

A young woman with dark hair in a braid, wearing a yellow sari with a colorful border, is looking down at a document. The background is a wall with a yellow banner and some text in Hindi.

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PYARHI

Breaking the Taboo and Culture of Silence in **Bihar**

For girls, menarche marks the onset of puberty. But poor menstrual practices can severely affect their education and health outcomes as they grow into women. UNICEF, with the Government of India and Integrated Development Foundation (IDF), initiated a social and behavioural change intervention called Promoting Young Adolescents Reproductive Health Initiative (*PYARHI*) from 2014 to 2016, in 14 blocks of Nalanda and Vaishali districts of the Indian state of Bihar. The programme aimed to improve menstrual health and hygiene management among adolescent girls through social and behaviour change approaches – community dialogue, capacity development, interpersonal communication, and advocacy. UNICEF developed a communication package consisting of five Facts for Life (FFL) videos, a *Paheli Ki Saheli* (Friends of Riddles) package, and one life skills module for this purpose. UNICEF also trained adolescent girls, Frontline Workers (FLWs), mothers, fathers, and teachers on Menstrual Health and Hygiene Management (MHHM) and menstrual absorbent disposal practices. As a result, MHHM and disposal practices have improved among girls and women in the two districts. Further, UNICEF has collaborated with the government to incorporate: a) the learning of *PYARHI* to flagship programmes addressing adolescent issues, and b) MHHM in the formal education system of India.

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United Nations Children's Fund

