Summer Placement

in

Shramik Bharti

A Report

By

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MBA Hospital and Health Management

2014-2016

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CERTIFICATE

This is to certify that Dr Shruti Gupta has undergone her summer training at Shramik Bharti, Kanpur from 1st April 2015 to 31st May 2015.The candidate has successfully carried out the tasks assigned to her during the training and her approach to work has been scientific and analytical.

The summer training is in partial fulfillment of course requirement.

I wish her success in all her future endeavours.

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shramik bharti

श्रमिक भारती

To whom it may concern

This is to certify that **Ms. Shruti Gupta**, student of **The IIHMR University, Jaipur** did her Training in Shramik Bharti from **9 April'15** to **10th June'15**. She worked in 'Water and Sanitation' project of Shramik Bharti under the supervision of Mr. Vinod Dubey, Project Coordinator. In this project **Ms. Shruti Gupta** has worked on House hold survey in the slum, Participation in community meeting, 'Awareness on water and sanitation under the project area.

During the training period we found her to be hard working, sincere and intelligent.

We wish her all the success in life.

Dubey

[Vinod Dubey]

Project Coordinator

Dated: September 04, 2015

Place: Kanpur

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I am deeply indebted to Dr. Vijay Pratap Raghuvanshi for successful completion of the project.

I extend my sincere thanks to Mr. Rakesh Pandey and the entire team of Shramik Bharti for without their support and guidance I wouldn't have been able to complete the project and my learning would have not been complete.

I would also like to thank Mrs. Rita Singh of RUTAG, IIT-Kanpur who not only gave me valuable insights about the project but also gave me a project to work on sanitary napkin manufacture.

Last but not the least; I would like to thank God and my family members for the successful completion of the project.

List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
ASHA	Accredited Social Health Activist
BV	Bacterial Vaginosis
MDG	Millennium Development Goals
MHM	Menstrual Hygiene Management
NGO	Non Governmental Organization
RUTAG	Rural Technology Action Trust
TERI	The Energy and Resources Institute
UNESCO	United Nation Education Science Cultural Organization
UNO	United Nation Organization
VVC	Vulvovaginal Candidiasis
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

INTRODUCTION

Shramik Bharti,an NGO at Kanpur has been working in the field of public health since 1986.It is working with 165 slum communities of Kanpur city and about 800 villages in 24 development blocks of Kanpur ,Kanpur Dehat,Auraiya,Fatehpur and Sultanpur districts of Uttar Pradesh reaching out to a population of 1,000,000.

Shramik Bharti aims to help the lowest strata of society by empowering the people. It does this by educating the poor and creating awareness about the issues and guiding and motivating them to reach the solution.

Mission:

To empower poor and underprivileged with special focus on children and women.

Facilitates to enlarge people's choices by assisting them in the capacity building and preparing them for better control of their lives.

Believes in truly democratic society free from exploitations.

OPERATIONAL STRATEGY

- It helps in organising the community around socially relevant issues
- It helps in capacity building of people of community to address the developmental issues and manage them
- It helps in enabling access to services and provisions being provided by the state and market
- It helps in aggregating the community based groups and facilitates them to emerge as community based organisations

PROGRAMS

1) **Sustainable Agriculture Program**:

This project is called Aajivika -2 project which is going on in 30 villages of Shivrajpur block of Kanpur. It is a way to produce healthy food without compromising future generation to do the same.

This project helped small and marginal farmers to improve their sodic land by adopting biological methods by cultivation of green manure, mulching and application of biomass. 938 farmers have reclaimed 356 hectares of sodic land and they are cultivating two crops per year now.

2) **Equine Welfare Program**

Shramik Bharti is working with Brooke Hospital for Animals for capacity building of equine owners and other stakeholders like ferries hair clippers cart makers. 9551 equine animals in 165 brick kilns and 52 villages in Kanpur, Kanpur Dehat,Jalaun,Auraiya and Fatehpur districts have been improved. Drinking water, shade, rolling pads, green fodder ,first aid box, vaccination is being provided to the equines.

3) **Solar Energy Program**

Shramik Bharti and TERI(The Energy and Resources Institute) together has lighted the villages through their initiative of installing solar lantern charging stations.76 such units have been installed in Akbarpur,Maitha,Rasoolabad blocks of Kanpur Dehat and Shivrajpur block of Kanpur.4000 households are being benefitted with this program.

This programme is also providing livelihood to young widows, disabled people ,elderly and poor.

