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Introduction

Simavi is dedicated to supporting “A Healthy Life for All” and in specific for women and girls. In our work, Simavi recognises that the gender-specific social and economic barriers that women and girls face have a significant impact on their health and well-being. In turn, these barriers negatively affect their social and economic opportunities. In particular, the fact that women and girls do not fully control their sexual and reproductive health or their bodies has multiple, connected impacts. We there for work towards a world in which women and girls are socially and economically empowered and pursue their rights enabling them and their families to live a healthy life. To realise that, it is important that women and girls make informed decisions regarding sexual and reproductive health and rights, water, sanitation and hygiene free from discrimination, coercion and violence.

More than one fifth of the world population consists of women of reproductive age. On an average, a woman spends seven years of her life menstruating, making menstruation a natural and essential part of the reproductive cycle. In addition, women experience other forms of vaginal bleeding between menarche and menopause. It is an essential human right to have the ability to manage menstrual health and other episodes of vaginal bleeding with adequate knowledge, safety, and dignity and without stigma. However, many girls, women and other menstruators in low-resource settings are not well prepared when menstruation begins. They lack access to information, products, and the infrastructure that is needed to comfortably manage menstruation. Health, well-being, and rights of women, girls and other menstruators, are compromised when they are isolated from their families; absent from work, school, or community activities, and have their physical safety at risk, due to their basic biology.

Adolescent girls are especially vulnerable to negative outcomes related to menstruation, including effects on their overall self-esteem and confidence. A girl’s menstruation in many cultures marks her transition into womanhood. With that transition comes a broader set of restrictions and roles that girls are expected to align to. Interventions that aim to improve women and girls’ experience of menstrual health can therefore be an opportunity to address a broader set of barriers faced and likewise tackle issues surrounding gender (in)equality around the globe.

Simavi uses the term menstrual health when referring to its work on menstruation as this term describes both menstrual hygiene practices and the broader interventions that link menstruation to health, well-being, gender, education, equality, empowerment and rights. When specifically referring to hygiene measures that are taken to improve menstrual health, we use the term menstrual hygiene management or refer to menstrual hygiene practices. The United Nations Children’s Foundation (UNICEF) and the World Health Organization (WHO) define a state of “good” MHM as follows: girls and women use clean material to absorb or collect menstrual blood; can change this material in privacy; and have access to soap, water, and disposal facilities for used materials (e.g. menstrual products).

This manual focuses mostly on menstrual health, but it does incorporate other episodes of bleeding between menarche and menopause and when relevant specifically refer to these as other types of vaginal bleeding.

More information on Simavi, such as our Theory of Change, Strategies and Programmes can be found at www.simavi.org. More information on our work on menstrual health can be found here.
A Healthy Life for All.

We strive for a world in which all women and girls are socially and economically empowered and pursue their rights to live a healthy life free from discrimination, coercion and violence.
Acknowledgements

A growing base of information and research is available on menstrual health and other forms of vaginal bleeding, and this manual has been inspired upon the knowledge and guidance contained within these resources. In addition, there are a large collection of resources available for training on water and sanitation, gender, sexual and reproductive health, male involvement and other related topics that have shown a demonstrated impact on the topic of menstruation. This information has allowed for the adaptation of proven content, guidelines and tools for Simavi’s Menstrual Health Manual. Sources used in this manual include:

- **FSG**, An opportunity to address menstrual health and gender equality, 2016
- **IPPF**, Framework for Comprehensive Sexuality Education, 2010
- **Pathfinder**, Comprehensive Reproductive Health and Family Planning Training Curriculum, Participants Manual, 2004
- **WaterAid**, Menstrual Hygiene Matters, Training guide for practitioners, 2015

Although still incomplete, there is a growing base of rigorous evidence on menstrual health. The following review that was written for the MHM Symposium 2018 on East and Southern Africa provides a good overview of available evidence: *Siri Tellier and Maria Hyttel* (WoMena Knowledge Management Team), Menstrual Health Management in East and Southern Africa: A Review Paper. In addition, the publication of Marni Sommer, et al. (2017) sets the scene for an increased focus on other forms of vaginal bleeding.

Other sources of information on menstrual health are MH Day, the MH webinar series organised as an activity under the MH Alliance by Simavi, WASH United, World Vision and GIZ.

A full list of references and hyperlinks can be found in the List of References at the end of this manual.

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Training and support

Simavi provides trainings, workshops and technical assistance on menstrual health. This manual is the basis for our trainings. For more information about our training and support on menstrual health, contact us through info@simavi.nl.

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Acronyms

- **GBV**: Gender Based Violence
- **SRHR**: Sexual and Reproductive Health Rights
- **SRH**: Sexual and Reproductive Health
- **MH**: Menstrual Health
- **MHM**: Menstrual Hygiene Management
- **SMC**: School Management Committees
- **CEDAW**: Convention on the Elimination of All Forms of Discrimination against Women
- **STI**: Sexually Transmitted Infections
Guidelines for Menstrual Health Programming

This section starts with a general introduction to menstrual health. Building on that, the Simavi guidelines for menstrual health programming are laid out.
1 Introduction to menstrual health

Menstruation is a natural and regular occurrence that nearly all women of reproductive age experience. On average, a woman will have 450 menstrual cycles over approximately 38 years of her life. In addition, there are other forms of vaginal bleeding that women and other menstruators deal with between menarche and menopause. Despite this being part of the natural reproductive cycle, cultural beliefs and social norms in many countries restrict the participation of women, girls and menstruators in society during menstruation or other types of vaginal bleeding. In addition, limited access to clean water, proper sanitation facilities and menstrual products make it difficult for women to manage their vaginal bleeding hygienically. As a result, many (young) women and menstruators around the world face considerable physical and social challenges during their menstruation period.

Definition

Many programmes and NGOs working to improve the situation of women and girls regarding their menstruation use the term menstrual hygiene management (MHM). The United Nations Children’s Foundation (UNICEF) and the World Health Organization (WHO) define a state of “good” MHM as follows: girls and women use clean material to absorb or collect menstrual blood; can change this material in privacy; and have access to soap, water, and disposal facilities for used materials (e.g., sanitary pads). Simavi uses the term menstrual health when referring to its work on menstruation as this term describes both menstrual hygiene practices and the broader interventions that link menstruation to health, well-being, gender, education, equality, empowerment and rights.1 When specifically referring to hygiene measures that are taken to improve menstrual health, we use the term menstrual hygiene management or refer to menstrual hygiene practices. The United Nations Children’s Foundation (UNICEF) and the World Health Organization (WHO) define a state of “good” MHM as follows: girls and women use clean material to absorb or collect menstrual blood; can change this material in privacy; and have access to soap, water, and disposal facilities for used materials (e.g., menstrual products). This manual focuses mostly on menstrual health, but it does incorporate other episodes of bleeding between menarche and menopause and when relevant specifically refer to these as other types of vaginal bleeding.

Did You know?

450 menstrual cycles over approximately 38 years of her life

Simavi developed guidelines that can be used by our partners and others to develop and implement menstrual health programmes. The guidelines follow Simavi’s Theory of Change that can be found here. The guidelines in this chapter are based on evidence gathered from desk research done by the Impact Centre Erasmus of the Erasmus University, needs assessment in different programmes in Asia and Africa, as well as lessons learned and evaluation of Simavi’s menstrual health programmes and those of our partners.

**Desk research and needs assessment**

It is advised to perform formative research in the geographical location of the programme to better understand the context, at the minimum. As well as its importance in identifying the target group and/or relevant stakeholders, a needs assessment can also be instrumental in understanding the specific issues that girls and women face and the specific role that other stakeholders play and can play. When there is clarity about the possible roles of stakeholders, messages can be directed towards this specific behaviour. Ideally the information gathered from needs assessments also supports the selection of media/ approaches per target group. The information in this chapter can be used as a guideline in setting up the formative research and defining the menstrual health programme. However, specific roles and realities differ per contexts and country, this needs to be taken it account. The report of the needs assessment that was done in Netrokona, Bangladesh can be found here.

**Defining a target group**

A menstrual health programme tends to focus on those who menstruate. The more specific the target group of the programme is defined, the easier it to measure impact or to design a scalable, context specific, programme. Following Simavi’s mission and women centered approach, our programmes focus largely on women and girls and this manual is mostly focused on them as well. However, not only women and girls menstruate and not all women and girls menstruate. It is important to note that there are women and girls who don’t menstruate due to health or anatomical reasons, trans men that menstruate, trans women who do not menstruate and intersex people who do or do not menstruate. The term *menstruators* is used to describe everyone who menstruates and/or experiences other episodes of vaginal bleeding.

**Girls**

When focusing on girls it is important to find out what the average age of menarche is in the country of implementation to ensure girls are informed before their first menstruation. It can also be helpful to know if there is any information in the school curriculum and from which grades teachers should provide information. This can help in defining the grades that will be targeted when interventions are school based. Note that ideally menstrual health programmes should start informing girls at the age of 9 or 10.
GUIDELINES FOR MENSTRUAL HEALTH PROGRAMMING

Going beyond schools
Many menstrual health programmes are school based. This is not without a reason, as schools provide a structured environment to reach a large population of girls in a structured way. However, it is important to note that not all girls are in school and that many women also have very little knowledge of what happens in their bodies during menstruation and how to hygienically manage menstruation. As mentioned above, there are other groups of women and men who menstruate and are often not included in menstrual health programmes. It is therefore important that menstrual health programmes include women and menstruators in general. In addition, it is important to ensure that women and girls with a disability are included in programmes as well. Their needs might differ from other women and girls, due to their specific disability.

Secondary target groups and messages
There are various groups of people that play a role in ensuring menstrual health. The final target of a programme groups should be defined following the outcome of the formative research. Below is an overview of target groups that Simavi has identified as important. This list is not exclusive.

Mothers/ female caretakers: For many girls, mothers are an important source of information regarding menstrual health. In addition to mothers, other women such as older sisters or aunties are often cited as a source of information on menstrual health. It is important to note that menstrual health is often surrounded by myths and restrictions, and in the likes of Bangladesh, it was found that mothers also play a role in sharing these with girls. When well-informed and supported in their role, mothers or other women can provide girls with the right information and support them to maintain menstrual health and increase their overall well-being. It is also found that a girl’s experience with menstruation is affected by the degree of agency her mother has within her personal life. Empowering mothers to manage their menstruation should have an impact on improved girls’ menstrual health related behaviour.

Boys: Girls are often teased by boys during their menstruation, which creates a barrier for girls to go out or participate in activities. When informing boys and including them in the solution, they can contribute to an environment in which girls feel confident during their menstruation.

Fathers/ men: The role of fathers in menstrual health is often limited as in many countries it is considered a women’s issue. However, men play a key role in breaking barriers and in supporting women’s menstrual health. In addition, men mostly control the household income and expenditure. Therefore, men can be activated to break barriers and taboos, spend money on menstrual products or a toilet to increase the menstrual health of their daughters, wife, or anyone else in the household that experiences menstruation. In addition, men can provide a good example to their sons by supporting and positively encouraging menstrual health.

Community leaders: As in any other development programme, for successful implementation of a menstrual health programme it is important that the programme is supported by community leaders. These leaders can play an active and facilitating role in the programme.

Teachers: Teachers are an important (potential) source of information about menstruation for both boys and girls. In addition, teachers play an important role in creating a menstrual health friendly environment in schools. Teachers can therefore play a key role in programmes on menstrual health. As schools are part of the (government) education system in a country, getting

2. FSG, An opportunity to address menstrual health and gender equality, 2016
schools and teachers involved will contribute to a sustainable change. See the video of Chaya, a female teacher in India who was involved in the Making Periods Normal Programme. The story of Chaya.

Health workers: Similar to teachers, health workers are part of a bigger (government) system. When provided with the right information and skills, health workers can play an important role in sharing knowledge and supporting girls in maintaining their menstrual health. Simavi often works with health workers to increase sustainability of its programmes.

Government: Working closely together with relevant local government officers such as health officers or education officers can increase the impact of the programme as well as the sustainability. Interventions can vary from asking for permission to train teachers or health workers, to building capacity of government officers on menstrual health or in offering outcomes of mapping exercises together with communities or young people. On local, regional and national level, relevant stakeholders can be targeted to change policies or for example to include more information on menstrual health in the school curriculum.

Strategies

There are three main strategies that Simavi proposed for its menstrual health programmes. These are education/awareness raising, creating access to services, and creating an enabling environment. It is advised to limited the number of different interventions per strategy and to invest in those that have been proven to result into the expected impact. This also increases the possibility to increase scale and to attribute outcomes to specific interventions.

Strategy 1: Awareness raising
Sharing information and skills is core to menstrual health programmes. Simavi’s menstrual health programmes ideally combine WASH and SRHR approaches and thus information. Simavi sees menstrual health as an entry into wider SRHR topics, including sexuality and gender-based violence (GBV). Awareness raising can be done on different levels. The following levels are prioritised in Simavi menstrual health programmes:

School level: When girls are the main target groups, it has been proven that interventions in schools are effective in changing behaviour. The preferred strategy is to train teachers – provide them with the confidence, knowledge, and skills – to implement lessons on menstrual health as this is a sustainable solution. We found that it is more effective to ensure the entire school, e.g. all teachers and the head teacher, support a menstrual health friendly environment. It is therefore advised to involve all teachers in some sort of training and at the same time work on changing the overall school environment. Interventions in schools can be supported by peer educators, groups of students and NGO staff.

Community level: Communities play an important role in Simavi’s Theory of Change. We believe that the impact of menstrual health programmes is stronger when communities are involved. For menstrual health programmes that focus on girls, we specifically work with mothers and fathers as they are the most important decision makers in the lives of girls. Often used strategies are to facilitate separate sessions with men and women to educate them on menstrual health, that can be followed by joined sessions. These sessions can be co-facilitated by health workers, as this will increase the sustainability of the programme. Other activities that are found to be efficient are theatre shows, airing of movies/documentaries on menstrual health, and involving role models. Role models have found to be especially effective in communities or households with limited access to internet and media, as these may have less exposure to female role models that challenge traditional norms.
National level: Awareness raising, by utilising different media or for example the celebration of Menstrual Hygiene Day, can support both the programme on local level as well as advocacy on a national level. In the countries where Simavi works, menstrual health is often a taboo subject and is subsequently not discussed with openness or ease. Role models and/or the national media can support in normalising menstrual health and encourage this sensitive topic to break from its stigmatism. However, it is important to note that the national media need to be selected carefully and that the impact of using mass media is very difficult to measure. To maximise impact, it is advised to carefully select media and design messages per target group based on information from the needs assessment. Additionally, communication such as television or radio programmes can be integrated in the programme on local level and you can make use of innovative approaches such as the Happy Periods app of Simavi.

Strategy 2: Creating access to and promoting use of services
Lack of access to and use of Water Sanitation and Hygiene (WASH) facilities and preferred products can lead to girls experiencing shame, embarrassment, and discomfort during menstruation. For menstrual health programmes, it is important that women, girls and other menstruators have access to gender sensitive WASH facilities in school, at work, at home and/or in the community. In addition it is important that there is access to and take up of menstrual products. Below is an overview of suggested interventions to create access to services.

WASH facilities: To maintain menstrual hygiene, it is important to have access to clean toilets, clean water in the toilets, soap, space to change and/or wash and discrete disposal options. Toilets need to provide a safe and clean space where girls can manage their menstruation in privacy and with dignity. In this, it is important to take the specific needs of different groups of menstruators into account, including women and girls living with a disability. To ensure sustainability and proper maintenance, it is important that there is ownership with schools, communities, employers of the facilities. One proven successful strategy is to work with decision making bodies such as school management committees (SMCs) or WASH committees in resource mobilization or lobby towards the Government to access available WASH budgets. Simavi encourages the involvement of primary/secondary target groups in this process. Such as, girls and boys can be involved in the process by mapping and presenting outcomes to committees and local government.
Menstrual products: Simavi believes in informed choice. This means that we inform people about the different products that can be used to maintain menstrual hygiene. This can be cloth, disposable or re-usable sanitary napkins, menstrual cups, tampons, etc. In programmes, it is important to take into account that preference differs largely between women. For example, older women often prefer different products and shapes than younger girls. In addition, climate and the specific context will also inform the choice of product. There are several ways to facilitate access to menstrual products. This can be done through the setting up production of re-usable sanitary napkins by local women, by creating a network of local sales women together with a (social) business partner or by working together with a private partner. It is important in each of these strategies that the products meet the needs of the target group of the programme. Questions can be included in formative research to get a better idea of the specific needs of girls and women regarding menstrual hygiene products. Besides the costs of the product, the shape, packaging, points of distribution/ sale and disposability are important factors. Waste management can be a challenge but can be an important factor in decision making for women.

