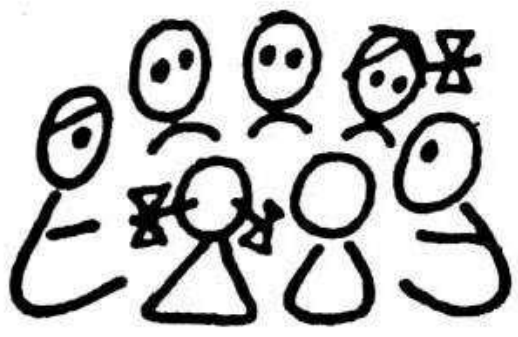
2022-23

# Community Health Learning Programme

*A Report on*

**a Nirupa ma H S**



sochara
building community health

PART- A
CHLP Learning

1. **Introduction**

Myself, Manjula Nirupama H S with a qualification of MBA Hospital management, PhD in women studies been working with Hospital management. I have worked with corporate hospitals of Bangalore at management level. Its been one year I joined an NGO to serve the society in healthcare needs. As an individual I always felt to do something where healthcare become affordable and accessible to economically deprived group of society and also felt there is a need for women to voice out their health problems, both physical and emotional to their family and seek necessary support to overcome it. I am working towards towards my dream by joining full-timer in an non-profit sector and enhancing my knowledge being Fellow of CHLP.

2. **Why did I join the fellowship?**

As I am fresher at NGO sector, I wanted to know more about community health, different axioms of healthcare, approaches, understanding healthcare needs, getting networked with other NGO's, knowing more and more deeper on community health and to know more on NGO and their contribution towards society towards healthcare needs and requirement. Hence, I joined this fellowship course. I wanted to know on the present situation in health system across country. Different ways and methods of handling the system. I also wanted to connect to more and more community partners working in different sections of healthcare. Hence, I found being associated with SOCHARA and fellow in CHLP will fulfill my needs. Hence, I joined this program.

3. **What were my learning objectives and were they met?**

CHLP is a very descriptive program designed for working professional. Being a fresher to community health I learnt from the basics understanding axioms, social determinants of healthcare sectors and community partners at different geographical locations. I understood healthcare system in India, visualizing equity in healthcare. Good understanding on traditional medicines and AYUSH. I learnt more on women health, SRH, Methods of contraceptives, family planning, right to sexual health for women, maternity health and benefits to women by government schemes and their accessibility STD,MTP, SRH, NCD, Food and nutrition impact on society, Obesity, Malnutrition, anemia and other public health concerns and way forward thoughts on overcoming it. Right to nutritious food and government interventions and ICDS to eradicate malnutrition. Good understanding on environment and health, sanitation, WASH, Gender inequality in sanitation, emotional and mental wellbeing of women in sanitation, impact to environment due to wrong way of waste management. A practical understanding on bio medical waste management at CHC and PHC. BMW collection, segregation, treatment and disposal at urbanic and rural PHC and CHC's. sanitation workers health safety and measurements for safe working. Drinking water safety for a healthy community.

4. **Learning from modules and how I applied the learning in my work.**

Reflections on use of the LMS, videos and participation in live online sessions.

How was a balance between work, life and the CHLP maintained?

I have more interest on Community health, Primary Health care, Women health, Mental Health, Adolescent Health and awareness, Volunteering and fund raising in health care needs.Few projects have been started at my organization level. The most exciting topics I wanted to focus apon were

- Primary Health Care
- Women Health
- Adolescent Health
- SRH
- Food and nutrition
- Mental Health

**Primary Health Care:**

I had a great interest in understanding the primary health care system in rural and urban areas. Visited couple of PHC with the support of Sr. Health officer. I tried to understand the schemes and services provided by PHC to the community. The problem faced by PHC was always man power shortages. I had interacted with few Asha workers associated with PHC. I Tried speaking to them in understanding their knowledge level. I had taken a session to Asha workers on empowering community on understanding the healthcare needs. As per Alma ta Declaration "Health for All" to be the motto and the sensitization is most needed. At Rural Karnataka, Hanur, Chamarajanagar, most of the tribal soliga community resides there. There is a need for PHC. Even today, when there is an emergency the tribals are carrying patient in dholi. At this areas PHC building exists and there is no human resources. As an organization "Doctors for seva" I have planed for a community health project for this soliga community where PHC care is given by our mobile medical unit, there is continuous counselling and awareness of health care is given

by our doctor Mitra's at Community

deputed for this project. We work with Arogya Bharathi Asha these villages. The detailed description is explained at project health – Hanur.

**Women**

Women is the and discussion Basti. It is Diabetes, other life style at the family.

**Health:**

most neglected when we talk on health, On my interviews with women of middle class society and women residing in more evident that most of the women face issues with UTI, Blood pressure, Anemia, Menstural Problems, Obesity and diseases. I was observed that women ware given least priority She takes all the pain silently.

On my visit, I personally sensitized these women to voice out their medical needs to the family and raise an alarm that she needs care.

I conducted a women health camp and awareness program at Chikkabalapura rural village and an awareness program which includes Breast cancer awareness, General Wellbeing, how to handle Covid -19 and many more. This awareness program was on virtual media in association with expert doctors. Also conducted a health awareness program. From doctors for seva we also conducted Breast cancer awareness and screening camp for slums in association with Rastrothana parishad. I also incorporated women health awareness program at community health project designing where women get regular health awareness by Asha Mitra workers. This project details been elaborately explained in upcoming paragraphs.

**Adolescent Health**

Poverty, malnutrition and poor sanitation are major problems for many Indians and are a major contributor to child mortality. More than 40% children are malnourished or stunted. Healthcare provision is poor, and many families, especially in rural areas, have major difficulties in accessing healthcare. On my visit to schools, it was found that most of the rural girl children is not having any awareness on menarcy and menstruation hygiene. Menstural problems like heave flow, lack of nutrition. Most children specially girl child is found anemic and average built body. Due to the poor condition of family and poor sanitization there is lot of personal health issues and emotionally distressed. Due to lack of accessibility of resources they are deprived with quality education and sensitization on health care. I also observed at schools of rural place of both north Karnataka and North India, Boy have started using drugs like jardha, Hans, Pan, Alcohol.etc. as it is on the initial phase through proper awareness, we can bring these children back to normal life. Hence a project on Adolescent health awareness program is started pan India, the detailed description is explained at project level below.

**Sexual Reproductive Health (SRH)**

Reproductive health of women has largely been declining over a period of time. It is quite disheartening to see that the people living in rural areas were not utilizing the services due to lack of awareness and timely interventions. Apart from these factors like illiteracy and lack of health consciousness resulted in the most people not being aware of the illness at a stage when prevention is possible. My visit to basti / Slums gave a knowledge that women are not using any conterseptive measures, due to poor life style at bastis they are prone to be more sexual infections, Regular UTI, Painful bleeding, excessive bleeding, White discharges, Illegal abortions were commonly discussed during my visit. age, educational level, age at marriage, no of children, age gap between the children, type of delivery etc does not have any influence on the reproductive health of the respondents. Health care awareness in reproductive health is much needed for these women which may bring positive attitude among these women. The same problem was discussed with an NGO – Engender Health, This NGO Engender Health is a global organization committed to advancing sexual and reproductive health and rights and gender equality. The support individuals in making free, informed decisions about sexuality and childbearing so they can live the lives they want. The also collaborate with local communities and civil society organizations to prioritize health and rights and partner with health systems and governments to provide sustainable, high-quality services and a policy environment that supports access to care. They are internationally recognized for their expertise and impact in: sexual and reproductive health and rights, maternal and obstetric care, and addressing gender-based violence. their programs are designed to address harmful gender norms, increase meaningful youth participation, and support health systems strengthening, which is critical to achieving universal health coverage. A detailed discussion happened with the team during my visit to Delhi. Seeking a good collaboration with them along with Doctors for seva, we are yet to figure our how this project to be designed to get a awareness on SRH to rural women.

**Meeting wit Staff and Directors of Engender Health – NGO, Delhi**

**Food and Nutrition:**

Malnutrition, refers to according to the World Health Organization (WHO), deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. It is well-known that maternal, infant, and child nutrition play significant roles in the proper growth and development, including future socio-economic status of the child.A Reports of National Health & Family Survey highlights the rates of malnutrition among adolescent girls, pregnant and lactating women, and children are very high in India. Mother's nutritional status, lactation behaviour, women's education, and sanitation are the key factors for mal nutrition. The effect of malnutrition are stunting, childhood illness, and retarded growth. several government programs are in place which are focusing on eradication of malnutrition in India. there is a need for effective use of knowledge gained through studies to address undernutrition, especially because it impedes the socio-economic development of the country. My learning on food and nutrition has helped me in my personal life. I have started realising the importance of nutrition in children, adolescents, women,senior citizens. I have modified my lifestyle by including lot of nutrition in my diet. The same is applicable in my family diet. This has seen a lot of improvement in my family over a period of 3 month. The same knowledge is been spread to my neighbours and other community I meet during my official and informal visits. I have also included Food and nutrition module in AHAP program as a part of my profession. This AHAP program also aims in giving awareness on food and nutrition to adolescent students of government schools across country. The details of this project has been explained in detail below.

**Mental Health:**

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental Health is caused due to childhood abuse, trauma, Child been neglected, Individuals social isolation, loneliness, Individuals experiencing discrimination and stigma Including racism, Social disadvantage, Poverty or debt, Bereavement (losing someone close to you), Severe or long-term stress.