4) **Smokeless Cook Stove Program**
   Indoor air pollution is one of the biggest health hazards for children and women in rural areas.Most of the indoor pollution are caused by traditional cook stoves that are being used by women for cooking food. Shramik Bharti has collaborated with TERI, New Delhi and German Embassy to promote smokeless cook stoves.
   The net price of the cook stoves is Rs.3250 and is available to self help group member for Rs.550 only; the rest is to be paid in nine instalments of Rs.300 per month to the federations.
5) **Biogas Program**

Shramik Bharti along with GAIL constructed biogas plants of 2m3 capacity in 3 villages near their plant in Auraiya district of Uttar Pradesh.

6) **Sponsor A Grandparent Program**

Shramik Bharti has helped 277 elderly persons in 25 self help groups in Akbarpur block. They collect savings and distribute loans and help improve the conditions of elderly.

7) **Grain Banks Program**

This program helps the poor by offering them grains on credit in their hour of need which they can return at time of harvest. Four grain banks are functional in Akbarpur block.

8) **Microfinance Program**

Member managed self help groups are the base for most of the programs in Shramik Bharti.

There are various self help groups which work in close association with urban WASH team and has helped in construction of toilets.

The name of the groups are Boond Bachat Sangh,Prerna Mahila Samiti,Ekta Mahila Samiti and others.

9) Community based Micro Health Insurance Program

It provides financial protection against the cost of illness and improving access to quality health services for low income rural households who are excluded from formal insurance.

This program is running in some rural areas of Kanpur Dehat in collaboration with Erasmus University and Micro Insurance Academy, New Delhi. It is being managed by SHG federation(Shakti Mahila Samiti).Each person had to pay a premium of Rs.199 and they get free OPD ,hospitalization cover, transportation cost and wage loss.1226 people have been covered so far under this scheme.

10. Water and Sanitation Hygiene(WASH) Program

a) Urban Wash Project

Shramik Bharti with the support of WaterAid is working in 150 slums with the communities to improve the Wash situation. About 750 volunteers were prepared as citizen leaders. Wash Committees are formed to take the ownership of community wash assets and deal with sector institutions like Kanpur Municipal Corporation, Jal Kal Vibhag, Jal Nigam,Sulabh International if need arises.

Wash Committees have played a key role in repair of hand pumps, restoration of community toilets, construction of shared and household toilets and hygiene education. These committees help in improving the financial viability of restored community toilets by ensuring user fee collection.

Menstrual hygiene is an important component in these interventions. Schools in and around the targeted communities are sensitized on the importance of Wash services.

b) Rural Sanitation Project

Shramik Bharti has collaborated with Rajiv Gandhi Charitable Trust for Sanitation and Hygeine Initiative through Community institutions of the poor in Uttar Pradesh, India project. The task was to improve usage of toilets by creating awareness. This project is running in 40 gram panchayats of Sultanpur districts of Uttar Pradesh districts.

Shramik Bharti is using Community Led Total Sanitation approach in these panchayats. Menstrual hygiene education is also conducted in 31 villages with 602 adolescent girls and women.35 Ashas and 31 Aaganwadi workers are also trained on this issue.

11. Community Radio Station

Shramik Bharti has constructed a 1100 sq. Feet studio building and developed facilities to broadcast radio programs. A small team if 5 members is engaged in program production and broadcasting.

Waqt ki Awaaz is regularly broadcasting programs on social cultural and livelihood issues.An educational quiz program " Gali Gali Sim Sim" for children n the age of 5-10 years.Program on organic agriculture"jiya mein uthat hilor" continues to draw farmers to radio sets.

In collaboration with Breakthrough, Waqt ki awaaz conducted street theatre show called "bell bajao" in 10 villages on domestic violence. The focus of the show was to motivate community to ring the bell of the house where domestic violence is taking place to stop it.

Various activities like essay writing, games, rally, film show were conducted with adolescent girls and boys on gender and domestic issues. Campaigns on women's property rights, availability of medicines in PHC"S and human rights are conducted.

GENERAL FINDINGS ON LEARNING

- Learnt to write stories in annual report.
- Learnt the importance of proper documentation
- Learnt the importance of community involvement
- Learnt how community leaders were made and motivated them by praising them.
- Learnt how the authorities managed tiffs/disputes in the community
- Watched interconnected submersibles with different vaults with different electricity bills.
- Learnt the art of effective communication.(using sense of humour, asking questions, using stories to simplify concepts)
- Watched a Gobar Gas plant in Mirzapur and learnt how with cheap resource cooking gas can be made.
- Helped in Household survey
- How people of the community stood together for a common goal i.e transformation of the society)
- Learnt the importance of delegating tasks.
- Importance of supportive supervision.
- Learnt the art of making good presentation.
- Learnt the importance of remaining humble even at top position.
- Participated in community survey and learnt about community profiling.
- Learnt about fund flow, budget and financial management.

