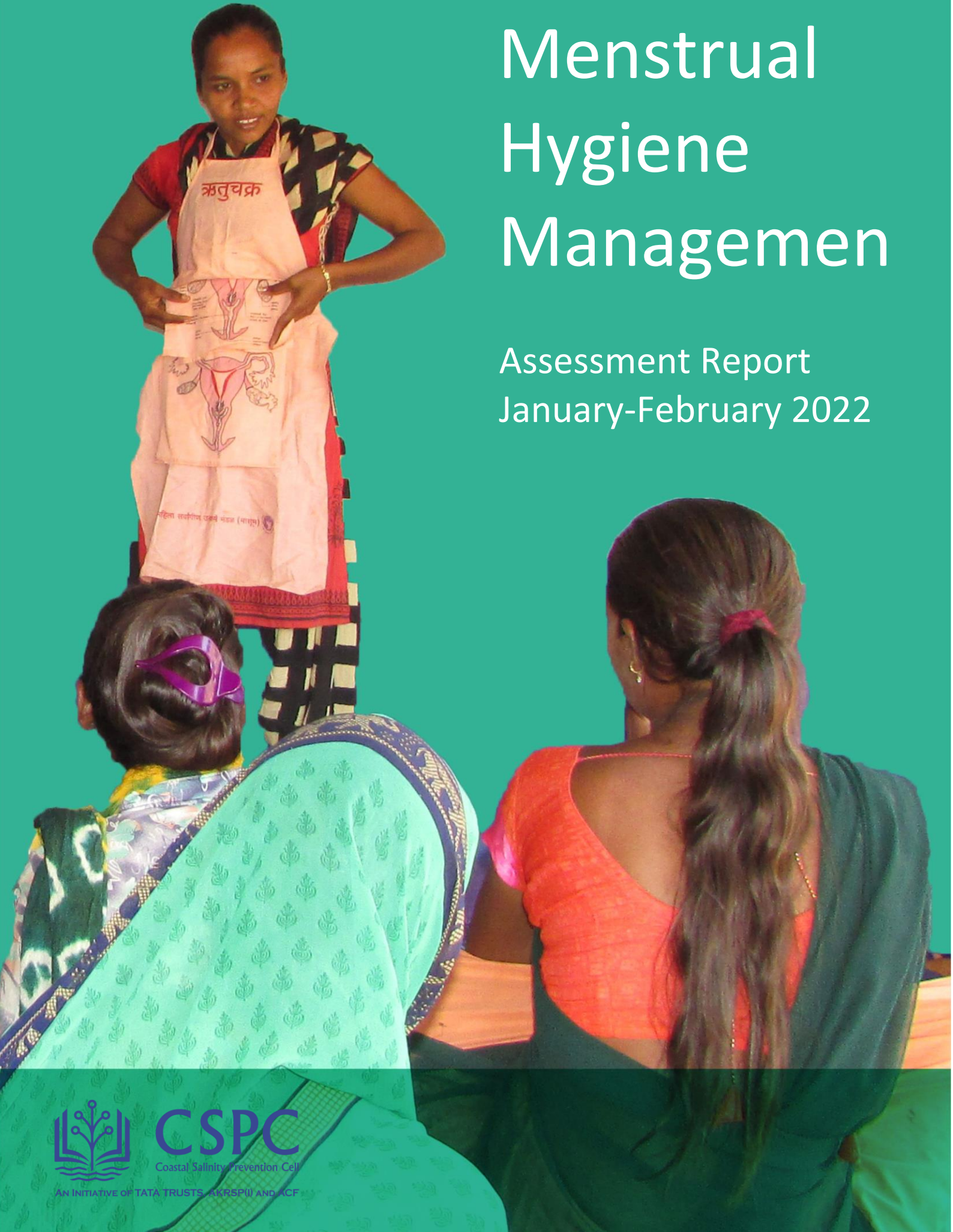


Menstrual Hygiene Management

Assessment Report
January-February 2022



CSPC

Coastal Salinity Prevention Cell

AN INITIATIVE OF TATA TRUSTS, AKRSP (I) AND ACF

Menstrual Hygiene Management

in Bhavnagar district, Gujarat

Assessment Report
January-February 2022



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Our special gratitude to all the adolescent girls, adult women, ASHAs, AWWs and teachers for their support and cooperation during the study.

ABBREVIATIONS



ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BLS	Baseline Survey
BCC	Behaviour Change Communication
CSPC	Coastal Salinity Prevention Cell
FGD	Focus Group Discussion
KII	Key Informant Interview
MHM	Menstrual Hygiene Management
MLS	Midline Survey
RTI	Reproductive Tract Infection
SDGs	Sustainable Development Goals
SHGs	Self Help Groups
TWM	Tata Water Mission

EXECUTIVE SUMMARY



Menstrual blood is the only source of blood that is not traumatically induced. Yet in modern society, this is the most hidden blood, the one so rarely spoken of and almost never seen, except privately seen by women.

Judy Grahn

Educating adolescent girls on menstrual health can have a long-lasting effect on women's health and well-being. However, in India, menstruation and menstrual practices is a sensitive subject and remains a taboo. Lack of knowledge, socio-cultural factors and infrastructure limitations has a bearing on the personal and menstrual hygiene management of adolescent girls and women, leading to increased risk of Reproductive Tract Infections (RTIs), psycho-social stress, gender inequalities thereby contributing to absenteeism/dropout from the school and in work place. Creating awareness and increasing access to safe infrastructural facilities, menstrual processes, menstrual hygiene, usage and safe disposal of sanitary products are therefore crucial for menstrual hygiene management.

With this realization, CSPC initiated structured work on Menstrual Hygiene Management (MHM) in 2018 in five coastal districts of Gujarat through a range of activities. The activities included capacity building of field team to facilitate awareness of adolescent girls and women on menstruation, premenstrual syndrome and products, myths and taboos associated with menstruation and safe hygienic practices. In addition, the other activities that were carried out included regular health check-ups of adolescent girls and women, facilitating access to sanitary products through production and selling of cloth pads by Self Help Groups (SHGs) and couple counselling to sensitise male partners on menstruation. To assess the impact of the interventions, the current study was conducted in five intervention villages of Bhavnagar district, Gujarat. The study aimed to examine the efficacy in terms of knowledge, attitude and practices in relation to MHM following the interventions as well as explore opportunities, challenges and recommendations for further improvements.

For the purpose of the study, a 30% sample representation from five intervention villages and two control villages of Bhavnagar district, Gujarat was considered. The study used both quantitative and qualitative methods of inquiry and data collection which was primarily through a structured questionnaire and focus group discussion. Tools developed for the study were administered with adolescent girls and adult women from the intervention group and control group to understand the impact of the project activities. Experiences of adolescent girls and women post programmatic interventions have also been captured. The findings from the Baseline and Midline reports and data from the control villages were also taken into consideration for a comparative analysis.

DEMOGRAPHIC PROFILE

- Responses from 179 adolescent girls and adult women between the age of 14 to 47 years were collected. To triangulate the data, qualitative responses through interaction with beneficiaries, FGDs, phone-in interactions, voices and testimonies were collected. The baseline and midline reports were also reviewed.
- Out of the total respondents, 143 responses were collected, out of which 39 adolescents and 104 adult women from the five intervention villages were covered. Rest 36 responses (3 adolescent

girls and 33 adult women) were collected from two control villages. There were more married respondents than unmarried one.

- Out of the 143 responses collected from the intervention villages, 43% had completed primary education, 15% had completed secondary education, 26% had completed higher secondary education and around 8% had attained graduation/post graduation and 8% were illiterate.
- Out of the 36 responses collected from the control villages, 56% had completed primary education, 14% had completed secondary education, 17% had completed higher secondary education and around 8% had attained graduation/post graduation and 6% were illiterate.
- In the intervention villages, 85% adolescent girls and 95% adult women reported having toilets and bathrooms in their houses, whereas in the control villages 67% adolescent girls reported having toilets and all girls reported having bathrooms in their houses. In the adult category, 76% adult women reported having toilets and around 78% mentioned having bathrooms in their houses.

KEY FINDINGS

Knowledge about menstruation

Access to accurate information is an essential pre-requisite for practising and managing menstrual hygiene. The MHM activities conducted in the intervention villages aimed to enhance knowledge on menstruation and menstrual processes, break the myths and taboos associated to menstruation.

- From the study sample in the intervention villages, all adolescent girls and adult women were menstruating and aware of menstruation and the menstruation process. There is an increase in the values compared to the midline assessment. All the respondents were aware of age at menarche and menopause. Whereas in the control villages, 67% adolescent girls and 85% adult women were aware of menstruation. None of the adolescent girls in the control villages were aware of the menstruation process and only 48% of adult women were aware about it.
- Adolescent girls and women from the study sample in the intervention villages had a fair idea about the source of bleeding with 97% adolescent girls and 63% adult women answering correctly about the source of bleeding. In contrast, in the control villages, only 67% adolescent girls and only 45% adult women were able to respond correctly. The current study found that 97% adolescent girls and 94% adult women in the intervention villages considered menstruation, a natural process, whereas in the control villages, none of the adolescent girls considered menstruation a natural process. Only a meagre 12% adult women considered it a natural process.

Types of menstrual products used, its management and hygiene practices

Accessibility of hygienic menstrual absorbents or products and availability of infrastructural facilities are important determinant for practising menstrual hygiene. The interventions in the study area aimed at enhancing understanding on use of clean and safe menstrual absorbents and safe disposal methods. Promotion of locally made cloth pads through SHGs and safe disposal methods helped in improving MHM practices.

