

Increasing Awareness and Safe Sanitary Practice among Adolescent Girls

Process Documentation Report

Submitted to: Plan India, New Delhi

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April 30, 2012

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Glossary

| | |
|-------|--|
| IAAAG | Improving Awareness and Safe Sanitary Practices among Adolescent Girls |
| BCC | Behaviour Change Communication |
| KAP | Knowledge, Attitude and Practice |
| IEC | Information, Education and Communication |
| ToT | Training of Trainers |
| NGO | Non-government Organisation |
| RTI | Reproductive Tract Infection |

Section 1: Introduction, Context and Objectives

1.1 Introduction

Increasing Awareness and Safe Sanitary Practice among Adolescent Girls (IAAAG) is a unique initiative that was launched with the primary objective of bringing about change in the attitudes and knowledge about menstruation as well as practices with regard to menstrual hygiene and management among adolescent girls in the age group 10-14 years. The project was funded by Procter and Gamble, supported by Plan India and implemented by *Vatsalya*, Lucknow, in coordination with partner organisations. The core activity of this project involved facilitation of orientation sessions on menstruation for adolescent girls in government, Government-aided and private schools of Uttar Pradesh. The operational period of the project was April 2011 to January 2012, during which time, it covered 3,00,063 girls across 1870 schools in 26 districts of Uttar Pradesh in two phases, namely the pilot phase and the scale-up phase.

1.2 Context

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. One of the signs of this transition is the onset of menstruation. Menstrual hygiene and management thus becomes an issue that every girl and woman has to deal with right from the time of adolescence around the (age of 9-14) until she reaches menopause. Poor menstrual hygiene and lack of its correct management could lead to absenteeism from school and low self esteem among girls. The later consequence in life could be poor reproductive health. Although it is a normal part of growing up, talking about menstruation is still regarded as taboo in many parts of India.

The consequence is that during menstruation, girls are placed under several restrictions and their movement curtailed. Within the family too, negative attitudes towards this phenomenon are reinforced. Moreover, there is also an absence of scientific knowledge about the issue from other sources. This leaves the adolescent girl unprepared in managing menstruation. This issue of lack of knowledge is all the more poignant in the light of the study conducted by AC Nielson and Plan India at a national level on Menstrual Hygiene Management (MHM) with 1033 women and 151 gynaecologists across India, which revealed that over 88 % women resort to shocking alternatives like unsanitised cloth, ashes, husk sand, during menstruation (instead of sanitary napkins) and more than 70% of these women suffer from Reproductive Tract Infection (RTI). This illustrates the consequences of lack of knowledge on reproductive health. Preparedness for this phase of life, on the other hand, gives girls the confidence to deal with it. To overcome these problems, good hygienic practices such as the use of sanitary pads and adequate washing of the genital area during menstruation need to be recommended. It was with this

consideration that the project for promotion of menstrual hygiene among adolescent girls was initiated.

1.3 Objective

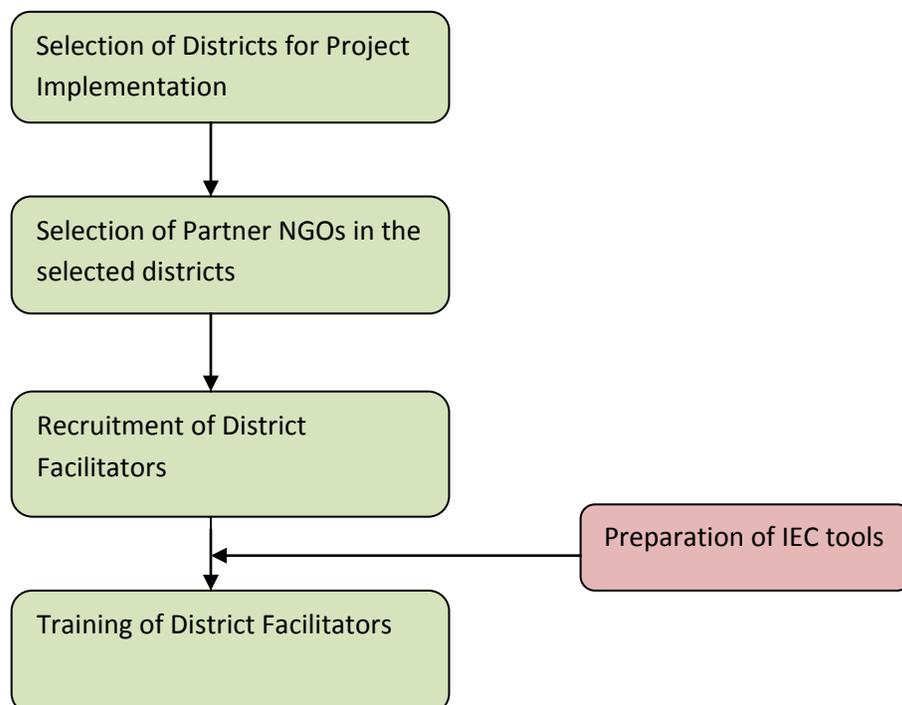
The objective of the project is to enhance knowledge, attitude and practice (KAP) towards menstrual hygiene among adolescent girls in urban, peri-urban, semi-urban and rural areas. The main strategy of the project is Behaviour Change Communication (BCC) to leverage capacity creation among communities via training of facilitators and a peer-to-peer model. Through the orientation sessions in schools, the girls in the 10-14 year age group were provided information on topics such as adolescence, menstruation, menstrual hygiene and management, RTI, nutrition, gender and female foeticide. The girls were also updated on the traditional and modern methods of managing menstruation such as how to make homemade sanitary napkins, how to use commercially available sanitary napkins, as well as its storage and safe disposal.

