

The bloody truth about menstrual equity



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Abstract

Our research question is "Does Mumbai have menstrual equity across different income groups ?" We predicted that people from low income groups find it 70% harder than high income groups to afford menstrual products and people from low income groups are 80% less aware about menstrual hygiene practices than people from high income groups and menstrual equity increases as income increases. We assumed this was because of information failure and inappropriately priced menstrual products. Surveys and interviews were chosen methods of collecting data, these methods allowed us to get statistical data, personal opinions and evidence to support our hypothesis. Out of the 3 parts of our hypothesis, only 1 was proven correct; the first part proven wrong was that people from low income groups find it 70% harder to afford menstrual products but our research showed that they find it only 45% harder, the second hypothesis proven correct was that low income groups are 20% less aware about menstrual hygiene, this actual figure was 14%, the third was proven wrong as everyone in low income groups had access to safe menstrual products. Our data comes from near our school in Dahisar but we assume the implications remain the same for all of Mumbai. The affordability, accessibility and safety of menstrual products has greatly increased over the past few years but there is a large scope for growth considering that although accessibility is not an area of concern, affordability is. We believe that improvement can happen if there is greater government intervention.

(250 words)

Introduction

Research question - Does Mumbai have menstrual equity across different income groups ?

Hypothesis statement - As per our hypothesis, individuals from low income groups find it 70% harder than individuals from higher income groups to afford menstrual products. Individuals from low income groups are 20% less aware about menstrual hygiene practices than people from high income groups. The accessibility of menstrual products increases as the income increases.

Personal reason (Freya) - I believe that menstruation is considered to be a taboo topic even today, and as a result there are myths and lack of awareness of safety arising. My house-help once asked for extra money so that she could buy sanitary napkins. Ever since then, I have been wanting to find out how women are impacted by a lack of menstrual equity and the significance of how many women are impacted.

Personal reason (Mithil) - Since childhood, I have seen my mom every month sitting inside the bedroom for 3 days, keeping hot water bag on stomach and telling me not to touch her. It was always a mystery for me and when I used to ask her why she used to say she is sick until I was old enough to understand what exactly it is. And after I saw the movie Padman I realized that this is the biggest issue in villages and since then I wanted to help people who are facing this issue

Personal reason (Praachit) - I have a mother and sister who are fortunate enough to be able to buy necessary menstrual products they need and are safe from many diseases and harm that comes to a body when proper menstrual hygiene isn't followed so this is why I want to work towards helping those who can't afford menstrual products.

The following are more reasons that led us to choose this topic :

- According to a article, 62% women have no access to safe menstrual care (citation 1)
- According to the findings from a rapid online survey conducted by Menstrual Health Alliance of India (MHAI) with 67 organizations involved in relief work during COVID-19, 62% of respondents said that in the communities they work with, access to menstrual products from regular consumer channels has become challenging during the pandemic, and 22% organizations reported that there was no access to menstrual products. (citation 2)
- Nearly 500 million individuals world-wide are experiencing period poverty (citation 3)

Methodology

As part of our primary research we choose 2 methods of data collection:

- [Surveys](#) (Appendix A)
- [Interviews](#) (Appendix B)

We asked different income groups about the products they use, their monthly expenditure on the products, how they got to know about the menstrual cycle, how their lifestyle is impacted during the menstrual cycle, etc. In the low-income group, we asked our school aunties and housekeeping staff. We also reached out to Alicia Tauro who has worked with a non-profit organization where they educate people in slums about the menstrual cycle and inform them of the benefits of using pads. Then we interviewed a student, Kiara Anchan, from our school who is part of the dependent income group. We reached out to a gynecologist who explained more about the menstrual cycle, menstrual hygiene, diseases and infections caused when proper hygiene norms are not followed, etc. We also interviewed our teacher who is self-dependent and from a higher-income group .

We made a survey form which we sent to people across different ages and income groups, this included a list of questions regarding their income, what menstrual products they use, their monthly expenditure on menstrual products, their thoughts about the pricing of menstrual products, their awareness about government schemes or policies through which they can avail menstrual products at low prices or free, like they receive other daily essentials and whether or not they would use menstrual products provided by the government. This form gave us a broad knowledge and understanding on what people think in different income groups and how their perspectives differ.

Data Collection Tools

Our survey had 7 questions in total, the first question inquired about the age of the respondents, the next 3 helped us get information about the income group and the behavior of individuals from said income group and the last two helped us gather information about government policies for menstrual welfare and the reactions of respondents to the same. The sample size of our survey was 54

Our interview questions asked interviewees across different backgrounds to share their opinions and experiences. Whereas our interview questions with the gynecologist asked her to share facts and statistical data. We choose Surveys and Interviews as our sources of Primary research.