UNICEF House, 73 Lodi Estate, New Delhi,

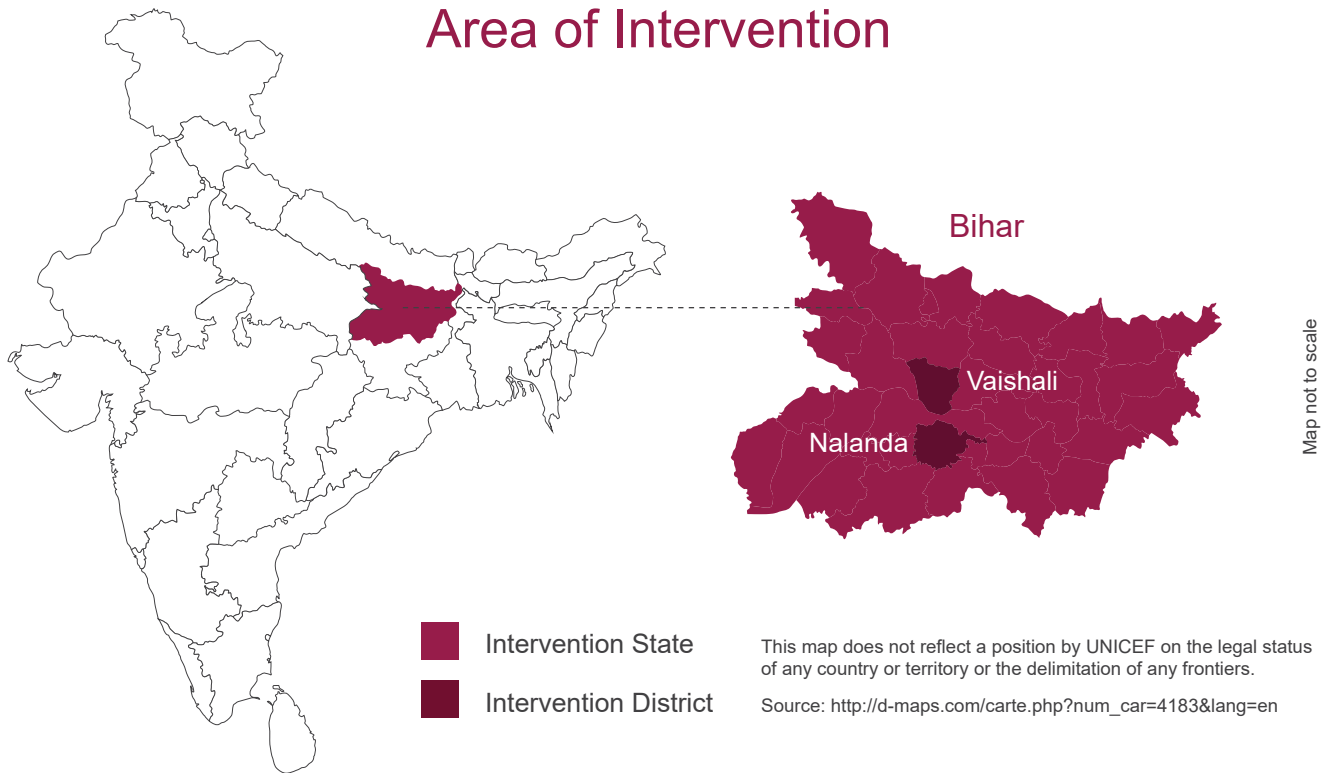
Tel: +91-11-24690401/0409, 40798000

Fax: +91-11-24690410, 246427521

Web: www.unicef.org/india

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Area of Intervention



Situation

Adolescence, the stage of a child's growth between 10 to 19 years, is considered an age of opportunity for physical, emotional, and mental development. This is a crucial time of being that forms a sense of identity for boys and girls. This juncture involves decisions on how their lives will be shaped; making them their own agents of change^[1]. It is a transitional period which requires protection, care, and access to educational and health services. For girls, correct knowledge about menstruation and its proper management is critical to reproductive and sexual health. But over **113 million** adolescent girls in India need a safe environment that offers guidance during the onset of menarche.

UNICEF conducted a formative research in 2013 to determine the existing knowledge, attitudes, practices, and norms related to Menstrual Health and Hygiene Management (MHHM)^[2] among post-menarche girls and women in Vaishali and Nalanda districts of Bihar^[3]. The findings indicated that MHHM and disposal practices were poor among adolescent girls in the following ways:

- 85 percent girls preferred to use cloth as menstrual absorbent. 96 percent used old clothes and 28 percent didn't wash the menstrual cloth when used for the first time during the cycle.

- Only 45 percent menstrual cloth users and 50 percent of the sanitary napkin users changed their menstrual absorbents twice a day.
- Girls did not use detergent to wash their menstrual cloth and did not dry it in the sun.
- The preferred form of disposal was burying it in the ground (66 percent cloth users, 54 percent sanitary napkin users). 23 percent cloth users and 24 percent sanitary napkin users disposed the absorbent by throwing it in a pond.

The reasons for poor MHHM were manifold and can be understood from different lenses:

Community: Menstruation is indicative of a girl's ability to get married and bear children. However, in the communities, menstruation was perceived to be an impure process, and menstruating women were considered unclean. This belief was attributed to the dark, thick, and unpleasant smelling blood released during menstruation. This period imposed various restrictions on girls, such as limited mobility and interaction with men. Moreover, menstrual blood was linked to the fertility of a woman; hence, menstrual absorbents were disposed with care by burying them in the soil rather than burning.

Theory of Change

Improved menstrual health



Communication package – five Facts for Life videos, *Paheli ki Saheli*, life skills module

Capacity development

Interpersonal communication

Community dialogue

Advocacy



Adolescent girls, Frontline Health Workers, Mothers, Fathers, Community Members



1. Lack of knowledge and clear understanding around menstrual health and hygiene management
2. Silence, embarrassment, and misconceptions around menstruation
3. Social restrictions for menstruating girls
4. Lack of communication between girls, mothers, and FLWs around menstruation

Family: Families with adolescent girls believed that it was their responsibility to protect the purity of their daughters and enhance chances for a good marriage. Both fathers and mothers had limited understanding of the physiology of menstruation and its hygiene. They did not allow their menstruating daughters to: a) touch certain food items like pickles, onions, potatoes, b) enter the kitchen or any place of religious significance, c) have a bath, d) move freely, and e) interact freely with men. Fathers had little or no discussion with their daughters about menstrual hygiene. Mothers themselves followed poor MHHM practices and were unable to teach their daughters. They did not communicate well with their daughters about MHHM, pre- or post-menarche, and looked at it as a topic to be ashamed of.

Frontline Workers (FLWs) and teachers: FLWs (including Accredited Social Health Activists (ASHA)^[4], *anganwadi* workers^[5], Auxiliary Nurse Midwives^[6], SABLA^[7] staff) and teachers lacked communication skills and had minimal information regarding menstruation. The majority believed that menstruation was a process through which the body released bad blood and heat. Therefore, they did not oppose the cultural myths and taboos surrounding menstruation. They were unable to communicate with or support the adolescent girls around them on issues of menstruation.

