

**Impact Assessment of the Menstrual Healthcare
Programme run by Artemis Hospital**
(Women Hygiene, Community Challenges and Health Camps)

FINAL REPORT

Presented To:

APOLLO TYRES FOUNDATION

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EXECUTIVE SUMMARY

BACKGROUND

Women's hygiene and access to healthcare remain critical issues in slum areas, where inadequate sanitation, cultural taboos, and limited awareness contribute to health risks. The study assesses menstrual hygiene management (MHM), access to sanitation facilities, and the effectiveness of health camps in addressing these challenges. Poor hygiene practices increase the risk of infections, while social stigma around menstruation prevents open discussions and access to necessary resources. Health camps play a vital role in bridging the healthcare gap for underserved populations by offering free medical check-ups, STI screenings, and awareness programs.

METHODOLOGY

The study employed a semi-structured questionnaire focusing on two key areas: women's hygiene and slum-specific challenges, and the nuances of community-based health camps and outreach programs, including services, accessibility, impact, collaboration, and feedback.

A total of 344 respondents participated in the study, of which 177 were women, providing insights on issues related to women's hygiene and challenges in slum areas. For the section on community-based health camps and outreach programs, responses were collected from a mixed-gender group, with 95 male and 72 female respondents. The study was conducted in the Delhi-NCR and Gurugram slum colonies or regions.

KEY FINDINGS

- **Satisfaction with ATF Interventions:** 54.86% of respondents exposed to ATF or designated NGO interventions expressed satisfaction with the health

services provided by Apollo outreach programs and NGOs (like Utsav Foundation), with 93.22% reporting a positive experience.

- **Menstrual Hygiene Awareness:** 100% of women were aware of menstrual hygiene, but 40.11% of teenage boys lacked awareness, indicating the need for gender-inclusive education.
- **Cultural Taboos & Social Stigma:** 41.24% of respondents reported discomfort in discussing menstruation due to deep-rooted societal taboos.
- **Sanitation & Facility Access:** While 98.37% of women had access to clean toilets and water, 26.55% still cited limited sanitation facilities as a major barrier.
- **Health Risks from Poor Hygiene:** 46.89% of respondents reported skin infections, 30.51% faced mental health challenges, and 15.82% experienced urinary tract infections (UTIs) due to poor menstrual hygiene practices.
- **Health Camps Awareness & Participation:** While 95.48% had heard about mobile health camps, but services focusing on hygiene education and care remains limited (5.99%).

KEY RECOMMENDATIONS

- **Enhance Menstrual Hygiene Education:** Increase awareness programs in schools and communities, targeting both men and women to reduce stigma and misinformation.
- **Improve Access to Sanitation & Water Facilities:** Construct more eco-friendly toilets, ensure water availability, and deploy hygiene kits in high-risk slum areas.
- **Strengthen Health Camp Outreach & Awareness:** Utilize digital notifications, local influencers, and mobile healthcare units to boost participation in screenings and consultations.
- **Promote Eco-Friendly Menstrual Products:** Increase subsidies and awareness campaigns to encourage adoption of reusable pads and sustainable hygiene products.
- **Expand Free Health Screenings in Slums:** Organize regular mobile health camps, offering STI testing, mental health support, and menstrual hygiene consultations for women in underserved communities.

CONCLUSION

Addressing women's hygiene and healthcare challenges in slums requires multi-sector collaboration between health organizations, local governments, and community influencers. By expanding education, improving sanitation infrastructure, and increasing health camp participation, sustainable health improvements can be achieved for vulnerable women in these communities.

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Survey Questionnaire	Error! Bookmark not defined.

1. INTRODUCTION

1.1. Background

Menstrual health and hygiene remain critical yet often overlooked components of public health, particularly in underserved urban slums and rural communities across India. Limited awareness, restricted access to hygiene products, inadequate sanitation facilities, and prevailing cultural taboos collectively hinder the well-being and dignity of women and adolescent girls. In response, various outreach initiatives, including health camps and community-based awareness programmes, have been implemented to bridge the knowledge gap and provide essential services. This study focuses on assessing the effectiveness and impact of such interventions (both offered by Apollo CSR and other NGOs) under the broader Menstrual Healthcare Programme, specifically in slum communities, with a focus on Gurugram and Delhi NCR.

Key components of the study include evaluating the reach and influence of health education campaigns, identifying primary sources of menstrual knowledge, and gauging community participation in organized health camps. Furthermore, the study investigates the health implications of inadequate menstrual hygiene and explores how entrenched social and cultural beliefs shape perceptions and behaviors around menstruation.

1.2. Research Objectives

1. To assess menstrual hygiene awareness and identify the sources of information in urban slums and rural communities.
2. To evaluate the effectiveness of outreach programs and health camps in improving menstrual health education and access to services.
3. To investigate the health risks faced by women in these communities due to inadequate menstrual hygiene.
4. To examine the impact of cultural beliefs and taboos on discussions and practices related to menstrual health.

5. To identify the specific healthcare and menstrual hygiene support needs within these communities and propose potential improvements.