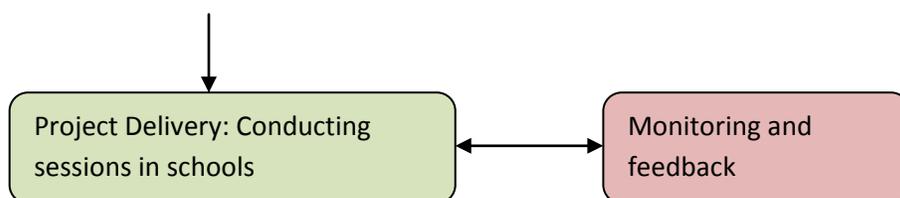
Section 2: Project Implementation and Delivery

For the purpose of efficiency of operation, the project implementation was carried out in two separate phases, i.e., the pilot phase (which covered 5 per cent of the total sample) and the scale-up phase (which covered the remaining 95 per cent of the sample). Apart from ease of project delivery, such a division also provided space for incorporating feedback and learning gained from the experience of the pilot phase into the scale-up phase. *(See inset for details of pilot vs scale-up phase)* However, the basic procedure involved the following stages, as illustrated in the Figure 1. Each of the stages listed below is explained in detail in the subsequent sections of this report.

The first step was the selection of districts in which the project would be implemented. Within these districts, partner organizations were identified, who would be responsible for the implementation of the project. The partner organizations were required to identify/recruit district facilitators or trainers who would conduct the sessions in the prescribed number of schools. Following this, preparation of IEC material to be used during the session was undertaken. The district facilitators were trained in project delivery through Training of Trainers (ToT) workshops. Experience sharing workshops were conducted with *Vatsalya* and the partner organizations in order to collate experiences and learning that would feed into future sessions. Monitoring of the project was taken up by Plan India, *Vatsalya* as well as the partner NGOs.

Figure 1: Stages of Project Delivery





Inset: Pilot Vs Scale-up phase

| Pilot Phase | Scale-up Phase |
|--|--|
| Number of Districts: 4 Lucknow, Kanpur, Meerut, Ghaziabad | Number of Districts: 26 Lucknow, Kanpur, Meerut, Ghaziabad, Bhagpat, Saharanpur, Bulandshahar, Aligarh, Etawah, Rampur, Bareilly, Shahjahanpur, Hardoi, Allahabad, Pratapgarh, Varanasi, Mau, Sultanpur, Fatehpur, Rae bareilly, Sitapur, Barabanki, Farukhabad, Jhansi, Jalaun, Lakhimpur |
| Target beneficiaries: Approximately 5% of total sample-16,000 girls | Target beneficiaries: Approximately 95% of total sample- 2,84,000 girls |
| Training of Trainers: 3-day training period | Training of Trainers: 4-day training period in order to provide more time for mock sessions. |
| Criteria of Selection of Districts: Four districts were purposively selected to cover representative districts of at least two regions – Kanpur and Lucknow in Central U.P., and Ghaziabad and Meerut in western U.P. These districts have more than 35% urban population. | Selection of Districts: Districts with more than 18% urban population were purposively selected. |
| Timeline: April – May 2011 | Timeline: June 2011 – January 2012 |
| Topics Covered: <i>Gender and Female Foeticide</i> were not covered as part of the session | Topics Covered: <i>Gender and Female Foeticide</i> were added during this phase |
| IEC Tools: Posters, leaflets and stickers were provided to the girls. A card game and posters were provided to the schools. | IEC Tools: Flipbook, FAQ booklet, Bead game and Apron. |

2.1 Selection of Districts

The districts for project implementation were selected from the list of 36 districts shortlisted by Proctor and Gamble. From this list, districts with more than 18% urban population were selected.

2.2 Selection of Partner NGOs and Recruitment of Facilitators

Implementing a project of such scale, geographical reach and dealing with a sensitive subject demands good coordination with local agencies and a stratified structure for management and reporting. To begin with, Vatsalya selected project partners in the selected districts in which the project was to be implemented. Organisations with good track record and experience similar to that of *Vatsalya* were selected. *(See Appendix 1 for list of partner NGOs)*. The role of these local organizations was to recommend and select district facilitators, as well as support the implementation of the project through liaison with schools, and monitoring. These (trained) facilitators would conduct the session in schools located in urban and semi-urban areas in the 26 districts. *(See Appendix 2 for list of District Facilitators)*.

