstruation management. Moreover, in rural India only 2 percent of the target population use it. Menstrual cups and tampons are not preferred in India due to cultural reasons, where societies do not accept internal application sanitary protections, especially before marriage. Medical practitioners are of the view that sanitary napkins can help prevent the reproductive tract infection. It can also reduce the risk of cervical cancer, and lower the occurrence of ailments like urinary tract infections. Sanitary napkins are expensive, and cost is not the only barrier that inhibits women from buying quality napkins. Other barriers are discussed in the section below describing Sameera's market research. Seventy percent of women in India cannot afford sanitary napkins which are on average cost INR 40 per cycle. More than half of rural households depend on manual labor for livelihood, and 75 percent of the rural population (670 million) earn less than INR 5,000 per month. With average family size of 5 per month income comes to be INR 33 per day per person. Lack of awareness about menstruation hygiene management and less disposable income aggravates the situation. It lead to women from rural not using hygienic methods to manage their menstruation.

Sanitary Napkin Business in India

The sanitary napkin industry makes up only 16 percent of the fast-moving consumer goods market. Industry experts believe due to its lower penetration it may see the growth rate of around 20 percent for the five years. The sanitary napkin market is expected to be around USD 450 million . The markets in towns and cities are controlled by the established firms like Proctor &

Gamble. Due to the high cost of sanitary napkins, sold by multi-national giants like P&G, there is an ample scope to develop a market for low-cost sanitary napkins.

Low-Cost Sanitary Napkins

Low-cost sanitary napkins are of high-quality, on par with products offered by P&G and other multinational companies, and have the potential to revolutionize India's menstrual hygiene market. They can be produced inexpensively thanks to an innovation of a machine that simplified sanitary napkin making at the local level by Arunachalam Muruganantham, India's 'menstruation' man. He has pioneered the making of sanitary napkins using the raw material like banana fiber, bamboo, and water hyacinth pulp.

Organization and Project

BT was based out of the capital of the central province. It was established, as a not for profit organization, by two feminist activists in 2007. Interestingly, an organization had evolved over the years from being an advocacy organization to a program-based organization. It was, mainly, working in women's health and the education sectors. It had three Strategic Business Units (SBU's). The first unit would innovate business ideas to address women's health concerns like anemia, reproductive health, undernourishment and breast cancer. These ideas would be incubated by another SBU- here, they would analyze the feasibility of the business idea and work out the financing. Third SBU would roll out the business idea to implement these innovative solutions on a large scale. SBUs were headed by a Vice President (VP) who reported into a CEO. Each SBU has many thematic groups. Themes included reproductive health, anemia, education-school drop-outs etc. Thematic groups in different SBUs would work closely based on the

themes they work on. An SBU involved in an implementation of the innovative business idea is the largest unit with multiple field teams. Two support teams finance and human capital directly reported into CEO.

Sameera was working in an "incubator" SBU. She was spearheading a team to suggest an overall strategy to create a market for low-cost sanitary napkins. This project was very important to address multiple social issues related to women's health and education thus CEO was closely monitoring the project. He wanted Sameera to report to him so he could monitor the development of the strategy making. This made Sameera more excited about the project.

Initial Research

Sameera had taken the first step to strategize: market research. She was astounded by some of the results regarding barriers to buying sanitary napkins. There is a shame associated with buying sanitary napkins in India. A study by sanitary napkin manufacturer found that in cities 75 percent of women buying sanitary napkins buy it wrapped in brown bag or newspaper. They almost never ask a male member from a family to buy sanitary napkins. Sameera found that there is a greater need to come out of this culture of shame and silence, and start discussing it openly. However, because neither families, schools, or religious communities provide basic education about menstruation, both men and women lack knowledge about menstruation, which makes things more complicated. Sameera learned that seventy percent of women in rural India have no adequate knowledge about menstrual hygiene and care, and that ten percent girls in India believe that menstruation is a disease.

Sameera's research findings highlighted that affordability, ease of availability, and accessibility need to be addressed, in that order. Through her research she concluded that access

to the safe menstrual health is a big challenge. It is skewed towards women from higher income group. Also, the shame associated with menstruation inhibit women from buying products from shopkeepers who are generally males. Not many shopkeepers in villages are willing to stock sanitary napkins as there is little demand for it. Notwithstanding, women in rural areas are reluctant to be seen as purchasing sanitary napkins.

Strategy Dilemma

Sameera was swift enough to discern several problems—lack of awareness of sanitary napkins, the myths associated with the menstruation, and the female-unfriendly distribution channel. Now she had a quandary—how to address these?

Since Sameera had all the requisite information in hand she started thinking of a possible strategy to generate a market for low-cost sanitary napkins in the district Sultanganj. Her predicament was how to persuade women to switch from their conventional menstrual hygiene practices to the use of disposable napkins they could afford. She had a discussion with Prof. Suraj, one of her former professors in the marketing department. Their discussion revolved around the theory of trying by Bagozzi and Warshaw (1990). "You study how a theory of trying can be used to make a marketing strategy", said Prof. Suraj. He continued, "the context of menstrual hygiene is an ideal context for using this theory, trying out low cost sanitary napkin is the key here. Once they try the product I am sure women will change the unhygienic practices". Sameera revisited the theory of trying and tried to figure out what could be the marketing strategy.

Theory of Trying

The theory of trying (TT) focuses on goals rather than the reasoned behavior choices. The theory focuses on trying to achieve these goals than actual attainment of goals. In TT "rather than attempting to determine the predictors of (successful) quitting, one should first determine the predictors of *trying* to quit" (Donovan, 2010. p. 134). Using the basic principles from Bagozzi and Warshaw (1990), three factors determine individual's overall attitude towards trying a certain behavior, in this case, purchasing a low-cost sanitary napkin:

- attitude towards succeeding and the expected likelihood of success.
- attitude towards failing and the expected likelihood of failing.
- attitude towards the actual process of trying.

References

Bagozzi, R. P., & Warshaw, P. R. (1990). Trying to Consume. *Journal of Consumer Research, 17*(2), 127-140.

Donovan, R., & Henley, N. (2010). *Principles and Practice of Social Marketing- An International Perspective.* Cambridge: Cambridge University Press.