1.3. Target group, Sample size and Coverage

- **Target Group:** Men and women residing in slum community areas

Sr. No.	State	Centre	WOMEN HYGIENE, SLUM CHALLENGES AND HEALTH CAMPS		
			Target Sample Size	Achieved Sample Size	Response Rate
			(A)	(B)	(B/A)
1.	Haryana	Gurugram	300	344	114.66%
Total			300	344	114.66%

1.4. Research Framework

Research Objective	Inquiry Areas
To assess menstrual hygiene awareness and identify the sources of information in urban slums and rural communities	<ul style="list-style-type: none"> - Awareness levels of menstrual hygiene practices. - Main sources of information (family, schools, health workers, media). - Gaps or misconceptions in knowledge
To evaluate the effectiveness of outreach programs and health camps in improving menstrual health education and access to services	<ul style="list-style-type: none"> - Awareness of available outreach programs and health camps. - Participation rates and barriers to participation. - Topics and services offered in these programs. - Impact on menstrual health practices. - Accessibility and effectiveness of services.
To investigate the health risks faced by women in these communities due to inadequate menstrual hygiene	<ul style="list-style-type: none"> - Common health risks (UTIs, reproductive issues, infections). - Prevalence of health problems due to poor menstrual hygiene. - Awareness of associated health risks. - Access to healthcare services to address these issues.
To examine the impact of cultural beliefs and taboos on discussions and practices related to menstrual health	<ul style="list-style-type: none"> - Influence of cultural beliefs on open discussion of menstruation. - Presence of stigma or shame surrounding menstruation. - Role of gender norms in access to information or products. - Community attitudes towards menstrual hygiene education.
To identify the specific healthcare and menstrual hygiene support needs within these communities	<ul style="list-style-type: none"> - Availability and access to menstrual hygiene products.

and propose potential improvements	<ul style="list-style-type: none">- Access to proper sanitation facilities (toilets, water).- Accessibility of healthcare services (check-ups, treatments).- Community needs for support (education, product access).- Suggested improvements for health and hygiene initiatives.
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2. RESEARCH FINDINGS

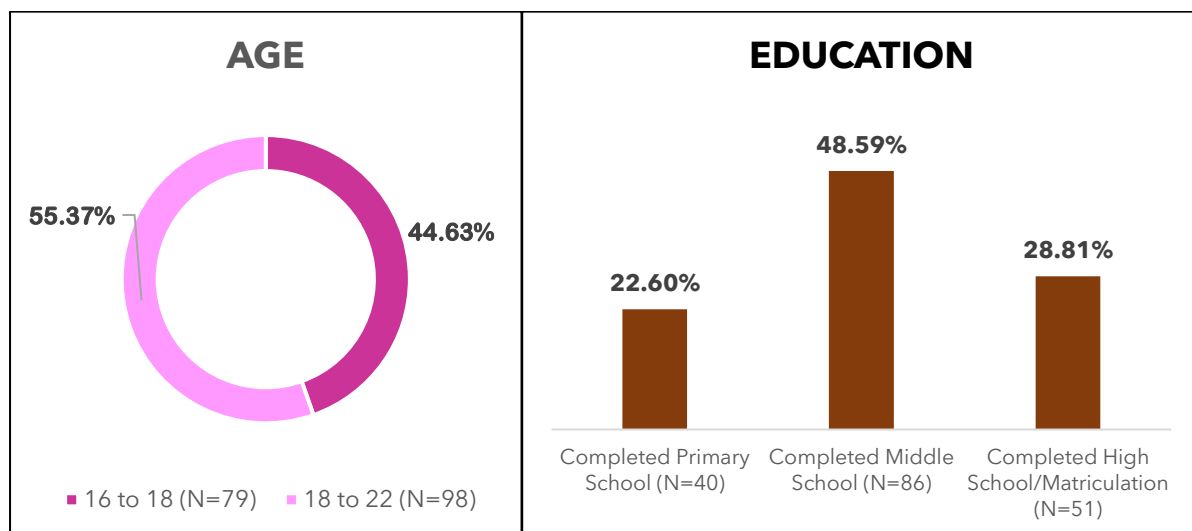
2.1. Response Rate

	Women Hygiene and Slum Challenges		Community-based Health Camps and Outreach Programs	
	Men	Women	Men	Women
Count	0	177	95	72
%	0.00%	100.00%	56.89%	43.11%

The table above presents response rates for two sections of the survey: one focused on women’s hygiene and challenges in slum areas, and the other on community-based health camps and outreach programs. The first section was conducted exclusively with 177 women, while the second surveyed a mixed group of 95 men and 72 women. The survey was carried out in areas of Gurugram and Delhi, including Karma Yogi Society, Kendriya Vihar (Sector 56), Dhanwanpur, Fazilpur, Kathpuli Colony, Wazirpur and Seemapuri.

2.2. Demographic Details

Figure 1: Demographic Details



The female respondents surveyed on women’s hygiene and slum challenges were all students living with their parents and siblings, predominantly representing slum areas (88.13%) and rural areas (11.86%). The age distribution was as follows: 55.37%

were in the 16 to 18 age categories, while 44.63% were in the 18 to 22 age group. In terms of education level, the majority had completed middle school (48.59%), followed by matriculation (28.81%) and primary school (22.60%).

