



Bringing Empowerment to Women

The empowered woman is powerful beyond measure and beautiful beyond description.

About **Spark Minda Foundation**

Spark Minda, has been involved in overall social & environmental development initiatives since decades. Through its Foundation the company is promoting the legacy of corporate citizenship of People, Planet & Profit by undertaking various community and environment based initiatives.

Website: www.minda.co.in

About **GlobalHunt Foundation (GHF)**

GlobalHunt Foundation (GHF) is primarily a CSR program implementation organization, it has been established as a section 8 not for profit company registered under the Indian Companies Act, 1956. GHF provides key services on research, reporting programme designing, advisory, training and due diligence for its pan India clients comprising of leading corporate, civil society organizations, government institutions and academia.

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Disclaimer:

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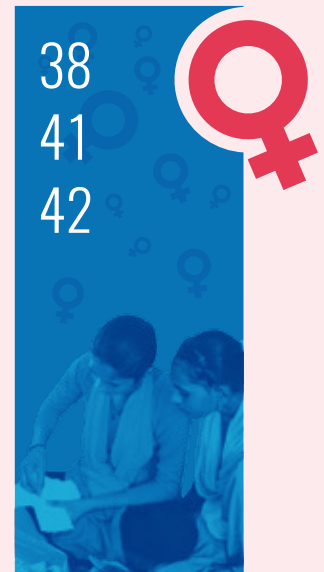
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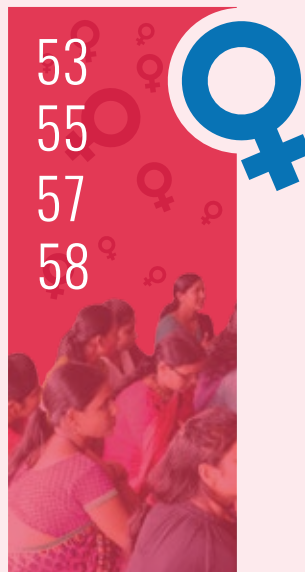
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NO DEVELOPMENT IS
POSSIBLE WITHOUT
WOMEN

FOREWORD



As I write this message, I feel extremely proud on the results that we have been able to achieve with the project and other CSR initiatives by the group. Excitement and vision to achieve more is already within the group and we started planning for our interventions. We are on a steady growth path and the intensity of our efforts to reach the most vulnerable and marginalized community increases every year.

In the year 2018-2019 we touched new hearts, changed new lives and expanded our interventions in 5 states: *Haryana, Uttar Pradesh, Maharashtra, Uttarkhand, Tamil Nadu.*

The project is empowering rural women on the issue of menstruation and its hygiene to improve their overall knowledge and understand its health consequences. In our society, menstruation is related more with social and religious context than health. We want to spread the factual knowledge to the community about the issue so that they start to prioritize their health.

With India aiming to become an economic power among the world we need to articulate the role of women in this development. The notions of development are changing so is the role of women. Women though are ranking very high in all the sectors of life but somewhere health issues are not focused with the correct approach the way we do other issues. The health issues in our country do impact the aggregate economic output. We still rank 131 position in Gender Inequality Index which is determined by reproductive health, maternal mortality ratio and adolescents birth rates.

Hence, Spark Minda Foundation through the project wants to build the correct approach when it comes to reproductive health. We aim to aware more than 5000 women by 2020 and wish to increase our impact and reach through this project to wider community and stakeholders. In the next phase of the project our work will be centered on improving the overall women health statistics by expanding our sub-thematic areas under this broad category. Hoping to reach our full potential.

BEST WISHES,

Mrs. Sarika Minda

Chairperson
Spark Minda Foundation

KEY FACTS

30% of women population in India is in menstruation age.



- Private Survey

43% of Indian women do not have access to sanitary essentials at the beginning of periods.



- WHO 2017 Survey

62% of young girls (between 15-24 years) in India use cloth for menstrual protection.



- NFHS IV

67% women borrow a sanitary product from a friend, colleague or family member.



- WHO 2017 Survey

More than **45%** women feel that menstruation was still considered a taboo in the Indian society.



- Private Survey

23 million Indian girls drop out from school every year when they start menstruating due to lack of proper menstrual hygiene management facilities.



- WHO 2017 Survey

OUR COMMITMENT

The need is to leverage momentum in India with respect to improve menstrual health parameters. Priorities include conducting awareness training, facilitation of low cost sanitary products, improving basic understanding on the issue.

With the given challenges, it is essential to develop a semantic approach to the issue where women in all the capacity are aware and trained to handle their menstruation. It is a natural behavior of our society to provide menstruation knowledge post menarche than pre menarche. The post menarche knowledge is anyways weak which intends to create more limitations for a girl than motivating her to accept it as a biological process.

The need is to leverage momentum in India with respect to improve menstrual health parameters. Priorities include conducting awareness training, facilitation of low cost sanitary products, improving basic understanding on the issue. This will impact the discriminatory gender norms that promotes gender inequalities in society. To work in the area of menstruation Spark Minda Foundation with GlobalHunt Foundation and Jatan Sansthan launched “WE” programme in the year 2016. The project works towards creating awareness among the rural women community, training them on making cloth pads and most importantly making them take menstruation as a normal process.

Our methodology involves undertaking a pre-test with the community before the session to understand the mindset and practices towards menstruation. Through the pre-test we try to understand the role of income, culture and family norms, education and social norms that defines mindset and practices of women towards menstruation.

After the pre-test we plan community session for women to impart correct knowledge about menstruation. The sessions have been divided into two parts where the first part is completely focused towards understanding menstruation as a biological and social process, the common products available in market for managing menstruation at individual, social and environment level. The second part of the training is devoted towards training the women on stitching cloth pads. Community covered under the project were rural women who used cloth for diverse reasons to manage their menstruation.



However, their hygiene practices were feeble related with respect to body and product hygiene. The session in detail talks about stitching a long-term durable cloth pad and hygiene practices in overall to maintain during menstruation. Cloth is though largely used but the problems such as staining clothes, wetness, short-term wear ability, improper washing are common.

To promote practices that tends to resolve mentioned issues the session is targeted. Post the sessions a post study is conducted to map the improvement levels in knowledge and practices of the community. This year another aspect, was added to the project which was inclusion of anganwadi and ASHA workers in the project. The knowledge level of the anganwadi workers and ASHA workers were mapped during the project as they are the first source of information in any village.

They are the para-health workers that work towards improving the health parameters of their village and community. Hence, to map their existing knowledge on menstruation a pre and post study was conducted for them. This year too project received new insights from the community on the issue and the teams involved countered new ideologies that are prevailing in the society. The mapping of knowledge for anganwadi workers was a good exercise as it highlighted their knowledge level and the role they play in defining such knowledge in society.

With the second phase of project we aim to target more community & locations so that the momentum is continued and right of knowledge is promoted in society.



2020 PROJECT AMBITION

As a signatory of United Nations Global Compact our determination is to reach 3000 adolescent girls and women to aware and empower them on the issue of menstruation, menstrual hygiene, family planning and reproductive health. We feel that every women has the right to know biological connotation of menstruation and plan to start her family.

1. Empower

Every women should have the factual knowledge about menstruation, family planning and reproductive health.

3. Adopt

Every women should adopt best hygiene practices that make them less vulnerable to illness.

2. Break Silence

Every women should have the confidence to speak about menstruation and her family choices.

4. Expand

By 2020 reach **3000** women on the issue of MH, FP & RH with addition of one more component of nutrition.

ALIGNMENT WITH SUSTAINABLE DEVELOPMENT GOALS (SDG'S)

Spark Minda Foundation's interventions has always been planned in alignment with Sustainable Development Goals (SDG's). The "WE" programme since its inception has been crafted keeping in mind the various SDG's. The project is aligned with the following SDG's

Good Health & Well Being



Women rank fairly low when it comes to good health and well being. Menstruation being an important part of a woman life, hence, the project aims to improve women health. Still women ideologies towards menstruation is bleak which directly or indirectly impacts their health. The project focuses on mitigating the

Gender Equality



Lack of information is also counted as discrimination of Human Rights. Women in India are discriminated towards access of information that is essential for their development. The project with the aim to promote gender equality promotes awareness on health issue which further empowers them towards social and economic life

Clean Water & Sanitation



Sanitation is another big challenge of our country where women are adversely affected because of improper sanitation. The project tends to aware women on the basic hygiene & sanitation measures which are required during menstruation for healthy living.

Responsible Consumption & Protection



A very important aspect of the project is to promote responsible consumption and protection. Certain practices and product usage with respect to menstruation have great negative impact on environment. Hence through the project sustainable practices are promoted such as usage of cloth pad during menstruation. The cloth pad as compared to sanitary pad is much more environment-friendly and sustainable.

In lieu, with above goals the project is trying to bring change in women community actions, practices and behavior ensuring prosperity, equality and inclusive. With alignment to SDG's the project is tackling issues of Indian women community who still are struggling with traditional knowledge, shyness, behavior and practices. To empower them we need to empower them from their core and menstruation is one such aspect that is significantly associated with the core of gender equality and women empowerment.

YEAR 2

New Location

BAGLA, HISAR

New stakeholder

ANGANWADI & ASHA WORKERS

This year to expand the program objectives and community Bagla, Hisar was included in the project. Bagla, Hisar has been very close to the management of Spark Minda Group. The founder of Spark Minda Group “Shri S.L Minda” belonged to the village and under the charitable trust “Moga Devi Minda Charitable Trust” several key interventions of village development has been taken place. During our field visit to the village, we saw two division of opinions among the adolescent girls. Adolescent girls who are attending school run by the trust had fair idea on the issue.

However, other girls that were going to government school or any other school did not had any idea on the issue. They were very shy to the extent that they do not even say the word menstruation in front of any outside person. Women community on the other hand do understand the need to know more about the issue. Hence, the training session planned here was a little longer as compared to other sessions. Anganwadi workers associated with the trust health center were knowledgeable and shared that it is important for village community to understand the process of menstruation.



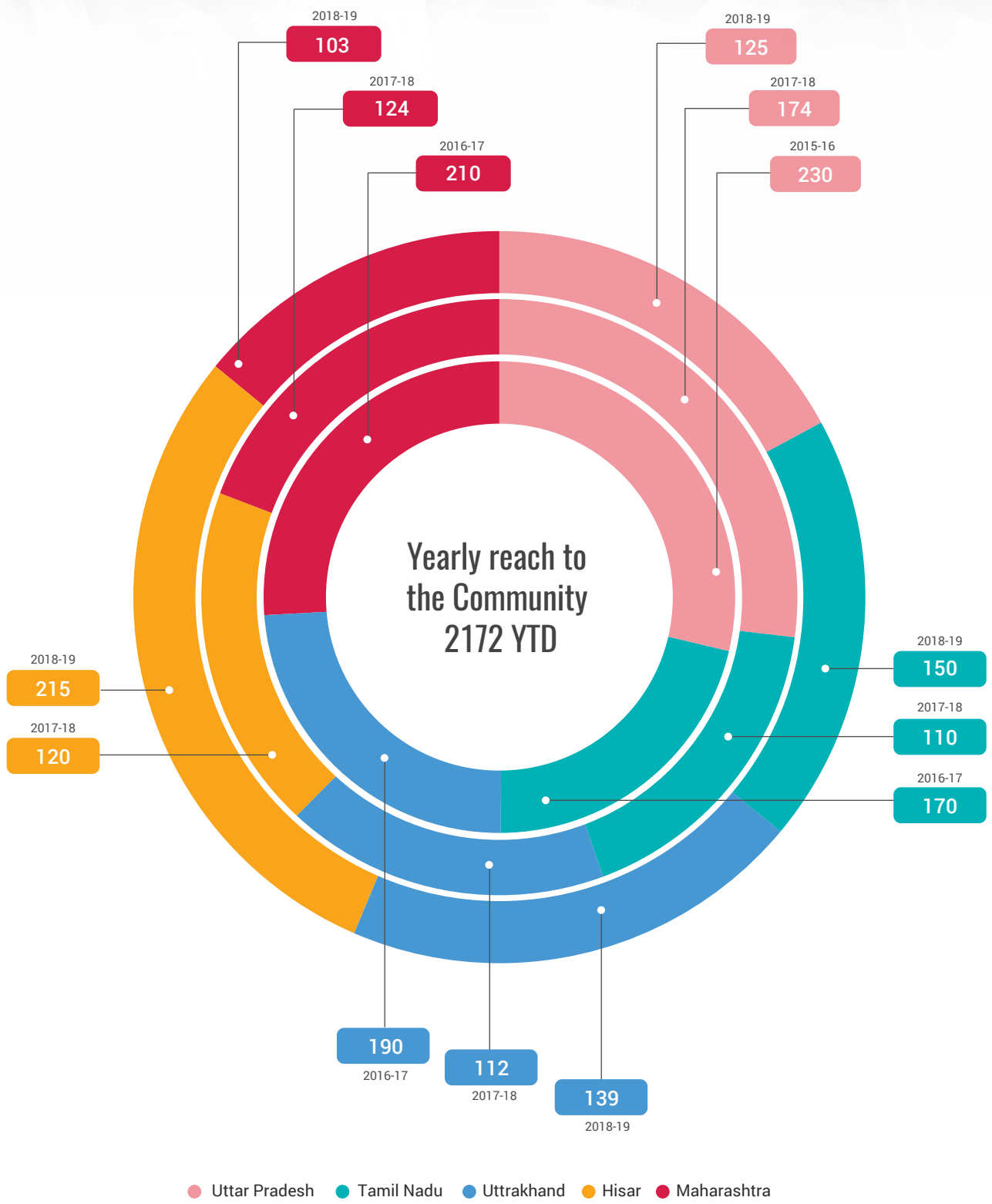
Another aspect, which was introduced this year was the mapping of knowledge among anganwadi and ASHA workers with respect to issue.



The mapping exercise included execution of pre-test and post-test with the anganwadi workers and ASHA workers on knowledge on body, menstruation understanding, health and hygiene, social and religious taboos. In almost, all the location when it came to understanding menstruation most of the anganwadi and ASHA workers believed it to be a biological process, however, they lacked knowledge on the reproductive organ and it's functioning.

They behaved or practiced more like a community member where they followed all the social and religious taboos like a community member, believed menstrual blood to be impure and lacked knowledge on reproductive organ. Especially in northern regions, they were embarrassed to say the word menstruation in front of other community. Our mapping showed that though they work as para-health workers but it is important to train them not just on the issue but also the way they can further communicate with the community on the issue.

In the 2nd year it was also important to not only expand the participants outreach but also involve the previous year community. The idea was to engage them with this year participants so that they elaborate on the knowledge awareness and the ways in which they are dealing with menstruation now. Thus, for all the previous locations mix set of participants had come.



ROLE OF ANGANWADI & ASHA WORKER IN THE PROJECT



Anganwadi & Asha workers play an instrumental role in society especially in childcare and antenatal care. They are often termed as multipurpose workers where their responsibilities includes guiding and implementing practices that are correct for woman and childcare. However, our project interventions highlighted that in course of women and childcare anganwadi and Asha workers tend to neglect reproductive health.

Their practices and responsibilities tend to confine them more towards childcare than on overall reproductive health. They rarely practice actions that can promoted information and knowledge on reproductive health. Hence, they themselves are weak in knowledge and practices when it comes to reproductive health. They interact and communicate on everyday basis with community; it is necessary to understand their knowledge on reproductive health and menstruation. For the two phases, their knowledge was mapped in the following ways:

Phase I

The Pre-Post Test of the Phase-I was developed towards mapping their knowledge, behavior and practice towards menstruation. Except for Pillaipakkam (Chennai) location, anganwadi and Asha workers of all the location were quite not sure on the number of ovaries present in female body. They themselves considered menstrual blood to be dirty but considered it important for child birth. They thought it to be discharge of unwanted dirty blood. With respect to menstruation, they behaved and acted more like other community workers than health workers.

They followed all religious taboos adopted by the community, preferred not to speak about the issue even with girls at public forums. Only if a community member come to them for guidance with respect to menstruation they speak on the issue. They themselves lack basic knowledge on the issue hence prefer referring community members to doctors or gynecologist. Some of them were themselves facing problems of heavy white discharge, irregular periods, body ache etc.

During session when they were asked to brief about menstruation process or to name any body parts they were hesitant and anganwadi and Asha workers of Pantnagar and Noida where feeling shy to participate. Almost of them were silent observers of the session and very not actively participating. They shared that knowledge impartment is essential for the community as with time it is significant to empower women and girls on this aspect as well. Also agreed that their daily responsibilities leave less scope with them to conduct awareness sessions with woman and adolescents girls on menstruation.

Phase II

The Pre- Post Test of phase-II was oriented towards reviving their takeaways from the previous phase-I session. It was planned to map their change in knowledge, ideologies and practices post the session. However, we witnessed a gap in knowledge mapping where we could not target the same anganwadi and Asha workers for the phase-II. Except for Pantnagar the same batch of anganwadi and Asha workers could not come for phase-II due to some prior commitments. This led to gap in our mapping exercise, as we could not monitor the change that they had adopted after the session.

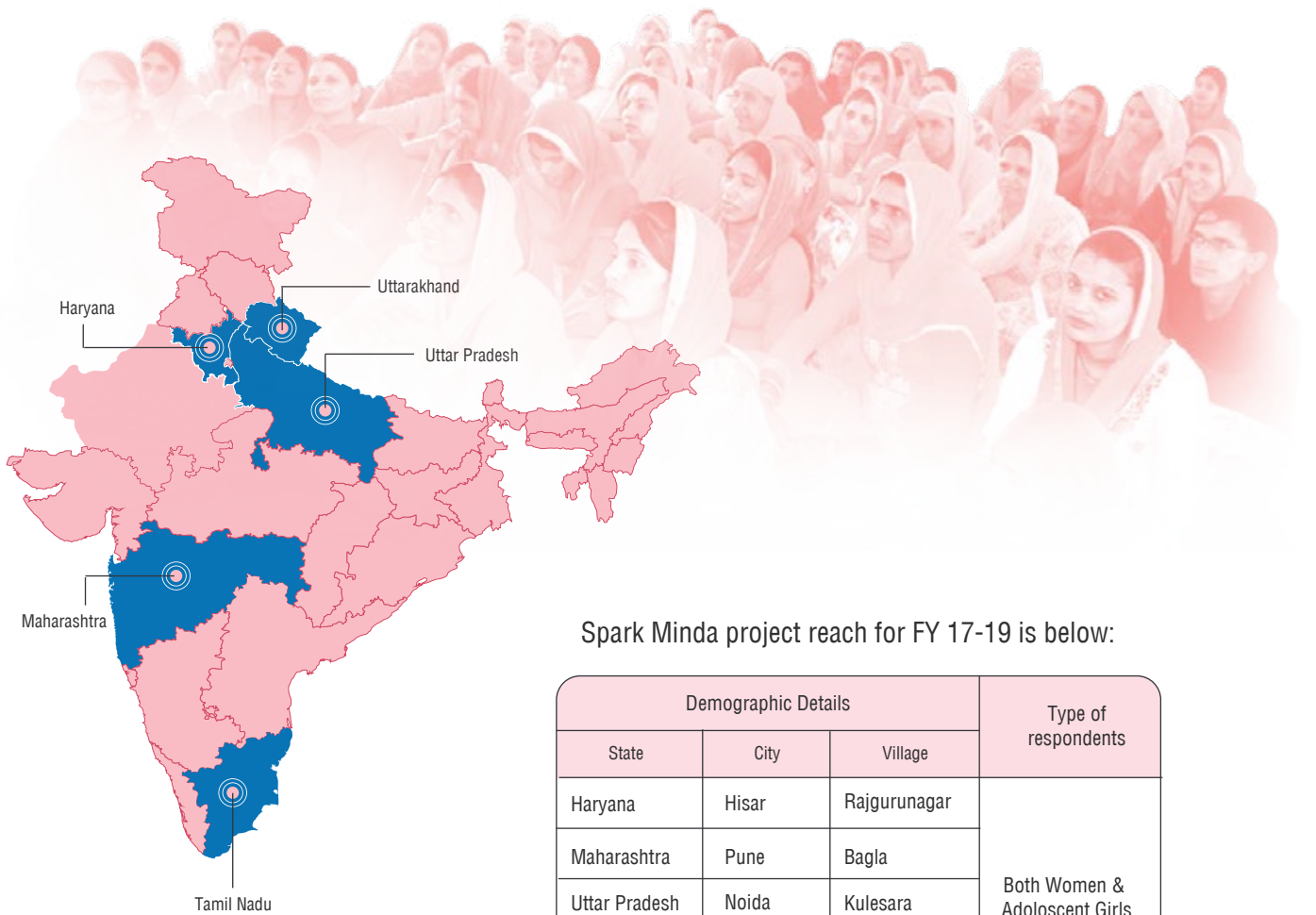
For new anganwadi and Asha workers the second phase became a new knowledge session than a session to access the previous session impact. In Pantnagar the Community Development Programme Officer (CDPO) had attended the phase-I session and agreed that such a detailed session is required even for anganwadi and Asha workers to develop their knowledge on the subject. Moreover, she shared that we need to build training modules and especially tools through which such trainings can be imparted in the community.

To introduce anganwadi and Asha workers working with her to such a kind of training she brought them to the phase-II session. They were about 4-5 anganwadi and Asha workers who attended the session with CDPO and shared that the training has given them ideas on the ways through which they can aware community about menstruation. However, for all the other locations the same kind of support and participation could not be received from anganwadi and Asha workers. The participation altogether changed in the second phase-II that further led to discontinuity of project impact with anganwadi and Asha workers.

Hence, to bring greater impact with the anganwadi and Asha workers we need to conduct in-depth sessions with them separately and plan activities that can build their confidence to discuss menstruation with community member and tools to impart training. On daily basis they interact with the community and it is important that they also can aware and educate women and adolescents girls on the issue.



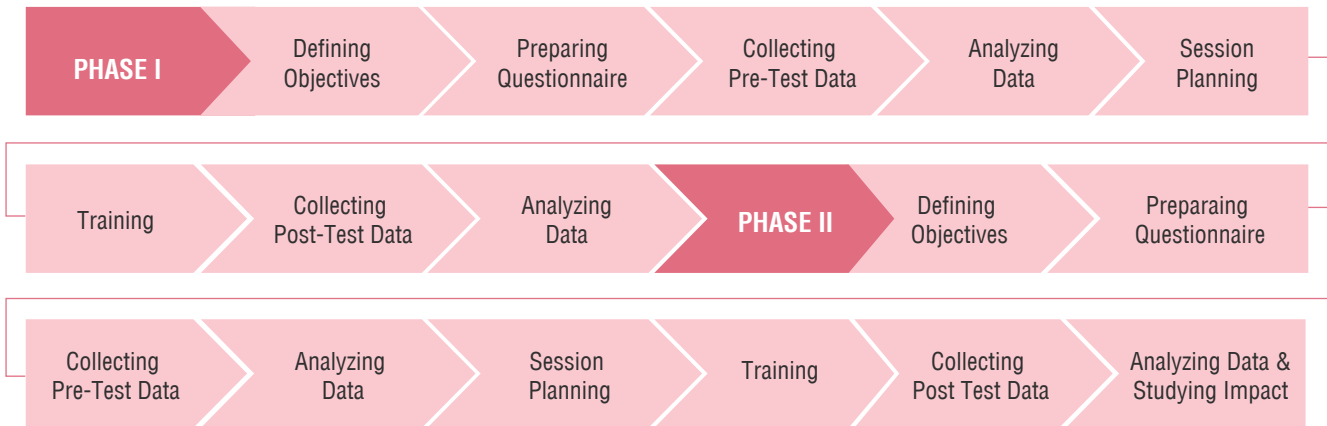
PROJECT REACH



Spark Minda project reach for FY 17-19 is below:

Demographic Details			Type of respondents
State	City	Village	
Haryana	Hisar	Rajgurunagar	Both Women & Adoloscent Girls
Maharashtra	Pune	Bagla	
Uttar Pradesh	Noida	Kulesara	
Uttarakhand	Pantnagar	Rudrapur	
Tamil Nadu	Chennai	Pillaipakkam	

METHODOLOGY



PHASE I

1. Defining Objectives

The programme wanted to reach women and adolescent girls to aware them on menstruation. To aware, them it was important to understand their existing practices and ideologies towards the issue. Hence, it was decided to prepare a pre-test that can map the existing knowledge of community.