MENSTRUAL HYGIENE MANAGEMENT AMONG SCHOOL GOING ADOLESCENT GIRLS IN KANPUR

INTRODUCTION

Menstruation is a biological process which is characterised by monthly shedding of uterine lining. It is one of the physical changes that occur at the start of the puberty. It occurs once every four weeks and lasts for 3 to 5 days.

A study conducted by Deo *et al.* reported that the age of menstruating girls ranged from 12 to 17 years with maximum number of girls between 13 and 15 years of age. In the present study, the mean age of menarche of the respondents was 12.8 years, whereas in a study conducted in Rajasthan by Khanna *et al.*, the mean age at menarche was found to be 13.2 years.

It begins to occur for girls between the ages of 9 and 16 years with a mean age of 13 years (Dasgupta and Sarkar, 2008; Jones et al., 2013;Donimirski, 2013). The duration and heaviness of a period influences its management, menstrual products used and frequency of change.

Menstruation is a particularly salient issue because it has a more pronounced effect on the quality and enjoyment of education than do other aspects of puberty. It involves a learning component as well as elements affected by the school environment and infrastructure. These include access to menstrual hygiene materials, latrines and places to change, safe water and sanitation, and good hygiene practices like hand washing with soap. Without these, the school environment is unhealthy, gender discriminatory and inadequate.

Menstrual hygiene is important for well being of girls and women and for maintaining their dignity. Every women and girl has a right to basic sanitation and hygiene.

RATIONALE

Menstrual hygiene management (MHM) is practiced differently in accordance with cultural, social, educational and economic status of the community. Young girls in developing countries often receive minimal instruction on menstrual hygiene because menstruation is seen as taboo by many communities, which makes it extremely difficult

for adolescent girls to acquire necessary information and support from parents and school teachers (Kirk and Sommer, 2006; Shannon et al., 2011; Zinash et al., 2011).

This issue has been neglected in the past; a primary reason is likely the taboo nature of menstruation. Addressing the MHM needs of female students requires paying careful attention to local cultural and social contexts, given the secrecy that surrounds the issue. Many female students encounter challenges in managing their menses within the school environment. Such challenges include: inadequate WASH facilities i.e. insufficient numbers of private, safe and clean latrines; lack of access to clean water within or near toilet facilities for washing menstrual stains from uniforms; and inadequate mechanisms in schools for the disposal of used menstrual materials.

Shannon et al. (2011) conducted research in Kenya and observed that young girls are not generally taught how to control or manage their menstruation, which is a monthly aspect of their lives and has a tremendous impact on the ways a girl views herself and her roles within society. As a result their experience has been confusing, frightening, and shame-inducing (Tjon Ten, 2007; Sommer, 2009; McMahon et al., 2011) and can result in stress, fear and embarrassment, and social exclusion during menstruation (WaterAid, 2009).

Menstruation can cause discomfort and high incidences of pain for a majority of women. It can also cause shifts in mood, depression, vomiting, pyrexia, endometriosis, haemorrhage, migraines, anemia and fibroids (Dalton, 1964; Donimirski, 2013).

Menstruation can potentially cause cancer if cells mistakenly divide uncontrollably (Donimirski, 2013). Whenever a woman ovulates, the egg literally 'erupts' through the wall of the ovary. To heal that puncture, the cells of the ovary wall have to divide. Cancer occurs because as cells divide they sometimes make mistakes that cause new cells to divide uncontrollably. One of the reasons the risk of cancer increases as age increases is that the cells have more time to make mistakes. This means that promotion of cell division on an incessant basis has the potential to increase cancer risk

Poor management of menstruation can result in health problems such as infections of urinary or reproductive tracts (Bhatti and Fikree, 2002), although the route of transmission and the strength of the effects have not been adequately established (Sumpter and Torondel, 2013). The potential risk of contracting blood-borne diseases

such as HIV or Hepatitis B through unprotected sex is also increased during menstruation because the highest concentrations of virus are found in blood (UNAIDS et al., 2004).

