



एजुकेशन फ़ाउंडेशन

*“Transforming Kasturba Gandhi Balika Vidyalyayas
(KGBVs) in Bokaro”*

Policy Brief and Project Summary Report:
August 2022 – January 2023

Prepared for the Bokaro District Administration by
Adolescent Health Champions
Ugam Education Foundation

Executive Summary

Background: The health awareness programme commenced in August 2022 in Bokaro KGBV/JBAVs by Ugam Education Foundation (UEF) and Adolescent Health Champions (AHC) under the MoU signed with the Office of Deputy Commissioner cum District Magistrate, Bokaro.

Topics: As of February 2023, 3 Visits have been completed at each Bokaro KGBV and JBAV school in Bokaro, covering (i) Visit 1: Menstruation and Adolescence (ii) Visit 2: Mental Health and Anaemia, and (iii) Visit 3: Gender.

Model: Each visit involves spending 5 days in a given school, for a total of 15 days of programming per school. UEF Fellows (KGBV alumni) hold sessions with 9th standard, select and train “Champions” (peer health educators), oversee the Champion-led sessions with 8th standard, and administer surveys. **With each visit, we have reached approximately 880 participants and trained 60-65 Champions.** Across all three visits, **a total of 167 peer health Champions** were trained in total across the eight schools.

Programme Impacts

Menstruation

- Positive attitude shift & behaviour change re: not believing in/following menstrual taboos
- Knowledge gains, especially of irregular menstruation symptoms
- Reducing stigma on freely talking about menstruation
- Reduction in days of school missed due to menstruation

Anaemia

- Knowledge gains of symptoms and definition of Iron-deficiency anaemia
- Positive attitude shifts towards eating IFA tablets

Mental Health

- Knowledge gains of symptoms of stress and self-esteem in daily situations
- Knowledge gains of when to seek help for emotion-related symptoms
- Willingness to talk about mental health with family, especially fathers and brothers
- Inculcating sensitive attitudes towards the mentally ill
- Positive behaviour shift of willingness to utilise mental health promotion activities

Leadership and Confidence

- Increase in leadership ability, confidence, teaching ability, health promotion interest

Recommendations

- **Create more presentation opportunities (via peer education):** When girls present any material to others, there is an increase to their leadership and confidence.
- **Additional menstrual health support:** We received many questions from students about menstrual irregularities. We suggest providing advanced training to wardens and swasthya mantris on the topic and when additional medical treatment may be required.
- **Encourage daily meditation:** The curriculum stresses on daily activities to control and manage stress. Daily meditation in class or assembly can help mitigate stress.
- **Teach advanced mental health curriculum to higher classes:** We must build on basic mental health concepts to cover advanced concepts (mental illness, counselling, depression, suicide). This will greatly benefit students and build resilience.
- **IFA tablet best practices:** We recommend giving IFA tablets and milk at different times. We recommend avoiding giving IFA tablets in evening times to reduce side effects.

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Background

An MoU was signed on 12th July, 2022 between the Office of Deputy Commissioner cum District Magistrate, Bokaro District Administration, Government of Jharkhand and Ugam Education Foundation (UEF) and Adolescent Health Champions (AHC) to “catalyse the education and empowerment of girls by creating model KGBVs in partnership with district education systems and facilitating processes so that young women become role models and community leaders.”

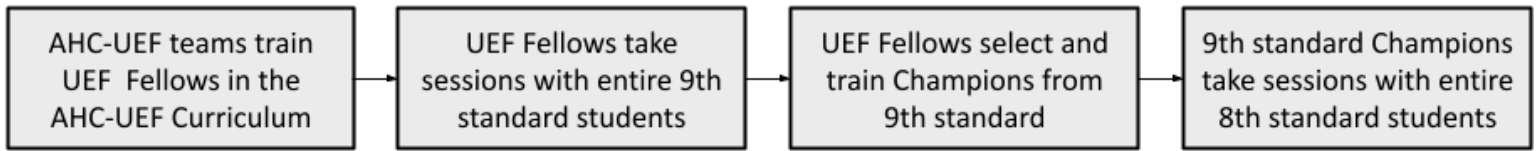
A number of activities are being undertaken to realise the said goal of transforming KGBVs, with AHC working with UEF to design the health education and empowerment component. The goal of this component is to create awareness on topics such as puberty & menstrual hygiene, mental health, anaemia, and gender.

The health awareness programme commenced in Bokaro KGBV and JBAV schools in August 2022. As of February 2023, Visit 1, Visit 2, and Visit 3 have been completed across all the KGBV and JBAV schools in Bokaro. The data analysis for Visit 3 (gender) is currently underway.



Transforming KGBVs launch event

The Model



AHC and UEF designed a youth-led, peer health education model for schools in Bokaro. The model involves training students in the 9th standard as Champions; these youth leaders then teach the students in the 8th standards in their school. Students learn and share critical information about the leading health challenges of adolescence with their peers in schools and also in their communities. To deliver the health empowerment curriculum specifically in the KGBV schools, UEF Fellows (KGBV school alumni) were trained by the AHC-UEF team in the content of the curriculum, youth mentorship techniques, and in administering surveys to capture the relevant impact data related to the programme. The Fellows then led the implementation process in the KGBV Schools, visiting each school three times during the year, with 5 days allotted to each school per visit. During each visit at KGBV Schools, the Fellows first held sessions on health-related topics with all 9th-grade students. They then identified and selected students from 9th grade to be peer educators. These selected youths are referred to as “Champions.” The Fellows then trained the Champions in the curriculum and helped them facilitate adolescent health sessions with the entire 8th-grade class. In this way, our peer health education model leverages the skills and talents of youth and disseminates health information in these schools at scale in a culturally sensitive, sustainable, and cost-effective manner.



A Champion teaches about Menstruation



Champions supervise a group activity

Work in Bokaro Schools

Needs Assessment

Prior to the intervention, large-scale focused group discussions with KGBV wardens, teachers and alumni students were conducted to understand the knowledge gaps and health challenges that female adolescents face in the KGBVs. The discussions validated the need of an intervention addressing critical health topics surrounding adolescent health. The priorities identified by the needs assessment were (i) to improve linkages with healthcare systems, (ii) to increase basic knowledge of when to seek medical help, and (iii) to encourage healthy behaviours, seeking timely medical help, and talking freely about health topics. The thematic areas for work identified were menstrual hygiene, adolescence and puberty, mental health, anaemia, and gender.

Henceforth, AHC and UEF created a comprehensive health awareness curriculum in consultation with KGBV Alumni to ensure that the curriculum is not just informative but also culturally and socially relevant for KGBVs.

Visit 1: Menstruation and Adolescence

Between August and September 2022, Visit 1 was completed across all the KGBV and JBAV schools in Bokaro. Topics related to adolescence and menstruation were covered in detail with the entire 9th and 8th standard students in all schools, with approximately 880 participants total. For Visit 1, Ugam Fellows trained 64 champions across all the KGBV and JBAV schools in Bokaro who then led sessions with the 8th-standard students in their respective schools.

