

Menstrual Hygiene Management Intervention in Jaipur An Impact Assessment



Institute of Development Studies
Jaipur

Acknowledgement

This assessment has been made possible with the support and help of many individuals. First and foremost we would like to express our gratitude to all the girls who participated in this study across the sample schools and CFAR intervention areas, for sharing their views and experiences on the subject and UDAAN scheme.

We would like to place on record our appreciation for support of all teachers, coordinators, Asha Sahyogini, Mahila Arogya Samiti members, Anganwari workers who gave us their time and facilitated the study.

We would like to express our thanks to the CFAR Jaipur team for providing continuous support during the course of the study and for facilitating interactions at the field level. The several rounds of discussions also helped in understanding the nature of CFARs intervention in these areas and the challenges therein.

We are grateful to our team of young researchers Sangeeta, Neeru, Sunita and Vipula for undertaking field work. Special thanks are due to Salma and Suman from SANDHAN, Jaipur for their immense support during field work and documenting the interactions.

Finally, we are thankful to CFAR for providing support to undertake this study on a critical issue impacting adolescent lives.

Shobhita Rajagopal, Kanchan Mathur, Radheyshyam Sharma

Abbreviations

ASHA	Accredited Social Health Activist
ARC	Adolescent Resource Centres
AWC	Aanganwari Center
AWW	Aanganwari Worker
CFAR	Centre for Advocacy and Research
CSO	Civil Society Organisation
DWCD	Department of Women and Child Development
FGD	Focus group discussion
GOI	Government of India
GOR	Government of Rajasthan
KGBV	Kasturba Gandhi Balika Vidyalaya
NRHM	National Rural Health Mission
MAS	Mahila Arogya Samiti
MHM	Menstrual Hygiene Management
NGO	Non-Government Organisation
OBC	Other Backward Classes
RTI	Right to Information
RKSK	Rashtriya Kishori Swasthya Karyakram
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
SC	Scheduled Caste
SHG	Self Help Group
SSA	Sarva Sikhsha Abhiyan
STI	Sexually Transmitted Infections
WSH	Water, Sanitation and Health

Table of Contents

Acknowledgement

Abbreviation

Executive Summary

Chapter I: Introduction

Chapter II: Socio-Economic Profile of Girls

Chapter III: Knowledge, Awareness and Practices around Menstruation

Chapter IV: Schooling and Menstrual Hygiene Management

Chapter V: UDAAN Scheme and Distribution of Sanitary Napkins

Chapter VI: Emerging Concerns and Way Forward

Executive Summary

1. The onset of menstruation is one of the important changes that occur in the lives of adolescent girls and brings with it many challenges. Poor menstrual hygiene and inadequate self care are major determinants of morbidity and other complications among this age group. Menstruation is often dealt with secrecy in many cultures and communities. In the Indian context many restrictions are placed on women and girls during menstruation and the tradition of excluding menstruating women and girls from activities continues.
2. The Government of Rajasthan has taken the initiative to expand the free distribution of sanitary napkin scheme to urban areas, though it was primarily mandated for the rural areas. The free sanitary napkin distribution scheme called “UDAAN” was launched by Government of Rajasthan in July 2015. Under this scheme, around 2 million girls, both school going and non-school going and 233 thousand girls from slums areas were to be covered. CFAR had taken an active role in advocating for the distribution of sanitary napkins in urban slums of Jaipur.
3. The present study was undertaken on behalf of CFAR to understand the efficacy of the free sanitary napkins distribution program and assess the direct and the collateral benefits that have ensued to girls who were addressed as part of the Hygiene Management interventions across schools and CFAR intervention areas/slums in Jaipur. The specific objectives of the study are (i) to measure the efficacy in terms of the level of knowledge and practices related to management of menstrual hygiene internalized by the girls and their caregivers and mentors both at home, community and school post the programme(ii) to study the value chain from the administrative management, distribution pattern, availability and access to toilets and bins for disposal at community and schools level (iii) to suggest measures across stakeholders to improve the intervention.
4. This impact assessment has made use of both qualitative and quantitative methods of inquiry and data collection. The study covered 5 government schools where the procurement agency had directly distributed the sanitary napkins and 12 slums where CFAR had facilitated the distribution of sanitary napkins.
5. Quantitative data was collected through a survey tool which was administered to respondent girls- primarily consisting of school going sanitary napkin users and non-school going users. A total of 270 girls (130 school going and 140 non school going girls) across 5 government schools and 12 slums in Jaipur city, where sanitary napkins had been distributed under the UDAAN scheme. The qualitative research methods i.e. Focus group discussions, in depth interviews, case study methods helped capture the knowledge and practices of girls and the processes related to the launch of UDAAN scheme
6. The socio economic profile of girls presented shows that the girls covered in the sample were in the age group of 10 to 20 years. A higher proportion (47.8 percent) was in the age group of 16-18 years. Majority girls were from disadvantaged backgrounds with higher proportion of school going girls (47 percent) from SC; followed by general caste and OBC. The educational status of family members of respondent girls reveals that 26.7 percent family members were educated upto

primary levels; 18.8 percent family members had been educated upto upper primary levels; and 21.8 percent had completed education upto secondary and senior secondary levels. A higher proportion of mothers of respondent girls (70 percent) was not literate or could just put their signatures. Many girls were also involved in economic activities like bangle making, *nagina* work, *aarri-tarri*, and working as domestic helps and were contributing to family income.

7. A range of terms are used to describe the menstrual cycle by girls covered in the sample. The most common term used by majority girls is Period; followed by the term MC. The respondent girls had started menstruating between the ages of 10-15 years.
8. Majority girls (73.3 per cent) reported that they were not aware and did not have any prior information regarding menstruation before they started their first period. The study also reveals that a higher proportion of non-school going girls reported not having any information regarding menstruation compared to school going girls; most girls also reported that they were not even prepared for menstruation. Most of the girls reported that they got their first information about menstruation mainly from their mother; followed by those who had consulted sisters.
9. A higher proportion (73 percent) of both school going and non school going girls used sanitary napkins as absorbent during menstruation. The usage of sanitary napkins was higher among school going girls and use of cloth was comparatively higher among non-school going girls. Disposal of sanitary napkin/cloth is an important aspect in the context of menstruation. Majority girls reported that they dispose the sanitary napkins in dustbins.
10. A number of problems were cited by both school going and non school going girls during menstruation. A higher proportion of girls (68.9 percent) reported that they had menstrual cramps during menstruation. They also complained of body ache and weakness. Some girls also reported having nausea and vomiting during menstruation.
11. Menstruation continues to be a subject around which there is a culture of silence both within family and community. 88 percent of all school going and non-school going girls had a negative feeling about menstruation and considered menstrual blood as *ganda* i.e unclean / impure blood that comes out of the body. The concept of ritual pollution and stigma of impurity around menstruation is deeply ingrained across social groups and communities. Both school going and non school going girls adhered to many restrictions imposed by family members. These include- not visiting temple or religious places, not cooking or entering the kitchen, not serving food to men, not touching pickle, water pot and so on. Restrictions on mobility did not emerge as a significant factor.
12. A high proportion of girls (83.8 per cent) reported that they attended school during menstruation. The girls who reported not going to school during menstruation usually missed one day of school due to abdominal cramps and pain.
13. The main problems encountered in the school during menstruation: discomfort due to due to menstrual cramps; fear of staining, difficulty to carrying pads and changing since boys are there in the school; lack of covered dustbins in toilets makes disposal difficult; there is no soap in the toilets and there is no separate room where girls can

rest. The girls also reported that in the absence of water facilities the toilets in the school were not clean; girls often threw the used sanitary napkins inside the toilets making them unusable. There are no forums in schools where girls can discuss issues related to menstrual health and hygiene.

