

WASH and Health for Menstrual Hygiene Management

Training of Trainers Manual

v1.0



WSSCC
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL

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I am happy to learn that the Key Resource Centre, Water and Sanitation, Centre for Good Governance, Uttarakhand Academy of Administration is conducting National Level Training of Trainers programme on Menstrual Hygiene Management and bringing out booklets on Menstrual Hygiene Management with support of Water Supply & Sanitation Collaborative Council – (i) Lab Manual, (ii) Manual for Training of Practitioners and (iii) Manual for Training of Trainers.







Sanitation and hygiene are key issues for women, consistent with their need for privacy, dignity, safety and self-respect. The Nirmal Bharat Abhiyan places a special emphasis on addressing the sanitation needs of women recognising their role in building a Nirmal Bharat.

Menstruation is a key indicator of health and vitality for women and girls. Managing this hygienically and with dignity is an integral path of good sanitation and hygiene. Hygiene promotion campaigns are most effective, I believe, among younger populations and they can be targeted both as beneficiaries and as agents of behavioural change within their families and their communities. Youth are also quick to acknowledge alternatives, process and functioning dynamics of systems involved in achieving better results. Though there are few pioneering changes that have been created, what seem to be missing are actionable ideas for building an alternate paradigm, which will assure success. Water Supply & Sanitation Collaborative Council and Uttarakhand Academy effort is a step forward in achieving the desired goals.

I wish the Water Supply & Sanitation Collaborative Council (WSSCC) and Uttarakhand Academy to achieve the desired results and strengthen and enlighten the community, especially women and the youth about the benefits of Safe, Healthy Environment and Improved Menstrual Hygiene and Sanitation facilities.

Pankaj Jain
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Government of India.

Building on more than a decade of the Total Sanitation Campaign, the Nirmal Bharat Abhiyan was launched in 2012 to “transform rural India into ‘Nirmal Bharat’ by adopting ‘community-led’ and ‘people-centred’ strategies and a community saturation approach” – with a focus on creating awareness and generating demand for sanitary facilities and their use. The main objectives of the NBA are to:

-  Bring about an improvement in the general quality of life in the rural areas;
-  Accelerate sanitation coverage in rural areas to achieve the vision of Nirmal Bharat by 2022 with all gram Panchayats in the country attaining Nirmal status;
-  Motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education;
-  To cover the remaining schools not covered under Sarva Shiksha Abhiyan (SSA) and Anganwadi Centres in the rural areas with proper sanitation facilities and undertake proactive promotion of hygiene education and sanitary habits among students;
-  Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation;
-  Develop community managed environmental sanitation systems focusing on solid & liquid waste management for overall cleanliness in the rural areas.

The NBA refers to the importance of engaging women’s self-help groups to achieve its aims and the need to ensure that services reach vulnerable groups including women-headed households. The initiative calls for a demand driven approach that links to effective demand creation and infrastructure that people want, will use and will maintain. It stops short of explicitly mentioning menstrual hygiene management as an issue that affects women – half the target population of the NBA – for 35 to 40 years of their lives, with significant implications for their health. Although not explicitly stated, the provisions in the training, awareness raising, behaviour change and financial incentives available, leave it to the state and its instruments at the local level to interpret and use the NBA. Meanwhile, experiences on the ground, research and policy shows that women’s participation, management and decision making is essential for the success and sustainability of any water and sanitation service delivery in India.

The demand for facilities and services that respond to women and girls biological needs was further corroborated by primary research conducted with over 12,000 women and girls in schools and in a Menstrual Hygiene Management (MHM) Lab designed and conducted by the Water Supply and Sanitation Collaborative Council (WSSCC) across five states in 2012. The MHM Lab was a part of a bigger platform, the Nirmal Bharat Yatra, which was organised by WASH United and Quicksand in partnership with the Government of India. The Yatra sought to raise awareness on stopping open defecation, washing hands with soap and improving menstrual hygiene management – three key dimensions of a Nirmal Bharat.

WSSCC's MHM Lab reached thousands of women and girls and was supported by a range of small and medium-sized partners including Arghyam, Goonj and Digital Empowerment Foundation. At home, in school, at work and play, the voices and demands from thousands of women and girls completely supported by the hundreds of men and boys who also engaged with the MHM Lab, were loud and clear: *let's talk about it, let's do something about it – so that we can manage our menstruation with pride and dignity and dispose used menstrual material safely without further endangering the environment.* The advocacy work of the government, coupled with its resources and ambition, provides the ideal platform for taking this message and related services to every woman and girl in rural India. WSSCC engaged with local and state government, extension workers, teachers, trainers, and practitioners in health, education and WASH from Wardha to Bettiah, as part of the push for improved understanding, information sharing, counselling, training and support on menstrual hygiene. Trainers were clear that although the topic was not new – the connection with people was missing. Girls and grown women in every state said that their discussions in the MHM Lab represented the first time ever that they had been able to ask questions, understand the menstrual cycle and learn about safe hygiene practices, reuse and disposal.

The materials in this publication were developed, tested and commented upon across five states through one-on-one interviews with people in different age groups, focus groups, and discussions held in various settings including schools. A writer's workshop was organised by WSSCC in February 2013 in Mumbai bringing together MHM Lab facilitators, designers, trainers and experts to develop the range of manuals and tools. Disability experts were a key part of the process of addressing this vital topic within the context of MHM and in developing this publication. See the Acknowledgements section of this publication for the names of the various experts that were involved in this process.

This publication is designed to be easy to read and use. It is meant to be used by service providers, extension and community workers, teachers, parents and peers in their efforts to reach out to large numbers of women and girls in an efficient and effective way without compromising on quality and message. It is not confined to sanitation, water and hygiene, rather it seeks to build comfort, pride, dignity, confidence and related demand so that women and girls can be full members of society at all times without shame and fear.

Women and girls menstruate and thereby produce the next generation. This publication and the accompanying materials are intended to deepen our understanding of the biological nature of this phenomenon in order to reclaim and restore the pride and confidence that should naturally be a part of it. Managing menstruation hygienically with linked sanitary facilities is an important aspect of life – the practical dimensions of which this publication also aims to facilitate – resulting in clean, convenient facilities that offer privacy and dignity for women at any time of the month. Policymakers, trainers, development partners, civil society, academics, the media and community leaders are invited to use these publications to intensify and amplify the transformation already underway in the country with regard to menstrual hygiene management. We hope these materials will help you to break the silence, take and spread the pledge inside and outside your own home and wider with women and men young and old, to install pride where there was shame and to make menstrual hygiene management a central part of the design and construction of every school, health clinic, workspace, transport centre and home.



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KEY:

Materials



Pictures



Information



Sessions

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Disclaimer

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A woman menstruates for a total of 40 years in her lifetime. But vast majorities of women who live in the developing world do not have access to clean water, safe and private spaces for washing and cleaning, materials for absorbing menstrual blood, or facilities for proper and safe disposal of used menstrual hygiene materials.

In India, it is estimated that 200 million women have a poor understanding of menstrual hygiene practices. Moreover, only 12 per cent of Indian women and girls use commercial sanitary products.

Historically, myths, taboos and stigma around the female body and menstruation have overshadowed progressive initiatives aimed at improving menstrual hygiene in India. Many communities associate menstruation with impurity and pollution of the sacred. This belief is coupled with restrictions and sometimes bizarre regulations on women's everyday lives and activities. For instance, some of the most common practices include restrictions on entering one's own home or kitchen, touching food, water and plants, or participating in religious activities.

Such beliefs and practices not only violate women's dignity, they have serious implications for their health and wellbeing. To make matters worse, a lack of resources and knowledge means that many women do not have access to basic hygiene materials and facilities. In some cases, women are forced to resort to unhygienic options, such as using ash, newspapers, hay, sand or old rags to absorb menstrual blood. Consequently, every period is loaded with mental, emotional and physical trauma, which affects the day to day lives of women across India.

Twenty-three per cent of girls in India drop out of school soon after reaching puberty. Schools are not equipped with the basic amenities for menstrual management, with non-availability of menstruation materials, places for changing menstruation materials, running water in toilets and the absence of disposal facilities all impacting on a girl's education. As a result of stigma and taboos, communication between girls and teachers about healthy menstrual practices is non-existent.

Menstrual hygiene is fundamental to the dignity and wellbeing of women and girls, and an important part of basic hygiene, sanitation and reproductive health services. However, menstruation is too often taboo, with many negative cultural attitudes associated with it, including the idea that menstruating women and girls are 'contaminated', 'dirty' and 'impure'.

Facing this cultural challenge head on, in 2012 the Indian government and WASH United organised the ground-breaking Nirmal Bharat 'Great WASH' Yatra.¹ Following the event, in which WSSCC led work on Menstrual Hygiene Management (MHM), conducted interviews with 747 women and girls and engaged more than 12,000 people in focus group discussions, teachers, community health workers and *anganwadi*² workers indicated a huge appetite for more MHM training, specifically to address:

- 1. A lack of knowledge of health issues of MHM at grassroots level;**
- 2. Lack of MHM knowledge and skills among grassroots level workers from health, education and Integrated Child Development Services (ICDS);**
- 3. Unclear roles and responsibilities of stakeholders on implementation of MHM education and training;**
- 4. Lack of motivation among grassroots workers to tackle the subject (without further guidance).**

To meet this demand, this Manual has been developed for trainers of WASH and for health practitioners, to enable them to speak confidently about an issue that is regularly shrouded in silence, and which impacts upon women and girls health, education and livelihoods. The Manual includes a series of learning units (LUs), which are aimed at teaching practitioners how to improve menstrual hygiene for women and girls. It covers key aspects of menstrual hygiene in different settings and is based on examples of good menstrual hygiene practice from around the world.

¹ The NBA Great WASH Yatra is a multi-channel 'mega-campaign' that raises awareness and promotes behavioural change around sanitation and hygiene in India. The format resembles a giant carnival spread over 6,000-7,000 square metres and comprises six sanitation and hygiene themed sections or areas, namely: a games and activity area; an exhibition area; labs; a performance area; distributed performances; food & retail.

² Anganwadi is a government sponsored childcare and mother-care centre in India catering for children from 0-6-years-old. *Anganwadi* means 'courtyard shelter' in Hindi.

Familiarity with this Manual will allow a trainer to complete two main objectives:

- 1. Plan, organise and conduct a five-day Training Programme at the state, district and village levels for teachers, *anganwadi* workers, accredited social health activist (ASHA) workers and auxiliary nurse midwives (ANM);**
- 2. Monitor and evaluate Training Programmes.**

Familiarity with this Manual will equip prospective trainers with knowledge of: MHM; the ability to pass on training and delivery skills to colleagues and staff; techniques for managing a MHM training course; and how to use various information, education and communication (IEC) tools on MHM.

PARTICIPANTS

Ten trainers from each state in India will be selected to participate in the Training Programme (depending on the size of the state, the number of trainers may be adjusted to suit). These trainers will be selected from professionals working on WASH and health with NGOs, educational institutions or government. Each batch of trainers will oversee 25-35 trainees.