On my learning on Mental health topic provided by Dr. Thekur CHLP, SOCHARA. I personally implemented on myself. The realisation of importance of mental health, ME time and how to manage or overcome stress, anxiety, depression was learnt. On self-implementation Now I could able to handle my work and personal life very balanced. I learnt to be empathetic, Being non judgemental and accepting individual as they are has eased out lot of stressors in my personal life. I also learnt during my visit to seva basti and government schools that mental health of adolescent children, working women, Family women, Women facing infertility is under lot of stress due to long term negative mental health an individual is prone to have diabetes, hyper tension, obesity and other life-threatening disease. I also realised that creating an awareness at early stage is more important. Hence Mental health module been added at AHAP program PAN india which has been detailed below.

I have implemented the learnings at each project.

**Project 1: Adolescent Health Awareness program: (AHAP)**

This project started in July 2022 with a focus of giving awareness on health issues to adolescent children at government school.

Adolescents, at 1.54 billion, make up 1/5th of the world's population. In India, adolescents contribute to 23% of the total population – coming up to be about 243 million adolescents. As we can see, adolescents represent a huge fraction of society and they have the power to transform the social and economic future of our country. To enable them to fulfill their potential, substantial investments must be made in their education, health and overall development. Adolescent Health Awareness program (AHAP) is an initiative from Doctors for seva to help adolescents for better psychological and physical growth. Doctors for seva is conducting AHAP at the government schools, Aided schools and Municipal schools

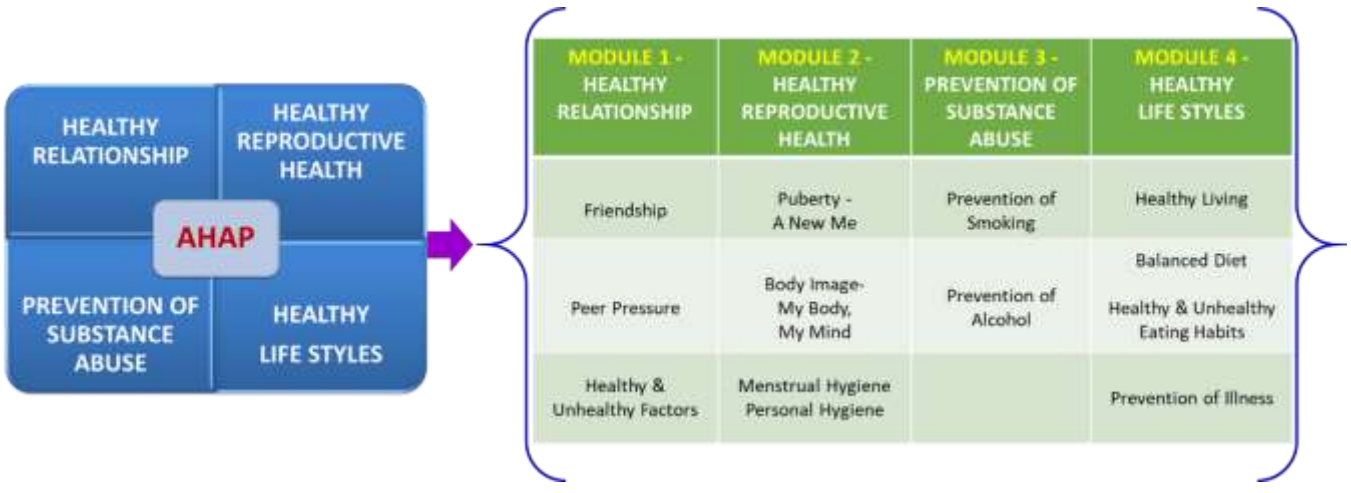
**The program comprises 4 modules:**

1)Healthy Relationship,

2) Prevention of Substance abuse

3) Healthy reproductive health

4)Healthy lifestyle




**Main objective of this program is:**

**1.** To provide awareness among adolescents to lead a healthy life style.

2. To organise activities for life skill development.

3. To help students acquire authentic knowledge about adolescent reproductive and substance abuse.

4. To inculcate in students' essential life skills to develop healthy attitudes and responsible behaviour towards ARSH – Adolescent reproductive and sexual health and substance abuse.

School going adolescents' students from 8th to 10th standard in Govt./Govt.Aided/Municipal schools. The beneficiaries of this program are children of these Govt schools who are basically from the economically weaker section of the society. Most of the children in government schools are first generation learners and do not have a proper support system at school to learn all the required subjects & other health related topics. plan for 2022-23 is to cover 100 govt schools across PAN India. Preferences given to Bengaluru, Mysore, Hubli/Dharwad, Belgaum, Vijayapura, Indore, Bhopal, Delhi/Noida, Dehradun Hyderabad, Telangana. Each geographical area is considered as 1 cluster* (each cluster consist of 10 Gov't Schools)

**Project plan includes:**

Identification of schools: Each cluster consists of 10 govt schools for this academic year we are considering 10 clusters. Total number of schools identified across PAN India is 100.

Permission from Respective departments: Education Dept. with respective states.

Training the Facilitators: AHAP lead coordinator will take the lead role in training and facilitating the volunteers and other coordinators.

Activity based sessions: At every module there will be activity based sessions which include Ice breaker games, story telling, role plays by the students and also skit on a few topics.

Counseling sessions: A magic corner / Adolescent corner is created at the school and a helpline number is communicated to the student for in person counseling and/or online counseling. A posture related to the program / DO's and DON'T'S are displayed at this corner.

**Impact assessments:**

1. Socio Economic Political Cultural Ecological analysis is done periodically with the help of Head Teacher at School or region level.
2. Pre and Post assessment on each module is analyzed in understanding children wise, school wise, region wise, chapter wise impact on the program.
3. General well-being assessment is done to understand the quality of life of adolescent students through final feedback at the end of the program.

**Project 2: Basic Care Life Support**

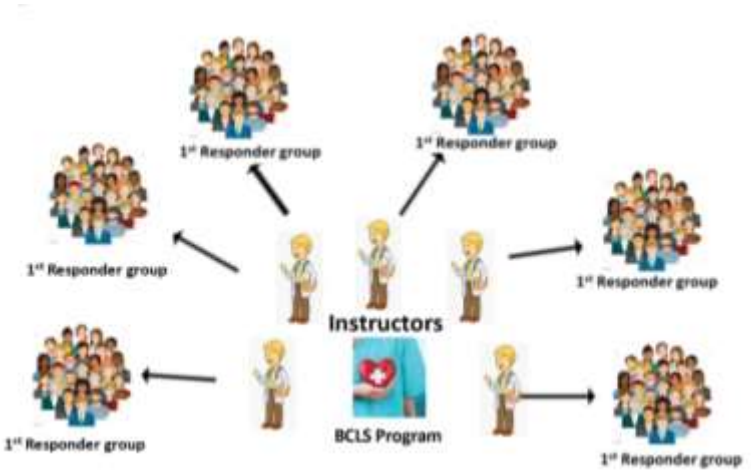
BCLS project started from Jan 2023 with a keen observation on happening health emergencies in society. Road traffic accident and sudden cardiac arrest are one of the most leading causes of death in India. Basic care life support (BCLS) is lifesaving intervention as a premedical facility. Adequate knowledge and awareness about BCLS and CPR are mandatory for healthcare students, General public as first responders.

**Objective of BCLS project:**

The objective of BCLS project is to give knowledge, awareness and attitude towards BCLS among healthcare students and general public.

Considering the rapidly evolving COVID-19 pandemic and our better understanding of the spread of the disease, there is an urgent need to give awareness and training on BCLS for Healthcare students and create first responder across different geographical locations.

Cardiopulmonary resuscitation (CPR) in suspected or confirmed COVID-19 patients needs Basic life support care as first intervention . CPR in COVID-19 patient carries added risk to health care workers (HCWs) as it involves aerosol-generating procedures, requires many rescuers to work in close proximity, and increases the chance of breach in personal protection due to high-stress event. Hence BCLS program provides good training and awareness among Healthcare workers, Healthcare students and first responder community.




Lack of knowledge about simple yet vital life-saving skills is one of the barriers people face while dealing with medical emergencies. When people with lack of this knowledge take action, they can sometimes even prove to be counterproductive and cause more harm than good.

The BCLS course will enable the participants to perform cardiac resuscitation and other lifesaving skills while dealing with common emergencies. The course has a special emphasis on building leadership and communication skills. This equips providers to help fellow citizens in dire medical emergencies.

Doctors for seva in partnering with Jeevan Raksha team in saving lives and assuring care. Jeevan Raksha has a special purpose vehicle created by Rajiv Gandhi University of Health Sciences, Karnataka and Swami Vivekananda Youth Movement to roll out ‘Certified Skill Courses’ in Emergency Care and Life Support equipping doctors, nurses, paramedics, and lay public with the necessary skills to transform the Emergency Care response system and thus save lives.

Doctors for seva will create a team of Healthcare professionals and students well equipped with BCLS course and be a TOT and create first responder club in the society which cates towards colleges, schools and general public.

**Program Structure:**

BCLS is a 4-day course ( 2 days training instructors and 2 days TOT – first responders) offered for Allied Health graduates and the general public committed to learning life-saving skills.

Some of the topics covered include first-aid in common emergencies, control of bleeding as well as managing choking, and safe use of a defibrillator.

The series of structured sessions will make participants confident in taking charge of a situation in the prehospital environment and save lives. During emergencies, this will enhance the opportunity of receiving much-needed care from fellow human beings across the country.

**Expected Impact:**

A pictorial representation of BCLS Project

We are planning to train the instructors and first responders in a huge number to create an impact in society. More the knowledge on understanding the health emergencies and cater towards saving lives make a a big impact to the society. In this financial year our target is to reach 1500 community partners with basic life support skills.

**<u>Project 3: Community Health project: Hanur</u>**

This project launched in Nov 2022. The learning of CHLP has been applied in this project.