14. All the school going girls covered in the sample had received sanitary napkins in their schools under UDAAN. 70 per cent girls also reported that instruction on usage and disposal was given at the time of distribution. The napkins had been distributed between the months of July to September 2015. However the distribution pattern presents a mixed picture.
15. Majority girls reported that the sanitary napkins lasted only for a period of two months; for those who shared the napkins with other female members in the family, the packets lasted only for a month. Even though the distribution of free sanitary napkins has not been regular; 83 percent of respondent girls reported that they continued to use sanitary napkins.
16. Both school going and non school going girls in schools and in slum areas felt that the UDAAN scheme has been beneficial. It had helped in saving money on sanitary napkins and also saved the effort of purchasing them from the market. The girls suggested that government should ensure regular supply of napkins in schools and slum areas along with initiating discussions on menstrual health and hygiene on a regular basis.
17. The assessment clearly indicates that creating gender friendly and health promoting initiatives are essential for addressing puberty and menstruation challenges. The continuous engagement of CFAR with adolescent girls and service providers has benefitted the girls. However it is important not only to address the practical issues of menstrual management but also empower girls with information about their bodies.
18. Some recommendations that emerge out of this study are :
 - Menstrual Hygiene Management should be brought centre stage within policy discourse as issues of body awareness are critical to adolescent empowerment. It is essential to break the silence on the issue of menstruation.
 - Given the poor awareness levels and lack of information on menstruation alongwith impact of cultural beliefs, it is important to leverage and converge with different government schemes like SABLA, RKSK, SSA/KGBV, RMSA to systematically reach out to adolescent boys and girls with relevant information.
 - A well informed continuous school education and empowerment programme should be initiated to minimise stigma and break the silence around menstruation and to promote safe menstrual hygiene and sanitary practices among both boys and girls.
 - Continuous and systematic training and capacity building of frontline workers like Anganwari workers, Asha Sahyogini, teachers on issues related to menstruation and menstrual hygiene management is essential. It is essential to engage with men and boys on issues of menstruation. NGOs and civil society organisations can take a lead in initiating these dialogues and interventions.
 - The UDAAN scheme initiated by GOR has been a positive step and most girls had benefitted from this scheme. There is a need to streamline guidelines and putting monitoring mechanisms in place. This needs to be addressed on a

priority basis. To ensure that behaviour change is sustained, it is critical that there is continuous and regular supply of napkins. It is difficult to change habits if sanitary napkins are supplied intermittently. The coverage under this scheme should be made universal i.e. both urban and rural girls should be included in the scheme.

- There are many groups producing low cost Sanitary Napkins at local levels in the State; given the demand and inability of many girls to source from the market it would benefit to explore the opportunities and link up with these groups.
- More research on linkages between girls' health, menstruation and education is required to gain more nuanced understanding of cultural significance of menstruation, girls' attitudes and experiences and how these are changing over time with impact of modern influences.

Recommendations by girls regarding the UDAAN scheme:

- Government should ensure regular supply of sanitary pads to all school going and non-school going girls in both urban and rural areas.
- The sanitary napkins should be distributed every month.
- Sanitary napkins should be made available at the AWC and a nominal price could be charged from girls.
- The quality of sanitary napkins should be improved.
- Information regarding menstruation and usage of sanitary napkins should be given to all girls in schools both in rural and urban/ slum areas.

Chapter I Introduction

The onset of menstruation is one of the important changes that occur in the lives of adolescent girls and brings with it many challenges. Poor menstrual hygiene and inadequate self care are major determinants of morbidity and other complications among this age group. Menstruation is often dealt with secrecy in many cultures and communities. In the Indian context many restrictions are placed on women and girls during menstruation and the tradition of excluding menstruating women and girls from activities continues. Recent studies undertaken in India and Rajasthan have assessed the knowledge, attitude and practices regarding menstruation and hygiene; and have qualitatively documented experiences of menstruation, some in schools (Chote et.al 2014; Yasmin et al 2013, Dube and Sharma, 2012; Mudey et.al 2010; Khanna et al 2005; Shukla 2005). Most of these studies point out that the knowledge and information about menstruation was poor among the adolescent girls and the taboos and restrictions continue to inhibit participation of girls in the public sphere. Adolescent girls also suffer from various reproductive health problems associated with menstruation due to lack of proper menstrual management and hygiene. In the years of adolescence it is important to establish menstrual hygiene concepts and practices and promote self confidence among girls.

Good menstrual hygiene is crucial for the health, education, and dignity of girls and women. Equipping adolescent girls with adequate information and skills on menstrual hygiene and its management helps in empowering them with knowledge which enhances their self-esteem and positively impacts academic performance.

MHM guidelines GOI, 2015

In the context of Rajasthan according to recent media reports, around 10 million out of 30 million women and girls were found suffering from infections; among those women suffering from Reproductive Tract Infections, around 70 per cent did not use sanitary napkins. The situation is worse in rural areas and less developed regions. It has been estimated that around 70 per cent women are not able to afford sanitary napkins. In any district hospital around 50 per cent female OPD cases relate to Reproductive Tract Infections, and to a significant extent this is attributed to poor hygiene practices during menstruation (Dainik Bhaskar, 25 May, 2015).

In 2011-12, a Menstrual Hygiene Program was initiated in the State under the National Rural Health Mission and implemented in 7 selected districts- Jhunjhunu, Sawai Madhopur, Alwar, Bhilwara, Chittorgarh, Bundi and Ajmer. The scheme reached out to rural girls in the age group of 10-19 years. Under the scheme, a packet of 6 sanitary napkins were sold to the girls by the ASHA at the cost of Rs. 6 per packet. Of the Rs. 6 ASHA used to deposit Rs. 5 per packet to the government and take Rs 1 per packet as incentive. The Union Ministry of Health and Family Welfare directly supplied these sanitary napkins to the block offices. In the year 2014-15 the Government of India had approved expansion of this program to 16 districts and once again rural populations were reached out to. In 2015-16, the number of districts decreased from 16 to 12.

The Centre for Advocacy and Research (CFAR) as part of its Water, Sanitation and Health intervention initiated a baseline study in 2012 on sanitation practices among 235 families

residing in 7 urban slums of Jaipur. This study pointed out that a majority of women and girls in urban slums were using cloth as absorbent during menstruation. It was also evident that majority women used the same cloth more than once; and drying the used cloth in the open was an issue. The study also showed that a majority of the women and girls suffered from problems like itching, white discharge, foul smell, pain in the lower abdomen and painful menstruation among others.

Another study carried out by CFAR in 2015 on “Status of Health, Sanitation and Hygiene in Government Schools of Jaipur” across 105 government schools showed that out of 79 schools, including girls’ schools and co-education schools (primary level and boys schools excluded), 25 schools (23.8 per cent) provided sanitary napkins to girls but not on a regular basis. In 51.4 percent schools sanitary napkins were not provided and girls were often sent back to their homes. In 41.0 per cent schools it was reported that sometimes girls carried their own napkin, and in 14.3 per cent schools it was arranged from the market. Many girls dropped out of school too or found it difficult to attend classes during their periods. They often experienced acute embarrassment, sense of shame and low self-esteem (CFAR, 2015)

These evidence based studies were shared by CFAR at State level workshop with NHM and Department of Medical and Health, Government of Rajasthan. In one of the workshops adolescent girls from urban slums in CFAR intervention areas demanded distribution of “Free Days” sanitary napkins in urban slums too. Due to the consistent advocacy and pressure at the National and State levels by CFAR, the scheme was expanded to include all girls from 10 to 19 years.

Rationale for the Study

This assessment stems from the work of CFAR in urban areas of Jaipur since 2009. This work has been carried out in two phases. In the first phase i.e. 2009 onwards; they started working intensively with the community across different slums of Jaipur city. They formed a total of 14 forums in Jaipur of women, adolescent girls and youth in Jhalana Kunda, Soot Mill colony, J.P.colony, Ambedkar Nagar, Baba Ramdev Nagar, BrijlalPura and Rajiv Nagar. Community members were capacitated to demand for better services and their rights. Extensive interactions and discussions were held among forum members on Menstrual Hygiene management, hand washing practices, water management, proper disposal of waste, use and disposal of sanitary napkin, reproductive health, construction and use of toilets to reduce open defecation.

In addition, 45 Health campaign/peer leaders were also given training so that they could play the role of community advocates on various development issues related to slum areas. CFAR has also been consistently mobilizing the community through small group meetings and capacity building workshops; also providing knowledge to file RTI/Petitions and applications. Community members have also been sensitised through various campaign led by government departments i.e. Polio campaign, Mission *Indra dhanush* related to immunization, Breast feeding week, *SnahMitraShivir*, facilitated through Health camps, STI/UTI screening camp, exposure visits.

In the second-current phase, while the focus of CFAR, is on strengthening work with the community, a constant effort has been made to leverage the various programmes that have a strong sanitation, health and/or a gender component.

Keeping this in mind CFAR has continuously engaged and networked with nodal departments like - Department of Women Empowerment, Department of Education, and Sarva Shiksha Abhiyan, Department of Health and Nutrition, and State/National level programmes like National Urban Health Mission, SABLA, and Jaipur Municipal Corporation.