At the end of training, participants will be able to:

- 1. Explain the concept of MHM;**
- 2. Conduct the Training Programme for grassroots workers from the health, education and ICDS departments;**
- 3. Describe the process of safe disposal of sanitary napkins;**
- 4. Demonstrate participatory approaches in the field;**
- 5. Explain the necessity and importance of MHM;**
- 6. Describe the roles and responsibilities of various stakeholders on MHM;**
- 7. Describe the social marketing methodology for demand generation and IEC activities.**

There are 11 LUs in the Training Programme, all of which must be completed by a participant before she/he can train others in MHM. The units are:

- LU-1** Necessity, concept and components of MHM
- LU-2** The relationship between health and menstrual hygiene
- LU- 3** Exclusion, disability and the role of men in MHM
- LU- 4** MHM for different age groups (adolescents and menopausal women)
- LU-5** Multi-level institutional arrangements and the roles and responsibilities of different stakeholders in MHM
- LU-6** Facilities required for menstrual hygiene management in schools, *anganwadi* centres, public places and workplaces
- LU-7** Safe disposal of sanitary napkins
- LU-8** Direct training skills and methods
- LU-9** Community participation approaches and their applications
- LU-10** Tools of behaviour change and use of IEC material
- LU-11** Training Evaluation

LEARNING UNIT 1

NECESSITY, CONCEPT AND COMPONENTS OF MHM

OBJECTIVE:

At the end of LU-1 participants will be able to explain the necessity, concept and components of MHM.

LEARNING EVENT:




S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Breaking the silence	Film & Lecture	Black-board	Flipchart, Flipbook ³ , menstruation wheel, apron, paper chits, marker pens, chart paper and drop box	45 min	Master trainer – community health expert
2	Concept of MHM	Lecture	Flipchart	Flipbook, menstruation wheel, apron, paper chits, marker pens, chart paper and drop box	45 min	
3	Biological aspects Menstruation	Film & Discussion	Black-board, Flipchart	Flipbook, menstruation wheel, apron, paper chits, marker pens, chart paper and drop box	30 min	
4	Components – hygiene, sanitary napkins: making, storing, usage, care, disposal	Lecture & Visual Aids	Black-board	Flipcharts, Flipbook, menstruation wheel, apron, paper chits, marker pens, chart paper and drop box	45 min	

³ The double-sided KAAVAD Flipbook (fold-out book) is based on the ancient *Kaavad* – a portable, painted, wooden shrine made by the Kaavad makers (Basayati Suthars) of Bassi, Chittor for the storytellers (Kaavadiya Bhats or Ravas) of Marwar. Storytellers unfold the multiple panels of the Kaavad as they recite stories and genealogies of their patrons (jajmans), who are spread across Rajasthan and adjoining states in India.



SESSION 1: BREAKING THE SILENCE

MATERIAL REQUIRED:

-  Flipchart or blackboard
-  Copies of case studies in local language
-  Marker pen

After welcoming the participants and thanking them for their willingness to participate in such a sensitive workshop, the trainer opens the session by initiating a discussion on menstruation with a set of leading questions. While seemingly unrelated to the topic, the questions are aimed at engaging the audience in conversation about menstruation.

SOME FREQUENTLY ASKED QUESTIONS

Q: At what age does a girl start menstruating?

A: Some girls begin to menstruate as early as age eight or nine, while others may not get their first period until a few years later. The onset of puberty or age of menarche is generally around age 12.

Q: How much flow is there normally?

A: Menstrual flow can vary from person to person. Usually, an entire period consists of a few to several spoonfuls of blood.

Q: How long should a girl's period last?

A: The duration of a menstrual period can vary from girl to girl. Bleeding usually lasts for four to five days but anything between two and seven is normal. One girl might have three-day periods while another might have six-day periods. In some cases, the length of the period can vary from month to month. For example, in the first month, a girl's period might last four days, and then the next month it could be six days.

Q: What kinds of foods should be avoided during periods?

A: Eat everyday foods such as vegetables, roti, rice, pulses and lots of fibre, and drink plenty of water to avoid constipation, as it can lead to increased pain from menstrual cramps. Cutting down on salty foods will prevent water retention in the body.

Q: How does the body feel during menstruation?

A: Sometimes a girl may experience physical or emotional changes around the time of her period, while others may not feel any change in moods or body. Physical changes include: cramps, pain, bloating, weight gain, food cravings, painful breasts, headache, dizziness or irritability. Emotional changes include: short temper, aggression, anger, anxiety or panic, confusion, lack of concentration, nervousness, tension, fatigue or depression.

Q: Is it risky or dangerous to engage in sports and games during menstruation?

A: No, but if you feel tired or weak and feel the need to rest then rest is advised.

Q: Are girls unclean and impure during periods?

A: There is no impurity in the blood associated with menstruation. Cleanliness and hygiene are important to the menstrual flow, to keep away any odor or infection.

Q: Should girls use only sanitary napkins?

A: No. Clean and dry cotton cloth can be made into a pad for absorbing menstrual blood.

Q: What can be done to relieve menstrual cramps?

A: Place a hot water bottle on the abdomen or on the back, depending on the cramps' location. Take a warm bath. Drink a hot beverage, such as tea. Take a walk. Rub or massage the abdomen. Get on your elbows and knees so that the uterus is hanging down, which helps it to relax. Lie on your back with knees up and move them in small circles.

2

SESSION 2: CONCEPT OF MHM

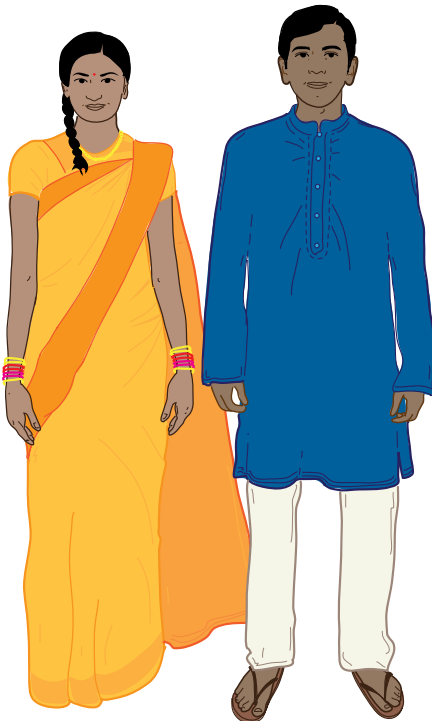
If your audience has both male and female participants it is advisable to divide them into gender specific groups. Some examples of leading questions are:

- What are the basic differences between male and female bodies?
- What changes occur in boys and girls as they grow?
- [Directed to male participants] Have you seen the girl or woman in your house excluded from the rest of the house or refrained from usual activities on any particular day(s)?

- [Directed to female participants] Are you subject to exclusion from the rest of the house or refrained from your usual activities on any particular day(s)?
- What do you think are the reasons for these exclusions, restrictions and customs?

ADDITIONAL INFORMATION

Write down all relevant responses on the flipchart or blackboard for use in further discussion. Once the participants are warmed-up and comfortable, be ready with case studies to sensitize them. Ask participants to share their stories, in brief.



KEY MESSAGES:

- Menstruation is part of growing up.
- Menstruation is normal for every woman, including the differently abled.
- Menstruation is not a women's issue but a universal issue – men need to know about it too!
- There are many myths and misconceptions around menstruation.

3

SESSION 3: THE BIOLOGY OF MENSTRUATION**GROUP ACTIVITY**

Having arranged a drop box for their responses, divide the participants into four groups, give each participant a paper chit⁴ and pen, and pose one of the following four sets of questions to each of group:

Group 1: Why do women menstruate?

Group 2: What do women use to manage menstruation; and what different kinds of materials have been seen used for managing menstruation?

Group 3: At what age does a girl begin menstruation; how many times does a woman menstruate per month; how many times will she menstruate in a year; how many times will she menstruate in her lifetime?

Group 4: What is the relationship between menstruation and motherhood?

RESPONSE COMPILATION

Once you have collected the responses from the drop box, sort them into their respective groups and display them on four separate charts for knowledge sharing.

FACT SHARING

Following the group activity, share the facts about menstruation and clarify any conflicting answers or ideas that may have been generated by the participants.

Next, use the KAAVAD Flipbook (fold-out book) to explain the difference in biological and physical changes that occur in the male and female body. The fold-out book will help to shift the discussion from external to internal changes in males and females. See illustrations from Flipbook.

Finally, use the illustrated menstruation wheel to support learning around the menstrual and reproductive process. (See p14)

⁴ To make compiling the answers easier, try using different coloured chits to identify each separate group.



SESSION 4: MHM COMPONENTS

TYPE OF MATERIAL	ADVANTAGES	DISADVANTAGES
Cotton Cloth pad (muslin)	<ol style="list-style-type: none"> 1. Easily available 2. Low / no cost 3. Washable / Reusable 4. Wearable without underpants 	<ol style="list-style-type: none"> 1. Gets soaked fast 2. Difficult to change 3. Repeated use causes abrasions in the thigh 4. Improper washing, drying and storage causes infections
Cloth pad filled with ash / sand / dried leaves	<ol style="list-style-type: none"> 1. Easily available 2. Low / No cost 3. Washable / reusable 4. More soaking capacity 	<ol style="list-style-type: none"> 1. Increased risk of infection 2. Pad can fall or snap under its weight 3. Heavy and inconvenient when used with sand
<p>Sanitary napkin</p> <p>(a) Polymer</p> <p>(b) Wood pulp</p> <p>(c) Cotton</p> <p>(d) Gel</p> <p>Instruction: Trainers can inform participants about the type of sanitary napkin from its packaging and product details</p>	<ol style="list-style-type: none"> 1. Safe and hygienic 2. High Soaking capacity 3. Comfortable 4. Convenient to change 5. Convenient to carry 6. Easily available (except in some remote rural areas) 7. Light weight 	<ol style="list-style-type: none"> 1. Costly 2. Not biodegradable, making disposal difficult 3. Prolonged use of a single napkin causes infection and diseases 4. Not reusable 5. Latrines / toilets / drains can get choked if napkins are disposed there 6. Can cause environmental pollution

THE RELATIONSHIP BETWEEN HEALTH AND MENSTRUAL HYGIENE

OBJECTIVE:

At the end of LU-2 participants will be able to describe the importance of menstrual hygiene and its impact on health.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Breaking myths about menstruation	Lecture & Discussion	Black-board		20 min	Master trainer – community health expert
2	Aspects of reproductive health and menstrual hygiene	Lecture	Black-board		35 min	
3	Impact on health due to lack of menstrual hygiene	Lecture	Black-board	Salt, soap, water, ash, bowl, perfume, powder, pictures of hygiene practices, flipchart, masking tapes and marker pens	35 min	

INTRODUCTION

Every female will notice changes in her body as she grows up and develops. One of the fundamental changes that occur in most adolescent girls is menstruation, which is a natural part of the female reproductive cycle. But issues relating to menstruation and menstrual hygiene are all too often avoided or not discussed freely by community members and parents. Hence the need for an effective approach that takes socio-cultural factors into consideration and encourages dialogue.