- In the intervention villages, out of the study sample, 80% of respondents use cloth/cloth pad and 20% use both (sanitary pad and cloth). Whereas, in the control villages, 92% of the study sample use cloth/cloth pad and 8% use both (sanitary pad and cloth)
- In the intervention villages, from respondents who use cloth/cloth pad, a clear majority of girls and women use cotton cloth. The usage of time piece (flannel – a dark coloured cloth sold in market as menstrual absorbent) has considerably decreased from 75% in the baseline to 17% in the intervention villages and the rest use absorbents made of polyester cloth or woollen cloth. In the control villages, from the respondents who use cloth/cloth pad, 93% use time piece and around 3% each use cotton cloth and 3–4% use woollen cloth as menstrual absorbent.
- The respondents who use both sanitary pad and cloth reported usage of sanitary pads mainly in schools or when they go out for any social function or market place, otherwise at home, they prefer

using cloth/cloth pad. Majority of the respondents mentioned changing the cloth two to three times a day.

- The current study in comparison to baseline and midline assessments revealed a twofold increase in usage of cotton cloth material as menstrual absorbent as it is easily available, everyone else in the family uses it, soft and comfortable and can be reused.
- In the intervention villages, from the respondents who use cloth/cloth pads, 81% respondents mentioned that they wash and dry the menstrual cloth in direct sunlight, 18% in bathroom and less than 1% in roof tops or areas where no one can see. The current study found an increase in the percentage (from 77% to 81%) of girls and women washing and drying the menstrual cloth in direct sunlight. The respondents were clear on the logic behind drying it in open. However, in control villages, around 40% respondents wash and dry the cloth in direct sunlight, 56% dry it in areas where no one can see and around 3–4% dry it in bathroom.
- When asked about disposal, all the respondents mentioned that they use the cloth for 2–3 menstrual cycles and then burn it. The respondents in both intervention and control villages who use both cloth and sanitary pads, reported that they changed the pads twice a day. The adolescent girls and women who used sanitary pads opined that usage of sanitary pads reduces leakage and there is no need to wash the sanitary pads. The used sanitary pads are wrapped in paper or polythene bag and thrown in the dustbin, which is a cause of concern.

Perception towards menstruation, restrictions, beliefs/norms and practices

Menstruation, is still considered a taboo topic in our society. Adolescent girls and women have to pass through difficult times owing to the social and mobility restrictions placed on them. Lack of adequate perception towards menstruation may make girls vulnerable to mental, emotional, and physical problems, especially during their menstruating days¹. This might also be a reason for the failure of menstrual hygiene practice, which in turn can have multiple social and health consequences. The MHM program by CSPC aimed at creating an open environment around menstruation. This helped in changing their perception, beliefs/norms and practices to some extent particularly in the intervention villages.

- In the intervention villages, all the adolescents interacted with, did not consider it as unholy or shameful, a meagre 9% adolescent girls and 7% of adult women believed that menstruation is unholy and shameful. This is in sharp contrast to the baseline assessment where 60% of respondents (both girls and women) considered menstruation as impure². Around 5% each of adolescent girls and adult women reported that it needs to be kept private. However, in the control villages 67% adolescent girls and 33% believed that menstruation is unholy and around the same percentage of girls and women felt that it has to be kept private. Majority of the adolescent girls felt that menstruation is shameful.
- In the intervention villages, 44% adolescent girls and 31% adult women preferred staying alone during menstruation. 56% adolescent girls and 30% adult women reported feeling irritated or angry during periods. In contrast, in the control villages only the adult women reported about their preference for staying alone during menstruation which was around 24%. About 27% adult women reported feeling irritated during periods.
- Majority of the respondents (97% adolescent girls and 75% adult women) in the intervention villages took rest during periods. In contrast only 33–36% adolescent girls and adult women took rest during periods in control villages.
- In the intervention villages, majority of the respondents opined of taking regular food during menstruation, however 36% adolescent girls and 18% adult women did talk about restrictions of having sour food with a small percentage of respondents also reporting on restrictions of having spicy food during periods. In the control villages 67% adult women reported that they do not eat sour foods during menstruation.
 - In the intervention villages almost, all respondents believed it is okay to carry on daily activities like going to school, going to farm or doing agricultural work, watering plants, 87–90% girls and

¹ Source: <https://www.hindawi.com/journals/ogi/2020/3674243.ris>

² Impure – semantically related to unholy

women enter kitchen, 82-85% visit religious places and around 95% adolescent girls and women attend religious events during menstruation. This showed that menstruation do not affect their day-to-day activities. During the baseline survey, 40% respondents said that women during menstruation should avoid agriculture work whereas in the current study, this value has gone down to 18%. All the respondents bathe during periods and clean their private parts. In the control villages, while the adolescent girls were okay to carry on the above activities during menstruation, but a small segment of adult women still face restrictions.

Health seeking behaviour

The main source of information in the intervention villages has been the field worker of CSPC. The other sources of information consist of mother/elder sister, teacher, ASHA and Anganwadi worker. 90% of adolescent girls and 81% of adult women reported about menstrual problems, however only 5% adolescent girls and 13% adult women visit the doctor or ASHA/AWW for treatment.

In the control villages only 3% adult women reported of receiving information on menstruation through ASHA/Anganwadi worker/Older women in families. While majority of them reported about menstrual problems, none of the adolescent girls and only 76% adult women visited the doctor or ASHA/AWW for treatment.

Qualitative analysis

Structured discussion was held with adolescent girls and women in the intervention villages to understand the program impact. The discussions clearly revealed the changes in knowledge, attitude and practices towards menstruation. It was evident from the interactions that the adolescent girls and women were aware of menstruation, menstruation processes and considered it as a natural process. They also reported that menstrual blood is not impure blood.

Some of the changes following program participation as reported by adolescent girls and adult women include:

- Are aware of the myths and taboos surrounding menstruation
- Can now openly talk about menstruation
- Have started following safe hygienic practices during menstruation viz. changing the cloth every four hours, washing and drying the cloth in direct sunlight, carrying on daily activities without any restrictions and creating awareness on MHM with other adolescent girls and adult women in the family.
- Improved knowledge through capacity building training and modules on myths and taboos associated with menstruation, knowledge on puberty and menstruation, premenstrual syndromes and products, safe hygienic practices to be followed during menstruation.

When asked about the need for involving men in the program, 67% of the adolescent girls believed that boys and men should be sensitized on menstruation to ensure their support in understanding what girls and women go through during menstruation, support in household chores, seeking medical support and for purchasing the cloth or sanitary pads.

RECOMMENDATIONS

The study suggests the following recommendations:

1. **Promoting male involvement for MHM:** Menstruation, by social norm, is considered to be an exclusively female issue. There is a need to design a comprehensive program that targets both adolescent girls/adult women, adolescent boys and adult men. Men can contribute towards changing cultural norms and challenging the taboos around menstruation, and are involved in decisions relating to women's menstrual hygiene needs. Interactions with the project team revealed that initially, some efforts were made to engage male members in Kutch and to some extent in Amreli district out of the five coastal districts identified for intervention in Gujarat. However, no serious efforts were made to promote this in other districts i.e. Bhavnagar, Junagadh and Gir Somnath due to inappropriate responses from the community.

The study therefore strongly recommends developing a strategy to:

- sensitise and educate boys and men to change cultural norms
 - challenge the taboos around menstruation, involve in decisions relating to women's menstrual hygiene needs
 - reduce shame and embarrassment and restore girls and women's dignity and self-esteem.
2. **Building capacities of frontline functionaries:** ASHAs and AWWs can play a key role in imparting accurate information in a timely manner on the biological and psychological aspects of puberty, menstruation and its management to adolescent girls. ASHAs and AWWs need to be equipped on interpersonal communication skills, counselling skills, community mobilization and BCC particularly to educate and empower adolescent girls and women. This should be done at regular intervals. During the project intervention, interactive learning material were developed, which could be used to train the ASHAs/AWWs. Regular mentoring support to frontline functionaries need to be ensured to enable impart information to adolescent girls and women on a continual basis.
 3. **Promoting health seeking behaviours:** Identify innovative ways of communicating with adolescent girls and adult women to educate them on what constitutes a normal or abnormal period, when to seek medical help and address their discomfort level in seeking information or services.
 4. **Organizing open forums in the community:** Involvement of key stakeholders is non-negotiable. Efforts should be made for holding joint meeting of service seekers and service providers in the community to create a platform for open sharing and learning. This forum can also be used for promoting positive deviance approach through positive stories and experiences on adoption of a new behaviour/practice, male involvement, creation and use of innovative menstrual absorbent and safe disposal methods.
 5. **Establishing safe spaces in the community:** Identify safe spaces in communities where adolescent girls and women open up and talk about menstruation and share experiences to address taboos and build positive social norms around menstruation.
 6. **Ensuring availability of WASH facility:** Facilitating access to WASH facility and services:
 - a. in schools and in community to promote personal, menstrual and environmental hygiene
 - b. provision of counselling services in existing forums at community level
 - c. provision of low cost and safe MHM products

Chapter 1 INTRODUCTION



This chapter introduces the report with the national background relating to the project, context of the project implementation, study objectives and the scope of the study.

Background

In India, menstruation is a sensitive subject and remains a taboo for many women and girls. Lack of knowledge, socio-cultural factors and infrastructure limitations hamper the ability of women and adolescent girls to manage safe and effective methods of menstrual hygiene leading to increased risk of Reproductive Tract Infection (RTI), psycho social stress, gender inequalities and contributes to absenteeism/dropout from the school and in the workplace. Therefore, creating awareness and increasing access to safe infrastructure facilities, menstrual hygiene products and safe disposal are important for menstrual hygiene.

Why MHM matters?