Listed below are the topics covered under the broader themes of adolescence and menstruation:

Theme	
Adolescence	Menstruation
<ul style="list-style-type: none"> • Changes during adolescence: physical, mental, and social • Puberty 	<ul style="list-style-type: none"> • Understanding female reproductive organs • Ovulation • Menstruation • Menstrual cycle • Premenstrual signs and symptoms • Irregular menstrual cycle • Menstrual hygiene • Vaginal discharge • Period cramps

- Menstrual health-related support
- Myths related to menstruation



UEF Fellows leading sessions on puberty and menstruation



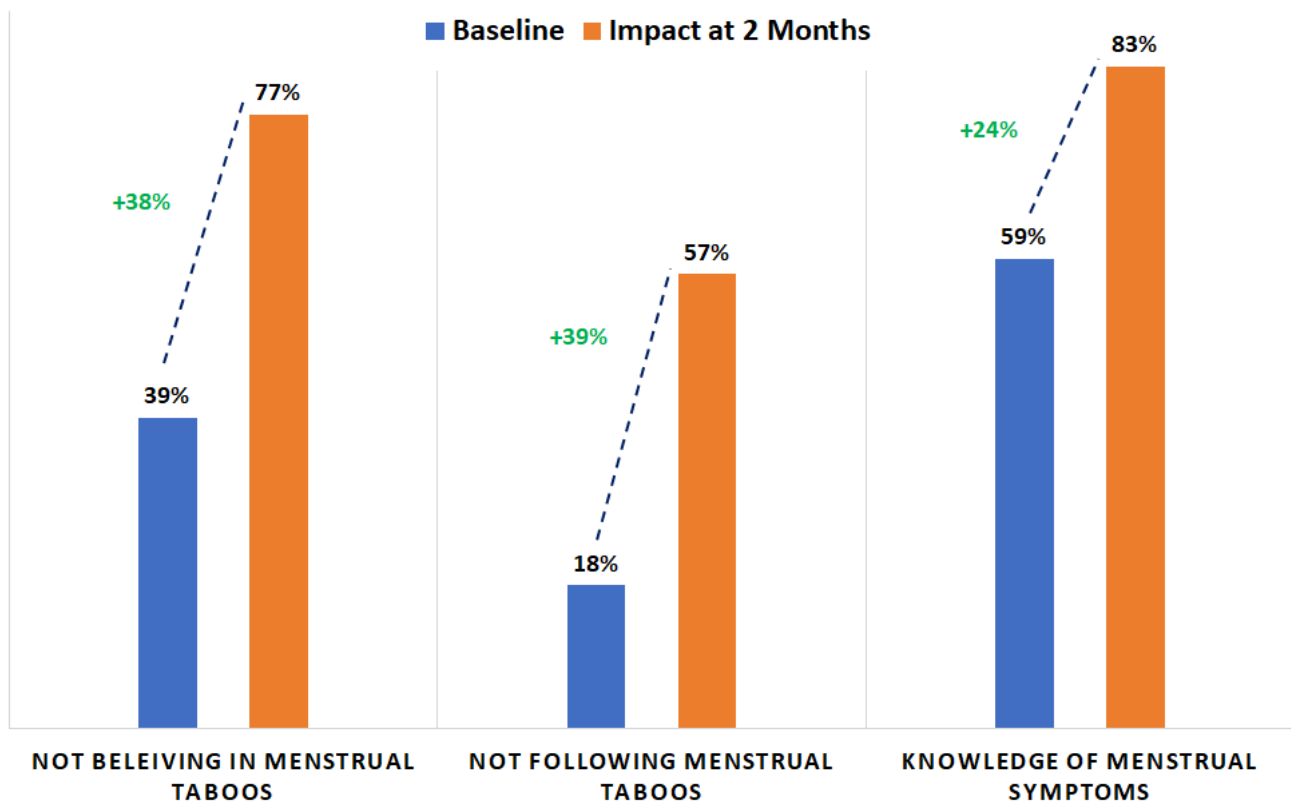
KGBV Champions leading sessions on menstrual health

Visit 1 Impact

The overall highest impact was on:

- Improving positive attitudes and behaviours concerning menstrual taboos
- Increasing menstruation-related knowledge, especially recognising symptoms indicating need to seek medical help
- Reducing stigma around freely talking about menstruation with others
- Reduction in number of days of school missed due to menstruation

MENSTRUATION IMPACTS OVER TIME

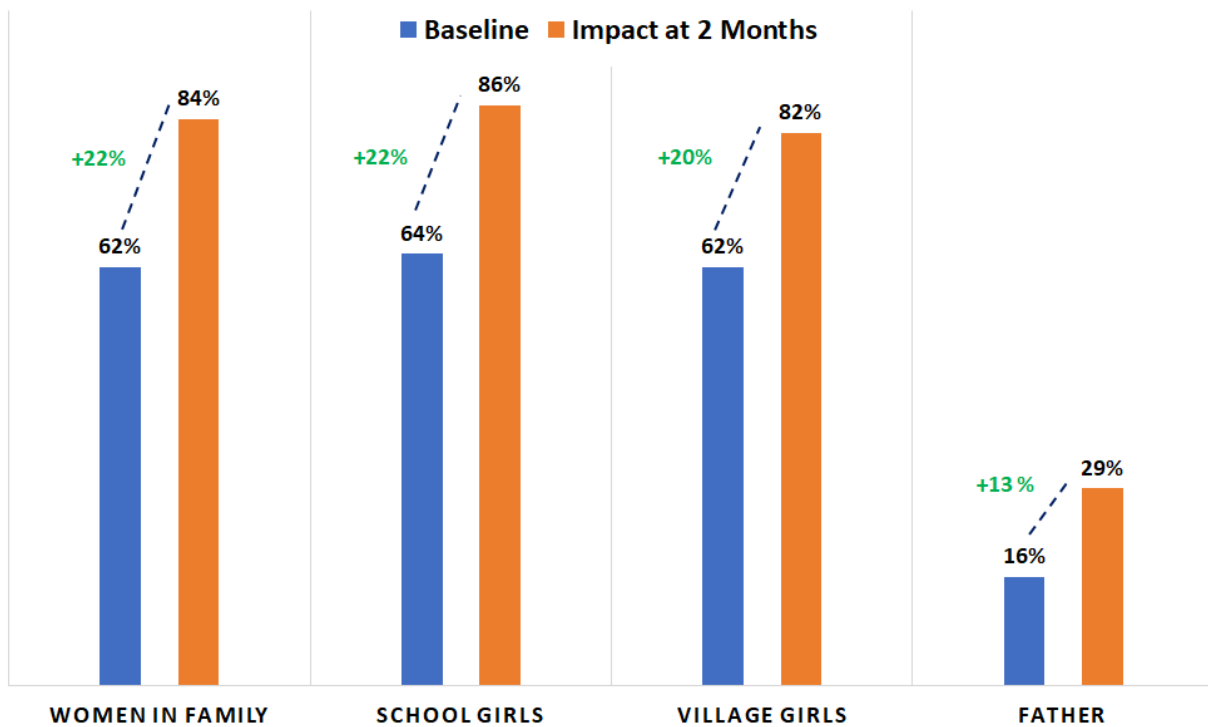


Before the intervention, only about **2 in 5 (39%)** girls at baseline said that they did not believe in menstrual taboos. This number increased to about **4 in 5 (78%)** girls at the two-month follow-up point. Similarly, only about **1 in 5 (18%)** girls at baseline said that they do not follow menstrual taboos; this number increased to **3 in 5 girls (60%)** at two-month follow-up.

Correct recognition of menstrual symptoms that indicate a need to seek medical help (e.g. sizable blood clots, prolonged bleeding, heavy bleeding etc) improved from about **3 in 5 (59%)** girls at baseline to about **4 in 5 (82.6%)** girls at two month follow-up.

Importantly, at baseline **about 1.5 in 10 girls (15%)** reported talking to their father about menstruation; this figure doubled to about **3 in 10 girls (30%)** at two-month follow-up reporting that they **talked to their father about menstruation**. Similarly, talking to other school girls and other village girls about menstruation increased from about **3 in 5 (63%)** at baseline to about **4 in 5 (84%)** at two-month follow-up. Thus, the intervention successfully increased the comfort of KGBV girls in talking about menstruation with their peers in school and in the village.