The following sessions will equip participants with concepts that will enhance their ability to identify and assess menstrual hygiene practices.

SESSION 1: DISPELLING MYTHS ABOUT MENSTRUATION

MENSTRUATION IS:

- An indication that a girl is approaching maturity.
- The shedding of tissue and blood from the lining of the womb through a woman's vagina.
- Also called 'menses', 'menstrual period', 'monthly bleeding' and 'period', menstruation is a normal and natural part of biological maturity.
- The blood and tissue that comes from the uterus when fertilization does not occur.
- The monthly self-cleaning action of a healthy uterus.
- An important developmental milestone for girls, the same way wet dreams are for boys.

FACTS ABOUT MENSTRUATION:

- The first menstrual cycle is called 'menarche'.
- Periods in the first few years of menstruation are not very regular.
- Some girls have their first period as early as eight or nine years of age.
- Some women menstruate every 28 days, while others have longer cycles (35 days) or shorter cycles (21 days).
- Periods usually last from 2-7 days, with five days being the average length of menstrual flow.

MENSTRUATION IS NOT:

Sickness, illness, disease, infection, harmful, dirty, shameful, unclean or otherwise 'negative'.



MENSTRUAL CYCLE

Use the illustrated menstruation wheel to support learning around the menstrual and reproductive process.

COMMON SYMPTOMS THAT OCCUR BEFORE OR AT THE ONSET OF MENSTRUATION:

- General weakness of the body; body feels heavy.
- Dizziness, nausea, cramps/lower abdominal pain.
- Headache, enlarged and painful breasts, fever.
- Backache, irritability, depression, tiredness, pimples, etc.



MENSTRUAL HYGIENE IS IMPORTANT BECAUSE IT:

- Prevents infection.
- Prevents body odour.
- Enables women to remain healthy.
- Enables women to feel comfortable, confident and stay fresh all day.

WAYS OF MINIMISING POOR MENSTRUAL HYGIENE:

- Hygiene education and promotion for women/girls.
- Education of young girls (primary and post-primary).
- Proper washing of vulva and hands with soap and water.

5 Taken from Module One: *Menstrual Hygiene – The basics*. Part of *Menstrual hygiene matters; A resource for improving menstrual hygiene around the world*, written by Sarah House, Thérèse Mahon and Sue Cavill (2012). www.wateraid.org/~media/Files/Global/MHM%20files/Module1_HR.ashx

6 Hochwalt A (2012) Personal communication.

7 McKee D, Baquero M, Anderson M and Karasz A (2009). *Vaginal hygiene and douching: Perspectives of Hispanic men, Culture, Health and Sexuality*, vol 11, no 2, pp 159-171.

8 Candida overgrowth causes Thrush. Candida is normally present in gut flora and also in the mouth and vagina. Hence a lack of hand washing after going to the toilet or changing a sanitary towel or tampon can spread infection to the vagina, urethra or mouth of another susceptible person (such as a baby).

SESSION 2: ASPECTS OF REPRODUCTIVE HEALTH AND MENSTRUAL HYGIENE

Hygiene-related practices of women and adolescent girls during menstruation are of considerable importance, as it may increase vulnerability to Reproductive Tract Infections (RTI's). Poor menstrual hygiene is one of the major reasons for the high prevalence of RTIs in developing countries and contributes significantly to female morbidity.

To kick-start the FGDs on some of the sexual reproductive ailments that can be linked to MHM, introduce the examples that are listed in the table below⁵ as potential areas for discussion.

Practice	Health Risk
Unclean sanitary pads / materials	Bacteria may cause local infections or travel up the vagina and enter the uterine cavity.
Changing pads	Wet pads can cause skin irritation which can then become infected if the skin becomes broken.
Insertion of unclean material into the vagina	Bacteria potentially have easier access to the cervix and the uterine cavity.
Using highly absorbent tampons during a time of light blood loss	Toxic Shock Syndrome.
Use of tampons when not menstruating (eg to absorb vaginal secretions)	Can lead to vaginal irritation and delay the seeking of medical advice for the cause of unusual vaginal discharge ⁶ .
Wiping from back to front following urination or defecation	Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely.
Unprotected sex	Possible increased risk of sexually transmitted infections or the transmission of HIV or Hepatitis B during menstruation.
Unsafe disposal of used sanitary materials or blood	Risk of infecting others, especially with Hepatitis B (HIV and other Hepatitis viruses do not survive for long outside the body and pose a minimal risk, except where there is direct contact with blood as it leaves the body).
Frequent douching (forcing liquid into the vagina)	Can facilitate the introduction of bacteria into the uterine cavity ⁷ .
Lack of hand-washing after changing a sanitary towel	Can facilitate the spread of infections such as Hepatitis B or Thrush ⁸ .

TOXIC SHOCK SYNDROME

Toxic Shock Syndrome (TSS) can occur in a number of situations, including postpartum, from infected skin and surgical interventions, or as a result of menstrual hygiene practices – especially tampon use. Menstrual-related TSS results from insertion of a fomite (an object or substance capable of carrying infectious organisms). While rare, it is a serious and sometimes fatal disease. It is caused by a toxin produced by strains of a bacterium known as *Staphylococcus aureus*, which normally lives harmlessly on the skin and in the nose, armpit, groin or vagina of one in three people. In rare cases, these bacteria cause a toxin in people without antibodies (to the toxin), which results in TSS. The risk of TSS is greater in younger people than in older people, the acquisition of protective antibodies being a function of age. Infections have been especially linked to the use of high absorbency tampons.

The signs and symptoms of TSS mimic flu symptoms. It normally begins with a sudden/acute high fever (38°C/100.4°F) before developing rapidly into other symptoms, often in the course of a few hours. These may include:

- Rash – a diffuse macular erythroderma (reddish eruption of bumps and flat discoloured skin).
- Skin desquamation – a rash-like sunburn with discoloration and skin peeling, especially on palms and soles, one to two weeks after the onset of illness.
- Hypotension – dizziness and fainting.
- Myalgia (muscle aches).
- Disorientation/alteration in consciousness, and confusion.
- Gastro-intestinal symptoms (vomiting and diarrhoea).

VAGINAL DISCHARGE

Vaginal discharge may be thin and clear, thick and mucous-like, or long and stringy. A discharge that appears cloudy white and/or yellowish when dry on clothing is normal. The discharge will usually change appearance at different times during the menstrual cycle, and for a variety of other reasons, including emotional or sexual arousal, pregnancy and use of oral contraceptive pills.

The following can be a sign of abnormal discharge and could indicate a health problem:

- Discharge accompanied by itching, rash or soreness.
- Persistent increased discharge.
- White, lumpy discharge (like curds).
- Grey/white or yellow/green discharge accompanying a bad smell.

INFECTIONS RELATED TO THE REPRODUCTIVE TRACT

Girls and women may be more at risk of infections during menstruation. Some of the common infections associated with the reproductive tract are:

- Bacterial vaginosis
- Vulvovaginal candidiasis (thrush)
- Chlamydia
- Trichomonas vaginalis
- Gonorrhoea
- Syphilis
- Hepatitis B
- HIV
- Urinary tract infection (UTI)
- Pelvic inflammatory disease (PID)
- Vaginitis

While menstruation may make a girl or woman more susceptible to infection, sexually transmitted infections (STIs) only occur from having unprotected sex. The term reproductive tract infection (RTI) includes sexually and non-sexually transmitted infections. Some RTIs may also increase the risk of other reproductive health problems. The bacteria that cause bacterial vaginosis (BV) may have a possible, but not proven, link with increased vulnerability to HIV. BV is also thought to increase the chance of premature delivery, postpartum infections, and postsurgical complications following abortion or caesarean section.

Poor menstrual hygiene may, in theory, contribute to infections such as BV, but it is not known if poor menstrual hygiene the risk of all reproductive tract infections or the risk of reproductive tract infections in different population groups.

While there is no evidence of increased risk of chlamydia or gonorrhoea in the lower genital tract during menstruation, if unprotected sex occurs at this time, there may be a higher risk of infection from increased penetration of the cervical mucus and movement of menstrual blood back into the uterus. This in turn could lead to a complication of PID and infection of the upper genital tract.

Sexual intercourse during menstruation can also be one possible risk factor for progression of lower genital tract infection to PID.

UTIs are bacterial infections that can affect any part of the urinary tract and can be symptomatic of reproductive tract infections. However, there is limited research on the risk of UTI from poor menstrual hygiene practices.

HEALTH RISKS FROM SANITARY PRODUCTS AND MATERIALS USED FOR MENSTRUATION

Sanitary materials manufactured by large multinationals are usually rigorously tested to ensure they do not cause hypersensitivity reactions. However, girls or women with particularly sensitive skin may experience reactions to menstrual hygiene products, particularly as a result of friction or prolonged contact with moisture on the skin.

Some women have allergic reactions to additives added to commercial products to mask odour and/or increase absorbency. Large-scale manufacturers are continually developing their products to increase absorbency and acceptability but the costs of such products may be out of reach of many women and girls.

Locally produced products can often be cheaper and just as acceptable for the majority of women. However, it is in the interest of every manufacturer to ensure that their products are acceptable, and are packaged and sold in hygienic conditions.

TSS has been associated with the use of tampons (particularly high absorbency tampons available in the 1980s). Not changing a tampon regularly is not believed to be a risk factor for TSS (although it is sometimes noted to be so); but changing a tampon regularly is still recommended as good practice. TSS risk can be reduced by using a tampon with the lowest absorbency needed to manage the menstrual flow, and interrupting tampon usage by using a sanitary towel from time to time during the period.

SESSION 3: COMMUNITY HEALTH AND MENSTRUAL HYGIENE MANAGEMENT

As is highlighted previously, menstruation is a natural process. However, if not properly managed it can result in health problems. Reports have suggested links between poor menstrual hygiene and UTIs, RTIs and other illnesses. But further research and robust scientific evidence are needed in this area. The impact of poor menstrual hygiene on the psychosocial wellbeing of women and girls (e.g. stress levels, fear, embarrassment, and social exclusion during menstruation) should also be considered.












TOOLS:

FGD, brainstorming, demonstration

DURATION:

45 minutes

MATERIAL REQUIRED:

 Salt	 Powder
 Soap	 Pictures of hygiene practices
 Water	 Flipchart
 Ash	 Masking tapes
 Bowl	 Marker pens
 Perfume	

WHAT TO DO:

1. Divide participants into focus groups.
2. Ask them to brainstorm and come up with a list of how women take care of themselves during menstruation.
3. Let them present their group works in plenary.
4. Facilitate a discussion on the issues raised above.

NB: At this point the discussion should be gradually tailored towards distinguishing between safe and poor menstrual practices.



5. Still in plenary, ask participants to recall what happens when women do not take proper care of their bodies during menstruation.

NB: Note down answers on a flipchart and discuss the points one after the other.

