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Research Article

Crossing Threshold of Patriarchy and Taboos Towards SRHR: A Study Conducted in the Sundarbans

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Abstract

Sexual and Reproductive Health and Rights (SRHR) remain a critical public health concern in the climate-vulnerable Sundarbans region of West Bengal, where poverty, gender inequality, patriarchal norms, and limited access to healthcare continue to restrict the availability and utilization of essential reproductive health products and services. This research study examines the accessibility, demand, purchasing behaviour and community acceptance of SRHR products through an outlet off-take survey conducted across 50 local outlets, including pharmacy stores, general stores and private clinics, in ten Gram Panchayats of Patharpratima Block. Employing a mixed-methods approach with structured questionnaires, vendor interviews and observational techniques, the study explores changes in consumer behaviour and identifies factors influencing product uptake. The findings reveal universal availability of sanitary napkins, while condoms and oral contraceptive pills were stocked by 88% and 80% of outlets, respectively. Demand for sanitary napkins was consistently high, particularly among adolescent girls and young women, indicating improved menstrual hygiene practices. Vendors reported a gradual reduction in stigma associated with purchasing SRHR products, increased consumer awareness, growing preference for specific brands and greater participation of men in family planning decisions. Economic hardship, climate-related disruptions and entrenched patriarchal norms continue to hinder equitable access to SRHR products and services. The study concludes that local retail outlets play a vital role in improving access to reproductive health commodities and fostering positive social change. Strengthening community awareness, enhancing vendor capacity, ensuring affordable product availability, integrating climate-responsive healthcare strategies and promoting gender-inclusive approaches are essential for sustaining improvements in SRHR outcomes among vulnerable populations in the Indian Sundarbans.

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KEYWORDS: Sexual and Reproductive Health and Rights (SRHR), Menstrual Hygiene Management (MHM), family planning, outlet off-take study, Sundarbans, Behavioural Change in Reproductive Health, Community-Based Health Access.

1. INTRODUCTION

Sexual and Reproductive Health and Rights (SRHR) constitute a fundamental component of public health and human rights. In India, Sexual and Reproductive Health and Rights (SRHR) are protected under Article 21 of the Constitution, which guarantees the right to life, privacy, bodily autonomy and reproductive choice. Key legislations, including the Medical Termination of Pregnancy Act, PCPNDT Act and Prohibition of Child Marriage Act, safeguard reproductive health, gender equality and access to healthcare. In the Indian Sundarbans, recurrent climate-induced disasters, widespread poverty, inadequate healthcare infrastructure and deeply rooted gender inequalities through deep – rooted patriarchy significantly restrict access to essential SRHR information, services and products. These structural barriers are further reinforced by social stigma surrounding menstruation, contraception and reproductive health, limiting informed decision-making and the realization of reproductive rights.

In India, Population Control and Family Planning are under Item 20-A of the Concurrent List (Seventh Schedule) of the Indian Constitution. However, there is limited empirical evidence examining whether such interventions have translated into measurable changes in product availability, purchasing behaviour and community acceptance at the grassroots level. Understanding the role of local retail outlets in facilitating access to SRHR products is essential for designing sustainable, community-based health programmes in climate-vulnerable settings.

The present study, investigates the accessibility, demand and utilization of Sexual and Reproductive Health products across ten Gram Panchayats of Patharpratima Block in South 24 Parganas district, West Bengal. Using an outlet off-take survey of pharmacies, general stores and private clinics, the research examines product availability, consumer preferences, vendor perspectives and behavioural changes related to menstrual hygiene and family planning. The study also explores the influence of community awareness initiatives, prevailing gender norms and socio-economic conditions on SRHR product uptake.

The findings are expected to contribute to the growing body of evidence on community-based reproductive health interventions and provide practical insights for policymakers, public health practitioners and development organizations working to improve equitable access to SRHR services in the climate-sensitive regions of the Indian Sundarbans.

2. MATERIALS AND METHODS

This study was conducted to examine the accessibility, availability, demand, purchasing behaviour and community acceptance of Sexual and Reproductive Health and Rights (SRHR) products in Gram Panchayats of Patharpratima Block, South 24 Parganas district, West Bengal. The research adopted a descriptive cross-sectional design using a mixed-methods approach, combining quantitative and qualitative techniques to obtain a comprehensive understanding of the prevailing situation. The methodology enabled the researcher to capture

not only numerical trends related to product availability and sales but also the experiences, perceptions, attitudinal and behavioural changes observed by local vendors and service providers.

