

RITU

Promoting Menstrual Hygiene Management
in Bangladesh



Needs assessment

Prepared by  For

Newstone Global Consulting

Simavi
Iedereen een gezonde basis.

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Newstone Global is an international development consultancy company dedicated to monitoring and evaluation, research, and training.

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List of acronyms

BNPS- Bangladesh Nari Progati Sangha

FGD – Focus group discussion

MHM – Menstrual hygiene management

SMC- School management committee

VAW- Violence against women

WASH – Water, Sanitation, and Hygiene

List of figures

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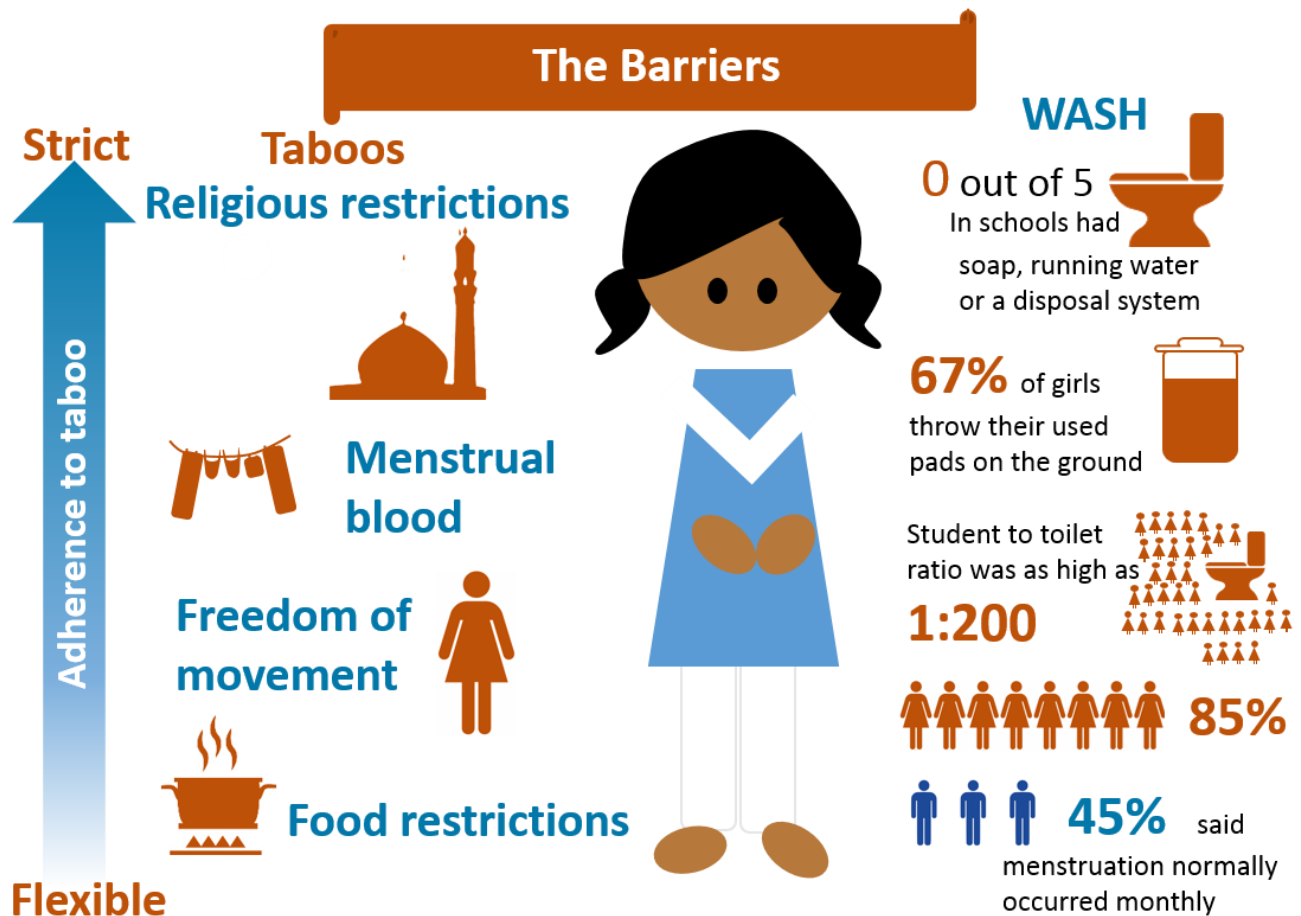
Figure 2- Pie chart of girls’ current MHM practices

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Girls' needs for good menstrual hygiene management



Recommendations

MHM friendly toilets

WHAT Piped water, soap, disposal mechanism

HOW Infrastructure and promoting maintenance



Access to sanitary pads

WHAT Individually wrapped, different price point options

HOW Work with existing producers and utilise local distribution methods e.g. hawkers



Improving knowledge

WHAT Knowledge about biological processes related to SRHR

HOW Invest in teacher training, focus on the health of aspects MHM in media campaigns



Addressing taboos

WHAT Greater freedom of movement, less stigma and better nutrition

HOW Positive role models, providing information on medical causes of disease, and heavy menstrual flow

Executive summary

The needs assessment found that there is a high level of awareness about sanitary pads and support for using them. 60% of menstruating girls, involved in the survey, said they used sanitary pads. The girls see sanitary pads as the best option for MHM, a view which is backed by their parents. However, pads are primarily used alongside traditional cloths. Pads are only worn when out of the house, and girls try to limit their use to only 2 a day. Fathers and mothers buy sanitary pads for girls, as the girls have very little purchasing power. Pads are readily available in the local market places but are not individually wrapped, generating less waste but raising hygiene concerns when transported to school. The programme needs to capitalise on the high levels of interest in pads and work with manufacturers to improve accessibility through addressing issues such as costing and quality. Provision of emergency sanitary pads in schools was raised by girls and community leaders, options for sustainable provision need to be explored further in the programme.

The needs assessment found that there are high numbers of barriers to girls having safe MHM. These barriers can be categorised into three areas: poor access to adequate WASH facilities, a lack of knowledge of biological processes, and taboos restricting females' behaviour during menstruation. These barriers are interconnected causing layers of complex obstacles to safe MHM. The barriers to safe MHM negatively impact girls' health, psychological wellbeing and education. One of the most prolific effects is monthly absenteeism from school. Currently the majority of menstruating girls report missing 2-3 days of school during their menstruation, their parents also do not push them into attending during this time. The main reason given for missing school is a lack of appropriate WASH facilities; however, the acceptance of girls' absenteeism is legitimated by a general taboo on girls moving freely during menstruation, which is perpetuated by a lack of understanding of reproductive biology. The programme must work to address all the categories of barriers to create an enabling environment for girls to facilitate good MHM practices.

Inadequate WASH facilities

WASH facilities in schools are entirely inadequate. There appears to be an insufficient number of toilets in the schools for the number of students, sometimes with 8 times more students per toilet than the global recommended standard. None of the toilets had soap or running water in the toilets making it impossible for hygiene to be maintained. The programme must address the lack of adequate WASH facilities to ensure girls are able to have safe MHM but this cannot solely be tackled through installation of hardware. A new toilet will not lead to friendly MHM WASH facilities unless the toilets are maintained, clean, and have running water, soap and a disposal system. This requires a shift in the current school culture and the SMC and senior management team to take action to implement systems to maintain the toilets.

Currently the girls primarily report using WASH facilities in their villages, they wash their cloths in these toilets and therefore these form a key part of their current MHM practice. The needs assessment identified a number of barriers which impede girls' ability to hygienically wash their menstrual cloths:

- Taboos surrounding menstrual blood – cloths should not be dried in public and they should not be seen by men. As a result of this taboo despite knowing that it is more hygienic to dry it in the sun many are drying it indoors, risking infection.
- There is shame and embarrassment associated with both the cleaning of the cloths and the getting of the water for this task. Therefore the girls will both wake up early to avoid being seen and not use more than one bucket of water, which is often insufficient for good hygiene.

The programme will struggle to ensure safe MHM if they are not able to address these issue through either changing attitudes on menstrual blood or improving the WASH facilities within the communities.