2. Preparing Questionnaire

The questionnaire was prepared to map the ideologies, practices and behavior towards the issue. One aspect covered on what do they understand by menstruation and how much do they know about their own body. The second part was concentrated towards their practices such as product usage, disposal, hygiene practices etc. The third part was more on understanding the social, economic and religious behavior such as the taboos followed on social, economic and religious parameters. The questionnaire consisted of 10-15 questions in Hindi language so that the respondents understand. For Chennai the questionnaire was prepared in English.

3. Collecting Pre-Test Data

For collecting pre-test data one week prior to session field visit was made in all the locations except for Pantnagar. The field representatives of GlobalHunt Foundation team collected the data. The respondents comprised of the existing students of AKARSHAN CENTRE, nearby school going girls and teachers, anganwadi & ASHA workers and the village community.



4. Data Analysis

Data analysis showed that most of the women lacked awareness on their own body, reproductive organs and the biological understanding of menstruation. They thought menstruation to be a process where dirty blood is discharged from body. When it came to adolescent girls, the girls between 15-18 years knew about their body and reproductive organs. However, biological understanding was bleak as in schools the topic was not covered. So even they thought menstruation blood to be impure.

Girls between 8-14 years were too young to discuss the issue with their mothers or anyone close to them. They had gained knowledge mostly from their mothers or friends. So even, they believed menstrual blood to be dirty and had no idea on its biological process. When it came to anganwadi & ASHA workers they also did not had much knowledge on the issue. In northern locations, most of the anganwadi and ASHA workers were not clear on the ovaries, which a woman have, and the working of reproductive organ.

Their mindset was very close to the mindset of community. Even they were not comfortable talking about it in public. In southern locations, the anganwadi workers had more knowledge on menstruation and shared that they take community meeting on explaining menstruation. However even, they felt that menstruation blood is dirty and followed social and religious taboos. (the pre-test findings has been shared in the report below)

5. Session Planning

With the data analysis brief, the Jatan Sansthan trainers did the session planning. They concentrated on the timelines for each module and the techniques to impart the modules. They shared that all modules will not be requiring simple discussions, some modules such as knowing body parts will be conducted through hands on learning exercises. In between the sessions small activities will be executed to keep the training momentum alive.



6. Training

One the day of the training almost all locations saw participation close to 200 from the women community and adolescent girls. The training was conducted for almost 4-5 hours where the participants were divided into 2-3 groups. The first group formulated comprised of women above 20 years and the second group comprised of adolescent girls.

The experience of training both the groups were quite different. The adolescent girls in all the locations except for Bagla were quite excited to learn about the issue. They performed all the activities with energy. While the women group except for Bagla were feeling very shy and embarrassed to even name their body parts. They were requiring motivation to participate in the activities. They believed that the knowledge on menstrual products was an eye opener as before this they had never heard about such products.

7. Collecting Post Test Data

After the session a post-test was conducted with the participants.

8. Analyzing Data

The data analysis of the post-test showed that almost everyone had understood the biological importance of menstruation. They knew the functioning of a reproductive organ and were clear with the health practices to maintain.

When it came to religious taboos they still believed that one should avoid religious places or any work during menstruation. However, for other practices such a touching of pickle or any sacred objective they wanted to experiment. (the post-test findings has been shared in the report below)

PHASE II

1. Defining Objectives

The second phase of the programme intended towards teaching cloth pad to women and motivating them to take up cloth pad stitching as an economic activity.

2. Preparing Questionnaire

The questionnaire prepared was on the lines of re-mapping their knowledge after the session. It also focused, on understanding what changes has been observed by women with respect to religious and cultural taboos. The questionnaire was a short format of 10-15 questions in Hindi to make it simple for community to respond. For Chennai, the questionnaire was prepared in English.



3. Collecting Pre-Test Data

The pre-test data was collected on the same day of the training as GlobalHunt Foundation team wanted to capture whatever the respondents remembered from the previous session. Most of the respondents remembered the biological process of menstruation.

They recall the different types of sanitary products, however, forgot about the products names. In the pre-test analysis, it was observed that the degree of ambiguity with respect to the issue has reduced. Women are no longer considering menstrual blood to be dirty but have reduced down on the social taboos. The mindset have improved but not completely changed.

4. Training

After the pre-test, the training was conducted with the community. The first half of the training was oriented towards recap of the previous sessions. The next part was focused on training the participants on cloth pad stitching. It was almost a 45 minutes session were the raw material for stitching the pad was supported by Spark Minda Foundation. The participants were taught on the stitching method as well as on the types of cloth to use for stitching the pad.

5. Collecting Post-Test Data

With the session, the post-data was collected were the improvement on knowledge level was mapped. Participants shared that the session has been quite a learning process where now they can for their own use at least start using the cloth pad. As the product is better than the normal cloth pad.



6. Analyzing Data

The data analysis showed that participants in social aspects menstruation taboos are not restrictive and one can avoid following them. In the case of religious taboos they were still not confident whether one should go ahead with their neglection. In terms of knowledge from the previous session they were aware on the size and position of uterus in female body and had started to take menstruation as a biological process.



MENSTRUATION

THE IDEOLOGY

The viewpoints below are synopsis of the pre-test conducted with the community by GlobalHunt Foundation for all the locations. The statements mentioned below are of the respondents covered in pre-test.

“ There are 4 ovaries in a female body.”

Anganwadi Worker, Kulsera (Noida)

“ I don't know anything about uterus and ovaries.”

Class 11th Government School Student, Kulesara (Noida)

“ We feel shy to speak about menstruation with our mothers.”

16 years old adolescent girl, Pillaipakkam (Chennai)

“ We don't speak about menstruation with community ladies in front of male members.”

16 years old adolescent girl, Pillaipakkam (Chennai)

“ On which day of the menstruation should we have sexual intercourse to have a boy.”

Women, Rajgurunagar (Pune)

“ Only a hen can produce eggs, why are you asking how many eggs does a female can produce? ”

13 years old girl, Rudrapur (Pantnagar)

“ If my child gets stained in school then it will be an insult to the whole family, hence I prefer not sending my girl to school during menstruation.”

Women, Bagla (Hisar)

“ Only a man as a husband should know about menstruation apart from this no man should know about menstruation.”

Women, Bagla (Hisar)

“ In our village it is believed that if a menstruating women enter sugarcane field the sugar will turn black.”

Women, Kulesara (Noida)

“ Evil spirits will enter the body if we wash our hair before 3rd day.”

Women, Rudrapur (Pantnagar)

“ We take community meeting to impart knowledge about menstruation.”

Anganwadi Workers, Pillaipakkam (Chennai)

“ I have consulted many doctors but I still have problem of white discharge.”

Women, Bagla (Hisar)

“ The sugar turns black if you touch a sugar cane during menstruation.”

Asha worker, Pillaipakkam (Chennai)



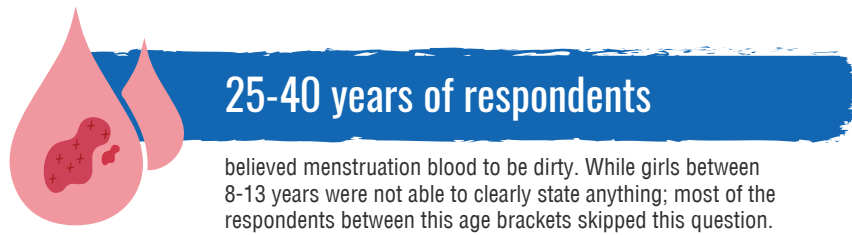
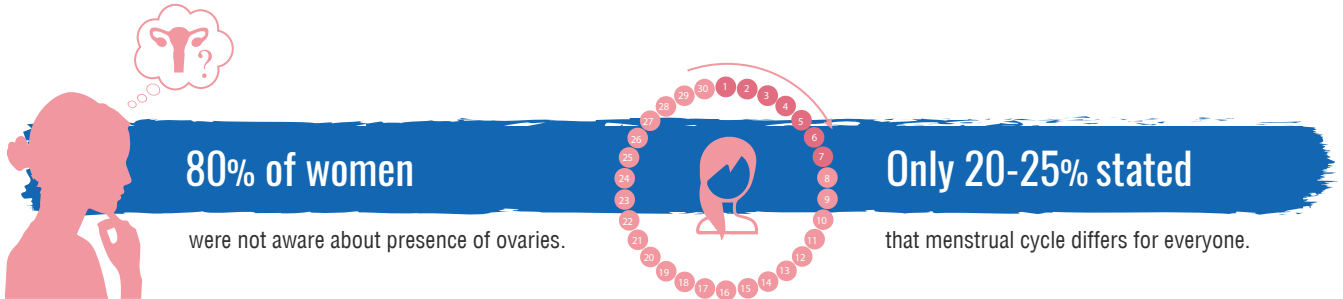
MENSTRUAL HEALTH

THE PRACTICES

Menstrual Health- The Practices

The viewpoints below are synopsis of the pre-test conducted with the community by GlobalHunt Foundation for all the locations. The data mentioned below are of the respondents covered in pre-test for Phase-I

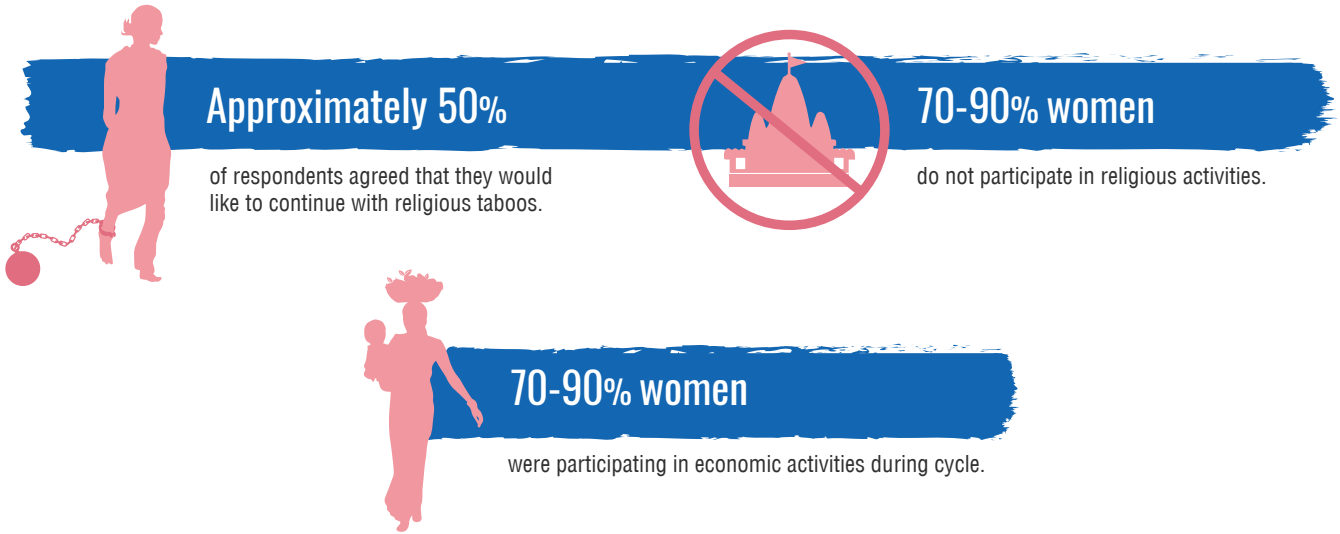
BODY KNOWLEDGE



MENSTRUATION PRACTICES & HYGIENE

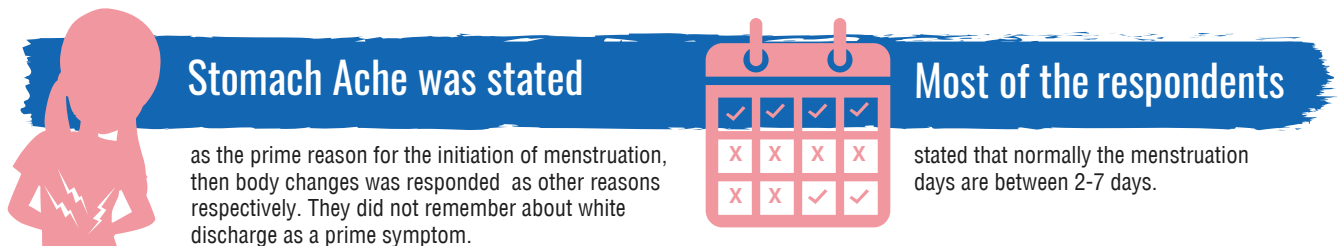


MENSTRUATION HYGIENE



Menstrual Health - The Practices

The viewpoints below are synopsis of the pre-test conducted with the anganwadi workers by GlobalHunt Foundation for all the locations. The data mentioned below are of the respondents covered in pre-test for Phase II.



SESSIONS OVERVIEW

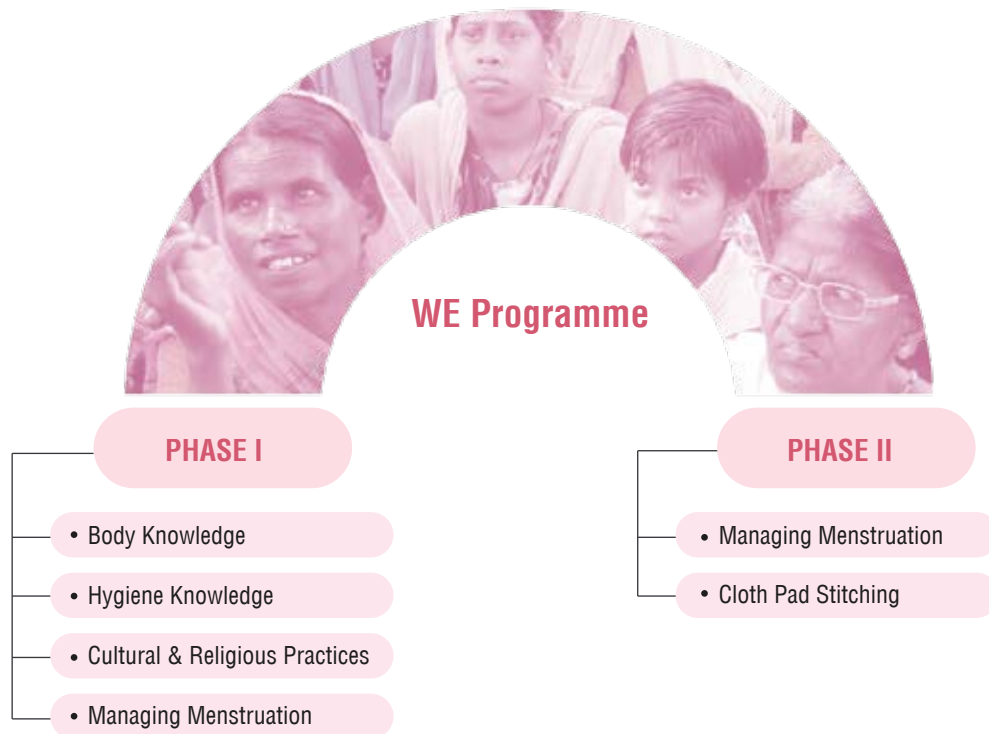


Session Plan

This training covered important aspects of the menstruation, which are often uncomfortable to discuss. To make session healthy, friendly and positive they were planned in such a way that the community are kept engaged. The session planning required keeping in mind both the time and the methodology to be adopted for each module.

The training modules and the module methodology brief has been provided below:

SESSION MODULES



SESSION METHODOLOGY

Phase	Methodology	Topics Covered
PHASE I	Development Discussion	<ul style="list-style-type: none"> • Introduction to Puberty • Understanding Puberty
	Directed Discussion & Hands on Learning	<ul style="list-style-type: none"> • Understanding your own body • Introduction to menstruation
	Directed Discussion	<ul style="list-style-type: none"> • Introduction to sanitary pads • Social and religious taboos
	Problem Solving & Hands on Learning	<ul style="list-style-type: none"> • Health & Hygiene
PHASE II	Hands on Learning	<ul style="list-style-type: none"> • Cloth Pad Stitching

SESSION BRIEF

PHASE I

OBJECTIVES

- To build the knowledge on menstruation
- To make them equipped with menstrual management
- To promote hygienic practices among the participants
- To introduce the participants to various products in the market meant for menstrual blood disposal
- To discuss various religious and social taboos that are co-related with menstruation

TRAINING OUTLINE

- Each module will be undertaken through a group activity
- The training modules will be in local language
- All the learning resources will be in local language
- Total 3 trainers. The ratio of each group will be 1: 20 i.e. 1 trainer will cover 20 community members
- Out of the 3 trainers 2 trainers were fluent in speaking local language
- In order to discuss female body freely a character by the name of 'Kishori' was created
- A special trainer in stitching was involved to teach the cloth pad



MODULES COVERED

Pre-Test/Participants Introduction/Organizers Introduction/Trainers Introduction

S.No.	Session name	Purpose	Duration	Methodology
1.	Introduction To Gender Discrimination In Society	To make women understand that how concepts of gender discrimination are more socially rooted than biological.	20 mins	Development Discussion
2.	Puberty	This session introduces the participants to concept of puberty where they were informed about the physical, psychological and social changes that happen with a boy and girl as they grow.	20 mins	Developmental Discussion & Hands on Learning
3.	Understanding your own body	To make women free of their own body the session oriented towards naming their own body parts and breaking embarrassment towards private parts.	20 mins	Directed Discussion & Hands on Learning
4.	Introduction to Menstruation	The session briefly outlines the concept of menstruation as a biological process.	20 mins	Directed Discussion & Hands on Learning
5.	Health Concerns	The session discusses on various health aspects related with menstruation. The negligence that is observed by women and the possible actions one should take in case of health problems related with menstruation.	20 mins	Directed Discussion
6.	Introduction to sanitary products	The session throw light on different variety of sanitary products that are available in market apart from cloth and sanitary pad.	20 mins	Directed Discussion
7.	Hygiene	The session discusses the various hygiene practices to be adopted for using and disposing any sanitary product and basic body hygiene.	20 mins	Directed Discussion
8.	Social & religious taboos	The session discusses the diverse restrictions that we follow in our daily lives during menstruation.	20 mins	Directed Discussion

Wrap Up, Q & A, Feedback,
Post Questionnaire/Discussion
Time: **30 mins**

SESSION DETAILS- PHASE ONE

SESSION - ONE

- **Session Name**
Gender Discrimination
- **Components**
Understanding gender discriminated roles
- **Training method**
Developmental discussion
- **Brief**
The session was initiated by discussing on the way roles which society has defined for both male and female. The trainer shared that only in two ways a women is different from a man. First parameter is that a women gives birth and second is that she can feed milk to children. Only in these two roles a women is different from men. Majorly for these two reasons society further bifurcated the gender roles making male roles superior to women. This role discrimination in society have further defined our social and behavioral practices even emphasizing in the way we grow up.
- **Outcome**
Introduction of the participants to puberty



SESSION - TWO

- **Session Name**
Puberty
- **Components**
 - Understanding puberty
 - Understanding gender specific puberty
- **Training method**
 - Developmental discussion
 - Hands on learning- Group activity
- **Brief**
Continuing with the previous session the trainer introduced the concept of puberty. The participants were divided into 4 groups; 2 groups of ladies between 18-45 years of age and 2 groups of adolescent girls.

Each group was given a chart paper and they were asked to write the biological, psychological and social changes happen to a girl and a boy during their growing years after 8 or 10. The changes mentioned by them are as below:



Biological

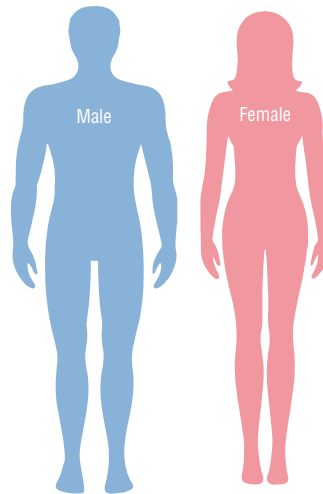
- Develops apple throat
- Develops moustache and beard
- Change in voice
- Change in height and weight
- Develop hair in underarms and private parts
- Acne problem
- Wet dreams

Psychological

- Increase in anger and irritation
- Mood swings
- Fantasizing about opposite sex

Social

- Allowed not to work in house
- Allowed to wear fashionable clothes
- Allowed to go out with friends.
- Allowed to smoke or take alcohol and have girl as friends



Biological

- Develops breasts.
- Change in voice
- Change in height and weight
- Develop hair in underarms and private parts.
- Acne problem
- Start menstruating

Psychological

- Increase in anger and irritation
- Mood swings
- Fantasizing about opposite sex

Social

- Restricted to wear any fashionable clothes.
- Restricted to speak in front of male members
- Restricted to speak with boys or have boys as friends
- Restricted to go out alone or meet with friends
- Forced to do household work.

If we compare the biological, psychological and social changes then we see that biological and psychological changes are almost same among male and female. It is the social changes that are emphasize more on the gender inequalities.

• Outcome

- Clearing out the biological, psychological and social inequalities among male and female.
- Understanding that social inequalities are more than biological and psychological.

SESSION - THREE

• Session Name

Knowing your own body

• Components

- Breaking hesitation towards one own body parts

• Training method

- Directed discussion
- Hands-on learning- Drawing

• Brief

One of the biggest factor that we avoid menstrual health or any other health issues related with our private parts is because we are ashamed to talk about them even with our mothers. The privacy related with them is so strong in society that we hardly talk about them even to our close friends. We tend to neglect about them even in case of any problem. Hence, to break hesitation towards body parts body mapping exercise was conducted with the community.

A figure of women was made on a chart paper and the participants were told to draw and name the external body parts of a women. Initially a lot of resistance was seen towards participation as many women and girls were not comfortable. Also, when they started to draw they were not agreeing to draw private parts of the body. They thought to be humiliating and shameful to draw and name the same. With much pursuance they completed the body parts.



SESSION - FOUR

- **Session Name**

Introduction to Menstruation

- **Components**

- Understanding menstruation as a biological process

- **Training method**

- Directed discussion
- Hands on learning-demonstrative

- **Brief**

With the body mapping exercise the concept of menstruation was introduced to the participants. The objective of this exercise was also to identify the reproductive organ which is the main organ for menstruation. The participants were first told about the sub-parts of reproductive organ. Then they were informed about the monthly release of egg from any of the two ovary, passage of egg to uterus through fallopian tube, development of blood layer around the uterus to protect and nourish the egg, breaking down of egg if sperm is not received and passage of egg and blood from the body through vagina which is known as menstruation. The process was explained through diagrammatic depiction so that the participants could understand the process easily.



- **Outcome**

- Broke the myth that menstrual blood is dirty
- Explained the biological process of menstruation
- Through diagrammatic depiction showed the reproductive organ working

SESSION - FIVE

- **Session Name**

Introduction to Menstruation

- **Components**

- Understanding menstruation as a biological process

- **Training method**

- Directed discussion
- Hands on learning-demonstrative

- **Brief**

In this session, To make them comfortable and maintain secrecy at same time the women were told to write their health concerns on a piece of paper. The activity was performed to keep a secrecy so that no one is embarrassed to share the problem in public. The diverse nature of questions from women in respect to menstruation pain, white discharge, causes of heavy or light flow, imbalance of menstrual cycle, relation of menstruation with sexual intercourse etc. the exercise was practiced so that women could share their health concerns with the team and they can get proper direction. As most of the time women don't know when to take any health problem with menstruation seriously.



