

28<sup>th</sup> May, 2018

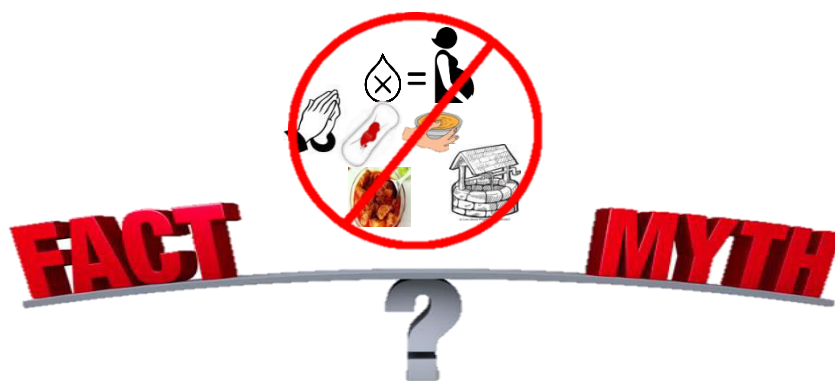
# Menstrual Hygiene Day

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A manual on understanding Menstruation and adopting economic & healthy menstruation practices.

This Manual will help in understand menstruation, the taboos of tied to menstruation, why and when it happens, attitudes, habits, do's & don'ts and the problems women and girls face.

# Menstrual Hygiene



# 1

Facts and  
Myths

## Objectives:

This would be a short interactive training session for Kadam Badhate Chalo youth (both boys and girls) which will:

- Make them aware about basic facts regarding menstruation
- The health and hygiene practices that should be followed during menstruation
- Debunk various myths related to menstruation and break the shame and taboos associated with it
- Recognize safe, healthy and hygienic menstruation as a human right of girls and women

## Instructions:

- ✚ Use different flash cards stating various myths and facts related to menstruation (refer Annexure 3)
- ✚ Each flash card should be shown to the participants to ask them whether the statement on the flash card is a fact or a myth.
- ✚ According to the responses of the participants, each flash card should be put up on two different chart papers, under separate heads of 'facts' and 'myths'.
- ✚ A discussion on the same to be followed:
  - Why the cards have been placed under 'myth' and 'fact'.
  - What are some of the reasons behind these practices related to menstrual hygiene?
  - What do the girls and boys think about menstruation?

## Time required and group size:

30 minutes, 25-30 participants

## Methodology:

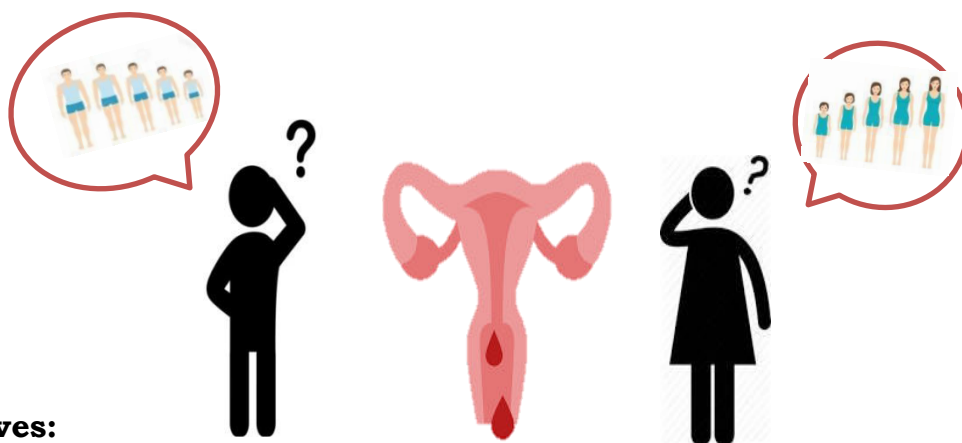
Discussions

## Material used:

- ✚ A set of flash cards stating facts about menstruation (refer box 1)
- ✚ A set of flash cards stating myths about menstruation (refer box 2)
- ✚ Two chart papers, one titled as "Facts about Menstruation" and the other as "Myths about Menstruation"
- ✚ Tape
- ✚ Board

It is important that the facilitator should read about menstrual hygiene before conducting the workshop with the participants. Read material is provided in Annexure 4.

# Menstrual Hygiene



## Objectives:

To explain to participants what is menstruation, why and how it happens, when it happens and to whom it happens.

## Instructions:

- A video (in Hindi) shall be shown on menstruation.
- The participants will be divided in separate groups of boys and girls to discuss their learnings from the video and the previous activity. They will write on what, when and who.
- The groups will list their learnings on a chart paper and make group presentations.
- The training facilitator will arbitrate the presentations, highlight important points and bridge gaps between the different understanding that boys and girls have of menstruation. Also explaining about the “why and how” of menstruation process using the video.

## Time required and group size:

40 minutes, 25-30 participants

## Methodology:

Watch video, plenary discussions in groups

## Material used:

- Projector
- Laptop
- Chart papers
- Markers
- Board
- Tape

## Note for facilitators:

It is important that the facilitator should read about menstrual hygiene and watch the video before conducting the workshop with the participants. Read material is provided in Annexure 4.

# 2

What,  
when,  
who, why  
and how?

# Menstrual Hygiene



# 3

## Habits, Trends and Attitudes

### Objectives:

To help the youth understand the common habits and trends around menstruation. To help them see menstruation being a normal process.