The study area comprised ten Gram Panchayats of Patharpratima Block, namely Achintyanagar, Banashyamnagar, Brajaballavpur, Durbachati, Gopalnagar, G-Plot, Laxmijanardanpur, Patharpratima, Ramganga and Sridharnagar. A total of 50 retail outlets were selected through purposive random sampling. The sample included 36 pharmacy stores (72%), 10 general stores (20%) and 4 private clinics (8%) that regularly stocked one or more SRHR products such as sanitary napkins (of low to medium ranged brands), condoms and oral contraceptive pills (OCPs). These outlets were considered appropriate respondents because they directly interact with consumers and are well positioned to observe purchasing patterns and changes in community behaviour.

Primary data were collected using a structured questionnaire specifically designed for outlet owners and vendors. The questionnaire consisted of both closed-ended and open-ended questions covering product availability, stock levels, sales patterns, customer characteristics, purchasing behaviour, brand preferences, awareness regarding SRHR products, perceived community attitudes and barriers affecting access to reproductive health commodities. Before field implementation, the questionnaire was reviewed and refined based on feedback of women and adolescents in the community who were contacted in the pilot phase, to improve its clarity and contextual relevance. Data collectors received orientation and training to ensure consistency in interviewing techniques, ethical data collection practices and accurate recording of responses.

In addition to the structured survey, qualitative information was gathered through informal discussions with vendors, direct field observations and interactions with pharmacy owners, quack doctors of the area, shopkeepers and clinic personnel. These qualitative insights helped explain behavioural changes, social stigma, gender dynamics and community perceptions that could not be adequately captured through quantitative data alone. The triangulation of multiple data sources enhanced the credibility and validity of the study findings.

The collected data were compiled, coded and entered into Microsoft Excel for statistical analysis. Descriptive statistical techniques were employed to summarize the findings. These included frequency distributions, percentages, counts and cross-tabulations to describe product availability, demand, customer profiles and purchasing behaviour across different outlet types. Microsoft Excel functions such as COUNTIF, COUNTIFS, SUMIF, SUMIFS, sorting, filtering and percentage calculations were used for data management and analysis. Graphical presentations, including bar charts and pie charts, were prepared to illustrate key findings and facilitate interpretation.

Qualitative data obtained from interviews and observations were analysed using thematic analysis, whereby recurring themes related to stigma, menstrual hygiene practices, male participation in family planning, climate vulnerability,

affordability and community awareness were identified and interpreted alongside the quantitative results. The integration of quantitative and qualitative findings provided a holistic understanding of SRHR product accessibility and behavioural change in the study area.

The use of descriptive statistics together with thematic analysis enabled the researcher to present reliable evidence on community-level trends and provided meaningful insights for strengthening SRHR programmes, community awareness initiatives and policy interventions in the climate-vulnerable Sundarbans region of West Bengal.

3. MAJOR RESULTS AND FINDINGS

The outlet off-take study generated evidence on the availability, demand, purchasing behaviour and community acceptance of

Sexual and Reproductive Health and Rights (SRHR) products across ten Gram Panchayats of Patharpratima Block in the Indian Sundarbans.

- A total of 50 outlets participated in the study, comprising 36 pharmacy stores (72%), 10 general stores (20%) and 4 private clinics (8%). All surveyed outlets stocked sanitary napkins, indicating universal product availability within the selected market system. Condoms were available in 88% of outlets, while Oral Contraceptive Pills (OCPs) were stocked by 80% of the surveyed establishments. These findings demonstrate that essential SRHR commodities have become increasingly integrated into local retail networks rather than being restricted to formal healthcare facilities.

Table 1: Distribution of Surveyed Outlets by Type (N = 50)

Outlet Type	Number (n)	Percentage (%)
Pharmacy Stores	36	72.0
General Stores	10	20.0
Private Clinics	4	8.0
Total	50	100.0

The survey predominantly included pharmacy stores (72%), followed by general stores (20%) and private clinics (8%). This distribution reflects the major retail channels through which SRHR products are accessed in the study area.

- Demand patterns varied across product categories. Sanitary napkins emerged as the highest-demand product, with

every outlet reporting regular and increased sales. Approximately 80% of outlets reported moderate to high demand for condoms (mostly triggered by advertisements and word of mouth), whereas demand for OCPs remained comparatively lower.