- India has around 355 million menstruating women and girls but millions of women across the country face uncomfortable and undignified experience with MHM³.
- According to a study on “Menstrual Hygiene Management among adolescent girls in India: a systematic review and meta-analysis”⁴, 52% adolescent girls are unaware of menstruation prior to menarche, 77% unaware that uterus is the source of bleeding and 45% do not consider menstruation as normal.
- Adolescent girls often feel less comfortable in seeking health care and services due to taboos and socio-cultural restrictions associated with menstruation. Good knowledge and better health care seeking behaviour will help in managing menstruation hygienically and with dignity.
- While there is no specific indicator for MHM, but improving menstrual health and hygiene will help India achieve Sustainable Development Goals (SDG), including SDG 2 on “Good Health and Wellbeing”, SDG 4 on “Quality Education”, SDG 5 on “Gender Equality”, and SDG 6 on “Clean Water and Sanitation”.

Positive steps have been taken by the Government of India to incorporate MHM into national policies and programs for improving health, well-being, and nutritional status of adolescent girls and women, as well as for reducing school absenteeism of adolescent girls. Various ministries have focused MHM as a priority area. These include:

- Making MHM an integral part of the Swachh Bharat Mission Guidelines. Ministry of Drinking Water and Sanitation has issued operational guidelines for implementation by State governments, district-level officials, engineers, and school teachers for improved MHM in the country⁵.
- Focussing MHM as a priority area in the National Health Mission and in the RMNCH+A by Ministry of Health and Family Welfare. Capacity building of ASHAs with knowledge on MHM to create awareness among adolescent girls and women on menstrual hygiene and health.

³ Geertz A., Iyer L., Kasen P., Mazzola F., Peterson K. Menstrual health in India: Country's Landscape Analysis. [(accessed on 6 June 2018)]; Available online: http://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG-Menstrual-Health-Landscape_India.pdf.

⁴ van Eijk AM, Sivakami M, Thakkar MB, et al. Menstrual hygiene management among adolescent girls in India: a systematic review and metaanalysis. *BMJ Open* 2016;6: e010290. doi:10.1136/bmjopen-2015-010290

⁵Ministry of Drinking Water and Sanitation, Government of India. Menstrual Hygiene Management-National Guidelines; 2015. Available from: <http://www.mdws.gov.in/sites/default/files/Menstrual%20Hygiene%20Management%20-%20Guidelines.pdf>.

- Awareness generation programs on MHM by the Ministry of Women and Child Development to improve health, nutrition, and empowerment for adolescent girls.
- Provision of low-cost sanitary napkins for school going and out of school adolescents are some of the efforts by the government.

Despite these positive initiatives, there are many challenges associated with menstruation that needs to be addressed. Ensuring healthy MHM requires clear understanding of problems, needs and influencing factors associated with menstruation that affects the perception and practices of young women and adolescents and have a bearing on their dignity, mental and emotional health and well-being.

The project context

The Trusts are committed towards the goal of improving the quality of human life. This is evident from the large grants made in the areas of livelihood and income enhancement, health, education, natural resource management, etc.

Improving access to safe water and environmental sanitation have been key focus areas for the Trusts. While the Trusts have been working towards improving the water and sanitation situation in the country, the urgent requirement of making a significant difference calls for a more rigorous and focused intervention. In order to create a rapid and scalable impact, the Trusts have decided to approach the problem in a mission mode and initiated a Tata Water Mission (TWM). The mission is envisioned to create a healthy future for millions of people through provision of safe, assured and adequate drinking water, improved sanitation and hygiene facilities to underserved communities. The mission advocates a decentralised, demand-responsive and community-managed approach to achieve the goal and it is also aimed at promoting innovative technological and economically sustainable solutions.

The TWM initiative adopts a twin pronged approach, wherein community and individual based drinking water interventions are dovetailed with sanitation and hygiene education. Within the ambit of the Hygiene element, the Trusts are now looking at intervening into the field of Menstrual Hygiene Management (MHM), since it is something that requires immediate intervention considering its linkages with the health of women.

Under the Tata Water Mission, CSPC recognised that menstrual hygiene is fundamental to the dignity and well-being of women and girls. ***It is an important part of basic hygiene, sanitation and reproductive health services, to which every woman and girl has a right.*** The project aimed to create an open environment around menstruation. Under the project, awareness generation of the community women and adolescent girls was undertaken to help them manage menstrual hygiene, while also providing a range of menstrual products such as biodegradable sanitary napkins and cloth pads to the communities. The project activities were conducted in five coastal districts initially with support from Tata Trusts. Other funding partners viz. Bill and Melinda Gates Foundation, Aadhaar Housing Finance Limited, DIARUSH and Better Cotton Initiative supported through the journey of promoting MHM in these districts.

During four years of implementation, periodic assessments were carried out which included a Baseline study by CHETNA, Ahmedabad to understand the current knowledge and MHM practices, followed by a Midline assessment by Ashoka University Interns from New Delhi to assess the change in beliefs and perceptions around menstruation and shifts in MHM practices. In addition, this assessment was carried out by CSPC to understand the impact of the project activities on MHM knowledge and practices among adolescent girls and adult women.

Study objectives

The objective of the current study was to collect data (quantitative and qualitative) on MHM knowledge, beliefs, practices and usage of menstrual products and its disposal, which can be measured, compared and analysed against the baseline value and midline value, overall objective indicators and expected result indicators of the project. The study collected data from the identified five intervention villages, where the project was implemented and two control villages which were included to facilitate a comparative analysis.

The specific objectives of the study were as follows:

1. To assess the change in beliefs and perceptions of adolescent girls and adult women around menstruation and its management.
2. To assess the change in MHM practices compared to baseline, midline and control group.
3. To understand the change in usage of menstrual products, its management and disposal methods.
4. To understand the level of improvement in health seeking behaviour and services.
5. To identify successful strategies that have contributed in promoting MHM.
6. To assess the overall effectiveness, efficiency and relevance of the project.

Scope of study

The scope of the study is Bhavnagar district in Gujarat. The study covered five villages of Talaja block in Bhavnagar district where the project was implemented. The data collection was also done in two control villages of Mahuva block in Bhavnagar district for comparison.

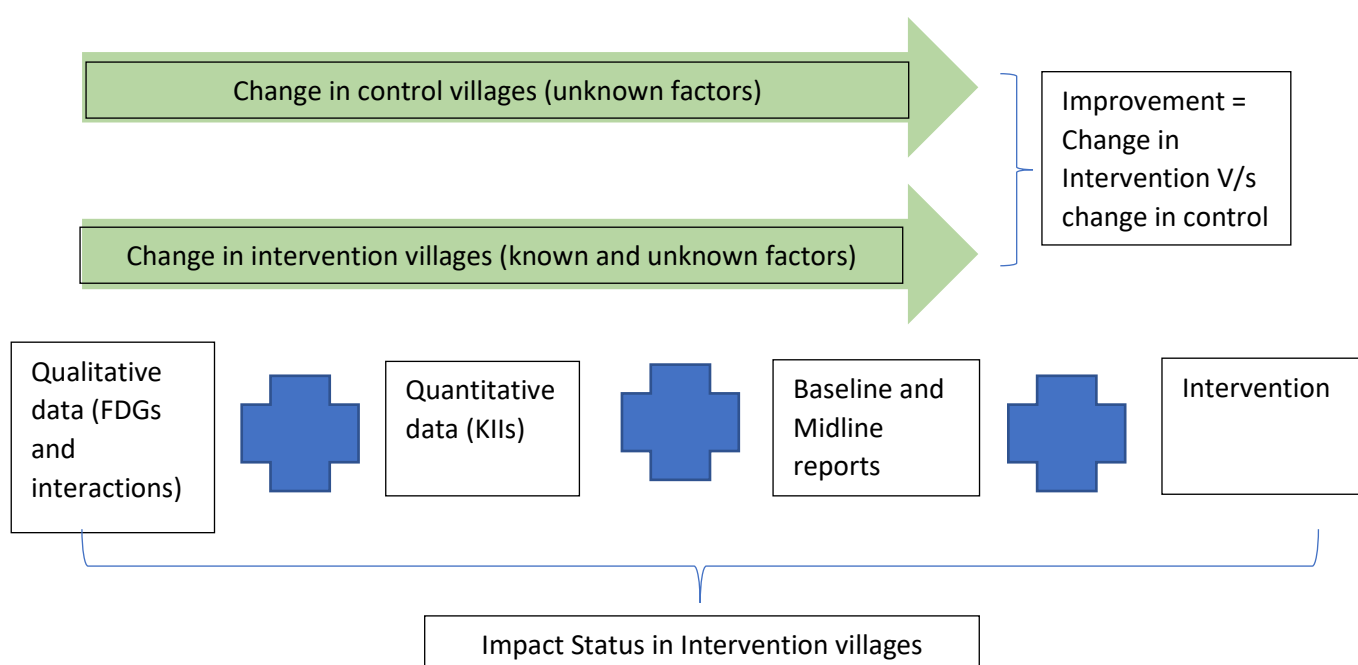


Chapter 2 METHODOLOGY

This chapter highlights the study methodology including study design, methods, tools and study procedures.

The sample group was chosen through purposive sampling technique. The rapid assessment was carried out on a sample representing 30% of the project beneficiaries⁶ out of the total sample size from five districts identified at the time of baseline survey. For the study sample, one intervention district was identified. From this, five villages of Talaja block in Bhavnagar district, where the project activities were implemented and two control villages of Mahuva block in Bhavnagar district was considered. The adolescent girls and the adult women from the intervention and control villages were selected randomly. The intervention villages were chosen on the basis of outreach and coverage.

Study design



In the study design, intervention villages or intervention group refers to an area or population who have been directly intervened by project. In research, intervention group is also known as treatment group.

Control villages or control group refers to an area or population who do not receive direct or indirect benefit from the project intervention. Such groups are selected only for comparison and assessment purpose.