2.2. Women’s Hygiene and Slum Specific Questions

Menstrual Hygiene Awareness	YES	NO
Are the women in your household or community aware of menstrual hygiene practices?	100.00%	0.00%
Are the male members of your household, especially teenagers are aware of menstrual health?	59.89%	40.11%
Were you earlier aware about the various menstrual hygiene practices?	75.14%	24.86%
Do you know of the management of Menstrual Hygiene Products?	83.62%	16.38%
Discussion and Education	YES	NO
Do you discuss with your family members about the Menstrual Health?	79.66%	20.34%
Was the information you got during a session was helpful to you?	84.75%	15.25%
Do you think menstrual health education can reduce stigma and improve hygiene practices in your community?	99.44%	0.56%
Support and Resources	YES	NO
Do you consider period as a natural healthy process?	84.18%	15.82%
Have outreach programs or NGO activities addressed menstrual health concerns in your area?	97.74%	2.26%
Sanitation and Healthcare Access	YES	NO
Do you think women and girls in your community are provided enough support and resources to manage menstruation with dignity?	97.74%	2.26%
Do women and girls in your community have access to proper sanitation facilities (e.g., toilets, clean water)?	73.45%	26.55%
Have you heard about mobile clinics or health camps that provide menstrual hygiene products or education in your area?	95.48%	4.52%
Do you think providing eco-friendly menstrual products (e.g., reusable sanitary pads) would help in your community?	44.07%	55.93%* ¹
Exposed with Apollo Tyres Foundation (ATF)/designated NGO-based health intervention	54.86%	45.14%

The results from the above table reveals significant insights into menstrual health awareness and practices. While there is commendable awareness among women

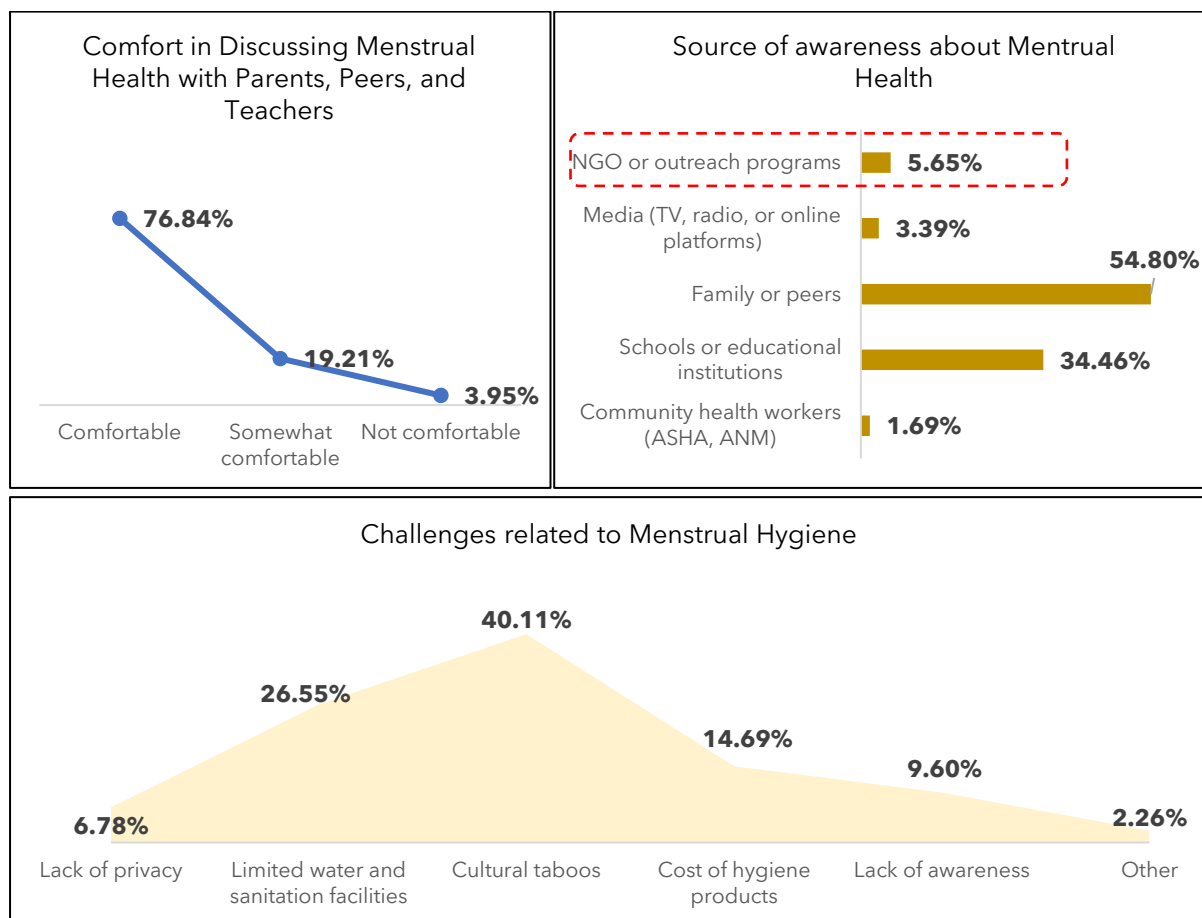
¹ Although preliminary analysis shows that respondents aged 16-18 report the highest percentage of being unaware or uninformed about eco-friendly menstrual products.

regarding menstrual hygiene (100%), a considerable gap exists in male awareness, especially among teenagers, with 40.11% unaware of menstrual health. Educational sessions have been highly effective, with 84.75% finding them beneficial, and nearly all respondents (99.44%) believe that menstrual health education can help reduce stigma and improve practices.

