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# The Jagori Rural Charitable Trust Model: Menstrual Education of Women and Adolescent Girls in The Villages of Rural Dharamsala

Madelon Morford  
*SIT Study Abroad*

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THE JAGORI RURAL CHARITABLE TRUST MODEL:  
MENSTRUAL EDUCATION OF WOMEN AND ADOLESCENT GIRLS IN  
THE VILLAGES OF RURAL DHARAMSALA

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Spring 2017

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## I. Abstract:

Reproductive rights and education of women in rural communities is of lesser importance in India's patriarchal society. Reproductive health is a conversation that is rarely discussed, and the health status of women is of little priority behind that of men and children's health. Education about the health and hygiene of menstruation allows for women and adolescent girls to play a role in their own health maintenance, as well as normalizes the discussion of menstruation and reproductive health. Studying Jagori Rural Charitable Trust's efforts to disseminate knowledge about reproductive health, with specific focus on menstruation, allows for an understanding of the impact of NGO efforts being made to educate women and adolescent girls, as well as displays a model of how and what village women of Dharamsala are being taught about menstruation. Data collection from six different villages in Dharamsala was utilized to show the dissemination of menstrual knowledge originating from Jagori's workshops, women's collectives, Anganwadi partnerships, and adolescent girl groups. Discussions, interviews, and observations of the women, their lasting menstrual knowledge, and the workshop training materials and objectives, allowed for a developed conclusion about Jagori's model, the menstrual knowledge among village women in Dharamsala, and how Jagori's outputs are affecting the outcomes and creating impact within the community. Results find that retention of knowledge from the reproductive health workshops was low in remembering the root of menstrual ailments, but higher in the knowledge retention of home remedies and hygiene. Further, Jagori's reproductive workshops alone have a lesser impact on the community, with workshop attendance being a privilege reserved mostly for the leaders of the village collectives and adolescent girl's collectives. However, in combination with the women's collectives, in-school gender and sex sessions for adolescents, and the supervision of monthly Anganwadi

meetings, Jagori has set up a support system of groups to disseminate knowledge in which they rely on their own efforts of outreach and awareness promotion, as well as the contributions of the leaders they are encouraging in the communities, to create change, and empower the women to promote the discussion of health as an important right for women and girls.

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## **II. Introduction:**

### **IIA. The Importance of Menstruation Education:**

The reproductive health of a woman affects her overall well being, a fact that is often forgotten as women's reproductive systems are only seen for their child bearing potential. The topic of menstruation, in particular, is still taboo to be discussed publically in the village communities of Dharamsala. But beginning menstruation can be a troubling and confusing period of time in any young adolescent girl's life, and being educated and prepared for menarche is important for a girl's hygiene, mental health, resulting practices surrounding her period, safe sex timing and practices, and overall health. A foundation of knowledge about menstruation also helps women be prepared for proper hygiene to avoid infections, as well as allowing a woman to be aware of the cultural practices surrounding menstruation and their unjust assumptions and treatment of women in society. As the education surround menstruation varies in each village, generation, and school, investigating where adolescent girls and women seek menstrual education and defining the objectives that they are taught is important in understanding the changes in the reproductive health status of women, their menstrual education, their efforts to change practices surrounding menstruation, and their openness to discussing reproductive health issues in their communities.

## IIB. Modes of Education

The modes and quality of education in India are variable in different states, geographic areas, cities, and villages. The rural-urban split in India is the most notable in identifying the differences in education materials and quality of education. For example, rural areas have less access to technology such as computers and film screening equipment that provides a digital learning experience for students. Because of this split, looking at the modes of education for the rural women and girls builds an understanding of the ways they are educated, what they find most effective for knowledge retention, and what ways they prefer to be taught.

## IIC. Primary Question

This study was conducted in the rural villages of Dharamsala, Himachal Pradesh, in the Kangra Block. Collaboration with the NGO, Jagori Rural Charitable Trust, was utilized for their reproductive workshops with women, meetings with women's collectives, work with Anganwadis, and school education sessions of adolescent girls and boys, to answer the question; What is the impact of Jagori Rural Charitable Trust's model to disseminate information about menstruation to women and adolescent girls in rural Dharamsala?

## IID. Methodology:

For this study, Jagori Rural Charitable Trust's workshops, women's collectives, and school education sessions were investigated to gain a holistic understanding of the Jagori model and what women and adolescent girls of rural villages in Dharamsala are learning about menstruation, as well as what materials and modes of education are used to teach. Formal interviews were conducted with seventeen village women beneficiaries of Jagori's workshops to understand what Jagori taught in their workshops, how the information was taught, what knowledge the women retained, and what modes of education the women liked the best. Further,

these formal interviews were utilized to comprehend what the women's daughters are learning about menstruation. These interviews were also used to gain perspective about the practices behind menstruation in the village, how the women were taught about menstruation as adolescent girls, and who is teaching their daughters about menstruation today. All seventeen interviews were conducted with village women, all of whom had previously participated in Jagori's reproductive health workshops, and attend the women's collective meetings in their villages. These interviews were also used to illustrate Jagori's work in reproductive education in the monthly collective meetings and to exemplify how the knowledge the women are gaining in the Jagori workshops is extending beyond the workshop. Interviews with two Anganwadi workers were used to understand what work Anganwadis do with adolescent girls, and what they are teaching them about menstruation. Five Jagori Village Health workers were interviewed to gain an overview of their work in the villages with the women, and one Jagori Core Team Member was interviewed to illustrate an overview of the Jagori model and the impact the NGO has seen. Verbal consent was obtained from the women and Jagori staff prior to all the interviews. All interviews were conducted in Hindi and translated to English through a translator. Jagori's lessons in schools were also observed to understand the ways in which adolescent girls are being educated about their reproductive system and menstruation.

The seventeen interviews of the village women were conducted in six different villages in the district of Kangra, with multiple women interviewed in each village as to not generalize the village population to only one or two women. Interviews were conducted at the homes of women collective presidents, village women leaders' homes where multiple women gathered to be interviewed, and two Anganwadi centers. Social, economic, and religious background of the women was not inquired about, but of the homes where the interviews took place, all were larger



houses and more structurally built than the surrounding houses of the village, suggesting these women leaders were of higher socioeconomic status than the surrounding members of the village. Populations of the six villages range from 287 people to 521 people. The number of households in the villages ranged from 63 houses to 111 houses. Hindi and Pahari are the local languages in the six villages.

## IIE. NGO Impact

According to J. Adams, “in the early 1980s it was assumed that NGOs would have an impact because of who they were and their relationship and closeness to the ‘beneficiaries’... This unsubstantiated assumption has increasingly come into question” (Adams, 2001). Through the 1990s assessing NGO impact with appropriate methodologies came to the foreground of importance (Adams, 2001). Today, looking at NGO contributions to the communities they serve and understanding how their outreach is modeled can provide insight into successful or problematic NGO contributions. Additionally, assessing the impact of an NGO is critical for organizational learning and strategy development (Adams, 2001). ‘Impact’ is defined by the ‘improvements in the lives and livelihoods of beneficiaries’ (OECD/DAC, 1997). Blankenberg’s definition of impact goes further, explaining the key concepts surrounding impact assessment: ‘Impact concerns long-term and sustainable changes introduced by a given intervention in the lives of beneficiaries. Impact can be related either to the specific objectives of an intervention or to unanticipated changes caused by an intervention; such unanticipated changes may also occur in the lives of people not belonging to the beneficiary group. Impact can be either positive or negative, the latter being equally important to be aware of’ (Blankenberg, 1995). In Blankenberg’s definition, his key concepts include:

1. “Impact assessment is about sustainable change. This is change that comes about as a result of project or program activities” (Blankenberg, 1995).
2. “These changes can even be unanticipated. A project or program has objectives which it is hoped will be achieved through the planned activities. It may be that through links with other projects or the catalytic effect of the project or program additional changes to the ones proposed have come about” (Blankenberg, 1995).
3. “It essential to remember that change can be negative. Negative change can be attributable to an intervention or be due to wider circumstances beyond the control of those managing a project or program” (Blankenberg, 1995).

#### IIF. Framework of Analysis

Given Blankenberg’s three key concepts, the impact of the NGO Jagori Rural Charitable Trust and their efforts for education of women and girls will be evaluated through qualitative and quantitative methodology. The framework of analysis for this research will be based on outputs, outcomes, and impact (Figure 1). This analysis will be explanatory of Jagori’s outputs of workshops, women’s collectives, and school sessions for menstrual education by the Jagori Team Members and Jagori Health Workers, and the outcomes of sustainability, menstrual knowledge retention, and women’s leadership will be assessed based on the impact on knowledge and the changing cultural practices surrounding menstruation in the village populations of Dharamsala.

