



Gender and MHHM Module



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Gender and Menstrual Health and Hygiene Management (MHHM) Module

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Abbreviations

1. AH – Adolescent Health
2. ANM – Auxiliary Nurse Midwife
3. ASHA – Accredited Social Health Activist
4. AWW – Anganwadi Worker
5. BMC – Bhubaneswar Municipal Corporation
6. BEO – Block Education Officer
7. CBO – Community Based Organization
8. CDPO- Community Development Project Officer
9. CFAR – Centre for Advocacy and Research
10. CHC – Community Health Centre
11. CMC – Community Management Committee
12. CSO – Civil Society Organization
13. CSR – Corporate Social Responsibility
14. DEO – District Education Officer
15. DWE – Department for Women’s Empowerment
16. FAQ – Frequently Asked Questions
17. FGD – Focus Group Discussion
18. GoI – Government of India
19. ICDS – Integrated Child Development Services
20. IDS – Institute of Development Studies, Jaipur
21. IEC – Information, Education & Communication
22. INR – Indian Rupee
23. ICTC - Integrated Counselling and Testing Centres
24. JMC – Jaipur Municipal Corporation
25. MAS – Mahila Arogya Samiti
26. MHHM – Menstrual Health and Hygiene Management
27. MHS – Menstrual Hygiene Scheme
28. MoDWS – Ministry of Drinking Water & Sanitation
29. MoHFW – Ministry of Health & Family Welfare
30. MHRD – Ministry of Human Resource Development
31. MoHUA – Ministry of Housing & Urban Affairs
32. MoWCD – Ministry of Women & Child Development
33. NGO – Non Government Organization
34. NHM – National Health Mission
35. NULM – National Urban Livelihoods Mission
36. PHC – Primary Health Care
37. PMDD – Premenstrual Dysphoric Disorder
38. PMS – Premenstrual Syndrome
39. PwD – Persons with Disabilities
40. RCH – Reproductive Child Health
41. RTI – Reproductive Tract Infection
42. SBM – U – Swaccha Bharat Mission (Urban)
43. SC – Scheduled Caste
44. SDC – Slum Development Committee
45. SDG – Sustainable Development Goals
46. SGM – Sexual & Gender Minorities
47. SHG – Self Help Group
48. SMC – School Management Committee
49. SSEPD – Social Security & Empowerment of Persons with Disability
50. ST – Scheduled Tribe
51. STI – Sexually Transmitted Infection
52. STD – Sexually Transmitted Diseases
53. SWF – Single Window Forum
54. UN – United Nations
55. UNDP – United Nations Development Program
56. UNFPA – United Nations Population Fund
57. UPHC – Urban Primary Health Care
58. UNICEF – United Nations Children’s Fund
59. WASH – Water and Sanitation & Hygiene
60. WCD – Women & Child Development
61. WFW – Water for Women
62. XUB – Xavier University, Bhubaneswar

An Introduction to the Module



➤ *Adolescents, women and male forum members at the community radio station for an interview*

Access to inclusive and equitable water, sanitation and hygiene (WASH) services is critical for attaining gender equality. Similarly, an intentional focus on both gender equality and social inclusion (GESI) is key for ensuring sustainability and reach of WASH projects. The Sustainable Development Goals (SDGs) also highlight the importance of meaningful participation, leadership and voice in achieving both gender equality and WASH. In fact, the SDG 6, which targets clean water and sanitation, pays special attention to women, girls and those in vulnerable situations.

Recognizing this interlinkage of WASH and GESI, Water for Women and its implementing partner, Centre for Advocacy and Research (CFAR), India, have designed two training modules – (1) Gender and MHHM module and (2) Gender and WASH module. While the first module specifically targets the way in which gender rights and stereotypes are linked with menstrual health and hygiene management (MHHM), the second one goes deeper into understanding gender, gender stereotypes, and their interlinkage with all kinds of WASH services and practices (including MHHM). These modules are intended for the use of frontline workers and civil society organizations (CSOs) in their WASH and gender programming. In addition, other users like high-school teachers, health-care workers or representatives of partner organizations can also use parts of the modules that are relevant for their work.

This document will equip its users with the tools and information to implement MHHM related training, capacity-building, behaviour change or community engagement programs, and also to integrate MHHM related information in their existing interventions. The users of this module are encouraged to use parts of the module or the module in its entirety, depending on their intended audience (their age, demography, education levels, etc.). Similarly, this module can be used separately or along with the Gender and WASH module, depending on the users' target audience and goals.

Brief introduction to MHHM



➤ Field team members interacting with the community

*Menstrual health*¹ is defined as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.” Achieving menstrual health and hygiene is tied to access to basic health and sanitation services, timely information, an empowering environment that is free from stigma and shame, and the freedom and access to spheres for participating in and decision making about MHHM.

MHHM and WASH

To achieve SDG 6, MHHM has to be integrated into WASH programming. This is not only critical for the health and hygiene of those who menstruate, but also important for the hygiene and sanitation of all. Safe disposal of sanitary products has clear implications for the environmental and technological sustainability of sanitation interventions.²

MHHM and Gender

Access to dignified menstrual hygiene management plays a key role in realizing the human rights, wellbeing and health of women, girls, queer³ and trans* persons⁴ who menstruate, and their access to education, livelihoods and workforce participation. Lack of such access has been one of the key factors impeding women’s, girl’s, queer and trans* person’s empowerment, safety and development across the world. Further, this access needs

1 Julie Hennegan, Inga T. Winkler, Chris Bobel, Danielle Keiser, Janie Hampton, Gerda Larsson, Venkatraman Chandra-Mouli, Marina Plesons & Thérèse Mahon (2021) Menstrual health: a definition for policy, practice, and research, *Sexual and Reproductive Health Matters*, 29:1, DOI: 10.1080/26410397.2021.1911618

2 Water for Women Fund and Australian Department of Foreign Affairs and Trade, ‘Pivotal not peripheral: Ending period poverty by prioritising menstrual health and hygiene in WASH’, Learning brief – Working Towards Transformation in Inclusive WASH, 2021, Melbourne, Water for Women Fund.

3 An umbrella term for people who don’t identify themselves as heteronormative. Historically, it was used as a derogatory term but now LGBT*IA+ community is reclaiming it. Source: <https://drive.google.com/file/d/1wIF58iZj10PGVz595BYo0jnDqQhLeILB/view>

4 The word trans* is used to indicate an inclusive way to address all non cisgender identities in one simple term (for example, gender non binary, gender non conforming, gender queer, etc.). Cisgender denotes or relates to a person whose sense of personal identity and gender corresponds with their gender assigned at birth. While transgender is also correct. Trans* is more inclusive and widely acceptable. Check the glossary at the end to know more about the diverse gender identities that come under the trans* umbrella.

to be inclusive of all genders⁵ that menstruate (including queer and trans* persons who menstruate) and of those with visible and invisible disabilities⁶ and mobility restrictions. Women, girls, queer and trans* persons, particularly those from marginalized communities and those with visible and invisible disabilities have often been left out of decision making roles and participation spaces where WASH related policies are designed and implemented. Ensuring their access to these roles and spaces will also be important in ensuring their WASH needs, including MHHM, is recognized and addressed.⁷

Before we move forward in this module it is important to understand that from years now, in the mainstream discourse around MHHM, it has been observed that in the definition of those who menstruate only women and girls are included. However, it is important to acknowledge the fact that there are people from several other gender identities (which do not fall under the binary category of women) who also menstruate. This include people who identify as queer and trans* persons and are assigned female at birth⁸.

5 Gender refers to the attitudes, roles, behaviours, experiences, and feelings that a given culture associates with a person's biological sex. It influences how we perceive ourselves and each other, how we act and interact, and the distribution of power and resources in society. Gender intersects with other factors that drive inequalities, discrimination and marginalisation, such as caste, religion, ethnicity, socioeconomic status, ability, age, geographic location, and sexual orientation, among others.


6 <https://invisibledisabilities.org/what-is-an-invisible-disability/>

7 Before we move forward in this module it is important to understand that from years now, in the mainstream discourse around MHHM, it has been observed that in the definition of those who menstruate only women and girls are included. However, it is important to acknowledge the fact that there are people from several other gender identities (which do not fall under the binary category of women) who also menstruate. This include people who identify as queer and trans* persons and are assigned female at birth.

8 Assigned sex at birth (noun) – The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex. Source: <https://www.uwmedicine.org/provider-resource/lgbtq/lgbtq-inclusion-glossary>

Note to Facilitators

This note is to guide the facilitators training master trainers on using this module.

 **Total Time: 3 hours**



➤ Health workers along with mothers' and adolescent group members promoting RED SPOT campaign

Session 1: Breaking the Ice

Begin the training with an ice-breaker session to make the participants feel comfortable. The box below describes a game that can be used for the session. Games like these are effective to both make the participants feel comfortable with each other, and also to lay the foundation for the rest of the training sessions, as it helps them speak out about menstrual hygiene without hesitation or shame.

Breaking the Silence: Ice-breaker game

- ▶ Ask all members in the group to sit in a circle.
- ▶ Each member is asked to share one word used to talk about menstruation
- ▶ Write the words on a flip chart or cards
- ▶ This exercise continues till every group member is covered.
- ▶ Ask the last person to read out aloud all the words which have been written down

You will find that there are several nicknames women and girls use to talk about menstruation. Use these to further build on the discussion about shame and silence around the issue

Session 2: Introduce the facilitator/trainer

The facilitators should introduce themselves to the learners. The introduction should not only talk about your organization and the work you do but also about “who you are,” and what you are committed to doing as a worker/professional.

For example-My name is Manju and I am working with adolescent forums for over three years on issues of menstrual health and hygiene management. As a master facilitator and a woman with a young daughter and son, I have made it a point to educate both my children on the issue. To do this, in my house I have tried to never practice any restrictions with food, prayers or stop my daughter from going to school during her period. I have tried to speak of periods in the presence of the men in the family so that they are also not inhibited about it.

Session 3: Getting to know the learners

Keep the list of learners/participants ready with you before the training. Against each participants' name, add key information about their work, experience and background. The text-box below shows a simple format for participants' information. You can add any other information you have.

Participant Information: An Example

- ▶ **Name:** Binodini Parikh
- ▶ **Age:** 40 years
- ▶ **Work/ Profession:** School Teacher
- ▶ **Experience:** 2 years
- ▶ **Education:** MA, BEd
- ▶ **One key motivation for the work they do on a daily basis:** To support adolescents in managing menstruation with dignity and confidence

Identify what is common among the learners- this can be their age range, their profession or work experience, or similarity in their motivation, and so on. This will help you to understand the learners and adapt the training with examples aligned to their experiences.

Session 4: Setting the objectives of the training

Facilitators should now share four key objectives of the training with master facilitators, as described below.

Training Objectives

Objective 1: Learn from the Water for Women-CFAR pilot intervention about implementing participatory and inclusive MHHM programs

Training Objectives

Objective 2: Develop a basic understanding of the reproductive system and biological changes during puberty; build the foundation for better understanding of menstrual health and hygiene

Objective 3: Build an improved understanding of menstrual value chain-awareness, personal hygiene, WASH services, safe products and disposal

Objective 4: Identify the stakeholders working on MHHM or allied issues at the family, community and institutional levels to build a sustainable network to lead the issue

Session 5: Learning from the Pilot-intervention

Use the chapter “Tracing our Steps” (see pages 10-22) to introduce the participants to the pilot MHHM intervention supported by Water for Women-CFAR. The purpose of that chapter will be to learn from the pilot project and find practical steps, key processes and approaches that the participants can replicate in their own work. This chapter is not a training module as such, but provides examples and steps that the participants can incorporate or reference when engaging with the community to better integrate MHHM across all programs.

Session 6: Introduce the training curriculum

The facilitator must then take the master trainers through the entire curriculum to help them understand the importance of every session and the expected objective. This will help to build their engagement with the concepts covered in each session.

- ▶ Use the curriculum and exercises to explain the concepts detailed below .
- ▶ The key points to be emphasized and discussed are listed below each concept.
- ▶ Facilitation questions are also presented to aid the discussion
- ▶ Engage in an open discussion after each concept where you can take 3-4 sample responses from learners to further explain and unpack the concept

Reproductive System and Puberty

CONCEPT 1: Understanding the female reproductive system

- ▶ What biological parts are involved in menstruation?
- ▶ What biological parts are involved in sexual intercourse?
- ▶ What biological parts are involved in child birth?

Open Discussion

Reproductive System and Puberty

CONCEPT 2: Puberty

- ▶ What is puberty?
- ▶ What physical changes take place during puberty for people with diverse genders?
- ▶ What psychological changes take place during puberty for both males and females?
- ▶ What is the link between puberty and menstrual cycle?