Support for menstruation as a natural process (84.18%) and the role of outreach programs (97.74%) are promising, indicating substantial progress in addressing societal taboos. However, the adoption of eco-friendly menstrual products remains alarmingly low, with 55.93% of respondents skeptical of their utility, suggesting the need for focused advocacy and accessibility efforts in this area.

2.3. Health Risk and Community Challenges

Figure 2: Health Risk and Community Challenges

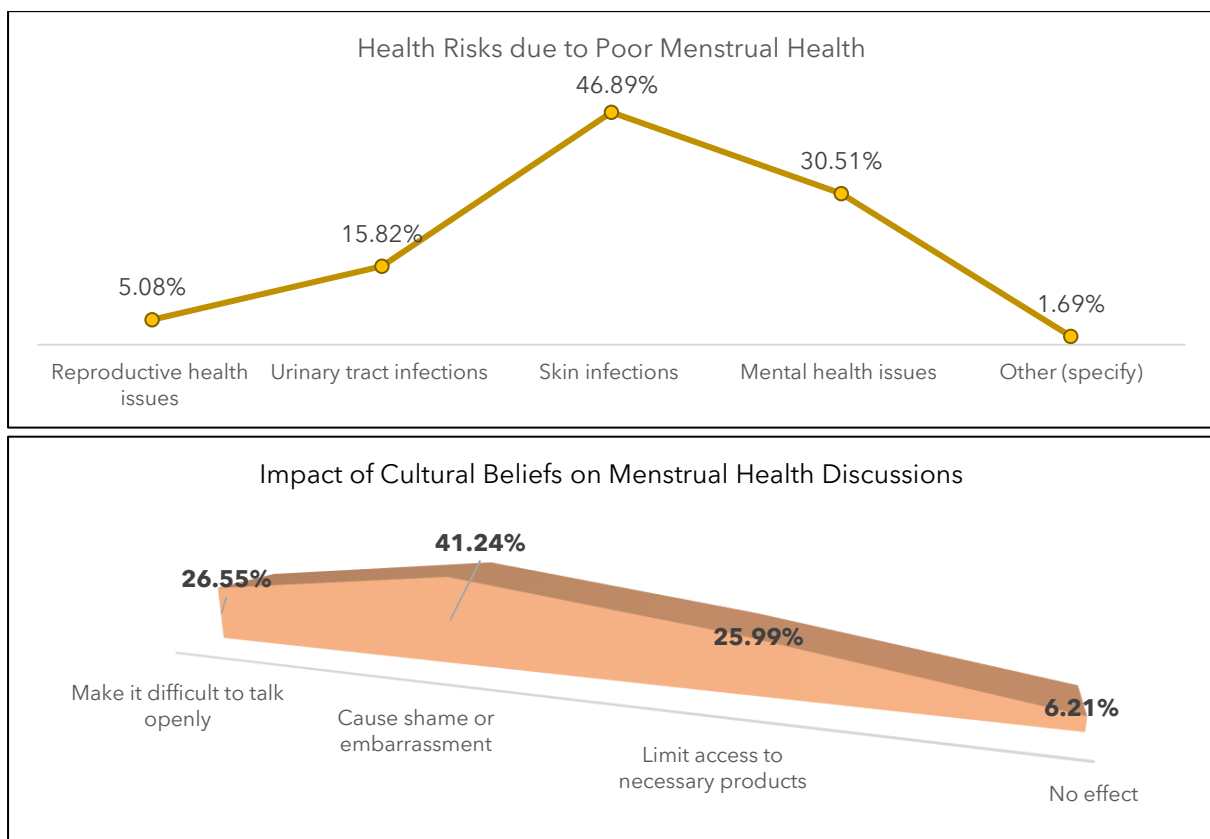


A significant majority (76.84%) feel comfortable discussing menstrual health with parents, peers, and teachers, signaling positive progress in breaking stigmas.

However, only 34.46% attribute their awareness to schools or institutions, with most relying on family or peers (54.80%). This suggests gaps in formal education channels that could be leveraged to reinforce menstrual health education. The challenges faced are notably driven by cultural taboos (40.11%) and limited access to water and sanitation facilities (26.55%), emphasizing the need for cultural sensitization and infrastructural improvements. The cost of hygiene products (14.69%) and lack of awareness (9.60%) further highlight barriers that require targeted interventions, such as subsidized products and robust awareness campaigns. These findings underscore the importance of integrating community-based education and improving systemic support to address these multifaceted challenges effectively.