Table 2: Availability of SRHR Products across Surveyed Outlets

Product	Outlets Stocking Product (n)	Percentage (%)
Sanitary Napkins	50	100.0
Condoms	44	88.0
Oral Contraceptive Pills (OCPs)	40	80.0

Sanitary napkins were available in all surveyed outlets, while condoms and oral contraceptive pills were stocked by 88% and 80% of outlets, respectively. The findings indicate that essential SRHR products are widely available across local retail networks.

- Weekly sales records further highlighted the importance of outlet type in determining consumer purchasing behaviour. General stores recorded the highest average weekly sales of sanitary napkins (78 packets) and condoms (38 packets), while OCPs were more frequently purchased from pharmacy stores and private clinics. These findings indicate that consumers select purchasing locations according to the nature of the product, balancing

convenience, privacy and the perceived need for professional guidance.

- Age-specific purchasing trends revealed important variations in product utilization. Adolescents below 20 years of age constituted the largest consumer group for sanitary napkins, accounting for 56% of purchases. Young women aged 20–30 years also represented a substantial proportion of users. In contrast, women from older age groups demonstrated comparatively lower utilization of sanitary napkins, with vendors reporting continued dependence on reusable cloth among many older consumers. The vendors said that mothers purchase sanitary napkins for their daughters but for cost – saving use cloth themselves.

Table 3: Age-wise Purchasing Pattern of SRHR Products

Product	Dominant Age Group	Percentage (%)
Sanitary Napkins	Below 20 years	56

Sanitary Napkins	20–30 years	Moderate demand
Condoms	30–40 years	54
Oral Contraceptive Pills	30–40 years	54

Adolescent girls below 20 years constituted the largest consumer group for sanitary napkins, while adults aged 30–40 years were the principal purchasers of condoms and OCPs. The findings demonstrate distinct age-related preferences for different reproductive health products.

- Family planning products showed a different demographic profile, with condoms and OCPs being most commonly purchased by adults between 30 and 40 years of age, while younger married couples accounted for a smaller but increasing proportion of purchases.

- The study documented significant changes in purchasing behaviour that are not commonly captured through population surveys. 36% of vendors reported that customers now purchase SRHR products without visible hesitation or embarrassment. An identical proportion observed that consumers increasingly request specific product brands instead of generic items, suggesting greater familiarity with available products and more informed purchasing decisions. These findings indicate measurable shifts in consumer confidence within local retail environments.

Table 5: Community Behavioural Changes Observed by Vendors

Behavioural Indicator	Outlets Reporting (%)
Customers purchase without hesitation	36
Customers ask for specific brands	36
Fathers purchase sanitary napkins for daughters	16
Husbands purchase contraceptives/OCPs	12

A considerable proportion of vendors reported reduced hesitation among customers while purchasing SRHR products and increased demand for specific brands. Vendors also observed growing participation of fathers and husbands in purchasing reproductive health products.

- Another distinctive finding relates to the changing profile of purchasers. Vendors reported that fathers are increasingly purchasing sanitary napkins for their adolescent daughters, a practice observed in 16% of surveyed outlets but not much

from the remote islands. Similarly, 12% of vendors reported that husbands personally purchase

- Oral Contraceptive Pills or condoms, reflecting increased male participation in reproductive health-related purchases. These observations represent measurable changes in purchasing responsibility at the household level and demonstrate that reproductive health commodities are gradually becoming shared family concerns rather than products purchased exclusively by women.

Table 4: Customer Profile for Purchase of Sanitary Napkins

Customer Category	Percentage (%)
Mixed Gender Purchase	64
Adult Women	28
Adolescents and Young Girls	8

Mixed-gender purchases constituted the largest proportion of sanitary napkin sales, followed by purchases made by adult women and adolescents. The data indicate increasing involvement of family members in menstrual hygiene product purchases.

- The study also documented patterns of consumer loyalty. Approximately 60% of customers demonstrated price-based purchasing behaviour, preferring affordable products over premium brands. Only 40% of consumers consistently purchased the same brand irrespective of price. These finding highlights affordability as a dominant determinant

of purchasing decisions across all categories of SRHR products and reflects the economic realities of households in the Sundarbans.

- The study further identified changing patterns in decision-making during product purchase. Condoms are being predominantly purchased by men, whereas OCPs are commonly purchased jointly by husbands and wives, accounting for approximately 52% of reported purchases. Female-only purchases of OCPs represented a considerably smaller proportion.