6. Present participants with images of hygiene practices.

7. Ask them to describe what practices and messages they can deduce from the images.

8. Demonstrate proper hand washing during menstruation.

9. Conclude by summarizing key points.

10. Thank them for their patience and effort.

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NOTE FOR FACILITATOR - THESE POINTS CAN BE MENTIONED IF THEY HAVE NOT ALREADY COME UP:

1. Safe menstrual practices

- Change sanitary material at least three times a day or when soaked.
- Change underwear/panties daily.
- Wash hands before and after changing sanitary pad/cloth.
- Use hot water and salt to wash sanitary cloth and dry them under sun.
- Use sanitary pad or clean cotton materials/cloth that have been preserved specifically for menstruation every month.

2. Poor menstrual practices

- Use of toilet tissue.
- Drying sanitary cloths inside dark corners of the house.
- Washing of used sanitary cloth in streams or rivers.
- Use of dirty/unclean underwear/panties.

Effects of poor menstrual hygiene practices include:

Infection, discomfort, offensive odour and low self-esteem.

EXCLUSION, DISABILITY AND THE ROLE OF MEN IN MHM

OBJECTIVE:

At the end of LU-3 participants will be able to describe what is meant by female empowerment and participation, be aware of exclusion and disability issues, and have an understanding of the role men play in MHM.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Increasing female participation, awareness and breaking the silence Physically challenged people and MHM	Lecture & Discussion	Black-board	Lab Manual	15 min	Master Trainer
2	The role of men in MHM: myth, material, budget, and physical support	Lecture & Discussion	Black-board		15 min	

SESSION 1: MHM AND DISABILITIES

1

Trainers must be aware of different types of disabilities, and their specific MHM needs. Regardless of their abilities, disabled people experience the same biological and physical changes as anyone else, so their menstrual management needs are identical. However, understanding differences in physical and mental abilities is essential when it comes to providing effective support to disabled people.

For instance, a woman or adolescent girl who is differently-abled is subject to social, physical, cultural and economic barriers that stop her from getting information on health care, education, vocational training and employment. As a result, she is excluded from vital support programmes, which worsens her situation.

STEP 1: GROUP DISCUSSION

To help tackle the problem of exclusion and lack of equity for disabled people, introduce the following examples as discussion points:

1. If someone is blind or visually impaired

It may be difficult for a blind adolescent girl to identify her period initially as she will be unable to see the menstrual blood. However, over the course of a few months, she will understand her menstrual cycle, how it feels and sense its timing. Useful advice would therefore be:

- Emphasize the hormone-triggered emotional changes that occur during the menstrual cycle, to create awareness on menstruation.
- Motivate her to take support from family members or someone she trusts to check if there is any blood on her clothing.

2. If someone is deaf or has difficulty hearing

Use visual aids to explain menstruation and hygiene management practices to those who are hearing impaired.

3. If someone has a physical disability

Talk to the person to understand and assess the kind of facilities they require for managing menstruation. Guide them on how they can work with their family and support group to make provisions for these facilities, which include:

- A toilet and bathing space equipped with railings.
- Doors that open outward rather than inward.
- Water taps that are within their reach.
- Storage of cloth and sanitary napkins in a place within their reach.

4. If someone is mentally challenged

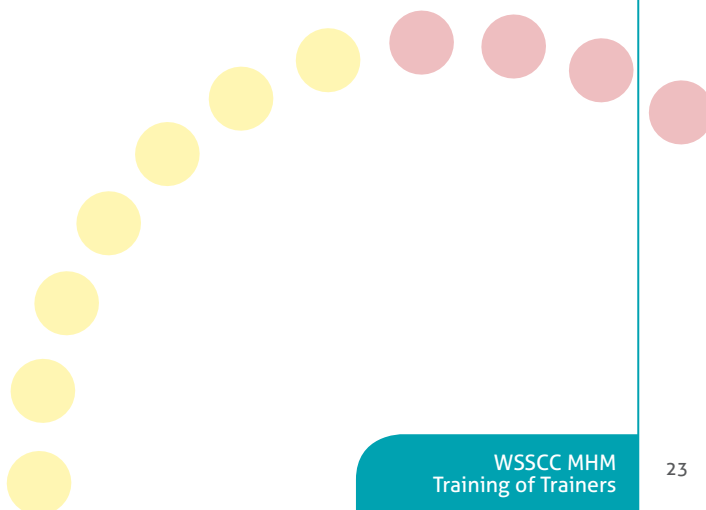
Ask participants if they have family, friends or neighbours that are mentally challenged. Discuss how and what kind of support is needed to help them with menstrual hygiene management.

STEP 2: INSTRUCTION

Trainers should share key points to care givers of mentally challenged women and adolescent girls, so that they can help them manage their menstruation independently.

KEY POINTS INCLUDE:

- Identify the kind of cloth or pads she has access to and use the same for demonstration.
- Show her where the supply of cloth or pad is kept.
- Show her where the pads or cloth are thrown out or how they are washed if they are to be reused.
- Put a pad or cloth inside her underwear so she can practice and get used to wearing it.
- Explain that she may want to wear dark clothing during her period, so there will be less chance of any blood stains showing.

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Tips:

- 1. A woman who is blind or has difficulty in seeing:**
 - Unless it is an emergency, do not touch the woman before telling her who you are.
 - Do not assume that she cannot see you at all.
 - Speak in your normal voice.
 - If she has a stick, do not take it away from her at any time.
 - Say 'goodbye' before walking away or leaving.
- 2. A woman whose hearing is impaired:**
 - Make sure you have her attention before speaking to her. If she is not facing you, touch her gently on the shoulder.
 - Do not shout or exaggerate your speech.
 - Look directly at her and do not cover your mouth with anything.
 - Ask her about her preferred way of communicating.
- 3. A woman with a physical disability:**
 - Do not assume she is mentally slow.
 - If possible, sit so that you are at eye level with her.
 - Do not move crutches, sticks, walkers or wheelchairs without her permission, or without arranging their return.
 - If she is a wheelchair user, do not lean on or touch her wheelchair without her permission.
- 4. A woman who does not speak clearly:**
 - Even though her speech may be slow or difficult to understand this does not mean she has any difficulties in learning and understanding.
 - Ask her to repeat anything you do not understand.
 - Ask questions she can answer by yes / no.
 - Let her take as much time as she needs to explain her problem.

Be patient.
- 5. A woman who has a learning disability or difficulty understanding you:**
 - Use simple words and short sentences.
 - Be polite and patient, and do not treat her like a child.

SESSION 2: THE ROLE OF MEN IN MHM: MYTH, MATERIAL, BUDGET, AND PHYSICAL SUPPORT.

STEP 1: GROUP DISCUSSION

Men and boys have a specific role to play in the community supporting their wives, female relatives, friends, students, clients and colleagues in their menstrual hygiene. Trainers should ask the group to name some of these roles. Depending on the group discussion answers, the trainer can probe further using the following list, if these areas are not brought out by the group.

Roles include:

- Challenging negative attitudes and perceptions.
- Sharing information on good menstrual hygiene practices.
- Participating in local production of menstrual products.
- Ensuring women and girls can afford and access sanitary materials (some women will not buy sanitary napkins if men are selling them).
- Addressing barriers to water and sanitation for the hygienic management of menstruation with privacy and dignity.

STEP 2: INSTRUCTION AND Q&A

During the Nirmal Bharat Yatra, WSSCC conducted interviews with men, boys, women and girls across five states in India to find out more about attitudes on menstrual hygiene. Trainers can lead the following Q&A session, using the answers from the Yatra survey:

Where do you think men said they get their information from about menstrual hygiene?

- Most men gained their knowledge of MHM from their wives.

Where else do participants think men could get information? Is it important for men to have information? If so, why? How could we reduce teasing in schools for girls who are menstruating?

When do men usually get involved in menstrual hygiene discussions at home?

- Men generally get involved in MHM issues in their household only in circumstances of infections or other medical complexities reported by the menstruating women.

What other role could men play?

What role do men have in choosing appropriate materials for menstrual hygiene management?

- Choice of cloth or sanitary napkins for a woman is largely influenced by the economic condition of her husband.
- Sometimes women prefer a male relative to buy sanitary napkins from male retailers.

Do men agree with restrictions faced by some women during menstruation?

- Many interviewees felt that restrictions faced by women during menstruation are largely traditions passed from women to women.
- Most men found it reasonable to have unrestricted movements for women during menstruation.
- Bathing after menstruation is perceived as a sign of cleanliness, and in such situations, religious prayers/poojas at home and visiting temples by menstruating women were accepted by most men.

Expected outcomes from FGDs with boys in schools

- Breaking the silence.
- Facilities required in schools to manage MHM: changing places; disposal systems; washing and drying facilities; bathing facilities (in case of emergencies); spare clothes/uniforms; stock of sanitary napkins/clothes; soap.

TOOL TO RUN AN FGD WITH BOYS AGED 9-12:**Discussion with Boys**

Time	Particulars	Methodology / Tools
10min	Introduction – Team and Participants Purpose of the visit	Lecture & Discussion
20 min	My dream school	Drawing
15 min	I am a Boy • Advantages and Disadvantages • Differences	Discussion
15 min	Badetey Badetey Kutch Kutch hota hai	Film
15 min	Feedback Film Girl's menstruation	Discussion
15 min	What kind of facilities are needed for making our friends' menstruation days comfortable?	Cards

Purpose of the visit

- To initiate discussion with boys on MHM
- To create a friendly atmosphere in school for MHM

PROCESS

My Dream School

Distribute paper and drawing materials and ask children to draw a picture of a model school or somewhere they would really enjoy their education.

To help stimulate the activity, trainers can pose the following ideas:

- What more (e.g. equipment, resources) would your school need for it to become the best in the country?
- After selecting the best picture from the group, create a discussion around why that particular 'best school' picture was selected.

I am a Boy

Using a blackboard, draw a table (as illustrated below) and ask the children what they feel are the advantages and disadvantages of 'being a boy'.

Advantages	Disadvantages

FEEDBACK SESSION

Generate feedback from boys about film. For instance, what did they like about the film? What new ideas did they learn? How did the film make them feel?

Following this discussion, ask the boys what they now understand about girls' menstruation, and based on their responses, facilitate final session discussion.

What kind of facilities are needed to make our friends' menstruation days comfortable?

Distribute two cards to each boy and ask the group:

- How will they support their sisters, mothers and friends to make their menstruation days comfortable?
- What kind of facilities are needed for better management of menstruation?

CONCLUSION

MESSAGE TO BE COMMUNICATED:

"Let's support our sisters, mothers, friends and other female family members to manage their menstrual days hygienically."