2.4. Menstrual Health and Impact

Figure 3: Menstrual Health and Impact



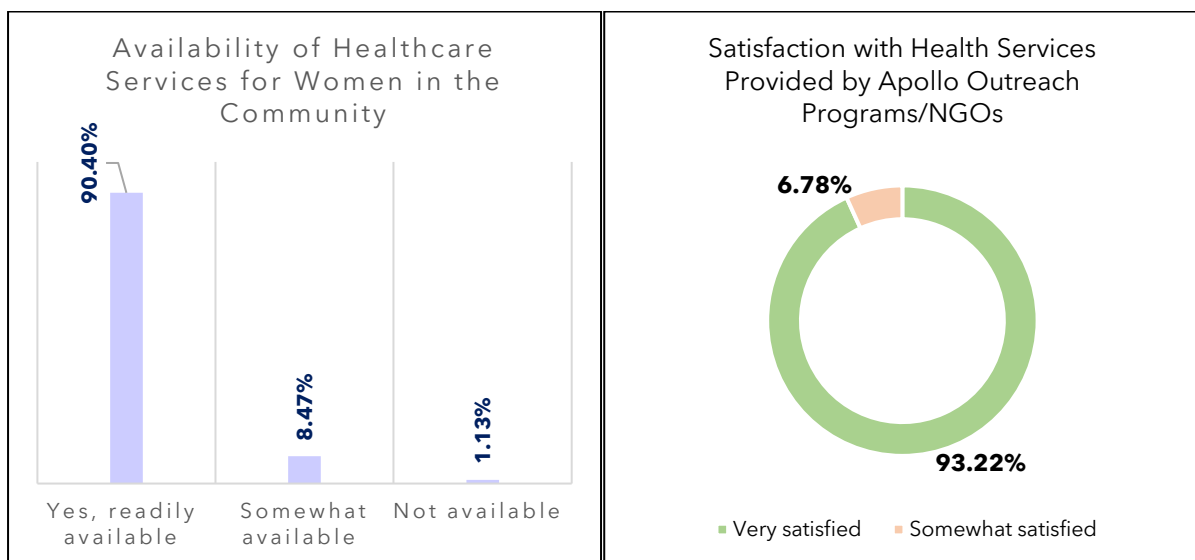
Skin infections (46.89%) and mental health issues (30.51%) are the most reported health risks stemming from poor menstrual hygiene, emphasizing the urgent need for improved hygiene practices and mental health support in communities. Urinary

tract infections (15.82%) and reproductive health issues (5.08%) are also notable concerns, indicating gaps in healthcare access and hygiene education.

Culturally ingrained beliefs profoundly impact discussions about menstrual health, with 41.24% reporting that cultural norms cause shame or embarrassment, and 26.55% finding it difficult to discuss menstruation openly. These beliefs also limit access to necessary products for 25.99% of respondents, further exacerbating health challenges. To address these issues, targeted interventions are essential, including culturally sensitive education campaigns, improved healthcare services, and affordable hygiene products to dismantle stigmas and improve overall health outcomes.

2.5. Access to Health Services

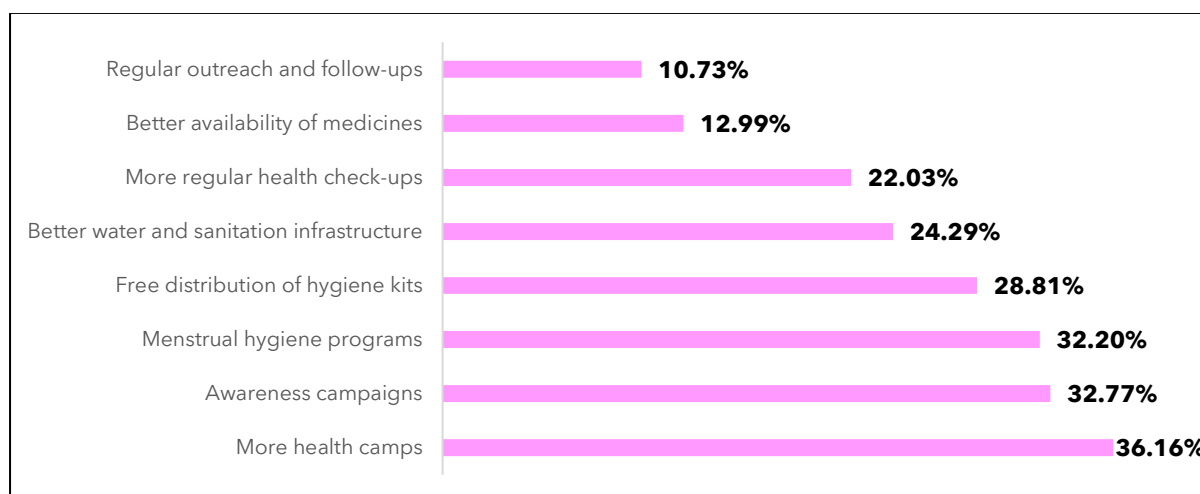
Figure 4: Access to Health Services



Nearly 90% of respondents confirmed that healthcare services are readily available. 54.86% of respondents exposed to ATF or designated NGO interventions expressed satisfaction with the health services provided by Apollo outreach programs and NGOs (like Utsav Foundation), with 93.22% reporting a positive experience. These initiatives are effectively addressing healthcare accessibility and meeting the needs of the community.

2.6. Improvement and Support for Health Interventions

Figure 5: Improvement and Support for Health Interventions



Respondents strongly recommended several improvements to enhance healthcare services, with 36.16% advocating for more health camps, 32.77% for increased awareness campaigns, and 32.20% for menstrual hygiene programs. Additionally, 28.81% suggested the free distribution of hygiene kits, while 24.29% highlighted the need for better water and sanitation infrastructure. Other key suggestions included more regular health check-ups (22.03%), improved availability of medicines (12.99%), and more consistent outreach and follow-ups (10.73%). These insights reflect the community's priority areas for further strengthening healthcare access and outcomes.

