



Involvement of Male in Menstrual Hygiene Management (MHM)

RITU PROJECT

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INTRODUCTION

SECTION 1: CONTEXT RITU AND MALE INVOLVEMENT IN MHM IN BANGLADESH

As set out in the initial context analysis for the program development of Ritu, knowledge about MHM among adults in Bangladesh is very limited. Important factors seem to be a lack of information and education on the issue, and social, cultural and religious taboos. In addition, menstruation as a topic is rarely addressed by or in any of the (few) information sources that girls have, such as parents, teachers, schoolbooks and internet.

The aim of the project *Ritu* is to improve Menstrual Hygiene Management (MHM) in Bangladesh. Improving MHM will contribute to the health and well-being of women and girls in Bangladesh. For example, MHM improves opportunities for girls and women to participate socially and economically.

Because restrictions of girls and women related to MHM are rooted in cultural perceptions and enforced by social norms, Ritu aims to raise awareness, increase knowledge and improve attitudes and behaviour of girls as well as their wider environment. The primary target group of Ritu are school going girls between the ages of 11-13.

Adopting a holistic approach to bring long term attitudinal and behavioral changes in society regarding MHM, RITU project is built on the four core pillars:

- Targeted awareness raising among the most important target groups in addition to a national communication campaign
- Establishing MHM friendly WASH facilities in schools
- Capacity building of NGOs on MHM
- Involving and activating the government in MHM

RITU aims to achieve MHM for adolescent girls in Bangladesh, especially in the low resource contexts. Low resource - in terms of dispensable money for MHM, low quality facilities in home and schools, and in general low sensitivity amongst all stakeholders that influence young adolescent girls' right to live a healthy sexual and reproductive life, especially in managing menstrual hygiene. Bangladesh, being a patriarchal, male dominated society, where women's major life decisions are either taken or influenced by men, at both private and public spaces – men automatically become one of the

most important stakeholder/actor in SRHR issues like menstruation. Keeping RITU's primary target group clients, i.e. girls aged between 11-13, and the main objectives of the project in mind, getting 'male involvement' becomes crucial in bringing any significant changes at the knowledge, attitude and practice levels of MHM in this context.

MHM in Bangladesh:

The situation for menstruating adolescent girls in Bangladesh is rather difficult. UNICEF (Saymore, 2012) found out that at least one third of the girls in Bangladesh hide their rags in dirty places, one in three do not change their clothes regularly and only half of them are able to dry their rags outside. UNICEF adds to this finding indicating that MHM becomes difficult for girls in rural areas because they lack privacy to properly wash and dry menstrual rags. According to Bangladesh National Hygiene Baseline Survey 2014, only 10% adolescents in rural areas use disposable sanitary pads. It is also a challenge for them, as many of these girls cannot afford MHM commodities due to their economic insolvencies. Absence of MHM-friendly Education infrastructure also becomes a barrier to the continuation of school-going adolescent girls' studies. An estimated 85% primary schools in Bangladesh have at least one functioning toilet. However, most of these latrines are not always open for students or clean enough for using and only 6% of the schools have Menstrual Hygiene friendly facilities. Lack or complete absence of "adequate, segregated, clean and functional [MHM] facilities" in schools increases the tendency of absenteeism among menstruating girls; studies have found out that parents often resort to forcefully stopping their daughters from going to school to avoid shame and marry them off early.

Men Engagement:

Engaging men in gender issues, especially in creating better opportunities for equality and women empowerment – is not new in development. In recent years, awareness in including men in women specific gender issues are becoming a common practice. Enhanced decision making (on parts of women), reduced gender based violence (GBV), and social movement in engaging men – are parts of a holistic approach which addresses long term possibilities for women's rights, gender equality and gender justice in Bangladesh. unequal power relations between men and women, added with cultural taboos, stigma and shame around menstruation resulting in girls and women's exclusion from full participation in social, educational, productive and religious activities.

Women's ability to access basic rights like education and livelihood – is often linked with the social perceptions and practices of their bodies (i.e. its mobility, control and management based on its social norms and rules of female gender). Women's SRHR issues influence on how they can or are being allowed to avail these basic opportunities. Menstruation, which is considered as a mark of 'coming off age' and is an indicator to a girl's entry to an active sexual and reproductive role – is also the beginning of new boundaries and restrictions on her life as well as life choices. In a low income and low resource country like Bangladesh, where most of its population lives in rural and peri urban contexts, living conditions of households lacking basic washroom/toilet/bathing facilities (as well as proper privacy), lack of dispensable income to purchase high cost feminine hygiene products like sanitary pads, schools with very poor facilities for girls to use washroom (with proper garbage bins, water etc.) – it is well understood that young adolescent girls find it extremely difficult to experience a smooth, pleasant, and healthy menstrual management. Moreover there exists a lot of myths, taboos and malpractices related to menstruation which often restricts girls from getting proper nutrition, medical assistance and care.

