

CHLP Report

- Sugandha Chandra

PART A

Introduction

Hi! I am Sugandha. I was born into an Army family in Meerut where my father was posted at the time. Soon after he left the army and joined the corporate world. AND that meant that we would always be on the move with him. I have lived in many places and gone to many schools. Towards my senior classes, I was sent to a boarding school where I could stay stable with my education. Living in an all girls school was one of the best times of my life. This is the time that I became independent and made friends for life.

After school, I did my bachelors in English Literature from Delhi University. To make the best use of my free time I joined the NCC where I learnt the ways of the military myself and also became a part of a global youth run organization called AIESEC. AIESEC is where we would facilitate international student exchanges and have conferences on matters of the world, most often environmental, but also social, cultural, political, economic and technological.

Right after my BA was over, I moved to Doha for my first job as a flight stewardess with Qatar Airways with the agenda to travel the world for free! After 2 great years there, I came back to India for further studies and decided to engage with the Masters programme in Sustainable Development Practice at TERI School of Advanced Studies, Delhi. Here I was involved in many short term field exposure visits and projects, and research internships which opened my eyes to a very different perspective. This is also when I got involved in all things related to menstrual health and hygiene. After spending 5 months in the villages of Raigad district, collecting and analyzing data on this topic for my major internship, I took up a job at Eco Femme in Auroville. Two years working on the non-profit program there, I found a vacancy at SOCHARA and grabbed it with both hands. This gave me an opportunity to expand my horizon and learn more about the broader space of Water Sanitation and Hygiene. I have been here for nearly a year now and I have learned a lot and grown as a person through my role here.

Why Fellowship?

I started working at SOCHARA in March 2022 and that's when I learned about CHLP. I read about it and got interested in understanding, assessing and taking appropriate action for Community Health in the ever shifting health realities. It helped that it was part time and online. What also helped was that I could talk to Karthik in person and learn more about it. It knew that it would give me a deeper understanding of myself

and what I wanted to do, and also guide me on how to do it, all the while having some structure and endgoal. It has helped me gain theoretical knowledge, work in the field and connect with many other who work in the space of community health. It has also helped me see the impact of my work and has motivated me to carry the same forward. Having a mentor was ideal in my situation, because I could use that occasional push and guidance that Janelle was patient enough to help me with.

Personal Learning Objectives

My areas of interest are Menstrual Health and Hygiene Management, Waste and Health, Environmental Health, Tribal Health and Green Spaces

My PLOs at the start of the fellowship were:

1. I would like to better understand the Menstrual Health and Hygiene of menstruators who are always on the go, such as sanitation workers, police women, women in the army, etc
2. To see how does Waste impact the lives of people who deal with it either due to profession, or by proximity
3. To understand the magnitude of waste generated due to food delivery apps and the health of people using these apps.
4. To understand the benefits of green spaces beyond mental health

While I was very well aware that all these learning objectives will not be met in such a short duration of time, I did try my best to integrate most of my areas of interest in my community based health action project. I focused on my first learning objective and primary area of interest, i.e., menstrual health and hygiene management. Working with SOCHARA gave me access to their field areas which include 2 slum localities of Bangalore and 25 government schools. So, I chose to work with ladies from one of the slum communities instead to begin with. In this way, my altered personal learning objective was met.

Module Learnings and Reflections

Axioms of Community Health

From the axioms I realized that there are just so many layers to understanding context. Autonomy over health is important as one must be able to make informed choices for themselves. I loved the idea of plural health systems, as that is something I have seen around me while growing up and I have seen it work well, many systems together. The ideas of equity, empowerment beyond social conflicts, integration of health with other developmental activities, promoting the sense of

community (social cohesion), the use of locally relevant resources, confronting existing super-structures of medical/health care, etc really spoke to me.

It was recognised that HHealth for All is a democratic process and active participation from the communities is crucial. The context, culture and history of all communities will be different, so will be their priorities and abilities. There was a recognition to build capacities, work on political understanding and will, need for power shifting and breaking hierarchies. The community needs to feel responsible and demand health as their right.

SEPC Analysis

I was glad to learn about the SEPCE analysis in health as it showed holistic thinking. I did however reflect on it and was reminded of my short course on Marketing management which used a similar tool called PESTLE Analysis.

While SEPC here stood for Social, Economic, Political and Cultural, there are more factors we could use to analyze the status of health in a community or to analyze a policy by. In my opinion PESTLE is more wholesome as it stands for Political, Economic, Social, Technological, Legal and Environmental. While we can go on endlessly adding letters to a mnemonic, I am of the opinion that PESTLE can also be a great fit as an analyzing tool in the community health/public health space.

Apart from this the module had interesting bits like social justice being about Equity. The drawing of different boys looking over the fence was very impactful, and how we realized that the real barrier there was the fence itself.

The Nutcracker approach is probably the most relevant and realistic solution to a lot of developmental problems. It is a combination of the top down and bottom up approach.

Health as a Human Right

This module was covered very effectively by Prasanna with very relatable examples. The concept of a duty bearer being a claim holder who is monitoring and enforcing mechanisms helps to fix the problem of accountability, unlike the charitable mode where there is no accountability. Public health action requires three processes- data, developing policies for priority health needs, and programs to implement strategic health goals. I liked the idea of Critical consciousness where we try to develop the agency of the communities. There was also a discussion about how the human rights approach helps us to be more ethical while working towards health and healthcare.

There part where we spoke about the state's obligation to make healthcare available (coverage), accessible (physical, financial, social and information), acceptable (culturally and feasibility of being appropriate) and of quality (service and infrastructure wise).

This got me to think about my action project and how we could incorporate these ideas there. The 4As- Availability, Accessibility, Affordability and Acceptability, like the four lions in the head of the Ashoka Stambh must stand back to back and

support each other. The comparison can also be stretched to the lengths and breadths (all 4 directions) something can go to if these 4As are kept in consideration.

SDH and how I came to be interested in Social Cohesion

Having studied a short course on Public Health during my Masters in Sustainable Development Practice, I was a little familiar with the social determinants of health. It was interesting to learn that the causes of health were different from the causes of health inequities, that health inequities are socially produced. This was reinforced by the Power Walk we did at the CHCC in May 2022.

The CSDH Framework for Action on SDH 2010 is used to guide political action or any sort of action in this space. Learning about the socio economic and political context, the structural determinants of health inequities and the intermediary determinants of health was very detailed, but what came as a surprise was the recognition of social capital and social cohesion in this framework. Social capital and Social Cohesion are very important to the framework even though they don't seem to fit in any particular place, They are at the center of the framework/table. This caught my attention and I decided to explore it further. Social cohesion refers to the sense of belonging, trust, and mutual support within a community. It is the glue that holds a community together and enables individuals to work together to achieve common goals. It is basically the connectedness in a community, the solidarity and a sense of belonging. Communities with higher levels of social cohesion may be better able to mobilize resources and take collective action to address health issues, such as improving access to healthcare or promoting healthy behaviors. I decided to take this up in some capacity in my action project.