⁶ Project beneficiaries here refers to adolescent girls in the age range 11-19 years and adult women above 19 years

Study methods

The study used both quantitative and qualitative methods for data collection. A questionnaire that was designed exclusively for baseline survey was used for the current study. The questionnaire was reviewed for any modifications, structured and data collection was in the form of a key informant interview with the adolescent girls and women. The enumerators were oriented on data collection tools. There were four enumerators who were assigned to collect data from seven villages (intervention and control). Data was collected through android phones on google form and the data was generated on excel sheet. Following this data cleaning and analysis was done and tables, charts and figures were created in Microsoft Excel.

The qualitative data was collected mainly through structured discussions and sharing of experiences/voices of key stakeholders. The data collected was subjected to both quantitative and qualitative analysis. The purpose of the study was shared with participants before conducting KIs and FGDs/Voices/Testimonies. Verbal consent was taken from the respondents on sharing their views/experiences and photographs. All the interactions/voices/testimonies were recorded and transcribed in English.

This report summarizes the key findings (quantitative data) from the KIs conducted with 179 adolescent girls and adult women in intervention and control villages of one district. The qualitative data collected through interactions/FGDs/views/voices with adolescent girls and adult women have also been captured.

Limitations

The selection of respondents for the current study was small in number but the key findings are worth considering. The improvements and the impacts identified post project intervention and the learnings gained can be used for designing future MHM.

The study was limited with time, resources particularly in the prevailing COVID-19 phase III pandemic situation. However, safety measures were ensured by the organization and by the enumerators while collecting data.

Table 1 Intervention and Control Villages identified for study

Intervention villages in Talaja block	Control villages in Mahuva block
1. Makhaniya	6. Gundrana
2. Borla	7. Bhaguda
3. Padri	
4. Sankhadasar	
5. Babriyat	

Chapter 3 KEY FINDINGS

This chapter presents the study results that review adolescent girls and adult women's girls' knowledge, beliefs and perceptions on menstruation, MHM practices, health seeking behaviour for menstruation and experiences of girls and women following project activities intervention.

The analysis of data is given below:

Profile of the respondents

The study sample represents pre-dominantly communities belonging to Other Backward Class. The age of the sample from the KII was grouped into two major groups, respondents (adolescents) with age less than or equal to 19 years of age and respondents (adult women) with more than 19 years of age. The adolescent respondents interacted with for KII ranged between 14-19 years and constituted 27% and the adult women constituted 73% in the intervention group. In the control group, 8% respondents constituted adolescent girls and 92% constituted adult women.

Figure 1: Age of respondents in the intervention villages

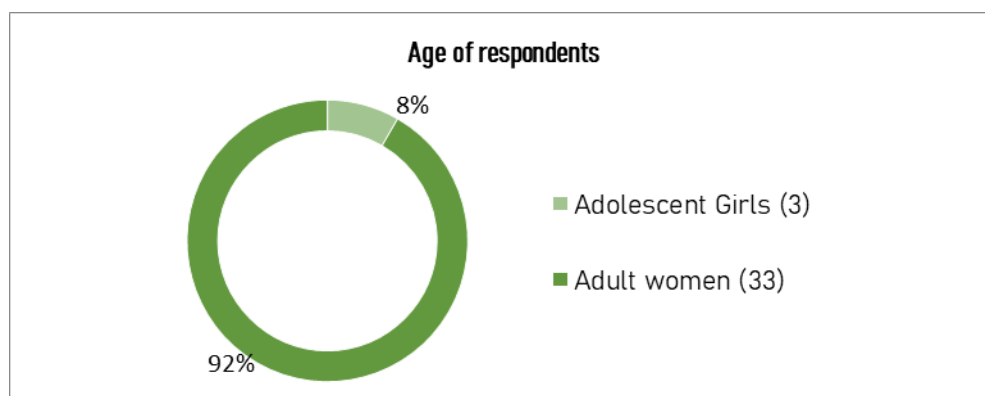
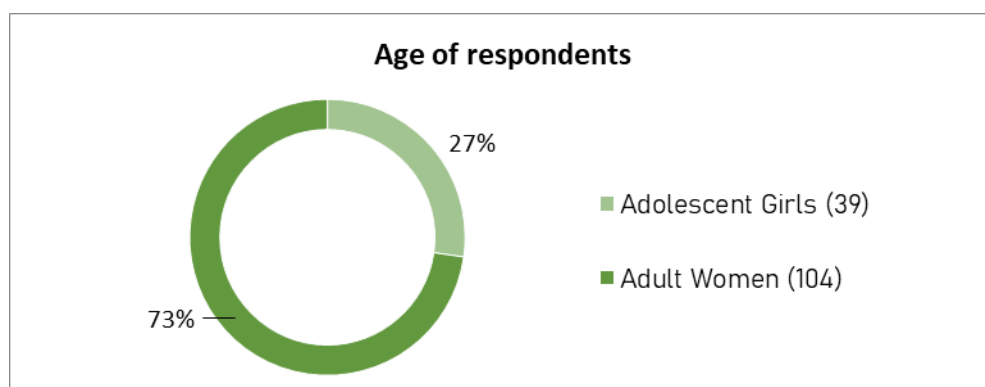


Figure 2: Age of respondents in the control villages



Education profile

The study data collected informed the education of the adolescent girls and women.

- Out of the 143 responses collected from the intervention villages, 43% had completed primary education, 15% had completed secondary education, 26% had completed higher secondary education and around 8% had attained graduation/post graduation and 8% were illiterate.
- Out of the 36 responses collected from the control villages, 56% had completed primary education, 14% had completed secondary education, 17% had completed higher secondary education and around 8% had attained graduation/post graduation and 6% were illiterate.

Occupation profile

Following figures inform the occupation profile of the respondents both in intervention and control group.

Figure 3: Occupation of respondents in the intervention villages

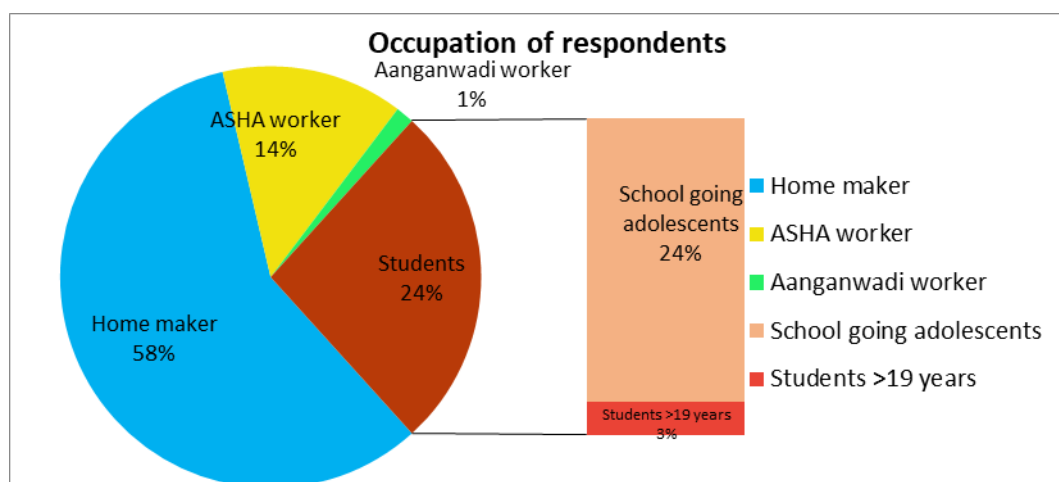
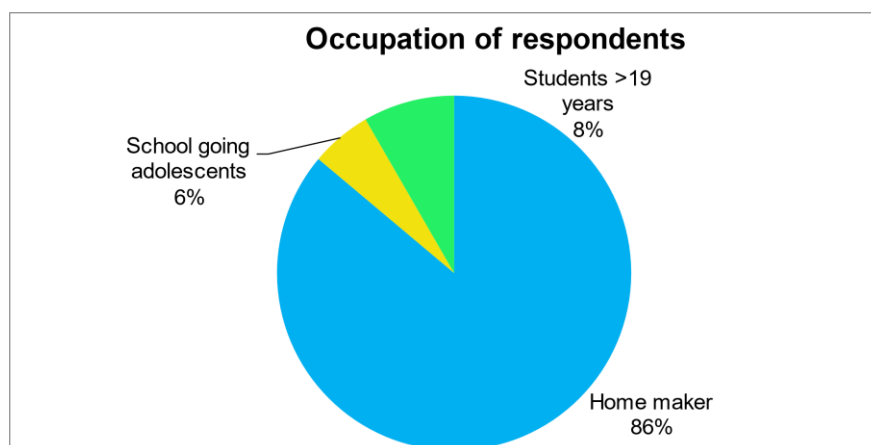


Figure 4: Occupation of respondents in the control villages



WASH facility at home

In the intervention villages, 85% adolescent girls and 95% adult women reported having toilets and bathrooms in their houses. While all the adolescents reported using the toilets with only around 1% respondent in the adult category reported of not using toilet.