2.7. Health camps specific questions

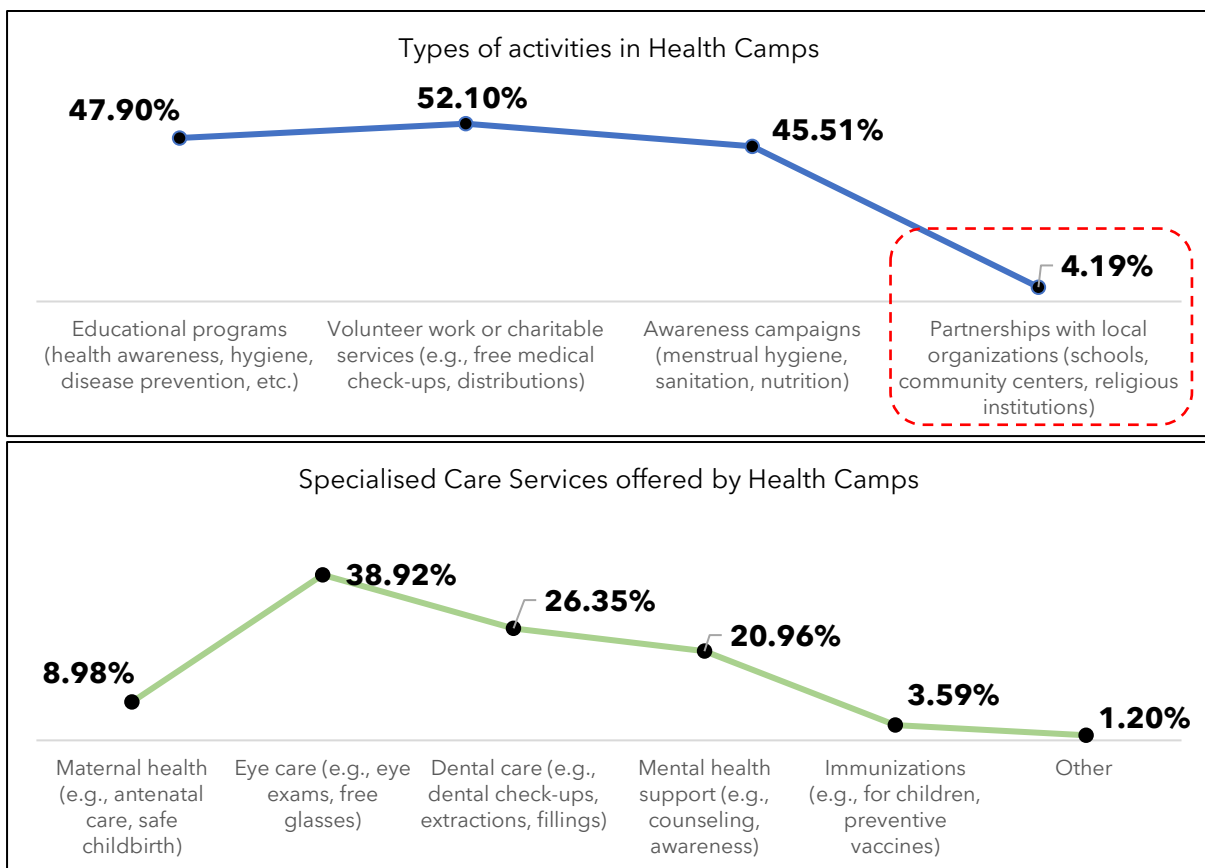
	YES	NO
Have you or anyone in your community attended a health camp organized by an NGO or outreach program?	98.80%	1.20%
Are mobile clinics available in your community?	88.62%	11.38%
Are these services accessible in your community?	95.81%	4.19%
Have you attended any specialized health camps in your community?	96.41%	3.59%
Are local institutions involved in promoting health camps in your community?	94.61%	5.39%
Have these health camps improved health awareness and practices in your community?	100.00%	0.00%

Would you like to see more health camps focusing specifically on menstrual hygiene and women’s health?	96.41%	3.59%
Would you recommend future participation in health camps to others in your community?	100.00%	0.00%

A vast majority of respondents (98.80%) attended the health camps, and this participation has led to a notable improvement in health awareness and practices, with 100% of those attending reporting positive outcomes. However, there is also a significant demand for mobile clinics in the community, as 12% of respondents indicated that they did not have access to such services. This highlights an opportunity to further expand healthcare outreach through mobile clinics to ensure broader coverage and accessibility.