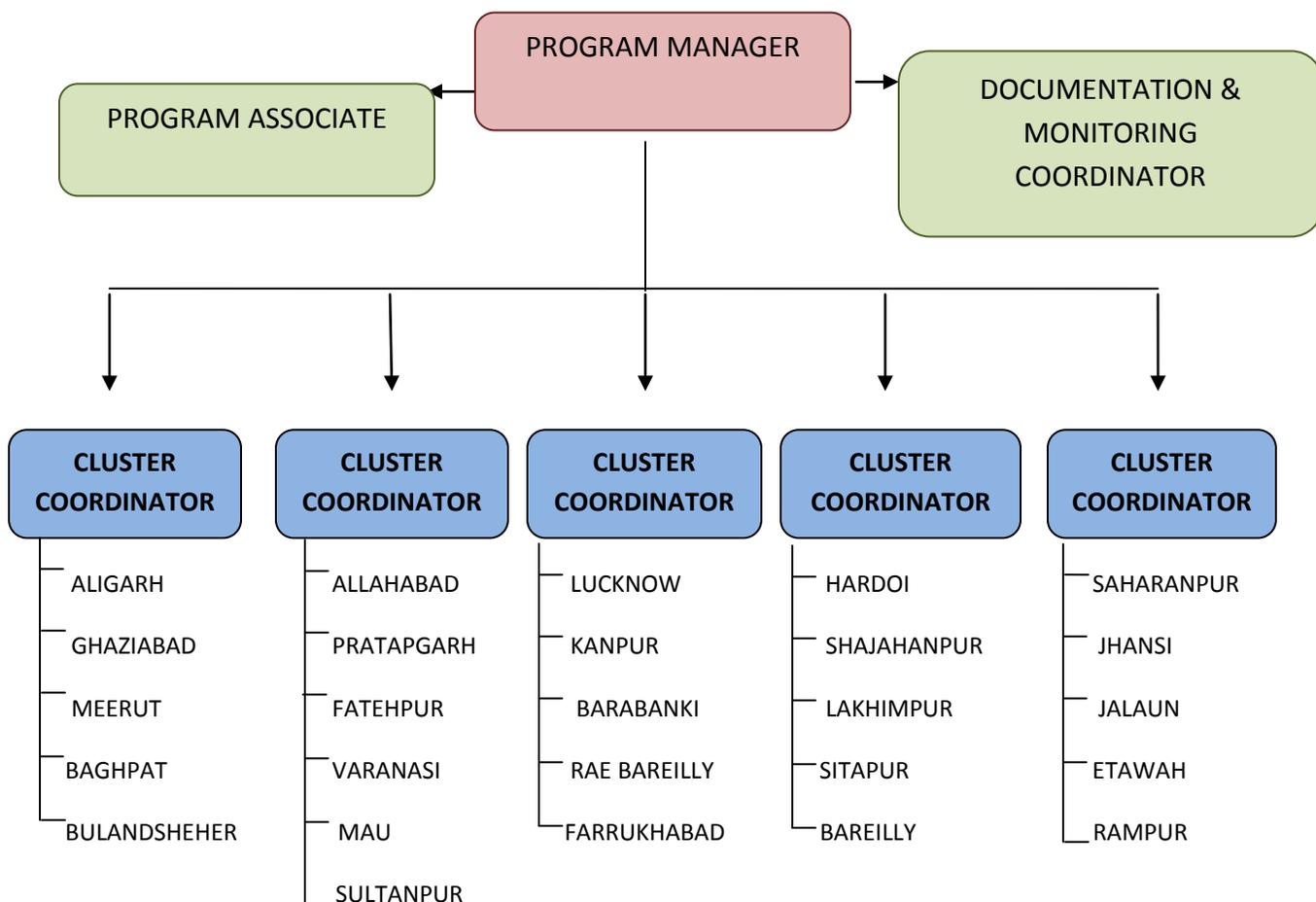
2.3 Project Team

In the capacity of the overall implementation agency, *Vatsalya* appointed a project team for efficiency in implementation.

The Program Manager was responsible for the overall implementation of the project. He was supported by a Program Associate and a Documentation & Monitoring Coordinator. The Program Associate was in charge of all aspects of finance, travel reimbursements, distribution of sanitary napkins, and logistics. The Documentation and Monitoring Coordinator was in charge of reporting activities, coordinating with PLAN, compilation and management of data.

Five cluster coordinators were appointed for the purpose of regular on-site monitoring of the project. Each cluster coordinator was allotted a cluster of 5-6 districts that were located close to each other and formed a 'cluster'. While such a system enabled easy access to the districts, it also provided greater control and quality assurance of the project. Each cluster coordinator was responsible for monitoring and reporting on the progress of project delivery in districts in the cluster. They were provided with formats and checklists for accurate reporting. *(See Appendix – 8 for monitoring checklist)*

Organogram



2.4 Timeline of Project Delivery

Table 1 shows the timeline of project delivery with respect to all aspects and activities, right from the initial conception of the project until the final impact assessment. Table 2 shows the number of girls covered through these sessions on a monthly basis.

