# BASELINE STUDY ON MENSTRUAL HYGIENE MANAGEMENT FOR CINI AND CSPC

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# Acknowledgments

This baseline study was conducted for the Collectives for Integrated Livelihood Initiative (CInI) and Coastal Salinity Prevention Cell (CSPC) and, and it has been a valuable experience to collaborate with them in understanding menstrual practices across three distinct localities of Gujarat, where CSPC and CInI operates. While Dahod is a tribal-dominated area, Bhavnagar is closer to urban regions and more exposed to diverse influences. Blocks of Amreli, on the other hand, is remote and less touched by outside interventions. This diversity has provided me with rich insights as a Action Researcher working on this issue.

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# I. Context and overview

Menstrual Hygiene Management (MHM) is a critical aspect of public health and gender equality, yet it remains a significant challenge due to socio-cultural taboos, misinformation, and inadequate infrastructure. Many women and adolescent girls face barriers in accessing safe and dignified menstrual care, particularly in rural and low-income settings where clean water, private sanitation facilities, and affordable menstrual products are often lacking. The silence and stigma surrounding menstruation further contribute to misinformation, limiting awareness and perpetuating restrictive practices that hinder women's and girls' ability to manage their menstrual health effectively.

The consequences of inadequate MHM extend beyond personal hygiene, affecting physical health, mental well-being, and socio-economic participation. Poor menstrual hygiene is linked to increased risks of urinary and reproductive tract infections, psychosocial stress, and gender-based discrimination. Furthermore, the lack of adequate facilities and resources leads to school absenteeism among adolescent girls and productivity loss among working women, reinforcing gender disparities in education and employment. Addressing these issues requires a comprehensive and systemic approach that not only improves individual knowledge and behavior but also strengthens the availability of MHM-friendly infrastructure and supportive policies.

## About Collectives for Integrated Livelihood Initiatives (CInI):

CInI, an associate organization of Tata Trusts, focuses on enhancing the livelihoods of tribal communities through the sustainable management of natural resources—primarily land, water, and forests. It operates in tribal-dominated blocks across Jharkhand, Odisha, Gujarat, and Maharashtra, reaching over 100,000 families. CInI collaborates with civil society organizations, government agencies, and donors, serving as a knowledge hub for tribal livelihoods, incubating innovative field solutions, and providing technical support to implementing partners. In Gujarat, its flagship initiatives include the Mission 2020 - Cluster Development Programme (CDP) and a comprehensive Water and Sanitation Program in Dahod district. The Menstrual Hygiene Management (MHM) project is integrated within the broader Water and Sanitation intervention, aiming to address menstrual health challenges through targeted community-driven solutions.

## About CSPC

Coastal Salinity Prevention Cell (CSPC) is a joint initiative of the Tata Trusts, Aga Khan Rural Support Program (India), and the Ambuja Cement Foundation. It has been created as an institution visualized as a fulcrum to develop and strengthen various initiatives of government and civil society organizations, aimed at addressing the issue of salinity, thereby enhancing the quality of life of the coastal communities of the State. CSPC was formally registered as a separate legal entity on the 7th of April 2008.

The key areas of focus for CSPC are (i) developing itself as the knowledge bank on issues related to coastal salinity in Gujarat; (ii) networking and developing linkages with the

government and other agencies; (iii) Idea incubation and piloting of area specific innovations and community approaches for addressing salinity related issues.

### The Menstrual Hygiene management program of CInI and CSPC

During the first phase of the Menstrual Hygiene Management Program, more than 30,000 women and girls were covered in Gujarat. During the first phase of the program, the piloting a boys' and couples' counselling module was also done to enhance overall program impact. A rural entrepreneurship model promoting reusable cloth pads was introduced, along with training on cloth pad stitching. To ensure safe menstrual waste disposal, *Matka* incinerators were promoted in communities, and concrete incinerators were installed in residential schools and KGBVs. Frontline workers from different government departments were trained on MHM. Large-scale awareness events were organized to foster open discussions.

Based on the recommendations from the impact study of phase I, the next phase on Menstrual Hygiene management builds on previous interventions to strengthen the entire value chain, addressing the needs of 35,000 women, girls, boys, and men in 175 villages across three districts—Amreli and Bhavnagar districts of CSPC, and Dahod district of CiNI—covering five blocks: Jafarabad, Mahuva, Ghogha, Dahod, and Limkheda in Gujarat. It aims to promote accurate knowledge about menstruation and hygiene management, fostering a supportive environment free from myths and stigma. The project seeks to work towards enabling behavioural change among adolescent girls and women to improve menstrual hygiene practices. Additionally, it will seek to enhance access to affordable, quality MHM products by addressing supply chain gaps and promoting entrepreneurship among women, including the establishment of community-managed production units for cloth pads. Aside these, menstrual waste management will focus on promoting safe and hygienic disposal practices to ensure a clean and sustainable approach to MHM.

## About the Report, Objectives and methodology of the baseline study

### About the report

To ensure the effectiveness of the upcoming Menstrual Hygiene Management (MHM) project, a baseline assessment is essential to establish a clear understanding of the existing knowledge, attitudes, and practices related to menstruation in the target communities. This baseline is meant to provide critical insights into prevailing gender norms, hygiene behaviors, access to menstrual products, and waste management practices, helping to identify gaps and tailor interventions accordingly. By capturing socio-cultural barriers, infrastructural limitations, and the economic feasibility of local entrepreneurship models, the assessment is expected to inform evidence-based strategies to drive meaningful change. Additionally, it will serve as a benchmark for measuring the project's impact over time, ensuring that interventions are responsive, effective, and sustainable in improving menstrual health outcomes for women, girls, and their communities.

The first two chapters of this report present the introduction, objectives, and methodology of the study. Chapter Three details the key findings from interactions with women and girls, covering knowledge, beliefs, practices, and challenges related to menstruation. To enhance clarity, this chapter

is organized into eight thematic sections, each followed by specific recommendations. Chapter Four focuses on insights gathered from Frontline Workers—including Anganwadi workers, ASHAs, and teachers—who form a vital institutional support system for menstrual health in these communities. This chapter also has recommendations based on the findings.

## Objectives of the Baseline Study

I. Assess Knowledge and Awareness: Evaluate the current understanding of menstruation, hygiene practices, and gender-related myths and misconceptions among women, girls, and Front Line Workers in the target areas.
II. Evaluate Community Perceptions and Gender Norms: Understand cultural and societal attitudes towards menstruation, their influence on MHM practices, and the role of male engagement in menstrual health awareness.
III. Analyze Hygiene Practices and Behavioral Patterns: Identify existing menstrual hygiene management behaviors, including product usage, disposal methods, and barriers to safe practices.
IV. Examine Access to Menstrual Products: Assess the availability, affordability, and usage patterns of different menstrual hygiene products, including disposal and reusable options.
V. Review Sanitation and Disposal Management Systems: Assess existing WASH (Water, Sanitation, and Hygiene) infrastructure, including access to MHM-friendly toilets and safe disposal mechanisms for menstrual waste in schools and home.

## Methodology

The baseline study on menstrual hygiene management involved developing a structured questionnaire, which was administered by trained Community Resource Persons (CRPs). Data was collected from the field, entered externally, and subsequently analysed to provide insights into menstrual hygiene practices. This was complimented by 12 Focussed Gorup Discussions- 7 with women and 5 with adolescent girls, keeping different religion, caste and class; as well as school going and school drop out girls in mind , to reflect differential practices, if any, as per caste, religion or occupation.

# Executive Summary

The baseline study was conducted across a sample of 416 women and 325 girls and 58 frontline influencers—38 health workers and 20 teachers—, supported by 12 FGDs with girls and women across the Dahod, Amreli, and Bhavnagar districts. It assesses women's and girls' as well as FLWs' awareness, beliefs, and practices related to menstruation, highlighting stark disparities by geography and social context. The baseline study survey was conducted during March-April 2025. The sample was randomly selected to ensure representativeness and provide a comprehensive understanding of the region's menstrual health landscape. Tribal-dominated Dahod and remote Amreli report the greatest challenges, while Bhavnagar shows relatively better awareness and access.

### Findings of women and girls' study in the community:

**Knowledge and Awareness**

Understanding of reproductive anatomy and menstruation is limited, especially in Dahod where under 15% of respondents could correctly identify the ovary or fallopian tubes. Across districts, misconceptions about menstruation as bodily waste prevail; accurate understanding of it as uterine lining shedding is 10.4% women from Dahod, and less than 2% from Bhavnagar and Amreli districts.

RTI (Reproductive Tract Infection) awareness is also low—fewer than 5% in Amreli and Bhavnagar, and only 9% in Dahod had heard of RTIs. Just 8 women (out of 416) reported seeking treatment.

**Menarche Preparedness and Emotional Response**

In Amreli, 86.2% of women and 93.6% of girls received prior information on menstruation, but this drops sharply in Dahod (25% women, 32.4% girls) and Bhavnagar (20.5% women, 52.4% girls). First-period experiences are often marked by fear (80.1% women in Bhavnagar; 56.9% in Dahod) or pain (79.3% women in Amreli).

**Attitudes and Restrictions**

Menstruation is widely associated with stigma and discomfort. Over 60% of girls and women feel shy discussing it, highest in Dahod (70.1%). While 90% of girls believe attending school during menstruation is acceptable, taboos around cooking or religion persist. Only 1.7–2.8% in Amreli and Dahod find temple visits acceptable. Interestingly, personal beliefs are often more liberal than perceived community norms, revealing internalized stigma.

**Product Use, Access and Hygiene**

Product awareness and usage vary significantly. Professionally made pads are better known in Amreli, but only 29.3% in Dahod have heard of them. Disposable cloth pads, tampons, and cups remain largely unknown. Cloths—especially reused cotton ones—are common in Dahod (69.4%), while "time piece" cloths are more used in Amreli and Bhavnagar.

Affordability and storage are concerns: 38% of Dahod women cannot afford products, and over 95% of women in Amreli hide their menstrual materials. Many girls in Dahod and Bhavnagar have more open practices. However, low frequency of changing (less than thrice a day for over 85% of women in Dahod) raises hygiene concerns.

**Disposal and Environmental Awareness**

Burning is the primary disposal method—72.6% in Amreli and 55.6% in Dahod among women, and 82.9% among Dahod girls. Use of dustbins is rare outside Amreli. Environmental awareness is strongest in Amreli, where nearly 70% of women understand the harms of poor disposal, compared to just 24.3% in Dahod. However, awareness of water pollution and microplastics is low everywhere.

**Support Systems and Infrastructure**

Support for menstruating women and girls is inconsistent. Bhavnagar leads in help with chores (57.7%), while Amreli reports the most help with product purchases (69%). Pain relief support is highest in Dahod. Despite this, desired support—such as rest from chores or access to pads—remains unmet across regions.

Workplace accommodations are poor. Only 0.9% in Amreli had rest arrangements. Most return home when periods start at work—highest in Amreli (89.7%). Toilet and hygiene facilities are best in Bhavnagar and Amreli (over 96% have toilets and soap), but much lower in Dahod (46.5% toilets; 48.9% soap and water).

**Awareness & Training**

Attendance at menstrual hygiene awareness sessions is extremely low: only 2.8% in Dahod and around 5–7% in the other districts. Just 0.5% of women had been trained to make cloth pads. Pain management practices differ: girls in Amreli rely on home remedies (66.4%), Dahod girls go to public hospitals (36.6%), and Bhavnagar girls use private clinics (36.6%).

## Findings of baseline study of Front line Workers:

The assessment of 58 frontline influencers—38 health workers and 20 teachers—across Amreli, Bhavnagar, and Dahod reveals both strengths and gaps in menstrual health awareness and practices. While 89.5% of health workers and 75% of teachers recognize menstruation as a natural process, misconceptions persist, particularly in Dahod and Bhavnagar, where 18.4% of health workers and 25% of teachers viewed it negatively. Awareness of sanitary pads was high (90–100%) across both groups, but knowledge of alternatives like menstrual cups (36.8% of health workers, 55% of teachers) and tampons (23.7% and 45%, respectively) was lower. Usage rates lagged behind awareness, with significant reliance on unsafe cloth (31.6% of health workers, 25% of teachers). The study also highlights a disconnect between individual beliefs and community norms. Although 76–100% of health workers and teachers support menstrual participation in activities like cooking and socializing, only 35–58% believe these practices are socially accepted, especially in Amreli and Dahod. This gap reflects cultural taboos that persist despite progressive attitudes. In terms of hygiene, while 92% of health workers and 90% of teachers reported hygienic drying of cloths, only 36.8% of health workers changed pads three times a day. Awareness of RTI symptoms was also inconsistent, with only 9.1% of Bhavnagar teachers recognizing white vaginal discharge as a symptom, compared to 80% in Amreli.

Keeping the above findings of the baseline study n mind, the recommendations for different stake holders are:

## Recommendations

**1. With Women and Girls**

Focus: Build awareness, shift norms, promote agency, and improve access.

- Develop tiered menstrual literacy modules tailored by age and district—covering anatomy, process, hygiene, and products.
- Foster intergenerational dialogue by involving mothers in sessions with daughters, especially where maternal knowledge is low (e.g., Amreli).
- Promote emotional well-being by addressing shame, fear, and trauma—especially where emotional distress is high (e.g., Amreli and Bhavnagar).
- Normalize self-care practices like rest and pain relief during menstruation—particularly in Dahod where suffering is normalized and painkillers are overused.
- Introduce tracking tools and menstrual calendars, especially in Dahod where awareness is low and in Amreli where usage is already promising.
- Promote safe product use and menstrual hygiene practices, especially where cloth or "time piece" is commonly used.
- Train women and girls in pad-making via SHGs and Anganwadis, both for self-use and income generation.
- Encourage open storage and drying of menstrual products through home and school-based discussions to reduce secrecy and shame.
- Improve menstrual-friendly facilities (e.g., rest spaces, toilets, water access) at workplaces and public spaces, especially for women in informal labor (e.g., Amreli).

**2. With Men and Boys**

Focus: Normalize menstruation, reduce stigma, and build shared responsibility.

- Conduct male-focused awareness sessions with fathers, husbands, and brothers—framing rest, pain management, and nutrition as essential components of care.
- Engage men in community-based discussions to challenge taboos and promote supportive home environments.
- Introduce boys to menstrual health education in schools—fostering empathy, normalizing dialogue, and encouraging early understanding.
- Promote shared responsibility by encouraging men to support product purchasing, rest time, and menstruation-friendly norms at home and work.
- Include men in norm-challenging campaigns that showcase progressive attitudes and reduce the gap between private beliefs and perceived social norms.

**3. In Schools**

Focus: Build foundational knowledge and create a safe, stigma-free environment.

- Deliver age-appropriate, scientifically accurate menstrual education to girls and boys, adapted to district-specific awareness levels.
- Train teachers to deliver menstrual health content in a relatable, sensitive, and non-judgmental manner.
- Introduce menstrual tracking tools like calendars via teacher-led sessions.
- Create "menstrual hygiene corners" where products can be stored and accessed safely and openly.
- Organize mother-daughter sessions and school-based community awareness events to normalize menstruation and reduce shame.
- Integrate RTI (Reproductive Tract Infection) education into curricula, helping students identify symptoms and understand preventive care.
- Promote pad-making training and hygiene skills through vocational and co-curricular platforms in schools.

**4. With Institutional Support Systems (ASHAs, Anganwadi Workers, Teachers)**

Focus: Build capacity of frontline workers to deliver menstrual health education and support.

**With the Education Department:**

1. **Formalize Teacher Training in Menstrual Health:** Teachers play a pivotal role in shaping adolescents' understanding of menstrual health. However, with only 65% of teachers trained in menstrual health education, there's a need to **formalize training** within in-service teacher development programs.

2. **Pilot Participatory and Inclusive Teaching Meth**ods with teachers: In regions like Amreli, where menstrual health discussions are not common, a participatory and inclusive training approach of CSPC can pilot gender-sensitive, participatory methods for teachers, including the use of visual media, games, and group discussions, making menstrual health education more engaging and reducing discomfort around the topic.

3. **Improve School Sanitation Infrastructure especially in Amreli**: Basic hygiene facilities in schools are essential for managing menstruation, yet remain inadequate, particularly in Amreli. CSPC should work with school management bodies and the Education Department to

advocate for the inclusion of sanitary pads, soap, and private spaces in school infrastructure, ensuring that girls have the comfort and dignity to manage menstruation while at school.

4. **Engage Parents and Communities particularly in Dahod**:
In districts like Dahod, community and parental support is essential to reducing stigma and normalizing menstruation. CiNI can facilitate awareness programs for parents, and engage with male family members to normalize menstrual health conversations, ensuring that girls have supportive family environments at home and in school.

**With the Health Department:**

1. **Standardize Training for Health Workers:** The Health Department is responsible for training frontline health workers such as ASHAs and Anganwadi workers, who are critical for community outreach. With only 70% of health workers trained across districts, particularly in Dahod, there is a critical need to standardize training on menstrual health. CSPC and CiNI should collaborate with the Health Department to ensure that all health workers—especially those in tribal and remote areas—receive comprehensive and standardized training.
2. **Promote Male Engagement and Overcome Social Barriers through VHNC and PRIs:** Social barriers, such as limited vocal participation by women and lack of community support, are persistent in districts like Amreli and Dahod. CSPC and CiNI should engage with local institutions like Panchayati Raj Institutions (PRIs) and VHNCs to organize community discussions, peer-led activities, and male engagement initiatives that foster understanding and normalize menstruation within the community.
3. **Strengthen Coordination and Monitoring**: Regular monitoring and follow-up support are essential for sustaining menstrual health education programs. CSPC and CiNI should work with the Health and Education Departments to develop simple monitoring tools that ensure consistency in implementation across schools and health centers, while also providing tailored support based on district-specific needs.

- **Pilot Joint Engagement Initiatives in Amreli**: In areas like Amreli, where engagement is relatively low, joint pilot initiatives are crucial. CSPC and CiNI should partner with the Health and Education Departments to create a pilot initiative that demonstrates the importance of regular engagement and capacity building for both teachers and health workers, promoting system-level ownership of menstrual health education.

**The training to Front Line Workers should particularly cover:**

- Accurate, culturally sensitive menstrual counselling and distribute IEC materials.
- Low-cost tracking tools (e.g., calendars), pain management kits, and reusable pad samples for community outreach.
- How to integrate menstrual and reproductive health messaging into VHNDs, adolescent health days, and SHG meetings.
- Strengthening outreach in low-access areas like Dahod through door-to-door engagement and small-group discussions.
- Promoting convergence between health, education, and sanitation schemes to ensure holistic support (e.g., SBM + menstrual hygiene + WIFS).
- Building accountability and recognition systems to motivate FLWs to take ownership of menstruation education in their areas.

- Advocating for Menstrual-Friendly Workplace Policies and Facilities in Agriculture and Informal Workspaces
    - Work with rural employment schemes, cooperatives, and farm collectives to create basic menstrual-friendly facilities (private space, water/soap access, and rest areas).
    - Include menstrual rest and flexible work arrangements in discussions around labor rights and gender-sensitive work policies.

## Conclusion

The study underscores significant regional and social disparities in menstrual health awareness, access, and support. Despite improving knowledge in some pockets, stigma, infrastructural gaps, and poor environmental awareness persist. Working with men and boys along with strengthening the institutional support system of Front Line Workers, SMCs and PRI is essential along with working with women and girls of the community for the issue.

## II. Findings of the baseline study- Women and Girls

### Sampling

For the baseline study on menstrual hygiene management, random sampling was used to ensure data representativeness and minimize bias. Participants were randomly selected from the CInI and CSPC's operational areas, where the organization plans to implement MHM initiatives in the future: Dahod, Bhavnagar, and Amreli districts.

The sample size of 416 women and 325 girls was determined based on the population distribution and the need for sufficient data to draw meaningful conclusions about menstrual hygiene management practices in the region. By using random sampling, the study aimed to provide an accurate and comprehensive picture of menstrual health practices across different demographic groups.

### Profile of the sample

#### Table a: Education Level completed: Women

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | N=116 | N=156 | N=144 | N=416 |
| Not Gone to School | 8 | 24 | 49 | 81 |
| | 6.9% | 15.4% | 34.0% | 19.5% |
| 1-5 Class | 43 | 31 | 23 | 97 |
| | 37.1% | 19.9% | 16.0% | 23.3% |
| 6-8 Class | 35 | 45 | 28 | 108 |
| | 30.2% | 28.8% | 19.4% | 26.0% |
| 9-12 Class | 20 | 43 | 42 | 105 |
| | 17.2% | 27.6% | 29.2% | 25.2% |
| Above12 Class | 10 | 13 | 2 | 25 |
| | 8.6% | 8.3% | 1.4% | 6.0% |

- In Amreli, only 6.9% of women have never attended school, indicating relatively good access to basic education in this remote area. However, the majority (67.3%) have studied only up to Class 8, and just 8.6% have pursued education beyond Class 12.
- In Bhavnagar, 15.4% of women have never been to school, but the district shows better retention in higher classes. A significant proportion—35.9% of women—have studied beyond Class 8, the highest among the three districts, reflecting better access to secondary and higher education in this urban setting.
- In Dahod, 34% of women have never attended school, indicating high levels of educational exclusion, particularly among tribal communities. Only 1.4% have studied beyond Class 12, making it the most educationally disadvantaged district in the sample.
- Across all three districts, nearly 1 in 5 women (19.5%) have never gone to school, and only 6% have studied beyond Class 12, highlighting significant barriers to higher education among women.

#### Table b: Education Level completed: Girls

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | N=110 | N=82 | N=123 | N=315 |
| Standard 8 | 61 | 75 | 81 | 217 |

| | | | | |
|---|---|---|---|---|
| | 55.5% | 91.5% | 65.9% | 68.9% |
| Standard 9 | 21 | 2 | 0 | 23 |
| | 19.1% | 2.4% | 0.0% | 7.3% |
| Standard 10 | 8 | 4 | 7 | 19 |
| | 7.3% | 4.9% | 5.7% | 6.0% |
| Standard 11 | 9 | 0 | 32 | 41 |
| | 8.2% | 0.0% | 26.0% | 13.0% |
| Standard 12 | 7 | 1 | 2 | 10 |
| | 6.4% | 1.2% | 1.6% | 3.2% |
| Graduation | 3 | 0 | 1 | 4 |
| | 2.7% | 0.0% | .8% | 1.3% |
| No Reply | 1 | 0 | 0 | 1 |
| | .9% | 0.0% | 0.0% | .3% |

- The majority of girls across all districts (68.9%) have completed their Standard 8.
- Bhavnagar shows a very high concentration for Standard 8 (91.5%), indicating that most girls are clustered at this level with very limited progression to higher classes. Only 2.4% have completed Standard 9, and just 1.2% Standard 12.
- Amreli displays a more distributed pattern, with 55.5% of girls in Standard 8, but a notable 19.1% in Standard 9, and smaller proportions in Standards 10–12 and graduation levels.
- Dahod has 65.9% of girls completed Standard 8, but significantly, 26% are in Standard 11—the highest share of post-Standard 10 education among the districts.
- Very few girls have completed graduation level across the sample—just 4 out of 315 (1.3%), with one each from Amreli and Dahod.
- Only 0.3% of respondents did not answer the education question, indicating high data completeness.

### Table c: Religion/Caste by District of women

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | N=116 | N=156 | N=144 | N=416 |
| OBC | 93 | 123 | 40 | 256 |
| | 80.2% | 78.8% | 27.8% | 61.5% |
| Scheduled Caste | 4 | 10 | 1 | 15 |
| | 3.4% | 6.4% | 0.7% | 3.6% |
| Scheduled Tribe | - | 2 | 102 | 104 |
| | 0% | 1.3% | 70.8% | 25.0% |
| Don't want to answer | - | - | 1 | 1 |
| | 0% | 0% | .7% | .2% |
| General | 19 | 21 | - | 40 |
| | 16.4% | 13.5% | 0% | 9.6% |

- OBCs form the majority across the overall sample, comprising 61.5% of all respondents (N=416). This dominance is particularly visible in Amreli (80.2%) and Bhavnagar (78.8%), where OBCs are the predominant social group among respondents.
- Scheduled Tribes (STs) are overwhelmingly represented in Dahod, with 70.8% of the respondents belonging to tribal communities. This aligns with Dahod's status as a predominantly tribal district, with 27.8% of respondents belonging to OBCs.

**Table d: Religion/Caste Categories of Girls**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | N=100 | N=82 | N=123 | N=325 |
| OBC | 80 (80.0) | 76 (92.7) | 4 (3.3) | 140 (52.5) |
| Scheduled Caste | 19 (19.0) | 3 (3.7) | 2 (1.6) | 24 (7.9) |
| Scheduled Tribe | - | 3 (3.7) | 117 (95.1) | 120 (39.3) |
| General | 11 (11.0) | 10 (12.2) | - | 21 (6.9) |

*Figures in Parentheses are Percentages*

- OBC (Other Backward Classes): Constitute the majority in Amreli (80%) and Bhavnagar (92.7%), but only 3.3% in Dahod. Overall, they represent 52.5% of the sample.
- Scheduled Tribes (ST): Predominantly in Dahod, making up 95.1% of respondents there, and 39.3% of the total sample.
- Scheduled Castes (SC): Present in all districts but in smaller proportions—19% in Amreli, 3.7% in Bhavnagar, and 1.6% in Dahod—comprising 7.9% of the total.
- General Category: Notably present in Amreli (11%) and Bhavnagar (12.2%), absent in Dahod, and account for 6.9% overall.

**Table e: Main Occupation of Family of women**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | N=116 | N=156 | N=144 | N=416 |
| Agriculture/ Animal Husbandry | 63 | 78 | 121 | 262 |
| | 54.3% | 50.0% | 84.0% | 63.0% |
| Daily wage work | 34 | 58 | 12 | 104 |
| | 29.3% | 37.2% | 8.3% | 25.0% |
| Self Help Group Activities | 0 | 0 | 1 | 1 |
| | 0.0% | 0.0% | .7% | .2% |
| Business | 2 | 9 | 1 | 12 |
| | 1.7% | 5.8% | .7% | 2.9% |
| Government Job | 2 | 2 | 2 | 6 |
| | 1.7% | 1.3% | 1.4% | 1.4% |
| Private Job | 15 | 8 | 6 | 29 |
| | 12.9% | 5.1% | 4.2% | 7.0% |
| Masonary | 0 | 0 | 1 | 1 |
| | 0.0% | 0.0% | .7% | .2% |
| Carpentary | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |

The employment data of families from where the respondents belonged to across Amreli, Bhavnagar, and Dahod districts reveals distinct occupational patterns among women:

- Agriculture/Animal Husbandry: Dominant in Dahod (84.0%), with substantial participation in Amreli (54.3%) and Bhavnagar (50.0%).
- Daily Wage Work: Most prevalent in Bhavnagar (37.2%), followed by Amreli (29.3%); lowest in Dahod (8.3%).
- Private Sector Employment: Highest in Amreli (12.9%), with Bhavnagar (5.1%) and Dahod (4.2%) showing lower engagement.

- Business Activities: Notably higher in Bhavnagar (5.8%), with minimal participation in Amreli (1.7%) and Dahod (0.7%).