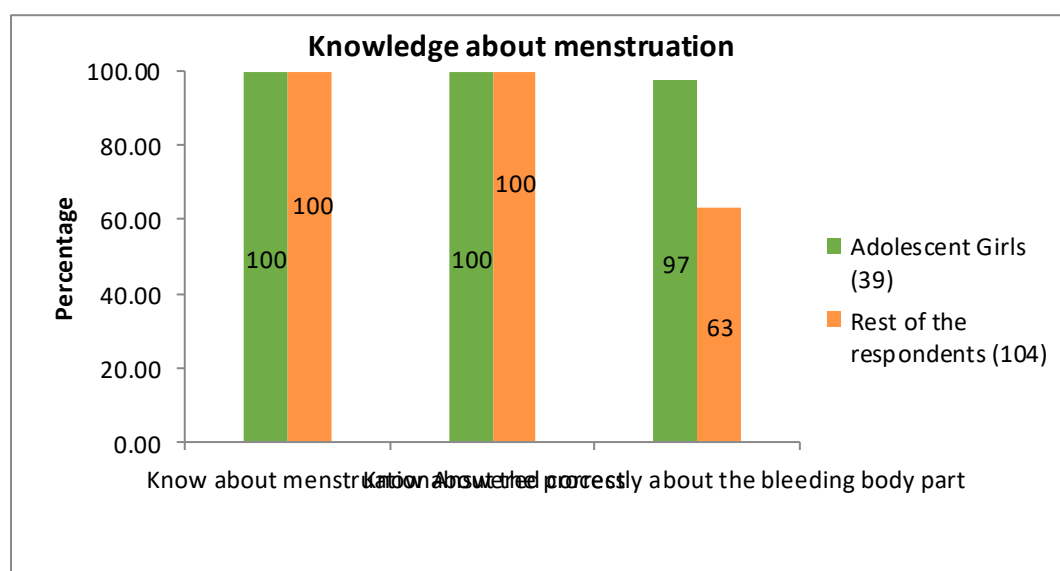
In the control villages 67% adolescent girls reported having toilets and all girls reported having bathrooms in their houses. In the adult category, 76% adult women reported having toilets and around 78% mentioned having bathrooms in their houses. The respondents in both the category who have toilets reported using it.

Knowledge about menstruation

In the intervention group

- All the respondent adolescent girls and adult women were menstruating and aware of menstruation and menstruation processes. All the respondents were aware of age at menarche and menopause.
- The study respondents had a fair idea about the source of bleeding with 97% adolescent girls and 63% adult women answering correctly.

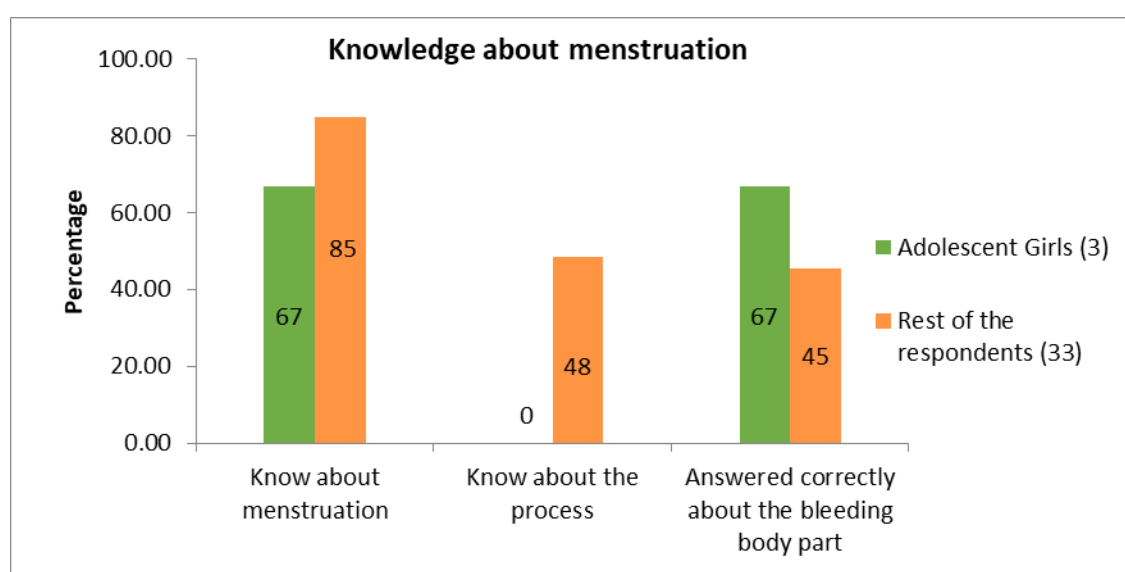
Figure 5: Knowledge about menstruation/process and source of bleeding in the intervention villages



In the control group

- 67% adolescent girls and 85% adult women were aware of menstruation. None of the adolescent girls in the control villages were aware of the menstruation process and only 48% of adult women were aware about it.
- 67% adolescent girls and only 45% adult women were able to respond correctly about the source of bleeding.

Figure 6: Knowledge on menstruation/process/source of bleeding in the control villages



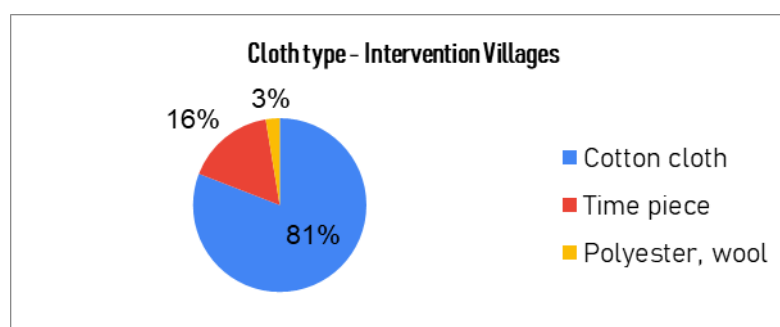
- The current study found that 97% adolescent girls and 94% adult women in the intervention villages considered menstruation, a natural process, whereas in the control villages, none of the adolescent girls considered menstruation a natural process. Only a meagre 12% adult women considered it a natural process

Menstrual product usage and menstrual hygiene practices

In the intervention group

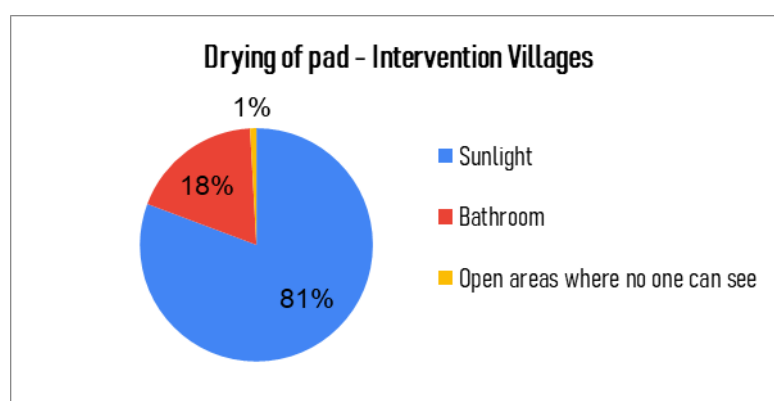
- 80% of respondents use cloth/cloth pad and 20% use both (sanitary pad and cloth).

Figure 7: Practices related to usage of menstrual product in intervention villages



- A clear majority of girls and women use cotton cloth, the usage of time piece (flannel – a dark coloured cloth sold in market as menstrual absorbent) has considerably decreased from 75% in the baseline to around 16-17% and the rest use absorbents made of polyester cloth or woollen cloth.
- 81% respondents mentioned that they wash and dry the menstrual cloth in direct sunlight, 18% in bathroom and less than 1% in open areas where no one can see. The current study found an increase in the percentage (from 77% to 81%) of girls and women washing and drying the menstrual cloth in direct sunlight. The respondents were clear on the logic beyond drying it in open.

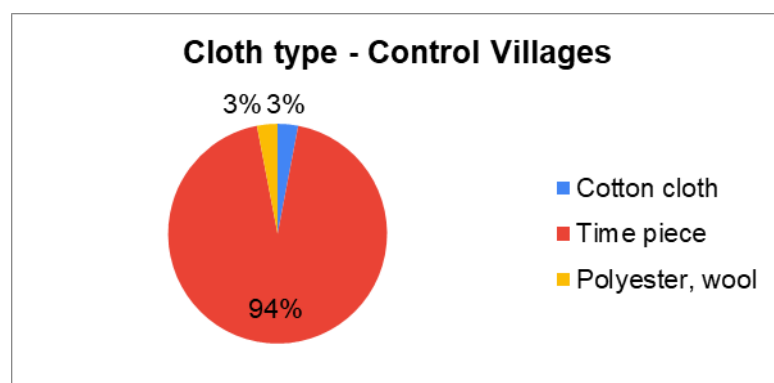
Figure 8: Practices related to drying of menstrual cloth/cloth pad in intervention villages



In the control group

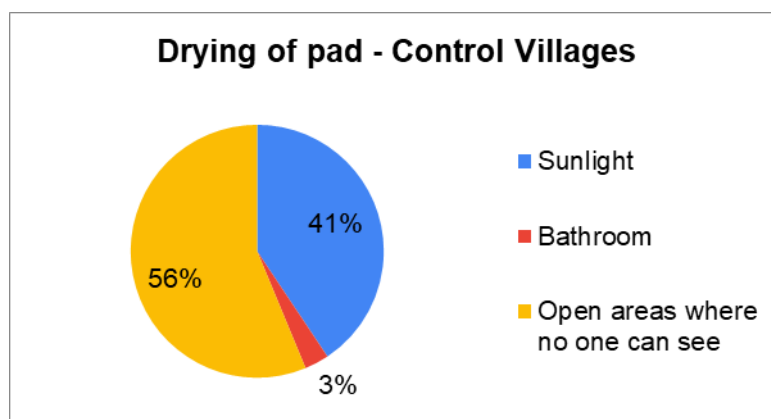
- 92% of the sample use cloth/cloth pad and 8% use both (sanitary pad and cloth)

Figure 9: Practices related to usage of menstrual product in control villages



- 93-94% use time piece and around 3% each use cotton cloth and 3-4% use woollen cloth as menstrual absorbent.
- Around 40% respondents out of those who use cloth/cloth pads wash and dry the cloth in direct sunlight, 56% dry it in open areas where no one can see and around 3-4% dry it in bathroom.