Figure 1

<b>Point of Measurement</b>	<b>What is measured</b>	<b>Indicators</b>	<b>Measured Jagori Impact</b>
Outputs	Effort	Implementation of activities (Adams, 2001)	Outputs: <ol style="list-style-type: none"> <li>1. Jagori team members</li> <li>2. Workshops</li> <li>3. Jagori health team workers</li> <li>4. Women's collectives</li> <li>5. In-school sessions</li> </ol>
Outcomes	Effectiveness	Use of outputs and sustained production benefit (Adams, 2001)	Production benefit: <ol style="list-style-type: none"> <li>1. Sustainability of women's collectives</li> <li>2. Menstrual knowledge retention</li> <li>3. Women's leadership</li> </ol>
Impact	Change	Different from the original problem situation (Adams, 2001)	Change: <ol style="list-style-type: none"> <li>1. Knowledge</li> <li>2. Change in Cultural practices surrounding menstruation</li> </ol>

## IIG. Brief Findings

Jagori's reproductive workshops for women and adolescent girl alone had a limited scope of reach. Many of the village women and girls who were able to attend the workshops had higher socioeconomic status in the villages, and were often times leading members of the women's collectives and girl's groups, such as the president and secretaries of the collectives. The information taught in the workshops had a trickle-down effect to the other women of the village as the women who were able attend the workshops stated that they share their knowledge during the village collective meetings after the workshops. But often even after undergoing the workshops, women and girls were unable to remember or answer questions regarding what they had learned, displaying that overall retention of some material was low. While the workshops themselves had a limited scope, women's collective meetings are also utilized by Jagori to listen to the women's health issues and provide education about reproductive issues. Although this intervention of Jagori in the meetings to discuss reproductive health seems to be positively

received by the women, the conversation and discussion about reproductive health would not be sustained if it were not for the presence of the Jagori Health Workers. This displays that the village women's collectives were not found to be self sustaining in the discussion of health without Jagori's intervention. Additional to the collectives and workshops for women and adolescent girls, Jagori organizes workshops, trainings, and meetings with the Anganwadis that allow for the support of dissemination of knowledge about menstruation and health to the adolescent girls of the villages. Further, Jagori uses in-school session with adolescent girls and boys to talk about gender, sex, and the reproductive systems.

### III. Thesis

Jagori's model for the dissemination of menstrual knowledge in Dharamsala is a multi-pronged approach that includes workshops, women's collectives, in-school health sessions, and monthly Anganwadi meetings, with three classified members of the village communities being targeted for change and education; women, adolescent girls, and Anganwadis. Although knowledge retention of reproductive concepts is low, and the self sustainability of women's collectives needs to be obtained with time, Jagori's intervention model has supporting group elements that cover underserved populations and allow for education of menstruation, awareness of rights, leadership creation, and change within Dharamsala's rural villages.

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## **III. Background and Contextualizing:**

### IIIA. The Jagori Rural Charitable Trust Model

Jagori Rural Charitable Trust is an NGO located in Rakkar, Dharamsala. Its mission is to building a just and equitable society through community engagement and by addressing forms of discrimination based on gender, class, caste, religion, and disability. The Jagori Rural Charitable Trust model is split into four different programs, SATH, SAFAL, AWAJ, and AGAJ. SATH,

Social Architects of Tomorrow in Himachal, works to ‘increase community mobilization through youth collectives... Young participants engage with issues of human rights and entitlements of marginalized communities, monitor government programs and ensure accountability’ (Jagori, Social Architects of Tomorrow in Himachal, 2014). SAFAL, Sustainable Agriculture, Forest and Land, aims to ‘revitalize organic agricultural production and traditional knowledge that promotes environmental health, long-term economic sustainability, and gender equality in the Kangra Valley, Himachal Pradesh’ through working with female farmers to ‘claim their identity as farmers and recognize their invaluable contributions to the local economy and their family’s self-sufficiency’ (Jagori, Sustainable Agriculture, Forest and Land, 2014).

For this study, the primary focus was Jagori’s Aware Women’s Action for Justice program (AWAJ), and Aware Girls Action for Justice program (AGAJ). In the AWAJ program, Jagori works with women’s collectives on issues ranging from domestic violence, sex selective abortion, and reproductive health, and ‘foregrounding women’s right to bodily safety and sexuality, and women’s participation in governance’ (Jagori, Aware Women's Action for Justice, 2014). For the purpose of this study, the reproductive health segment and workshops of AWAJ was investigated. Women’s collectives were created within the AWAJ program and meet every month in the villages that Jagori works with, with a Jagori Health Worker present. They discuss issues of the village, the women collect money to be loaned out, and the Jagori Health Worker offers health advice and home remedies based on the health issues she hears from the women. From these women’s collectives, women are selected to be invited to the Jagori workshops for various topics including health, Ayurvedic medicine, farming and agriculture, and reproductive health.

Additional to the AWAJ program, Jagori's AGAJ program works with adolescent girls to build their confidence through the awareness of their rights, with 'the primary focus on their overall physical, mental, emotional development as well as increasing their participation in democratic decision making processes' (Jagori, Aware Girl's Action for Justice, 2014). These AGAJ workshops and meetings focus on physical, mental, and emotional development through sessions about overall health, reproductive health, hygiene, nutrition, rights, and gender.

Jagori's model before June 2014 had program teams, associated only with one component in the Jagori model, such as youth, women, or farmers. The Jagori team realized that team members were limited only to their work, and their team members work was constrained to only his or her own specialty. For this reason, Jagori thought their outreach was unable to be spread. In June 2014, Jagori switched to a convergence model and their work became block-wise. Jagori now has four blocks where it works, Dharamsala block, Kangra, Rait, and Nagrota Surian, with five block offices in Dharamsala, Rait 1, Rait 2, Kangra and Nagrota Surian. Within these five blocks, 48 team members work and each block has each program implemented.

### IIIB. Himachal Pradesh Statistics

This study was conducted in Dharamsala, Himachal Pradesh in the district of Kangra. A demographic overview and menstrual statistics of Kangra and Himachal provide a backdrop for the subsequent research. 94.2 percent of Kangra's population is rural, with 50.4 percent of that population being female, and 49.5 percent being male (Chauhan, 2014). Of Kangra's population, 36.3 percent are illiterate (Chauhan, 2014). However, total literacy in Kangra is 85.4 percent, higher than the average literacy rate of India at 74.04 percent (Chauhan, 2014). Of the literacy rates, females in Kangra are 79.6 percent literate and males are 91.4 percent literate, illustrating

the divide in education for girls and boys in this block of Himachal Pradesh (Chauhan, 2014). Additionally, the percentage of women involved in making decisions about their own health in Himachal Pradesh is at 80.8 percent (NFHS, 1999).

In a study done among married women between the ages of 15-49 years in Himachal Pradesh, 16.7 percent reported having experienced one or more menstruation related problems including 69.3 percent reporting painful periods, 18.6 percent claiming to have irregular periods, 11.6 percent experiencing spotty bleeding, and 11.4 percent having prolonged bleeding (IIPS, 2010). Menstrual practices of personal hygiene are important in maintaining reproductive health and reducing the risk of infection. 75 percent of unmarried women in Himachal Pradesh use menstrual clothes while 28 percent use sanitary napkins (IIPS, 2010). In the rural districts of Himachal 77 percent use cloth, and 26.5 percent reported using sanitary napkins (IIPS, 2010). When asked about Reproductive Tract Infection's, including sexually transmitted diseases, endogenous infections, and iatrogenic infections, in rural areas of Himachal, 59.2 percent of women had been educated about RTI's through TV, 51.9 percent learned from friends and relatives, 22.2 percent were taught through print media, 33 percent were told about RTI's from health personnel, and 3.7 percent reported learning from school an adult education programs (IIPS, 2010). As education levels increased, education through TV, health personnel, and school increased, while being taught through relatives and friends decreased (IIPS, 2010). This example of RTI knowledge and where women learn about these reproductive health issues provides a blueprint for where women are taught about menstruation and menstrual issues.

In another study of menstrual patterns among school-going adolescent girls in rural areas of Himachal Pradesh, 79.3 percent of girls had knowledge of menstruation prior to their first menses, while 18 percent were not educated about menstruation prior to menarche (Walia, 2015).

The most frequent reaction in adolescent girls to menarche was scared at 42.3 percent with discomfort 37 percent, and guilt 10.8 percent following in frequency (Walia, 2015).

Additionally, in seeking treatment for menstrual problems, only 24.7 percent of adolescent girls reported approaching treatment and 75.3 percent saying they do not seek treatment (Walia, 2015).

### IIIC. Introduction to the Women's Collectives and Jagori Workshops

Jagori's AWAJ model has two components to educate women about their reproductive health and their reproductive rights, the village women's collectives and workshops. The village women collectives are women's support groups that meet monthly in the villages who organize them. They are able to be registered with the state to allow for small stipends of money when the collective is successful in the community. At these monthly collective meetings, the women of the village discuss issues within the village and collect money. Some villages use the money collected in the meetings to pay for wedding equipment such as utensils and tents, to be used by the members of the village, a trend Jagori aims to explain to the women is not the job of the women's collectives to buy. Other villages loan out this money to other members of the women's collective when they need a loan. Jagori Health Workers attend the monthly women's collective meetings and discuss various topics with the women, depending on the need of the village. The Jagori Health Workers listen to the village women's health concerns and provide them with knowledge about the source of their ailments and home remedies to help with the symptoms and cure. The Jagori Health Workers encourage the use of Ayurvedic medicine to the women for reproductive issues such as menstrual pain, white discharge, and treating UTI's and yeast infections, over using allopathic medicine for these issues because of the adverse side effects experienced with allopathic medicines.