Table 1: Timeline of Project Delivery

| Month /Year | Activity |
|-------------------|---|
| March 2011 | Preparation of IEC tools |
| April 2011 | Selection of districts, NGO partners and district facilitators, ToT of pilot phase, school sessions |
| May 2011 | School sessions, Experience sharing meeting |
| June 2011 | Planning meeting for scale-up phase, selection of new districts, |

| | |
|----------------------------|--|
| | partnerships (NGOs) and district facilitators, development of IEC tools for scale-up phase |
| July 2011 | Training of Trainers for scale-up phase |
| Aug- Sep 2011 | School sessions, |
| September 2011 | Experience sharing meeting, school sessions, |
| Oct –Nov 2011 | School sessions, |
| Nov 2011 | Additional Training of Trainers for new districts and new trainers of existing districts, school sessions, |
| Nov 2011 – Jan 2012 | School sessions, experience sharing meeting, |
| February 2012 | Preparation of Process documentation report, preparation of tools for impact assessment |
| March 2012 | Orientation of surveyors and field data collection for Impact Assessment |
| April 2012 | Data entry, analysis and finalization of Impact Assessment Report |

Table 2: Coverage of Target Group – month-wise

| S.NO. | MONTH | NO. OF GIRLS COVERED |
|------------------------|--------------------|-----------------------------|
| PILOT PHASE | | |
| 1 | APRIL - MAY | 16075 |
| SCALED UP PHASE | | |
| 1 | AUGUST | 20782 |
| 2 | SEPTEMBER | 71291 |
| 3 | OCTOBER | 71376 |
| 4 | NOVEMBER | 40712 |
| 5 | DECEMBER | 63191 |
| 6 | JANUARY | 16636 |
| | Total | 3,00,063 |

2.5 Monitoring

In order that the project runs smoothly and that the sessions are carried out as planned, a monitoring system was put in place. At level one, follow-up reports were filed to the Project Coordinator at *Vatsalya* by each facilitator, for each session. *(See Appendix – 6 for format of facilitator’s session-wise report.)* At level two, the 18 NGO partners (either NGO head or a part time Project Coordinator, which was an internal arrangement) in all the 26 districts monitored the project delivery on a day-to-day basis. In the districts where the project was implemented directly through *Vatsalya*, the cluster coordinators visited the schools in their allotted districts. Wherever time permitted, Focus Group Discussions were carried out by Cluster Coordinators with the girls who attended the orientation session to elicit feedback on the effectiveness of the session.

In some cases, these FGDs were conducted immediately after the session (only when the session is completed within assigned time limit i.e. 1½ hour), and in some cases, after a few days as a follow up activity. The schools in which these FGDs were conducted depended on the grant of permission for the same by the school authorities. *(See Appendix-7 for FGD guidelines).*

The Cluster coordinator made one visit every month to each of his/her allotted districts on an average. After obtaining the fortnightly schedule for coverage of schools from each district, the schools to be covered for monitoring were selected by the respective Cluster Coordinators. The selection of schools was done in such a manner that the every facilitator came under the purview of monitoring. The monitoring exercise also included an exit interview with the school authorities to have their feedback and to verify whether dustbins were kept in school toilets. The feedback and observations of the session monitored is shared with the facilitators and coordinator at the end. Suggestions are even given to improve the quality implementation.

The observations points during monitoring included the following:

- **Venue and logistics** i.e. whether the space was sufficient for the orientation, was the seating arrangement appropriate, were the charts properly displayed.
- **Adherence to the training sessions/ module** i.e. was the session plan (including steps of the session) followed? If not; what were the deviations, were the contents of the session covered? If not, reasons; was the time plan followed? If not, the reasons.
- **Quality of facilitation** i.e. facilitation skill of the district facilitator, level of facilitator’s knowledge on the issues, whether participatory methodology was used in the session.
- **Preparation** i.e. was the charts, games, other training materials arranged properly for the session.

- **Whether session was correlated with the pictures used in the flip book**, while explaining menstruation cycle whether all the key messages were given or not.
- **Whether FAQ booklets were properly distributed** towards the end of the program.

As is evident, apart from the purpose of quality assurance, the objective of the monitoring exercise was also for handholding, for ensuring that supply of sanitary napkin samples was regular, and to ensure that the progress of the project was in accordance with the timeline. Plan India also carried out an overall monitoring from time to time. Table 4 provides information of sessions monitored. In all, 87 sessions were monitored by the cluster coordinators.

Table 4: Number of sessions monitored

| July – Aug 20, 2011 | Aug 21 – Sep 20, 2011 | Sep 21- Oct 20, 2011 | Oct 21- Nov 20, 2011 | Nov 21- Dec 20, 2011 | Dec 21' 11 to Jan 20, '12 |
|------------------------|--------------------------|-------------------------|-------------------------|-------------------------|------------------------------|
| 16 | 30 | 18 | 8 | 14 | 1 |

The variation in the number of sessions monitored is due to the variance in the actual number of sessions conducted during the project months as well as school holidays. It needs to be borne in mind that Training of Trainers workshops were also held during project months.