Menstruation, by social norm, is considered to be an exclusively female issue and men fail to understand that this very feminine issue is highly influenced by the male perceptions, their rules for women and their lack of support.

Addressing all these issues, MHM requires comprehensive program interventions that target both girls/women and boys/men. In the past few years a growing body of research and practice-based knowledge has identified the key components of comprehensive menstrual hygiene programming. However, there is little documented on how to effectively engage men and boys in menstrual hygiene intervention (Mahon ET al 2015). Men and boys can support women and girls to manage menstruation effectively across different social domains including household, community, school, and work. Men and boys influence women's and girls' experiences of menstrual hygiene management (MHM) through many roles, including as husbands, fathers, brothers, students, peers, teachers, community leaders, entrepreneurs, employers, development and humanitarian practitioners, and policymakers (Mahon, Tripathi, Singh, 2015). A school context study in Taiwan (Chang et al., 2012) explored boys' experiences and attitudes relating to menstruation which showed that no one wanted to talk about menstruation with the boys and they could not discuss menstrual issues with their mothers or sisters or their fathers. Boys were also discouraged from talking about menstruation with each other at school. UNESCO Technical note (UNESCO, 2014) emphasizes that teachers, particularly men, may not be adequately sensitized to girls' needs and therefore may not allow girls to visit the toilets, and may misinterpret girls' lack of participation in class during menstruation. Male teachers need to be informed and confident regarding menstruation and menstrual hygiene so that they can support female students and create a less stigmatizing environment at school. This is particularly important, as there are far fewer female teachers in secondary schools in developing countries. In Nigeria, focus group discussions with women revealed that most men do not discuss menstrual issues with their wives and daughters or provide money for menstrual. In Malawi, males in the household were generally unaware about menstruation and pads, causing problems when girls had to ask male relatives for money to buy them (Piper Pillitteri, 2012). A study by Wateraid Nepal (2009) found that fathers and brothers are becoming increasingly lenient in whether girls observe menstrual restrictions. Interventions show that men can contribute towards changing cultural norms and challenging the taboos around menstruation, and are involved in decisions relating to women's menstrual hygiene needs. However, development practitioners face potentially greater challenges in engaging men and boys due to the strong perception that menstrual hygiene is not to be discussed with men and boy.

In recent years, there has been an increasing growth in research on masculinity and male gender identities/roles etc. and their link to gender relations and gender equality, especially in the development sector. Study on men and masculinity and its impact on the situation of girls and women can create a momentum of change (WHO 2007). In Bangladesh, several programs and intervention have/are involving men in gender issues (for example, Engaging Men Involvement, CARE Bangladesh 2010-2013, Generation Breakthrough by PLAN International etc.). Therefore, increasingly it is understood that male involvement is needed, as also boys and men have a gap in knowledge on menstrual issues, and are hindered by cultural traditions and taboos. In the UBR programme, male counsellors are trained to counsel men on the specific problems they face and questions they ask regarding to SRHR. In addition, specific materials are developed to inform boys about menstruation. However, to ensure a positive role of men in MHM a more tailored approach is needed. Simavi's partner NEEDS implements a male engagement component as part of a broader SRHR programme mainly focussing on women.

SECTION 2:RESEARCH STUDY ON MALE ENGAGEMENT/ INVOLVEMENT IN MHM FOR RITU PROJECT

Taking above discussion in mind, and considering the first two core pillars of the project, it is important that the inception phase include a research study on building substantial amount of knowledge on its primary stakeholders so that this increased knowledge can contribute to more effective interventions to be planned and implemented. This study situates itself at the basic level of intervention of the project, involving the primary target clients, i.e. adolescent girls – by taking the range of male actors in their lives who can/do influence girls’ practices of MHM. From its theory of change, RITU project considers Boys and men as its secondary target group, especially boys between 9 and 13 years old are therefore seen as an important secondary target group (targeting at the level of better knowledge and attitude towards MHM) and men as they are increasingly seen involved in their children’s upbringing and show greater concern for their daughters’ well-being, as well as general health and safe motherhood-engaging men ensures higher level of involvement in creating enabling environments (addressing at the level of attitude and service).