Open Discussion

Menstrual Cycle

CONCEPT 3: Menstruation

- ▶ What is the biology behind menstruation?
- ▶ How can we track the menstrual cycle?
- ▶ What physical and psychological changes take place during menarche?
- ▶ What physical and psychological changes take place during menopause?

Open Discussion

CONCEPT 4: Period and Social Taboos

- ▶ What are the myths and taboos associated with period?
- ▶ Why does the onset of period limit girls'/ women's mobility and access to spaces of those who menstruate?

Open Discussion

CONCEPT 5: Period and Gender

- ▶ Is menstruation related to gender or sex?
- ▶ Do all women menstruate?
- ▶ Can those who don't identify as women also menstruate?

Open Discussion

Convergence

CONCEPT 6: Implementing Coordinated MHHM programs

- ▶ Who are the key groups, bodies and stakeholders related to MHHM programs?
- ▶ Why is coordinating with these groups/bodies/ stakeholders important?
- ▶ How to build sustainable networks with these groups/ bodies/ stakeholders

Open Discussion

Step 6: Key messages to wrap the discussion

- ▶ Ensure that the priorities identified and the leadership for any MHHM programs comes from the community/ target population themselves
- ▶ One size does not fit all- every MHHM program should be designed to respond to unique context and priorities of the target area and population
- ▶ Participation of each and every person matters- participation of all gender, social and ethnic groups is important to design and implement inclusive programs
- ▶ Design all activities with a “do no harm” approach
- ▶ Good health is related to good reproductive health
- ▶ Reproductive health is related to access to information, services and decision-making power on reproductive health
- ▶ Period is a normal biological process; the onset of period during puberty is an indication of a girl’s body being reproductively healthy and ready
- ▶ Not all women menstruate, and not all people who menstruate are women
- ▶ Any MHHM programming should account for transgenders and women with disabilities and also for mobility issues of those who menstruate
- ▶ Involving men and boys is important to change gender norms and normalize MHH conversations within families, communities and society
- ▶ Gender stereotypes and equity issues are linked to the stigma, shame and restrictions related to menstruation. To address one, we need to be cognizant of the other
- ▶ Convergence is key to mitigate period poverty

Step 7: Role of School Teachers, Anganwadi and Health Workers (when training for Schools/ICDS/ Health Centers)

Every menstruating person’s right to safe, inclusive and accessible MHHM services and provisions needs to be viewed in the context of both gender and WASH rights. Teachers, Anganwadi workers (AWW) and health workers play a salient role in both gender and WASH related behaviour change, capacity building, and monitoring with the community.

How?

- ▶ They are responsible for daily engagement with women, girls and people from diverse gender identities who menstruate whom they support across their life cycle.
- ▶ Many of them play an important role in educating adolescents on puberty, menstrual and reproductive rights and hygiene issues.
- ▶ Health workers are responsible for regular check-ups, supporting in counselling, addressing sexual and reproductive health issues and hygiene management.

Tracing our steps

Lessons from Pilot Intervention



→ Learning Objective

To implement participatory, inclusive and better informed MHHM programs

→ Learning Outcomes

- ▶ The participants will be able to learn from CFAR's experience of implementing MHHM programs
- ▶ The participants will be equipped with concrete steps and processes when addressing or integrating MHHM concerns within their jurisdiction
- ▶ The participants will understand the importance of prioritizing MHHM concerns, and the uniqueness of challenges and needs of different population groups.
- ▶ The participants will know how to implement MHHM programs that are led and informed by the voice of the community and community representatives.

→ Audience:

- ▶ Representatives of civil society organizations and community based organizations
- ▶ Government officials and frontline workers of government departments
- ▶ Partner organizations

→ Overview:

Centre for Advocacy & Research (CFAR) has been implementing various initiatives across 10 states of India that target the rights and entitlements of persons living in poverty, and situations which make them vulnerable.

The **organization's mission** statement is **voice of the voiceless**; in practice this translates into facilitating persons living in poverty or in situations of vulnerability to access safe and inclusive WASH services through collaborative action in a framework of joint rights and responsibilities. The organization also prioritizes gender equality and social inclusion through all its actions.

In its project on Menstrual Health & Hygiene Management (MHHM) supported by Water for Women (Department of Foreign Affairs and Trade, Australian Government), CFAR worked in two cities of India- Jaipur in Rajasthan state and Bhubaneswar in Odisha state. In these cities, the project targeted ward 67 in Jaipur and ward 63 in Bhubaneswar. This pilot intervention was planned in keeping with the local context of both the wards, and paved the way for integrating WASH and health systems in the informal settlements to the advantage of women, girls, queer and trans* persons who are assigned female at birth and menstruate.

The project was aligned with both the SDG 6 and with WfW's call to action this year **to end period poverty by 2030**. This initiative has been guided by the following non-negotiable principles:

- 1. Leadership must be organic**- The project team must act as facilitators in supporting leadership that originates within the community
- 2. Participation of each and every person matters**- No voice is insignificant, no person is unimportant
- 3. Do No Harm**- While raising issues of gender and social equality, make sure that there is no backlash on the women and the people from diverse gender identities who menstruate by powerful vested interests
- 4. The pyramid of decision making must be inverted** – People must decide the policies, which are in their interest

In the following pages, the steps and processes followed in implementing the MHHM program will be described in detail.

COVERAGE UNDER WATER FOR WOMEN SUPPORTED PROJECT

Total Population	Women and Girls
12241 in Ward 63, Bhubaneswar	5783 in Ward 63, Bhubaneswar
14532 in Ward 67, Jaipur	7591 in Ward 67, Jaipur

→ Steps followed to work on MHHM with the urban poor:



→ Approach Followed:

1. Create Change Agents
2. Break Taboos
3. Build Models
4. Innovate for better lives

STEP I: Identifying the Problem

→ Listening to the community

Problem identification was precipitated by the voices that emerged from the community. During the interaction with the community members, particularly during the pandemic, voices from girls, women, queer and trans* persons who menstruate highlighted challenges faced in meeting their MHHM needs. The field teams listened to the community, and voices from girls, women, queer and trans* persons who menstruate decided to understand the problem in a more rigorous manner.

Voices from the Community

“During the pandemic we were faced with many challenges; such as no access to sanitary napkins, no access to counseling on health, nutrition and hygiene and no knowledge of safe disposal mechanisms. It was really a very embarrassing situation for me to ask shopkeepers to buy and stack sanitary napkins.”

- **KALPANA BHOI**, Kishori Samuh Member from Bhubaneswar

Voices from the Community

- “During the lockdown menstruation was a thing which no one even considered a crisis; as the schools where we got sanitary napkins were closed, we lost that access too.”
- **DEEPA**, Shakti Colony, Kishori Samuh Member and Master Trainer from Jaipur
- “During lock down there was minimal availability of sanitary napkins. The cost of a packet increased from Rs. 40 to Rs 60 and we could hardly afford it.”
- **GINNI**, adolescent girl from Transport Colony, Jaipur
- “People must come together as collectives. There are no collectives to discuss MHHM. What we need now is increased access to services and to address gaps through collectives of men, women, elderly, adolescent, frontline workers and departments.”
- **MEHRUNNISA**, community member from Jaipur
- “I cannot change pads in male toilets as there are no pads available. My male friends make fun of me and do not understand the difficulties I face during menstruation.”
-**YASH PANDEY**, trans man from Jaipur
- “My appearance is that of a man, and I menstruate. It is difficult to access sanitary pads. When I go out to purchase them. "I face snide comments. Living this dual life is painful. The family is forcing me to get married though I want to get my uterus removed. It feels as if I am born in a wrong body.”
-**ANAMIKA**, trans man from Jaipur
- “We belong to the Valmiki community. Sewer lines do not reach our lanes. We have no toilets. My wife faces excessive bleeding issues. To use the toilet, she has to walk to the community toilet which is on the main road. We are not allowed to use our neighbours’ toilets, because we are from the Scheduled Caste. My cousin is disabled. It is a challenge for her to go to the community toilet every time during her period.”
- **DEEPAK**, community member, Jaipur

TABLE 1: Marginalization framework that guided the design and execution of inclusive MHHM program⁹

<i>Factors to consider when identifying the marginalized</i>		
<p>Macro-level contextual factors</p> <ul style="list-style-type: none"> ▶ Geography/ Environment ▶ Migration ▶ Ethnicity/ Tribe ▶ Religion ▶ Caste ▶ Sexual Orientation/ Sexual Identity ▶ Landlessness ▶ Economic Condition ▶ Patriarchy 	<p>Micro-level universal factors</p> <ul style="list-style-type: none"> ▶ Gender ▶ Age ▶ Disabilities ▶ Superstition & Taboos 	<p>➔ Both macro and micro level characteristics interact to determine vulnerability to marginalization. E.g., Both migration (macro-level) and gender (micro-level) factors interact to marginalize migrant adolescent girls.</p>

⁹ Adapted from the Marginalization Framework created by Wapling L in collaboration with Girls Education Challenge Programme (2017)

Barriers to inclusion that need to be addressed or planned for

Environmental

- ▶ Natural environment
- ▶ Built environment
- ▶ Methods & modes of communication

Institutional

- ▶ Legislation
- ▶ Gender policies
- ▶ Cultural norms
- ▶ Traditional practices
- ▶ Non-transparent governance

Attitudinal

- ▶ Beliefs
- ▶ Practices
- ▶ Behaviour
- ▶ Language

→ Inclusive MHHM is **user-designed & non-stigmatizing** that ensures: (a) institutional compliance; (b) empowerment; and (c) accountability

→ Undertaking focus group discussions and in-depth interviews with the Community

This is held with the principal stakeholders within the community. This included (1) adolescent girls – both school going & non-school going; (2) pregnant & lactating women; (3) menstruating adult women; (4) menopausal women; (5) government and non-government frontline workers; (6) women and girls living with disabilities; (7) female school teachers; (8) boys and men; (9) members of different community level committees; and (10) other key influencers.

→ Identifying problems and next-steps

At the end of the discussions, the key problems were identified and some suggested solutions and next-steps were listed.

→ Things to remember during data collection:

- ▶ Treat each group as a universe. Discussions must be conducted with each group separately.
- ▶ Care must be taken of the social and cultural context. For instance, in mixed female groups, the daughters-in-law may be afraid to speak in front of their mothers-in-law. In such cases, intergenerational dialogue must be facilitated or discussions must be tailored to the context.
- ▶ Men and boys must be kept separate at least at the initial stages for people who menstruate to speak about their problems.

STEP 2: Organising communities into Groups and Forums

→ Creating new groups of women

After identifying the challenges in Step 1, the community members are organized into groups, factoring in the following:

- ▶ Nature of challenges faced by groups
- ▶ Cultural and social factors of purity and pollution
- ▶ Age, sex¹⁰ and education
- ▶ Representation of different formal bodies.

¹⁰ Sex: A label that a doctor assigns you at birth, either male or female or person with intersex variations.

Source: (How To) Touch Me Properly - E- Book.

The types of groups formed include: groups of women and girls with disabilities, men's groups, women's groups, SHG women, adolescent girls groups, groups of mothers/ mothers-in-law, groups of older and influential men.

→ **Reactivating existing community platforms**

Existing platforms like the slum development committees, groups of ICDS workers and mahila arogya samitis (women's health committees) are identified, reactivated and topics around MHHM and WASH is integrated within their agenda.

STEP 3: Tailoring the response to the unique experience of each participant group

→ **Recognizing the unique challenges, experiences and perspectives of each participant group**

When it comes to menstruation, menstruating women and girls can be in diverse circumstances: those in transit camps, those who are lactating, those living with disabilities, those living in homes without toilets, and many others. Each group faces their own unique challenges with respect to accessing MHHM.

Voices from the Community

“My sister cannot walk, so she crawls into the bathroom to change her napkin. I throw the used napkin outside as we do not have a dustbin in our house or in our lane.”

- **SHANOO**, community member from Jaipur

“Social taboos will continue for the ages to come, this cannot be changed. If a girl gets her periods no one in the family will allow her to take a bath or enter the kitchen or come out of her room. She is considered impure and we cannot change that attitude in a day.”

- **CHANDRAMA BEHERA**, elderly woman community member from Bhubaneswar

“Our daughters and daughter in laws must be made aware of the repercussions of early marriage. My daughter got married very early due to family pressure. She gave birth to an unhealthy baby as she herself was low on haemoglobin.”

- **BASUDEV SAMAL**, male SDC member from Bhubaneswar

“Periods remind me that I am living with a wrong gender identity. As a trans man, living all by myself managing periods was not difficult but when I got a urinary tract infection I was very hesitant to visit a gynaecologist for treatment.

- **ROHAN**, trans man from Bhubaneswar

“Coping with periods is difficult as there are no trans inclusive toilets in the community. At home I feel shy to use a sanitary pad in front of my partner. The gender affirmative surgery¹¹ is very expensive so I have to live with this reality.