As a result many girls suffer from these diseases and their complications can even lead on to the infection being transmitted to the offspring when they conceive (Shanbhag et al., 2012). Therefore hygiene related practices of girls during menstruation are of considerable importance, as it has a health impact in terms of increased vulnerability to health**.**

OBJECTIVE

- To understand the prevalent practices of menstrual hygiene.

- To understand the disposal practices.

- To see the utilisation of Lena Dena Bank**.**

METHODOLOGY

The study was carried out in 4 schools of Kanpur city of Uttar Pradesh.

STUDY DESIGN TECHNIQUE AND SCHOOLS

This was a cross sectional study in which quantative and qualitative methods were applied. Structured questionnaire for girls, observation checklist for school and in depth interviews with teachers and principal was carried out

Sampling Technique

4 Private Co-ed Schools were purposively selected. The sample includes adolescent girls studying in 5^{th} to 12th grades in all four schools.

Sample

A total of 89 girls participated in the survey.

Inclusion: Only those girls who had have menarche and attended the school on the day of survey and willing to participate.

Exclusion: Those girls who had not yet had menarche were excluded.

Interviews conducted with heads of school and with teacher in schools who were responsible for managing Lena Dena Bank.

Lena Dena bank is a collection of about 20 packets of sanitary pads given to each school by Shramik Bharti. Girls in the case of sudden bleeding can take a sanitary pad from the bank and return a new pad the next day.

There are two schools with intervention and two schools without intervention.

SECTION- 2

DATA COLLECTION

It was carried out at school hours with permission from school head and girls were interviewed only after taking informed consent**.** Voluntary willingness from the respondents to participate in the study was sought.

Quantative Method

A close ended questionnaire was used. The questionnaire mainly focussed on economic, demographic factors, knowledge, hygiene, disposal practices regarding menstruation and problems faced during menstruation. Questions pertaining to Lena Dena bank and expenditure on sanitary pads for those using it were also asked.

Qualatative Method

Semi-structured in depth interview was carried out with head of school and teachers regarding utilisation of Lena Dena Bank. It mainly dealt with advantages, disadvantages, suggestions regarding the problems associated with Lena Dena Bank. Observation was done using Pre-designed checklist by visiting into relevant school area that is related to menstrual hygiene management.

To preserve anonymity, all findings are presented without ascribing names.

Section -3

DATA ANALYSIS AND INTERPRETATION

Quantitative data from the survey was analyzed using SPSS 17.0 software. Analysis was done with descriptive statistics mode which computed frequencies, crosstabs, tables and graphs.

Limitations

- Two months time period was insufficient to do study.
- Sample size is small and the size might not represent the entire universe of the study.

- Subject selected purposively which could result in Selection bias.
- The study is cross-sectional in nature so it is difficult to establish causal relationship between dependent and predicting variable.

Ethical Considerations

The investigator ensured that the subjects received a full disclosure of the nature of the study, the risks, benefits and alternatives, with an extended opportunity to ask questions. Students were not coerced to participate in the study and a due informed verbal consent was taken from the respondents. Confidentiality of the respondents was maintained during the study. Respect and dignity of the respondents were maintained during the study. Information received by the respondents will not be misused in any form.

FINDINGS:

Respondents profile

Eighty nine female respondents participated in this study. Nineteen percent of the respondents are from class 10 followed by eighteen percent respondents which are from class 9.Their age ranges between 12-19 years with mean age of 15-24 years. Mothers of most school girls (87 percent) are not gainfully employed (homemakers) and almost half (44 percent) of their fathers were labourers**.**

Adolescent girls Knowledge about Menstruation

More than half of girl respondents (54 percent) have received information from their mothers followed by 42 percent of respondents who have received information from sisters, friends (20 percent), relatives (16 percent),teachers(11 percent).

Source of information of menstruation

2) Cause of menstruation

Only 17 percent of respondents knew that menstruation is a physiological process. A majority of Respondents (79 percent) did not know about the cause of menstruation. Five percent of respondent said it was a curse of God.

Table: 1 Information source and Cause of Menstruation

	Cause of Menstruation		
Information	**Don't Know**	**Physiological**	**Curse of God**

provided by		**Process**	
Mother	40.4	10.1	3.4
Sister	29.2	7.9	4.5
Friend	15.7	3.4	1.1
Relative	11.2	2.2	0.0
Teacher	6.7	2.2	1.1

Multiple responses

From the above table it is clear that although majority of female respondents received information about MHM from mothers, only a few of them know the right cause of menstruation. So, including mothers in the intervention is of utmost importance and it should be ensured that right knowledge is passed on from mothers to their daughters. Only a small number of respondents received information from the teachers and among them only two percent of respondents knew the right cause of menstruation. Therefore, it is necessary to integrate sensitivity training on MHM into teacher training curricula. Aaya had no role in disseminating information to students.