SESSION - SIX

- Session Name**

Introduction to Sanitary Products

- Components**

- Understanding various sanitary products in markets

- Training method**





- Directed discussion

- Brief**

This session was focused on introducing variable types of sanitary products available in market to manage menstruation apart from cloth and sanitary pad. Cloth and sanitary pad are the most common form of products that are known to India society.

Apart from cloth and sanitary pad the participants were informed about menstrual cup and tampon. The advantages and disadvantages of all the products were elaborately explained to the community.



Prodcuts	Advantages	Disadvantages
 <p>Cloth Pad</p>	<ul style="list-style-type: none"> • Free from irritating material. • It can be reused after washing • Cheaper than disposable 	<ul style="list-style-type: none"> • Are wet and have greater chances of leakage. • If cotton cloth is not used then its usage can be harmful for health. • Needs more cleanliness attention. • Are not successful in areas with water scarcity.
 <p>Sanitary Pad</p>	<ul style="list-style-type: none"> • Easy to use • Provide reliable protection against leaks. • Allow you to monitor your flow regularly. • Are dry to use 	<ul style="list-style-type: none"> • Sanitary pads irritate the skin that can lead to itching and infection. • Sanitary pads are and of chemicals and plastics • Disposable pads can be expensive. • Disposable pads have a high environmental impact. • Can cause bad odor on hot days or with heavy flow.
 <p>Menstrual Cup</p>	<ul style="list-style-type: none"> • It lasts for 10 years. • Environment friendly. • Is used for longer hours 	<ul style="list-style-type: none"> • One should know how to insert the menstrual cup. • May not be comfortable compared to cloth and sanitary pad
 <p>Tampon</p>	<ul style="list-style-type: none"> • Very effective for women into sports • Almost negligible chances of leakage 	<ul style="list-style-type: none"> • Inserting a tampon inside the vagina can be a little inconvenient to many women. It takes a lot of practice to properly insert it. • Tampons are made of chemicals. • People have apprehension on inserting the tampon inside body.

- Outcome**

- Introduced participants to other sanitary products about which they were unaware

SESSION - SEVEN

- **Session Name**

Hygiene

- **Components**

- Hygiene practices to adopt during menstruation

- **Training method**


- Directed discussion

- **Brief**

During the session the participants were told about certain hygiene practices that should be adopted during menstruation. The trainers shared that any kind of sanitary product should not be used beyond 3-4 hours and whenever using the washroom the vagina should be cleaned with water etc. The hygiene practices to be adopted is as below:



HYGIENE PRACTICES

Specific to Product	
 <p>Cloth Pad</p>	 <p>Sanitary Pad</p>
<ul style="list-style-type: none"> • Should not be used beyond 3-4 hours. Even in nights the pads should be changed. • Should be washed before every use with detergent • Should be completely dried in sun with after wash • One's cloth should not be used by others • Should be cleaned with cold water • Only cotton cloth should be • Only white colour cloth should be used 	<ul style="list-style-type: none"> • Should not be used beyond 3-4 hours. Even in nights the pads should be change
Specific to Disposal	
<ul style="list-style-type: none"> • Should be burnt or can be buried in ground 	<ul style="list-style-type: none"> • Should be wrapped in newspaper and thrown in dustbin • Should not be flushed, burnt or buried.
Common Hygiene Practices	
<ul style="list-style-type: none"> • Every day we should take bath • Every day we should clean our private parts with water • Every day we should clean dry our thighs to avoid rashes 	

- **Outcome**

- Shared practices that were hygienic for body were discussed

SESSION - EIGHT

- **Session Name**

Social and religious taboos

- **Components**

- Discussing social and religious taboos

- **Training method**

- Directed discussion

- **Brief**

Another very important aspect which is related with menstruation are the social and religious taboos that tend to make menstruation a restrictive process. As per diverse locations there are diverse social and religious taboos that impact the daily practices. Participants for the session were quite anticipated to discuss the religious and cultural restrictions such as not taking head bath till third day, not touching any religious things or going to religious places, avoiding certain kind of food etc. They felt that it is important to follow such taboos due to concepts of purity and impurity attached with menstruation.



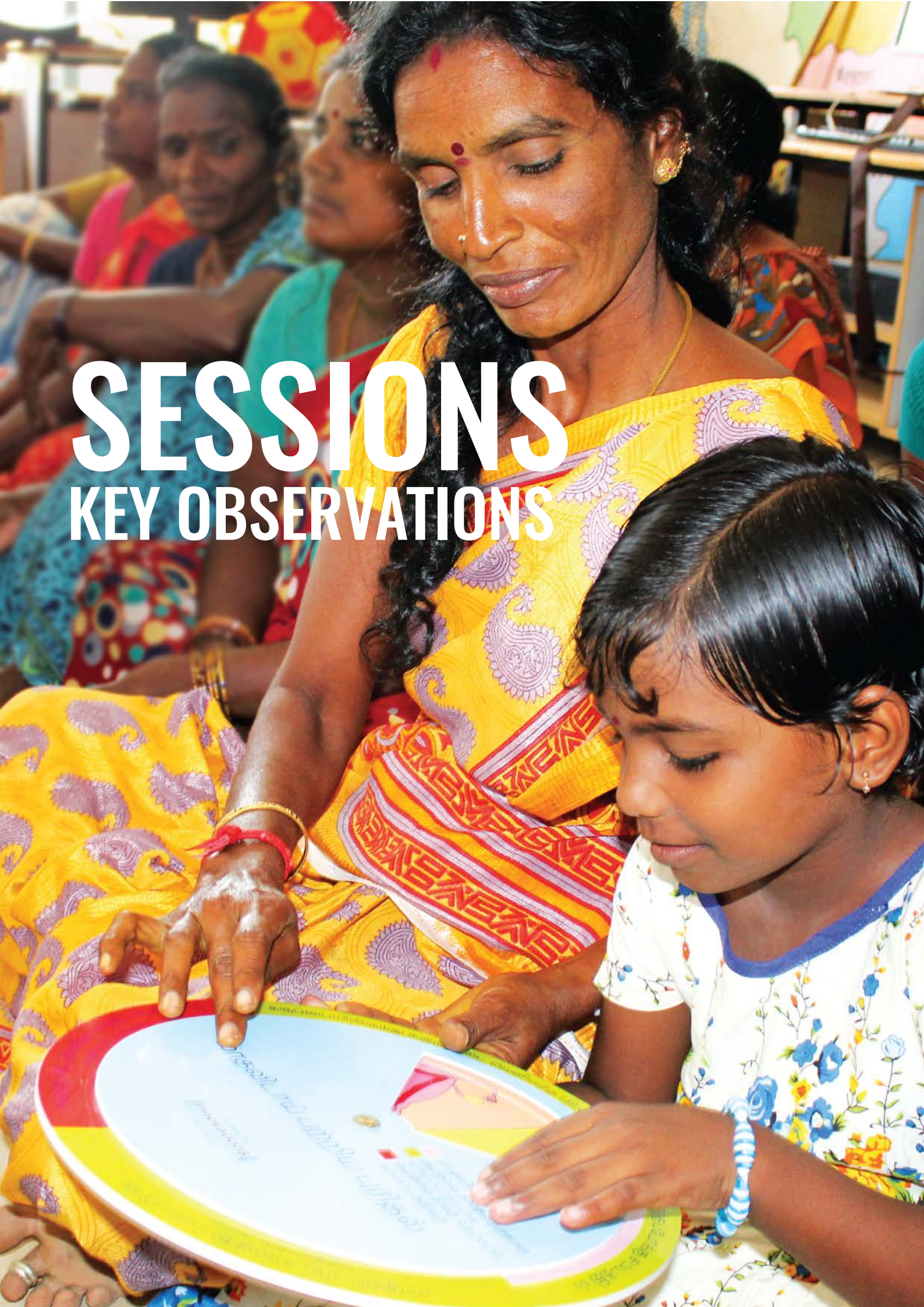
Trainers shared that the religious and cultural taboos such as not visiting religious places is something societal. However, for practices such as not touching religious plants, papad and pickle there is no scientific reasoning and no practical experience. They are more self-believed myths and holds no logical reasoning.

Without hurting any religious sentiments they shared that religious myths and taboos should not be related with menstruation as menstruation is an important part for child bearing. Hence, it is like any other blood which is present in our body. If one wants to follow such taboos then it should not be with the fear of god or in the fear of any mis-happening.

- **Outcome**

- Shared practices that were hygienic for body were discussed





SESSIONS

KEY OBSERVATIONS

SESSION KEY OBSERVATIONS

The session key observations has been highlighted as per the behavioural and ideological practices of the participants noticed during the sessions by the project teams.

- In most of the locations anganwadi workers were themselves shying away to speak on the issue. They were embarrassed even to say the word “menstruation”.
- **Anganwadi** with respect to this issue acted or behaved more as a community member than a para-health worker. As her mindset or practices were similar to that of any village women.
- In **Bagla** girls were embarrassed to speak about menstruation in front of their mothers or among themselves. They were very shy and mostly unresponsive towards the session. Women on the other hand were quite active and eager to know more about the issue.
- In **Noida** the girls group was very active and responsive towards the session. They believed all the religious taboos but didn't wanted to follow the social restrictions. Women on the other side were disciplined to hear about the issue as they themselves wanted to learn about menstruation.
- In **Pune** menstruation was greatly correlated with reproductive and sexual health. They knew menstruation reproductive importance but further related it with child gender and physical intercourse.
- In both **Uttarakhand** and **Chennai** both girls and ladies were educated on the different puberty stages of a boy and girl but were shying to speak about in public. In body mapping exercise without much insistence the participants came forward to name the body parts.



PRE & POST TEST ANALYSIS

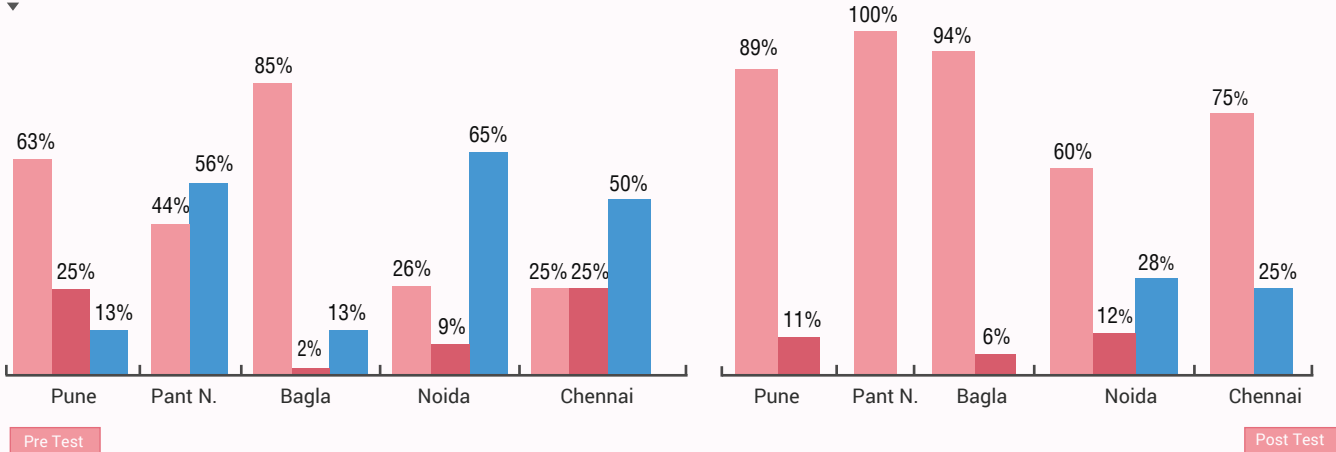
PHASE I (COMMUNITY BASELINE)

BODY KNOWLEDGE

How many ovaries does a female reproductive have?

Respondents in Pantnagar & Noida were not much aware about the ovaries in female reproductive system.

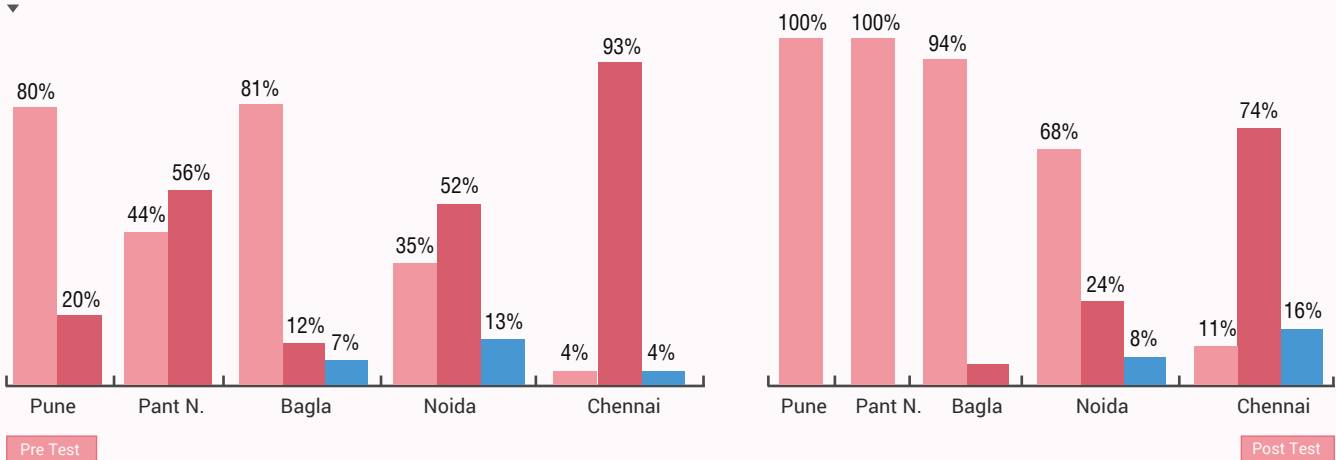
2 More than 4 Don't know



Respondents in Pantnagar, Noida & Chennai were not aware where the uterus is situated in a female body

Where is uterus situated in a female body?

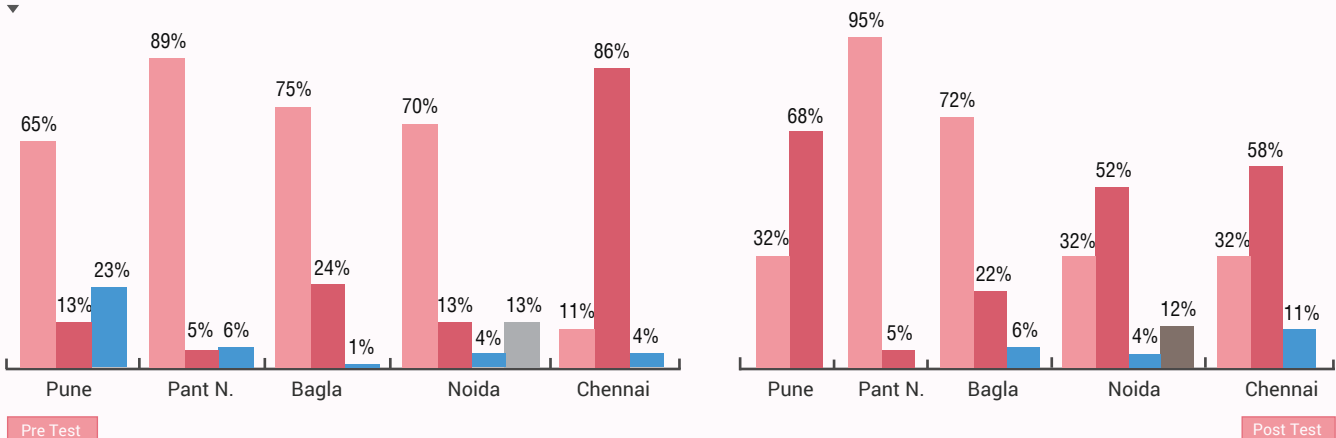
Below Naval Don't know Not mentioned



Before the session majority of the respondents were not aware about the location of uterus.

At what age should menstruation start?

After 13 Differ for every women Less than 8 Don't know

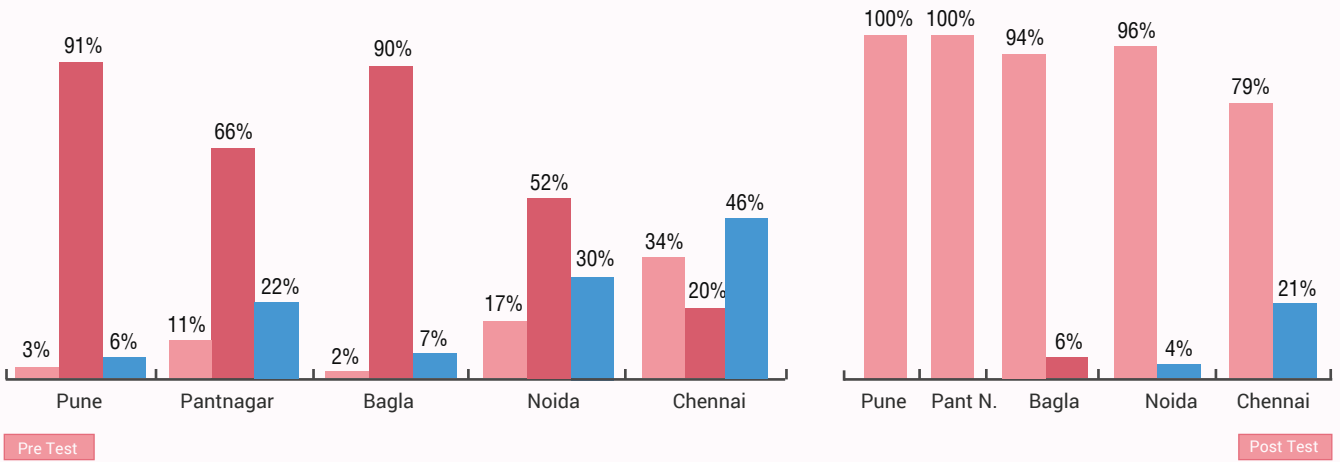


MENSTRUAL KNOWLEDGE

For most of the respondents menstruation was a god curse or a process that discharges dirty blood from body.

What is menstruation?

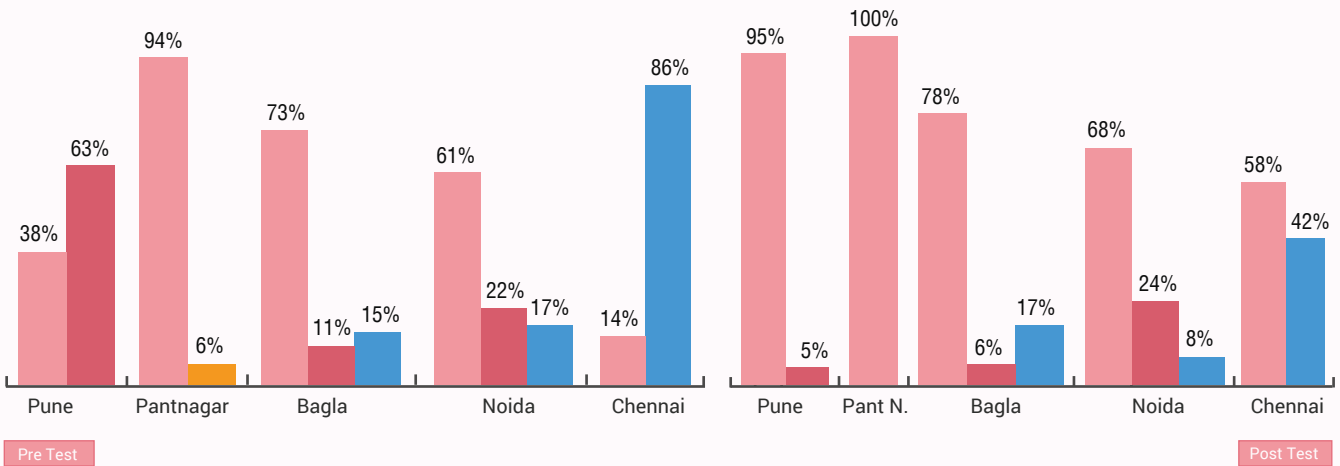
■ Natural Process ■ God Curse ■ Don't know



Mothers were the first source of information for almost all the respondents.

From whom you did hear about menstruation?

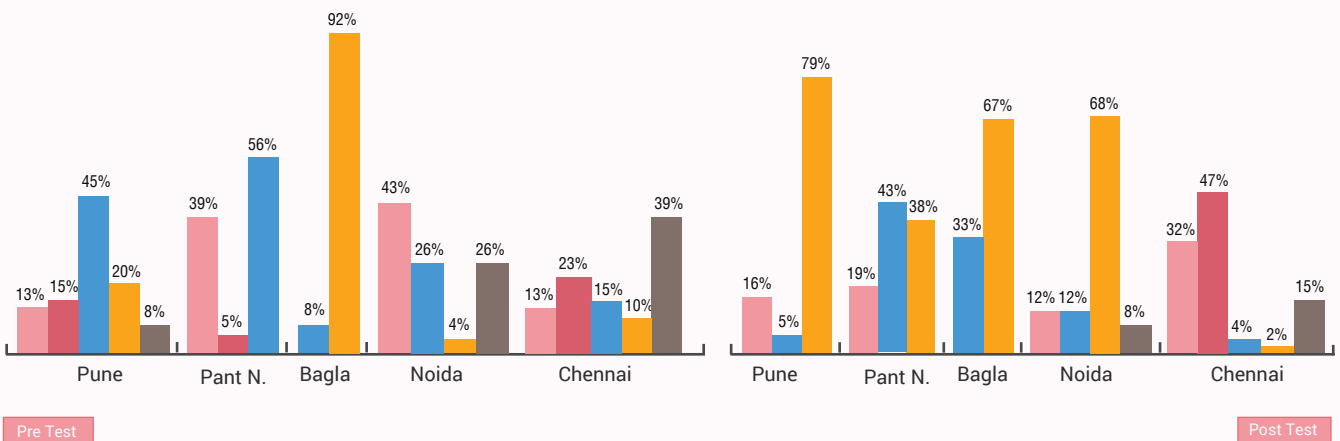
■ Mother ■ Family Members ■ Teachers ■ Friends



For how many days should a women menstruate?

■ 1-2 days ■ 4-6 days ■ Above 6 ■ Differ for every women ■ Not known

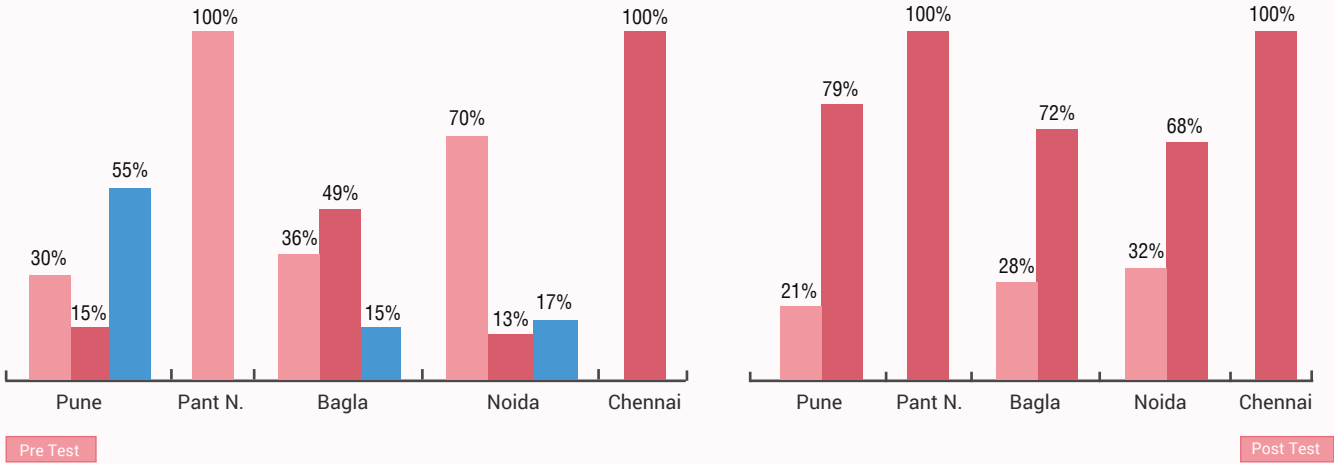
The respondents shared that above 6 days are normal for a women to menstruate.