Surveys were chosen and sent out to individuals across different age and income groups, we chose a survey to get a wider range of responses which helped us contrast the responses between different age and income groups

Interviews were chosen due to various factors but our main priority was to have a meaningful conversation with people from different income groups, who have had diverse experiences and perspectives. By interviewing people from 5 different groups we could gather significant data that either supported or contradicted our hypothesis and also allowed us to understand everyone we interviewed and listen to their personal experience in regards to this topic.

The following is the secondary research that we collected

- Indian women spend approximately 300 rupees on menstrual products per month, while the average monthly income of people in slums is approximately \$10 (798 rupees) and 40% make less than that. Given that Mumbai is the most expensive city in India to live in, this income is insufficient to even buy food, indicating that sanitary needs may not be prioritized. (citation 4 - 5 - 6)
- According to the UNICEF and WHO joint monitoring programme, menstrual hygiene management is defined as ‘Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear’. In Dharavi there is just one toilet among 1,440 people, this indicates that there is a lack of clean and safe toilets that women can use to take care of their menstrual hygiene needs. (citation 7-8)
- In India approximately 70% of reproductive diseases are caused by poor menstrual hygiene, these can include, urinary tract infections which can also lead to infertility and birth complications. Not washing hands after changing menstrual products can cause Hepatitis B and Thrush. Not changing sanitary products regularly can lead to fungal infections. Yeast infections are also caused by not maintaining menstrual hygiene. In fact, studies have discovered that the use of sanitary pads is also responsible for preventing sexually transmitted diseases and Bacterial Vaginosis. (citation 9 - 10 - 11)

- Laxmi Kamble who is a volunteer of ACORN foundation stated that they used to include sanitary napkins in ration kits they provided to women in Dharavi, but once Covid happened, it was not possible to supply kits. Although, according to a national family health survey in only 36% of women in India use sanitary products, this could be due to the fact that out of 100,000 only 50,000 girls know about the menstrual cycle before they start their first period, this clearly indicates a lack of awareness. Furthermore, the cultural norms and societal taboos are a core cause of lack of awareness and lead to unhygienic and unsafe menstrual practices. So even though there are non-profits that to some extent are aiding this crisis by providing these menstrual products, the lack of awareness of how to use them and their importance means that women might not even be using them. (citation 12 - 13)

Appendix A

The survey included multiple choice questions and checkboxes.

We ensured the survey could be filled anonymously so that we could receive more accurate responses

Age *

☐ 10-15

☐ 16-20

☐ 20-30

☐ 30-40

☐ 40-50

☐ 50+

Income Group (monthly) *

☐ Unemployed

☐ Dependent

☐ 5k-10k

☐ 10k-30k

☐ 30k-50k

☐ 50k-100k

☐ 100k +

What Menstrual products do you use *

- ☐ Sanitary Pads
- ☐ Cloth
- ☐ Menstrual cups
- ☐ Tampons
- ☐ Cloth pads
- ☐ Other

Monthly expenditure on menstrual products *

- ☐ Less than 100
- ☐ 100-250
- ☐ 250-500
- ☐ 500+

Do you think menstrual products are appropriately priced ? *

- ☐ Yes
- ☐ No

Are you aware of government policies
that provide menstrual products for
free/cheaper prices *

☐ Yes

☐ No

If the government does provide
menstrual products would you prefer to
use them *

☐ Yes

☐ No

Appendix B

1. Interview with non-profit organizations that promote menstrual equity, to find out how they help women combat the problem of lack of safe menstrual products

Questions;

- Why is it important to intervene when it comes to menstrual hygiene practices in slums ?
- How exactly do they help combat these issues ?
- Are people willing to accept help? If not, why ?
- To what extent have they been able to help these people ?
-

2. Interview with women with different income groups

Questions (may be asked in Hindi):

- What products, if any, do you use during your menstrual cycle ?
- Do you have easy access to clean and safe menstrual products ?
- Are these products affordable to you ?
- Have you ever received sanitation kits from NGOs. if yes, have they been helpful ?
- Is your lifestyle in any way negatively impacted because of you needing to buy menstrual products ?
- When was it when you were informed about menstruation and by who ?