The past 4 years has been an intensive period of activities, forging partnerships, linkages, re-visiting strategies, strengthening community forums, among others. CFAR has worked at multiple levels of crystallizing the demands of the community and using programmatic spaces and opportunities to partner with the government machinery towards making the government more responsive towards the needs of the urban poor community.

Towards these endeavours the approach has been to use varied set of advocacy components from capacity building to petitioning to even advocating at the highest authority in the State. While in some cases the efforts have yielded concrete results, in others they have taken the first step towards change.

The constant demand from active adolescent groups in the field has led to further exploring partnerships with structures, wherein the young girls can have access to better services, in-depth information, and options of livelihood, among others. In this regard the CFAR team engaged with NRHM and found out that NRHM has a special provision for adolescent young girls and boys- namely Kishor/KishoriMaitreyiSwasthya Clinic (Adolescent Friendly Health Services-AHFS); under which free sanitary napkins are provided and girls and boys are given life skill education. But this initiative is restricted only to rural areas. Therefore, CFAR advocated intensely that girls in urban areas should also be covered under the free distribution of napkins scheme of the government.

Launching of UDAAN

The Government of Rajasthan has taken the initiative to expand the free distribution of sanitary napkin scheme to urban areas, though it was primarily mandated for the rural areas. This decision was influenced by the constant advocacy done by women and girls from the slums of Jaipur with the support of CFAR. They highlighted the health repercussions faced by girls who were not able to use sanitary napkins. CFAR was also involved in selecting and assessment of the appropriate product from available brands of sanitary napkins. Based on the feedback and the majority opinion, “Soft Touch” was finally selected as the product to be distributed to the girls.

On 11 July 2015, the free sanitary napkin distribution scheme called “UDAAN” was launched by Government of Rajasthan. Under this scheme, around 2 million girls, both school going and non-school going and 233 thousand girls from slums areas were to be covered.

During launch of the scheme, 200 girls from schools and 70 girls from slum areas were provided with a three-month stock of sanitary napkins. Each packet contained eight pieces. The selected enterprise was given work order to supply 100 thousand sanitary napkins and they supplied 50,000 napkins in the first phase. Till 5 November, 2015 around 45500 napkins had been distributed to 15000 girls - 12500 school going girls and 2500 girls residing in the slums. The scheme was to be further expanded in a phased manner in seven districts of Jaipur, Bikaner, Jodhpur, Bharatpur, Udaipur, Ajmer, Kota by 2 October, 2015 and to all districts by 8 March, 2016.

It has been estimated that Rs. 400 million would be required for distribution of sanitary napkins to 2 million girls and Rs. 54 million for free distribution of sanitary napkins to 300,000 girls from urban slums. One packet of sanitary napkin costs around Rs. 15.

Given the decisive steps taken by the government to address this issue, it was decided that an impact assessment be conducted to understand the efficacy of the free sanitary napkins distribution program and assess the direct and the collateral benefits that have ensued in the Hygiene Management interventions across schools and slums of Jaipur where CFAR had intervened to change practices.

However, during the initial discussions between CFAR and IDSJ it was decided that any short term intervention of two to three months did not merit an impact assessment. It was mutually decided that the study would focus more on impact at personal level rather than focus on wider impact. The findings of the study therefore need to be viewed in this context.

Objectives of the Study

The specific objectives of the study are:

- To measure the efficacy in terms of the level of knowledge and practices related to management of menstrual hygiene internalized by the girls and their caregivers and mentors both at home, community and school post the programme.
- To study the value chain from the administrative management, budgetary provision, procurement norms, distribution, availability and access to toilet and bins for disposal at community and schools and factors that contributed to it.
- To suggest measures across stakeholders to improve the intervention.

Methodology and Sample

This impact assessment has made use of both qualitative and quantitative methods of inquiry and data collection. The study covered 5 government schools where the procurement agency had directly distributed the sanitary napkins and 12 slums (also intervention areas of CFAR) where CFAR had facilitated the distribution of sanitary napkins. Initial visits were made to the schools where distribution had been carried out and necessary permissions were sought from the school management to carry out the survey and meetings with girls. The non school going girls in the slum areas were identified with the support of CFAR team. The field work for data collection was carried out in the months of April and May, 2016. Data entry, analysis and report writing was completed in the months of June 2016.

Quantitative data was collected through a survey tool which was administered to respondent girls- primarily consisting of school going sanitary napkin users and non-school going users.

The qualitative research methods i.e. Focus group discussions, in depth interviews, case study methods helped capture the knowledge and practices of girls and the processes related to the launch of UDAAN scheme. FGDs were also carried out with ASHA sahyogini and members of Mahila Arogya Samiti (MAS) and mothers of girls in the slum areas. These meetings were facilitated by CFAR team.

Components	Tools	Data collection site	Consent
Girls enrolled in School	Focus group Discussions Individual survey format (130 girls)	5 Schools and 12 Slum areas	Informed Oral consent
Non school going girls	Focus Group Discussion Individual survey format(140 girls)	12 Slum areas	Informed Oral consent
ASHA and Members of Mahila Arogya Samiti	Focus Group Discussion, Key Informant Interviews	One each in the 12 identified Slum Areas	Informed Oral Consent was elicited
Parents and community members	Focus Group discussion	In Select slums	Informed Oral consent
Members of CFAR team	Key informant Interview	CFAR , Jaipur	Informed oral consent

Case studies were also documented to map critical behaviour changes in girls with reference to menstrual hygiene and management as well best practices at the community level.

As part of ethical protocol informed oral consent was taken from the girls and before administering the tools and organising the FGDs.

Sample

Individual questionnaires were administered to a total of 270 girls (130 school going and 140 non school going girls) across 5 government schools and 12 slums in Jaipur city, where sanitary napkins had been distributed under the UDAAN scheme.

Government Schools	Slum Areas
Government Girls Senior Secondary School Gandhinagar	SootMill colony, Ram Mandir, Jaipur
Government Senior Secondary School, Gopalpura devri	Baba Ramdev nagar, Gujar Ki Thadi, Jaipur
Government Upper Primary School, Bhankrota	Lal Khan Kacchi Basti, JhalanaKunda, Jaipur
Government Senior Secondary School Bhankrota	Manoharpura Kacchi Basti, Jagatpura, Jaipur
Government Secondary School, Keshavpura	Rajiv Nagar Kachi Basti, Kateva, Nagar Jaipur
	J.P Colony Lanka Puri, Shastri Nagar, Jaipur
	Shreeram Tila, Rajiv Nagar, Shastri Nagar Jaipur
	Jhalana Gram Kacchi Basti, Jaipur
	Amanisha Nallah-1, Bhatta Basti Jaipur
	Ambedkar Kacchi Basti, Malviya Nagar Jaipur
	Bassi Sitarampura I, Paani Pech, Jaipur
	Bassi Sitarampura II, Paani Pech, Jaipur

FGDs were carried out with 10-15 girls in each of these 5 schools. Girls for the FGDs were selected from Classes 8 to 12. FGDs were also carried out with school teachers and head teachers in all the sample schools.

A checklist was prepared for observing infrastructure facilities like availability of safe toilets, water in toilet, using practice and disposal facilities in the schools.

FGDs was carried out in all the 12 slums with girls to understand knowledge and practices around menstruation and related issues, the implementation process and qualitative aspects of the UDAAN scheme. FGD were also organised with mothers of the girls, ASHA sahyogini and members of Mahila Arogya Samiti in all the 12 slums.

Scheme of Chapters

This report is divided into 6 chapters. The Introductory chapter details the objectives, methodology and sample of the study. Chapter II focuses on understanding the socio economic background of the girls covered in the study with a view to analyse its linkages with menstrual hygiene knowledge and practices. Chapter III discusses the current knowledge and information around menstruation, usage and disposal practices, health problems during menstruation and the local beliefs, taboos and restrictions imposed during menstruation; Chapter IV focuses on managing menstruation and menstrual hygiene in school, school attendance and menstruation, availability of clean toilets in schools and information about menstruation in schools. Chapter V analyses the UDAAN scheme on distribution of free napkins, the process of distribution in schools and slum areas, experience of using the napkins, problems faced and suggestions for improvement. The concluding chapter presents some recommendation and way forward.