Figure 10: Practices related to drying of menstrual cloth/cloth pad in control villages



Preference of place for usage of menstrual product

Women manage menstruation differently at different places. The quantitative and qualitative data revealed that the respondents who use both sanitary pad and cloth reported usage of sanitary pads mainly in schools or when they go out for any social function or market place, otherwise at home, they prefer using cloth/cloth pad. Majority of the respondents mentioned changing the cloth two to three times a day. Generally, changing the cloth absorbent at an interval of 3–4 hours is considered healthy, comfortable and prevents odour, irrespective of the flow of blood.

The current study in comparison to baseline and midline assessments revealed a twofold increase in usage of cotton cloth material as menstrual absorbent as it is easily available, everyone else in the family uses it, soft and comfortable and can be reused.

Disposal of menstrual cloth/sanitary pads

- Disposal of menstrual cloth and sanitary napkins is always a challenge for women in both rural and urban areas. When asked about disposal, all the respondents mentioned that they use the cloth for 2–3 menstrual cycles and then burn it.
- The respondents in both intervention and control villages, reported that they changed the sanitary pads twice a day. The adolescent girls and women who used sanitary pads opined that usage of sanitary pads reduces leakage and there is no need to wash the sanitary pads. The used sanitary pads are wrapped in paper or polythene bag and thrown in the dustbin, which is a cause of concern.
- In the intervention group, 79.49% adolescent girls and in the adult category, 80.77% respondents burn the menstrual cloth after using it for 2–3 menstrual cycles.

Figure 71: Percentage of respondents who burn cloth for disposal in intervention group

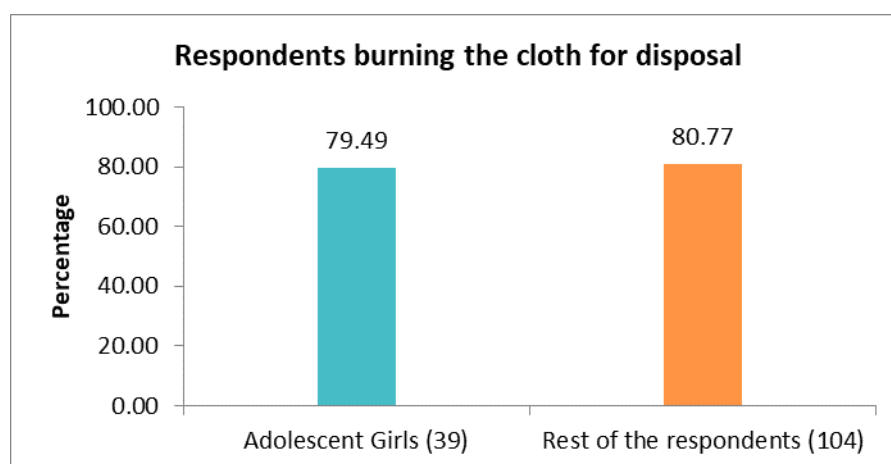
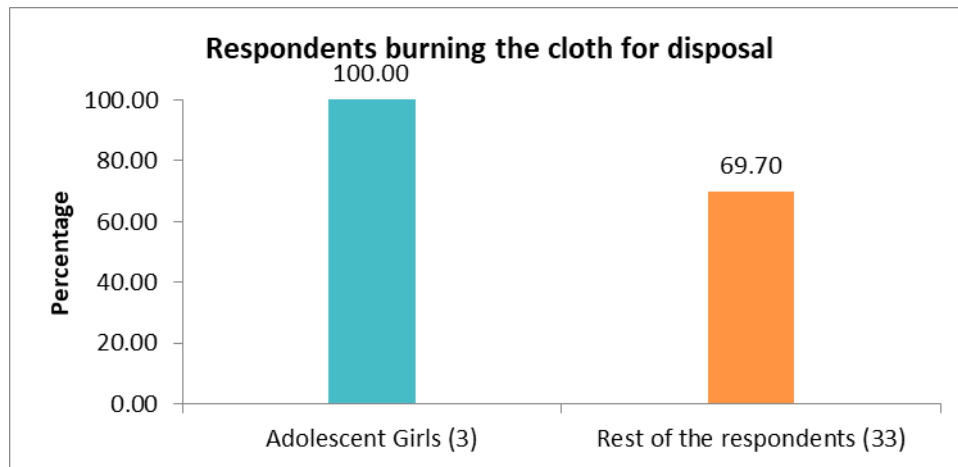


Figure 8: Percentage of respondents who burn cloth for disposal in the control group

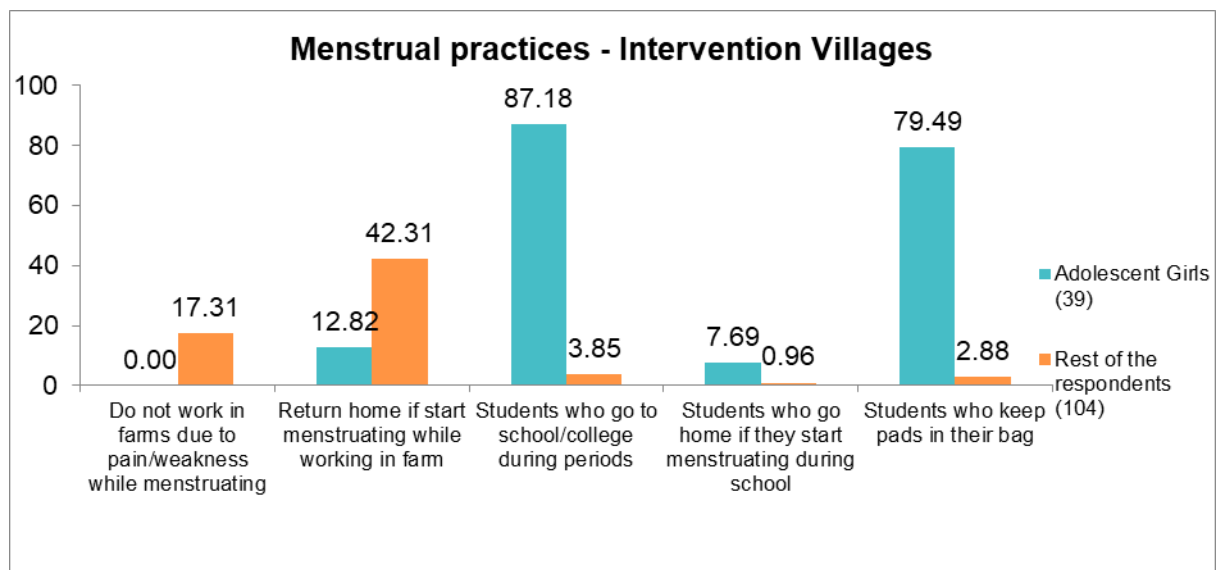


In the control group, all the adolescent girls interacted with burn the menstrual cloth after 2-3 menstrual cycles whereas in the adult women category, 69.70% responded doing so.

Prevailing beliefs and practices

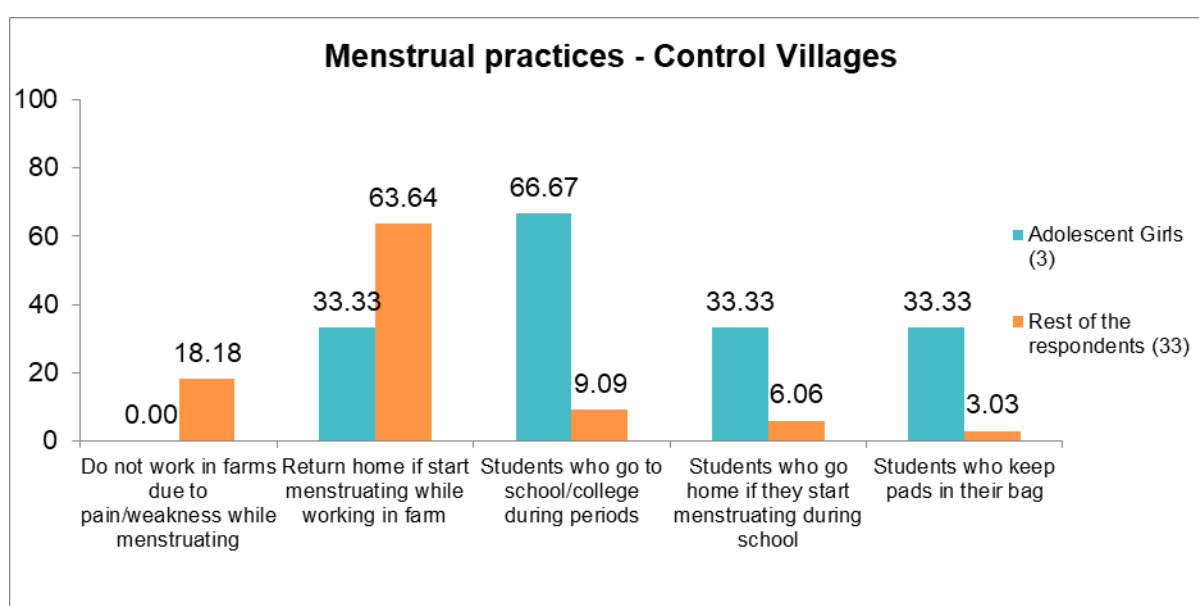
Restrictions on daily activities and coping with emergency situations

Figure 9: Menstrual practices in the intervention group



- All respondents believed it is okay to carry on daily activities like going to school/college, going to farm or doing agricultural work, watering plants, 87-90% girls and women enter kitchen, 82-85% visit religious places and around 95% adolescent girls and women attend religious events during menstruation. All the adolescents attend school/college during periods.
- During the baseline survey, 40% respondents said that women during menstruation should avoid agriculture work whereas in the current study, this value has gone down to 17.30%.
- If menstruation commences suddenly, 7.69% adolescents reported coming back home from school. 13% adolescent girls and 42% adult women return home if they start menstruating while working in the field/farm.