TALKING FREELY ABOUT MENSTRUATION WITH OTHERS



Furthermore, at baseline girls reported **missing about one and a half days of school** every month due to their menstrual period. This reduced to **less than one day of school** per month at two-month follow-up.

REDUCTION IN DAYS MISSED PER MONTH DUE TO MENSTRUATION RELATED PAIN



The programme also had moderate improvement from baseline to two-month follow-up on other **positive behaviours such as correct pad disposal, and talking about menstruation with family, friends, and other village girls etc.**

The full list of data points and school-by school data is in the appendix.

Visit 2: Mental Health and Anaemia

Visit 2 was completed between November and December 2022 across all KGBV and JBAV schools in Bokaro. The broader themes of anaemia and mental health were covered during this particular visit. Fellows trained a total of 53 champions for both modules across all the KGBV and JBAV schools who then led sessions with 8th-standard students in their respective schools.

Listed below are the topics covered under the broader theme of anaemia and mental health:

Theme	
Anaemia	Mental Health
<ul style="list-style-type: none"> • What is anaemia and how does it happen? • Signs and symptoms of anaemia • Hemoglobin and its range • Effects of anaemia on women • Anaemia prevention, including Iron Folic Acid (IFA) tablets • Increasing iron in diet via iron-rich foods 	<ul style="list-style-type: none"> • Understanding feelings • Self-esteem and body image • Tension • Sources of tension • How to cope with tension/stress • Daily gratitude activity • Myths related to mental health • Where to get mental health-support



(left) KGBV Champions practising teaching mental health with UEF Fellows



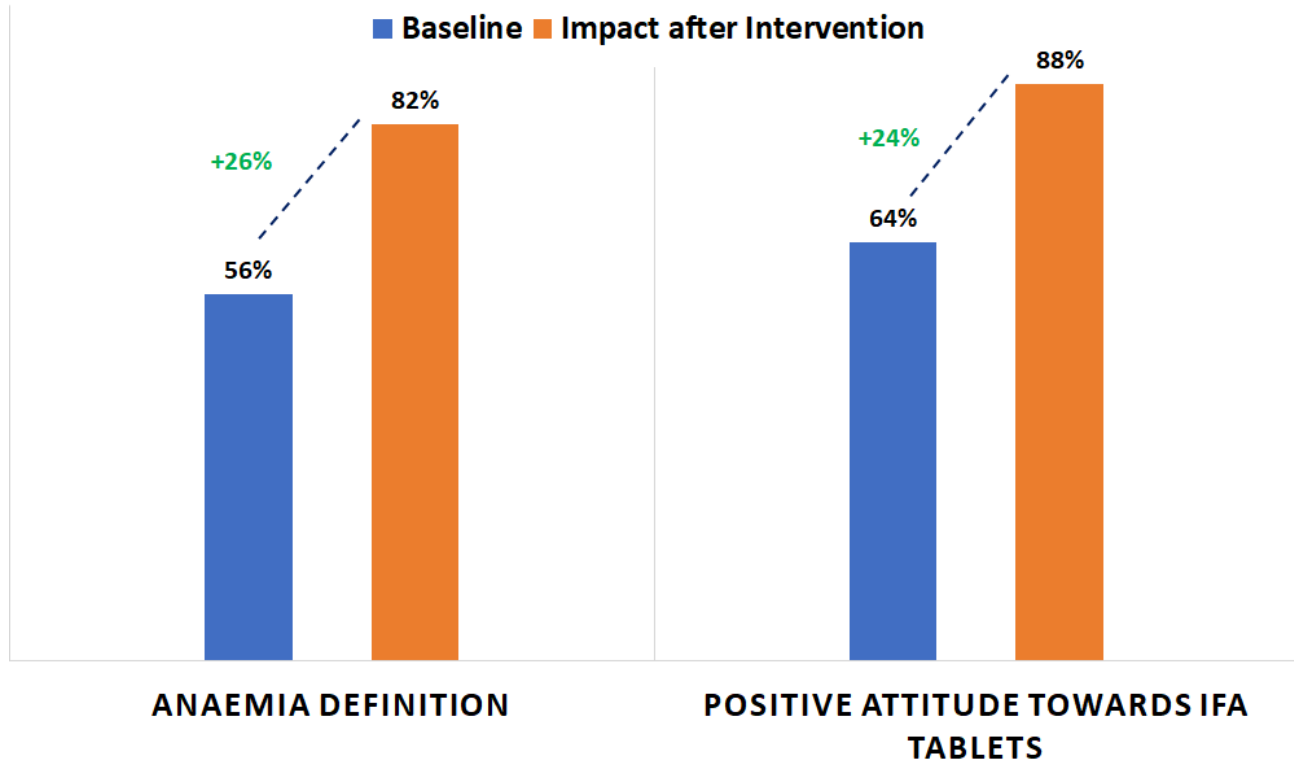
(right) A KGBV Champion leading session on mental health

Visit 2 Impact

Anaemia: The overall highest impact from baseline to endline was on:

- Improving knowledge of iron-deficiency anaemia
- Positively shifting attitudes towards eating IFA tablets