This research study addresses the project’s:

***Outcome 1:**Increased knowledge and improved attitudes and practice on menstrual hygiene of girls, boys, men and women.*

***Strategy 1:** Creating awareness and disseminate knowledge at national and community level*

***Interventions:**develop MHM toolkit; implement school based awareness campaign; implement a community based awareness campaign; build knowledge base of MHM.*

To put male perspectives and male stakeholder contribution in all of the above activities to achieve the project outcomes – this study is the first step towards that.

Taking the immediate private and public space environments in which adolescent girls are experiencing menstruation and practicing MHM now, the study will engage in collecting information and in depth knowledge on the existing male involvement and explore the ways to increase these involvements in a positive way to make MHM a better reality for the girls.

Overall Objective:the study is focused on generating in depth knowledge and understandings on the role/s of men in menstrual hygiene management issues in the context of Bangladesh, and explore ways in which male involvement in MHM can be increased in order to create an enabling environment for girls to have better healthier MHM. It takes the framework of KAP (knowledge, Attitude and Practises) to explore and investigate the existing knowledge (content, sources, influences); male perspectives on MHM (that are generated from patriarchal societal norms and gender prejudices/non-privileges); and finally on male knowledge and involvement in MHM practises. Moreover, it aims at generating ideas and way forward in increased male involved in MHM in Bangladesh.

Specific Objectives:

1. Identify the existing knowledge of boys/men regarding MHM;
2. Understanding existing male attitude towards MHM;
3. Identify existing barriers (in Knowledge and attitude) for men regarding MHM;
4. Identify how male (lack of) involvement creates barriers and obstacles for girls to practice better MHM;
5. Identify opportunities and pockets of possibilities which can have potentially positive impact on MHM for girls especially in low resource contexts.
6. To contribute to the project interventions regarding creating awareness and better access to services related to MHM

Method:Since there will be a baseline survey, as well as a needs assessment study - which will cover these components in a quantitative manner, and the objective of the study is to understand more of social phenomenon, a qualitative approach is considered appropriate and effective.

QUALITATIVE FGD, KEY INFORMANT, DOCUMENT ANALYSIS

Location:

Urban and Peri Urban areas around Dhaka city such as Banasree, Jatrabari and Tongi

Participants:

Adolescent Boys (age 11-13)

Group 1: In school

Group 2: School drop out (out of School)

Male parents (Fathers or Male guardian of households that have menstruating adolescent girls)

Head Teachers/teaching Staff of Secondary Schools(Male)

KI: (not part of any FGD groups): Adolescent boys (in and out of school), Male parents

Number of participants

FGDs:Total number of FGDs: 17

Adolescent Boys (in School): $2 \times 3 = 6$

Adolescent Boys (Out of School): $2 \times 3 = 6$

Male Parents: $1 \times 3 = 3$ (total number of participants 28)

Head Teachers/Teaching Staff: 2 FGDs (from all 3 locations)

Total number of adolescent participants in FGDs: 52

Total Number of Head Teacher participants in FGDs: 12

Total number of Key Informant Interviews: 27 (Adolescents 19, male parents: 8)

QUESTION GUIDELINES:

The FGDs were conducted with a semi structured questionnaire guideline, while the Key Informant Interviews had a structured questionnaire. However, both FGDs and KI interviews had a basic Knowledge-Attitude-Practise framework that guided the probes of the study.

Part 1: Knowledge

- What is the existing status and level of Knowledge on menstruation
- What is/are the sources of this knowledge
- When did one first accessed or given the knowledge on menstruation
- Is there any awareness of the right-or-wrongness (or correctness or reliability of acquired knowledge or its sources)?

Part 2: Attitude

- What is the dominant attitude (general) towards menstruation in society (as well as immediate environment in which one inhabits);
- What is the personal attitude to menstruation;
- Are there any popular beliefs, myths, or taboos around menstruation in one's immediate social surroundings? What are those?
- Is there any basis of that attitudes/myths/belief? What are those?
- What are the sources of these myths/taboo/beliefs?
- Does religion play any influence on our beliefs/taboo/practices regarding menstruation?
- Do men only have these ideas and attitudes towards menstruations? Or you think girls/women also harbour them?

Part 3: Practise

- What do you know about MHM?
- How do you think girls in your family or school take care of their MHM?
- Do you have any knowledge about sanitary napkins or any other ways MHM is practised?
- Is there any source/s of your knowledge on MHM? Why/how?
- As a boy/man, are you involved in any part of MHM, especially within your family?