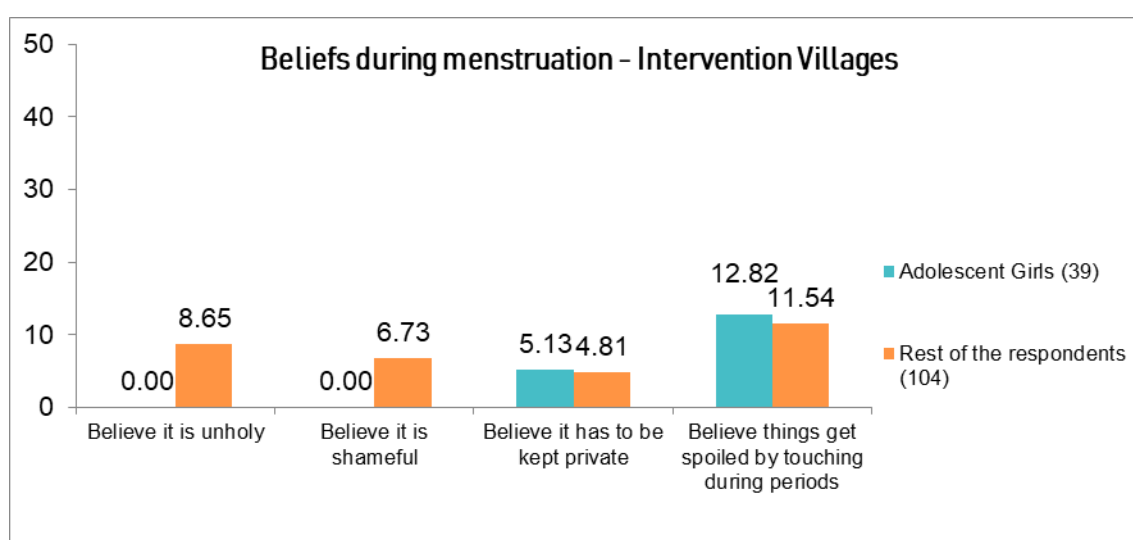
Figure 10: Menstrual practices in the control group



- Responding to the practices on carrying out daily activities like going to school/college, 66.67% adolescents and 9% adult women (beyond 19 years) were okay to go during periods.
- In the control villages, while the adolescent girls were okay to work in the field or farms during menstruation, 18% adult women do not go to work in the field or farm.
- None of the adolescent girls interacted with believed that it is okay to visit religious places during menstruation. None of the adolescent girls believe/attend religious events and in the adult category only 15% adult women attend the religious events during menstruation.
- If menstruation commences suddenly, 33.33% adolescent girls and 63.64% adult women return home if they start menstruating while working in the field/farm.
- 8% adolescents reported coming back home from school. 13% adolescent girls and 42% adult women return home if they start menstruating while working in the field/farm.

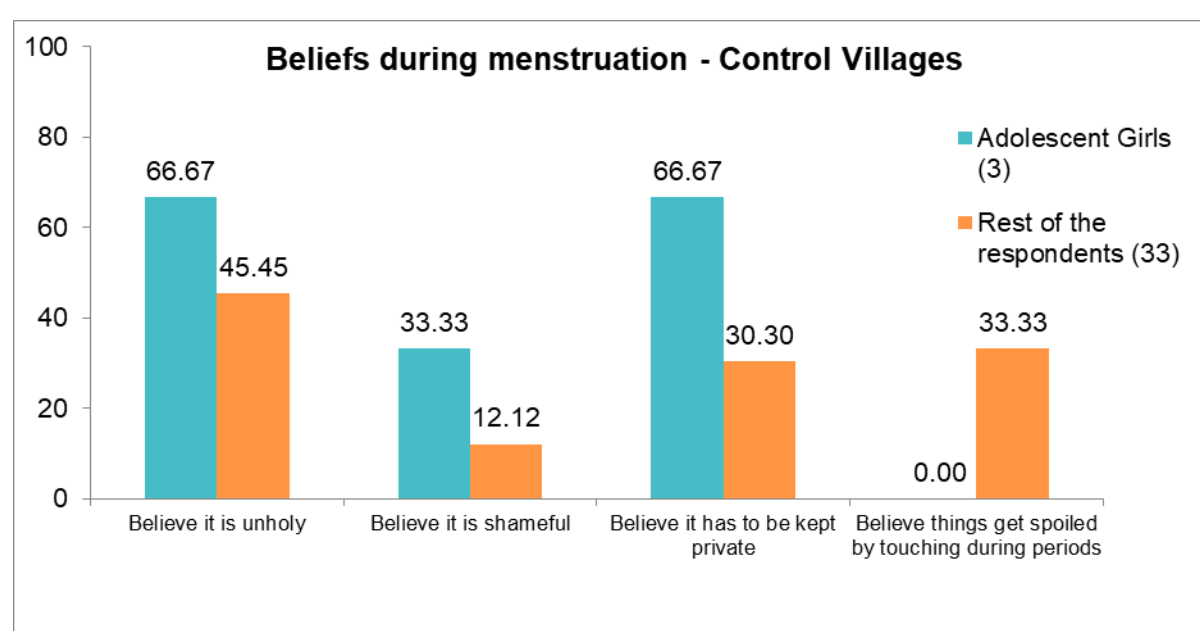
Belief regarding impurity and restrictions for girls and women during menstruation

Figure 11: Beliefs during menstruation in the intervention group



- All the adolescents interacted with, did not consider it as unholy or shameful, a meagre 8.65% and 6.73% of adult women believed that menstruation is unholy and shameful. This is in sharp contrast to the baseline assessment where 60% of respondents (both girls and women) considered menstruation as impure. Around 5% each of adolescent girls and adult women reported that it needs to be kept private.
- 44% adolescent girls and 31% adult women preferred staying alone during menstruation. 56% adolescent girls and 30% adult women reported feeling irritated or angry during periods.
- Majority of the respondents (97% adolescent girls and 75% adult women) in the intervention villages took rest during periods.
- Majority of the respondents in the intervention villages opined of taking regular food during menstruation, however 36% adolescent girls and 18% adult women did talk about restrictions of having sour food with a small percentage of respondents also reported on restrictions of having spicy food during periods.

Figure 12: Beliefs during menstruation in control group



- 66.67% adolescent girls and 33.33% believed that menstruation is unholy and felt that it has to be kept private. Majority of the adolescent girls felt that menstruation is shameful.
- Only the adult women reported about their preference for staying alone during menstruation which was around 24% and 27% adult women reported feeling irritated during periods.
- Only 33-36% adolescent girls and adult women took rest during periods.
- 67% adult women reported that they do not eat sour foods during menstruation.

Bathing and cleaning practices

All the respondents bathe during periods and clean their private parts with soap and water. 95% adolescent girls and 99.04% adult women from the study sample wash hair during periods.

In the control group

All the respondents bathe during periods and clean their private parts with soap and water. All the adolescent girls and adult women wash hair during periods.

Usage of pills to delay menstruation

In the intervention group

5% adolescent girls and 6% adult women reported of having taken pills to delay menstruation.

In the control group

None of the adolescent girls reported of having taken pills to delay menstruation. In the adult category, 18.18% women reported of having taken pills to delay menstruation.

Diet during menstruation

In the intervention group

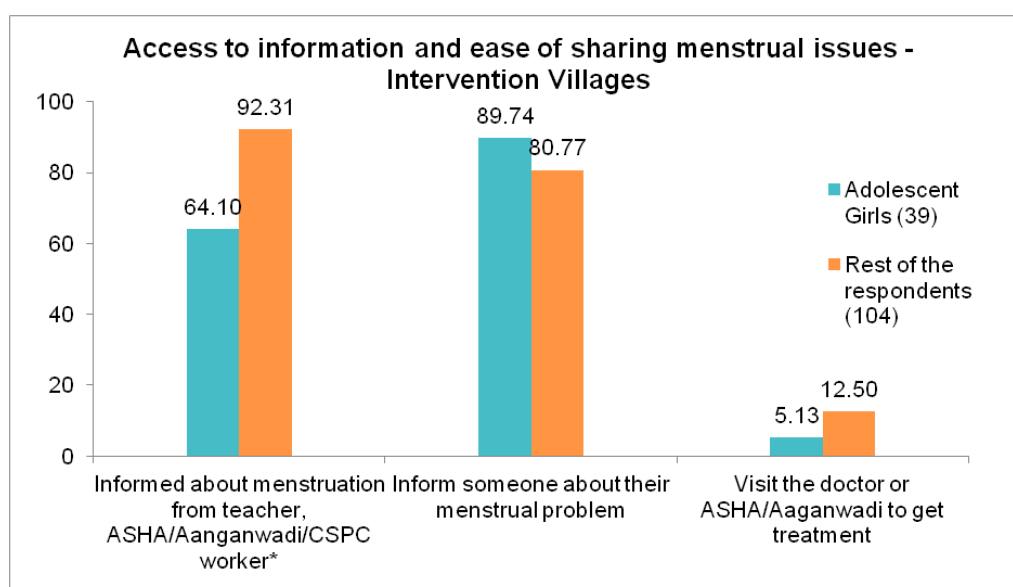
Respondents opined of taking regular food during menstruation, however 36% adolescent girls and 18% adult women did talk about restrictions of having sour food with a small percentage of respondents also reported on restrictions of having spicy food during periods.

In the control group

67% adult women reported that they do not eat sour foods during menstruation. 15% adult women do not eat spicy food.