3. Interview with Gynecologists and menstrual health experts to find out their perspective on different types of menstrual hygiene products and the potential risks and health problems that arise due to poor menstrual hygiene

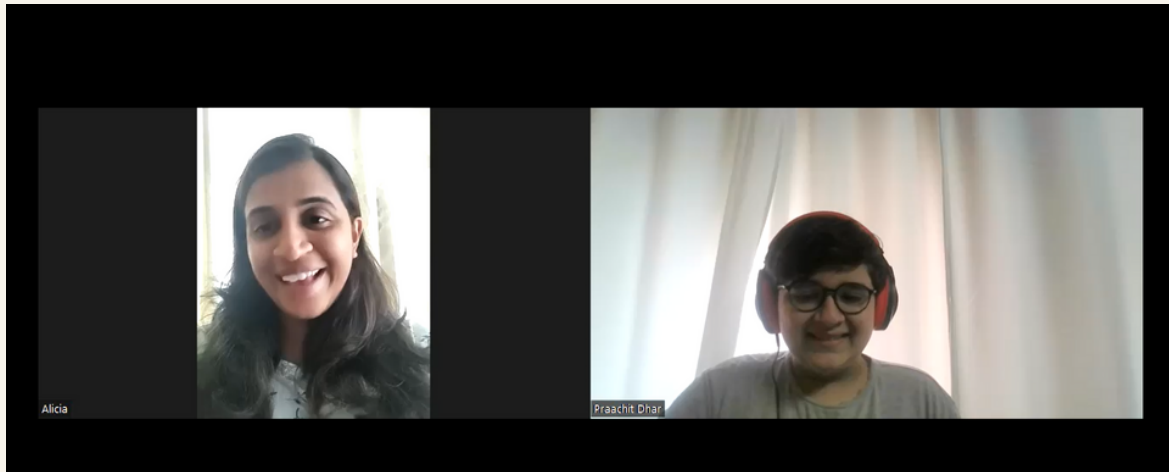
Questions:

- What are the most economically affordable menstrual hygiene products available in the market ?
- If a person cannot afford these products, what should they do ?
- What are the impacts of improper menstrual hygiene ?
- If a person suffers a disease caused by poor menstrual hygiene is it affordable to get medical assistance?

Observations

Here Is the Link and photo's for the Interview We did With The Non Profit

- <https://drive.google.com/file/d/1VJN61VNcFFB4j1PVDDasGlqZqVaXCNTq/view?usp=sharing>



Here are the links and photos of us interviewing people with different income groups about Menstrual Equity



The Interview Conducted With Low Income Group

Here Is the Link and photo's for the Interview We did With The Dependent Group



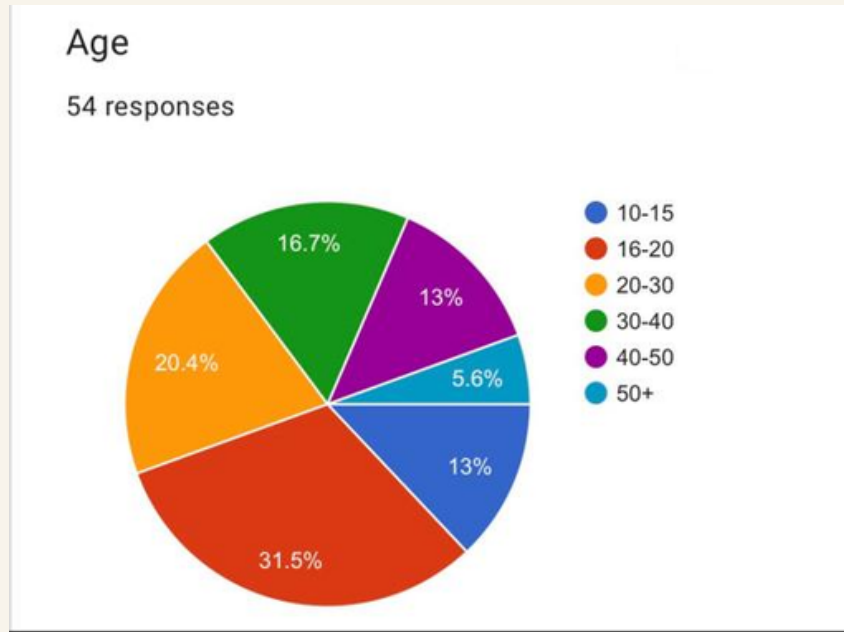
- https://drive.google.com/file/d/1IKb33rvCJE5Ku8Gacvv_iU2IquTDKEiD/view?usp=sharing