### Instructions:

- The training space shall be divided in two parts – one will represent ‘yes’ and the other will represent ‘no’. Use 2 small flashcards to name these spaces.
- A set of questions shall be asked from the participants, which they will have to answer in yes or no.
- After each question, the participants will walk to the space that corresponds to their answer to that question, which is either ‘yes’ or ‘no’.
- The facilitator shall keep a track of the answers and the reasons for each of the questions to discuss the various habits, trends and attitudes that are present in the group around menstruation.

### Time required and group size:

15 mins

### Methodology:

Group work

### Material used:

- List of questions (refer Annexure 3)
- A board and Markers

### Note for facilitators:

It is important that the facilitator should read about menstrual hygiene before conducting the workshop with the participants. Read material is provided in Annexure 4.

# Menstrual Hygiene



# 4

## Dos and Don'ts

### Objectives:

To discuss the best practices that should be followed for healthy, hygienic and safe menstruation and how we can break the shame around it.

### Instructions:

- The participants will be divided into mixed groups of boys and girls.
- Each group shall prepare a list of dos and don'ts related to menstruation that they have been taught/ heard about it and present it to everyone.
- The training facilitator will arbitrate the presentations and generate a discussion on it.
- The data can be consolidated to prepare a common list of dos and don'ts that can also be used at the local resource center for reference.

### Time required and group size:

30 mins, 25-30 participants

### Methodology:

Group work

### Material used:

Chart papers

Markers

Board

Tape

### Note for facilitators:

The facilitator should refer to Annexure 4 beforehand and which can't then be referred to match with the data shared by the youth. This will help the youth to understand that what is a good habit and what is a bad habit which they must avoid.

# Menstrual Hygiene



# 5

## Problems and Solutions

### Objectives:

To discuss the problems (medical, financial and socio-cultural) that the participants face during menstruation and what kind of menstrual support they have access to.

### Instructions:

- ❖ The participants will be divided into 4 groups where they shall discuss and present on the following:
  - Menstrual Hygiene Products – how to use and how to wash/dispose.
  - Medical, financial and socio-cultural problems related to menstruation – how women don't have access to menstrual hygiene products, doctors, knowledge and peer support.
  - Resources available in the communities for safe, healthy and hygienic menstruation
- ❖ The training facilitator will arbitrate the presentations and help the participants prepare a common list of do's and don'ts, which should include:
  - What are the safe, healthy and hygienic practices to be followed during menstruation?
  - What should one do in case of irregular or very painful periods?
  - What should one do when one is nearing menopause?
  - What schemes, policies or entitlements are available for reproductive health?

### Time required and group size:

30 mins, 25-30 participants

### Methodology:

- Group work, discussions

### Material used:

- Chart papers
- Markers

**Note for Facilitator:** before having this session, please make a note of all the PHCs, dispensaries, gynecologist clinics and a list of common menstrual disorders. So that when the youth discuss these they can relate their problems/issues comfortably and seek appropriate help.

## Annexure 2

### Fact Sheet for Instructors

#### Box 1:

##### Common Myths Related to Menstruation

1. Menstruation is a disease that causes cancer.
2. Menstruation is inauspicious.
3. Menstrual blood is dirty and impure.
4. Girls are impure when they are menstruating.
5. A girl who is menstruating will defile the food or water that she touches.
6. A girl who starts to menstruate is ready for marriage.
7. If a girl burns her sanitary napkin, she will become infertile.
8. A girl should not to school/college when she menstruates.
9. Girls should be segregated when they menstruate.
10. A girl should not tell anyone when she menstruates.
11. A girl should bathe with *Ganga Jal* after her periods, to purify herself.
12. Girls should bury their used pads to prevent being possessed by evil spirits.
13. A girl cannot become pregnant during her periods.
14. Periods last exactly a week.
15. If a girl doesn't get her periods, she is definitely pregnant.

*(Please note: the above list is not exhaustive and can be contextualized according to the community or the group to be trained.)*

#### Box 2:

##### Facts about Menstruation

1. Menstruation is a biological function.
2. Menstruations happens to women and girls all around the world
3. If proper and clean sanitation methods are not used during menstruation, it can cause infection.
4. Periods can cause cramps.
5. Periods flow can vary from person to person and from cycle to cycle.
6. Periods start and stop at a certain age in a girl's life.
7. Girls have separate organs inside their bodies to perform menstrual functions.
8. Menstrual health and hygiene is a human right.
9. Blood flow out of a girl's body during menstruation.
10. Certain changes take place in a girl's body when she starts menstruating.
11. Although boys don't menstruate, certain changes also take place in their bodies after a certain age.

*(Please note: the above list is not exhaustive and can be contextualized according to the community or the group to be trained.)*

### **Box 3:**

#### **Menstruation – Walk to ‘Yes’ or ‘No’**

1. Did you know about menstruation before you starting menstruating?
2. Did you learn about menstruation from your adults (parents, teachers, aunts, grandmothers etc.)?
3. Did you learn about menstruation from your friends?
4. Do you use sanitary pads (like Stayfree, Whisper or Kotex)?
5. Do you use cloth pads?
6. Do you change your pad during the day?
7. Do you bathe during your periods?
8. Do you visit a religious place during your periods?
9. Do you go to college/work during your periods?
10. Do you get cramps during your periods?
11. Do you take any medicines during your periods?
12. Do you visit a doctor if your periods are irregular?
13. Do you sleep in your bed during periods?
14. Do you inform a male family member when you have periods?
15. Do you perform your usual household chores during periods?
16. Have you been shamed, humiliated or bullied for your menstrual functions?
17. Do you hide your menstrual hygiene products?
18. Do you wash your menstrual hygiene products openly?
19. Are you denied financial support for your menstrual health and hygiene?
20. Do you get your periods every month?