CHCC

The session on Inner Learning by Ravi was very interesting to me. I heard about the concept for the first time I think, I mean at least as a formal structured idea. The emphasis on feeling was refreshing especially in this time where everything has begun to corporatise. It really made me think- am I thinking or feeling... I also reminded me that Silence must also be heard, and how we must make space for those who are silent and those who seem/are voiceless. Empathy over sympathy and that often comes from deep listening.

It was a great pleasure learning about and interacting with representatives from ACCORD, Tribal Health Initiative and the Mallur Cooperative. The discussion that followed was very rich, about not paying the volunteering staff at THI as they should do it from a sense of belonging and responsibility to the community, but we all still stand behind the ASHA workers when they rallied for their payments.

The Monsoon Simulation game was probably the most participative, engaging, eye opening yet fun activity/game I have ever played. It felt like a real life situation where the rich were trying to get richer without an ounce of thought or consideration for the poor. The poor families were dying and the rich still opposed the building of the bund just because it did not directly benefit them. We saw how the rich got richer and the poor nearly perished. All families made decision on the basis of profit they could

squeeze out of the land, without ever thinking about the impact of their decisions on soil degradation and the environment at large.

Another enriching experience was hearing about the previous year's fellows talk about their work. I felt particularly fascinated by Ankit's story of walking and cycling across geographies and connecting with people and learning from them and at some level probably inspiring them; Nivetha's work through Tend and Mend Foundation on menstrual health education; Aravindan and Abhirami's stories and work about reaching people with healthcare; and Nidhin and Sejal's work with YuMetta Foundation.

Another memorable activity was the Power Walk, facilitated by Prasanna. I had seen something similar on social media, but he changed a few things when we 'played' it. We were not doing it for ourselves, but for personas he had created, each with different characteristics. He introduced another spin by giving female personas to men and male personas to women, so one could really experience the advantage or disadvantage the other might feel at some level.

Finally, the communications workshop on the last day was engaging and I learnt new things and revised some old ones. The concept of the Common World was interesting and can be used to understand the community work space better by working on and expanding commonalities. It was also good to understand and name different levels of proximity and emotional investment, so one can better communicate and in turn do more impactful work.

Nutrition

Dr Ravi D'Souza explained in detail about the basic principles and applied aspects of nutrition. It was interesting to learn about the quantity pyramid model. He said that undernutrition and obesity can both happen at once and can be caused by junk food. This module really helped me put myself and my diet in check. Malnutrition in children was a great topic to learn about and I believe it must be made more easy to access since a lot is riding on children and their development. There was also a need to break the vicious cycle of Malnutrition, Reduced Immunity and Infection which will solve so many problems in children and adults alike. The ICDS and the Right to Food campaign made the module whole.

Sanitation and C-WASH

Working in this space for the last 3 years has given me some experience with the water and sanitation issues. Appropriate technology is something vital to development and without it, we might not be helping with long term and sustainable solutions. My project on menstrual health and hygiene is also part of this module. One new thing that I learnt from this module was Dr. Pruthvish's part on handling biomedical waste and how segregation at source can go a long way in managing our waste properly.

Gender and Women's Health

Another topic very close to my heart is Gender and women's health. SubhaSri did a great job with breaking this module up into very relevant bits, starting with how gender is a social construct. It helped a lot of fellows to reach common ground on this topic. She said that gender norms become gender roles and this often leads to sexual division of labor. What really got me thinking in this module was the life cycle approach. I would like to work on this more deeply at a later stage.

Reflections on the use of LMS

While there is a lot of difference between online and offline learning, LMS gave us the flexibility and convenience of accessing the content from anywhere and at any time. A lot of the content that I engaged with was video based. The video lectures, apart from being appealing to the audio and visual senses, were a great way of learning for me as you can slow it down or speed it up based on your understanding. This allowed us to personalize our learning experience which helped me a lot. It was also a fairly easy platform setup to understand and use.

I would however like to add here that having all the content on it from the beginning would have made things much easier. The uploads for the weekly content used to happen a little at the last moment which did not help us in using our free time better.

Balance between Work, life and CHLP

I am against the hustle culture that glorifies staying busy. Hustle culture aka burnout culture, centers around the idea that working long hours and sacrificing self-care are required in order to succeed. I believe that if you're too busy at work, maybe you are doing more than one person's work or you are just inefficient which is why you always seem busy. I also think that over-professionalism can be toxic in such a way that it largely reduces empathy in the work environment.

Working at SOCHARA made it easier to balance work and CHLP. I, in general, try to have a good work life balance, by working in the office hours only. I believe that we might work to live, but can't live to work. Sometimes, it got difficult for me to attend the live online sessions that we had twice a week due to other commitments or not reaching home on time. While these sessions were recorded for future viewing, I seldom was able to go back to them because of how I felt I was already lagging behind. The other content did keep involved and up to speed. An occasional push from the CHLP team went a long way in getting me back on track.

All in all, it is not difficult to maintain a balance between these three, it is just about your motivation to do them and ability to manage your time well.

Covid-19 Pandemic

Our experience of the COVID-19 pandemic have somehow brought us all closer together and I'd like to believe that at some level, it has made us more humble and empathetic. Through my community based health action project, I hoped to increase social cohesion among the ladies of the Anandapuram slum area so that they may stand together in times of crisis. The idea was to build a certain resilience in the community against future pandemics like the one we all suffered from, by getting them closer to one another, not physically ofcourse, but emotionally. That goes a long way, I believe.

Mentorship

I was initially apprehensive about the mentorship process as I thought it was imperative to have a mentor who also had similar areas of interest, and I thought that there weren't many people who would match. I also thought being a mentee would be very time consuming and might affect the work, life and CHLP balance I was trying so hard to strike.

However, time passed and I was assigned to Ms Janelle Fernandes. Apart from being the current Associate Director of the CHLP she has also worked as a Community Health and Public Health Consultant where she created learning content and facilitated live learning sessions. As we spoke about mentoring, I realized that she doesn't need to have interest in my focus area. She was there to guide my processes and help me think clearer, and that is exactly what happened. Having discussions with Janelle really helped me clear my head and her suggestions have always been very helpful. When she asked me to make the Mind Map, I did, and realized that this can help me beyond the CHLP and my action project.

She always encouraged me to be honest about my progress and ideas, and that really helped me to share with her more openly and her to push me when needed. She has been a great mentor and has only wanted me to do what I'm doing to the best of my ability. My heart is full of respect and gratitude for her.

Take Away from CHLP and what's ahead?

Some key takeaways from the CHLP for me would be the understanding of the social determinants of health and how they impact the health and well-being of communities. Also the very interesting discussion we had about the terminologies of the same on the whatsapp group and how social determinants sounds very final, while Social Influences on Health is a more hopeful term. I also appreciate my learnings and awareness on other topics like Nutrition, which inspired me to eat healthier myself too.