PART 4: Possibilities of male involvement in MHM

- Is there anyway, do you think, men should be made aware of menstruation (in terms of knowledge)?
- Is there anyway, do you think, men can be involved in better MHM for girls? How? Why?
- What can be the sources for boys/men for better knowledge of MHM?
- How can we help change the existing attitude towards menstruation and MHM, especially for men? (advocacy)

SECTION 3: FINDINGS

PART 1: KNOWLEDGE

A. *What do you know: EXISTING KNOWLEDGE?*

All male parent participants in this research were fathers. It was found out that most fathers had some basic knowledge on female physical changes during adolescence and in particular regarding menstruation. They associated menstruation as an indicator of bodily changes in girls during adolescence, and connected it with other visible physical changes like breast enlargement, growth in body etc. Fathers have the knowledge that menstruation happens to woman and it is a monthly occurrence, and blood come out from female 'private part (like the flow of a river). Menstruation starts within 9-13 years of a girl's life. There is knowledge that menstruation lasts from 3 days to a week, and can be a painful experience for many girls. If menstruation is not regular, it causes severe pain in the stomach.

There are some misconceptions or rather popular beliefs:

- menstruation is 'breaking of blood 'blood bhanga''
- that menstruation happens six time in a year, in cue to the six bangle seasons (that's why it is called RITU).
- Sexual intercourse during menstruation can cause pregnancy.
- Menstruation is necessary for women's good health, because unclear blood can get stored in the body for too long causing 'heart attack'- it was compared to the male body where similar to menstruation through which excess blood is released from female body and keeping it healthy and balanced – men have semen that needs to be released in a regular basis, otherwise, it can cause health hazards too. But it was agreed also by participants that men get to 'release' their semen out of the system either through sex or masturbation, and keep their bodies healthy, whereas women cannot artificially release their blood.

Unlike the adult males, adolescent boys have very limited knowledge on menstruation. Most of the school-going boys didn't know much about menstruation, though some have vague ideas about physical changes that occur during adolescence, in both boys and girls. Most boys were aware of the physical changes that they started to experience recently (including nocturnal emissions or wet dreams). Only one group of school going adolescent boys (in Banasree) had heard the word 'menstruation' ('mashik' and were aware of it as a physical phenomenon in girls). This group had mixed ideas about menstruation: some thought girls get menstruation once a year, some thought it as a monthly phenomenon. A few knew that women stop having menstruation cycle at the age of forty or fifty. Boys added that menstruation is that 'things' which causes girls from not attending schools for some days, but it also makes girls shy and help them develop mentally.

Out of School Boys almost had no knowledge on menstruation. Most were drop out students by 5th standard and started to engage in child labour, which allow them very little time or scope to pay attention to anything personal or social. Most were occupied in multiple jobs and had very little time to spend even at home or to watch TV, or read anything. These boys were, in reality, mini adults who have to earn money and let go off of other involvements in life. (In fact, asking them these questions eventually felt pretentious and irrelevant as they had more pressing issues related to life).

Only a few mentioned about vaguely hearing terms like ‘mashik’ or menstruation without having any additional information or understanding on the matter. Misconception or (mis) information:

- Menstruation is a disease.
- It is caused by physical relation between a boy and a girl;
- It disease occurs in girls after marriage;
- Menstruation causes ‘breaking up of relationship’ between boys and girls (this could be interpreted as: a) menstruation is a landmark time that separates the free mixing between both genders as children in bengali society; or b) it disrupts sexual relation between man and woman);
- Menstruating women should not come near ill people (like suffering from chicken pox).

Of course, compared to all participant groups, the Head teachers and school Teachers had very clear ideas and correct knowledge on menstruation. Their level of knowledge was to the level of almost academic in many cases like they could be almost quoting from books). This could be because of many trainings or various interventions happening in schools regarding SRHR for adolescents, and also because of the new government curriculum from grade six onwards. Head teachers mostly seemed conformable talking about these issues with the researchers, though some admitted that this is not common for them to be able to discuss these issues with outsiders as much, mainly because no one else had ever wanted to talk to them about these. Head teachers also see themselves more of an administrator/management head of the schools, who is primarily responsible for the structure of the school and its functionalities. They do want teachers to take more interest in teaching physical science, life skill subjects, but they don’t necessarily ensure or even create pressure on designated teachers to do so.