Is menstrual blood dirty and impure?

Except for Chennai almost all the respondents responded that menstrual blood is dirty & impure.

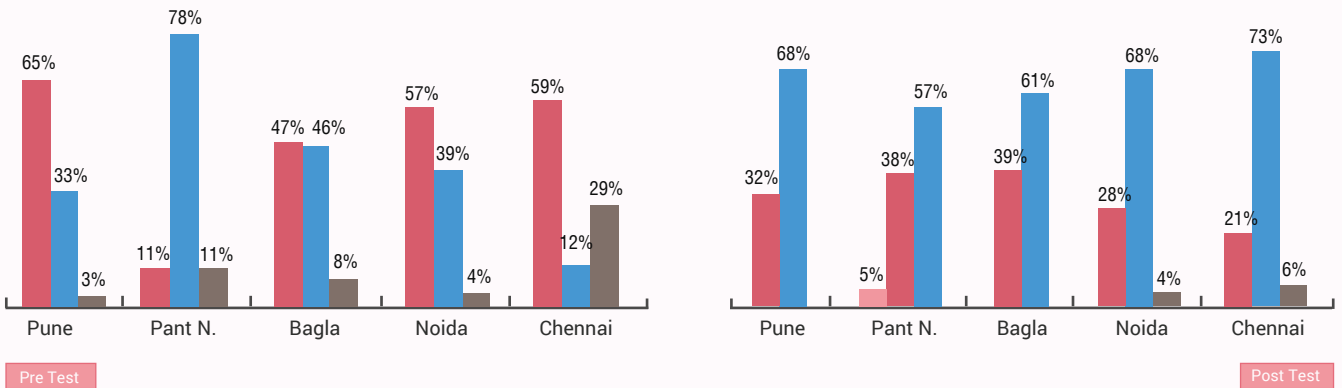
Yes No Not Mentioned



How many times should a cloth/sanitary napkin be changed in a day?

1 time in a day 2 to 3 times 3 to 4 times Don't know

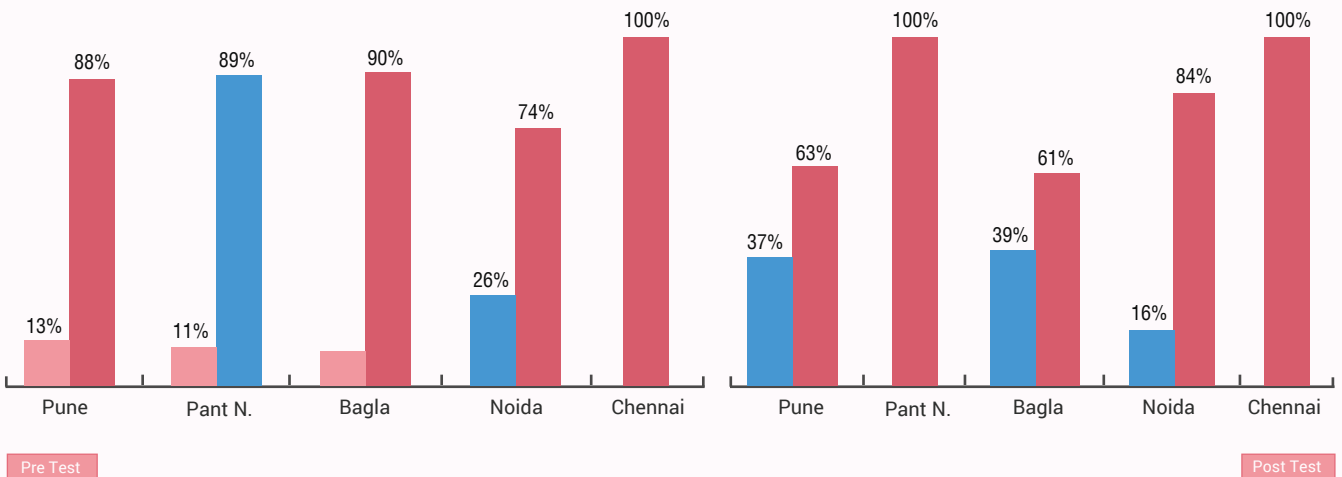
The general pattern of changing cloth/sanitary pad was 2-3 times in a day.



Is the same cloth used by someone else?

Almost all respondents stated that the cloth used by them during menstruation is not used by anyone else.

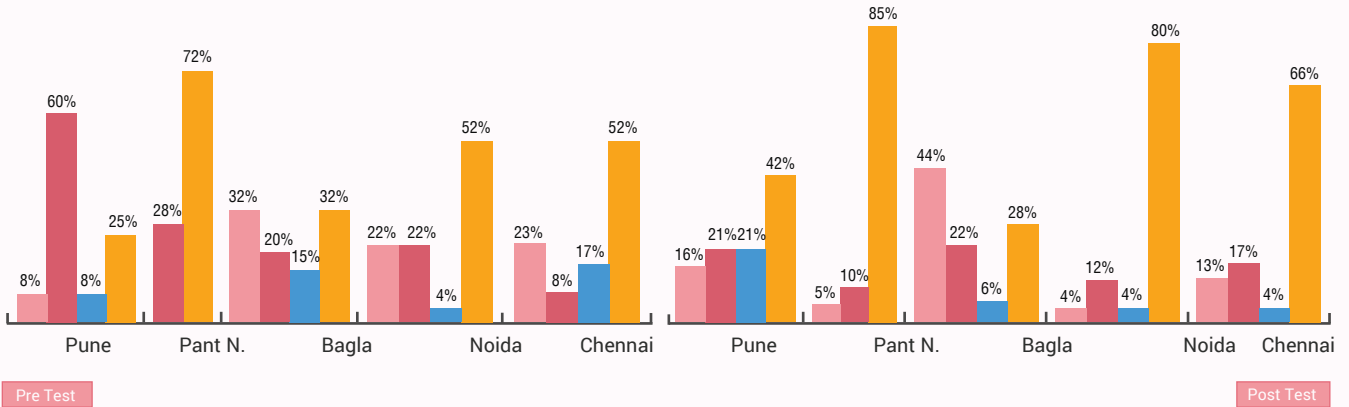
Yes No Don't know



How do you dispose used cloth/sanitary pad?

■ Bury It ■ Burn It ■ Not Mentioned ■ Wrap and throw it in a dustbin

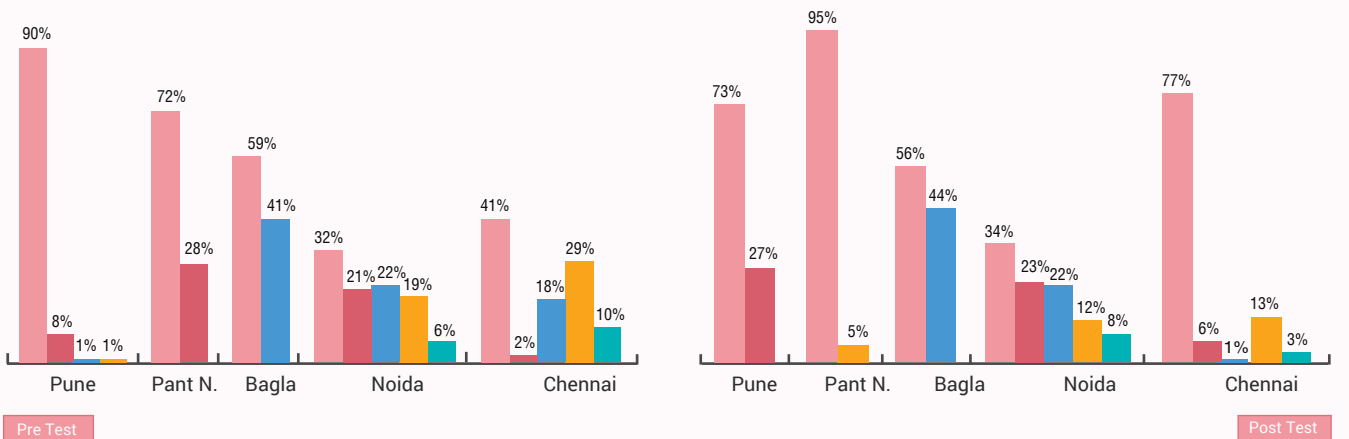
The cloth using respondents usually burn the cloth while the sanitary pad using respondents wrap it and throw it in open land.



Social taboos followed

■ Don't visit religious places ■ Don't wash hair ■ Avoid sour food
 ■ Avoid touching pickle/papad ■ Avoid cooking food

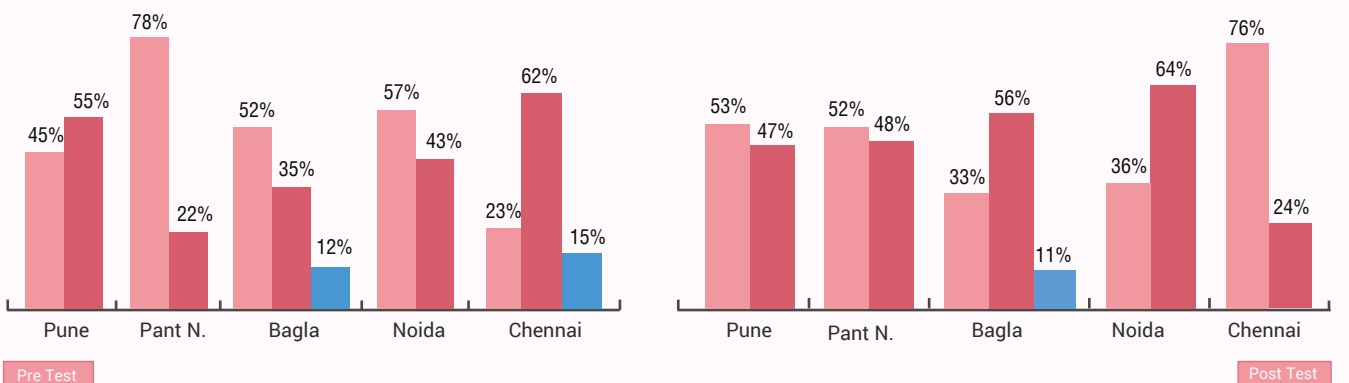
Prohibition on visiting religious places were the common restrictions which were followed almost everywhere. In Northern locations avoiding head wash was another common myth.



If given chance do you want to stop following social taboos during menstruation?

■ Yes ■ No ■ Not Mentioned

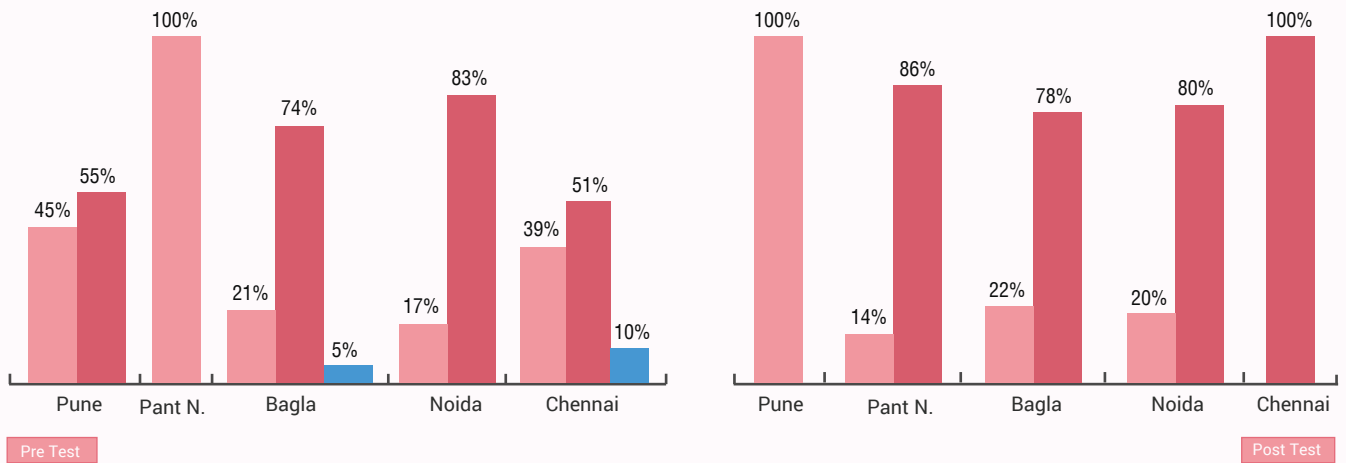
Expect for Pune most of the respondents agreed that if given a chance they would stop following social taboos followed during menstruation.



Do you have any health problem related with menstruation or uterus?

Yes No Not Mentioned

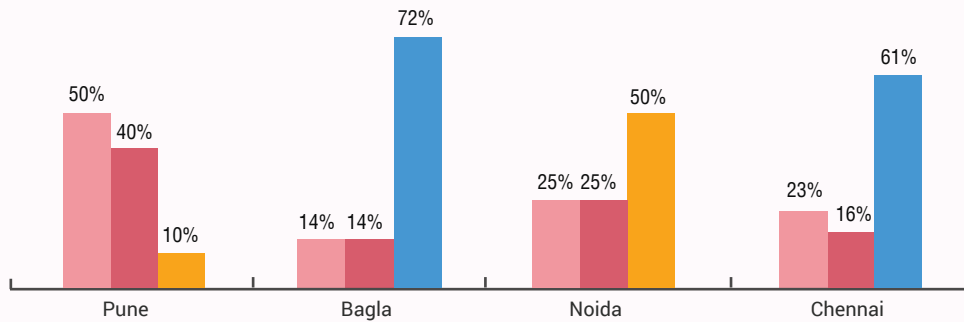
Most of the respondents were not having any major health problem related with menstruation apart from white discharge and pain during menstruation.



If yes, then are you taking treatment?

Home remedies Medicine from doctor Don't know Do nothing

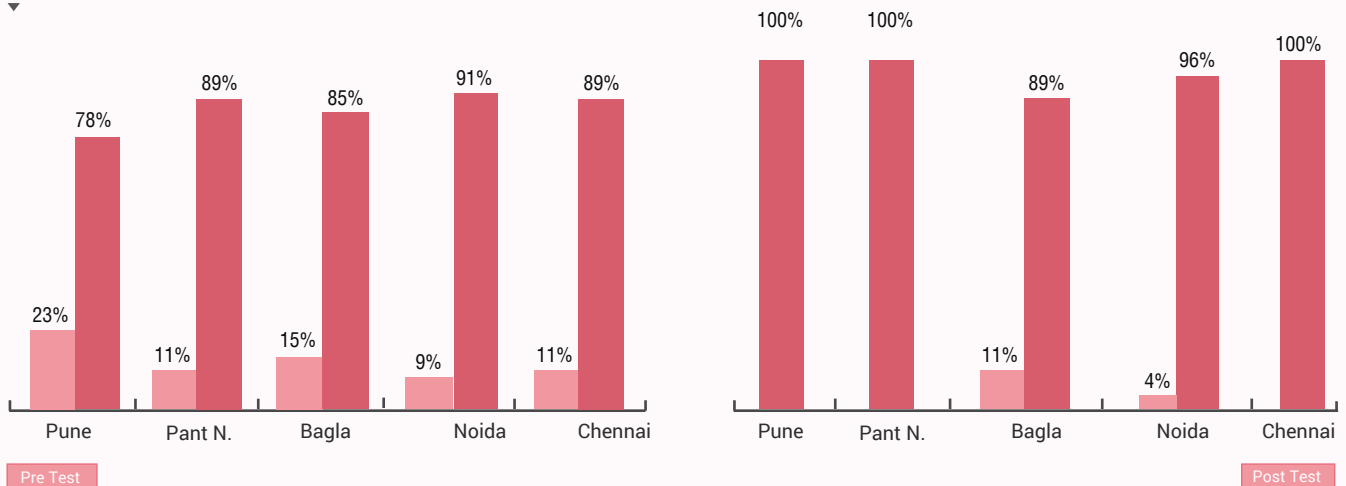
For stomach ache and pain during menstruation respondents were taking normal pain relief medicine. However, no proper check-up has been undergone by most of the respondents.



Do you go for education or work during menstruation?

Yes No

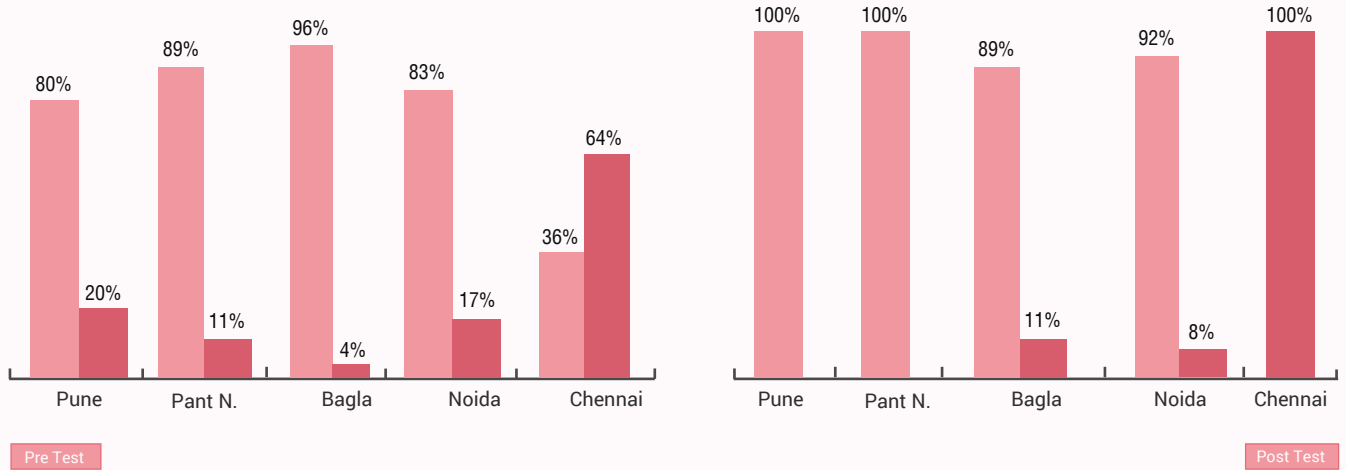
Almost all the participants agreed that they don't miss their work or school during menstruation days. Mainly it is the young girls who have just started menstruating miss their schools in early years as they don't know how to manage their menstruation.



Do you think knowledge about menstruation should be provided to adolescent girls before their menarche?

Yes No

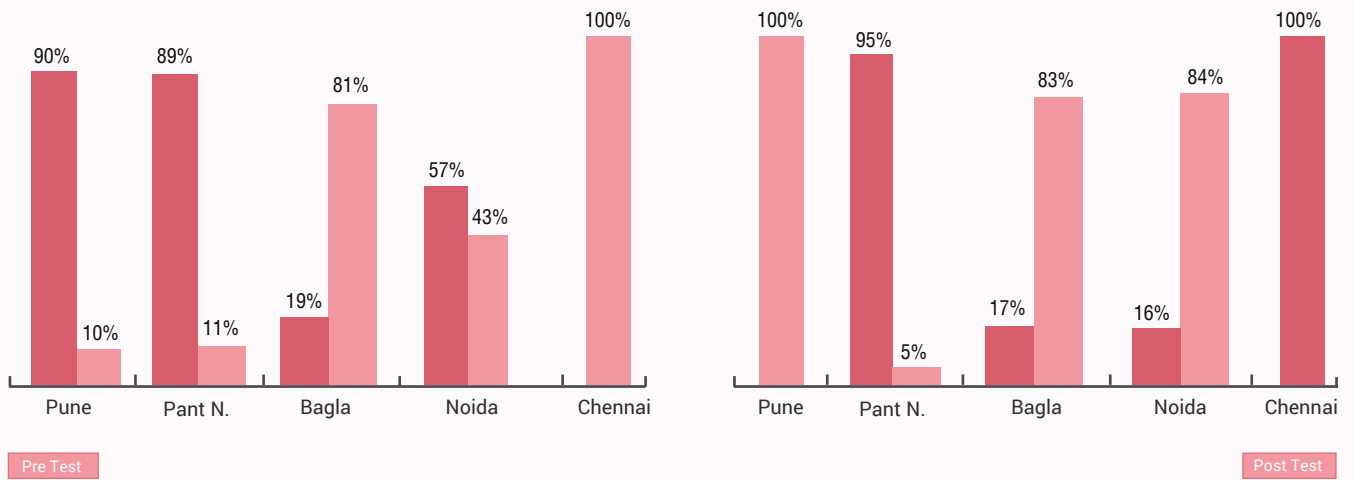
In the pretest itself women stated that prior knowledge on menstruation should be given to menarche.



Should men be also aware about menstruation?

Yes No

Other Chennai women did not agree on giving menstrual information to men.



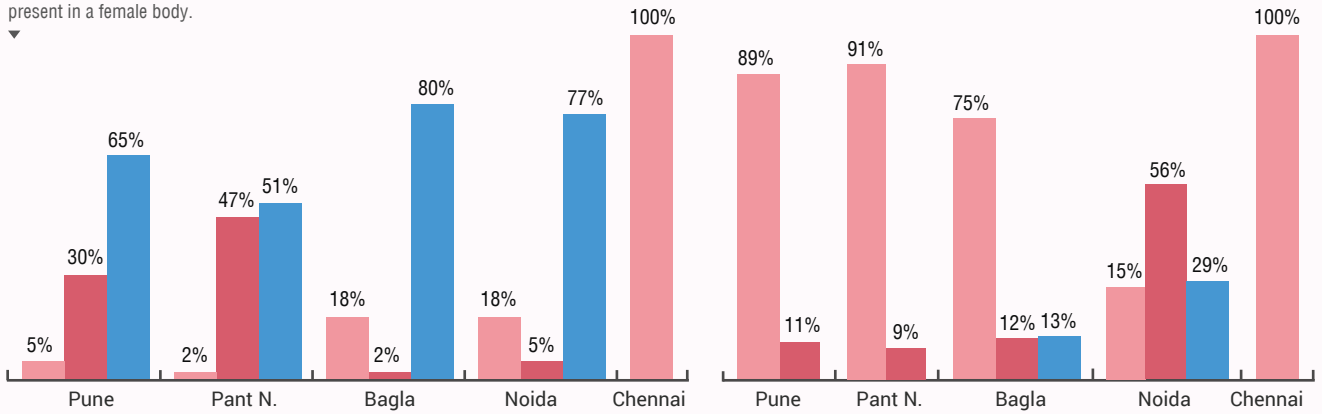
PRE & POST TEST ANALYSIS

ANGANWADI & ASHA WORKER-PHASE I

How many ovaries does a female reproductive have?

The respondents themselves were not sure on the number of ovaries present in a female body.