Existing taboos

There are countless taboos related to menstruation but they generally fall into four categories: religious taboos, restrictions around food, taboos regarding menstrual blood, and constraints on freedom of movement. The taboos have the result of limiting girls' choices and actions during menstruation, which contributes to feelings of shame and misery. Not all the taboos are strictly adhered to, religious taboos are most strongly observed whereas restrictions on food are more open to interpretation. The large numbers of taboos creates a negative environment which impacts on the opportunity for open dialogue and support for girls during their menstruation. The programme must work with community members on positive messaging around MHM. Presenting issues of MHM as essential for girls' health and wellbeing will hopefully allow greater dialogue around adherence to taboos. Mothers are an essential stakeholder as currently they are the ones who guide girls in MHM practices and it is through their instruction that the rules are set on MHM. The programme must work to educate mothers on safe MHM. It also need to provide a wider enabling environment for women to challenge certain taboos, through raising awareness with the wider community. Changing attitudes requires sustained engagement for long periods, the programme must consider the best ways in which to approach behaviour change at the community level.

Lack of knowledge

The taboos create a barrier of secrecy around menstruation which is exacerbated by a general lack of knowledge on the biological causes of reproduction, puberty and menstruation. Mothers, fathers, teachers, girls and boys had very low levels of knowledge beyond physically observable facts. Greater knowledge for both safe MHM and general improved health. Despite puberty being included in the school curriculum the girls and boys are not receiving sufficient information; teachers are embarrassed to discuss these issues and report skipping words or using gestures to explain the facts. Many girls reported that they did not receive any class on these issues and had been asked to read the chapter at home. Teachers lack the knowledge and skills to be able to properly engage in teaching puberty. Mothers and teachers, the main sources of knowledge, are themselves unsure of the facts the programme must support an increase in knowledge in these stakeholders. Models such as training of trainers may be worth exploring to ensure the programme is able to target greater numbers.

Recommendations

Addressing all of the barriers to ensure safe MHM requires a holistic effort both in schools and within the community. Girls must be supported to understand the changes to their bodies as part of a wider focus on gender equality, with emphasis on self-esteem and challenging self-stigma around menstruation. The programme needs to work with teachers to ensure that they have the necessary facts and that they are prepared to teach these subjects; however, it is also important that teachers are not espousing gender unequal norms whilst teaching these subjects. Any training with teachers must work from a gender equality perspective. Fathers and mothers are currently the primary purchasers of sanitary pads, they will be an important target in the marketing of the bio-degradable sanitary pad. Fathers, mothers, community leaders and boys can play negative or positive roles in addressing the barriers for safe MHM. The programme must address their lack of knowledge as well as the social norms, which perpetuate taboos surrounding MHM. A holistic approach is therefore needed, it is not enough to provide MHM friendly WASH facilities, there must be support for girls to use these services and a shift to prioritising girls' health and education during their menstruation.

Introduction



Background of the Project

The Ritu Program is a joint initiative of Simavi, RedOrange and TNO in close collaboration with local partner organizations in Bangladesh. The aim of the project 'Ritu, Promoting Menstrual Hygiene Management in Bangladesh' is to improve the Menstrual Hygiene Management (MHM) of women and girls, which allows them to increase their social and economic participation and thereby both directly and indirectly improves their health and wellbeing. Menstrual hygiene management is a multi-faceted issue and so are its solutions. In order to improve the MHM for girls and women in Bangladesh, a multi-pronged approach has been proposed with the aim of raising and creating awareness on MHM; providing supportive environment for MHM; and improving access to MHM products and facilities.

Complex problems require integrated solutions. The Ritu program works on the various levels that affect the problem of unsafe MHM in Bangladesh by:

- Providing information on MHM (and puberty and the female body in general) in schools
- Improving WASH facilities in schools
- Increasing the safe options for MHM (development of a low cost biodegradable sanitary pad)
- Community based awareness targeting women, men and religious leaders
- A national mass media campaign with various elements that focus on different target groups to raise overall awareness
- Targeted lobby strategy to gain awareness and acknowledgement of MHM with policy makers and advocate for the extension of MHM in the

regular education.



Promoting Menstrual Hygiene Management in Bangladesh

Objectives of the Study

The aim of this specific study was to conduct a need assessment examining the MHM needs of girls from grades 6-8. The study aims to gain as much insight as possible on the problems that the Ritu program is aiming to address, and the potential effectiveness of the interventions it has selected to address them.

Methodology

The field research was conducted between 8th -15th May in Kendua Upazilla of the Netrokona District. The needs assessment is not intended to provide representative statistical information about the target population, but rather provide meaningful insights into planned programme interventions. Therefore the sample was purposively selected based on access, timing and resources.

Kendua was chosen for the following reasons:

- One of the partner organisations (BNPS) is already based in Netrokona but have not worked in this upazilla
- BNPS were able to facilitate access for the needs assessment in this area
- This is one of the current planned intervention areas for the Ritu programme
- It is a peri-urban area which reflects the planned programme intervention demographics

6 schools were chosen to participate in the research, and 1 school was used to pilot tools. This sample was as diverse as the biggest

possible given the restrictions of: timing, schools closed for summer vacation on the 12th May; logistics, driving distance between schools; resources. The research team consisted of 6 people, 2 men and 4 women. 3

partner staff, the programme officer, a translator and the consultant. FGDs were conducted with designed to be conducted with 6-8 people. The following chart shows an overview of the school sample:

School name	Location	Private/public	Activities undertaken
Pilot: Rampur Anowara High School	Rampur	Private	1 resource mapping with girls in grade 7-8 1 resource mapping with boys in grade 6-8 1 river of life with teachers 1 transect walk
Asujia J N C High School	Asujia	Private	1 resource mapping with girls in grade 7-8 1 problem tree with girls in grade 7-8 Digital surveys with 14 girls and 17 boys 1 transect walk
Kendua Asrafia Hassainia Dakhil Madrasa	Kendua Bazar	Private	1 resource mapping with girls in grade 6 1 problem tree with girls in grade 6 Digital surveys with 24 girls and 17 boys 1 River of life with teachers 1 transect walk
Joyhori Spri Gov. High School	Kendua Bazar	Public (10BTK a month)	1 resource mapping with girls in grade 6 1 problem tree with girls in grade 6 Digital surveys with 10 girls and 7 boys 1 River of life with teachers 1 transect walk
Saima Sahajahan Academy	Kendua	Private	1 FGD with boys in grade 6-8 Digital surveys with 23 boys

			1 River of life with teachers
Saberunnessa Girls School	Kendua	Private	1 resource mapping with girls in grade 6 1 problem tree with girls in grade 6 Digital surveys with 21 girls 1 River of life with teachers 1 transect walk
Ragnathapur Girls School	Bekhurati	Private	1 resource mapping with girls in grade 7-8 1 problem tree with girls in grade 7-8 Digital surveys with 32 girls 1 transect walk

Additionally 4 of the school girls' home communities were selected for the needs assessment. Parents of girls in grades 6-8, mother-in-laws and community leaders formed the community sample. In total, the following activities were carried out as part of the needs assessment:

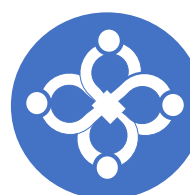
- 10 FGDs were conducted with girls,
- 1 FGD with boys,
- 4 FGDs with teachers,
- 101 girls and 64 boys were surveyed
- 2 FGDs with mothers
- 1 FGD with mother-in –laws
- 2 FGDs with fathers
- 4 interviews with mothers
- 2 FGDs with community leaders
- 5 transect walks in schools and 2 in communities

Short description of the tools used



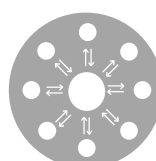
River of life

This is a visual narrative method that helps people tell stories of the past, present and future, highlighting barriers and enablers at each stage in the journey.



Story Probe

A story is narrated which relates to the topic of discussion. Participants are able to relate their experiences to the story.



Resource Mapping

Communities are able to map out different resources that exist and highlight issues such as access, security and use.

Digital Data



Digital questionnaires allow the participants to have privacy to answer questions, minimising interviewer bias and giving control to the users.

River of life

This tool was used to explore teachers' experience of teaching about MHM, puberty and sexuality. It was used to explore the different barriers to teaching girls and boys about these issues, teachers' pre-existing beliefs and necessary enablers to improve education in these areas.

Resource mapping

This was used with girls to assess the different WASH facilities within the community, girls' access to these, and concerns around security when accessing them. It also provided insights into mobility and access to of sanitary products. The tool allowed facilitators to examine which WASH facilities girls would require at home and school for safe MHM.

Problem Tree

This tool was used to assess the barriers the girls face in achieving good MHM, the consequences of those and the potential solutions that the girls envisioned to these issues. The tool allowed the girls to visually map out these issues in a creative and participatory way.