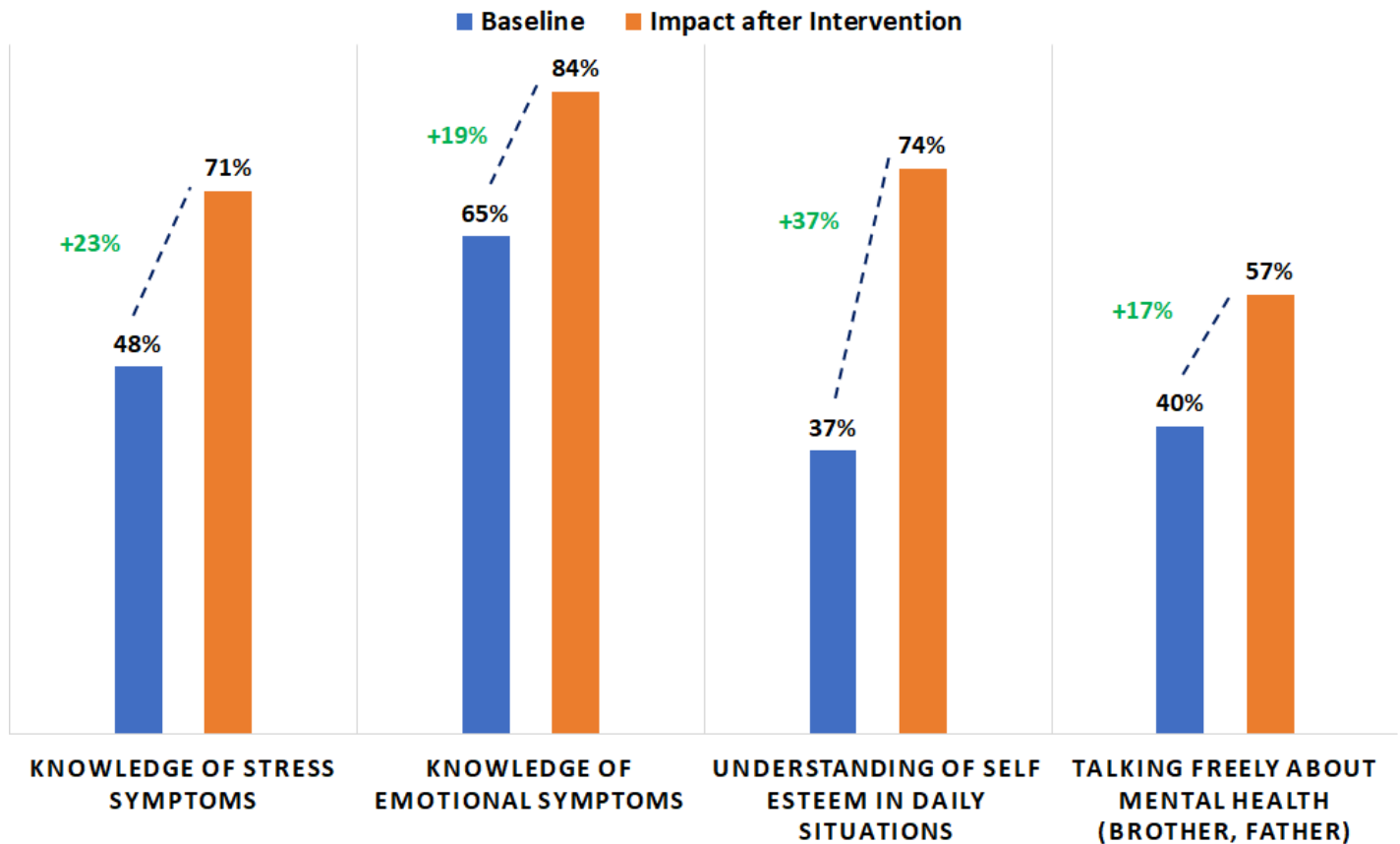
ANAEMIA IMPACT OVER TIME



Mental Health: The overall highest impact from baseline to endline was on:

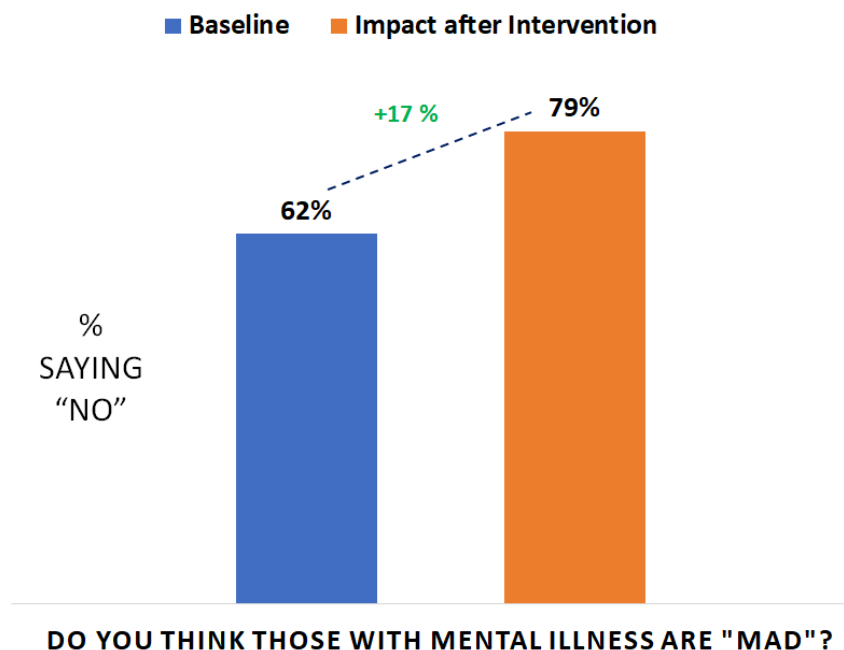
- Improving knowledge of symptoms of stress
- Improving understanding of self-esteem in daily situations
- Improving knowledge of emotion-related symptoms that indicate a need to seek mental health-related help
- Freely talking about mental health with family, especially fathers points) and brothers

MENTAL HEALTH IMPACT OVER TIME



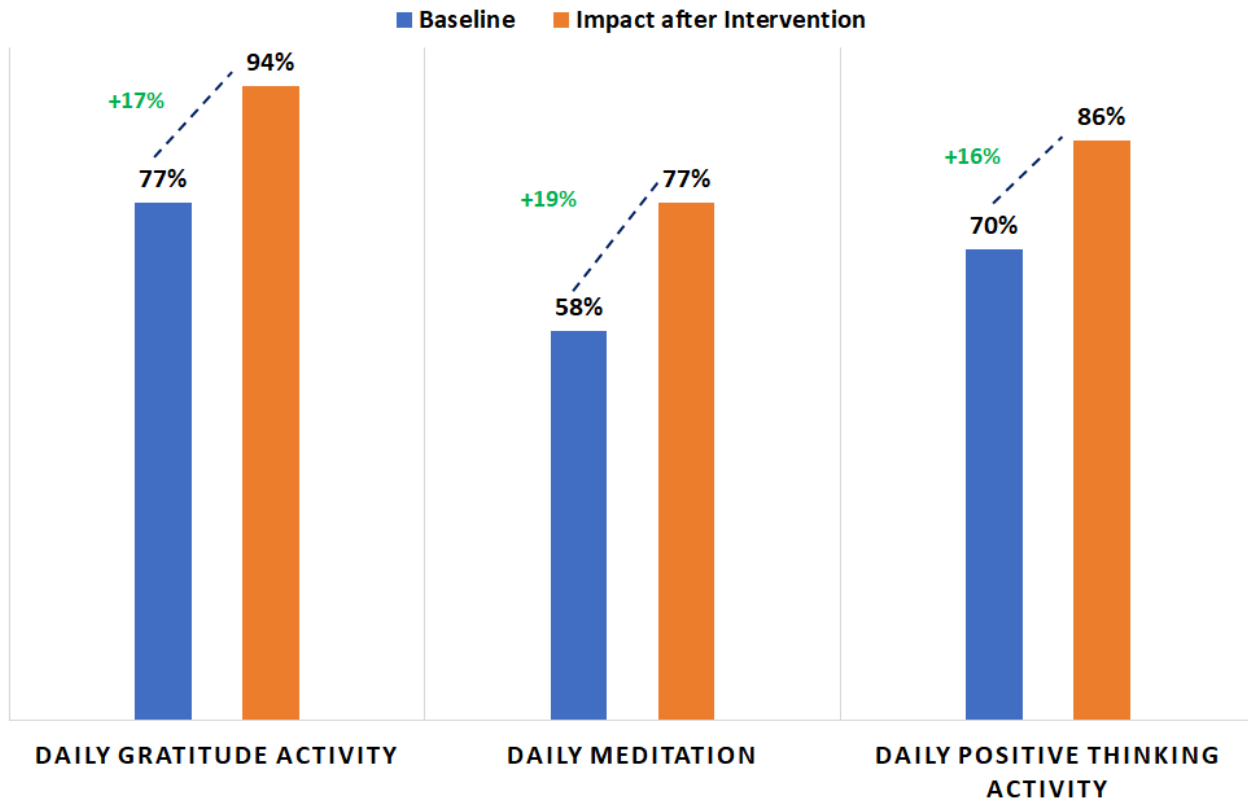
At baseline, only about **4 of 10 girls (41%)** could recognise different stress symptoms (headaches, irritability, restlessness, sleep disturbances, tiredness etc.) but this increased to **7 of 10 girls (74%)** at endline. At baseline, only about **3.5 of 10 girls (37%)** correctly identified situations that could lead to a reduction in self-esteem; this number doubled to **about 7 of 10**

SENSITIVE ATTITUDES TOWARDS THE MENTALLY ILL



girls (74%) at endline. The girls also learned to recognise **major emotional symptoms** such as major signs of stress, prolonged negative thinking and self esteem, and prolonged negative emotions (sadness, fear, etc.) that could indicate a need to seek **mental health-related help**.

BEHAVIOR CHANGE FOR A HEALTHY MIND



The intervention had a positive impact on inculcating **daily behaviours to combat stress** and maintain a healthy psyche, and on inculcating **sensitive attitudes towards the mentally ill**. The number of girls saying ‘yes’ to performing behaviours such as daily meditation, daily gratitude activity, positive thinking exercise, etc. improved from about **3.5 in 5 girls (68%)** at baseline to almost **4.5 in 5 girls (86%)** at endline. Similarly the number of girls disagreeing with the statement “those with mental illnesses are mad” increased from about **3 in 5 girls (62%)** at baseline to about **4 in 5 girls (79%)** at endline.