2 More than 4 Don't know



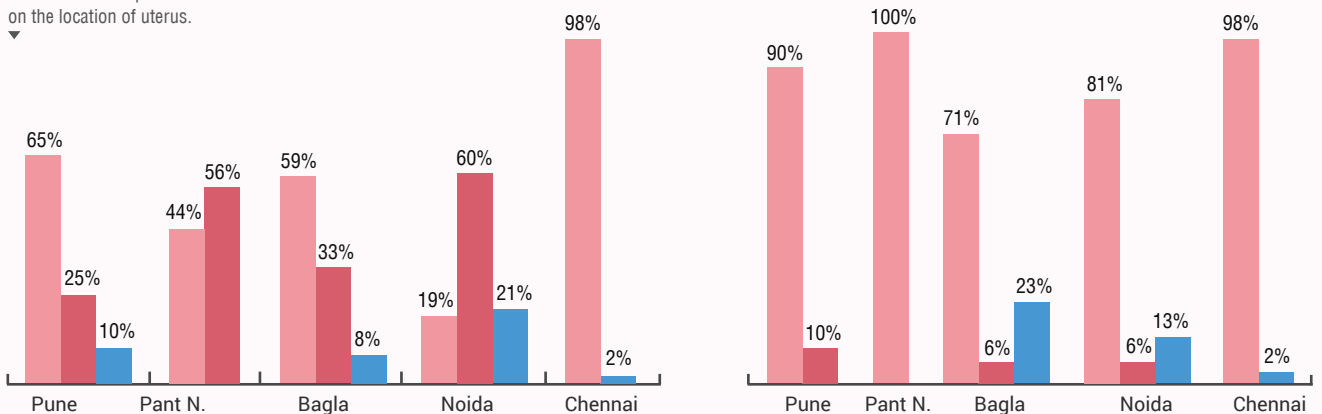
Pre Test

Post Test

Where is uterus situated in a female body?

In contrast to the knowledge on number of ovaries the respondents were aware on the location of uterus.

Below Naval Don't know Not mentioned



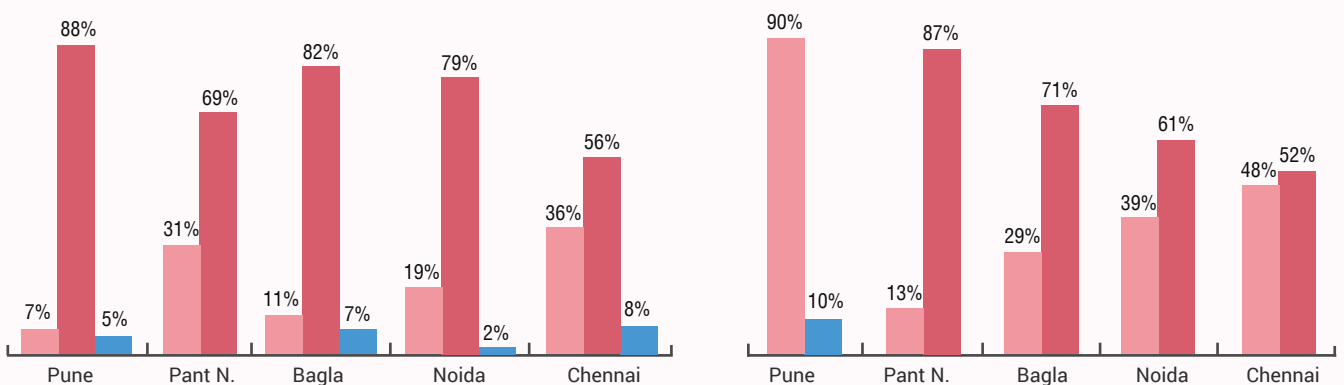
Pre Test

Post Test

At what age should menstruation start?

Here also respondents were clear on the general age bracket for initiation of menstruation.

8 to 13 11 to 13 Above 13



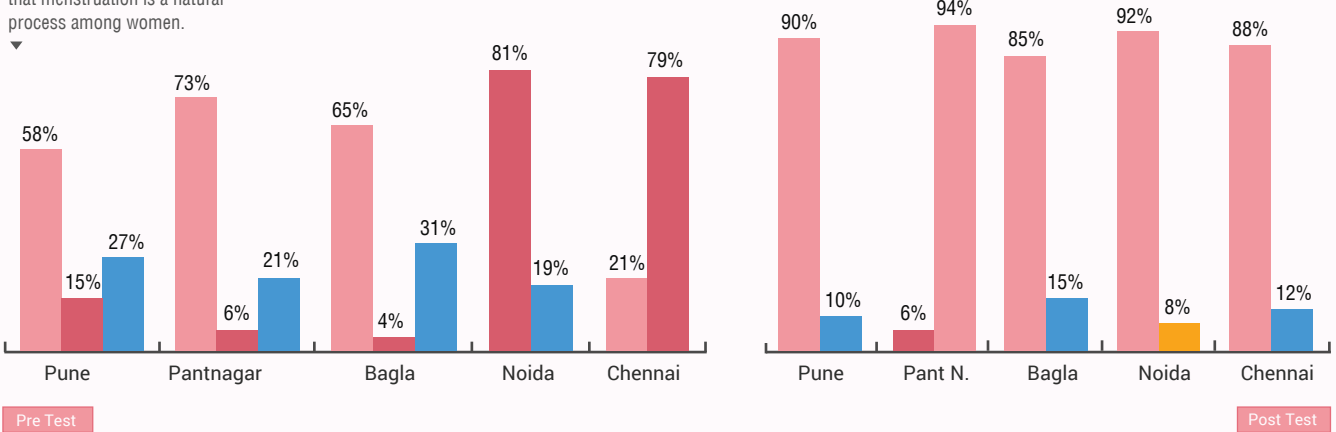
Pre Test

Post Test

What is menstruation?

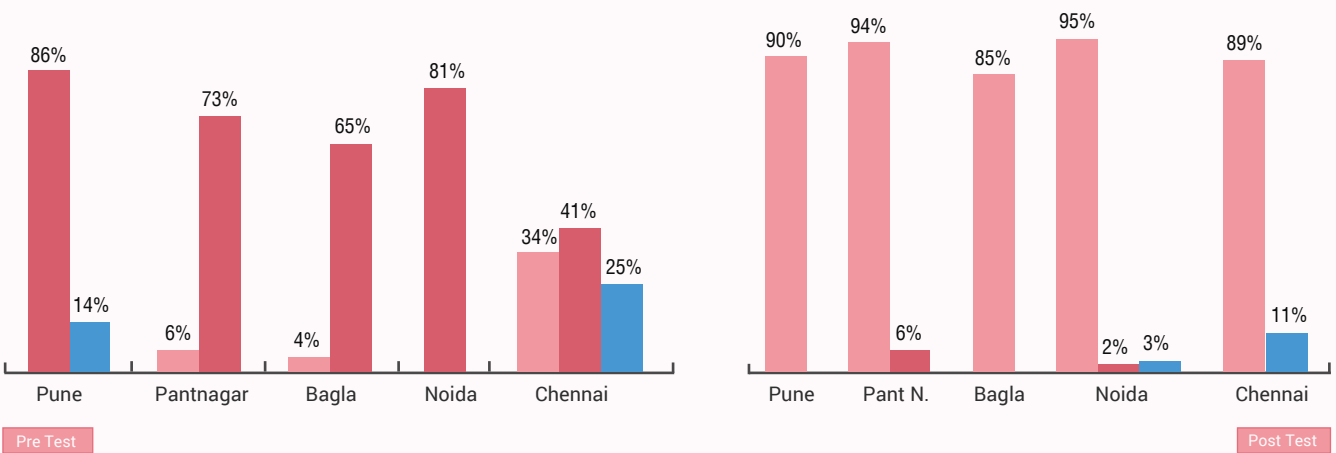
■ Natural Process ■ God Curse ■ Others ■ Don't know

Majority of the respondents stated that menstruation is a natural process among women.



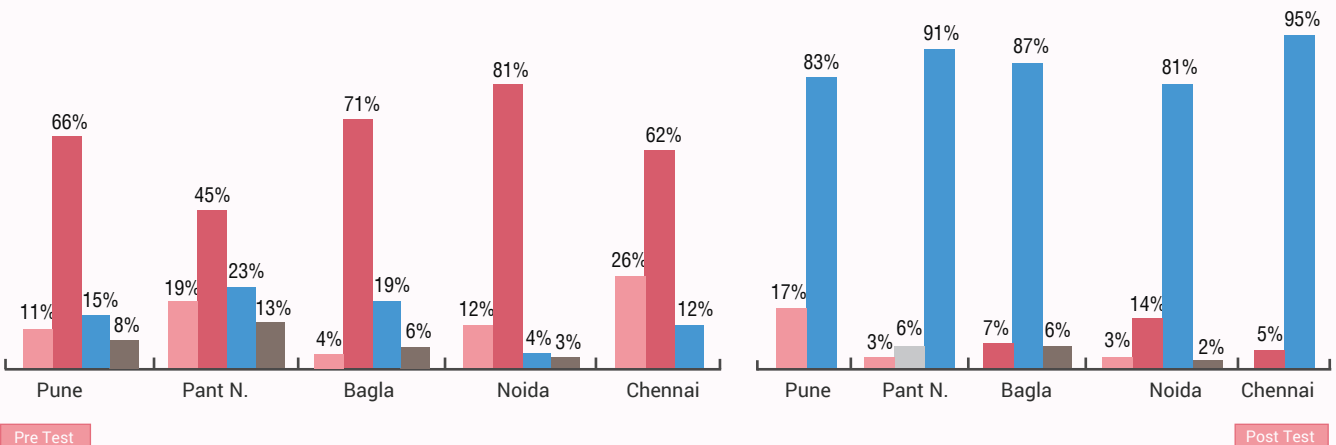
How will a girl know that menstruation is about to begin?

■ White Discharge ■ Stomach Ache ■ Body Changes



For how many days should menstruation happen?

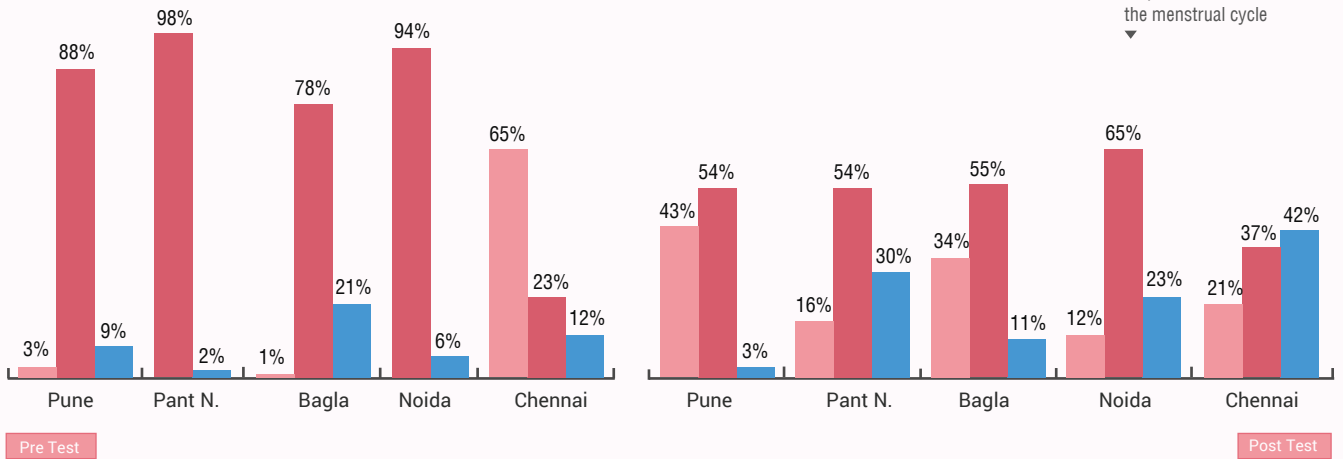
■ 1-2 days ■ More than 6 ■ Differ for every women ■ Not known



According to you what is the period for menstrual cycle?

15-20 days 22-40 days 40-50 days

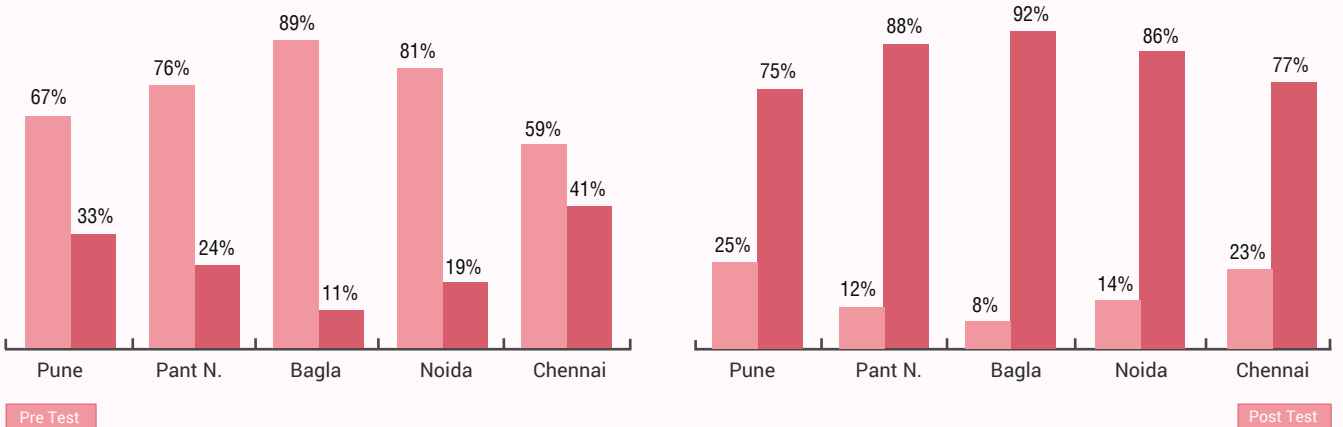
In this question most of the respondents were clear on the menstrual cycle



Before the session they hold a common notion that intake of certain dietary intake can regulate menstruation flow.

Does diet affect menstruation?

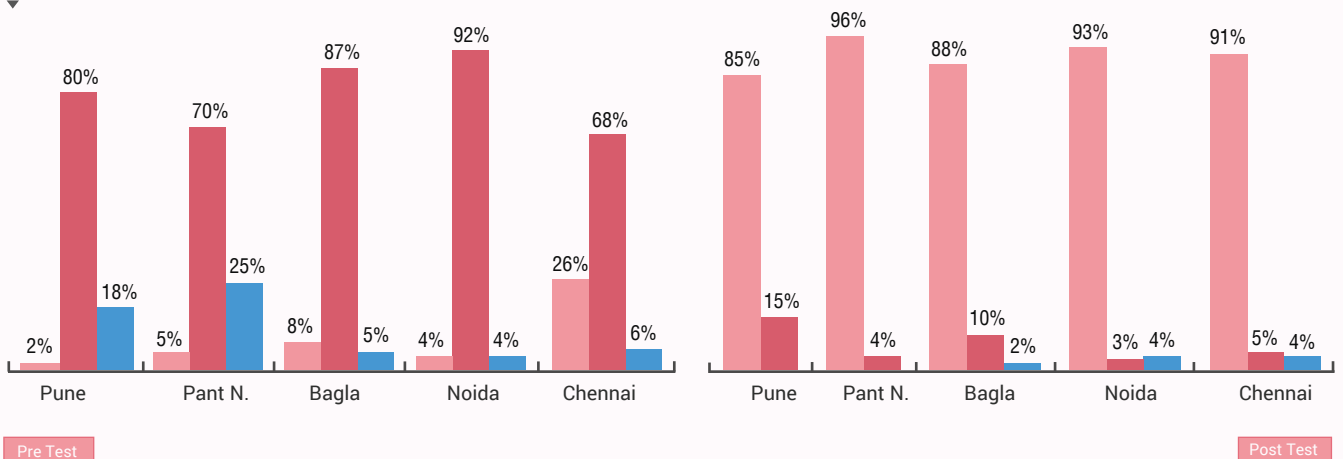
Yes No



How many times should a sanitary pad or cloth be changed in a day?

3 to 4 times 2 to 3 times 1 time in a day Don't know

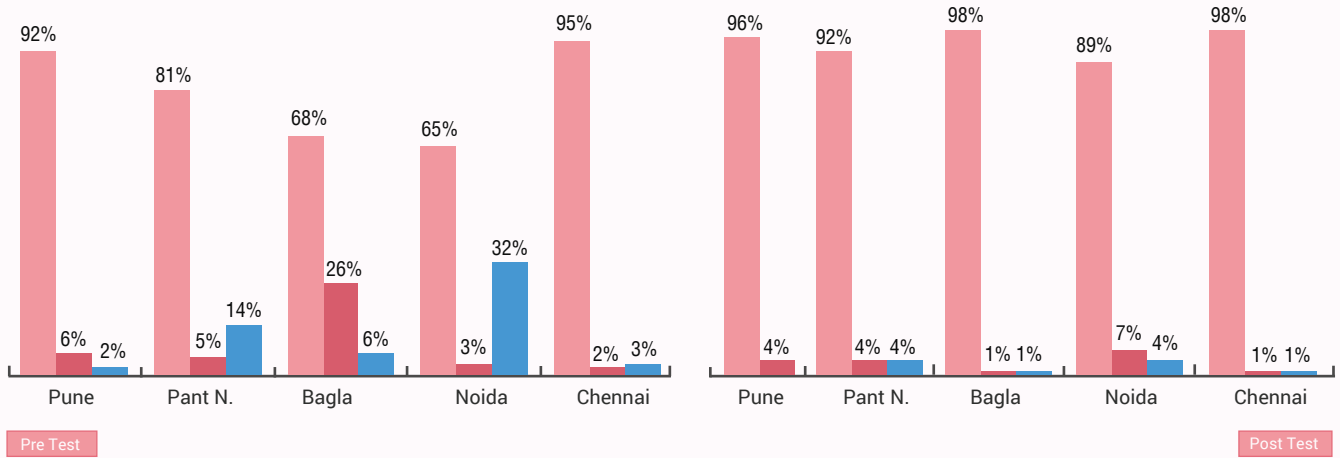
Like universal practices most of the respondents were changing sanitary napkin 2 to 3 times in a day.



What kind of cloth should be used during menstruation?

On this question most of the women were aware on the type of cloth to be used.

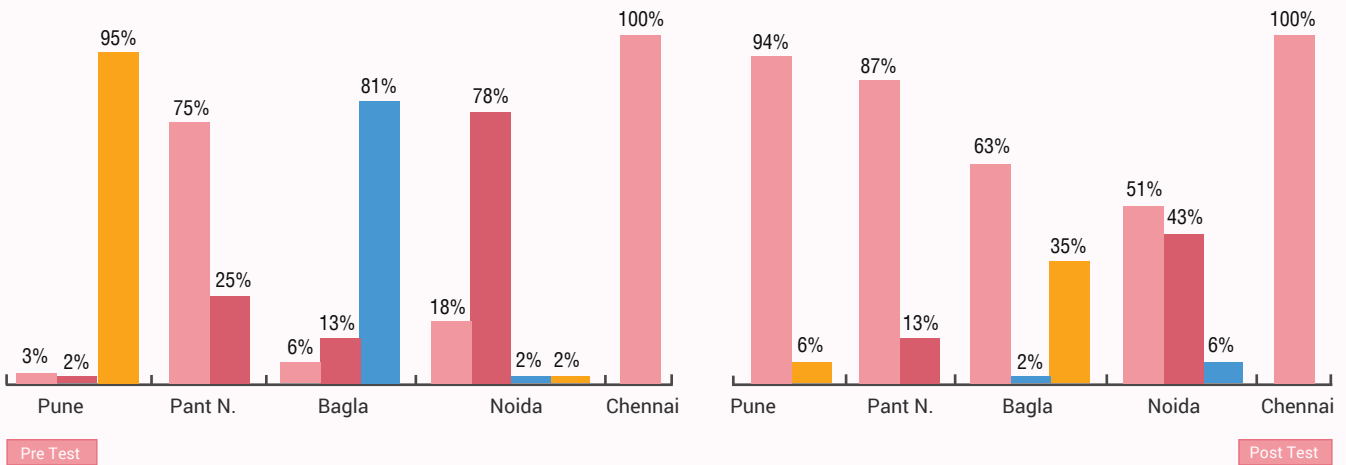
■ Cotton ■ Mixed ■ Any



How do you dispose used cloth and sanitary napkin?

■ Wrap and throw it in a dustbin ■ Open landfill ■ Bury It ■ Burn It ■ Others

In respect to disposal of sanitary products they adopted practices as per their convenience.



Do you aware about menstruation in your village?

100% All Locations

100% All Locations

Is men awareness on menstruation important?

100% All Locations

100% All Locations

Is it essential to follow social taboos?

100% All Locations

100% All Locations

● Pre-Test

● Post-Test

SESSION BRIEF

PHASE II

OBJECTIVES

- To rebuild the knowledge on menstruation
- To make them equipped with menstrual management
- To create income based activities
- To create women entrepreneurs by empowering their skills

TRAINING OUTLINE

- Each module will be undertaken through a group activity
- The training modules will be in local language
- All the learning resources will be in local language
- Total 3 trainers. The ratio of each group will be 1: 20 i.e.
- 1 trainer will cover 20 community members
- Out of the 3 trainers 2 trainers were fluent in speaking local language
- In order to discuss female body freely a character by the name of 'Kishori' was created
- A special trainer in stitching was involved to teach the cloth pad



MODULES COVERED

S.No.	Session name	Aim	Duration	Methodology
1.	Introduction and Ice breaking	To make friendly environment and act as an ice breaker. Ask any community volunteer to sing and the remaining members can join and sing collectively. Or sing a common song in the community and get everyone to sing collectively. Welcome to the group	30 mins	Games/Song
2.	Recap of previous session	To connect participants to the subject and highlighting important aspects. Material: white board/flip chart, marker	45 mins	Directed Discussion
3.	Understanding menstrual management and products	To create awareness and understand the various products used for menstrual management from various perspectives of health, hygiene and sustainability.	60 mins	Directed Discussion
4.	Making of your own pad	To demonstrate and build the capacity of women/girls so that they can locally manage their menstruation effectively. Material: - individual work – each participant stitches a pad.	60 mins	Directed Discussion



SESSION DETAILS- PHASE TWO

SESSION - ONE

- **Session Name**

Recap

- **Components**

Recap of the previous sessions

- **Training method**

Directed discussion

- **Brief**

The next phase of the project was implemented in the gap of 5 months in all the locations hence Phase-II was initiated with a recap discussion where all the previous sessions were run through. The sessions covered were understanding gender discrimination by society due to biological difference, puberty, knowing your body, introduction to menstruation, health concerns related with menstruation, introduction to sanitary products and discussing social and religious taboos. The session helped the participants in remembering the entire biological process of menstruation.

- **Outcome**

- Remembering the basics of menstruation
- Building the momentum towards stitching pads



SESSION - TWO

- **Session Name**

Cloth Pad Stitching

- **Components**

Recap of the previous sessions

- **Training method**

Hands on learning-stitching

- **Brief**

The session was completely devoted towards training the participants on stitching of cloth pad. It was initiated by giving the participants cloth cut outs of 3 different shapes and sizes. They were provided with other stitching items such as needles, threads and buttons. The trainer took session step-wise where they were told about the different types of clothes to be used and the methods of stitching.

If manual stitching is being undertaken then generally it takes about 40-45 minutes to prepare one pad. However, on a stitching machine it takes about 15-20 minutes to stitch one pad. The participants were told about cloth textures & colours that should be used for stitching and the accurate sizes to be cut for making the cloth pad.

A stitching pamphlet was also provided to the participants which will work as a guide for stitching the cloth pad.