FGD with story prompt

Story prompts are an important tool in generating dialogue within a FGD. A story of a girl's first experience of MHM was told, based on the facilitators own experiences and a

generic story, to generate debate regarding views on MHM. This story was used for FGDs with men, women and community leaders in the community. The story prompted a discussion about taboos, and cultural practices relating to MHM as part of a FGD.

Digital survey

Given the sensitive nature of the topic, digital data collection was used to reduce the risks associated with interviewer bias and enhance the privacy of participants. Short questionnaires comprised of 25 questions were devised and uploaded to tablets using Open Data Kit. The girls and boys were able to hear and read the questions and were able to select their answers on the screen. They were therefore able to provide their answers in private, reducing social desirability bias and social discomfort.

Piloting

The digital survey, the resource mapping, the FGD with story prompt and the river of life were all piloted in Rampur Anowara school. After piloting, the tools were adapted in response to participant engagement and reflections from the team. The children reacted well to the digital surveys, they found them very easy to use and enjoyed the experience. However, the digital surveys with community members were dropped, as adults found it challenging to use the tablets and were uncomfortable doing so. Instead these digital surveys were replaced with structured interviews, although this would not give the breadth of coverage they allowed a deeper understanding of mother's MHM practices and views.

Limitations

It was impossible to digitally record the activities undertaken at the schools, due to the high levels of background noise and poorly constructed and overcrowded classes.

To solve this issue, BNPS provided an additional staff member to take notes in the activities and The research group was then split into 3 teams with 2 members in each one facilitator and one note taker.

In the community it was very difficult to restrict participation in the women's FGDs to 6-8 persons as there was great interest in the conversations. Therefore only two communities were visited and the other FGDs were undertaken in the schools, to allow privacy. This also meant that only two transect walk were possible.

Two FGDs were planned with boys but as the schools were nearing their vacation period and exams were being conducted, some of them closed early. Accordingly, the team was divided to enable the collection of data in two schools simultaneously. As a consequence, there were insufficient members in each team to conduct all the planned activities. Given the focus on girls it was decided that only one FGD with boys would be conducted. This meant that no 'warm up' activity was possible and therefore only limited information was obtained in this FGD.

It was not possible to obtain school attendance records, these were requested but the research team was informed that it would be necessary to consult the SMC to access these private records, which would not be possible until after the holiday period.

The primary target group of the Ritu project is girls aged 11-13. The needs assessment included any girls in these grades and as a result included 21% of girls surveyed were aged 14.

Analysis of data

The data from the FGDs and participatory tools were recorded using audio recorders where possible, or through detailed notes,

these were then sent to a local translator, familiar with MHM, for transcription and translation. The survey data was centrally collated using the Open Data Kit Briefcase, eliminating the need for data entry. The survey results were processed using excel and the qualitative information was analysed through a coding and categorisation process in Nvivo.

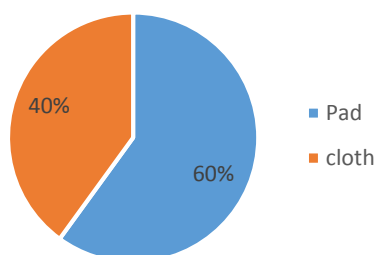
Findings



Current MHM practices

The majority of the menstruating girls who

MHM practices for girls



participated in both the FGDs and the survey reported using sanitary pads. 60% of the girls menstruating girls that took the survey reported using pads. This figure was verified in the FGDs with girls where the majority reported using sanitary pads whilst at school. It was only in the FGDs at the Madrasha where the majority of girls said they used cloths. Although most of the girls are using pads they are not exclusively using them. It was reported that they use between 2-3 pads a day and only for the first 2-3 days of their period. They use pads when they go to school or when they are out of the house but tend to use cloths at home. Pads are more expensive and this is why their use is minimised.

The girls did not report carrying pads with them and said that when their periods arrived they had to leave school so they could manage the bleeding. Many of the girls reported being unable to predict the arrival of their period and reported being caught by surprise each month. Only in one of the schools, Ragnathapur girls' school, was there any mention of sanitary pads being stored in school, but this was an informal system started by the girls themselves. None of the teachers or girls mentioned emergency pads being officially held in schools. However, the community leaders and some teachers specifically suggested the need to have pads

available at schools as a solution for better MHM.

Pads were perceived to be the best option for menstruating girls by the majority of participants. In the FGDs most of the girls expressed a preference for sanitary pads over cloths and this was supported by the mothers, fathers, boys, community leaders and teachers. During every group it was agreed that pads were a better option than cloths.

"We think it is better to use pad and panty. It is helpful to keep blood and to not make a mess. Nobody can see it also if they use pad and panty." Sinheragaon community, FGD with mothers.

Disposal

Girls are disposing of pads in different ways, mainly throwing them on the ground or into the forest areas as there a lack of proper disposal options. 67% of the girls who reported using pads in the survey said they disposed of them by throwing them to the ground. A number of anecdotes and taboos around the disposal of pads emerged during the FGDs:

- Some girls reported that they would place their used pads under the tin roofs of their houses, wait for them to dry out for a few months and then throw them to the ground. They wanted to make sure that all traces of blood were no longer visible before they disposed of them.
- It also emerged that there is a belief that if the girl was to throw away her pad and then a crow picks it up then the girl will bleed excessively.

Knowledge about sanitary pads

The girls reported hearing about sanitary pads through a number of informal sources. Many mentioned seeing advertisements for Senora pads on the television. In one FGD it was

mentioned that boys tease girls because they too have seen these adverts, showing their wide reach. Girls also reported hearing about pads from friends and peers. The mothers were more likely to have heard about pads from health workers, often having them prescribed after giving birth. All of the FGD participants were aware of the existence of pads, with only one group of fathers reporting to having heard of but not seen them. Despite high levels of awareness about the existence of pads, during two FGDs girls mentioned that they were concerned they were not using them correctly: *“We want to know if we are using pads correctly”* Asujia school, FGD with girls.

Availability

Pads were readily available in stores throughout the field research area. Pads were available in all of the pharmacies in the main market places in both Kendua town and the area of Bekhurati, where there is a women’s market.¹ Joya, Senora and Freedom pads were available in the various pharmacies and within the women’s market, one store selling hair accessories also stocked Freedom pads. Sanitary pad with belts were also available.

In the market analysis it was found that the various brands of pads were similarly priced, with Joya being the cheapest per pad.



Joya cost 50-60BTK for 8 pieces cost per piece – 7 BTK per piece



Senora 80-90 for 10 pieces – 9BTK per piece



Freedom 80-90 for 8 pieces- 11BTK

¹ This is a scheme to encourage female entrepreneurs, run by the government. The girls of Ragnathapur school reported buying sanitary pads

The pads available are not individually wrapped; not slim, like pads available in larger cities; have no wings to ensure they remain securely in place, and are not available in different sizes for heaviness of flow.

Interestingly, during the interviews with women in Sinhergaon village each of the women reported buying individual pads for 20-30BTK. However, the informal market study did not find pads available individually therefore it will be important to explore this further in the baseline, to understand different distribution points.

The girls and their parents reported that the girls were not generally responsible for purchasing their own pads. According to the survey findings, 63% of girls said that their pads were bought by their mother. This information is further corroborated by the girls’ lack of awareness of the cost of a packet of sanitary pads. 47% of pad users among the surveyed girls said a packet of pads cost 200BTK, more than double the market price recorded in the market survey. Girls only have access to very limited amounts of money to buy hair grips and other small items. According to the women in the FGDs, parents (both fathers and mothers) purchase sanitary pads for their girl children, and this is dependent on the family financial arrangements. Some women were in charge of all small household purchases, others only bought cosmetics (including sanitary pads) and others had no role in the purchase of household items and would ask their husbands to buy sanitary pads. No one reported ever being denied this request by their husbands. During the FGDs, both fathers and male community leaders asserted that there was no shame in buying this product.

in this market. However, during a market scoping activity it was found that although the shops were owned by women, they were being run by men.

“Now all are know about it, so this is not that much a shameful thing.” Male member of FGD Bekhurati village. Even in Sinhergaon village, where the men said they had heard of but not seen sanitary pads, they recognised the benefit of buying them for their daughters:

Facilitator. If your daughter asked you to purchase pads for them, how would you feel?