*(Please note: the above list is not exhaustive and can be contextualized according to the community or the group to be trained.)*



## Annexure 3

### Manual 1:Facts and Myth

You may tear the phrases and mix it before giving it to the participants to answer.

<b>Menstruation is a disease that causes cancer.</b>	<b>Menstruation is inauspicious.</b>
<b>Menstrual blood is dirty and impure.</b>	<b>Girls are impure when they are menstruating.</b>
<b>A girl who is menstruating will defile the food or water that she touches.</b>	<b>A girl who starts to menstruate is ready for marriage.</b>
<b>If a girl burns her sanitary napkin, she will become infertile.</b>	<b>A girl should not to school/college when she menstruates.</b>
<b>Girls should be segregated when they menstruate.</b>	<b>A girl should not tell anyone when she menstruates.</b>
<b>A girl should bathe with <i>Ganga Jal</i> after her periods, to purify herself.</b>	<b>Girls should bury their used pads to prevent being possessed by evil</b>

	<b>spirits.</b>
<b>A girl cannot become pregnant during her periods.</b>	<b>Periods last exactly a week.</b>
<b>If a girl doesn't get her periods, she is definitely pregnant.</b>	<b>Menstruation is a biological function.</b>
<b>Menstruations happens to women and girls all around the world</b>	<b>If proper and clean sanitation methods are not used during menstruation, it can cause infection.</b>
<b>Periods can cause cramps.</b>	<b>Periods flow can vary from person to person and from cycle to cycle.</b>
<b>Periods start and stop at a certain age in a girl's life</b>	<b>Girls have separate organs inside their bodies to perform menstrual functions.</b>
<b>Menstrual health and hygiene is a human right.</b>	<b>Blood flow out of a girl's body during menstruation.</b>
<b>Certain changes take place in a girl's body when she starts menstruating.</b>	<b>Although boys don't menstruate, certain changes also take place in their bodies after a certain age.</b>

### Manual 3: Menstruation – Walk to ‘Yes’ or ‘No’

You may tear the phrases and mix it before giving it to the participants to answer.

<b>Did you know about menstruation before you starting menstruating?</b>	<b>Did you learn about menstruation from your friends?</b>
<b>Do you use sanitary pads (like Stayfree, Whisper or Kotex)?</b>	<b>Do you use cloth pads?</b>
<b>Do you change your pad during the day?</b>	<b>Do you bathe during your periods?</b>
<b>Do you visit a religious place during your periods?</b>	<b>Do you go to college/work during your periods?</b>
<b>Do you get cramps during your periods?</b>	<b>Do you take any medicines during your periods?</b>
<b>Do you visit a doctor if your periods are irregular?</b>	<b>Do you sleep in your bed during periods?</b>
<b>Do you inform a male family member when you have periods?</b>	<b>Do you perform your usual household chores during periods?</b>
<b>Have you been shamed, humiliated or bullied for your menstrual functions?</b>	<b>Do you hide your menstrual hygiene products?</b>

<b>Do you wash your menstrual hygiene products openly?</b>	<b>Are you denied financial support for your menstrual health and hygiene?</b>
<b>Do you get your periods every month?</b>	

# Menstrual Hygiene Day

28<sup>th</sup> May 2018

## Annexure 2 Reading Materials



# 1

## Understanding Our Menstrual Cycle

Wondering what the menstrual cycle is, and what it means for you and your body? Understanding your menstrual cycle can improve your menstrual health and well-being.

We'll explain your menstrual cycle in simple steps, to give you the information you need to know, and want to find out.

### **Menstrual cycle simply explained**

When your body hits puberty, things start to change. But the exact moment puberty starts varies from person to person. It can start as early as 10 or as late as 16 – all is normal. During puberty, your body starts to produce a new set of hormones. These hormones will send out signals to your body, and some of them will tell your body to start to prepare for pregnancy every month.

The menstrual cycle is a series of natural processes that your body goes through. During your period cycle, your hormone levels rise and fall, depending on which stage of your menstrual cycle you are in. These hormones can also affect your mood and level of energy.

The length of a menstrual cycle can vary from 23 days to 35 days. All bodies are different, so the length of your own menstrual cycle may be shorter or longer and not all menstrual cycles are regular.

### **What happens during the Menstrual Cycle?**

In total, your menstrual cycle consists of four different stages.

#### **1. Phase: Menstrual Phase**

This is what happens in your body: The first day of your period is the start of your menstrual cycle. The reason you might experience menstrual cramps during the first days of your periods is that the uterus lining breaks down and sheds. You begin menstruation.

This is how it might affect you: During menstruation, you may feel low on energy and have aches or pains. Check out some tips on what to do against menstrual cramps.

#### **2. Phase: Preparing for Ovulation (Follicular Phase)**

This is what happens in your body: After the last day of your period, your body prepares for ovulation. Here a hormone called follicle-stimulating hormone (FSH) stimulates your ovaries to produce a matured egg. This maturing process produces oestrogen, which makes the lining of your uterus thicken with nutrients and blood, so it will be able to provide the egg with the support it needs in case of pregnancy.

This is how it might affect you: Your oestrogen levels start to rise and you might find yourself being in a better mood and having more energy. During this phase you might also notice more discharge (clear or white sticky mucus). This is normal.

### **Phase 3: Ovulation**

This is what happens in your body: During ovulation, the matured egg is finally released into the fallopian tube and travels to the uterus. The egg can survive for 12-24 hours. During this time, if it comes in contact with sperm, it is fertilised. So keep in mind that during these days you are most likely to get pregnant (remember to use contraception).