Most of the participants were able to stitch the pad accurately however, minute finishing was not clear. The participants shared that most of the time while using cloth they fear of leakage; but this cloth pad had lesser chances of leakage and it light like a sanitary pad. Also, during the session the community was informed about the washing, disposing the cloth pad and other relevant information to keep in mind while using cloth pad.



A woman in a yellow and blue sari is holding up a white cloth pad. She is smiling and looking towards the camera. The background is a bright yellow wall with some colorful patterns.

SESSIONS

KEY OBSERVATIONS

The session key observations has been highlighted as per the learning outcomes of participants in the skill training session:

1. In all the locations cloth pad stitching was received with much positivity. The participants had specially come to attend the session to learn pad stitching.
2. Young girls were excited to stitch as their mothers still used cloth and they wanted to give them a better option in place of normal cloth.
3. The women community shared that as sanitary pad cannot be used every time as it is expensive hence this cloth pad is a good option.
4. The women group were interested to start their own stitching set-up of which cloth pad will be one of the options.
5. They were elated to learn the new skill and felt that even in daily lives when they fear leakage due to cloth pad; this pad can be used.

PRE & POST TEST ANALYSIS

PHASE II

PROFILE OF RESPONDENTS COVERED

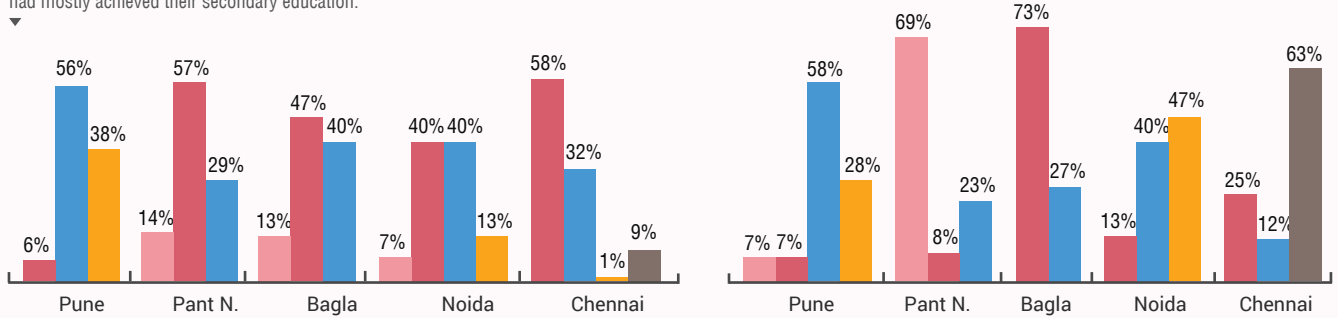
Pre Test

Post Test

Educational Qualification of Respondents

■ Illiterate ■ Class 2nd - 8th ■ Class 9th-12th ■ Graduation and above ■ S.S.L.C

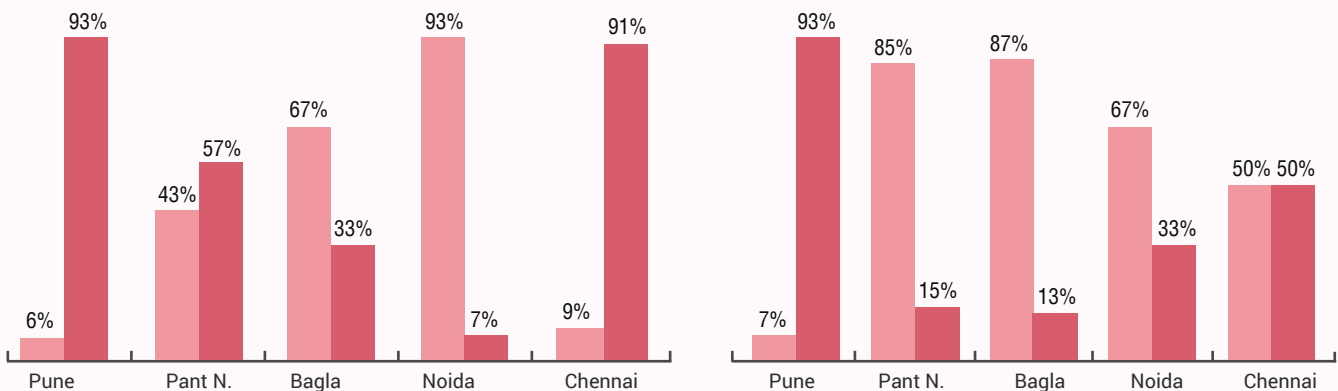
The respondents covered for the pre-test and post-test had mostly achieved their secondary education.



Marital Status

■ Unmarried ■ Married

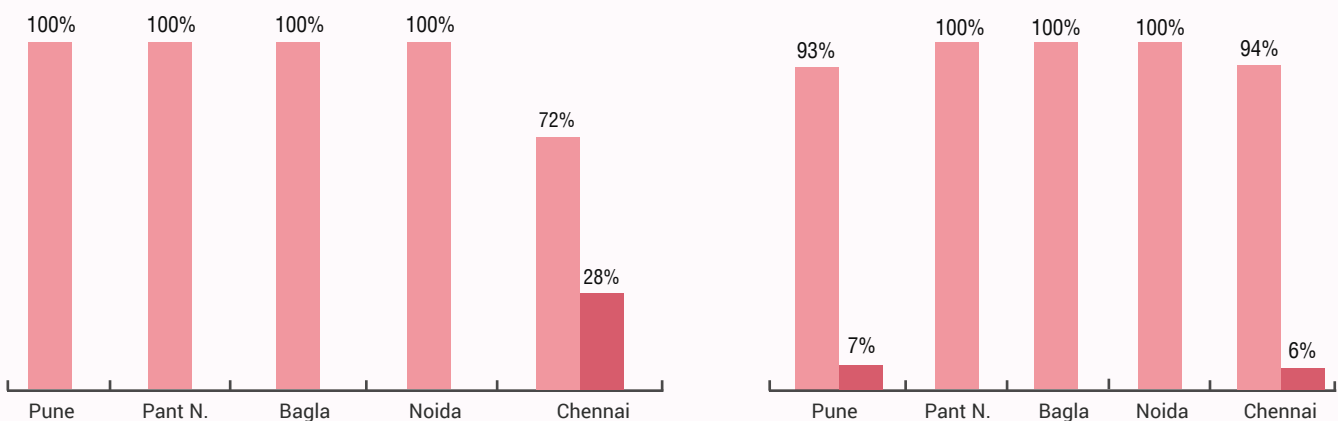
90%-80% of the respondents covered in pre-test and post-test were married



All the communities covered under the project had toilets in their households.

Do you have private toilets at your home?

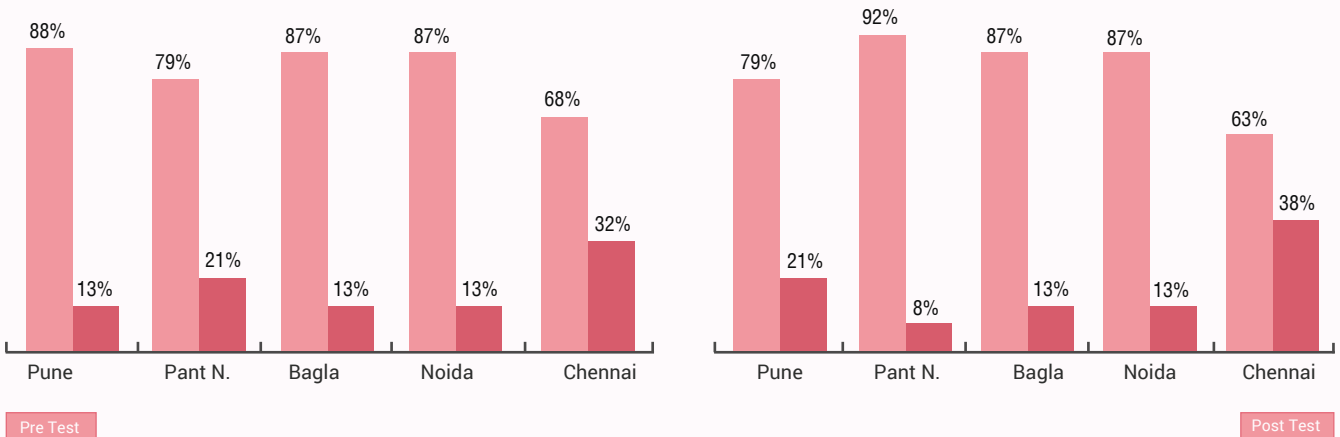
■ Yes ■ No



Is there regular flow of water in the toilets?

Except in Chennai location respondents from other location had regular water available in their toilets.

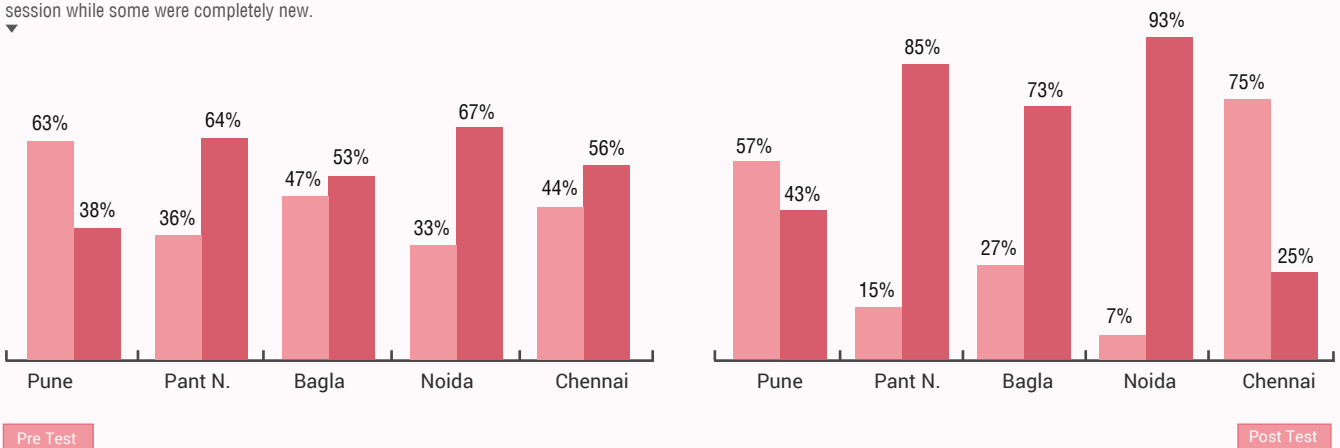
Yes No



Did you attended the last session?

In all the locations mixed batch of participants were received where some had attended the Phase-I session while some were completely new.

Yes No

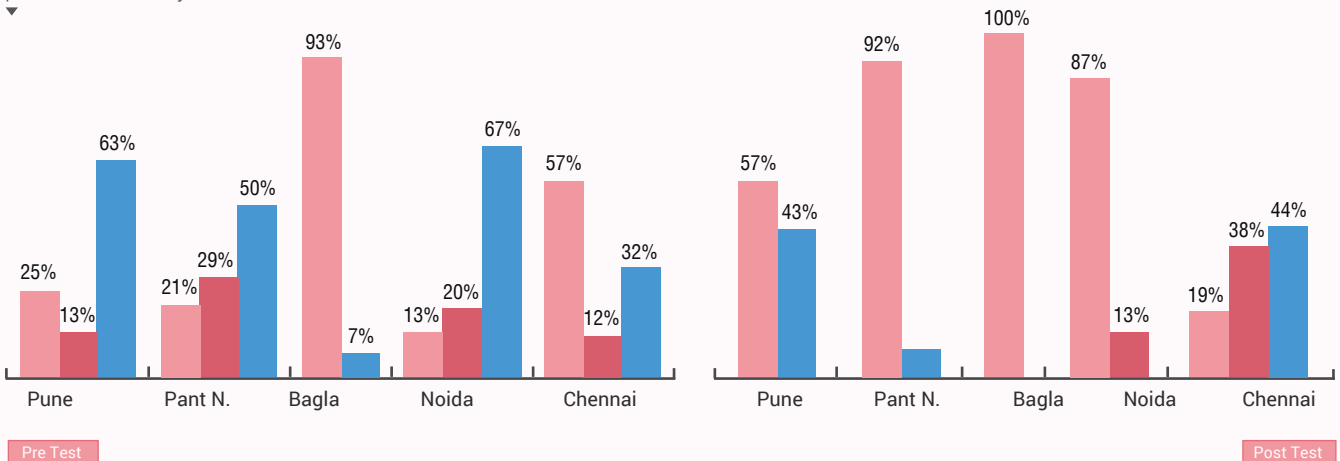


KNOWLEDGE ON FEMALE REPRODUCTIVE SYSTEM

How many ovaries does a female reproductive have?

2 More than 4 Don't know

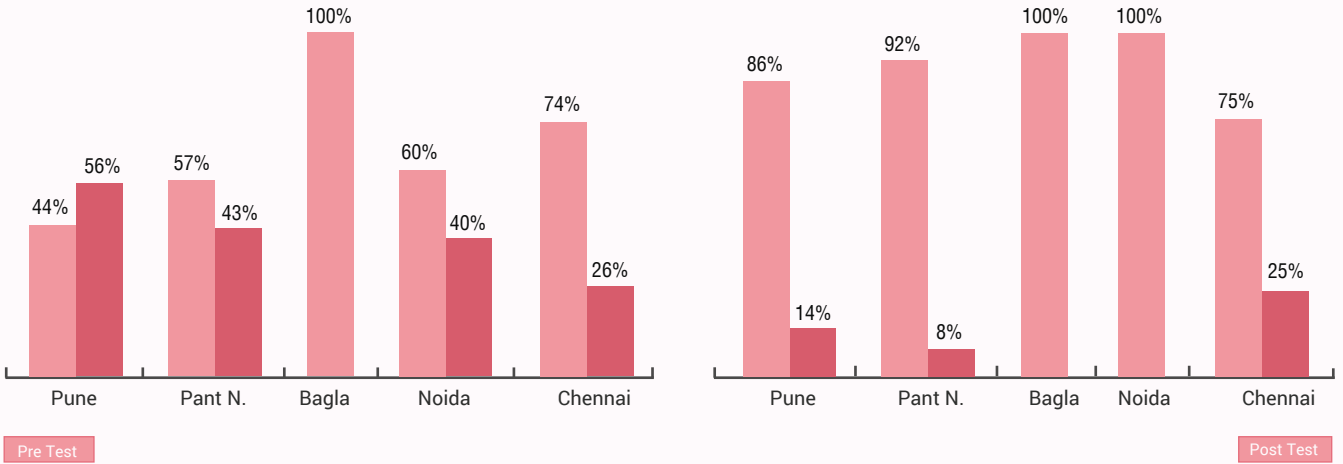
The respondents who had previously attended the Phase-I training were clear that they are 2 ovaries in a female reproductive organ. But post the session women were aware on the number of ovaries present in a female body.



How many ovaries does a female reproductive have?

Below Naval Don't know

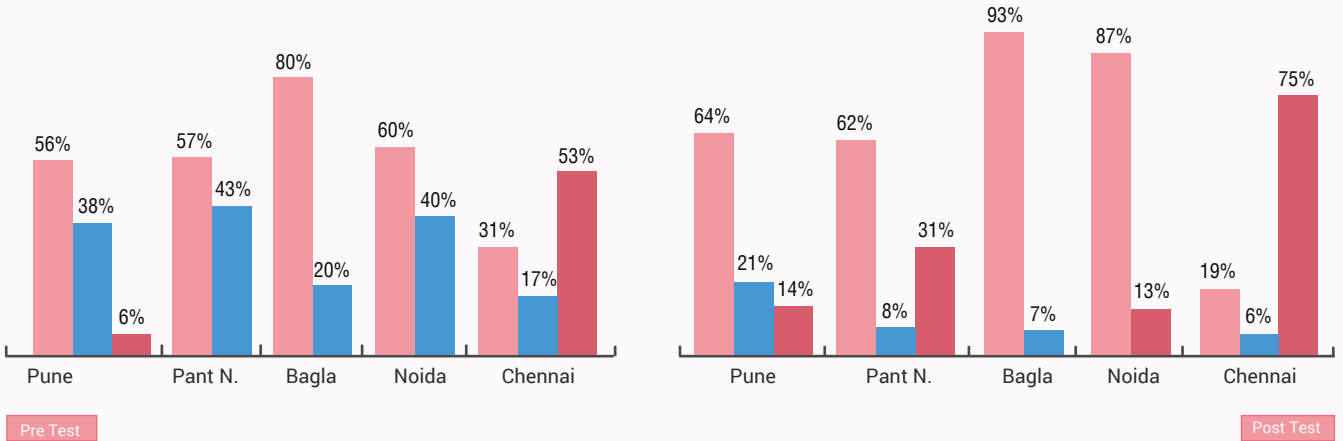
In almost all the locations women knew that the uterus is situated below the naval.



What is the size of uterus?

As a closed wrist size As a closed hand size Don't know

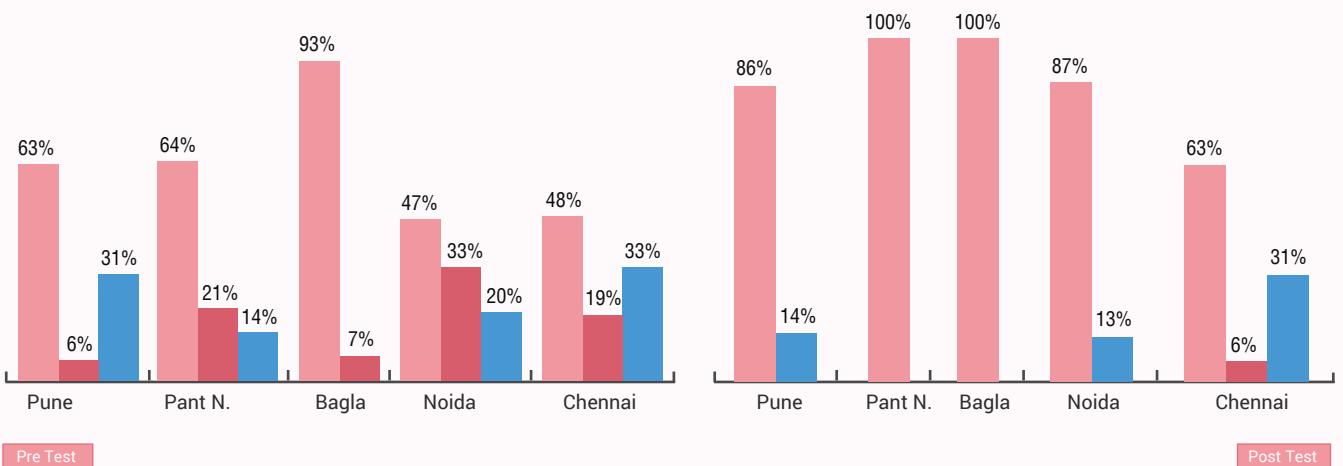
In almost all the locations women knew the size of the uterus.



Does a new born girl have reproductive system in her body?

Yes No Don't know

Most of the respondents were aware that a baby girl is born with a uterus

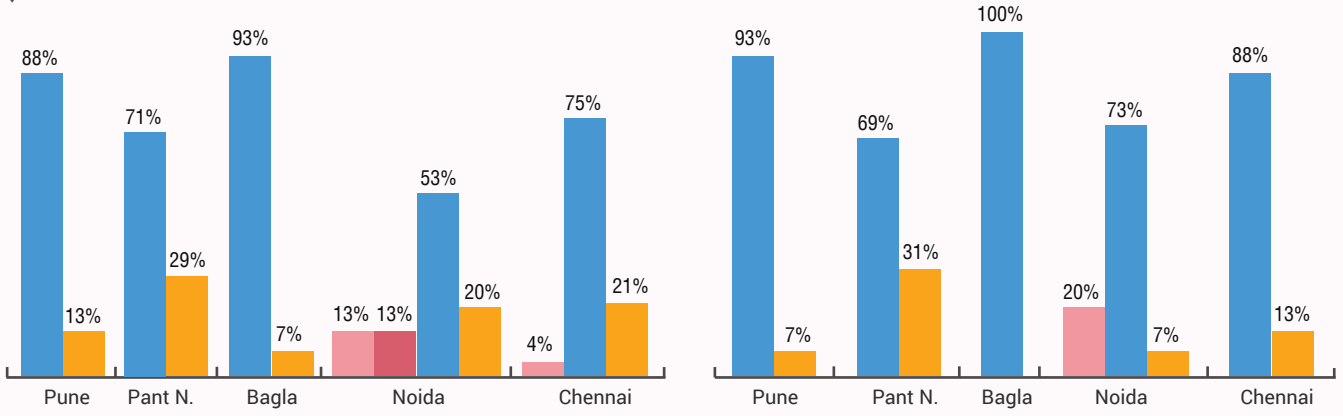


MENSTRUAL KNOWLEDGE

What is menstruation?

God curse Disease Natural process Don't know

60%-90% respondents were clear that menstruation is a natural process in a female body and is not a god curse to ladies.



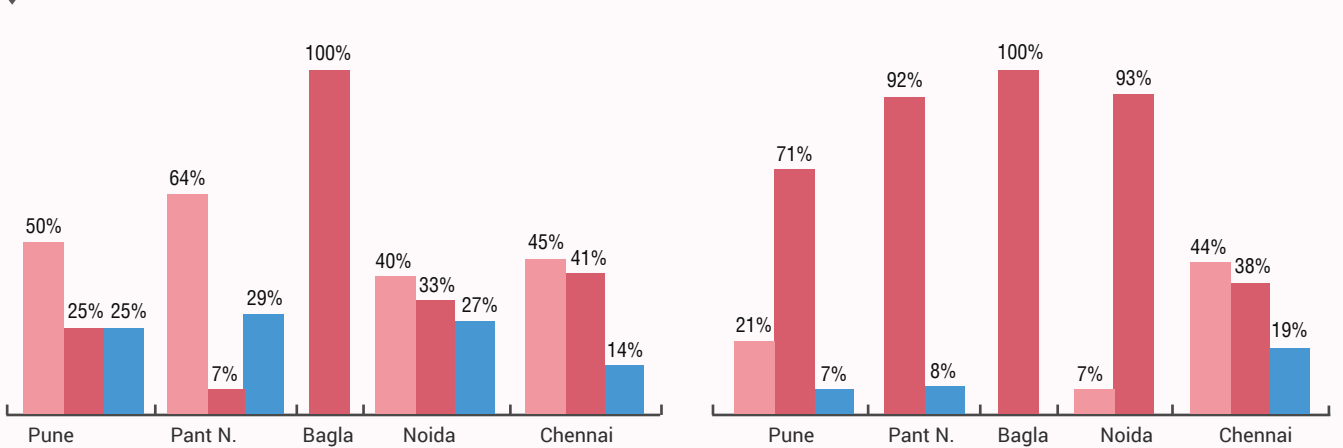
Pre Test

Post Test

Is menstrual blood dirty & impure?

Yes No Don't know

In the pre-test most of the respondents in Pune, Pantnagar, Noida & Chennai believed that menstruation blood is dirty and impure. However, the notion changed after training session.