Man: Yes, it's ok. If it is helps them then it's a good thing to buy pads for them. Male member of FGD Sinhergaon village

However, interestingly many women felt that they would not want to ask men to buy pads for them and that it *“is not good to involve them”* Mother, Kendua, FGD. Some of the women who bought pads themselves, using money provided by their husbands, reported not telling their husbands that they were using the money to buy sanitary pads. However they may not discuss in minute detail all the toiletry purchases made.



Some of the men in the FGDs with fathers reported that they would be interested to know more about price and quality and this

would facilitate them in the purchase of sanitary pads.

[Availability of and access to panties](#)

Even though panties are used on a daily basis many of the women and girls in the FGDs reported using panties during menstruation. Some of the mothers in each of the villages reported buying panties for their daughters and sometimes for themselves. The mothers tended to use these panties with traditional cloths, they put the cloth inside for better protection against leaks. Most women reported that these panties were sold door to door by hawkers. The women interviewed said they cost between 20-30BTK for 2 pairs. Again, it was not seen as unusual or shameful to ask their husbands to buy panties for them or their daughter.

Woman 1: Sometimes our husbands buys it and sometimes hawkers come to the house we buy it from them.

Facilitator: So do you feel anything wrong with that?

Woman 2: No, nothing is wrong there. We feel ok that our husbands buy panty for us.(laugh)

Panties are still not worn by all girls and women. In Kendua Government school the girls expressed a desire to use the pads with belts. The girls felt these were a better option as they would not have to use panties to wear pads. They had not, however, tried them to assess their level of comfort.

In only one FGD with mothers it was suggested that pads were not used because they were too expensive.

Pads are good. It's better to use them as they are comfortable, but we are poor people, and we can't manage to buy it. Ragnathapur, Mother FGD.

This was the only time that any group referred to the cost being too prohibitive to contemplate buying them. In the other FGDs with girls and mothers a number of interesting entrepreneurial approaches had been taken by the girls to access pads.

- In Ragnathapur girls school the girls reported that one person would buy a packet of pads and then others would pay for one pad, so they would split the cost and they would keep the packet with the school caretaker.
- In Saberunessa girls school the girls said they would save up left over change from the tiffin (lunch) money and use this to buy sanitary pads.
- Some of the women in Kanduiria Saha Para village said that hawkers would come and sell panties and the women would collectively buy a packet, so they could split the cost.

Discussion on MHM practices

There is a clear demand for sanitary pads from the girls themselves and general support for the use of them by their parents. This demand can be built on in the project by facilitating greater access to sanitary pads through partnerships with current mass manufacturers. The Madrasha school was the only place where the girls reported only using cloths. It will be important in the baseline to statistically compare the situation in the Madrashas to the other schools.

Pads were not available in any of the schools as part of a school-led initiative, and in only one school the girls had independently implemented a system of storing pads with the school caretaker. However, there was support for the idea of providing sanitary pads in schools from both teachers and community leaders. The programme can therefore learn from the lessons of the schools already providing emergency sanitary pads, as identified in the male engagement needs assessment in Dhaka where many teachers

given the role of distributing these were unsympathetic to the girls, as it was an unpaid extra chore for them. If pads are to be available at schools, then the girls must be able to access them without stigma. Teachers or staff members (e.g. Ayahs) responsible for providing the emergency pads must be trained in MHM and willing to undertake the role.

Girls are primarily not buying their own sanitary pads. Therefore the main targets for any intervention regarding uptake must be the parents. There is a clear interest and belief that pads are the better option for MHM. However, there are clearly some reservations around cost. Only one FGD specifically mentioned that cost prohibited their use of pads but the girls are trying to use a limited number, implying they are considered costly. It is possible the other FGDs chose not to mention this, or were not probed about cost. It is also possible that the parents have exaggerated the cost to the girls, which would possibly explain the girls' inflated idea of the cost of a packet of sanitary pads. If this was the case it would imply they are less supportive than they claim to be of girls using sanitary pads. However, the innovative approaches used by some girls and women demonstrates that there is a desire to purchase these items, even if they are perceived as costly. Given that there is high availability of sanitary pads in the target area, it would be logical to work with the existing producers as they already have established mass production and distribution channels. A number of initiatives may be helpful to encourage the purchase of sanitary pads, and it is also advisable to tap into existing mechanisms. Potential ideas include:

- Already hawkers are selling panties door to door, maybe they could be encouraged to sell pads along with panties and then promotional offers

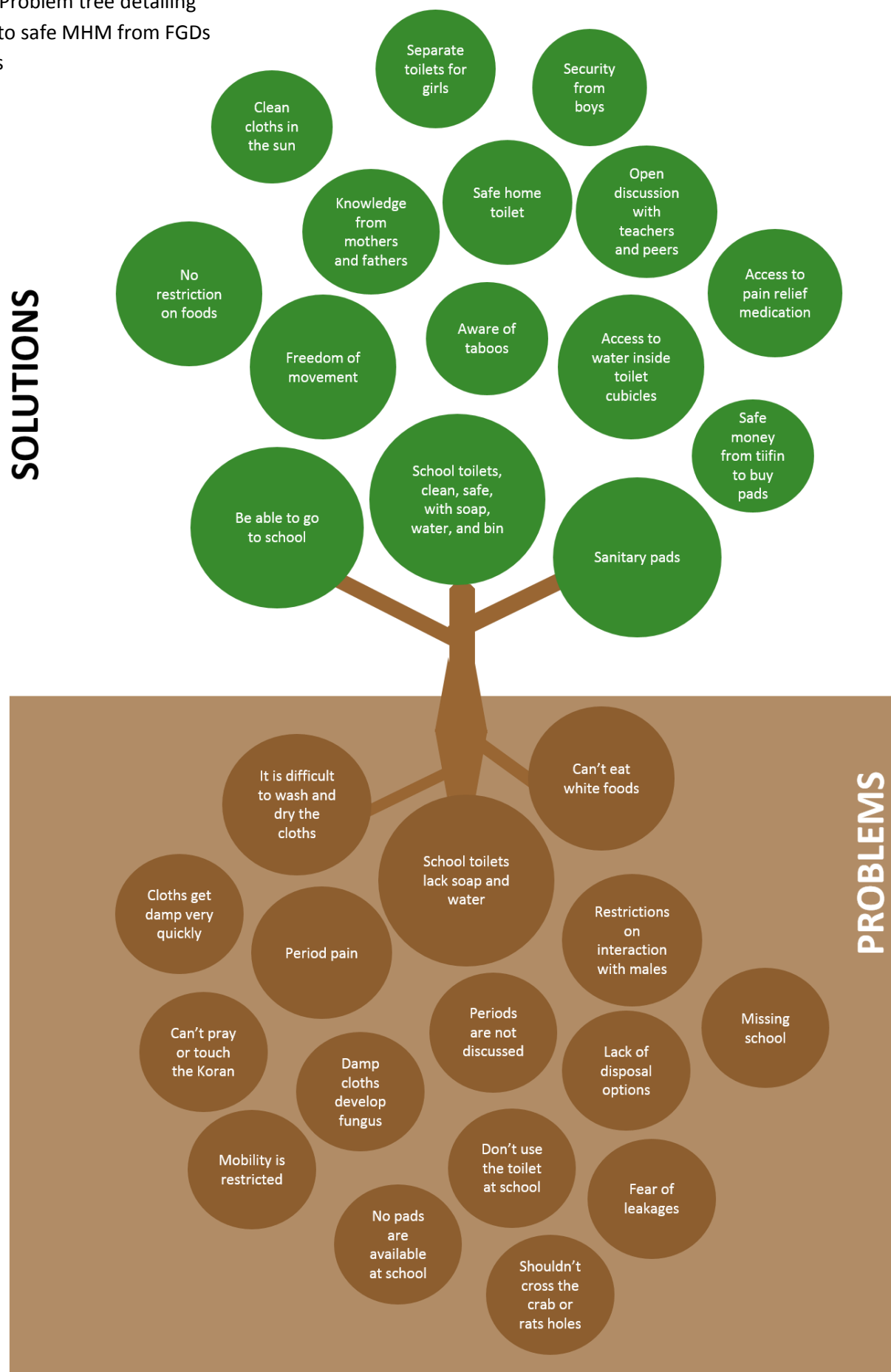
could encourage purchases of these items.