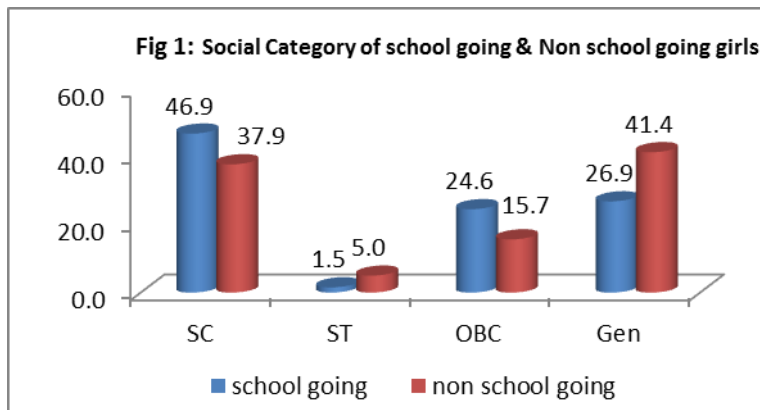
Chapter II Socio-Economic Profile of Girls

This chapter focuses on understanding the social and economic characteristics of respondent households and current menstrual hygiene knowledge and practices. A total of 270 girls (130 school going and 140 non-school going-drop out girls) were covered in the sample. The research team met with the girls in the identified Government schools and the urban slums of Jaipur city.

Social Background

The girls covered in the sample were in the age group of 10 to 20 years. A higher proportion (47.8 percent) was in the age group of 16-18 years, followed by 13-15 years (37.4 percent). Majority school going girls were also in the age group of 16-18 years but among the non-school going girls 16.4 per cent girls were above 18 years of age.

If we analyse the school going and non-school going category of girls, it is evident that a higher proportion of school going girls (47 percent) belonged to SC; followed by general caste and OBC. While among non-school going girls, majority were from General caste groups followed by SC and OBC. The presence of more SC girls in schools corroborates the fact that government schools continue to be mainstay institutions for children from disadvantaged communities. Table 2.1/ Figure 1



A higher proportion of girls covered in the sample were Hindus with 22.6 per cent girls being Muslim. Most of the school going girls were Hindus; with Muslim representation among school going girls being negligible. This is keeping with the overall trend in enrolment of Muslim girls in the state. Among the non-school going girls the ratio between Hindu and Muslim girls was 60:40.

It is evident that majority (72.6 per cent) girls were living in nuclear families and 27.4 percent girls were living in joint families. A higher proportion of both school going and non-school going girls were drawn from APL families. However it is evident that a slightly higher proportion of non-school going girls were from BPL households. Majority girls lived in residences owned by family (86 per cent) and had been living there for past 11-20 years. Toilet facilities were available in majority respondent households. All school going girls homes had toilets. Among non school going girls 16 percent households did not have toilets.

Educational Status of Family members

The educational status of family members of respondent girls reveals that 26.7 percent family members were educated upto primary levels; 18.8 percent family members had been educated upto upper primary levels; and 21.8 percent had completed education upto secondary and senior secondary levels. A smaller proportion of family members were graduates and post graduates. 9 percent family members could put their signatures and 18 percent family members were not literate.

The education level of fathers of respondent girls reveals that almost equal proportion of fathers had completed their education till Secondary and Senior secondary level and elementary levels. 19.6 percent and 18.1 percent fathers were not literate and could just write their signatures respectively. However, it is evident that 48 percent fathers of school going girls had attained education beyond secondary compared to 58 per cent fathers of non-school going girls who were not literate or were just literate(Fig2 a and b).

In comparison a higher proportion of mothers of respondent girls (70 percent) were not literate or could just put their signatures. The educational level of mothers of school going girls was higher than non school going girls with 30 percent mothers having completed their education upto elementary level; 10 percent mothers had studied upto Secondary and Senior secondary levels. However, 91 per cent mothers of non school going girls were not literate. This is significant in terms of the information shared by mothers on menstruation and related issues with their daughters (Fig 2c and d).

Fig 2 (a)Father's Education of School Going Girls

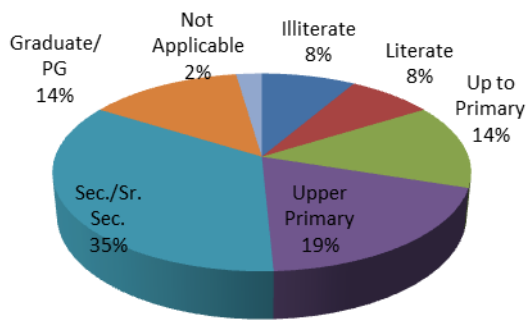


Fig 2(c)Mother's Education of School Going Girls

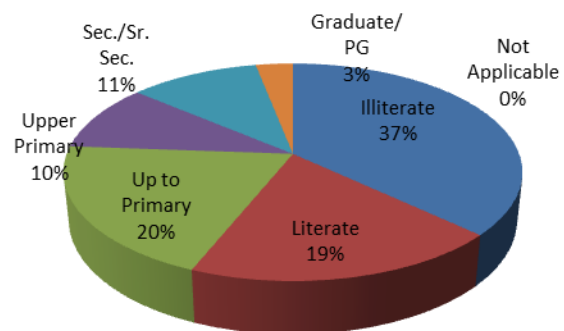


Fig 2(b) Father's Education of Non school going girls

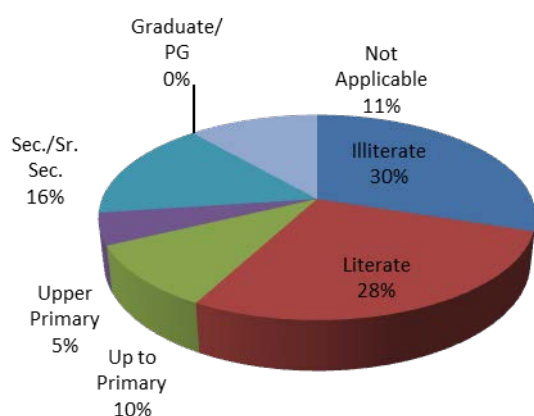
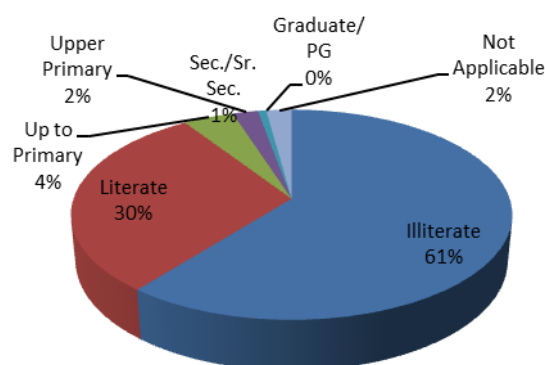


Fig 2(d) Mother's Education of Non school going girls



Family Occupation and Income levels

Information on main occupation of family was elicited from girls. A higher proportion (35.5 percent) of girls reported that the main occupation of family was self employment with parents being involved in petty trading, auto rickshaw driving, bangle making, vegetable vending, iron works, mechanic, making garlands and so on; 15.2 percent were involved in casual labour. During FGDs in the various slum areas other occupations reported by girls include tailoring and gemstone polishing.

The income levels of family reported by girls shows that 51.5 percent families had an income level of Rs. 1-3 lakhs; 33.3 percent earned an income of Rs. 0.5 to 1 lakh. Among school going girls, a higher proportion of families had an income level of Rs 51,000 to one lakh followed by Rs 1 lakh-3 lakhs. On the other hand a higher percentage of families among non school going girls have an income of Rs 1 -3 lakhs. Table 2.1.

Table 2.1: Distribution of respondents by household annual Income

Annual Income	School going girls	Non school going girls	Total
Rs 30,000-50000	20 (15.4)	5 (3.6)	25 (9.3)
Rs.51000-1 lakh	61 (46.9)	29 (20.7)	90 (33.3)
Rs.1 lakh- 3 lakh	45 (34.6)	94 (67.1)	139 (51.5)
Rs.3.1 lakh and above	4 (3.1)	12 (8.5)	16 (5.9)
Total	130 (100.0)	140 (100.0)	270 (100.0)

Marital Status of Girls

The marital status of respondent girls' show that majority of the girls (93 percent) were not married. None of the school going girls was married; however 13.6 percent of non-school going girls were married. This finding is indicative of a general shift in attitudes towards girl's education and willingness of parents to delay marriage allow till a girl completes schooling.