Section 3: Operational Strategy

3.1 Recruitment of Facilitators

The partner NGOs were responsible for recruitment of facilitators, who would conduct the sessions in the schools of the respective districts. As regards the selection criteria of the facilitator, they were required to be graduates or post graduates with some work experience in the health sector. Teaching experience was also preferred. The number of facilitators hired per district was in direct proportion to the proposed target group for that district. In cases where facilitators dropped out after the Training of Trainers, a fresh set of facilitators were recruited and trained.

3.2 Capacity Building of Resource Persons and *Vatsalya* Staff

The resource persons who conducted the Training of Trainers comprised the Chief Functionary of *Vatsalya* as well as other professionals in the field of Women and Reproductive Health. They had more than ten years work experience and were holding senior positions within their organizations. In order to orient the team of resource persons on project concept, objectives and strategy, three to four orientation meetings were held. Through these meetings, the agenda and methodology of the Trainer of Trainers was jointly prepared.

As regards the capacity building of the internal project team at *Vatsalya*, the Chief Functionary of *Vatsalya* held in-house orientation sessions with the Project Team. The members of the in-house project team also attended the Training of Trainers.

3.3 Training of Trainers

In all, eight batches of Training of Trainers (ToT) were conducted – the first during April 2011, prior to the pilot phase, the second during June-July 2011 before the scale-up phase, and a third in November 2011 on the addition of two districts of Rampur and Sultanpur into the project (*See Table 3*). (*See Appendix -3 for agenda of ToT Workshop*).

Most of the ToTs were carried out at Shahbagi Shiksha Kendra, Lucknow, a residential complex which provided a conducive environment for learning as well as informal inter-personal communication. The participants at the ToT workshops included both the District Facilitators and the Chief Functionary of the local organization/Coordinator, since they too were to be involved with liaising with the schools.

Each round of ToT was carried out over a three-day period in the pilot phase and four-day period during the scale-up phase. The duration of training in the scale-up phase was increased by a day in order to provide sufficient time for both technical sessions and practice. This helped

maintain the quality and thoroughness of the sessions at school, as was later realized during the monitoring visits. Thus, the training of trainers also provided a kind of testing ground in terms of facilitators' thoroughness as well as in the accuracy of information.

The training was provided by experienced resource persons with good experience in the field of adolescent health. The participants were also administered a pre-test and post-test questionnaire comprising ten basic questions on menstruation and related issues (*See Appendix - 4*). As the same questionnaire was administered after the training, it was possible to gauge the percentage of improvement. The analysis showed that in all questions, the percentage of improvement varied from 25 to 65 or more. (*See Appendix -5 for sample analysis*).

Providing comprehensive information about menstruation and related issues within a time span of one and a half hours requires meticulous planning. Information needed to be transferred in a lively and interesting manner if the students' attention was to be retained. The facilitators being from varied backgrounds, it was necessary to build not only their understanding and perspective, but ensure that their knowledge levels were brought up to a degree where they would be in a position to answer the students' queries. During the design of the session, it was kept in mind that information transfer should not be done through the lecture mode alone, but would also incorporate demonstrations and activities. The project also demands high level of precision in the nature of the information imparted; as it was important to ensure that no incorrect information was passed. In order to achieve this level of accuracy, 50 per cent of the time was allotted for practice and 'mock sessions by the facilitators during the ToT. They would receive feedback from the resource persons and thus incorporate the required changes in their facilitation. During the monitoring process, it was reflected that this strategy worked very well.

Table 3: Schedule of Training of Trainers

| | |
|--|-----------------------------|
| Pilot phase | April 5-7, 2011 |
| Scale-up phase | June 21-24, 2011 |
| | June 25-28, 2011 |
| | July 4-7, 2011 |
| | July 13-17, 2011 |
| | July 24-27, 2011 |
| | July 28-31, 2011 |
| Scale-up phase (for new districts and for new facilitators to compensate for drop-outs) | November 14-17, 2011 |

3.4 Session Plan

The original session plan was designed by the *Vatsalya* team headed by Dr. Neelam Singh. It was finalized through several rounds of deliberation and discussion with the core team members.

(See table below for details). These deliberations also included the development of IEC tools that would aid the dissemination of the required information. To this end, stickers, card games, leaflets, bead game, apron and posters were developed. During implementation, the posters were to be displayed in the schools, whereas the stickers were given to each girl along with sample pack of sanitary napkins. The card game, on the other hand, carried various messages on menstruation and related issues. These were to be kept in the school library and used when required. In the scale-up phase, however, a new set of tools were developed and used. This was planned for purposes of fulfilling the objectives of the session. For instance, the flip book was developed in order to reduce variance in the information delivery and standardized the facilitation. The FAQ booklet was thought to be more feasible than the leaflets and card games, as it is something that the students can refer to at any time and in private. This booklet also included questions on gender-based discrimination and female foeticide.