In general, I feel like the CHLP helps us connect to such a large group of not just fellows but also facilitators, mentors and professionals in this space. This networking can go along way in future learnings and collaborations too. It also led me to rethink some of my own ideas and reevaluate some of my perspectives. It made me aware of my areas of improvement where I thought I knew enough.

Going forward, I will carry these learnings, reflections and connections with me and try to better my impact on organizations, communities and the environment. More specifically, from my training of field coordinators as facilitators will ensure that the work we started keeps moving forward and reaches more people in the community. Personally, I hope to work with more people in the space of MHHM, learn from them, grow and take the message to even more people.

PART B

Title: How cohesive is period blood?

Objectives

1. To assess awareness, and fill gaps where needed on the topic of menstruation in the Anandapuram community.
2. Empower the 3 field coordinators at SOCHARA to become facilitators of menstrual health and hygiene management sessions.
3. To make alternative flow management products to the ladies of the community more available, accessible and affordable so they can make informed decisions about the same.
4. Attempt to increase social cohesion among the ladies of the community by getting them to talk and share on an intimate topic such as their periods.

Background

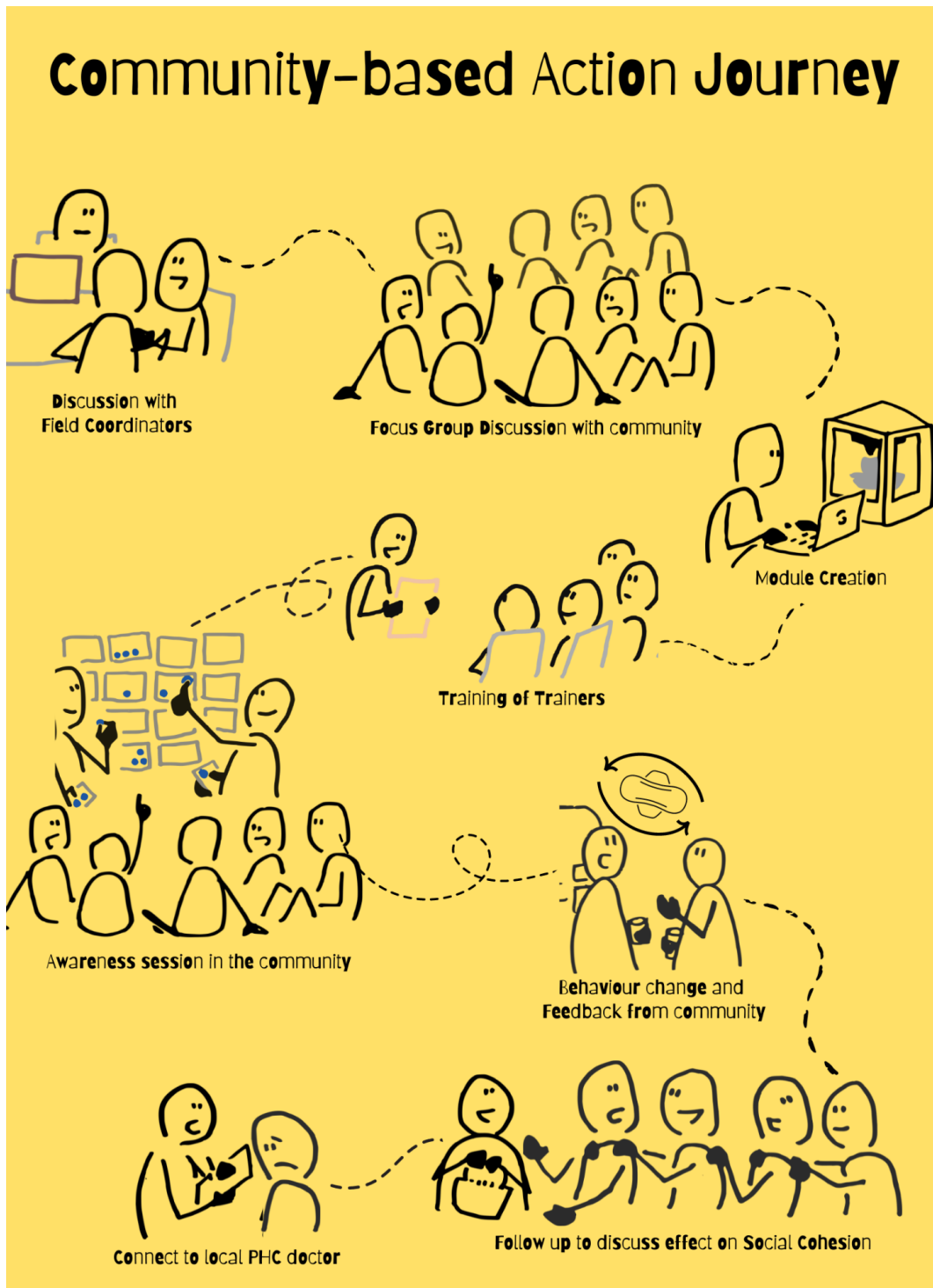
Being a staff member of SOCHARA's C-WASH team, I already had some interaction with the two slum areas we work with, namely, Maya Bazaar and Anandapuram. We have been working in Maya Bazaar for a longer time and with more vigor, partly owing to its proximity from the office. We ventured into Anandapuram only about 2 years ago and focus on WASH related issues, such as waste management, open defecation, vector borne diseases, handwashing, toilet maintenance, etc.

Anandapuram is an urban poor locality near the K.R. Market of Bangalore. During a household level survey done here recently, we allotted house numbers and from the data found that Anandapuram has over 800 households with over 3500 residents.

SOCHARA has 2 field coordinators and 4 local community volunteers working in Anandapuram.

From the Focus Group Discussion done here, we found that there were gaps in basic understanding of menstruation, there were many taboos and practices coming from shame and stigma, and information on the variety of products available was also low. I thought that working on the 4As here with the context of menstruation will be helpful to not only help these ladies better manage their periods hygiene wise, but also to be conscious consumers of products. With the intervention planned, I hoped to have holistic development in the sphere related to menstrual health and hygiene management here.

Action Plan



Implementation

1. Discussion with Field Coordinators:

SOCHARA field coordinators have been working in the Anandapuram slum for over 2 years. They are my link to the community, so I started by asking them their perspective of the community's Knowledge, Attitude and Practices of Menstrual health and hygiene. The ladies were unsure about the level of knowledge in the community on the topic.

They did know that most women used disposable sanitary pads to manage their flow, very few used cloth. Some of the community members knew about a menstrual cup, but none used it. The field coordinators shared that the pads that the school girls should get for free, are either not given to them, and if they are, they are of very bad quality. So all girls and women who use disposable pads were purchasing them. About the disposal of these pads, there is a provision from BBMP, the local municipality, to dispose of them separately as domestic hazardous waste in the yellow bins. However, the coordinators think that very few women were using the yellow bins, most threw their pads as mixed waste after wrapping the used pads in newspaper or plastic bags.