Jagori's workshops and women's collective meetings work in combination with one another. Jagori Health Workers recruit and mobilize the women of the village women's collectives to come to the Jagori workshops. The Jagori workshops occur on a quarterly basis, with four workshops per year. Jagori sends a free car to each of the villages to pick the women up, and the workshop itself is free of cost, incentivizing the women to come to the workshops. This study focuses on the health and reproductive health workshops that village women, adolescent girls, and Anganwadis attend separately. In these workshops the women learn about Ayurvedic medicine, home remedies, menstruation, hygiene, and reproductive issues such as abdominal and joint pain, white discharge, and excessive bleeding. Girls workshops focus on gender, sex, reproductive health, menstruation, equality, and confidence building. Methods used in the trainings include songs, film screenings, charts, discussions, interaction, games, clay model making, and drawings.

#### IIID. Frontline Workers

The frontline workers, commonly referred to as Anganwadis, are part of a team of workers under the ICDS program including Anganwadi Workers, Anganwadi Helpers, Supervisors, and Child Development Project Officers (A, 2010). The Anganwadi is a woman selected from the community that works as an 'agent of social change', mobilizing the community for support and care of children, adolescent girls, and women (Ministry of Women & Child Development, 2009). The roles and responsibilities of the Anganwadi include gaining community support to run the Anganwadi program, recording births, weighing the children of the village and recording children's growth to monitor malnutrition, surveying facilities, provide supplementary nutrition for children ages 6 months to 3 years, organizing pre-school activities for children ages 3 to 6 years, giving cooked meals to children ages 3 years to 6 years at the

Anganwadi center, providing health and nutrition education to breast feeding mothers, making home visits, maintaining village records, educating adolescent girls about health, providing pads to the adolescent girls, and organizing social awareness programs and campaigns (A., 2010).

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#### **IV. Jagori Outputs**

##### **IVA. The Women's Workshops:**

###### **IVAi. Menstruation Knowledge Prior to AWAJ Workshops:**

The women who attended Jagori workshops commonly stated their knowledge of menstruation prior to the workshop was 'only the basics' (Village C Woman A, Personal interview, April 23, 2017). When questioned, the 'basics' entailed the routine, "like when it comes and when it goes" (Village C Woman A, Personal Interview, April 23, 2017). In addition, women clarified "When the menstruation starts, the types of pains, joint pain, back pain, abdominal pains, and what you have to use, what you do not have to use" (Village C Woman B, Personal interview, April 23, 2017). Of the seventeen women interviewed, the majority, aged 35 to 70 years old, had no knowledge of the process of menstruation and hygiene prior to menarche. After they experienced menarche, seven women said that either they or their daughters only source of knowledge about hygiene and pain maintenance during menstruation came from friends or neighbors. Many middle aged women were too shy to discuss menstruation with their mothers after menarche, with only one woman reporting that her mother taught her about menstruation, and this was also seen in the current adolescent girl generation, but to a lesser extent, as eight women reported talking to their daughters about menstruation. Of the women interviewed, those aged 60 to 80 most frequently stated that either no one taught them, their older sisters taught them, or they taught themselves about menstruation and hygiene.

#### IVAi. Menstruation practices in the village:

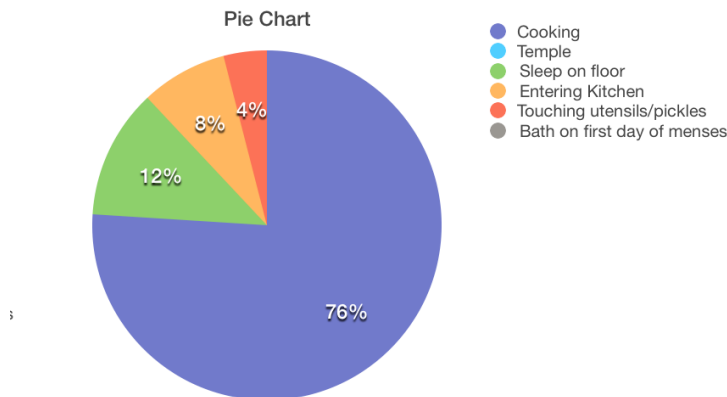
Within the villages studied, cultural myths, taboos, and practices surrounding menstruation were present. There was a generational split observed, with the older generations following what Jagori calls ‘conservative practices’ during menstruation more frequently than the younger generations. These practices include, not cooking during menstruation, not going to temple during menstruation, sleeping on the floor while menstruating, no baths on the first day of menstruation, and no touching pickles or utensils during menstruation (Village Women, Personal interviews, April 2017). When asked about whether they cook during menstruation, three women laughed at the question and said they had no option to not cook during menstruation, as there was no one else in the family to do it, or they were the eldest and the responsibility fell on them (Village Women, Personal interviews, April, 2017). These women exemplify the work reliance placed on women in this culture to be the head of the household work, eliminating cultural practices, such as not cooking during menstruation, due to their ‘duties’ as a woman.

The ideology behind these practices during menstruation is that menstrual blood is “dirty blood” (Jagori Health Worker A, Personal interview, April 21, 2017). The older generations of women stated that when they were previously menstruating they did not cook, they did not go to temples or worship, and they were not allowed to sleep on beds, they had to sleep on the floor (Village C Woman A, Village F Woman E, Village F Woman D, Personal interview, April 23 and 25, 2017). As the younger generations approach menstruation, many of these practices are being changed, but not going to temple is one practice that has been unable to be changed in any generation (Gupta, Personal interview, April 23, 2017). Two women collective leaders and one Anganwadi denied there were any cultural practices in their villages that differed during menstruation, but when asked to the women of the village, these practices were present (Village

A Anganwadi A, Village B Woman A, Village C Woman B, Personal interviews, April 22 and 23, 2017). The two practices most commonly seen existing during menstruation is not cooking, and not worshipping. But there is a rise seen in cooking during menstruation, as nineteen of twenty-four women asked said they or their daughters did cook during menstruation, but of sixteen women asked, all reported not going to temple during menstruation, as seen in figure 2 (Village Women, Personal interviews, April, 2017).

Figure 2

Practices during Menstruation			
PRACTICE	YES	NO	IF NECESSARY
Cooking	19	7	1
Temple	0	16	*
Sleep on floor	3	*	*
Entering Kitchen	2	*	*
Touching utensils/pickles	1	*	*
Bath on first day of menses	*	*	*



#### IV Aiii. Picking women for the workshops

The process by which Jagori selects women to attend their workshops is based on interest, leadership, and the confidence of the women in the village women's collectives. Jagori's strategy when selecting the women for the workshops is to start by observing the women during the monthly women's collective meetings. Based on a woman's interest or keenness to learn

about topics discussed in the meetings, they will select the women for the workshop (Gupta, Personal interview, April 29, 2017). Jagori strategy mainly selects leaders of the women's groups to attend the workshops, with presidents and secretaries of the collectives and farmer's groups being invited for the workshops. The hope behind this strategy is that the knowledge the leaders gain the workshops will be passed on and discussed with the other women of the collectives (Gupta, Personal interview, April 29, 2017). But this model leaves out women we are not leaders, and typically the women who have the greatest need for the workshops. Jagori points out this weakness in their model and is now making efforts to pick two women from each village collective that is not a leader to invite for workshop attendance (Gupta, Personal interview, April 29, 2017). "We experimented with this, but then these women did not talk a word during the workshops", expressed Jagori team leader Navneet, "so that's also a problem, they will not speak out their problems" (Gupta, Personal interview, April 29, 2017). To work on the challenge of village women being shy and not taking an active role in the health discussions, Jagori's team works to minimize the women's shyness during the collective meetings (Gupta, Personal interview, April 29, 2017). Once they think the woman is prepared and open for attending a workshop they invite her. Currently, Jagori has around 70-80 women leaders who always participate in every activity and have taken initiative in different fields (Gupta, Personal interview, April 29, 2017).

#### IVAiv. Barriers to Jagori workshop attendance:

In the village that Jagori has been doing work in for 7-8 years', attendance was best for the workshops, with some women stating they had been to anywhere from 3 to 15 workshops (Village F Woman A, Woman B, Woman C, Woman D, Personal interviews, April 25, 2017). The women who attended the workshops were seen to be of higher socioeconomic status, having

nicer houses, and being leaders of their women collectives and farmer's groups (Village B Woman A, Woman B, Woman C, Village C Woman A, Woman B, Village E Woman A, Village F Woman A, Personal interview, April 23 and 25, 2017). When interviewed, two women's collective presidents had been to 2-3 workshops themselves (Village B Woman A, Village C Woman B, Personal interviews, April 23, 2017). All houses where the interviews were conducted were larger and more structurally sound than the surrounding houses in the village. Some interviews were conducted in the Anganwadi center, so socioeconomic status of the woman was unable to be determined.