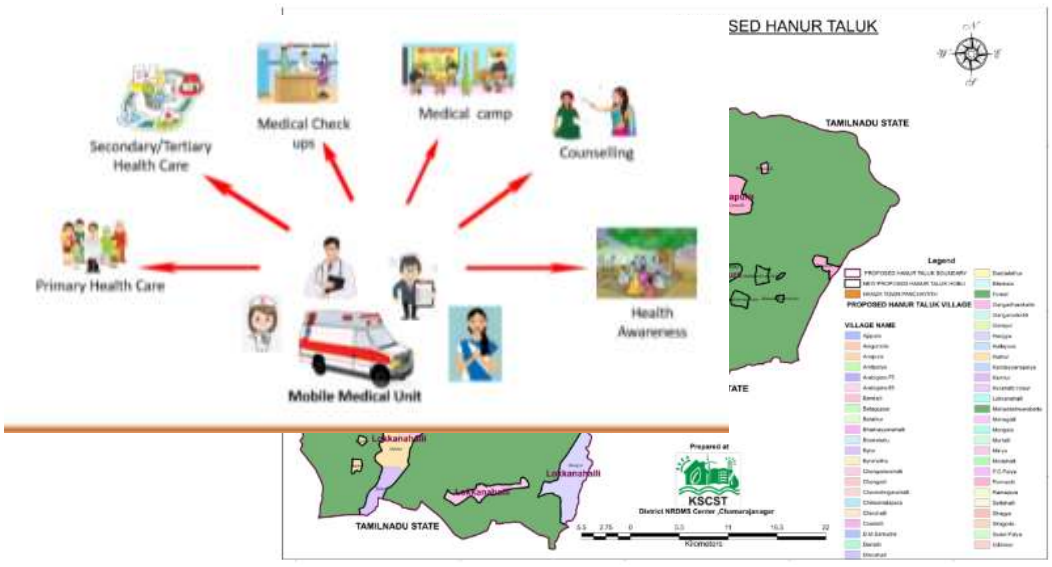
**Background:**

Nearly seven decades after independence, tribal people still suffer from inequity in health and health care. As per the report of Tribal Health in India, major health indicators of tribal communities are significantly lower compared to non-tribal communities. Tribal communities face the "triple burden" of disease. Apart from high rates of malnutrition and communicable diseases (TB, leprosy, HIV, etc), there is a rise in non-communicable diseases as well. Added to this is the lack of access to health care in the tribal regions.

There is a need for Access to basic healthcare facilities, Navigational support to secondary and tertiary care .The hilly terrain and forest cover makes the access a challenging proposition. Tribal communities have inhibition to go to Secondary healthcare and Tertiary healthcare hospitals. The existing health system is overburdened resulting in the unavailability of quality health care services within the reach of the community at all times.

**Project:**

Swami Vivekananda Youth Movement (SVYM) which is a development organization, engaged in building a new civil society in India through its grassroots to policy level action in Health, Education and Community Development sectors from past 37 years. DFS and SVYM have identified the need for integrated health and wellness intervention with inclusion of robust IT and support system for bridging gaps in existing health care system in the concerned area. The aim is to work in tandem and collaboration with the existing health providers in the area and enable the structured betterment for the tribal community. There are 157 tribal hamlets in Hanur, Ramapura, Odayarpalya, Ponnachi, MM Hills areas, housing around 8000 people from the Sholiga Tribal community. The Goal is to achieve & sustain enhanced health status of these indigenous tribal communities through a comprehensive & integrative health & wellness interventions.




**Map of Hanur Taluk – Community health project**

Brief summary on project flow:

Mobile Medical van equipped with requisite medical facilities; nurse and a driver to be part of the Mobile Medical Unit (MMU)

- Setup a Doctor,
- Arogya Mitras visit the hamlets and ascertain the health conditions in the community
- MMU to visit each hamlet on a regular basis
- Arogya Mitras to coordinate the health screening of needy people and follow up with referrals at district hospital; conduct specialist health camps (like Eye, Cardiac, Ortho, Gynec, etc) on need basis
- Social worker at the district hospital to help the patients in getting the required healthcare at the hospital
- Health awareness programs and meeting with community people to be done on a regular basis
- The program also focusses on capacity building of Arogya Mitras to help them manage their activities efficiently
- Baseline assessment on
- Community health and school health program (RBSK - Rastriya Bal Swasthya Karyakram)
- Ayushman Bharat cards for the community and near by hospitals supporting the scheme

**Expected Outcome:**

1. Community healthcare approach is improvised.
2. Continuous education and awareness on healthcare is provided.
3. Behavioural changes in the community to be monitored.
4. Healthcare access to secondary / tertiary care is provided.
5. Measurement of program parameters (based on the baseline assessment done during the project initiation), like
    - No. of people screened by Arogya Mitras
    - No. of people identified for secondary/tertiary care and percentage of people availing the same
    - No. of people utilising services of specialist health camps (Eye, Cardiac, Ortho, Gynec, etc)
    - Participation of people in various health awareness programs
    - School Health program statistics

**Project 4: Telemedicine – For Tribal Community**

**Background:**

Primary care doctors are at a high risk of contracting diseases (like Covid-19) as they manage patients with fever or respiratory symptoms. As these doctors are more likely to be self-employed or work in smaller practices where COVID-19 infection could mean loss of livelihood. Healthcare system without primary care is crippled in its ability to manage outbreaks. People are not having access to doctors to take care of illness. Due to pandemic situation and lockdowns, many patients have been unable or unwilling to visit the doctors.There is increase in spending by private doctors more on personal protective equipment (PPE), sanitisation of premises, personnel, etc.

Need for project:

Deploying telehealth solutions and programs is the need of the hour for people who are suffering from other medical ailments during this time can receive care from home, without entering medical facilities, minimizing their risk of contracting the virus. Telemedicine technology is seeing a surge of direct-to-consumer services operating at a large scale helping to provide care to patients. Telemedicine hasn’t traditionally been used in response to public health crises, but that is changing with COVID-19. As this public health crisis continues to escalate, telemedicine is quickly gaining recognition as a critical tool to slow the spread. Even the large hospitals are racing to implement and scale up these capabilities at their frontlines.

Expected impact from the project:

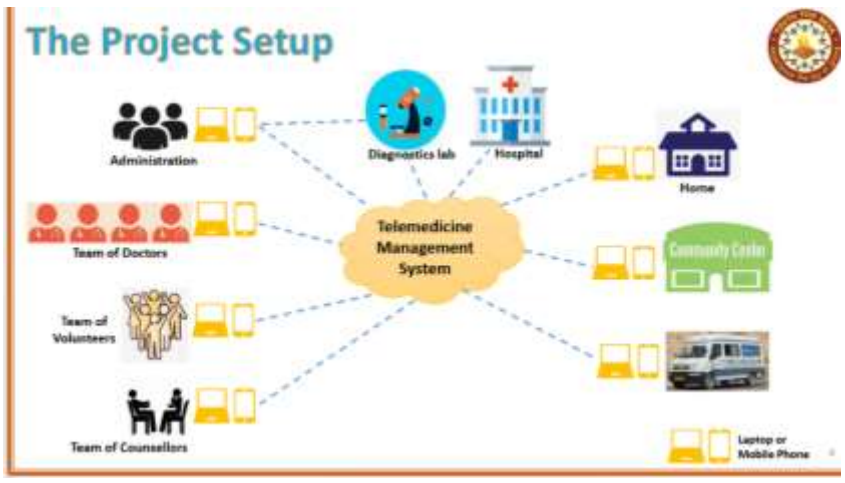
- Increases healthcare access for all people from all sections of the society.
- Protects medical personnel and patients
- Enables even specialists like radiologists to consult from anywhere
- Using telehealth to provide specialty services is more feasible for rural healthcare facilities than staffing those rural facilities with specialty and subspecialty providers.
- Telehealth allows specialists and subspecialists to visit rural patients virtually, improving access as well as making a wider range of healthcare services available to rural communities via telemedicine
- Tele-counselling is a natural extension of the services for people who are in need in these challenging times

Project Concept:

Doctors for Seva (DFS) with its expertise, network of doctors and reach of volunteers proposes setting up Telemedicine and Tele-counselling facility for the larger interest of the community and medical fraternity.

It mainly comprises of –

- Telemedicine software management system
- Team of full time and part time doctors




- Specialists for consultation
- Set of volunteers
- Management personnel
- Team of counsellors

**Project Methodology:**

The setup is based around commercially available Telemedicine Management System. There are 3 main categories of stakeholders

1. Team of doctors, Team of Counsellors, Volunteers and Administration personnel
2. Patients who avail these services can do so -
    a. At their homes
    b. Health centres (in semi-urban and rural areas)
    c. Mobile Health clinics (in remote areas)
3. Network of diagnostics labs and hospitals
4. The services would be available using either mobile phone or laptops (with internet connection)

**Monitoring and expected impact:**

- Monitoring of the program would be based on the extensive reports generated by the Telemedicine Management System.
- These reports provide insight into types of illness, doctors bandwidth, logical closure of health issues, etc
- Reports be generated on the timely basis (like weekly, fortnightly, monthly, etc) to monitor the progress and track the action points
- Inferences to be drawn based on the reports and plan of action to be prepared to increase the effectiveness and ease of operations

**Project 5: Arogya Nidhi**

**I. Proposal Summary:**

Arogya Nidhi is an initiative by doctors for seva which aims in raising funds from different approaches. The fund generated from various resources will be accumulated at Arogya Nidhi account. Arogya Nidhi will provide financial assistance to the needy for health care treatments, Medical Support and towards hospitalization. Arogya Nidhi steering committee will focus on younger generation health needs as first priority.

**Project Description:**

Arogya Nidhi is one of those initiatives form Doctors for seva which provides an Emergency Fund to provide financial assistance to patients living below the poverty line and suffering from major life-threatening diseases and unable to receive medical treatment at any of the government hospitals, specialty hospitals or institutes.