When asked if the women of the community have talked about any biological problems they face during their periods, the coordinators said that they have heard complaints about irregular periods, too much or too little bleeding, pain from cramps, fever, vomiting, diarrhea, white discharge, etc.

They also follow different myths and practices like not visiting a place of worship, which is a very common practice throughout India. They also don't sleep with their husbands or visit anyone else's house while they are menstruating. The coordinators also said that girls skip school while they are on their periods only if they have some medical condition. Other perceived problems according to the coordinators were the lack of safe and clean toilets, water scarcity, cost of products, indiscreet disposal facility and the attitude around menstruation. Instead of openly talking about it with family members, ladies say that they are unwell due to the stigma. Any stained pieces of cloth are dried in the toilets themselves, to avoid being seen by another person.

L+R: From this discussion I got some insight into the KAP of the Anandapuram community in regard to menstrual health and hygiene. Despite having the facility to dispose of pads separately as they should be done, women aren't really doing it because of various reasons, could be to not make their menstruating phase public, or for the sake of convenience. Not visiting other people's houses while on your period was one new type of cultural practice for me, one that I hadn't heard of before.

2. Focus Group Discussion with Community members:

Around nine local ladies gathered (list in Annex) for a focus group discussion. There was a good age representation as they varied in age from 16 to 45 years. This was done to gauge the KAP of the community in terms of Menstrual health and hygiene first hand. When asked about what and when did they find out about menstruation, they said that girls are told about it when they start bleeding themselves in their adolescence. Nothing before that. Even then they are just told what not to do and how to manage the blood flow and pain. They all believed that period blood is waste blood and it is a good thing that it is leaving the body and must be treated like any other excretion, like urine or feces. Most prefer to not go outside during periods.

Product wise, they only knew about disposable sanitary pads and cloth as an option. While they all used Whisper pads, some said that they use cloth if they get allergies from pads. However that is temporary, and they only prefer to use cloth while they are in the comfort of their homes. They said that girls get pads from government schools, but they are of bad quality and many have got irritation from it, so they prefer buying branded pads from the market at a price. About disposal, they all said that they wrap it in newspaper or in a black cover. After this some flush it down the toilet, some dispose of it separately in the BBMP waste and some throw it with regular waste. All our respondents were housewives, so they claimed to sleep separately from their husbands when on their periods. They also didn't go out for anything, didn't pray, didn't water plants, but bathed daily during their periods. The topic of vaginal white discharge saw some split views; some said it was normal, some said it was not normal and one needed to see a doctor for it.

L+R: The women were not shy to talk about the topic of menstruation. They answered and chatted very freely about it. I sensed a sense of pride in telling me that they all used sanitary pads instead of cloth, as if they expected me to look down upon cloth users. This however did not affect the answers, they all genuinely used pads. Besides being super convenient and available, it is also seen as the more modern option. There certainly are some cultural practices that they do, which does not shed a very positive light on the topic of menstruation or their perception of it. It still feels to be a burden to them that the females have gotten to terms with. Their knowledge about the topic also comes from very hushed discussions among each other from a younger age. It seems as though they don't feel the need to discuss it after menarche unless someone is facing a problem or a medical condition.

3. Module Creation:

The obvious next step felt like a way to reach the women of this community with information so that they may be in a position to make informed choices, in terms of their practices, attitudes, and product usage and disposal.

Since the Field Coordinators have been interacting and conducting sessions with the community for over a year, I thought it best to consult them on certain aspects before starting to work on the module. I asked them how do they mobilize the community for awareness sessions. I was informed that the community volunteers engaged by SOCHARA are told about the topic and time of the session, and they go door to door and invite the relevant audience. They often gather in the streets of the slum area or a room in someone's house or most commonly, at the SOCHARA field office. I was told the best time to call people is 11am to 12 noon or between 2 and 4pm. That is when people are most available. When asked about how long are the community people able to spare for our sessions, the coordinators said that usually 30 mins works best. People leave after that. All participants are also given a snack, usually a packet of biscuits or a milk packet at the end of such sessions as an incentive to attend. The languages they feel comfortable with are Tamil and Kannada, but some also understand English and Hindi/Urdu. When asked what percentage of the community was open to SOCHARA, they said nearly the whole community is covered by our work.

The module that I was working on was an important one as it delivered information on an otherwise taboo topic. So it was important that we approached it sensitively. These sessions would be ideally held in a room instead of the street, to let women share more freely and comfortably. We would start by making everyone comfortable, then go to the important biological information, followed by cycle tracking and the nutritional needs and hygiene practices, cultural beliefs and myths and finally end with information on various products. Such a session would not fit in 30mins. So together we decided to split the module into two parts, of approximately an hour each. We could modify it based on reception after noticing it in 2-3 sessions.

The first part of the module starts with space for some ice breakers. The idea was to get women to open up to a small degree right at the beginning, and get comfortable with each other, all the while it being a light experience. So we got them to introduce the person next to them, just basics, like their name and an animal or colour they remind you of. Not to throw the topic at them, since it is anyway a sensitive one, we would ask them if they feel comfortable talking about periods. Once there was a majority saying yes, we'd ask if they would feel comfortable sharing their experiences. The facilitator would start by sharing their own First Period Story to help others feel more at ease. This would be followed by 2-3 participants sharing their first period experiences.

This part helps in getting the ball rolling, also helps to further engage the participants.

Then we go on to ask whether they think that period blood is dirty and impure. After a short discussion/poll on this and without saying if their belief is right or wrong, we move on to ask them why and how do we menstruate. After getting their answers, we move on to say that our bodies are always changing and show them a visual of the same- male and female bodies across different ages. Next, we talk about Puberty. First we talk about the changes that boys go through at this time, so that they are aware of the other side too and don't think that only females go through changes. The answers at this point are expected to come from the participants as they would have noticed this around them. A facilitator's role here is only to fill in gaps. Then we do the same with girls through puberty. After an engaging discussion on this and saying that periods start around puberty, we move to asking them where the female reproductive system is. Expecting some shyness around this, and then showing them a triangular shape with forefingers and thumbs that resemble the look and size of the uterus. Then get them to make similar triangles with their fingers and thumbs and place them where their uterus would be. They might try to put it on their stomach area, but the facilitator must tell them that it is below the stomach. So far, we have engaged the participants enough and got them to share too.