LEARNING UNIT 4

MHM FOR DIFFERENT AGE GROUPS (ADOLESCENTS AND MENOPAUSAL WOMEN)

OBJECTIVE:

At the end of LU-4 participants will have an understanding of specific MHM issues faced by different age groups.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Importance of engaging adolescents in MHM as a priority	Lecture	Black-board	Fold-out book	30 min	Master Trainer
2	Growing up: Changes in body	Lecture	Black-board, Flipcharts & Marker pens	Fold-out book	30 min	
3	Managing menstruation during school and play: Dos and Don'ts	Lecture	Black-board, Flipcharts & Marker pens	Checklist	30 min	

1

SESSION 1: IMPORTANCE OF ENGAGING ADOLESCENTS IN MHM AS A PRIORITY

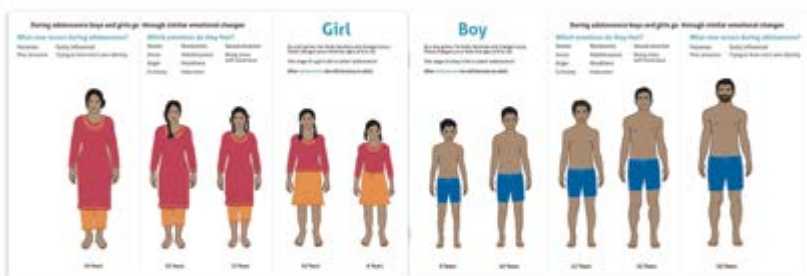
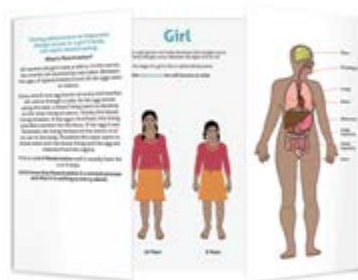
Adolescents and pupils (both girls and boys) need to receive information about MHM and the biological facts and practical ways of managing blood flow in a hygienic and discrete way. Both types of education are significantly lacking in many schools. WASH practitioners can confront this problem by:

- Establishing hygiene clubs, where older students teach younger students about MHM;
- Training teachers about how to convey biological facts in a sensitive manner;
- Providing IEC materials about MHM;

- De-linking the teaching of sex education from training in menstrual hygiene practices, to avoid causing ethical or religious offence;
- Strengthening the relationship between schools and health extension workers who should be encouraged to visit schools and offer counselling services;
- Focusing MHM education towards boys as well as girls, to foster more understanding attitudes and decrease social stigmas.

SESSION 2: GROWING UP – CHANGES IN THE BODY

Use the KAAVAD Flipbook to explain the difference in biological and physical changes that occur in the male and female body. The Flipbook will help to shift the discussion from external to internal changes in males and females.



3

SESSION 3: MANAGING MENSTRUATION DURING SCHOOL AND PLAY – DOS AND DON'TS

GROUP DISCUSSION

Trainers should ask the group to name some of the basic 'Dos' and 'Don'ts' concerning MHM at school and also during play time. Depending on the group discussion answers, the trainer can probe further using the following list, if the group has not already raised these issues.

DOS:

- Provide privacy for changing materials, and for washing the body with soap and water.
- Provide access to water and soap within a place that provides an adequate level of privacy for washing stains from clothes/reusable menstrual materials.
- Include access to disposal facilities for used menstrual materials (from collection point to final disposal).

DON'TS:

Female teachers and adolescent schoolgirls face challenges in managing their menstruation at school. These include:

- Lack of sanitary menstrual materials.
- Less concentration and participation, including not being able to stand up to answer questions.
- Lack of private facilities and water supply for washing and drying of soiled clothing, cloths and hands.
- Absenteeism from school during menstruation because of lack of facilities.
- Fear of using the latrine in case others discover menstrual blood.
- Lack of information about the menstrual process, leaving them scared and embarrassed.
- Exclusion from sports.

MULTI-LEVEL INSTITUTIONAL ARRANGEMENTS AND THE ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS IN MHM

OBJECTIVE:

At the end of the LU-5 participants will have an understanding of institutional hierarchy and arrangements in the WASH sector – from central to village level. Participants will also be able to define the roles and responsibilities of different stakeholders connected to MHM.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Description of institutional arrangement from country to village level under WASH sector	Lecture, FGDs	Flipcharts, Blackboard, Marker pens		30 min	
2	Discussion around roles of all stakeholders involved in MHM – from CSOs, to health officials, media, etc.	Lecture, Interaction	Flipcharts, Blackboard, Marker pens		30 min	Master Trainer

SESSION 1: INSTITUTIONAL ARRANGEMENTS

Trainers should ask the group to name some of the institutions that they see as being crucial to MHM. Depending on the group discussion answers, the trainer can probe further using the following list of questions and statements, if these areas are not brought out by the group.

Which government ministries, departments and utilities are involved in the WASH sector at national and local levels, and how are responsibilities divided between them? Which is the lead ministry for sanitation? These questions will help you to understand which stakeholders are involved in the WASH sector, and what are their roles.

1

Both menstrual hygiene and sanitation generally involve many ministries (compared with other sectors, such as education, which have one core ministry). Examples for menstrual hygiene might include ministry of health, ministry of finance, the ministry of sanitation and even the ministry of water!

Trainers need to understand the roles and relationships between each of the ministries involved. Sources for this information across India include talking with government officials at different levels and government websites.

2

SESSION 2: ROLES OF STAKEHOLDERS

Trainers should ask the group to name some of the institutions that they see as crucial for better MHM. Depending on the group discussion answers, the trainer can probe further using the following list of questions and statements, if these areas are not brought out by the group.

In your context (national, state, district, block, panchayat) there are sector coordination mechanisms, either for WASH or for water and sanitation separately? You can ask government officials or other NGOs for this information. If there is a coordination mechanism, is it functioning well? Does it include civil society? It would be useful to get the perspective of different ministries and external stakeholders (e.g. NGOs, UN agencies, donors) here. What role does the health sector play in sanitation and hygiene promotion? Does the ministry of health have any responsibility for sanitation and hygiene? How are hygiene promotion and health integrated with water and sanitation?

The health sector has a role to play both in extending access to sanitation and hygiene services, and advocating for greater attention (politically and financially) to sanitation and hygiene across governments. However, while sound evidence exists about the negative impact of poor sanitation and hygiene on public health, and conversely the health benefits of improved sanitation and hygiene, the health sector (globally and nationally) has not always responded to this evidence. It would be good to assess the situation in your state. You could do this by talking to government officials, but you could also look at health policy documents. Do they mention sanitation and menstrual hygiene? Is the health sector involved in any coordination mechanism that exists for either sanitation or WASH more broadly?

Ideally, sanitation and hygiene should be recognised as a critical determinant of health, environmental safety and some aspects of sanitation and hygiene should be integrated within health policy and programming. Is this the case? To what extent?

How about education? What are the links between sanitation, hygiene and education? Are there educational links and implications for WASH and more specifically MHM related issues?

Is there an effective framework for performance-monitoring in the WASH sector? Are CSOs, teachers and health extension workers involved? What are the gender related indicators in the WASH monitoring framework at different levels? Can we think of simple and effective indicators for good MHM?

In addition, how useful is the media in achieving government accountability? What are the main newspapers, radio stations and television stations saying with regard to WASH issues? In terms of menstrual hygiene, you could look at how many articles on these issues have appeared in the national press over the last 12 months.

FACILITIES REQUIRED FOR MENSTRUAL HYGIENE MANAGEMENT IN SCHOOLS, ANGANWADI CENTRES, PUBLIC PLACES AND WORKPLACES

OBJECTIVE:

By the end of LU-6 participants will be able to explain the range of facilities needed in households, schools, *anganwadi* centres, public places, workplaces, self-help groups (SHGs) centres and public health centres.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Specific facilities required for MHM in different types of locations	Lecture & Group discussions	Black-board	Refer to materials needed in Session 3 of the <i>WASH & Health Practitioners MHM Training Manual</i>	90 min	Master Trainer

Women and adolescent girls face a number of problems and challenges accessing MHM facilities in the workplace, school and at home. Trainers should therefore include the following points in their lectures, group discussions and AV presentations:

1. Workplace challenges

- Inadequate toilet facilities.
- Lack of facilities for washing and drying menstrual cloth.
- Lack of disposal for sanitary pads or menstrual cloths.
- Difficulty discussing menstrual issues with male managers. Managers often do not understand the need for women and girls to be able to take additional time in the toilet or the washroom to manage menstruation.
- Difficulty with concentrating on work due to menstrual cramps.
- Lack of sanitary materials or medicines.
- Lack of opportunities or facilities to change, wash or clean sanitary clothes while travelling for work.

2. School challenges

Female teachers and adolescent schoolgirls face a number of MHM challenges at school. These include:

- Lack of sanitary menstrual materials.
- Less concentration and participation, including not being able to stand up to answer questions.
- Lack of private facilities and water supply for washing and drying of soiled clothing, cloths and hands.
- Absenteeism from school during menstruation because of lack of facilities.
- Fear of using the latrine in case others discover menstrual blood.
- Lack of information about the menstrual process, leaving them scared and embarrassed.
- Exclusion from sports.

3. Household challenges

Women and adolescent girls face MHM challenges at home as well. These include:

- In some cultures girls and women are not allowed to bathe or wash themselves during menstruation. This causes discomfort and stress.
- Many women and girls have to manage their menstruation in the open air due to non-availability of toilets and running water.
- They can suffer from stress and anxiety due to the shame associated with menstruation.
- Moreover, they are unable to discuss these matters with family members due to taboos.

SAFE DISPOSAL OF SANITARY NAPKINS

OBJECTIVE:

At the end of LU-7 participants will be able to explain a variety of disposal options for sanitary napkins.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Disposal options for sanitary napkins and cloths at households, public places and institutions	Lecture & Group Discussion	Flipchart, Black-board, Marker pens		45 min	Master Trainer
2	Process and options of composting	Lecture & Group Discussion	Black-board		40 min	
3	Installation of incinerators schools and in intuitions: Technologies, cost and maintenance	Lecture	Black-board		40 min	

Reuse

To clean blood-stained rags, clothes, bed sheets and cloth used as sanitary napkin, do the following:

- Soak the soiled material in soapy water for 20 minutes. To ensure there is enough soap in the water, make sure there are a lot of bubbles when you stir and shake the water with your hand.
- Wash the soiled material as you would normally with soap and water.
- Allow the cleaned materials to air dry in the sun. Throw the soaking water in the toilet.
- Wash your hands thoroughly with water and soap.



Disposal

Blood stained materials can contaminate the environment and spread diseases if not properly disposed of, so it is critical to emphasize the need for proper disposal of menstrual waste. Reiterate that women and girls should not throw soiled cloths or napkins in latrines, toilets, open drains or water bodies such as streams, rivers, ponds and wells.

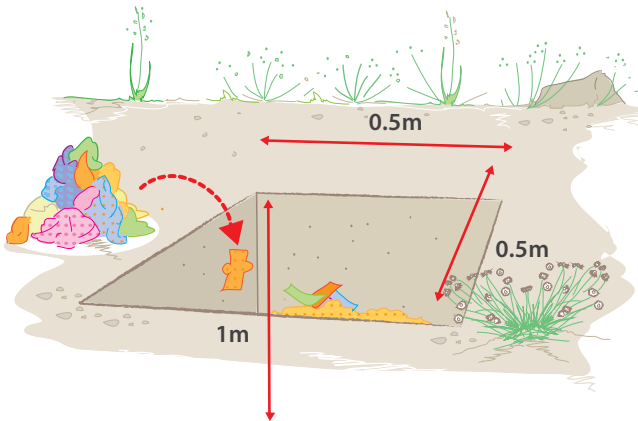
Following are some of the best available methods of safe waste disposal.