As part of Jagori's model, Jagori only selects and mobilizes women from the women's collectives to attend the Jagori workshops. This eliminates all women who are not part of their villages women's collective. Jagori also reports that more women from the collectives agree they will attend the workshops than do attend. Of the 20 to 25 women who confirm they will come to the workshops, only 18 to 22 on average actually attend (Gupta, Personal interview, April 23, 2017). The village women associate husbands lack of permission, household work such as cooking, cleaning, and preparing the children's school meals, and taking the children to school, all as barriers to accessing and attending the Jagori's workshops. When a woman from the Badhwal Village, who only attended the monthly collective meetings and not Jagori workshops, was asked about why she could not attend the workshops she expressed, "Husband says he will not send to the camp. Because the children have to go to school too" (Village A Woman A, Personal interview, April 22, 2017). Additionally, "Ladies coming out from their homes to stay at Jagori for a night is a difficult task because people are shy and the husbands do not cooperate. And it takes a lot of time. And husbands, they do not allow for the night", my translator explained to me (Translator A, Personal communication, April, 2017). Women cite that men do

not want them to leave the house, or do not give them permission to take a whole day away from their household tasks. Another reason explained was “If they [the women] are going out, then they will speak about what is happening inside of their home, so all those things will spread” (Jagori Health Workers, Personal interviews, April 21, 2017). Further, generally the workshops are residential and most women do not want to stay the whole night, because of their housework. Jagori reports that at 4 or 5 o’clock some women in the workshops will start rushing back to their homes because they have to give water to their cattle’s or the children will be back home soon (Gupta, Personal interview, April 29, 2017).

#### IVAv. Modes of Education

In the reproductive health workshops for women, Jagori teaches about menstruation, feticide, hygiene, their bodies, and health issues (Gupta, Personal interview, April 23, 2017). Jagori uses various different modes of education for effective knowledge retention after the workshops. Ten women who attended the AWAJ reproductive health workshops sited the usage of films, eight said charts were used, eight talked about various interactive activities and discussions, seven remembered singing songs, six talked about the games used, two remember clay modeling of the reproductive system, two sited interactive drawings, and one woman talked about the examples of herbs and contraceptive options (Village Women, Personal interviews, April, 2017).

The Jagori health workers explained that the songs are used to encourage, empower, and motivate the women (Village Health Workers, Personal interviews, April 21, 2017). The clay modeling of the uterus, vagina, and secondary sexual organs is used to help the women understand the structure of their body and reproductive organs (Village Health Workers, Personal interviews, April 21, 2017). Films about feticide are used to bring awareness to the

wrongs of female feticide (Village Health Workers, Personal interviews, April 21, 2017). Jagori team members also explained interactive activities such as having the women lie down on paper, outline their bodies, and label their reproductive body parts including vagina, ovaries, uterus, and breasts are used to get the women engaged in the workshops (Gupta, Personal interview, April 23, 2017). Charts were utilized to give examples and visuals for the women. A reproductive diagram was shown on an apron with flaps that flip up to give examples of the stages of menstruation in the reproductive system. Additionally, games were used to mix the women up and get them to become more comfortable with the group (Gupta, Personal interview, April 23, 2017). These methods of education were also utilized in the adolescent girl's workshops (Gupta, Personal interview, April 23, 2017).

Jagori's strategy for the workshops is to get the women involved and active, open them up, and allow for the growth of confidence and leadership (Gupta, Personal interview, April 23, 2017). In Jagori's workshops they use a range of interactive modes of education to teach the women. Navneet expresses that they could just give a big lecture about these health issues and reproductive health, "This is the action of the government departments, they just go and deliver a big lecture", he explains, "where as we try to do it with different activities so that they keep it in their minds" (Gupta, Personal Interview, April, 2017). The impact of these interactive methods and activities utilized in the workshops will be later evaluated based on menstrual knowledge retention and the changing practices surrounding menstruation of the women who attended the workshops.

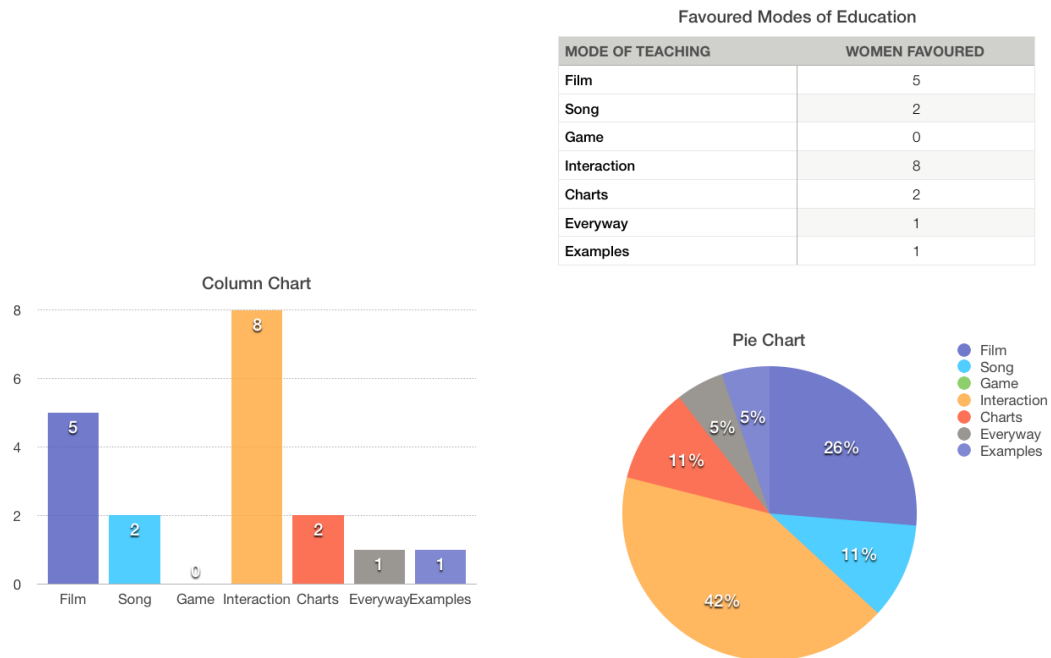
#### IVAvi. Preferred methods of education in the workshops

Of these methods used to teach, eight women said interaction was their favorite method, as they were taught in a polite and respectful manor (Village Women, Personal interviews, April,



2017). This ‘interaction’ includes activities such as drawing their bodies and clay reproductive system modeling, and discussions that get the women actively involved in the conversation of reproductive health. Additionally, five women expressed that the films and videos were their favorite method used to teach, two women said that songs were their favorite, two women voiced that every method used to teach was nice, one sited charts as her favorite, and one woman said the examples were her favorite part of the workshop (Village Women, Personal interviews, April, 2017). An aim of Jagori’s workshops is to be interactive, a component that the village women favor, instead of just giving a lecture to the women about reproductive health and menstruation. It helps them retain the material knowledge and gives them a better learning experience (Gupta, Personal Interview, April, 2017). During interviews, the women expressed more retained knowledge about the home remedies and menstrual hygiene taught in the workshops than an understanding of the root of the reproductive ailment itself.

Figure 4



## **IVB. Village Women's Collectives**

### **IVBi. The Jagori Village Health Workers Role in Women's Collectives**

Along with workshops, Jagori Grameen sends Health Workers to the field for attendance in the monthly women's collective meetings. The Jagori Village Health Workers are integral to bridging the relationship between the villages and Jagori. Being from the villages themselves, the Jagori Health Workers go to the monthly meetings of the women's collectives and discuss different topics, mobilize the women to attend Jagori events, and invite the women to the Jagori workshops (Jagori Health Workers, Personal interviews, April 21, 2017). The number of women in the village collectives of the villages visited ranged from 48 women to 180 women. At the monthly women's collective meetings, the workers listen to the village women's health problems and offer them Ayurvedic home remedies for their ailments (Jagori Health Workers, Personal interviews, April 21, 2017). While giving the village women the necessary knowledge to cure the symptoms of their ailments, they also discuss the root of the issues (Jagori Health Worker A, Personal interview, April 21, 2017). Reproductive issues commonly discussed during the collective meetings included menstrual cramps, heavy bleeding during menstruation, swollen reproductive organs, and white discharge (Village Women, Personal interviews, April, 2017). The Jagori workers stated that they also provided the women with knowledge about what the cause of the ailment is, but when interviewed, only two women could answer about what excessive, smelly, and discolored discharge was a result of (Jagori Health Worker A, Village Women, Personal interviews, April, 2017).

### **IVBii. Trickle Down Knowledge:**

Because of Jagori's strategy of inviting women to the reproductive health workshops by selecting women who are leaders in the women's collectives, the model relies on the trickle-

down of information for education of the women who do not attend the workshops but are part of the women's collectives. This strategy was expressed to be reliable by the women who attended the workshops, as they stated they relayed their knowledge to the women of the collective (Village Women, Personal interviews, April, 2017). But during interviews, this strategy was observed to be unreliable, as the women displayed gaps in their knowledge of what was taught during the workshops, suggesting the reliance on 'trickle-down' knowledge is implausible (Village Women, Personal interviews, April, 2017). Of the seventeen women interviewed, over sixty percent relied on the Jagori Village Health Worker present to tell them what they learned in the workshop about menstruation and menstrual related issues (Village Women, Personal interviews, April, 2017).