Adolescent girls: More than **80** percent of girls were completely unprepared for menarche. Mothers and friends gave them incomplete and sometimes even incorrect information about menstruation. Hence, girls were scared when they first started menstruating; they accepted the restrictions and taboos imposed on them without questioning the logic behind it. Almost all adolescent girls expressed low confidence in burning menstrual absorbents for disposal. They felt embarrassed and humiliated over the restrictions. Around **73** percent adolescent girls were unaware of the importance of washing menstrual cloth with soap and drying it in the sun to disinfect.

These circumstances highlighted the need to improve knowledge around MHHM and disposal of menstrual absorbents, and in turn improve the reproductive health of girls and women. Providing appropriate knowledge and skills on MHHM to girls would act as a trigger for them to talk freely and create a gateway to engage about other women empowerment issues.



Field facilitator talking about her experiences during menarche.

Method

Given the culture of silence and misinformation around menstrual hygiene, UNICEF, with Johnson & Johnson, the Government of India, and Integrated Development Foundation (IDF), implemented Promoting Young Adolescents Reproductive Health Initiative (*PYARHI*) from 2014 to 2016. The programme aimed at incorporating a Social and Behaviour Change Communication (SBCC) strategy to improve MHHM among adolescent girls in rural areas. *PYARHI* was implemented in 1,607 villages in 14 blocks of Nalanda and Vaishali districts of Bihar^[8]. The objectives of the programme were to empower:

1. Adolescent girls to:

- Talk freely and not be embarrassed about menarche
- Understand menstruation and the benefits of menstrual hygiene
- Have the confidence to discuss and negotiate for menstrual hygiene products
- Improve hygienic management of their menstruation
- Dispose the menstrual absorbent in an environment-friendly manner

2. FLWs and teachers to conduct interpersonal communication and community mobilisation

sessions that promote understanding of menstrual hygiene and its management.

To achieve the above objectives, the following strategies were adopted:

- Capacity development of FLWs, teachers, and adolescent girls
- Community dialogues to engage adolescent girls' groups, mothers, fathers, and the community
- Interpersonal communication with adolescent girls through field functionaries (identified by IDF at the block and village level for capacity development of primary stakeholders) and FLWs
- Advocacy with the government to sustain the results of the programme

To build the capacity of adolescent girls and women and to improve interpersonal communication, the following communication materials were used by UNICEF:

- *Paheli ki Saheli* (Friends of Riddles) communication package consisting of five short films, a storybook, personal diary, apron (displaying the female reproductive organs to explain menstrual cycle), and posters. It provided information on: a) how to prepare for menstruation, b) Menstrual Health and Hygiene Practices, and c) the effects of menstruation on girls.
- Five Facts for Life (FFL) videos, which provided information on key issues that affect mothers and children, focused on addressing myths, gender issues, and a father's role in MHHM.
- *Kishoriyon se Baatchheet* (talking with adolescent girls) for FLWs to improve their interpersonal communication skills with adolescent girls.
- A life skills module was used to improve decision making, problem solving, and interpersonal relationships for adolescent girls.



Shama Parveen talking about how she convinced her parents to build a toilet at home.

Action

Capacity development of field functionaries

IDF identified 90 field functionaries at the block and village level. A block-level field functionary was chosen for each block, and a village-level field functionary was chosen for every 15-20 *anganwadi* centres. They were responsible for capacity development of stakeholders under the programme.

- UNICEF oriented field functionaries about *PYARHI*, its scope, importance, and use of communication material given to them. They were trained on MHHM during a 4-day residential workshop. UNICEF also organised a four-day residential training on life skills^[9] for 28 field functionaries from both districts. It helped them develop critical and creative thinking, effective communication skills, negotiation skills, empathy, coping mechanisms, and its applications in everyday life.
- Field functionaries identified all 3,267 *anganwadi* centres and formed two adolescent girls' groups at each centre with the help of FLWs. Each group had 25 girls so that field functionaries could communicate with them effectively. *Anganwadi* centres were the focal point of activities, where all meetings were organised.

Capacity development of adolescent girls

UNICEF planned to reach out to at least 80 percent of the adolescent girl's population in 14 blocks of Vaishali and Nalanda.

- Field functionaries trained adolescent girls at *anganwadi* centres through fortnightly or monthly meetings. They discussed the process of menstruation, preparedness for menstruation, importance of hygiene, safe disposal of menstrual absorbents, importance of nutritious food, myths and misconceptions, and support required by adolescent girls through videos. *Paheli Ki Saheli* storybook was read out and explained by the field functionaries, which helped them facilitate the sessions. Adolescent girls displayed a keenness to read the story books as they were interesting, simple, and interactive.
- Field functionaries facilitated sessions with adolescent girls with the help of FFL videos. The videos were entertaining and easy to comprehend. Tabs helped the functionaries in spreading the messages effectively, as they were easy to handle and carry. They used an apron with the female reproductive organ drawn on it, from the *Paheli ki Saheli* package, to explain the physiology of menstruation.