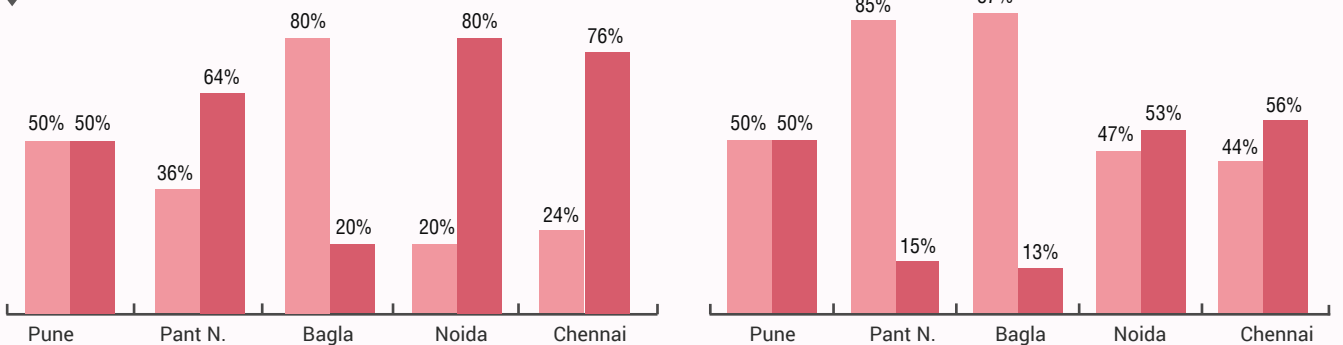
Pre Test

Post Test

What do you use during menstruation?

Cloth Sanitary pad

Cloth was commonly used in Pune & Bagla.



Pre Test

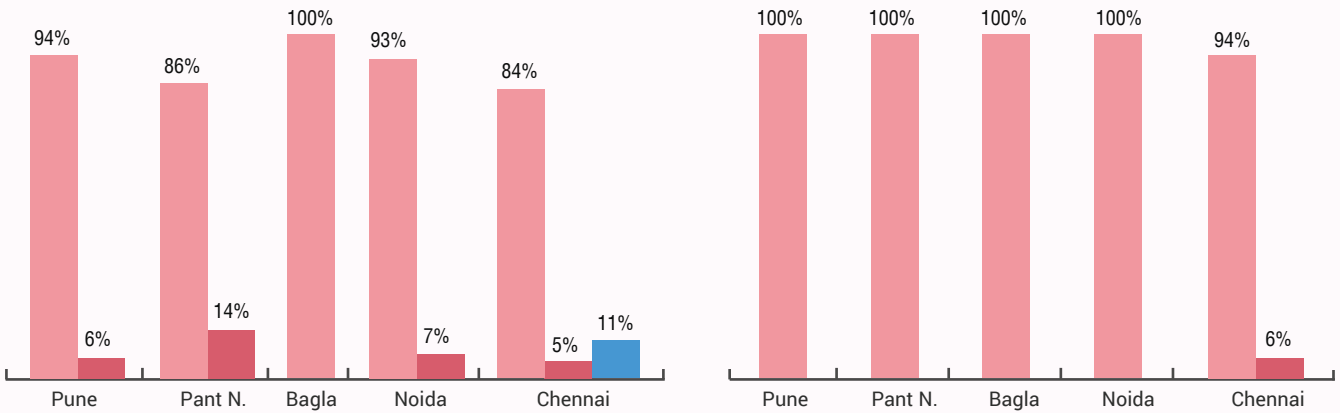
Post Test

HYGIENE PRACTICES

Which type of cloth should be used during menstruation?

The respondents were clear that only cotton cloth should be used during menstruation.

■ Cotton ■ Silk ■ Any Cloth



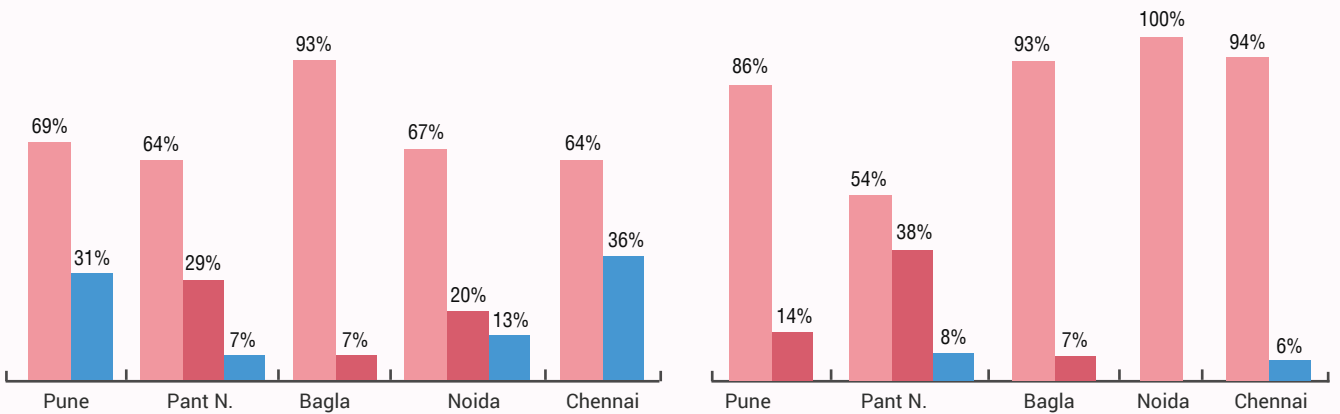
Pre Test

Post Test

What colour cloth should be used during menstruation?

60%-90% were clear that only white colour cloth should be used during menstruation as in case the colour of the blood is changed due to any health problem then it will be visibly in white colour cloth pad.

■ White ■ Any Color ■ Don't know



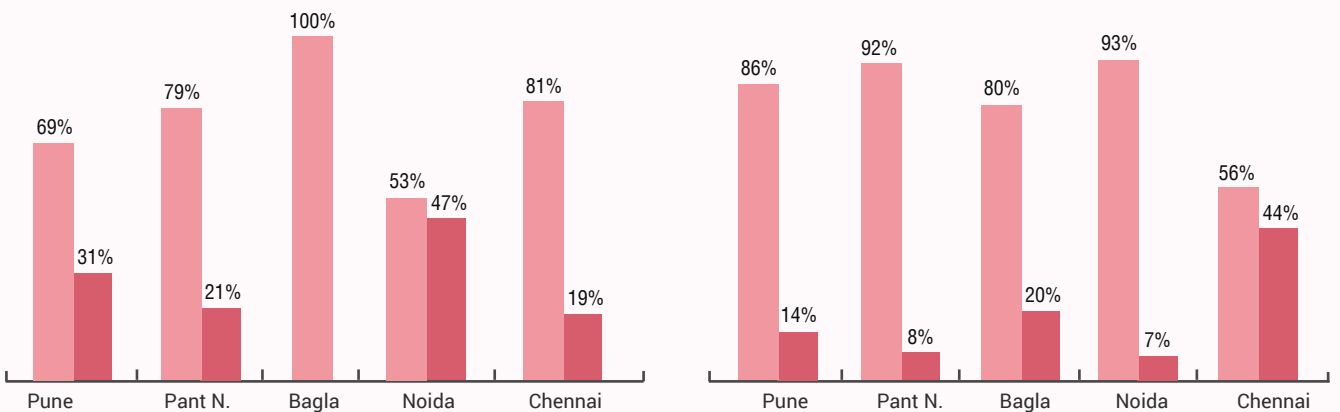
Pre Test

Post Test

Do you dry the used cloth in sun after washing it?

70%-90% respondents were clear that the used cloth should be dried in sun after washing it.

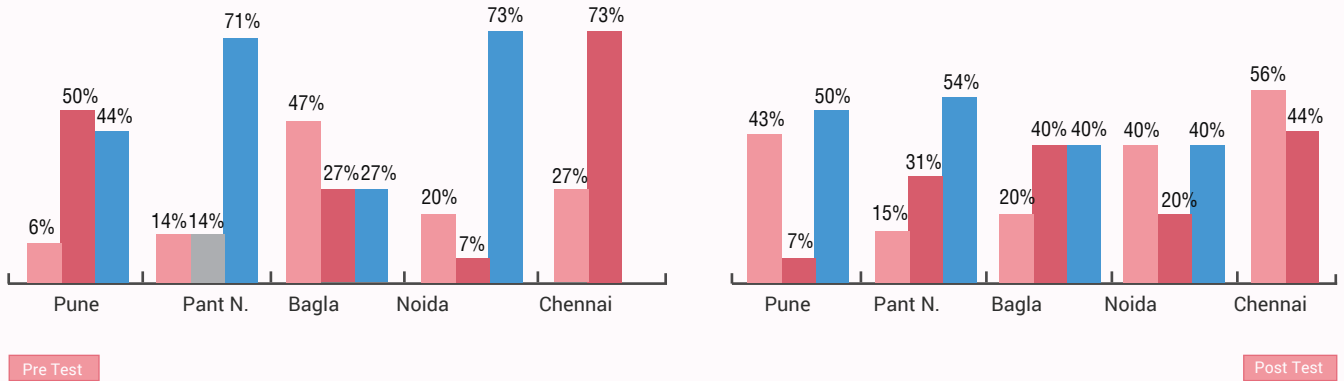
■ Yes ■ No



Have you heard about the below mentioned menstrual products?

Tampon She Cup Didn't Answer

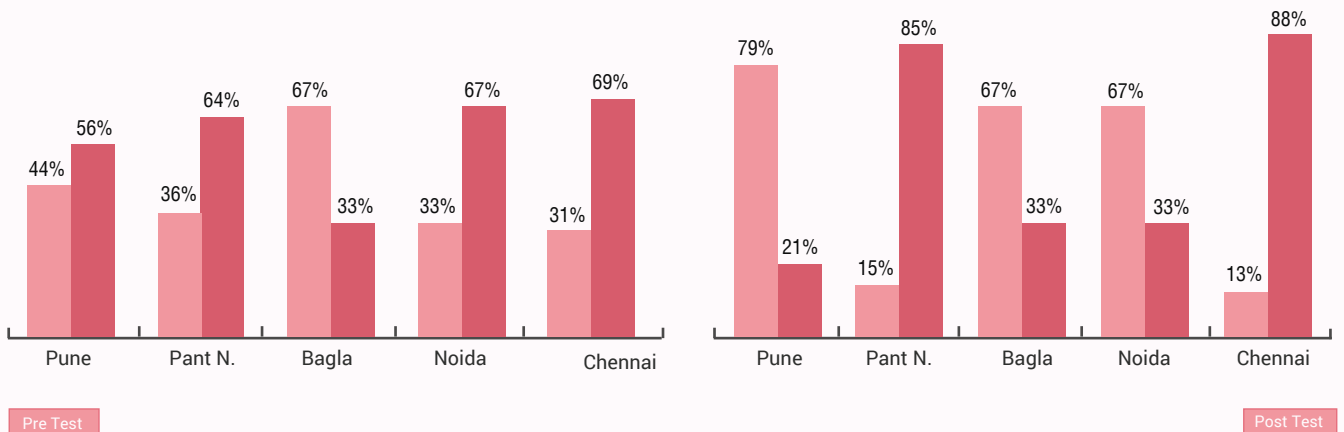
Most of the respondents got the first knowledge about tampon and she cup from the Phase-I training.



Do you visit the doctor in case of any problem related with menstruation?

Yes No

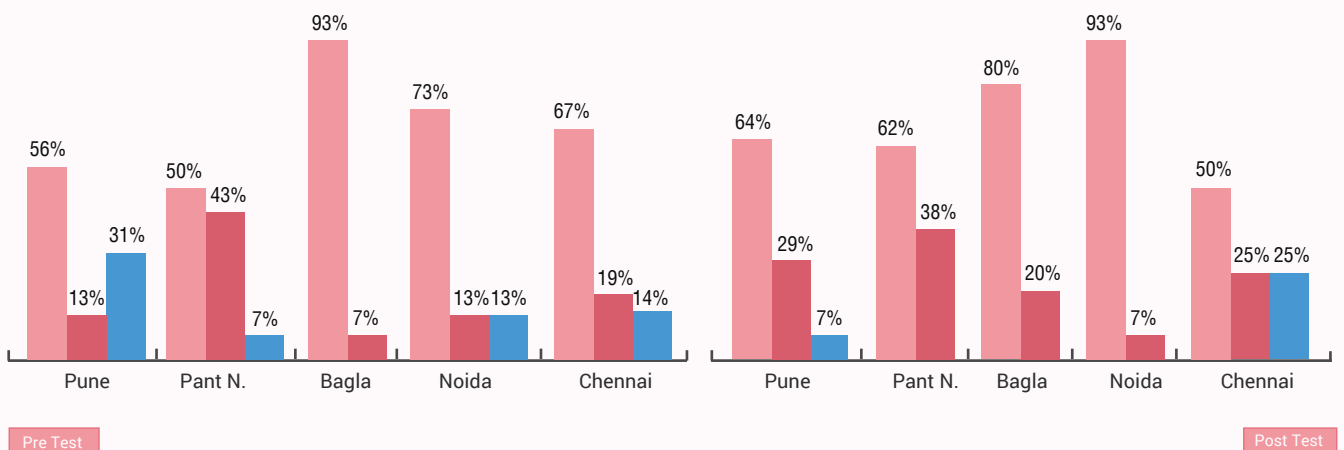
Very few respondents were visiting doctor in case of any problem related with menstruation. They were mostly relying on home remedies for any problem related with menstruation.



Is cloth pad good to be used during menstruation?

Yes No Don't know

Most of the respondents shared that cloth pad are good to use during menstruation.

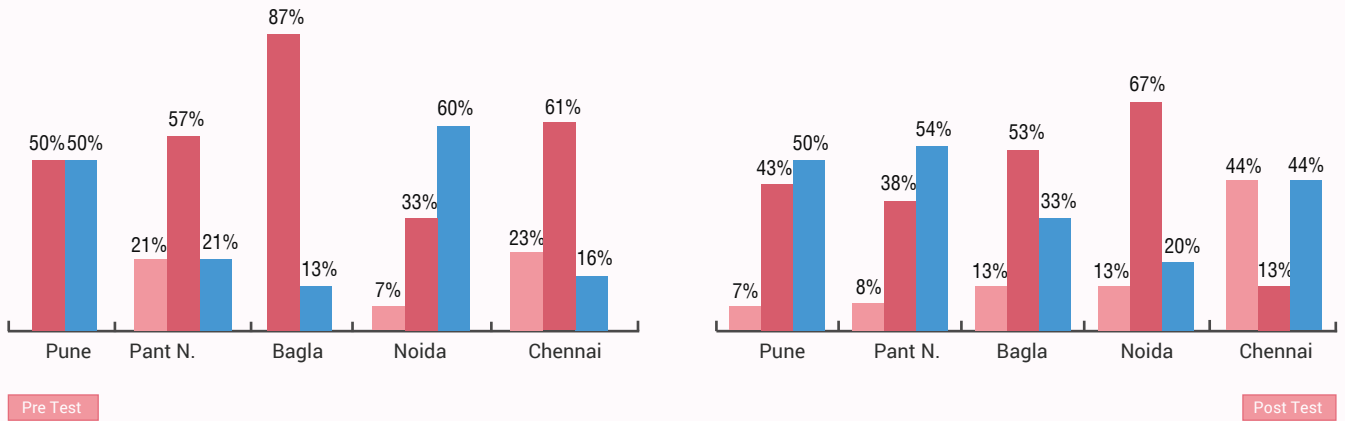


MYTHS & TABOOS

Has something unfortunate happened if you have visited any religious place or performed any religious activity during menstruation?

Yes No Never Attended/Performed

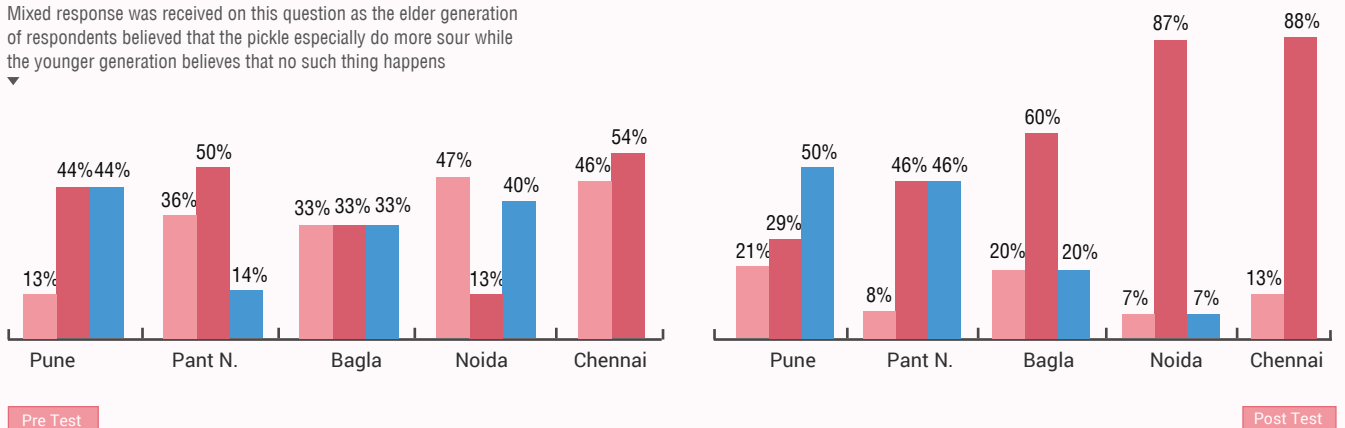
Most of the women above 25 years believed that they never tried doing anything like this because of fear that some misfortune will happen. While girls between 13-20 years believed no such mishappening happen.



Has papad or pickle turned sour or foul if you have touched them during menstruation?

Yes No Never Touched

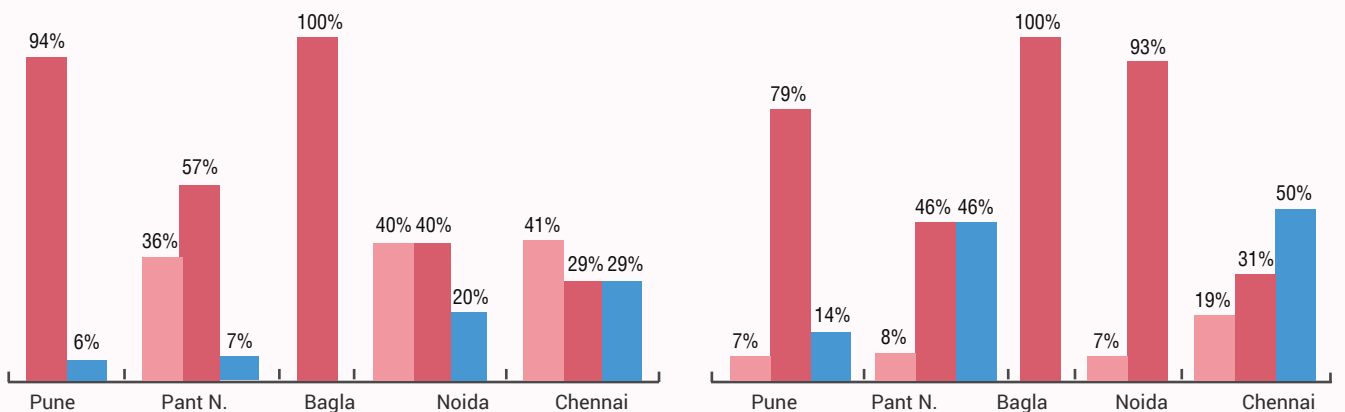
Mixed response was received on this question as the elder generation of respondents believed that the pickle especially do more sour while the younger generation believes that no such thing happens



Have you faced any health issues after eating any prohibited food during menstruation?

Yes No Never Eaten

Most of the respondents shared that though it is said to avoid certain kind of food during menstruation but as such no major health problem is faced if those foods are eaten during menstruation.

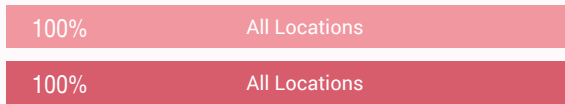


PRE & POST TEST ANALYSIS

ANGANWADI & ASHA WORKER-PHASE II

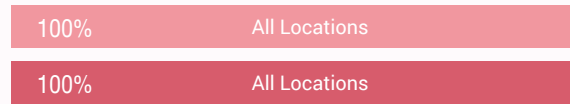
Do you have toilets at your home ?

Pre-Test Post Test



Is there proper water facility in your toilet?

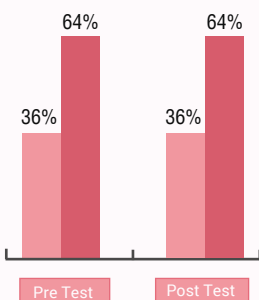
Pre-Test Post Test



Did you attended the previous session?

Yes No

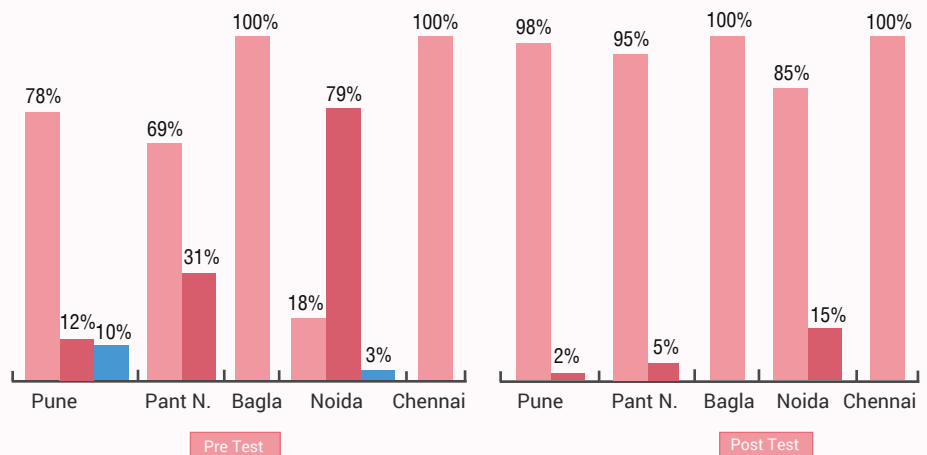
100% participations in all location except Pune.



How many ovaries does a female reproductive have?

Below Naval Don't know Not mentioned

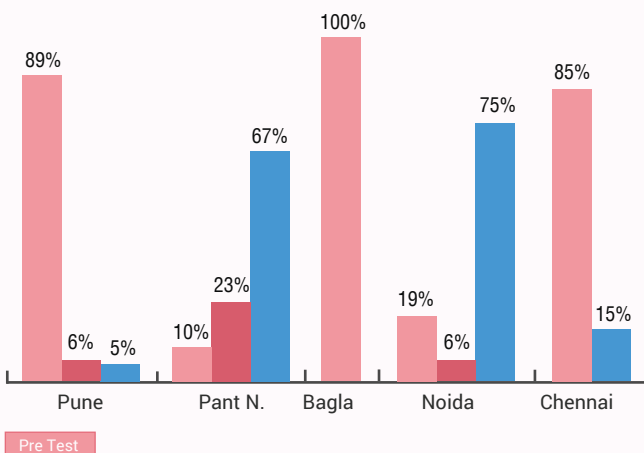
Since the respondents had attended previous session hence they were aware about the number of ovaries.



What is the size of uterus?

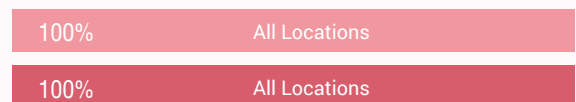
As a closed wrist size As a closed hand size Don't know

Here also the respondents were clear on the size of the uterus.



Is there a uterus in a born baby girl as well?