Educational Status of Girls

A higher proportion of respondent girls had completed upper primary schooling followed by those who had completed Senior Secondary schooling. Among the school going girls majority (44.6 percent) girls were enrolled in Senior secondary classes followed by those enrolled in Secondary and Upper primary. Among the non-school going category, 40.7 per cent girls had studied upto primary levels followed by upper primary levels. 11.4 per cent girls among this category had never participated in formal schooling. Table2.2

Table2.2: Distribution of respondents by education levels

Education Level	School going girls	Non school going	Total
Non-literate	0	16 (11.4)	16 (5.9)
Primary	0	57 (40.7)	57 (21.1)
Upper Primary	33 (25.4)	49 (35.0)	82 (30.4)
Secondary	39 (30.0)	12 (8.6)	51 (18.9)
Senior Secondary	58 (44.6)	6 (4.3)	64 (23.7)
Total	130 100.0	140 100.0	270 100.0

Among the non-school going category of girls a higher proportion (53.6 percent) had attended government school before dropping out of school and 33.6 per cent girls had attended private schools. The study also tried to explore the main reasons for dropping out of school. 48 per cent girls reported familial problems as the main reason for dropping out; followed by non-interest in studies (35 percent). 13 percent girls reported that parents did not want them to continue schooling. Marriage did not emerge as a significant factor for dropping out of school.

Box1:Case of Kavita

15 year old Kavita (name changed) dropped out of school after completing Class VI. She lives in the Jagatpura basti with her parents. Both her parents never had any formal education. Her father suffered a paralytic stroke a few years back and it affected his left arm. He is a mechanic. Her mother is differently-abled and cannot walk properly. She has 2 sisters and a brother.

Kalpna had to drop out of school as both her parents were ill and she had to take care of them and also take care of the household responsibilities. . She was keen to continue her studies but given the circumstances she dropped out. She says – *if I ever get an opportunity to study again I will complete my schooling.*

An effort was made to understand the nature of activities that non school going girls were involved in. It is evident that majority girls(65 percent) were involved in taking care of household responsibilities; however 23 percent girls were involved in various home based economic activities like bangle making, *nagina* work, making paper bags, *aari-tari* work; a small proportion of girls were also working as domestic workers e.g as househelp. 5.7 per

cent girls were working in formal sector like export houses etc. 2.9 per cent girls were involved in the informal sector.

The profile of girls presented clearly shows that girls came from disadvantaged backgrounds. The educational status of family members was not high and many girls were also involved in economic activities and were contributing to family income.



Chapter III

Knowledge, Awareness and Practices around Menstruation

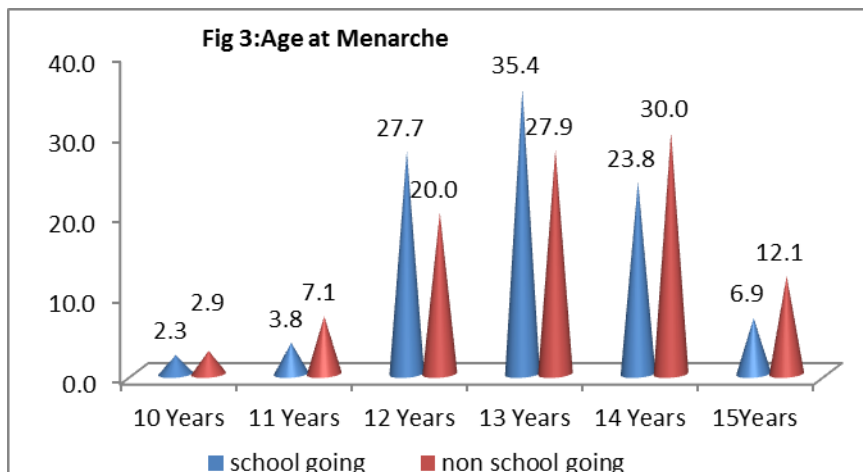
This Chapter focuses on the analysing the current knowledge, awareness and information levels around menstruation of school going and non school girls covered in the sample. It also focuses on unpacking the existing taboos and practices followed during menstruation.

Local terminology

A range of terms are used to describe the menstrual cycle by girls covered in the sample. The most common term used by majority girls is Period; followed by the term MC. A higher proportion of school going girls reported using the term Period compared to non school going girls; while more non school going girls used the term MC compared to school going girls. The other terms used by girls are *mahina* (month) and *kapda hona*.

Age of Menarche

The respondent girls had started menstruating between the ages of 10-15 years. A higher proportion of girls (31.5 percent) reported that they had started menstruating at the age of 13 years; 27 percent girls had got their period when they were 14 years old. The proportion of girls who started menstruating at 15 years was 9.6 per cent. A small promotion of girls reported that they started menstruating at the age of 10 and 11 years. Schooling status seems to have marginal effect on age at menarche. Fig3



Awareness and Source of information regarding menstruation

Majority girls (73.3 per cent) reported that they were not aware and did not have any prior information regarding menstruation before they started their first period. The study also reveals that a higher proportion of non-school going girls reported not having any information regarding menstruation compared to school going girls; most girls also reported that they were not even prepared for menstruation. These findings are in consonance with other studies that report similar findings (Khanna et,al 2005, Sahyog 2016). The poor levels of information clearly indicate that menstruation continues to be a subject shrouded in silence both in school and within homes.

During FGDs in government schools and the slum areas the girls stated that they were not aware about the phenomenon of menstruation nor did they have any prior information regarding menstrual cycle. Though they had observed that on certain days their mothers did not enter the kitchen and cook food, but they had not been told about menstruation.

Most of the girls reported that they got their first information about menstruation mainly from their mother; followed by those who had consulted sisters. Both school going and non school going girls reported primarily consulting their mothers when they started their periods. The role of teachers in providing information about menstruation is not significant. Television and books as sources of information are insignificant. Table 3.1

Table3.1: Source of Information about menstruation

Source of Information	School going girls	Non school going girls	Total
Mother	78 (60.0)	85 (60.7)	163 (60.4)
Sister	20 (15.4)	39 (27.9)	59 (21.9)
Friend	14 (10.8)	12 (8.6)	26 (9.6)
School teacher	14 (10.8)	4 (2.9)	18 (6.7)
Books	1 (0.8)	0 (0.0)	1 (0.4)
Television	3 (2.3)	0 (0.0)	3 (1.1)
Total	130	140	270

In the cultural context of the state, girls have very limited option to seek information regarding sexual and reproductive health issues. In the FGDs carried out in schools and various slum areas the girls openly spoke about the fact no one in the family nor the school teachers had discussed issues related to onset of menstruation. Some girls shared that when they had started menstruating in the school, the teacher had asked them to go home and talk to their mothers. They also talked about being scared and embarrassed.

The duration of menstrual cycle among majority girls was 5 days followed by three days.

Usage and Disposal

It is evident that a higher proportion (73 percent) of both school going and non-school going girls used sanitary napkins as absorbent during menstruation. The usage of sanitary napkins was higher among school going girls and use of cloth was comparatively higher among non-school going girls. Table 3.2

Table 3.2: Distribution of respondents by usage of absorbent

Absorbent used	School going girls	Non-school going	Total
Cloth	28 (21.6)	45 (32.1)	73 (27.0)
Sanitary Napkin	102 (78.5)	95 (67.9)	197 (73.0)
Total	130 (100.0)	140 (100.0)	270 (100.0)

During the FGDs in schools and slums, girls said that they often combined use of cloth and sanitary napkins. The out of school girls in the slums, those from poorer backgrounds, said that they sometimes do not have money to buy napkins, and in such a situation they revert to using cloth. The preferred brand of Sanitary napkins was Whisper or Carefree. The research team was informed that these brands of sanitary napkins have also been distributed in schools free of cost.

A worrying feature is that most girls who used cloth said that they used old cloth/rags as absorbent.

Majority girls reported that they change the napkins twice a day; but 37 percent girls reported changing napkins thrice a day. The girls shared that it was important to change the napkins or else it would lead to infection.

Of the girls who used cloth reported that they washed the cloth and dried it in the open sunlight; however 18 percent of those who used cloth reported they dried it under other garments. The remaining 40 per cent girls reported they dry it in a secluded area where no one can see it especially the male members of the family.