- It is worth exploring models such as the Avon representative door-to-door sales person, which is currently a successful model in many countries including India. Women could work with the pad manufactures and sell the products within their communities. They would be able to show samples of the products and sell additional necessary items such as panties and disposal systems such as bio-degradable opaque bags. These women could also provide information on menstruation, increasing knowledge in the communities.
- The system of using tiffin money in schools could be formalised as a savings group, where girls that pay into the savings group are able to obtain sanitary pads that are purchased collectively by the group. Parents would need to be encouraged to provide small additional money, but as the girls reported regularly buying small items it should be feasible for them to provide a small contribution each week.
- Women could also be encouraged to engage in collective purchasing of sanitary pads, but as they have lower purchase power this may be harder to achieve without changes in household decision-making.
- The manufacturers should be encouraged to sell all sanitary pads in individual wrapping, to ensure hygiene and facilitate collective purchase of packets and more hygienic disposal.
- In India, individual pads are sold in the kiosks along with individual soaps, sachets of shampoo, etc. This approach could enhance access and is worth exploring with the manufacturers.
- In the FGDs with fathers many mentioned being interested in comparing the price and the quality

of the pads to make the best selection, so in any advertising of the bio-degradable pads it would be advisable to focus on their quality and promote responsible disposal.



Figure 3 Problem tree detailing barriers to safe MHM from FGDs with girls



Problems surrounding MHM

Despite the use of, and interest in, sanitary pads there are still huge barriers to girls having good MHM practices. The main barrier to safe MHM is a lack of WASH facilities for girls at school and at home.

This seriously impedes the girls' ability to attend school as the toilets are totally inadequate for their needs. The other important barriers are social norms, which support taboos surrounding MHM, and a lack of knowledge about sexual reproductive health. These all interact with each other limiting the opportunity for safe MHM.

A lack of WASH facilities

In each of the schools an informal transect walk was undertaken to assess the toilet facilities and girls were asked to describe their ideal toilet. All of the toilets were found to lack adequate sanitation for good MHM. The situation is so bad that the girls in each one of the schools reported not using the toilet facilities, if they could avoid it. The following quote was from a girl in class 6 who accompanied the transect walk: *"I have been here nearly a year and I haven't used the toilet once"* (Joyhuri school).

The majority of girls said that they did not attend school for the first 2 -3 days of their periods, and the main reason was because they felt unable to use the toilet facilities. During their menstruation, if the girls are in school, they take leave to go home to use the toilet facilities there, and if they live far away they go to a friend's house to use the toilet. In the Madrasha the girls reported that they would 'run away' from school so they could

use the toilet as they were not given permission.



Of the 5 schools (mixed and girls) that were part of the needs assessment none had adequate facilities for safe MHM



In Asujia school although there was a sink in the toilet block, it had not been plumbed in and the toilets were very dirty. The head master said:

“The toilets are normally cleaned every day they have just not been cleaned today”

However, on the return visit two days later the toilets were still very dirty and the debris was still in the sink.

In the Madrasha toilets, the boys and girls shared the same entrance area reducing privacy. During the transect walk a condom was found on the floor of this shared area.

There were 4 toilets for girls and 2 toilets for boys, although it was clear from the smell the boys used the space around the back.



All of the student toilets seen lacked soap, whereas the teachers and headteachers all had soap in their toilets. Both the teachers and students mentioned the importance of washing your hands after using the toilet. This demonstrates that a lack of awareness about hygiene is not an underlying cause of the poor WASH facilities.

In 5 out of the 5 schools there was no water inside the toilet, therefore the students would have to pump the tube well first and take in a bucket of water. The tube wells were generally in the school court yard and the girls reported feeling embarrassed when using them as everyone knew they were going to the toilet



In Kendua Government school, where in theory there was a higher number of toilets per student ratio, the girls toilets were inaccessible as due to stacked chairs blocking the entrance.



There are insufficient toilets for the number of students in the schools. The student to toilet ratio² ranged from around 100-200 students per toilet, this is far below the UNICEF/WHO guideline of 25. UNICEF/WHO guideline standard for student-to-toilet compartment ratio is 25 girls per toilet compartment and 50 boys per toilet compartment when a urinal is available.³ The infrastructure of the available toilets is adequate, the structures are generally concrete and most had a secure door and lock. The main issue in terms of infrastructure is piped water and number of toilets. However, as can be seen from the photos one of the biggest issues is cleanliness. The toilets were

dirty, smelly and had no soap or disposal system available to facilitate proper hygiene.

When asked to envision an ideal toilet, the girls all emphasised the important of water and cleanliness. There were four necessary elements mentioned by every single student:

- Clean water,
- Soap,
- Regular cleaning, and
- Sandals

² This is based on an assessment of the toilets seen on the transect walk, as the schools were undertaking exams it was difficult to access all the

toilets and therefore the estimation of school to student ratio may be inaccurate.

³ WASH in Schools Monitoring Package, Unicef, 2011



prioritised for the students' toilets but it is for the teachers, implying a lack of interest rather than a lack of funds. The programme needs to work with the SMC and the students to ensure maintenance of toilets. WASH committees have been shown to be successful in the Bangladesh context⁴ and might be a suitable way to ensure ongoing maintenance of WASH facilities. Also cleanliness checks or maintenance report cards could be a useful tool to ensure ongoing sanitation in school toilets.

WASH facilities will need to include adequate disposal systems for pads, especially if schools are to provide these products to girls. Currently there were no facilities in any of the toilets for disposing of sanitary pads. Again, the issue of general cleanliness is important as even if bins were provided they would quickly overflow if not routinely emptied as a part of a regular cleaning schedule.

Ensuring that MHM-friendly services exist in schools will be a very important aspect of the programme, but an enabling environment is also needed to encourage girls to attend school during menstruation. Supporting access to sanitary pads will also enable girls to attend school. This idea was supported by teachers and community leaders so it will be important for the programme to explore sustainable solutions to achieving this.

Improving WASH facilities in the communities

Improving WASH facilities through increased infrastructure in communities is not part of the programmes intended strategies. However, the programme should look at what it can do to include strategies to improve the quality of WASH facilities. The girls are currently primarily or solely using these facilities and considering the build time for

the school toilet facilities it will likely mean that for at least the first 12 months these will continue to be the preferred option for girls. Less resource-intensive activities such as establishing WASH committees could improve the situation for girls.



⁴ E.g. the BRAC WASH programme

Taboos surrounding menstruation



Figure 5: diagrammatic representations of taboos surrounding MHM

Another barrier to safe MHM is the prevalence of taboos surrounding girls' behaviour during menstruation. As figure 5 demonstrates, there are many taboos which constrain girls. The most commonly mentioned taboos were food and mobility restrictions. Some of the taboos regarding social practices are more flexible and not stringently adhered to, whereas the taboos regarding religious practices are considered infallible. Interestingly, girls were unsure if they should trust the wisdom of these taboos and mothers had differing views about the importance of adhering to the views, whereas fathers tended to link all of the taboos to the idea of impurity. The perceived consequences of breaking taboos were largely related to the person's health generally: excessive bleeding; illnesses during pregnancy or in future children; or abdominal pain.



Food restrictions

The specific food restriction differed in each of the villages and school. These restriction

were mentioned by girls, their mothers and their mother in laws. In general it was expressed that menstruating women and girls should avoid white foods and sour foods, however many of the mentioned items did not fall into these categories. There were two common foods that were always mentioned as forbidden:

- Milk
- Eggs

However, there were many other foods that were commonly mentioned including:

- Mango
- Banana
- Rice
- Meat
- Fish
- Puffed rice

- Rice flower (including cakes and biscuits)

Generally the reason given for the restriction was a fear that eating them would cause them or their future children to have Vitiligo disease; although the reasoning was not always consistent across conversations.

Woman: We have to take food carefully (like some food we can take and some we cannot). We can't eat milk, beef, egg, banana etc. If we eat those foods then we become sick.

Facilitator: What kind of disease might you suffer from?

Woman: Like Vitiligo, malnutrition, leprosy etc. FGD with mothers, Sinhergaon

Although food restrictions were frequently mentioned, a number of girls in the FGDs said that they would often sneak a banana or mango during their periods. They doubted the truth of the taboo and reported feeling hungry during their periods. Some girls said that their mothers would also sometimes turn a blind eye to them eating forbidden foods. In the FGDs with the mothers there was disagreement over the importance of adhering to the food restrictions. Some women felt these were important and would ensure their daughters followed them:

"My daughter is still young. But when she grows up, I will maintain these things with her, which I followed." Participant, FGD with mothers, Kandura Saha Para

Whereas other women said these restrictions were outdated and they didn't make their daughters follow them.