We move on to the more physiological and biological side of it. We talk about what do we see between our legs. More specifically, how many 'holes' do women have down under. We talk about the three 'holes' down there and the role of each briefly. Then we talk about what lies inside, the reproductive system. It's important to show visuals as we go along so that all is not left to their imagination. We get them to say out loud with us the main organs of the reproductive system in females- the Ovaries, Fallopian tubes, Uterus, Cervix, and the Vagina. The enunciation of these somewhat tabooed words out loud, together is empowering. Then we go on to explain in simple terms how the reproductive system works and how menstruation happens. We also tell briefly about the phases in a menstrual cycle since Ovulation is an important process to understand. We mention how cyclical our periods are and compare it to the moon cycle and the different seasons of the year. This helps them visualise the entire process that goes on inside of us, instead of just what is visible on the outside, which is the blood we see during the menstruation phase. Then we move on to discussing what is and isn't normal during periods. While we tell them that every body is different, there are certain outlines which may be good indicators to know whether there may be a problem with our reproductive system so we may catch it early and get the necessary treatment. We direct them to seek advice from a medical practitioner if and when they feel like something may not be very normal with their periods.

We also address the issue of vaginal discharge. This is a vital topic to cover as there are many misconceptions about this, and while people might be talking about period blood now, there are very few who talk about vaginal discharge. The module talks about how discharge is normal, and the vagina's way of cleaning itself. It also states that vaginal discharge or mucus changes throughout the cycle too, in consistency and in colour. It also talks about it not being normal if the discharge is yellow, grey, brown or greenish and if it smells very foul. These could be early signs of infections.

Next we talk about one menstrual cycle, we discuss times of high and low fertility. We learn to track periods on a yearly calendar so that girls and women can be better prepared for their next period. This will also help them give more clarity to doctors if they happen to visit one. Other benefits are that they can track irregularities and be more connected to their cycles, ensuring higher body literacy. For this we distribute one modified calendar per participant, for them to take with them.

This is followed by talking about some common menstruation related problems like PMS, PCOS/PCOD, Endometriosis, RTIs and Anaemia. This is just to inform them about some symptoms of these issues so they can recognise them in themselves or their loved ones and seek a consultation with a doctor at their convenience.

The first part of the module is concluded with an activity that demonstrates that all bodies are different and all periods are different in their biology and experience. We drop inkblots on one sheet for each participant and the designs it makes will be different for each of them.

The second part of the module can be conducted the same day if time and patience permit, else it would be ideal to do it another day, not much later than the first session though, within a week would work best.

It shall begin with welcoming the group again and settling back into the space that we had left last time. Give space for comments or questions that came up upon reflection in the time between these sessions.

Then we move on to how to care for ourselves during our periods. It is important to talk about nutrition at this point, laying emphasis on the need to top up our Iron and Vitamin C needs. Asking the participants what contains iron and Vit C helps since they usually have a good idea of this, and it is a great way to keep them engaged. Talk about local low cost food that are available to them, which they can easily incorporate into their diets. Drinking water is also emphasized. Taking enough rest, more than usual, during periods is discussed along with natural and easy ways to deal with period cramps. Using a hot water bottle or variations of heat therapy are encouraged before resorting to taking medicines for mild pain. Light exercise, yoga poses and taking a walk are other things that help to regulate blood and oxygen flow in the body. Another way that we must care for ourselves at this time is by maintaining hygiene. Washing hands and changing our menstrual absorbent

frequently is discussed. The duration for which an absorbent must be used is between 6 to 8 hours and the scientific reason for this is shared with the group so that they don't think it is coming from a commercial point of view where we want them to change pads more frequently because we want them to use more and buy more. We also discuss the correct way to wash and dry oneself down there, from front to back to avoid infections.

Next we address common myths and beliefs about menstruation that we heard from them in the focus group discussion. It is important to convey that we are not here to 'break' any taboos, but to help them to understand, analyze and perhaps question these taboos. Well entrenched cultural practices can be difficult to take out of our lives, but a facilitator can always start reflective conversations. While discussing taboos, it is better to use the terms safe and unsafe practices rather than right and wrong practices. Convey how menstrual blood is not impure, and that it is similar to other non-tabooed excrements, such as the mucous from our nose, spit from mouth, or urine from urethra. It is in fact the basis of all our life as it is the nutrients in the menstrual blood that nourishes a baby in the womb and protects it from infections. A game is also planned around this to lighten the mood and get the audience engaged once more. It is called the Chinese Whisper. Some or all participants can play this. The facilitator starts by whispering a confusing 5-6 word phrase into the first player's ear. The players have to whisper what they heard to the next person. This generally creates confusion and chaos, and very often what the last person hears is not what the facilitator had originally said. It helps to lighten the mood from an otherwise heavy topic and gets our point across that these traditions and practices that we may have been mindlessly practicing, might not be relevant in the present time and might not even have any proof of their concept.

We move on to the final part of the module, which is to discuss various period products available in the market. We show them pictures of different products and ask them if they are familiar with them. Next we move on to Product Analysis. Product analysis is a participatory process whose objective is to empower women to make an informed choice after critically analyzing different menstrual products on various parameters, specifically pros and cons of different available products. Women have the purchasing power to make informed choices. Mothers have the purchasing power of what they or their daughters use. Therefore educating a mother will also ensure their daughters make better flow management choices too. It is vital to emphasize that there are no right or wrong answers or choices. We draw a table where the columns display various parameters on which the products will be analyzed and the rows are the different products being discussed. We keep a sample of each product which we show and pass around while discussing so that each participant has time to look at, feel and ask questions about each product. Each product is analyzed fully before starting on the next. We try to get maximum answers from the ladies, specially about familiar products such as

cloth pieces and sanitary pads. Then we note the main points in 1 or 2 key words on the table for reference later. The products that we discuss are disposable sanitary pads, cloth pieces, reusable cloth pads with leak proof lining, tampons and menstrual cups. While there are many more products that have surfaced in the market now such as period panties, sponges and menstrual discs, the ones we have chosen are the most researched and easily available. The parameters that we discuss these products on, are How to Use them, the Materials that go into making them, the Lifespan of each product and the method of its disposal, and the Cost of the product per month. We try to see the cost per month because some of the products that we discuss are reusable and it would be unfair to judge them by their upfront costs only. At the end of this, we rank products based on how the women feel about them after learning about them in detail and see which they prefer, keeping in mind their circumstances.

The session ends by opening the floor for questions, comments and feedback.

L+R: I have been working in the space of menstrual health and hygiene for about 4 years now. My major internship with Swades Foundation in the Raigad district of Maharashtra was to do research with 300 girls and women from the rural and tribal areas of two main blocks. Then I had to come up with a relevant intervention, if one was needed, for the target group. After this I took care of the non profit program for Eco Femme where I had to redevelop a module for women on Menstrual health and hygiene, and then train trainers of different grassroot level organizations to take these trainings forward. So, with my past experience, I realized that the content pretty much remains the same across areas, because knowledge gaps are similar. The way to deliver the content varies on the skills and resources available everywhere. It also depends on the background of the target group, i.e., it will be different between young girls and women, and will also vary depending on their educational background. The things to keep in mind for this group was where the people lived, how much time they could spare for our sessions, what would keep them engaged, what information would interest and help them and when would we be able to reach them.