Menstruation and its hygienic management

Only 36 percent of respondents used sanitary pads. Sixteen percent of respondents used both and 49 percent of respondents used cloth. Five percent of respondents reuse old cloth. They wash it with soap and water and dry it in the sunlight.

The above figure shows that majority of girls use cloth (48%) followed by sanitary pad(36%) and 15.7% are using both sanitary pad and cloth. Although girls knew about sanitary napkin as an absorbent material ,most of them used cloth. High cost (33 percent),knowledge and skill gap on how to use sanitary napkin(6 percent),tradition of using cloth (48 percent),shame to buy from shop(6 percent) ,mothers restriction to use(2 percent) were some of the reasons of not using sanitary pad.

Almost half of the respondents use cloth as an absorbent material which is not so hygeinic and it can make an individual susceptible to various diseases. Unclean rags for example, especially if they are inserted into the vagina, can introduce or support the growth of unwanted bacteria that could lead to infection.

As an example, findings from Bangladesh, where 80% of factory workers are women, show that 60% of them were using rags from the factory floor for menstrual cloths. These are highly chemically charged and often freshly dyed. Infections are common, leading to

73% of women missing work for on average six days a month. Women had no safe place either to purchase cloth or pads or to change/dispose of them. (WSSCC 2013).

Studies in India have found between 43% and 88% of girls washing and reusing cotton cloth rather than using disposable pads. It has been found that cleaning of cloths is often done without soap or with unclean water and drying may be done indoors rather than in sunlight or open air due to social restrictions and taboos. These practices may lead to reuse of material that has not been adequately sanitised.

The burden of reproductive tract infections (RTI) is a major public health concern worldwide and RTI are particularly widespread in low income settings. (Wasserheit et al,1989;Bhatti and Fikree,2002). The proportion of this burden that can be attributed to poor menstrual hygiene management (MHM) is not known. RTIs thought to be of most relevance to MHM are the endogenous infections bacterial vaginosis (BV) and vulvovaginal candidiasis (VVC). These vaginal imbalances are primarily non-sexually transmitted and could plausibly be introduced to the reproductive tract through the materials used for absorbing menstrual blood or by poor personal hygiene during the menstrual period. BV has been associated with an increase risk of HIV infection (Sweet,2000;Atashili et al(2008);human papillomavirus infection(Gillet et al,2011) and with adverse pregnancy outcomes(Ugwumandu,2002) amongst others. Vulvovaginal candidiasis has also been associated with HIV infection.(Johnson and Lewis,2008). BV and VVC have similar symptomatic displays with vaginal discharge and irritation although many infections remain asymptomatic.

Only 10 percent of respondents change absorbent material at school. The main reason found out to be fear of other students (boys) and the respondents hesitated to use toilets because they found it to be unhygienic.

It was seen that almost half (50 percent) of the respondents changed absorbent material within 1-4 hours. Thirty two percent of respondents changed absorbent within 4-8 hours. Nine percent of respondents changed in the interval of 8-12 hours and remaining 10 percent in interval of more than 12 hours.

Bath Frequency and material used for cleaning the genitilia

A majority of respondents at schools with intervention bathed according to convenience. Almost all respondents in schools without interventions, bathed daily. While interacting with female students of the schools with intervention it was found that the girls have a perception that bathing will increase their menstrual blood flow so one should not take bath during periods. Another major belief is one should take bath on the first, third and fifth day.

Eight percent of respondents took bath when finished with their periods. Twenty three percent of respondents used water for cleaning genital parts and rest used soap and water. Sixty seven percent of respondents keep track of dates of the period.

MENSTRUATION WITH ABSENTEEISM

In the present study, twenty six percent of girl respondents do not attend school during menstruation. Numerous studies have shown that girls who go to school without proper wash facility tend to remain at home during menstruation (LaFraneire, 2005; Nahar and Ahmed,2006;Wateraid,2009).

Kristof (2009) writes education experts increasing believe that a cost-effective way to keep school girls from dropping out in poor countries is to help provide them with menstrual and sanitation facilities. In the same study 24.8 percent of girls reported having been absent from school or classroom due to cause related to menstruation facilities such as lack of soap, lack of hand wash facilities in toilets, inadequate water and lack of doors on toilet that provide privacy. Inability of girls to wash themselves with soap during menstruation is potential main contributory factors to absenteeism and diseases.