Overall, the intervention was able to **introduce new concepts such as body image and self-esteem**, as well as offer an understanding of how to **manage stress in daily life**, when to seek help, and the concept of **specialised mental health doctors**. Such content serves to de-mystify and de-stigmatise the topic of mental health, which the data indicates that the intervention was successful in doing. Follow-up data collection is currently ongoing and this data will reveal the extent to which the positive changes we see at the endline are retained, how

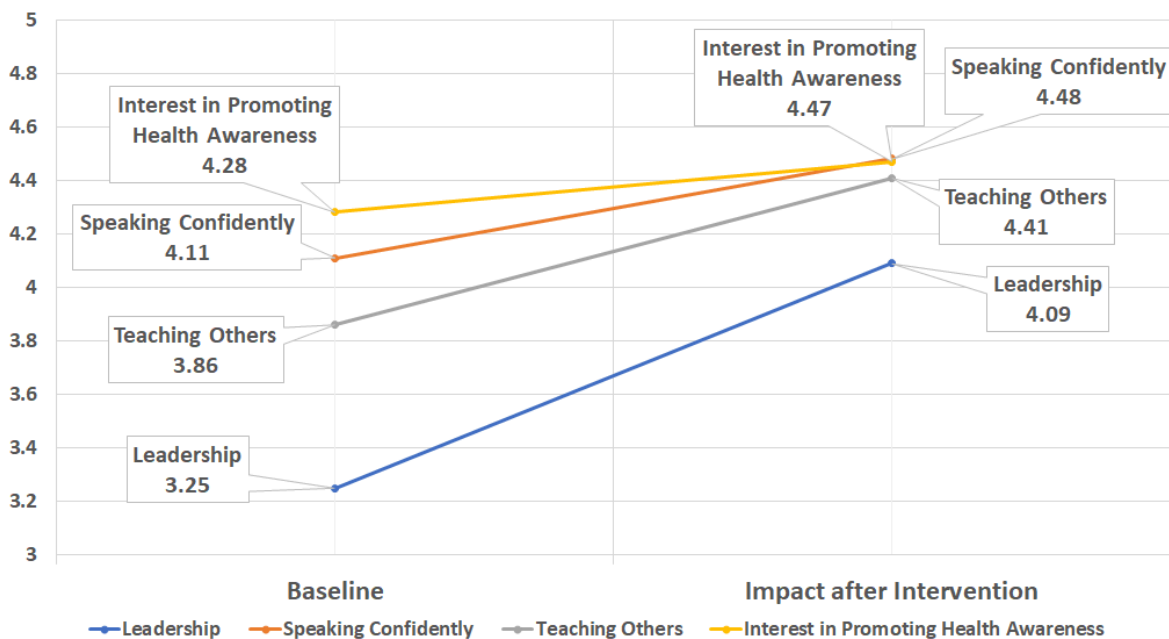
often new behaviours to promote mental health are followed, and the intervention’s impact on improving overall mental health over the past two months.

Visit 1 & Visit 2 Impact on Leadership

The peer education model led to a total of **117 girls** from class 9th being **trained as champions** and **leading health sessions** with class 8th girls during Visits 1 & 2. An additional 50 girls from class 9th were trained as Champions during Visit 3. In total, **167 Champions** have been trained during the course of the programme across all 8 KGBV/JBAV schools.

For Visit 1, which covered menstruation and adolescence, **64 champions** were selected of which **27% (17 girls)** reported that they were **teaching/presenting in front of their class for the very first time**. For Visit 2, which covered mental health and anaemia, **53 champions** were selected, of which about **11% (6 girls)** reported that they were **teaching/presenting in front of their class for the very first time**.

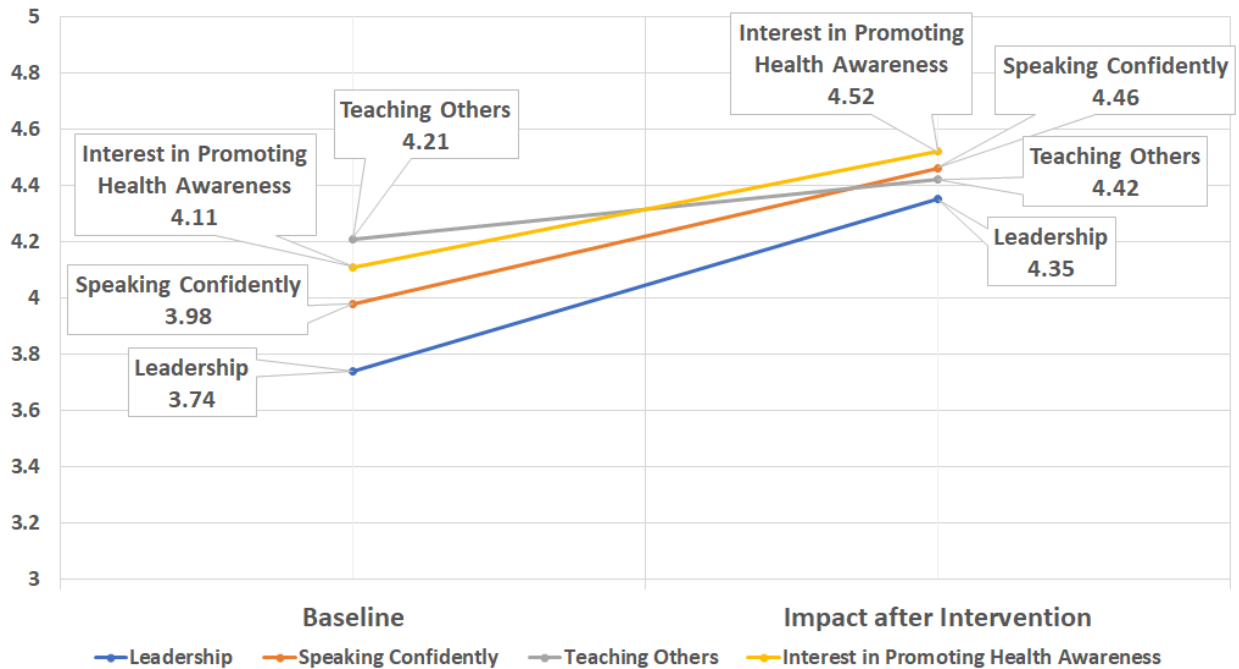
**Change in Self-Reported Leadership and other Metrics
Visit 1**



For both visits, champions were asked at baseline and endline to rate themselves out of 5 in the following areas: **(i) Leadership (ii) Speaking Confidently, (iii) Teaching Others (iv) Interest in Promoting Health Awareness**. In both visits, we saw an increase in the average ratings from before the sessions and training (baseline) to after conducting the sessions (endline). The

improvements were highest for **leadership**, which saw around a 16% increase from baseline during both visits.

**Change in Self-Reported Leadership and other Metrics
Visit 2**



Visit 3: Gender

Visit 3 started in January 2023 and was completed in the second week of February across all KGBV and JBAV schools in Bokaro. Topics related to Gender were covered during Visit 3. Fellows trained a total of **50 champions in the Gender module** who then led sessions with 8th standard students in their respective schools.

Listed below are the topics that were covered in the Gender module:

Theme: Gender
<ul style="list-style-type: none"> ● Gender Roles ● Gender Roles and Gender Inequality ● Safe and Unsafe Touch ● Eve-Teasing ● Toxic Masculinity ● Internalised Misogyny ● Child Marriage ● Gender Based Violence ● How to help someone who is facing discrimination and violence

- Tips for ensuring personal safety
- Available resources for help: Childline, Women’s helpline number

The data collected during Visit 3 is currently being processed. The insights from Visit 3 data will be ready for presentation soon.