**Table f: Main Occupation of Family of girls**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | N=110 | N=82 | N=123 | N=315 |
| Agriculture/ Animal Husbandry | 62 | 48 | 91 | 201 |
| | 56.4% | 58.5% | 74.0% | 63.8% |
| Daily wage work | 28 | 30 | 20 | 78 |
| | 25.5% | 36.6% | 16.3% | 24.8% |
| Business | 6 | 1 | 4 | 11 |
| | 5.5% | 1.2% | 3.3% | 3.5% |
| Government Job | 2 | 2 | 4 | 8 |
| | 1.8% | 2.4% | 3.3% | 2.5% |
| Private Job | 12 | 1 | 4 | 17 |
| | 10.9% | 1.2% | 3.3% | 5.4% |

- Agriculture/Animal Husbandry: In Dahod, 74.0% of families of girls are engaged in this sector, significantly higher than Amreli (56.4%) and Bhavnagar (58.5%).
- Daily Wage Work: Bhavnagar has the highest participation of families of girls at 36.6%, followed by Amreli (25.5%) and Dahod (16.3%).
- Business: Amreli leads with 5.5% of families of girls involved, while Bhavnagar and Dahod have lower engagement at 1.2% and 3.3%, respectively.

# Findings

# Section 1: Basic knowledge about menstruation

This section examines various dimensions related to knowledge, including understanding of body parts, the reasons behind menstruation, and perceptions about the purity of menstrual blood, etc.

## 1. Knowledge about Body Parts

Knowledge of women and girls about key reproductive body parts: ovary, uterus, fallopian tubes, and vagina. Overall, awareness is uneven across districts and shows clear variation by religion.

**Women as respondents:**

**Table 1.a: Knowledge about Body Parts**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 116 | 156 | 144 | 416 |
| Ovary | 23 | 47 | 8 | 78 |
| | 19.8% | 30.1% | 5.6% | 18.8% |
| Uterus | 27 | 64 | 25 | 116 |
| | 23.3% | 41.0% | 17.4% | 27.9% |
| Fallopian Tube | 9 | 33 | 19 | 61 |
| | 7.8% | 21.2% | 13.2% | 14.7% |
| Vagina | 11 | 62 | 30 | 103 |
| | 9.5% | 39.7% | 20.8% | 24.8% |

- Ovary: Bhavnagar leads with 30.1% recognition, followed by Amreli at 19.8%, and Dahod at 5.6%.
- Uterus: Bhavnagar again shows the highest awareness at 41.0%, with Amreli at 23.3%, and Dahod at 17.4%.
- Fallopian Tube: Recognition is highest in Bhavnagar at 21.2%, Amreli at 7.8%, and Dahod at 13.2%.
- Vagina: Bhavnagar has the highest identification rate at 39.7%, followed by Dahod at 20.8%, and Amreli at 9.5%.
- Bhavnagar consistently shows higher awareness across all body parts.
- Dahod and Amreli show lower levels of awareness, especially around less visible/talked about internal organs like ovaries and fallopian tubes.
- Fallopian tubes are the least understood part, reflecting a broader trend of limited knowledge of internal reproductive anatomy.

**Girls as respondents :**

**Table 1.b: Knowledge about Body Parts**

| | Amreli | Bhavnagar | Dahod | |
|---|---|---|---|---|
| | Total | Total | Total | Total |
| | N=110 | N=82 | N=123 | N=315 |

| Ovary | 39 | 27 | 9 | 75 |
|---|---|---|---|---|
| | 35.5 | 32.9 | 7.3 | 23.8 |
| Uterus | 42 | 35 | 45 | 122 |
| | 38.2 | 42.7 | 36.6 | 38.7 |
| Fallopian Tube | 6 | 18 | 9 | 33 |
| | 5.5 | 22 | 7.3 | 10.5 |
| Vagina | 10 | 17 | 21 | 48 |
| | 9.1 | 20.7 | 17.1 | 15.2 |

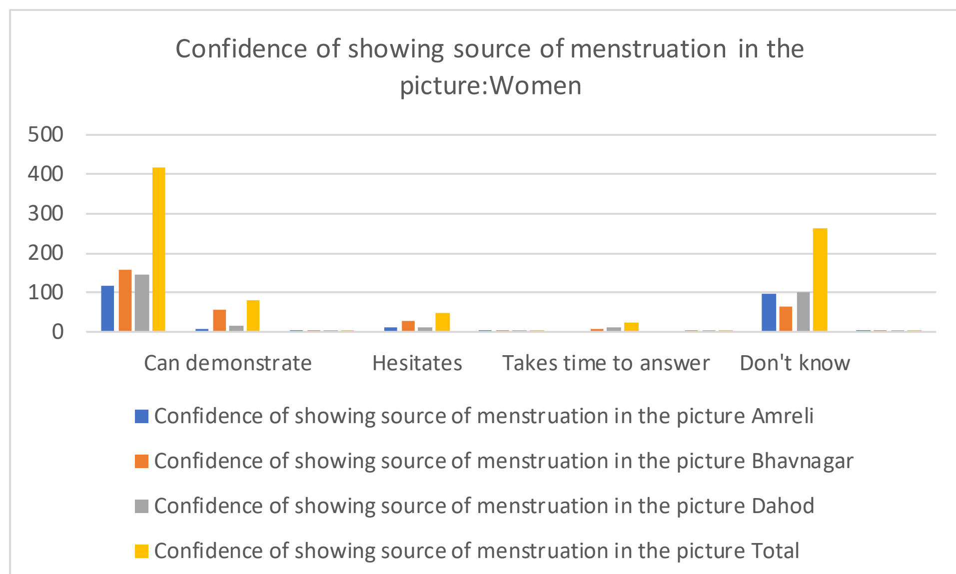
- Uterus: highest across all districts among the body parts, with 37.7% of girls identifying it correctly. Bhavnagar recorded the highest awareness at 42.7%, followed by Dahod at 36.6% and Amreli at 35%.
- Knowledge of the ovary is moderate in Amreli (32%) and Bhavnagar (32.9%), but significantly lower in Dahod (7.3%). The overall awareness of the ovary stands at 22.3%.
- Understanding of the fallopian tube is low overall (10.2%), with Bhavnagar again performing better (22%), while Amreli (4%) and Dahod (7.3%) show very limited knowledge.
- Awareness of the vagina is low across all three districts, with 15.4% overall. Bhavnagar leads slightly at 20.7%, followed by Dahod at 17.1% and Amreli at 9%.
- Dahod, a tribal dominated district, shows the lowest levels of knowledge, especially regarding the ovary and fallopian tube, suggesting a significant gap in access to reproductive health information.
- Amreli, a more remote district, presents mixed results—moderate awareness of the uterus and ovary, but low awareness of the fallopian tube and vagina.

## 2. Knowledge on source of Menstrual Blood in the picture

The following data captures women and girls' ability to identify the source of menstrual blood from an anatomical picture. The responses were categorized into: Can demonstrate, Hesitates, Takes time to answer, and Don't know.

**Women as respondents:**

### Table 2.a: Confidence of showing source of Menstrual Blood in the picture

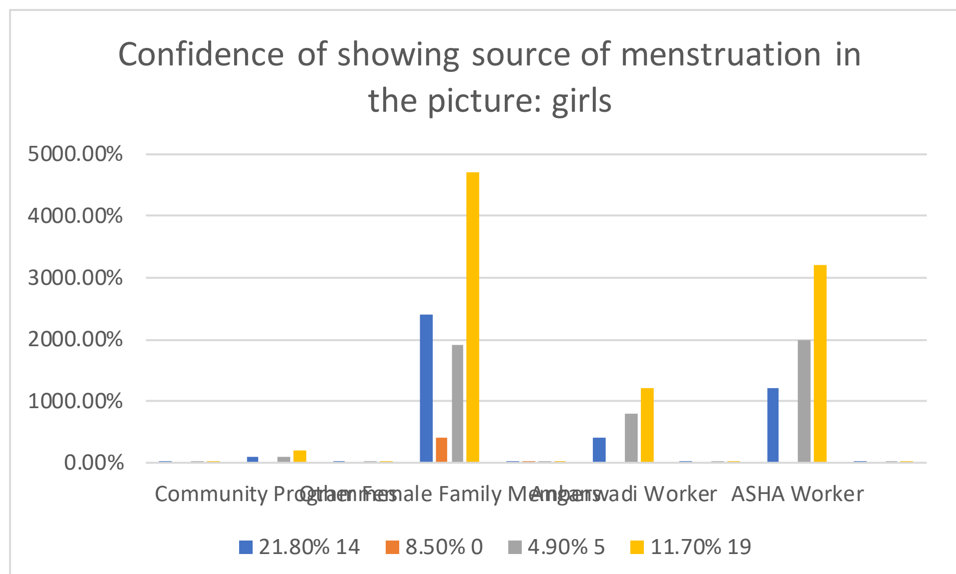



| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Can demonstrate | 8 | 57 | 17 | 82 |
| | 6.9% | 36.5% | 11.8% | 19.7% |
| Hesitates | 10 | 26 | 13 | 49 |
| | 8.6% | 16.7% | 9.0% | 11.8% |
| Takes time to answer | 0 | 9 | 13 | 22 |
| | 0.0% | 5.8% | 9.0% | 5.3% |
| Don't know | 98 | 64 | 101 | 263 |
| | 84.5% | 41.0% | 70.1% | 63.2% |

- Amreli: A significant majority of women (84.5%) were unaware of the source of menstrual blood, indicating a substantial gap in knowledge. In Dahod, the proportion of women was 70.1%.
- Bhavnagar: The district exhibited a more balanced awareness, with 41.0% of women lacking knowledge about the origin of menstrual blood, suggesting a relatively better understanding compared to Amreli.
- Dahod: Approximately 70.1% of women did not know where menstrual blood originates, highlighting a need for improved menstrual health education in this area.

**Girls as respondents:**

**Table 2.b: Confidence of showing source of Menstrual Blood in the picture**




| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 110 | 82 | 123 | 315 |
| Can demonstrate | 8 | 21 | 18 | 47 |
| | 7.3% | 25.6% | 14.6% | 14.9% |
| Hesitates | 2 | 14 | 29 | 45 |
| | 1.8% | 17.1% | 23.6% | 14.3% |
| Takes time to answer | 0 | 4 | 12 | 16 |
| | 0.0% | 4.9% | 9.8% | 5.1% |
| Don't know | 100 | 43 | 64 | 207 |
| | 90.9% | 52.4% | 52.0% | 65.7% |

- 25.6% of girls of Bhavnagar district can demonstrate where menstrual blood comes from, the highest among the districts, indicating better menstrual health awareness and confidence.
- This is followed by tribal girls in Dahod, where knowledge is moderate (14.6%), but hesitancy is high -23.9%.
- Amreli is the least in demonstrating– only 7.3% girls can do so.

## 3. Reason for menstruation

The data below captures how women and *girls* conceptualize menstruation, with options like: Shedding of the uterine lining (biologically accurate), Waste of the body (a common myth), Natural process (partially correct and body-positive), Curse from God (stigmatized belief), Don't know.

**Women as respondents:**

- Among women, 80% from Amreli, 56.8% from Bhavnagar and 54.9% from Dahod describe menstruation as *waste removal, reflecting* a deeply entrenched misconception, often associated with shame, impurity, and taboos.
- 10.4% women from Dahod, and less than 2% from Bhavnagar and Amreli districts could correctly say it's the *shedding of the uterine lining*. Lack of knowledge of actual correct reason for menstruation shows an overwhelming gap in biological knowledge — even among those who recognize it as natural, very few understand *why it happens*, especially in Dahod district.

- As high as 22.2% of Women of Tribal region of Dahod believe it is a *"curse"*. Along with *"don't know"* as an answer, the proportion of women respondents go to 40%,significantly higher than the other two districts.
- An average of 30% of the women across the districts felt it was a natural process.

**Girls as respondents:**

- Very few girls across districts could identify menstruation as "shedding of the uterine lining," with just six girls in Bhavnagar doing so. No girls from Amreli or Dahod gave this scientifically correct response, underscoring a widespread gap in formal reproductive education.
- 32.9% girls in Bhavnagar and 32% in Dahod understand menstruation as a natural process, but Amreli shows consistent lower levels of this understanding with 24%.
- The data reveals that across all three districts, the most common understanding of menstruation among adolescent girls is that it is "a waste of the body."
    - In Amreli, this belief is held by 73.6% of girls, whereas in Dahod, a predominantly tribal district, where 57.7% girls believe menstruation is a bodily waste.
    - Bhavnagar displays a much lower percentage for this belief—39% -indicating that other narratives might be influencing girls' understanding in this region.
- The belief that menstruation is "a curse from God" is virtually absent in Amreli and Bhavnagar (around 1% or less), but is notably higher in Dahod, with 13.8% girls holding this view.
- Responses indicating "don't know" are high: In Bhavnagar, 20.7% of girls, in Dahod, 22% of girls, whereas in contrast, very few girls in Amreli (4.5%) selected this option, possibly indicating stronger—but not necessarily accurate—convictions.

## 4. Age of menarche

This table reflects what respondents think is the usual age range when girls start menstruating.

**Women as respondents:**

- 63% women believe it's 12–14 years, especially strong in Bhavnagar (79%) and Amreli (63%). Dahod is split, with only 46% saying 12–14, and an equal 46% saying 10–12.
- This suggests communities in tribal dominated area of Dahod, may observe or believe in earlier menarche, possibly due to changing nutrition, body development, or local myths.

**Girls as respondents:**

Majority of girls across all districts report attaining menarche between the ages of 10 and 12.

- In Amreli, over 51.8% reported starting menstruation between ages 10 to 12. Similarly, in Dahod, 53.7% reported menarche in this age range.
- In contrast, Bhavnagar shows a different trend, with 63.4% of girls experiencing menarche between ages 12 to 14. This suggests that menarche tends to occur slightly later in Bhavnagar compared to Amreli and Dahod.
- Notably, the proportion of girls who were unsure or did not know their age at menarche was low across all groups—ranging from 1.2% to 3.4% in Dahod and just 0.9% in Amreli.

## 5. Awareness on Duration of menstruation cycle

This data shows the awareness on duration of menstruation among respondents across different districts and religious groups.

**Women as respondents:**

- A significant majority (85.8%) women report menstrual periods lasting between four to seven days, indicating a trend towards longer durations in this district.
- Conversely, in Bhavnagar, the most common duration is three to four days, with 47.4% of respondents indicating this length, which is similar to Dahod, with 49.3% of women experiencing three to four-day periods.
- However, Dahod also has a higher percentage (14.6%) of women with two to three-day periods compared to the other districts. This shorter duration of menstruation cycle in Dahod need to be studied deeper. It could be linked with multiple factors like lack of nutrition, stress, etc.

**Girls as respondents:**

- Over 85% girls in Amreli district report that menstruation lasts 4–7 days.
- In Bhavnagar, about 50% girls, report 4-7 days, but an average of 39% also report shorter cycles of 3–4 days. Similar is the outcome in tribal girls of Dahod.

## 6. Knowledge about Menstrual Products

Following refers to the differential knowledge base for different menstrual products by different locations of women in the three districts:

**Women as respondents:**

### Table 3.a Knowledge about Menstrual Products

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Tampons | 1 | 1 | 1 | 3 |
| | .9% | .6% | .7% | .7% |
| Professionally made sanitary pads | 107 | 85 | 16 | 208 |
| | 92.2% | 54.5% | 11.1% | 50.0% |
| Period pieces (red period cloth) | 63 | 0 | 3 | 66 |
| | 54.3% | 0.0% | 2.1% | 15.9% |
| Cloth menstrual pads (washable and reusable) | 58 | 136 | 132 | 326 |
| | 50.0% | 87.2% | 91.7% | 78.4% |
| Cloth menstrual pads (disposable) | 10 | 45 | 39 | 94 |
| | 8.6% | 28.8% | 27.1% | 22.6% |
| Menstrual cups | 1 | 10 | 1 | 12 |
| | .9% | 6.4% | .7% | 2.9% |
| Period Panties/Huggies | 0 | 2 | 0 | 2 |
| | 0.0% | 1.3% | 0.0% | .5% |
| Don't Know | 0 | 0 | 5 | 5 |
| | 0.0% | 0.0% | 3.5% | 1.2% |

- Professionally Made Sanitary Pads: Amreli exhibits the highest awareness, with 92.2% of respondents recognizing these products. In contrast, Bhavnagar and Dahod report lower awareness levels at 54.5% and 11.1%, respectively.
- Cloth Menstrual Pads (Washable and Reusable): Bhavnagar leads in awareness of reusable cloth pads, with 87.2% of respondents acknowledging them. Dahod follows with 91.7%, while Amreli reports a lower awareness level at 50.0%.
- Cloth Menstrual Pads (Disposable): Bhavnagar again shows the highest awareness at 28.8%, followed by Dahod at 27.1%. Amreli reports the lowest awareness in this category, with 8.6% of respondents recognizing disposable cloth pads.
- Tampons: Awareness of tampons is notably low across all districts, with Amreli at .9%, Bhavnagar at .6%, and Dahod at 0.7%.
- Menstrual Cups: Similarly, menstrual cups are not widely recognized, with Amreli reporting .9% awareness, Bhavnagar at 6.4%, and Dahod at 0.7%.
- Red Period Cloth: Amreli reports the highest awareness of the traditional 'Red Period Cloth' at 54.3%, while Dahod follows with 2.1%. Bhavnagar does not report any awareness in this category.

**Girls as respondents:**

**Table 3.b Knowledge about Menstrual Products**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 110 | 82 | 123 | 315 |
| Tampons | 2 | 1 | 1 | 4 |
| | 1.8% | 1.2% | .8% | 1.3% |
| Professionally made sanitary pads | 108 | 46 | 36 | 190 |
| | 98.2% | 56.1% | 29.3% | 60.3% |
| Cloth menstrual pads (washable and reusable) | 49 | 66 | 89 | 204 |
| | 44.5% | 80.5% | 72.4% | 64.8% |
| Cloth menstrual pads (disposable) | 9 | 30 | 36 | 75 |
| | 8.2% | 36.6% | 29.3% | 23.8% |
| Menstrual cups | 6 | 4 | 1 | 11 |
| | 5.5% | 4.9% | .8% | 3.5% |
| Red Period Cloths | 42 | 0 | 16 | 58 |
| | 38.2% | 0.0% | 13.0% | 18.4% |
| Don't know | 0 | 0 | 4 | 4 |
| | 0.0% | 0.0% | 3.3% | 1.3% |

- Professionally Made Sanitary Pads were the most recognized menstrual product, but awareness varies dramatically by district and education level:
  - In Amreli, almost all girls were aware of the Professionally Made Sanitary Pads, as against only 56.1% in Bhavnagar. Reason could be because ASHA workers in Amreli provides two packets of sanitary pads with six pieces each every month, which practically all girls receive and use. This was revealed during the FGD with girls.
  - In Dahod, awareness is very low overall. 29.3% of those above were aware, indicating a stark gap in product knowledge in tribal dominated areas. In fact, during FGDs it was revealed that of the 10 women in one of the FGDs, only one had seen the sanitary pad,

the others had only seen the packets and not from within. They don't use them at all, due to lack of affordability.

- Cloth pads were better known than sanitary pads in Bhavnagar and Dahod:
  - In Bhavnagar, over 80.5% of girls recognized washable cloth pads and 72.4% in Dahod—suggesting that reusable cloth is the dominant known product, likely due to affordability and cultural familiarity in Bhavnagar and Dahod.
  - In Amreli, the pattern was reversed: awareness was lower overall -44.5% likely because sanitary pads were more common (98.2% overall).

- The two least known menstrual products across all districts are:
  - Tampons – Awareness was extremely low, with only 2 girls in Amreli and 1 each in Bhavnagar and Dahod reporting knowledge - that's less than 1.2% to .8% overall.
  - Menstrual Cups –Only a handful of girls (5 or 6 total) across all districts mentioning them, in Amreli and Bhavnagar.
  - These products remain largely unknown, especially in Dahod where no girls had heard of tampons and only one girl mentioned menstrual cups.

## Recommendations for section 1:

Keeping in mind overall knowledge base around menstruation of women and girls in different districts as follows:

a. The fact that Dahod has *extremely low understanding of body parts and menstruation sources, high prevalence of stigma* (e.g., 13.8% girls believe it's a curse), and low product awareness highlight deep-rooted misinformation and limited exposure.

b. Girls and women show moderate awareness of common body parts like uterus and ovary in Amreli, but significantly low understanding of menstrual blood source and internal organs (e.g., fallopian tubes). *Girls show strong awareness of sanitary pads, but not alternatives—indicating exposure but limited education.*

*c.* Bhavnagar shows relatively better awareness and more balanced beliefs, but gaps remain in knowledge of product variety and biological accuracy (e.g., only six girls knew menstruation is uterine lining shedding). *This district is well-positioned to pilot more advanced menstrual health modules.*

The recommendations are:

1. **Develop Tiered Menstrual Literacy Modules for Women and Girls**
   Tailor content by age group and district context, covering: anatomy, menstruation process, hygiene practices, and product use. Modules should address Biological facts (e.g., uterus shedding), Myth-busting (e.g., menstruation ≠ curse), Product education (sanitary pads, cloth, cups.
2. **Engage Mothers in Dialogue**
   Since women's knowledge is also low (e.g., 85.8% in Amreli don't know the source of menstrual blood), involve mothers in sessions to support intergenerational knowledge transmission and reduce stigma at home.
   An effective operational strategy could be to ask schoolgirls to invite their mothers to attend awareness sessions, fostering intergenerational dialogue and shared learning on menstrual health.
3. **Ensure Equitable Product Access and Choice**

Facilitate district-specific menstrual product awareness programs, focusing on affordability, accessibility, and environmental sustainability. Ensure that tribal and remote areas like Dahod and Amreli are prioritized for product access along with education on safe usage.

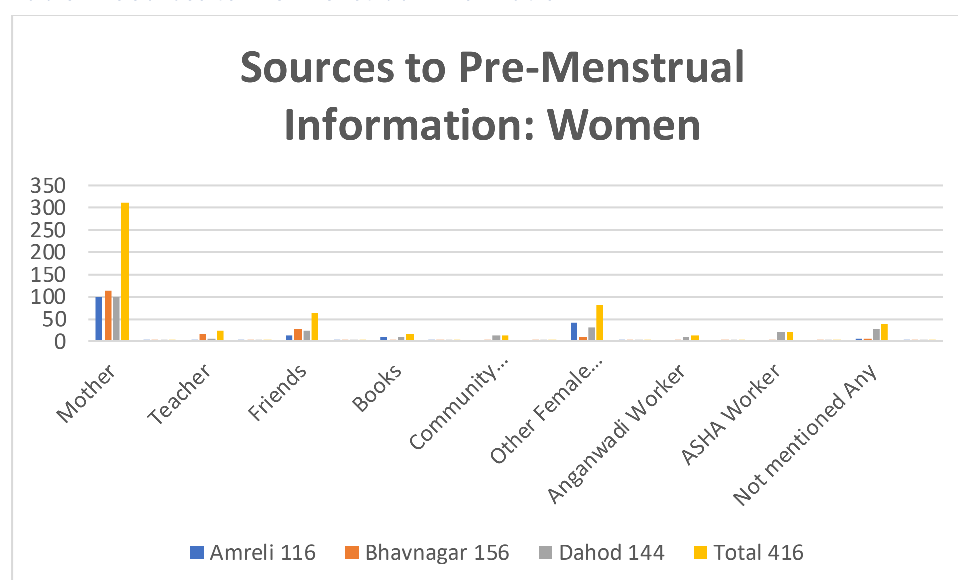
# Section 2: Sources and Access to Pre-Menstrual Information and Guidance

## 7. Knowledge received in Advance, for Menstruation

This data captures whether women from different religious and geographic backgrounds received information about menstruation before their first period. Understanding whether prior guidance was provided is important for assessing preparedness and awareness.

**Women as respondents:**

**Table 4: Sources to Pre-Menstrual Information**



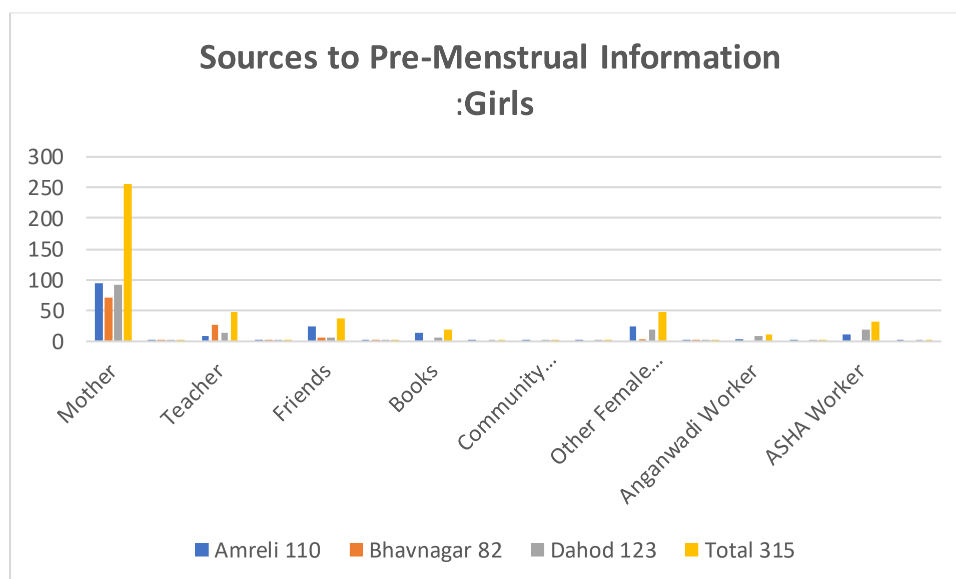

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| Who Informed | **116** | **156** | **144** | **416** |
| | | | | |
| Mother | 99 | 113 | 99 | 311 |
| | 85.3% | 72.4% | 68.8% | 74.8% |
| Teacher | 2 | 18 | 4 | 24 |
| | 1.7% | 11.5% | 2.8% | 5.8% |
| Friends | 12 | 28 | 24 | 64 |
| | 10.3% | 17.9% | 16.7% | 15.4% |
| Books | 9 | 1 | 8 | 18 |
| | 7.8% | .6% | 5.6% | 4.3% |
| Community Programmes | 0 | 2 | 12 | 14 |
| | 0.0% | 1.3% | 8.3% | 3.4% |
| Other Female Family Members | 42 | 10 | 30 | 82 |
| | 36.2% | 6.4% | 20.8% | 19.7% |

| Anganwadi Worker | 0 | 2 | 11 | 13 |
|---|---|---|---|---|
| | 0.0% | 1.3% | 7.6% | 3.1% |
| ASHA Worker | 0 | 1 | 20 | 21 |
| | 0.0% | .6% | 13.9% | 5.0% |
| Not mentioned Any | 7 | 5 | 26 | 38 |
| | 6.0% | 3.2% | 18.1% | 9.1% |

- While 86.2% of women surveyed in Amreli reported having received prior information about menstruation—compared to 20.5% in Bhavnagar and 25% in Dahod—this finding contrasts with insights from the FGDs. In these discussions, women across caste and religion consistently shared that they were informed about menstruation only at the time of its onset, typically by a close female family member- be it in the women from agriculture and livestock community or in the labour class community.
- Dahod stands out for its consistently low awareness, as reflected across various knowledge-based questions, indicating a more systemic information gap.
- Major source of prior information was mother, with highest in Amreli- 85.3% and lowest in Dahod- 68.8% .
- Friends do play a role between 10-18% across districts.
- Institutional support has been little in this regards, including teachers except in Bhavnagar, where 11.5% play a role).