Here Is the Link and photo's for the Interview We did With The High Income Group

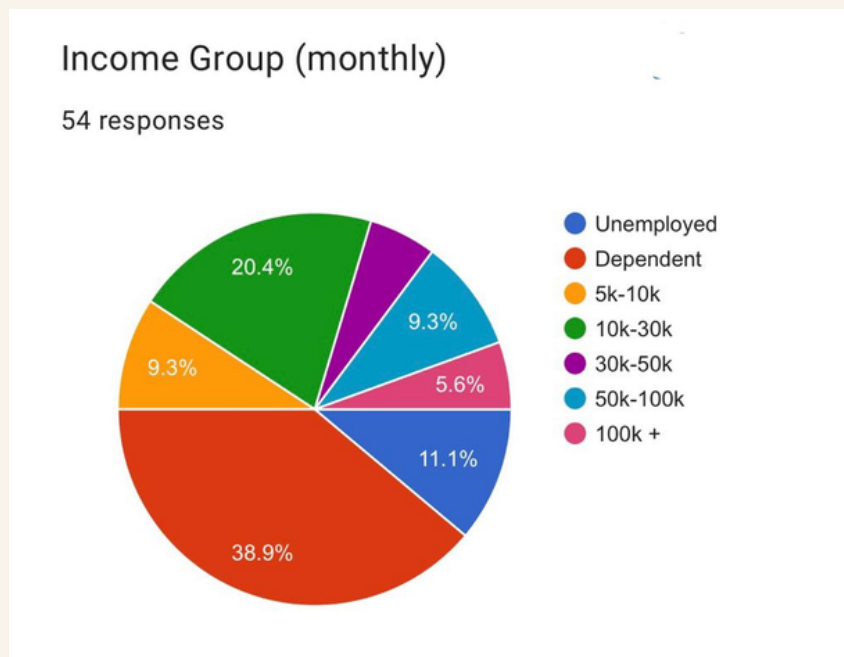


- <https://drive.google.com/file/d/1LKxyi4tstrY0pBSkaXDB40b27Oc78M6m/view?usp=sharing>

Findings



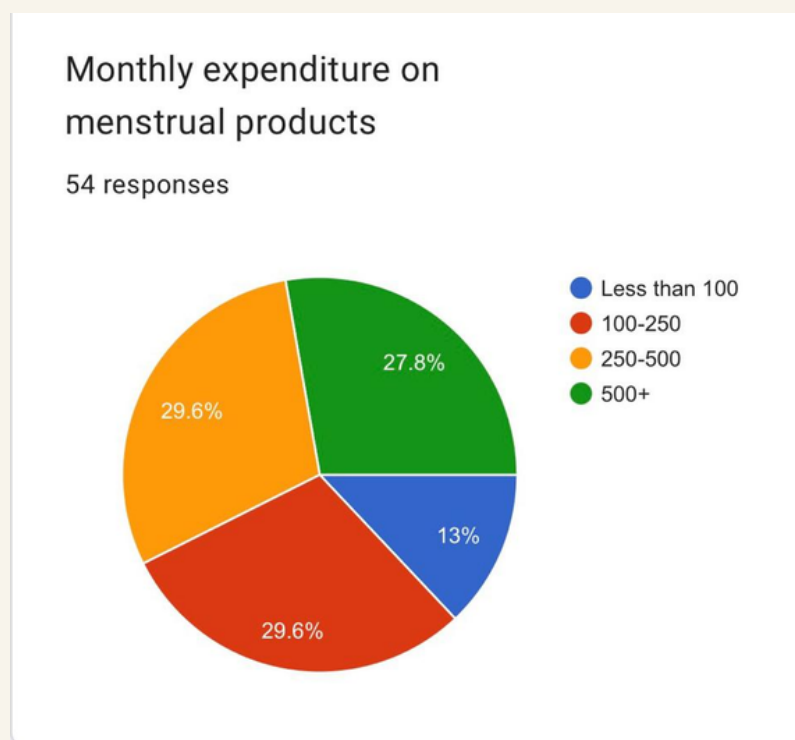
Majority of our respondents were aged 16-20, overall they ranged from age 10 to 50+



Most of the respondents were dependent or from an income group of 10k-30k



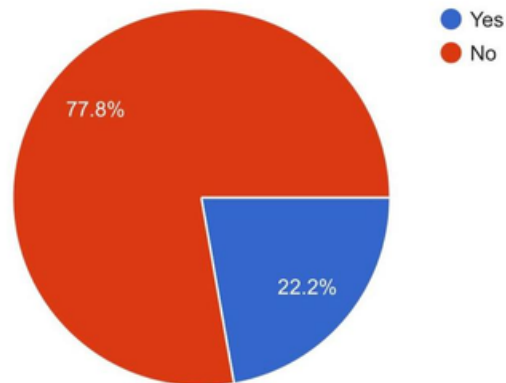
A vast majority of 88.9% respondents use sanitary pads



Majority of the respondents spend 100-500 rupees on menstrual products, although 27.8 % people spend more than 500 rupees on menstrual products

Do you think menstrual products are appropriately priced ?