Apart from this, a little basic knowledge about what is going on inside our bodies is always useful. Many women even after childbirth don't know that the place from where we bleed during periods is different from the place we excrete urine. The connection between bearing children and menstruation is unknown to many girls and young women. A lot of women do not believe vaginal discharge to be normal and seek a doctor's opinion for regular white discharge too. No extra care is taken of the self during periods. There is no felt connection to the body, among many girls and women and they view periods as just something they have to get by. Numerous traditional practices are being followed without a thought or question in mind. The product that

was given to a girl at menarche is very often the product she continues to use month after month without thinking if that's the best suited for her.

The idea behind the module is not to birth rebels or radicals, but to get women to think, think about their past, their practices, their products, and make informed choices overall. The module should empower women to think, talk, share and have more agency in their lives, especially in terms of their menstruation. It should not just be another awareness session with Dos and Don'ts that women sit through. It should engage them physically, mentally and emotionally.

P.S.: I have taken the product analysis activity from the guide we used at Eco Femme.

4. Training of Trainers:

Seeing how well the field coordinators knew of the community's issues, it was hint enough that the people trusted them and talked to them freely about an otherwise taboo topic such as this. So it made most sense to get them to conduct the sessions for the menstruators of the community.

When I asked the field coordinators about the sessions that they had done in the past, I was informed that they had conducted several sessions with the community on topics like Waste Segregation, Vector-borne disease, Hand washing, Covid-19, etc. It was reassuring that the field coordinators had delivered sessions before confidently and with clarity. The task that lay in front of us was to train these facilitators such that they can create a safe space for girls and women to share, without shame or judgement. So, I shared some tips with the field coordinators that would come in handy when dealing with sensitive topics in their sessions. These included, making eye contact with the participants, regulating energy of the group while holding space, ensuring that the participants feel engaged at all times but trying not to turn the session into a one way lecture, avoiding words like Should and replacing them with Could or can (so as to be suggestive), using simple words that the community is familiar with, speaking with ease and having an open/positive body language, being respectful of the ladies' thoughts and beliefs, and be authentic to build trust. If there is a question of which they are unsure what the answer is, don't pretend to know it. Try to get back to them with the correct answer later.

Information, Education and Communication material was provided to the facilitators so they don't have to depend on projectors etc, since they anyway aren't very tech-savvy and carrying projectors around isn't easy in itself. Then again, one can not depend on the electricity in the slums of Bangalore. The module was given to them in the form of flipcharts that were very visual and content training was given to them at the office. I saw that the facilitators were also shy of saying some of the content out loud, especially about fertility, genitalia and vaginal discharge. This was worked upon and lots of back and forth happened. Some of the points were new to them too, so it became a fun learning space. We also had some gaps in understanding each other since I only speak English and Hindi and none of these are their first or even second language. Their drive to learn and my experience with such trainings in the past really came in handy here, and we reached common ground after a 3 hour training session. Demo kits were also ordered for the facilitators and it was made sure that they were familiarised with it.

The field coordinators seemed to struggle with the amount of information at first, but seeing the flow and the need for such a session, they put in a lot of hard work to learn the key points and deliver good sessions. I promised to attend their sessions initially so that I can help in filling any gaps for them and to give constructive feedback.

L+R: It is very important that the facilitators are free of shame themselves. They must be convinced of the content we are delivering. It is not enough to train them on the content, but also to orient them on the need for such a module and their role as facilitators. They are the ones who will empower girls and women with information about menstruation. Getting them onboard of this agenda required that they be comfortable talking about such a topic themselves, for them to be freely sharing their experiences in the safe spaces they create. I learnt that the facilitators will carry their own biases to the community they interact with. The next step was to gauge their strengths and shortcomings. Seeing that they are not great with technology, I had to bring in IEC materials that did not depend on digital technology, so we made flipcharts out of the module, so that the content could reach the target group in the most accurate way. Another IEC material that we got was the demo kit from Eco Femme that has a prototype of each product we do the product analysis. Language was a barrier for me with the community, and language was a strength for the field coordinators. They would be able to reach the people in their local language.

This training was an important step as this was empowering three ladies to take this message to more women and girls. They can use this information in their own lives and that of their loved ones apart from helping so many others get access to this knowledge. Even if I exit the project, they can continue spreading the good word.

5. MHHM Session in the Community:

I conducted a session on Menstrual Health and Hygiene Management in Anandapuram using the module I had created. Over 25 girls and women attended the session which was held at the anganwadi kiosk. Prema, one of the field coordinators, who had also received the training on the module already, supported me with translations.

The sessions started as planned in the module with ice breakers which the women really seemed to enjoy. Some of them did not know each other, but got familiar with this activity and they all said colours that reminded them of the other. They hadn't done such an activity before. Then we started with the first period stories. They were all amused to hear mine because of how different it was and then some of them went on to share their own. One common thing among their stories was the small celebration and the gifting of new clothes and gold to the recently menarche-d girl. While discussing if they thought period blood was dirty and impure, we got mixed answers, but the majority was a Yes. When asked if they knew how and why we menstruate, the majority answered with a No. The discussion on Puberty went very well as they had all gone through it and they see others going through it all around, it is common knowledge. Everyone really enjoyed the little activity with their thumbs and fingers to see the size and placement of their uterus. There was some expected shyness around the physicality of the vagina, urethral opening and the anus. Some were surprised to know that we do not pee and bleed from the same place. Moving on to the reproductive system and its organs and functions. This part went well, with the audience applauding my efforts to say the organ names in their local language. The different phases were briefly mentioned and the role of the endometrium was discussed through a story. The group was receptive to the cyclical nature of menstruation and added with different comparisons.

When talking about what is and isn't normal during periods, many spoke up about issues they are facing or someone they know is facing, like very heavy flow or severe pain, or long gaps between two periods, etc. We replied to them with the best of our knowledge and then redirected them to a medical practitioner for diagnosis and treatment.

The topic of vaginal discharge came as a surprise to them, and to learn how it changes through the cycle and when it is not normal. After hearing some sharing from the ladies, we moved to cycle tracking. Each got a yearly calendar sheet on which they could track their periods. We spoke about the need and importance of tracking and the audience seemed partially convinced. Running short on time, we moved to the common menstruation related problems women face these days. Talking about symptoms and effects of some of the problems seemed to resonate with the ladies and they had questions which we asked them to redirect to a doctor. Doubting that

there might be a problem and going to a doctor is a great step in caring for oneself. We ended the first part with the inkblot activity which everyone thoroughly enjoyed.

We took a break for lunch, which we provided there, so that nobody feels the need to leave. We had to do both sessions on one day due to availability concerns among ourselves.