Table 6: Purchasing Pattern of Family Planning Products

Purchaser	Condoms	Oral Contraceptive Pills
Male	Predominant purchaser	52% (jointly with spouse)
Female	Limited	10%
Husband and Wife Together	Increasing	52%

Condoms were predominantly purchased by men, while OCPs were frequently purchased jointly by husbands and wives. Female-only purchases of contraceptive products represented a comparatively smaller proportion.

- Health-related feedback collected from vendors revealed that nearly 60% of customers using Oral Contraceptive Pills reported headaches as a frequently mentioned side effect. Reports of anaemia-related concerns were comparatively rare despite the known prevalence of anaemia in the region. This finding highlights an observable gap between consumer-reported experiences and broader community health conditions, as reflected in vendor interactions.
- Climate-related disruptions also emerged as an important market observation. Vendors consistently reported interruptions in the supply of SRHR products following floods, cyclones and other climate-related events. During such periods, products become less available and comparatively more expensive, leading many consumers to postpone purchases or revert to traditional alternatives.

These supply-side observations demonstrate the vulnerability of reproductive health commodity chains within disaster-prone regions.

- One of the most significant findings of the study is the emergence of local retail outlets as important community access points for reproductive health products. General stores, pharmacies and private clinics are no more the only mere places of transaction but also spaces where evolving community attitudes toward menstruation, contraception and reproductive health became visible. Vendors reported increasing customer confidence, repeated purchases, more open conversations regarding product preferences and greater visibility of SRHR products within shops.
- Overall, the findings demonstrate measurable improvements in product availability, increased demand for menstrual hygiene products and gradual normalization of contraceptive purchases, expanding male participation, greater consumer confidence and stronger integration of SRHR commodities into routine community markets. At the same time, affordability, limited vendor support, healthcare accessibility and climate-related supply disruptions continue to shape purchasing behaviour.

Table 7: Major Community-Level Transformations Identified Through Outlet Off-take Study

Domain	Key Observation
Product Availability	Universal availability of sanitary napkins; high availability of condoms and OCPs
Menstrual Hygiene	Greater uptake among adolescents
Family Planning	Increasing acceptance among married couples
Male Participation	Growing involvement in reproductive health purchases
Consumer Behaviour	Reduced hesitation and increased confidence
Market System	Local outlets emerging as trusted SRHR access points
Community Awareness	Positive influence of awareness campaigns
Remaining Challenges	Poverty, affordability, patriarchal norms, healthcare access and climate-related disruptions

The study documented improvements in product availability, consumer confidence, menstrual hygiene practices, and male participation in family planning. However, affordability, healthcare access, gender norms, and climate-related disruptions continued to influence SRHR product utilization.

4. DISCUSSIONS

- The present study moves beyond the conventional assessment of Sexual and Reproductive Health and Rights (SRHR) by examining community transformation through the functioning of local market systems. Rather than relying exclusively on household responses or self-reported behaviour, the researcher used retail outlets as community observatories where changes in social norms, purchasing behaviour, and health-seeking practices become visible over time. This approach provides a unique perspective on how behavioural change is reflected in everyday interactions between consumers and vendors.

- The researcher found that their increased availability of sanitary napkins, condoms, and oral contraceptive pills alone cannot explain improvements in SRHR practices. Instead, accessibility is shaped by a complex interaction between awareness, affordability, social acceptance, and community confidence.
- The growing demand for menstrual hygiene products among adolescents suggests that information dissemination and community engagement, right from the school level and also in the villages, have contributed to greater acceptance of menstrual health. However, the continued preference for traditional menstrual practices among many older women demonstrates that behavioural transition remains uneven across generations, highlighting the need for age-specific interventions.
- An important contribution of this study is its recognition of local vendors as influential stakeholders in promoting reproductive health. Pharmacy owners, general

shopkeepers, and clinic personnel are often the first point of contact for individuals seeking SRHR products, particularly in remote areas where formal healthcare facilities remain limited. Their observations reveal changing consumer confidence, increasing willingness to request products openly, and greater awareness of different product options. Strengthening the capacity of these vendors through training, counselling skills, and information materials could significantly improve community access to accurate reproductive health information while reducing misinformation. Also, visual marketing of products works as a magical trigger to encourage people to buy these SRHR products.