Pre-Test Post Test



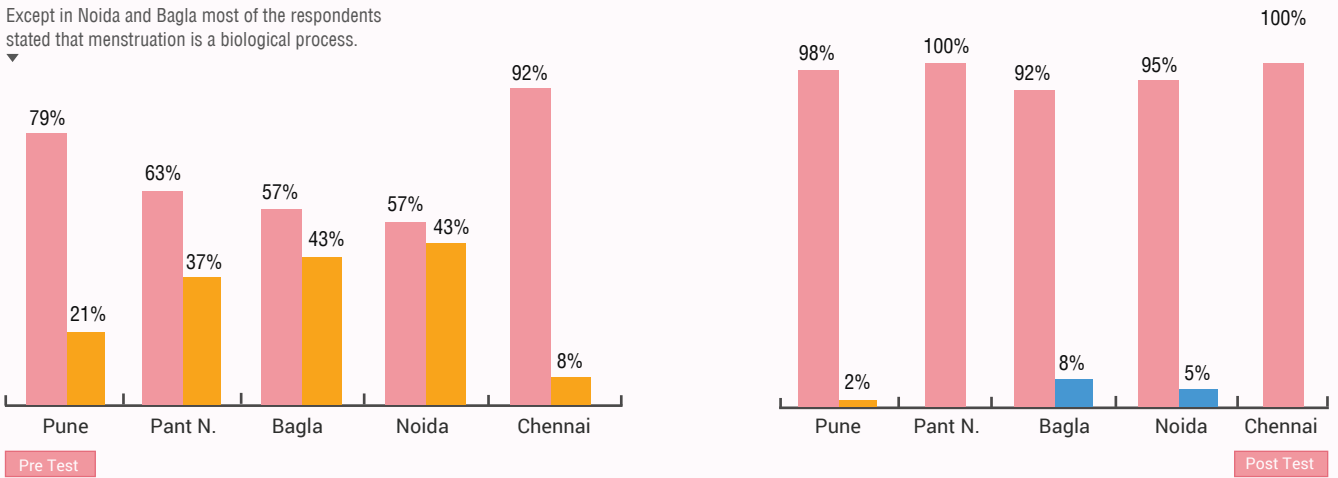
In post test 100% respondent stated that size of uterus is of a hand wrist.

MENSTRUAL KNOWLEDGE

What is menstruation?

■ Biological Process ■ God Curse ■ Others ■ Don't know

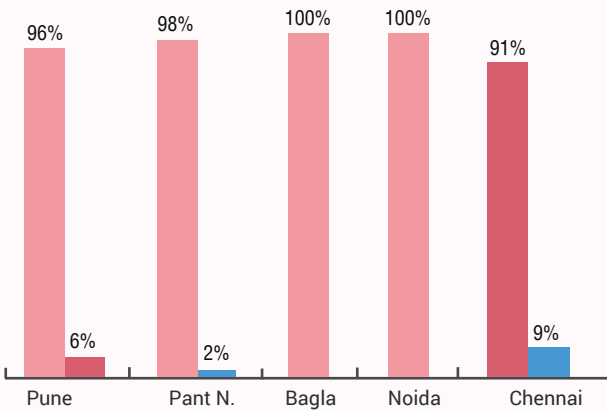
Except in Noida and Bagla most of the respondents stated that menstruation is a biological process.



Is menstrual blood dirty & impure?

■ Yes ■ No ■ Don't know

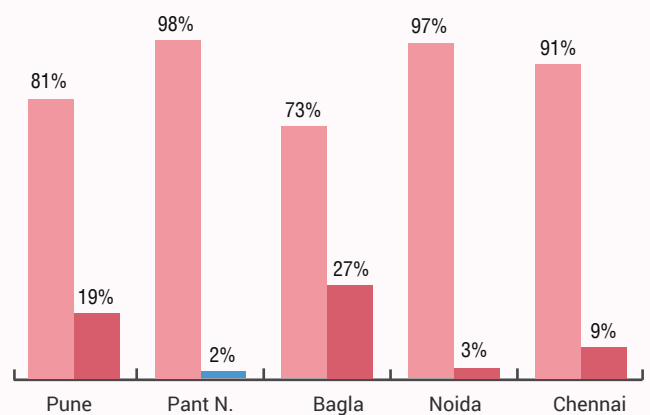
In post test 100% respondent stated that menstrual blood is dirty & impure.



Do you have regular periods?

■ Yes ■ No ■ Don't know

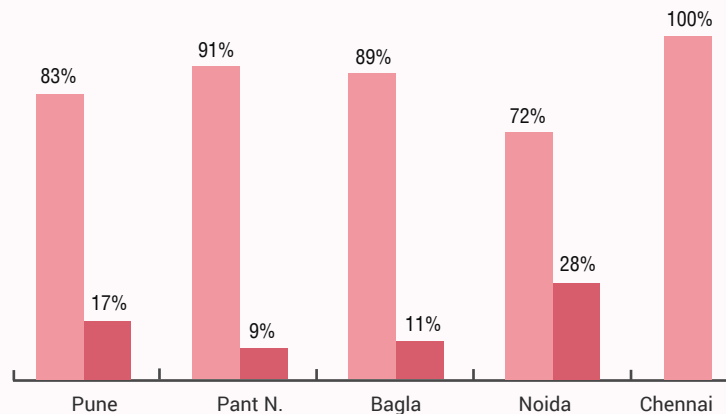
Since the age group of the respondents was between 25 to 45 years therefore their menstrual cycle was regular.



What do you use during menstruation?

■ Cloth ■ Sanitary pad

Due to water scarcity 100% respondents in Chennai were using sanitary napkin. ▶

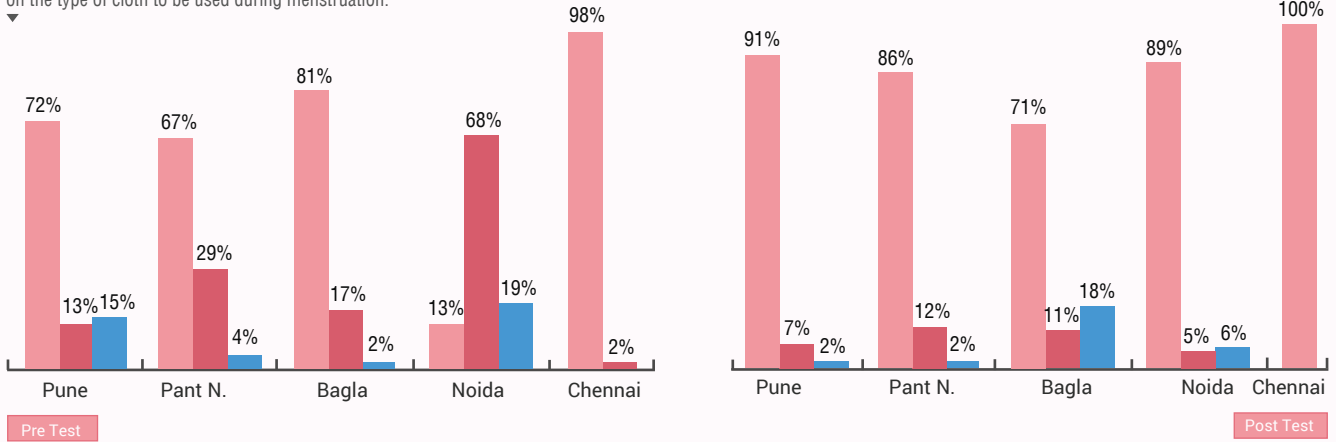


HYGIENE PRACTICES

Which type of cloth should be used during menstruation?

■ Cotton ■ Mixed ■ Any Cloth

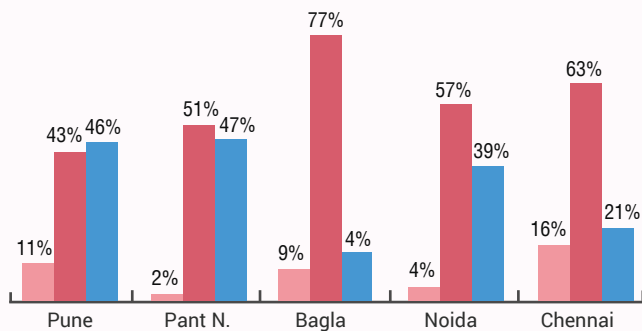
More or else in every location respondents were clear on the type of cloth to be used during menstruation.



What colour cloth should be used during menstruation?

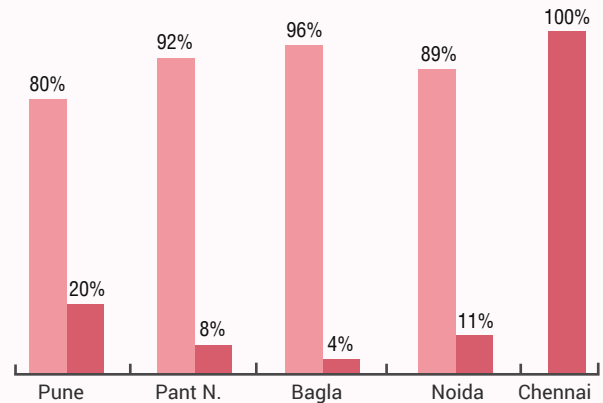
■ White ■ Any Color ■ Don't know

Before the session the respondents were in the knowledge of using any colour cloth to manage menstruation.



Do you dry your used washed menstruation cloth in sun?

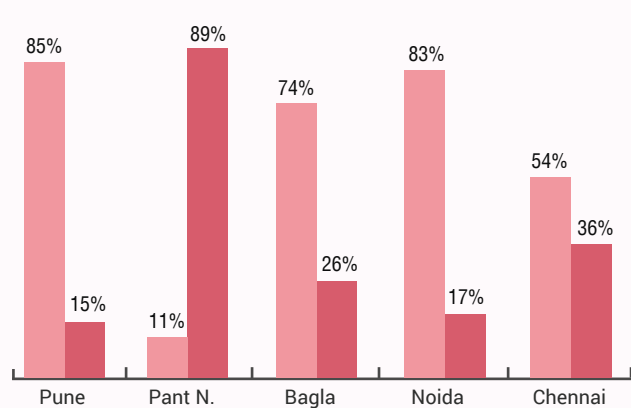
■ Yes ■ No



Do you go to doctor for any menstruation related problems?

■ Yes ■ No

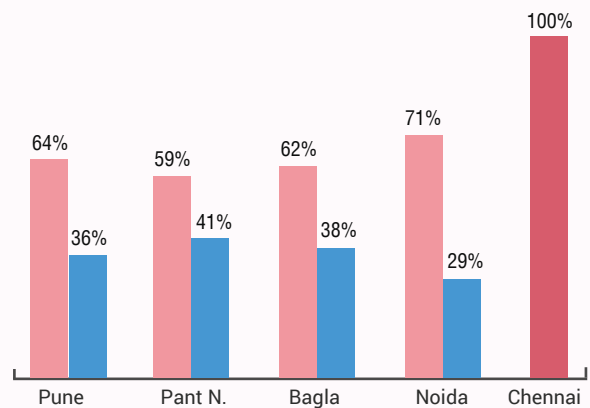
To this question a mixed response was seen where majority of the respondents were not in the habit of consulting a doctor.



Do you like using cloth pad during menstruation?

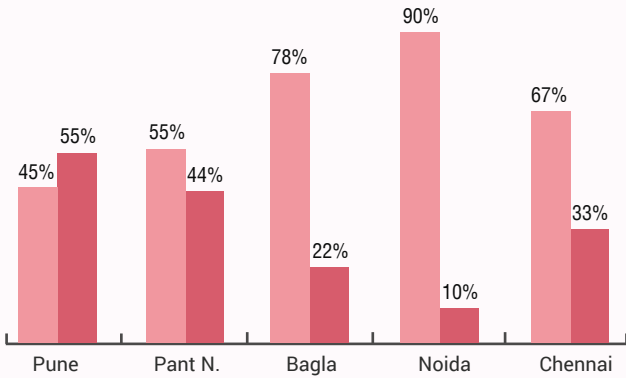
■ Yes ■ No ■ Never used

In pre test 100% respondent stated that they never used cloth pad during menstruation.



Do you visit religious place or attend any religious activity during menstruation?

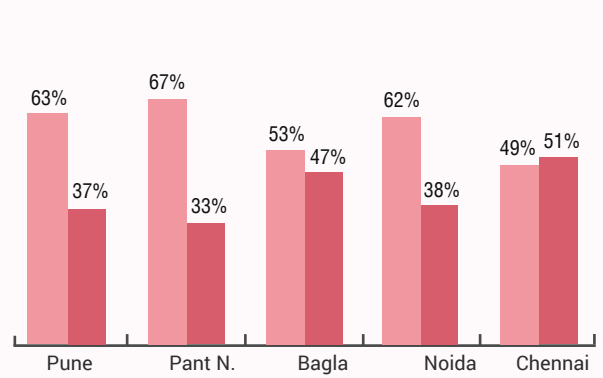
Yes No Never attended



Pre Test

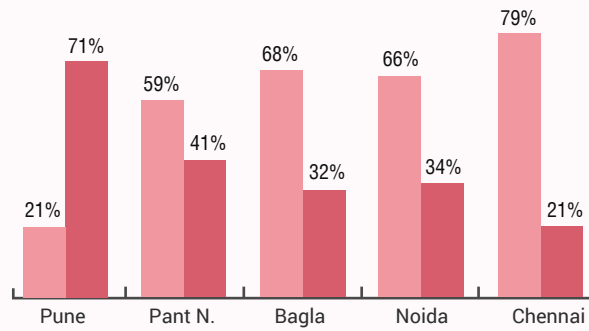
Do you touch pickle or papad during menstruation?

Yes No Never attended



Do you avoid any particular food during menstruation?

Yes No



PROJECT IMPACT

Body Knowledge

- 90% of participants were aware about the number of ovaries present in a female body.
- In all the locations almost 90% of participants were aware that uterus in a female body is situated below naval.
- 60% of participants knew the size of uterus.
- 100% of participants were clear that new born girls are also born with uterus in their body.

Menstruation Knowledge

- 90% of participants now understood menstruation as a natural biological process.
- 90% post the training started believing that menstruation blood is dirty.

Menstruation Hygiene

- 90% of participants believed that only cotton cloth should be used for managing menstruation.
- 90% of participants agreed that the used cloth should be properly washed and dried in sun for re-use.
- 60% agreed that using cloth menstruation is good for health.

Myths & Taboos

- The myths and taboos practices differed from location to location, age-group and family type.
- The participants who were living in nuclear or were young in age neither practiced or believed the taboos of touching papad or pickle.
- However, washing hair after 3rd or 4th day was common in most of the location.
- The participants believed in eating all kinds of foods during menstruation.



IMPACT CREATED

Inputs	Activities	Outputs	Outcomes		Impacts
			Short Term	Long Term	
<ul style="list-style-type: none"> • The timeline of training can be increased for more detailed trainings. • The frequency of the second phase should be within 3 months of the first phase. 	<ul style="list-style-type: none"> • Conducting training for women and adolescents girls on menstrual hygiene. • Prior to training and post the training a knowledge mapping exercise is performed. • Training the participants on making cloth sanitary pad. 	<ul style="list-style-type: none"> • Total 1372 of women and adolescents girls trained in FY 17-19. 	<ul style="list-style-type: none"> • Enhancing the knowledge of participants on the biological process of menstruation. 	<ul style="list-style-type: none"> • Increasing a self of confidence to understand and ability to make others understand about menstruation. 	<ul style="list-style-type: none"> • Total 1372 of women and adolescents girls trained in FY 17-19.
			<ul style="list-style-type: none"> • Ensured that menstruation is not a curse. 	<ul style="list-style-type: none"> • An educated women will lead to the development of her family. 	
			<ul style="list-style-type: none"> • No longer are women ashamed of discussing menstruation among themselves. 	<ul style="list-style-type: none"> • They can discuss about menstruation with their daughters or other girls who are about to reach their puberty. 	
			<ul style="list-style-type: none"> • Discussion on religious and cultural taboos with respect to their scientific authenticity 	<ul style="list-style-type: none"> • In due course of time some religious taboos with respect to touching of certain food items and avoiding certain foods will be less followed. 	
			<ul style="list-style-type: none"> • Training on stitching a proper cloth pad to manage menstruation. 	<ul style="list-style-type: none"> • Unhygienic cloth pad will no longer be used to manage menstruation. Cloth pads with better finishing will be used. 	

COMMUNITY FEEDBACKS



“ When we got our first menstruation we had no one who can tell what menstruation is. Training like these make a difference as they inform and enhance a girl’s knowledge towards this subject and how as society members we should accept menstruation as a normal course. ”

Aarti Devi
(Active community member)



“ No logical explanation is given to us when we receive a first period we are only told that it’s a process which will happen to us on monthly basis and out of the two products we are given either pad or cloth. This session tells us that why we have monthly cycle and how best we can manage our menstruation. It’s a great learning and I will tell this to my daughter as well. ”

Anusuiya Devdasi
(Pune session participant)



“ We learnt about our own development and growth. ”

Deepika
(Chennai participant adolescent)



“ As a social health worker we regularly interact with community. However through this training we have realized that our objective should be to discuss all aspects of a woman health in order to promote overall well-being. ”

Savita Mali
(Noida Asha worker)



“ Thanks for bringing this topic within us and especially discussing it in context of hygiene. ”

Sujitha
(Chennai participant adolescent)



“ There are lot of stories related to a menstruating woman, I myself coming from a society where menstruation is a taboo restricts our mobility. But by attending this training I have realized that atleast we can give away with certain physical taboos that are not directed to menstruation course. ”

Yasmeen Khatun
(Noida session participant)



“ The shyness to talk about menstruation is no more there. Through the apron activity I was able to understand the entire biological process clearly. I will talk about this among my friends as well so that they can also clearly understand about menstruation. ”

Rinki
(Noida session participant adolescent)



“ Earlier we had so many questions regarding menstruation but from today our minds are clear. ”

Sushila
(Pantnagar session participant)



“ As young girls we can't talk about the same even with our mothers. We feel shy to talk about in front of our elders even if they are women. But today the training cleared most of our question on the subject. Now I can explain the same to my friends as well. ”

Sheema
(Pantnagar session participant adolescent)



“ I have been using cloth since my menstruation started and I have never used a sanitary napkin. As disposing sanitary napkin is a problem. After coming here I have learnt to stitch my own cloth pad. ”

Fasha Bai Chatur
(Pune session participant)



“ We are happy to come here and learn something in respect to menstruation. It's a great opportunity for all of us to come together and understand & accept menstruation as a natural process in our lives. ”

Saugita Nanaji Paalmand Sevika
(Pune Asha Worker)



“ Due to financial constraints I use both cloth and sanitary napkin. I use the pads which my daughter get free of cost from her school. However due to limitation in number she uses sanitary napkin more as she has to go to school. Through this training I have learnt cloth pad making which will be helpful. ”

Reema Rai
(Noida session participant)



“ The session was enriching as it gave us lot of clarity and information on the aspects of menstruation. Never thought that menstruation is plays so many roles in our body. ”

Mamta
(Pantnagar session participant)



“ In our times it was not felt necessary to talk about the issue. We didn't had the courage to discuss with the mother; but now as times have changed girls are eager to know more the issue and we don't have the required knowledge. But this training gave me the right knowledge which now I can share with my daughters. ”

Manju
(Pantnagar session participant)



“ We are happy to participate in the training session and learn about new things. The issue which we never to speak about have such importance in our lives was not known to us. ”

Anjali
(Pantnagar session participant)



“ I have never seen a male talking on menstruation so freely and extensively. I have learnt to make cloth pad and I am sure that after the session I will try stitching the same at my home and use cloth pads to manage my menstrual cycle. ”

Sarika Somnath Shinde
(Pantnagar session participant adolescent)



“ We were not able to talk about it with anyone in the family. But now we know what is happens to us every month. ”

Nirmal
(Bagla session participant)

RECOMMENDATIONS

1

Based on our pre-test and post-test with Anganwadi and Asha workers we recommend to have a separate knowledge awareness session with the Anganwadi and Asha workers of our target regions. In most of the locations currently, the Anganwadi and Asha workers are thinking and practicing like community members. Hence, it becomes essential to conduct 1-2 sessions with them to align their knowledge and open them on the issues. A separate session plan should be prepared for them.

2

Impact session is recommended with the previous session community participants, as it will assist in understanding the knowledge, behavioral and practical change within the community. Overall it will help in formulating the steps further of program implementation wherein through the community feedbacks the future course of action can be decided.

3

The 3rd phase to be planned at more regular intervals as this will help in maintaining the continuity between the two sessions. With sessions in major time gap, it is liable that the participants change and the continuity tends to break.

4

For the 3rd phase the group can be pre-decided as in some locations the number of participants exceed beyond expectation. Hence, in the next phase the participant's number can be pre-decided this will assist in further planning the course modules and required training material.

5

During the sessions lot of community members shared problem with respect to their menstruation such as irregular periods, excessive white discharge, pain in the abdomen, pain in vagina etc. They shared that they needed medical assistance on the same. Hence, after the sessions health camp with a gynecologist can be planned where we can share the respective problems of the community with the gynecologist.

6

The sessions now can be expanded to reproductive health related infections and their symptoms. As already Spark Minda is conducting awareness on family planning and menstruation it will be better to include the common infections and their symptoms. This will help in further strengthening the community knowledge where they can know when to take proper medical attention.

7

The tools of training such as the seedhi sachi baat (knowledge booklet) and kavad (menstruation wheel) can be displayed at the Aaksharn center for students of the centers to read. This will help in expand the project approach as the center batch changes from 1 month-3 months.

8

Before the initiation of session on the day we can show a small video of Spark Minda Foundation CSR initiatives. This will assist in creating awareness among the community about the company. Helping the community to relate with the Spark Minda as a brand.

PROJECT TEAM MESSAGE



M.K. Pajan
CSR committee member
Spark Minda Group

Every year we plan and implement CSR initiatives that place great emphasizes on improving the living conditions of the underprivileged either it is by enhancing their skills, providing facilities to improve their health and education parameters or providing them adequate knowledge. The “WE” program in one such initiative which is dedicated towards the issue of women health. Women health can be holistically improved not just by providing healthcare facilities or services but also by improving knowledge levels of society.



Praveen Karn
Head-Group CSR
Spark Minda Group

One crucial aim of Spark Minda CSR philosophy is to work towards empowerment in its related community. Whether it is about empowering our employees/client or empowering the nearby community in which we work. We continuously focused to introduce measures that uplift the community from their existing situation. Through “WE” we are definitely aiming the women community to lift from their existing knowledge and embrace the knowledge which further improves their health conditions.



Dr. Pradip Kr. Sarmah
Advisor
GlobalHunt Foundation

GlobalHunt Foundation as a CSR program implementer is committed towards promoting sustainable principles among the society. “WE” program is a program, which seeks close collaboration with the community on the issue, which is relevant for women health. The project is a consortium of like-minded stakeholders who are working towards women empowerment. In the next phase of the project we are hopeful to include more stakeholder such as CDPO and other government agencies who are working towards women and child health.



Smriti Kedia
Project Head,
Jatan Sansthan

Jatan Sansthan and especially its unit “Uger” since 2011 has been working towards bringing back the sustainable practice of using cloth pad. Our experience in the villages showed that women of economically weak background are using very unhealthy materials such as plastic filled with ash to manage their menstrual blood. They were not aware on the use of cloth as a sanitary pad, which is hygiene and reusable. Moreover, we believe in making cloth pad stitching as an economic activity for the women group who are interested in facilitating the product to their own community. The “WE” programme is one such intervention, which has contributed a lot to diverse members of the community in understanding how with the menstruation awareness they can be empowered with knowledge and economically.







PROJECT TEAM

Spark Minda, Spark Minda Group Group

Sarika Minda
Chairperson

M.K. Pajan
Advisor

Praveen Karn
Head-Group CSR

Pallavi Hatwal
Assistant Manager-CSR

GlobalHunt Foundation

Tanu Goel
Director

Dr. Pradip Kumar Sarmah
Advisor

Mehak Kaushik
Programme Coordinator

Megha Kaushik
Programme Coordinator

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