2.8. Activities and Services by Health Camps

Figure 6: Activities and Services by Health Camps



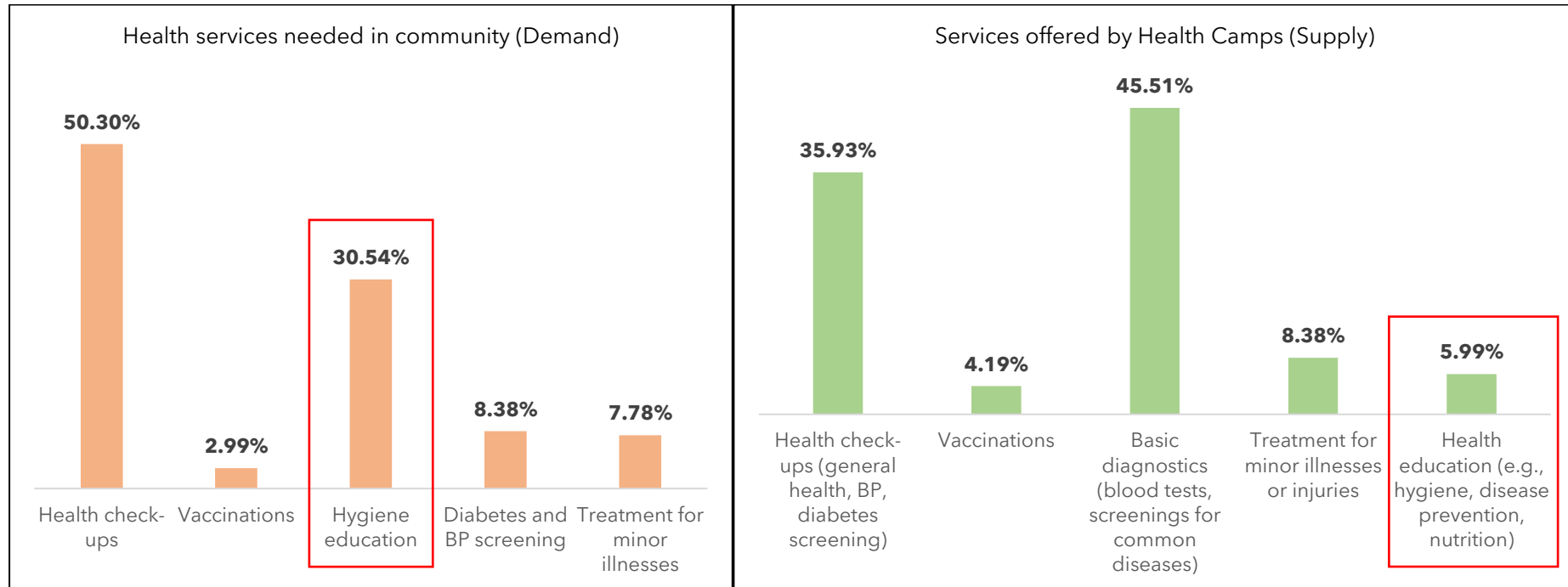
The activities conducted by health camps are primarily focused on educational programs (47.90%), volunteer work, including free medical check-ups and distribution (52.10%), and awareness campaigns (45.51%). However, there is a

notable gap in partnerships with local organizations, with only 4.19% reporting such collaborations.

Regarding specialized care services offered by health camps, the majority of respondents indicated eye care (38.92%), dental care (26.35%), and mental health services (20.96%). Services such as immunizations (3.59%) and maternal health (8.98%) were reported less frequently, highlighting areas where specialized care could be further developed or promoted less.

2.8. Demand and Supply of Health Services

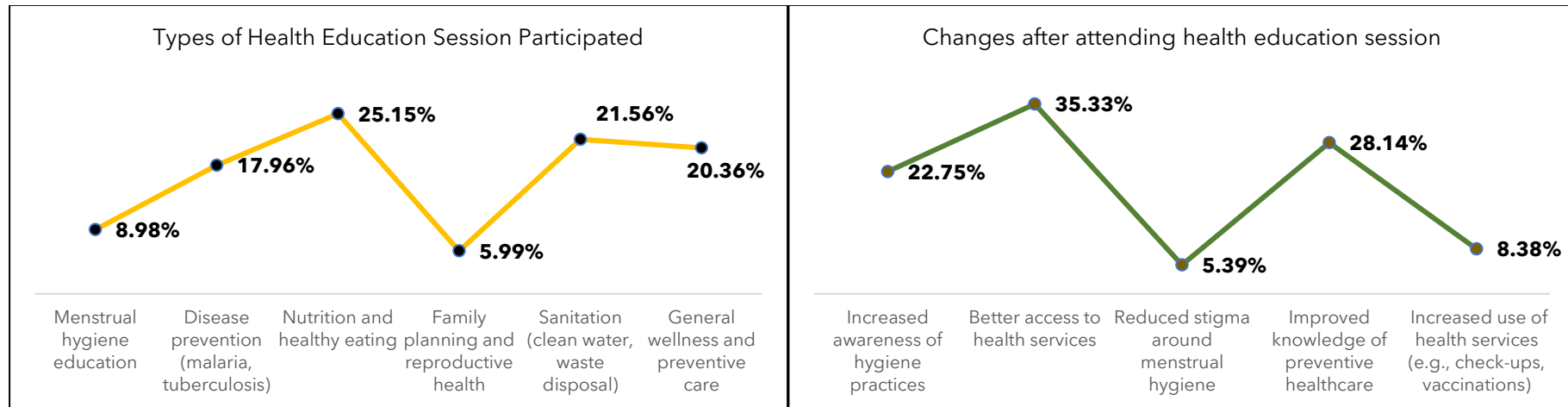
Figure 7: Demand and Supply of Health Services



The community has expressed a strong demand for health check-ups (50.30%) and hygiene education (30.54%), highlighting a clear need for preventive healthcare and awareness initiatives. However, the services currently offered by health camps fall short in meeting this demand, with health check-ups (35.93%) and basic diagnostics (45.51%) being provided, but health education remains limited (5.99%). This indicates a gap between the services requested by the community and those available through health camps, suggesting an opportunity to enhance the focus on health education to better align with community needs.