A field functionary training adolescent girls at an *Anganwadi* centre at one of the meetings.

- Two adolescent girls' groups of around 25 girls each were formed at every anganwadi centre to facilitate effective communication. Meeting in small groups has given girls an opportunity to get familiar with each other and built a good rapport with the

members and field functionaries. With 1,836 anganwadi centres across the blocks of Vaishali and Nalanda, 3,673 adolescent girls' groups were formed over the two years.

Platform for adolescents to express challenges faced by them.



- Field functionaries reached out to middle and high schools to orient adolescent girls in large numbers. Initially, discussions revolved around the importance of nutritious food, Iron Folic Acid tablets, biological changes, and female reproductive organs to ease the girls into dialogue. Next, the field functionaries discussed the process of menstruation, importance of hygiene and proper use of napkins, and safe disposal of the same. Trained school teachers also supported field functionaries in organising the meeting. During the project period, a total of 33,844 adolescent girls were reached out to in 301 schools.

Selection and training for Peer Educators

Peer Educators, between the ages of 15 to 17, were selected based on their education, willingness to participate and communicate with other girls about MHHM, and the ability to articulate clearly. They were responsible for mobilising girls and interacting with their peers on MHHM.

- Two Peer Educators were selected in each adolescent girls' group. Apart from MHHM, field functionaries trained peer educators on five life skills: a) self-awareness, b) creative thinking, c) effective communication, d) empathy, and e) coping mechanisms.
- In addition to life skills, there were discussions on biological, emotional and psychological changes in adolescents, gender issues, and the difference between sex and gender. The field functionaries used different training methods including role play and games.

- With two peer educators in each adolescent girls' group, 7,344 peer educators were trained in total.

Capacity development of FLWs and teachers

A three-day residential training programme was organised by UNICEF and the government in both districts to orient female teachers, one each from 32 schools^[12].

- The trainings were conducted through participatory activities using SBCC materials and mock sessions to enhance their knowledge and skills on MHHM. Trained school teachers were responsible for conducting sessions with adolescent girls in their respective schools.
- Field functionaries trained FLWs^[13] from identified *anganwadi* centres on the skills for conducting effective and interactive meetings and providing counselling on MHHM. Field functionaries were supported by FLWs in conducting sessions in *anganwadi* centres.

Engagement with mothers and fathers

- More than 36,000 mothers were sensitised on menstruation and related issues during monthly meetings, so that they could share it with their daughters. Functionaries encouraged mothers to share first-hand experiences on how they dealt with their first menstrual cycle, and what support they felt they needed at that time. This exercise sensitised them and made them empathise with the needs and expectations of their daughters.



School girls advocating menstrual hygiene.

- Field functionaries reached out to fathers of adolescent girls to sensitise them about menstruation. FFL^[14] and *Paheli ki Sahel*^[15] videos helped the field functionaries in facilitating the

session with fathers and explaining the importance of nutritious food, safety, and dignity of their daughters during menstruation.



Adolescent girls watching and listening to FFL videos.

Community Dialogue

IDF organised video screenings for community engagement, which helped to build an enabling environment for adolescent girls with no major challenges.

- *Paheli Ki Saheli* and FFL videos talked about the emotional support and safe environment required for girls at the time of menstruation.
- Fathers, mothers, adolescent girls and boys, local leaders, self-help group members, and FLWs participated in the meetings.

Engagement with Government Officials

UNICEF regularly shared the progress of *PYARHI* with the Education, Health, and Women and Child Development^[16] Departments.

- UNICEF organised a state-level dissemination workshop to share the experiences and learnings of *PYARHI*.
- Representatives from the government line departments, non-governmental organisations, adolescent girls, Peer Educators, FLWs, and field functionaries shared their experiences from *PYARHI* and jointly reviewed the outcome of the programme.



A field facilitator showing *Paheli Ki Saheli* videos to adolescent girls.

Results

Results of *PYARHI* are documented at the level of adolescent girls, mothers, FLWs, and field functionaries. All stakeholders have improved knowledge on the physiology of menstruation, MHHM, and disposal practices leading to better practices^[17].