Fifty seven percent of respondents didn't attend school during menstruation due to shame or fear of leakage or staining .Seventeen percent of respondents do not attend school due to lack of disposal system for absorbent material at school. The reasons for low attendance in class is due to menstrual related problems such as pain, fear of menstrual blood leakage and discomfort and shame sitting beside male students (Tegnene and Sisay2014).Only 10 percent of respondents change absorbent material at school.

LENA DENA BANK

A majority of respondents (89 percent) prefer going back home in case of sudden bleeding. Two percent respondents carry absorbent material in bag. Eight percent of respondents take pad from Lena Dena bank.

Two schools where intervention took place, female teacher and principal managing Lena Dena Bank were interviewed. In one of the school with intervention, teachers had no

information about the bank. The Principal of the school told that Lena Dena Bank was not being utilized at all. When asked how she would promote the use of Lena Dena Bank she told that she would have a meeting with teachers. She further told that students want the sanitary pads for free or they prefer to be absent during periods.

In another school with intervention, female teacher told that Lena Dena Bank had been working since two years. When asked about the problems associated with Lena Dena Bank, she told that students can't return pads due to lack of money. She gave certain suggestions about Lena-Dena bank:

1. Take 50 paisa from students if they are unable to pay.
2. Give sanitary pads free to students who are unable to pay.

The Principal of other school when asked about the advantages of Lena Dena Bank told that the girls don't have to buy sanitary pads from shop and they don't bunk school. She told that students were returning pads. She would continue the practice and teachers would have to be stricter with students so that they return pads .Teachers would maintain registers about Lena Dena Bank and make Student's Committee.

DISPOSAL PRACTICES OF RESPONDENTS

A majority of respondents (60 percent) throw used absorbents in nullah or open land. Thirty nine percent of respondents throw used absorbents in the dustbin. One out of 100 respondents disposes her absorbent material by digging deep in soil. Whilst the MDG set targets for environmental sustainability and access to improved environmental sanitation, safe disposal of solid waste remains a daunting challenge and a major environmental hazard on low and middle income countries (Waithera Eva, 2014).

PRACTICES FOOLOWED AT HOME

Almost all respondents (100 percent) were not allowed to participate in religious ceremonies or go to religious places. Forty three percent of respondents were not allowed to eat sour food items .Eighteen percent of respondents were not allowed to enter kitchen. Eleven percent of respondents were not allowed to play sports and six percent respondents had a separate sitting area.

PROBLEMS FACED DURING MENSTUATION

A majority of respondents (69 percent) experienced stomach ache. More than half (59 percent) had poor appetite, backache (35 percent) ,other(15 percent)which included pain in hands and legs, nausea (5 percent) and headache(1 percent)

Key Findings from Qualitative Data

It was observed in all the four schools there was no tap for water supply instead there were drums filled with water. The facility of washbasin with soap were absent in all schools. Dustbin, incinerator and full length mirror were found to be missing in all schools.

It was seen that toilets had broken door, toilets had neither door nor roof, and flimsy curtain was used as a door in one toilet. This could be a reason why girls hesitate to use the toilets and also the reason for their absence in schools during periods.

SUGGESTIONS:

1) Promotion of low cost sanitary pad.

2) Teachers need to teach a comprehensive curriculum consisting of reproductive system and menstrual hygiene management.

3) Establish peer club in schools mentored by female teachers and older girls so that girls can openly talk about their problems and get solutions and motivate girls to create awareness about MHM in their communities also.

4) Integrate sensitivity training on MHM into teacher training curricula.

5) Lack of soap, hand washing facilities and privacy which are important determinants for proper practice of menstrual hygiene has been identified as main problems. Simple design innovations should be incorporated to effectively and efficiently enhance MHM facilities in school for girls and female teachers. These designs may include privacy screens, full length mirrors, dustbins for disposal, incinerator, buckets of water inside toilet and door with lock on stalls.

6) Inclusion of locally affordable sanitary pads can enhance further reduction of infectious diseases and other discomforts the girls face every month.

7) Utilisation of sanitary pads from Lena Dena bank is low. In one of the school with intervention, students and teachers were unaware of such a facility. Steps should be taken to disseminate knowledge about Lena Dena bank to both teachers and students through meetings. Students should be motivated to use the facility provided in case of sudden bleeding.

8) Schools need to keep a record to see if the sanitary pads are being returned or not.

9) Schools need to use appropriate technology such as incinerators for sanitary pad disposal.