#### **IVC. Jagori's Workshops and In-School Sessions with Adolescent Girls**

##### **IVCi. Where do the girls learn?**

Previously, Jagori reports that girls were not learning about menstruation prior to menarche (Gupta, Personal Interview, April 29, 2017). "They do not get this information from family, school or friends" says Jagori team leader Navneet (Gupta, Personal Interview, April 29, 2017). After menarche, Jagori observes that the girls discuss menstruation with their friends or elder girls (Gupta, Personal Interview, April 29, 2017). Of the ten women interviewed who had daughters, when asked about how their daughters learned about menstruation, women reported their daughters learned from a combination of the Anganwadi, Jagori, school, friends, neighbors, and the mothers themselves. Five reported that their daughters learned from the Anganwadi, five reported Jagori taught their daughters about menstruation, four reported teaching their daughters themselves, while eight reported talking to their daughters about menstruation after menarche, three reported their daughters learned in school, and two reported their daughters learned from

friends or neighbors (Village Women, Personal Interviews, April, 2017). Of four village women questioned about how they themselves learned about menstruation, two women, aged 35 and 50, reported learning from friends and neighbors, one, age 45, learned from her elder sisters, and one, aged around 70, reported that no one taught her about menstruation (Village F Woman B, Woman C, Woman D, Woman E, Personal interviews, April 25, 2017).

#### IVCii. Jagori's Work with Adolescent Girls

Jagori's work with adolescent girls extends across workshops, collectives, school sessions, and Anganwadi workers. Adolescent girls are seen as the key to changing cultural practices and knowledge surrounding menstruation in the rural villages. For Jagori's health and reproductive workshops, Jagori picks leaders of the girl's collectives for attendance (Gupta, Personal Interview, April 29, 2017). The program from which the girls are selected is called SABLA, started by the government in 2011 and introduced in 130 districts (Gupta, Personal Interview, April 29, 2017). To be able to access these girls, Jagori had to develop a relationship with the ICDS department. Now, the head of the department knows Jagori and gives permission for the girls to attend the Jagori workshops (Gupta, Personal Interview, April 29, 2017). The girls asked to attend the workshops show less barriers to access than the women do, as they do not have as much responsibility in household work (Gupta, Personal Interview, April 29, 2017). Jagori team leader, Navneet, accounts the adolescent girl attendance in workshops now to word of mouth, as even some mothers encourage their daughters to go to the workshops (Gupta, Personal Interview, April 29, 2017). Five of ten village women asked, said that their daughters had attended Jagori workshops, meetings, or training sessions (Village Women, Personal Interviews, April, 2017).

#### IVCiii. Adolescent girl workshops

In the Jagori workshops for adolescent girls, topics discussed start with sex and gender, once they are aware of sex and the social construct of gender, then health, nutrition, and reproductive health are talked about. By the time the topic of menstruation is discussed in the workshops, Jagori workers express that the girls are open and want to know how it happens (Gupta, Personal Interview, April 29, 2017). The trainer begins by asking the girls simple questions such as “Is menstrual blood bad?” (Gupta, Personal Interview, April 29, 2017). If the girls admit yes, it is bad, or they should not go to temple during menstruation, Jagori begins the conversation about the benefits of menstruation and their reproductive systems (Gupta, Personal Interview, April 29, 2017). The trainer uses the example of how menstrual blood gives a cushion to a baby, “if it [menstrual blood] is bad, none of us would be here in this workshop, this blood is the cushion that protects the baby from injury” Navneet explains (Gupta, Personal Interview, April 29, 2017). From there, the process of the ripening egg, traveling down the fallopian tube, the thickening of the uterine lining, and the process of menstruation is explained to the girls with the help of an apron diagram. After this, they talk about the resulting process if someone has intercourse during the time where the egg is ripened in the girl’s cycle. Next, precautions and hygiene during menstruation is discussed with the adolescent girls (Gupta, Personal Interview, April 29, 2017).

#### IVCiv. Menstrual Hygiene Discussion

In the villages, the majority of girls do not use tampons and cups, so discussions about how cloth is equally safe is addressed in the workshops (Gupta, Personal Interview, April 29, 2017). Further, the proper drying of undergarments and menstrual cloth is discussed. Because of social stigma, adolescent girls and women of the villages typically hide their undergarments under towels when drying them, preventing direct sunlight from drying the undergarments

(Gupta, Personal Interview, April 29, 2017). Jagori addresses the importance of drying undergarments and menstrual clothes in open sunlight allowing the bacteria to be fully killed and the clothes to be fully dry to avoid infection (Gupta, Personal Interview, April 29, 2017).

Although the usage of menstrual cloth in rural areas is 77 percent total, now a rise in the use of sanitary pads is being seen, with 28 percent of women using pads, 26.5 percent in the rural unmarried women's population (IIPS, 2010). Now sanitary pads are openly available in the market and the government is putting in efforts to provide pads to adolescent girls by supplying the sanitary pads in schools and Anganwadi centers (Gupta, Personal Interview, April 29, 2017). The cost of the pads are low, with 5 or 6 pads costing 6 rupees (Gupta, Personal Interview, April 29, 2017). In the workshops and Anganwadi meetings Jagori makes efforts to explain how to use menstrual pads to the adolescent girls.

#### IVCv. In-school Sessions

Along with workshops, Jagori implements in-school lessons about sex, gender, and menstruation, with session for only adolescent girls, and for boys and girls combined. In the blocks Jagori works in 55 schools are covered with these in-school learning sessions (Gupta, Personal Interview, April 29, 2017). As observed in a school session taught by a couple Jagori team members, Jagori uses an apron diagram to educate the girls about menstruation. The apron ties around the girl and the diagram sits on her body where her reproductive organs are. Flaps on the apron flip up to show the stages of the menstrual cycle (Figure 5). Girls interact with the activity leader and are asked, "what is different about this diagram?", every time the flap of the diagram is flipped up. These interactive questions combined with the use of the apron allows the girls to be engaged in the activity as well as have a visual representation so they can remember the stages of the menstrual cycle.

For the co-education sessions, Jagori discusses sex and gender as a social construct. Questions such as “if two twins are born and they are both submerged in water from the waist down, how would you be able to tell them apart?”. These questions allow interactive engagement with the students, although the boys were observed answering the majority of the questions and being loud and overpowering of the girls in the class.

Figure 5



Reproductive system diagram used to educate adolescent girls about menstruation

## **IVD. Anganwadis Role in Adolescent Girl's Education**

### **IVDi. Anganwadi Monthly Meeting**

When interviewed and asked about their daughters, many women stated that their daughters learned about menstruation through friends, talking to them [mothers], or from Anganwadis, unlike the older generations who learned only through friends, elder sisters, or not at all.

As part of the Anganwadi's job description, they are tasked with running monthly meetings for adolescent girls of the village, ages eleven to eighteen. These meetings are inclusive

of all adolescent girls in the village, including both school-going girls and non-school going girls, as mothers stated that their school-going daughters learn about menstruation as well from the Anganwadi. ASHAs were not mentioned during the interviews as taking a role in adolescent girl's education. As Anganwadis are also responsible for looking after children, providing supplementary nutrition, census recording, and other data documentation and collection, the monthly meetings with adolescent girls of the villages usually do not occur (Gupta, Personal Interview, April 29, 2017). These meetings are supposed to be held when the girls come to pick up their food rations from the Anganwadi center (Gupta, Personal Interview, April 29, 2017). But this systematic flaw is not fully weighted on the Anganwadis, as the girls are not willing to stay for the meetings after they receive their food rations because it is their holiday and they have to do things such as washing their clothes or being with friends (Gupta, Personal Interview, April 29, 2017). Although the government has offered charts and books to the Anganwadi center to teach the girls, many of the Anganwadis do not discuss much with the girls, and this is where Jagori does their interventions with Anganwadis. "Since Jagori has taken this initiative for 4 or 5 years they [Anganwadis] also feel very comfortable. We also try during their monthly meetings to be there because girls will go to pick up their rations so we try to be there and conduct the meetings with them... Since we've been working with the Anganwadis we ask them to collect the girls, tell them all to come at one time, and then we sit with them and pick up an issue for the day and we talk to them" (Gupta, Personal Interview, April 29, 2017). Now, on average 15 girls attend the Anganwadi monthly meetings (Gupta, Personal Interview, April 29, 2017). But only the girls who's Anganwadis are associated with Jagori get the benefits of these meetings, as other Anganwadis still do not hold these monthly meetings.



