Menstrual Hygiene Management

Background:

Menstruation is a natural process but it is rarely talked about because of cultural taboos. And it is for the very same reasons that related concerns such as menstrual hygiene and how to manage menstruation safely and with dignity, also remains largely neglected. This has resulted in making the menstrual hygiene challenges that are faced by women and girls even more difficult and in millions continuing to be denied their rights to WASH, health, education, dignity and gender equity.

CFAR's intervention on Menstrual Hygiene Management (MHM) goes back to 2012 when its team began a small but decisive programme after young people from various clusters of Rajpur Sonarpur Municipality, in Kolkata, spoke of the efforts they were making to break the all pervasive silence that prevailed on issues relating to menstruation and menstrual hygiene.

During these interactions with the CFAR team, they would speak of having "*no one to talk to following the onset of menstruation, not even parents*" and that when they did confide to their mothers they were told "*not to tell anyone, not even our fathers*". It also resulted in "*all manners of restrictions being imposed*" on them by their mothers. Similarly, on the issue of menstrual hygiene they spoke of not being able to "*buy and use sanitary pads all the time and keeping what they bought for wearing to school*" and of "*girls skipping school because they could not afford to buy them.*"

1) Description

CFAR's Response:

During the course of our work in different clusters of Rajpur Sonarpur Municipality, we found a lack of understanding among both boys and girls about the physiological changes that young people experience. The girls talked about the need for a platform to clarify the queries they had on menstrual hygiene management because, issues relating to menstruation were never discussed openly and the silence surrounding the issue compounded the problems faced by girls. Moreover, even after the attainment of menarche very little information was given to young girls about the hygienic practices they should follow.

Given the veil of secrecy that has long prevailed on menstruation, the CFAR team was initially cautious in our response to the young people's search for a platform where they could speak and seek answers to the many questions they had on this issue. So discussions on their concerns and experiences in this regard were only taken up during general discussions on health issues.

To circumvent these constraints, we started holding Focus Group Discussions with the adolescent girls in our working area of Rajpur Sonarpur Municipality, which revealed that the majority of girls were not aware of the physical changes that occur during puberty. Moreover, during the menstrual cycle they were told by their parents and guardians to avoid taking baths and to not go to school because it might harm them.

The impact of poor MHM was also clearly reflected in a base line survey which showed that an alarming 64% of women and girls used the same cloth for repeated cycles which they dried in dark places, like under the cot or in the cattle shed. The data from the survey also indicated the prevalence of RTI/UTI symptoms among women and girls.

2) Evolution

Strengthening the Linkage between Personal Hygiene, Menstrual Hygiene and Health

However, by 2015 increasing numbers of young girls were openly speaking about their experiences; thereby prompting CFAR to build a cadre of peer educators on MHM, who could listen, educate and inform other young people.

The success of this initiative also made us realize that it was important to facilitate women to understand the linkage between personal and menstrual hygiene management and its impact on their health.

Towards this end we organized eleven (11) health camps that were supported by gynecologists' who encouraged the women to share their concerns without inhibitions and improve their health seeking behaviour. Of the 834 women and adolescent girls who attended these health camps, as many as 351 (45%) of women were detected with symptoms of RTI/UTI and 20% of adolescent girls with RTI. These camps were followed up with intense interactions with the entire community; from reaching out to men through the local clubs, to reaching out to the mothers (pregnant, lactating) through ICDS centers and adolescent girls through schools.

Building Partnerships

At the community level we initially conducted orientation workshops for Community Advocates, who in turn spread the messages in the larger community. After a few months we also prepared a curriculum on MHM to make the learning meaningful and facilitated them to do group work, create collages, make power point presentations, prepare scripts and conduct *nukkad nataks* to build mass awareness.

Simultaneously, we began the process of implementing a full-fledged intervention in government schools that addressed the many myths and misconceptions that prevail on MHM. We commenced this intervention by personally approaching a number of schools to scale up this endeavor. Of them, the management of six schools gave us permission to replicate the initiative. Once the permission was granted, we developed a booklet on MHM, pre-tested the curriculum and prepared separate curriculums for different batches of students. For students of class V and VI we have decided to hold one interaction on the importance of personal, institutional and community hygiene, while for students of Class VII to XI we readied a detailed curriculum on MHM. Orientation workshops were also organized for teachers and parents.