There are many people who are in desperate need of financial aid and they cannot afford their medical expenses. Arogya Nidhi will support them by funding the needy in their medical treatment and hospitalization. Priority is given to young patient. We support up to INR 25,000/- per patient or based on their treatment requirements.

Arogya Nidhi will support the needy on their request. Arogya Nidhi will not have any internal understanding with any hospital for any sort of financial assistance. Arogya Nidhi will consider the patient requests who have been hospitalized either as an individual request or been prompted by the hospital.

**II. Standard Protocol followed for financial aid**

On request from the patient or hospital for financial aid

- A preliminary assessment is conducted by doctors for seva team in understanding the patient demographic details, medical condition.
- Doctors for seva team will have a home/hospital visit to understand the medical treatment/procedure needed or undergoing by the patient at the hospital.
- Doctors for seva team will also understand the financial costing for the treatment, initial payment, discounts/concession provided by the hospital, other sources of fundings like PM fund, CM fund, Local Body funded. Team will take the estimation cost for the patient treatment.
- A team will also visit the patient Home to understand the socio-economic condition of the patient. Team will understand and document the observations
- The accessor will present the documents on their observations to the internal steering committee for further decision.
- Steering committee on scrutinizing the document will decide whether the patient needs medical support from doctors for seva – Arogya Nidhi or not.
- More priority is given to the younger patient and for curable diseases.
- If we get a requirement for any aids like orthotics, prosthetics, consideration can be done based on the need assessment and livelihood support.
- INR 25,000/- or as per the requirement for the treatment by the patient will be decided by the internal committee on case-to-case basis.
- Beneficiary will be supported either by crowd pooling or by individual donor contribution. NOT both.
- Call for donation from various mode is considered to raise fund for beneficiary.
- On financial aid, Doctors for seva will hand over the fund to the hospital directly with proper documentation.
- If the medication is on OPD basis, Steering committee will take a decision on purchasing the drugs and handing over to the beneficiary.
- Doctors for seva at NO cost hand over the cash or Cheque to the Beneficiary directly.
- Doctors for seva will also ask for consent from the patient for agreeing to share their photos, videos and audios for social media publication through a consent form.
- Accounts department will maintain the financial aid document on fund disbursement.

## Newspaper collection drive

### Strategic Planning

**Vision:**

In India, Most of the health issues are unspoken and unaddressed due to socio, cultural and economic issues. These issues are also responsible for their low life expectancy when compared to other developing countries.
We at Doctors for seva are trying to reach such an underprivileged class of society and provide quality healthcare access with NO cost or low-cost treatment without compromising the quality of care.

**Objective:**

To support this initiative, DFS have started Newspaper collection drive. In this campaign volunteers will collect the newspaper from the localities with awareness and the funds generated through this drive will be utilized for healthcare needs for our beneficiaries.

**SWOT analysis**

| | |
|---|---|
| Strength:<br>1. volunteers driven campaign under the guidance of FT coordinator. | Weakness:<br>1. outsourcing resource and manpower<br>2. costing to company |
| Opportunities:<br>1. DFS and its activities will be highlighted<br>2. Brand visibility to society<br>3. Opportunity to raise fund on donations | Threats:<br>1. Storage space<br>2. Feasibility and acceptance level at RWS<br>3. Proper routing of funds generated to DFS nidhi |

| | |
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**Execution of Plan:**

**Phase 1:**

1. Identifying the RWA's within a 5 km radius to the collection center.
2. Identify volunteers and connect them to RWA for initial discussion on the drive so that it reaches every house at apartments.
3. A volunteer will be designated with a marked geographical area to get connected with RWS president
4. Awareness on the agenda of this drive is communicated through posters and social media assistance.
5. Every 2nd Sunday of the month will be considered for newspaper collection.
6. A designated place is communicated at respective RWAs' for newspaper accumulation. Preferably at the security counter (or as per RWA's decision)
7. Cluster head - volunteer will take the responsibility of collection and segregation of newspaper at the collection center/scrap vendor directly.
8. Identify a scrap dealer and negotiate on the pricing.
9. The fund generated on selling newspapers is transferred to the DFS account through electronic payment.
10. Analyze the pattern of collection and expenditure v/s inflow

**Phase 2:**

1. To set this campaign on auto mode driven by volunteers.
2. Estimate the cost involved in hiring a person, vehicle for collection at different geographical areas on designated date and time.
3. SOP to be set based on the resource availability.
4. The brand width of the collection point is expanded based on the feedback of phase 1 drive.

The amount generated through this drive will be utilized for financial support for the economically deprived society healthcare needs. We also mobilize the college students in giving awareness to healthcare to the general public and also connect them to public in collecting.

## 5. Mentorship process and reflections

My Mentor is Mr. Prahlad, MSc Environmental science, Mr. Prahlad has immense knowledge on school sanitization and waste management. He is a part of training and development team of SOCHARA and aims in providing environmental sanitization at rural places of Karnataka with intervention of NGO's Community partners, Community training and community sanitization intervention.

I had couple of calls with him in understanding my interventions on several projects conducted at organization level. My deeper study was focused on providing awareness on Menstrual hygiene to adolescent girls at rural places. His guidance and suggestions has helped me in carrying out the project diligently.

Mr. Karthik has been a great support to me throughout this fellowship. I have never hesitated to reach out to him for anything whether related to CHLP or my work-related doubts. he has always smiled listened patiently and helped out. His guidance and suggestions have helped me a lot both as a fellow of SOCHARA and on my official work front. I connected with him right from the beginning and I'm sure it will go a long way. I had couple of calls and virtual meet whenever I did not understand on ant topic or on project planning and implementation.

Ms. Janelle Fernandes sessions were interesting and very impressive.

Her knowledge on SEPCE/SDH is amazing. She has made the topic so easy to be understood to a fresher like me. Her explanation is awesome... she made learning easy and interesting.

I had couple of conversations with Dr. Radhika and Ms. Uma Chaitanya in understanding project as a whole. Both of them had cleared my doubts.

Mr.Prasanna is amazing in his learning classes. He makes his topic more interesting and livelier so that even a complicated topic looks simple and easy to learn.

I had couple of interactions with Dr. Vanitha Shankar, My fellow mate at CHLP, couple of call were made and discussed and debated on some topics which were either interesting on discussions or difficult to understand. During course of my project, I took couple of suggestions from her.

I also had a regular touch with Ms. Roshni and Mr. Shakti Singh related to CHLP conversations.

I would like to say that the entire SOCHARA team of CHLP which was initially lead by Dr. Radhika was so good. The entire team was extremely helpful and easily accessible to make sure we were comfortable and our requirements were taken care of during entire course from the day one of orientation till date.

**6. Project learning experience:**

CHLP has given me loads of learning on community health, different axioms of healthcare, approaches, understanding healthcare needs, getting networked with other NGO's, knowing more and more deeper on community health and to know more on NGO and their contribution towards society towards healthcare needs and requirement. Hence, I joined this fellowship course. I wanted to know on the present situation in health system across country. Different ways and methods of handling the system. I also wanted to connect to more and more community partners working in different sections of healthcare. Hence, I found being associated with SOCHARA and fellow in CHLP has fulfilled my needs.

**7. Take away from CHLP and Looking Ahead -Where do I go from here?**

I Will definitely be in touch with SOCHARA team and take their constant guidelines for community healthcare projects and needs. Dr. Ravi Narayan, Dr.Thelma, Dr. Prithvish, Dr. Denis Xavier, Dr. Guru, Mr. Prasanna, Janelle Fernndes, Dr.Radhika, Mr. Karthik, Ms. Uma Chaitanya, Ms.Ranjeetha.have given me a great knowledge in the subject. It was a great journey of 8 month with the entire team and a great knowledge transfer in this learning program.
I have developed some basic skills in understanding the community problems, needs and focuses through different interventions. I have learnt different variables on community health like socio, economic, cultural, political and local influencer. Implementation methodologies and impact strategies through the course of CHLP.
It's been a great honor to get associated with SOCHARA team.

PART- B
Community-Based Health Action-Reflection Project

## Menstrual Health & Hygiene – Awareness

**1. Background (can include information about community, community SWOC analysis / situational analysis etc.)**

Adolescence is the stage of life span that represents a transition period between childhood and adulthood. Chronologically, it begins at the age 12 years and extends through age 18. The developmental event of puberty which usually occurs at the beginning of adolescence, signals the end of childhood; as at this time individuals become sexually mature and capable of reproduction (Bigner, 1998). According to Nightingale Nursing Time of India (2010), the adolescents represent about a fifth of India's population, that is, 22% of its population. 1.1 million Girls attain menarche, the first menstrual period anytime between 09 to 14 years (Jamadar, 2012). Menarche is one of the most memorable and defining moment for adolescent girls. It is a meaningful, dramatic, and concrete event which marks puberty. Unlike pubic hair growth and breast development, which are prolonged pubertal changes, menarche is unique in that, its onset is abrupt. As the most distinct event of female puberty, menarche is a sign of physical maturity and fertility (White, 2008). Menarche and menstruation are an issue that every girl and woman have to deal with once she enters adolescence around the average age of 12, until she reaches the menopause somewhere in her 40's (UNICEF India, 2008). Menstruation is not a rare or even unusual experience; however, in many cultures it is a private and largely hidden one. Menstruation was literally unmentionable because there are no words in the man- made language which could be used to describe the experience politely. Similarly, Lovering (1995) has found that adolescents have nothing to say about menstruation itself. The only discourse which they can use to describe their experience is medical one which describes pain, distress and untidiness. Unless these girls have period pain, or difficulties obtaining sanitary towel, they have nothing to say (Walker, 1997). There is an unspoken, culture of silence with regard to their menstruation (Jamadar, 2012). It is also considered taboo to discuss menstruation, particularly for girls to discuss it with members of the opposite sex (Kissling, 1996; Williams, 1983). Because of social pressure, the menstruating girl is required to maintain the taboos placed upon communication about her experience (Kissling, 1997). Nevertheless, girls have questions and concerns regarding their own menstruation, and find the need to discuss this topic with friends. The social prohibition upon discussion of menstruation with others often causes parents to avoid discussing menstruation with their daughters, leaving the girls feeling unprepared for menarche (Kissling, 1996). Girls who are aware of how to deal with menstruation tend to cope with it much better than those who are caught unaware. Preparedness gives girls the power to handle it in a mature way and also feel confident that there would be no embarrassment resulting from these intensely private moments. The setting of menarche is often celebrated in many cultures and during this period there is a tradition of preparing and giving food rich in iron and protein content. Modernization has seen the cessation of this practice of celebration to a certain extent but many households still follow the practice of providing the nutritional supplementation during menarche (Jamadar, 2012).