The topics covered in the session broadly were: adolescence, menstruation, problems during menstruation, menstruation management (use of homemade/commercially available sanitary napkin) and hygiene during menstruation. It also covered related topics such as Nutrition (Anaemia), Reproductive Tract Infection, Gender, Female Foeticide, as it was thought these topics were also important for the student to understand. Gender as a topic was introduced as a precursor to the larger issues of declining sex ratio as a result of Female Foeticide. Anaemia and nutrition were aspects that have a direct impact on the girls' health. The topic of nutrition was included because adolescence is the time when there is a sudden spurt in growth. Besides, menstruation leads to a loss of blood, which needs to be compensated through proper diet. In many families, gender-based discrimination is prevalent even with regard to diet. All these issues were included in the session because habits cultivated during adolescent age continue through life. Female Foeticide was incorporated with the thought that here was a project with a reach of 3,00,000 girls, so this was an opportunity to use this platform to communicate this message, particularly considering the adverse sex ration in Uttar Pradesh.

The session plan is provided below:

SESSION PLAN

| | Topic | Time duration |
|---|--|---------------|
| 1 | Pre Session <ul style="list-style-type: none"> • time • physical barriers (sitting arrangements/lights/etc) | |
| 2 | Session plan <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Introduction of self <input checked="" type="checkbox"/> About the program <ul style="list-style-type: none"> - Objectives of the program | 5 min |

| | | |
|----|--|--------|
| 3 | <input checked="" type="checkbox"/> Topics to be covered: | 5 min |
| | <ul style="list-style-type: none"> • Adolescence <ul style="list-style-type: none"> ✚ What is adolescence? ✚ Problems of adolescence ✚ Why adolescents ✚ Developments during adolescence/ health issues | |
| 4 | <ul style="list-style-type: none"> • Menstruation <ul style="list-style-type: none"> ✚ Process ✚ Problems during menstruation ✚ Myths and misconception | 20min |
| 5 | <ul style="list-style-type: none"> • Sanitary Napkin Demonstration <ul style="list-style-type: none"> ✚ Homemade ✚ Commercially available | 10 min |
| 6 | <ul style="list-style-type: none"> • Things to be taken care of during menstruation | 5 min |
| 7 | <ul style="list-style-type: none"> • Nutrition | 10 min |
| 8 | <ul style="list-style-type: none"> • RTI <ul style="list-style-type: none"> ✚ What is RTI ✚ Causes/symptoms/prevention/ consequences | 5 min |
| 9 | <ul style="list-style-type: none"> • Formation of boy or girl – bead game | 10 min |
| 10 | <ul style="list-style-type: none"> • Gender | 5 min |
| 11 | <ul style="list-style-type: none"> • Female Foeticide | 5 min |
| 12 | <ul style="list-style-type: none"> ✚ Summary ✚ Pledge/ feedback ✚ FAQ and Sanitary napkin distribution ✚ Vote of thanks | 10 min |

3.5 Orientation Sessions

The orientation sessions in the schools were of a one and a half hour duration each, covering all the topics mentioned in the above session plan. The facilitators had to ensure that a proper physical environment / sitting arrangement were created for the sessions. The proposed batch size was initially 100 girls per session. During the scale-up phase itself, it was found that 100 girls per session was too large a number for effective communication between the facilitator and the group. Therefore, it was decided to keep the batch size at the upper limit of 80. Cost

effectiveness and timeline were other factors for the change in batch size. For accuracy and time management, each of the topics was proposed to be covered within a particular time frame. The facilitators were provided with training materials such as IEC tools, sanitary napkin samples, red ink, cloth, posters to be used in the demonstrations. A checklist was provided to the facilitators in order to ensure that they carried all these materials.

A pledge chart was pasted on the wall as the girls took the pledge to share the information with their mothers and two friends. The reason for making the students take this pledge is to reinforce behaviour change, to ensure that they remember the information and to disseminate the information as widely as possible.

(Translated from Hindi)

I promise that I will incorporate the learnings from this session into my everyday life. I will also share the information with my mother and at least two friends.



Girls taking the pledge

At the end of the session, the facilitators distributed FAQ booklets and sample sanitary napkins to the girls. In cases where these samples could not be distributed due to logistic reasons, the samples were delivered to the schools at a later date.

Facilitators also carried with them feedback forms that helped elicit feedback about the session from the girls. At the end of the session, the facilitator enquired about the facilities in the school such as covered dustbins in the girls' toilet and a stock of sanitary napkins for emergency use. In cases where there was no such arrangements, the Principal / School authority was requested to do so.

Below: Trainers demonstrate the use of commercially available and home-made sanitary napkins



Below: Trainer Ms.Sunita Sarkar conducts the session in Lucknow



District facilitator Jaya Singh distributes sample sanitary napkins at the end of the session in Lucknow. These were provided in brown paper covers.