Strategy 3: Creating an enabling environment

Local level: For menstrual health programmes Simavi focuses on communities, local government and national government. Awareness raising activities support the creation of an enabling environment. In addition to that, community and local stakeholders can be actively involved in the programme. This can be through social accountability processes such as resource mobilization, through facilitating and supporting programme activities or as role models. Community and local government stakeholders can also play a role in national advocacy, by using their networks and by joining advocacy activities that are part of the programme. Successes or results from the local level can also be used in advocacy on a national level, e.g. findings of resource mobilization can be combined in a policy letter and shared with the relevant ministry.

National level: To create a sustainable change, advocacy on policy or implementation of policies is an important instrument. It is important to focus advocacy and identify a specific goal (policy, strategy, curriculum) to be revised or better implemented. When relevant stakeholders and allies are identified, an advocacy strategy can be developed. Example of areas for advocacy in our programmes are the inclusion of comprehensive menstrual health information in the primary and secondary school curriculum as well as in the teacher training curriculum and the establishment and maintenance of gender-sensitive WASH in schools.

Monitoring and evaluation

It is important to think about the impact that will be achieved with a programme. In general, there is very little evidence that menstrual health interventions have an impact on health outcomes such as infections. Evaluating this requires rigorous evaluation models and techniques. There are other outcomes that can be taken into account when implementing menstrual health programmes.
Examples are well-being, looking at mental, social and physical well-being, or empowerment, zooming into confidence or shame. Discussion about appropriate indicators are still ongoing and has mostly focused on menstrual hygiene management related outcomes instead of broader menstrual health outcomes. A lot of focus has also gone into school drop-out rates, where a lot of the available evidence is qualitative. It is important to take into account that there are multiple factors that contribute to girls’ drop-out from school. It is advised to look beyond this, e.g. participation in school, when working in schools. When delivering comprehensive menstrual health education, programmes could also have an impact on broader SRHR outcomes that could be evaluated.

In Simavi’s Ritu programme we work closely with the Erasmus University, Maastricht University and Johns Hopkins University on a Randomized Controlled Trial amongst 4000 girls that are involved in the programme. In our monitoring and evaluation work under Ritu, we look at school attendance, performance, well-being, empowerment and broader SRHR outcomes. More information can be found [here](#). [Listen here](#) for more information about evidence and gaps in evidence to the first MH Webinar.

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### Note for Facilitators

This manual provides information and guidance on a wide selection of topics that are relevant for menstruators, stakeholders, implementers and facilitators. As an implementer or facilitator it is important to have comprehensive knowledge of menstrual health. Ideally, menstrual health programmes cover a comprehensive package of information as well, to ensure menstruators understand all aspects of it. However, depending on the allocated time for training or education, a selection of topics can be made.

The Training Sessions of this manual consist of different chapters that discuss elements of the overall topic of the session. Chapters consist of a combination of the following elements: background information for the facilitator and key messages, illustrations, tables, activities, and questions and answers that can be used to inform the participants. It is advised to make use of the activities suggested in the manual or similar interactive facilitation methods instead of just sharing facts and information.

The training sessions of this manual are designed to be used by a variety of facilitators as well as for a variety of target groups. Most of the sessions are developed for a non or semi-literate audience to ensure as many people as possible are able to actively participate. Depending on the level of knowledge, the target group and the specific goal of the training, the facilitator can combine different modules. When working with specific target groups, it might be needed to adjust messaging and delivery methods. For example, when working with women and girls living with a disability, it might be necessary to involve their family or caretaker as they might need their support to manage their menstrual health.

For a successful training on a sensitive topic like menstruation, it is important to be well prepared as facilitator. We therefore recommend studying Simavi’s Facilitation Manual and using the tools and guidelines presented in there to carefully plan and prepare your training.

Good luck!
Training Session 1

Norms and gender roles

Myths, norms and practices as well as gender roles play an important role in women’s and girls’ menstrual health. This manual therefore starts with discussing and challenging these norms and roles.
Breaking the taboo

All around the world, people feel shy talking about menstruation. However, starting the conversation is the best way to bring menstruation out of the taboo sphere.

More than one fifth of the world population consists of women of reproductive age. On an average, a woman spends seven years of her life menstruating, making menstruation a natural and essential part of the reproductive cycle. In addition, women experience other forms of vaginal bleeding and at the end of the reproductive cycle they experience menopause. It is an essential human right to have the ability to manage menstrual health and other forms of vaginal bleeding with adequate knowledge, safety, and dignity and without stigma. However, many women, girls and other menstruators in low-resource settings are not well prepared when menstruation begins and lack knowledge of other forms of bleeding. As menstruation is a taboo in almost all cultures around the world, it is not openly discussed and therefore women and girls are not well informed about menstruation.

Activity: Break the Silence

Time: 30 Minutes

Materials: Paper sheets and markers

Sit in a circle. Give each of the participants a marker and a paper sheet. Ask them to write a personal statement about menstruation. This can be an experience, a thought or a question – both negative and positive statements are allowed. Then ask each of the participants to show their sheet and explain their statement. There are no right or wrongs, this is an activity to start the conversation.

Key message Menstruation is normal

Menstruation is a normal and healthy part of the female reproductive system. It is important to openly talk about menstruation, to ensure that women and girls have sufficient knowledge and feel comfortable to ask questions.

Video: Kids talk periods

This is a nice video where small children talk about periods. It might be a nice way to ‘break the ice’ for people to feel more comfortable talking about menstruation. (Global Citizen, Kids talk periods)
Myths, norms and practices

Many cultures have beliefs or myths relating to menstruation. Almost always, there are social norms or unwritten rules and practices about managing menstruation and other types of vaginal bleeding, and interacting with menstruating women and girls. Most cultures have secret codes and practices around managing periods. In addition to social norms, there are also religious practices related to menstruation. Like social norms, these differ from culture to culture.

Although some of these myths and norms are helpful, many restrict women and girls’ levels of participation in society. This can make their daily lives difficult and limit their freedom. For example, in some cultures, women and girls are told that during their menstrual cycle they should not bathe (or they will become infertile), touch a cow (or it will become infertile), look in a mirror (or it will lose its brightness), or touch a plant (or it will die).

Sexual reproduction often being a sensitive topic, leads to further shame and embarrassment about menstruation, with negative implications for women and girls. For example, male shop owners may decide not to stock menstrual products or hide them from view, and girls might not be confident asking for them; mothers may be too embarrassed to talk to their daughters because of the connection with sex and reproduction; and teachers may not be allowed to teach the biological facts. Other types of vaginal bleeding tend to be even more surrounded by stigma and shame, similar to the fact that there are other people that menstruate. When talking about menstrual health of women and girls this can be an opening to discuss other menstruators and other episodes of vaginal bleeding.

It is therefore important to open the discussion on these topics. Once people understand that menstruation is a natural and healthy process, they will be more open to talk about the topic and can even start challenging restrictions that women face during their menstruation.

Key message ‘Myths, norms and practices’

Menstruation is a natural part of a woman’s or girl’s reproductive system. The menstrual blood, or any other blood coming from the vagina, is not impure and menstruating women, girls and menstruators do not pose any health or fertility risks for others. It is important that they take extra care of themselves during menstruation; they should eat well, maintain hygiene, sleep more, and move and rest as needed.
It is helpful to do this activity with facilitators before the training is implemented to complete the list of myths and find the facts to match them. This will help facilitators to add to the input of participants during the trainings that they give. In every setting, new myths can come up, as these can even differ per community. When the facts are unknown to the trainer, make sure to park the myth and consult colleagues or the internet for the fact.

1. Split the group up in smaller groups and have each group write down myths and practices surrounding menstruation that they know of. When the participants find it difficult to come up with myths or practices, you can give some examples to help them get started.

2. Have each group present the myths that they identified. Then, for each myth, discuss with the group if they think the myth is true or false. If they don’t know the fact, explain it to them following the list below or the facts that you looked up.

3. Share myths that are common in your country that were not mentioned by the group. Similar to the above; discuss the facts with the group.

4. Ask the group how this makes them feel. Do they still believe the myths or do they look at these differently? Ask them what this will mean for girls and women during their menstruation. Would it be good or bad not to follow the myths and practices? What will other people think? How can they discuss this with their family and other community members? It is important to take time for this discussion. Changing myths and practices doesn’t happen overnight, so it might be helpful to come back to this session later in the training.

### Table 1. Myths and practices challenged

<table>
<thead>
<tr>
<th>MYTH/ PRACTICE</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstruating women and girls (and other menstruators) are unclean.</td>
<td>Menstruation is a sign of health and normal development. Menstrual blood is the same as blood from anywhere else in the body and is usually sterile.</td>
</tr>
<tr>
<td>Women should only bleed once a month.</td>
<td>A proportion of women and girls will experience some form of menorrhagia or abnormal bleeding, which can include spotting throughout the month, episodes of very heavy and painful bleeding or months with no bleeding. Women are likely to experience episodes of bleeding for 4–6 weeks after a miscarriage and 4 weeks postpartum.</td>
</tr>
<tr>
<td>Taking a bath/shower/washing the body during menstruation causes infection or infertility.</td>
<td>Girls should always maintain good hygiene throughout their menstruation. Taking a bath/shower/washing the body during menstruation is necessary, as it prevents a woman from getting infections. However, the practice of ‘douching’ (forcing water inside the vagina in order to clean it) can make pelvic infections more likely.</td>
</tr>
<tr>
<td>Myth/Practice</td>
<td>Fact</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Improper disposal of used menstrual materials (e.g. pads) makes a woman or</td>
<td>The normal process of ageing means that menstruation will eventually stop. Losing blood after menopause is not influenced by product disposal methods. Used menstrual products should be disposed of in a proper and hygienic manner in order to keep the environment clean.</td>
</tr>
<tr>
<td>girl menstruate continuously for life.</td>
<td></td>
</tr>
<tr>
<td>Burning or burying used menstrual materials leads to infertility.</td>
<td>Burning or burying of used menstrual products are safe and hygienic disposal methods and have no link to a body's fertility/infertility. To keep the environment clean, used menstrual products are best disposed of in a rubbish bin whenever possible.</td>
</tr>
<tr>
<td>Menstruating women and girls should not eat certain foods (e.g. yoghurt,</td>
<td>Menstruating girls need to eat foods that contain iron to replace iron losses during bleeding, such as beans and dark green vegetables. Also, eating fresh fruit and foods high in calcium can help keep women healthy and alleviate some symptoms of premenstrual syndrome. Calcium rich foods include almonds, and dark green vegetables like spinach leaves. Drinking plenty of clean water during menstruation is also important, in order to keep the body hydrated as usual.</td>
</tr>
<tr>
<td>vegetables, cold water, sour food).</td>
<td></td>
</tr>
<tr>
<td>Eating cold food during your period can result in cramps.</td>
<td>Eating cold food will not give a menstruating woman cramps. To avoid cramps, those that menstruate are best off eating magnesium rich foods such as bananas, cashew nuts, and apricots.</td>
</tr>
<tr>
<td>Starting menstruation means a girl is ready to marry.</td>
<td>A girl’s body is still developing after she has started menstruation. Getting married and having a baby before the age of 18 can lead to health problems for the mother and child.</td>
</tr>
<tr>
<td>Women and girls should not have sex during their menstruation.</td>
<td>It is up to women and girls and their partners to decide if they want to have sex during their period. It is important to use the same protection as is used on other days.</td>
</tr>
<tr>
<td>Women and girls should not cut their hair or nails during their period</td>
<td>A girl can cut her hair and nails during her period as usual.</td>
</tr>
<tr>
<td>Old menstrual cloths should be buried in the ground because evil spirits will</td>
<td>It is not essential to bury old menstrual cloths in the ground. They can also be disposed of in a rubbish bin (wrapped in tissue paper if possible), burned, or disposed of in any other method appropriate.</td>
</tr>
<tr>
<td>be attracted to the blood.</td>
<td></td>
</tr>
<tr>
<td>Drinking sugary drinks during menstruation can make blood flow heavier.</td>
<td>Drinking sugary drinks does not have this effect.</td>
</tr>
<tr>
<td>A touch from a menstruating girl or woman will cause a plant to become dry,</td>
<td>A woman’s menstruation has no impacts on plants, milk, or mirrors.</td>
</tr>
<tr>
<td>milk to curdle, and a mirror to lose its brightness.</td>
<td></td>
</tr>
<tr>
<td>A woman or girl should not cook during her menstruation.</td>
<td>A woman can continue to cook during her menstruation. She should ensure good personal hygiene as usual.</td>
</tr>
</tbody>
</table>
If a woman or girl touches a cow when she is menstruating the cow will become infertile. | It is fine to touch animals during your period as you would at any other time. A woman's menstruation has no impact on cows’ – nor any animal – fertility. Remember to wash your hands afterwards.

| A woman or girl should eat separately from the family during menstruation. | There is no reason for a woman or girl to eat separately during menstruation.

| A woman or girl should not look at her reflection during menstruation. | There is no reason why a woman or girl should not look at her reflection during menstruation.

| A woman or girl should sleep separately during her menstruation. | There is no reason why a woman or girl should sleep separately during her menstruation.

| A woman or girl should not attend religious functions whilst menstruating. | Religions place various restrictions on menstruating women and girls.
Gender roles around menstruation

Menstruation might seem to be a woman’s issue for most people. However, men can play an important role in supporting women with their menstrual health. When challenging the existing gender roles of men and women, we might discover new ways for men to support their wives, daughters, or sisters. Furthermore, it is important to consider other menstruators in menstrual health programmes.

Sex and gender

It is important to understand the difference between sex and gender, as gender roles that are culturally designed roles tend to be understood as natural roles.

Key message: Sex and Gender

Sex refers to human biological characteristics of being female, male or other (in the case of transgender or intersex people who do not necessarily recognise themselves in those binary categories). Gender refers to the roles, attributes and entitlements assigned to people by society based on their sex. Sex differences are nature, whereas gender differences are nurture.

Sexual diversity

“All human beings are born free and equal in dignity and rights” states Article 1 of the Universal Declaration of Human Rights. The Universal Declaration of Human Rights recognises the right to sexuality; the right to express one’s sexuality, free from discrimination based on sexual orientation or sexual identity. This is based on the universality of human rights and the inalienable nature of human rights of every person, including lesbian, gay, bisexual and transgender (LGBT) people. However, around the world laws continue to criminalize same sex relationships and cross-dressing, representing a violation of fundamental human rights, including to privacy and non-discrimination. These laws and restrictions also feed stigma, limit or deny access to health care services and drive LGBT people underground, thus preventing them from enjoying their sexual and reproductive health and rights. In addition to laws socio-cultural norms play a role in reinforcing negative attitudes and stigma around LGBT people.

Key message: Inclusiveness

Menstrual Health programmes should be inclusive of all those within the communities we serve, including people who identify, or are perceived, as LGBTI or have a non-conforming gender identity.
Gender equality

Gender equality and the human rights based-approach are two of the five UN programming principles. Combined, they ensure that everyone regardless of their sex, can achieve and enjoy all human rights.

Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe, or how you choose to live your life. Human rights are relevant to all of us, not just those who face repression or mistreatment. They protect you in many areas of your day-to-day life: here are just some of the main rights and freedoms they support:

- your right to a private and family life as well as expressing your opinions, and
- your right not to be mistreated or wrongly punished by the state.

Human rights also apply to children, however, there are official Children’s Rights as well. A summary of the Convention of the Rights of the Child can be found through the link below. The Sexual and Reproductive Rights include that everyone is entitled to live free from discrimination based on their sex, gender, sexuality, or perceived identity (Annex 2).

Gender equality, equity or justice are important principle that can be used to explain that men and women, as well as people of the third gender, all have equal rights.

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**Definition Gender equality**

Gender equality refers to the equal rights, responsibilities and opportunities for people of all sexes and gender identities. Equality does not mean that women, men and others will become the same, but that their rights, responsibilities and opportunities will not depend on their sex, nor gender.

**Definition Gender equity**

Gender equity is used to refer to fair treatment of women and men, according to their respective needs. This may include equal treatment, or treatment that is different but aiming at accelerating de facto equality between men and women. These types of treatment, called “positive measures” are encouraged by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). An example of which is women and girls’ access to menstrual product.

**Definition Gender justice**

Gender justice is used to refer to ending the inequalities between women and men that are produced and reproduced in the family, the community, the market and the state. It also requires that mainstream institutions - from justice to economic policymaking - are accountable for tackling the injustice and discrimination that keep too many women poor and excluded.

**Definition Sex and gender-based discrimination**

Sex and gender-based discrimination refers to any distinction, exclusion, or restriction made on the basis of people’s sex and gender, in a way that prevents them from enjoying their fundamental rights and freedom, even unintentionally.