2.9. Health Education

Figure 8: Health Education

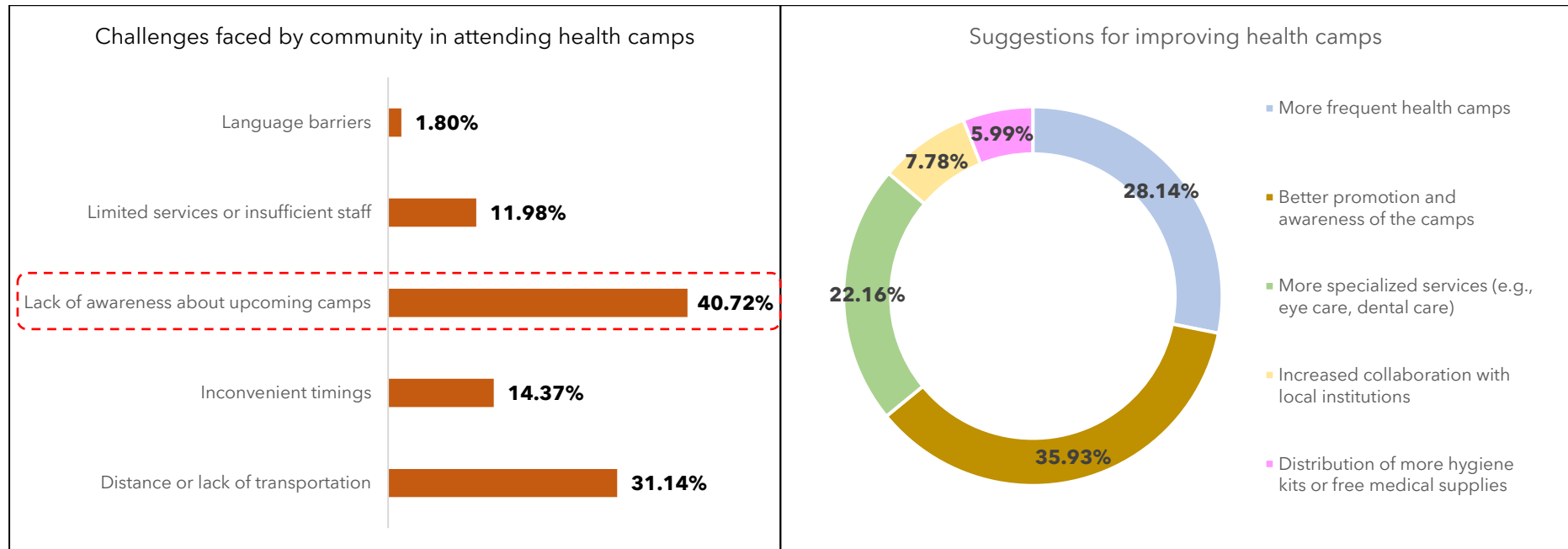


The figure illustrates that the highest participation in health education sessions was in Nutrition and Healthy Eating (25.15%), followed by Sanitation (clean water, waste disposal) at 21.56%, and General Wellness and Preventive Care at 20.36%. Participation in Menstrual Hygiene Education was notably lower, with only 8.98% of respondents attending these sessions.

Regarding the impact of the health education sessions, the most significant changes reported were better access to health services (35.33%), improved knowledge of preventive healthcare (28.14%), and increased awareness of hygiene practices (22.75%). However, there were minimal changes observed in reducing stigma around menstrual hygiene (5.39%) and increased use of health services (8.38%). These insights suggest that while health education has led to positive outcomes in areas such as preventive healthcare and hygiene practices, there remains an opportunity to further address stigma and encourage greater utilization of available health services, particularly for menstrual hygiene.

2.10. Challenges and Suggestions

Figure 9: Challenges and Suggestions



The major hurdle reported by the community in attending health camps is a lack of awareness about upcoming camps (40.72%), followed by challenges related to distance or lack of transportation (31.14%). To overcome these challenges, respondents suggested better promotion and awareness of the camps (35.93%), more frequent health camps (28.14%), and the inclusion of more specialized services (22.16%). These insights highlight the need for improved communication and outreach efforts, as well as logistical support, to increase participation and address the community's healthcare needs more effectively.

3. RECOMMENDATIONS

1. Increase Menstrual Hygiene Awareness

- Observation: 41.24% of women feel cultural taboos hinder discussions.
- Solution: Conduct community workshops and school-based education programs in collaboration with local schools and colleges.

2. Improve Access to Clean Sanitation Facilities

- Observation: 26.55% cited limited access to clean sanitation.
- Solution: Set up prefabricated, eco-friendly toilet units in underserved areas, especially near slum areas with help of local municipalities and authorities.

3. Enhance Health Camp Participation

- Observation: Low awareness leads to reduced attendance at health camps.
- Solution: Strengthen local outreach campaigns and mobile notification systems by involving local self-help groups or resident welfare associations.

4. Promote Eco-Friendly Menstrual Products

- Observation: Only 44.07% support reusable pads; skepticism remains.
- Solution: Provide subsidized eco-friendly sanitary products and run awareness drives.

5. Expand Free Health Screenings in Slums

- Observation: High prevalence of STIs, skin infections, and UTIs in underserved areas.
- Solution: Organize regular mobile health camps or clinics and free medical check-ups.