This is how it might affect you: During this phase you might feel a boost of energy and inspiration. You might also feel an increase in your sex drive. Your body produces high levels of oestrogen, which

### **Phase 4: Luteal Phase – End of menstrual cycle**

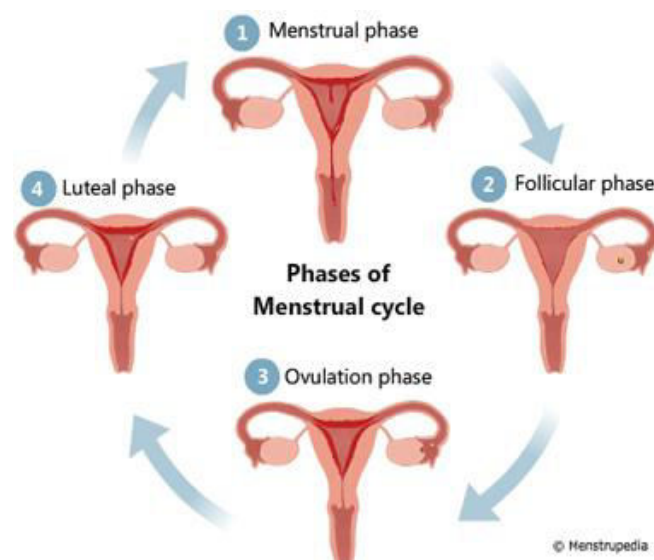
This is what happens in your body: After the egg has travelled down the fallopian tube it gets to the womb. Your body starts to produce a new hormone called progesterone. This hormone will make sure your uterus keeps building up its lining.

But if the egg is not fertilized, levels of oestrogen and progesterone drop. Your uterus does not need to maintain the nutritious lining it built up so it starts to break it down.

The thick lining and blood that was built up during the menstrual cycle will leave your body. This is your menstruation and it means that a new cycle begins.

This is how it might affect you: Due to the rise in progesterone your stress levels can increase easily and you might feel moodier during this phase. You might also feel easily irritated, experience some sadness or feel anxious. Your breast might feel more sensitive or even sore. Have a look at our page on PMS for some easy feel-good tips.

During your period be sure to use a period product you feel comfortable with. If you've been tampons or pads but didn't feel happy with the solution, have a look at our menstrual cup made of medical grade silicone (no bleaches, perfumes or other chemicals).



## **Know your menstrual cycle, change your life**

Understanding your monthly cycle can improve your life. Knowing which time of the month your energy levels are highest when you are most fertile, most sensitive and have the highest libido can make some great changes to how you handle your day to day life.

## **Periods don't have to be a pain**

Menstruation doesn't need to be a problem. Your period usually lasts between 2-7 days, and your flow may vary. If you are worried about your period flow, have a look at our sections Heavy Periods and Irregular Periods to answer your question, ups and downs in mood are common.



# 2

## Problems faced during menstruation

Some women get through their monthly periods easily with few or no concerns. Their periods come like clockwork, starting and stopping at nearly the same time every month, causing little more than a minor inconvenience.

However, other women experience a host of physical and/or emotional symptoms just before and during menstruation. From heavy bleeding and missed periods to unmanageable mood swings, these symptoms may disrupt a woman's life in major ways.

Most menstrual cycle problems have straightforward explanations, and a range of treatment options exist to relieve your symptoms. If your periods feel overwhelming, discuss your symptoms with your health care professional. Once your symptoms are accurately diagnosed, he or she can help you choose the best treatment to make your menstrual cycle tolerable.



### How the Menstrual Cycle Works:

Your menstrual period is part of your menstrual cycle—a series of changes that occur to parts of your body (your ovaries, uterus, vagina and breasts) every 28 days, on average. Some normal menstrual cycles are a bit longer; some are shorter. The first day of your menstrual period is day one of your menstrual cycle. The average menstrual period lasts about five to seven days. A "normal" menstrual period for you may be different from what's "normal" for someone else.

### Types of Menstrual Disorders:

If one or more of the symptoms you experience before or during your period causes a problem, you may have a menstrual cycle "disorder." These include:

- abnormal uterine bleeding (AUB), which may include heavy menstrual bleeding, no menstrual bleeding (amenorrhea) or bleeding between periods (irregular menstrual bleeding)
- dysmenorrhea (painful menstrual periods)
- premenstrual syndrome (PMS)
- premenstrual dysphonic disorder (PMDD)

## **A brief discussion of menstrual disorders follows below:**

- Heavy menstrual bleeding

One in five women bleed so heavily during their periods that they have to put their normal lives on hold just to deal with the heavy blood flow. Bleeding is considered heavy if it interferes with normal activities. Blood loss during a normal menstrual period is about 5 tablespoons, but if you have heavy menstrual bleeding, you may bleed as much as 10 to 25 times that amount each month. You may have to change a tampon or pad every hour, for example, instead of three or four times a day.

- Heavy menstrual bleeding can be common at various stages of your life—during your teen years when you first begin to menstruate and in your late 40s or early 50s, as you get closer to menopause.
- If you are past menopause and experience any vaginal bleeding, discuss your symptoms with your health care professional right away. Any vaginal bleeding after menopause isn't normal and should be evaluated immediately by a health care professional.
- Heavy menstrual bleeding can be caused by:
  - hormonal imbalances
  - structural abnormalities in the uterus, such as polyps or fibroids
  - medical conditions

Many women with heavy menstrual bleeding can blame their condition on hormones. Your body may produce too much or not enough estrogen or progesterone—known as reproductive hormones—necessary to keep your menstrual cycle regular.

For example, many women with heavy menstrual bleeding don't ovulate regularly. Ovulation, when one of the ovaries releases an egg, occurs around day 14 in a normal menstrual cycle. Changes in hormone levels help trigger ovulation.