Also, head teachers, to a great extent, believe that these are primarily girls or feminine issues, and therefore, knowledge and service dissemination should target girls.

B. SOURCES OF KNOWLEDGE:

For fathers, as adult males, the sources of knowledge, are multiple but very related to adulthood and marriage. Most participants in the adult male category (male parents, teachers and head teachers) credit ‘hearsay’ as the primary sources of their knowledge of menstruation. ‘Batash-e bhashe kotha’ or words floating in the air’ – is often quoted as the primary source for many. This indicates that menstruation is a taboo topic which is not discussed openly or it does not feature directly in any general everyday discourse of sexual and reproductive health, rather, it is something that one receives ‘involuntarily’ in the course of time. Sometimes, it is credited to ‘opportunistic’ way of learning, meaning that as boys, they overhear feminine conversations as it takes place casually amongst women, and

young boys accidentally hear about these issues. So, informal discourse in households and in immediate social surroundings are primary sources of knowledge. Also, to be mentioned that most adult male participants grew up in villages or small towns, and therefore, their non-urban upbringing had more informal and limited opportunities of learning or discussing MHM. Adult men know more than adolescent boys do mainly because of marriage. It is clear that SRHR is closely associated with marriage normativity, and all SRHR knowledge is socially expected to be known through marriages, and not before that. Therefore, fathers, when they were adolescents knew very little. Also fathers originated from villages (unlike their children who are brought up in different landscape and better exposures and some educational opportunities). School dropout boys know almost nothing compared to those who are continuing with studies beyond 6th standard. School going adolescent boys in urban areas have at least some opportunities (through books, TV, media etc.) to at least know some terms, or meanings of terms, but their fathers didn't.

Most interestingly though was the fact that everyone, from adolescents to adult males, associated the formal source of knowledge on menstruation with marriage. Young boys indicated that the importance of knowing matters, like menstruation female sexual and reproductive is closely associated with marriage and reproduction. Adults reconfirmed that it is only through marriage that a male have first exclusive access to a female body, and it allows them to know about female sexual and reproductive matters closely and in better understanding.

For adolescent school going boys, (as they were studying in junior secondary level), schoolbooks on physical science has given some basic knowledge on adolescence and menstruation, only in cases where teachers actually take these classes as part of curriculum. A few mentioned that they have heard about menstruation at home, from mother (in some rare cases) and some from friends as well/

PART 2: ATTITUDE: NORMS, BELIEFS, TABOOS

Across age, men are trained to believe that menstruation is a strictly feminine issues and it belongs to the realm of feminine discourses, which by social norm (if not only biological) should be primarily restricted for females. What men know, or get to learn, though, is mainly based on taboos, popular beliefs and customs that are more associated with 'attitude' towards gender, femininity versus masculinity, norms, gender privileges (or lack of it) etc.

The common attitude towards menstruation among the different male participant groups in this study, cannot be termed as 'negative' in the strict sense of the term because these attitudes are often laced with genuine sympathy/empathy for a gender that is seen as 'weaker' or subject to biological or even divine discrimination.

For example, beliefs, myths and taboos regarding menstruation:

- Menstruation is primarily a disease;¹

¹the idea of 'disease' is a broader concept... like in Bengali menstruation is expressed as 'shorir kharap howa' (the body becoming ill or falling into sickness) ... and I think at one level, this 'shorir kharap (we also use this term to indicate many other ailments in general) is translated as a disease; and at a secondary level, the social taboo of blood coming out of body (through a cut or rotting, or any other sources) is understood as some kind of ill-health, therefore one form of disease.

- Eating protein like eggs and meat can cause certain diseases, like albino.
- A man's longevity can be reduced if he walks under the shade of cloth that is used for MHM;
- Women are barred from worship (in Hindu custom), saying prayers, reading or touching the Holy Book or fasting (in Muslim custom).
- Women are barred from cooking and lifting heavy objects
- Bathe in the morning
- Female body is unclean and unholy during menstruation.
- Female body have bad smell during menstruation, and that is why men keep distance from women when menstruating;
- During menstruation, girls/women are restricted in their movements/mobility, especially unescorted, and after sunset.
- Strong belief that girls are at the risk of being possessed by spirits or ghosts during menstruation time;
- Sexual intercourse is prohibited during menstruation (though some admitted that women act or feel more sexually aroused during this time, but men prefer to refrain from sex.
- Vagina during menstruation is also seen as an 'open wound' during menstruation, i.e. it is understood as a 'raw open wound because of bleeding' and therefore, it requires to be 'healed' before the vagina is again ready and aesthetically pleasing to men for having sex with.
- Menstruation is God's Curse on women – (Allah'r Obhishap).
- Menstruating person should not visit or touch sick person, she can cause serious contamination
- Women are extremely ill tempered and emotional during this period.