**Indian Practices Related to Menarche and Menstruation**

There is a wide range of significance attached to menarche. The attitudes of societies toward menarche vary from delight and pride to fear and shame (Jamadar, 2012). Many anthropological accounts describe societies in which women withdraw during menstruation to special menstrual huts and lodges, which may also be used during bleeding after child birth (Walker, 2008). The starting of menstruation is often met with a variety of reactions. In the Indian cultural context, attainment of menarche by girls is considered a biological indicator that the girl is ready for the commencement of sexual relations. This is evident from the traditional practice of "Gauna" that was commonly followed in the olden days. In this system the girls used to be married off at an early age but continued staying in the parental home without consummation of marriage. However, when a girl attained menarche the ceremony of Gauna would be performed and then the girl went to live at her husband's house where she would begin her married life (Jamadar, 2012). Among the Vaishnava Bauls of Bengal, menstrual blood is thought to have potent energizing properties. Traditional songs lyrically refer to it as a river that rises once a month (Robb, 2011). In some places of lower Assam, in Pathsala, when the girl attains her menarche, she is not given any thing to eat nor she is allowed to see male members of the family till fourth day and on the fourth day she is given the ritual bath, like a bride. She is then married to a banana tree as custom goes, with great feasting and enjoyment (Devika, 2014). Different cultures have varied beliefs and myths related to menstruation. Some reach a level of especially labelling it as the curse, on the rag, weeping womb, bloody scourge, the red plague, under the weather, and being unwell (Costos et al, 2002). Menstruation also has a long history of strict cultural taboos across India, which causes real harm. In some study areas women are forced to live in a cowshed throughout their periods. There are health issues, like infections caused by using dirty rags, and horror stories related to it (George, 2012). Our cultural taboos also include avoiding sour foods for fear of a smelly period, not touching certain food items to prevent contamination and the general belief that menstruation dispels contaminated/toxic blood. There is also the belief that the body is ridding itself of hot negative energy and warm baths can be harmful to the body and/or the environment (UNICEF India, 2008).

## 2. Objective of the intervention/ community health action initiative.

- To study socio-cultural beliefs/myths; taboos/restrictions related to menarche and adolescent menstruation of adolescent girls of different geographical area.
- To study the adolescent girl's perception about the socio-cultural constructs of menarche and menstruation and their adaptability to it.
- To assess the intergenerational continuity and transition in the menstrual knowledge, attitude and practices.
- To provide awareness among adolescents to lead a healthy life style.
- To help students acquire authentic knowledge about adolescent reproductive and menstrual hygiene awareness
- To inculcate in students' essential life skills to develop healthy attitudes and responsible behaviors towards ARSH & MHAP – Adolescent reproductive and sexual health & menstrual hygiene awareness program.

## 3. Description of the intervention and implementation, community engagement process

Study Target groups were School going adolescents' students from 8th and 9th standard in Govt. schools. The beneficiaries of this program are children of these Govt schools who are basically from the economically weaker section of the society. Most of the children in government schools are first generation learners and do not have a proper support system at school to learn all the required subjects & other health related topics. In this project of 3-month tenure 6 school are considered with an average of 30 girl child in each school. The target girl child in this program will be 180 appox is considered.

Location of schools selected were.

1. Government High school, Hattihalli, Chikkodi Dist, Karnataka
2. Gov't high school, Ranipur, Haridwar, Uttarkhand.
3. Gov;t primary school, Pashulok, Rhikesh, uttarkhand.
4. Sarvodaya kanya Vidyalaya, mandi ghao, New Delhi.
5. Belgavi
6. Hubbali

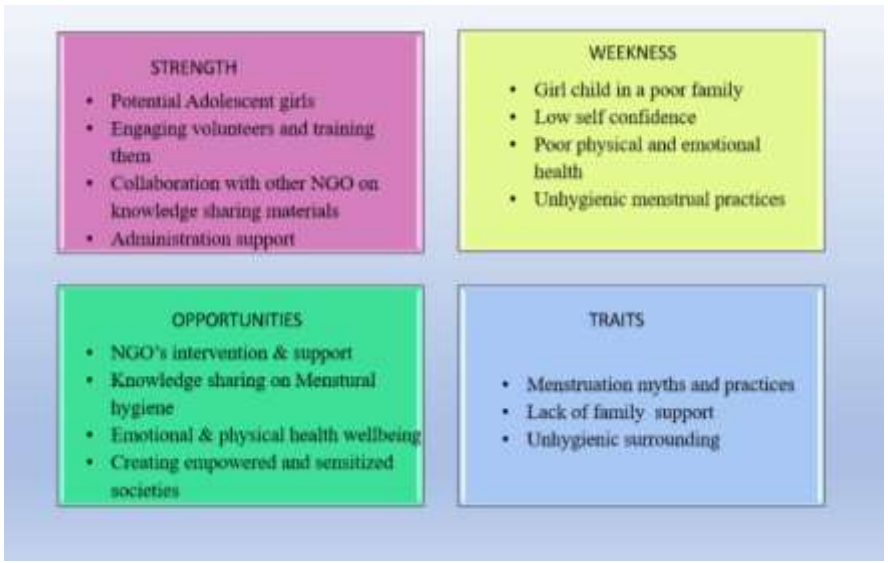
MHAP program was conducted to spread awareness and inculcate in students' essential life skills to develop healthy attitudes and responsible behavior towards Adolescent Menstrual hygiene and reproductive and sexual health among the adolescent children at gov't schools.

Approximate duration of this program is 3 months for 6 school. Module (Ice breakers,PPT, Videos and one on one discussion on their challenges) was covered in 4 hours. Myself and volunteers visited the school 2 times in a month. Module was covered in 2 Sessions.


Module wise description is given as follows:

MODULE: Menstrual Hygiene and Awareness Program, the awareness session begin with Ice breakers , PPT , Videos, discussions

AT SESSION: We explain about menstrual hygiene for girls. At the end of the session, we provided a book which was done by WOW-NGO (world of Women) and reusable cotton sanitary pad were also distributed which was contributed from NAARI - NGO




**SWOT Analysis:**

**Myths/ Taboos/ Restrictions followed by students at different geographical locations:**

**Cultural Taboo on Menstruation**

**i) Taboo/Restrictions Related to Open Discussion on Menstruation**

Not surprisingly, there is a strong taboo against menstruation being talked about openly in the public. Adolescent girls in all geographical locations reported that "menstruation is a topic that is not be discussed openly as it is seen as a matter of shame and embarrassment". No public discussion on the matter is allowed ever by the family. Further, talking about such issues in front of males is all the more forbidden. The adolescent girls also added by saying that "basically no women speak about menstruation in front of male members ever". It was also found that all the girls treated menstruation as a private matter and tried to keep it as a secret, especially from the male member of the family. In other words, the state of menstruation was never acknowledged publically; it is personal matter for a woman. "Menstruation is one of those things

you know, everyone knows about it but no one is allowed to talk about it. Even boys know about this and that's why most of the boys giggle and laugh during biology class when the topic of menstruation comes up. During the awareness program girls found it shameful to discuss menstrual hygiene along with boys in the class. Silence on menstruation and related issues have been maintained at class rooms and at families. Adolescent Girls never had the platform to talk about such issues and they were brought up in an environment where asking questions was not welcomed, even today it is not acceptable to question the cultural beliefs and practices.

**ii) Taboo/Restrictions on Open Display and Buying of Menstrual Sanitary/ Material**

All menstruation related articles are to be hidden away. Storing of such things without being seen by others is a top most priority. The girls at schools reported that, "our mothers and sister used to say that if our father or brother sees our menstrual products specially the menstrual stained cloth, it's a big sin. They therefore secretly kept all the used blood-stained clothes at the corner of the roof top. On the last day all the materials were taken together for washing. In some geographical locations, especially in south India, girls use cloths and keep for drying by hiding under a cloth. This was always to be done in some hidden places, away from everyone's sight. It was also found that the older generation Adolescent Girls / Mother of Adolescent girl studying in government school did not use readymade sanitary pads as menstrual protective material so these women had no experience of buying sanitary pads from market. However, when the mothers and girls Adolescent girls who use readymade sanitary pads were asked, if there is any taboo/restriction on buying sanitary pads without being seen by men other than the shopkeeper, majority of them reported they mostly preferred not to buy this material from male shop owners because they felt shy and uneasy. Since, there is shame associated with menstruation and it is to be hidden from males so they could never ask a male member of the family to buy sanitary towels or pads for them. They mostly managed to arrange it as their own; or in case of young girls their elder sisters, mother or elder female of the family arranged it for her. Nevertheless, in metropolitan city or urban areas, there are some girls who reported that they don't feel shy and uneasy to buy sanitary pads from a male shopkeeper and frankly asked the male shopkeeper for a sanitary pad. This again indicates the changing practices among the growing adolescent girls of some communities. Similarly all the Adolescent girls across the project location felt that it is very embarrassing for a female when a man finds out that a woman is having her period. Since Adolescent girls are socialized in such a way that menstruation is a hidden issue, so all the Adolescent girls thought that it is embarrassing when a man finds out that a woman is having her period whether by some accidental situation, like spoiling of dress, not praying, not going to religious places etc. In this entire situation the other Adolescent Girls of the family helped a menstruating female to hide the matter. The cultural visualization of menstruation is one of a shameful act that is to be dealt with only in private. The news of menstruation is never to be made public whatever the reason or situation. When Adolescent Girls are not allowed to discuss about issues related to menstruation among themselves it is nearly unimaginable to consider the knowledge of males about it. A menstruating woman has to hide it from the eyes and knowledge of all males around her. For this if required she can lie or use disguise. Cultural taboos of the selected study areas put a control on all Adolescent Girls never to acknowledge or talk about it. Especially males come to know about it, then it would bring them embarrassment and shame. Even buying sanitary material from male shopkeeper is not acceptable. Hence, in short, the results revealed that menstruation is one process surrounded by strict cultural taboo of non-disclosure and non-sharing.