- **NIKUNJ**, trans man, from Jaipur

11 Gender affirmative surgery helps trans* persons mitigate their gender dysphoria wherein by surgical interventions their physical body affirms their gender identity.

→ Initiate intervention at the household and community level on gender roles and MHHM

Once these unique challenges are understood, household and community level interventions are designed to respond to these challenges, and involve all stakeholders. For instance, the project's experience shows that, inclusion of men and boys is critical for MHHM programs, as they can act as allies and facilitators of women's participation. Similarly, inclusion of older menopausal women in intergenerational dialogues was also found to be important, as they were able to use their own past experiences and trauma and their influence on younger women to facilitate access to better MHHM services and information. Experience of people with diverse gender identities and histories are equally important to include as it helps to understand their distinct needs and challenges in managing safe MHHM.

→ Refer to Gender and WASH module for training on gender stereotypes and roles

The organisation's programs link trainings on gender stereotypes and roles with MHHM- particularly, around the exclusion of men in discussions around MHHM, the exclusion of MHHM needs of diverse kinds of menstruating persons from WASH planning at the household and community levels, and how the lack of MHHM perpetuates some of the gender stereotypes and roles. The project team on one hand engaged with menstruating women to empower them in taking decisions that directly impact their MHHM- like construction of toilets, access to sanitary napkins, ensuring privacy of toilets, addressing stigma around period; and on the other hand, it also worked with non-menstruating men and boys and menopausal women to break gender stereotypes and create conducive conditions for women's decision making. At each step, needs and priorities of all kinds of menstruating women (such as those with disabilities, those in transit, young and middle-aged) were considered for the various programming.



Figure 1: This pyramid shows how understanding the unique challenges and needs of each group lays the foundation to their voices being heard in MHHM planning

STEP 4: Rolling out training of peer groups in a cascading manner

Members from each group- adolescents, women and people with diverse gender identities who menstruate in SHGs/MAS/SWF/CMC/ menopausal and elderly women as well as frontline workers- themselves emerged as pioneers, women and people with diverse gender identities who menstruate and leaders of the movement. These pioneers were then trained as master trainers, and they then trained peer members from their group. Trainings were provided at different levels in a scaled manner, so that each trainee became a potential trainer themselves. For instance, in Bhubaneswar, a group of 12 frontline workers- MAS, ASHA ICDS and Kishori or Adolescent Club members in Tapaban Basti- emerged as pioneers who then trained 15 people who menstruate master trainers on MHHM from the community; each “master trainer” then reached out to 15 people who menstruate in 12 weekly meetings; at the end of three months, these change agents had reached out to conscientize 440 people who menstruate directly, and 2,160 indirectly, on safe MHHM.

→ These trainings and orientations were undertaken on the following main areas:

- a. Basics of the Reproductive system
- b. Taboos and Myths associated with Menstruation
- c. Facilities available for adolescent girls from ICDS and other sources
- d. Need to break the silence around MHHM
- e. Waste Management – Disposal of absorbents

Voices from the Community and Stakeholders

“Community platforms will be strengthened and they will bring the departments to the community level to plan and implement putting the community in the forefront as change agents.”

- **AKHTAR KHAN**, community member from Jaipur

“I always promoted child care services. I had not taken any initiatives to strengthen MHHM practices in the community. After I participated in the multi stakeholders’ consultation, I instructed my team to integrate MHHM in the ICDS programs. Now we not only prioritize the wellbeing of the child but also give equal importance to adolescent girls by engaging in menstrual health and hygiene management.”

- **SANDHYARANI DEVI**, Child Development Project Office from Bhubaneswar

“It is important for society to understand the science and act accordingly, instead of believing the myths and taboos which have no scientific basis whatsoever. If families begin to realize this and accept us as an integral part of the unit, it could reduce to a great extent the pain and difficulties in the lives of transgenders.”

- **PUSHPA MAI**, transgender leader from Jaipur

“I have undergone Sex Reassignment Surgery (SRS) and after Hormone Replacement Therapy (HRT) my period stopped. As a national level wrestler menstruation put physical and emotional pressure on me. I am taking testosterone hormones injections which is making me look masculine and makes it very awkward for me to use public toilets meant for women during periods. How do I communicate this to others?”

- **TAPPU**, trans man from Jaipur

“At home my family does not accept me as a trans man as I continue to menstruate. I face an identity crisis which makes me feel incomplete and depressed. It is essential to educate families on the issue”

- **JAISH**, trans man, from Jaipur

Step 5: Liaising with stakeholders.

No problem can be addressed in isolation, and this is particularly true for MHHM which is key for various inter-linked sectors like health, sanitation, women's rights and education. Within the context of COVID-19 related restrictions, MHHM took on even more importance, as availability of hygiene facilities, information and sanitation products got impacted during the pandemic. To achieve SDG 6.2 (access to adequate sanitation for all), it is imperative that MHHM is no longer treated as a peripheral issue, and instead multiple kinds of stakeholders are engaged for an integrated response.

The pilot intervention in Jaipur and Bhubaneswar has highlighted the following categories of stakeholders as important for MHHM.

1. Line Departments

- ▶ **Department of Women and Child Development:** MHHM is a crucial component of women's empowerment and growth. WCD department is responsible for running state and national programs on supplementary nutrition, skill development and capacity building for women, girls and people from diverse gender identity who menstruate. ICDS is the touchstone for a MHHM program. It provides services in both urban and rural areas to adolescent girls, pregnant and lactating women, children and other community members. Further there are facilities for supplementary nutrition, skill enhancement etc., for adolescent girls under the Kishori Shakti Yojana.
- ▶ **National Health Mission** has special programs for adolescent health at the urban PHC levels. Under Adolescent Reproductive & Sexual Health (ARSH), weekly adolescent clinics are organized in Urban PHCs. In these clinics, health education and counselling is provided to adolescent girls for menstrual hygiene promotion, prevention of anaemia, RTIs and STIs, and for sexual difficulties, among other issues.
- ▶ **Department of School and Mass Education:** Lack of access to child-friendly and safe menstrual hygiene and waste management is one of the important causes of drop-out of girls from schools in India. Thus, to increase retention of girl students, integration of MHHM in education policies will be essential. It is important to work with school management committees (SMCs) *and other parent and teacher committees* to address safety and privacy of toilets, bullying and shame faced by female students on their period, and access to safe menstrual waste management system.

2. Municipal Corporations

Post COVID-19, many municipal urban bodies have introduced programs for promotion of sanitation, waste management and clean drinking water. In Jaipur and Bhubaneswar, municipal corporations are also promoting women's SHGs in managing waste and recycling such as the material recovery centres, and in making compost from waste. This is often being done in collaboration with the Urban Livelihood Missions, both at the state and national levels. However, municipal corporations do not acknowledge the fact that people from diverse gender identities also menstruate and hence, the schemes are limited to cisgender¹² women.

3. Corporates and Philanthropies

The role of business houses and corporations in promoting MHHM as well as WASH is also gradually gaining importance. With the introduction of provisions for Corporate Social Responsibility (CSR) in the Companies Act,

12. . People whose gender identity matches the sex assigned to them at birth.

companies with an annual turnover of more than 1,000 crore INR and a net profit of more than 5 crores INR in the last 3 years are required by law to contribute 2% of their profits towards their social responsibility. Promotion of clean drinking water and sanitation, women's empowerment are some of the areas where companies are allowed to make such contributions.

4. NGOs and Civil Society Organizations

These continue to be important stakeholders with mandates for working on issues of women, children, adolescents, gender minorities, reproductive health, WASH etc. The plethora of technical expertise available from these bodies makes such collaborations very useful. The project has worked in collaboration with different bilateral and multilateral organizations as well as with other NGOs to promote MHHM in the two cities of Bhubaneswar and Jaipur.

5. Community Based Organizations

These organizations play a critical role in ensuring not just last mile delivery, but also in setting the tone and agenda of the activities. Water for Women and CFAR work in collaboration with the *single window forums*, which are bodies of community representatives that act as a bridge on WASH related practices between the community and the municipal corporations/government. We also work with other bodies like: SHGs of women, disabled, men and transgenders; community management committees; slum development committees; SMCs; mahila arogya samitis; kishore- kishori committees; and youth clubs.

6. Local Self Government Representatives

It is important to draw in elected representatives, particularly at the grassroots level like ward councillors, ward committee members, mayors and deputy mayors. Inviting them and involving them helps garner greater involvement from government bodies and the community (including men and boys).

Voices from the Community and Stakeholders

“Menstruation and MHHM was a neglected issue during the pandemic. It is necessary to make a convergent plan with the government, men and youth groups to create greater awareness on the issue.”

- **GARIMA SHARMA**, Welfare Officer, Department of Women's Empowerment (WED), Rajasthan, when sharing about new schemes like Rajshri Yojna and Women's Empowerment Scheme and the Menstrual Hygiene Scheme

“I am an active member of the School Management Committee. After the MHHM intervention, I participated in multi stakeholders' consultations where the Block Education Officer as well as Centre Resource Coordinator was there and it was an opportunity to interact with them, about the intervention of MHHM in schools. Though I am part of the School Management Committee but now I can even say that I am involved in the Menstruation Management Committee.”

- **PRAKASH BHOI**, community member from Bhubaneswar

Thus under Step 5, the project team first identifies and maps the key stakeholders, develops IEC materials on government programs and schemes; and then liaisons with these stakeholders at various levels, including organizing multi-stakeholder consultations. The organization also implements community engagement programs (like street plays or puppet show) where the roles of different service providers are shared to raise awareness of community and community groups on the same.

STEP 6: Organising Events and Break the Silence

Among many other methods, organizing international and national days associated with WASH and MHHM is a good way to bring attention to the cause. Some of these are MHHM Awareness Week and MHHM Day; World Toilet Day; Global Hand Washing Day; Sixteen Days of Activism; World Disability Day. Celebrating these days can be an effective way to bring momentum around an issue.

In Water for Women and CFAR's experience and building from the previous step, it is important to ensure that multiple stakeholders attend and actively participate in the events. These stakeholders should include (a) community representatives, including men; (b) adolescent girls and women of all ages; (c) women in different social relationships like mothers-in-law and daughters-in-law; (d) local municipal officials; (e) concerned ministry/government officials; (f) other NGOs/ bilateral agencies/ UN agencies; (g) persons living in situations of vulnerabilities like various visible and invisible disabilities, queer and trans* persons assigned female at birth who menstruate, and SC/ ST communities.

Some of the activities that can be organized on these days include poster competitions, quizzes, skits and street plays, pledges and meetings or workshops. Various innovations and success stories can be shared during these events (such as that of pad-bank or sanitary napkin vending machines) or models of MHHM programs can be discussed. These events should be done in public places where they attract attention of the people passing by. Very often this non captive audience is an important process of change.

At all times ensuring the safety and security of people with diverse genders, persons living in situations of vulnerabilities during events-risk assessments and mitigation strategies as well as consultations with community members is essential when considering 'do no harm'

STEP 7: Bringing the Issue to the Table

Finally it is time to put all your cards on the table! The project's experience shows that the following strategies can be used to bring the issue of MHHM to the table for any real policy change:

- ▶ Data backed dialogue- collect gender, age and caste segregated data on access to MHHM through primary and secondary sources, and use these to drive advocacy and discussions.
- ▶ Connect with multiple stakeholders
- ▶ Organize multiple stakeholder consultation
- ▶ Discuss policies of the government on women's reproductive health
- ▶ Analyse the budgets of different departments (identified in Step 5) dealing with MHHM and WASH
- ▶ Organize seminars and webinars and invite national policy making bodies
- ▶ Link up with the academia and corporations and present empirical data



**Let the issue
be heard by all!**



➤ School going adolescent girls participating in awareness raising program on Gender and WASH

What next?

Learning from this pilot intervention, the steps discussed above were scaled up across both the cities, and the following processes were planned for future MHHM programming:

- ▶ Improve access to MHHM information; set up a cadre of MHHM educators drawn from trained representatives of women, girls, men and boys and frontline workers
- ▶ Leverage all spaces and forums for public discussion and dialogue on the issue
- ▶ Normalize menstruation by mainstreaming it across issues related to gender equality such as including it in discussions around nutrition, health and legal entitlements with people of all genders
- ▶ Enable the community to develop simple communication collaterals, audio-visual tools for scaling up conversations around MHHM
- ▶ Audit WASH facilities in schools, health centres and public spaces to ensure privacy, access to water and waste disposal
- ▶ Facilitate assistive aids to make community toilets accessible and period friendly for persons with disabilities, women, girls and queer and trans* persons who menstruate.
- ▶ Develop model practices for safe disposal of menstrual waste through innovative community led solutions
- ▶ Set up ward level product kiosks to strengthen usage and availability of diverse, affordable and eco-friendly menstrual absorbents at all times
- ▶ Reach out to private sector agencies for gender equality such as marketing of eco-friendly sanitary pads with people of all genders and boosting production units for environment friendly absorbents and/or disposal systems
- ▶ Institutionalise MHHM through monthly dialogues and shared activities with representatives of leading programmes and in particular with frontline workers for women's empowerment, health and social development, school, livelihood and skill development but also including dialogues with queer and trans* persons who menstruate.