It was also observed during field work that in some of the slum areas the houses were small and located in congested lanes and the space for drying clothes was limited. The clothes were mostly washed outside the homes in the lanes and girls found it difficult to wash the cloth used for menstruation publicly and dry them.

Disposal of sanitary napkin/cloth is an important aspect in the context of menstruation. Majority girls reported that they dispose the sanitary napkins in dustbins. A higher proportion of school going girls reported throwing used napkins in a dustbin. Majority of the girls wrapped the napkins in a news paper or put them in plastic bags before disposing them. But the percentage of girls who threw their napkin in the open was higher among non school going girls. Table 3.3

Table 3.3: Distribution of respondents by disposal practices

Disposal practices	School going girls	Non school going girls	Total
Burning	5 (3.8)	10 (7.1)	15 (5.6)
Burying in pit	3 (2.3)	7 (5.0)	10 (3.7)
Use Dustbin	116 (89.2)	99 (70.7)	215 (79.6)
Dustbin	6 (4.6)	24 (17.1)	30 (11.1)
Total	130 (100.0)	140 (100.0)	270 (100.0)

In one of the slum areas during the FGDs several girls shared that since there was no public dustbin for disposal in their area. They threw the napkins in an open field behind their *basti* as they did not have any other option.

Maintaining hygiene during menstruation

Maintaining hygiene during menstruation is important as poor hygiene affects health by increasing vulnerability to infections. 78 percent girls reported that they maintained hygiene during menstruation by bathing and washing their genital area with soap and water. They also reported that they washed their hands after changing their napkins.

Problems during menstruation

A number of problems were cited by both school going and non school going girls during menstruation. A higher proportion of girls (68.9 percent) reported that they had menstrual cramps during menstruation. They also complained of body ache and weakness. Some girls also reported having nausea and vomiting during menstruation. 59 percent girls reported that did not take any medication for these problems; 20 percent took over the counter medication; 11 percent girls said they visited the doctor and a small percentage took local home treatment for these problems.

While girls reported that they maintained hygiene during menstruation, it is evident that 45 percent girls in the sample were having infections. These included itching and burning and swelling in vagina, leucorrhoea and dysmenorrhoea. Most girls reported not having received any medical treatment for these problems.

Discussions with the AWW, and Asha Sahyogini also pointed out that girls in the *bastis* often complained of abdominal cramps, itching, and excessive bleeding during menstruation. They often miss school due to these reasons.

Taboos and Restrictions during Menstruation

Menstruation continues to be a subject around which there is a culture of silence both within family and community. There are many taboos and myths associated with menstruation that continue to restrict women and girls participation in private and public spheres.

While a high proportion of girls (90 percent) reported that menstruation was a natural biological process experienced by women and girls; 88 percent of all school going and non-school going girls had a negative feeling about menstruation and considered menstrual blood as *ganda* i.e unclean / impure blood that comes out of the body.

The common perceptions articulated by girls during FGDs in schools and slums girls were:
'Mahavari ke dauran sharreer ki garmi bahar nikalti hai'
'Shareer ka kachra har mahine nikal jata hai'

The concept of ritual pollution and stigma of impurity around menstruation is deeply ingrained across social groups and communities. Girls were asked to respond to the question of taboos and restrictions placed on them during menstruation. It is evident that both school going and non school going girls adhered to many restrictions imposed by family members. 36 percent girls responses indicate that visiting a temple was not allowed during menstruation; 25.8 percent responses indicate that there was restriction on participating in religious function; 20 percent responses of girls centred around restrictions on entering the kitchen or cooking during menstruation. Other responses were related to not touching pickle; sleeping on the bed; serving food and water to male members of family. Restrictions on mobility did not emerge as a significant factor.

The main taboos and restriction that emerged during the FGDs are

- Not being allowed to enter kitchen to cook
- Certain food items like *achaar*(pickle), cannot be touched as there is a belief that it would spoil
- Cannot touch the *matka* (water pot)
- Visiting a temple or taking part in any religious function is prohibited
- Cannot read Koran and do *Namaz*
- Unmarried girl cannot serve food to fathers and brothers during menstruation.
- Girls advised not to cross a *chauraha* (cross road) during menstruation as it is believed that evil spirits reside on cross roads

Most girls followed the above rules and restrictions and majority girls had never questioned these taboos. A few girls narrated how “*when we touched the pickle during menstruation and it went bad. We realized that our mother was right in telling us not to touch pickle*”. They were not able to give any scientific explanation regarding this belief. Girls also pointed out that since their mothers had told them follow these practices they were doing so, as they did not want to upset them.

Discussion with frontline workers like Anganwari workers, Asha Sahyogini, members of MAS also revealed that many of them also followed these rules.

The culture of silence around the topic of menstruation continues both with homes and in school. The huge gap in information levels regarding menstrual processes among school going and non school going girls is disturbing and points to the inadequacy of the schooling system to address this issue. While an inter generational shift can be observed in usage with majority girls using sanitary napkins in comparison to their mothers; the combined use of napkin and use of cloth also continues. This is primarily due to monetary constraints. Disposal practices are problematic as the public facilities of dustbins is poor especially in urban slums. It is also evident that education per say has not been able to address the existing misconceptions and taboos around menstruation.



Chapter IV Schooling and Menstrual Hygiene Management

This chapter focuses on understanding the relationship between schooling and menstrual hygiene management. It discusses issues of school attendance, availability of clean toilets in schools and information provided in Schools about menstruation.

An effort was made to understand how school going girls negotiated schooling during menstruation and the nature of support and facilities available in school settings to address menstruation.

Distance of School

For majority respondent girls (37.6 percent girls) school was located within a distance of 1 kilometre. 24.6 percent girls travelled up to 2- 3 kilometres to reach the school and 16.9 percent girls travelled up to 5 kilometres. 20.7 percent girls were coming from a distance of 5 km and above. Table 4.1

Table 4.1 Distance to school

Distance to school	School going girls
Upto 1 km	49 (37.6)
2km -3 km	32 (24.6)
4km -5 km	22 (16.9)
above 5km	24 20.7
Total	130

The travel time to school for majority girls (54.6) was 15 minutes, followed by 36 percent girls who take 30 minutes to reach school. A higher proportion (60 percent) of girls walked to school; 23 percent girls used a public transport or auto to reach school. 17.6 percent girls were using their own transport to reach school.

Table 4.2: Mode of transport to school

Distance to school	School going girls
On foot	77 (59.2)
Public transport	30 (23.1)
Own vehicle	23 (17.7)
Total	130 (100.0)

School Attendance during Menstruation

A high proportion of girls (83.8 per cent) reported that they attended school during menstruation. The girls who reported not going to school during menstruation usually missed one day of school due to abdominal cramps and pain.

During the FGDs with school teachers, they also pointed out that its common practice that girls did not attend school on first day of menstrual cycle due to abdominal cramps. Girls in school also talked about not getting a seat in the bus; and this also made girls miss school on first day of period.

Problems during Menstruation

The main problems encountered in the school during menstruation as reported by girls are: it is uncomfortable to sit in class due to menstrual cramps; there is fear of staining, it is difficult to carry pads and change since boys are there in the school; lack of covered dustbins in toilets makes disposal difficult; there was no soap in the toilets and there is no separate room where girls can rest. The girls also reported that in the absence of water facilities the toilets in the school were not clean; girls often threw the used sanitary napkins inside the toilets making them unusable.

Majority girl reported that the toilets were constructed in safe area. The toilets in the schools visited during the course of the assessment were found to be unhygienic and not clean. In three schools there were no latches on toilet doors and there was no water supply. In one co-educational schools there were no separate toilet facilities for boys and girls. Table 4.3

Table 4.3 Conditions of Toilets in schools

School	No of Toilets	Water in toilets	Dustbin	Doors
School I, Gandhinagar (only girls)	6 Toilets, 6 urinals, 2 toilets for staff	No water supply	No dustbin	Doors have latches
School II, Gopalpura (co-ed)	4 urinals for girls 1 toilet for girls 4 urinals for boys 1 toilet for boys	Water supply is available	No dustbin	Doors did not have latches
School III Bhankrota (co-ed)	2 toilets for girls and boys	Water supply available	No dustbin	Doors did not have latches
School IV Ksheshavpura (co-ed)	1 toilet for girls, 1 urinal for girls 1 toilet for boys 1 urinal for boys	No water supply	No dustbin	Doors did not have latches
School V, Bhankrota (girls only)	3 Toilets for girls	No water supply	No dustbin	No doors to toilet

In the FGDs carried out in schools girls also pointed out that *if we go to school during menstruation days, we have to go to the toilet once to change napkins. The toilets are not clean. In such case we do not use the toilets for the entire day. We then refrain from drinking too much water.*

Majority girls (60 percent) reported that teachers did not discuss issues related to menstruation in detail even though it was part of their curriculum in the senior classes. They reported that the teachers keep a stock of sanitary napkins which they give to girls in need. In case the girls want to go home, the teachers allow them to go home.