**iii) Taboos/Restrictions on Disposal of Used Material in Open Field**

Taboos were also noted on the disposal of used material in open field specially without washing them properly or without burning of used material. There was a commonly held belief that if one throws the used material in the open field without washing it properly then it is equivalent to throwing of newly born illegitimate child, which is further considered a great sin. There is also a belief that if the throw soiled pads without washing, it attracts negative energy. There is a fear of GHOST Possession. Similarly, burning of any menstrual stained cloth or pad is also regard as great sin in Study areas. Therefore, if the Adolescent Girls wanted to dispose of the menstrual material; they usually placed the cloth or pad and burn together. Similar restrictions are practiced in other countries like in Bolivia, where girls do not discard their sanitary products by burning. Since, blood is an extension of themselves, so they throw them or bury them. In Nigeria, women also do not burn their sanitary materials because they believe burning causes cancers and infertility. Doing so would symbolize that one is destroying something from the womb (Mahon and Fernandes, 2010). But contrary to these practices cross-sectional study of Sokoto, 2014. Nigeria reported the belief that menstrual blood can attract witches who use it in black magic rituals, if not disposed of properly. Hence it is believed that used pads must be burnt Oche et al., (2012). However, among some Study areas burning off used material wasn't practiced. It was mandatory for the Adolescent Girls to wash the sanitary material before disposal. Probably because of this, young girl even washed the readymade sanitary pads before disposing them off. Where ever the source of running water say a river or a canal were available used material was disposed there, or in other cases Adolescent Girls would bury them in soil or place them under heavy rocks on the hills or mountains. All this as culturally taught had to be done in complete private, away from the eyes of others.

**iv) Taboo/Restrictions on Bathing or Swimming**

It was also found that there was no religious taboo related to bathing during menstruation however majority of Adolescent Girls did not prefer to take bath due to the climatic condition. The women reported that bathing during menstruation due to a harsh and cold climate of Study areas becomes quite difficult as there were always chances of back pain and abdominal pain because of use of cold water. So, the mothers and other elder Adolescent Girls of the family advised the menstruating female not to take bath during their period. However, some Adolescent Girls also held the belief that bathing causes stoppage of menstrual blood. This finding is in unison with a cross sectional study carried in Mansoura, Egypt by El.Gilanya et al (2005), reporting the belief that bathing during menstruation is to be avoided. It was also believed by the Adolescent girls that taking a cold shower retains blood in the uterus and also causes cramps, while a hot shower would increase its flow even in summer season also. From Saudi Arabia the same study reported the widespread superstition that bathing during menstruation is painful, or it stops blood from flowing out. For similar reasons, older generation Adolescent Girls of Study areas did not favor bathing during menstruation. They found it unusual and amusing to take bath during menstruation as there were no traditions of bathing during menstruation in olden times. Some older women and teachers further reported that, "now the younger generation does not like to follow this belief as this practice is not religiously connected so it becomes easy to debunk this belief. Some girls like to take bath during periods in summer especially when they feel hot or unhygienic and that's too okay, it their own wish". This highlighted that with changing times bathing practices during menstruation have undergone some change at least. At some schools regular visits of ASHA workers is observed, due to continuous awareness girls look more confident and has been following menstrual hygiene practices.

**v) Taboo/Restrictions on Applying Henna (Mehandi)**

It was also found that majority of the Adolescent Girls of Study areas were also advised against applying henna (a reddish-brown dye made from the leaves of tropical shrub, used to color the hair and decorate the skin) during menstruation. Culturally, applying of henna during menstruation is "Makrooh" meaning, if the advice or recommendation is followed then it is beneficial (Swaf) from religion point of view, but if one doesn‟t follow this practice then also there is no sin or loss attached. There is no religious specific reference point for these taboos but it was commonly believed practice of the some region where muslim community is dominating. The only exception to this rule was if the menstrual cycle and marriage date clash, then the bride can apply henna or otherwise she has to wait for 7 days to get over with her menstrual flow and after the customary purifying bath she can apply henna to her hands, feet and hair, if she desires. However, some Adolescent Girls of these study areas of north India reported that there is a strict restriction on applying henna during menstruation because if one applies henna during menstruation her body is will remain impure till the colour of henna fades away. That's why they didn't prefer to apply henna during periods.

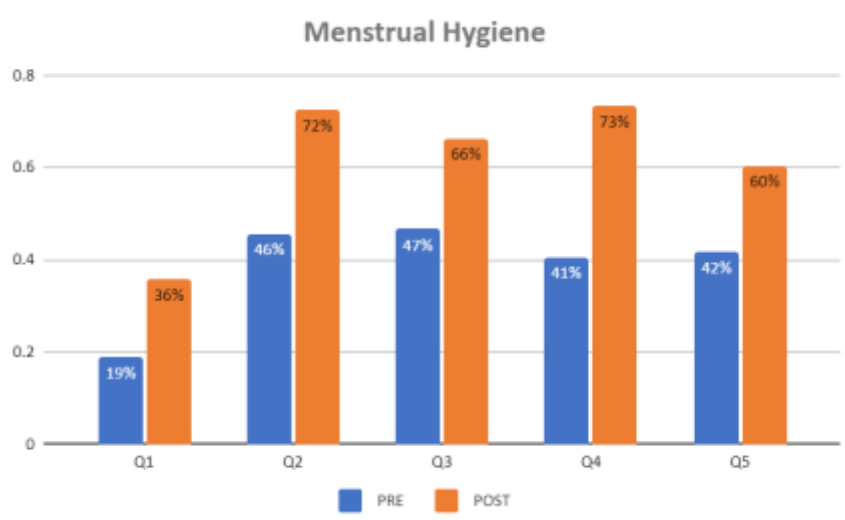
**vi. Dietary Taboo/Restrictions Related to Menstruation Dietary prohibitions and restrictions were also commonly seen among the tribals of Study areas.**

At one hand, there were some food items to be avoided while, on the other hand, other food items were prescribed for intake. Adolescent Girls were advised or recommended by their elders to avoid intake of sour and cold food like curd, butter milk, pickle, cold water and apricot in order to minimize the chances of dysmenorrhea. These food items were considered as cold by nature and were seen as obstructing the menstrual flow and could cause cramps and other discomfort to a menstruating female. However, at the same time they were advised to increase the intake of hot food like local butter tea with barley flour, mutton, and leafy vegetables (spinach). Hot foods were considered to cause early and complete cleaning of uterus; and also relieve cramps and pains. One of the distinguishing practices unique to this region was consumption of melted butter to cope with abdominal pain. Elder women of the family recommended, Drink half cup of melted butter if the pain is severe as butter is considered as hot food and it helps to flush out the menstrual blood from the uterus. One of the Adolescent girls reported that "In olden days, there was no concept of taking medicines for menstrual pain, but now a days the younger generation are lucky to have the facility of medicines in case of severe pain". At one school which is attached to PHC on the same building, girls were addicted in consuming tablets for a minor pain. They get medicines handy at PHC.

## 4. Impact of the community health action

Unfortunately, the adolescent girl is left on their own to gather information about these important physiological and reproductive processes. Changing socio-cultural environment does however makes the teenage girls desire information from various sources such as media, schools, teachers and friends. Costos et al, 2002; Charlesworth, 2001; Houppert, 2000; Cronje & Kritzinger, 1991 also reported that "even today