Key Takeaways

- For any MHHM program, it is important to ensure that priorities and problems identified comes from the community/ target population themselves.
- Leadership and ownership of community is key for the success and sustainability of MHHM programs.
- One size does not fit all- every program is different, and should be contextualized to the unique conditions of the target areas and population.
- Leave no one behind- participation of each and every person is valuable.
- Every individual and community group has their unique challenges and needs- listen to them, and let their voices lead all planning and programming.
- Design all activities with a “do no harm” approach.
- Identify change agents from the community, to sustain and scale behaviour change and capacity building program within the community.
- Convergence and multi-stakeholder approach should be used at all levels.



Training Module



Session I: **Female Reproductive System**

Session II: **Menstrual Cycle**

Session III: **Convergence**

SESSION I:

Female Reproductive System



→ Learning Objective

To inform the participants with a scientific foundation for understanding menstrual health

→ Learning Outcome:

- ▶ The participants will be able to develop a basic understanding of the female reproductive system
- ▶ They will develop a basic understanding of the biological underpinnings of menstruation, sexual intercourse and child birth
- ▶ They will develop a better understanding of the biological and psychological changes during puberty
- ▶ This session will form the foundation for dispelling myths and stigmas that do not align with the physiological understanding of menstruation

→ Target Audience

This session will be helpful for anyone that wants to increase their knowledge about the female reproductive system, adolescence and changes during puberty. The session particularly targets adolescent boys and girls as well as women, and can be used by high school teachers, ICDS functionaries and civil society organizations working with these target groups.

Exercise 1: Physical and Psychological changes during Puberty

→ Instructions:

- ▶ See pages 28-29 for points to guide your discussion with the participants on puberty.
- ▶ Link your discussion with the learnings on female reproductive system to be discussed in Exercise 2.
- ▶ Due to the sensitive nature of the topic, ensure a comfortable and non-judgemental environment in the training space.
- ▶ Use your own experiences from your puberty years to discuss the concepts.
- ▶ Then encourage the participants to share their experiences, concerns and questions.
- ▶ Use the FAQs below to respond to some of the common questions. If the participants are reluctant to ask questions, use these responses to further guide and add to your discussion.

→ Frequently Asked Questions about Puberty

Q1. What happens during puberty?

A1. When puberty begins, the pituitary (say: pih-TOO-uh-ter-ee) gland (a pea-shaped gland located at the bottom of the brain) releases special hormones. Depending on whether you are assigned male or female at birth, these hormones work on various parts of the body. During puberty our body also goes through various physical, mental or psychological changes. There are also changes in the way an adolescent perceives the society around them¹³. (For details, please refer to Exercise 2 on the reproductive system of the people who menstruate)

Q2. Why does so much hair/thick hair grow in my body with puberty?

A2. At adolescence, hair grows on the body parts like under-arms, legs, arms, pubic arch for everyone and in the face like beard and moustaches for just those assigned male at birth. This is normal and natural. These changes are caused due to hormonal changes in the body.

Q3. Do we get body odour with Puberty?

A3. As you enter puberty, the puberty hormones stimulate the glands in your skin, including the sweat glands under your arms. When sweat and bacteria on your skin get together, it can smell pretty bad. So keep clean and bathe regularly.

Q4. What is this white discharge from the Vagina?

A4. Girls sometimes might see and feel white or clear stuff coming from the vagina with puberty. This doesn't mean anything is wrong — it's called vaginal discharge and is just another sign of hormones changing your body.

13. Them is a singular gender neutral pronoun.

1

Material for Exercise 1



→ What is puberty?

Puberty is the process of physical changes through which a child's body matures into an adult body capable of sexual reproduction. It is the time when we go through a series of significant, natural and healthy changes. These physical, psychological and emotional changes signal moving from childhood to adolescence.

→ Physical changes during puberty

Those assigned female at birth

1. Development of breast buds, followed by continued growth of breasts
2. Change in body shape, and/or accumulation of fat in various spaces (like hips and breasts)
3. Growth of pubic hair
4. Growth of underarm hair
5. Whitish discharge from the vagina for several month before periods
6. Start to have menstrual periods
7. High pitched voice

**Sometimes all these characteristics might not appear. Only when it medically bothers you, you might seek medical support.

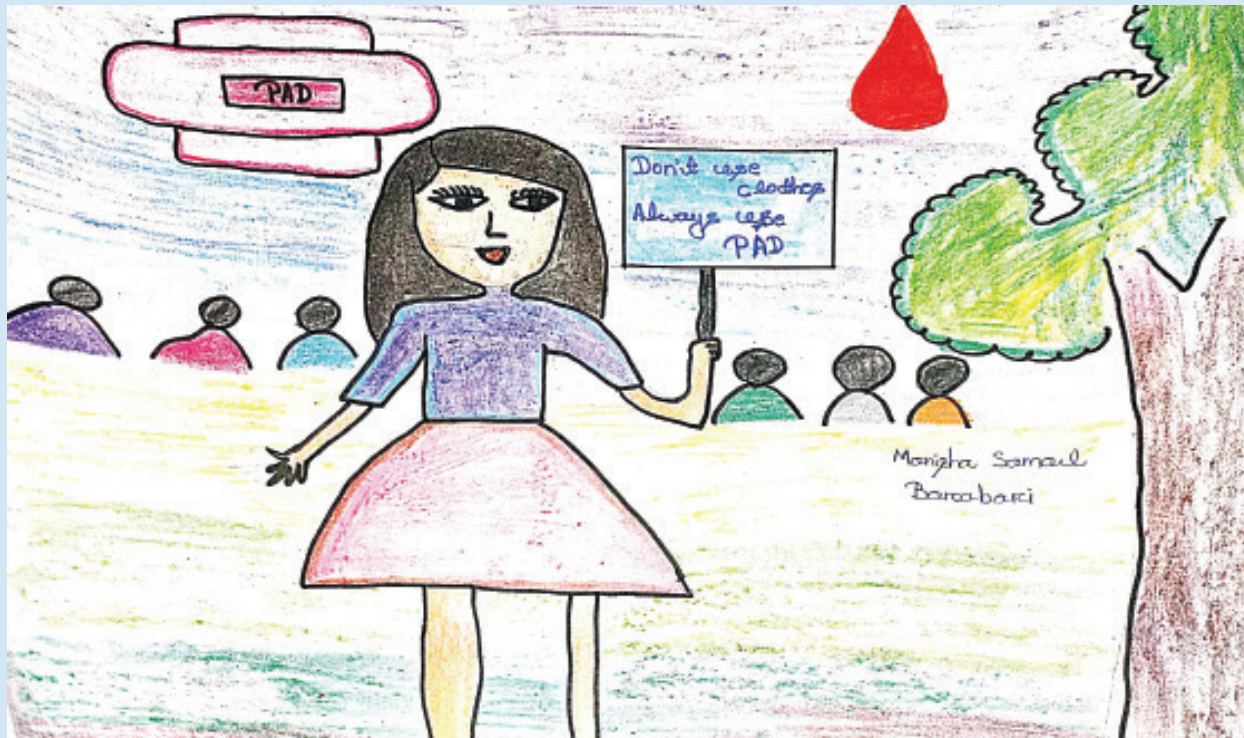
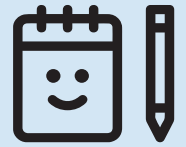
For instance few persons assigned female at birth might not experience menstrual periods even during puberty.

Those assigned male at birth

1. Growth of external genitals (penis, testes and scrotum).
2. Growth of pubic hair
3. Growth of underarm hair
4. Minor breast development
5. Breaking of voice
6. Erections and ejaculation during sleep, often called a wet dream, may happen

** Sometimes all these characteristics might not appear. For instance, the voice might not break. For this a "boy" might face a lot of harassment from communities¹.

1. Note for the facilitator: You can give the example of a film called "Chillar Party".



➤ This drawing made by an adolescent girl during a community level campaign encourages menstruating girls to use sanitary pad, instead of cloth, for safe menstrual hygiene management

➔ Psychological changes during puberty

- ▶ Searching for one's identity and uniqueness
- ▶ Experiencing strong feelings about certain things, especially social issues
- ▶ Beginning to think about right and wrong, and developing moral compass about practices and belief systems around them
- ▶ A desire for more independence
- ▶ Curiosity and desire for new experiences
- ▶ Experiencing peer pressure
- ▶ Feeling self-conscious about physical appearance and changes
- ▶ Experiencing new or changes in friendships and relationships
- ▶ Feeling invincible and denial about prevailing social and cultural practices



➤ Mothers' committee members discussing their struggles related to menopause

Exercise 2: Introduction of female reproductive parts

Material Required:

Print-outs of pictures or chart-papers showing the female reproductive system with clearly Labeled parts of the reproductive system of those assigned female at birth

➔ Instructions:

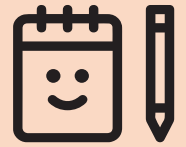
- ▶ See pages 31-32 for points to guide your discussion with the participants on the female reproductive system
- ▶ Use the text and pictures to help the participants develop a biological understanding of menstruation, sexual intercourse and child birth
- ▶ Ensure that participants develop an ease to discuss issues around menstrual and reproductive health
- ▶ By stressing on the biology of the reproductive system, prepare them to question social taboos and myths associated with the system
- ▶ If using the Gender¹⁴ and WASH module, connect this with the discussion on sex and gender. Help the participants remember and understand that these biological parts are responsible for determining a person's sex¹⁵
- ▶ After the discussion, encourage the participants to ask questions

14. Gender: Gender refers to the attitudes, roles, behaviours, experiences, and feelings that a given culture associates with a person's biological sex. It influences how we perceive ourselves and each other, how we act and interact, and the distribution of power and resources in society. Gender intersects with other factors that drive inequalities, discrimination and marginalisation, such as caste, religion, ethnicity, socioeconomic status, ability, age, geographic location, and sexual orientation, among others.

15. Sex: A label that a doctor assigns you at birth, either male or female or person with intersex variations.

2

Material for Exercise 2



→ **REPRODUCTION** is the process by which organisms make more organisms like themselves. Even though the reproductive system is crucial as it helps us increase our numbers, it is not *essential* for an individual to be alive.

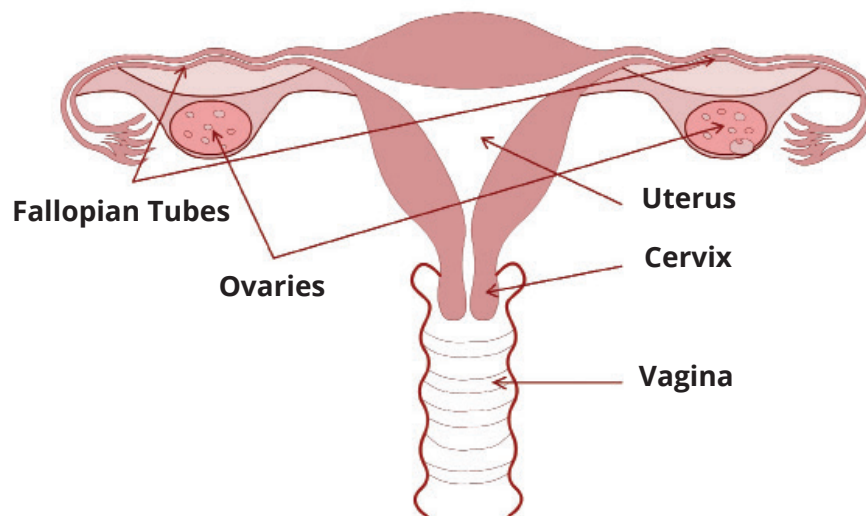
A female's internal reproductive organs are:

- ▶ Vagina
- ▶ Cervix
- ▶ Uterus
- ▶ Fallopian Tubes
- ▶ Ovaries

→ The **Vagina** is a muscular, hollow tube that extends from the vaginal opening to the uterus. Because it has muscular walls, the vagina can expand and contract. This ability to become wider or narrower allows the vagina to accommodate something as wide as a baby.

The vagina serves three purposes:

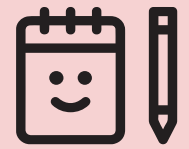
1. It's where the penis is inserted during sexual intercourse.
2. It's the pathway (the birth canal) through which a baby leaves a woman's body during childbirth.
3. It's the route through which menstrual blood leaves the body during periods.



