SOCIETY OF COMMUNITY HEALTH ORIENTED OPERATIONAL LINKS (SCHOOL)

BASIC PARADIGM is a social enterprise which undertakes projects, implements ventures and activities that benefit groups of people beyond those directly involved in doing the work of the organization.

Established by a group of professionals associated with the social development sector, Basic Paradigm focuses on attaining good health and well-being as the last mile, and works towards attainment of Sustainable Development Goal 3. While Basic Paradigm operates as a social enterprise; it is also the for-profit and supporting arm of the not-for-profit organization SCHOOL (Society of Community Health Oriented Operational Links) and is governed by same set of boards of directors.

Work-Along with a strong and competent group of experts To better handle varied development difficulties, Basic Paradigm relies on decades of field experience. When planning, creating, implementing, monitoring, and assessing results for various projects, it brings together a variety of experience and lessons acquired. In doing so, it collaborates with organisations and helps them find strategic answers to pressing issues, put new concepts and fresh ideas into practise, and ensure cost-effectiveness and sustainability.

MISSION

- Research and Analysis
- Strategy and Planning
- Policy and Regulatory Guidance
- Education and Training

VISION

- Contributing to the development of innovative healthcare solutions.
- Informing evidence-based decision-making.
- Making a positive impact on global health.
- Addressing healthcare challenges

VALUES

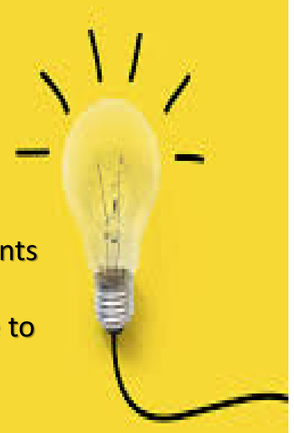
- Expertise and Knowledge.
- Reputation and Client Base.
- Innovative Solutions

With whom we join hands

- Piramal Swasthya
- World Health Organization
- Clinton Foundation
- Care Nx
- Nutrition International
- Age Khan Foundation
- Canterbury Christ Church University

INSIGHTS-

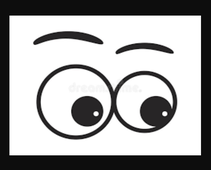
- Continuous learning and development
- Adaptability to changing client needs and market dynamics
- Effective communication with clients
- Collaboration and teamwork
- Focus on delivering tangible value to clients



Barriers faced by the company-

- Managing and retaining top talent.
- Adapting to rapidly evolving technologies and industry trends.
- Navigating complex and diverse client industries and sectors.
- Balancing workload and project deadlines.
- Managing client relationships and addressing client satisfaction concerns.

PRACTICAL EXPOSURE	THEORITICAL EXPOSURE
Implemented These research topics on software.	Dealt with various health research subjects.
Run analytical tools to handle or visualize the data in SPSS-20, Excel, Google data studio and KOBO tool.	Research various analytical tools.
	Learnt how to make literature reviews
	Learned and formed request for proposal(RFP)



USEFULLNESS OF INTERNSHIP-

- Practical experience in consulting operations.
- Skill development in critical thinking, problem-solving, and communication.
- Exposure to various industries and clients.
- Learning the company culture and work environment.

INTERNSHIP PROJECT WORK-

PRACTICE OF MENSTRUAL HYGIENE IN RURAL AND URBAN AREAS IN UTTAR PRADESH

OBJECTIVES-

To make teenage females more aware of menstrual hygiene. to boost rural teenage girls' access to and usage of high-quality sanitary products. to make sure that sanitary napkins are disposed away safely and sustainably.

Methodology

Data source-

The National Family Health Survey (NFHS) fifth-round data have been used in this study (2019–2021). The NFHS is a set of nationally representative cross-sectional surveys that collect data on a variety of demographic, socio-economic, mother and child welfare, reproductive health, and family planning issues.

Statistical model:-

Descriptive statistics were used to understand menstrual hygiene among women's of Rural and urban areas. The data have been analyzed using SPSS-20 software.

Variables Used:-

Used both dependent/in dependent variable.

i) Dependent variable:- Menstrual Hygiene.

ii) Independent variable:- Age, place of residence, education level, religion, marital status, caste, wealth index for rural/urban.

MAIN FINDINGS FROM THE STUDY-

1.Menstrual Hygiene Practices:
- In rural areas, many women used clothes during menstruation, which is considered unhygienic.
- In urban areas, women used more hygienic methods such as sanitary napkins, tampons, and menstrual cups.
- Some respondents did not use any method during menstruation.

2.Age Distribution:
- 21% of the respondents fell within the age group of 15-19 and rest are under 20-24 age group

3.Education Levels:
- Almost 29% of the respondents never attended school.
- About 11% had attained a primary level of education.
- 44% had completed their secondary education.
- The remaining 15% had achieved a higher level of education.

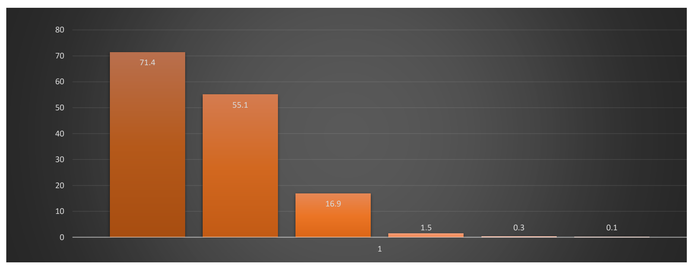
4.Caste Distribution:
- 24% of the respondents belonged to the Schedule caste.
- Only 1% of the respondents belonged to the tribal community.
- 54% fell under the other backward classes.
- 19% belonged to other castes.

5. Marital Status:
- Approximately 67% of women are married, while 29% are married but not in a sexual relationship.
- 2% of women are widowed, 0.2% are divorced, and 0.3% are separated or not living together.

6. Occupation:
- 7% of women work in professional/technical or managerial positions, 1% in clerical roles, 10% in sales, and 8% in services and household domestics.
- 37% of women work in agriculture, and 29% are classified as unskilled or skilled workers.

7. Location:
- 19% of women live in rural areas, while 80% reside in urban areas.
- The proportion of women in urban areas is higher compared to rural areas.

8. Religion:
- The majority of respondents follow the Hindu religion (83%), followed by Muslims (16%), Christians (0%), Sikhs (0.2%), and others (0%).



RECOMMENDATIONS-

Information and suggestions: The need of ongoing awareness efforts and educational initiatives to advance good menstrual hygiene practices is shown by the NFHS-5 data. To reach remote and marginalized groups, break taboos, and give correct information regarding menstruation health, targeted initiatives are required.

2. Cost and ease of access: Menstrual hygiene products should be made widely accessible and reasonably priced, especially in rural regions. The financial obstacles to the availability to menstruation products can be addressed by government efforts, collaborations with NGOs, and subsidies.

CONCLUSION-

In conclusion, the NFHS-5 data on menstrual hygiene offers important insights on the situation and difficulties in India right now. It highlights areas that need attention and intervention while recognising the advancements achieved in menstrual hygiene practises. Policymakers, organisations, and communities may cooperate to promote improved menstrual hygiene practises and safeguard the wellbeing and dignity of those who menstruate across the nation by addressing accessibility, cost, education, and waste management.

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