**Girls as respondents:**

## Table 4: Sources and Access to Pre-Menstrual Information




| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **110** | **82** | **123** | **315** |
| Mother | 94 | 71 | 91 | 256 |
| | 85.5% | 86.6% | 74.0% | 81.3% |
| Teacher | 8 | 28 | 13 | 49 |
| | 7.3% | 34.1% | 10.6% | 15.6% |
| Friends | 24 | 7 | 6 | 37 |

| | | | | |
|---|---|---|---|---|
| | 21.8% | 8.5% | 4.9% | 11.7% |
| Books | 14 | 0 | 5 | 19 |
| | 12.7% | 0.0% | 4.1% | 6.0% |
| Community Programmes | 1 | 0 | 1 | 2 |
| | .9% | 0.0% | .8% | .6% |
| Other Female Family Members | 24 | 4 | 19 | 47 |
| | 21.8% | 4.9% | 15.4% | 14.9% |
| Anganwadi Worker | 4 | 0 | 8 | 12 |
| | 3.6% | 0.0% | 6.5% | 3.8% |
| ASHA Worker | 12 | 0 | 20 | 32 |
| | 10.9% | 0.0% | 16.3% | 10.2% |

- 59.0% of girls across all districts were informed about menstruation before getting it, showing that the majority of girls received some form of information about menstruation prior to their first experience. Interestingly, the FGD with girls at both in Bhavnagar and Amreli revealed that while describing menstruation, they were not only told that they will get periods, but also that they will have stomach pain, cramps in legs, and the social dos and don'ts- they should not look at the mirror , else there will be black circles below eyes, not to go to temple, etc.
- Amreli stands out with high levels of prior information shared (93.6%), while Bhavnagar (52.4%) and Dahod have much lower rates (32.4%), suggesting differences in access to information and education. This was reconfirmed in the FGDs when girls exclaimed, they came to know of it from some female member of the family only when they received their first periods.
- Major source of prior information was mother, with highest in Amreli- 85.3% and lowest in Dahod- 74.0% .
- Friends do play a role, with highest in Amreli with 21%, and lower in Dahod and Bhavnagar, around 5%.
- Institutional support has been little in this regards, except teachers in Bhavnagar, where 34.1% play a role.

## 8. Other Sources of Information about Menstruation

This data reflects if respondents access any other media to know about menstruation.

**Women as respondents:**

- 44.0% women in Amreli, 32.1% in Bhavnagar and 56.3% in Dahod reported not accessing any additional sources of information about menstruation.
- Approximately 34.2% of women reported using mobile phones to access information about menstruation, with Bhavnagar leading with 41.7% and lowest being in Dahod, by 25% women.
- Television (TV) and books were insignificant source of menstrual information, being less than 15%.

**Girls as respondents:**

- 34.5% of girls indicated that they had no other source of information about menstruation. This was particularly high in Bhavnagar (53.1%) and Dahod (47.1%), suggesting a significant gap in awareness from external sources.

- Mobile phones is the most common source of information, with 53.6% of girls overall reporting it as a primary source. It is especially prominent in Amreli (57.8%) and Dahod (39.8%). Interestingly, only 18.3% girls have reported mobile as a source of information in Bhavnagar implying restrictions on access to mobile for girls.
- 20.9% of girls overall mentioned books as a source of information about menstruation. This is the second most common source, with notable mentions in Bhavnagar (24.4%) and Dahod (20.7%)

### Recommendations for section 2:

1. **Strengthen Mobile-Based Awareness Campaigns, Especially in Amreli and Dahod**

Mobile phones are a key channel for menstrual health information among girls in Amreli (57.8%) and Dahod (39.8%). A targeted digital media strategy using audio-visual content, short videos, and interactive messages in local languages can bridge the gap—especially where school coverage or community outreach is weaker.

2. **Expand Community-Based Outreach in Low-Awareness Areas like Dahod**

Given the consistently low awareness among both women (25%) and girls (32.4%) in Dahod, there is a need to strengthen community-based menstrual education. Frontline workers such as ASHAs and Anganwadi workers could be roped in to reach adolescent girls and caregivers, especially areas where school and digital access is limited.

3. **Expand and Support Mothers as Educators**:

Given that mothers are the most cited source of menstrual information (75.4%), especially in Amreli, programs should equip mothers with accurate, age-appropriate information and communication tools. This ensures that what girls learn is both supportive and factually correct.

4. **Leverage Teachers and Strengthen Role of Frontline Workers:**

With only 5.8% mentioning teachers schools can be a stronger platform. The role of ASHA and Anganwadi workers, while emerging in Dahod, is still very limited Hence:

   a. Training teachers to deliver menstrual education in a relatable manner is important.
   **b.** FLWs need to be motivated to take up menstruation education in their functional areas.

# Section 3: Perceptions and support during Menstruation

The section reflects a wide range of perceptions, emotions, and beliefs associated with menstruation among Hindu and Muslim women across Amreli, Bhavnagar, and Dahod districts.

# Section 3.a: Perceptions and support during Menstruation

## 9. Initial thoughts about menstruation:

Data on the first thought about menstruation captures how women perceive menstruation. While the responses were multiple choice, a few dominant patterns emerged:

**Women as respondents:**

- Shyness: is the most prominent emotion in Amreli (85.8%), and the district also reports a notable sense of fear around menstruation. This suggests deeper internalized stigma, taboos, and misconceptions in Amreli, despite relatively better awareness levels compared to other districts. . Bhavnagar shows a reasonably high prevalence at 80.6%, while Dahod reports a lower incidence of 50%.
- Fear: Amreli reports the highest level of fear associated with menstruation at 42.1%, followed by Bhavnagar at 28%. Dahod's data on this sentiment is not specified.
- In Bhavnagar, 22% of respondents expressed neutrality, saying they felt nothing—neither positive nor negative—when they thought of menstruation. Interestingly, 16% wondered why only women menstruate, and 21% questioned why menstruation happens at all. These reflections were unique to Bhavnagar, not seen in the other districts, possibly indicating greater exposure and engagement with external ideas, including mobile (44%).
- In Dahod's tribal-dominated setting, the dominant association with menstruation is the use of menstrual cloth, and many also described it as a "curse"—echoing the perception captured previously.
- Overall, across all interviews, only two respondents expressed a mildly positive sentiment about menstruation. The rest showed varying degrees of negative or neutral attitudes, indicating a widespread internalized discomfort with the topic.
- The FGD with women from the Darbar community in Bhavnagar however, revealed that many women experience stress on thinking of menstruation, particularly if a family occasion is approaching and with the thought that they will have to take medication to delay their periods. FGDs also revealed that women tend to become anxious when their menstruation is delayed, fearing it could be a sign of a tumor or may cause harm to their bodies. So, they do feel at ease if it is on time. On the other hand, there is also an acceptance for menstruation , thinking it is only if one menstruates that one can have child- so in a way it is good (essential) and accepted across all districts, including Dahod.

**Girls as respondents:**

- Shyness: In Amreli, 74.5% of respondents report "shyness" as one of the first things that come to mind when menstruation is mentioned. This contrasts with Bhavnagar, where only 7.3% mention shyness, and Dahod with 11.2%, suggesting that Amreli has a stronger social stigma and embarrassment associated with menstruation compared to Bhavnagar and Dahod.
- Fear: Amreli stands out with 80.9% of the total respondents associating menstruation with "fear," making it the dominant association in this district. In Bhavnagar, only 6.1% of girls mention "fear," and Dahod shows no responses under this category.
- Bad Things: Dahod has a significant association with the term "bad things," with 31.7% of the total respondents mentioning it. This is much higher compared to Amreli (1.8%) and Bhavnagar (6.1%).
- Bad Blood: This term is particularly prevalent in Dahod, with 35.8% of respondents associating menstruation with "bad blood." This is significantly higher than in Amreli (1.8%) and Bhavnagar (3.1%).
- Why does this happen: This was mentioned by 36.6% of respondents from Bhavnagar, suggesting that girls in this district may have more curiosity or questions about the biological

process of menstruation. In contrast, Amreli and Dahod show much lower percentages, with Amreli at 1.8% and Dahod at 1.6%.

- Period: The term "period" was only mentioned by 7.3% of respondents in Bhavnagar, while Amreli and Dahod had minimal responses to this term, reflecting a more clinical or naturalistic understanding of menstruation in Bhavnagar compared to Amreli and Dahod, where such terms may not be as commonly recognized.
- Amreli shows the strongest emotional responses to menstruation, with fear and shyness being the most common associations, suggesting a high level of stigma and discomfort regarding menstruation in this district.
- Bhavnagar respondents are more likely to view menstruation as a natural process, with a notable percentage asking "why does this happen?" indicating a more inquisitive or open approach to menstruation. However, girls of Bhavnagar also said they get tense if they don't receive periods, as then they cant bear child. SO in a way it is accepted that it is essential for being pregnant.
- Dahod has a strong connection to "bad blood", reflecting more mythological views on menstruation. This is significantly more prevalent compared to the other districts.

## 10.Activities Considered appropriate by Respondent

This dataset presents perceptions around what women and girls think is appropriate during menstruation.

**Women as respondents:**

- Cooking During Menstruation: A higher percentage of respondents in Bhavnagar (79.5%) and Amreli (75.0%) consider it appropriate for women to cook during menstruation compared to Dahod (14.6%). This was reaffirmed during FGDs as well, when Bhavnagar and Amreli women feel free to enter kitchen, cook. However, in Dahod, though women are more literate than the other two districts, have strict restrictions on entering kitchen and cooking during menstruation.
- Attending Social Gatherings: DFahod has the highest acceptance (72.9%) for girls attending social events during their periods, followed by Bhavnagar (59.0%) and Amreli (22.4%).
- Performing Religious Rituals: Bhavnagar shows a higher acceptance (12.2%) for women performing religious rituals at home during menstruation compared to Amreli (1.7%) and Dahod (2.8%). Similar is the trend for visiting temple. However, attending weddings during menstruation is considered appropriate by 93.8% in Dahod, 80.1% in Bhavnagar, and 15.5% in Amreli. Thus, Religious restrictions during menstruation are deeply entrenched, across both religions and even in tribal dominated Dahod area. In fact, the FGD with the Darbar community in Bhavnagar revealed that none of the women reported observing any religious restrictions related to menstruation at home. However, all public religious places and functions are restricted. The same was revealed in the discussions with Muslim women.
- Touching Household Members: Respondents from Bhavnagar (74.4%) are more accepting of women touching other household members during menstruation than those from Dahod (64.6%) and Amreli (54.3%).
- Menstrual Hygiene Practices: Washing menstrual clothes with soap and drying them in the sun is highly accepted in Amreli (97.4%) and Bhavnagar (92.9%), but less so in Dahod (64.6%).

- Disposal of Menstrual Products: Burying or burning used clothes or sanitary napkins is considered appropriate by 96.5% respondents in Amreli, 84.0% in Bhavnagar, and 70.1% in Dahod.
- Dietary Practices: Eating sour food during periods is more accepted in Dahod (71.5%) compared to Bhavnagar (36.5%) and Amreli (12.1%). Similarly, eating pickles is considered appropriate by 66.0% in Dahod, 44.2% in Bhavnagar, and 11.2% in Amreli. FGDs confirmed the same across the districts. Non vegetarian food among Muslims is not banned even during menstruation.
- Physical Activities: Engaging in heavy work during menstruation is deemed appropriate by 64.6% in Dahod, 27.6% in Bhavnagar, and 1.7% in Amreli. Riding a bicycle or playing outside during menstruation is accepted by 72.2% in Dahod, 48.7% in Bhavnagar, and 2.6% in Amreli. Going to school: Universally accepted (90%+)
- The FGDs revealed that there are generally no restrictions on occupational work—whether in agriculture, livestock, labor, or other activities—during menstruation. However, certain specific restrictions still exist. For example, in Dahod, women mentioned they are not allowed to work in the vegetables section but can work in the agriculture field. Similarly, in Bhavnagar, there was previously a restriction on plucking brinjals, although this is no longer practiced. While women can harvest crops during menstruation, they are not permitted to store them in the traditional grain storage containers (kothis). In Dahod, women voiced these contradictions with a tone of awareness—recognizing the inconsistencies in the practices but unable to comprehend the rationale behind them.

**Key insights**

- Amreli is consistently the most conservative.
- Dahod, a tribal dominated area, is much open and accepting on many indicators..
- Strong taboos persist around religious rituals and certain food practices across the regions and religions.
- School attendance is normalized, showing the success of messaging on education during menstruation.

**Girls as respondents:**

- Cooking During Menstruation: Amreli (73.6%) and Bhavnagar (75.6%) have high acceptance for girls and women cooking during menstruation, while in Dahod, this drops dramatically to 19.5%.
- Attending Social Gatherings: Dahod has a higher percentage of acceptance (77.2%) for girls attending social gatherings during menstruation compared to Amreli (40.0%) and Bhavnagar (62.2%).
- Religious and Social Rituals:
    - Performing Religious Rituals: Only a small percentage of respondents from Amreli (1.8%) and Dahod (4.1%) accept women performing religious rituals during menstruation. Bhavnagar shows slightly more acceptance with 12.2%.
    - For going to the Temple or Religious Functions, Dahod (7.3%) and Amreli (1.8%) have relatively lower acceptance for visiting religious places during menstruation, as against Bhavnagar (13.4%).
- Menstrual Hygiene Practices of Washing Menstrual Clothes with Soap and Drying in the Sun:

- In Amreli (100%) and Bhavnagar (92.7%), washing menstrual clothes with soap and drying them in the sun is almost universally considered appropriate. Dahod shows a similar practice at 75.6%, although it is slightly lower.
- Both Amreli and Bhavnagar show high acceptance (100%) for burying or burning used clothes or sanitary napkins, while Dahod respondents report 94.3% agreement.

- Physical Activities During Menstruation:
  - Dahod shows the highest acceptance (68.3%) for girls riding bicycles or playing during menstruation, followed by Amreli (14.5%) and Bhavnagar (50.0%).
  - Dahod shows a significantly higher percentage (63.4%) of respondents who believe heavy work is acceptable during menstruation compared to Amreli (0%) and Bhavnagar (17.1%).
- Dietary Choices During Menstruation:
  - Eating Sour, Pickles, or Spicy Food: Dahod show significant acceptance for eating sour and spicy foods (85.4%). With 48.2%, Amreli, while Bhavnagar is more restrictive, with only 20.7% accepting sour food and 23.2% accepting pickles. Bhavnagar also has lower acceptance for spicy food (57.3%).
  - This was reconfirmed during FGDs with girls as they repeated that things which are hot in nature- spices, papita, hot things, etc need to be avoided, else it would lead to more bleeding. In the list were also added sour things which are banned from eating. However, non veg in Muslim girls is not allowed.
- Attending School and Social Events:
  - Going to School: There is near-universal acceptance of by girls for they going to school during menstruation, with Amreli (98.2%), Bhavnagar (97.6%), and Dahod (95.1%) showing similar high percentages.
- Attending Weddings and Parties: Amreli shows moderate acceptance (22.7%) for attending weddings, while Dahod (95.9%) and Bhavnagar (68.3%) show much higher levels of acceptance. However, FGDs in Bhavnagar and Amreli districts reveal that while attending weddings is accepted, it is not accepted to attend the baby shower ceremony. Tribal society of Dahod doesn't have custom of baby shower.
- FGDs confirm the beliefs on restrictions across different dimensions for girls.

**Key insights**

- Amreli generally shows more restrictive attitudes toward activities such as cooking, attending social events, and performing religious rituals during menstruation.
- Bhavnagar demonstrates more openness in attending social events, playing sports, and performing rituals, reflecting a relatively less restrictive perspective on menstruation-related activities.
- Dahod shows the highest acceptance of physical activities (riding bicycles, heavy work), attending social gatherings, and eating various foods during menstruation, suggesting fewer cultural restrictions in these areas.

## 11. Activities Considered appropriate by Community

Following is the analysis of how the community's perception (as opposed to individual respondents) aligns with or diverges from menstrual norms—especially around religious practices.

**Women as respondents:**

- Cooking During Menstruation: A higher percentage of respondents in Amreli (79.3%) considered community finds it appropriate for women to cook during menstruation compared to Bhavnagar (59.0%) and Dahod (9.0%).
- Attending Social Gatherings: Respondents from Dahod (64.6%) were more accepting of attending social events during menstruation than those from Bhavnagar (53.2%), while Amreli had the highest acceptance at 71.6%.
- Performing Religious Rituals at Home: A small percentage across all districts considered it appropriate, with Amreli at 5.2%, Bhavnagar at 3.8%, and Dahod at 2.8%.
- Touching Other Household Members: Amreli had a notably low percentage (3.4%) compared to Bhavnagar (67.3%) and Dahod (60.4%).
- Menstrual Hygiene Practices: Washing menstrual clothes with soap and sun-drying was more accepted in Amreli (83.6%) than in Bhavnagar (79.5%) and Dahod (47.2%). Similarly, disposing of used menstrual products by burying or burning was considered appropriate by 88.8% in Amreli, 71.8% in Bhavnagar, and 59.7% in Dahod.
- Dietary Practices: Consumption of sour food during menstruation was deemed appropriate by 17.2% in Amreli, 12.8% in Bhavnagar, and significantly higher in Dahod at 66.0%.
- Physical Activities: Engaging in heavy work was considered acceptable by 45.7% in Amreli, 34.0% in Bhavnagar, and 65.3% in Dahod. Riding a bicycle or playing outside was more accepted in Dahod (68.1%) compared to Amreli (55.2%) and Bhavnagar (41.0%). However, going by vehicles in Dahod is restricted largely, with the thought that with jerks is more menstruation.
- Dahod , a tribal dominated area, with 88.2% and Bhavnagar, with 71% are far more permissive for attending weddings.
- Interestingly, there is a huge gap in the individual perceptions versus community perceptions for most of the beliefs. Some of the key ones are:

**Table 5: individual perceptions versus community perceptions for most of the menstruation related beliefs**

| Activity | % Individual (Total) | % Community (Total) | Difference (pp) |
|---|---|---|---|
| Cooking during menstruation | 54.2% | 24.6% | +29.6 |
| Going to school during period | 90.4% | 67.8% | +22.6 |
| Touching others during menstruation | 65.6% | 47.1% | +18.5 |
| Going to party during period | 53.2% | 46.1% | +7.1 |
| Washing and drying menstrual clothes in sun | 84.6% | 69.6% | +15 |

- Most people personally think many practices (like cooking, attending school, touching others) are acceptable during menstruation, but they believe their community does not. This highlights a perception gap where women conform to social expectations they don't necessarily agree with.
    - Cooking during Menstruation has the largest discrepancy (+29.6 pp), suggesting a huge internal-external norm conflict — a classic sign of internalized stigma vs practical reality.

  - Going to School During Periods shows that women overwhelmingly support girls' education during menstruation, but fear their communities are more conservative — this can impact school attendance if social norms dominate.
- In all five cases above, individual perception is more progressive than perceived community norms, indicating a potential for collective shifts if these private views are supported or surfaced in groups.

## 12.Individual reaction to First period

This data reflects women's emotions when they actually received their first period.

**Women as respondents:**

Experiencing one's first menstrual period, known as menarche, can evoke a range of emotional and physical responses. The study revealed notable variations among the three districts:

- Scared: A significant proportion of respondents from Bhavnagar (80.1%) and Dahod (56.9%) reported feeling scared during their first period, compared to 19.8% in Amreli.
- Extreme Physical Pain: This was reported by 79.3% in Amreli, 3.8% in Bhavnagar, and 31.3% in Dahod.
- Emotional Turmoil: Incidences were relatively low across all districts, with 0.9% in Amreli, 3.2% in Bhavnagar, and 3.5% in Dahod.
- Uncomfortable or happy: No respondents in Amreli reported feeling uncomfortable, whereas 9.0% in Bhavnagar and 2.1% in Dahod did.
- Neutral: This reaction was absent in Amreli but present in 1.9% of respondents from Bhavnagar and 6.3% from Dahod.
- The first menstruation experience is largely negative, characterized by fear and physical pain.
- District differences are stark: Bhavnagar shows high fear, low physical pain, while Amreli shows the reverse.

## Recommendations for section 3.a :

Despite growing awareness, menstruation continues to evoke strong feelings of shame, fear, and negativity, particularly among women and girls in districts like Amreli and Dahod. High emotional distress among girls in Amreli (74.5% shyness, 80.9% fear) and Bhavnagar (high fear at menarche) highlights the urgent need to address the emotional component of menstruation. In Bhavnagar, curiosity ("why does this happen?") among girls indicates an openness to biological understanding—ideal for embedding scientific, shame-free education. Dahod's association with "bad blood" and "bad things" suggests the need for culturally sensitive myth-busting content.

The data also shows a significant discrepancy between what individuals believe and what they think their community accepts — for example, more women personally support cooking or attending school during menstruation than they believe their community does.

Keeping the above in mind:

1. **Design Menstrual Health Programs to Address Emotional and Physical Realities**

Menstrual health programs must address emotional distress, physical pain, and cultural restrictions.

- Integrate emotional preparedness into menstrual education for girls and boys, addressing fear and stigma especially where first-period experiences are traumatic (e.g., Bhavnagar and Amreli).

- Provide access to pain management through health workers, school nurses, and local health camps—particularly in regions like Amreli, where physical discomfort is high.
- Recognize and reduce harmful restrictions (e.g., on food, touch, physical activity) through tailored IEC materials that balance scientific information with **locally relevant beliefs**.

2. **Launch community-wide norm-challenging campaigns that surface and amplify private progressive beliefs.**
3. **Normalize Menstruation Through Dialogue and Community-Led discussions**

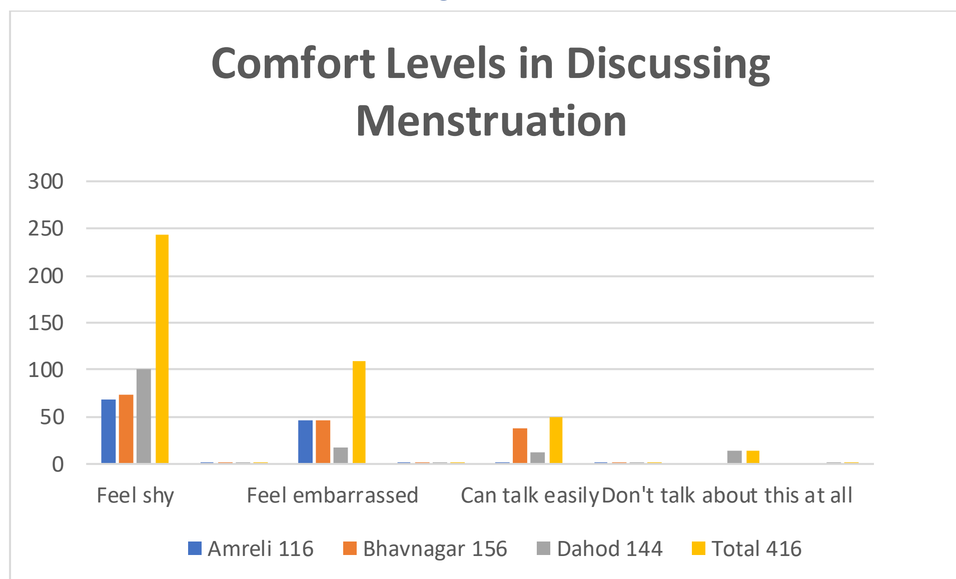
# Section 3.b: Perceptions and support during Menstruation

## 13.Comfort Levels in Discussing Menstruation

The following data captures comfort levels while discussing menstruation across regions and religions.

**Women as respondents:**

**Table 6: Comfort Levels in Discussing Menstruation**




| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Feel shy | 69 | 73 | 101 | 243 |
| | 59.5% | 46.8% | 70.1% | 58.4% |
| Feel embarrassed | 46 | 46 | 17 | 109 |
| | 39.7% | 29.5% | 11.8% | 26.2% |
| Can talk easily | 1 | 37 | 12 | 50 |
| | .9% | 23.7% | 8.3% | 12.0% |
| Don't talk about this at all | 0 | 0 | 14 | 14 |
| | 0.0% | 0.0% | 9.7% | 3.4% |

- Feel Shy: Out of 416 women surveyed, 243 (58.4%) reported feeling shy when talking about menstruation., of which Dahod was the highest at 70.1%, followed by 59.5% in Amreli. .
- Feel Embarrassed: A total of 109 women (26.2%), with highest in 39.7% in Amreli indicated they felt embarrassed during such discussions.
- Can Talk Easily: Approximately 50 women (12.0%) expressed that they could talk easily about menstruation, with the highest being in Bhavnagar at 23.7%.
- Figures highlight that feelings of shyness and embarrassment are prevalent among women in these districts when discussing menstruation. Notably, Dahod has the highest percentage of women who feel shy (70.1%) and who avoid the topic entirely (9.7%). In contrast, Bhavnagar has a relatively higher proportion of women who can talk easily about menstruation (23.7%).

**Girls as respondents:**

- Feeling Shy: The majority of respondents in each district feel shy when talking about menstruation. Amreli (62.7%) and Dahod (68.3%) show slightly higher percentages than Bhavnagar (63.4%).
- Feeling Embarrassed: Amreli has the highest percentage of respondents feeling embarrassed (30.9%), followed by Bhavnagar (24.4%). Dahod has the lowest at 9.8%. This suggests that embarrassment about menstruation is more common in Amreli and Bhavnagar compared to Dahod.
- Can Talk Easily: The ability to talk easily about menstruation is relatively low across all districts. However, it is slightly higher in Dahod (14.6%) compared to Amreli (5.5%) and Bhavnagar (12.2%).
- Don't Talk About This At All: A small percentage of respondents in Amreli (0.9%) and Bhavnagar (7.3%) don't talk about menstruation at all, while the highest non-discussion rate is in Dahod (9.0%).
- Overall, the data suggests that while most respondents feel shy or embarrassed about menstruation, Amreli and Dahod show more discomfort compared to Bhavnagar. The ability to talk easily is more prevalent in Dahod, whereas non-discussion is more common in Dahod as well.

## 14.Who Women Feel Comfortable Speaking to About Periods

The data captures different people, both women and men, with whom women are comfortable while speaking about periods, in different regions and religions.

**Women as respondents:**

**Table 7.a: Who Women Feel Comfortable Speaking to About Periods**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 116 | 156 | 144 | 416 |
| Mother | 44 | 60 | 80 | 184 |
| | 37.9% | 38.5% | 55.6% | 44.2% |
| Father | 0 | 6 | 5 | 11 |
| | 0.0% | 3.8% | 3.5% | 2.7% |
| Sister | 21 | 36 | 28 | 85 |

| | | | | |
|---|---|---|---|---|
| | 18.1% | 23.1% | 19.6% | 20.5% |
| Sister in law | 74 | 20 | 58 | 152 |
| | 63.8% | 12.8% | 40.3% | 36.5% |
| Husband | 51 | 82 | 77 | 210 |
| | 44.0% | 52.6% | 53.5% | 50.5% |
| Friend | 27 | 30 | 36 | 93 |
| | 23.3% | 19.2% | 25.0% | 22.4% |
| Co-Workers | 1 | 0 | 22 | 23 |
| | 2.7% | 0.0% | 15.6% | 7.0% |
| Teacher | 0 | 1 | 2 | 3 |
| | 0.0% | .7% | 1.4% | .9% |
| ASHA/Anganwadi Worker | 0 | 2 | 17 | 19 |
| | 0.0% | 1.3% | 12.1% | 5.8% |
| NGO worker | 0 | 0 | 2 | 2 |
| | 0.0% | 0.0% | 1.4% | .6% |
| No One | 0 | 1 | 4 | 5 |
| | 0.0% | .7% | 2.8% | 1.5% |

- Menstrual conversations are mostly private and family-bound, with mothers, husbands, and sister-in-laws being key.
- Primary Confidants: Across all districts, the most trusted individuals for discussing menstruation are mothers, with 44.2% of women overall feeling comfortable talking to them.
- Husbands: Husbands are also significant confidants, with 50.5% of women comfortable discussing menstruation with them.
- Sisters-in-law (Bhabhi): Sisters-in-law are trusted by 36.5% of women, indicating a notable level of comfort, with Amreli having 63.8%. This was reaffirmed by the FGDs done with women.
- Friends: Approximately 22.4% of women feel at ease discussing menstruation with friends.
- Fathers: Fathers are less commonly approached, with only 2.7% of women comfortable discussing menstruation with them.
- ASHA/Anganwadi Workers: A small segment (5.8%) turns to community health workers for such discussions. There is limited peer or institutional support. The absence of schools, health workers, and community educators in this conversation points to a critical gap in adolescent and reproductive health outreach.