In discussion regarding attitude towards menstruation and related taboos/myths or social norms – it was observed that among the adult male participants, social status and educational qualification played an important role in respondents' ways of expressions and articulation. Fathers, who were mostly illiterate or not recognised as 'educated' (self-identification process) – were less inhibited about expressing their personal as well as social beliefs regarding menstruation, rarely denying or refuting their logic or validity as truth. On the other hand, more formally educated participants like the Head Teachers or School Teachers – were very much aware of self-representation as modern, progressive, educated men, who would not approve of back-dated beliefs or taboos on these issues. Rather, they shared taboos as beliefs of someone else's, and not their personal ones. All the teachers strongly disagreed on gender discrimination and prejudices related to menstruation.

PART 3: PRACTISE

The main query for male involvement in MHM in terms of MHM practises by girls/women started with the participants' knowledge on this issue. Most adolescent boys (especially school going groups) had some limited knowledge on ways in which girls manage their menstruation: like, many know that girls use cloths, or cotton to 'clean' themselves. Boys are not sure how girls actually use cloths or cotton, but they understand that it is to clean blood. Their observation informs them that during menstruation girls

tend to go to the bathroom more frequently and take long and frequent showers. If there is a bloodstain on the girl's dress, they immediately change dresses. Boys know that girls want to keep themselves particularly clean during this time. Boys also have some knowledge of sanitary napkins or 'Pads', through advertisements on billboards or television, but they are not clear about the exact use of it. Most of the boys think, sanitary napkins are actually 'Pampers', or diapers, used by girls.

Most of the out of school adolescent boys have no knowledge of MHM, though a few mentioned seeing some advertisement of 'Senora' (sanitary napkin brand), and knew what a pad looks like, but had no idea what is actually the use of this. Only one parent mentioned need of 'panty' or underwear for MHM (but never purchased any for the wife/daughter).

Male parents or fathers as adults have better knowledge about MHM. Most know that girls use cloths or 'rags', some use tissue papers, and cotton or pads. Cotton and pads are available in pharmacies, and often men are asked to get these from pharmacies for their wives or daughters. How women use these cottons, clothes and pads - is not clear to many. However, some (both fathers and teachers) are annoyed by poor MHM in houses or in schools. For example, used pads or cottons, causing not only inconvenience but also embarrassments, clog often toilet drains. Like the boys, even adult men often confused sanitary napkins with diapers.

SECTION 4: MALE INVOLVEMENT IN MHM PRACTISES

Most fathers do not know about their daughter's menstrual management routine or methods. Fathers prefer to leave this matter in the charge of their wives and would support MHM through giving money to buy MHM products, or facilitate in purchasing these from shops. Some fathers were aware of iron deficiency, and often consulted doctors or pharmacy people in buying vitamin supplements or iron tablets for their daughters. If there is excessive pain or physical discomfort, then fathers would consult with doctors and bring medicines. Even though most fathers preferred to keep a modest distance from MHM issues at home, but everyone expressed their loving concerns and support for the good health and comfort of daughters during menstruation. Only one father was /is directly involved with his daughter's MHM, as he is a single father and finds it part of his parenting duty to have open discussion and necessary support for his daughter's menstruation management. He said that even though he had very limited income, but he tries his best to keep aside 90 taka per month for buying a packet of sanitary napkin for the daughter, and in months when he runs short of money, he makes sure that there is a supply of clean cotton cloth for her use.

School teachers, had a different level of knowledge and understanding of MHM, in the context of their school arrangement and management. Most schools, that were represented by their Head teachers, in this study, have girls' shift. Since most of the mainstream secondary schools have huge number of students, it is of special interest of RITU project to know the MHM system existing in such schools. Understandably, most schools do not have adequate number of washrooms/toilets for student body, be it for boys or girls. Schools try to allocate a certain number of toilets (in specific floors) for girls' use, and maintain an 'Ayah' or female cleaner/office assistant to facilitate MHM for its female students. There is an acute shortage of dustbins (with covers specially) for used sanitary napkin disposal.