Discussion with teachers indicated that they asked the girls to carry extra sanitary napkins in their school bags for emergency situations. In case a girl does not have a napkin, teachers keep a packet of napkins in school and give it to the girls.

It also emerged that there are no forums in schools where girls can discuss issues related to menstrual health and hygiene.

A high proportion of school going girls (78 percent) had information on the free sanitary napkin distribution scheme UDAAN. Most girls had received the sanitary napkins when they had been distributed.

In one of the schools covered in the sample a big event had been organised for the launch of the UDAAN scheme. The Health Minister had initiated the scheme and distributed the sanitary napkins to girls. The Head teacher in this school felt that the free napkins scheme had benefitted a number of girls especially those from poorer backgrounds and was of the opinion that it should be made a regular feature and the distribution should be streamlined.

It is evident that maintaining regular attendance in school during menstruation and managing menstrual hygiene in school is dependent on availability of good facilities and support structures in school. It is evident that there is no effort to discuss issues related to menstruation in classrooms and there is no other forum for dialogue or counselling sessions available in the schools. The lack of clean toilets and absence of covered dustbins continues to be a challenge.



Chapter V

UDAAN Scheme and Distribution of Sanitary Napkins

This chapter presents the analysis of the UDAAN scheme on distribution of free napkins, the process of distribution in schools and slum areas, experiences of using the napkins, problems faced and suggestions for improvement.

The UDAAN sanitary napkins were supplied directly to schools by the manufacturer. The distribution pattern varied from school to school. In the slum area the napkin distribution was coordinated by CFAR team members and outreach workers. The distribution was carried out in the months of July- September 2015, from the Anganwari Centres.

Distribution of UDAAN Sanitary Napkins in Schools

Sanitary napkins were distributed by the manufacturer in the 5 schools covered in the sample. In each school a coordinator was nominated to facilitate the distribution of sanitary napkins under this scheme. However, no record was maintained by the school on the number of napkins received and distributed. The overall pattern of distribution as reported by the coordinators is as follows:

School	No of Packets Distributed	No of times distributed
School I, Gandhinagar (only girls)	3 packets to each girl in first round; in the second round girls were given 2 packets; in the third round 1 packet was given	3 times
School II, Gopalpura (co-ed)	1 packet to each girl ½ packet to each girl	Twice
School III Bhankrota (co-ed)	2 packets	Once
School IV Keshavpura (co-ed) (co-ed)	3 packets	Once
School V, Bhankrota (girls only)	1 packet	Once

In the sample schools the PTI or science teacher had been made in charge of distribution of Sanitary napkins under the UDAAN scheme. The teachers informed that they distributed the UDAAN napkins to all girls in their school.

All the school going girls covered in the sample had received sanitary napkins in their schools. 70 per cent girls also reported that instruction on usage and disposal was given at the time of distribution. The napkins had been distributed between the months of July to September 2015.

As seen above the distribution pattern in the schools presents a mixed picture. A higher proportion of girls (41.6 percent) reported that they had received the sanitary napkins thrice; 36.1 percent girl said they had got the sanitary napkins only once and 22.3 percent girls reported they had received the sanitary napkins twice.

Majority girls reported that the sanitary napkins lasted only for a period of two months; for those who shared the napkins with other female members in the family, the packets lasted only for a month.

Table 5.1 Period of usage time

Months	School going girls
One month	25 (19.2)
Two months	62 (47.7)
Three months	30 (23.1)
Four months	13 (10.0)
Total	130

Even though the distribution of free sanitary napkins has not been regular; 83 percent of respondent girls reported that they continued to use sanitary napkins. They were purchasing it from the market. It is evident that there is an upward trend in the usage of sanitary napkins after the scheme was launched. However, 17 percent girls also reported that they had gone back to using cloth during menstruation as they could not afford to buy napkins on a regular basis.

53 percent of girls who were continuing to use napkins reported that they were spending upto Rs.50 per month on purchasing sanitary napkins; 10 percent girls were spending upto Rs.75 and 22 percent girls were spending more than Rs 75 per month on the napkins.

A high proportion of girls reported that the usage of sanitary napkins facilitated regular attendance in school. The coordinators in schools reported that girls frequently enquire about the distribution of free napkins. Since the distribution has been irregular, the coordinators were not able to respond to this query.

The teachers shared that the irregular supply of napkins has made many girls go back to using cloth as these girls were from poorer backgrounds and could not afford to buy napkins.

Almost all the school going girls felt that the UDAAN scheme has been beneficial. It had helped in saving money on sanitary napkins and also saved the effort of purchasing them from the market. Some girls felt that the quality of napkins should be improved as the UDAAN napkins were small and did not stick well. They suggested that it should be distributed on a regular basis to all school girls; they also felt the need for more information on menstruation related issues. The girls suggested that they were willing to purchase the sanitary napkins at a subsidised rate, but wanted that it should be made available in schools.

Distribution of UDAAN Napkins in Slum Areas

The UDAAN sanitary napkins were also distributed in select slums of Jaipur city where CFAR is working. The distribution was organised through the AWC, under the supervision of the CFAR team, ASHA Sahyogini and members of Mahila Arogya Samiti(MAS). Since CFAR has been working on WSH issues in these slums through women groups and has trained active women of slums who are also members of MAS, the distribution process was streamlined.

According to the service providers, 3 packets of napkins were distributed to each girl. The girls were also given information regarding usage and disposal of napkins in meetings prior to distribution. However, the distribution was carried out only once.

A high proportion of non-school going girls (82 percent) covered in the slum areas were also aware of the UDAAN scheme and 90 per cent girls reported that sanitary napkins were distributed under this scheme. They said that that all school going and non school going girls were given the napkins in their *basti* at the Anganwari centre in September -October 2015.

All girls in the slums reported that they had been given information regarding the usage and disposal of sanitary napkins during meetings organised by CFAR before distribution of sanitary napkins.

65 percent of non school going girls had used the packets themselves; but 35 percent girls reported that they had also shared the napkins with their mothers and sisters. Majority girls said that the three packets lasted for 2 months.

FGD with Asha Sahyoginis and MAS members in the Soot Mill colony, Jaipur revealed that there are about 40 adolescent girls enrolled in the AWC. The meetings with the adolescent girls are organised twice a week every Monday and Friday. Inputs are also provided by CFAR team members during these meetings. The main issues discussed are sanitation and hygiene, menstrual hygiene, nutrition and health. All girls in the age group of 11-18 years were given the napkins in September 2015. A total of 160 girls benefitted from the Udaan programme. Three packets were given to each girl. Even today about 10% girls in the *basti* use cloth as absorbent as they cannot afford to buy sanitary napkins.

The Asha Sahyoginis and MAS members felt that the UDAAN Scheme was a good scheme and should be continued. This was particularly beneficial to girls who were poor and could not buy sanitary napkins on a regular basis. The sanitary napkins were more hygienic compared to cloth. Both the sahyoginis with support from CFAR team had talked to the girls regarding the usage and disposal of the napkins.

However since the napkins were distributed only once, many girls had to discontinue usage. The girls keep enquiring about the next lot and when sanitary packets would be distributed. They recommended that this programme should be continued and monitored closely.

Most non-school going girls pointed out that the distribution of UDAAN napkins has been beneficial. The girls felt that the use of napkins was hygienic, there was no wet /sticky feeling, and there was no fear of staining clothes. Girls also said that the free supply of UDAAN napkins had helped in saving some money.

Majority of non school going girls (67 percent) expressed that after the distribution they had started using sanitary napkins and it had come into practice. They now saved money to buy sanitary napkins every month from the market. The 33 per cent of non school going girls who were not using the sanitary napkins said that the reason for not using sanitary napkins was that the free sanitary napkins finished in two months. It did not come into practise as they could not afford to buy sanitary napkins on a regular basis.