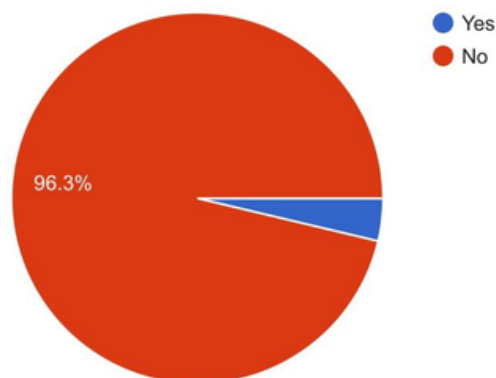
54 responses



A staggering 77.8% of respondents believe that menstrual products are not appropriately priced

Are you aware of government policies that provide menstrual products for free/cheaper prices

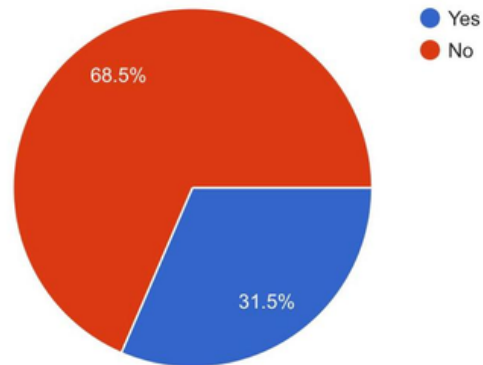
54 responses



96.3% or respondents were not aware of any government policies that provide menstrual products for free or subsidies prices

If the government does provide menstrual products would you prefer to use them

54 responses



68.6% people would not use menstrual products provided by the government

Interviews

Link to Interviews taken:

Interview with Non Profit

- <https://drive.google.com/file/d/1VJN61VNcFFB4j1PVDDasGlqZqVaXCNTq/view?usp=sharing>

Interview with Dependent Income

- https://drive.google.com/file/d/1Kb33rvCJE5Ku8Gacvv_iU2IquTDKEiD/view?usp=sharing

Interview with Employed and Earning

- <https://drive.google.com/file/d/1LKxyi4tstrYOpBSkaXDB40b27Oc78M6m/view?usp=sharing>

5 people were chosen for the interviews and from them 3 were recorded and 2 were not. **First** we chose a Non Profit who works with slums and teachers and helps them learn about menstruation and menstrual products. The **second** group chosen was housekeeping from our school to represent the employed but low income group. **Third** person chosen was a employed and earning teacher and the **fourth** person chosen was from the dependent group, a student. The **fifth** person we interviewed was Dr. Netam, a gynecologist

The First Interview was Alicia a daughter of fellow teacher in our school. Right now she studies in Boston but in the past has worked with NGOs to help slums and people with low income to acquire and learn about menstrual products. Her Journey started at a young age and allowed her to gain the necessary experience to help and impact many individuals who can't afford menstrual products. During the interview she was adamant in saying that intervention of others is required to help and make sure diseases and death do not spread in slums due to lack of menstrual hygiene. The interview covers many topics that are vital and relevant to our research.

The Second Interview was conducted with 40 housekeeping employees from our school each of them had unique stories and experiences with menstrual products and we will do our best to portray these experiences and perspective in a short summary. Out of the housekeeping team consisting of 40 people only 1 still used cloths, whereas all others used sanitary pads and no one out of the 40 aunties ranging from ages 30 to 58 used products like menstrual cups and tampons. The group at an average spends 200rs-300rs on menstrual products each month and it can also reach 400rs-500rs if there are multiple people in the family that menstruate. When asked if they think these products are appropriately priced all said NO. All 40 of the staff used cloths originally but switched to sanitary pads after learning about it from their daughters or television or the word of mouth. Most didn't know about diseases caused by lack of menstrual hygiene. The employees also haven't received help from the government or any NGO and would like a better system to be put in place that enables them to receive free or cheaper menstrual products and would all use these products instead of buying their own