menstruation is a secret of mother and daughter in many families. It is not discussed in the open" On tribal girls" adaptability towards the menstrual beliefs and myth, the results reveal that majority of girls from both study areas did not follow the belief that one should avoid daily bathing and hair washing during menstruation, not cutting off nails or hair during menstruation and also did not believe in adhering to dietary restriction during periods. The girls were more flexible and had altered these beliefs according to their convenience and situation. However, the girls were found to be following many other practices such as those related to storage and disposal of used material/sanitary material. Since, the menstrual blood is considered contaminated and something not to be visible to others, probably the disposal of such material was done in complete secrecy and seclusion. It was found that majority of girls avoided disposing used materials by burning, but instead they disposed the used material by throwing in open areas and that too after proper washing. Beliefs like public hiding of menstrual cloths and protection products was practically followed by majority of the girls because these Adolescent girls were of the notion that those who see such clothes, especially if blood-stained, will be cursed. However, the girls had completely abandoned some of the other's beliefs such as avoid sharing same blanket with menstruating women, avoid eating together or sharing food on same plate with menstruating women, and avoid crossing or walking over any baby clothes. Certain beliefs and myths associated with menstruation are such that they are not practically implementable but are rather ideological in nature. These are beliefs which would indirectly affect the practices but were at the same time directly impacting the attitudes and perception that Adolescent Girls hold towards menstruation. The beliefs which majority of sample adolescent girls still agreed and reported as true included, The period affects the performance of women at work. It is embarrassing when a man finds out that a woman is having her period, Menstrual Blood smells bad, Menstruating women and girls are unclean, Menstrual blood is dirty blood, It is important to keep the period a secret. The results highlight that the adolescent girls of both the study areas have modified some of the prevalent socio-cultural constructs, while others are still practiced and believed to be true. This implies that slowly but steadily the adolescent girls also try to unfollow some of the constructs that they feel are outdated and not of much utility. The hygienic practices during menstruation were unsatisfactory among majority of Adolescent Girls from both the study areas. Large numbers of older generation Adolescent Girls of Study areas were ignorant, holding negative perception and following unsafe practices related to menstruation, probably because of illiteracy, poverty and other related factors. The results also highlight that most sample Adolescent Girls go through their periods very secretively without really bothering to figure out if their practices are hygienic in nature or not and the trend is still being followed in majority of the cases. The Adolescent Girls of Study areas continue to be susceptible to urinary tract infection and other gynecological problems owing to poor menstrual hygiene. The mothers and grandmothers themselves did not know the adverse consequences of unhygienic practices during menstruation as a result they failed to guide their offspring about the safe and hygiene menstrual. Bhatia and Cleland 1995 also reported that poor personal hygiene and unsafe sanitary conditions result in the girls facing gynecological problems. El-Gilanya and Badawi, (2005) also found that menstrual disturbances are the commonest presenting complaint in the adolescent age group and unhygienic practices during menstruation can lead to untoward consequences like pelvic inflammatory diseases and even infertility.




During My session a pre assessment and post assessment forms were given to girls. This assessment had 5 basic questions, Basically trying to understand their knowledge level on menarchy and menstruation cycles.

The 5 questions were as follows.

1. What is considered as a normal menstrual cycle (number of days)
2. How many days of bleeding during periods is normal?
3. What kind of fabric/clothing should be used during periods
4. At what age do periods normally stop (menopause)?
5. When which of the following symptoms/problems occur during periods, we should consult a doctor?

These questions have multiple choices which is given in ANNEXTURE 1

On analyzing Pre and post assessment following graph is derived.

**For the question 1:** What is considered as a normal menstrual cycle (number of days) on pre assessment Adolescent girls response was 19%, Post session on awareness the understanding level was raised to 36%. However, I was expecting atleast 60% from the respondent. Probably the length od menstrual cycle varies with each individual and that has created little confusion among the girls. A booklet has been distributed which talks about this question too. On reading this girl will get more awareness on their Menstural cycle days.

**For the question 2:** How many days of bleeding during periods is normal - on pre assessment Adolescent girls response was 46%, Post session on awareness the understanding level was raised to 72%. Most of the respondents were clear in their cycle days. The delta is because of some girls between the age group of 12 to 16 years were yet to attain menarche and it was difficult for them to understand in detail as they are yet to experience the menarche.

**For the question 3:** What kind of fabric/clothing should be used during periods - on pre assessment Adolescent girls response was 47%, Post session on awareness the understanding level was raised to 66%.. On explanation my expectation was 90% but that could not achieve because at some study areas, girls are using clotha and at some study areas girly are using sanitary pads. Hence confused created among girls who have never used cloths or sanitary pads.

**For the question 4:** At what age do periods normally stop (menopause)- on pre assessment Adolescent girls response was 41%, Post session on awareness the understanding level was raised to 73%. Probably on session, they would have co related to the elderly lady at their family.

**For the question 5:** When which of the following symptoms/problems occur during periods, we should consult a doctor - on pre assessment Adolescent girls response was 42%, Post session on awareness the understanding level was raised to 60%. Their understanding level on normal menstrual cycle and assessing abnormalities has increased.

It was advised that on regular awareness sessions adolescent girls get proper awareness on their menstrual health.

## 5. Learning and Reflection

Some of the prominent and commonly held beliefs/myths include: Menstrual blood is “dirty blood” that does not come out of the body when one misses her period; Eating hot food during menstruation helps in early cleansing or expelling of the menstrual blood; Menstruation symbolizes psychological and physical maturity among Adolescent Girls; Bathing during menstruation causes cessation/stoppage of menstrual blood. Bathing during menstruation leads to impurity or contamination of body. Women must hide menstrual protection product/material because ones whose blood-stained clothes are seen by others is a great sinner, Sex during menstruation is a great sin, Disposal of used sanitary materials by burning leads to infertility, Women whose protective materials are sniffed by dogs become infertile, Menstruation that does not appear on the exact day of the month is irregular, It is very disgraceful for Adolescent Girls when a man finds out that a woman is having her period. All these beliefs and myths highlight the notion of menstrual blood as being dirty or contaminating. Menstruation is also associated with maturity and fertility but again the concept of sin or curse is also associated with those who do not hide menstruation and menstrual material from others. These signify that in a way the menstrual beliefs and myths are a means of controlling not only the minds and bodies of Adolescent Girls but also their behaviors and everyday life. Everything that a female does or thinks is controlled by these customary beliefs and myths. The older generation of women especially the grandmothers and mothers have diligently followed and believed in these myths. However, many young sample adolescent girls either thought of these beliefs as erroneous or were not sure about the authenticity or practical viability of these beliefs. Young girls probably owing to their education or media influences find many of these beliefs and myths outdated and objectionable. Between the two study areas of North India and South India and its culture, it was found that grandmothers and mothers confirm to various beliefs and myths associated with menstruation. Among the girls however, no major differences were noted according to their customs.

My Awareness sessions at these schools have given a highlights on Menstural hygiene, understanding myths and facts so that the younger generation is empowered in handling and accepting menstruation positively. A hand book on their regional language been handed over to the girls so that they can refer the content as and when they need. At some schools washable cotton sanitary pads were distributed and awareness on how to use and wash, dry those pads were also been given to adolescent girls.

Extensive misunderstanding and lack of knowledge about vital concepts of reproductive physiology and menstruation among the Adolescent Girls was also noted. It was found that half of the sample adolescent girls felt that menstruation means release of impure blood, is a sign of fertility and symbol of maturity for marriage. Mundey et al, 2010; Chaudhari, 1998; Khanna et al 2005 also found that there was a low level of awareness about menstruation among the girls when they first experienced it. Adolescent girls did not have adequate knowledge about the causative factors leading to occurrence of menstruation and majority of them didn’t know exactly why it is occurs. The girls were not able to differentiate between urethral and vaginal opening. This shows the low level of knowledge among girls about female anatomy. Arumugam et al, (2014) and Nemade et al (2009) also found that majority of girls are not aware about the cause and the exact anatomical organ involved. According to Adolescent Girls of Study areas menstruation occurrences is indeed essential for every female as one gets rid of spoiled or dirty blood from the body and it helps to detoxify our body. Urban and semi urban girls showed slightly better knowledge than their village or rural

counterparts. Even though menstrual knowledge and practices during menstruation were unsatisfactory among majority of the girls from both the study areas but the present generation girls had better sanitary facilities available. Improved living condition and medical facilities could be the attributing factor for this. The current existing practices of the adolescent girls related to menstruation especially those associated with their health and hygiene, diet, and daily activities are far better than older generation Adolescent Girls. However, there is still a need to educate the girls about the facts of menstruation, physiological implications, significance of menstruation, and adequate hygienic practices. Some Adolescent girls reported that during menstruation their daily activities were affected but they don't let their work suffer, so they carry on with their daily job except prayers while enduring the pain. The results over all highlight that even today Adolescent Girls of Study areas tend to have insufficient and incomplete information related to menarche and menstruation. Over all analysis of the female Adolescent girls attitude towards menarche and menstruation reveals that majority of them had low acceptance of menarche and held moderate attitude towards menstrual symptoms. Many of them felt ugly and gross during their periods. Majority adolescent girls had moderate to low level of openness towards menstruation, while most Female Teachers were moderately open towards it. The results highlight that there still exists a culture of silence among Adolescent Girls themselves about this crucial physiological process. Further, not surprisingly majority of the Adolescent girls held very low positive feelings indicating that all the Adolescent Girls were not happy and excited during menstruation nor they were pleased, proud or felt special while having their periods. Those having highly negative feelings towards menstruation found menstruation, "scary and uncomfortable". They were also bothered about buying pads from male shopkeepers, embarrassed to ask questions about periods and disliked its unexpected nature. On living with menstruation dimension, it was found that majority of Adolescent girls held low attitude towards it. Overall, the findings reveal that majority of Adolescent Girls held low level of acceptance, openness, positive feelings and living with menstruation but moderate to high negative feelings towards menstruation indicating that though this is a regular and important feature of a grown up female yet the sample Adolescent Girls across the study area found it difficult to accept it completely and hence had more negative feelings than positive feelings. Probably, the entire menstruation process is constructed as dirty, unwelcome and an open secret that the Adolescent Girls themselves have the tendency of developing more negative and unacceptable attitude towards it. Katheryn (2004); and Mathews, (1995) reported that girls prior information related to menarche is important to develop positive attitude towards menstruation. The more educated they are prior to menarche, the more positive attitude will likely to develop at initial experience towards this physiological process (Marvan & Trujillo, 2009; Ruble & Brooks-Gunn, 1982). On the basis of the current research, it can be concluded that menstruation is associated with impurity in one or the other form according to both religious and cultural perspective among the selected study areas More essentially, menstrual practices always included various form of restrictions being imposed on Adolescent Girls. Multiple beliefs/myths, taboos/restrictions exist which all signify menstruation as unwelcomed, dirty and complex. Even today Adolescent Girls tend to follow these constructs with only a few modifications. Young adolescent girls of current generation follow many of these beliefs and restrictions and have been able to abandon only a few of them. Their knowledge and practices reflect a picture of widespread misinformation and unawareness. Menstrual hygiene is poor and along with this the attitude of Adolescent Girls towards menarche and menstruation, also continues to be negative. There is a need to cultivate a feeling of unconditional acceptance of menstruation by the Adolescent Girls themselves. They need to understand that menstruation is a normal physiological process which makes them unique and not inferior or dirty.