Adolescent Girls

1,98,911 adolescent girls were trained on MHHM issues through *PYARHI*. Knowledge, attitudes, and practices related to menstruation have since improved among adolescent girls^[18].

a) Knowledge

Out of the 1,98,11 girls reached:

- Around **80%** can describe biological changes which take place at the time of puberty
- **78%** are aware about the process of menstruation and the importance of maintaining hygiene

- **65%** understand the importance of safe and environment-friendly disposal of menstrual absorbents

b) Attitude and perception:

- More than 70% of 1,98,911 the girls that were reached freely talk about menarche. Adolescent girls confidently discuss MHHM with their friends, sisters, and mothers.
- Around 47% adolescent girls now share their issues with their mothers, and 62% of them even discuss issues with their friends.
- They are not embarrassed to follow hygienic practices during menstruation, like drying the menstrual cloth in the sun or buying sanitary napkins from shops.
- Many girls experimented with restrictions such as eating pickles, touching vegetables, burning

menstrual absorbents, and entering the kitchen. They found no correlations between menstruation and these activities. Hence, they do not believe in these restrictions anymore.



“Earlier we used to dig deep pits and dispose our sanitary napkins in it, or throw it somewhere far away from home. Now we collect and burn it at the end of our menstrual cycle. Some women in my neighbourhood still tell me that we shouldn’t burn our menstrual absorbent because we will become infertile. But my cousin just conceived a baby despite burning her absorbents. So, I know this is all just a myth.”

Hani Kumari, 18
Bhuj Patti, Vaishali District



“I joined the adolescent girls group in our village and got to know about the importance of maintaining hygiene during menstruation. However, we did not have a toilet at home and had to go out in the open. I felt very embarrassed, especially during menstruation. I told my parents about this, but they refused because of financial issues. I did not lose hope and tried to explain to them again and again about my embarrassment and about the need to maintain hygiene.

During the festival of Eid, I told my father not to buy gifts but to gift me a toilet. I convinced my siblings and my mother not to buy new clothes on Eid. My father was finally convinced and built a toilet.”

Shama Parveen, 17
Narayanpur Buzurg, Vaishali District

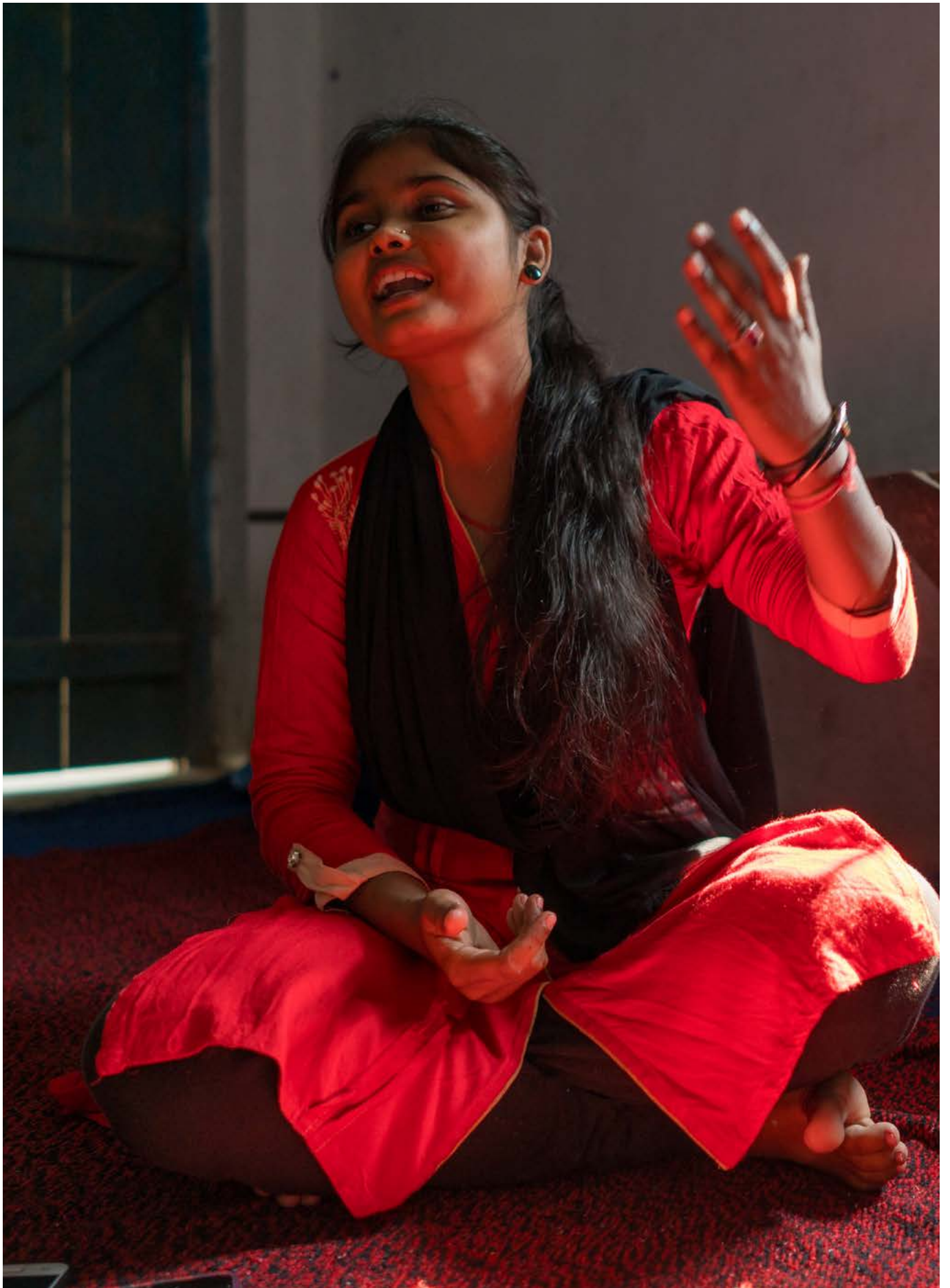
c) Practices:

- Girls now change the menstrual absorbent at least twice a day.
- They wash the menstrual absorbent with soap or detergent, and dry it out in the sun.
- **47%** girls dig a pit to bury the menstrual cloth, and **13%** burn it to dispose it.

Adolescent girls negotiate with their family members and ensure the construction of toilets at home to manage their menstruation. Around **46%** girls now have toilet facilities at their home while a bathroom is available for **36%**.

Frontline Workers

- FLWs talk freely about MHHM with girls as they understand it is critical for an adolescent girl’s health. They address queries raised by adolescent girls such as the cause, duration and management, dealing with pain and discomfort, and cleanliness during menstruation.
- They talk about nutrition, advise girls to consume green vegetables, cook in copper utensils, and consume iron tablets to avoid anaemia.





“ASHA workers were able to view menstruation in a positive light through PYARHI. They have improved knowledge about menstruation and know how to communicate effectively with adolescent girls. Menstrual hygiene knowledge among ASHA

workers has improved. Their confidence has also improved, which helps them perform their job better.”

Nibha Rani Sinha
District Community Mobiliser, Vaishali District



“Initially, I was one of the adolescent girls trained under the programme. But later I joined as a field functionary in Vaishali district under PYARHI. During our training, UNICEF held discussions with us about menstrual health. They dispelled all

our misconceptions regarding menstruation, and gave examples for us to understand better.

Menstruating girls in our village are asked not to touch pickles because we were considered unclean during that time, so the pickle will spoil. We need to question whether it's correct. Those who manufacture the pickle cannot do so without touching it and it is made mostly by women. The manager does not come and ask all working women whether they are menstruating or not before they are allowed in the factory.”