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Gender-based discrimination can be:

- **Direct**: when the differentiated treatment is explicitly based on the grounds of sex (e.g. military services, which in many countries is compulsory for men)
- **Indirect**: when a requirement or condition that appears neutral results in unequal treatment of one of the sexes (e.g. a job for a police officer with minimum height and weight criteria that women may not fulfil).

### Key message: Equal rights and opportunities

Everyone has equal rights and should have equal opportunities, despite their gender, culture, religion or age. This means women and girls have the same rights as men and boys, as well as people who do not necessarily recognise themselves in those binary categories.

### Gender roles

Gender is a social construct, this means that these roles are based on cultural and social norms and beliefs. Some of these roles might seem to be related to biological differences (sex), such as a mother taking care of children, but they are not. A father might want to play or take care of his children, but according to the existing gender roles this might make him look weak. The exercises in this chapter help participants to critically look at existing gender roles.

### Activity: Existing gender roles of boys and girls in your country and village

**Time:** 40 minutes

**Materials:** Flip-chart, markers

This is a simple exercise to help participants see the differences between sex and gender by using a practical example of how gender roles are taught by socialization. It is important to understand that our gender roles appear and feel completely natural as we grow up, however they are cultural. Girls and boys are taught their gender roles as normally as they are taught anything else. Girls and boys are taught that they have different roles to play in the family and in the home. For example, children are taught that it is girls and not boys who must help with housework like washing and cooking and that it is the woman’s role to serve the man and that it is the man’s role to be head of the household.

**Phase 1:** 15 minutes

1. Divide participants into two groups.
2. Ask the two groups to discuss what it means to grow up as a boy and a girl in their community, starting from birth to about 10 years old. Ask them to think about the different ways that boys and girls are supposed to act, how they are treated, the differences in importance and value between the two as they grow up. For example, during adolescence a girl may be made to take care of her younger siblings, do household chores or expected to be quieter than boys.
3. Now ask the groups to talk about the differences in how adolescent (11 – 18-year-old) girls and boys are treated and the things they are asked to do/their responsibilities. Ask them to think about the restrictions that adolescent boys and girls face. Where can they go, what are they allowed to do, what are they not allowed to do?
Phase 2: Discussion, 25 minutes
1. Bring the two groups back together and ask each group to present what they discussed to the main group. Please limit the presentations so you can focus on discussions.
2. Ask the participants how they know a baby is a boy or a girl? Re-iterate from earlier learning that this is sex, which is the biological differences between boys and girls. Ask them to identify in their timeline the biological differences between boys and girls.
3. After a few minutes of discussion on the above ask questions to stimulate discussion about gender - how we socialize girls and boys differently. Ask them to use examples from their timelines how we socialize differently. For example, when do girls and boys start learning different things? When are girls not allowed to play with boys anymore?
4. Now explain gender. Explain that gender is what we --culture and community-- teach girls and boys about what they can and can’t do. That gender is the social role that each of us is supposed to adhere to and can be changed but our sex cannot be changed.
5. Ask the participants which roles they would like to change for boys or for girls to make their roles more equal. Think of examples like: boys and girls help in the household, girls can enrol in education like boys and girls should be allowed to play sports.

From girl to woman

In many cultures, menstruation indicates the transition from girl to woman. With this transition to womanhood, a girl often faces new restrictions and expectations. These restrictions are closely related to gender roles that exist in societies.

Activity: Existing gender roles of boys and girls

Time: 20 minutes

It is worthwhile to further discuss the role of mothers in the local community, else ask how the girls in class may relate to their mothers regarding their menstrual cycle. You can also refer to the previous exercise and discuss how life changes for girls compared to boys at the same age.

Key message: Restricting gender roles

Gender roles can lead to exclusion of women and girls from education, employment, decision making as well as an unequal burden of responsibilities such as household work. Practices like child marriage and gender-based violence (GBV) are also linked to gender roles. It is important that all humans have equal rights and that children have special rights too. These rights are universally accepted and can be used to help people advocate to meet their rights.

Video: Like a Girl

In this video girls talk about what it means for them to act or behave like a girl. It is a good video to show after the previous activity on gender roles. (Always, Like a girl)
Changing gender roles around menstruation

As gender roles are social constructs, they can be changed. The activity below helps participants to reflect on gender roles and think about possible changes.

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**Activity: Think out of the box**

**Time:** 60 minutes

**Materials:** Flip-chart, paper markers

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**Phase 1: Act like a Man, 10 minutes**
1. Ask participants to think about what it means to “Act like a Man”. For example, when a man is crying because something bad happened, someone said ‘men don’t cry, act like a big man’. So that means that men do not cry. Continue to discuss and brainstorm the list. Other responses may include; men earn the money, show no emotion, don’t take care of children, have to be tough, etc.
2. Draw a box on the flip chart and tell participants that this is the box the holds how men should act. Write many of the examples given inside the box.

**Phase 3: Act like a Woman, 10 minutes**
Ask participants to think about what it means to “Act like a Woman” For example, when she wanted to become an Okada driver and someone said ‘women can’t drive Okadas’. So that means that women can’t become drivers. Continue to discuss and brainstorm the list. Draw another box on a flip chart and tell participants that this is the box that holds how women should act. Write many of the examples given inside the box.

**Phase 4: Reflecting on the boxed behaviours**
Ask participants the following questions:
- How does it feel to see all your roles limited to the inside of the box?
- Can it be limiting for a man or a woman to have to behave in this certain manner? If so, how?
- What emotions can a man/woman express? Which emotions can he/she not express?
- How can these messages have a negative impact on both men and women?
- Is it possible to live outside the box?
- What are the challenges to living outside the box? What are the benefits?

**Phase 5: The box 10 minutes**
Summarize the key lessons learned and messages from this session. Focus on the positive areas in which people could see themselves stepping outside the box.
Men’s and boys’ role in menstrual health

We recognize that man and boys are integral parts of change and are often victims of the very same socio-cultural norms that create gender roles as women and girls. It acknowledges that men are often socialized to be the decision maker, not to show feelings and even to commit acts of violence. But, as this is a learned behaviour it can be unlearned. However, the gender roles that both men and women are prescribed are deeply held and not easy to break. To change the situation for women, men and women will need to understand why change is important and men need to be supported in taking up a different role. This is an activity that can begin to help participants think a little bit differently about their attachment to gender norms and the role men and boys can play in menstrual health.

Video: If men had periods

This is a funny video that you can watch with the group if you have access to a laptop of mobile phone(s). It shows how different the world would deal with periods if men had periods instead of women. After watching the video, ask the audience what stood out to them and use this to discuss how discussions and reality around menstruation is influenced by gender roles. WaterAid, If men had periods - manpons: https://www.youtube.com/watch?v=zOMPS2zkE1M

Activity: How can men support menstrual health?

- **Time:** 1 hour
- **Materials:** Flip-chart paper, markers

Men and boys can do a lot to support women and girls during their menstruation. This exercise helps participants to reflect on the behaviour of men and boys and to come up with ways to support women during their menstruation.

1. Split the participants in groups, ideally of the same sex.
2. Ask each group to come up with forms of negative or unsupportive behaviour of men and boys that is related to women’s menstruation.
3. After 15 to 20 minutes, ask each group to write down positive and supportive behaviours for each negative behaviour that they listed.
4. Have each of the groups present what they came up with. Ask questions and discuss if they see it feasible for men and boys to adopt the positive behaviour.
5. Round up with summarizing that men and boys have roles to play in supporting their wives, female relatives, friends, and colleagues in their menstrual hygiene:
   - Challenging negative attitudes and perceptions.
   - Sharing information on good menstrual hygiene practices.
   - Participating in local production of menstrual products.
   - Ensuring women and girls can afford sanitary materials.
   - Addressing barriers to water and sanitation for the hygienic management of menstruation with privacy and dignity.
Menstrual Health

The term menstrual health can be used to describe both menstrual hygiene practices and the broader interventions that link menstruation to health, well-being, gender, education, equality, empowerment and rights. This chapter will provide information on the menstrual cycle as well as on preventive measures that girls and women can take to ensure their health and well-being during menstruation.
Menstruation

This chapter provides more information on menstruation. To deal with periods, it is important to understand what it means to menstruate or to experience other episodes of vaginal bleeding; what happens in your body, when will it happen and what are the consequences.

Talking about menstruation

Most people feel shy when talking about a topic like menstruation. In many cultures menstruation is not openly discussed and girls and women are not allowed to let men know that they are menstruating. It is therefore important to start slowly when discussing this topic. Note that for women and girls living with a disability and other menstruators the taboos around vaginal bleeding are often even more difficult to address.

Key message: Let’s talk about menstruation

Menstruation is a normal and healthy process and talking about it will make it easier for girls, women and other menstruators to feel well during their menstruation.

Activity: Questions and answers “Breaking the silence”

Time: 30 minutes

Materials: List of questions – questions are printed bold, answers in normal font

This is a good activity to start the discussion on menstruation and for the trainer to get an idea what the participants already know about menstruation. For each of the questions, there is an answer that is based on factual evidence. Ask the questions to the group in general and let participants respond that feel confident enough, make sure you don’t push people. Some people just take more time to get comfortable with the topic.

What is the difference between menstruation, period and menses? These are different words to describe the same. You will find that in many countries there are many more synonyms for period to avoid saying the actual word.

At what age does a girl start menstruating? The first menstruation of girls is called menarche. Some girls begin to menstruate as early as age eight or nine, while others may not get their first period until a few years later. The average age of menarche is 12, but it really depends on a girl’s body when she starts menstruating.

Why is it important for girls to know about menstruation before their menarche? Girls need to learn about monthly periods before they reach puberty. Girls who have not been told about this can be scared when they start their first period. It is also important that a girl knows what to do when she starts menstruating; how she maintains hygiene and how she can take care of herself. This will help a girl not to feel scared or insecure.

At what age do women stop menstruating? Menstruation usually ends around the age of 50 yrs.
**What is menopause? What changes occur in the body?**

Menopause is the absence of periods for more than 12 months. Menopause marks the ceasing of the function of the ovaries and the woman can no longer become pregnant. The average age of menopause is 50 years old. Experiences and symptoms of menopause vary individually, however, abnormal vaginal bleeding and irregular periods are the most common as well as hot flashes, night sweats, pain during intercourse, increased anxiety or irritability, and the need to urinate more often.

**How often should a girl or woman menstruate?**

Women and girls menstruate on average every four weeks. This can vary per girl or woman and it can therefore be helpful for them to keep track of their menstruation so they know when their next period will come. When girls just started menstruating, it may take two to three years to stabilize their cycle. This means it will be more difficult to predict when she will start bleeding.

**How long should every period last?**

The duration of a menstrual period can vary from girl to girl/woman to woman. Bleeding usually lasts for four to five days, but anything between two and seven days is normal. In some cases, the length of the period can vary from month to month. This is often the cases for girls that just started menstruating. For example, in the first month, a girl’s period might last four days, and then the next month it could be six days.

**How much is the menstrual blood flow normally?**

Menstrual flow can vary from person to person. Usually, an entire period consists of a few to several spoonful of blood. The amount of the blood flow can range from light ($\leq 36.5$ mL), medium ($>36.5$ and $\leq 72.5$ mL), or heavy ($>72.5$ mL).

**Should girls or women use only sanitary napkins?**

No. Clean and dry cotton cloth can be made into a pad for absorbing menstrual blood. Girls and women should use what they are most comfortable with.

**Does contraception affect the menstrual cycle?**

Yes, different forms of contraception such as the pill or an IUD can affect the menstrual cycle. Depending on the method, the quantity of blood flow can reduce or increase as well as the frequency. Ask your health provider for more information regarding the specific method that you use.

**Do extreme climates affect menstrual cycle?**

Although there are changes in the vascular activity during cold temperatures, there is increased metabolic heat production, which does not majorly affect the flow of menstrual blood.

### Mental and psychosocial well-being

Existing social and cultural norms, myths and the taboo around menstruation have an impact on menstrual health. It has an impact on the knowledge and skills that girls, women and other menstruators have to manage their menstruation. It also has an enormous impact on their mental and psychosocial wellbeing as it creates feelings of fear, shame, insecurity and limits participation in daily life. However, menstrual health programmes can make a difference in this.

**Video: The story of...**

In these videos, people from India tell her story about menstruation. They were part of Simavi’s Making Periods Normal programme where their stories were selected to be made into a small movie. Watch the video of Lakshmi (girls), Janardan (men) or Pinky (women) with the group and ask them if they recognise any of the experiences.

The story of Lakshmi: [https://www.youtube.com/watch?v=Cuk3Yd97G3s](https://www.youtube.com/watch?v=Cuk3Yd97G3s)
The story of Janardan: [https://www.youtube.com/watch?v=7-3ohyUur_A](https://www.youtube.com/watch?v=7-3ohyUur_A)
The story of Pinky: [https://www.youtube.com/watch?v=qVQwe9JkcJk](https://www.youtube.com/watch?v=qVQwe9JkcJk)
The menstrual cycle

The menstrual cycle is usually around 28 days-long, those this can vary from 21 to 35 days. Each cycle involves the release of an egg (ovulation) which moves into the uterus through the fallopian tubes. Tissue and blood start to line the walls of the uterus for fertilisation. If the egg is not fertilised, the lining of the uterus is shed through the vagina along with blood. The bleeding generally lasts between two and seven days, with some lighter flow and some heavier flow days. The cycle is often irregular for the first year or two after menstruation begins.

Illustration: Menstrual cycle day 1 - 7

The period is considered the beginning of the menstrual cycle. A period normally lasts for around five days but can be as short as two days or as long as seven. There is usually around 2-6 tablespoons of blood lost during each period, depending on the heaviness of the flow. A period occurs because the uterus will shed its lining if an egg (ovum) is not fertilised.

Illustration: Menstrual cycle day 8-14

One of the ovaries releases an egg and the uterus begins to rebuild its lining. Only one egg is released in each cycle. The egg slowly travels down the fallopian tube from the ovaries towards the uterus. If the egg is fertilised by a sperm before it arrives the uterus, the girl becomes pregnant.

Illustration: Menstrual cycle day 15 - 28

If the egg is not fertilised, the uterus wall continues to thicken until there is a sudden drop in hormone levels. The lining breaks down, and the next period begins.
This exercise is meant for girls or women from approximately 11-14 years who either have just started menstruating or are likely to have their first menstruation soon. The goal of the activity is to keep a private daily calendar of the menstrual cycle and to make the girls aware about their menstrual pattern, changes in their body and to be prepared for their periods.

1. Provide each girl or woman with an example of a calendar of every month for one year, alternatively they can draw them in a notebook themselves.
2. Tell the girls/women that they should mark the day that their period starts with a large X and then mark every day of bleeding with a small x. They could also mark those days on which they observe vaginal secretions with a small o.
3. Tell the girls/women that they have to do this every month and ask them to calculate the length of their cycle each month (meaning counting the number of days between the first day of their period to the day before they get their next period).

Note that there are also bracelets and apps that can be used to track periods. You can find apps at Google Play.

### Activity: Tracking the cycle

<table>
<thead>
<tr>
<th>Time: 45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials: Blank notebook, colouring pencils</td>
</tr>
</tbody>
</table>

![Diagram of the menstrual cycle](image-url)
What is normal?

After explaining the menstruation cycle, it is important to stress that the cycle differs per girl and woman. The durations as above indicate the average times of the different phases in the menstrual cycle.

Key message: Abnormal?!

As every girl and woman is different, their periods will differ as well. Don’t worry if your period does not start at 12 or when your menstruation lasts longer than 5 days. Only when there are significant changes in your usual cycle, you consult a health worker. Reasons for missing your period include:

- Stress
- Inadequate food intake
- Use of certain medication
- First two years after starting your period
- During pregnancy
- During frequent breastfeeding (lactation amenorrhea)
- At the time of menarche (when menstruation first begins)
- When food intake is severely limited
- Following the menopause when menstruation ceases

Activity: Irregularity

Time: 20 minutes

Materials: Flip chart and markers

Building on the key message, it is important to stress that there are ranges for symptoms of menstruation, but that these will differ per girl. It can also happen that girls have irregular menstruation or miss their period.

1. Ask the group to repeat what they think the normal ranges are, and then explain the answer:
   - The age at which a girl starts her period (8-18, but usually 10-16)
   - The age at which a woman stops menstruating, e.g. the menopause (40-55)
   - Length of each bleed (2-10 days)
   - Length of each cycle (28 days but may be 3-6 weeks)

2. Ask the class how many reasons they can think of for a woman missing her period and write them down. After everyone has given their input, you can check if the following reasons in the key message are mentioned.