10) Involve religious leaders to break the silence around menstrual hygiene management.

CONCLUSION:

Adolescents need to have accurate and adequate information on appropriate menstruation hygiene management. When taught beforehand, girls would be better prepared emotionally, and psychologically for the experience of menstruation and will have fewer negative reaction, they would be able to better care for themselves during menstruation, especially learning about hygiene practices including proper disposal of menstrual products.

ANNEXURE-Tools

ekSf[kd lgefr gsrq izi=

fnukad%

esjk uke gSA ge yksx **egzkokjh** ls lacaf/kr tkudkjh gkfly djus ds fy, v/;;u dj jgs gSaA ge blesa vkidh Hkkxhnkjh pkgrs gSaA ge vkids fopkj tkuus ds fy, vkils ckrphr djsaxsA gekjh ;g ckrphr 10 feuV esa iwjh gks tk,xhA ge vkids fopkjksa / tokcks dks iw.kZr% xqIr j[ksaxsA

vkidh bl v/;;u esa Hkkxhnkjh LokSfPNd gSA viuh lqfo/kkuqlkj fdlh Hkh iz"u dk tokc nsus ;k u nsus ds fy, vki Lora= gSaA vkidh Hkkxhnkjh ls v/;;u dks dkQh enn feysxhA

D;k vki bl losZ{k.k@v/;;u ds ckjs esa dqN iwNuk pkgrs gSa \

Ikzfroknh ds iz'uksa dk tokc nsa

D;k vc eSa lk{kkRdkj izkjaHk dj ldrk/ rh gw¡A

lk{kkRdkj ysus okys dk gLrk{kj ---------- fnukad ----------

Please Tick the Appropriate Answer

Respondents code: _____ (Official Use) Name of school: _____

Area/City Name : _____ Location of school: ☐ Rural ☐ Urban

1. Class in which you are studying : _____
2. Age (Completed age in years) : _____
3. How many Brothers and Sisters you have? Brothers _____ Sisters _____
4. How many elder sisters you have? Elder Sister _____
5. Father's occupation : ☐ Farmer ☐ Pvt. Service ☐Government service ☐ Unemployed ☐ Retired ☐ Other _____
6. Mother's occupation: ☐ Farmer ☐ Pvt. Service ☐Government service ☐ Housewife ☐ Retired ☐ Other _____

□□ ge yksx **egzkokjh** ls lacaf/kr tkudkjh gkfly □□□□□□A vkidh bl v/;;u esa Hkkxhnkjh LokSfPNd gSA viuh lqfo/kkuqlkj fdlh Hkh iz"u dk tokc nsus ;k u nsus ds fy, vki Lora= gSaA vkidh Hkkxhnkjh ls v/;;u dks dkQh enn feysxhA

7. At what age your first Menstrual period /menarche started? Age _____ Yrs
8. Do you have regular monthly periods? ☐ YES ☐ NO
9. Did you ever receive any education /support on menstrual hygiene? ☐ YES ☐ NO*(If Yes Ref Q: 10)*
10. Who provided you with the education /support on menstrual hygiene?
    (Multiple Response Possible)
    ☐ Mother ☐ Sister ☐ Friend ☐ Relative ☐ Teachers ☐ Aaya ☐ Other _____
11. What is the cause of menstruation? ☐ Don't Know ☐ Physiological process

☐Curse of god

12. For menstrual hygiene what do you use

☐ Sanitary pad ☐ Cloth ☐ Sanitary pad and cloth ☐ Pad of ash and cloth

☐ Others_____ specify (if use sanitary pad skip to Q:16)

13. If you use cloth ,what kind of cloth you use? ☐ Cotton ☐Synthetic ☐Woollen ☐Other_____

13. How do you wash reusable cloth? ☐ Water ☐ Soap and water ☐ Others_____

14. Do you reuse cloth, if yes where do you dry it?

☐ Shade ☐ Sunlight ☐ House ☐Other_____

15. Reasons for not using sanitary pad? ☐ High cost ☐Difficult to dispose ☐ Shame to buy from shop ☐ Lack of knowledge on how to use ☐ Tradition of using cloth ☐Unavailability in their area ☐ Mothers restriction not to use it ☐ Other_____

16. In how many hours do you change pads/cloth?

☐ 1-4 hr ☐ 4-8 hr ☐ 8-12 hr ☐ >12 hour

17. a) Do you change absorbent material at school? ☐ Yes ☐ No

b) If not, Why?