HOUSEHOLD LEVEL

1. Deep Burial

Used cloth and/or sanitary napkins could be buried in a simple pit.

- Dig a pit 0.5m wide x 0.5m in breadth x 1m deep.
- A pit this size can last for two years. Once filled, another pit can be dug and used.
- Such pits should be dug a minimum of seven meters from water sources, including hand pumps, tube wells, open wells, ponds, reservoirs and rivers.

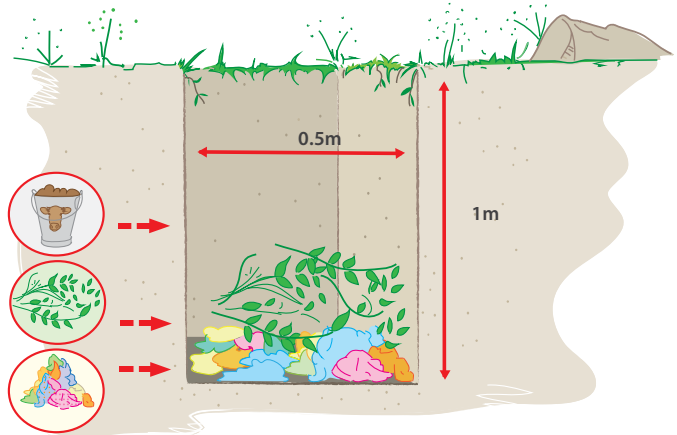




2. Composting: This is an improvement over the deep burial method

Used cloth and /or sanitary napkins could be buried in a simple pit.

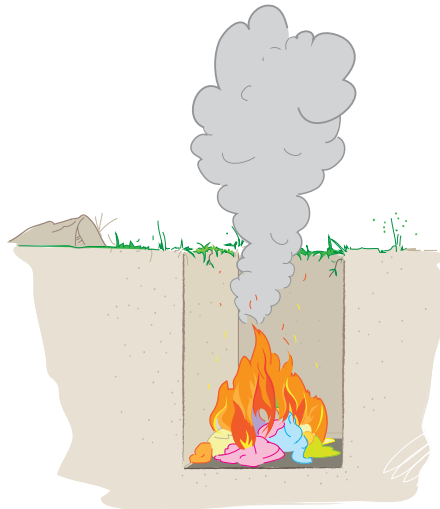
- In a pit 0.5m wide x 0.5m in breadth x 1m deep, deposit the waste cloth and sanitary napkins along with leaves, other wet biomass and dung slurry.
- The additional material needs to be added every time cloths or napkins are disposed.
- Cover the material with a layer of soil.



3) Incineration

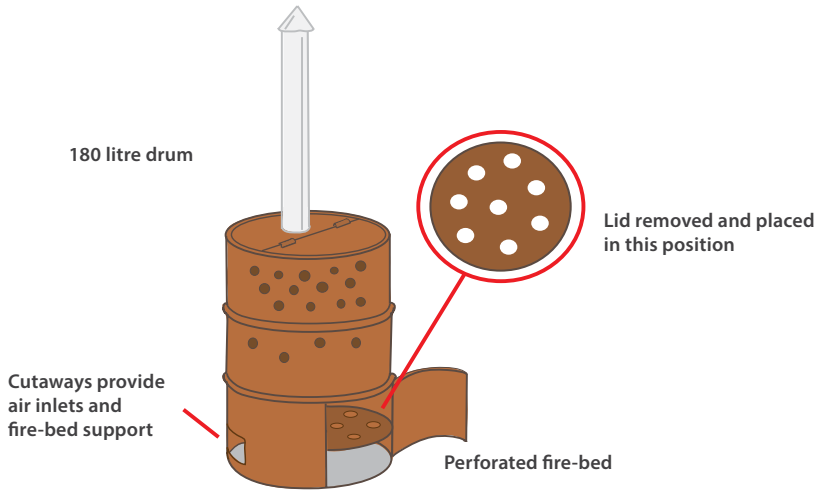
Burning of used cloth and napkins is not recommended as the process emits toxic compounds, so it should only be practiced when there are no other feasible options. Depending on available resources there are two options for burning waste, as shown in the illustrations below:

- **Burning the waste in a pit.**





- Burning the waste in a customised drum.



AT SCHOOLS AND COLLEGES

- It is not possible to accurately estimate the volumes of menstrual waste in schools due to several factors, including:
 - Varying numbers of students.
 - Absenteeism among girls who are menstruating.
 - Very few students change their napkins during school hours due to the absence of proper facilities for changing and washing.

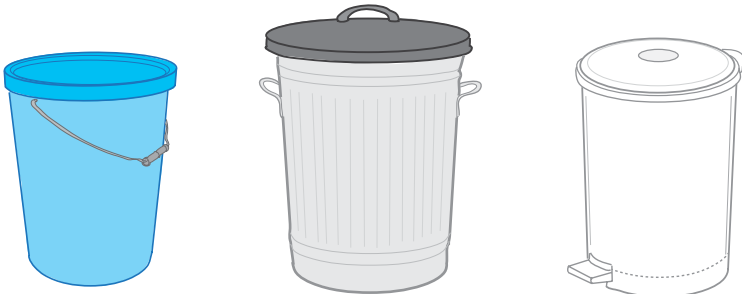
Privacy is a key factor in determining the location of menstrual waste disposal and collection facilities on school premises. Therefore, the location of these facilities should be decided after input from female students and teachers.



The following methods are suggested for the collection and disposal of used cloth and napkins in schools:

1. Collection of Used Cloths and Sanitary Napkins

- Schools need a separate private collection and disposal system for used menstrual cloth and sanitary napkins, in addition to conventional systems for solid waste disposal.
- This collection system should ideally be administered by a group of girls or a staff appointed by the school.
- Collection bins should be placed in locations identified by girls and female teachers.
- Collection bins should have lids on top to keep the waste protected from flies and animals (See below for examples of collection bins).
- Once collected, menstrual waste can be buried, composted or incinerated depending on available resources in school.



Referenced from: 'Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world.' - WaterAid

2. Deep Burial

Used cloths or sanitary napkins, or a combination of both can be buried in a simple pit of 1m wide x 1m in breadth x 1m deep. The pit should be located in an open space in the school premises in a location selected by the girls. Once it is filled, another pit can be dug and used.

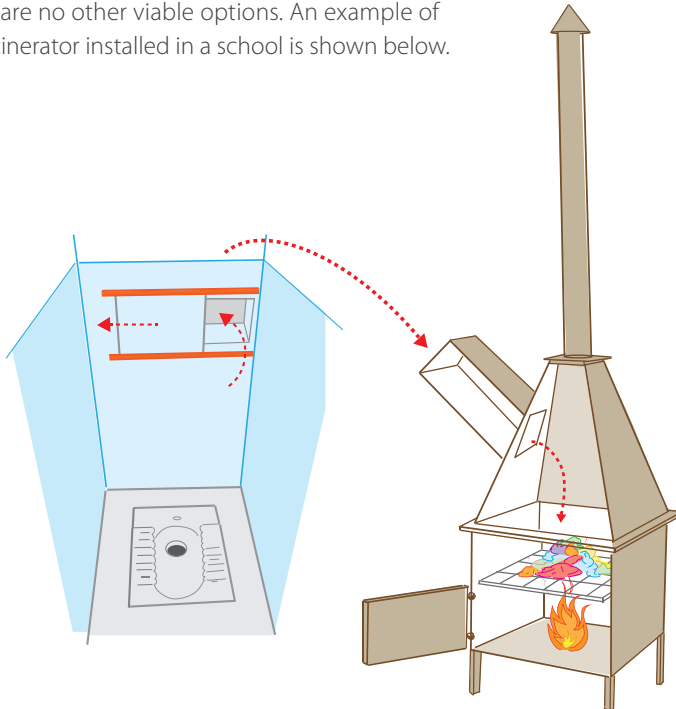


3. Composting: This is an improvement over the deep burial method

- In a pit of 1m wide x 1m in breadth x 1m deep, deposit used cloth and sanitary napkins with leaves and other wet biomass along with dung slurry to make the compost.
- The additional material needs to be added every time the cloths or napkins are disposed.
- Cover material with a layer of soil.
- A teacher or member of staff from the school should help with adding these materials and preparing the compost.
- Compost can be used by the community or for a kitchen garden around the school.

4. Burning/incineration

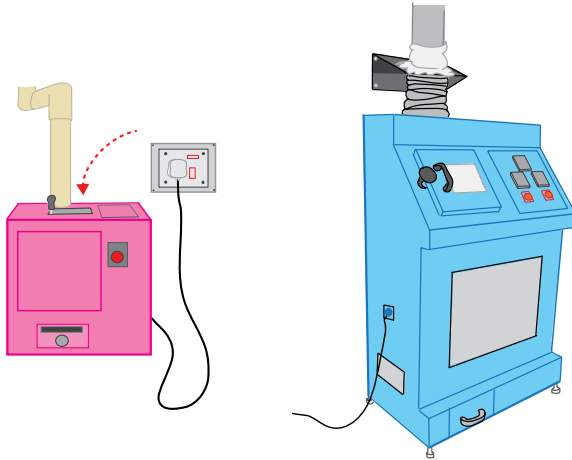
Used cloths/napkins could be burnt in an open pit similar to a deep burial pit. However, burning is not recommended and should be used only when there are no other viable options. An example of an incinerator installed in a school is shown below.





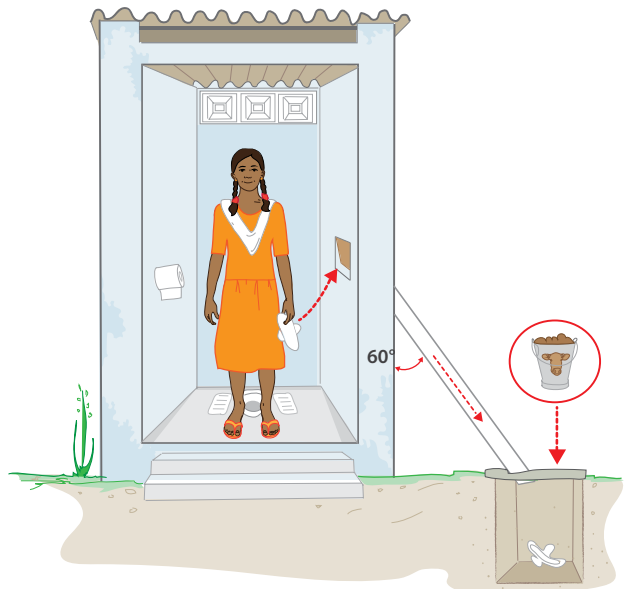
Electric incinerator

These can be adapted for girls' hostels, training centres and women's associations based on the number of women and girls residing or working in the location.