**Girls as respondents:**

### Table 7.b: Who Women Feel Comfortable Speaking to About Periods

| | Amreli | Bhavnagar | Dahod | |
|---|---|---|---|---|
| | **Total** | **Total** | **Total** | **Total** |
| | **N=110** | **N=82** | **N=123** | N=315 |
| | | | | |
| Mother | 85 | 65 | 89 | 239 |
| | 77.3 | 79.3 | 72.4 | 75.9 |
| Father | 1 | - | 1 | 2 |
| | 1.9 | | 0.8 | 0.6 |
| Sister | 57 | 24 | 53 | 134 |

| | | | | |
|---|---|---|---|---|
| | 51.8 | 29.3 | 43.1 | 42.5 |
| Sister-in-law | - | 2 | - | 2 |
| | | 2.4 | | 0.6 |
| Other Female Relatives | 11 | 2 | 13 | 26 |
| | 10 | 2.4 | 10.6 | 8.3 |
| Sisterhood | 60 | 19 | 51 | 130 |
| | 54.5 | 23.2 | 41.5 | 41.3 |
| Teacher | 4 | 6 | 1 | 11 |
| | 3.6 | 7.3 | 0.8 | 3.5 |
| Co-Workers | 4 | - | 6 | 10 |
| | 3.6 | | 4.9 | 3.2 |
| ASHA/Anganwadi Worker | 4 | - | 7 | 11 |
| | 3.6 | | 5.7 | 3.5 |
| No One | - | - | 9 | 9 |
| | | | 7.3 | 2.9 |

- Mothers are the most commonly trusted confidants across all districts, with the highest comfort levels in Bhavnagar (79.3%), followed by Amreli (77.3%) and Dahod (72.4%).
- Sisters are the second-most preferred confidants in Amreli (51.8%) and Dahod (43.1%), but this comfort drops significantly in Bhavnagar (29.3%).
- Friends are a key support system in Amreli (54.5%) and Dahod (41.5%), but only 23.2% of respondents in Bhavnagar feel comfortable talking to friends. FGDs revealed friends as one of the strongest support structures for menstruation related discussion at length in Bhavnagar. While they do talk to mother, with friends they discuss the interval, frequency, intensity, products, etc at length.
- Other female relatives are rarely confided in, with only 10.6% in Dahod, 10% in Amreli, and just 2.4% in Bhavnagar reporting comfort.
- ASHA or Anganwadi workers are mentioned by very few respondents: 5.7% in Dahod, 3.6% in Amreli, and none in Bhavnagar.
- Co-workers and teachers are seen as safe to talk to by under 5% in all districts, showing a lack of institutional or formal avenues for dialogue.
- Fathers are the least likely to be approached, with only 0.9% in Amreli and 0.8% in Dahod; none in Bhavnagar reported comfort.
- A small but significant group of girls in Dahod (7.3%) reported that they cannot talk to anyone about menstruation, a concern not reported at all in Amreli or Bhavnagar.

## 15. Types of Support Women Receive During Their Period from friends and family:

The data reflects different types of support women receive currently across different geography, during menstruation. FGDs across districts show that men do not extend major support during menstruation, though there could be rare exceptions.

**Women as respondents:**

- Assistance with Purchasing Pads: In Amreli, 69% of respondents receive help in buying pads. Bhavnagar reports a lower percentage at 45.5%, while Dahod has the least assistance in this area, with only 38.2% of respondents receiving such support. The FGDs with labour class women of Bhavnagar and Amreli reveal that some of their husbands come and give pads if they start menstruation suddenly while at work. This is because if they come home, they will lose wages for half a day.
- Help with Household Chores: Support in managing household tasks during menstruation is reported by 35.3% of respondents in Amreli. Bhavnagar shows a higher level of assistance at 57.7%, and Dahod reports the highest at 56.9%. However, FGDs of Bhavnagar and Amreli revealed a clear no-no for the help received from men during menstruation- to the extent that not only that they don't help for the household chores, but in case they forget to take pads inside the bathroom and ask for it, they simply refuse. In Dahod however, FGDs stated that men do support for cutting vegetables, fetching drinking water if women do not feel good during menstruation.
- Provision of Adequate Nutrition: In Amreli, 44% of respondents indicate they receive adequate nutrition during their menstrual periods. Bhavnagar reports a slightly lower percentage at 32.1%, and Dahod reports 29.2% receiving nutritional support.
- Proper Storage of Pads: Assistance in storing menstrual products properly is reported by 33.6% of respondents in Amreli. Bhavnagar shows a lower percentage at 14.7%, and Dahod reports 13.2% receiving help in this aspect.
- Privacy and institutional hygiene support (e.g., pain relief, disposal support) are limited across all locations.

**Girls as respondents:**

- High levels of family support are observed in Amreli, especially for purchasing pads (93.6%) and storing them properly (70%). However, less support is seen for physical or emotional needs, like help with housework (11.8%) or pain management (3.6%). This points to a possible focus on material support over care-related assistance.
- Bhavnagar shows a more balanced support pattern, with the highest proportion of girls receiving help in housework (75.6%). Moderate levels of support in buying pads (65.9%) and adequate nutrition (48.8%) also indicate some sensitivity to physical well-being during menstruation. Yet, support for pain relief (19.5%) and safe disposal or hygiene practices remain low.
- In Dahod, the highest proportion of girls received help with housework (66.7%) and pain relief (47.2%), indicating strong familial care during menstruation. However, the district shows the lowest support in buying pads (40.7%) and storing them properly (13.8%), possibly due to limited access to menstrual products or economic constraints.

## 16.Expectations of Support from Family/Friends During Periods

**Women as respondents:**

While the above data reflects what support women receive currently, the data below analyses support women to desire to receive during menstruation, from family and friends.

- Over 61% of women expressed a strong desire for rest and reduced household chores, making it the most commonly sought form of support across all communities. Bhavnagar (76.6%) stands out with a high percentage of women wishing for a reduction in household chores during menstruation, followed by Amreli (57.5%) and Dahod (50.0%).
- 52.6% women also desire support of the family during physical pain. A significant number of women in Dahod (54.9%) wish for support during physical pain, followed by Bhavnagar (44.1%) and Amreli (44.3%).
- 53.25% women wish that pads or cloths are made available by the family members. Amreli (85.8%) shows the highest percentage of women who wish for pads or cloths to be made available, compared to Bhavnagar (40.7%) and Dahod (18.1%).
- About one third, 31.8% women expressed the desire that they are provided with adequate nutrition during menstruation by the family. Amreli (38.7%) and Bhavnagar (26.9%) show higher percentages of women wishing for adequate nutrition during menstruation, while Dahod (14.6%) wishes for less.
- Help in disposing off used pads; private space for changing clothes; no restrictions on movement; no restrictions on food ; no religious restrictions - do not have high figures seeking support.
- Support from men emerged as key area for domestic chores during FGDs across all districts.

**Girls as respondents:**

- Availability of pads or cloths was the most strongly voiced need in Amreli, with over 90% of girls expressing it, while in Bhavnagar and Dahod, this was a priority for less than half the respondents — 42.7% and 37.4%, respectively.
- The need to reduce household chores during menstruation featured prominently across all districts, with the highest in Bhavnagar (75.6%), followed closely by Amreli (69.1%), and to a slightly lesser extent in Dahod (52.0%).
- Support during physical pain was the top concern in Dahod, where 63.4% of girls expressed this need, followed closely by Amreli (57.3%), but was relatively less emphasized in Bhavnagar (36.6%).
- The desire for help in properly using or keeping pads was significant in Amreli, with 59.1% of girls mentioning it, while it was less commonly cited in Dahod (26.0%) and Bhavnagar (22.0%).
- Adequate nutrition during menstruation was seen as a vital form of support in Amreli, with 56.4% of girls highlighting it, in contrast to 25.6% in Bhavnagar and only 17.1% in Dahod, indicating regional differences in perceived or experienced nutritional care.
- No religious restrictions during menstruation was among the least prioritized or experienced needs in Amreli (1.8%) and Dahod (3.3%), while it was relatively more expressed in Bhavnagar, with 15.9% of girls wishing for this support. No restrictions on food was the second least mentioned support need in Amreli (3.6%) and Bhavnagar (2.4%), but was significantly more emphasized in Dahod, where 17.1% of girls expressed a desire for freedom from food taboos during their periods.
- FGDs with girls in Bhavnagar reveleaded a strong emphasis on support from men and boys in not just domestic chores, but also in dropping them to school, getting pads, in cooking etc.

## Recommendations for section3.b

1. **Create male-focused awareness and sessions**

Male focused programs that build empathy, dispel myths, and equip them to be supportive partners are crucial. During sessions with male family members, it is important to emphasize rest, pain management, and proper nutrition as essential components of menstrual health across all locations. It is also important to explain to the male and family members to Expand Menstrual Health Support While material support like pads is important, interventions must also focus on enabling rest, pain relief, and adequate nutrition during menstruation.
For instance, in Amreli, although most girls receive help in buying and storing pads, very few receive support for chores (11.8%) or pain relief (3.6%), despite expressing strong needs in these areas.

2. **Introduce community-based dialogue platforms** or small-group sessions to strengthen their role as informed and supportive figures.
3. **Train frontline workers** (ASHA, Anganwadi, teachers) to provide confidential, culturally sensitive menstrual health education and counselling.

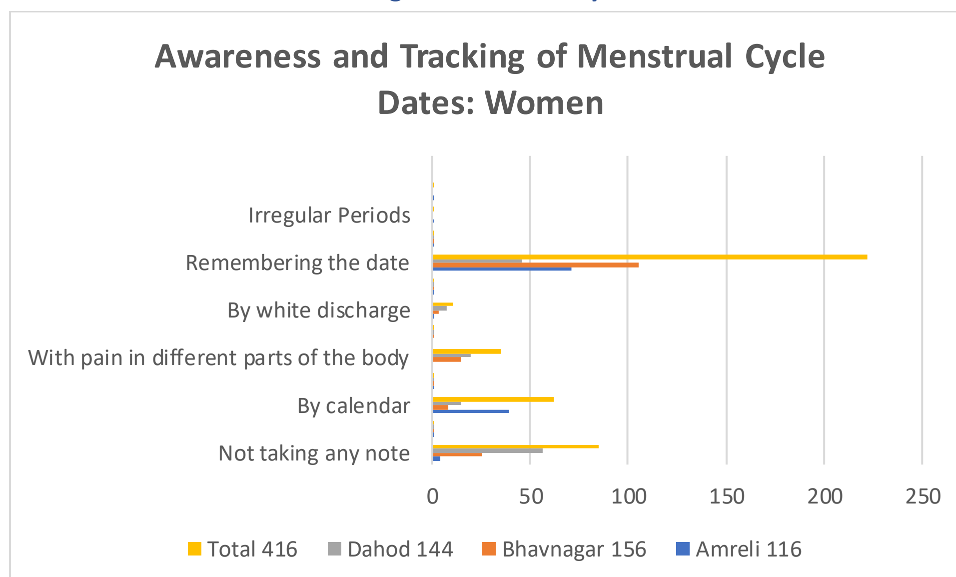
# Section 4: Tracking and Coping with Menstruation

## 17.Awareness and Tracking of Menstrual Cycle Dates

This data captures if women remember dates of their cycle, and if so, the methods by which they do so.

**Women as respondents:**

**Table 8: Awareness and Tracking of Menstrual Cycle Dates**




| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 116 | 156 | 144 | 416 |
| Not taking any note | 4 | 25 | 56 | 85 |
| | 3.4% | 16.0% | 38.9% | 20.4% |
| By calendar | 39 | 8 | 15 | 62 |
| | 33.6% | 5.1% | 10.4% | 14.9% |
| With pain in different parts of the body | 0 | 15 | 20 | 35 |

| | | | | |
|---|---|---|---|---|
| | 0.0% | 9.6% | 13.9% | 8.4% |
| By white discharge | 1 | 3 | 7 | 11 |
| | .9% | 1.9% | 4.9% | 2.6% |
| Remembering the date | 71 | 105 | 46 | 222 |
| | 61.2% | 67.3% | 31.9% | 53.4% |
| Irregular Periods | 1 | 0 | 0 | 1 |
| | .9% | 0.0% | 0.0% | .2% |

- Two third of the women of both religions in Amreli and Bhavnagar rely on memory for remembering their period date. In tribal dominated Dahod district, one third rely on memory
- In fact, Dahod has highest figure of 38.9% of women not taking any note for date of periods every month.

**Girls as respondents:**

- Remembering the date mentally is the most common method in Bhavnagar (73.2%) and Dahod (61.8%), and the second most common in Amreli (31.8%).
- Using a calendar is the top method in Amreli (66.4%) but is very low in Bhavnagar (8.5%) and Dahod (4.9%).
- Not keeping any track of the period date is reported by 24.4% in Dahod and 8.5% in Bhavnagar, but none in Amreli.

## 18.Problems faced by women during menstruation

This data tries to capture different difficulties women face during menstruation – physically as well as emotionally.

**Table 9: Problems faced by women during menstruation**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Headache | 4 | 18 | 55 | 77 |
| | 3.4% | 11.5% | 38.2% | 18.5% |
| Vomiting | 1 | 3 | 13 | 17 |
| | .9% | 1.9% | 9.0% | 4.1% |
| Feeling weak | 14 | 13 | 12 | 39 |
| | 12.1% | 8.3% | 8.3% | 9.4% |
| Breast heaviness | 0 | 12 | 21 | 33 |
| | 0.0% | 7.7% | 14.6% | 7.9% |
| Indigestion | 0 | 1 | 5 | 6 |
| | 0.0% | .6% | 3.5% | 1.4% |
| Constant stomach pain | 101 | 90 | 88 | 279 |
| | 87.1% | 57.7% | 61.1% | 67.1% |
| Constant back pain | 60 | 54 | 94 | 208 |
| | 51.7% | 34.6% | 65.3% | 50.0% |
| Nothing happens | 6 | 22 | 20 | 48 |
| | 5.2% | 14.1% | 13.9% | 11.5% |
| Body pain | 0 | 11 | 1 | 12 |

| | | | | |
|---|---|---|---|---|
| | 0.0% | 7.1% | .7% | 2.9% |
| Get dizzy | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Urinary irritation | 1 | 0 | 0 | 1 |
| | .9% | 0.0% | 0.0% | .2% |
| Itching | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Mouth ulcers | 1 | 0 | 0 | 1 |
| | .9% | 0.0% | 0.0% | .2% |
| Get angry | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Happens sometimes | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |

- Stomach Pain is the most reported problem across all groups, with highest in Amreli women - more than 87.1%, followed by Bhavnagar.
- Back Pain is especially high in tribal dominated Dahod (65.3%)
- Headaches (38.2%) and Breast Heaviness (14.6%) are more pronounced in Dahod, hinting at nutritional or physical stress in the tribal dominated area.

## 19.Coping Mechanisms for Menstrual Pain

This data presents the various ways women manage menstrual pain, disaggregated by religion and district. The data helps identify both preferred coping strategies and gaps in medical or support-seeking behavior related to menstrual discomfort.

**Women as respondents:**

**Table 10: Coping Mechanisms for Menstrual Pain**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Take painkillers | 5 | 16 | 53 | 74 |
| | 4.3% | 10.3% | 36.8% | 17.8% |
| Take a hot water bath | 40 | 6 | 21 | 67 |
| | 34.5% | 3.8% | 14.6% | 16.1% |
| Drink warm fluids | 37 | 5 | 12 | 54 |
| | 31.9% | 3.2% | 8.3% | 13.0% |
| Take a warm bath | 34 | 8 | 23 | 65 |
| | 29.3% | 5.1% | 16.0% | 15.6% |
| Rest for a while | 70 | 103 | 43 | 216 |
| | 60.3% | 66.0% | 29.9% | 51.9% |
| Meditate | 0 | 0 | 2 | 2 |
| | 0.0% | 0.0% | 1.4% | .5% |
| Eat iron-rich foods | 0 | 3 | 0 | 3 |
| | 0.0% | 1.9% | 0.0% | .7% |
| Do light exercise | 0 | 0 | 2 | 2 |
| | 0.0% | 0.0% | 1.4% | .5% |
| Visit a nurse or doctor | 11 | 3 | 24 | 38 |

| | | | | |
|---|---|---|---|---|
| | 9.5% | 1.9% | 16.7% | 9.1% |
| Visit an ASHA or anganwadi worker | 0 | 1 | 9 | 10 |
| | 0.0% | .6% | 6.3% | 2.4% |
| Visit a doctor/traditional healer | 0 | 0 | 9 | 9 |
| | 0.0% | 0.0% | 6.3% | 2.2% |
| No pain | 1 | 6 | 9 | 16 |
| | .9% | 3.8% | 6.3% | 3.8% |
| Do nothing | 5 | 28 | 45 | 78 |
| | 4.3% | 17.9% | 31.3% | 18.8% |
| Drink soda | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Ice Shakes | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Take Cold drink | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Nothing happens | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Drink the decoction | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |

- Rest is the most common response across all communities during menstruation pain, but much lower in Dahod (29.9%), suggesting possible lack of rest opportunities.
- Painkiller use is highest in Dahod (36.8%), potentially pointing to lack of opportunity for rest, or limited access to alternative remedies. This was confirmed during FGDs in Dahod as well- women clearly said work can not be compromised. They take pills to subside pain, but continue to work both at home as well as in fields.
- "Doing nothing" is significantly higher in Dahod (31.3%), which may reflect normalization of pain or lack of options/support.
- Non-medical comfort measures like hot water baths and warm fluids are far more common among Amreli and Bhavnagar, but less used in Dahod. This was also reaffirmed during FGDs in Bhavnagar and Amreli.

**Girls as respondents:**

- Resting is the most common response in Amreli (60.9%) and Bhavnagar (65.9%), while in Dahod, it drops to 29.9%.
- Taking painkillers is reported highest in Dahod (30.9%), much more than Amreli (4.3%) and Bhavnagar (10.3%).
- Doing nothing during pain is most reported in Dahod (31.3%) and Bhavnagar (17.9%), and 4.3% in Amreli.
- Taking a hot water bath is reported by 34.5% in Amreli,, but only 3.8% in Bhavnagar and 13.6% in Dahod . It is less than 5% is prevalent in the other two districts for drinking warm fluids as against 31.6% in Amreli.
- Visiting a doctor or nurse is highest in Amreli (9.5%), and lower in Dahod (16.7%) and Bhavnagar (1.9%).
- Visiting an ASHA/Anganwadi worker is done only in Dahod (6.3%).
- Stating “no pain” was reported by 7.3% in both Bhavnagar and Dahod, and none in Amreli.

- Meditation, cold drinks, eating iron-rich food, and ice shakes are rare responses across all districts (≤1%).

## Recommendations for section 4:

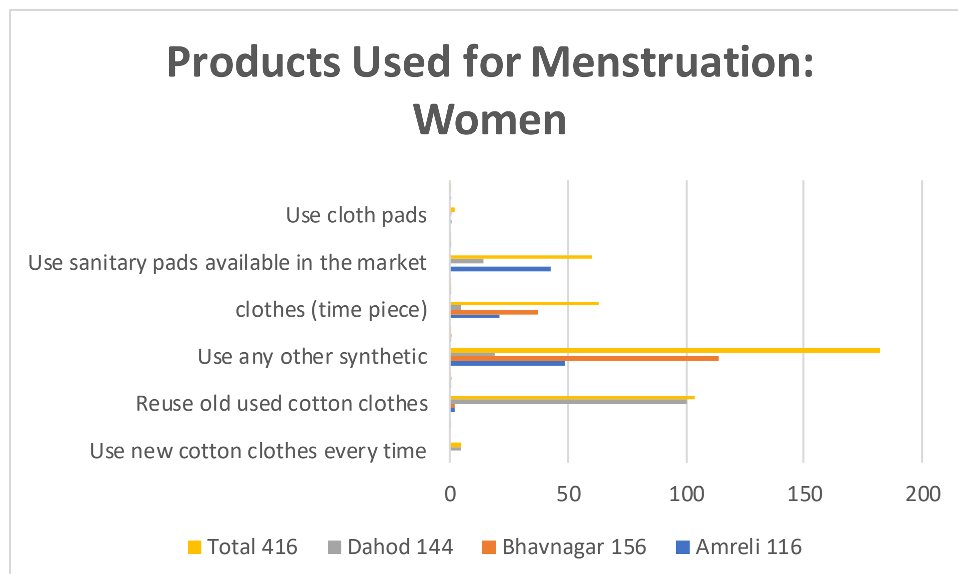
1. **Improve Menstrual Tracking Awareness and Tools**
   a. A significant number of women and girls, especially in Dahod, rely solely on memory or do not track their cycles at all. Awareness sessions and low-cost tools (calendars, mobile reminders) should be introduced through schools, SHGs, and health workers.
   b. Promote calendar use among girls: Amreli shows success with calendar tracking (66.4%). This good practice can be shared across districts through teacher-led sessions.
2. **Enhance Access to Pain Management and Self-Care Options in Dahod**
   a. **Promote non-medical coping techniques**: Amreli and Bhavnagar women and girls report higher use of hot water baths and warm fluids. This can be scaled to Dahod through targeted IEC materials and community outreach.
   b. **Address the high use of painkillers in Dahod**: The elevated painkiller use in Dahod (both women and girls) suggests lack of rest or alternatives. Encourage discussions around menstrual health in tribal communities to break the silence and introduce more holistic coping mechanisms.
   c. **Normalize rest during menstruation**: With rest being less reported in Dahod, there is a need to push for supportive household environments and community acceptance of rest, especially for women engaged in labour-intensive work.
   d. **Capitalize on existing local health workers**: Since girls in Dahod report some engagement with ASHAs/Anganwadi workers, their role can be strengthened with capacity building on menstrual health counselling and distribution of pain relief kits or tracking tools.
3. **Investigate high prevalence of pain symptoms in Dahod**: Headaches, breast heaviness, and back pain are notably high, suggesting possible anaemia or nutritional deficits. Nutritional assessments and anaemia screening should be integrated into adolescent health days and VHNDs.
4. **Emphasis on promotion of diet diversity**: Build awareness around iron-rich foods and ensure access through existing schemes like WIFS (Weekly Iron and Folic Acid Supplementation) and mid-day meals in schools.
5. **Destigmatize Menstrual Pain and Emotional Discomfort:**
   The high percentage of girls and women "doing nothing" during pain, especially in Dahod and Bhavnagar, may indicate normalization of suffering. Interventions should include participatory group discussions, mother-daughter sessions, to challenge stigma.

# Section 5: Products and Expenditure

## 20.Products Used for Menstruation

**Women as respondents:**

### Table 11.a: Products Used for Menstruation



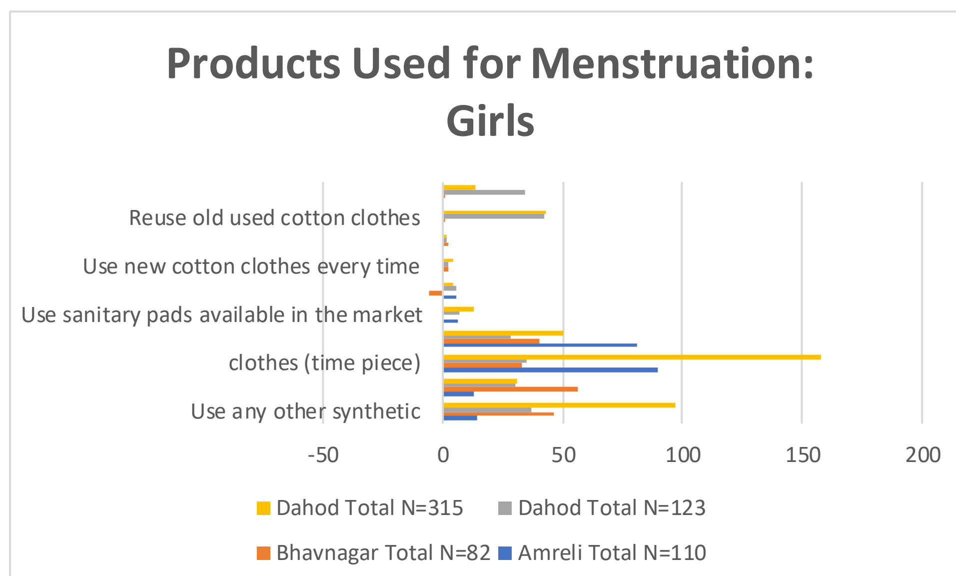

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 116 | 156 | 144 | 416 |
| Use new cotton clothes every time | 0 | 0 | 5 | 5 |
| | 0.0% | 0.0% | 3.5% | 1.2% |
| Reuse old used cotton clothes | 2 | 2 | 100 | 104 |
| | 1.7% | 1.3% | 69.4% | 25.0% |
| Use any other synthetic | 49 | 114 | 19 | 182 |
| | 42.2% | 73.1% | 13.2% | 43.8% |
| clothes (time piece) | 21 | 37 | 5 | 63 |
| | 18.1% | 23.7% | 3.5% | 15.1% |
| Use sanitary pads available in the market | 43 | 3 (Strange) | 14 | 60 |
| | 37.1% | 1.9% | 9.7% | 14.4% |
| Use cloth pads | 1 | 0 | 1 | 2 |
| | .9% | 0.0% | .7% | .5% |

This table captures the types of menstrual products used by women across districts

- Both Bhavnagar and Amreli district women primarily use 'Any other synthetic' (42.2% and 73.1%), with only 37.1% of women of Amreli using use of pads. Bhavnagar women show no use of pads.
- Tribal Dahod relies heavily on reused cotton cloths (69.4%), with very low use of sanitary pads or modern alternatives (9.7%).