Labelled parts of the reproductive system of those assigned female at birth

2

Material for Exercise 2



➤ Women and adolescent group members participating in a Menstrual Hygiene Awareness Campaign in front of a Janta Clinic

➔ **Hymen** is a thin piece of skin-like tissue that partly covers the opening of the vagina. Hymens are often different from one female to another. Most women find their hymens have stretched or torn after their first sexual experience, and the hymen may bleed a little (this usually causes little, if any, pain). The tearing of the hymen is often incorrectly associated with the “loss of virginity” of a person. However, not all women experience this tearing during their first sexual intercourse. While some women may not experience any significant change in their hymen, others experience stretching or tearing of their hymen even before they have sex for the first time.

➔ The **Uterus** is shaped like an upside-down pear, with a thick lining and muscular walls — in fact, the uterus contains some of the strongest muscles in the female body. These muscles are able to expand and contract to accommodate a growing foetus and then help push the baby out during labor. When a woman isn't pregnant, the uterus is only about 3 inches (7.5 centimetres) long and 2 inches (5 centimetres) wide.

➔ The vagina connects with the Uterus, or womb, at the **cervix**, which means “neck”. The cervix has strong, thick walls. The opening of the cervix is very small (no wider than a straw). During childbirth, the cervix can expand to allow a baby to pass.

➔ At the upper corners of the uterus, the **fallopian tubes** connect the uterus to the ovaries. The **ovaries** are two oval-shaped organs that lie to upper right and left of the uterus. They produce, store, and release eggs into the fallopian tubes in the process called ovulation.

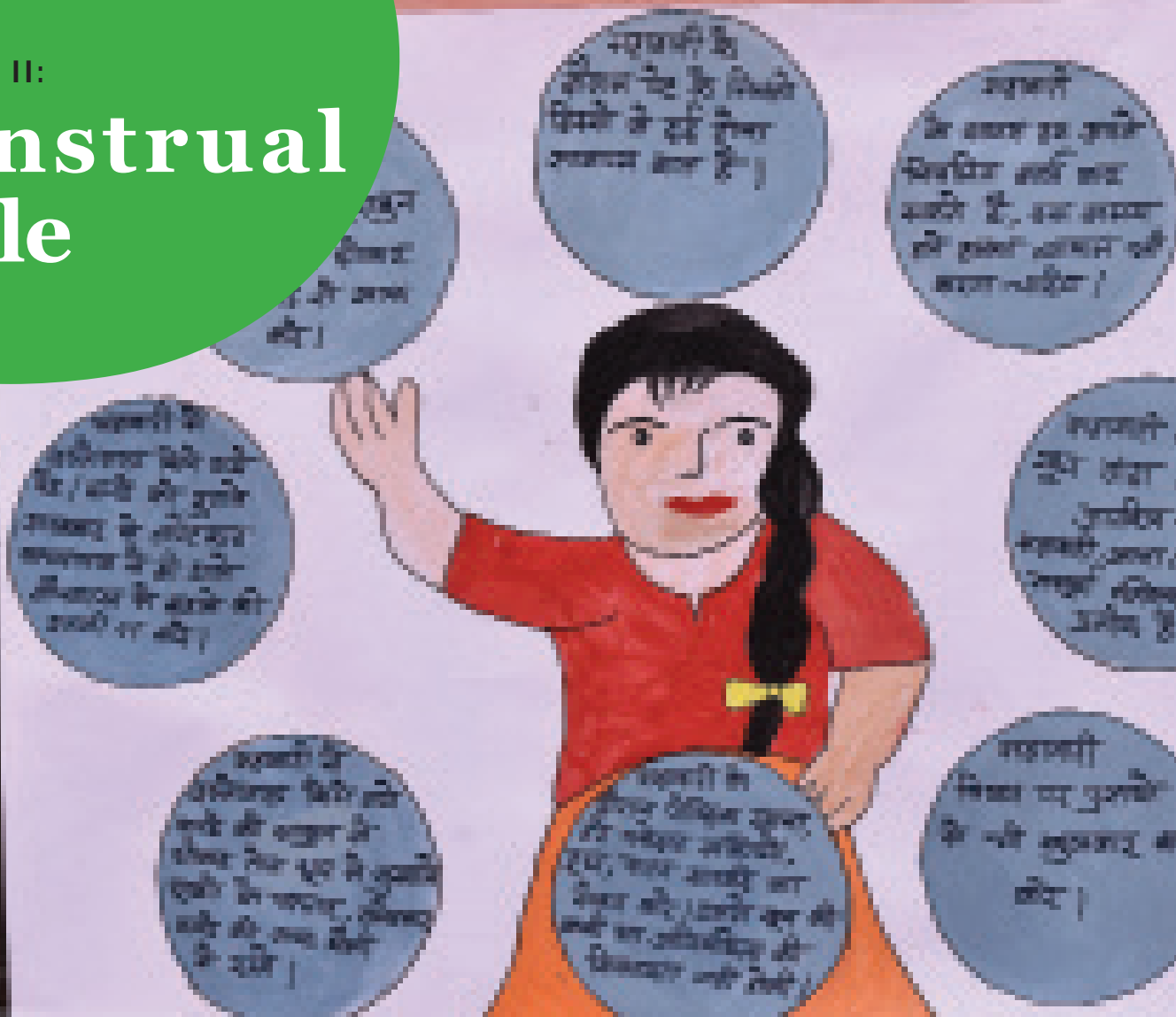
Key Takeaways

- Both boys and girls go through physical changes as they get older, and attain reproductive age.
- Puberty is a sign that a person is of reproductive age.
- People experience both physical and psychological changes during puberty.
- Reproductive system is important, but not essential.
- The reproductive system determines the sex of a person, but not necessarily their gender (refer to Gender and WASH module to understand difference between sex and gender).
- Good health is dependent on good reproductive health.
- Reproductive Health is dependent on access to adequate information, services and decision-making power on reproductive health.
- Better understanding of reproductive health is key to better menstrual health and hygiene.



SESSION II:

Menstrual Cycle



→ Learning Objective

To improve menstrual hygiene and health management

→ Learning Outcomes:

- ▶ The participants will develop a better understanding of menstrual cycle
- ▶ The participants will be able to question taboos and stigma around menstruation
- ▶ The participants will be able to question gender stereotypes around menstruation
- ▶ The participants will be able to understand the interlinkage of period with improved WASH practices
- ▶ The session will help dispel shame and secrecy around menstruation

→ Target Audience

- ▶ People who menstruate as well as those experiencing menopause
- ▶ Boys, men, and people who do not menstruate but interact and engage with those who menstruate in their day to day lives

Exercise 3: Understanding menstruation

→ Instructions:

- ▶ See pages 38-39 for points to guide your discussion with the participants on menstruation.
- ▶ Link your discussion with the information about female reproductive system discussed in Exercise 2. If necessary, refer back to the pictures of female reproductive parts to explain the menstruation process.
- ▶ Encourage participants to ask questions or raise concerns.
- ▶ Use the FAQs below to respond to some of the common questions. If the participants are reluctant to ask questions, use these responses to further guide and add to your discussion.

Exercise 4: Social Taboos about Period

→ Instructions:

- ▶ See page 40 for points to guide your discussion with the participants on menstruation.
- ▶ Link your discussion with information about puberty discussed in exercise 1.
- ▶ Use your own personal experiences, examples from your family or cultural references that the participants are familiar with to discuss the social taboos.
- ▶ Do not shame the participants or their families for holding certain taboos or prejudices, instead use the information to make the participants themselves question their validity.
- ▶ Encourage the participants to share their experiences, concerns and questions.
- ▶ Use the FAQs below to respond to some of the common questions. If the participants are reluctant to ask any of these questions, use the responses to further guide and add to your discussion.

→ Frequently Asked Questions about Menstruation-period, body changes and social taboos

Q1. Is period a disease which makes us helpless during those days?

A1. Period is a completely natural and biological process, and not a disease. It is absolutely safe to live and work like other days during one's periods. We have no reason to be ashamed of it. In fact, having period is a sign of having healthy reproductive parts (see exercise 2) in a person assigned female at birth.

Q2. Why are we often shamed during our periods?

A2. There is a misconception that menstruation is impure or dirty, and that people who menstruate are impure and dirty. Period shaming starts from our homes- like hiding our sanitary pads and undergarments. Similarly, boys are often not taught about periods in their homes. This secrecy and lack of information also leads to shaming. If everyone knew about the biological process that leads to periods, there will be no shame around it.

Q3. Is menstrual hygiene a human right?

A3. Human rights are the rights that every human being has by virtue of his or her human dignity (UNFPA, 2020). And when women or girls cannot access the facilities they need to manage their period, they cannot menstruate with dignity. Therefore, access to facilities for menstrual hygiene is also a human right.

Q4. Is it okay for me to ask for support from men (family and friends) during periods?

A4. Studies show that couples who are able to talk openly when a partner menstruates, have happier and more fulfilling relationships. If you are a married woman asking your husband to get you a pad or if you are an unmarried woman/girl asking your brother, father or friend for help to get a pad or a Paracetamol or a hot bag or if you are a queer individual asking for support from friends or chosen family¹⁶ is perfectly acceptable!

Q5. Why do my parents change the TV channel when there is an advertisement of a sanitary napkin?

A5. It is their conditioning and upbringing. They have been told that this is a shameful and sinful thing and men and boys must definitely not see, hear or discuss such things. It is indecent to even see such an advertisement according to them. But the truth is, the more openly we discuss menstrual hygiene, the less shame we will experience or show around period related issues.

Q6. What are period (menstrual) cramps?

A6. Cramps happen when the uterus (the place inside a female's body where a baby grows) squeezes. They are caused by a chemical in the body called prostaglandins (say: cross-tuh-GLAN-dinz). The squeezing of the muscles helps push the blood out through the vagina during periods.

Q7. Who gets period cramps?

A7. Any person born with a uterus who gets their period can get cramps. Some are more likely to get them, such as people who:

- ▶ start their period at a young age
- ▶ have longer periods or heavier blood flow
- ▶ have female relatives who had or have period cramps

Q8. Does every person who menstruates get their periods exactly after 28 days?

A8. No, in the early stages, periods can be very irregular. The usual cycle is of 28 days, but there can be a variation of seven (7) days on either side. Keep in mind that use of certain types of contraception, such as extended-cycle birth control pills and intrauterine devices (IUDs), will alter your menstrual cycle. Talk to your health care provider about what to expect.

Q9. Is there any way to relieve ourselves from the pain of the periodic cramps?

A9. We can adopt the following methods to relieve ourselves from the pain of cramps:

- ▶ use hot water bags
- ▶ light exercise
- ▶ keep your movements regular and do not just lie down
- ▶ bathe with lukewarm water

But if the pain persists for too long, contact the ANM in your settlement or go visit the doctor at the nearest Primary Health Centre (PHC)/Community Health Centre (CHC) or if required a private facility.

Q10. Does our body get weak with the flowing out of the blood during periods?

A10. The amount of blood that flows out during periods is very little and does not cause weakness. It is equivalent to 2-4 tablespoons of blood.

¹⁶ A chosen family is made up of people who have intentionally chosen to embrace, nurture, love, and support each other regardless of blood or marriage.

Source:<https://www.healthline.com/health/relationships/chosen-family#definition>



➤ *A community meeting with elderly women*

Q11. There are dark circles under my eyes; do I have reasons to worry?

A11. Dark circles below our eyes are due to the lack of adequate balanced diet. It is important to eat a balanced diet and drink clean water. To know more about a balanced diet, please contact your closest Anganwadi centre.

Q12. Does it help if one takes rest and eats nutritious food during periods?

A12. Rest and good nutritious food is useful and helps women lead normal lives during their periods.

Q13. What is normal and what is abnormal vaginal discharge?

A13. Vaginal discharge that is yellowish, greenish or has streaks of blood or a foul smell accompanied by vaginal irritation and lower abdominal pain is not normal. It is a sign of infection. One must visit a doctor immediately. Regular whitish vaginal discharge is normal. You have nothing to worry in that case.

Q14. Can periods be irregular sometimes in the initial years?

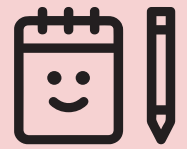
A14. In the initial years periods are often irregular. The cycle can sometimes get repeated within 21 days and sometimes be delayed up to 42 days. People who menstruate can sometimes have periods only three to four times in a year. Generally it takes two – three years for periods to settle down and fall into a regular cycle.

Q15. After the initial years, what if I still have irregular periods?