### **Certain medical conditions can cause heavy menstrual bleeding. These include:**

- thyroid problems
- blood clotting disorders such as Von Willebrand's disease, a mild-to-moderate bleeding disorder
- idiopathic thrombocytopenic purpura (ITP), a bleeding disorder characterized by too few platelets in the blood
- liver or kidney disease
- Other gynecologic conditions that may be responsible for heavy bleeding include:
  - complications from an IUD
  - fibroids
  - miscarriage
  - ectopic pregnancy, which occurs when a fertilized egg begins to grow outside your uterus, typically in your fallopian tubes

### **Other causes of excessive bleeding include:**

- infections
- precancerous conditions of the uterine lining cells
- Amenorrhea

You may also have experienced the opposite problem of heavy menstrual bleeding—no menstrual periods at all. This condition, called amenorrhea, or the absence of menstruation, is normal before puberty, after menopause and during pregnancy. If you don't have a monthly period and don't fit into one of these categories, then you need to discuss your condition with your health care professional.

### **There are two kinds of amenorrhea: primary and secondary:**

Primary amenorrhea is diagnosed if you turn 16 and haven't menstruated. It's usually caused by some problem in your endocrine system, which regulates your hormones. Sometimes these results from low body weight associated with eating disorders, excessive exercise or medications. This medical condition can be caused by a number of other things, such as a problem with your ovaries or an area of your brain called the hypothalamus or genetic abnormalities. Delayed maturing of your pituitary gland is the most common reason, but you should be checked for any other possible reasons.

Secondary amenorrhea is diagnosed if you had regular periods, but they suddenly stop for three months or longer. It can be caused by problems that affect oestrogen levels, including stress, weight loss, exercise or illness.

Additionally, problems affecting the pituitary gland (such as elevated levels of the hormone prolactin) or thyroid (including hyperthyroidism or hypothyroidism) may cause secondary amenorrhea. This condition can also occur if you've had an ovarian cyst or had your ovaries surgically removed.

### **Severe menstrual cramps (dysmenorrhea):**

Most women have experienced menstrual cramps before or during their period at some point in their lives. For some, it's part of the regular monthly routine. But if your cramps are especially painful and persistent, this is called dysmenorrhea, and you should consult your health care professional.

Pain from menstrual cramps is caused by uterine contractions, triggered by prostaglandins, hormone-like substances that are produced by the uterine lining cells and circulate in your bloodstream. If you have severe menstrual pain, you might also find you have some diarrhoea or an occasional feeling of faintness where you suddenly become pale and sweaty. That's because prostaglandins speed up contractions in your intestines, resulting in diarrhoea, and lower your blood pressure by relaxing blood vessels, leading to light-headedness.

### **Premenstrual syndrome (PMS)**

PMS is a term commonly used to describe a wide variety of physical and psychological symptoms associated with the menstrual cycle. About 30 to 40 percent of women experience symptoms severe enough to disrupt their lifestyles. PMS symptoms are more severe and disruptive than the typical mild premenstrual symptoms that as many as 75 percent of all women experience.

There are more than 150 documented symptoms of PMS, the most common of which is depression. Symptoms typically develop about five to seven days before your period and disappear once your period begins or soon after.

### **Physical symptoms associated with PMS include:**



- bloating
- swollen, painful breasts
- fatigue
- constipation
- headaches
- clumsiness

**Emotional symptoms associated with PMS include:**

- anger
- anxiety or confusion
- mood swings and tension
- crying and depression
- inability to concentrate

PMS appears to be caused by rising and falling levels of the hormones oestrogen and progesterone, which may influence brain chemicals, including serotonin, a substance that has a strong effect on mood. It's not clear why some women develop PMS or PMDD and others do not, but researchers suspect that some women are more sensitive than others to changes in hormone levels.

**PMS differs from other menstrual cycle symptoms because symptoms:**

- tend to increase in severity as the cycle progresses
- are relieved when menstrual flow begins or shortly after
- are present for at least three consecutive menstrual cycles

Symptoms of PMS may increase in severity following each pregnancy and may worsen with age until they stop at menopause. If you experience PMS, you may have an increased sensitivity to alcohol at specific times during your cycle. Women with this condition often have a sister or mother who also suffers from PMS, suggesting a genetic component exists for the disorder.

**Premenstrual Dysphoric Disorder (PMDD):**

Premenstrual dysphoric disorder is far more severe than the typical PMS. Women who experience PMDD (about 3 to 8 percent of all women) say it significantly interferes with their lives. Experts equate the difference between PMS and PMDD to the difference between a mild tension headache and a migraine.

The most common symptoms of PMDD are heightened irritability, anxiety and mood swings. Women who have a history of major depression, postpartum depression or mood disorders are at higher risk for PMDD than other women. Although some symptoms of PMDD and major depression overlap, they are different:

PMDD-related symptoms (both emotional and physical) are cyclical. When a woman starts her period, the symptoms subside within a few days. Depression-related symptoms, however, are not associated with the menstrual cycle. Without treatment, depressive mood disorders can persist for weeks, months or years. If depression persists, you should consider seeking help from a trained therapist.

**Diagnosis:**



To help diagnose menstrual disorders, you should schedule an appointment with your health care professional. To prepare, keep a record of the frequency and duration of your periods. Also jot down any additional symptoms, such as cramping, and be prepared to discuss health history. Here is how your health care professional will help you specifically diagnose abnormal uterine bleeding, dysmenorrhea, PMS and PMDD:

- Heavy menstrual bleeding

To diagnose heavy menstrual bleeding—also called menorrhagia—your health care professional will conduct a full medical examination to see if your condition is related to an underlying medical problem. This could be structural, such as fibroids, or hormonal. The examination involves a series of tests. These may include:

- Ultrasound.