3. Explain that it can take a while for young girls to have a regular period. This is because the reproductive organs are still developing. Girls should not be worried if their periods are irregular during the first 2 years.

4. Stress that not having your period can be an indication of being pregnant. It is therefore important to keep track of your menstrual cycle when you are sexually active. Otherwise, it can be helpful to keep track of your cycle to be prepared for your menstruation. Explain that you can do this in your phone or on a calendar.
Other episodes of bleeding

As mentioned before, there are other types of vaginal bleeding that a proportion of women will experience between menarche and menopause. These are less discussed types of bleeding and include bleeding related to pregnancy, childbirth and postpartum, miscarriage, cancers and endometriosis.

Key message: Other episodes of vaginal bleeding

It is important that women and girls, and other menstruators, are aware of these types of bleeding to differentiate between healthy and abnormal types of bleeding to understand when they require additional health support.

Activity: Irregularity

- **Time**: 30 minutes
- **Materials**: Cards, markers, sticky wall or tape
- **Annex 4**

To do this exercise, print or write each box of the table (Annex 4) on a different card or sheet. Then, stick or tape the cards of the left column and the upper row on a wall or lay them on the ground. Make sure you have a copy of the final table by hand.

1. There are two ways to go about this exercise: 1) read each cards and ask the group where it should be placed or 2) hand out the cards and let the group decide where to place each card. To make it easier, you can decide to already complete one or two other columns.
2. When finalised, read through each of the episodes of bleeding and ask if everyone understands the information.
Menopause

The menopause is when a woman stops having periods and is no longer able to get pregnant naturally. Initially, periods usually start to become less frequent over a few months or years before they stop altogether. In some cases periods can stop suddenly. Menopause normally comes round the age of 50. However, for 1 in 100 women the menopause starts before 40 years of age. This is known as premature menopause. Note that menopause can also happen to other menstruators, such as transgender men.

Most women will experience menopausal symptoms. Again, how women experience menopause differs in symptoms and impact. Some symptoms can be quite severe and can have a significant impact on your everyday activities.

Symptoms
Menopausal symptoms can begin months or even years before the menstruation fully stops and can last around four years after the last period, although some women experience them for much longer. Symptoms include:
- Hot flushes
- Night sweats
- Vaginal dryness and discomfort during sex
- Difficulty sleeping
- Low mood or anxiety
- Reduced sex drive (libido)
- Problems with memory and concentration

Treatment
When menopause symptoms affect daily life, it is good to visit a health worker for advice. There are possible treatments for symptoms. In general, it is important to eat a healthy and balanced diet and to exercise regularly.

Key message: Menopause is natural
The menopause is a natural part of women’s reproductive cycle that usually occurs between 45 and 55 years of age, as a woman’s oestrogen levels decline. Like menarche, the age will differ per woman.

Activity: Breaking the silence on menopause
Time: 30 minutes

Ask the participants to sit in a circle. Ask them if they knew about menopause. Then ask if they experience menopause or if they know if any of their female family members experiences menopause. Discuss with the participants how it is to have these symptoms or how they think their family members deal with these symptoms. Then, ask participants what they can do to relieve these symptoms or to help their family members to feel better during menopause.
2 Staying healthy and well during menstruation

Ensuring that menstruators feel healthy and comfortable during their menstruation is very important. This chapter helps to understand what common symptoms are and how women, girls and other menstruators can (be supported to) feel healthy and comfortable.

Key message: Take care of yourself and others

During menstruation it is important that women and girls take care of themselves and that others support them in this. Take should listen to their body and be aware of any changes. Eat healthy, exercise or rest when they feel like it.

Common symptoms during menstruation

Most menstruators suffer from period pains such as abdominal cramps, nausea, fatigue, feeling faint, headaches, back ache and general discomfort. They can also experience emotional and psychological changes (e.g. heightened feelings of sadness, irritability or anger) due to changing hormones. This varies from person to person and can change significantly over time.

Questions and answers: Common symptoms and relief?

Time: 10 minutes

Materials: List of questions below

Ask the participants the following questions and discuss the answers according to the explanations given below:

- **How does the body feel during menstruation?** Sometimes a girl may experience physical changes around the time of her period, while others may not feel any change in their body. Common physical changes include: cramps, pain, bloating, weight gain, food cravings, painful breasts, headache, dizziness, or irritability.

- **Is it risky or dangerous to engage in sports and games during menstruation?** No, but if you feel tired or weak and feel the need to rest then rest is advised. Exercise, before or during your periods may help the body to relax.

- **What can be done to relieve menstrual cramps?** Place a hot water bottle on the abdomen or on the back, depending on the cramps’ location. Take a warm bath. Drink a hot beverage, such as tea. Take a walk. Rub or massage the abdomen. Get on your elbows and knees so that the uterus is hanging down, which helps it to relax. Lie on your back with knees up and move them in small circles. Foods that are high in magnesium are best to ease menstrual cramps, such as almonds, bananas, and apricots.
Well-being

In addition to the pressure from the family and the community, adolescent girls have to deal with changes that happen in their bodies and the confusion that comes with puberty. Unfortunately, girls receive little guidance on how to deal with these changes in most developing countries. This makes them vulnerable to negative outcomes regarding their health and development.

Activity: Well-being during menstruation

<table>
<thead>
<tr>
<th>Time: 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials: Flipchart and markers or blackboard and chalk</td>
</tr>
</tbody>
</table>

1. Ask the participants what they know about emotions. Do they know what these are and how they affect people?
2. Share with the group that women and girls can experience different emotions during menstruation. This is normal.
3. Ask the participants to name the different emotions that women and girls can feel during their menstruation. Check if the following emotions are mentioned: short temper, aggression, anger, anxiety or panic, confusion, lack of concentration, nervousness, tension, fatigue or depression. Underline that some women and girls might not experience any change in emotions.
4. Discuss with the group that everyone sometimes feels these emotions. For example, during puberty boys will experience these feelings as well. Ask the group how they would like to be treated when they have these emotions. And ask them how they would not like to be treated. Write these two categories down on the board or flipchart.
5. Encourage participants to remember how they like to be treated when they find a girl or woman being emotional during her period.
Nutrition

Participants should understand the importance of a healthy and complete diet for girls and women. This is especially important for girls as they are growing and developing and need a complete diet for that.

Key message: What to eat?

Girls and women should maintain a normal diet during their menstruation. It is better to eat more, especially fruits and vegetables, than less. The advice is to eat everyday foods such as vegetables, roti, rice, pulses and lots of fibre from the likes of beans, and drink plenty of water.

Activity: Nutrition

Time: 20 minutes

1. Start by asking participants if they think girls and women should eat differently during their menstruation. Ask them why they think they should eat differently. Refer to the key message and underline that there is no food that girls and women should not eat during their menstruation.
2. Then, ask participants what kind of food girls and women should eat during their menstruation. Refer to the list above.
Training Session 3

Improving Menstrual Hygiene

There are certain risks attached to unhygienic practices during menstruation. Although research on the actual risks to health of different menstrual hygiene practices, particularly in low-income countries, is not conclusive, it is important to maintain good hygiene during menstruation. This session provides information and exercises for participants to understand what good hygiene practices are.
Managing hygiene

Maintaining hygiene during menstruation and other episodes of vaginal bleeding is very important. Not changing pads frequently enough or using unclean cloth, especially if they are inserted into the vagina, can introduce or support the growth of unwanted bacteria that could lead to (skin) infections or rashes. More information on the link between menstruation and infections can be found in chapter 13.

Key message: Ensure menstrual hygiene

Maintaining proper hygiene during menstruation through frequently bathing and changing the menstrual product used is important to avoid rashes or skin infections. It is important to note that it is not yet scientifically proven that unhygienic practices directly lead to infections such as Urine Tract Infections (UTIs). However, it is also assumed that unhygienic practices can cause infections.

Hygiene risks

Activity Healthy or unhealthy?

Time: 30 minutes

Materials: Table on Unhealthy Practices

The table below provides an overview of unhygienic activities and the health risks that this behaviour might cause. Read the practices out loud to the group and ask them for each practice what they think the health risk would be. Provide answers according to the list below.

Table 3 Unhealthy practices and health risks

<table>
<thead>
<tr>
<th>PRACTICE</th>
<th>HEALTH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unclean sanitary pads/materials</td>
<td>Bacteria may cause local infections or travel up the vagina and enter the uterine cavity.</td>
</tr>
<tr>
<td>Changing menstrual pads infrequently</td>
<td>Wet pads can cause skin irritation which can then become infected if the skin becomes broken.</td>
</tr>
<tr>
<td>Insertion of unclean material into vagina</td>
<td>Bacteria potentially have easier access to the cervix and the uterine cavity.</td>
</tr>
<tr>
<td>Using highly absorbent tampons during a time of light blood loss</td>
<td>Toxic Shock Syndrome (TSS).</td>
</tr>
</tbody>
</table>
Hygiene practices

Women and girls are slightly more vulnerable to bacterial infection during menstruation, due to the change in the vagina’s pH balance. It is therefore important to stay clean. Some basic guidelines for maintaining hygiene during periods and throughout the month are:

- Wash your genital area once or twice a day
- Use lukewarm water
- Use mild soap if you want to
- Don’t use perfumed shower gel or soap that can affect the pH balance
- Only wash your vagina externally
- Wear fresh underwear everyday
- Change your menstrual product every 4 to 8 hours during the day (depending on the method you use)
- Change your menstrual product as soon as you wake up
- Use a thicker sanitary pad at night
- Wear clothing that can breathe, preferably natural fabrics such as cotton

Key message: How to stay clean

During your menstruation, make sure that you wash your genital area frequently and change your menstrual product at least 5 times a day on the first days of your period.
Menstrual products

There are a range of menstrual products available and it is important that women, girls and other menstruators can make an informed decision on what to use. Examples are disposable sanitary pads, reusable sanitary pads, menstrual cups and tampons. Cloth can also be a hygienic option to manage bleeding, when washed and stored properly.

Key message: Safe products to manage vaginal bleeding

There are many different products that a girl can use during her period. The most important thing is that the user feels comfortable using the product. It is possible to use different products at different times, e.g. cloth when at home and pads when going to school or work. It is also important to change the product frequently, e.g. every 4 to 6 hours, to avoid any staining, odour or infection.

- Clean rags can be used, either tied to a small rope around the waste or in underwear. Rags can be cut to fit in the panty area. Or rags can be used by sewing several layers on top of each other.
- Sanitary napkins or pads are designed to fit a panty or to be attached to a belt around the waist. They usually have strips of tape that keep them attached to the panties.
- Tampons are made of compressed cotton formed into small, tube-like shapes and can be inserted into the vagina during menstruation.
- Menstrual cup is a sustainable cup made from medical silicone rubber that is inserted into the vagina to collect menstrual blood.

Activity: What menstrual products can I use?

Time: 45 minutes

Materials: Cloth, disposable pad, reusable pad, tampon, menstrual cup, period panties

For this exercise, split the group in 5 or 6 different groups, depending on the number of people and products that you have.
1. Ask every group to evaluate their product looking at positive and negative sides of the product and use. Let each group draw their findings on a flip chart.
2. Ask each group to present their findings and ask the audience for input.
3. Cross check the findings with the information in the table and add where necessary.
## TRAINING SESSION 3
### IMPROVING MENSTRUAL HYGIENE

<table>
<thead>
<tr>
<th>TYPE OF MATERIAL</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cotton Cloth pad</td>
<td>- Easily available</td>
<td>- Gets soaked fast</td>
</tr>
<tr>
<td></td>
<td>- Low cost per item</td>
<td>- Improper washing, incomplete drying increases the risk of infection</td>
</tr>
<tr>
<td></td>
<td>- Washable</td>
<td></td>
</tr>
<tr>
<td>Sanitary napkins</td>
<td>- Safe and hygienic</td>
<td>- More costly</td>
</tr>
<tr>
<td>Polymer</td>
<td>- Convenient to change</td>
<td>- Non-biodegradable</td>
</tr>
<tr>
<td>Gel-based</td>
<td>- High soaking capacity</td>
<td>- and non-reusable</td>
</tr>
<tr>
<td>Cotton</td>
<td>- Light weight</td>
<td>- Improper ways of disposal, washing the napkins through the toilet, blocks the drain</td>
</tr>
<tr>
<td>Tampons</td>
<td>- Easy to carry and change</td>
<td>- Can be difficult to insert for some females</td>
</tr>
<tr>
<td></td>
<td>- Not visible through underwear</td>
<td>- Important to have access to water and soap</td>
</tr>
<tr>
<td></td>
<td>- No uneasiness as the vaginal area is not constantly moist</td>
<td>- In case of a heavy flow, needs frequent changing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If kept in the vaginal tract for too long, can increase the risk of infection</td>
</tr>
<tr>
<td>Menstrual cups</td>
<td>- Lower costs on the long run</td>
<td>- High first investment</td>
</tr>
<tr>
<td></td>
<td>- Reusable</td>
<td>- During the first times use, it can be messy especially with factors of disposal</td>
</tr>
<tr>
<td></td>
<td>- Unlike the pads or tampons, the menstrual blood stays in place and not exposed to outside air and bacteria</td>
<td>- Sterilization of the cup is essential after every use; and women need to be educated about this, as insufficient sterilization can cause infections</td>
</tr>
<tr>
<td></td>
<td>- Can be worn for a longer period</td>
<td>- Inserting a menstrual cup might be difficult for some, especially for those who never had a sexual intercourse before</td>
</tr>
<tr>
<td></td>
<td>- Environmental friendly</td>
<td></td>
</tr>
</tbody>
</table>
Washing cloth and reusable pads

Cloth and reusable pads can be a hygienic method to manage menstruation. However, it is very important that these are washed, dried and stored properly.

1. Soak
Soak your cloth or reusable pads in cold water. Soaking helps prevent staining, but is not necessary as far as cleaning your pads.

2. Wash and scrub
Use cold water to wash your cloth and pads. Hot water will set in stains, shrink your pads, and ultimately shorten their lifespan. Scrub using mild soap to get stains out.

3. Dry on line dry
Dry your cloth or reusable pad in the sun. The sun kills bacteria, so this is a very important step!

4. Store
Store your cloth or reusable pad in a clean, dry area until it’s time to use them again.
Water, Sanitation and Hygiene

Research shows that when gender-separate sanitation facilities are not available at schools, work, or in public places, women, girls and other menstruators may cope in three ways: choose to stay at home, use an isolated open space instead of using shared facilities, or choose not to use the facility and be uncomfortable. Access to and use of water, sanitation services and understanding of hygienic behaviours are vital to menstrual hygiene practices.

Gender in WASH

It is important to underline that gender plays an important role in water, sanitation and hygiene management. Not only do women, girls and other menstruators have different needs and do they face different barriers to access, they are often the main users of facilities and therefore most affected by a lack of access. Furthermore, in many countries, women, girls and other menstruators access to toilets is restricted due to cultural and social norms. As a result, women, girls and other menstruators might refrain from using the toilet during the day and manage their food and water intake. This affects their health and can result in headaches and kidney stones as well as psychosocial stress.

Decision making

Where women are the ones who fetch water and use it for cooking and cleaning of the house, men are often the decision makers. In reality this means that women’s needs and demands are often not taken along when creating a water source or building a toilet facility. In any WASH programme and thus in menstrual health programmes, it is vital importance to involve women and girls in decision making (bodies). It is also important to include women and girls with a disability and when possible include other menstruators as they will have different needs. This chapter provides some examples of activities that can help to take specific needs of menstruators along when creating access to and promoting use of water or sanitation. Below are two examples of how access to water influences women disproportionately.

Key message: Gender differences in WASH needs

Barriers in accessing WASH facilities are different for men and women, boys and girls. Women and girls also have different needs when it comes to these facilities. These barriers and needs need to be taken along when installing WASH facilities. Specific attention needs to be paid to safety and location.
Importance of clean water

Access to and the use of clean water is essential in maintaining menstrual hygiene. When using dirty water, women and girls increase the risk of infections. It is important to understand where clean water can be found and how this should be treated to keep it clean.

Activity: How to access clean water

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to distinguish between clean and contaminated water?</td>
<td>▶ Clean water comes from a protected water source. ▶ Clean water can come from an unprotected water source, but it must be treated accordingly.</td>
</tr>
<tr>
<td>How to distinguish between protected and unprotected water sources?</td>
<td>▶ A protected water source is safely closed and well covered ▶ An unprotected water source is open to the elements</td>
</tr>
<tr>
<td>What are common school and household water sources?</td>
<td>▶ Tap water ▶ Boreholes equipped with hand pumps or submersive electric pumps ▶ Tanks provided by NGOs ▶ Wells equipped with elephant pumps ▶ Rainwater harvesting systems ▶ Rivers ▶ Dams ▶ Streams</td>
</tr>
<tr>
<td>What are common sources of clean drinking water?</td>
<td>▶ Protected wells ▶ Boreholes ▶ Tap Water</td>
</tr>
</tbody>
</table>

Ask the participants the questions in the table below and discuss the answers as given.
Activity: Water Mapping

Time: 60 minutes

Materials: Flipchart and markers or blackboard and chalk

Water mapping serves as an exercise that encourages participants to think about water sources at school, home, and within the wider community. This activity motivates participants to think about the geographical layout of the community and the importance of clean water sources to all households within. Participants might also be able to perceive how unequal distribution of resources can affect the quality of life and health of people.