A15. Sometimes, irregular periods can be caused by some medicines, exercising too much, having a very low or high body weight, or not eating enough calories. Hormone imbalances can also cause irregular periods. For example, thyroid hormone levels that are too low or too high can cause problems with periods. You will then need to visit a doctor.

3

Material for Exercise 3



MENSTRUATION is the periodic discharge of blood through the vagina. It is also called period. This takes place because of hormonal changes in the body. The hormones act as messengers to the body. And when girls attain puberty (see Exercise 1), the hormones cause the lining of the uterus (or womb) to build up to prepare for holding a baby. It is a sign that the girl has attained reproductive age. The ovaries in women's bodies release eggs, which fertilize with sperm from a man to create a baby. This baby then attaches with the lining in the uterus through which it receives nutrition. Every month when a woman does not get pregnant, the lining (no longer needed for a baby) breaks down and bleeds out of her. This is why most girls and women get their periods around once a month, and when a woman is pregnant, she does not get her period.

→ **Average length of menstrual cycle** (from end of period in one month to start of period in the next) is usually 28 days but may vary with each girl/ woman. Regular cycles that are longer or shorter than this, from 21 to 40 days, are normal. Within this broad range, "normal" is what's normal for you.

→ **Average duration of bleeding:** Usually women bleed for three to five days, but a period lasting only two days to as many as seven days can also be considered normal.

When a girl has her first period, it is called *menarche*.

→ **Signs that Menarche is approaching**

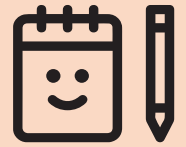
→ **Tracking menstrual cycle¹**

To ascertain what's your normal keep a record of your menstrual cycle on a calendar. Begin by tracking your start date monthly for some months in a row to identify the regularity of your periods.

If you're concerned about your periods, please make note of the following every month:

- ▶ End date. How long does your period typically last? Is it longer or shorter than usual?
- ▶ Flow. Record the heaviness of your flow. Does it seem lighter or heavier than usual? How often do you need to change your absorbent? Have you passed any blood clots?
- ▶ Abnormal bleeding. Are you bleeding in between periods?
- ▶ Pain. Describe any pain associated with your period. Does the pain feel worse than usual?
- ▶ Other changes. Have you experienced any changes in mood or behaviour? Did anything new happen around the time of your periods?

¹ Source: Mayo Clinic



→ Causes of irregularity in menstrual cycle

- ▶ Pregnancy or breast feeding.
- ▶ Eating disorders, extreme weight loss or excessive exercising.
- ▶ Polycystic ovary syndrome (PCOS), which entails enlarged ovaries that contain small collections of fluid called follicles found in the ovaries as identified through an ultrasound.
- ▶ Premature ovarian failure refers to the loss of normal ovarian function before the age of 40.
- ▶ Pelvic inflammatory disease (PID) is an infection of the reproductive organs and can cause irregular menstrual bleeding.
- ▶ Uterine fibroids are noncancerous growths of the uterus. They can cause heavy and prolonged menstrual periods.

When women stop having periods, it is called menopause. This usually happens when women are at the age of 45-55 years and it signifies that they are no longer of reproductive age. Menopause is defined as the point in time when a woman has not experienced menstrual flow for 12 consecutive months. The woman's period can also start to get irregular as they approach menopause. Just as menarche signals hormonal changes, so does menopause. Similar to the changes observed during puberty, these hormonal changes during menopause can also lead to changes in body and mood.

→ Physical and psychological changes brought by menopause:

- ▶ Hot flushes
- ▶ Headaches
- ▶ Tiredness
- ▶ Mood Swings
- ▶ Thinning of hair
- ▶ Sleep disturbances
- ▶ Night sweats
- ▶ Painful sex
- ▶ Vaginal dryness
- ▶ Weight gain



Common myths about period

Blood of our periods is dirty and impure

The blood during the periods is the same blood that flows in our body consisting of red blood cells. Menstrual blood forms the uterine lining that protects a growing foetus, when a woman becomes pregnant. If a pregnancy does not take place, the body sheds that lining. If that lining was meant to protect a growing baby – how can that blood be impure?

Girls should not attend school during periods

One must attend school every day, period or no period. Period is a normal and natural part of a girl's life and it is a sign of a girl's reproductive health. Not attending school if you are healthy is wrong. Mothers and female teachers must take care that periods do not act as a barrier to girls' education. It's not period that affects girls' ability to attend schools, but access to clean and private toilet and safe menstrual hygiene disposal facilities within the schools, that can act as facilitator or barrier to girls' education. Schools should make sure that their toilets are equipped with the necessary facilities to meet the needs of menstruating girls.

If you touch food during your period, it will get spoilt.

Periods are neither a disease, nor an impurity. Thus the myth of food (pickles) getting spoiled on being touched by girls/women during periods is not based on reason. Girls/women can touch everything during periods just like any other day.

Girls and women should not pray during periods because they are impure.

A girl/woman is not impure during her periods. Far from it! The blood that flows from her body during periods is the same blood which during pregnancy and childbirth helps nurture the infant. So praying is perfectly alright even during one's periods, if you want to.

Only women and girls menstruate

It is believed that only women and girls get their periods. However, there are many people who are assigned female at birth but do not identify themselves as a woman. You can know more about these different gender identities in the terminology at the end.

Not everyone assigned female at birth menstruate

Amenorrhea is a condition when one is not getting their periods even though they have reached the age of puberty and are not pregnant. Amenorrhea is not about having irregular periods but complete absence of periods. If one encounters absence of periods when hitting the age of puberty then it is advisable to consult a gynaecologist.



➤ Adolescent girls conducting a role play on breaking taboos around menstruation

Exercise 5: Breaking taboos: Role Play

➔ Instructions:

- ▶ Facilitate the participants to develop a role-play where the characters break social taboos around menstruation
- ▶ See pages 42-43 for examples of role plays
- ▶ Ensure involvement of all participants whether in writing or executing the play
- ▶ Ask the participants to volunteer to play the characters in the play
- ▶ At the end of the play, ask the actors about their experience participating in the play. Encourage all participants to share their thoughts, feelings and questions

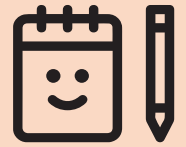
Exercise 6: Period and WASH

➔ Instructions:

- ▶ See page 44 for points to guide your discussion with the participants on period and WASH
- ▶ Discuss ways that menstruating girls/ women/ transgender persons can ensure proper hygiene practices; and also ways in which the community and institutions can improve access to proper menstrual hygiene and disposal facilities
- ▶ Link your discussion with the information about menstrual cycle discussed in Exercise 3, and with WASH related issues discussed in Gender and WASH module
- ▶ Ask the participants to share the hygiene practices they themselves follow in their homes
- ▶ Use examples from the pilot interventions; and encourage participants to share any community level innovations from their settlements
- ▶ Encourage the participants to ask questions or offer suggestions to each other on maintaining proper hygiene and disposal during menstruation

5

Material for Exercise 5



Role Play #1

DAUGHTER: My stomach hurts and my clothes are stained

MOTHER: Hmmm. I understand. Let me get you a pad, wear it. And take this sheet; spread it on the floor of the store room. You must now stay there for a few days.

DAUGHTER: In the store room, why?

MOTHER: Daughter, every woman goes through this every month. When you bleed, you must stay away from others, otherwise you will soil them as well. It is our fate. I also do the same, and so did your grandmothers.

DAUGHTER: Alright mother. If every girl has to go through this ordeal, even I will tolerate it.

(Daughter goes and lays down in the corner. Father comes home from work, and finding her like that and goes to her.)

FATHER: What are you doing here my child? Why are you lying here like this?

DAUGHTER: Papa, please leave the room. Ma says I must not talk to anyone.

(Father, surprised, goes to his wife.)

FATHER: What is all this? Why is she lying like that?

MOTHER : Our daughter is getting older. She started her periods now, and during those days she must remain isolated just like me.

FATHER: These are superstitions. I do not accept them and nor will you. My daughter will not live like this.

(Father goes back to the daughter, and bends down near her.)

FATHER: Beti, I know you have your periods, but for this you neither need to be scared, nor do you need to isolate yourself from the family and others.

DAUGHTER: Thank you so much Papa! For my sake you have shown the courage to give up age old superstitions.

(All the characters come together in the center.)

ALL CHARACTERS: All of us must be united to bring change. Let us end Period poverty.

5

Material for Exercise 5



Role Play #2

YOUNGER SISTER: Didi, I am on my periods. Where are the sanitary pads? I can't find them!

ELDER SISTER: Oh, don't worry. I will tell Chhotu to get it from the medical store.

(Elder sister goes to find their brother.)

ELDER SISTER: Chhotu, can you please go and buy sanitary pads for us?

YOUNGER BROTHER: Sure, Didi!

(The brother goes to the nearest pharmacy shop.)

YOUNGER BROTHER: Bhaiya, I need a packet of sanitary napkins.

(After buying the sanitary napkins, he comes home and hands them to his elder sister.)

ELDER SISTER: Thanks Chhotu! Usually, boys feel shy about periods, we are lucky that we have a brother like you.

YOUNGER BROTHER: Didi, the times have changed. You can talk to me about anything!

(All the characters come together in the center.)

ALL CHARACTERS: Let us be the change!



Information to Remember!

"Period Poverty" is the lack of resources for safe and dignified menstrual hygiene management.

5

Material for Exercise 5



Role Play #3

Rahul is a 14 yrs old gender non-conforming child. Do you know who a gender non-conforming person is? Check our terminology at the end of this module.

Rahul got his periods in the school and is feeling uncomfortable to use the girl's washroom. He reaches out to his teacher.

RAHUL: Ma'am, I have just got my period

TEACHER: Okay Rahul. How do you want me to help you? Do you need a sanitary pad

RAHUL: Yes ma'am, but I am uncomfortable using the girl's washroom and would like to use the boy's washroom.

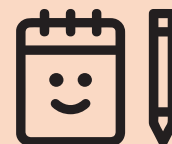
TEACHER: Do you want me to be there outside the boy's washroom? I remember you told me that the boys there tease you. **RAHUL:** That will be very helpful, ma'am.

TEACHER: Lets' go Rahul. I have a sanitary pad in my bag. I will take it along for you.

RAHUL: Thank you, ma'am.

Rahul uses the washroom that he wanted to and returns to the classroom with his teacher.

All characters: Let us be the change!



Hygiene practices to be followed during periods:

- ▶ Handwashing with soap before and after changing one's napkin or cloth, as the hands may have come in contact with the absorbent and other bacteria.
- ▶ Maintaining cleanliness and hygiene of all clothes that come in direct contact with girls/woman's genitals (like panties and other underwear) during period. If not kept clean, they can cause infections in the reproductive tract. Therefore, during menstruation, the person must wear clean cotton underwear and change these undergarments daily.
- ▶ During periods and even otherwise it is important to bathe every day, so that the body is clean, free of odour, and feels healthy.
- ▶ Menstrual hygiene management is not just the responsibility of the individual, but also the community and the institutions serving the individuals. Improper access to menstrual hygiene and safe disposal of sanitary products has health, hygiene and sanitation implications beyond the individual menstruating person. Recognizing this, the following innovations have been piloted in the MHHM programs:
 - Training girls and women to stitch reusable cloth pads.
 - Pad-banks have been set up in the two targeted cities (Jaipur and Bhubaneswar) in collaboration with the ICDS to improve access to biodegradable napkins. These pad-banks are managed by adolescent forums who then either provide the pads free of cost to HHs that cannot afford them, or sell them at affordable rates (INR 2 to 3 per pad).
 - Sanitary pad manufacturing units have been set up in both cities where bio-degradable pads are being made by SHG groups for easy access to safe, hygienic and eco-friendly menstrual hygiene products. In Jaipur, the unit has been adopted by the National Urban Livelihood Mission; in Bhubaneswar, the SHG has approached the Mission Shakti to transform the unit into a sustainable micro-enterprise.
 - In both cities, incinerators have been installed in community toilets for safe disposal.

The above approaches demonstrates easy, practical and cost-effective ways to improve access to menstrual hygiene products for those who menstruate and are living in urban poor settlements; these approaches both addresses the individual hygiene of the girls/ women, and also the community hygiene by reducing or treating menstrual waste created.



➤ *Male youth selling eco-friendly sanitary pad from the pad bank set up under the MHHM program*

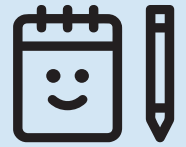
Exercise 7: Menstruation and Gender

➔ Instructions:

- ▶ See pages 46-47 for points to guide your discussion with the participants on menstruation and gender
- ▶ Refer to Gender and WASH module to recap information on differences between sex and gender
- ▶ Refer also to Exercise 1-3, to recap about the biological reasons behind period
- ▶ Help the participants understand that menstruation is the consequence of one's biological sex and not one's gender. You may have to revisit or execute some of the training sessions from the Gender and WASH module to help the participants remember the difference between sex and gender
- ▶ If necessary, use the photo exhibits from the Gender and WASH module showing people of all genders

7

Material for Exercise 7



→ Who can menstruate?