**Girls as respondents:**

### Table 11.b: Products Used for Menstruation




| | Amreli | Bhavnagar | Dahod | |
|---|---|---|---|---|
| | Total | Total | Total | Total |
| | N=110 | N=82 | N=123 | N=315 |
| Use any other synthetic | 14 | 46 | 37 | 97 |
| | 12.7 | 56.1 | 30.1 | 30.8 |
| clothes (time piece) | 90 | 33 | 35 | 158 |
| | 81.1 | 40.2 | 28.5 | 50.2 |
| Use sanitary pads available in the market | 6 | - | 7 | 13 |
| | 5.5 | -5.7 | 5.7 | 4.1 |
| Use new cotton clothes every time | - | 2 | 2 | 4 |
| | - | 2.4 | 1.6 | 1.3 |
| Reuse old used cotton clothes | - | 1 | 42 | 43 |
| | - | 1.2 | 34.1 | 13.7 |

- Use of 'any other synthetic 'is most common in Bhavnagar (56.1%), followed by Dahod (30.1%) and lowest in Amreli (12.7%).
- Use of 'time piece' is most common in Amreli (81.1%), followed by Bhavnagar (40.2%) and lowest in Dahod (28.5%). The same was reinforced during the FGDs in Bhavnagar and Amreli with women.
- Reusing old cotton cloths is most reported in Dahod (34.1%), and almost negligible in Bhavnagar (1.2%) and Amreli (0%).

## 21.Sources of Menstrual Products Used by Women

**Women as respondents:**

- Across communities, shops are the primary source for menstrual products.

**Girls as respondents:**

- Across communities, shops are the primary source for menstrual products.

## 22. Monthly Expenditure on Menstrual Products

Most women across communities and geographies spend between ₹50–₹100/month. Slightly lower percentage in Dahod reflects either limited product usage or greater reliance on low-cost/reusable options.

### Recommendation for section 5:

1. Given the high use of improvised products like *"time piece"* and reused cloths—especially in Amreli, Bhavnagar, and tribal Dahod—there is a need to expand access to safe menstrual products while addressing cultural preferences and affordability.

# Section 6. Menstrual Hygiene Practices

## 23.Storage of Menstrual Products

This table shows how menstruating women store their menstrual products across different social groups and districts.

**Women as respondents:**

There is a strong sense of shame or stigma, particularly among more than 95% of the women in Amreli district. 52% of women in tribal dominated Dahod also largely hide menstrual cloths.

**Girls as respondents:**

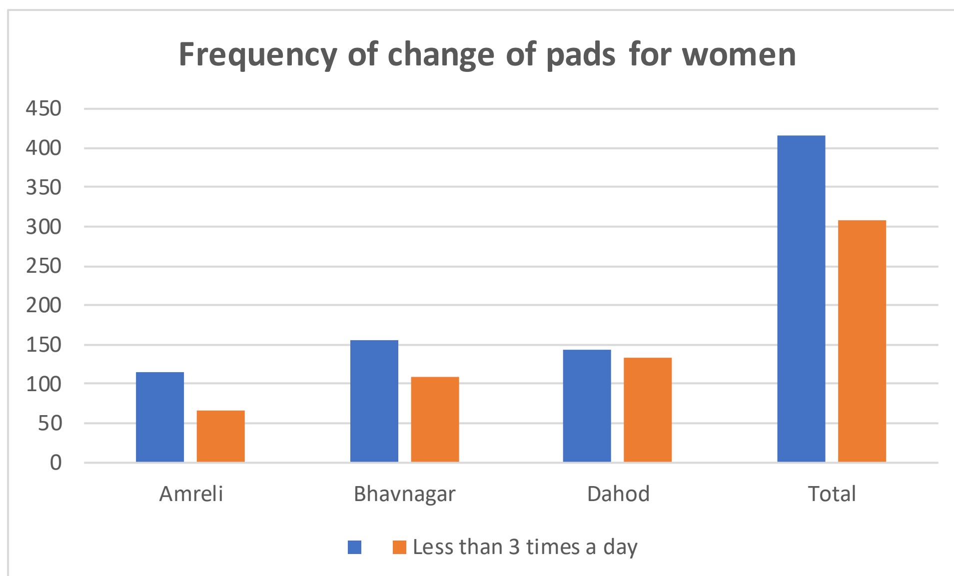
- Amreli has the highest percentage (83.6%) of girls reporting that they keep pads hidden, compared to Bhavnagar (29.3%) and Dahod (20.3%).
- Storing menstrual products with everyday clothes is most reported in Bhavnagar (17.1%), and marginal in Dahod (4.1%) and Amreli (0%).

## 24.Frequency of Menstrual Product Changes per Day During Menstruation

This data presents the frequency of changing menstrual products per day and highlighting trends across geography and religion:

**Women as respondents:**

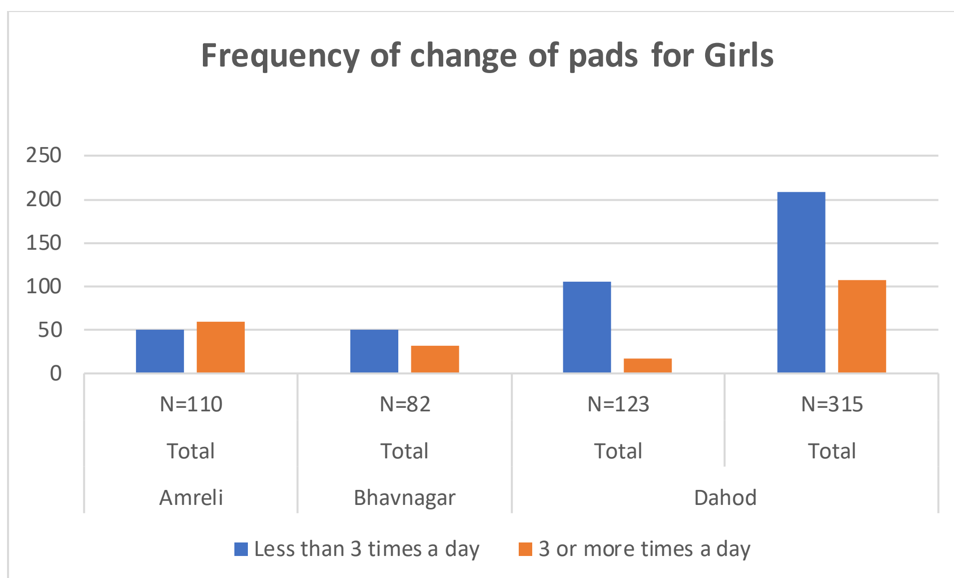
**Table 11: Frequency of change of pads for women**




| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Less than 3 times a day | 66 | 109 | 133 | 308 |
| | 56.9% | 69.9% | 92.4% | 74.0% |
| 3 times a day | 45 | 45 | 9 | 99 |
| | 38.8% | 28.8% | 6.3% | 23.8% |
| More than 3 times a day | 5 | 2 | 2 | 9 |
| | 4.3% | 1.3% | 1.4% | 2.2% |

- In Dahod, 92.4% change less than 3 times a day – the highest among all groups.
- Overall, only 26% of respondents reported washing 3 times or more per day across all three locations.
- In Amreli, 43.1% reported washing 3 or more times — the highest among the three, suggesting relatively better menstrual hygiene practices.
- Bhavnagar follows with 30.1%, while Dahod lags significantly behind at just 7.6%, highlighting a clear gap in hygiene behavior.

**Girls as respondents:**




- Dahod has the highest percentage (86.2%) of girls who change their menstrual product less than 3 times a day, compared to Bhavnagar (62.2%) and Amreli (46.4%)

## 25. Ways to Wash Menstrual Cloth

This table illustrates the methods used for cleaning menstrual products during menstruation, highlighting the use of soap and water, only water, or no cleaning at all, based on different regions and social groups.

**Women as respondents:**

- Soap and water is the overwhelmingly preferred method across all districts (more than 90%).

**Girls as respondents:**

- Across all districts, 100% of respondents reported washing their menstrual cloths with soap and water, or with powder and water.

## 26. Ways to Dry Menstrual Cloth

This data provides insights into the methods used for drying menstrual cloth, including drying in sunlight, indoors out of sight, or under clothing, across different districts and religious groups.

**Women as respondents:**

**Table 12: Ways to dry menstrual cloth**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| In Sunlight | 108 | 98 | 37 | 243 |
| | 93.1% | 62.8% | 25.7% | 58.4% |
| Indoors, out of sight | 0 | 42 | 106 | 148 |
| | 0.0% | 26.9% | 73.6% | 35.6% |
| Do not use Cloth | 7 | 12 | 0 | 19 |
| | 6.0% | 7.7% | 0.0% | 4.6% |
| Under the Cloth | 1 | 4 | 1 | 6 |
| | .9% | 2.6% | .7% | 1.4% |

- Dahod , the tribal dominated district, has the lowest sunlight drying rate (25.7%), with 62.8% in Bhavnagar and as high as 93.1% in Amreli. However, FGDs of all three districts added that women do not dry directly int eh sunlight: they cover the piece with their 'Ghaghara' so that no one can see it.

**Girls as respondents:**

- Sun-drying is the most common practice in all three districts, though the levels vary: Amreli: 70%, Bhavnagar: 68.3%, Dahod: Significantly lower at 48.0%. Dahod shows a possible cultural hesitation or lack of privacy to dry cloths in the open.
- Drying indoors out of sight is highest in Dahod (43.1%), compared to Bhavnagar (20.7%) and Amreli (1.8%). THIs was also confirmed in the DGDs in Bhavnagar- they dry it in a way that it is out of sight for others.
- Non-use of cloth is most reported in Amreli (28.2%), compared to Bhavnagar (9.8%) and Dahod (1.6%).
- Practices like drying under another cloth or in the bathroom are negligible, more commonly reported in Dahod (7.3%) than elsewhere. These practices raise hygiene concerns, especially if cloths remain damp or unexposed to sunlight.

## 27.Affordability of Menstrual Products

This table presents data on the affordability of menstrual products, showing the distribution of responses (Yes, No, Somewhat) for different districts and religious groups.

**Women as respondents:**

- 100% women from Amreli and 85% women Bhavnagar can afford menstrual products. fully or partially. On the other hand, more than one third (38%) of women in tribal dominated Dahod district can not afford menstrual products.

## Recommendation for section 6:

The data reveals a deep sense of shame and secrecy around menstruation, especially in Amreli (95% women, 83.6% girls), where menstrual products are hidden. This stigma reinforces silence, restricts dialogue, and may indirectly affect hygienic practices like drying cloths or discussing pain.

1. **Normalize Menstrual Product drying and Storage Through Awareness and School-Based Dialogue**

- Launch school-based awareness campaigns and intergenerational dialogues (involving mothers and daughters) to demystify menstruation and reduce stigma around product storage.
- Encourage "menstrual hygiene corners" in schools and homes where products can be stored openly and hygienically.

# Section 7: Disposal and Environmental Impact

## 28.Disposal of Sanitary Pad/Cloth

This data presents how menstrual products are disposed of, categorized by social group and district. It shows the methods of disposal such as burning, throwing in the bushes, burying, and discarding in a dustbin.

**Women as respondents:**

### Table 13.a: Disposal of Sanitary Pad/Cloth

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| By burying it under the soil in the field | 0 | 3 | 36 | 39 |
| | 0.0% | 1.9% | 25.0% | 9.4% |
| By throwing it in the bushes | 6 | 6 | 7 | 19 |
| | 5.2% | 3.8% | 4.9% | 4.6% |
| By burning it | 83 | 84 | 80 | 247 |
| | 71.6% | 53.8% | 55.6% | 59.4% |
| By hiding it under a stone | 0 | 1 | 1 | 2 |
| | 0.0% | .6% | .7% | .5% |
| By collecting it first and then by putting it in a nearby burning place | 1 | 3 | 6 | 10 |
| | .9% | 1.9% | 4.2% | 2.4% |
| In a dustbin | 23 | 50 | 7 | 80 |
| | 19.8% | 32.1% | 4.9% | 19.2% |
| By throwing it in a river/lake/water source | 3 | 2 | 7 | 12 |
| | 2.6% | 1.3% | 4.9% | 2.9% |
| Throws it into an empty well | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Let's flush it down the toilet | 0 | 3 | 0 | 3 |
| | 0.0% | 1.9% | 0.0% | .7% |
| Let's dig a hole in the back yard and bury it | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Not using | 0 | 2 | 0 | 2 |
| | 0.0% | 1.3% | 0.0% | .5% |

For the methods of disposal of sanitary pads/cloth,

- Women from Tribal dominated population leans toward burning (55.6%) or burying in fields (25%), with very low dustbin usage (4.9%). This was doubly confirmed by women FGD in Dahod, when they said they burn or bury the used cloth after using it for a couple of months.
- Amreli women heavily rely on burning (72.6%), though not very far behind a practice for women in Bhavnagar (57.2%).
- 32.1% of women in Bhavnagar throw it in dustbin against 19.8% of women in Amreli. The same was reflected in FGDs in Bhavnagar where throwing in the dustbin as well as burning are highly prevalent.
- Little less than 5% throw in water source in Dahod district.

**Girls as respondents:**

**Table 13.b: Disposal of Sanitary Pad/Cloth**

| | Amreli | Bhavnagar | Dahod | |
|---|---|---|---|---|
| | Total | Total | Total | Total |
| | N=110 | N=82 | N=123 | N=315 |
| By burying it under the soil in the field | 1 | 10 | 14 | 25 |
| | 0.9 | 12.2 | 11.4 | 7.9 |
| By throwing it in the bushes | 3 | - | 2 | 5 |
| | 2.7 | | 1.6 | 1.6 |
| By burning it | 47 | 48 | 102 | 197 |
| | 42.7 | 58.5 | 82.9 | 62.5 |
| By collecting it first and then by putting it in a nearby burning place | 1 | 1 | 5 | 7 |
| | 0.9 | 1.2 | 4.1 | 2.2 |
| In a dustbin | 52 | 23 | - | 75 |
| | 47.3 | 28 | | 23.8 |
| By throwing it in a river/lake/water source | 6 | - | - | 6 |
| | 5.5 | | | |

- Burning is the most common disposal method across all districts, especially in Dahod (82.9%) and Bhavnagar (58.5%), followed by Amreli (42.7%).
- Disposal in dustbins is highest in Amreli (47.3%), which was also confirmed during FGDs. But this drops sharply in Bhavnagar (28.0%) and is not reported at all in Dahod. Both burning and throwing in dustbins have been the key methods of disposal which emerged majorly in Bhavnagar during FGDs as well.
- Burying under soil is low across districts, with Bhavnagar (12.2%) and Dahod (11.4%) reporting it more than Amreli (0.9%). FGDs reveal that the danger women find in burying is that dogs come and dig the pads form underneath.
- Throwing into rivers/lakes (5.5%) is reported only in Amreli, posing serious environmental and health risks.
- Throwing in bushes is extremely rare, with minimal reports from Amreli and Dahod.
- "Collecting and then burning" is an emerging method, seen mostly in Dahod (4.1%), suggesting collective or community-level burning practices.

## 29. Awareness of Environmental Impact of Improper Disposal of Menstrual Pads or Clothes

The data reflects awareness of the environmental effects when menstrual pads or clothes are disposed of improperly. It shows the responses from women across various districts, indicating concerns about water pollution, garbage accumulation, soil deterioration, health risks, and microplastic pollution due to improper disposal of menstrual products.

**Women as respondents:**

**Table 14: Awareness of Environmental Impact of Improper Disposal of Menstrual Pads or Clothes**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 116 | 156 | 144 | 416 |
| Water sources become dirty | 36 | 10 | 26 | 72 |

| | | | | |
|---|---|---|---|---|
| | 31.0% | 6.4% | 18.1% | 17.3% |
| Microplastic pollution occurs | 1 | 7 | 4 | 12 |
| | .9% | 4.5% | 2.8% | 2.9% |
| Garbage piles up | 63 | 83 | 43 | 189 |
| | 54.3% | 53.2% | 29.9% | 45.4% |
| Soil deteriorates | 80 | 70 | 57 | 207 |
| | 69.0% | 44.9% | 39.6% | 49.8% |
| People's health is at risk | 72 | 63 | 22 | 157 |
| | 62.1% | 40.4% | 15.3% | 37.7% |
| No such effects are known | 3 | 15 | 35 | 53 |
| | 2.6% | 9.6% | 24.3% | 12.7% |
| Cursed with bad energy | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Don't Know | 0 | 2 | 32 | 34 |
| | 0.0% | 1.3% | 22.2% | 8.2% |
| Harm to an animal | 0 | 3 | 0 | 3 |
| | 0.0% | 1.9% | 0.0% | .7% |

- Tribal Region (Dahod) Shows Lower Environmental Awareness
    - Only 15.3% of respondents from Dahod recognized *health risks*, the lowest across geographies.
    - Overall, just 17.3% were aware of *water contamination*, and 45.4% mentioned *garbage accumulation*.
    - Worryingly, 24.3% in Dahod said there are no known effects, and 22.2% in Dahod said they don't know – meaning nearly half have very limited or no awareness of consequences.
- Women of Amreli shows strong awareness: 69.0% cited soil deterioration, 62.1% mentioned health risks, and 53.2% noted garbage pile-up. Only 2.6% in Amreli said there are no effects, and none reported not knowing.
- However, none mentioned water pollution, soil, or microplastics, suggesting a narrow focus on visual cleanliness rather than full environmental consequences.
- Similar to Amreli, 53.2% women of Bhavnagar are concerned about piling up of garbage, 44.9% felt soil deteriorates, 40.4% felt people's health is at risk. Minuscule referred to other environmental negative impact.

**Girls as respondents:**

- Girls of Amreli shows strong awareness: Large majority (79.1%) believe that improper disposal of menstrual products leads to soil deterioration, 51.8% recognize that such practices pose risks to people's health, 44.5% think that garbage piles up, 31.8% feel it causes water sources to become dirty.
- 58.5% girls of Bhavnagar identified soil deterioration as a consequence, showing moderate awareness, 50.0% recognize health risks, similar to Amreli. 35.4% said garbage piles up, somewhat lower than Amreli but higher than Dahod. Only 24.4% mentioned dirty water sources, reflecting limited recognition of water pollution risks.
- Just 51.2% saw a link to soil deterioration, the lowest among the districts. Only 17.1% believed there are health risks, indicating a significant awareness gap on this front. 34.1% mentioned garbage accumulation, slightly lower than the other two districts. 23.6% thought water sources could become dirty, in line with Bhavnagar but less than Amreli.

## Recommendations for section 7:

Awareness of the environmental and health consequences of improper menstrual waste disposal is very low in Dahod, especially among women (only 15.3% noted health risks, and 24.3% believed there are no effects). Even where awareness exists (like in Amreli), the focus is mostly on visual cleanliness, not deeper issues like microplastics, water pollution, or long-term soil degradation.

Keeping the above in mind:

1. **Develop localized IEC materials (**audio-visual, posters, folk media) in tribal and rural dialects, explaining how disposal affects water, soil, health, and ecosystems.
2. **Use school-based sessions,** SHG meetings, and health worker platforms to integrate this into ongoing health and hygiene discussions.

# Section 8: Training, and Work-Related Aspects

## 30.Attendance at Meetings or Training on Menstrual Hygiene and Management

This table presents data on whether individuals attended any meetings or training sessions related to menstrual hygiene and management.

**Women as respondents:**

**Table 15: Attendance at Meetings or Training on Menstrual Hygiene and Management**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Attended | 6 | 12 | 4 | 22 |
| | 5.2% | 7.7% | 2.8% | 5.3% |
| **Discussion** | | | | |
| Awareness about menstruation | 5 | 10 | 2 | 17 |
| | 4.3% | 6.4% | 1.4% | 4.1% |
| Gender discrimination | 0 | 0 | 2 | 2 |
| | 0.0% | 0.0% | 1.4% | .5% |
| Sanitary products | 0 | 2 | 3 | 5 |
| | 0.0% | 1.3% | 2.1% | 1.2% |
| Menstrual hygiene habits | 6 | 7 | 4 | 17 |
| | 5.2% | 4.5% | 2.8% | 4.1% |
| Disposal of sanitary products | 6 | 0 | 1 | 7 |
| | 5.2% | 0.0% | .7% | 1.7% |
| Health awareness about UTI/RTI | 0 | 0 | 1 | 1 |
| | 0.0% | 0.0% | .7% | .2% |
| **Who Organised** | | | | |
| School | 0 | 6 | 0 | 6 |
| | 0.0% | 3.8% | 0.0% | 1.4% |
| Anganwadi worker | 0 | 2 | 2 | 4 |
| | 0.0% | 1.3% | 1.4% | 1.0% |

| | | | | |
|---|---|---|---|---|
| ASHA worker | 6 | 0 | 1 | 7 |
| | 5.2% | 0.0% | .7% | 1.7% |
| Voluntary organization | 0 | 4 | 0 | 4 |
| | 0.0% | 2.6% | 0.0% | 1.0% |
| From the Health Department | 0 | 0 | 1 | 1 |
| | 0.0% | 0.0% | .7% | .2% |

- Proportion of women attending menstrual hygiene awareness programs was extremely low across all locations, with the lowest in tribal dominated Dahod district (2.8%), 5-7% in Amreli and Bhavnagar.

**Recommendations:**

- Strengthen community-based menstrual hygiene education through schools, Anganwadis, and other platforms, to increase awareness and participation in menstrual health programs.

## 31.Training Received in Sewing and Making Cloth Pads

This data shows the distribution of women who have received training in sewing and making pads from cloth, highlighting the percentage of participants across different regions and religious groups.

**Women as respondent:**

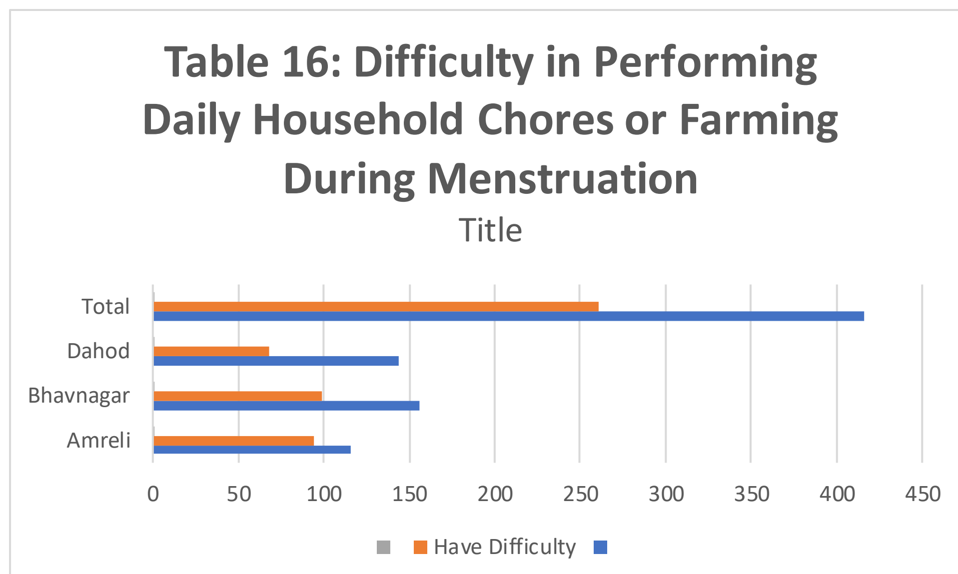
- Only 2 out of 416 respondents (0.5%)—one each from Bhavnagar and Dahod—had received training in sewing and making cloth pads, indicating an overwhelming gap (99.5%) in skills-based menstrual product training across all locations.

## 32.Difficulty in Performing Daily Household Chores or Farming During Menstruation

The data illustrates the difficulty women experience in performing daily household chores or farming during their menstruation cycle, as well as the duration of this difficulty.

**Women as respondents:**

**Table 16: Difficulty in Performing Daily Household Chores or Farming During Menstruation**




| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | **116** | **156** | **144** | **416** |
| Have Difficulty | 94 | 99 | 68 | 261 |
| | 81.0% | 63.5% | 47.2% | 62.7% |
| **How Many Days Problem Lasts** | | | | |
| One day of each cycle | 10 | 16 | 13 | 39 |
| | 8.6% | 10.3% | 9.0% | 9.4% |
| Two days of each cycle | 31 | 38 | 26 | 95 |
| | 26.7% | 24.4% | 18.1% | 22.8% |
| Three days of each cycle | 40 | 24 | 18 | 82 |
| | 34.5% | 15.4% | 12.5% | 19.7% |
| Four days of each cycle | 13 | 18 | 7 | 38 |
| | 11.2% | 11.5% | 4.9% | 9.1% |
| More than four days of each cycle | 0 | 3 | 4 | 7 |
| | 0.0% | 1.9% | 2.8% | 1.7% |

As high as 62.7% of respondents reported difficulty in performing daily chores or farming during menstruation, with the problem most commonly lasting up to three days per cycle. Dahod was lower on this front, with 47.2% women experiencing difficulty. This was reinforced during the FGDs when all women said they have to continue to work despite the pain or excessive bleeding. So they take pills to reduce pains. They cant leave the workplace or else it would be considered as half day leave.

## 33.What do women and girls do when they have pain

During the FGDs, women from Bhavnagar district shared that when they experience pain, they usually rest briefly or take up some home remedies and then resume their work. If the pain becomes too severe, they take tablets provided by the ASHA worker—but they continue working regardless. Its just when it is unbearable that one of them said she goes to the hospital.

This is supported by the data even of girls as to how they manage their pain during menstruation.

- A striking 66.4% of girls rely on home remedies in Amreli, as against only 9.85 in Bhavnagar, and 4.9% in Dahod.
- 36.6% girls of Dahod go to other government hospitals — the highest among the three districts, as against 12.2% in Bhavnagar and 5.5% in Amreli.
- 36.6% girls of Bhavnagar go to private healthcare providers — the highest among districts, as compared to 14.6% and 11.8% in Dahod and Amreli respectively.

## 34. Workplace Arrangements for Rest During Painful Periods and Other Accommodations

This table provides information on the availability of rest arrangements during painful periods, workplace accommodations such as separate toilets, access to water and soap, and the facilities for changing menstrual products at different work sites in Amreli, Bhavnagar, and Dahod districts. It also includes data on actions taken when menstruation occurs at work.

**Women as respondents:**

- According to the FGDs with women, all of them across caste and class clearly stated that work does not stop during menstruation—whether it involves tending to livestock, working in agriculture, or engaging in any other form of labor. In fact, labour class women said if they don't go, the owners come to call them. Earlier the labour class women said they did not go to pluck brinjals, but now it is not banned – though they didn't know the reason of this shift.
- There is no place to change pads at the workplace, according to the women. They change behind some bush, and if blood drops, they put soil on that. In fact women who have to change 2-3 times during the day, prefer to stay at home and not go for work, because of lack of space to do so.
- Besides, the FGDs also reveleaded that the labour class women face the most issue, because they can't go back home to get a pad if it suddenly stars menstruating, or even to change- because then the owner r would deduct half a day's wages. This is the most uncomfortable situation for them. Then they borrow pads form others, but also manage by asking husband to come and give pads at the workplace.
- Rest Arrangements at Workplace:
  Bhavnagar had the highest proportion of women with access to rest arrangements at work during periods (37.8%), followed by Dahod (17.6%), while Amreli had almost none (0.9%).
- Separate Working Toilet Availability:
  Separate working toilets were most available in Bhavnagar (10.9%), with minimal availability in Amreli (3.4%) and Dahod (1.8%).
- Place to Change Menstrual Materials:
  While 50% of women in Amreli changed at someone's house nearby, 46% didn't change at all; in Dahod, 56% didn't change, and in Bhavnagar, only 10.3% refrained from changing — indicating far better facilities.
- Action Taken When Period Starts at Work:

Returning home was the most common action in all districts more than 50%, highest in Amreli (89.7%), followed by Bhavnagar (76.9%) and Dahod (50.3%), where more women (19.4%) managed by carrying their own materials or by taking forma co-worker(16.7%).