1. Organize participants into groups and ask each group to write down all the water sources they can think of. Depending on the context and group, you can define the specific location such as schools, communities, and/or household. You can also choose to have different groups list water sources in different locations. They should only need a couple minutes to complete this task.

2. In this step you ideally take the participants into the school yard, community, or even a household to identify all the available water sources. If there is no opportunity to do this, you can ask participants to do this as homework and bring their findings back the next day.

3. Ask each group to identify the water sources that they think are clean (CL), the ones that are protected (P), and which ones can be used for washing (W) and/or drinking (D).

4. Ask the participants to present the list of water sources they identified. Together with all the participants, check if all the sources are there and if they are correctly scored. Ask the group why they think certain sources are clean, protected, good for washing or drinking.

5. Explain to the group what the rules are for identifying clean, protected, washing and drinking water sources following the information shared above. If you want to, you can write it down on a flip chart.

6. Depending on the group and your learning objectives, you can discuss with the group that not everyone in school/ a community has access to the same sources. You can go through the list of water sources and question the group if teachers, girls, or boys have access, if men and women have the same access and if there are other groups that might have restricted access.
Keeping water clean

It is important to keep water from a clean source clean. This can be done by following certain practices. The overview below gives an overview of good practices.

<table>
<thead>
<tr>
<th>POINT</th>
<th>GOOD PRACTICE</th>
</tr>
</thead>
</table>
| Water source | • Water source should be protected.  
• The area around the water source should be kept clean and free of dirt.                      |
| Water transport | • Water should be transported in a clean container.  
• Water should be transported in a covered container. |
| Water storage | • Water should be stored in a clean jerry can; if a jerry can is not available a bucket may be used.  
• Where a bucket is used, it should always be kept covered.  
• Water should be accessed using a device such as a clean cup.  
• Hands should not touch the water. |
| Water use    | • Hands should not touch the water.  
• Used water should not be poured back into the source.                                      |
| Water disposal | • Water should be disposed of in a location where children cannot play in it.  
• Water cannot stand in the household compound.                                             |
| Water treatment | • Use of household methods for cleaning water like boiling water, using chlorine drops and using alum  
• Filtering water with the help of bio-sand filter and ceramic filters                        |

Sanitation

Sanitation is important for women and girls to manage their menstruation. It is important to stress that girls and women have specific needs regarding sanitation that might be different from boys and men. Below are some of the elements that are important to women and girls. Please note that when building sanitation services, women and girls should be consulted to express their specific needs.
**Key message: Toilets**

Toilets are crucial for women and girls to manage their menstruation in a hygienic way. Issues to consider are location, construction, cleanliness, and access to water. Women should be involved in the decision making process when constructing toilets.

**Location**
Privacy and safety are key issues in the location of toilets, especially for girls. Toilets – in any country – can become places where children face increased risks of bullying by fellow students or abuse by adults (especially where community members may enter the school to use the facilities). Toilets might be places where boys hang out to tease girls. Also, there are many cases in the rural areas where women do not go to the toilet fearing a sexual assault.

**Construction**
When latrines have neither doors nor roofs, girls will be worried or embarrassed to use them, except maybe during lesson time when the boys were in the classrooms – which of course would affect the girls’ participation and learning.

**Cleanliness**
When sanitation facilities are unclean, they cause a hygiene risk. Furthermore, girls and women might avoid the latrines when these are too dirty.

**Access to water**
Is there a hand washing facility near the toilets? Often there isn’t anywhere for school children to wash their hands after using the toilets, or the facility may be placed in an inconvenient or unwelcoming place. This creates a barrier for children to wash their hands after toilet use.
TRAINING SESSION 3
IMPROVING MENSTRUAL HYGIENE

Making Periods Normal

Prakhand: Tamarapur, Munger

Ayojनक: Panah Aastmam, Munger

Sahyog: Bihar Volunteer Health Association, Patna

By: Simavi, Nederländs
1. Divide the participants in groups. Ideally you make groups of men, women, boys, girls, adults, youth, disabled people, sexual minorities or any other group that you have among your participants. If not all groups are present, you can assign different roles to groups.

2. When you have access to toilets, e.g. in a school, the building, or communities, you can have the groups visit the actual toilets. If not, you can ask groups to think of a toilet in a specific situation, e.g. their school, at home, in the community.

3. Ask each group to identify what is good or bad from the perspective of their (assigned) identity, e.g. men, women, disabled. When the groups are doing the identification, you can go around and suggest areas to consider such as location, managing menstruation, going at night, etc. This should take about 15 minutes.

4. Have each group present their findings and give room for questions and input from the group. Ask questions if you feel some issues are left out.

5. Looking at all the presentations, ask participants to identify the differences between each group’s findings.

6. Round up by explaining that girls and women experience different barriers and have different needs when it comes to toilets. When constructing toilets, it is important to ensure women participate in the process and are able and encouraged to give their input.

**Hand washing**

Hand washing is the simplest and most effective method for preventing the spread of diarrhoeal diseases. In the school or community set up, practicing hand washing can be challenging as running water and soap are often unavailable. Each school head should put in every effort to set up hand washing facilities. Where running water is unavailable, schools should have a plan for transporting water to a hand washing station and facilitating student’s use. For example, where there is no running water a tippy tab can be utilized or a plan can be made in which students go to the bathroom together and assist each other in hand washing afterwards. Washing hands in a bowl of used water is ineffective. In the case where no soap is available, ashes can be provided at the nearest water source and used in instead. Adults, health workers and teachers should make every effort to encourage and reward good hand washing practices and serve as a role model in this regard.

What are the most critical times for hand washing?
- Before and after preparing meals
- After using the toilet
- Before eating
- After changing children’s nappies
Although it might seem simple, it is important to have participants practice handwashing. Thus, the goal of this session is to demonstrate proper hand washing techniques.

1. Ask for three volunteers to come before the class and demonstrate how they wash their hands.
2. Have water, soap, basin, and a small towel ready. Ask each participant when they wash their hands and why. Correct participants whose hand washing skills or responses need improvement, make sure not to make fun of them in front of the group. Tell the volunteers that since they have been such great volunteers they will also be able to participate in the chilli hands test.
3. Bring out some dried or fresh chilli pepper and have the volunteers rub it all over their hands. Now ask them to wash their hands without soap, using just water. They should show their hands to the class - they will look clean! Ask participants to smell their hands and report to the class what they smell. Most will report no smell.
4. Next, ask the volunteers to use their tongue and taste their palms where the chilli pepper was. They should report to the class what they taste. Students will taste the chilli pepper.
5. Now have the volunteers repeat the handwashing, using soap this time. Have them look, smell and taste their hands again.
6. Now, explain to the group that germs are like the chilli pepper and that often you cannot see or smell them on your hands, but they are there.

From the previous activity, students should understand how and why to wash their hands. However, an important component of hand washing was missing - the ‘when’.
1. Ask participants to come up with times that they need to wash their hands.
2. Divide participants in groups and give them a flip chart. Ask them to choose one of the situations where hand washing is important. Make sure they all chose a different situation.
3. Have each group draw that situation as a starting point in the middle of the flip chart. Then ask them to draw chains of situations where, when handwashing is not practiced, a person will spread the germs with his or her dirty hands. Groups can draw arrows to show how one situation leads to the other and how one person affects multiple other people.
4. Have each group present their flip chart and ask questions where necessary.
5. Round up, making sure all the information in this chapter is known by the participants.

**Waste management**

Waste management is an aspect that is not always taken into consideration, but that is important in general and especially when dealing with menstrual hygiene practices.

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**Key message: Waste Management**

It is important to dispose of menstrual products (such as sanitary napkins) used during menstruation in such a way that the impact on the environment as well as health risks are limited. Discreetness and cultural practices need to be taken into account when designing solutions for waste management.

**Discreetness**

It is important for girls and women that they can dispose of their menstrual products discreetly, without anyone else seeing them. This means that ideally a bin or other method of disposal should be built within the toilet.

**Cultural practices**

There might be cultural norms and values connected to waste management. In some countries, blood should not be burned and therefore used menstrual products such as sanitary napkins cannot be burned with the regular waste. It is important to keep this in mind when installing incinerators or other waste management options.

**Environment**

Most sanitary napkins – a commonly used menstrual product – are made of plastic. Plastic is not compostable, which means that when thrown on the ground or into bushes, it will not dissolve. This is the same when napkins are buried. Plastic also creates dangerous fumes when burning it. Neither of these options are good for the environment. Re-usable sanitary napkins or bio-degradable menstrual products are options that are better for the environment. Re-using washed cloth is another environmentally friendly option.

**Schools**

Most schools in most countries have open pits into which rubbish could be thrown, some schools have different ways of disposal. These pits can be dangerously deep, rubbish can be blown away again and pits were often located in unhygienic places, e.g. where food is prepared or pots are washed. This can affect children’s and teachers’ health. The bad smells and the flies that are attracted by the garbage also affect the children’s ability to concentrate during class.
Disposal of menstrual products such as sanitary napkins is a complicated issue for girls and women. Before you start this exercise, make sure you discuss the different barriers that women and girls face when changing/disposing their sanitary napkins (should the facilitator have access to a disposable menstrual product to bring into the class, for visual enhancement, then that would be very helpful or the session).

1. Divide participants in groups of 5 or 6 people. Give each group a flip chart.
2. Ask each flip chart to draw the ideal situation to change and dispose a sanitary napkin. Make sure you ask the participants to think about the whole cycle, from the girl to 50 years or more after disposal.
3. Have every group present their poster and have the other participants ask questions or add solutions/barriers.
4. Conclude by repeating the possible solutions and underlining that it is important to discuss disposal with beneficiaries and support them to come up with a solution.

This is an activity that you can have participants do in their own time. Between training days, after a training day, or during lunch. It will help participants understand the reality of disposal in their (a) home, community, or school.

1. Ask participants to take pictures of how disposal is managed in their school, community or household.
2. When back in the training, ask (some) participants to show their pictures (when possible on a screen, otherwise let the phone go around or have the participant just describe the picture) and describe what they found. They can give a general description mentioning location, way of disposing, the sort of materials that are found, how it can affect people, etc.
3. Present the guidelines for safe disposal as included in this chapter.
Training Session 4

Sexual and Reproductive Health

Menstruation is part of the reproductive system. As there are many myths about reproductive health, it is important for participants to understand how menstruation is related to the likes of pregnancy. This chapter gives an insight in the sexual and reproductive systems of both women and men.
Adults and especially parents can be hesitant to inform young people about their sexual and reproductive health. However, early pregnancy and abortion rates are proven to be lower in countries where adolescents can make informed decisions about their sexuality. It helps young people to feel more comfortable when they understand what happens in their bodies during puberty. Understanding the sexual and reproductive system empowers both young people and adults to take informed decisions about their health.

In addition to that, the UN Convention on the Rights of the Child states that children and young people have the right to enjoy the highest attainable health, access to health facilities (Article 24), and access to information which will allow them to make decisions about their health (Article 17), including family planning (Article 24). Young people also have the right to be heard, express opinions and be involved in decision making (Article 12). They have the right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant towards others (Article 29). Additionally, young people have the right not to be discriminated against (Article 2).

Key message: Right to SRHR education

Young people have the right to health and education and thus to be informed about the sexual and reproductive health and rights.
Puberty

Menstruation starts during puberty. Puberty happens to all adolescents, both boys and girls. It can be a difficult time for young people, especially if they receive little guidance or information.

What is puberty?

Explaining to boys and girls what happens during puberty, preparing them for the changes they will experience will have a positive impact on their health and overall well-being. It will also help in understanding the different changes that both sexes encounter, and how to support others to deal with these changes. It is important for adults and for example health workers and teachers to have a good understanding of puberty, so they have a better idea how to support boys and girls during this time.

Activity: What is puberty?

Time: 20 minutes

Materials: List of Questions

What is puberty? Puberty is a time when the bodies of boys and girls physically change. Bodies grow bigger and taller, genitals mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a young boy becomes physically able to father a child.

Why is puberty happening? New chemicals produced by the body hormones are developing in the body, creating changes in the body and turning young people into adults.

When does puberty start and how long does it last? Puberty typically starts between ages eight to 13 in girls, and ages 10 to 15 in boys, although some young people start puberty a bit earlier or later. Each person is a little different, so everyone starts and goes through puberty at one's own pace. During puberty, young people are experiencing a major growth change. It lasts for about two to five years. Some people grow four or more inches in one year! This growth during puberty will be the last time the body will grow taller. When the growth period is over, young people will be at their adult height.
Bodily changes

There are a number of physical changes that happen to girls’ and boys’ when the start puberty. Most participants will be able to identify the majority of them.

Activity: Bodily changes

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<td>Materials: Flip Charts and Markers</td>
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In this exercise, ask the participants to visualise puberty’s changes. The exercise might come with some laughter, but this is ok. The more participants practice this and talk about these topics, the more comfortable they will feel.

1. Divide the participants in small groups. You can decide to make mixed groups or groups of men/women (boys/girls). Give each group two flip charts.
2. Ask 50% of the groups to focus on girls and the other 50% to focus on boys. Ask each group to draw the outlines of a detailed body of a girl or boy before puberty on the flip chart.
3. Then ask each group to draw a body of an 18 year old girl on the other flip chart. Ask each group to clearly visualise the changes that happen during puberty between the two bodies.
4. Have each group present their drawings and ask questions about the changes. When does it happen, what are the differences between individuals, etc. Use the information from this chapter.
5. As a recap, you can go through the questions and answers below and show the illustrations to the class.

Questions and answers: What are the bodily changes during puberty

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<td>Materials: List of questions (questions are printed bold, answers in normal font)</td>
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What changes in our bodies with puberty?

Hair: One of the first signs of puberty is hair growing where it did not grow before. Hair will grow under arms and in the pubic areas (on and around the genitals). At first it is light and sparse. Then it becomes longer, thicker, heavier, and darker. Eventually, young men also start to grow hair on their faces and chests.

Skin: Acne (pimples or spots) often starts around the beginning of puberty and can remain all through adolescence (the teen years). It usually gets better or disappears by the end of adolescence. Young adults should wash their faces each day with soap and water to keep their skin clean.

Sweat: A new odour under arms and elsewhere on the body might develop. This is body odour, and everyone gets it. The puberty hormones affect glands in the skin, and the glands make chemicals that have a strong odour. Bathing or washing every day helps reduce this odour, as does deodorant.
**Voice:** Boys will notice that their voices may “crack” and eventually get deeper. Girls’ voices might get a little deeper, too. The cracking of boys’ voices will end as they mature.

**Emotions:** During puberty, young people might feel overly sensitive or become easily upset. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is common to feel sad or depressed sometimes.

**Sexual Feelings:** During puberty, it is normal to become more aware of the opposite sex and to feel more sexual. In boys, the main sign of sexual feelings is an erection of the penis. In girls, it is wetness of the vagina. Sexual feelings can come from reading a romantic novel or thinking about another boy or girl. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until you feel sure about your feelings and are secure enough to act on them.

**How do boys’ bodies change?** Boys’ shoulders will grow wider, and their bodies will become more muscular. Some body parts (especially hands and legs) may grow faster than others. Many boys have uncomfortable growing pains in their arms and legs as the bones grow faster than the muscles can stretch to keep up with them. Some boys develop swelling underneath their nipples, which looks like the start of breasts. This is caused by the hormones that are pulsing through the body and will usually go away with time. During puberty, boys will start to have erections and wet dreams. They will notice other changes as well, such as the lengthening and widening of the penis and the enlargement of the testicles.
How do girls’ bodies change? Girls’ bodies usually become rounder and more womanly. They gain weight on their hips, and their breasts develop, starting with just a little swelling under the nipples. Sometimes one breast might develop more quickly than the other, but should even out over time. Girls will notice an increase in body fat and occasional soreness under the nipples as the breasts start to enlarge—this is normal. Gaining some weight is part of developing into a woman, and it is unhealthy for girls to go on a diet to try to stop this normal weight gain. About one to two years after girls’ breasts start to develop, they usually experience their first menstrual period—another biological development that lets them know puberty is progressing. It means that the puberty hormones have been doing their job correctly. Girls might see and feel a white or clear liquid from the vagina. This does not necessarily mean anything is wrong; it is usually just another sign of their changing body and hormones.
Changes in feelings and emotions

Puberty does not only bring about physical changes, but also emotional changes. It is important for young people to be prepared for these changes and to know that these are normal.