3.6 Feedback

At the end of the session, a few of the girls were provided with feedback cards. They were asked to give their opinions, queries and suggestions. The feedback cards also served another important purpose. It made it possible to gauge the doubts and concerns of the students on an age-wise (or class-wise) basis. For example, when the feedback from students of a particular class is collated, the nature of concerns faced by students of that age group could be understood. Some of the messages in the feedback cards are as follows:

“Thank you for giving us such correct information – earlier I used to feel shy to ask my mother about this”

- Sheeba, Class X, Lucknow

“It was such a nice project – it gives me and my children very good knowledge about the monthly cycle and also about misconceptions which are added to this”.

- Manjari Mishra, Teacher

From this project, I learnt the following:

We should take care of our body

We should maintain cleanliness

We should dry our undergarments in the sun

We should dispose of used pads by wrapping it in paper and throwing it in the dustbin.

We should not discriminate between boys and girls

We should eat nutritious food which includes milk and green vegetables

- Arjoo Rajput, Student, Farukhabad

“Earlier, I used the same cloth again and again, washing it and drying it as quickly as possible. The skin around the groin would hurt. I used to apply talcum powder for relief, but that used to give me allergy. I was too shy to talk to anybody about it. After this session I have understood how to make sanitary napkins at home. I have also understood why menstruation happens to me”

-Stuti, Class X

“Ma’am, I enjoyed the session and you have told us many useful things that we should follow throughout our lives. Thank you very much.”

- Ruchi Devi and Rolly Singh

3.7 Monitoring

Session-wise reports were filed by each facilitator for each session to their respective cluster coordinators. (*See Appendix 6 for sample format of facilitator's report*). This report included such aspects as topics covered, questions asked by girls during the session, positive and negative aspects and challenges encountered during the session.

Section 4: IEC Tools

A combination of well thought out and carefully prepared Information Education Communication (IEC) tools were used to communicate messages in a correct, interesting and lively manner. These tools are as follows: (for the scaled-up phase)

4.1 Flipbook

In order to ensure that the messages regarding menstruation, menstrual hygiene, RTI and nutrition get conveyed in a standardized manner, a 20-page flipbook was used. This flipbook helped reinforce the stated facts and to aid understanding of ideas. The use of pictures was helpful in drawing responses from the girls.



The use of flipbook enlivened the information transfer process

4.2 Apron

A cloth apron with female reproductive organs painted on it was developed to be used as a training tool by the facilitators. The facilitators wear the apron and explain different stages of menstrual cycles – the thickening of the lining of the uterus, release of an egg by an ovary, shedding of lining and egg in the uterus. Sometimes the facilitator would ask a girl who is willing to wear the apron to wear it. For explaining these stages, various flaps which can be buttoned on the apron are used by the facilitator. Through the use of this scientific training tool, the participants of the session were imparted correct information on the menstrual process.

4.3 FAQ Booklet

A 32-page booklet was developed, covering the topics related to reproductive health focusing on adolescence, menstruation-related issues, gender issues and female foeticide. Each

adolescent girl attending the session was provided with the booklet. The FAQ booklet functioned as a ready reckoner and reinforced the information provided during the session. Besides, it is handy and compact, and can be referred to at a later time and can be shared with others. One or two copies were provided to the school to be placed in the library for wider reading by other girls, teachers and staff members.

4.4 Bead Game

A bead game, using beads of two colours was used to demonstrate the concept of formation of particular sex inside the womb. The combination of X and Y chromosomes that result in a male or female offspring was explained. This game was an easy way to help the girl understand that neither the man nor the woman can be held responsible for the outcome.

(See appendix -9 for IEC tools)



Left: Students play the bead game to understand the concept of chromosomes.

Right: Students with their FAQ booklet.

4.5 Audio Visual Presentation

A film on menstruation provided by Proctor and Gamble was screened in one per cent of the total sessions. The context of the film being of urban upper middle class, there appeared to be a mismatch in terms of socio-cultural milieu for the girls from the rural schools. Therefore it was decided not to screen the film in the remaining sessions. This audio-visual presentation was screened across most of the urban schools in the pilot phase, but only in some of the schools (of Kanpur and Lucknow districts) during the scale-up phase.



Participants watching an audio-visual presentation during a session at Kanpur

Section 5: Observations, Experiences and Conclusion

For the participants and facilitators alike, this was a one-of-a-kind experience. These facilitators came from mixed backgrounds, both in terms of education and experience. From this project, they acquired a command over menstruation and related topics. Besides, their skills, knowledge, confidence levels and capacities improved to a great extent. The facilitators also faced some problems in relation to carrying out their tasks. The problems, experiences and observations were shared and discussed at the experience sharing workshops that were held at the end of the pilot phase, during the middle and after the scale-up phase.