Building Consensus and Support

However, the journey was by no means smooth and we had to make repeated visits to the community, clubs and schools to mobilize them. For instance, in George Day High School, Kaji Najrul Satabarshiki School, under Kolkata Municipal Corporation and Nabatara School of

Mallikpur, the Principals asked us to convince the School Management Committee (SMC) before starting the classes. Accordingly, we organized orientation workshops with SMCs and teachers where we explained why MHM classes were necessary, why these issues needed to be discussed with both boys and girls and what should be the role of teachers in addressing MHM in schools.

Gaining Support of Decision Makers

From the onset, our efforts were to liaison with the Education Department to introduce MHM class at the school level. So we submitted a proposal to the SI (School Inspector) but no response was forthcoming from the authorities despite several follow up attempts. We also met the Principal Secretary of the Education Department and submitted a proposal. He responded positively and requested us to meet him after the elections but following the elections he was transferred to another department. We then met the District Inspector of Education with a proposal for initiating classes on MHM. He, in turn, referred us to the ADM, who was also in charge of the Sarva Shiksha Mission. She appreciated the initiative and asked for a detailed proposal on what we want to do with these schools. This was immediately sent to her and in September 2016 we received a formal letter from Saarva Shiksha Mission requesting us to start classes on MHM in fifteen (15) selected schools in South Parganas District.

3) How it works or Methodology Followed

Implementing the MHM Intervention in Schools

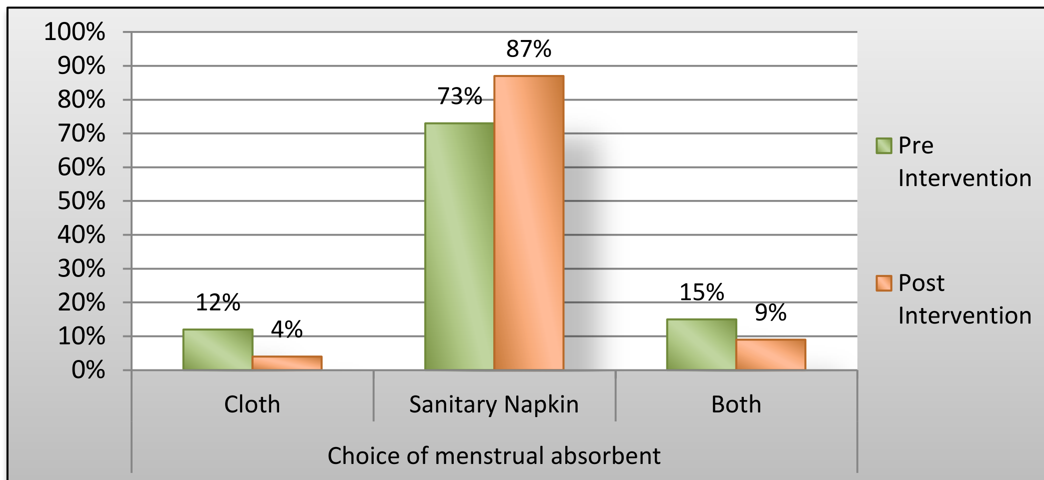
For starters, we organized a workshop with the teachers, who agreed in principle that students need to know about the physical and emotional changes they undergo during puberty and that girls in schools needed proper education on MHM. They also opined that adolescent girls need to be addressed with very specific information and that a meeting should be held with the parents prior to holding the classes with the students.