Disposal Chute and Composting Pit for School Toilets

This design uses a steep 60° chute made from a six inch PVC pipe, which leads from a hole in the cubicle wall to a simple unlined pit in the ground outside, separated from the septic tank and covered with a stone slab. Used menstrual cloths are dropped down the chute; adding a mug of cow dung slurry water once a week aids decomposition of all the organic waste and controls smell. (Almitra Patel, Bangalore)

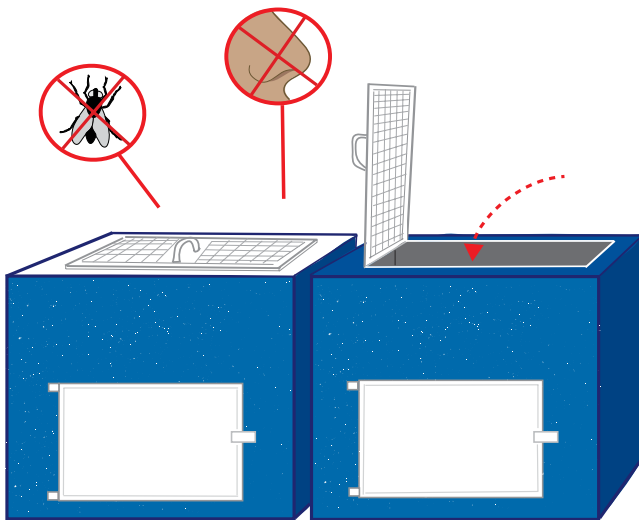




Biosanitizers

The Biosanitizer is a new and innovative method of composting, which uses bioconversion to dispose of sanitary napkins. Developed by Dr Nimala Ganla from Prasuti Gruha and Dr Renu Bharadwaj from BJ Medical College in Pune, India, the process involves two bins of 1m wide x 0.6m wide x 1m deep filled with a bed of coconut fibre, vegetable peels and a catalyst (which hastens decomposition) called Sujala Powder (developed by Dr. Bhawalkar, Pune).

In one study, after 20 days, sanitary napkins were added to the Biosanitizer along with placentae and dressing materials from approximately 700 surgeries from a local hospital. The process converted approximately 300kgs of waste into half a kilo of rich manure after three years. The Biosanitizer is odour free and does not attract flies.



LEARNING UNIT 8

DIRECT TRAINING SKILLS AND METHODS

OBJECTIVE:

At the end of LU-8 participants will be able to demonstrate a variety of direct training skills and methods.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Direct training skills	Lecture & Group Discussion & Practice	Black-board		120 min	Master Trainer

1

SESSION 1: DIRECT TRAINING SKILLS

WHAT MAKES YOU AN EFFECTIVE MHM TRAINER?

Countless training experts suggest that what makes a training course special is the trainer. A good trainer is not necessarily one who knows more about the course topic than anyone else. The critical skill of a good trainer is the ability to teach and since this is a skill, it can be learned and mastered like all other skills. In other words, when it comes to teaching soft skills, it pays to become better at teaching than to become a world expert on, say, menstrual hygiene.

ACTIVITY 1:

To help participants become actively involved in how best to transfer MHM knowledge and skills, ask them to suggest methods of teaching (other than lectures), which they would like to adopt for engaging with adolescents. The following methods could be highlighted:

- Storytelling
- Drama
- Poems and singing songs
- Puppet theatre

- Reading stories
- Nature walks
- Conversation and discussion
- Drawing, painting and colouring

For some of the more advanced target groups, you could include:

- Carrying out projects or surveys
- Quiz competitions
- Conversation-related discussion
- Dance
- Sculpture, modelling, etc.
- Writing compositions and creative writing
- Brainstorming
- Excursions
- Role play
- Development of maps, e.g. of the community
- Developing surveys and asking questions

ACTIVITY 2:

Divide the participants into groups and give each of them one of the following case scenarios:

- 1. A teenage girl who is at school and needs psychological support.**
- 2. A teenage girl has her period at school and needs some sanitary material.**
- 3. A young girl who is worried about pubertal changes taking place in her body and needs counselling.**

Each group should then perform a role play and share their points of view after identifying the specific requirement in each case scenario. Emphasis should be placed on the skills that are relevant for resolving the scenario at play.

LEARNING UNIT 9

COMMUNITY PARTICIPATION APPROACHES AND THEIR APPLICATIONS

OBJECTIVE:

At the end of LU-9 participants will be able to explain a number of community participation methodologies and their applications.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Community participation approaches and processes of community participation	Lecture	Black-board	MHM Lab & MHM Tent	45 min	Master Trainer

1

SESSION 1: COMMUNITY PARTICIPATION APPROACHES AND PROCESSES

Master Trainers will outline various community participation approaches of MHM training, highlighting the MHM Lab and MHM Tent as key approaches.

The MHM Lab is a space event that helps to bring menstrual hygiene out of the shadows. It uses simple yet effective approaches that address this taboo issue at scale – and across diverse geographies and contexts – and can be used throughout a wide range of cultural contexts.

The MHM Lab's aim is simple: to transform menstruation into a matter of pride and help women and girls stop suffering in silence. By enabling safe and hygienic MHM, as well as safe reuse and/or disposal of menstrual hygiene products, the Lab allows women and girls to regain control of a basic but fundamental part of their well-being.

Creating a welcoming yet efficient workshop venue where large numbers of participants can be engaged meaningfully, but within a short timeframe, is a practical necessity for any Lab event. But it is also important to use your imagination and create a stimulating training session within a holistic, highly visual and interactive space for sharing and learning.

The MHM Tent is a 3m x 3m portable structure that not only acts as a highly distinctive stand, but also as a place in which girls can be taught in the field about menstrual hygiene. The tent is designed to look like a traditional Indian hut with a traditional 'tiled' roof and mud walls. The other panels have attractive imagery showing the training process, the three main campaign pledges and the 'bracelet' graphic denoting the menstrual cycle, along with a zipped front panel (with a door graphic) to add privacy when required. The frame is made from lightweight but strong aluminium; and the entire tent can be erected quickly and easily, and packs down into its own wheeled case.

For detailed information on the MHM Lab and tent, please refer to the **MHM Lab Convenor Manual**.



TOOLS OF BEHAVIOUR CHANGE AND USAGE OF IEC MATERIAL

OBJECTIVE:

By the end of LU-10 participants will be able to use tools for behaviour change and other IEC material.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Tools for behaviour change using sense of dignity, pride, safety and health (refers to rights-based approaches)	Group Work/ Role Play	Blackboard, PowerPoint presentation, LCD, Computer, Flipchart & Pens	Fold-out book, MHM Lab Manual	35 min	Master Trainer
2	Demonstration and usage of IEC material	Lecture/ Role Play	LCD, WB		25 min	

1

SESSION 1: TOOLS FOR BEHAVIOUR CHANGE BY USING SENSE OF DIGNITY, PRIDE, SAFETY AND HEALTH

Use the fold-out book, lab manual together with interactive discussions and real life stories to open-up the conversation on MHM.

Many health and development programs use behaviour change communication (BCC) to improve people's health and wellbeing, including family planning and reproductive health, maternal and child health, and prevention of infectious diseases. BCC is a process that motivates people to adopt and sustain healthy behaviours and lifestyles. Sustaining healthy behaviour usually requires a continuing investment in BCC as part of an overall health program.

SESSION OBJECTIVES

At the end of the session participants will:

- 1.** Have an understanding of the different BCC information tools available to assist with the design and the implementation of a BCC programme.
- 2.** Be able to describe when and how to use the following different BCC information tools available to enable the most effective BCC program with the widest reach:
 - Working with the media
 - Development of printed materials
 - Health education for adults
- 3.** Present information on BCC Information Tools as presented in the facilitator's notes:
 - Working with Mass Media
 - Development of Print Materials
 - Health Education for Adults
 - Review with participants' examples of effective and ineffective mass media and print materials

2

SESSION 2: DEMONSTRATION AND USE OF IEC MATERIAL

1. Break participants into smaller groups and distribute copies of the practical BCC Group Activity to each group.
2. Ask the groups to review the information on the BCC Group Activity sheet and develop an appropriate BCC message for the target population using a media communication method they think will be best address the health issue presented.
3. Ask groups to record their ideas and developed media message, to share with the larger group.

SUMMARY

- Summarize the session highlighting major points under each tool from the information presented.
- There are many different types of communication channels available to health professionals to facilitate BCC. It is important each method is carefully considered when planning a BCC program and communication channels are chosen that are appropriate to your target population, and ensure messages are effective and have the widest possible reach.
- Adult learners learn differently to children. They are self-motivated and independent learners, so they need to be actively involved in the learning process; learning can thus be related to their life experiences and shared.
- Developing effective print and mass media materials requires a significant amount of skill and time.
- Messages should be simple, clear and constructed in a comprehensive way using a mix of written information and graphics that tell an interesting story and engage your target audience.

FACILITATORS' NOTES: WORKING WITH THE MEDIA

The major roles of media in BCC are to:

- Inform (or educate) people about the ill-effects of unhealthy behaviours.
- Remind people of the ill-effects of unhealthy behaviours of which they are already aware, and maintain the relevance of this knowledge.
- Increase people's motivation to adopt various healthy lifestyle practices, either directly or indirectly, by sensitising or exposing individuals to other contributory influences.
- Provide self-help information on 'how to get help' or 'how to help oneself'.
- Provide social support by showing some evidence that society (at least to some extent) disapproves of the unhealthy behaviour practices in question.
- Provide a context within which regulatory change can be introduced.

Summary of Media:

- | | |
|----------------------|-------------------------------|
| • Pamphlets | • Videos |
| • Flipcharts | • Community Outreach |
| • Information sheets | • Programmes – Puppet Theatre |
| • Newsletters | • Television |
| • Posters | • Radio |
| • T-Shirts | • Newspapers |
| • Stickers | • Magazines |

An important part of getting the message right is careful consideration of who your target audience is and what your communication objectives are before you start to design your message. Defining your target audience will consist of:

- Reviewing your data and research on target population health needs to determine the health priorities you want to focus on.
- Determining the risk factor(s) you will target.
- Deciding which groups are most affected by the health issue or risk factor(s).
- Gaining some understanding of attitudes, beliefs and behaviours within the selected target group.
- Once you know exactly who your target audience is, you can then determine ways to locate them and consult with them in developing your message.

Your Communication objectives should aim to:

- Command attention
- Clarify the message
- Communicate a benefit
- Make consistency count
- Cater to the head and heart
- Create trust
- Call to action

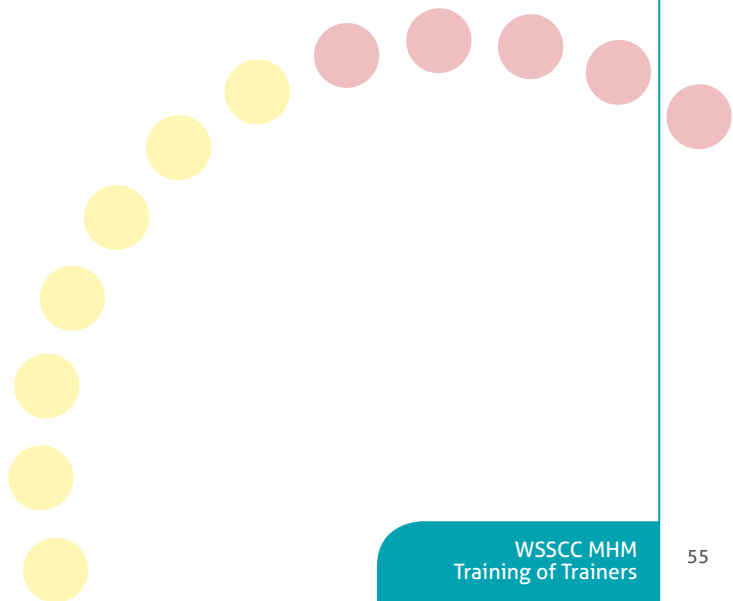
Getting the message right is important if you want to ensure the effectiveness of your campaign. You need to make sure that the materials produced are in a language, style and tone that match the target audience you are aiming to reach. Messages need to be not only appropriate and understandable but also able to motivate the target audience in some way.