5.1 Observations and Experiences

Some of these observations/experiences were as follows:

- ❖ Although some time was provided at the end of the session for open discussion and clarification of doubts, it was after the session that a number of girls flocked to the facilitator to clarify their doubts on an individual basis. This meant that the girls felt hesitant seeking their clarifications in a group. They rather preferred that their queries are answered in privacy
- ❖ In some of the schools in the rural areas, a few girls of Std VI found it difficult to comprehend the topic, but these cases were few and far between and generally due to social taboos surrounding the subject. Also, it is generally observed that the onset of menarche among girls in rural areas occurs at a slightly later age. These factors demanded extra effort on the part of the facilitators to prepare them to absorb and understand the information.
- ❖ In several schools, the Principal did not want girls of Std VI to attend the session, as it was felt that those not yet menstruating need not be privy to this information. In such cases, the facilitators had to convince the Principals on the need for such information, citing the reason that the girls needed to be well prepared to manage menarche, no matter what age they may attain it at.
- ❖ There were requests from several girls of Std X I and XII to be included in the session; but these had to be turned down because the age criterion was 10-14 years. This is an indication that even girls who have been menstruating lack correct information on how to manage menstruation and related issues. This view was reinforced by the opinion of some teachers that girls of Std XII should be part of the session, as neither parents nor teachers were able to fill in this information need.

- ❖ While there were some schools that were reluctant to give permission for the session, there were others who were equally enthusiastic and wanted to take the project forward. For example, they wanted to hold such sessions for those girls who were not covered under the project. It was heartening that even in a tradition-bound, conservative society where any discussion on menstruation is considered taboo, some schools showed such enthusiasm.
- ❖ All district NGOs experienced that while the candidates recruited as facilitators were not professional trainers, their capacity was greatly enhanced through the experience gained from this project. These facilitators are now a good resource base that the NGO can continue to draw from. More so, they have introduced behaviour change in menstruation management.
- ❖ As regards the NGO representatives, they envisage the setting up a helpline for girls that would provide correct information for their queries on menstruation and related issues. The NGO representatives mentioned that this project helped them talk about the issue of menstruation, in a matter-of-fact way. Understanding the need to improve access to commercially available sanitary napkins, one of the NGO representatives, from Rampur took a step ahead in requesting roadside vendors of cosmetics and other items to also stock up sanitary napkins as well.
- ❖ In some schools, the sanitary napkins could not be distributed, as samples had not been received on time. However, these samples were delivered to the schools at a later date. Under the circumstances, ensuring the distribution of the samples in project schools is a difficult task.
- ❖ Some of the teachers shared their concern with the facilitators that there were a lot of myths and misconceptions among women on this issue. This indicated that not just young girls, but adult women too are often under the purview of such traditional customs, and do not necessarily have complete and correct information on this issue. To this end, the FAQ booklet that was provided to the school library becomes a useful resource for anyone who requires correct information in this issue in a compact form. Comparing the response of teachers from urban and rural schools, the facilitators observed that teachers of rural schools were more responsive than those in urban schools.

- ❖ Some of the schools objected to the word ‘menstruation’ being used in banners. During the experience sharing meeting held in January 2012, it was reiterated that it is advisable to share the objectives and details of the project beforehand. In the absence of this clarity, the use of this word on the banner could come as a surprise to the school authorities, giving rise to objection.
- ❖ One of the expected outcomes of the project was that, apart from increasing the participants’ knowledge and understanding of menstruation and its management, is that the school management would need to arrange for covered dustbins in the girls’ toilet. The school was also asked to stock-up a minimum number of sanitary napkins which could be provided to the girls on sudden requirement. During follow-up visits, the cluster coordinators found that some schools had indeed made these arrangements.
- ❖ The knowledge and skills that the facilitators gained as a result of this project could be channeled and integrated into other on-going projects. In some places, the media coverage aided the creation of a favorable environment in which to carry the project forward. The girls taking the pledge to share this information with their mothers and at least two friends produce s a multiplier effect in dissemination of this information.

5.2 Conclusion

When the project *Increasing Awareness and Safe Sanitary Practice among Adolescent Girls* (IAAAG) was rolled out, it helped achieve the primary challenge of delivering scientific information. In fact, the schools in which the orientation sessions were conducted requested for repeat of these sessions in order to include the remaining girls in the menstruating age group. The project brought to light the fact that girls need a forum through which to clarify their queries and doubts on the issue of menstruation.

From this project came the learning that being an issue of very sensitive nature, it was important to provide time and space for the students to ask questions in confidence. The IEC materials used also seemed to be feasible with a combination of flipbook, bead game, FAQ booklet and apron. It served to reinforce and communicate clearly through the method of demonstration/activity/reading and dissemination. The importance of using the right IEC tools for effective communication was underscored.

From the feedback post cards, it is evident that all information imparted has been very useful to the participants. The challenge is to understand also, the extent to which behaviour change has actually occurred. In order to assess how far the knowledge, attitude and practice with regard to menstruation and its management among the girls have changed as a result of this project, an impact assessment should be carried out. Apart from assessing the extent of changes in

KAP, the study will also help identify the barriers to behaviour change, which could be taken into consideration in case of future phases of the project.

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