### Activity: Changes in Feelings

**Time:** 20 minutes

1. Divide the group into small groups of three to four participants each. Ask each group to think about and discuss some of the emotional and social changes happening to them as they start(ed) puberty, for several minutes. If they are younger, ask them what they imagine they will feel as they grow older.

   Encourage them to think about the following:
   - Changes in the way they feel about themselves.
   - Changes in their relationship with their parents.
   - Changes in friendships and feelings of love.

2. Ask each group to share with the entire group three new emotional changes or new feelings they are experiencing or will experience.

3. Write the answers on a flip chart or black-board. When all the groups have presented, you ensure that the following are mentioned as common feelings of those entering puberty:
   - Struggling with a sense of identity and questions about oneself.
   - Moodiness, anger, and depression.
   - Need for more independence and privacy.
   - Relationships with friends and opinions of others become more important.
   - More concern or worry about appearance and body.
   - Worry about the future (school, family, job, etc.).
   - New “crushes” on movie stars, pop artists, teachers, peers, or fellow participants.
   - Curiosity about sexual organs.
   - Feeling sexually attracted to people.

4. Stress the following: All of these new emotions are normal. Feeling anxious about growing up is normal. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility. All people are sexual beings.

### Everyone is different

Puberty and typical changes such as menstruation often cause insecurity. Even though there specific changes and symptoms can be generalised, it is important for boys and girls to know that these are different for every boy and girl.
TRAINING SESSION 4
SEXUAL AND REPRODUCTIVE HEALTH

Key message: Differences are normal

Every boy and girl is different and what is normal for me may be different for you, and that doesn’t mean one of us is wrong. Being different is a good thing – some people are fast runners, some people are good cooks; some people are tall and some people are short. What matters is knowing and accepting yourself, including a woman’s menstrual cycle.

Activity: Everyone is different

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1. Ask the class or group to arrange themselves in order of height. Make the point that there is a large range of heights within the group but that these are all normal and healthy.
2. Explain that it is the same with puberty and menstruation. Each boy and girl will start puberty at different ages and will experience changes differently. Different girls will start their period at different ages and have different cycles. This is normal.

Getting support

Talking to parents and other trusted adults about puberty, menstruation, and feelings can be helpful for young people. It is important for young people to have someone they feel they can trust to talk about the changes happening to them. It is helpful if parents, teachers, health workers and other adults, as well as peers, feel comfortable talking about puberty.

Activity: Talking about puberty

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<td>Materials: Flip chart and markers or black board and chalk</td>
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1. Ask the group to whom could young people go with questions or worries about puberty?
2. Write down the answers and add where necessary. Young people should be encouraged to talk to parents, facilitators, counsellors, grandparents, aunts, uncles, doctors, nurses, etc.
3. Split the group in pairs. Let each pair play a young person and an adult of which the young person asks the adult for advice on issues relating to puberty. Let them practice for 10 minutes.
4. Ask the group to share examples of topics they discussed and how the other person advised them. Reflect on how it felt to ask the questions and how it felt to ask for advice.
2 Bodily integrity

We have learned that feelings and emotions of boys and girls change during puberty and that they might be interested to experiment with having sex. As sex is very intimate, it is important that both are ready to engage in sex. Boys and girls should take their time until they feel fully comfortable to have sex.

Sexuality

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviours associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Key message: Sexuality is a human right

Sexual rights include your right to express and satisfy yourself, while not discriminating against others or having fear of discrimination against you. Sexual rights guarantee that people can express their sexuality free of coercion, discrimination and violence, and encompass mutual consent and respect.

Sexual harassment

When wanting to have sex with someone, you need to follow the laws in your country; sex with a minor (somebody that is younger than the age of full legal responsibility) will mean a violation of the national law. It is also important to note that when someone is pushed into having sex or performing a sexual activity, this is called rape or sexual harassment and this is forbidden by law.

Key message: Deciding over your own body

It is important that girls and women, but also boys and men understand that they have the right to make decisions about your own health, body, sexual life and identity without fear, coercion, criminalization, or discrimination. They also have the right to live free from violence including rape and other sexual violence (e.g. female genital mutilation/cutting, forced pregnancy, forced abortion, forced sterilization and forced marriage). Violation of bodily integrity is called gender-based violence.
Ask the participants if they know what sexual harassment is. Based on their input, carefully discuss the definition below. Repeat this for rape. Underline that a victim of sexual harassment or rape has the right to file a complaint against the perpetrator.

**Sexual harassment** is an illegal behaviour. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone’s appearance, especially characteristics associated with sexual maturity, such as the size of a woman’s breasts or of a man’s testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone’s bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in exchange for grades, promotion, hiring, salary raises, etc. All these behaviours are manipulative. The laws of many countries provide protection against sexual harassment. Youth should be aware of local sexual harassment laws and how to file a complaint with appropriate authorities if they are sexually harassed. They should also know that others may complain of their behaviour if they sexually harass someone else.

**Rape** means coercing or forcing someone else to have genital contact with another. Sexual assault can include forced petting as well as forced sexual intercourse. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Youth need to know that rape is illegal and cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.

**Gender Based Violence**

Gender Based Violence can be psychological, sexual, emotional, or economic violence. It involves not only direct force, but also threats, intimidation, and coercion. Violence does not have to be direct to be effective. The threat of violence can have a devastating impact on people’s lives and the choices and decisions they make.

**Definition Gender based violence**

Gender-based violence is violence that is perpetrated against an individual based on their socially prescribed gender roles, expectations and norms. While GBV largely affects women and girls because of their socially subordinate status in relation to men and boys it is acknowledged that men and boys are also victims of violence because of their gender roles and expectations linked to ideas of masculinity. GBV infringes on victims/survivors human rights and reinforces the inequities between men and women often leaving life-long physical and emotional scars and sometimes resulting in death.
The Process

**Phase 1:** Violence, 10 minutes
1. Ask participants to reflect on what is violence and share their thoughts with the group. Place the list generated by the group on a flip chart and reinforce that violence is a tool of oppression and is used to exert power and control over another.

**Phase 2:** Gender-based Violence, 20 minutes
1. Ask participants to reflect on what gender-based violence means and share their thoughts with the group.
2. Present the flip chart with diagram 2, a square with the four types of gender-based violence in each corner (physical, sexual, economic and emotional violence). Ask the group to share the types of gender-based violence and as they do so place them on the flip chart paper in relative proximity to the type of violence.
3. Explain that GBV infringes on human rights and reinforces the inequities between men and women, including many of the examples that the group has already provided. Types of GBV that should be listed on the diagram include:
   - Rape
   - Sexual Exploitation and Abuse
   - Early/Forced Marriage
   - Female Genital Cutting/Mutilation
   - Child sexual abuse including incest
   - Sexual Assault
   - Sexual Harassment
   - Domestic Violence
   - MolestationAbuse/Humiliation

**Consequences of Gender Based Violence**

The consequences of GBV are fast and one of the most significant social outcome is the stigma and the blame the victim must endure, especially after sexual violence. Survivors often feel extreme shame, and this shame may prevent them from disclosing their abuse to others or seeking the help they need. This results in even greater psychological and emotional suffering to the survivor and often influences the behaviour of those who should be helping. The survivor may also be forced to endure other forms of violence because of the sexual violence – for example a young girl forced to go through secret society initiation because she is no longer a virgin.

**Activity: Understanding gender based violence**

- **Time:** 40 minutes
- **Materials:** Flip chart, markers, prepared flip chart with diagram in Annex 2.
There are also the obvious and the less obvious health consequences to GBV. These consequences depend on the type and severity of the incidence but can include but are not limited to: acute injury, shock, infectious disease, physical disabilities, as well as infant and maternal mortality.

### Activity: Consequences of gender based violence

#### Time: 60 minutes

#### Materials: Flip Chart, markers

The story of Mohamed and Fatmata

“Fatmata lived with her husband, Mohamed, and her three children in a small house near the market. When they got married, Mohamed paid a high bride price to her family and, from the beginning, expected Fatmata to work hard to make up for it. He would often tell her that he had paid a good price for her so she better work and be a good wife, or else he would send her back and demand the money back from her family. Fatmata worked from early in the morning until late in the evening selling vegetables in the market. When she got home, she would be tired, but she had to cook dinner, fetch water, wash clothes, and look after her young children as well. Mohamed would take the money that Fatmata earned at the market and would go out in the evening. He would not come home until late, and often, he would be drunk and start shouting at Fatmata. He would beat her in front of the children. Sometimes he would make her sleep outside to punish her if the food was cold or not cooked to his liking and to show the neighbours that he was the boss in his house. Many of their neighbours were afraid of Mohamed and ignored Fatmata. Fatmata was too ashamed to talk with her friends or neighbours about Mohamed. Although they would often see her with bruises on her face, they just kept quiet.”

### The Process

#### Phase 1: The story, 20 minutes

1. Read the story in the facilitators note to the entire group.
2. Ask the participants if it is realistic and if similar things happen to women in their community.

#### Phase 2: Consequences for Fatmata, 20 minutes

1. On a flip chart, write the title, ‘Consequences for Fatmata’. Ask the group to suggest some consequences of domestic violence for Fatmata. Ask questions that help participants think about how violence affects Fatmata.
   - What are the short-term consequences for Fatmata living in this kind of relationship?
   - What are the long-term consequences for Fatmata?
   - How did it make Fatmata feel about herself?
   - How did it make her feel about Mohamed and their relationship?
   - How did it make Fatmata feel about her relationships with other people around her (i.e., friends and neighbours)?
Phase 3: Consequences for the Family, 25 minutes
1. On a flip chart, write the title, ‘Consequences for Mohamed and Family’. Ask the group to suggest some consequences of domestic violence for Mohamed and his children. Ask questions that help participants think about how violence affects Mohamed and the children.
   ▶ What are the short-term consequences for Mohamed living in this kind of relationship? What are the short-term consequences for the children?
   ▶ What are the negative consequences for John?
   ▶ How does it make him feel about himself?
   ▶ How does it make him feel about Fatmata?
   ▶ How does it affect their relationship?
   ▶ How does it affect his relationship with his children?
   ▶ What do children learn about relationships from watching their parents?
   ▶ How does it affect how they feel about their mother and their father?
   ▶ How does it affect how children feel in their home?

Phase 4: Consequences for the Community, 15 minutes
1. On a flip chart, write the title, ‘Consequences for the Community’. Write on flip chart the points that emerge from the discussion. Ask open-ended questions, such as:
   ▶ How does the violence experienced by Fatmata affect the community?
   ▶ What kind of relationship did Fatmata have with her neighbours?
   ▶ What did it mean for the contribution and participation of Fatmata and her children in community life?
   ▶ What impact did it have on community resources such as health services social welfare services or the police?
   ▶ What did Fatmata’s lack of access to her money mean for her business?
   ▶ Emphasize that domestic violence affects everyone in the community.

Transactional sex

Transactional sex is defined as obtaining money, favours or gifts in exchange for sex or a sexual relation. There are (case) studies from countries in Africa such as Kenya and Uganda that find that school girls engage in transactional sex to buy menstrual products. Transactional sex is driven by poverty. Transactional sex increases the risk of HIV, STIs, unintended pregnancy and school dropout and is a form of power misuse and violates girls human rights. This underlines the importance of economic empowerment aspects of programmes and/or ensuring that girls have access to menstrual pads at home and in school.

Video: What is transactional sex?

If you have access to a computer or phone(s), watch this video with the group. It explains what transactional sex is.
TRAINING SESSION 4
SEXUAL AND REPRODUCTIVE HEALTH
Pregnancy

When a girl starts menstruating, it is possible that she gets pregnant when having had sex even though her body is not yet ready for pregnancy or to give birth. It is important for participants to understand how a girl or a woman gets pregnant and how to avoid this.

What is pregnancy?

When a girl or woman is pregnant, this means that she is expecting a baby. The questions below explain how and when a girl or a woman gets pregnant.

What is fertilization? Fertilization happens when a boy’s sperm cell fertilizes a girl’s egg cell. This is the start of pregnancy. If an egg meets a sperm and becomes fertilized it will normally attach itself in the womb and it will take nine months for a baby to grow in the womb.

When can a girl or a woman get pregnant? The female must be near the time in her menstrual cycle when she releases a mature egg from her ovary into her fallopian tube (the process is called ovulation). Female eggs are released once a month. Sperm can live from 3 to 5 days.

How does a girl or woman notice she is pregnant? One important sign is the absence of menstruation. However, a missed period does not always mean that the girl is pregnant. Adolescent girls can have irregular menstrual periods for several years. This means a girl’s period can be late or she may miss a month for no reason at all. But, when a woman or girl had sex it is important to discuss this with a health worker.

How can you find out if a girl or woman is pregnant? To find if someone is pregnant can be done by a pregnancy test. You can do a pregnancy test at a clinic or hospital.
When is a girl ready to get pregnant?

When a girl starts menstruating, it is often assumed that she is ready to marry and have children. It is important to underline that getting pregnant at a young age involves great health risks as a girl is not physically ready to be pregnant and give birth. Furthermore, a baby requires a lot of care and time and at a young age, girls are not mature enough to take up this responsibility. They should have the time to grow into an adult before they have children. Marriage and pregnancy also interferes with a girls’ education, as it often leads to absenteeism from school as the girl is mothering her child.

It is important to mention that an adolescent is still considered a child according to the Convention of the Rights of the Child. Rights of the Child include the right to education and to relax and play. This means that every child, up to the age of 18, should be in education and have time to play. Furthermore, the Adolescent Sexual and Reproductive Rights (Annex X) state that: adolescents can decide if they want to have children, when they want have them, and how many. It is also stated that adolescents can choose their intimate partner and decide if they want to marry and when. It is important to underline that children (and thus adolescents) cannot be forced into marriage or having children.

Key message: Girls decide

A girl should only have sex when she is ready for it. It is also up to a girl to decide if she is ready to become pregnant.

Questions and answers: Pregnancy II

Time: 15 minutes

Materials: List of questions (below in bold)

Pose the questions below to the participants and explain the facts given behind the questions carefully. It is very important to underline that girls should not get pregnant before the age of 18!

When is a girl ready to get pregnant? During puberty, a girl’s is still developing. This means her body is not ready for pregnancy. Apart from that, it is important that a girl is not a child anymore. When a girl is too young, she is not mature enough to raise a child. A girl should be at least 18, but preferably older, before she gets pregnant.

What is the risk for the baby with early pregnancy? If the reason or timing of a pregnancy is wrong it is even harder to give a baby the love and care it needs.

What can happen if a girl gets pregnant at a young age? There are several health risks attached to early pregnancy, it can lead to fistula or even death. Apart from that, lots of girls leave school when they get pregnant. Girls should be in school.
Health care during pregnancy

When a girl or woman is pregnant it is important that she regularly visit the health clinic in her village or city. Health workers are trained to monitor the mother’s as well as they baby’s health. They can also advise women on nutrition and other important issues during pregnancy, as well as supporting them when giving birth.

Key message: Consult a health worker when pregnant

Health workers are trained to monitor the health of a mother and baby. Having regular check-ups at the health clinic can prevent complications during pregnancy and when giving birth.

What to do in case of early or unwanted pregnancy?

When a couple had sex without proper protection the girl or woman might be pregnant. In this case it is important to talk to a counsellor and/or to visit the nearest health clinic. Make sure you get professional help and do not undergo unsafe abortion.

Definition Safe abortion
Abortion is safe when it is performed by a trained provider under sanitary conditions in the case of surgical abortion, or when a person has access to high quality medication, information and support to undergo a medical abortion.
Preventing pregnancy

There are several ways to prevent a girl or woman from getting pregnant. Of course, not having sex is the best way to avoid pregnancy. However, girls and boys, women and men might want to have sex without getting pregnant. Even when married, women and men might want to postpone having (another) baby. In these cases contraceptives can be used to prevent pregnancy.

Contraceptive use

Family planning allows people to attain their desired number of children, determining when they have their first baby and the spacing of pregnancies. Family planning is done through the use of contraception or by postponing the first sexual intercourse.

Activity: Understanding the benefits of family planning

1. Explain what Family Planning entails.
2. Ask participants if they can think of any benefits for women and girls to postpone having their first child.
3. Ask participants if they can think of reasons for women to space their children.
4. Discuss the answers according to the information below.