High-frequency sound waves are reflected off pelvic structures to provide an image. Your uterus may be filled with a saline solution to perform this procedure, called a sonohysterography. No anaesthesia is necessary.

- Endometrial biopsy.

A scraping method is used to remove some tissue from the lining of your uterus. The tissue is analyzed under a microscope to identify any possible problem, including cancer.

- Hysteroscopy.

In this diagnostic procedure, your health care professional looks into your uterine cavity through a miniature telescope-like instrument called a hysteroscopy. Local, or sometimes general, anaesthesia is used, and the procedure can be performed in the hospital or in a doctor's office.

- Dilation and curettage (D&C).

During a D&C, your cervix is dilated and instruments are used to scrape away your uterine lining. A D&C may also be used as a treatment for excessive bleeding and for bleeding that doesn't respond to other treatments. It is performed on an outpatient basis under local anaesthesia.

You can also expect blood tests to check your blood count for anaemia and a urine test to see if you're pregnant, as well as other laboratory tests.

The more information you can give your health care professional, the better. Take notes on the dates and length of your periods. You can do this by marking your calendar or appointment book. You might also be asked to keep a daily track record of your temperature to determine when you are ovulating. Ovulation kits, that use a morning urine sample, are available without a prescription and are easy to use.

**During your initial evaluation with your health care professional, you should also discuss the following:**

- current medications
- details about menstrual flow and cycle length

- any gynaecologic surgery or gynaecologic disorders
- sexual activity and history of sexually transmitted diseases
- contraceptive use and history
- family history of fibroids or other conditions associated with AUB
- history of a breast discharge
- blood clotting disorders—either your own or in family members.

### **PMS and PMDD**

There are no specific diagnostic tests for PMS and PMDD. You'll probably be asked to keep track of your symptoms and write them down. A premenstrual symptom checklist is one of the most common methods currently used to evaluate symptoms. With this tool, you can track the type and severity of symptoms to help identify a pattern.

### **Generally PMS and PMDD symptoms:**

- Tend to increase in severity as the menstrual cycle progresses.
- Tend to be relieved when menstrual flow begins or soon afterward.
- Are present for at least three consecutive menstrual cycles.

# 3

## Menstruation Practices: Beliefs, Myths & Taboos

Menstrual cycle is an integral part of a female's life which due to the superstitions and myths followed by the families and others in the community, gets dangerously ignored and is not given importance. In rural areas, and I assume parts of urban might also not be untouched, women still follow rituals which are harmful to their own health and hygiene. In the places where women are not the part of decision-making process in the family, they do not have any say in birth spacing; menstrual hygiene awareness becomes most sensitive and significant for them. Instead of providing proper rest and nutrition to their body, the treatment the women get and do to themselves makes their body prone to harmful diseases and infections. The government has provided various facilities to increase the level of awareness in the rural areas through strengthening Anganwadis and ANM workers. However, the awareness level has not changed much, to which there is an increase in the maternal health and menstrual health related issues. In my fellowship work at Samarthan, I recently got an opportunity to conduct a study on the status of menstrual hygiene and its management in Sehore district of Madhya Pradesh. Here are some findings.



### Awareness Level:

A group discussion with females (18-40 years) in 10 villages in Sehore, MP reveals that the awareness level in the villages is very low. The respondents were not aware of the onset of menarche and for those, their mothers were also not the main source of information. One respondent who was not aware of menarche stated that “Even after starting off period, my mother was not ready to discuss it – that is why I asked my sister and friends.” The teachers in schools also don't discuss menstrual cycle with the young girls. Elder sisters and friends are the only solace. The information that comes from them, however, cannot be always trusted and accurate. The women still think that they got cursed by God for having periods. According to them, women deserve to get treated badly and that's the reason why periods occur. The adolescent girls also are not well aware of the use of the sanitary napkins. They feel more comfortable in using cloth.

### Practices:

- Women don't maintain any hygiene while menstruating; they use dirty and unwashed clothes repeatedly.

- They are not allowed to go to the kitchen and sleep in the same bed with her husband because they are thought to be dirty and impure while having periods. The women are not allowed to visit temples and other social areas.
- They are not allowed to tend to the cattle; people believe that if the women in her periods touch the cow or the goat, they become infertile.
- The pregnant women don't allow any women or girl to touch her in their periods just because they think that in that case the child will die or the menstruating women can create the problem in her pregnancy.
- People treat a woman during her periods as untouchable. The women are sent to the field areas to do the agricultural work, but not allowed to work at home.
- School going girls use cloth, and during their periods they usually stay back at home because of weakness and dullness. Also because they worry about the stains on their clothes.
- The women in these study villages are very rigid and strict in following certain rules like cleaning all the utensils, clothes used after the periods get over etc.

One woman during the interviews shared that it's very tough for her to go to fields in 'those days', but just because she cannot sit free at home, she does that. One school going girl said that *"Zadatar ladkiyaan un dino school nahi aati kyuki unko dar lagta hai ke agar wo jaengi aur daag lag gaye kapde par to unka mazak udaaya jayega."*

### **Disposal Practices:**

There are no safe methods of the disposal of sanitary napkins and clothes used during the menstrual cycle in the village. Most of the women prefer to burn the clothes or dig them into the open places behind their houses. Lack of water access is critical in this regard.