The Third Person we interviewed was Vaishali Bane a 50 year old teacher at our school, Rustomjee Cambridge International School who represents the Employed and High Income Group. Vaishali Bane was asked the same questions the people in the low income group were asked and we were intrigued but not surprised by the responses. Vaishali Bane started using pads after she entered college where she first came to know about them. She has used Pads since then and hasn't used any other menstrual products her monthly expenditure on sanitary pads alone is 300rs-500rs and counting in pain killers and other products goes to 700-800 or sometimes even thousand rupees a month. The video of her interview is linked above. When asked if she thought these products are appropriately priced she said no and further elaborated that some medicines are expensive. When asked if she would use government provided menstrual products or prefer to buy her own, she strictly said that she would prefer to buy her own as they may be of better quality and the brand she wants

The Fourth person we interviewed was 16 year old Kiara Anchan a student at Rustomjee Cambridge International School. She is in the dependent income group as she relies on her parents for her menstrual products and she had similar responses as Vaishali Bane. What differed was that she has always used pads and never used cloths her recording is also available above

The fifth person we interviewed was Dr Netam a gynecologist who we talked to about menstrual hygiene, its importance and its effects on health. The questions which were asked to Dr Netam are given above. Dr Netam is a gynecologist who is a parent of a student in our school and she had a conversation with us on call where we asked her these questions. Few important things she mentioned is how we need to look at more than only income groups but consider education as well. She mentioned that cloths, ash and other such things are harmful to use. She also stated that a sanitary pad or any other menstrual product needs to be changed every 4 hours and a lack of doing so causes diseases and infections. Lastly, she said that these products should be made more available and cheaper

Analysis

- The results from the first question of the survey can support the accuracy of the other findings because it shows that the responses recorded come from individuals across different age groups
- Based on the question about income groups, it can be proved that the testing was conducted across all income groups ranging from 5k to 100k+, unemployed and dependent. This allowed us to get a range of perspectives and find out in more detail about equity across income groups.
- Based on the interviews conducted, it is clear that buying menstrual products is a priority across all income groups. This can further be proved through the survey to some extent, which states that all respondents use menstrual products of some sort.
- 77.8% individuals believe that menstrual products are not appropriately priced, however this pricing does not discourage individuals from buying them, the survey also proves that people from a higher income group are likely to spend 500+ rupees on menstrual products, this falls consistently as the income falls and may go as low as less than 100 rupees per month. The average was 100-500 rupees, with 59.2 % women spending that much
- A staggering 96.3% respondents were not aware of any government schemes or policies that provide menstrual products for subsidized prices, this might be an indication that the government is not taking adequate action on this front. Based on the interviews conducted with low income groups, it was clear that they have never witnessed or received government help when it comes to acquiring menstrual products

- According to the survey result, 68.5% respondents would not use the menstrual products provided by the government, based on the comparisons we drew from individuals across different income groups, it was clear that the 31.5% people who would use the products provided are from low income groups. This is because people from higher income groups and dependents prefer to buy menstrual products from reputed brands and ones that are of higher quality, whereas people from low income groups and unemployed are willing to use menstrual products provided by the government, because the money that they save would really help them buy other basic necessities and the brand and quality is not as much of a concern to them
- The interview conducted with low income groups also made it evident that they were well informed about the importance of having proper menstrual hygiene and the implications of using cloth, ash, hay, etc. They said they were either informed about this by their children or TV ads. However, they were not aware of any other menstrual products apart from sanitary pads, this could be because these are normally marketed on social media and, as such don't have any advertising on television. It could also be due to the fact that most government and other awareness campaigns highlight sanitary napkins and other menstrual products like tampons, menstrual cups, and more are overlooked. Even based on the survey results a vast majority of women use sanitary pads, and the ones who use other products come from relatively higher income groups.

- An Interview with the non profit showed that most donated menstrual products come from NGOs and private donations rather than the government, this shows the lack of intervention by the government and that the accessibility, affordability and safety of menstrual products for lower income groups are not prioritized. This perspective may have a bias but the social worker backed up her statement with facts showing low to negligible direct government intervention
- The Non Profit also said that educating these low income groups is as important as making these products cheaper and more available since even if alternatives that are cheap, safe and better for the environment are available the low income group either due to information failure wouldn't know about them or not choose these products due to stigmas
- Based on the interview with the gynaecologist, the safest and most affordable menstrual product is a sanitary pad, although, the gynaecologist emphasized that it must be changed every 4 hours to avoid diseases. Toxic shock syndrome is a rare disease and individuals may be susceptible to it if they do not change menstrual products in the advised timeline. However this is not the only implication, based on our secondary research, fungal infections, yeast infection and other such infections are more common, especially in low income groups due to information failure

- The gynaecologist also mentioned that when it comes to menstrual equity there are two criteria which must be considered, these include :

1. Education level of the individual - because an educated individual is more likely to be aware of safe menstrual practices and the implications of improper hygiene, compared to an uneducated individual in which case there may be information failure

2. Income - This is because people coming from high income groups can afford safe menstrual products and people from low income groups may not find them affordable

Based on the above statement made by the gynaecologist we can analyze the link between education and income, a person coming from a high income background is more likely to be educated and hence more able to educate their children - this creates a cycle of individuals who are aware about menstrual hygiene: in comparison, individuals that come from a low income background may not be able to afford education for their children, thus creating a cycle of individuals who are not aware of safe menstrual practices.