Woman: We can eat everything now. Nothing is prohibited in our society.

Facilitator: We heard that, there are prohibitions to take milk, egg, banana etc. Is this the case?

Woman: No, it was in our life when we were young. But now there is not that type of taboo. Now is a new age so we don't stop them from taking food. Interview with a mother, Kendua village

The girls themselves regarded this taboo as a big problem. Every group of girls mentioned that food restrictions were a problem: *"During menstruation we are not given a sufficient amount of food so we get weak"* Sabernussa girls school. Having the freedom to eat anything was considered by two groups to be the third most important thing to having a good menstruation after pads and a toilet with water and soap.

One of the least adhered to taboos is related to cooking or touching food. Every group named this as a taboo but there was a clear flexibility, generally based on practical needs, surrounding this restriction. The women were very clear that if no one else was around to cook then they would still prepare and cook the food but they must 'purify' themselves first through bathing.

"After having a bath they can cook food if there is no one to do these things, as is the case in my family so I have to cook food for the people. That's why after having bath we can cook food. This is the rule" FGD with mothers, Sinhergaon village

The purification extends to the utensils as well and there is a debate as to who can eat this food:

"After cooking, the pottery need to be purified through washing. But about eating food it is different for different people. Mostly children are taking this food that I have cooked during the menstruation period but not the eldest,

they need to prepare their own food. Husbands need to be informed about it before they eat the food." Mother in law, kandiura (saha para) village

55% of girls and 50% of boys in the survey said that a girl was allowed to cook food during her menstruation, further supporting the conclusion that the taboo is not strictly adhered to.

The fathers were less supportive of the flexibility of this rule:

"If the mother is menstruating then sister-in-law will cook food. If the sister-in-law is menstruating then father himself will cook food. It is not good to go to the kitchen in the first 3 days of menstruation." Man, FGD, Bekhurati village

However, given that it is very unusual for men to cook, it is possible that the women's account is a more accurate reflection of reality. Girls also mentioned not being able to take food from men during their periods, as they were considered to be 'more open' during their time.



Mobility restrictions

In general it is considered to be taboo for menstruating females to travel long distances when they are menstruating. This was raised by girls, mothers, fathers and mother-in-laws as a norm. The concept of a long distance is very subjective, but as an illustrative example one mother said that her elder daughter was struggling from excessive bleeding and abdominal pain because she was traveling to Kendua College for her studies which is only a few kilometres from the village. The girls themselves said that walking too far would cause excessive bleeding and they were required to stay close to home.

Parents were supportive of girls desire to stay at home during their periods:

Q: Is there any prohibition to go out in the time of menstruation?

“No, but she herself feels she is not supposed to go (to school) during this time. She doesn’t even go somewhere for amusement. If she needs anything she asks her father to bring it. If she can’t tell it to her father then she tells it to me. FGD with mothers, Sinhergaon village

When girls are not menstruating they have relatively free movement. Although they normally travel in pairs, they often go and visit friends in other villages, go to the park and play in the ponds. In the survey the majority of both boys (81%) and girls (67%) agreed with the statement ‘once a girl has had her first period she should not go out on her own.’ The girls groups did however report being scared of different areas and the reason given was always the same ‘a girl was kidnaped and raped and she died.’

The fathers described the restriction on menstruating women as confinement to the house rather than not travelling far and said that girls should stay inside as they could not go to another house because this would make it unclean. Other more specific restrictions were mentioned and detailed below:

Restriction	Perceived consequence
Going near boys	pregnancy
Going to the field with the cows	death or illness of the cows
Bathing in the lake	death or illness of the fish

Crossing over the holes made by crabs	Excessive bleeding
Going to the boundary of the paddy field	Excessive bleeding
Crossing over the rope of the cows	Excessive bleeding

The girls lament the fact they are unable to take part in ‘social activities’ while menstruating, particularly playing in the park or pond, the main pastimes for girls. 53% of boys and girls agreed that girls should not exercise during their periods. Some of the groups even reported feeling depressed during their periods, *“We feel bored with everything” Girl, Problem Tree FGD, Madrasa*. They are isolated from the rest of the world and cannot continue with their normal lives.



Religious restrictions

The strongest taboo which all groups said needed to be strictly adhered to relate to religious worship. There is a clear distinction between religious restrictions and the other taboos, which some regard as mere superstitions. An Imam said in a FGD with community leaders that: *“Barriers regarding touch are totally superstitious. Only 2 things are prohibited in Islam. These are Prayer and Fasting and read Quran.”* Imam, FGD with Community leaders, Ragnathapur school.

In both the Hindu and Muslim communities a prohibition on prayer during menstruation was mentioned. Menstruating women are also not allowed to fast during Ramadam. These prohibitions relate to the idea of purity; menstruation is associated with impurity and

therefore prayer is not allowed. No one mentioned ever having broken these rules, although the societal pressure may be so strong that they wouldn't admit to this.

The religious taboos are particularly restricting for girls studying in the Madrasha. During the FGDs with the girls, they revealed that they are not allowed to touch any of the holy books during their menstruation, which is especially difficult in the Madrasha as many lessons use these books. The girls are then unable to fully participate in class and everyone knows they are menstruating: *"friends are immediately get to know it."* Girl, FGD, Madrasa.



Taboos surrounding menstrual blood

Women are considered to be unclean during their period and the menstrual

blood is the visible manifestation of this impurity. As a result there are specific restrictions and taboos to ensure no interaction with the blood occurs. It is considered to be very taboo for males to see a menstrual cloth; therefore the cloths are dried away from sight of others. The taboo was repeated by men, women, girls and boys and there was often shock at the idea of cloths being dried outside.

Man: It is not good to dry it in an open place. It has to dry in a secret place out of sight from everyone.

Facilitator: Why is it necessary to dry it in a secret place?

Man: Because, in a family there are lots of male person like their father, uncle, brother etc, so it shouldn't open to them that, they are menstruating. FGD with father, Bekhurati

Girls and women knew that they needed to dry the cloth in the sunlight to kill any germs

on the cloth but they were not doing this because of the taboo. Many had instead found places where the sunlight entered or outside but hidden from view.

"No, but you can dry it inside the room in a secret place where sunlight can enter, there you can dry it. Where male person can't see this cloth. If it is dry under the sun then it will get free from germs. Because the sun heat keep it to free from germs. ." FGD with mothers, Sinhergaon

However, many of the girls said they were drying them inside under their beds, and they would never fully dry. 79% of the girls menstruating in the survey said they dried their cloths inside, showing a high adherence to this taboo. The girls reported getting infections but were also confused between period pain and infections citing 'tummy pain' as the main consequence of infection.

The girls said that they would clean their cloths inside the shared family toilets, and would get up very early in the morning to make sure that no one, especially men, would see them cleaning these cloths. The women would also do this and mentioned that during harvest time they would get up around 4am as the men would get up much earlier during this period. Additionally some girls reported using only one bucket of water to wash their cloths as they did not want to be seen getting a second bucket. The act of fetching water identified that they were going to the toilet, and possibly washing their cloths and they were embarrassed to be seen doing this.

Additionally it is traditionally not custom for women to sleep in the same beds as their husbands during their menstruation (or engage in intercourse). This restriction was reported in the women's, men's and community leader's FGDs. However, it was also said that this taboo is changing and that

many younger people are still sleeping together “Husband and wife can’t sleep together but now the young couples are sleeping together.” FGD with mothers Sinhergaon

Low knowledge

Levels of knowledge about puberty and sexual reproductive health

One of the other issues that the girls repeatedly mentioned as a barrier to good MHM was a lack of knowledge. Beyond what is observable, levels of knowledge for both adults and children regarding menstruation and reproduction are low. Although around half of the boys and girls surveyed thought that menstruation was a natural occurrence, their knowledge about the biological processes which cause it is limited. Less than 10% of boys and girls said that a period happens because ovulation has occurred but an ovum has not attached and the uterus is shedding the lining. Girls were more likely to be aware of the biological processes of menstruation; 85% of girls knew that menstruation normally occurs monthly, while only 45% boys knew this. However, both boys and girls were equally unsure about the biological process of pregnancy with 32% of boys and 23% of girls only giving the explanation that it happens through a gift from god. Additionally 53% of boys thought pregnancy was more likely to occur if sex happened at night and 47% girls did not know if this was true. 64% of girls and 47% of boys believed that menstrual blood was different to other blood from the body; this is unsurprising given the idea of impurity attached to menstruation. In the FGDs and interviews their parents also demonstrated low levels of knowledge. The connection between reproduction and menstruation was unclear, women and men had observed that periods stopped during pregnancy but did not understand the biological connection. When

asked what caused menstruation one woman responded: “*maybe to make our bodies thin it happens.*” Interview, Sinhergaon



The low levels of knowledge for children are unsurprising as there is limited information available for them to access. The subject has been included in the school curriculum, so in theory they should receive information from their teachers. However, in the survey only 5% of girls said they had heard about these issues from their teachers. In the FGDs with girls, it emerged that many teachers are asking them to read the section in the text book on puberty at home. This does provide girls with some knowledge, where they previously would have had none: “*I think that it is a good thing to introduce the girl to these topics in the school. It was not like this in our time.*” Joyhori, girl in grade 7-8 FGD. Reading the text book is sometimes the only information that girls have before they start to menstruate. One group of pre-menstruation girls had not heard of “mashik”, the most common colloquial word to describe menstruation, as they had only read about it in their text books and therefore only knew the word “ritu”. These low levels of knowledge indicate that both girls and boys are not receiving sufficient education in

schools, and are unlikely to access accurate information at home.