### **Availability:**

Sanitary pads are available in most villages at shops, especially for young girls they are available at Anganwadi centers which are provided at cheaper rates so that the population can easily afford them. In anganwadis, the government of Madhya Pradesh has made a corner where all the facilities, which include the necessary medicines and sanitary pads required during the menstrual cycle, available. The anganwadis call it "The Udita Corner" and it is compulsory for each anganwadi to have one such corner in their centers. After having easy access, people still don't buy because of lack of awareness. Also the behavioural change communication around this has not been as effective – I wonder why. Wearing the pads make them uncomfortable is one of the major responses that emerged. There are few villages where there is no availability of sanitary products in the local shop, the women there get it from the adjacent village's weekly haat. A lot of shame associated with the purchase also is often at play.

It was hard for me to resist reporting back and giving advice during the surveys and focus group discussions. The saddest part is that most women thought that whatever stigma and treatments they get and the rituals they follow are important and deserved. Few statistical facts on women's health related to sanitary hygiene:

- Of the 355 million menstruating women in India, only 12 percent use sanitary pads



- Over 88 percent of women resorted to shocking alternatives such as clothes, ashes, and husk during menstruation, thereby causing severe reproductive health problems
- The incidence of RTI was 70 percent more common among women with unhygienic sanitary practices
- 97 percent gynaecologists' survey believes that sanitary pads can act as a preventive measure against reproductive tract infections

While government, NGOs and even social enterprises have now jumped in and are trying to change, there is still a fundamentally missing link in the menstrual hygiene management work around the country. And that is the woman's self-realization and awareness regarding these hazards and adoption of the ways of preventing them.

# 4 What is Menopause?

## What is Menopause?

Menopause is defined as the point in time when menstrual cycles permanently cease due to the natural depletion of ovarian oocytes from aging. The diagnosis is typically made retrospectively after the woman has missed menses for 12 consecutive months. It marks the permanent end of fertility and the average age of menopause is 51 years.

## Menopause Diagnosis

Although the diagnosis can be made by the patient's history, laboratory testing may be performed to confirm the diagnosis of menopause. Elevated follicle stimulating hormone (FSH) and low oestrogen (estradiol) are consistent with menopause. Any hormonal therapy, such as birth control pills, will invalidate the FSH and estradiol tests. Because certain medical conditions can result in the lack of menses, your doctor may also check your thyroid function, prolactin level, and possibly other tests based on your history and physical examination.

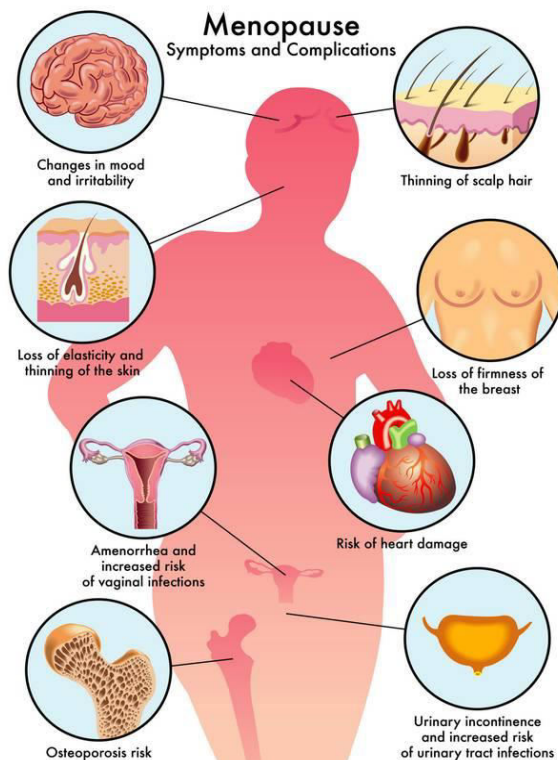
## Menopause Symptoms

Since menopause is due to the depletion of ovarian follicles/oocytes and severely reduced functioning of the ovaries, it is associated with lower levels of reproductive hormones, especially oestrogen. Low oestrogen can result in vasomotor instability (such as hot flashes and night sweats), psychological changes (such as mood swings, depression, and difficulty concentrating), insomnia, genital tract atrophy (such as vaginal dryness, painful intercourse, and urinary incontinence), skin changes (such as thinning and decreased elasticity). Lower androgen levels (male hormones) can contribute to the loss of sex drive. Any abnormal vaginal bleeding should be reported immediately to your doctor, since this may represent a precancerous or cancerous condition of the uterus or endometrial lining.

The lower reproductive hormones associated with menopause will increase the risk of osteoporosis, bone fractures, and cardiovascular disease (such as myocardial infarction and stroke).

## Treatment for Menopause

A healthy lifestyle including a nutritious diet, supplementation with vitamin D and calcium, regular weight bearing exercise, and elimination of cigarettes and alcohol can



help lower your risk of osteoporosis, bone fractures, and cardiovascular disease. Hormone replacement therapy consists of oestrogen, progesterone, and possibly testosterone may help alleviate or reduce the menopausal symptoms. However, it is recommended to use the lowest possible dose for the shortest duration possible to reduce the risks of breast cancer, blood clots, myocardial infarction, and stroke. Non-hormonal medications for vasomotor instability include low dose selective serotonin reuptake inhibitor (SSRI) antidepressants (such as fluoxetine, paroxetine, citalopram, and sertraline), gabapentin, and clonidine. The effects of increased dietary intake of phytoestrogens (such as soybeans, chickpeas, and flaxseed) on vasomotor relief are controversial and there is some concern about cancer risk due to weak oestrogen-like effects. Osteoporosis can also be treated with non-hormonal bisphosphonates (such as alendronate, risedronate, and ibandronate) or selective oestrogen receptor modulators (SERMs; such as raloxifene). Please discuss these treatment options with your doctor before beginning any specialized treatment plan.