In Village A, the Anganwadi explained that her work with adolescent girls ages 11 to 18 included, nutrition, teaching about ‘the teasing of boys’, and even menstruation. “Nutrition is the biggest problem here, many of the girls are anemic” expressed the Anganwadi (Village A Anganwadi A, Personal interview, April 22, 2017). The high prevalence of anemia in the village also leads to the issue of white discharge being a concern for the girls and women. The Anganwadi said she “conducts workshops and meetings for them time to time”, but no frequency of the meetings was expressed (Village A Anganwadi A, Personal interview, April 22, 2017). Jagori team leader Navneet explained that the Anganwadis are supposed to give information about menstruation and health to the girls, “but even then I’ve noticed the knowledge of Anganwadi workers are limited and because of these social barriers they also do not feel comfortable talking about these things... You will see that the Anganwadis not associated with Jagori still have some hesitation and they do not speak that openly” (Gupta, Personal Interview, April 29, 2017). In Village A, the Anganwadi explained that there is a reduction of people coming to the Anganwadi, including the 11-18-year-old girls that she is supposed to be teaching. “From beginning they were much in number, now about 14 girls” states the Anganwadi. Because they give the girls raw materials, they have incentive to come to the Anganwadi. While there, the Anganwadi says she gives them sanitary pads as well. In the Badhwal village however, the women were more shy and soft spoken about their health issues and reproductive health, and that also applies to girls, expresses the Anganwadi (Village A Anganwadi A, Personal interview, April 22, 2017). “I have to talk about it because it is my job and there is nothing to be ashamed about it” she expresses (Village A Anganwadi A, Personal interview, April 22, 2017). For the past 5 years, more Anganwadis have been trained in workshops by Jagori, and work closely with Jagori in their women’s collectives, and they are now very comfortable speaking to the girls

about reproductive issues (Gupta, Personal Interview, April 29, 2017). But only those Anganwadis who we are associated with Jagori find the benefits of this strategy, and Anganwadis who are responsible for girls in villages Jagori does not work with often do not get the benefits of the monthly Anganwadi meetings, therefore lacking menstrual education from the Anganwadis.

The Village D Anganwadi was an example of how Jagori's intervention has been beneficial for the Anganwadis and the community. This Anganwadi was open and confident in talking to the Jagori workers, women, and the girls. In her monthly meetings she says she discusses the changes the girls will go through when they grow, menstruation, and other 'health related things' (Village D Anganwadi B, Personal interview, April 24, 2017). For the topic of menstruation, she teaches about menarche explaining, "Sometimes when they start bleeding they are too scared to tell people at home. They think they have done something wrong because they are bleeding" (Village D Anganwadi B, Personal interview, April 24, 2017). Instead, teaching these girls about menarche ahead of the first menstruation prepares the girl for the stressful event (Village D Anganwadi B, Personal interview, April 24, 2017). After explaining the menstrual cycle using the help of an apron diagram, they offer the girls sanitary pads and tell them how to use them (Village D Anganwadi B, Personal interview, April 24, 2017). Additionally, those who have excessive pain during their menstruation are given iron tablets (Jagori Health Worker A, Personal communication, April 24, 2017). When asked about the changes seen in girl's attitudes towards menstruation and ability to open up about menstruation, the Anganwadi says she does encourage the girls to talk to people in their family about menstruation (Village D Anganwadi B, Personal interview, April 24, 2017). But, as seen through interviews with mothers of girls in Village D, the women expressed that six of their seven daughters learned about menstruation

through the Anganwadi, Jagori, and ‘a little bit in school’, despite the Anganwadi stating that the girls talk to their mothers about menstruation and that they do not learn about menstruation in school.

#### IVDii. Anganwadi Workshops

Along with workshops for women and adolescent girls, Jagori works with the Anganwadis in workshops to teach them more about health issues and open them up to talking about health with the adolescent girls who come to them. “Anganwadis should have proper trainings... but you will not believe how many Anganwadis are not aware of the reproductive system. At the beginning, I conducted a training where I told them to draw their reproductive body parts and they were very hesitant. I asked them to draw the vagina, breasts, etc., but they were very shy. Especially being in this health sector, they have to be very open so that they can talk to these women and girls about their own reproductive health” expresses Jagori team leader Navneet (Gupta, Personal Interview, April 29, 2017). Although the ICDS department says their trainings are intensive, Jagori team members have observed that they are all lecture based learning (Gupta, Personal Interview, April 29, 2017). “They do not really conduct a lot of activities. In our workshops we do ice breakers, eye openers. Okay, I can give a lecture but it will not be in their heads for a while, so we plan something that will help remain in their minds” Navneet further explains about Jagori’s methods of teaching in the workshops (Gupta, Personal Interview, April 23, 2017).

Initially, Jagori invited 30 Anganwadi workers to each workshop, but only 15 or 16 attended. The Anganwadi’s workload was said to be in conflict with workshop attendance. After this, Jagori changed its strategy and developed a good relationship with their department boss, the CDPO, Child Development Program Officer, and sent the request to send Anganwadis to the

workshops through their boss. After this, although only 30 Anganwadis were requested to come to each workshop, up to 45 Anganwadis would attend. The Anganwadis felt more motivated to go as they saw other Anganwadis attending, and it was a bit of a competitive reasoning, explains Navneet (Gupta, Personal Interview, April 29, 2017). From these workshops a change is being seen, the Anganwadi workers who have been trained at Jagori in the workshops have taken initiative in the field and started talking openly about reproductive health. An example of this openness to talk to girls about reproductive health and menstruation was observed with the Village D Anganwadi.

#### IVDiii. Village Health Issues

Of the six villages visited, the most commonly seen reproductive ailments include menstrual pain in the form of cramps, back and joint pain, further, white discharge, prolapse, and anemia, which affects a woman or girl's overall health, including reproductive organs. Aside from information about menstruation, the health issue of white discharge is another reproductive ailment that Jagori works to inform the women about, as well as giving them home remedies to reduce the symptoms and treat the ailment. These home remedies include washing their vaginas with dried curd, eating raw cheese, and boiling milk with crushed coconut and a cube of sugar, taken every morning before eating to help with back pain and the white discharge (Jagori Health Workers, Personal interviews, April 21, 2017). Additionally, the use of gooseberries is a remedy for women and girls suffering with anemia, as well as those suffering with a yeast or tract infection (Village C Woman A, Woman B, Village F Woman B, Personal interviews, April, 2017). Fenugreek seeds are a suggested home remedy for menstrual cramps, as well as hot water bags or hot baths to treat the symptoms of menstruation (Village B Woman A, Woman B,

Village D Woman A, Woman E, Village F Woman A, Woman C Personal interviews, April, 2017).

When asked about whether Jagori educates the women about the causes of the white discharge, a Jagori health worker expressed, “We tell them about the problems and the reasons why the problems start, but we can not predict how much someone is catching” (Jagori Health Worker A, Personal interview, April, 2017). As observed in the interviews, the women commonly knew how to make the home remedies for these ailments, but were not versed in the causes and prevention of the reproductive ailments experienced. Many times when asked, the women would look at the Jagori Health Worker to help jog their memory or tell them the answer to the root of the ailment.

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## **V. Production Benefit:**

### **VA. Effectiveness Without Jagori**

The women’s collective meetings are effective in addressing the issues of the village and health problems of the women, but without the supervision of the Jagori health workers, the meetings have little to no discussion of health issues (Gupta, Personal interview, April 29, 2017). This exemplifies the issue of the lack of self-sustainability of the women’s collectives. Jagori’s strategy to make the women’s collectives more self-sustaining is to create a model that allows Jagori to hand the collectives over to the community (Gupta, Personal interview, April 29, 2017). “But I think it is a long way to go and it will take time” discusses a core group team member, “if Jagori does not reach, they will not discuss” (Gupta, Personal interview, April 29, 2017). When asked if a main goal of the workshops is to teach some of the women, mainly the leaders, and have those women go back to the village and share their knowledge with other women to work

towards making the collectives more self sustainable, a Jagori team member agreed that this was the goal (Gupta, Personal interview, April 29, 2017). “We only pick up those leaders from that group so they can go back and discuss all that issues”, explains Navneet (Gupta, Personal Interview, April 29, 2017). When trying to make the women’s collectives more sustainable, Jagori runs into challenges of household job pressure of the women, economic dependence of the women on the husbands, and social backwardness (Gupta, Personal interview, April 29, 2017). For these reasons, some women will not attend the collective meetings, especially without the encouragement and presence of Jagori Health Workers. “This is why we are trying to focus on this issue of how to empower them socially so they will come to know about their rights”, that will, in hope, result in better, more sustained collective meeting attendance and women putting their health and social issues as a priority (Gupta, Personal interview, April 29, 2017).

#### VB. Menstrual Knowledge Retention

Despite citing interactive techniques of learning, overall knowledge retention about menstruation from the workshops was lower than anticipated. However, the women interviewed were not asked questions about the structure of their reproductive system or about other issues discussed in the workshops such as infant feticide or contraceptive use, areas in which knowledge retention may have been higher. Knowledge retention in the areas of home remedies and hygiene were higher than the knowledge of what the actual issues stem from. Because observed knowledge retention about menstruation is low among the village women and the village women are still shy in talking about the topic of menstruation and reproductive issues, the Jagori model currently relies on the sustained presence of the Jagori Health Workers at the women’s collective meetings to explain health issues to the women, limiting the self

sustainability of the collectives. This reliance on the Jagori Health Workers to give the women information about reproductive health was also observed first-hand during the interviews.