It is vitally important that messages are developed in consultation with the target audience and that they are pre-tested for clarity, credibility and appropriateness before you finally produce them ready for distribution. It can be a terrible waste of financial resources if materials are produced and the message is not suitable or understood by the target audience!

Useful ways of pre-testing materials are to use focus groups or individual one-on-one interviews. One method would be to 'vox pop' or randomly select people at a public venue, such as a street market, and ask them to review your materials and give you some initial feedback. This allows for any problems in interpretation of the messages to be addressed before final production of the materials.

What are we testing for when pre-testing materials?

- Comprehension
- Ease of understanding of graphics and words
- Appropriateness of reading level
- Technical accuracy
- Acceptability
- Cultural sensitivity
- Social acceptability
- Quality of illustrations
- Length of the presentation



TRAINING EVALUATION

OBJECTIVE:

At the end of LU-11 participants will have given honest feedback on their own experience from this training enabling further development and improvement of the training material.

LEARNING EVENT:

S.N.	Contents	Method	Media	Performance Aid	Time	Trainers
1	Training evaluation	Lecture	Black-board	Evaluation forms	30 min	Master Trainer

1

SESSION 1: TRAINING EVALUATION

1. What will you remember most from this workshop? (words, phrases, pictures, ideas, topics, people, etc.)
2. What did you learn from the workshop?
3. What are your positive impressions? What worked well in the workshop?
4. What are the negative impressions from this workshop? What would you change about the workshop?
5. What will you do differently as a result of this experience?
6. Please provide additional comments/recommendations on organization, facilitation, logistics, etc.
7. Please rate this workshop on a scale of 1-10 (10= most satisfied, 1= least satisfied).

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Credit: Form and content courtesy of Ziad Moussa, Senior Trainer, MENA Region.

Bearing in mind that you've now worked with a cohesive group of trainers from the same area, various learning activities could be easily organized after the course.

ACTIVITIES WOULD BE AS FOLLOWS:

1. Regular feedback by surface post, e-mail, phone and/or personal visit during concurrent evaluation.
2. There would be a provision for post-training evaluation at the time of course valediction.
3. Concurrent evaluation of practitioner trainings.
4. Improvement in the performance of practitioners' implementation of MHM training.

VALIDATION MEASURES:

The Training of Trainers course includes the following measures:

1. Internal Validation
 - Quiz
 - Group exercise
 - Group work
 - Role play
 - Immediate reaction questionnaire
2. External Validation
 - Impact study of training
 - Concurrent evaluation

Master Trainers are specialists and outside experts. The conducting agency of Training of Trainers will develop and agree upon the course content, approach and methodology of the proposed training programs, modules, handouts and other material necessary for the training through an intense consultative and interactive process. The training designs developed would have the in-built flexibility to allow for suitable modifications in response to the emerging learning needs of the participants.

The training agency can use state-of-the-art techniques for conducting ToTs. Most of it would come from in-house experience, and expertise available within the institution of conducting a wide range of customized training and capacity development programmes in rural water supply and sanitation across most of the states in-country.

At the same time, the experiences of international institutions will be utilized to enrich the ToT programmes. This will include the framing of Training Objectives by participants at the beginning of training and strong links between presentations, lectures, demonstrations, handouts, interactive activities for hands-on learning by participants and the use of best practices from different parts of the country and outside. Additionally, an evaluation of the course by participants linked to the Training Objectives (defined at the outset) will also be included.

MENSTRUAL HYGIENE: READING MATERIAL FOR ASHA (NATIONAL RURAL HEALTH MISSION, INDIA)

Resource in English with chapters on menstruation; problems a girl may encounter during menstruation; menstrual hygiene use and disposal of sanitary napkins; and activities to promote menstrual hygiene.

http://nhsrcindia.org/pdf_files/resources_thematic/Community_Participation/NHSRC_Contribution/Menstrual_Hygiene_Material/Menstrual_Hygiene_Reading_Material_for_ASHA_english.pdf

SHARING SIMPLE FACTS: USEFUL INFORMATION ABOUT MENSTRUAL HEALTH AND HYGIENE (UNICEF INDIA 2008)

Resource in English with chapters on growing up- the normal way; dealing with menstruation; managing menstruation; disposal of napkins; and facts about HIV AIDS.

http://www.indiasanitationportal.org/sites/default/files/MHM_Book.pdf

MENSTRUATION HYGIENE MATTERS: A RESOURCE FOR IMPROVING MENSTRUAL HYGIENE AROUND THE WORLD (WATERAID, 2012)

Resource in English with modules and toolkits on menstrual hygiene; sanitary protection materials and disposal; working with communities on menstrual hygiene; working with schools on menstrual hygiene; menstrual hygiene in emergencies; women and girls with special needs; menstrual hygiene in the workplace; research monitoring and advocacy.

http://www.wateraid.org/~media/Files/Global/MHM%20files/Compiled_LR.ashx

FURTHER TRAINING MODULE MATERIALS

TRAINING MODULE FOR ASHA ON MENSTRUAL HYGIENE (NATIONAL RURAL HEALTH MISSION, INDIA)

Training modules in English on key tasks for the ASHA- with additional material in Annexure 2 and Annexure 5 which elaborates a role play as part of a training exercise; Understanding Menstruation; Menstrual Hygiene and Use of Sanitary Napkins; Communicating with Target Groups; Book keeping.

http://nhsrcindia.org/pdf_files/resources_thematic/Community_Participation/NHSRC_Contribution/Menstrual_Hygiene_Material/Training_Module_for_ASHA_on_Menstrual_Hygiene_english.pdf

TRAINING ON MENSTRUAL HYGIENE: FACILITATOR'S GUIDE (ASTRAZENECA'S YOUNG HEALTH PROGRAMME/ PLAN INDIA)

Training modules in English on who is a good facilitator; Do's and Don'ts of facilitation; Activities for facilitating group discussion.

<http://www.younghealthprogrammehp.com/~mshost2669695/content/pdf/plan-pdf/mentural-hygiene.pdf>

AUDIO VISUAL MATERIAL

MENSTRUAL HYGIENE: HYGIENE IS VERY IMPORTANT DURING MENSTRUATION (UNICEF INDIA) 12 MINUTES VIDEO IN HINDI

The video is designed to show in small group settings and explains that unhygienic menstrual practices can cause reproductive tract infections among adolescent girls and women.

<http://www.healthphone.org/ammaji/menstrual-hygiene.htm>

MYTHRI – IMPARTING AWARENESS ON MENSTRUAL HYGIENE TO ADOLESCENT GIRLS

Slides in English with advice on running a training module in large group setting such as in a school. Resource has four animated videos. Videos in Telegu with English sub-titles.

<http://mythrispeaks.wordpress.com/the-module/>

SUGGESTED SCHEDULE

DAY 1

Time	Content	Session	Duration	Method & Media	Reading Material
9:00	Registration		60 min		
10:00	Inauguration	1	30 min	Lecture	
10:30	Pre Test/ expectation		15 min		
10:45	Tea Break		15 min		
11:00	Necessity, concept and components of MHM	2	165 min	Lecture & Film show	Flip chart
13:45	Lunch		60 min		
14:45	Relation between health and menstrual hygiene	3	90 min	Lecture & Blackboard	Flip chart, PowerPoint
16:15	Tea Break		15 min		
16:30	Exclusion, disability and the role of men	4	40 min	Lecture & Blackboard	Flip chart, PowerPoint

DAY 2

Time	Content	Session	Duration	Method & Media	Reading Material
9:00	Recap of Day One	5	30 min		
9:30	MHM for different age groups (adolescents & menopausal women)	6	120 min	Lecture & Group Discussion	
11:30	Tea Break		10 min		
11:40	Institutional arrangements across various levels	8	30 min	Role Play & Film Show	Government Document
12:10	Lunch		60 min		
13:10	Roles and responsibilities of different stakeholders on MHM	10	60 min	Lecture	Government Document
14:10	Tea Break		20 min		
14:30	Facilities required for menstrual hygiene at schools, <i>anganwadi</i> centers, public places and work places	11	90 min		Checklist

DAY 3

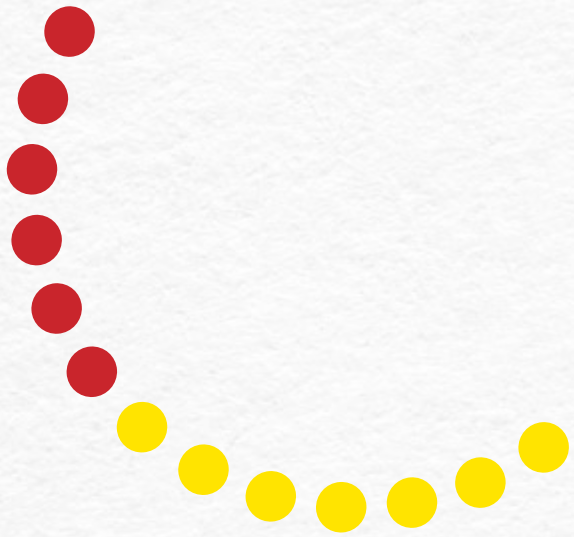
Time	Content	Session	Duration	Method & Media	Reading Material
9:00	Recap of Day Two	12	30 min		
9:30	Safe disposal of sanitary napkins (e.g. composting & incineration)	13	105 min	Lecture	
11:15	Tea Break		15 min		
11:30		13 continued	30 min		
12:00	Lunch		60 min		
13:00	Direct Training skills and methods	14	120 min	Field Visit	
15:00	Tea Break		15 min		
15:15		14 continued	145min		

DAY 4

Time	Content	Session	Duration	Method & Media	Reading Material
9:00	Recap of Day Three	15	30 min	Group Activity	
9:30	Difference methodology of community participation and their applications	16	90 min	Lecture & Role Play & Success Stories	CLTS and CLASS Handbook
11:00	Tea Break		30 min		
11:30	Tools of behavior change and usage of IEC material	17	90 min		
13:00	Lunch		60 min		
14:00	Training Evaluation	18	180 min		
15:30	Tea Break				
15:45		18 continued	90 min		

DAY 5

Time	Content	Session	Duration	Method & Media	Reading Material
9:00	Recap of Day Four	19	30 min		
9:30	Presentations from participants	20	240 min		
13:30	Lunch		60 min		
14:30	Question & Answer session	21	60 min	Group Exercise	
15:30	Tea Break		15 min		
15:45	Valediction	22			



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