Most head Teachers informed that they have allocated a small amount of money for emergency sanitary napkin provision for girls, and there is a first aid box in schools (which has medicines for headache, stomach-ache, pain etc.). Some schools have assigned a female teacher to distribute sanitary napkins or when a girl suddenly gets her period or stains dresses, she is referred to this particular teacher/faculty member. It was also mentioned by the Head Teachers that female teachers who are assigned by the school to be responsible for MHM for female students, tend to be insensitive and often rude/abusive

towards girls who come for assistance. Extra responsibility or work is not taken positively by many and the students suffer because of these negative and insensitive attitudes of teachers or ayahs in school.

Schools tend to be sympathetic towards girl students regarding menstruation problems and if any female student requires taking leave because of menstruation, she is always allowed to do so. A few schools have tried to provide a small girls' common room so that girls can take rest if they feel ill because of menstruation, but most don't have much facilities (like clean toilet, sufficient water supply, dustbins) in school premises, and therefore, prefer that female students go home instead.

Most of the secondary schools have male head teachers, and the members of School Management Committee (SMC) are male too. Exclusive feminine issues are therefore, difficult to approach in management meetings.

SCOPES FOR MALE INVOLVEMENT IN MHM:

This started with the simple query whether there is actually any need for male involvement in MHM or not. The first level of involvement is, of course, at the knowledge base. Do men need to know about menstruation and MHM?

Adolescent boys seemed to be keen on knowing more about these issues. Some think that it is 'better' for boys/men to know about menstruation, though it might not be an absolute necessity for them to have such information. Boys definitely think that it has benefit to have correct and more information on MHM because this can help them help sisters and friends when needed (e.g. empathise with sisters who are tired and short tempered during this time, or tell female friends that there is nothing to be ashamed of; and assist girls with their chores too). Some boys also mentioned that it would be very helpful in their future married life. Boys hope to help their future children with correct information and support, as they aspire to be responsible fathers.

Male parents answered these questions at two levels: firstly as adult males (in general, from male gender perspectives), and secondly as male parent or father's perspective. Men should know about MHM because it will help them have a better and efficient married/conjugal life. Since menstruation is closely related to reproduction, it is important that men know when to have sex with wives and avoid unwanted pregnancy. Also, as supportive husbands, men must have a better understanding of a wife's need during this time of the month and provide her all kinds of support like helping with chores, not bothering wife with trivial and manageable matters (e.g. if wife is resting or in pain, husband should serve himself his own dinner), and provide financial assistance to buy cotton or napkins for MHM. As fathers, this concern is extended to ensuring that daughters are not facing MHM related problems and that they are receiving sufficient care from the family: like, extra food and nutrition, rest, no extra chores etc. Fathers also mentioned that if they learned how to discuss these issues with much ease and confidence, they could talk to their sons about it, and instruct them to be more sensitive towards their sisters during menstruation (like, asking sons not to pick a fight with sisters or irritate her unnecessarily). As a responsible father, one must know when the daughter starts menstruation cycle, as it is very important piece of information regarding marriage arrangements. Lastly, a father should be prepared and able to take over a mother's role in her absence.

WAYS FORWARD: BETTER KNOWLEDGE, BETTER PRACTISES

It is agreed by all that Male involvement has to start with better knowledge sources. Adolescent boys (in school) prefer that a good teacher (preferably female teacher) should give this information at school. Boys think that female teachers have better capacity and attitude in teaching SRHR issues in school. There should be reading materials available to them. The existing curriculum in physical education is not regularly taught in class, which is a hindrance to their access to information. For out of school adolescents, books or reading materials are irrelevant since they don't have much access or time for reading anything.²

What is common in both the groups is their interest in sports news (especially cricket): be it sports page or sports channel. Since most boys of this age has restricted screen time, they devote most of their resources and time in watching sports. It is suggested by all adolescent participants in this study that all SRHR information should be given in sports channels or sports page of the newspapers. Most boys do not own personal mobile phones and have limited access to the internet (when they have some money to spare to access internet, most go to cyber cafes to download music or games since it costs 15 taka for half an hour use of internet). Some suggested that TV drama or books are also good medium of knowledge.

For male parents, sources of information on MHM is zeroed on personal communication and consultations. They feel that parents can be better reached out through community or door-to-door counselling or consultation. Social workers or even health workers/ family planning workers can do this. There could also be done through leaflets and internet. Newspapers can also convey important information on such issues. Television is also an effective medium of communication and education for all.