#### VC. Women's leadership

Leadership in the community is one area that Jagori focuses their work. The strategy behind this is to have a strong women's leadership that provides helpful for the whole community. Jagori plays an integral role in encouraging women to have leadership positions, and invites these women leaders to the workshops for further education and empowerment. Jagori team leader Navneet explains that it is Jagori's goal to create strong women leaders in the communities so that one day the collectives are able to be self sustaining without Jagori (Gupta, Personal interview, April 29, 2017). Through collaboration and education of these village women leaders, Jagori aims to empower the women socially, open up the discussion of reproductive health and rights in the public sphere, and create a solid women's leadership in each village community. As observed in interviews, leaders of the village collectives were well voiced and open in the discussion of health. It is this openness to speak about health and reproductive issues that Jagori aims to develop through its workshops. But beyond the current leaders of the collectives, outreach and effort in the inclusion of the other village women without leadership positions, is important in spreading Jagori's mission and goals for social change.

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## **VI. Impact:**

### **VIA. Changing Cultural Practices**

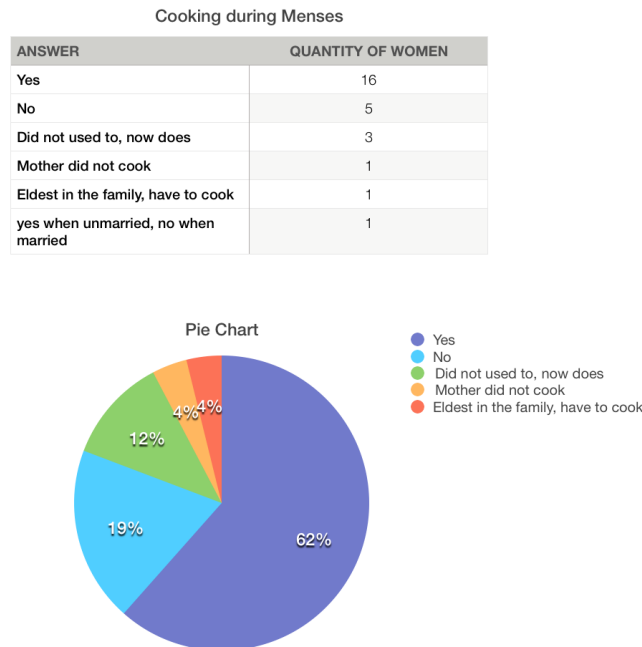
The broader areas of focus used for analysis of impact include the changing cultural practices surrounding menstruation, indicated by the quantity of women who express they have changed their practices related to worshipping and cooking during menstruation. Jagori's team works to educate the women and girls about cultural practices surrounding menstruation calling them 'conservative ideas' and explaining to the girls that they should not follow these practices (Gupta, Personal interview, April 29, 2017). Since the introduction of Jagori in these villages and school programs, a shift in attitude can be seen in some girls to stand up to their elders about these practices and not practice these things themselves. This shift is also observed in the generation of mothers ranging from 20 to 40 because of the intervention of Jagori, but the older generations, who have now gone through menopause, never saw a reversal of these practices for themselves. There is a high correlation between Jagori's workshops, collective meeting attendance, and other Jagori interventions and the changing of cultural practices surrounding menstruation. The highest change correlation is seen in the practice of cooking; the lowest change impact is in not going to temple during menstruation.

Changing traditional and conservative cultural practices surrounding menstruation in the village is a slow process, but Jagori sees the adolescent girls as the major target for change. Jagori has case studies where girls reported that they went to temple and lit lamp in front of god, "and he did not say anything", they express (Gupta, Personal interview, April 29, 2017). Further, in some cases, adolescent girls are arguing with their grandmothers, telling them not to follow these conservative practices, "you can do whatever you want, it is your freedom" relays Navneet about what the girls tell him (Gupta, Personal Interview, April 29, 2017). While all girls may not



be as open about speaking back to their elders or going to temple, a change is being seen in the practice of cooking during menstruation. Five women reported that their daughters also cook during menstruation. Out of fourteen women, six reported cooking during menstruation, three reported they used to not cook but since introduced to Jagori they do cook, two reported not cooking during menstruation, one reported she cooked when she was not married, but after marriage she did not cook during menstruation, and one reported that she also did cook during menstruation but her mother did not cook during menstruation (Figure 3). Although impact of change is seen in the practices of cooking, touching pickles and utensils, sleeping in beds, and bathing during menstruation, all fourteen women still admitted not worshipping during menstruation, showing a dichotomy in the impact of changing cultural practices. Although Jagori works to highlight these practices and encourages the women not to follow these ‘conservative ideologies’, only partial impact is being seen in changing the mindset and attitude of the village women.

Figure 3



In Village A, during an interview with the village Anganwadi, she denied seeing any practices that differ in daily routine during menstruation, but as a woman from the village was interviewed, it was expressed that these cultural practices are seen in the village such as not going to temple, not touching pickles, not touching food, even not entering in kitchen (Village A Woman A, Personal interview, April 21, 2017). The Anganwadi says she has not faced any of these taboos herself (Village A Anganwadi A, Personal interview, April 21, 2017). When asked about cooking during menstruation the Anganwadi expressed, “If it is a necessity I will do it”, displaying that she was unaware of cooking as a cultural practice that differs during menstruation. “She has to do it, because she is open minded” the translator interpreted (Translator A, Personal communication, April, 2017). When pressed about these cultural practices and why the Anganwadi denied any such practices in her village while a woman of the village voiced to the contrary, my translator explained, “she [the village woman] will not say these things in front of these other women because she knows that they do not practice these things” (Translator A, Personal communication, April, 2017). This displays that these practices surrounding menstruation still linger in village life, although some may deny their existence. Further, it displays that women who do practice these variations in daily routine are shy and are not open to talking about it, creating a challenge for change.

#### VIB. Knowledge and Behavior

As a result of the inputs, including the work of Jagori Team Members, Jagori Health Workers, workshops, women’s collectives, and in-school sessions, the resulting knowledge of the women, adolescent girls, and Anganwadis, as well as their behavior and openness to voice their knowledge and issues, are important measures of the lasting impact of Jagori’s efforts. No

quantitative measure was able to be taken to measure the outcome of knowledge or behavior, so qualitative questions and observations provided an illustration of the impact.

The girls in the in-school sessions led my Jagori displayed shy behavior, often overpowered in speaking by the boys. This was to be expected in younger-girl populations, as they have only had limited experience and time of education in gender and sex, and usually follow the values their parents and grandparents enforce in them since young ages (Gupta, Personal interview, April 29, 2017). In the co-education in-school gender and sex sessions of Jagori, the dichotomy between the boys and the girls was observed the most. The girls were quiet and shy and did not speak much, but even if they wanted to, they were highly overpowered and overshadowed by the loud boys in the group. Additionally, during a meeting with adolescent girls without boys present, only three of the twenty-five girls were open in speaking, to a third-party organization visiting Jagori, about what they learned from Jagori's workshops. Village A Anganwadi further expressed that she is willing to talk openly about menstruation and reproductive issues, because it is her job, but she still observes shyness in the girls and women of the village, even given Jagori's work there (Village A Anganwadi A, Personal interview, April 22, 2017). Further, many of the adolescent girls are still too shy to discuss menstruation with their mothers and family (Village D Anganwadi B, Personal interview, April 24, 2017). Three women cited that their daughters were too shy to talk to them, and went to friends or aunts for information about menstruation instead (Village Women, Personal interviews, April, 2017). Although there is still an overarching shyness in the girls to speak about reproduction and menstrual issues, further education and time with the girls can prove beneficial in changing their attitude about the topic of their health, and their willingness to open up and speak about their issues.

However, this shyness was not only experienced with the adolescent girls, but also with the women of the village. In a visit to a women's collective, it was found that the women of the community were themselves still a bit shy to talk, with only two of them speaking, one being an Anganwadi worker. In several interviews, women were still hesitant and shy to talk about menstruation. This shyness was experienced also three times with men present, which was expected given the gender indoctrination in India and the lack of health and reproductive issues discussion (Village B Women A, Village C Woman B, Village E Woman A, Personal interview, April 23, 2017). When interviewed, one women's collective president said that only one or two women in her collective were shy in talking about menstrual issues, but when interviewed, the women of the village were still hesitant to discuss this topic with the men around (Village B Woman A, Woman B, Woman C, Personal interview, April 23, 2017). Beyond the behavior of shyness to speak, about sixty percent of the village women interviewed were unable to give specifics about what they had learned about menstruation in the workshops or how they had learned, without help from the Jagori Health Worker, indicating both a lack of confidence and low memory retention about the workshops.

The greatest impact in knowledge and openness to speak were observed in the Anganwadi workers, the leaders of the women's collectives, and the women who had been to multiple workshops, ranging from 3 to 15 (Village D Anganwadi B, Village F Woman A, B, C, D, E, Personal interviews, April 24, 2017). An openness to speak and relay what they have learned in the workshops, in comparison to the shy women, became an indicator of knowledge and change in the women. This confidence to speak, teach the other women, and voice their concerns, issues, and knowledge, provides a base for the extension of this attitude to the other women of the community, and this is Jagori's strategy (Gupta, Personal interview, April 29,

2017). The Anganwadis were observed to be more open than the village women interviewed to explain what they had learned, how they were taught, what work they do, and how they teach adolescent girls themselves (Village D Anganwadi B, Personal interview, April 24, 2017).