### Recommendation for section 8:

Attendance in menstrual hygiene programs is extremely low—only 2.8% in Dahod, and around 5–7% in other districts. Moreover, only 0.5% of women had ever received training in making reusable pads, pointing to a significant skills and awareness gap. At the same time, data shows openness to home-based or low-cost methods (e.g., home remedies in Amreli, reusable cloth use in Dahod).
Lack of rest spaces and functional toilets makes it difficult for women to manage menstruation at work—especially in Amreli, where 89.7% return home and none have rest arrangements. Poor access to places to change pads (e.g., 56% don't change at all in Dahod) leads to health risks and lower productivity. Keeping this in mind:

- **Integrate Menstrual Health Education and Pad-Making Training in School and Community Platforms**

a. Partner with schools, Anganwadis, SHGs, and NRLM platforms to roll out menstrual hygiene education and hands-on training in sewing reusable pads.
b. Encourage local pad-making units for both self-use and income generation, especially in rural and tribal areas.

- **Advocate for Menstrual-Friendly Workplace Policies and Facilities in Agriculture and Informal Workspaces**

a. Work with rural employment schemes, cooperatives, and farm collectives to create basic menstrual-friendly facilities (private space, water/soap access, and rest areas).
b. Include menstrual rest and flexible work arrangements in discussions around labor rights and gender-sensitive work policies.

# Section 9: Access to Sanitation

## 35.Availability of Toilet at Home

**Women as respondents:**

**Table 17: Availability of Toilet at Home**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| | 116 | 156 | 144 | 416 |
| Have Toilet at Home | 111 | 151 | 67 | 329 |
| | 95.7% | 96.8% | 46.5% | 79.1% |
| Have Enough Soap and Water | 111 | 148 | 70 | 329 |
| | 95.7% | 94.9% | 48.6% | 79.1% |

The table presents data on the availability of toilets at home and the adequacy of soap and water for hygiene across different regions, broken down by social groups.

- The availability of toilets at home is highest in Bhavnagar (96.8%) and Amreli (95.7%), while significantly lower in Dahod (46.5%), reflecting a major gap in basic sanitation infrastructure in the tribal district.
- Households in Bhavnagar (94.9%) and Amreli (95.7%) report nearly universal access to soap and water, whereas only 48.6% in Dahod have such provisions, indicating potential hygiene risks during menstruation.

**Girls as Respondents:**

- During one of the FGDs in Bhavnagar, girls shared that while the school has two bathrooms, they need to fetch water from a small cemented tank outside the building. However, another FGD suggested that the other school did have functional bathroom, taps and water as also space to change pads.
- They generally do not skip school during their periods. However, if their clothes get stained, they return home to change. If it pains too much, then teachers allow girls to go home. But normally they prefer not to skip school.
- If they get their period unexpectedly at school, they often go to a nearby friend's house to change their clothes.
- The school does not provide sanitary pads in one school, whereas another one does provide, in Bhavnagar.
- All the teachers in one of the schools of Bhavnagar were male, and they do not talk to the girls about menstruation. During another FGD of Bhavnagar district, girls said Science teacher skipped the chapter . Later a female teacher explained the same.
- Where there are understanding female teachers, girls do talk to such teachers in Bhavnagar district, as revealed in the FGD.
- Interestingly, across all FGDs with girls, it was noted that boys do not tease them during menstruation. The girls felt that boys understand the topic to some extent because they are educated—but they do sometimes laugh.
- In Bhavnagar, most girls were strongly opposed to boys being educated about menstruation, or to male teachers distributing pads in the absence of female staff, or teaching menstruation-related chapters. In one group of ten girls, only one expressed openness to these ideas.
- In contrast, girls in Amreli had a different experience and perspective. They felt comfortable even asking male teachers for sanitary pads. They firmly believed that boys and men should be educated about menstruation, though they preferred it to be done in separate sessions. They also felt schools should go beyond just teaching the biology of menstruation and actively challenge the myths and taboos surrounding it.

## 36.Awareness of Reproductive Tract Infections (RTIs)

The data presents the awareness of Reproductive Tract Infections (RTIs) among different social groups in different regions (Amreli, Bhavnagar, and Dahod).

**Women as respondents:**

**Table 18: Awareness of Reproductive Tract Infections (RTIs)**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|

| | 116 | 156 | 144 | 416 |
|---|---|---|---|---|
| Know about RTI | 4 | 6 | 13 | 23 |
| | 3.4% | 3.8% | 9.0% | 5.5% |
| Symptoms of RTI | | | | |
| White vaginal discharge | 2 | 1 | 3 | 6 |
| | 1.7% | .6% | 2.1% | 1.4% |
| Lower abdominal pain | 0 | 1 | 7 | 8 |
| | 0.0% | .6% | 4.9% | 1.9% |
| Foul-smelling menstrual blood | 1 | 0 | 1 | 2 |
| | .9% | 0.0% | .7% | .5% |
| Black discharge during menstruation | 0 | 0 | 1 | 1 |
| | 0.0% | 0.0% | .7% | .2% |
| Pain/irritation | 1 | 4 | 1 | 6 |
| | .9% | 2.6% | .7% | 1.4% |
| Treatment Taken for RTI | | | | |
| Taken Treatment | 1 | 3 | 4 | 8 |
| | .9% | 1.9% | 2.8% | 1.9% |
| Where Treatment Taken for RTI | | | | |
| Primary Health Centre | 0 | 1 | 0 | 1 |
| | 0.0% | .6% | 0.0% | .2% |
| Private Hospital/Dispensary | 1 | 2 | 0 | 3 |
| | .9% | 1.3% | 0.0% | .7% |
| ASHA Worker | 0 | 0 | 4 | 4 |
| | 0.0% | 0.0% | 2.8% | 1.0% |
| Why No Treatment Taken for RTI | | | | |
| Thought it would go away on its own | 0 | 1 | 5 | 6 |
| | 0.0% | .6% | 3.5% | 1.4% |
| Was embarrassed | 0 | 1 | 3 | 4 |
| | 0.0% | .6% | 2.1% | 1.0% |
| Never had an RTI | 111 | 148 | 110 | 369 |
| | 95.7% | 94.9% | 76.4% | 88.7% |
| Did not know about its symptoms | 0 | 0 | 1 | 1 |
| | 0.0% | 0.0% | .7% | .2% |
| Did not know about it | 4 | 3 | 21 | 28 |
| | 3.4% | 1.9% | 14.6% | 6.7% |

- Awareness of RTI is also extremely low—less than 5% in both Amreli and Bhavnagar—while it is slightly higher in tribal dominated Dahod, where 9% have heard of it.
- Fewer than 5% of respondents across all districts could identify any symptoms of RTI.
- Only 8 out of 395 women surveyed had ever sought treatment for an RTI.

**Girls as respondents:**

- Awareness of RTI is also extremely low—less than 3% in both Amreli and Bhavnagar—while it is slightly higher in tribal dominated Dahod, where 9.0% have heard of it.

## Recommendation for section 9:

Toilet access in Dahod is alarmingly low (only 46.5% households have toilets) and fewer than half have soap and water, increasing vulnerability to infections and compromising menstrual hygiene management. This contrasts starkly with Amreli and Bhavnagar, where access is near-universal.

Awareness of Reproductive Tract Infections (RTIs) is dangerously low—<5% in Amreli and Bhavnagar, and <10% even in Dahod, with negligible treatment-seeking behaviour. This signals a major reproductive health information gap, despite evident menstrual discomfort.

It was interesting that while the term RTI was not known, the FGDs with women showed that they do face several issues during menstruation and related to reproductive tract: pain, white discharge, waste pain, itching, ulcer, removal of uterus- are highly common among women of all districts.

**1. Prioritize Sanitation Infrastructure in Tribal Regions Through Targeted Convergence of Government Schemes**

a. Advocate for targeted convergence of SBM (Swachh Bharat Mission) with tribal development programs to build individual toilets with water access in Dahod.
b. Incentivize construction and maintenance through women's collectives and panchayats, integrating menstrual hygiene needs into toilet design (e.g., private space for changing, waste disposal).

**2. Launch RTI Awareness and Health Education Campaigns Using Local Health and School Systems**

I. Embed basic reproductive health sessions into school curricula, ASHA outreach, and SHG platforms, focusing on recognizing symptoms, preventive hygiene, and when to seek care.
II. Use visual, IEC materials, and train frontline health workers to talk about RTIs without stigma.

# III. Findings of the baseline study- Front Line Workers

Given the vital role that Frontline Workers play in engaging with women and girls in the community, both CSPC and CiNI actively collaborate with them. ASHA workers, Anganwadi workers, and school teachers each contribute to this effort in distinct but equally crucial ways. The following section presents findings from the baseline study based on interviews with Frontline Workers across the three districts of Dahod, Amreli, and Bhavnagar.

## Sampling

- A total of 20 teachers were interviewed across the three locations: Amreli (5), Bhavnagar (11), and Dahod (4).
- This was based on random sampling and availability of teachers.

## Profile of sample

**Table A: School Category**

| | Teachers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=5 | N=11 | N=4 | N=20 |
| Primary School (1-5th standard) | - | 6 (54.5) | - | 6 (30.0) |
| Upper Primary School (5-8th standard) | 4 (80.0) | 5 (45.5) | 3 (75.0) | 12 (60.0) |
| Up to Secondary School (9-10th standard) | 1 (20.0) | - | 1 (25.0) | 2 (10.0) |

***Figures in Parentheses are Percentages***

- The majority of teachers (60%) across all locations teach at the upper primary level (6th–8th standard). This includes 80% of teachers in Amreli, 45.5% in Bhavnagar, and 75% in Dahod.
- Primary school teachers (1st–5th standard) were found only in Bhavnagar, where they make up more than half (54.5%) of the sample. None of the teachers in Amreli or Dahod teach at the primary level.
- Only 10% of the total sample teach at the secondary level (9th–10th standard), with one teacher each from Amreli (20%) and Dahod (25%). No secondary-level teachers were interviewed in Bhavnagar.

**School Type**

| | Teachers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=5 | N=11 | N=4 | N=20 |
| Mixed school (boys + girls) | 4 (80.0) | 9 (81.8) | 4 (100.0) | 17 (85.0) |
| Girls' school | 1 (20.0) | 2 (18.2) | - | 3 (15.0) |

***Figures in Parentheses are Percentages***

- Of the 20 teachers interviewed, a large majority (85%) are teaching in mixed schools (co-educational, for both boys and girls, with 100% in Dahod, and more than 80% in Amreli and Bhavnagar districts.

**Gender**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Female | 9 (100.0) | 15 (100.0) | 14 (100.0) | 38 (100.0) | 4 (80.0) | 9 (81.8) | 4 (100.0) | 17 (85.0) |
| Male | - | - | - | - | 1 (20.0) | 2 (18.2) | - | 3 (15.0) |

*Figures in Parentheses are Percentages*

**Health Workers**

- All 38 health workers interviewed across Amreli, Bhavnagar, and Dahod were female (100%).

**Teachers**

- Among the 20 teachers interviewed, 85% (17 teachers) were female. 1 teacher in Bhavnagar and 2 teachers interviewed in Amreli were males.

**Education**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Class 5 | - | 1 (6.7) | - | 1 (2.6) | - | - | - | - |
| Class 8 | - | 3 (20.0) | - | 3 (7.9) | - | - | - | - |
| Class 10 | 2 (22.2) | 1 (6.7) | 1 (7.1) | 4 (10.5) | - | - | - | - |
| Class 12 | 4 (44.4) | 2 (13.3) | 10 (71.4) | 16 (42.1) | - | - | - | - |
| Graduate | - | 4 (26.7) | 3 (21.4) | 7 (18.4) | 1 (20.0) | 3 (27.3) | 1 (25.0) | 5 (25.0) |
| Post Graduate | 1 (11.1) | 4 (26.7) | - | 5 (13.2) | 1 (20.0) | 8 (72.7) | 1 (25.0) | 10 (50.0) |
| Professional Degree | 1 (11.1) | - | - | 1 (2.6) | 3 (60.0) | - | - | 3 (15.0) |
| 1 year Diploma | 1 (11.1) | - | - | 1 (2.6) | - | - | - | - |
| PTC | - | - | - | - | - | - | 1 (25.0) | 1 (5.0) |
| MA B.ED | - | - | - | - | - | - | 1 (25.0) | 1 (5.0) |

*Figures in Parentheses are Percentage*

**Health Workers:**

- The majority of health workers (42.1%) had completed Class 12, with especially high representation in Dahod (71.4%).
- Graduate-level education was reported by 18.4% of health workers, mainly in Bhavnagar (26.7%) and Dahod (21.4%).
- Postgraduates accounted for 13.2% of health workers, predominantly from Amreli(11.1%) and Bhavnagar (26.7%).
- A few health workers held professional degrees (2.6%) or 1-year diplomas (2.6%), all from Amreli.

- Very few health workers had only completed lower secondary levels like Class 5 or 8 (combined 10.5%).

**Teachers**

- 100% teachers had at least a graduate-level qualification or higher.
- 50% of teachers were postgraduates, with the highest concentration in Bhavnagar (72.7%).
- 25% were graduates, distributed across all three locations.
- A small number held professional degrees (15%), all from Amreli.
- Specialized teaching qualifications were reported by teachers in Dahod:
  - 1 teacher (25%) had a PTC (Primary Teacher Certificate).
  - 1 teacher (25%) had a combined MA B.Ed. degree.

**Caste Category**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=9** | **N=15** | **N=14** | **N=38** | **N=5** | **N=11** | **N=4** | **N=20** |
| General | 1 (11.1) | 4 (26.7) | - | 5 (13.2) | 1 (20.0) | 5 (45.5) | - | 6 (30.0) |
| OBC | 6 (66.7) | 8 (53.3) | 3 (21.4) | 17 (44.7) | 3 (60.0) | 4 (36.4) | 1 (25.0) | 8 (40.0) |
| Scheduled Caste | 2 (22.2) | 3 (20.0) | - | 5 (13.2) | 1 (20.0) | 2 (18.2) | - | 3 (15.0) |
| Scheduled Tribe | - | - | 11 (78.6) | 11 (28.9) | - | - | 3 (75.0) | 3 (15.0) |

***Figures in Parentheses are Percentages***

**Health Workers**

- OBCs form the largest group among health workers, accounting for 44.7% of the total sample.
  - This includes 66.7% in Amreli, 53.3% in Bhavnagar, and 21.4% in Dahod.
- Scheduled Tribes (STs) make up 28.9% of the total, with all ST health workers concentrated in Dahod (78.6%).
- Scheduled Castes (SCs) account for 13.2%, present in both Amreli and Bhavnagar, but absent in Dahod.
- General category health workers form a minority (13.2%), and are only found in Amreli and Bhavnagar.

**Teachers**

- The largest share of teachers (40%) belong to the OBC category: they are 60% in Amreli, 36.4% in Bhavnagar, and 25% in Dahod.
- ST teachers are found only in Dahod, accounting for 75% of the teacher sample there and 15% overall.
- General category teachers make up 30%, with the highest concentration in Bhavnagar (45.5%).
- SC teachers represent 15% of the total sample, present only in Amreli and Bhavnagar.

**Religion**

| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
|---|---|---|---|---|---|---|---|---|
| | **N=9** | **N=15** | **N=14** | **N=38** | **N=5** | **N=11** | **N=4** | **N=20** |
| Hindu | 9 (100.0) | 15 (100.0) | 14 (100.0) | 38 (100.0) | 5 (100.0) | 11 (100.0) | 4 (100.0) | 20 (100.0) |

- All participants (100%)—both health workers (N=38) and teachers (N=20)—identified as Hindu across all three locations: Amreli, Bhavnagar, and Dahod.

# Findings

# Section1: Basic Knowledge about menstruation

## 1. What is menstruation

This data captures how health workers and teachers across three locations—Amreli, Bhavnagar, and Dahod—perceive and define menstruation. It reflects the diversity of knowledge, cultural beliefs, and misconceptions among key community influencers.

### Table 1: What is menstruation

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Shedding of the uterine lining | - | 1 (6.7) | 1 (7.1) | 2 (5.3) | - | 2 (18.2) | - | 2 (10.0) |
| A waste of the body | - | 2 (13.3) | 5 (35.7) | 7 (18.4) | - | 4 (36.4) | 1 (25.0) | 5 (25.0) |
| A natural process | 9 (100.0) | 12 (80.0) | 13 (92.9) | 34 (89.5) | 5 (100.0) | 7 (63.6) | 3 (75.0) | 15 (75.0) |
| Don't know | - | - | - | - | - | - | - | - |
| A curse from God | - | - | 1 (7.1) | 1 (2.6) | | | | |

***Figures in Parentheses are Percentages***

**Health Workers**

- A large majority (89.5%) of health workers correctly identified menstruation as a natural process, with full consensus in Amreli and high agreement in Bhavnagar (80%) and Dahod (92.9%).
- 2 health workers (one each from Bhavnagar and Dahod) correctly defined it as shedding of the uterine lining (5.3%).
- Misconceptions were also present: 18.4% described menstruation as "a waste of the body," particularly in Dahod (35.7%) and Bhavnagar (13.3%).
- One respondent in Dahod (7.1%) described menstruation as “a curse from God,” reflecting the persistence of cultural stigma.

**Teachers**

- 75% of teachers recognized menstruation as a natural process, though this understanding was lower in Bhavnagar (63.6%) compared to Amreli (100%) and Dahod (75%).
- 10% of teachers (2 respondents from Bhavnagar) accurately described menstruation as shedding of the uterine lining.
- 25% of teachers described menstruation as “a waste of the body,” with this misconception most common in Bhavnagar (36.4%).
- No teachers described it as a curse or indicated a lack of knowledge.

## Reason for menstruation

### Table 2: Reason for menstruation

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Woman can become a mother | 8 (88.9) | 9 (60.0) | 12 (85.7) | 29 (76.3) | 4 (80.0) | 9 (81.8) | 3 (75.0) | 16 (80.0) |
| Hormones | - | 1 (6.7) | 1 (7.1) | 2 (5.3) | 2 (40.0) | 3 (27.3) | 3 (75.0) | 8 (40.0) |
| To expel waste from the body every month | 1 (11.1) | 4 (26.7) | 6 (42.9) | 11 (28.9) | - | 2 (18.2) | 1 (25.0) | 3 (15.0) |
| Due to growing older | - | 2 (13.3) | 5 (35.7) | 7 (18.4) | - | 2 (18.2) | - | 2 (10.0) |
| God's curse | - | - | 3 (21.4) | 3 (7.9) | - | - | - | - |
| Due to disease | - | - | 1 (7.1) | 1 (2.6) | - | - | - | - |
| Don't know | - | 1 (6.7) | - | 1 (2.6) | - | - | - | - |

***Figures in Parentheses are Percentages***

**Health Workers (N=38)**

- Either reproductive function or hormonal changes account for 81.6% of responses.
    - 76.3% of health workers stated that menstruation occurs so that women can become mothers, with the highest agreement in Amreli (88.9%) and Dahod (85.7%).
    - Only 5.3% identified hormonal changes as the reason for menstruation.
- 28.9% believed that menstruation is a way to expel waste from the body, a misconception especially common in Dahod (42.9%).
- 18.4% associated it with growing older, mostly in Dahod and Bhavnagar.
- Cultural myths persist:
    - 7.9% (3 respondents from Dahod) viewed it as a curse from God.
    - One health worker from Dahod thought it was due to disease.
    - One from Bhavnagar reported not knowing the reason.

**Recommendations:**

- Conduct refresher sessions on the biological basis of menstruation, especially focusing on hormonal changes and reproductive health.
- Facilitate open discussions around common myths (e.g., periods being a curse or waste removal), especially in areas like Dahod, where such beliefs are more prevalent.
- Equip health workers with myth-busting messages that they can use during home visits or community health sessions.

**Teachers (N=20)**

- When combined, 90% of teachers provided a scientific explanation (reproductive purpose and/or hormones), indicating a relatively higher level of understanding compared to health workers.
    - 80% said that menstruation occurs so that women can become mothers, showing consistency across locations.
    - A notable 40% mentioned hormonal changes, especially high in Dahod (75%).
- 15% believed menstruation is to expel waste from the body, and 10% associated it with growing older.

- Importantly, none of the teachers described menstruation as a curse, disease, or said they did not know the reason.

**Recommendations:**

- Encourage teachers, especially in Dahod, to integrate menstrual health into science and life skills education, using the accurate understanding they already have.
- Conduct orientation or capacity-building sessions to help teachers communicate comfortably and sensitively about menstruation with students.
- Promote school-based sessions (e.g., during health days or assemblies) led by trained teachers to create a safe space for girls to learn and ask questions.

## 3. Knowledge about Menstrual Products

**Table 3: Knowledge about Menstrual Products**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Tampons | 7 (77.8) | 1 (6.7) | 1 (7.1) | 9 (23.7) | 5 (100.0) | 3 (27.3) | 1 (25.0) | 9 (45.0) |
| Sanitary pads available in the market | 9 (100.0) | 13 (86.7) | 12 (85.7) | 34 (89.5) | 5 (100.0) | 11 (100.0) | 4 (100.0) | 20 (100.0) |
| Cloth menstrual pads (washable and reusable) | 8 (88.9) | 8 (53.3) | 11 (78.6) | 27 (71.1) | 5 (100.0) | 5 (45.5) | 4 (100.0) | 14 (70.0) |
| Cloth menstrual pads (disposable) | 8 (88.9) | 5 (33.3) | 5 (35.7) | 18 (47.4) | 5 (100.0) | 3 (27.3) | 1 (25.0) | 9 (45.0) |
| Period pieces | 9 (100.0) | 11 (73.3) | 9 (64.3) | 29 (76.3) | 5 (100.0) | 9 (81.8) | 4 (100.0) | 18 (90.0) |
| Menstrual cups | 7 (77.8) | 6 (40.0) | 1 (7.1) | 14 (36.8) | 4 (80.0) | 5 (45.5) | 2 (50.0) | 11 (55.0) |
| Period Panties/Huggies | - | - | - | - | - | 1 (9.1) | | 1 (5.0) |

*Figures in Parentheses are Percentages*

This data explores the awareness levels of different menstrual hygiene products among health workers and teachers in Amreli, Bhavnagar, and Dahod. The information provides insights into the range and depth of product awareness, which is critical for menstrual health promotion efforts in schools and communities.

**Health Workers (N=38)**

- Sanitary pads (market-available) are the most well-known product, recognized by 89.5% of health workers across districts.

- Awareness of cloth pads (washable and reusable) is also relatively high at 71.1%, with strong awareness in Amreli (88.9%) and Dahod (78.6%).
- Disposable cloth pads are less known, with 47.4% awareness—lowest in Bhavnagar (33.3%) and Dahod (35.7%).
- Awareness of tampons is very uneven:
  - High in Amreli (77.8%), but just 6.7% in Bhavnagar and 7.1% in Dahod, bringing the overall awareness to only 23.7%.
- Menstrual cups are known to 36.8% overall—again with Amreli showing higher awareness (77.8%) than other locations.
- Period pieces (traditional cloth used during menstruation) are widely recognized (76.3%), with complete awareness in Amreli.
- Period panties were not mentioned by any health worker, indicating a total lack of awareness or exposure to this product type.

**Recommendations for Health Workers**

- Conduct Product Demonstration Sessions: Organize regular hands-on sessions to introduce and demonstrate less familiar products like tampons, menstrual cups, and period panties, especially in Bhavnagar and Dahod where awareness is low. Use real samples, videos, and peer-led discussions to build familiarity and comfort.
- Distribute Simple, Visual Job Aids: Provide visual flipbooks or posters that explain the types, use, pros/cons, and care methods of various menstrual products. This can support more accurate and confident information-sharing during home visits and health education talks.

**Teachers (N=20)**

- All teachers (100%) were aware of market-available sanitary pads and period pieces, showing a baseline understanding of common products.
- Awareness of washable cloth pads is also high (70%), especially in Amreli and Dahod (100%).
- Disposable cloth pads were known to 45% of teachers, aligning closely with the health worker data.
- Tampon awareness is relatively higher among teachers (45% overall)—Amreli stands out again with 100% awareness.
- Menstrual cups were known to 55% of teachers, which is higher than health workers, with Dahod also showing some awareness.
- Only one teacher (5%) mentioned period panties, indicating minimal exposure to newer innovations in menstrual hygiene.

**Recommendations for Teachers**

- Since teachers are so well aware, encourage teachers to embed discussions on different menstrual hygiene products into science and life skills lessons—going beyond sanitary pads to include cloth pads, menstrual cups, and period underwear.

## 4. Products used during Menstruation

This data provides insights into the actual practices of menstrual product use among health workers and teachers across three districts—Amreli, Bhavnagar, and Dahod. It highlights the gaps between knowledge and usage, especially of modern or safe menstrual hygiene products.

### Table 4: Products used during Menstruation

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Reuse old used cotton clothes | - | 1 (6.7) | 2 (14.3) | 3 (7.9) | - | 1 (9.1) | - | 1 (5.0) |
| Use any other synthetic clothes (time piece) | 3 (33.3) | 3 (20.0) | 6 (42.9) | 12 (31.6) | - | 1 (9.1) | 4 (100.0) | 5 (25.0) |
| Use sanitary pads available in the market | 9 (100.0) | 12 (80.0) | 8 (57.1) | 29 (76.3) | 3 (60.0) | 10 (90.9) | 3 (75.0) | 16 (80.0) |
| Use cloth pads | - | - | 4 (28.6) | 4 (10.5) | 1 (20.0) | - | - | 1 (5.0) |
| Use menstrual cups | - | - | 1 (7.1) | 1 (2.6) | - | - | - | - |
| Use new cotton clothes every time | - | 1 (6.7) | 2 (14.3) | 3 (7.9) | - | - | - | - |

***Figures in Parentheses are Percentages***

**Health Workers (N = 38)**

- Sanitary pads from the market are the most used product (76.3%), though usage is significantly lower in Dahod (57.1%) compared to Amreli (100%).
- 'Time piece' use remains relatively high at 31.6%, especially in Dahod (42.9%) and Amreli (33.3%).
- Use of reusable cloth pads was reported only in Dahod (28.6%).
- Very few (7.9%) reported using new cotton cloth every time, and a similar proportion reported reusing old cotton cloths, suggesting continued reliance on traditional methods.
- Only one health worker (from Dahod) reported using a menstrual cup, highlighting a major gap between awareness and practice.

**Recommendation**:

- Conduct regular awareness sessions to promote safe menstrual hygiene practices, focusing on the risks of using 'time piece' cloth and the benefits of safe and sustainable alternatives.

**Teachers (N = 20)**

- Sanitary pads are the most commonly used product (80%) among teachers, with highest use in Bhavnagar (90.9%).
- Use of 'time piece' is reported by 25%, especially all 4 teachers in Dahod.
- Very few teachers (5%) reported using cloth pads or reused old cotton cloths.
- No teacher reported using menstrual cups or new cotton cloth each time.

**Recommendation:**

- Conduct regular awareness sessions to promote safe menstrual hygiene practices, focusing on the risks of using 'time piece' cloth and the benefits of safe and sustainable alternatives.

# Section 2: Perceptions and support during Menstruation

### 5. Activities Considered RIGHT/APPROPRIATE by Respondent

This data presents the perceptions of health workers and teachers themselves regarding what activities are considered *right or appropriate during menstruation*. It reflects prevailing norms and attitudes in the three study locations: Amreli, Bhavnagar, and Dahod.