I have four daughter and all of them menstruate. I cannot afford to buy napkins; so i tell my daughters to use cloth. I know it is not hygienic to use old cloth, I have suffered a lot with infection. Free sanitary napkins should be distributed by government to both women and girls
Mother, in slum area in Shastri Nagar

The main benefit of the sanitary napkins distributed under UDAAN scheme as elucidated by girls was that they were comfortable to use and many girls had shifted to using sanitary napkins after the distribution. The girls also felt that regular distribution of sanitary napkins

would help in changing habits. However, the girls were not happy about the fact that it was distributed only once.

A few girls during the FGDs in schools articulated that that the quality of napkin was not very good and the pads did not stick well. They were also small in size and did not absorb well.

The girls made several suggestions regarding the free distribution scheme. These are as follows -

- Government should ensure regular supply of sanitary pads to all school going and non school going girls. The sanitary napkins should be distributed every month.
- Sanitary napkins should be made available at the AWC and a nominal price could be charged from girls
- The quality of sanitary napkins should be improved
- Information regarding menstruation and usage of sanitary napkins should be given to all girls in school and in the slum areas
-

The above analysis makes it evident that the free distribution of napkins scheme has benefitted a number of girls in Jaipur. The fact that sanitary napkins were made available in the school and in the slum areas, made it convenient for girls, as they did not have to source it from the market. For the non- users it helped change practise though the irregular supply has also made them go back to using cloth. The overall suggestions given by the girls focus on the need to continue regular supply of napkins in schools and slum areas along with initiating discussions on menstrual health and hygiene on a regular basis.



Chapter VI

Emerging Concerns and Way Forward

The present assessment focused on understanding the existing menstrual hygiene management knowledge among school going and nonschool going girls in Jaipur and the impact of the free sanitary napkin distribution initiative UDAAN in select government schools and CFAR intervention areas.

The assessment clearly indicates that creating gender friendly and health promoting initiatives are essential for addressing puberty and menstruation challenges. It is important not only to address the practical issues of menstrual management but also empower girls with information about their bodies. The work carried out by the CFAR in its intervention areas with girls and service providers on WSH issues including menstrual hygiene, shows that there is immense value in continuous engagement with girls and frontline workers. Their advocacy and support also helped girls to benefit from a government intervention.

The assessment makes it evident that a high proportion of girls who participated in the study were drawn from disadvantaged backgrounds; with many participating in livelihood activities. However, the information levels of school going and non-school going girls, regarding the bodily processes and menstruation is extremely poor. The issue of menstruation continues to be shrouded in silence both within homes and schools. The beliefs and taboos around menstruation continue, and girls follow restrictions placed on them without questioning them. This is a serious issue and points to gaps at various levels.

While majority of respondent girls are using sanitary napkins, maintaining hygiene and disposal of absorbents are issues that need more attention. In the intervention areas of CFAR continuous effort had been made by their outreach workers to discuss usage and disposal issues with girls during the meetings of the adolescent forums.

It is evident that regular attendance in school during menstruation is dependent on availability of clean toilets and adequate sanitation facilities. The fact that menstruation and related issues are not part of schooling discourse indicates a huge gap. The need for open discussions and dialogues within schooling environment is clearly indicated.

The evidence shows that the impact of the UDAAN scheme has been positive. The girls reported that it had benefitted them in many ways and had led to change in practice for some girls; however the fact that the supply was not regular made these girls go back to using cloth. The need to continue the scheme was unanimously articulated by the girls.

Way Forward

It is suggested that Menstrual Hygiene Management should be brought centre stage within policy discourse as issues of body awareness are critical to adolescent empowerment. It is essential to break the silence on the issue of menstruation.

- ❖ Given the poor awareness levels and lack of information on menstruation alongwith impact of cultural beliefs, it is important to leverage and converge with different government schemes like SABLA, RKSK, SSA/KGBV, RMSA to systematically reach out to adolescent boys and girls with relevant information. The recent MHM guidelines issued by GOI suggest “training of Nodal teachers for providing support to

girls and boys on puberty related issues; and support to girls with regards to Menstrual Hygiene Management in schools and Kasturba Gandhi Balika Vidyalayas”. The Adolescent Resource Centres (ARCs) under RKSK have also been set up for counselling of adolescent girls on puberty and Menstrual Hygiene Management.

- ❖ A well informed continuous school education and empowerment programme should be initiated to minimise stigma and break the silence around menstruation and to promote safe menstrual hygiene and sanitary practices among both boys and girls. It should also include monitoring of toilets and water facilities in schools. It could also lead to setting up of adolescent forums to discuss various aspects of adolescent lives.
- ❖ Continuous and systematic training and capacity building of other frontline workers like Anganwari workers, Asha Sahyogini, teachers on issues related to menstruation and menstrual hygiene management is essential. CFARs role in engaging with the frontline workers at the level of the AWW has proved to be beneficial to the women and girls.
- ❖ It is essential to engage with men and boys on issues of menstruation. NGOs and civil society organisations can take a lead in initiating these dialogues and interventions.
- ❖ The UDAAN scheme initiated by GOR has been a positive step and most girls had benefitted from this scheme. Though the scheme was launched in July last year and urban girls in slum areas were also included, there is a need to streamline guidelines and putting monitoring mechanisms in place. This needs to be addressed on a priority basis. There is a need to ensure continued and regular supply of napkins in order to support change in practice among non-users. The coverage under this scheme should be made universal i.e. both urban and rural girls should be included in the scheme.
- ❖ There many groups producing low cost Sanitary Napkins at local levels in the State; given the demand and inability of many girl source from the market it would benefit to explore the opportunities and link up with these groups.
- ❖ More research on linkages between girls’ health, menstruation and education is required to gain more nuanced understanding of cultural significance of menstruation, girls’ attitudes and experiences and how these are changing over time with impact of modern influences.

Recommendations from the dissemination workshop organised on July 14 2016 at IDS, Jaipur

- Menstruation is still an issue that is not talked about openly. Discussion should be initiated in schools on issues of gender, sexual health and sexuality with both boys and girls on a regular basis. There is a need to develop a discourse on notion of purity and impurity during menstruation.
- Strong advocacy is required by both government agencies and NGOS on issues of Menstrual Health and hygiene for both rural and urban girls. The free sanitary napkins scheme should be extended to urban areas.
- There is a need to closely monitor the distribution of sanitary napkins in rural areas as it is currently patchy. While distribution of sanitary napkins is benefitting girls, the other facilities like toilets, disposal mechanisms and water facilities need to be improved and regularly monitored.
- There is a need to link up with movements like Happy to bleed to create an enabling environment for girls.

Select References

Centre for Advocacy and Research (2015) 'Status of Health, Sanitation and Hygiene in Government Schools of Jaipur: A Study of 105 government schools', CFAR, New Delhi

Chote, V, J. Khubchandani, M.Asalkar and I. Midha (2016) Students Perceptions and Doubts About Menstruation in Developing Countries in Health Promotion Practice, published online March 14 Sage, sourced www.sagepub.com January 2016

Dube, S and K.Sharma (2012) Knowledge, Attitude and Practice Regarding Reproductive Health among Urban and Rural Girls: A Comparative study in Ethno Med 6(2)-, 2012 sourced www.krepublishers.com

Government of India (2015) Menstrual Hygiene Management: National Guidelines, Ministry of Drinking Water and Sanitation, Government of India, New Delhi

Khanna,A, R.S Goyal and R.Bhawsar(2005)' Menstrual Practices and Reproductive Problems: A study of Adolescent Girls in Rajasthan ' *Journal of Health Management*, 7;91 Sage publications

Mudey, A.B, N. Keshaarwani, G.A Mudey and R.C Goyal (2010) A Cross-Sectional study on Awareness Regarding Safe and Hygienic Practices amongst School Going Adolescent Girls in Rural Areas of Wardha district, India, *Global Journal of Health Sciences* Vol.2, No,2, Canadian Centre for Science and Education, sourced www.ccsenet.org/gjhs

Shukla, S (2005) Working on Menstruation with Girls in Mumbai: Vacha Womens Resource Centre in EQUALS (2005) Issue 15, November-December 2005, Newsletter for Beyond Access: Gender, Education and Development, DFID, IIE and OXFAM, UK.

Yasmin S, N. Manna, S. Malik, A Ahmed and B.Paira(2013) Menstrual Hygiene among Adolescent school students: An indepth cross sectional study in an urban community of West Bengal, India, *IOSR Journal of Dental and Medical Sciences*, Vol.5, Issue 6 (March-April, 2013)