The teachers claimed that they are teaching the subjects mandated in the curriculum, including discussing puberty and reproduction. They even reported to regularly hold classes covering these topics, *“as the topic is compulsory in the text book we don’t face any problems”* FGD with teachers, Saberrunnessa Girls School

It is unsurprising that the teachers do not want to be seen to be contravening the curriculum; it is their job to teach it. However, during the FGDs they did reveal that they struggle to discuss these issues and many mentioned that they struggle to say words related to sexual reproductive health and either avoid those parts or use gestures instead of words to describe sensitive topics, such as menstruation. There was also a tendency to blame the students or community members by arguing that the students were too shy to attend these lessons: *“Students are also feeling shy to stay in the class.”* Joyhori, Teacher FGD. It was also mentioned that the community members resisted them teaching such classes: *“The guardian doesn’t take it easily. They make negative comments to the teachers.”* Kendua, Teacher FGD. It was also revealed that these classes are often left to the female teacher:

Male teachers are feeling shy to take class on physical education. And then some male teachers are dependent on the female teacher. Saberrunnessa girls school. In fact, one of the solutions suggested to address the current barriers they face in Kendua Government school was that a female teacher was needed so she could teach these subjects.

The teachers also mentioned that there has been a lack of training, with very few teachers receiving any training on how to teach these classes. The teachers themselves lack the knowledge to be able to guide girls, for

example they said a number of incorrect statements including: girls get sexual diseases due to unhygienic toilets and if puberty starts from 11-12 then children have better health.

Lack of discussion

Knowledge about menstruation is rarely shared between parents and children before puberty. Around three quarters of the girls from the FGD said they knew about menstruation before their first period, but the majority of girls who knew about it before it happened learnt about it from older sisters. Some were told by their mothers, heard from peers or learnt about it from the school textbook. All the girls reported feeling scared the first time they had their periods and were shown about MHM practices by their sisters or mothers.

“I was really frightened and I called my mother. She got it immediately and then told me what is needed to do.” Madrasa. In the FGDs with mothers and fathers there was considerable debate as to whether girls should be told about menstruation before their first period. Many of the women felt that it was better to discuss menstruation before it happened; however, in practice they have not done this. The majority of women said that they had only spoken to their daughters about MHM after they had got their first period. Those women whose daughters weren’t menstruating yet, still hadn’t discussed it with them: *“Still now we haven’t discussed these things with them. They feel shy to discuss about it.”* Kendua, FGD. Many women felt that the girls already knew so there was no need to discuss it: *“They know better than us!”* Given the findings from the FGDs which suggest that the majority of girls knew about menstruation before it happened, this is possibly true, as girls rely on peers, TV and older siblings.

The majority of the men felt that the girls should be informed before they had their periods.

Man a: they should be informed in the early time before they get to experience it.

Men b: if she informed in the early stage, then she wouldn't get any fear of it.

Man c: when they get into the age of 9-10, they can understand something, just before their time to start menstruation. It is not suitable to discuss it earlier like when they are 5-8 years because then they'll not get it properly. FGD with fathers, Bekhurati

The community leaders argued that it was in fact due to lack of education and a conservative culture that parents didn't discuss menstruation with their children before puberty.

Male community leader a: In the educated family they are supposed to discuss it within the family because they are conscious.

Male community leader b: The adolescent period is related to lots of things which are a bit taboo and feared. It's all about changes. As our society is patriarchal there are lots of superstitions along with changes for girls. So my comment is, they should be informed in early stage before the changes start. Guide them to manage these changes. And this will help her to get confident. Ragnathapur school, community leaders

When girls do have their first period it is generally their mothers who provide them with information on MHM. Mothers are the primary source of information on MHM for girls. However, Mothers reported only instructing their daughters on the use of cloths including: how to change, clean and dry them; however, they did not mention discussing anything else just the practicalities of

managing menstruation. The girls themselves said one of the main problems they face is a lack of understanding. Some of the girls recalled how they were instructed not to discuss menstruation.

I got my first period and I told my mother and she said 'silent! And don't tell it to others. Then she gave me old and torn cloths to manage it.' FGD with girls., Joyhori school.

The shame and secrecy surrounding menstruation limits the discussion on the issue. Even though mothers feel they should discuss the issue with girls, they are not all doing so in practice.

The role of men and boys in discussions about menstruation

The majority of mothers felt that boys should not be informed about menstruation, although some disagreed with this.

Mother a: No, this is not important, they might know after they get married.

Mother b: Yes they need to know it.

Mother c: Yes, they should know.

Mother d: A mother can discuss it with her daughter but can't discuss with sons about it.

The mothers felt that in general men should not be involved in such discussions and should have a little to do with menstruation as possible. The fathers also felt it was not their place to discuss these issues with their daughters.

Q. Can fathers can discuss it with their daughter?

A: No NO NO...it's shameful!

Q: Why? Why is it shameful?

A: this is a thing of shame and the daughter will not discuss openly with the fathers about their

menstruation. Boys can discuss openly to their father but not daughter.

The boys also felt that they should not be involved in discussions with their mothers and sisters about menstruation.

“It will not appropriate to discuss about menstruation with all. Only mother and daughter or sister-in-law can discuss it.” Boys FGD

In contrast, the community leaders argued that everyone should be informed and that both boys and girls wanted to know about these things.

If they discuss with all then the embarrassment feelings and fear will be exterminated.

If the boys get to know it then the related superstitions will be eradicated and it will make an enabling environment for the girls.

Girls can dry their cloth in an open place under the sun as if all people aware on it. FGD with community leaders, Ragnathanpur school

Even the community leaders who believed it would be better if fathers discussed issues related to menstruation with their daughters said this would not happen in practice, as fathers and daughters did not have an open relationship.

It should be practiced for the father to discuss it, but our society not in that stage yet. The relationship not has been established between father and daughter. We usually see if any trouble has happened to the boy then the father ask them, what is the problem? Do you feel any crisis? So this is a friendly relation among them. So this kind of relationship that should be establish with daughter also. FGD with community leaders, Kendua Government school

Discussion on taboos and the lack of knowledge

The main barrier for girls to have good MHM is a lack of sanitation facilities at school and at home. Without MHM friendly WASH services girls feel unable to attend school during their period, which reinforces the isolation and taboos surrounding menstruation. The other major barriers are a lack of knowledge and taboos these two issues reinforce each other; many taboos are superstitions regarding disease and death, which are reinforced by a lack of understanding of biological processes just as the taboos produce confusion leading girls to question what is factual and what is superstition. The lack of knowledge and taboo nature of the subject means that there is very little discussion on the issue, perpetuating the low levels of knowledge which impede good MHM.

The taboos are not always rigorously enforced, which suggests that some may be more easily addressed in the programme. The religious beliefs surrounding behaviour during menstruation are the most adhered to whereas some of the other taboos. Interestingly the ones least adhered to are those which relate to men's practical needs of food and sex.