Anyone with a uterus and ovaries.

→ What does this mean?

Can women with physical disabilities menstruate?	YES
Can women who play sports menstruate?	YES
Can women who are financially successful menstruate?	YES
Can women who are financially poor menstruate?	
Can transmen menstruate?	NO
Can non-binary people menstruate?	YES
Do all women menstruate?	NO

→ Gender and Disability have nothing to do with menstruation!

Trans men and transmasculine people can menstruate! There are transgender people who are born with female sex organs, but identify as man or on a masculine spectrum. Until they undergo any kind of medical treatment to remove their female sex organs or stop female hormone production, they will continue to experience menstruation.

Cannot menstruate! Transgender persons can transition from one sex to another in a variety of ways. One way is through the use of gender-affirming hormone therapy. Transgender persons who undergo hormone therapy may take oral, transdermal, or injectable versions of oestrogen. They may also use anti-androgens, such as progesterone.

As a side effect of hormone therapy, they may experience symptoms similar to those of premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD). While some symptoms of PMS and PMDD are physical, others are emotional or psychological. But without an uterus and ovaries, they cannot menstruate.

Women with visible or invisible disabilities can also menstruate! Physical or psychosocial disabilities do not affect a person's ability to menstruate.

7

Material for Exercise 7



➤ Wall painting on Menstrual Hygiene and Awareness Day by transgender artists from Naibhor Sanstha

Hormone therapy for transwomen aims to help them alter their hormone levels to match their gender identity. It can create physical changes like:

1. changing how the body distributes fat
2. promoting breast growth
3. reducing male pattern hair growth

Although researchers have not studied this area of transgender health, the International Association for Premenstrual Disorders (IAPD) notes that the hormones may cause symptoms similar to those of PMDD.

Therefore, while transwomen will not experience the bleeding part of the menstrual cycle, they can experience other PMDD-like symptoms, such as sore breasts, rapid mood shifts, and irritability.

Women with disabilities can also menstruate! Physical or psychosocial disabilities do not affect a person's ability to menstruate. However, some families do voluntarily remove the uterus of female members of their family who live with disabilities. This is done as girls with mental and orthopaedic challenges are sometimes not able to manage their menstrual hygiene and families are also afraid of their bodies and wombs being misused. The ethics of these practices need to be debated.

Menstruation has nothing to do with one's gender or disabilities. Anyone with a uterus can menstruate. Trans men, non binary people and women with disabilities who have uterus also menstruate.

Period should not stop anyone from accessing education, work or for participating in society. It is the responsibility of the society and community to ensure access to menstrual hygiene, so all menstruating persons can continue to participate in regular societal, productive and community activities.

Key Takeaways

- Period shaming is not only common in our country but across the world. Young women and girls continue to be banned from kitchens and religious places during periods, because menstruation and menstrual blood is believed to be impure.
- Periods is a normal bodily process and gets a woman ready for reproductive roles.
- Menstrual blood is the bleeding of the lining of the uterus, which in a pregnant woman is responsible for nurturing the baby in her womb. This blood is not impure! It is the same blood that nurtures an infant.
- Periods are an important milestone in a girl's life. It is an indication of a girl's body being reproductively healthy and ready.
- Menstruation has nothing to do with one's gender or disabilities. Anyone with a uterus can menstruate. Transmen non binary people and women with disabilities who have uterus also menstruate.
- Not all women menstruate, and not all people who menstruate are women.
- Access to menstrual hygiene facilities is a human right.
- Period should not stop anyone from accessing education, work or for participating in society. It is the responsibility of the society and community to ensure access to menstrual hygiene, so all menstruating persons can continue to participate in regular societal, productive and community activities.



SESSION III:

Convergence



→ Learning Objective

To implement integrated and coordinated MHHM programs

→ Learning Outcomes:

- ▶ The participants will be able to identify all players working on MHHM and allied issues at the family, community and institutional levels
- ▶ They will be capacitated to build a sustainable network of all kinds of players who are interested in or could be interested in the issue of MHHM
- ▶ They will be capacitated and motivated to bring the issue of adolescent and women's health in all issues and programs

→ Target Audience

- ▶ CBOs and CSOs working with women and adolescent groups
- ▶ Ministries/ Departments like Women & Child Development, National Health Mission and ICDS to integrate MHHM into their core work.
- ▶ Other individuals, organizations or front-line workers interested to learn on the issues



➤ Adolescent girls performing street play during Menstrual Health and Awareness Day

Exercise 8: Introduction to Convergence

➔ Instructions:

- ▶ See pages 51-57 for points to guide your discussion with the participants on convergence
- ▶ Use the text, tables and figures to help the participants identify the different stakeholders working on, interested in or invested in MHHM issues
- ▶ Using the examples in the materials, brainstorm with the participants to identify stakeholders from their own community, settlements, and areas
- ▶ Using the examples from the pilot intervention, discuss with participants on concrete ways to approach each stakeholder
- ▶ Make sure that to inculcate a sense of inclusivity and participation and to advocate for community-led efforts, when discussing convergence and coordination efforts



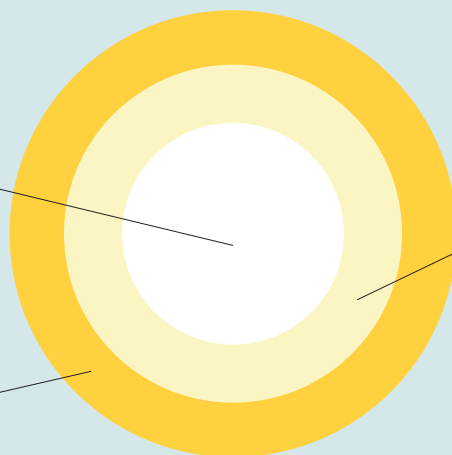
Coordination and Convergence no longer just a choice

To make an initiative on Menstrual Health sustainable entails roping in all stakeholder, most importantly the groups who are advocating for change. Policy and programmatic change never occurs from working alone. It is but logical that working within a democratic framework requires legislators to understand and respond to the problems and challenges of different citizens. Women, girls, queer and trans* people who menstruate are some of the least seen and heard sections, and particularly considering the stigma and taboo associated with conditions like menstruation, the silence of the policy makers and program implementers need to be broken with concerted joint action.

Recognizing this, the MHHM program also ensured coordination and convergence at three main levels illustrated below.

Core Groups: community level forums and bodies like SHGs, SDCs, CMCs, gender advocates, etc.

Peripheral groups: media, donor, academia and national ministries/missions



Proximate groups: local government, CSOs, frontline workers, local representatives, development partners, etc.

But throughout the process, Water for Women and CFAR also ensured that the community's voice and perspectives were at the forefront, and that the community themselves led all the efforts. Refer to *Tracing our Journey* to learn more about the approach adopted under the MHHM program.

Convergence and coordination are pre-requisites for each other

To converge and break the bottlenecks and create new avenues one must coordinate and collaborate. Convergence requires not just getting women/girls at different life stages together at the community level, but also working with the different service providers and stakeholders who are responsible for the chain of services including knowledge and information for product access and disposal. A *continuum of services* has to be provided, to address the entire value chain. And then all the stakeholders have to meet the policy makers.

8

Material for Exercise 8



Why is it so important to bring MHHM to the notice of policy makers?

1. It impacts a large number of people: For women and girls menstrual hygiene is not a one off situation. We can calculate that between menarche and menopause a woman in a low income country may expect to menstruate around 1,400 days in her lifetime. Thus it forms a large component of the lives of almost half the population.
2. Connected to overall good health: Reproductive and sexual health is a crucial component of overall health. Unless MHHM is addressed, the connected issues of anaemia, high maternal and infant mortality, family planning, sexually transmitted diseases cannot be addressed.
3. Lack of access to MHHM leads to drop-out of girl students: In order to ensure retention of girl children in schools, MHHM needs to be addressed.

Where to start?

With the *Core Group* (see *Figure*). They will take the rest of the agenda ahead. They will lead and help set the agenda. *Remember you are the facilitator, and not the initiator.*

Once you reach out to the core-group, then facilitate them in identifying and coordinating with first the proximate groups; the proximate groups, in turn, will then coordinate with the peripheral groups.



Information to Remember!

Convergence has to be shaped by people. It has to be bottom up. Bottom up convergence is natural, not the other way round. It starts with individuals, who then move towards collectives and finally create collaborations between collectives and with the policy makers.

How to start?

By active community collaboration and delegating monitoring roles to the principal stakeholders, i.e., the people. It is important to address the unmet needs of the different constituencies, with the community as the principal collaborator.

Not sure which government departments to coordinate with? The table below lists the key ministries and departments working on MHHM and related issues of women and girls in urban areas.



Ministry/ Department	Schemes	Activities	Nodal Person/ Body
<p>MoHFW (Ministry of Health & Family Welfare; GoI) & MoWCD (Ministry of Women & Child Development, GoI)</p>	SAG (Scheme for Adolescent Girls)	<p>NUTRITION</p> <ol style="list-style-type: none"> Supply of Hot Cooked Meal or Take Home Ration Nutrition & Health Education Schemes, including safe drinking water and sanitation; menarche <p>NON-NUTRITION</p> <ol style="list-style-type: none"> Health Checkup Iron & Folic Acid tablets supply and monitoring Referral services Monitoring of important milestones like age of marriage, child birth, puberty, school dropout; Making kishori samuh's operational Imparting life skill education Counseling/Guidance on accessing public services 	<ol style="list-style-type: none"> Work in convergence with ICDS and Municipality Activities are monitored at the grassroots by ICDS Supervisor; at the provincial level by the WCD Secretary; and at the national level by the WCD Secretary at the Ministry Main frontline workers – AWW, ASHA, ANM, UPHC/CHC functionaries
	Adolescent Friendly Health Clinics (AHFC)	<ol style="list-style-type: none"> These clinics cater to diversified health and counselling needs of adolescent girls and boys Linkages with Integrated Counselling and Testing Centres (ICTC) for management of HIV/AIDS and testing and treatment of RTI/STI cases 	<ol style="list-style-type: none"> Medical Officers Nurses AH Counsellors ICTC Counsellors ANM

8

Material for Exercise 8



Ministry/ Department	Schemes	Activities	Nodal Person/ Body
MoHFW - National Health Mission (Gol)	Rashtriya Kishore Swasthya Karyakram	<p>RKSK reaches out to all adolescents including:</p> <ol style="list-style-type: none"> 1. Male and Female 2. Rural and Urban 3. Married and Unmarried 4. In and out-of-School <p>Rashtriya Kishor Swasthya Karyakram (RKSK) covers:</p> <ol style="list-style-type: none"> 1. Sexual and Reproductive Health 2. Nutrition 3. Injuries and Violence (including gender based violence); 4. Non-communicable diseases 5. Mental health 6. Substance misuse 	
	Adolescent RCH: Counselling of Adolescent girls on puberty and MHHM.	Educational Sessions with school going girls and boys by the medical teams of Rashtriya Bal Swasthya Karakram through school visit.	
	Menstrual Hygiene Scheme	<ol style="list-style-type: none"> 1. Menstrual Hygiene - Management promotional activities in the community 2. Distribution & Supply of Sanitary Napkins 3. Establishing disposal mechanisms 4. Training of ASHA 	ASHA