**Generating Awareness about Reproductive Physiology and Pubertal changes**: For ages women themselves tend to have limited and incorrect information about their own bodies and especially their reproductive system. Adolescent Girls continue to look at their bodies and its processes through the images created by the dominant males around them. Talking and communication about reproductive system and pubertal changes is strict taboo in most cultures including that of Study areas. As a result a number of myths and restrictions continue to flourish around menarche and menstruation. The only way these beliefs, myths and restrictions are challenged and overcome is by creating awareness about the reproductive system and one's own bodies. Scientific and medical knowledge about puberty and pubertal changes is essential for all adolescent girls so that there is unconditional accepting it.

For this the following can play a significant role.

**Role of Mother**: It is strongly recommended that mothers should pay attention to their adolescent daughters concerns and keep the lines of communication open. The adolescent girls should be taught about pubertal changes and menstrual practices at an early age, in fact before attaining menarche, in order to be prepared emotionally and psychologically for it. Mothers being more experienced can create a home environment that doesn't stigmatize menstruation and can help in the girls' smooth transition to adolescence and youth hood.

**Role of Teachers and Schools:** Schools can become harbingers of change and teachers can play an important role in bringing awareness about issues such as knowledge about menstruation, its physiological implications, and hygienic practices. Both male and female teachers should be capacitated on feminine hygiene issues and puberty education so as to empower them in supporting pubescent girls when needed. Materials or books on menstruation should be provided in the schools for girls to read and understand the changes that occur in their bodies. Books can also teach the various menstrual management and hygiene practices. Schools can focus on making reproductive education or in fact family life education a compulsory part of their curriculum.

**Role of Media:** Usage of electronic media i.e. television and radio for generating awareness can have far reaching effect. Youth and adolescents are especially attracted and influenced by such media sources and hence can learn about sexual and reproductive health SRH matters more easily. Print media channel i.e. newspapers articles, magazines, nonacademic books, pamphlets, posters especially those, printed in local language can be used to make the growing adolescents aware of their bodies and pubertal changes. Social medias like Instagram, Facebook and reels, stories on these social media can reach this generation very fast.

**Advocacy through Community Heads/Preachers, Professional and NGOs:** Advocacy through the existing social structure like the community heads, religious preachers, professional workers and Non-govt organization would be very effecting in curbing the effect of the myths and cultural beliefs that surround menstruation. It was too evident from the study that majority of women residing in villages of Study areas were illiterate and mostly depended upon their community leaders and religious preachers for information related to dos and don'ts regarding menarche and menstruation. Therefore, the help of these heads and religious leaders can be sought to accept menstruation as part of normal growing up. There is a need to destigmatize the process, in order to help Adolescent Girls enjoy better reproductive and sexual health SRH. Health professional such as doctors, health workers and paramedical staff can also be roped in to help develop awareness about reproductive physiology and menstrual hygiene. Non-govt organizations already working in health and education sector can also assist in this matter. Awareness camps or trainings programmes, workshops, demonstrations and discussions should be carried out within the schools as well as in the community settings. Since menstruation is a socio- cultural concept here, therefore active participation of all section of society is needed.

**Addressing Secondary Social Issues:** Secondary factors such as poverty, illiteracy, lack of infrastructure development, regional disparities are also found to be indirectly linked with adolescent menstrual and subsequent reproductive health. Many Adolescent Girls even today cannot afford to buy readymade sanitary pads due to economic compulsions. Therefore, it is mandatory that the overall standard of living be improved of all study areas. Economic upliftment coupled with higher literacy rate and better and accessible medical facilities can definitely bring about sustainable change in the health and wellbeing of adolescent girls as well. Availability of sanitary pads on affordable cost and incinerators accessibility is mandatory for Eco Friendly environment.

Annexture 1

Pre and post assessment form given to all girls at selected schools for study.

## Menstrual Health and Awareness Program (MHAP)

**Name:** **School Name:**

**Class:** ☐ **Age:** ☐ **Date :** ☐

1. **What is considered as a normal menstrual cycle (number of days)**

☐ 15 - 22
☐ 22 - 45
☐ 28 - 30
☐ Don't know

0. **How many days of bleeding during periods is normal?**

☐ 3 - 7
☐ 5 - 8
☐ 2 - 7
☐ Don't know

0. **What kind of fabric/clothing should be used during periods?**

☐ Polyester
☐ Cotton
☐ Any cloth can be used
☐ Don't know

0. **At what age do periods normally stop (menopause)?**

☐ 25 - 35 years

☐ 45 - 55 years
☐ 35 - 45 years
☐ Don’t know

**0. When which of the following symptoms/problems occur during periods, we should consult a doctor?**

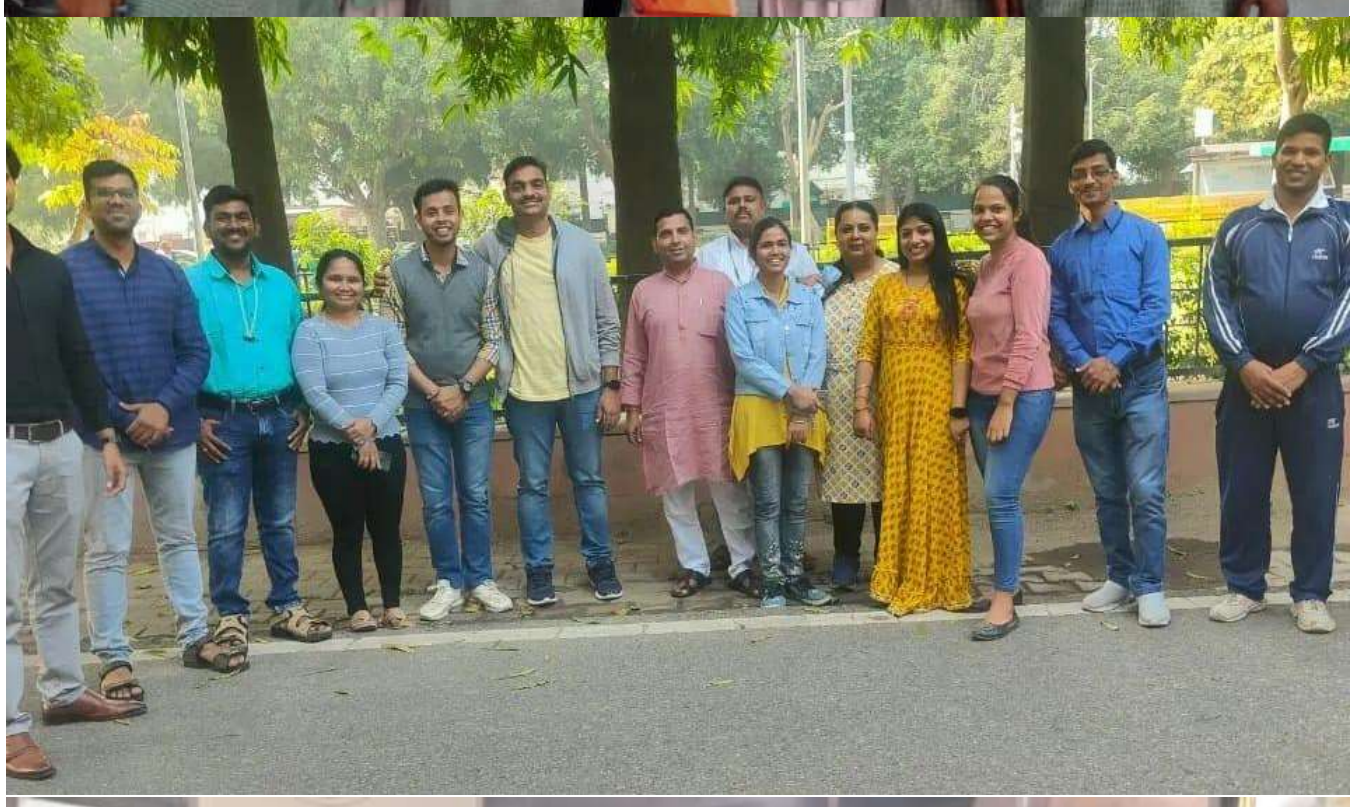
☐ If more than one pad is changed in 2-3 hours due to extreme heavy flow
☐ Bleeding for more than 7 days
☐ Changes in smell or colour of white discharge
☐ All of the above situations

## 6. Photographs



ಸರಕಾರಿ ಪಿರಿಯ ಪ್ರಾಥಮಿಕ ಕನ್ನಡ ಶಾಲೆ,ಹಲಗಾ.


ADOLESCENT HEALTH AWARENESS PROGRAM (AHAP)




राजकीय पूर्व माध्यमिक विद्यालय बापूग्राम (ऋषिकेश)
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ADOLESCENT HEALTH AWARENESS PROGRAM (AHAP)
DEHRADUN
किशोर स्वास्थ्य जागरूकता कार्यक्रम


राजकीय इण्टर कालेज भेल रा.प्र रानीपुर हरिद्वार
शिक्षार्थ
CAREER
सेवार्थ
जा इ ये
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ADOLESCENT HEALTH AWARENESS PROGRAM (AHAP)
DEHRADUN
किशोर स्वास्थ्य जागरूकता कार्यक्रम
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किशोर स्वास्थ्य जागरूकता कार्यक्रम


कैप्टन प्रतीक आचार्य
राजकीय इण्टरमीडिएट कॉलेज डोभालवाला,देहरादून

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