- ✓ The study also draws attention to the evolving role of men within reproductive health practices. Evidence of fathers purchasing sanitary napkins for daughters and husbands participating in contraceptive purchases suggests gradual changes in traditional gender roles. But these were only in Gram Panchayats of Patharpratima, Ramganga, Gopalnagar, Brajaballavpur, Durbachati and Laxmijanardanpur, while GPs like Achintyanagar, G – Plot, Banashyamnagar and Sridharnagar remain still bounded by Patriarchy and taboos.
- ✓ Although these changes remain modest, they indicate that SRHR programmes should actively engage men as partners in reproductive health rather than considering women as the sole beneficiaries. Community leaders, religious institutions, youth clubs, and self-help groups can further reinforce this transformation by encouraging shared responsibility for menstrual health and family planning.
- ✓ Economic vulnerability emerged as another important determinant influencing consumer behaviour. The predominance of price-sensitive purchasing reflects the financial realities of households in the Sundarbans, where livelihoods are frequently disrupted by environmental uncertainties. Vendors reported that girls come and ask for packets which have more pieces of napkins within it.
- ✓ For policymakers and programme planners, this finding emphasizes that awareness alone is insufficient unless essential SRHR products remain affordable and consistently available. Government agencies, manufacturers, and public distribution mechanisms should therefore collaborate to improve the affordability and uninterrupted supply of reproductive health commodities in geographically isolated communities.
- ✓ Another noteworthy aspect of the research is its stakeholder-centred analytical framework. Instead of examining women and adolescents in isolation, the study incorporates the perspectives of retailers, healthcare providers, families, community workers, and local governance institutions. This broader lens demonstrates that sustainable improvements in SRHR require coordinated action among multiple actors rather than isolated programme interventions.
- ✓ Vendors facilitate access, families influence health decisions, community workers generate awareness,

healthcare providers ensure quality services, and government institutions create enabling policies. Their combined engagement forms the foundation of a sustainable reproductive health ecosystem.

5. CONCLUSION

The researcher concludes that meaningful progress in Sexual and Reproductive Health and Rights (SRHR) cannot be measured solely by the availability of health services but must also be understood through the subtle transformations occurring within communities, local markets, and household decision-making processes. By adopting an outlet off-take approach, the research offers an innovative perspective on behavioural change, revealing that retail outlets function not merely as commercial spaces but as community indicators of evolving attitudes towards menstruation, contraception, and reproductive health. The findings highlight encouraging shifts in menstrual hygiene practices among adolescents, increasing male participation in family planning, growing consumer confidence in purchasing SRHR products, and enhanced community acceptance, while simultaneously exposing persistent barriers arising from poverty, climate vulnerability, affordability, and entrenched gender norms. Conducted across some of the most geographically isolated and climate-sensitive Gram Panchayats of the Indian Sundarbans, the study provides context-specific evidence that bridges the gap between public health, social development, and community resilience. It argues that sustainable improvements in SRHR require an integrated ecosystem involving government agencies, healthcare providers, local vendors, community-based organisations, educational institutions, disaster management authorities, and the community itself. Strengthening these partnerships will ensure that reproductive health commodities remain accessible even during environmental crises while fostering informed choice, dignity, and bodily autonomy. Ultimately, this research contributes a novel market-based evidence framework for understanding SRHR behaviour and offers a scalable model for designing inclusive, climate-responsive, and community-driven reproductive health interventions in vulnerable rural settings across India and other low-resource regions.

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climate-vulnerable regions, whose lived realities continue to inspire research that seeks to strengthen equitable access to reproductive health information, products, and services.

Dr. Somdatta Neogi is the sole author of this study and independently conceived the research idea, designed the study framework, developed the research instruments, conducted the field investigation, collected and verified the data, performed the statistical analysis, interpreted the findings, and prepared the manuscript. The study was initiated out of the author's long-standing professional engagement in the field of Sexual and Reproductive Health and Rights (SRHR) and a desire to understand an often-overlooked dimension of reproductive health access—the perspectives of retailers and vendors who serve as the first point of contact for many consumers in rural communities. The author read and approved the final manuscript.

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Conflicts of Interest

The author declares no conflicts of interest related to this research. The study was conducted independently without any financial, commercial, institutional, or personal relationships that could have influenced the study design, data collection, analysis, interpretation of findings, or preparation of the manuscript. The research was entirely self-funded by the author and undertaken solely for academic and scientific purposes to generate evidence on the accessibility, demand, and community acceptance of Sexual and Reproductive Health and Rights (SRHR) products from the perspectives of local vendors and retail outlets in the Indian Sundarbans.

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