Conclusion

Based on our research we can conclude that:

The first part of our hypothesis was proved incorrect, we estimated that individuals from low income groups find it 70% harder to afford menstrual products, after evaluating the conversations that we had during our interviews we can confidently state that the percentage is considerably less - people from low income groups find it 45% more difficult than people from high income groups to afford menstrual products.

The second part of our hypothesis was also proved correct because, we initially predicted that women from low income groups are 20% less aware about menstrual hygiene practices. We found out that, although awareness of safe menstrual practices is there, individuals from low income groups are only aware of sanitary pads and there is information failure when it comes to the use of other safe alternatives. Hence, individuals from low income groups were 14% less aware compared to individuals from high income groups when it came to knowledge of basic menstrual hygiene practice, considering the scope of their knowledge when it came to the awareness about the availability of other menstrual products was limited, we can conclude that their awareness was 70% less compared to individuals of higher income groups on that front. Out of the 40 people we interviewed not one knew about the hygiene practice of changing sanitary pads every 4 hours and 90% of the group haven't heard about diseases caused by lack of menstrual hygiene

The third part of our hypothesis states that the access to menstrual products increases as income increases, this was proved to be untrue, based on our interviews, people across different income groups had access to safe menstrual products. What was not equal was the affordability of menstrual products.

96.3% individuals are not aware of government schemes and policies and out of this 31.5% of people need government funded menstrual products because of their low income backgrounds. The privileges that an individual is born with is a vital determinant that influences the safe menstrual practices they are likely to follow. Although people across all income groups are currently buying menstrual products, the burden of these products on the income of the underprivileged is considerably high. Higher income groups on the other hand are able to conveniently afford and access safe menstrual products

Implications

The findings of our research may be used as a basis to analyze and determine which individuals are in severe need of assistance when it comes to menstrual care, this information can be utilized by the government to determine how to assist these individuals, and by non-profits so that they can better allocate their resources.

It can also be used to monitor the level of knowledge that individuals have across different ages, this will help educational institutions to devise plans that will help to increase awareness, the government and non-profit organizations can also step in and start awareness campaigns based on the level of knowledge that people across different income groups have.

All of the above will help the community as a whole because it might help to increase the knowledge of individuals across Mumbai and will improve the quality of life. As a whole, there will be economic benefits as the disposable income of individuals especially from low income groups will increase, allowing them to allocate more funds to the purchase of essential goods, and it will be a vital step towards reducing period poverty.

Source of error

The major error that we made is not accounting to the cultural implications, stigmas and taboos associated with our research topic. It is an important factor that determines the menstrual care practices that are followed. We realized this mistake when during one of our interviews, the person said that tampons and menstrual products are only for married woman, this not only proved the information failure but also the stigma associated with our topic.

Another potential source of error could be that all of the data that we collected was taken from people of our own school. Although we have considered and collected data across all ages and income groups, the fact that we have assumed that the claims made by the people we interviewed apply to individuals across Mumbai, may lead to potential gaps and inaccuracies in our research.

Possible Solutions For Problems Identified

There are still people from low income groups who cannot afford these products and even if they can afford these products it is a great burden on them as we have gathered from our interview with low income groups. The most simple way to solve this problem is to make menstrual products cheaper so that even the lower income groups can afford it and it doesn't affect their disposable income heavily. The following are ways to execute it : There are a few ways but most of it is linked to the government intervening and either subsidizing or giving these products for free, a common misconception is that this already happens - but our research shows that 96.3 percent of people are not aware of any policy or scheme that allows people to get these products. So making a proper policy will allow people to get these products and will have a lasting impact which is better than short donation campaigns. One housekeeping employee even gave us the idea when asked about what solutions they can think of, she said that the government can give out forms to fill that specify where and how many of these products need to be sent to each house of those who filled these forms. Countries like Scotland are already implementing this by offering these products for free (14) and so can India if proper planning is done. Menstruating is a natural process that happens to women, transgender individuals, and more, and these products are a necessity for people, we as a society need to make it such that it is easy to afford them. The Government should take more action and prioritize making these products free or cheaper. Another solution we can look at is raising awareness for other menstrual products like menstrual cups and tampons as menstrual cups are cheaper considering how long they last compared to sanitary pads and menstrual cups can last you a year for the average price of 200rs-300rs which is the monthly expenditure for the low income group. Another Important solution is to destigmatize people when it comes to these topics and get people more comfortable speaking and spreading awareness about this topic