☐ Absence of separate toilet for female student ☐ Fear of other students ☐Lack of water source ☐ Shortage of sanitary napkin/absorbent material ☐Other_____

18. Do you wash hands with soap and water before and after using pads? ☐Yes ☐No

19. Bath frequency during periods- ☐ Daily ☐ 1st day ☐2nd day ☐3rdday ☐ When finished with period ☐ As per convenience

B) How do you clean your genitals parts ☐ Soap and water ☐ Water ☐Other_____

20. If you use sanitary napkin who buys it for you? ☐Mother ☐ Father ☐ Sister ☐You

21. Do you keep track of dates of your period and roughly estimate your next date ☐Yes ☐ No

22. Do you attend school during periods? ☐ Yes ☐ No

23. What would you do if you were in school and suddenly bleeding starts?

☐ Go back home ☐ you have absorbent material in bag

☐ Take pad from Lena Dena bank ☐ Other_____

24. Reasons for being absent during menses:

☐ Shame/fear of leakage or staining ☐ Have no absorbent material to manage period at school ☐ No toilets to manage period at school ☐ Lack of continuous water supply ☐ Lack of disposal system for pads /clothes ☐ Other_____

25. If you use sanitary pad how much monthly expense is incurred (brand ,no. of pads used)

_____

26. How do you dispose sanitary pad:

☐ Dustbin ☐ Incinerator ☐ digging deep in soil ☐ Burn

☐ Throw in nullah or in open land ☐ Others_____

27. What are the practices followed at home? ☐ Separate sitting area ☐ Cannot go to religious places ☐ Cannot participate in religious ceremonies ☐ Cannot go to kitchen ☐ Cannot consume sour food items (pickle/tamarind /curd) ☐ Cannot touch other person ☐ Not allowed to attend marriages ☐ Should not bathe ☐ Not allowed to play sports ☐ Other_____

28. What are the problems you face during menstruation

☐ Stomach ache ☐ Backache ☐ Nausea ☐ Headache ☐ Poor appetite ☐ None ☐ Other_____

Thanks

Aayas perspective

Q1)What is Lena Dena Bank?

_____

_____

Q2) What are the advantages of Lena Dena Bank?

☐ Its useful in case of emergency bleeding ☐ Its useful if a girl undergoes menarche and she is unprepared ☐ Other_____

Q3) What are the disadvantages of Lena Dena Bank?

_____

_____

Q4) Do you keep record of Lena Dena Bank? ☐ Yes ☐ No

Q5) Do the students return the sanitary napkins? ☐ Yes ☐ No

Q6) What do you do if they don't return sanitary napkins?

☐ Do nothing ☐ Remind them politely ☐ Scold them ☐ Inform higher authorities

Q7) What are the problems with Lena Dena Bank? Is it getting refilled?

☐ Students are not returning the sanitary pad ☐ Management does not have funds to continue the practice ☐ Other_____

Q7) How do students dispose sanitary pads?

☐ Dustbin ☐ Incinerator ☐ Open land ☐Other_____

Perspective of Female Teacher

Q1)What are the advantages of Lena Dena Bank?

_____

_____

Q2)What are the disadvantages of Lena Dena Bank?

_____

_____

Q3)What are the problems associated with Lena Dena Bank?

_____

_____

Q4) Has the openness between the students, teachers and management increased due to this bank? ☐ Yes ☐ No

Q5)What are your suggestions regarding the problems associated with Lena Dena Bank?

_____

Perspective of management/principal

Q1) What are the advantages of Lena Dena Bank?

_____

_____

Q2) What are the disadvantages of Lena Dena Bank?

_____

_____

Q2) Are the students returning pads? ☐ Yes ☐ No

Q3) If the pads are not being returned then do you plan to continue the practice? ☐ Yes ☐No

Q4) How do you plan to continue the practice?

_____

_____

_____

School Observation list

1. Name of School
2. Type of School ☐ Girls ☐ Co-Education
3. Category of School ☐ Government ☐ Private ☐ Other
4. Facility for separate toilet for girls ☐ Yes ☐ No
5. Toilet in working condition ☐ Yes ☐ No
6. Water supply in the toilet

   ☐ No water supply ☐ Continuous water supply ☐ Discontinuous water supply
7. Washbasin with soap in the toilet present ☐ Yes ☐ No
8. Dustbin in the toilet ☐ Yes ☐ No
9. Incinerator ☐ Yes ☐ No
10. Incinerator in working condition ☐ Yes ☐ No
11. Full length mirror ☐ Yes ☐ No

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