Chanda, 20
Field Functionary, Bairai,
Vaishali District

Field functionaries

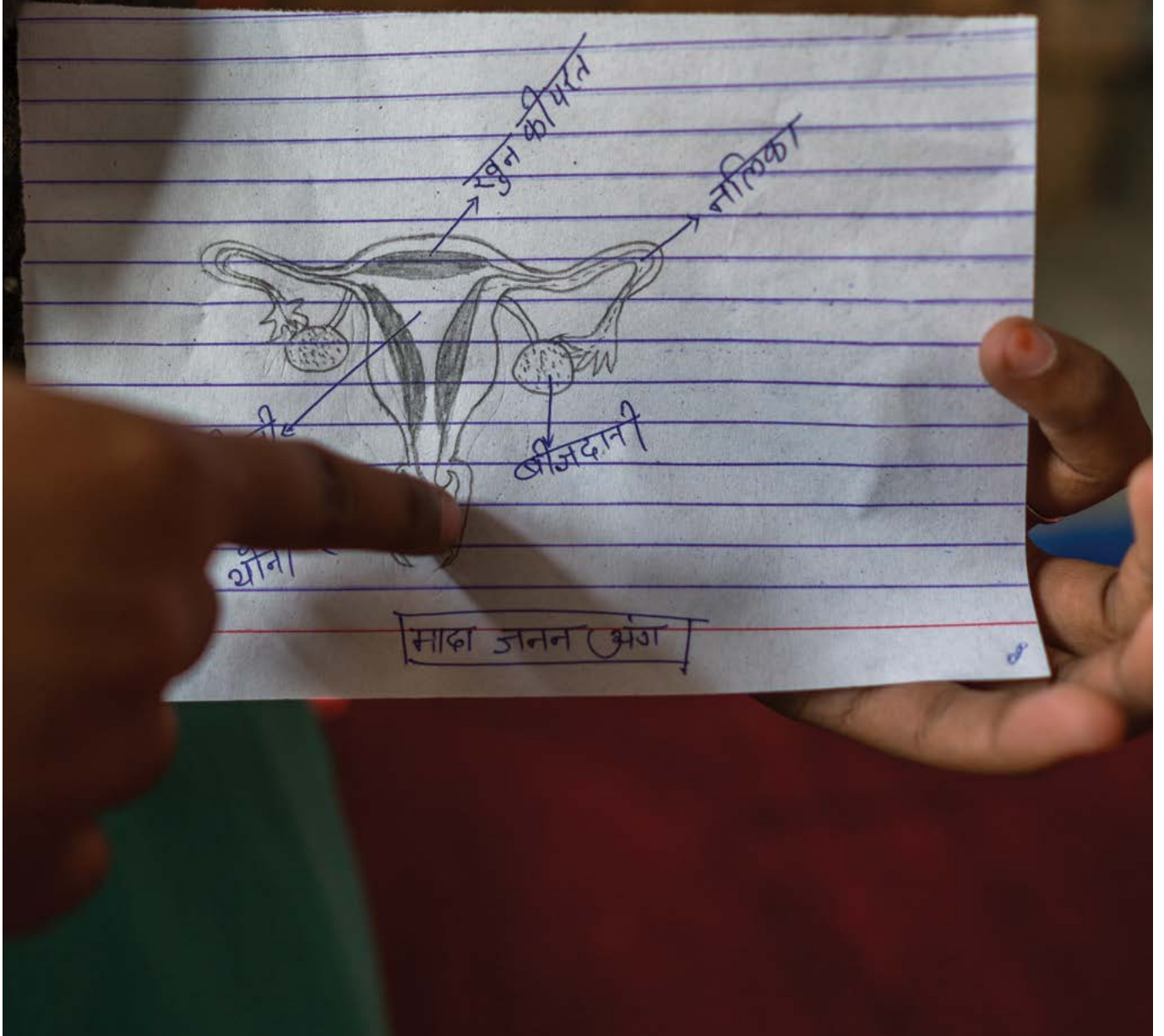
- Field functionaries were shy to work for menstruation-related issues in their village, but now they are proud to be doing so.
- They are not ashamed to talk about menstruation with other girls. They communicate openly about MHHM with them.
- They have experimented and dispelled all misconception surrounding menstruation.
- Field functionaries follow improved menstrual hygiene and menstrual absorbent disposal practices.

Mothers

Mothers communicate with their daughters about menstruation to help them prepare for the onset of menarche and follow hygienic practices during menstruation.

Personnel from IDF engaging with an adolescent girls' group.





Transformative Change

As a result of the evidence emerging from *PYARHI*, the Education Department of Bihar has integrated MHHM as part of their curriculum in lower secondary schools and *Kasturba Gandhi Balika Vidyalayas* (KGBV). KGBVs are residential schools for girls from

socially vulnerable and marginalised communities. Teachers and school wardens trained on *Paheli Ki Saheli* communication package have been allocated across 38 districts of Bihar to implement the programme.

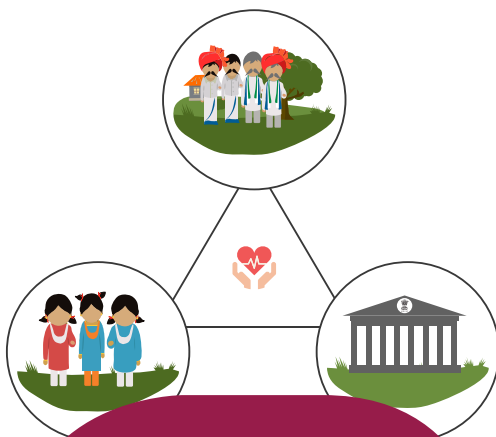
In Summary

UNICEF, with the Government of India and Integrated Development Foundation (IDF), initiated a social and behavioural change intervention called Promoting Young Adolescents Reproductive Health Initiative (PYARHI). It aimed to improve Menstrual Health and Hygiene Management (MHHM) among adolescent girls. Here's a blueprint of how the intervention was rolled out in 14 blocks of Nalanda and Vaishali districts of the Indian state of Bihar.