The second half was shorter, with us discussing ways of taking care of ourselves. Many of these were common sense and the ladies caught on quickly. They all actively participated and answered the nutritional requirements, but then said they know it but don't usually follow it because they don't think so much about it. We told them the benefits of eating nutritional diets. On the topic of exercise and rest during periods, they shared that they just want to rest after their daily chores are done with, but agreed to try some yoga poses to help relieve cramps. Hygiene part of it went smoothly. Coming to the menstruation related myths they believe in and various cultural practices they practised, we discussed them again and without saying if they were right or wrong, we got them to think if they were still relevant and necessary. I told them about my friend who collected her menstrual blood and poured it into her tulsi plant (supposed to be a sacred plant). Her tulsi not only survived, but thrived as opposed to common belief that says one mustn't water the tulsi plant when on their periods. This shocked a few, but it also got them to think, and that was our agenda. To make our point clearer, we played the Chinese Whisper game which all participants thoroughly enjoyed. At the end I said that if the message did not pass on clearly while we were all together in one room, who is to say we haven't been receiving the right message over the years in muffled sounds and shrouded practices.

The session's last activity was the participatory Product Analysis where we discussed the different products available in the market for flow management, their pros and cons, their costs and suitability for the community. They were all new to reusable cloth pads, tampons and menstrual cups and were very attentive till the end. Reusable cloth pads stood as a possible winner despite nobody having used them before. Finally we opened the space for comments and feedback. Everyone had positive things to say and commented that they did not realise how 3 and a half hours flew by. This was very encouraging, even for the field coordinators who would conduct similar sessions with others from the community to maximise coverage.

As is done in all sessions, we distributed snacks at the end, before everyone left. Due to budget constraints, we were unable to give much, but it was appreciated that we got them peanut chikki which are slim slabs of peanuts in jaggery. We announced why this snack was different from their usual one of mil or biscuits. It was because both jaggery and peanuts are a good source of Iron, which is one of the main nutrient Indian ladies lack and is important for

blood circulation and hence helps during menstruation too. This switch will also help in content recall.

L+R:

The session wouldn't have been possible or would be a major flop show without the invaluable support from Prema with translations. Language is the basis of communication, and if I wasn't reaching them in the language that they were familiar with, the session would not have been a fruitful one. Apart from just translating what I was saying, Prema also added some context to the content to make it more relatable to the group, which was another great help. I must admit that all points weren't conveyed 100%, but there was at least 90% clarity. The participants also showed great interest as they saw me go the extra mile by learning some organ names in Tamil to better conduct the session. Being animated with my expressions and hand gestures also amused them and kept the session light and engaging. Listening to first period stories of different women from different areas and backgrounds is always an eye opener for me, always something new to learn from.

This session unintentionally acted as a great demo for the field coordinators whom we had trained to conduct these sessions to see how they go, how much time each section roughly takes and what are the kind of questions that come up.

6. Feedback from Community and gauge Behavior Change:

Out of the 26 ladies from the main MHHM session, 19 came for the followup and feedback session. They all said that they had liked the session that we had conducted on Menstrual health and hygiene management. When asked which part they liked best, they claimed to have enjoyed the part about squashing belief systems and myths, and the product analysis. About the part that they learned most from were the bits on nutrition, cycle tracking, female anatomy and the different flow management products. The part they found most helpful was the discussion that vaginal discharge is normal, unless it looks or smells different than it should. When asked if they have done anything differently since the session, they said that they all dispose of their disposable pads properly now and try to be more conscious of what they eat during their periods.

It was interesting to know what they shared their learnings or reflections from the session with people outside too, such as their sons, friends, sisters and neighbours. They all said that they feel more comfortable talking about periods now than they did before attending the session. When asked if they think more people will benefit from and be interested in more such sessions, there was a resounding Yes. When asked if they think we missed anything and should have been included in the module, they couldn't think of anything else. None of them had consulted a doctor after the session, but there was a need, they said, and when asked if they would like us to bring a doctor into the community for an hour or so, so they may clear their doubts and ask questions, most thought it would be helpful, specially if we got a female doctor in on a weekend, when more people are available. One problem that they expressed was loss of faith in doctors to some degree, as they did not follow up with the patients very well.

Finally, when asked about interest in product switch, 8 of them enquired about the reusable cloth pads. None of the ladies wanted to try the menstrual cup or the tampon since it required insertion into the vagina. They did not feel comfortable with the idea and wanted to give clothpads a chance. We took down orders. 11 women out of the 19 that were present, placed orders for reusable cloth pads. They all got only 2 each. Though 2 are not enough to rotate in a cycle since they need to be washed and dried before reuse, they all wanted to only risk a small amount as this was for trial, understandably so. This was a big win anyway, as we were able to get through to these ladies at so many levels.

L+R: I was glad to see a good turnout in the feedback session. It was something I truly wasn't expecting, but the ladies came back with smiles that warmed my heart and greeted me with a lot of love. I believe feedback is very important after any session or intervention, to understand the felt impact of one's work.

Through this session I also attempted to make products more available and accessible to the ladies who would like to try something else, and might make a permanent switch. It is a part of the 4 As approach- Availability, Accessibility, Affordability and Acceptability. First we generate Awareness about the availability of different kinds of products, then we make them accessible through my network and make it affordable to the ladies. Once they buy some to try and see how suitable they are (checking acceptability), we upscale our work and spread the word. It is not just the products we are making available, but also information on ways to better care for oneself during periods so that they may make more informed and conscious choices. Since we could not answer all questions, it is better if we can connect them to the local PHC doctor for special needs, which they don't feel comfortable bringing up to their notice otherwise.

7. Follow Up session to understand social cohesion:

This follow up session was done months after the original session in the community, yet there were 16 ladies who came back, again a great turn out. This session was less content oriented, but more generic, like a catch up among friends, the vibe was also such. I started by asking how they were and how everything had been with them. Most were shy to reply to such questions, they prefer if I ask them 'study' related questions. So, we got to it. They did not really have any problem with their periods since they made small changes suggested by us, but said that it would still be helpful to bring a doctor into the community for a basic consultation. The products that they were using were okay. One lady who bought the Eco Femme reusable cloth pads said that the size of the pads was a little small for her, so she used one and gave the other to her daughter to use.

Moving to questions more related to understanding the effects of our sessions and meetings on social cohesion. While most women knew each other even before our session, others got familiar with them too after having spent those 3 hours together and meeting again in the follow up feedback session. Then I asked if, after having discussed intimate topic such as Menstruation in the presence of each other, do they feel more free with each other, as if they could share more freely with each other now. This got a positive response. However, they said that they more comfortable sharing with people closer to their own age. They were still not ready to talk across generations, still this was a step in the right direction.

Lastly, I said that we should all give each other a hug as a way to hold each other and let emotions flow freely. This idea got some giggles and pushback until I hugged the girl next to me. This was followed by a wave of hugs around the room, smiles on every face. They had never done this before, but did not hate trying it out.

L+R: Seeing the great turnout, is very reassuring of the love of the community and the work we have done there. Their willingness to spare time for my follow up sessions inspires gratitude in me. I realised that each meeting requires a little ice breaking time at the beginning to get the ladies comfortable with the space, with the facilitator and with each other. It need not be with activities or games only, could even be with informal chitter chatter.