UEF Fellows leading sessions on Gender



KGBV Champions leading sessions on Gender

Recommendations

- **More presentation opportunities:** Data shows that when girls present to other girls, their leadership and confidence increase. Thus, by creating more such opportunities through peer education (in small groups, in classes, or school assemblies, or in the village etc.), we can boost leadership and confidence.
- **Advanced menstrual health training for wardens and/or swasthya mantri:** Our team receives perhaps the highest volume of questions from students about the topic of menstrual irregularities. We suggest providing advanced training to wardens and swasthya mantris on irregular menstrual cycles and the best way of treating associated symptoms (blood clots, excessive bleeding, pain etc.), as well as when a student may need further medical help.
- **Provide extra water for menstruating girls:** To enable proper menstrual hygiene for every girl, extra water for washing should be provided to girls who are menstruating.
- **Teach a more advanced mental health curriculum to higher classes:** The mental health curriculum covered emotions, stress, body image, and self-esteem. There is much potential to build on these basic concepts to teach advanced concepts such as mental illness, counselling, depression, and suicide. Covering such topics with higher grades will greatly benefit their resilience.
- **IFA tablets:** We recommend giving IFA tablets and milk at separate times, as milk limits absorption of the iron. We recommend not giving IFA tablets in evening times, as lying down after taking the tablet makes it more likely that girls experience side effects.
- **Encourage daily meditation:** The curriculum stresses on daily activities to control and manage stress. Daily meditation in class or assembly can help mitigate stress.
- **Encourage daily gratitude activity and sharing:** The daily gratitude activity is a powerful tool to cultivate a positive mindset. Encouraging girls to do this activity in class or in small groups can have a positive effect on their mental well-being. It can also be a good opportunity to present to others, thus boosting leadership and confidence.

Appendix

Data Analysis Methodology

Outcomes of Interest

The surveys were co-designed by the AHC-UEF team and UEF Fellows to be easily understood by KGBV girls. We designed the surveys to capture data in five main areas: (i) Knowledge Change (ii) Attitude Shifts (iii) Behaviour Change (iv) Mental Health Improvement and (v) Leadership Increase.

For 8th grade KGBV students, the surveys focus on capturing positive improvements in health-related knowledge, behaviour, and attitudes. Thus, the data tells us how effective the peer education model was in improving the knowledge and understanding of 8th grade students on crucial health topics.

For 9th grade KGBV students, the surveys focus on capturing positive improvements in leadership and confidence. Thus, the data tells us how the experience of being a peer educator or 'Champion' affects 9th grade KGBV girls' leadership and confidence.

Data Collection Methods Followed

9th Grade: From each intervention school, before the health-related sessions started, all 9th grade students filled the leadership survey to assess their self-reported leadership, confidence, and mental health; this yielded baseline data for the entire class, including Champions. After Champions selection and Champion-led sessions with 8th grade students, only the Champions were made to fill out the same survey, yielding endline data. Two months after the completion of the intervention, data was collected again from the entire 9th class, answering the same survey for the third time, yielding follow-up data.

8th Grade: From each school, before the health-related sessions commenced, thirty 8th grade students were randomly selected to fill the knowledge, attitude, and behaviour survey, yielding baseline data. After the 'Champion' (peer-educator) led health-related sessions ended, the same thirty girls from class 8th were asked to fill the same survey again, yielding endline data. Two months after the completion of the intervention, data was collected again, from the same thirty girls from class 8th answering the survey for the third time, yielding follow-up data.

Survey Questionnaire

Q No.	Survey Question	Correct/Desired Answer
1	Is everyone's period cycle 28 days long?	No, everyone has a different cycle
2	Are Menstrual cycles irregular in the first two years?	Yes they are
3	Where do you usually dispose off your pad?	Hole dug in the ground, in the Incinerator
4	Is clear, non-smelling, non-painful vaginal discharge a sign of worry?	Not a sign of worry
5	Should we follow menstruation related cultural practices like not touching plants, not entering the kitchen, not touching pickles etc.?	No, we should not follow these
6	In the past two months, did you follow these menstruation related cultural practices?	No, I did not
7	In the last 3 months, how many days were you unable to attend class due to your period?	N/A
8.1	Should you seek menstruation related health when you encounter blood clots bigger than coins on your pad?	Yes
8.2	Should you seek menstruation related health when you bleed so much that your pad/cloth needs changing every 1-2 hours?	Yes
8.4	Should you seek menstruation related health when you bleed for more than 8 days?	Yes
8.5	Should you seek menstruation related health when you experience unbearable or extreme pain?	Yes
9.1	Do you talk to your mother about Menstruation?	Yes
9.2	Do you talk to your sister about Menstruation?	Yes
9.3	Do you talk to your grandmother about Menstruation?	Yes
9.4	Do you talk to other female family members about Menstruation?	Yes
9.5	Do you talk to the KGBV warden about	Yes

	Menstruation?	
9.6	Do you talk to your friends about Menstruation?	Yes
9.7	Do you talk to your father about Menstruation?	Yes
9.8	Do you talk to your brother about Menstruation?	Yes
9.9	Do you talk to your grandfather about Menstruation?	Yes
9.10	Do you talk to other male family members about Menstruation?	Yes
9.11	Do you talk to other school girls about Menstruation?	Yes
9.12	Do you talk to other village girls about Menstruation?	Yes

Aggregate Data (8 schools combined)

BL=Baseline (collected right before intervention) **EL**=Endline (collected right after intervention)

FL=Follow-up (2 months after intervention)

Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	69.3%	82.8%	84.4%
2 Knowledge Irregular Cycles	21.2%	44.3%	31.1%
3 Behaviour Pad Disposal	57.5%	73.4%	72.0%
4 Knowledge Vaginal Discharge	34.7%	61.5%	72.9%
5 Attitude Cultural Practices	38.5%	76.4%	77.5%
6 Behaviour Cultural Practices	18.1%	37.2%	56.7%
7 Days Missed	1.47	1.02	0.80
8.1 Behaviour Health Seeking Clots	49.7%	86.6%	82.2%
8.2 Behaviour Health Seeking Heavy Bleeding	71.4%	87.8%	83.9%
8.3 Behaviour Health Seeking 8 day Bleeding	53.4%	80.2%	81.3%
8.4 Behaviour Health Seeking Unbearable Pain	60.0%	86.3%	83.8%
9.1 Behaviour Info Sharing Mother	96.9%	100.0%	96.9%
9.2 Behaviour Info Sharing Sister	88.4%	94.2%	94.3%
9.3 Behaviour Info Sharing Grandmother	80.3%	92.6%	90.5%
9.4 Behaviour Info Sharing Other Female Family	61.7%	81.4%	84.5%
9.5 Behaviour Info Sharing Warden	79.5%	97.4%	88.9%
9.6 Behaviour Info Sharing Friend	96.3%	98.9%	95.8%
9.7 Behaviour Info Sharing Father	15.6%	27.7%	29.2%
9.8 Behaviour Info Sharing Brother	12.0%	24.1%	21.2%
9.9 Behaviour Info Sharing Grandfather	15.6%	25.3%	19.3%
9.10 Behaviour Info Sharing Other Male Family	15.3%	22.6%	18.3%
9.11 Behaviour Info Sharing Other School Girls	64.2%	74.0%	86.3%
9.12 Behaviour Info Sharing Other Village Girls	62.2%	78.1%	81.7%