The taboos are a complex mix of religious belief, superstition and control over women's sexuality. Menstruation is cloaked in secrecy which reinforces taboos and superstition. The concept of impurity from the religious taboos is quite likely the root of many of the other taboos; women are regarded as impure and almost shunned during their period. As one community leader put it *“She is treated as unwanted in everywhere for this time”* FGD with community leaders, Kendua Government school. The blood is seen as unclean and associated with death, possibly contributing to the restrictions about interacting with rice

pads during harvest time and animals. These taboos impede MHM in a number of ways:

- Girls feel ashamed during their periods which means they are concerned about leaking, excessive bleeding and the need to hide their menstruation from all. This stops open communication and leads to excessive worry, which deters them from interacting with others.
- Girls need adequate nutrients during menstruation and restricting foods could cause health problems.
- As many girls are still using cloths when they are at home, they are still at risk of infection because of the taboos surrounding drying menstrual cloths.
- Girls studying in the Madrasha are missing their studies as they are unable to touch Arabic books, this is likely to mean they fall behind in classes.
- They limit discussion about menstruation leaving girls with little information and more open to believing superstitions.

It appears to be commonly accepted that girls will miss 2-3 days of school each month whilst they are having their periods. Girls are not told to stay at home but they feel unable to go to school during this time. As mentioned, the primary explanation given is the lack of adequate WASH facilities, but pain and embarrassment are also part of the reasoning. It is quite likely that the general taboo regarding movement (not travelling far) affects their desire to go to school, especially given that period pain and excessive bleeding are considered to be consequences of movement. This makes girls feel responsible if they have painful or heavy periods, increasing the power of the taboo and encouraging girls to remain at home. They internalise the stigma and assume responsibility for having

bad periods, rather than seeking support and help.

It is essential that as well as improving WASH facilities, the knowledge gaps are also addressed as this prevents girls from making informed choices and reinforces the taboos and the link between impurity and menstruation. For example girls do not know:

- What causes period pain – the girls' often confused infection from dirty cloths and period pain, pain was also considered to be a consequence of exercise during menstruation.
- Why their periods differ in flow some months, again movement was considered to be one of the causes of excessive bleeding demonstrating a lack of understanding which stops them from having good MHM.
- How to calculate when their period will come, period regularity is often not as fixed during adolescence but they constantly reported being 'caught out' at school when their period arrives.

More detailed knowledge about the reproductive cycle will demystify menstruation. However, as the findings show, knowledge is necessary for informed choices but cultural norms often stop knowledge being put into practice. Women and girls are still drying their cloths inside the house and risking infection, people know that it is necessary to wash your hands with soap after using the toilet but schools and communities have not prioritised providing soap in toilets. Therefore, knowledge may not be enough to actually overcome the above mentioned barriers. Changing attitudes and practices is a complex process; best practice in gender equality work on VAW has shown that intensive community level behaviour change as well as mass media campaigns are necessary to achieve change.

Recommendations



The role of different stakeholders

Role of fathers

Currently men are not involved in discussions with their daughter about menstruation or puberty. There is little support in the community for this situation to change. However, fathers do not appear to be an active barrier to safe MHM: they are supportive of the idea of girls using sanitary pads and claim to be comfortable to purchase these. The programme must carefully consider whether the limited resources for the community work would be best used trying to engage men further in MHM through masculinities work. Engaging men in gender equality work is considered best practice. However, this programme is not large enough to tackle broader gender equality issues, and its focus point is MHM. Investing heavily in work on masculinities may not be the best approach to ensuring better MHM for girls in this initial programme. However, it will be important to engage men to:

- buy the bio-degradable sanitary pads
- prioritise the purchase of pads in their household shopping
- Support their wives and daughters to access sanitary pads
- Support MHM friendly WASH facilities

Role of community leaders

The community leaders reported holding the most progressive views; they did not raise any objections to discussing the issue in school, they did not support the majority of taboos, and claimed that all girls and boys should be informed. As these views were not reflected in the community, it appears they are not actively promoting the views they have expressed. The programme plans to work with community and religious leaders as conduits to engage the community. It will be important to establish if their rhetoric extends to actual

practice, but in theory they are interested to actively support education on MHM. As long as the programme does not try to change religious practices around menstruation, the Imams should also be able to play an important role in the programme.

Role of teachers

Teachers need further training to be fully equipped to teach the subject, despite its inclusion in the curriculum. Very few teachers reported receiving training from the government. The programme should develop a training programme and then lobby the government to roll out the programme nationally, to ensure sustainability once the programme ends. The training must go beyond just equipping them with the correct knowledge, and involve reflection on the norms within society which create barriers to safe MHM. It needs to be interactive and participatory in order for the teachers to actively be able to engage in these subjects. The teachers can also play a pastoral role, supporting girls during their period. One or two teachers could be assigned as a counsellor and given the training and support needed to address girls' needs and concerns, as currently they lack adults whom they can confide in. Even teachers whom the programme can not engage with need to be sensitised about the needs of girls and encouraged to allow girls to leave class to go to the toilet.

Role of girls

Girls need to have adequate WASH services and a supportive environment at home and at school for them to have good MHM. Currently there is a high level of stigma and self-stigma surrounding menstruation. This is likely to affect girls' confidence and probably contributes to them missing school. The programme needs to think of a holistic approach to working with girls on improving

MHM. Education will be important but strategies are also needed to build their confidence and address the self-stigma. A number of innovative methodologies have been used in HIV programming to address stigma that Ritu could draw from⁵. Girls should play an active role in the programme interventions. They could: be part of WASH committees, be peer counsellors, and join savings groups. Participating in such activities will help to build their confidence and allow them to shape the programme to their needs.

Role of boys

The needs assessment did not undertake sufficient activities to conclusively identify the role of boys. It is clear that boys also lack information and are actively teasing girls about menstruation. 'Eve teasing' is a big problem in Bangladesh and the teasing around menstruation forms a part of this wider issue, it is not distinct therefore the programme must consider how it will best engage with boys. A number of programmes have worked to address 'Eve teasing' and actively included boys and girls within Adolescence Clubs to involve them in actively addressing this issue. Ritu could draw on the lessons learned from these programme, to consider how to address the issue of 'Eve teasing' related to MHM. As boys were also concerned about the lack of sanitation within the school toilets, they should be engaged in the WASH aspect of the programme as well. More work may need to be done with parents so that they don't oppose the education of boys about menstruation, as currently there is little support for this within families.

⁵ A number of programmes on HIV have successfully worked on issues of stigma including STAR Circles, a methodology developed by Action Aid and Trócaire's

Role of mothers

Mothers are the gatekeepers to improving discussions about MHM and access to sanitary pads. They are the ones who discuss the issue with girls and request the purchase of or money for sanitary pads. They need to be a core component of the programme. Women themselves need greater knowledge, and there must be scope for reflection on current practices, rather than just information. They should be supported through different entrepreneurial initiatives to access sanitary pads and encouraged to play a more active role in supporting their daughters to attend school.

Specific programme recommendations

WASH facilities

- Ensure the programme prioritises ongoing maintenance of existing WASH services in schools
- Develop participatory systems to monitor levels of sanitation within school toilets
- The programme should look at what it can do to include strategies to improve the quality of WASH facilities in the community
- There are currently no disposal options for sanitary pads. A study into how other rubbish is disposed of should be undertaken and then appropriate disposal systems designed and implemented
- Explore how infrastructure budgets can be increased through government funding
- Include parents in improvement of WASH facilities at schools, as this will raise awareness about the girls' ability to attend school during this time

programme in Zimbabwe addressing self-stigma using 'The Work' of Byron Katie.

- Actively include students in the improvement of WASH facilities

Addressing taboos and low levels of knowledge

- Support teachers to have sufficient and accurate knowledge on biological processes related to sexual reproductive health if all teachers cannot be targeted training of trainer models should be considered
- Include religious and community leaders in messaging on taboos, to minimise resistance and maximise reach
- The programme must monitor to ensure that greater knowledge does not lead to increased control over girls' bodily integrity
- A dedicated behaviour change strategy is needed which specially focuses on MHM
- Raise awareness of the nutritional needs of girls during menstruation
- Focus on the health aspects of MHM in campaigns and messaging
- Focus on the role that men and boys can play in supporting women and girls to have better MHM

Improving current MHM practices

- People's interest and desire for sanitary pads should be capitalised on through increasing awareness and access to these
- The programme must consider how to tap into current informal and formal distribution mechanisms that exist in the communities such as: hawkers, collectives, and girls keeping pads in school
- Work with the mass producers of sanitary pads on: quality, packaging, and distribution
- Cost is a prohibitive factor for some; different ways to reduce the cost, such as selling individual pieces and

- collective purchase, must be explored
- Girls and women are still using cloths. Improving MHM regarding cloths must not be overlooked in the programme, safe washing and drying mechanisms should be explored