**Menopausal medicine** includes general health screening, including pelvic examination with PAP smear, clinical breast exam, mammography, dual-emission X-ray absorptiometry (DEXA) to screen for osteoporosis, fecal occult blood testing, sigmoidoscopy/colonoscopy, and blood tests including lipid and thyroid screening.

# 5

## Schemes

### **Scheme for Promotion of Menstrual Hygiene among Adolescent Girls in Rural India**

**Scheme for Promotion of Menstrual Hygiene:** The scheme aims at ensuring that adolescent girls in the target group have adequate knowledge and information about menstrual hygiene and the use of sanitary napkins, that high quality, safe products are made available to them, and that environmentally safe disposal mechanisms are readily accessible. The scheme has been launched as part of the Adolescent Reproductive and Sexual Health (ARSH) component under RCH II.

In the first phase, the scheme is expected to cover approximately 25% of the country's adolescent girl population (aged 10 to 19 years), i.e., 1.5 crore girls in 152 districts across 20 States. Out of these, supply of sanitary napkins in 107 districts was envisaged initially in a Central supply mode, wherein sanitary napkins were to be supplied by the Government of India. The supply of sanitary napkins in the remaining 45 districts was envisaged in a Self Help Group (SHG) mode, wherein SHGs were to manufacture the sanitary napkins that are to be sold to adolescent girls. Procurement of sanitary napkins, whether through Central supply by the Government of India, or through SHGs, has to be done at a fixed price of Rs. 7.50/- per pack of six sanitary napkins. The sanitary napkins are provided under NHM's brand, 'Freedays'. These napkins are being sold to adolescents girls at the rate of Rs. 6 per pack of six napkins by Accredited Social Health Activists (ASHAs). From out of the sale proceeds, the ASHA gets an incentive amount of Re. 1 per pack, besides getting a free pack of sanitary napkins per month and the balance Rs 5 is to be deposited in the State/district treasury. The scheme has taken off in 107 districts in the 17 States that are being supplied sanitary napkins through Central procurement.

Supply of sanitary napkins in 107 districts initially is being done in a Central supply mode, wherein sanitary napkins are being supplied by the Government of India. The supply of sanitary napkins in the remaining 45 districts is to be done through Self Help Groups (SHG), wherein SHGs are to manufacture the sanitary napkins that are to be sold to adolescent girls.



State	No. of CS Distt.	Name of District for Central Supply	No of SHG Distt.	Name of SHG District
Andhra Pradesh	3	Adilabad, Nizamabad, Chittoor	6	Medak, Karimnagar, Warangal, Nalgonda, Mahboobnagar, Rangareddy
Assam	7	Goal Para, Dhubri, Barpeta, Kamrup, Marigaon, Nagaon, Sonitpur	0	
Bihar	9	Saran, Bhojpur, Buxar, Rohtas, Kaimur (Bhabua), Muzaffarpur, Darbhanga, Aurangabad, Gaya	1	Vaishali
Chattisgarh	5	Bilaspur, Janjgir, Raipur, Mahasamund, Durg	0	
Gujarat	4	Surat, Kheda, Vadodara, Bharuch,	4	Dahod, Anand, Narmada, Tapi
Haryana	0		7	Mewat, Sonipat, Jind, Yamunanagar, Panchkula, Sirsa, Faridabad
Himachal Pradesh	4	Bilaspur, Mandi, Hamirpur, Una	1	Solan
Jammu and Kashmir	7	Baramullah (Erstwhile Bandipura), Rajouri, Udhampur, Kathua, Kupwara, Doda (Erstwhile Kishtwar/Ramban), Poonch	0	
Jharkhand	5	Ranchi, Bokaro, Giridih, Hazaribagh, Dhanbad,	1	Lohardagga
Kerala	7	Kasargod, Wayanad, Kannur, Mallapuram, Idukki, Kottayam,	0	

State	No. of CS Distt.	Name of District for Central Supply	No of SHG Distt.	Name of SHG District
		Palakkad		
Karnataka	6	Bidar, Gulbarga, Raichur, Mysore, Bagalkot, Belgaum	3	Chamaraj Nagar, Bijapur, Bellary
Madhya Pradesh	8	Bhind, Morena, Sheopur, Datia, Shivpuri, Guna, Vidisha, Sagar	1	Dewas
Maharashtra	8	Nandurbar, Dhule, Akola, Buldana, Satara, Latur, Amravati, Beed,	1	Osmanabad
Orissa	4	Dhenkanal, Bhadrak, Kendrapara, Jagatsinghapur	1	Ganjam
Punjab	5	Moga, Firozpur, Muktsar, Bhatinda, Faridkot	0	
Rajasthan	7	Jhunjhunu, Alwar, Sawai Madhopur, Bhilwara, Bundi, Chittaurgarh, Ajmer	0	
Tamil Nadu	0		10	Namakkal, Karur, Madurai, Shivaganga, Dharmapuri, Krishnagiri, Kanyakumari, Tanjavur, Trichy, Nilgiris
Uttarakhand	5	Uttarkashi, Rudrapayag, Tehri Garhwal, Haridwar, Garhwal	0	
Uttar Pradesh	13	Saharanpur, Muzaffarnagar, Bijnor, Moradabad, Unnao, Sidharthnagar, Basti, Gorakhpur, Faizabad, Rae Bareli, Sultanpur,	0	

State	No. of CS Distt.	Name of District for Central Supply	No of SHG Distt.	Name of SHG District
		Maharajganj, Rampur		
West Bengal	0		9	Malda, Murshidabad, Birbhum, Purulia, North Parganas, Jalpaiguri, Coochbehar, Uttar Dinajpur, Paschim Medinipur
<b>Total</b>	<b>107</b>		<b>45</b>	