School by School Data

Bermo

BERMO Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	85.0%	80.0%	100.0%
2 Knowledge Irregular Cycles	15.0%	45.0%	30.0%
3 Behaviour Pad Disposal	10.0%	15.0%	5.0%
4 Knowledge Vaginal Discharge	40.0%	65.0%	55.0%
5 Attitude Cultural Practices	20.0%	75.0%	60.0%
6 Behaviour Cultural Practices	10.0%	31.6%	66.7%
7 Days Missed	1.42	1.54	0.80
8.1 Behaviour Health Seeking Clots	40.0%	85.0%	73.7%
8.2 Behaviour Health Seeking Heavy Bleeding	65.0%	85.0%	95.0%
8.3 Behaviour Health Seeking 8 day Bleeding	47.4%	80.0%	90.0%
8.4 Behaviour Health Seeking Unbearable Pain	52.6%	89.5%	90.0%
9.1 Behaviour Info Sharing Mother	94.7%	100.0%	100.0%
9.2 Behaviour Info Sharing Sister	94.7%	100.0%	100.0%
9.3 Behaviour Info Sharing Grandmother	78.9%	100.0%	95.0%
9.4 Behaviour Info Sharing Other Female Family	73.7%	95.0%	95.0%
9.5 Behaviour Info Sharing Warden	65.0%	95.0%	100.0%
9.6 Behaviour Info Sharing Friend	90.0%	100.0%	95.0%
9.7 Behaviour Info Sharing Father	10.0%	50.0%	31.6%
9.8 Behaviour Info Sharing Brother	5.0%	40.0%	30.0%
9.9 Behaviour Info Sharing Grandfather	15.0%	25.0%	20.0%
9.10 Behaviour Info Sharing Other Male Family	10.0%	30.0%	25.0%
9.11 Behaviour Info Sharing Other School Girls	55.0%	75.0%	95.0%
9.12 Behaviour Info Sharing Other Village Girls	50.0%	80.0%	95.0%

Chandankyari

CHANDANKYARI Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	52.9%	88.2%	70.6%
2 Knowledge Irregular Cycles	29.4%	52.9%	11.8%
3 Behaviour Pad Disposal	5.9%	70.6%	29.4%
4 Knowledge Vaginal Discharge	29.4%	35.3%	47.1%
5 Attitude Cultural Practices	70.6%	88.2%	58.8%
6 Behaviour Cultural Practices	5.9%	11.8%	41.7%
7 Days Missed	1.08	0.93	0.50
8.1 Behaviour Health Seeking Clots	64.7%	88.2%	82.4%
8.2 Behaviour Health Seeking Heavy Bleeding	58.8%	76.5%	82.4%
8.3 Behaviour Health Seeking 8 day Bleeding	17.6%	82.4%	82.4%
8.4 Behaviour Health Seeking Unbearable Pain	47.1%	94.1%	94.1%
9.1 Behaviour Info Sharing Mother	94.1%	100.0%	100.0%
9.2 Behaviour Info Sharing Sister	76.5%	82.4%	100.0%
9.3 Behaviour Info Sharing Grandmother	88.2%	82.4%	100.0%
9.4 Behaviour Info Sharing Other Female Family	81.3%	82.4%	88.2%
9.5 Behaviour Info Sharing Warden	93.8%	100.0%	100.0%
9.6 Behaviour Info Sharing Friend	93.8%	100.0%	100.0%
9.7 Behaviour Info Sharing Father	52.9%	70.6%	64.7%
9.8 Behaviour Info Sharing Brother	41.2%	64.7%	52.9%
9.9 Behaviour Info Sharing Grandfather	47.1%	64.7%	52.9%
9.10 Behaviour Info Sharing Other Male Family	41.2%	70.6%	41.2%
9.11 Behaviour Info Sharing Other School Girls	88.2%	76.5%	100.0%
9.12 Behaviour Info Sharing Other Village Girls	76.5%	82.4%	88.2%

Gomia and Chandrapura

GOMIA & CHANDRAPURA Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	75.9%	62.1%	75.9%
2 Knowledge Irregular Cycles	20.7%	34.5%	24.1%
3 Behaviour Pad Disposal	96.6%	93.1%	93.1%
4 Knowledge Vaginal Discharge	55.2%	65.5%	72.4%
5 Attitude Cultural Practices	37.9%	64.3%	72.4%
6 Behaviour Cultural Practices	20.7%	41.4%	47.8%
7 Days Missed	0.73	1.19	1.08
8.1 Behaviour Health Seeking Clots	51.7%	85.2%	75.9%
8.2 Behaviour Health Seeking Heavy Bleeding	93.1%	82.8%	79.3%
8.3 Behaviour Health Seeking 8 day Bleeding	69.0%	88.9%	75.9%
8.4 Behaviour Health Seeking Unbearable Pain	65.5%	89.3%	75.9%
9.1 Behaviour Info Sharing Mother	100.0%	100.0%	86.2%
9.2 Behaviour Info Sharing Sister	100.0%	100.0%	86.2%
9.3 Behaviour Info Sharing Grandmother	93.1%	96.4%	62.1%
9.4 Behaviour Info Sharing Other Female Family	65.5%	88.9%	72.4%
9.5 Behaviour Info Sharing Warden	93.1%	100.0%	71.4%
9.6 Behaviour Info Sharing Friend	96.6%	96.4%	82.8%
9.7 Behaviour Info Sharing Father	20.7%	48.3%	48.3%
9.8 Behaviour Info Sharing Brother	17.2%	44.8%	48.3%
9.9 Behaviour Info Sharing Grandfather	24.1%	48.3%	42.9%
9.10 Behaviour Info Sharing Other Male Family	27.6%	41.4%	48.3%
9.11 Behaviour Info Sharing Other School Girls	69.0%	93.1%	78.6%
9.12 Behaviour Info Sharing Other Village Girls	69.0%	96.6%	75.9%

Chas

CHAS Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	81.5%	96.3%	88.9%
2 Knowledge Irregular Cycles	29.6%	63.0%	51.9%
3 Behaviour Pad Disposal	63.0%	77.8%	77.8%
4 Knowledge Vaginal Discharge	40.7%	66.7%	100.0%
5 Attitude Cultural Practices	29.6%	74.1%	92.6%
6 Behaviour Cultural Practices	51.9%	77.8%	84.6%
7 Days Missed	1.38	0.36	0.12
8.1 Behaviour Health Seeking Clots	22.2%	100.0%	96.3%
8.2 Behaviour Health Seeking Heavy Bleeding	61.5%	100.0%	96.3%
8.3 Behaviour Health Seeking 8 day Bleeding	42.3%	84.6%	77.8%
8.4 Behaviour Health Seeking Unbearable Pain	46.2%	96.3%	96.3%
9.1 Behaviour Info Sharing Mother	100.0%	100.0%	100.0%
9.2 Behaviour Info Sharing Sister	84.6%	96.3%	96.3%
9.3 Behaviour Info Sharing Grandmother	77.8%	88.9%	100.0%
9.4 Behaviour Info Sharing Other Female Family	50.0%	65.4%	88.9%
9.5 Behaviour Info Sharing Warden	80.8%	100.0%	85.2%
9.6 Behaviour Info Sharing Friend	100.0%	100.0%	100.0%
9.7 Behaviour Info Sharing Father	7.4%	3.7%	0.0%
9.8 Behaviour Info Sharing Brother	0.0%	0.0%	0.0%
9.9 Behaviour Info Sharing Grandfather	0.0%	0.0%	0.0%
9.10 Behaviour Info Sharing Other Male Family	4.0%	0.0%	0.0%
9.11 Behaviour Info Sharing Other School Girls	55.6%	59.3%	88.9%
9.12 Behaviour Info Sharing Other Village Girls	59.3%	63.0%	77.8%