Women who were presidents or leaders of the collectives spoke with candor about their collectives, what they discuss in the collectives, and what they learned in the workshops. Further, the women of Village F, who cited that they attended three, seven, fifteen, and ‘all’ of the workshops were also open to speak and express the concepts and remedies they learned about (Village F Women, Personal interviews, April 25, 2017). Based on the interview observations of the knowledge and behavior of village women and Anganwadis, the Jagori workshops have the most lasting impact with the women leaders, health workers, and Anganwadis of the village communities.

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## **VII. Limitations:**

Limitations of the interview process included shyness of the women, the presence of men, the reliance on Jagori Health Workers, and not exact translation. Many of the village women were shy and soft spoken about the issues of menstruation. Giggles and looking at the Jagori Health Worker to give them the answer to the question or answer for them were frequently experienced during interviews. The Jagori Health Worker was helpful in facilitating the interviews, but it was found that the women rely too frequently on them to explain what they learned in the workshops, or the issues they discuss in the women’s collective meetings. The Jagori Health Workers would give the women a list of answers about what they learned in the workshop and what methods were used to teach, and women would nod and agree ‘yes’. This

became a limitation as the women were given leading answers and a candid depiction of what the women remembered was not always illustrated. Additionally, translations of the Hindi spoken during the interviews were not always fully relayed in English, and at times full answers were left out of the English translation, not allowing for exact statistical analysis of what the women expressed.

Further, the presence of men was a limitation in the interview process. Of the interviews conducted, two were conducted with elder men sitting on a bench down the stairs from the interview, and two were conducted around the son or nephew of the woman. Both the son and nephew were asked to leave the interview space, after this the women spoke more candidly. In the presence of the elderly men, the women were shy about answering some questions, speaking in low and hush voices about menstruation. “Actually there are some men over there, and they are not comfortable enough to speak loudly” the translator explained (Translator A, Personal communication, April, 2017). After a while, the women seemed to become more comfortable with the line of questioning. This issue of hushed voices and repression of expressing health issues and reproductive health in the presence of men is still a problematic aspect of village life that even with Jagori’s work with the women, has not become less of a taboo to be talked about. Women still fear and shy away from expressing personal issues out loud in the presence of men, because a woman’s health status is still of less importance, and the topic is still a private discussion, not to be voiced around men or son’s of the woman.

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## **VIII. Conclusions**

### **VIIIA. The Women’s Workshops**

The overall the system of workshops at Jagori is selective and more privilege based for the women in the villages. While the aim is to educate the women about their reproductive

system, rights, and health, the populations experiencing the most need are being left out of the model with little access because of daily routines and the non-compliance of the husbands. In Jagori's model, the Jagori Health Workers encourage the women from the women's collectives to attend the workshops, eliminating all women who are not part of the women's collectives in the villages, and the ones who would have the least access to reproductive knowledge and information about health and home remedies. Further, the women from the women collectives who are able to attend the workshops are often the ones of higher socioeconomic status in the village or current leaders of the women's groups, including the president and secretaries of the women's collectives. For the women in the collectives that are unable to attend the workshops due to household work, childcare, food preparation, and lack of permission from their husbands, the trickle-down system of knowledge and information is relied on. Ninety percent of the women interviewed who go to Jagori's reproductive workshops claim to share their knowledge about reproductive health with the other women of the collective, but it is doubtful whether this is truly the case. Further, many of the women interviewed were not able to repeat the concepts they had learned in the workshops without first referring to the Jagori worker present in the interview process. The Jagori workers commonly asked the women leading questions during the interview process to encourage them to speak about what they had learned, but often women were not able to express the concepts themselves, signaling that the relaying of knowledge is not a reliable system.

Although Jagori's model of selecting women from the collectives with leadership and interest in learning is an understandable model for effective teaching, there is intention for expansion to other women of the village with less access or enthusiasm. The sharing of knowledge and encouragement from the leaders of the village who attend the workshops is

recognized within the organization, but time will be needed to see the larger results of impact on the whole of the village communities.

#### VIIIB. Sustainability:

The village women's collectives Jagori has organized have a larger impact and quantity of reach than Jagori's workshops, reaching anywhere from 48 to 180 women in the villages. Access to the women's collectives is easier for the women, as no travel outside of the village is required for attendance. Easier access to the collectives allows more women to be able to attend the monthly meetings and be an active part of the conversation of village issues, health, and reproductive health care. Being an all women's meeting, women are able and more comfortable to speak freely about their issues and rely on the other women for support and knowledge. But, these women's collectives are currently not self sustainable without Jagori. It is one of Jagori's goals to hand the women's collectives over the village communities, but it will take time to grow a sustainable leadership base within these communities that allow for the sustainability and knowledge sharing without Jagori (Gupta, Personal interview, April 29, 2017). An issue to attaining this self sustainability can also be cited in women's work responsibilities, as many women only attend the collectives to give money and then return to their house because of their restrained schedules (Gupta, Personal interview, April 29, 2017). Changing the women's attitude about the importance of the women's collective attendance and the importance of their own health and rights is a continued goal of Jagori (Gupta, Personal interview, April 29, 2017).

#### VIIIC. Work with adolescent girls

Jagori's work with adolescent girls in the AGAJ program was observed to have a better impact model. Because of multiple-leveled intervention, and the ages of the girls, their education was more malleable for change in attitudes and practice. Whereas with the women, practices



surrounding menstruation have been engrained in them for longer, and their education about menstruation prior to menarche has passed. Because adolescent girls are a vulnerable population, direct access to discussing menstruation and their education with the girls themselves was not possible. But discussions with mothers of adolescent girls and conversations with Jagori workers provided a statistical analysis of the number of adolescent girls Jagori reaches. Including the 55 schools where Jagori does in-school sessions about reproductive health, sex, and gender, the number of girls in each classroom observed was on average 20 to 30. Beyond this, nine of thirteen women asked said that their daughters attended Jagori workshops, exposures, or sessions and that Jagori taught their daughters about menstruation. Of the girls who did not attend Jagori meetings, workshops, or sessions, three out of five mothers said their daughters learned about menstruation from them. Combining these two statistics with the average of fifteen girls attending the monthly Anganwadi meetings in the villages, the reach of Jagori's impact with adolescent girls is in theory stronger than the AWAJ program observed. However, the limitations of not interviewing adolescent girls gives a limited scope of analysis of the knowledge retention of the girls in the topic of menstruation, sex, and gender. Due to the shyness of girls as well, it is plausible that there are limitations to sharing their knowledge and talking openly about menstruation with the other girls of the village. But, this is less of an issue in adolescent girl populations as most of the girls are educated together either at school, with Jagori, or at the village Anganwadi.

#### VIIID. Gaps:

Gaps in education of the Anganwadis must become a priority of the government, instead of the reliance on NGO's such as Jagori to retrain and open up the Anganwadis to discussion of health. "There is no problems in the government schemes", says Navneet, "whatever they have

planned it is been suggested by UNICEF or UN, but if you look at implementation there is a big gap. But the government officials will never agree that there is a problem” (Gupta, Personal Interview, April 23, 2017). Gaps between the Jagori workshops and the women collectives should also be addressed, assuring that the women leaders are playing an active role in spreading their knowledge to the women who are unable to attend the workshops.

#### VIIIE. Time is Key:

Time was taken to develop a relationship with the ICDS department to allow girls to attend workshops, time was also needed to gain the trust of the women, form the village women collectives, and start the workshops. And now, more time is still needed to change the mentalities and cultural practices in the village surrounding menstruation, to form successful women leaders within these village communities, to work away the shyness in the women, to reach out to more women without leadership roles for Jagori workshops, to reach out to more Anganwadis for trainings, and to empower the girls further, for change to be seen. “It is our technique to make people aware. When practices have been like this for 50,000 years, we can not change it over night” Navneet concludes about Jagori’s ongoing work (Gupta, Personal Interview, April 23, 2017).

#### VIIIF. Recommendations for Further Study

While qualitative interviews with the village women, analyzed for impact based on interpreted knowledge retention and quantity of cultural practices changed as voiced by the women, was helpful in understanding NGO Jagori Rural Charitable Trust’s impacts on reproductive and menstrual education, recommendations for further study in the topics of education, reproductive health, menstruation, rural women and girls, and Anganwadis include:

- Further discussion and data collection about the cultural practices surrounding menstruation
  - Observations of a Jagori reproductive health workshop
  - Pre and Post-evaluations of the women, adolescent girls, and Anganwadis attending the workshops
  - Observations of the village women's collective meetings
  - Further observations of adolescent girl's education
  - Further inquiry into how Jagori's work empowers women socially
  - Study on how this 'empowerment' extends to women's role economically, socio-culturally, legally, politically, psychologically, and within the family
  - Analysis of the impact of Jagori on 'empowerment'
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