Action



Field functionaries were oriented on the scope and importance of PYARHI and given training on MHHM. They developed critical and creative thinking, effective communication skills, negotiation skills, empathy, coping, and its application to everyday life.



Peer educators were selected, and various stakeholders were sensitised on MHHM. Community dialogue was facilitated, and government officials were constantly given the progress of the invention.



Adolescent girls were trained by field functionaries about safe MHHM practices through the Paheli Ki Saheli storybook and FFL videos. They discussed matters such as process of menstruation, importance of hygiene, proper use of napkin, and its safe disposal.

Results



Adolescent girls are now aware of the realities of menstruation, and discuss menarche freely. They follow the right MHHM practices without being ashamed, and are recognising the myths and misconceptions built around them.

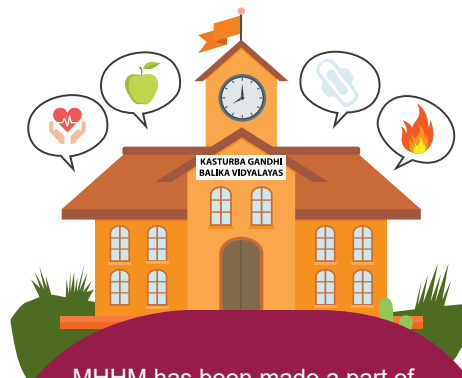


Frontline Health Workers and field functionaries are now more confident to work on menstruation-related matters in villages and discuss MHHM practices with adolescent girls.



Mothers communicate with their daughters about menstruation and prepare them for the onset of menarche and the hygienic practices associated with it.

Transformative Change



MHHM has been made a part of the curriculum in Lower Secondary schools and Kasturba Gandhi Balika Vidyalayas (KGBV) by the Education Department of Bihar. Trained on the Paheli Ki Saheli communication package, teachers and school wardens have been allocated across 38 districts of Bihar to further implement the programme.

References

- [1] <https://www.unicef.org/adolescence/>
- [2] The (i) articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with (ii) adequate water and agents and spaces for washing and bathing with soap and (iii) disposal of used menstrual absorbents with privacy and dignity.
- [3] <http://www.mdws.gov.in/sites/default/files/Menstrual%20Hygiene%20Management%20-%20Guidelines.pdf>
- [4] Accredited social health activists (ASHAs) is community health workers instituted by the government of India's Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM). They are local women trained to act as health educators and promoters in their communities.
- [5] *Anganwadi* workers are responsible for *anganwadi* centres which is a type of rural mother and child care centre in India. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition.
- [6] Auxiliary nurse midwife, commonly known as ANM, is a village-level female health worker in India who is known as the first contact person between the community and the health services.
- [7] The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) *SABLA* is a centrally sponsored program of Government of India initiated on April 1, 2011 under Ministry of Women and Child Development.
- [8] Given the time and resources available.
- [9] *Kishorio se prabhavi Baat Cheet Ke Kaushal*, develop skills to counsel their peers
- [10] 80 percent of 4,02,821 girls in 75 percent villages of Nalanda and Vaishali districts were planned to reach out as per time and resources available for the programme implementation.
- [11] *Meri Saheli Meri Maa, Mahwari Pe Khul Ke Charcha, Amma Ji Kahti hain, Pratiyogita and Bapu*.
- [12] Rolled out as a pilot component in the programme.
- [13] To As per available time and resources for programme implementation.
- [14] '*Bapu* (Father)' from FFL videos.
- [15] 'Father becomes Friend' video from *Paheli ki Saheli*.
- [16] Integrated Child Development Services (ICDS) is an programme which provides food, preschool education, and primary healthcare to children under 6 years of age and their mothers.
- [17] From Key Informant Interviews of primary stakeholders and programme documents.
- [18] Pre-post assessment results of *PYARHI* Particulars.
- [19] 'Father becomes Friend' video from *Paheli ki Saheli*.

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UNICEF House, 73 Lodi Estate, New Delhi

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