**Health Workers:**

- Washing and drying menstrual cloths in the sun is universally accepted (100%) across all locations.
- Disposing of used menstrual materials by burying or burning is accepted by 84.2%.
- Touching other family members during menstruation has high acceptance (84.2%), though it is slightly lower in Dahod (71.4%).
- Cooking during menstruation: 76.3% overall acceptance; however, significant variation (only 42.9% in Dahod).
- Attending social gatherings: 78.9% agree it's appropriate, indicating positive shifts in social acceptance.
- Women perform religious rituals at home during menstruation has lowest acceptance rates – 0% -among health workers in Dahod, 33% in Amreli and 60% in Bhavnagar.

**Teachers:**

- Touching family members during menstruation: Universally accepted (100% across all districts).
- Cooking during menstruation: Very high acceptance (95%), with no variation by district.
- Washing and drying menstrual cloths in the sun: Accepted by 95% of teachers.
- Disposing of used menstrual materials properly: 95% agreement.
- Attending social events: High agreement (85%)—shows positive attitudes toward participation.
- Women perform religious rituals at home during menstruation also is lowest among teachers, though not as low as health workers: average 60%, with the lowest being 50% teachers of Dahod believe that they could perform religious rituals.
- Cooking during menstruation – only 75% of Dahod teachers accepted it, while it was 100% in other districts. Similarly, health Workers (Dahod) is also low acceptance- 42.9% only.

**Activities Considered RIGHT/APPROPRIATE by Community**

- A large majority of both health workers (76.3%) and teachers (60.0%) reported that communities consider washing menstrual cloths with soap and drying them in the sun as appropriate — with near-universal acceptance in Amreli among teachers (100%) and health workers (88.9%).

- Disposal of menstrual absorbents by burying or burning is widely accepted by the community, with 71.1% of health workers and 80.0% of teachers reporting this as a common and appropriate practice — again, especially high in Amreli and Dahod.
- Among teachers, the acceptability of touching others during menstruation was perceived to be very high by 81.8% in Bhavnagar and 100% in Amreli, with an overall acceptance of 55%.
- Performing religious rituals during menstruation is considered inappropriate by almost all, with only 2.6% of health workers and 10% of teachers reporting community acceptance — Bhavnagar being the only district with a small acknowledgment (6.7% and 9.1%).
- In Amreli, only 11.1% of health workers and none of the teachers believed that communities find it acceptable for women to cook during menstruation, highlighting a strong cultural restriction in that district.
- A significant gap exists between what health workers and teachers personally consider appropriate during menstruation and what they perceive to be accepted within their communities. While a large majority of respondents support practices such as women cooking (76–95%), attending social gatherings (79–85%), and touching household members during menstruation (84–100%), they perceive far lower levels of acceptance for these practices in the community—ranging from 35–58%. These discrepancies are particularly pronounced in districts like Amreli and Dahod, indicating a need to address entrenched social norms and misperceptions that may hinder menstrual dignity and agency for women and girls.

**Recommendations:**

- Facilitate community dialogue sessions involving both frontline workers (health workers and teachers) and community members to bridge the gap between individual beliefs and perceived social norms around menstruation. This can help surface silent support, challenge stigma, and collectively shift restrictive practices.

# Section 3: Hygiene Practices during Menstruation cycle

## 6. Number of times pads changed during the day

The frequency with which health workers and teachers report changing menstrual pads during the day across three districts—Amreli, Bhavnagar, and Dahod helps understand awareness and hygienic practices related to menstrual management.

**Health Workers:**

- “3 times a day” is most common overall, reported by 36.8% of health workers, but variation is notable across districts.
- Amreli stands out: 77.8% of health workers change pads *more than 3 times a day*, showing better hygiene practices compared to Bhavnagar (20%) and Dahod (21.4%).
- Suboptimal practices in Bhavnagar: 40% of health workers report changing pads *less than 3 times a day*.

**Teachers:**

- 50% of teachers report changing pads more than 3 times a day, higher than health workers overall, indicating slightly better practices among teachers.
- Low frequency use still exists: 27.3% of Bhavnagar teachers and 15% overall report changing pads *less than 3 times a day*, suggesting need for further awareness.

**Recommendation:**
Integrate clear messaging on ideal menstrual hygiene practices—including the importance of changing pads at least 3 times a day—into training modules for both health workers and teachers, with special focus on Bhavnagar where suboptimal practices are more prevalent.

## 7. How Menstrual cloth or cloth pads be washed

This data shows how health workers and teachers across Amreli, Bhavnagar, and Dahod districts wash menstrual cloth or cloth pads, highlighting practices around hygiene maintenance.

**Health Workers:**

- All health workers (100%) across all three districts reported using soap and water to wash menstrual cloths or cloth pads—indicating *uniform awareness and correct practice*.

**Teachers:**

- The majority of teachers (95%) also use soap and water, with Bhavnagar showing a slight gap—only 90.9% reported this method.
- A small proportion (9.1%) of teachers in Bhavnagar mentioned using hot water and soap, which is a good hygienic practice but less commonly reported.

## 8. How Menstrual cloth or cloth pads be dried after washing

**Table 8: How Menstrual cloth or cloth pads be dried after washing**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| In sunlight | 9 (100) | 14 (93.3) | 12 (85.7) | 35 (92.1) | 5 (100) | 10 (90.9) | 3 (75.0) | 18 (90.0) |
| Inside the house in a way that no one can see | - | 1 (6.7) | 1 (7.1) | 2 (5.3) | - | 1 (9.1) | - | 1 (5.0) |
| In the bathroom | - | - | 1 (7.1) | 1 (2.6) | - | - | - | - |
| No Reply | - | - | - | - | - | - | 1 (25.0) | 1 (5.0) |

***Figures in Parentheses are Percentages***

Interpretation of Drying Practices for Menstrual Cloths/Pads
This table shows how health workers and teachers across Amreli, Bhavnagar, and Dahod dry menstrual cloths or cloth pads after washing—highlighting both good hygiene practices and signs of stigma.

- Health Workers: 92.1% (35 out of 38) reported drying pads in sunlight. All from Amreli, and most from Bhavnagar and Dahod followed this.
- Teachers: 90% (18 out of 20) also reported the same, though Dahod was slightly lower at 75%.
- A few respondents (Health Workers: 5.3%, Teachers: 5%) reported drying cloths inside the house in hidden spots—possibly due to discomfort or social norms.
- In Dahod, 1 health worker dried pads in the bathroom, and 1 teacher gave no response, which may signal unease in discussing the topic openly.

## 9. Storage Practices for Menstrual Cloths/Pads

This data outlines how health workers and teachers in Amreli, Bhavnagar, and Dahod store menstrual cloths or pads after cleaning, highlighting hygiene behaviors and underlying stigma.

- Safe and Clean Storage
  - Health Workers: 74% (28 of 38) report keeping menstrual materials in a safe and clean place, especially high in Amreli (100%) and Dahod (85.7%).
  - Teachers: Only 50% (10 of 20) do so, and the number is lowest in Bhavnagar (18.2%), suggesting the need for focused awareness.
- Non-Storage (Disposables)
  - All health workers (100%) reported they do not store menstrual cloths—likely due to using disposable pads.
- Health workers in Dahod (35.7%) and Bhavnagar (13.3%) indicate keeping clothes in a secret place. Among teachers, this was notable in Dahod (50%).
- Storing cleaned clothes with everyday clothes is a common practice among teachers (50%), especially in Bhavnagar (72.7%).
- Though small in number, 14.3% of health workers in Dahod and 25% of teachers in Dahod reported keeping pads hidden.

## 10. How Should pads or clothes used during menstruation be disposed

**Table 10: How Should pads or clothes used during menstruation be disposed**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| By burying it under the soil in the field | - | 1 (6.7) | 1 (7.1) | 2 (5.3) | - | 1 (9.1) | - | 1 (5.0) |
| By burning it | 9 (100.0) | 9 (60.0) | 13 (92.9) | 31 (81.6) | 5 (100.0) | 6 (54.5) | 4 (100.0) | 15 (75.0) |
| In a dustbin | - | 5 (33.3) | - | 5 (13.2) | - | 4 (36.4) | - | 4 (20.0) |

*Figures in Parentheses are Percentages*

- **Health Workers:**
  - 81.6% overall recommend burning, with particularly high adherence in Amreli (100%) and Dahod (92.9%).
  - Bhavnagar (60%) shows comparatively lower practice.
- **Teachers:**
  - 75% recommend burning, again with full adherence in Amreli and Dahod (100%), but lower in Bhavnagar (54.5%).
- Disposing in Dustbins: was reported by 13.2% of health workers (only in Bhavnagar) and 20% of teachers (also mainly in Bhavnagar).
- Burying in Soil: A very small fraction (5.3% of HWs, 5% of teachers), seen only in Bhavnagar and Dahod.

## 11. Symptoms of RTI (Reproductive Tract Infection)

**Table 11: Symptoms of RTI (Reproductive Tract Infection)**

| | Health Workers | | | | Teachers | | | |
|---|---|---|---|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 | N=5 | N=11 | N=4 | N=20 |
| Heard of RTI | 6 (66.7) | 9 (60.0) | 10 (71.4) | 25 (65.8) | 4 (80.0) | 4 (36.4) | 4 (100.0) | 12 (60.0) |
| White vaginal discharge | 6 (66.7) | 7 (46.7) | 4 (28.6) | 17 (44.7) | 4 (80.0) | 1 (9.1) | 4 (100.0) | 9 (45.0) |
| Lower abdominal pain | 2 (22.2) | 2 (13.3) | 5 (35.7) | 9 (23.7) | 1 (20.0) | 1 (9.1) | 3 (75.0) | 5 (25.0) |
| Foul-smelling menstrual blood | 5 (55.6) | 2 (13.3) | 5 (35.7) | 12 (31.6) | 3 (60.0) | - | 2 (50.0) | 5 (25.0) |
| Black discharge during menstruation | 1 (11.1) | 1 (6.7) | 4 (28.6) | 6 (15.8) | - | - | 2 (50.0) | 2 (10.0) |
| Pain/irritation | - | 2 (13.3) | 9 (64.3) | 11 (28.9) | - | 3 (27.3) | 3 (75.0) | 6 (30.0) |

***Figures in Parentheses are Percentages***

## 12. Awareness on RTI Symptoms:

This data compares the awareness of Reproductive Tract Infection (RTI) symptoms among health workers and teachers across Amreli, Bhavnagar, and Dahod.

- Health Workers: Awareness about RTI is 65.8% overall, with Amreli (66.7%) and Dahod (71.4%) being higher.
- Teachers: awareness about RTI is 60% overall, but with low awareness in Bhavnagar (36.4%).
- The most Commonly Recognized Symptom is White Vaginal Discharge:
  - Health Workers: 44.7% recognize this.
  - Teachers: Also 45% overall – but wide variance: 80% in Amreli vs. only 9.1% in Bhavnagar.

**Recommendation:**

- Prioritize RTI awareness sessions for teachers, especially in Bhavnagar, where both general knowledge and symptom identification are significantly lower.
- Health workers could be trained to lead sessions in schools using visual tools and relatable examples to explain common symptoms like white discharge, pain, and odor changes.

## 13. Medical Advice in Case of discomfort during menstruation

**Table 12: Medical Advice in Case of discomfort during menstruation**

| | Amreli | Bhavnagar | Dahod | Total |
|---|---|---|---|---|
| **Health Workers** | **N=9** | **N=15** | **N=14** | **N=38** |
| Seek Advice | 9 (100.0) | 14 (93.3) | 13 (92.9) | 36 (94.7) |
| **Teachers** | **N=5** | **N=11** | **N=4** | **N=20** |

| Seek Advice | 5 (100.0) | 5 (45.5) | 2 (50.0) | 12 (60.0) |
|---|---|---|---|---|

*Figures in Parentheses are Percentages*

- Health workers across all three districts show consistently high rates (over 90%) of seeking medical advice in case of menstrual discomfort, with Amreli at 100%.
- In contrast, only 60% of teachers overall reported seeking medical advice, with particularly low responses in Bhavnagar (45.5%) and Dahod (50%).
- The stark gap between health workers and teachers—especially in Bhavnagar and Dahod—highlights the need for targeted awareness and support for teachers regarding menstrual health management.

**Recommendation:**

- Conduct targeted menstrual health awareness sessions for teachers, especially in Bhavnagar and Dahod, to improve their understanding of when and why to seek medical advice during menstrual discomfort. This can be integrated into regular school health programs with support from local health workers.

## 14. Severity of Barriers Faced by Women and Adolescent Girls with respect to Menstrual Health Management (Scale of One to Five)

- Significant number of health workers in Amreli (66.7%) and teachers (45%) rated availability of products during heavy menstruation as the least severe barrier (rated 1), while in Dahod, only 14.3% of health workers and 25% of teachers did so, indicating poorer access in Dahod.
- While price was not perceived as a major barrier by most health workers in Amreli and Bhavnagar, 50% of teachers in Dahod rated it as moderately severe (3), suggesting financial constraints are more pressing in Dahod's context.
- Family support varied widely: only 21.1% of health workers saw it as a low-level barrier. In Dahod, 42.9% of health workers rated it as severe (4), and 25% of teachers rated it as most severe (5), showing cultural or familial resistance remains significant.
- Going out for work or school was less of a barrier in Bhavnagar but was rated more severe in Dahod by both health workers and teachers.
- Food restrictions remain moderately to severely present in Dahod. Up to 35.7% of health workers and 50% of teachers reported mid to high severity (3–5) in facing food-related taboos during menstruation.
- The lack of supportive school facilities is a significant issue in Dahod, with 28.6% of health workers rating it at 4, and 25% of teachers at 5, directly linking infrastructure gaps to dropout/absenteeism.
- A sizable proportion of health workers in Dahod (35.7%) and 25% of teachers rated being forced to use cloth instead of modern products due to cost as a high-severity issue (4–5).

**Recommendations:**

- Improve Product Availability and Affordability in Dahod: Work with local vendors, SHGs, and public distribution mechanisms to ensure regular supply and affordable pricing of pads, especially during heavy flow.

- Promote Financial Subsidies or Pad Banks: Initiate village-level pad banks or school-based distribution programs, particularly for low-income families and adolescent girls in Dahod and Amreli.
- Strengthen WASH Facilities in Schools: Advocate with the education department for dedicated girl-friendly toilets, safe disposal bins, and water supply to reduce absenteeism during menstruation.
- Address Food Myths Through IEC: Dispel food restriction myths by disseminating easy-to-understand information through ASHAs, teachers, and adolescent peer educators.
- Include Men and Boys in Awareness Programs:
    - Since family influence is strong, engaging male members can help reduce stigma and improve household-level support for girls and women.
    - Use community sessions and peer facilitators to engage family members, especially mothers and fathers, to improve support for menstrual hygiene product use.

## 15. Primary responsibilities as a frontline worker

Data on primary responsibilities of frontline workers (health workers and teachers):

**Health Workers (N=38):**

- A significant portion—36.8% of health workers—did not respond when asked about their responsibilities. This could indicate a lack of clarity in roles or under-documentation of duties vis-a-vis menstruation hygiene.
- The most frequently mentioned responsibility was providing hygiene information to girls (21.1%). This suggests a growing but still limited engagement with adolescent menstrual health.
- Other responsibilities like health activities in the village (10.5%) and community awareness (10.5%) were mentioned, but inconsistently across regions.
- Few health workers (5.3%) mentioned distributing IFA tablets or nutritional food, although these are key elements of public health programs.
- Only 5.3% mentioned home visits and medicine provision, suggesting a possible shift or ambiguity in ASHA/ANM roles.

**Teachers (N=20):**

1. 30% of teachers reported responsibilities related to community awareness—higher than health workers—especially in Amreli and Dahod.
2. A smaller share (10%) mentioned menstrual hygiene education, indicating that while it's part of their role, it's not a central focus.
3. Only 10% mentioned Mamta Divas, showing limited collaboration with the health department during key adolescent health events.
4. 30% of teachers also gave no response, reflecting possible role confusion or lack of involvement in health activities.

## 16. Frequency of Meeting Women and Adolescent in the Village-FLWs

**Table 13: Frequency of Meeting Women and Adolescent in the Village - FLWs**

| | Health Workers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 |
| Every day | - | 1 (6.7) | - | 1 (2.6) |
| Weekly | 1 (11.1) | 2 (13.3) | 11 (78.6) | 14 (36.8) |
| Monthly | 4 (44.4) | 11 (73.3) | 3 (21.4) | 18 (47.4) |
| Rarely | 4 (44.4) | 1 (6.7) | - | 5 (13.2) |

***Figures in Parentheses are Percentages***

- Monthly interactions are the most common overall, reported by 47.4% of health workers.
  - This is especially high in Bhavnagar (73.3%) and Amreli (44.4%).
- In Dahod, the majority (78.6%) of health workers reported weekly interactions, which is significantly more frequent than in other districts.
- One respondent (2.6%) meets women/adolescent girls daily.
- 13.2% of workers, mostly from Amreli (44.4%), reported rarely meeting women and girls, which is a concern for consistent health messaging and trust-building.

**Recommendations:**

Work with the departments to:

- Institutionalize Weekly Engagements:
  - Standardize weekly community interactions as a minimum benchmark for all health workers, inspired by practices in Dahod.
  - Use Mamta Divas and village health days as fixed platforms for these engagements.
- Improve Monitoring of Outreach Efforts: Introduce a simple monthly logbook or mobile tracking format to monitor outreach frequency and type of engagement.
- Ensure Accountability in Low-Engagement Areas: Work with the District-level supervisors to follow up in Amreli, where nearly half the health workers reported rarely meeting women/adolescents.
- Bridge the Gap with Teachers: Encourage teachers to also report frequency of engagement with adolescent girls, especially during school-based programs or health awareness sessions.
  - Include this indicator in the joint monitoring of health and education departments.

## 17. Frequency of discussion on menstrual issues in awareness programs

Here are the key findings and recommendations based on the data regarding the frequency of discussion on menstrual issues during awareness programs by health workers:

**Table 13- Frequency of discussion on menstrual issues in awareness programs**

| | Health Workers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 |
| Always | 1 (11.1) | 1 (6.7) | - | 2 (5.3) |
| Often | 2 (22.2) | 8 (53.3) | 5 (35.7) | 15 (39.5) |
| Sometimes | - | 3 (20.0) | 8 (57.1) | 11 (28.9) |
| Rarely | 6 (66.7) | 2 (13.3) | 1 (7.1) | 9 (23.7) |
| Never | - | 1 (6.7) | - | 1 (2.6) |

***Figures in Parentheses are Percentages***

- Only 5.3% of health workers reported, highest from Amreli by 11.1%, discussing menstrual issues always in their IEC activities, showing very limited consistency in prioritizing this topic.
- "Often" discussions were reported by 39.5%, highest in Bhavnagar (53.3%), indicating relatively better integration of menstrual health messaging there.
- Dahod shows the highest "sometimes" responses (57.1%), suggesting that while menstrual health is discussed, it is not yet a regular or emphasized topic.
- In Amreli, a concerning 66.7% of health workers reported discussing menstrual issues rarely, indicating low prioritization or discomfort with the subject.
- One respondent across all districts reported never discussing the topic.

**Recommendations:**

- Use the above data for influencing the health Department to enforce taking up Menstrual health topics regularly in all awareness sessions, especially during Mamta Divas, VHNDs, and school-based programs. A structured plan and checklist can ensure consistent coverage.
- Conduct targeted trainings to equip frontline workers with the knowledge, tools, and confidence to talk about menstruation openly and sensitively—especially in districts like Amreli, where such discussions are currently minimal.

## 18. Formal Training Received on Menstrual Health

Formal training received by Front Line Workers on menstrual health is as follows:

**Health Workers:**

- 32 out of 38 health workers (84.2%) reported receiving formal training on menstrual health. This is a high overall coverage, which suggests that training is recognized as an essential component of frontline work related to menstrual health.
- Bhavnagar has the highest coverage, followed closely by Amreli.
- Dahod stands out with the lowest percentage of trained health workers and the highest number not trained (4 of 14), suggesting a gap in access to formal training in tribal or remote areas.
- With average 55.3% training from the government, the Government is the dominant provider (with Amreli being the highest at 88.9%) but there is significant involvement by NGOs (18.4%), especially in Bhavnagar (40%).

**Teachers:**

- 65% of teachers across Amreli, Bhavnagar, and Dahod have received formal training on menstrual health.
- Amreli: 60% , Bhavnagar: 54.5% and Dahod 100% teachers have received training.
- All teachers of Amreli district have been trained by Government. However, in Bhavnagar and Dahod, there is involvement of NGO up to 75% Dahod) and 36.4%(Bhavnagar).

**Recommendations**

- While overall training coverage is high (84.2%), Dahod shows a notable gap, with nearly 30% of health workers untrained. CiNI should work with the Health Department to ensure all frontline workers—including those in tribal and remote regions—receive standardized training

- With only 65% of teachers trained overall—and variation across districts—there is a need to formalize training within in-service teacher development programs. Given the strong role of government as the primary training provider, and the valuable supplementary role played by NGOs (especially in Bhavnagar and Dahod), CSPC and CiNI can support the Education Department in integrating menstrual health into teacher training curricula, ensuring both male and female teachers are equipped to deliver gender-sensitive, accurate information. Building on the strong NGO involvement in Bhavnagar and Dahod, a co-facilitation model could be used, especially in areas where teachers are key enablers of adolescent engagement.

## 19. Need for more Training on Menstrual Health

**Table 14: Need for more Training on Menstrual Health**

| | Health Workers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=9** | **N=15** | **N=14** | **N=38** |
| Yes | 4 (44.4) | 15 (100.0) | 14 (100.0) | 33 (86.8) |
| No | 1 (11.1) | - | - | 1 (2.6) |
| Don't Know/Can't Say | 4 (44.4) | - | - | 4 (10.5) |
| | **Topics for Training Needed** | | | |
| Awareness about menstruation | 2 (22.2) | 9 (60.0) | 8 (57.1) | 19 (50.0) |
| Gender | - | 4 (26.7) | 5 (35.7) | 9 (23.7) |
| Sanitary products | 1 (11.1) | 6 (40.0) | 6 (42.9) | 13 (34.2) |
| Hygiene during menstruation | - | 8 (53.3) | 14 (100.0) | 22 (57.9) |
| Disposal of sanitary products | 1 (11.1) | 5 (33.3) | 8 (57.1) | 14 (36.8) |
| Health awareness about UTI/RTI | 4 (44.4) | 5 (33.3) | 6 (42.9) | 15 (39.5) |
| About Food | - | 2 (13.3) | - | 2 (5.3) |

***Figures in Parentheses are Percentages***

- 100% of health workers in Bhavnagar and Dahod expressed a need for more training.
- In Amreli, responses were mixed: only 44.4% said yes, while another 44.4% were unsure, indicating possible gaps in understanding what comprehensive menstrual health training entails.
- Hygiene during menstruation (57.9%) and awareness about menstruation (50%) emerged as the most requested topics.
- In Dahod, all health workers expressed the need for more training on menstrual health, with a strong emphasis on practical topics like hygiene during menstruation (100%), disposal of sanitary products (57.1%), and menstrual awareness (57.1%). Their frequent weekly interaction with women and adolescents (78.6%) highlights both high engagement and readiness to implement new knowledge.
- In Bhavnagar, 100% of health workers also indicated a need for further training, especially on awareness (60%), hygiene (53.3%), and gender (26.7%). Their responses show relatively consistent menstrual health discussions in IEC activities (53.3% said 'often'), suggesting a foundation that can be built upon through deeper, gender-sensitive training.
- In Amreli, health workers showed mixed responses—only 44.4% felt they needed more training, and an equal percentage were unsure. Their engagement with communities was also

relatively low (44.4% reported rarely meeting women and adolescents), and 66.7% rarely discussed menstrual issues in IEC activities.

- Other important needs include sanitary product usage (34.2%), disposal methods (36.8%), and health issues like UTI/RTI (39.5%).
- Gender as a training topic was mentioned by nearly 1 in 4, highlighting an awareness of the broader social context.
- Notably low emphasis on food and nutrition (only 2 responses), though this could be due to lack of awareness about its role during menstruation.

**Teachers:**

- Overall 65% of teachers expressed a desire for more training on menstrual health topics.
- Only 20% showed interest and a significant 60% were uncertain in Amreli, as against a substantial 72.7% teachers being in favor of additional training in Bhavnagar and 100% teachers indicating a need for more training in Dahod..
- Topics of Interest of teachers included Menstruation Awareness by 40%, with notable interest in Bhavnagar (45.5%) and Dahod (75%).
- 15% expressed the need for more knowledge on Menstrual Hygiene, particularly in Bhavnagar (18.2%) and Dahod (25%).
- Health Awareness on UTI/RTI: 10% highlighted this topic, with interest from teachers in Amreli (20%) and Bhavnagar (9.1%).

**Recommendation:**

- Based on the findings, CSPC and CiNI should engage with the Health and Women & Child Development and Education Departments to jointly develop/offer training modules that respond to the expressed needs of ASHA and Anganwadi workers as well as teachers—particularly in Dahod and Bhavnagar, where demand is high. For health workers, this should emphasize community outreach and practical implementation; for teachers, it should focus on adolescent-friendly, gender-sensitive pedagogy. A collaborative approach—where government provides scale and NGOs offer contextual depth—can ensure sustained impact.
- The NGOs can offer technical support in designing content on menstrual hygiene, disposal, and gender sensitivity, while the government can facilitate scale-up through its institutional networks.
- In Amreli, where awareness and engagement are lower, a joint pilot initiative can be proposed to demonstrate the value of regular engagement and capacity building. This approach would not only strengthen government service delivery but also ensure sustainability through system-level ownership.

## 20. Challenges Faced in Promoting Menstrual Health graph

**Table 15: Challenges Faced in Promoting Menstrual Health graph**

| | Health Workers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=9 | N=15 | N=14 | N=38 |
| Do not get enough support from the villagers | 1 (11.1) | - | - | 1 (2.6) |

| Do not get enough support from the women | 5 (55.6) | - | - | 5 (13.2) |
|---|---|---|---|---|
| Get limited information from women | - | - | 1 (7.1) | 1 (2.6) |
| It is difficult to do the health awareness | - | - | 1 (7.1) | 1 (2.6) |
| It is difficult to do the health awareness | 1 (11.1) | - | - | 1 (2.6) |
| The are not vocal enough on menstruation | 1 (11.1) | 3 (20.0) | 9 (64.3) | 13 (34.2) |
| The overload work from ICDS | - | - | 1 (7.1) | 1 (2.6) |
| To build a rapport is a challenge | - | 1 (6.7) | - | 1 (2.6) |
| Women do not come on time in the meeting | - | 3 (20.0) | 2 (14.3) | 5 (13.2) |
| No | 1 (11.1) | 8 (53.3) | - | 9 (23.7) |

***Figures in Parentheses are Percentages***

- Amreli presents significant social resistance, with 55.6% of health workers stating *lack of support from women*, and 11.1% noting both *lack of support from the community* and that *women are not vocal*. This suggests a stronger need for community-level sensitization and trust-building initiatives.
- Dahod stands out with the highest proportion of health workers (64.3%) reporting that women are *not vocal enough about menstruation*, which creates a communication barrier in addressing the issue. Additionally, punctuality in meetings is also a challenge (14.3%).
- In Bhavnagar, over half of the health workers (53.3%) reported *no major challenges*, yet some did highlight that *women not attending meetings on time* (20%) and lack of vocal participation (20%) continue to be barriers to effective engagement.