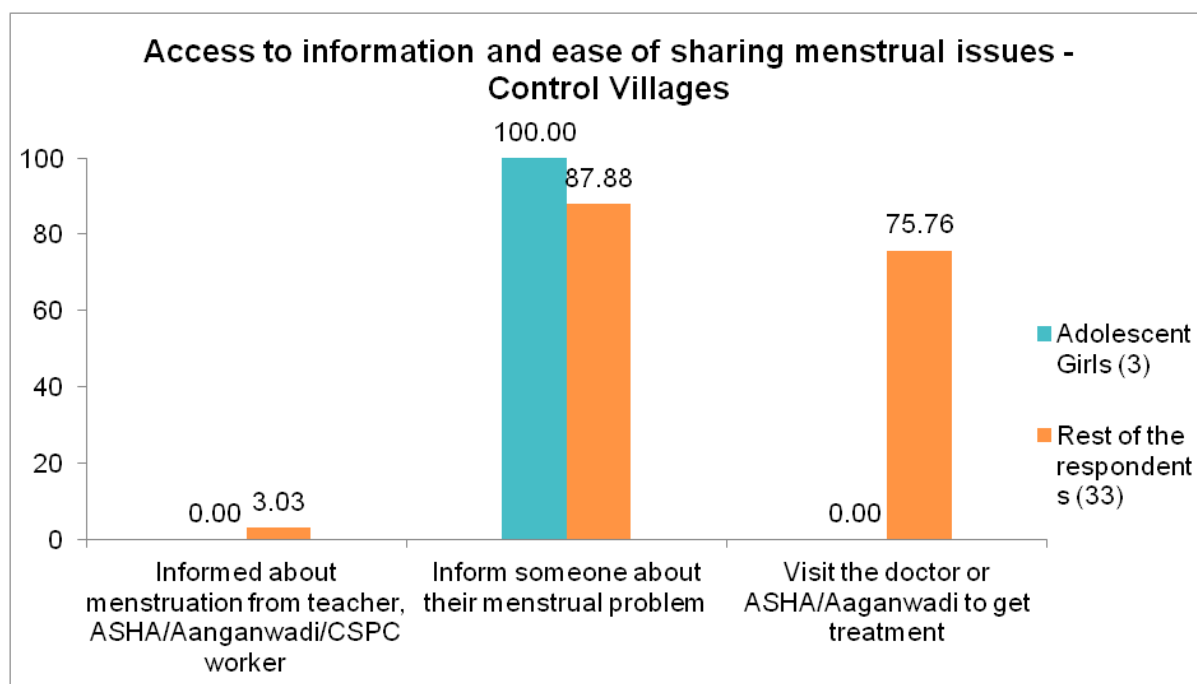
Health seeking behaviour and services

Figure 13: Access to health information and health seeking behaviour in intervention group



89.74% of adolescent girls and 81% of adult women reported about menstrual problems, however only 5.13% adolescent girls and 12.50% adult women visit the doctor or ASHA/AWW for treatment.

Figure 14: Access to health information and health seeking behaviour in control group



Only 3% adult women reported of receiving information on menstruation through ASHA/Aanganwadi worker/Older women in families. While majority of them reported about menstrual problems, none of the adolescent girls and only 76% adult women visited the doctor or ASHA/AWW for treatment.

VOICES FROM THE FIELD



The MHM program helped in breaking the myths and taboos surrounding menstruation. Earlier, I used to wash and dry menstrual cloth in dark, but now I have learnt the reason and benefits of drying it in sunlight and I do the same. – ***Shilpaben, Diamond worker***



Our brothers and fathers should be involved in MHM program to dispel the myths and taboos surrounding menstruation and support the girls and women in the family during menstruation. – ***Adolescents girls fromhigher secondary school, Talaja***



What I liked most is through this program, I learnt about the menstrual process, which is natural. This awareness helped me in breaking the myths associated with menstruation. – ***Shiyal Komalben, 17 years, Adolescent girl from Talaja***



I personally feel that male members should be involved in MHM program. This would help them understand the situation of adolescent girls and women and support them during menstruation. – ***Bariya Daxaben Ranchodbhai, AWW, Sankhadasar, Talaja***

Chapter 4 CONCLUSION



This chapter concludes the report with overall synopsis of the study findings and the impact of the project interventions. On the whole, the project performed well in meeting its objectives. The intervention group was better than the control group and also compared to the baseline figures.

Awareness regarding menstruation and menstruation process was more in the intervention group than in the control group. Adolescent girls and women are also aware of the source of bleeding which was not a case in the control group. From the key informant interviews and the interactions, it emerged that after the onset of the intervention, there has been a significant improvement in knowledge, perception and practices related to menstrual hygiene. The findings are comparable to the baseline and midline figures.

Knowledge enhancement – From the current study it emerged that there is a considerable improvement in the knowledge. Adolescent girls and women in the intervention group are aware of the fact that menstruation is a natural biological process and believe that it should not be considered unholy or shameful or impure.

Change in perception and practices –Equipped with knowledge, adolescent girls and adult women in the intervention group believe that is okay to carry out routine activities like going to school/colleges or to the field, whereas this is not the case in the control group. Also, the comparison with baseline figures reveal that from 40% in the baseline, this value has gone down to 17.30% post intervention.

Adolescent girls and adult women have translated their knowledge in breaking the misconceptions/beliefs surrounding menstruation with majority of them entering kitchen, attending religious places and religious events without the feel of shame or guilt. Adoption of recommended menstrual hygiene practices viz. bathing and cleaning practices, washing and drying the menstrual absorbent in direct sunlight, improvement in diet practices is noteworthy. However, the interval of changing of menstrual absorbent and the disposal mechanism of sanitary pads is a cause of concern and needs to be worked on.

While the adolescent girls and women were aware of menstrual issues they face, however this is not translating into seeking support/services from ASHA/AWW or Doctor. This reflects poor health seeking behaviour. The prevailing culture of silence and shame surrounding menstruation affects interaction of adolescent girls with frontline functionaries, in turn affecting awareness and use of health services. This indicates an urgent need for health promotion interventions in the form of regular awareness sessions and counselling for menstrual problems by ASHAs/AWWs. For this ASHAs/AWWs need to be equipped on Inter Personal Communication skills, Counselling skills, Community mobilization and BCC particularly to educate and empower adolescent girls and women.

Men and boys can support women and girls to manage menstruation effectively across different social domains including household, community, school, and work. Men and boys influence women's and girls' experiences of MHM through many roles, including as husbands, fathers, brothers, students, peers, teachers, community leaders, entrepreneurs, employers, development and humanitarian practitioners, and policymakers. Efforts were made in one out of five districts identified namely Kutch district to sensitise adolescent boys and men. However, in other intervention districts including Bhavnagar, this component did not take off due to inappropriate response from the community. This aspect needs to be relooked at for future projects on MHM with appropriate strategies devised. Adolescent girls and adult women who have been engaged with this project also voiced the need to engage boys and men to dispel misconception and encourage their support.

Chapter 5 RECOMMENDATIONS



This chapter makes the following recommendations based on the key findings:

Promoting male involvement for MHM: Menstruation, by social norm, is considered to be an exclusively female issue. There is a need to design a comprehensive program that targets both adolescent girls/adult women, adolescent boys and adult men. Men can contribute towards changing cultural norms and challenging the taboos around menstruation, and are involved in decisions relating to women's menstrual hygiene needs. Interactions with the project team revealed that initially, some efforts were made to engage male in Kutch and to some extent in Amreli districts out of the five coastal districts identified for intervention in Gujarat. However, no serious efforts were made to promote this in other districts i.e. Bhavnagar, Dahod and Gir Somnath for lack of appropriate strategy and fear of backlash from the community.

The study therefore strongly recommends sensitising and educating boys and men, male teachers to change cultural norms, challenge the taboos around menstruation, involve in decisions relating to women's menstrual hygiene needs, reduce shame and embarrassment and restore girls and women's dignity and self-esteem.

Continued capacity building of frontline functionaries: ASHAs and AWWs can play a key role in imparting accurate information in a timely manner on the biological and psychological aspects of puberty, menstruation and its management to adolescent girls. ASHAs and AWWs need to be equipped on Inter Personal Communication skills, Counselling skills, Community mobilization and BCC particularly to educate and empower adolescent girls and women. This should be done at regular intervals. Trained and experienced frontline workers can be a source of information and a contact point for queries related to MHM for adolescents, adult women and mothers. During the project interactive learning material were developed, which could be used and regular mentoring support to frontline functionaries need to be ensured to enable impart information to adolescent girls and women on a continual basis.

Promoting health seeking behaviours: Identify innovative ways of communicating with adolescent girls and adult women to educate them on what constitutes a normal or abnormal period, need to seek medical help when required and address their discomfort level in seeking information or services.

Organizing open forums in the community: Involvement of key stakeholders is non-negotiable. Efforts should be made for holding joint meeting of service seekers and service providers in the community to create a platform for open sharing and learning. This forum can also be used for promoting positive deviance approach through positive stories and experiences on adoption of a new behaviour/practice, male involvement, creation and use of innovative menstrual absorbent and safe disposal methods.

Establishing safe spaces in the community: Identify safe spaces in communities where adolescent girls and women open up and talk about menstruation and share experiences to address taboos and build positive social norms around menstruation.

Ensuring availability of WASH facility: Facilitating access to WASH facility and services in schools and in community is crucial to promote personal, menstrual and environmental hygiene. There is a need for proper monitoring or reporting system of MHM services in schools and in Anganwadis/Community toilets. There is a need for efficient MIS software to monitor the availability and effectiveness of the intervention.

Annexure I REFERENCES



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CSPC
Coastal Salinity Prevention Cell

AN INITIATIVE OF TATA TRUSTS, AKRSP(I) AND ACF