Preventing pregnancy-related health risks in women

A woman’s ability to choose if and when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. It prevents unintended pregnancies, including those of older women who face increased risks related to pregnancy. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than 4 children are at increased risk of maternal mortality.

Reduced need for unsafe abortion

By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.

Reducing infant mortality

Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world’s highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.

Helping to prevent HIV/AIDS

Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.
Empowering people and enhancing education Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women to pursue additional education and participate in public life, including paid employment in non-family organizations. Additionally, having smaller families allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

Reducing adolescent pregnancies Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.

Myths about preventing pregnancy

There are many myths and misconceptions about ways to prevent pregnancy. It is important to ensure that participants are aware that these methods do not work. Below is a list of general misconceptions. However, there might be other misconceptions in your country or community. It can therefore prepare this exercise and gather popular misconceptions and answers before doing this exercise. As a trainer you can also ask participants about misconceptions and answer based on the facts in this manual or look them up online.

Ask the participants if the following statements are true or false and ask them why. Make sure they understand the answers as given below.

A girl cannot get pregnant if she is having sex for the first time. THIS IS NOT TRUE. Any girl can get pregnant even if it is the first time if both partners are fertile and neither of them is using contraception.

A girl or woman cannot get pregnant when a boy withdraws his penis from the vagina before ejaculating. THIS IS NOT TRUE. It is possible that sperm leaves the penis before ejaculating. These sperm cells can still cause pregnancy.

A girl or woman cannot get pregnant if she has sex while standing, since sperm cannot swim upwards and they will just flow out. THIS IS NOT TRUE. Sperm have the power to swim upstream in the female reproductive system and if they meet with the egg, pregnancy can occur whilst standing.

If a girl or woman drinks a concentrated tea solution immediately after sex, she cannot conceive. THIS IS NOT TRUE. Concentrated tea or any other herbal drink has no effect whatsoever on sperm, eggs, or one’s likelihood to get pregnant.
If a girl or woman has sex immediately before/after her menstrual period, she cannot get pregnant. THIS IS NOT TRUE. The fertile period of a female depends on the length of her menstrual cycle.

A girl or woman cannot get pregnant if she thoroughly washes her vagina immediately after sexual intercourse. THIS IS NOT TRUE. Sperm move fairly fast. Sometimes even if the woman washes immediately, the sperm will already have gone far and can cause pregnancy.

Oral contraceptive pills prevent pregnancy if swallowed immediately before playing sex, even if a girl/woman has not taken them before. THIS IS NOT TRUE. For the pills to prevent pregnancy they must be taken every day at the same time of the day, and be taken for a certain number of days or weeks before having sex (ask your trained provider).

Contraceptive methods

The following contraceptive methods that should be available at health clinics or NGO clinics are reliable methods for preventing pregnancy when used properly. You can mention these methods to the participants. Possibly you can provide them with a flyer of a local clinic that lists the available options. Underline that according to Adolescent Sexual and Reproductive Health Rights young people should be able to access sexual and reproductive related health services, including contraception.

Combined Oral Contraceptives (COCs)
COCs are tablets containing the hormones oestrogen and progestin. A woman takes one tablet daily to prevent pregnancy. COCs are one of the varieties available called ‘the pill’.

Effectiveness
If 100 young women used COCs for one year, typically eight of them would become pregnant. If taken consistently every day, COCs are highly effective (one pregnancy among 1,000 young women). There is a higher failure rate for adolescents than all other ages, since adolescents have trouble remembering to take pills regularly.

How Do COCs Work?
COCs work by preventing the release of the egg from the ovary. Without an egg to be fertilized, a woman cannot become pregnant.

Advantages
- Are safe, effective, and easy to use.
- Can be used before the onset of menses.
- May lead to lighter, regular periods with less cramping.
- Can become pregnant again after stopping the pill.
- Don’t interfere with sex.
- May be beneficial for adolescents who have irregular or heavy periods, menstrual cramps, or acne.
- Decrease risk of cancer of the female reproductive organs.

Disadvantages
- Have some side effects, which range from increased acne, weight gain, to cramps.
- Must be taken every day.
- Don’t protect against STIs/HIV.
Male condom
The condom is a thin sheath worn over the erect penis when a couple is having sex.

Effectiveness
If 100 couples used condoms for one year, typically 12 to 15 of the young women would become pregnant. If used correctly with every act of intercourse, condoms are highly effective in protecting against pregnancy (three pregnancies among 100 couples) and most STIs (except Herpes Simplex & other genital ulcer diseases), including HIV.

How Do Condoms Work?
The condom catches the man’s sperm so that it cannot enter the vagina.

Advantages
▶ Is safe, effective and easy to use.
▶ Does not require a prescription or medical examination.
▶ Excellent option for someone who does not need ongoing contraception.
▶ May prevent premature ejaculation.
▶ Protects against STIs/HIV.

Disadvantages
▶ Interrupts the sex act.
▶ Requires skills to use properly and negotiate their use with a partner.
▶ A new condom must be used each time the couple has sex.
▶ A new condom must be available before sex occurs.
▶ A condom may occasionally break or slip off during intercourse.
To ensure a condom is properly used, it is important that this is illustrated to participants and ideally for participants to practice. If you do not have condoms or a wooden penis available, you can explain the steps verbally.

1. Show the participants the condom and explain how to use it. Below are the steps:
   - Open the package carefully so the condom doesn’t tear.
   - Not unroll the condom before putting it on.
   - Place the unrolled condom on the tip of the hard penis.
   - Hold the tip of the condom with the thumb and forefinger.
   - Unroll the condom until it covers the penis.
   - Leave enough space at the tip of the condom for the semen.
   - After ejaculation, hold the rim of the condom and pull the penis out of the vagina before it becomes soft.

2. Ask the participants if they have any questions.
3. When you have sufficient materials, let participants practice how to put on a condom.
Female condom
The female condom is a plastic pouch that covers the cervix, the vagina, and part of the external genitals. A woman uses the female condom during intercourse to prevent pregnancy.

Effectiveness
If 100 young women used a female condom every time they had sexual intercourse, typically 21 of them would become pregnant. The female condom also effectively prevents many STIs, including HIV, when used correctly every time an adolescent and her partner have sexual intercourse.

How Does the Female Condom Work?
The condom catches the man’s sperm so that it does not enter the vagina.

Advantages
- Is safe and effective.
- Does not require a prescription or medical examination.
- Can be inserted up to eight hours before sexual intercourse.
- Female controlled.
- Excellent option for someone who does not need ongoing contraception.
- Can be used with oil-based lubricants and transfers heat, making it very sensitive.
- Does not alter vaginal flora and reduces the chance of irritation or allergic reaction.

Disadvantages
- Costs more than the male condom.
- May be noisy or awkward.
- Can be difficult to insert and occasionally, may break or slip out during intercourse.

Other contraceptives
There are several other contraceptives available like sterilisation, use of intrauterine devices (Copper T). For more information about these contraceptives contact a health worker.
Condom negotiation

Using a condom during sex or not is a common discussion between boys and girls. It is important for girls and boys to be prepared for this situation and to practice how to respond if their partner tries to seduce them into having sex without a condom. Below are some common arguments and responses that can help.

State each remark and let participants come up with a possible answer. After going through the list, you can ask participants to practice in pairs. It can be helpful for participants to have the list.

**I don’t like using condoms. It doesn’t feel as good.**
Response: I’ll feel more relaxed and if I’m more relaxed I can make it feel better for you.

**We have never used a condom before.**
Response: I don’t want to take any more risks.

**Using condoms is not pleasant.**
Response: Unplanned pregnancy is more unpleasant. Getting AIDS is more unpleasant.

**Putting it on interrupts everything.**
Response: Not if I help put it on.

**Don’t you trust me?**
Response: I trust you are telling the truth. But with some STIs, there are no symptoms. Let’s be safe and use condoms.

**I know I do not have a STI.**
Response: I want to use them to prevent pregnancy.

**I don’t have a condom.**
Response: I do.

**I will pull out in time. I will practice withdrawal.**
Response: Women can still become pregnant or get STIs from pre-ejaculation fluid.

**I thought you said condoms were for casual partners.**
Response: I decided to face facts. I like having sex with you and I want to stay healthy and happy.

**Condoms are not romantic.**
Response: What is more romantic than making love and protecting each other’s health at the same time?

**But I love you.**
Response: Then you will help me protect myself.

**I guess you don’t really love me.**
Response: I do, but I do not want to risk my life to prove it.

**We’re not using a condom, and that’s it.**
Response: OK. Let’s do something else.

**Just this once without it.**
Response: It only takes once to get pregnant. It only takes once to get a sexually transmitted infection. It only takes once to get HIV.
Effect of contraceptives on the regulation of the menstrual cycle

Since the pill and other contraceptives as implants and IUDs work by introducing different hormones into your system, they can affect your menstrual cycle. Some women may have lighter bleeding, and others may skip their periods entirely. Taking a birth control pill or an IUD can also be used to regulate your period. As it often causing your bleeding to become lighter, shorter and more predictable. Pills can also reduce cramping, bloating, and can decrease acne. On the other hand, some IUDs can increase cramping. As discussed before, each contraceptive methods can have side effects, so ask your healthcare professional for all of the facts, and read the information provided with the pill before you chose your method.

Key message: Know your menstruation

Contraception can affect the quantity and timing of menstruation. Depending on the method it can decrease bleeding, sometimes even stop bleeding or increase bleeding. It is important to ask the health worker about this when they subscribe birth control and to keep track of these changes. You can do this by using a period tracker and by paying close attention to your body and the potential changes it undergoes.
Reproductive tract infections

Although there is no conclusive evidence, it is assumed that the risk of acquiring a sexually transmitted disease or infection is higher than normal during menstruation for the following reasons:

- The plug of mucus normally found at the opening of the cervix is dislodged and the cervix opens to allow blood to pass out of the body. In theory, this creates a pathway for bacteria to travel back into the uterus and pelvic cavity.
- The pH of the vagina is less acidic at this time and this makes yeast infections such as Thrush (Candidiasis) more likely.

It is important to note that these are assumptions and more research into this issue is required. However, it is good to be cautious during menstruation and maintain proper hygiene. For a better understanding, an introduction into Sexually Transmitted Infections (STIs) is given below.

Key message: Increased risk of infections during menstruation

The information above might be too complicated for some groups of participants. You can therefore focus on the following key message:

It is important to maintain proper hygiene during menstruation and to use a condom when having sex as there might be an increased risk for women and girls to get infections or Sexually Transmitted Infections (STIs).
Sexually transmitted infections and diseases

Sexually transmitted infections and diseases are often abbreviated to STI or STD, these basically mean the same. The Question and Answer section below provides more information on STIs.

Questions and Answers “Sexually transmitted infections (STIs)"
Ask these questions and let participants come up with an answer. Make sure all participants understand what the correct answer is.

What is an STI?
An STI is an infection that can be passed from person to person when having sex. The organisms that cause sexually transmitted diseases may pass from person to person in blood, semen, or vaginal and other bodily fluids.

How is an STI transmitted?
You can get an STI by having vaginal sex, anal sex, or oral sex. Sometimes these infections can be transmitted non-sexually, such as from mother to infant during pregnancy or childbirth, or through blood transfusions or shared needles. Because of childbirth complications and post-childbirth anemia, women sometimes receive blood transfusions after delivery. Receiving transfused blood from places where the blood supply is not tested for infection puts women at risk of HIV and hepatitis B.

Can a healthy looking person carry an STI?
It’s possible to contract sexually transmitted diseases from people who seem perfectly healthy, and who may not even be aware of the infection. STIs don’t always cause symptoms, which is one of the reasons experts prefer the term “sexually transmitted infections” to “sexually transmitted diseases”.

Fallopian Tubes
Uterus
Gonorrhoea
Chlamydia
Vaginal Bacteria
Vagina
Bacterial Infections
Yeast Infection
Trichomonas
Cervix
Gonorrhoea
Chlamydia
Herpes
Vulval, labia, vagina
Genital ulcers (syphilis, chancroid, herpes), genital warts
What are common STIs?
There are several different types of STI. Ten common STIs are anogenital warts, chlamydia, genital herpes, gonorrhea, human immunodeficiency virus (HIV), hepatitis B, hepatitis C, pubic lice, syphilis and trichomonas.

Can men and women both contract STIs?
Both men and women can contract STIs. However, women are biologically more vulnerable to than are men.

Why are women more susceptible to STIs?
Women are more susceptible to STIs during sexual intercourse because the vaginal surface is larger and more vulnerable to sexual secretions than the primarily skin-covered penis. Also, the volume of potentially infected male ejaculate deposited in a woman’s vagina during intercourse is larger than the potentially infected cervical and vaginal secretions to which men are exposed.

What makes women more vulnerable to contracting STIs?
Women are also more vulnerable to STIs for social and economic reasons. Compared to men, women generally have low status, education, income and power. Social and economic dependency may limit a woman’s ability to refuse unsafe sex or negotiate safer sex. She may also find it difficult to obtain information about disease prevention, or to seek and receive health care. Women striving to survive economically also may be drawn into the sex industry, where STI transmission is common.

Can I get an STI from my long-term partner?
It is important to be cautious, even when married or staying faithful to one sexual partner. Your partner might have acquired an STI before you got married or together or might have multiple sexual partners without telling you. Men that have unprotected sex with prostitutes have a high risk of acquiring STIs and infecting their partner as well.

Treatment
It is important to seek treatment when you suspect that you have an STI, or when you had unprotected sex. STIs often go untreated as people do not have the right information or they might be shy to go to the doctor. STIs in women tend to go untreated because they are often asymptomatic. As already noted, an untreated STI increases susceptibility to HIV infection.

Treatment is not only important for your own health, but also for that of you partner. Especially when you have more sexual partners, you will most probably spread the disease. It is therefore important to inform your sexual partners when you find out you have an STI, so they can get treatment as well.

Activity: Getting treatment for an STI

Although it is important to seek treatment, there are many barriers for boys and girls, men and women to seek treatment.

1. Ask the group what would be reasons for them not to seek treatment. Possible, common answers are: not sure if it is serious, shame, afraid about privacy, afraid to get judged, health clinic is too far, not money for medication, not allowed to go by husband or parents.

2. Discuss with the group what is important for people to feel comfortable to seek treatment when having an STI. You can bring in that it is important for parents not to be judgemental when their child had sex and acquired an STI. It is important that a child feels save to discuss this with his or her parents. Discuss that it is important for a husband to prioritise the health of his wife. She
should therefore be able to visit a health clinic when she thinks it is necessary, even if there will be costs attached to this. You can also discuss the importance of accessibility of health clinics as well as privacy for the patient and discreetness of the health worker.

**Overview of infections and diseases**

An overview of STIs, diseases caused by STIs and the potential link to menstruation is given in Annex 3. In addition to STIs, there are other diseases and conditions that are sometimes associated (not always correctly) with menstruation and the reproductive cycle – though not necessarily with menstrual hygiene practices. These can be found in Annex 3 table 3(b).

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**Key message: Increased risk of infections during menstruation**

When you experience symptoms that are unusual, visit a health clinic as you might have an infection or disease. Possible symptoms are different smell, change in vaginal discharge, irritation, rashes, pain when urinating, nausea, headache and fever. However, it is important to see a doctor when having had unprotected sex and when you are not 100% that your partner is faithful. Some infections and diseases do not have any symptoms. Again, it is important for women to maintain proper hygiene during their menstruation and to have safe sex as they have a higher risk of infections.