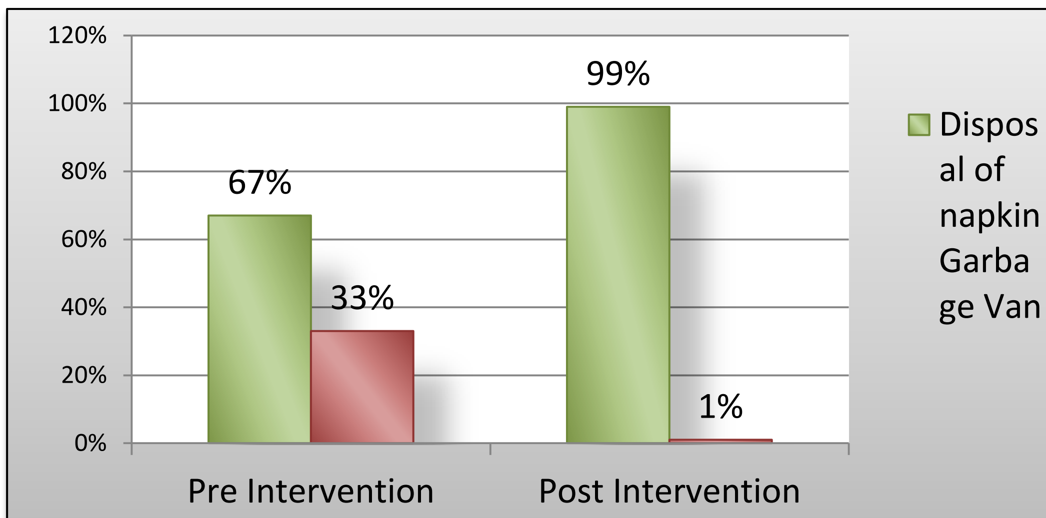
Based on the feedback from the teachers an action plan was finalized and we started interventions on MHM in fifteen (15) Government sponsored schools with pre and post assessment questionnaires to understand the impact of the MHM intervention among adolescent girls.

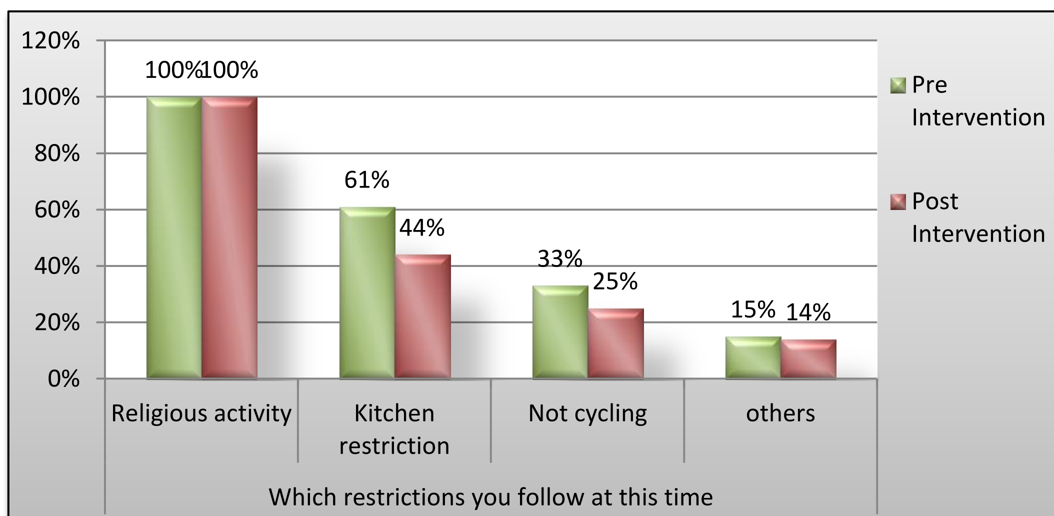
The pre assessment questionnaire was filled by each student prior to the commencement of the intervention and after completing six sessions on MHM, the post assessment questionnaire was used to assess the changes regarding knowledge, belief and practices. The questionnaires, comprising of sixteen (16) questions, focused on general hygiene, WSH issues, knowledge about menstruation, myths and misconceptions, services available during school and practices during menstruation. A booklet on MHM, a Module, video clips, flipchart and flash cards were used to facilitate these sessions.