**Recommendations:**

- The data reveals persistent social barriers—particularly in Amreli and Dahod—such as limited vocal participation by women and lack of community support.
- CSPC and CiNI could collaborate with Panchayati Raj Institutions, VHNCs, and school management bodies to conduct community meetings, peer-led discussions, and male engagement initiatives to build trust and normalize menstrual health conversations.
- In Dahod and Bhavnagar, where punctuality and participation in meetings are also concerns, the organisations should support the government in piloting more flexible or informal platforms (e.g., home-based group discussions or school-based sessions) to improve reach and responsiveness.

## 21. Should girls be made aware of menstruation

**Health workers**

All health workers across Amreli, Bhavnagar, and Dahod unanimously agree (100%) that girls should be made aware of menstruation. Top 3 Reasons being:

- To enable girls to provide support to others – Most commonly cited reason (73.7% overall), especially strong in Amreli (88.9%).
- To help girls understand the difficulties faced by women – Less frequently cited but noted particularly in Bhavnagar and Dahod.
- Because girls need to know about menstruation themselves – Recognized by nearly one-fifth of the respondents (18.4%).

**Teachers:**

1. All teachers across Amreli, Bhavnagar, and Dahod (100%) agree that girls should be made aware of menstruation.
2. The most commonly cited reason (by 80% of teachers) is that girls can provide support to women, indicating a strong belief in the value of empathetic understanding and responsibility from a young age.
3. Only a small proportion (15%) mentioned that it would be useful for girls personally in the future, suggesting a need to also emphasize menstrual education as self-knowledge, not just support for others.

## 22. Should boys be made aware of menstruation

**Health Workers:**

All health workers across Amreli, Bhavnagar, and Dahod unanimously agree (100%) that boys should also be made aware of menstruation. Top 3 reasons being:

- So they can support in household chores – The most cited reason (47.4% overall), especially prominent in Amreli (88.9%) and Bhavnagar.
- To provide useful information for their future – Strongly emphasized in Dahod (71.4%) and moderately in Bhavnagar.
- To sensitize boys towards menstruation – Mentioned by a small number (2.6%) but highlights the broader social value of awareness.

**Teachers:**

1. All 20 teachers (100%) across Amreli, Bhavnagar, and Dahod agree that boys should be made aware of menstruation.
2. The most common reason (from 65% of teachers) is that boys can provide support to women in the family, indicating a social and empathetic rationale for boys' education on menstruation.
3. Only 30% of teachers mentioned it would be useful for boys in future, and just 5% talked about sensitizing boys — suggesting a limited focus on boys' own gender sensitization or behavioral change.

**Recommendation:**

- With 100% of frontline workers across Amreli, Bhavnagar, and Dahod supporting menstrual awareness for both girls and boys, CSPC and CiNI can give priority (than working directly in the villages or schools) to partner with the Education Department to develop age-appropriate, gender-inclusive menstrual health modules.
- The data reveals that awareness-building is not just about personal hygiene for girls, but also about empathy, support, and shared responsibility—especially with boys learning how to contribute at home and understand menstrual realities.
- By embedding menstrual health education in existing programs like the School Health and Wellness Programme or Rashtriya Kishor Swasthya Karyakram RKSK, and involving teachers and frontline workers as facilitators, the initiative can foster a more informed and supportive environment for adolescents across districts. This could be one key indicator for each team involved in MHM in CSPC and CiNI.

## 23. Suggestions regarding role in promoting menstrual health: Health Workers

**Table 17: Suggestions regarding role in promoting menstrual health: Health Workers**

| | Health Workers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=9** | **N=15** | **N=14** | **N=38** |
| To invite the experts to make the women understand | - | 1 (6.7) | - | 1 (2.6) |
| To make the women aware on menstruation | - | 1 (6.7) | 9 (64.3) | 10 (26.3) |
| To provide information on diseases related to menstruation | - | - | 1 (7.1) | 1 (2.6) |
| To organize a program on menstrual health | - | - | 1 (7.1) | 1 (2.6) |
| Don't know | 9 (100.0) | 13 (86.7) | 2 (14.3) | 24 (63.2) |
| No Reply | - | - | 1 (7.1) | 1 (2.6) |

***Figures in Parentheses are Percentages***

- A majority (63.2%) of health workers responded "Don't know" when asked about their role in promoting menstrual health.This uncertainty was highest in Amreli (100%) and Bhavnagar (86.7%), while only 14.3% in Dahod were unsure.
- 64.3% of health workers in Dahod recognized that their role involves making women aware of menstruation.
- Dahod also had the only mentions of other proactive roles, such as organizing programs and providing disease-related information.
- Only one respondent in Bhavnagar mentioned inviting experts or spreading awareness.

**Recommendations:**

1. Develop a Clear Role Orientation Module for Health Workers
   Create and roll out a structured orientation or refresher training module that defines clear roles and responsibilities in promoting menstrual health, especially tailored to frontline workers in Amreli and Bhavnagar.
2. Leverage the Proactive Engagement in Dahod as a Peer Learning Model
   Facilitate peer learning exchanges where proactive health workers from Dahod can share strategies and experiences with their counterparts in other districts, helping build confidence and clarity.

## 24. Discussion of menstrual health school curriculum: Teachers

**Table 18: Discussion of menstrual health school curriculum: Teachers**

| | Teachers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=5** | **N=11** | **N=4** | **N=20** |
| **Discussed** | 2 (40.0) | 10 (90.9) | 2 (50.0) | 14 (70.0) |
| | | | | |

| | Integration in Curriculum | | | |
|---|---|---|---|---|
| Provide information to the girls about the Menstrual Hygiene | - | 1 (9.1) | - | 1 (5.0) |
| By providing the examples | - | 1 (9.1) | 1 (25.0) | 2 (10.0) |
| Conduct Monthly meeting | 1 (20.0) | - | - | 1 (5.0) |
| Provide information to the women through games | 1 (20.0) | - | - | 1 (5.0) |
| Provide information on food and hygiene to be maintained during menstruation | - | 3 (27.3) | 1 (25.0) | 4 (20.0) |
| Through the book | - | 2 (18.2) | - | 2 (10.0) |
| Through Video | - | 2 (18.2) | - | 2 (10.0) |
| None | - | 1 (9.1) | - | 1 (5.0) |
| | How is it done | | | |
| We do it together | - | 1 (9.1) | 1 (25.0) | 2 (10.0) |
| We do it separately | 2 (40.0) | 9 (81.8) | 1 (25.0) | 12 (60.0) |
| We give it to read at home | 3 (60.0) | 1 (9.1) | 2 (50.0) | 6 (30.0) |

***Figures in Parentheses are Percentages***

- 90.9% of teachers in Bhavnagar report discussing menstrual health in school, significantly higher than Amreli (40%) and Dahod (50%).
- Only 20% (4 out of 20) of teachers mention integrating menstrual health through hygiene and food-related information. Other methods like video, books, and games are used minimally (each by only 10–15%).
- Most teachers prefer separate sessions (60%), especially in Bhavnagar (81.8%), followed by 40% in Amreli and 25% in Dahod.
- Reading material to be taken home is more common in Amreli (60%) and Dahod (50%).
- Very few practice (10%) collective sessions or participatory learning.

**Recommendations**

- While teachers—especially in Bhavnagar—are already engaging in menstrual health discussions, current approaches remain largely limited in scope and methods.
- CSPC and CiNI can work with the Education Department more closely to develop and roll out a more interactive, inclusive model of menstrual health education. This can include participatory tools CSPC and CiNI has, such as games, visual media, alongside take-home reading materials already used in Amreli and Dahod.
- As a pilot, train Teachers in Participatory and Inclusive Methods focused on gender-sensitive, participatory approaches that encourage co-learning and reduce discomfort, especially where menstrual health is still rarely discussed (like Amreli) and take it up with them in schools.
- Given the strong preference for separate sessions, especially in Bhavnagar, gender-sensitive facilitation training should also be prioritized with girls, but also boys. Such an approach would not only enhance understanding but also normalize menstrual conversations in school settings, supporting long-term attitude shifts among both girls and boys.

# Section 6: Access to sanitation

## 25. Availability of Separate Toilet Facilities for Girls in School

**Table 19: Availability of Separate Toilet Facilities for Girls in School**

| | Teachers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=5** | **N=11** | **N=4** | **N=20** |
| Have Toilet | 5 (100.0) | 11 (100.0) | 3 (75.0) | 19 (95.0) |
| Have Soap/Water | 3 (60.0) | 10 (90.9) | 4 (100.0) | 17 (85.0) |

***Figures in Parentheses are Percentages***

Ensuring adequate and private sanitation facilities in schools is essential for promoting menstrual hygiene and supporting girls' education. According to data collected from teachers in Amreli, Bhavnagar, and Dahod districts, the availability of separate toilet facilities for girls is as follows:

- While all five schools in these districts have made commendable progress in providing separate toilets for girls, there are areas needing improvement:.
- Provision of Soap and Water: Essential for maintaining hygiene, the presence of soap and water is inconsistent, particularly in Amreli, where only 60% of schools provide these essentials.

**Recommendations:**

- Access to soap and water is essential for menstrual hygiene management, yet remains inadequate in schools, particularly in Amreli. Along with PRIs and SMCs, CSPC and CiNI can advocate for routine monitoring and budgeting for hygiene supplies under school health and sanitation programs like *Swachh Vidyalaya Abhiyan*. Involving SMCs can also help in sustaining regular stock and accountability.

## 26. Provision of Sanitary Pads in School

**Table 20: Provision of Sanitary Pads in School**

| -- | Teachers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=5** | **N=11** | **N=4** | **N=20** |
| Sanitary Pads are Provided | 4 (80.0) | 9 (81.8) | 1 (25.0) | 14 (70.0) |
| | **If Girls Get Period in School** | | | |
| We provide pads from school | 4 (80.0) | 8 (72.7) | 1 (25.0) | 13 (65.0) |
| The girl is sent home | 1 (20.0) | 3 (27.3) | 3 (75.0) | 7 (35.0) |

***Figures in Parentheses are Percentages***

Ensuring the provision of sanitary pads in schools is crucial for promoting menstrual hygiene and supporting uninterrupted education for adolescent girls. Based on data collected from teachers in Amreli, Bhavnagar, and Dahod districts, the availability and management of sanitary pads in schools are as follows:

- While a significant number of schools in Amreli 80%)and Bhavnagar(81.8%) districts provide sanitary pads to students, Dahod (25%)district shows a notably lower provision rate.

- A considerable proportion of schools, especially in Dahod (75%), resort to sending girls home when they begin menstruating, which can disrupt their education and perpetuate stigma surrounding menstruation.

**Recommendations:**

CiNI needs to collaborate with the Education and Health Departments:

a. To ensure equitable access to sanitary pads in all schools of Dahod.
b. For Schools to should adopt policies that support girls during menstruation, such as providing sanitary pads and appropriate facilities, to prevent unnecessary absenteeism and promote a supportive educational environment.

## 27. Challenges faced in teaching menstrual health in school

**Table 19: Challenges faced in teaching menstrual health in school**

| | Teachers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=5 | N=11 | N=4 | N=20 |
| The girls feel shy on this topic | 3 (60.0) | 4 (36.4) | 1 (25.0) | 8 (40.0) |
| | | | | |
| We do not get support from the parents on discussing this issue with the children | - | - | 2 (50.0) | 2 (10.0) |
| No | - | 7 (63.6) | 1 (25.0) | 8 (40.0) |
| Don't Know | 2 (40.0) | - | - | 2 (10.0) |

***Figures in Parentheses are Percentages***

The data shows that according to teachers:

- Shyness among girls is the most commonly cited challenge in teaching menstrual health, mentioned by 40% of teachers overall, especially in Amreli (60%).
- A smaller but important barrier is lack of parental support, reported by 50% of teachers in Dahod, suggesting sociocultural resistance in certain areas.
- 40% of teachers (mostly in Bhavnagar) reported facing no challenges, indicating potential good practices or more enabling environments.
- 10% of teachers were unsure.

**Recommendations:**

Community sensitization initiatives alongside in-school programs to reduce stigma and increase parental support, especially in districts like Dahod are needed. More engagement of parents and community members including men and boys through orientation sessions, mother–daughter dialogues, or awareness programs can help normalize conversations around menstruation, reduce girls' shyness, and build a supportive ecosystem for menstrual health education in schools.

## 28. Resources or support needed to overcome these challenges

### Table 20: Resources or support needed to overcome these challenges

| | Teachers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=5 | N=11 | N=4 | N=20 |
| Can provide the information through a doctor or by any NGO | - | 2 (18.2) | 1 (25.0) | 3 (15.0) |
| By showing them a video | - | 1 (9.1) | - | 1 (5.0) |
| Need a Female teacher to discuss this with the girls | 1 (20.0) | 1 (9.1) | - | 2 (10.0) |
| Need to discuss this with the boys also | - | - | 1 (25.0) | 1 (5.0) |
| Parents can provide support to the teachers to discuss this with the children | 3 (60.0) | - | - | 3 (15.0) |
| Don't know | 1 (20.0) | 5 (45.5) | - | 6 (30.0) |
| Yes | - | - | 1 (25.0) | 1 (5.0) |
| No | - | 2 (18.2) | 1 (25.0) | 3 (15.0) |

***Figures in Parentheses are Percentages***

- Notably, 30% of teachers were unsure about the resources needed, and 15% felt that no additional support was necessary, indicating variability in confidence and perceived adequacy of current resources.
- 15% of teachers expressed the need to provide information through doctors or NGOs
- A smaller segment (5%) suggested using videos as educational tools, highlighting the potential of multimedia resources in making the subject more accessible and engaging for students.
- 10% of teachers emphasized the necessity of having female educators discuss menstruation with girls.
- Another 5% highlighted the importance of including boys in these discussions to foster a supportive and informed environment for all students.
- 15% of teachers believe that parental support is crucial, suggesting that parents can play a significant role in facilitating open conversations about menstruation with their children.

**Recommendation:**

The uncertainty among 30% of teachers and perceived sufficiency by 15% point to uneven understanding and confidence levels. CSPC and CiNI can facilitate periodic check-ins where teachers reflect on challenges, share experiences, and identify specific resource or training needs—ensuring tailored, context-relevant support and more consistent implementation across schools.

## 29. Advocated for a menstrual health friendly initiative in school

### Table 21: Advocated for a menstrual health friendly initiative in school

| | Teachers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=5 | N=11 | N=4 | N=20 |

| Advocated | - | 9 (81.8) | 2 (50.0) | 11 (55.0) |
|---|---|---|---|---|
| | Initiatives | | | |
| Monthly meeting with the girls on menstruation | - | 7 (63.6) | 1 (25.0) | 8 (40.0) |
| Provide enough facilities to the girls | - | - | 1 (25.0) | 1 (5.0) |
| Provide information to the girls on maintaining hygiene during menstruation | - | 1 (9.1) | - | 1 (5.0) |
| To create the homely environment in the school | - | 1 (9.1) | - | 1 (5.0) |

*Figures in Parentheses are Percentages*

- The data indicates that 55% of teachers across Amreli, Bhavnagar, and Dahod districts have advocated for menstrual health-friendly initiatives in schools.
- The most common initiative, reported by 40% of teachers, is conducting monthly meetings with girls to discuss menstruation. Other initiatives include providing adequate facilities for girls (5%), offering information on maintaining hygiene during menstruation (5%), and creating a homely environment in the school (5%).

**Recommendation:**

- With 55% of teachers already advocating for menstrual health-friendly initiatives—particularly monthly meetings with girls—CSPC and CiNI can work with local education authorities to identify, document, and share these practices across schools.
- A district-level peer learning forum or resource compendium can help replicate successful, low-cost strategies like regular discussions, hygiene promotion, and girl-friendly environments, while recognizing and motivating teachers as change agents.

## 30. Support Received

**Table 22: Support Received**

| | Teachers | | | |
|---|---|---|---|---|
| | Amreli | Bhavnagar | Dahod | Total |
| | N=5 | N=11 | N=4 | N=20 |
| Village Frontline Workers (ASHA/Anganwadi Worker/Nurse) | - | 1 (9.1) | - | 1 (5.0) |
| Voluntary Organization (Provision to add name of voluntary organization) | - | 1 (9.1) | - | 1 (5.0) |
| Teachers/School Authorities | 4 (80.0) | 8 (72.7) | 2 (50.0) | 14 (70.0) |
| Government Officials at Taluka Level | - | - | 2 (50.0) | 2 (10.0) |
| No one supported | 1 (20.0) | - | - | 1 (5.0) |
| No Reply | - | 1 (9.1) | - | 1 (5.0) |

*Figures in Parentheses are Percentages*

The data indicates that teachers in Amreli, Bhavnagar, and Dahod districts have received varying levels of support for menstrual health initiatives:

- Teachers/School Authorities: A significant majority (70%) reported support from within their own institutions, highlighting the proactive role of school-based initiatives in promoting menstrual health.
- Government Officials at Taluka Level: 10% of teachers, specifically from Dahod, acknowledged assistance from local government officials, suggesting regional variations in external support.
- Village Frontline Workers and Voluntary Organizations: Support from ASHA workers, Anganwadi workers, nurses, and voluntary organizations was noted by 5% of teachers, indicating limited engagement from these external entities.

**Recommendations:**

- With only 5% of teachers reporting support from ASHA workers, Anganwadi workers, or local NGOs, there is significant potential to improve school-community linkages. CSPC and CiNI can facilitate structured partnerships between schools and frontline workers through joint awareness sessions, follow-ups with adolescent girls, and integration into school health days.
- Advocate for increased engagement of Taluka-level government officials to institutionalize support for menstrual health initiatives.
  Given the limited support from local officials (10p%), particularly in Dahod, CSPC and CiNI can engage Taluka education and health officers to prioritize menstrual health in school inspections, reviews, and resource allocation. Recognizing schools with active menstrual health programs can also motivate others to follow suit.

## 31. How to improve menstrual hygiene management practices in school

**Table 23: How to improve menstrual hygiene management practices in school**

| | Teachers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=5** | **N=11** | **N=4** | **N=20** |
| By making the Pads available | - | 1 (9.1) | - | 1 (5.0) |
| Need proper training on such topic | 4 (80.0) | 4 (36.4) | 1 (25.0) | 9 (45.0) |
| Training can be organized from the experts | 1 (20.0) | - | 2 (50.0) | 3 (15.0) |
| We can make them understand through video | - | 1 (9.1) | 1 (25.0) | 2 (10.0) |
| We need female teacher to discuss this with the girls | - | 1 (9.1) | - | 1 (5.0) |
| Don't know | - | 3 (27.3) | - | 3 (15.0) |
| No Reply | - | 1 (9.1) | - | 1 (5.0) |

***Figures in Parentheses are Percentages***

Improving menstrual hygiene management (MHM) practices in schools is essential for fostering a supportive and healthy environment for students. The data collected from teachers in Amreli, Bhavnagar, and Dahod districts highlights several areas for enhancement:

- Teacher Training: A substantial 45% of teachers expressed the need for proper training on MHM topics.
- Expert-Led Sessions: 15% of teachers indicated that organizing training sessions with experts would be beneficial.
- Expert-Led Sessions: 15% of teachers indicated triohat organizing training sessions with experts would be beneficial.
- Use of Educational Videos: 10% of teachers suggested utilizing videos to educate students about menstruation.

- Provision of Menstrual Products: Only 5% of teachers suggested making sanitary pads available in schools.
- Female Facilitators: 5% of teachers highlighted the need for female educators to discuss menstruation with girls, recognizing that students might feel more comfortable discussing sensitive topics with someone of the same gender.
- Addressing Uncertainty: Notably, 15% of teachers were unsure about how to improve MHM practices, and 5% did not respond. This underscores the necessity for clear guidelines and support from educational authorities.

**Recommendation:**

With 45% of teachers expressing the need for training and 15% suggesting expert sessions, along with 10% videos total 70%), CSPC and CiNI should collaborate with the Education Department to design teacher-friendly training modules. These should include expert-led orientations, the use of culturally appropriate videos, and simple guidelines to build confidence and consistency in menstrual health education.

## 32. Suggestions regarding role in promoting or teaching menstrual health in school

**Table 24: Suggestions regarding role in promoting or teaching menstrual health in school**

| | Teachers | | | |
|---|---|---|---|---|
| | **Amreli** | **Bhavnagar** | **Dahod** | **Total** |
| | **N=5** | **N=11** | **N=4** | **N=20** |
| Compulsory attendance of the students on discussing this topic | - | - | 2 (50.0) | 2 (10.0) |
| Need Pad disposal Unit | - | 1 (9.1) | - | 1 (5.0) |
| Need to educate boys also on this topic | 1 (20.0) | - | - | 1 (5.0) |
| Need to know the menstruation related diseases | - | - | 1 (25.0) | 1 (5.0) |
| Don't Know | 4 (80.0) | 9 (81.8) | 1 (25.0) | 14 (70.0) |
| No reply | - | 1 (9.1) | - | 1 (5.0) |

***Figures in Parentheses are Percentages***

- The data reveals that a significant majority of teachers (70%) are uncertain about their role in promoting or teaching menstrual health in schools, indicating a pressing need for clear guidance and support.
- 10% of teachers, particularly from Dahod, suggest mandatory participation in these discussions to ensure all students receive vital information, whereas 5% of teachers from Bhavnagar emphasize the need for proper sanitary waste disposal facilities.
- 5% of teachers from Amreli advocate for including boys in menstrual health education to promote empathy, reduce stigma, and foster a more inclusive school environment whereas 5% of teachers from Dahod highlight the importance of educating students about menstrual disorders, enabling early detection and timely medical intervention.

**Recommendations:**

- It is important for CSPC and CiNI to take up pilot schools to help school authorities develop and implement clear, school-level guidelines for menstrual health education that define teachers' roles and promote inclusive, stigma-free learning environments.

# Conclusion:

CSPC and CiNI must collaborate extensively with both the Education and Health Departments, as well as other key stakeholders like SMC, PRI, etc, to maximize the impact of menstrual health initiatives and ensure their sustainability.

The logic behind this collaboration is rooted in the need to leverage the resources, infrastructure, and authority of government departments, combined with the contextual expertise and flexibility that NGOs bring to the table. Here's why this collaboration is critical:

1. **Scale and Reach**: The Education and Health Departments control vast networks that can provide extensive reach across rural areas, especially in remote or underserved districts. These departments already have the institutional infrastructure to train and support teachers, health workers, and other frontline personnel. By partnering with these departments, CSPC and CiNI can scale menstrual health initiatives, ensuring that both communities and educational institutions benefit from systemic changes.

2. **Systemic and Institutional Support**: These departments are in a unique position to institutionalize menstrual health education. The Education Department, for example, can embed menstrual health training into its in-service teacher development programs, ensuring that this education reaches future generations. The Health Department, similarly, can standardize training for frontline workers, ensuring that all health personnel across districts, particularly in tribal and remote areas, are equipped to provide consistent and reliable information on menstrual hygiene.

3. **Long-Term Impact**: Government departments are in a position to embed menstrual health education within existing frameworks, creating long-lasting and self-sustaining systems. By working with the Education and Health Departments, CSPC and CiNI can ensure that menstrual health programs are not just short-term interventions, but rather become part of regular educational curricula and health outreach strategies, contributing to the normalization of menstrual health in these regions.

4. **Collaborative Capacity for Addressing Social Barriers**: Persistent social barriers—such as limited vocal participation by women, community reluctance, and stigma—require the involvement of local stakeholders. CSPC and CiNI can facilitate the necessary community buy-in through collaborations with Panchayati Raj Institutions (PRIs), Village Health and Nutrition Committees (VHNCs), and school management bodies. These collaborations are crucial for engaging both communities and individuals to break down societal taboos, especially where engagement in menstrual health issues remains low.

Based on the above logic, recommendations for CSPC and CiNI for Collaboration with the Education and Health Departments are as follows:

**With the Education Department:**

5. **Formalize Teacher Training in Menstrual Health**: Teachers play a pivotal role in shaping adolescents' understanding of menstrual health. However, with only 65% of teachers trained in menstrual health education, there's a need to formalize training within in-service teacher development programs. CSPC and CiNI can support the Education Department by integrating menstrual health into these training curricula, ensuring that both male and female teachers are equipped to provide accurate and gender-sensitive information.
6. **Develop Joint Training Modules for Teachers and Health Workers**: A collaborative approach is essential for providing contextually relevant training. CSPC and CiNI should collaborate with the Education and Health Departments to develop joint training modules tailored to both teachers and frontline health workers. These modules should address gender-sensitive pedagogy for teachers and community outreach strategies for health workers to foster a comprehensive, coordinated approach to menstrual health education.
7. **Pilot Participatory and Inclusive Teaching Methods especially in Amreli**: In regions like Amreli, where menstrual health discussions are not common, a participatory and inclusive teaching approach is crucial. CSPC and CiNI can pilot gender-sensitive, participatory methods for teachers, including the use of visual media, games, and group discussions, making menstrual health education more engaging and reducing discomfort around the topic.
8. **Improve School Sanitation Infrastructure, particularly in Amreli**: Basic hygiene facilities in schools are essential for managing menstruation, yet remain inadequate, particularly in Amreli. CSPC and CiNI should work with school management bodies and the Education Department to advocate for the inclusion of sanitary pads, soap, and private spaces in school infrastructure, ensuring that girls have the comfort and dignity to manage menstruation while at school.
9. **Engage Parents and Communities**: In districts like Dahod, community and parental support is essential to reducing stigma and normalizing menstruation. CSPC and CiNI can facilitate awareness programs for parents, and engage with male family members to normalize menstrual health conversations, ensuring that girls have supportive family environments at home and in school.

**With the Health Department:**

4. **Standardize Training for Health Workers**: The Health Department is responsible for training frontline health workers such as ASHAs and Anganwadi workers, who are critical for community outreach. With only 70% of health workers trained across districts, particularly in Dahod, there is a critical need to standardize training on menstrual health. CSPC and CiNI should collaborate with the Health Department to ensure that all health workers—especially those in tribal and remote areas—receive comprehensive and standardized training.
5. **Collaborate on Training Modules for ASHA and Anganwadi Workers**: Training for frontline workers must focus on practical implementation in communities. CSPC and CiNI should help the Health Department co-develop training modules specifically designed for ASHA and Anganwadi workers, with an emphasis on community outreach and adolescent-friendly, gender-sensitive pedagogy for teachers, to strengthen the collective impact on menstrual health.
6. **Promote Male Engagement and Overcome Social Barriers**: Social barriers, such as limited vocal participation by women and lack of community support, are persistent in districts like Amreli and Dahod. CSPC and CiNI should engage with local institutions like Panchayati Raj

Institutions (PRIs) and VHNCs to organize community discussions, peer-led activities, and male engagement initiatives that foster understanding and normalize menstruation within the community.

7. **Strengthen Coordination and Monitoring**: Regular monitoring and follow-up support are essential for sustaining menstrual health education programs. CSPC and CiNI should work with the Health and Education Departments to develop simple monitoring tools that ensure consistency in implementation across schools and health centers, while also providing tailored support based on district-specific needs.
8. **Pilot Joint Engagement Initiatives in Amreli**: In areas like Amreli, where engagement is relatively low, joint pilot initiatives are crucial. CSPC and CiNI should partner with the Health and Education Departments to create a pilot initiative that demonstrates the importance of regular engagement and capacity building for both teachers and health workers, promoting system-level ownership of menstrual health education.