Group reflection

Indicators -Collaboration	4	3	2	1	Example
Every member of the team was always prepared, well informed on the project topic and ready to work.	x				All team members researched about the topic and were always up for working
Every member of the team always completed assigned tasks on time without having to be reminded.		x			All team members completed tasks on time but due to other commitments few tasks were delayed
As a team, we created a detailed task list that divided project work reasonably among the team members.	x				The tasks were equally divided amongst all according to their skills
As a team, we set a schedule and tracked progress toward goals and deadlines.	x				A few tasks were delayed but were completed before the deadline
As a team, we used time and ran meetings efficiently; kept materials, drafts, notes organized	x				We created a WhatsApp group where we shared the files and prepared a draft after every call
As a team, we developed ideas and created products with the involvement of all team members	x				All the documents were created with collaboration and agreement of each team member
Indicators Communication					
Every member of the team listened to others' ideas without interrupting; responded positively to ideas even if rejecting.		x			Everyone's ideas were heard first and then the best was selected in agreement of all team members
Team members communicated openly and treated one another with respect.	x				Everyone respected each one's idea and were always ready to listen to new ideas
Every member of the team felt safe and free to seek assistance and information, share resources and insights, provide advice, or ask questions of each other.	x				Before taking any decision we all brainstormed on the ideas on the table and then finalized it

Individual reflections

Freyaa Jain

Describe one thing which was the most enjoyable for you during the CAL project.

The most enjoyable part was definitely interacting with people from such diverse backgrounds and getting to know their different perspectives. It is really fascinating that everybody has different ideas and opinions and yet they were all so united in supporting the cause towards improving menstrual equity.

Describe one thing which you struggled with the most during the CAL project.

The hardest part for me was contacting a gynaecologist, because of their busy schedules it was really hard to interview them. I was really disappointed that we could not record the conversation that we had with Dr Netam. Overall my takeback from this experience was that I got really disappointed when things did not go precisely the way I planned, but that I have to look at the bigger picture and not fret over small details so much.

What skills did you develop during the CaL process? Explain with one example.

- The ability to identify bias and ensure that the results of my findings are accurate
- Collaboration and coordinating with my team to ensure that we are working efficiently
- To condense my research to aspects that are most relevant to my topic

For example, when we were conducting interviews, due to stigma and taboo, some of the responses were not honest and transparent, I learned to identify this and discard such statements that could impact the accuracy of my research. Through the conversations we also received a lot of data, some of which was not explicitly relevant to our research, Lastly, working as a team, we were not always on the same page - we learned to alter our plan such that all of us were satisfied with it.

Describe one thing which was the most enjoyable for you during the CAL project.

Taking peoples interviews was definitely the most fun part for me it allowed me to find answers for our research and quench my curiosity about the topic as well. It helped me destigmatize myself as i was originally nervous to have a conversation on this topic before with 40 aunties and teachers and fellow classmates but now i can comfortably talk about this topic and raise awareness

Describe one thing which you struggled with the most during the CAL project.

The most struggling part about this CAL project was definitely learning and talking about a topic i before CAL didn't have that much knowledge about and then having conversations about said topic with more than 40 people was nerve-wracking and one of the things which i struggled with.

What skills did you develop during the CaL process? Explain with one example.

- Working and adapting quickly to changes
- Understanding different perspectives
- To be open for new experience and topics of conversations

For Example I researched from scratch about a topic i didnt have a clue about but was able to have constructive conversations with experts in the field just few weeks later.

Mithil

Describe one thing which was the most enjoyable for you during the CAL project.

During the project working in a team was an exciting part for me as when you work in a team with each having a special skill coming together and working on the same project increase your critical thinking power and helps you get different views on each topic as everyone has a different view

Describe one thing which you struggled with the most during the CAL project.

It was difficult for me to understand the topic at first and after I understood it was a bit difficult for me to create a conversation in the interview until I talked to people which help me destigmatize

What skills did you develop during the CaL process? Explain with one example.

The skill which I was able to develop the most was brainstorming on the idea which came up where we use to discuss all the possible aspects, connect dots, research about it more online, asking people. This also help learn how to establish a strong communication between your team mates which made us work more efficiently and get the best results

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