We covered 8300 students in twenty one (21) schools of whom 3422 have gone through both pre and post assessment.

Impact of Intervention







Replicability

To sustain MHM interventions in schools, in the absence of CFAR, we utilized the already existing platform of the Child Cabinet, which provides students with a space where they can discuss and address issues related to every child's right related to basic education, health and overall development. It also enables them to acquire skills related to leadership, decision making, effective communication and holistic development as well as opportunities to share ideas and issues relating to overall school development and management and plans for designing their school as a safe, clean and joyful place.

During our MHM intervention we noticed that though it is mandatory for schools to have a Child Cabinet, only a few schools had them and that even where they had been formed they were not functional. So we decided to use the ministries for working on WSH and sustaining our intervention on MHM while simultaneously working on the formation, reformation and strengthening of Child Cabinets.

This was done through the holding of several workshops, exposure visits and consultations to orient and strengthen the members of the Child Cabinets, teachers and School Management Committees on their responsibilities and functions.

In eight (8) schools we reformed and strengthened 412 Child Cabinet members who are now continuing MHM discussions among other students. They have also developed posters and flash Cards to facilitate their discussions.

Challenges and Limitations:

During the intervention we faced various challenges from multiple sections of society.

- The taboos' surrounding the subject of menstruation was apparent when the girls struggled to discuss their concerns. Their inhibition, avoidance of eye contact, the fact that they often turned their faces towards the floor when speaking about menstruation and their body languages all indicated that menstruation was a shameful and embarrassing experience and topic of conversation, even in a private, confidential, female-only environment. This situation was more apparent in minority dominated schools and settlements.

- In many cases students requested CFAR to make their parents and grandparents aware of the science behind menstruation as they were compelled to obey their instructions at home.

- In some schools we had accused of conducting "indecent shameless" discussions, by School Management Committees and Parents Committees and compelled to stop the intervention. It was only after several rounds of discussions that they permitted us to continue the intervention.

- Lack of proper sanitation facilities at schools (vending machine and incinerator) was another challenge. It was clear that, due to lack of facilities to cope up with menstruation while in school, such as unavailability of sanitary napkins or disposal facilities, students stayed away from school on those days. We tried to establish linkages with the school authority and companies for CSR funds for installation of sanitary napkin vending machine and incinerator at Schools, but to no avail.

Lessons Learnt

While conducting MHM intervention at community as well as grassroots level the learning that has emerged are as follow:

- Participation of grassroots communicators trained in BCC is essential
- Mandate from the education department is necessary to get a buy-in from the school authorities
- Awareness at every level including family, local club, School Management Committee, caregivers, and teachers is necessary before initiating the intervention.
- Bringing about attitudinal changes among Teachers and School Management Committee is essential
- Addressing women's livelihood need is also vital.
- Linkage with local health centre or adolescent clinic is necessary so that their health problems get addressed.
- Educating older family members of MHM issues and facilitating discussion with them so that they can address all superstition and beliefs associated with MHM
- Strengthening MHM services

Voices from community and schools:

Mohini (18 yrs old) a student of Uttor Kumrokhali- "*Four years ago, at the time of my first period I was terrified. I started crying and my mother gave me a cloth and told me to use it. I used to wash and use the same cloth for several months. Now I have been able to convince my mother to buy napkins for me*".

Sabera (20 yrs old), a college student of Dakhin Kumrokhali- "*From CFAR Didi I come to know that regular activities like bathing, cycling and going to college should not be restricted because of menstruation. I know the science behind it but my grandmother insists that I should refrain from such activities during my menstrual cycle*".

Mehebij (17 years old girl), a student of Purbapara- "*Like my mother I started using cloth, washing it in the pond and drying it in the cattle shed. After attending MHM meetings organized by CFAR Didi, I tried to make my mother understand the adverse effect of using the same cloth. When I realized my mother would not listen to me I asked the CFAR Didi to interact with my mother on this issue. Now my mother buys napkins for me*".

Anisha (17 years old) of Stadiumpara - "*Previously I thought that menstrual blood was bad blood but now I know the science behind it*".