8

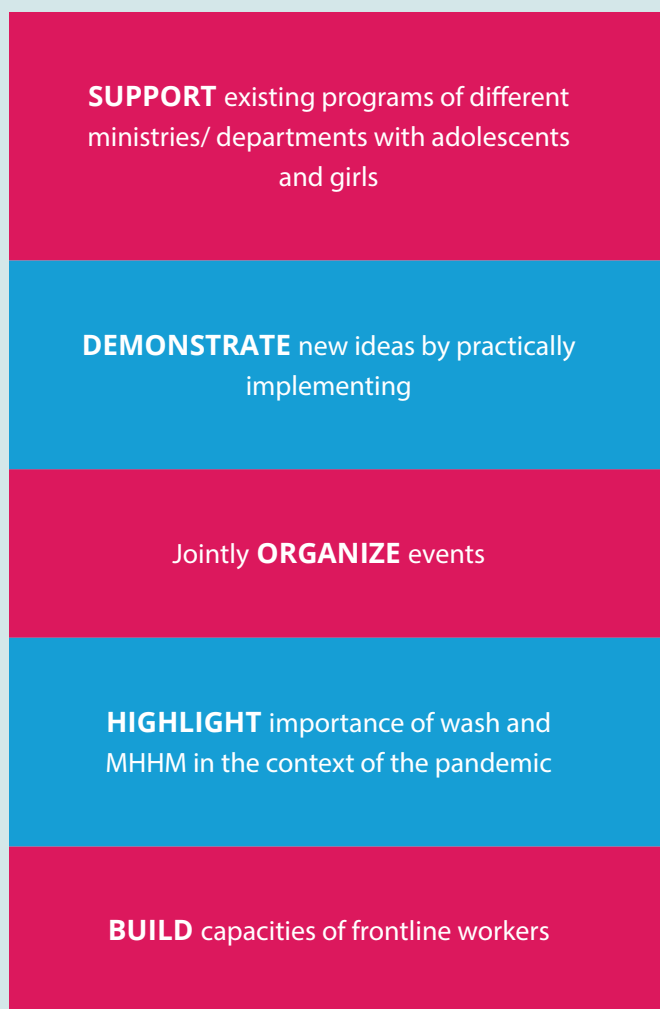
Material for
Exercise 8

Ministry/ Department	Schemes	Activities	Nodal Person/ Body
MoWCD (Ministry of Women & Child Development), GoI	MAVIM Mahila Arthik Vikas Mahamandal	1. Access to absorbents via SHGs: Production of Sanitary Napkins; (Rural- Urban) 2. Marketing & Demand Generation of Sanitary Napkins (Rural – Urban)	SHGs
		Reaching out to out of school girls	1. ICDS 2. SHGs 3. SABLA
	Shelter Homes	1. Menstrual Hygiene Management, promotional activities and supply of sanitary napkins 2. Establishing disposal mechanisms 3. Training staff 4. Water, Sanitation and Hygiene related facilities supporting Menstrual Hygiene Management	
	Adolescent Resource Centres (ARCs)	Counseling of adolescent girls on puberty and Menstrual Hygiene Management	
MoHRD (Ministry of Human Resource Development), GoI	For All schools	Water, Sanitation and Hygiene facilities supporting MHHM in schools.	School Management Committee
		1. Managing WASH facilities supporting MHHM in schools 2. Sensitizing SMCs to enable gender sensitive decisions supporting coping of girls with puberty and menstruation 3. Reaching out to fathers and sensitizing them on Menstrual Hygiene Management so they can be supportive and make appropriate decisions;	
MoDWS (Ministry of Drinking Water & Sanitation), GoI		1. Undertaking menstrual hygiene promotional activities; 2. Managing WASH facilities supporting MHHM at household level 3. Provisioning of disposal mechanisms	1. Jal Sathis 2. Municipality Staff

*** These schemes may also be available in rural areas.



How to reach out to government departments or coordinate with existing schemes?



Convergence must not be confined to state duty bearers/service providers, but must also actively coordinate with other technical support teams (working at both the public and private realm) as well as civil society organizations. When in doubt, refer back to the diagram with the three levels of stakeholders. With policy makers there has to be an active engagement; a collaborative approach has to be built. The program implementers have to be jointly sensitized on the issue.

Learning from the Pilot Intervention

The table below shows the stakeholders that were engaged with under the MHHM program

Community Level Collective engaging with the government bodies/ representatives:				
<ul style="list-style-type: none"> • Single Window Forums (SWFs) • Community Management Committees (CMCs) • Slum Development Committees (SDCs) • Self-Help Groups (SHGs) • Different Women's Collectives • Kishore/ Kishori Groups • Men/Women/ Gender diverse people/ PwD SHGs • Different Women's Networks and partner CSOs 				
WHO do they engage with?	National Urban Health Mission, MoHFW <ul style="list-style-type: none"> • ASHA/ANM/UPHC workers • ArogyaSamiti members 	School and Mass Education Department, MoHRD <ul style="list-style-type: none"> • DEO/ BEO/ Cluster level Resource Coordinator • School Management Committee • Parent-Teacher Association 	Department of HoHUA (MoDWS & MoHUA) and the Municipal Corporation (Jaipur/ Bhubaneswar) <ul style="list-style-type: none"> • Municipal officers • Mayor • Ward Councillor • Ward Committee Members • Deputy Commissioner, NULM 	ICDS <ul style="list-style-type: none"> • CDPO • ICDS Supervisor • Anganwadi Worker • Anganwadi Helper
WHAT do they engage with them for?	Monitoring adolescent and women's health <ul style="list-style-type: none"> • Behavioural change • MHHM Products • Access to MHHM information & support 	Monitoring girls dropping out of schools <ul style="list-style-type: none"> • Monitoring school sanitation / MHHM infrastructure • Generating awareness on MHHM among teachers/ students and parents 	Monitoring access to safely managed water and sanitation <ul style="list-style-type: none"> • Facilitating access to individual household toilets • Solid waste management and Behavioural Change • Linking for Safe Community Toilets 	<ul style="list-style-type: none"> • Providing and tracking nutrition with children/ adolescents/pregnant/ lactating women • Immunizing • Providing awareness to adolescent girls on reproductive health including MHHM.

Key Takeaways

- To sustainably and inclusively address period poverty, convergence is the key!
- It is important to make common cause with local leaders and influencers to address stigma and spread key information.
- Empowerment of frontline workers and community platforms led by women is also important.
- Prioritizing period issues is particularly important in the context of the pandemic¹ The pandemic has highlighted that absence of disaster planning can `exacerbate period poverty`.
- MHHM is not just a women's issue- it is also a health issue, a hygiene and sanitation issue, and a human rights issue. It is also an important cross-cutting issue across sectors like education, youth development and environment.
- To address MHHM, we need both programs that directly target it, and also those that integrate it within other issues.
- Convergence should be wide and diverse reaching both laterally and parallelly across stakeholders. But through it all, it should be led by the people directly impacted by the issue.

¹ Reference: Pivotal not Peripheral: ending period poverty by prioritising menstrual health and hygiene in WASH Learning Brief May 2021



Pre and Post-Training Assessment

1. What is puberty? Mark ALL that apply.

- a. It is the process through which a person's body matures from a child to an adult
- b. It is only psychological, and has no biological causes
- c. It is caused by hormonal changes
- d. Only girls experience puberty
- e. Puberty does not cause any psychological changes
- f. Everyone experiences the exact same kinds of changes during puberty
- g. Everyone experiences puberty at the same age

2. Which of these can be caused by hormonal changes? Mark ALL that apply.

- a. Menarche, or the first menstrual cycle
- b. Menopause, or when a person no longer has menstrual period
- c. Hot flushes
- d. Romantic relationship
- e. Growing an adam's apple
- f. Doing well in school
- g. Growing body hair
- h. Doing well in sports

3. Who amongst the following can menstruate or have periods? Mark the correct response. (ONLY one response)

- a. A blind woman
- b. A girl with spinal injury
- c. A 15 year old girl
- d. A 50 year old woman
- e. A transwoman
- f. A trans man on a wheelchair
- g. A 60 year old man
- h. All of the above

4. What changes can a boy experience during puberty? Mark ALL that apply.

- a. Growth of underarm hair
- b. Growth of pubic hair
- c. Whitish discharge
- d. Ejaculation during sleep
- e. Breast development
- f. Start to have menstrual periods
- g. Breaking of voice
- h. Change in body size and/or shape
- i. Change in skin texture
- j. Change in posture

5. What changes can a girl experience during puberty? Mark ALL that apply.

- a. Growth of underarm hair
- b. Growth of pubic hair
- c. Whitish discharge
- d. Ejaculation during sleep
- e. Breast development
- f. Start to have menstrual periods
- g. Breaking of voice
- h. Change in body size and/or shape
- i. Change in skin texture
- j. Change in posture

6. Who should lead menstrual hygiene programs?

- a. Community members or community level forums
- b. NGOs
- c. Policy makers or government officials
- d. National government departments/ missions
- e. Local government
- f. Frontline workers
- g. Media
- h. Gender Advocates

7. What is the duration of a menstrual cycle?

- a. 3-5 days
- b. 28 days
- c. More than 40 days
- d. I don't know

8. If a woman experiences irregularities in her period, what should she do? Mark ALL that apply.

- a. Nothing, keep it to herself
- b. Seek support of an ANM or other frontline workers
- c. See a doctor or health-care provider
- d. Discuss with other female members of the family
- e. Discuss with friends
- f. I don't know

9. What are the causes of irregular period?

- a. Pregnancy or breast feeding
- b. Eating disorders
- c. Extreme weight loss or gain
- d. Polycystic ovary syndrome (PCOS)
- e. Onset of menarche
- f. Pelvic inflammatory disease (PID)
- g. Uterine fibroids
- h. All of the above

10. Do you agree with the following statements?

Statements	Agree	Strongly Agree	Not Sure	Disagree	Strongly Disagree
When is one is on their period, they should not touch religious books					
One's gender can be different from their natal sex					
Menstrual hygiene management should take into account needs of all genders					
Only girls experience hormonal changes during puberty					
ALL women menstruate					
ONLY women menstruate					
Menstruation is a women's issues and boys/ men should not be included in discussions around it					
Girls should not go to school when they are menstruating					
Menstrual blood is impure					

Statements	Agree	Strongly Agree	Not Sure	Disagree	Strongly Disagree
Menstrual blood is the same blood that nurtures an infant in the womb of a pregnant woman					
Period is the sign of the impurity of a woman					
Period is the sign of reproductive health of a woman					
It is the responsibility of girls/ women to isolate themselves from society during their period					
It is the responsibility of society to provide menstrual hygiene facilities so girls/women can continue to participate in all activities during their period					

11. Do you have any suggestions on what areas we should work on with respect to menstrual hygiene? Are there any topics/ themes that you think we should explore, or any specific areas of need or gaps that you think should be addressed?

Terminology

> ASSIGNED SEX AT BIRTH (NOUN)

The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex. Source: <https://www.uwmedicine.org/provider-resource/lgbtq/lgbtq-inclusion-glossary>

> CISGENDER

People whose gender identity matches the sex assigned to them at birth.

> DYSPHORIA

It is a conflict between a person's biological sex or assigned gender and the gender with which he/she/they identify. People with gender dysphoria described as being uncomfortable in their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender. We should keep in mind that different people may experience dysphoria differently and there is no one way of experiencing dysphoria.

> GENDER

Gender refers to the attitudes, roles, behaviours, experiences, and feelings that a given culture associates with a person's biological sex. It influences how we perceive ourselves and each other, how we act and interact, and the distribution of power and resources in society. Gender intersects with other factors that drive inequalities, discrimination and marginalisation, such as caste, religion, ethnicity, socioeconomic status, ability, age, geographic location, and sexual orientation, among others.

> GENDER AFFIRMING SURGERY (GAS)

A multi-step process that a transgender person may choose to go/or not go through to align their anatomy with their gender identity and gender expression. For a lot of trans* persons, these surgeries are needed for their well-being relieving them from dysphoria. However, gender affirmation is a deeply personal experience. Not every transgender person will desire or have resources for surgery.

> GENDER-NEUTRAL PRONOUNS

Almost all our languages are binary gendered and many people may not be comfortable using words such as he/she while referring to themselves, hence gender neutral pronouns are used, for example- 'they/them/zhe/ey. It is always good to ask people their pronouns.

> GENDER NON-CONFORMING

People whose gender expression does not conform to the societal expectations with regards to the gender assigned to them at birth.

> QUEER

An umbrella term for people who don't identify themselves as heteronormative. Historically, it was used as a derogatory term but now LGBT*IA+ community is reclaiming it.

> SEX

A label that a doctor assigns you at birth, either male or female or person with intersex variations. Source: (How To) Touch Me Properly - E- Book.

> TRANSGENDER/TRANS*:

An umbrella term for people whose gender identity is different from the sex assigned to them at birth. The star/asterisk in 'trans*' refers to all non-cisgender gender identities. These will include transwomen, transmen, gender non-conforming, genderqueer, gender non-binary, etc.

> TRANSITION

A term sometimes used to refer to the process—social, legal, and/or medical—one goes through to discover and/or affirm one's gender identity. This may, but does not always, include taking hormones; having surgeries, and changing names, pronouns, identification documents, and more. Many individuals choose not to or are unable to transition for a wide range of reasons both within and beyond their control. The validity of an individual's gender identity does not depend on any social, legal, and/or medical transition; the self- identification itself is what validates the gender identity.

> TRANS MAN

A transgender man is a man who was assigned gender female at birth. They may/may not transition for them to align their body with their gender identity.

> TRANS WOMAN

A transwoman is a woman who was assigned gender male at birth. They may/may not transition for them to align their body with their gender identity.

> NON-BINARY

Non-binary people are those who do not identify with any one gender- neither male nor female

This terminology was created by Nazariya.

Link-<https://drive.google.com/file/d/1wIF58iZj10PGVz595BY-o0jnDqQhLeLB/view>