The idea to hug each other was in hopes to accelerate any deepening of social cohesion if at all. To my surprise, these people who live in such close proximity, in such a densely populated space, were apprehensive of physical touch and of expressing love through hugs. This was not particular to any age group, all ladies present, felt alike about this. Once I hugged the girl next to me, I realised it was something they weren't expecting me to do, but they were so happy when I did it. They all embraced each other after that.

8. Connecting the community with the PHC:

The idea behind doing this was to link the community with the local institution for a long term impact. Instead of getting a gynecologist or any other female doctor to address the community's needs, why not invite the local Primary Health Centre's doctor. With this agenda in mind, I set out to meet the local PHC's doctor. At the PHC, I saw a list of services available there and it included "Counselling for Adolescent Health, Menstrual Hygiene, RTI, STI & Iron Supplementation".

Dr. Tejaswi was the doctor at the PHC there. She was very kind and courteous and gave us ample time to ask our questions. She informed us that the PHC doesn't provide free sanitary pads to those in need. She told us that women come to her for menstruation related problems too, such as irregular periods, weight gain, acne, heavy bleeding and PCOS related issues. She is the one who addresses all their concerns. There is no separate specialist at the PHC. When asked, to what extent can the PHC help the ladies who come in with issues related to menstruation, we were told that she can give a clinical diagnosis. For anything more, patients are referred to bigger hospitals. She also spoke of limited supply of medicines and that tests can not be done at the PHC, including the Pap Smear. Unlike some doctors, she was of the opinion that regular vaginal discharge is normal, which was a relief.

Doctor also told us that she is aware about recent studies linking sanitary pad usage to cancer, etc. yet she would support the use of pads over cloth. She recommends that pads be changed regularly to avoid problems with the product. She also said that India is not ready for products like tampons and menstrual cups and even she recommends that only married women use such products that need to be inserted inside the vagina.

Lastly, when we told her about our sessions in the community, she seemed more than happy to help out and do an in-community meet with the ladies. She gave us a date in March 2023 and said that she could come for an hour after 3pm. Our field coordinators were still doubtful of her availability and willingness and said that they don't think she will follow through.

L+R: Connecting the community's needs with the local institution that should be providing support on such matters would ensure sustainability of the intervention. It would also help to hold government institutions responsible for the role they are entrusted with.

I thought it was a good idea to meet the PHC doctor before we extend the invitation for the in-community consultation. I also wanted to know if we stood on the same ground about the information we gave in our sessions so as not to confuse the community later.

There are varying opinions on many products these days, hence the idea to cross check. I found that the doctor and our opinions clashed on the use of

menstrual cups and reusable cloth pads. The doctor, like many others, was of the opinion that menstrual cups should only be used by married women. This ideology often stems from the need to preserve honour of women through the social construct that is virginity and the breaking/tearing/stretching of the hymen. Another opinion that I found problematic was the complete rejection of cloth as a menstrual absorbent. The emphasis was on 'moving forward' and leaving 'old practices' behind, even at the cost of irrationality. When I asked if clean and dry cotton cloth can be used to manage period flow, she said that cloth pieces are not autoclaved and are hence not appropriate. This jargon has been popularized by sanitary pad manufacturers who want to push their products. There is no need for autoclaving clean and dry cloth pieces just like we don't autoclave our panties everyday. Instead of helping people use the most available, accessible and affordable flow management product by providing the much needed maintenance methods, some doctors these days would rather vouch for products that are pushed to the point of mainstreaming by big corporations. All this amid research study publications proving that link chemicals in pads to diseases like cancer and other reproductive issues.

:Annexure:

Idea Draft - Sugandha

Title: Understand if it is possible to increase or intensify social cohesion among a community of informed women through their menstrual experiences.

Which community and why: Anandapuram, Bangalore because of ongoing work in this space here.

My understanding of the community's context: From KAP done earlier, we found that there were gaps in basic understanding of menstruation, there were many taboos and practices coming from shame and stigma, and information on the variety of products available was also low.

Dialogue and Rapport building process so far: 1 FGD, 2 awareness sessions and 1 follow up on MHHM

Community's felt needs: From the FGD, they realised that there was much to think and know about menstruation. Availability and Access to different products is also limited.

Stakeholder as part of the community: Women of all ages willing to talk and learn about menstruation.

Which issue/s will you be addressing with the community and how: MHHM KAP gaps, Menstrual Products AAA and build a community where women can empathise with and support and empower each other.

S. No.	Name	Age (in years)
1	Bhanushree	36
2	Kanchana	29
3	Bhoomika	20
4	Lavanya	25
5	Amara	53
6	Jayanti	45
7	Madhumita	16
8	Rosy	28
9	Nisha	27

Participant list from first FGD

S.No	Name	Age	Sex	phone number	Signature
1	Ajale	30	F	7760717673	
2	Shrinidhi	21	F	8861654454	
3	Madhu	17	F	7760717673	
4	Romya	16	F	7760717673	
5	Bhanushree	36	F	7760717673	
6	Janya	16	F	7760717673	
7	Tracy	30	F	7760717673	
8	Rajashree	28	F	7760717673	
9	Kanchana	29	F	7760717673	
10	Sabitha	18	F	7760717673	
11	Usha	35	F	7760717673	
12	Vishal	16	F	7760717673	
13	Jayanti	45	F	7760717673	
14	Rosy	28	F	7760717673	
15	Nisha	27	F	7760717673	
16	Nisha	27	F	7760717673	
17	Nisha	27	F	7760717673	
18	Nisha	27	F	7760717673	
19	Nisha	27	F	7760717673	
20	Nisha	27	F	7760717673	
21	Nisha	27	F	7760717673	
22	Nisha	27	F	7760717673	
23	Nisha	27	F	7760717673	
24	Nisha	27	F	7760717673	
25	Nisha	27	F	7760717673	
26	Nisha	27	F	7760717673	
27	Nisha	27	F	7760717673	
28	Nisha	27	F	7760717673	
29	Nisha	27	F	7760717673	
30	Nisha	27	F	7760717673	

S.No	Name	Age	Sex	phone number	Signature
30	prema	38	F	9945816298	
31	Rajani	52	F	9036142190	
32	Bhanushree	35	F	7899737085	
33	Govari	26	F	8861654454	
34	Nisha	27	F	8217514104	

Participant list from the MHHM session conducted in the community



Activities from the MHHM session



Fulfilling reusable cloth pads order from the community

S. No.	Name	Age (in years)
1	Janki	30
2	<u>Shantamma</u>	50
3	Sundari	37
4	<u>Kaniamma</u>	38
5	Sri Nidhi	21
6	Clara	35
7	Josephine	33
8	Sabitha	17
9	Nisha	27
10	Usha	38
11	Gauri	35
12	Kanchana	33
13	Dhanlaxmi	32
14	Shobha	45
15	Kavitha	33
16	Bharathi	30

Participant list from follow up session to gauge social cohesion



Meeting with doctor at the local PHC