Jaridih

JARIDIH Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	79.3%	89.7%	89.7%
2 Knowledge Irregular Cycles	27.6%	69.0%	41.4%
3 Behaviour Pad Disposal	10.3%	44.8%	65.5%
4 Knowledge Vaginal Discharge	27.6%	82.8%	79.3%
5 Attitude Cultural Practices	24.1%	86.2%	89.3%
6 Behaviour Cultural Practices	13.8%	34.5%	46.2%
7 Days Missed	0.75	0.64	0.37
8.1 Behaviour Health Seeking Clots	64.3%	96.4%	89.7%
8.2 Behaviour Health Seeking Heavy Bleeding	65.5%	89.7%	96.6%
8.3 Behaviour Health Seeking 8 day Bleeding	65.5%	89.7%	100.0%
8.4 Behaviour Health Seeking Unbearable Pain	69.0%	86.2%	96.6%
9.1 Behaviour Info Sharing Mother	92.9%	100.0%	100.0%
9.2 Behaviour Info Sharing Sister	89.3%	93.1%	100.0%
9.3 Behaviour Info Sharing Grandmother	77.8%	96.6%	92.9%
9.4 Behaviour Info Sharing Other Female Family	42.3%	69.0%	69.0%
9.5 Behaviour Info Sharing Warden	75.0%	100.0%	93.1%
9.6 Behaviour Info Sharing Friend	100.0%	100.0%	100.0%
9.7 Behaviour Info Sharing Father	10.3%	20.7%	13.8%
9.8 Behaviour Info Sharing Brother	10.3%	13.8%	10.3%
9.9 Behaviour Info Sharing Grandfather	17.2%	6.9%	17.2%
9.10 Behaviour Info Sharing Other Male Family	0.0%	17.2%	7.4%
9.11 Behaviour Info Sharing Other School Girls	44.8%	69.0%	75.0%
9.12 Behaviour Info Sharing Other Village Girls	44.8%	65.5%	60.7%

Kasmar

KASMAR Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	41.4%	86.7%	93.3%
2 Knowledge Irregular Cycles	13.3%	16.7%	30.0%
3 Behaviour Pad Disposal	73.3%	90.0%	100.0%
4 Knowledge Vaginal Discharge	26.7%	60.0%	73.3%
5 Attitude Cultural Practices	48.3%	70.0%	70.0%
6 Behaviour Cultural Practices	16.7%	23.3%	54.5%
7 Days Missed	1.25	0.28	1.00
8.1 Behaviour Health Seeking Clots	48.3%	82.1%	73.3%
8.2 Behaviour Health Seeking Heavy Bleeding	56.7%	81.5%	63.3%
8.3 Behaviour Health Seeking 8 day Bleeding	50.0%	71.4%	66.7%
8.4 Behaviour Health Seeking Unbearable Pain	58.6%	70.0%	72.4%
9.1 Behaviour Info Sharing Mother	96.7%	100.0%	96.7%
9.2 Behaviour Info Sharing Sister	86.2%	90.0%	90.0%
9.3 Behaviour Info Sharing Grandmother	83.3%	90.0%	90.0%
9.4 Behaviour Info Sharing Other Female Family	57.7%	85.2%	83.3%
9.5 Behaviour Info Sharing Warden	73.3%	93.3%	80.0%
9.6 Behaviour Info Sharing Friend	96.7%	96.7%	96.6%
9.7 Behaviour Info Sharing Father	3.3%	3.3%	6.7%
9.8 Behaviour Info Sharing Brother	3.3%	3.3%	3.3%
9.9 Behaviour Info Sharing Grandfather	3.3%	10.0%	3.3%
9.10 Behaviour Info Sharing Other Male Family	10.3%	3.3%	3.3%
9.11 Behaviour Info Sharing Other School Girls	53.3%	56.7%	86.7%
9.12 Behaviour Info Sharing Other Village Girls	66.7%	73.3%	86.7%

Nawadih

NAWADIH Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	46.2%	66.7%	41.7%
2 Knowledge Irregular Cycles	23.1%	25.0%	38.5%
3 Behaviour Pad Disposal	92.3%	91.7%	69.2%
4 Knowledge Vaginal Discharge	30.8%	25.0%	75.0%
5 Attitude Cultural Practices	76.9%	100.0%	69.2%
6 Behaviour Cultural Practices	7.7%	16.7%	8.3%
7 Days Missed	2.75	2.60	2.58
8.1 Behaviour Health Seeking Clots	50.0%	63.6%	76.9%
8.2 Behaviour Health Seeking Heavy Bleeding	76.9%	91.7%	84.6%
8.3 Behaviour Health Seeking 8 day Bleeding	53.8%	50.0%	69.2%
8.4 Behaviour Health Seeking Unbearable Pain	46.2%	66.7%	53.8%
9.1 Behaviour Info Sharing Mother	100.0%	100.0%	100.0%
9.2 Behaviour Info Sharing Sister	84.6%	100.0%	100.0%
9.3 Behaviour Info Sharing Grandmother	66.7%	100.0%	100.0%
9.4 Behaviour Info Sharing Other Female Family	38.5%	90.0%	100.0%
9.5 Behaviour Info Sharing Warden	69.2%	100.0%	100.0%
9.6 Behaviour Info Sharing Friend	92.3%	100.0%	100.0%
9.7 Behaviour Info Sharing Father	38.5%	33.3%	61.5%
9.8 Behaviour Info Sharing Brother	30.8%	36.4%	38.5%
9.9 Behaviour Info Sharing Grandfather	23.1%	41.7%	15.4%
9.10 Behaviour Info Sharing Other Male Family	23.1%	18.2%	23.1%
9.11 Behaviour Info Sharing Other School Girls	76.9%	75.0%	92.3%
9.12 Behaviour Info Sharing Other Village Girls	61.5%	83.3%	92.3%

Peterwar

PETERWAR Menstruation Impact Areas	BL Value	EL Value	FL Value
1 Knowledge Period Cycles	78.6%	85.7%	89.3%
2 Knowledge Irregular Cycles	14.3%	42.9%	17.9%
3 Behaviour Pad Disposal	92.9%	96.4%	96.4%
4 Knowledge Vaginal Discharge	25.0%	60.7%	67.9%
5 Attitude Cultural Practices	28.6%	71.4%	92.6%
6 Behaviour Cultural Practices	7.1%	39.3%	76.2%
7 Days Missed	2.81	1.65	0.89
8.1 Behaviour Health Seeking Clots	59.3%	78.6%	85.2%
8.2 Behaviour Health Seeking Heavy Bleeding	89.3%	92.9%	78.6%
8.3 Behaviour Health Seeking 8 day Bleeding	64.3%	78.6%	85.7%
8.4 Behaviour Health Seeking Unbearable Pain	78.6%	92.9%	81.5%
9.1 Behaviour Info Sharing Mother	96.4%	100.0%	96.4%
9.2 Behaviour Info Sharing Sister	85.7%	92.9%	89.3%
9.3 Behaviour Info Sharing Grandmother	70.4%	88.9%	96.4%
9.4 Behaviour Info Sharing Other Female Family	82.1%	85.2%	92.9%
9.5 Behaviour Info Sharing Warden	82.1%	92.9%	96.4%
9.6 Behaviour Info Sharing Friend	96.4%	100.0%	96.4%
9.7 Behaviour Info Sharing Father	7.4%	18.5%	39.3%
9.8 Behaviour Info Sharing Brother	7.4%	17.9%	10.7%
9.9 Behaviour Info Sharing Grandfather	11.1%	29.6%	14.3%
9.10 Behaviour Info Sharing Other Male Family	17.9%	17.9%	10.7%
9.11 Behaviour Info Sharing Other School Girls	85.7%	89.3%	85.2%
9.12 Behaviour Info Sharing Other Village Girls	71.4%	85.7%	88.9%