For more information on STIs you can consult: www.patient.co.uk or www.nhs.uk.
References & Annexes
References


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WSSCC, WASH and Health for Menstrual Hygiene Management, Training of Trainers Manual, 2015
### Annex 1
Training schedule

#### Day 1

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>OBJECTIVE</th>
<th>APPROACH</th>
<th>MATERIALS</th>
<th>LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30-10.00</td>
<td>Welcome and introduction</td>
<td>Participants to get to know each other</td>
<td>Ball throwing game</td>
<td>Ball</td>
<td>Trainer A</td>
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<tr>
<td>10.00-11.00</td>
<td>Setting ground rules</td>
<td>Everyone agrees and understands the rules</td>
<td>Group gives input, trainer A writes</td>
<td>Flip chart, markers</td>
<td>Trainer B</td>
</tr>
<tr>
<td>11.00-11.15</td>
<td>BREAK</td>
<td>XXX</td>
<td>XXX</td>
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<td>11.15-12.30</td>
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<tr>
<td>12.30-13.30</td>
<td>LUNCH</td>
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<td>XXX</td>
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<td>13.30-15.00</td>
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<td>17.00-17.30</td>
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## Day 2

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<th>APPROACH</th>
<th>MATERIALS</th>
<th>LEAD</th>
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</thead>
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<tr>
<td>09.00</td>
<td>Recap day 1</td>
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</tr>
<tr>
<td>10.00</td>
<td>Setting ground rules</td>
<td>Everyone agrees and understands the rules</td>
<td>Group gives input, trainer A writes</td>
<td>Flip chart, markers</td>
<td>Trainer B</td>
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<td>16.15</td>
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<tr>
<td>16.45</td>
<td>Closure</td>
<td>Rounding up/ summary</td>
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<td>Trainer B</td>
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</tr>
<tr>
<td>17.00</td>
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</table>
Annex 2
International Adolescent Reproductive Rights

- The right to good reproductive health.
- The right to decide freely and responsibly on all aspects of one’s sexuality.
- The right to information and education about sexual and reproductive health so that good decisions can be made about relationships and having children.
- The right to own, control, and protect ones’ own body.
- The right to be free of discrimination, coercion and violence in one’s sexual decisions and sexual life.
- The right to expect and demand equality, full consent, and mutual respect in sexual relationships.
- The right to quality and affordable reproductive health care regardless of sex, creed, color, marital status, or location. This care includes:
  - Contraceptive information, counseling and services.
  - Prenatal, postnatal, and delivery care.
  - Healthcare for infants.
  - Prevention and treatment of STIs.
  - Safe abortion services, where legal, and management of abortion-related complications.
  - Prevention and treatment of infertility.
  - Emergency services.
  - The right to privacy and confidentiality when dealing with health workers and doctors.
  - The right to be treated with dignity, courtesy, attentiveness, and respect.
  - The right to express views on the services offered.
  - The right to gender equality and equity.
  - The right to receive reproductive health services for as long as needed.
  - The right to feel comfortable when receiving services.
  - The right to choose freely one’s life/sexual partners.
  - The right to celibacy.
  - The right to refuse marriage.
  - The right to say no to sex within marriage.

### Annex 3

Infections (STIs) and diseases with a potential link to menstruation

#### Table 3(a) Infections with a potential link to menstruation

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>DETAILS</th>
<th>SYMPTOMS</th>
<th>LINK TO MENSTRUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Vaginosis</td>
<td>The normal balance of bacteria in the vagina becomes disrupted and there is an overgrowth of specific types of bacteria. Any woman can get Bacterial Vaginosis. Douching (flushing out the vagina with water) and having multiple sexual partners can increase the risk, although it is not a sexually transmitted infection. Bacterial Vaginosis appears to increase the risk of various other infections and conditions.</td>
<td>Often there are no symptoms. Pain, fishy odour, white or grey vaginal discharge, itching, burning sensation on urination.</td>
<td>The risk of Bacterial Vaginosis may be increased during menstruation.</td>
</tr>
<tr>
<td>Vulvovaginal Candidiasis (Thrush)</td>
<td>A common fungal infection that occurs when there is overgrowth of the fungus (or yeast) called Candida. Candida usually lives in the vagina in small quantities without causing symptoms. A change in the vaginal pH or hormonal changes can lead to an overgrowth of the fungus.</td>
<td>Genital itching or burning, often with a watery, white, lumpy vaginal discharge.</td>
<td>The risk of Candidiasis may be increased during menstruation due to changes in the pH of the vagina.</td>
</tr>
<tr>
<td><strong>Chlamydia</strong></td>
<td>Chlamydia is a common sexually transmitted infection caused by the bacterium, Chlamydia trachomatis. It can irreversibly damage a woman’s reproductive organs and is a major cause of infertility. Chlamydia can be transmitted during vaginal, anal or oral sex. The infection may cause spontaneous abortion or premature delivery. It can also be passed from an infected mother to her baby during vaginal childbirth causing conjunctiva problems, leading to blindness.</td>
<td>The majority of infected people have no symptoms. Some women have an abnormal vaginal discharge or a burning sensation when urinating. As well as pain there can be an urgency to urinate more frequently. Later symptoms might include lower abdominal pain, lower back pain, nausea, fever, pain during intercourse, or bleeding between menstrual periods. In men, it usually affects the pipe through which urine is passed (the urethra) in the penis.</td>
<td>There is no evidence for increased risk of Chlamydia in the lower genital tract during menstruation. But if a woman has Chlamydia, there can be an increased risk of infection of the upper genital tract during unprotected sex when menstruating because of the movement of menstrual blood back through the cervix.</td>
</tr>
<tr>
<td><strong>Trichomomas Vaginalis</strong></td>
<td>Caused by a parasite and usually transmitted from one person to another during sex. It is also possible to pass on the infection during childbirth. In women the infection can be found in the vagina and the urethra.</td>
<td>Soreness, inflammation and itching around the vagina. Pain when passing urine, and when having intercourse. Can produce a profuse foamy discharge, with a fishy odour.</td>
<td>The risk may be increased during menstruation.</td>
</tr>
<tr>
<td><strong>Gonorrhoea</strong></td>
<td>This sexually transmitted infection is caused by the bacterium Neisseria gonorrhoeae. If left untreated it can lead to pelvic inflammatory disease and infertility. It can also spread to other parts of the body in the bloodstream and be transmitted to a new born baby, causing eye problems.</td>
<td>Many women have no symptoms. Greenish/yellow discharge with an unpleasant odour. Frequent and uncomfortable urination. Pain in lower abdomen. In men, the infection usually affects the urethra (the tube between the bladder and the end of the penis) but can cause infection of the mouth or anus or both sexes.</td>
<td>There is no evidence for increased risk of Gonorrhoea in the lower genital tract during menstruation. However, if a woman has Gonorrhoea, there can be an increased risk of infection of the upper genital tract during unprotected sex when menstruating because of the movement of menstrual blood back through the cervix.</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
<td>Symptoms</td>
<td>Transmission Risk</td>
</tr>
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</tr>
<tr>
<td><strong>Syphilis</strong></td>
<td>This sexually transmitted infection is caused by the bacterium, Treponema pallidum.</td>
<td>Many women have no symptoms for years. The following symptoms are similar for men and women. In the primary stage there is usually a single sore (chancre) which is firm, round, small and painless. Shortly after (four to ten weeks), there may be skin rashes (especially on the trunk, palms and soles of feet) weight loss, swollen lymph glands, headaches and fatigue. Later symptoms affect different parts of the body, including the brain, and can be widespread.</td>
<td>The risk of Syphilis may be increased during menstruation but limited research is available.</td>
</tr>
<tr>
<td><strong>Hepatitis B Virus</strong></td>
<td>Hepatitis B Virus (HBV) is transmitted via bodily secretions, including blood, and is more infectious and relatively more stable in the environment than other blood borne pathogens like Hepatitis C Virus and HIV. It is not usually considered to be a reproductive tract infection.</td>
<td>Many people (men and women) will not experience symptoms but any of the symptoms listed below are possible: appetite loss, feeling tired, nausea and vomiting, pain on the right side of the abdomen, jaundice, dark urine and pale stools.</td>
<td>The risk of transmission from the woman during sexual intercourse is increased due to the presence of blood, which has a higher viral load than other bodily secretions.</td>
</tr>
<tr>
<td><strong>Urinary tract infections</strong></td>
<td>The majority of urinary tract infections (UTIs) are caused by E. coli infections – often introduced into the urethra (the tube that leads from the bladder to allow the passage of urine) from the rectum. However, some of the infections mentioned above can also be responsible. Sexually active women are most at risk, although infections can occur in other groups.</td>
<td>Both men and women: Burning sensation or pain when passing urine. Urge to urinate frequently. Raised temperature. There is no vaginal discharge. Lower urinary tract infections can cause blood in urine and an inability to urinate despite the urge.</td>
<td>The risk of urinary tract infections is probably not increased during menstruation as the main risk is contamination of urethra by bacteria present in the bowel.</td>
</tr>
</tbody>
</table>
### Pelvic Inflammatory Disease

Pelvic Inflammatory Disease (PID) refers to infection of the uterus and other reproductive organs. It is a serious complication of some sexually transmitted infections, especially Chlamydia and Gonorrhoea. Pelvic Inflammatory Disease can lead to tissue scarring, resulting in serious consequences such as infertility, ectopic pregnancy (a pregnancy in the fallopian tube or elsewhere outside of the womb), abscess formation, and chronic pelvic pain.

Most women have no symptoms but any of the symptoms listed below are possible: lower abdominal pain, pain during sexual intercourse, vaginal discharge, pain on passing urine, feeling sick or vomiting, fever.

When women contract PID it is important that their partners get treated as well as the majority of the cases is caused by Chlamydia.

The risk of PID is associated with risk of contracting other sexually transmitted infections. Sex during menstruation has been cited as one possible risk factor for the progression of lower genital tract infections to upper genital tract infections (PID) due to reflux of menstrual blood through the cervix while the cervical mucus is dislodged.

### Vaginitis

Vaginitis is inflammation of the vagina. It can affect women and girls of all ages, and is very common. It is often associated with an irritation or infection of the vulva. It has many causes, mostly from reproductive tract infections, such as yeast infections or trichomoniasis, but it can also result from irritants and allergies.

Vaginal discharge, itching and burning pain.

Irritations and allergic reactions to the chemicals on sanitary products can occur in women and girls with sensitive skin.
## Annex 3

### Infections that are related to menstruation but not to menstrual hygiene

<table>
<thead>
<tr>
<th>INFECTION</th>
<th>DETAILS</th>
<th>SIGNS &amp; SYMPTOMS</th>
<th>LINK TO MENSTRUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endometriosis</td>
<td>Endometriosis is a condition in which small pieces of the uterus lining (known as the endometrium) are found outside the uterus, e.g. in the fallopian tubes, ovaries, bladder, bowel, vagina or rectum. The endometrial cells outside the uterus behave in the same way as those in the uterus and go through the same process of thickening and shedding that leads to monthly periods. However, when this happens outside of the uterus, the blood cannot be released as easily and this gives rise to pain and swelling. It can also lead to problems with fertility.</td>
<td>Not all women with endometriosis experience symptoms but any of the symptoms listed below are possible: pain in the lower abdomen, pelvis or lower back.</td>
<td>Associated with menstruation but not menstrual hygiene</td>
</tr>
<tr>
<td>Uterine fibroids</td>
<td>Uterine fibroids are benign growths in the uterus that occur in 30-40% of women.</td>
<td>Most fibroids do not cause any problems and do not require treatment. However, some can cause heavy periods that can lead to anaemia and other health problems. Large fibroids can press on the bladder or bowel causing the urge to pass urine frequently or constipation and bloating.</td>
<td>Uterine fibroids can cause heavy bleeding but they are not associated with menstrual hygiene.</td>
</tr>
</tbody>
</table>
### Ovarian Cancer

Ovarian Cancer is often known as the silent killer as the symptoms of this type of cancer are common and often ignored. It has been suggested that the constant injury and repair caused by ovulation and menstruation may play a part in causing cancer of the ovaries in some women. During ovulation an egg is released from the ovary, which involves a ‘wound’ in the layer of tissue overlying the egg. Having children, breastfeeding or using the contraceptive pill seems to have a protective effect – in theory this is a result of the reduction in ovulation with these activities.

- Loss of appetite, indigestion, nausea, excessive gas (wind) and a bloated, full feeling.
- Unexplained weight gain or an increased waist size, swelling in the abdomen, pain in the lower abdomen, changes in bowel or bladder habits, such as constipation, diarrhoea or needing to pass urine more often, lower back pain, pain during sexual intercourse.

### Human Papilloma Virus

Human Papillomavirus (HPV) is a viral infection that is passed between people through skin-to-skin contact. There are more than 100 varieties of HPV, 40 of which are passed through sexual contact and can affect the genitals, mouth, or throat. HPV can cause genital warts or most commonly, cause cervical cancer.

- Common symptoms of some types of HPV are warts, especially genital warts.
- Genital warts may appear as a small bump, cluster of bumps, or stem-like protrusions. They commonly affect the vulva in women, or possibly the cervix, and the penis or scrotum in men. They may also appear around the anus and in the groin.

In possible link to menstruation, an abnormal vaginal bleeding between menstrual periods or after sex can be experienced. Longer or heavier menstrual periods or bleeding after menopause associated with genital warts is also a possible symptom.

- Believed to be associated with menstruation but not menstrual hygiene.

- Associated with sexual and reproductive hygiene.
## Annex 4

Types of other vaginal bleeding episodes

<table>
<thead>
<tr>
<th>Infection</th>
<th>Age Range</th>
<th>Normal Amount of Blood</th>
<th>‘Normal’ Length of Time</th>
<th>Definition/Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cancer</td>
<td>Any age, median age is 49</td>
<td>Menstruation can be heavy, irregular, pain or spotting</td>
<td>Continues until treated, bleeding likely to occur during MP; varies</td>
<td>Cancer in the cells of the cervix linked to the human papilloma virus; bleeding is often not related to menses</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>Most cases diagnosed between 25 and 35 years of age</td>
<td>Menstruation can be heavy, irregular, painful or spotting</td>
<td>Continues until treated, bleeding likely to occur during MP; varies</td>
<td>A condition resulting from the appearance of endometrial tissue outside the uterus; heavy MP, irregular MP, painful MP or spotting, abdominal cramping, constipation or nausea</td>
</tr>
<tr>
<td>Menarche</td>
<td>Usually between 8 and 16 years</td>
<td>Can vary but usually lighter spotting</td>
<td>2–7 days is normal; cycles are often irregular for 1–2 years</td>
<td>First menstrual cycle, can be accompanied by cramps, irritability/heightened emotions, tender breasts</td>
</tr>
<tr>
<td>Menorrhagia</td>
<td>From age of menarche to menopause (ages ~8–60)</td>
<td>60–90 ml or more</td>
<td>Can be over 7 days</td>
<td>Abnormally heavy menstrual bleeding; MP lasts longer than 7 days or is too frequent (less than 21 days between periods), spotting or bleeding between MPs or during pregnancy</td>
</tr>
<tr>
<td>Menstrual bleeding</td>
<td>From age of menarche to menopause (ages ~8–60)</td>
<td>Average blood lost is 30–40 ml, with 90% of women &lt;80 ml</td>
<td>2–7 days is normal</td>
<td>Process of discharging blood and other materials from uterine lining monthly, can be accompanied by cramps, irritability/heightened emotions, tender breasts</td>
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<tr>
<td>Condition</td>
<td>Description</td>
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<tr>
<td>Miscarriage</td>
<td>From age of menarche to menopause (ages ~8–60)</td>
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<td></td>
<td>Spotting can occur after miscarriage</td>
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<td></td>
<td>Can spot for up to 2 weeks after miscarriage; can result in haemorrhage</td>
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<td></td>
<td>Expulsion of a fetus from the womb before childbirth; irregular uterine bleeding, pain (abdomen, lower back, pelvis), vaginal discharge, uterine contractions, nausea</td>
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<td>Perimenopause/menopause</td>
<td>Usually mid-40s to early 60s; average age 51–52</td>
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<td>Spotting or heavy</td>
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<td></td>
<td>Average length is 4 years. Ends when 12 months without MP</td>
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<td></td>
<td>Time before and during the end of menstruation in the life cycle; absence of MP, spotting, heavy or irregular MP, hot flashes/night sweats, vaginal dryness</td>
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<tr>
<td>Postpartum haemorrhage</td>
<td>Menarche to menopause (ages ~8–60)</td>
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<td></td>
<td>Excessive vaginal bleeding (&lt;90 ml)</td>
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<td></td>
<td>Up to 6 weeks postpartum</td>
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<td></td>
<td>Excessive bleeding after childbirth; vaginal bleeding, fast heart rate or low blood pressure</td>
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<tr>
<td>Sexually transmitted infections</td>
<td>Any age if sexually active</td>
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<td></td>
<td>Heavy, spotting</td>
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<td></td>
<td>Continues until treated</td>
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<td></td>
<td>Diseases passed on through sexual contact (ie, chlamydia, gonorrhoea); pelvic inflammatory disease, menorrhagia, bleeding after intercourse, spotting between periods</td>
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<tr>
<td>Uterine fibroids</td>
<td>Can occur by age 20, usually between 35 and 54</td>
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<td>Menstruation can be heavy, irregular, painful or spotting</td>
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<td>Continues until treated, bleeding likely during MP; varies</td>
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<td></td>
<td>Non-cancerous growths in uterus that can develop during childbearing years; heavy MP, prolonged MP, pelvic pressure/pain, frequent/difficult urination</td>
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<tr>
<td>Uterine polyps</td>
<td>Rare before 20, can occur after menopause</td>
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<tr>
<td></td>
<td>Menstruation can be heavy or irregular</td>
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<td></td>
<td>Continues until treated</td>
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<tr>
<td></td>
<td>Usually non-cancerous growths attached to inner wall of uterus; irregular or excessive bleeding and bleeding after menopause can occur</td>
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</tbody>
</table>
Colophon

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