Schools have more structured ideas about information and education sources on MHM. Firstly, it is felt that school curriculum should be revised and more information should be included. Teachers need training in effective dissemination of information and have more open and positive attitude towards this subject. These discussions are needed at family as well as community level. Religious leaders, preachers can support in imparting correct and positive information on MHM (e.g. in Friday congregations, religious leaders can discuss why and how women can be given more care and support during menstruation etc.).

NGOs or smaller project based initiatives are welcome, but to have bigger and broader impact on larger society – government initiatives are more important.

Schools need more sensitivity and awareness regarding MHM. Schools need to allocate more resources for sanitary napkin, toilets, and cleanliness and disposal systems. Nevertheless, it is admitted that school authorities have a limited understanding on these issues and therefore need to be trained and guided for better MHM services within school premises.

²Boys indicate reluctance and hesitance of teachers in teaching these subjects. Our discussions with head teachers and prior knowledge from other researches indicate that in senior classes (from JSC level) school's main objective is to ensure higher grades for students, not knowledge as such. Therefore, they are willing to sacrifice minor subjects for giving more time and resources for more difficult and 'main' subjects like science, English and maths.

RECOMMENDATIONS:

Keeping the main objectives of the research (i.e. identify knowledge and attitude of men regarding MHM; and existing male involvement in the practises of MHM) in relation to RITU projects specific outcome and strategy (Outcome 1: –Increased knowledge and improved attitudes and practice on menstrual hygiene of girls, boys, men and women. Strategy 1: Creating awareness and disseminate knowledge at national and community level) - the following recommendations are articulated regarding increased male involvement in MHM.

1. School based programs: advocacy and interventions

A. Role of schools in MHM Promotion

Children are far more receptive to new ideas and are at an age when they can be influenced to cultivate the good habits of personal hygiene. Thus, the promotion of MHM as part of personal hygiene as well as ASRRH curriculum within the school will help children, especially the adolescent ones to learn as well as adopt good MHM practises from the early adolescent (formative) years. With the decision of the GoB to extend primary schooling till grade VIII, it is a timely opportunity to even initiate gradual and age appropriate knowledge base, awareness building and good practices within schools from pre-pubescent years.

The students as well as their respective communities hold the Head Teachers along with his /her staff members in high esteem. The students can develop hygienic habits by emulating the teachers as a model. Also, the school teacher can influence parents and community members on issues related to Hygiene and sanitation that is closely related to MHM. Improving sanitation facilities for girls for better MHM (separate, clean toilets with adequate water supply and garbage cans with covers, easy and safe disposal of used materials, privacy) – is crucial for making sure that menstruating adolescent girls can continue with their studies with comfort at school and drop out provenances due to MHM issues is vastly reduced. For this, it is crucial that the project provides a structured intervention series to the selected schools, which can include:

B. Advocacy:

- *Advocacy meetings with SMC (School Management Committee)* for raising MHM issue as an essential matter for the schools, and to ensure that budget allocation and awareness raising as well as maintenance of MHM standards are made systematic and official for the school. Without the endorsement of SMC, it is almost impossible to have a sustainable MHM program in schools. Since most SMCs comprise of mainly men (i.e. socially significant and influential ones) – it is crucial that advocacy materials (presentations, videos and print materials) developed in a socially appropriate and acceptable fashion to address specifically SMSs. This study shows that men, irrespective of their age, like to conform to their gender roles of ‘provider and protector’ of women under their direct custodies. Therefore, it is important that the advocacy campaign and its subsequent materials are developed strategically appealing to men’s gender roles to ensure that they realise that MHM is relevant to their loved ones as well as it falls under their glorious duties as men to provide better/safer/healthier environment for girls, especially in schools.
- *Training of teachers* (both male and female) along with cleaning staff of the schools; a checklist of ‘must-have essentials for proper MHM’ in schools;
- *Student body including boys* to work in collaboration with assigned teaching and cleaning staff to ensure that all initiatives (or the promises of MHM in schools) are in place and maintained. There needs to be a system through which female students can report for poor or insufficient resources in school premises for their MHM issues (like running out of emergency stock of sanitary napkin, overflow of toilets or clean disposal services etc.).
- *The Head Teacher is to be the umbrella supervisor* of this MHM service system in school. It can follow the WASH program of BRAC, for example (<http://www.ircwash.org/sites/default/files/kabir-2010-role.pdf>) in creating school brigades.

C. Educational aspects:

- For adolescent boys (in schools): since RITU has a strong school campaign component, it is vital that advocacy materials address and feature the roles of adolescent boys in assisting their sisters and friends regarding MHM. Boys in this study showed that they have very little to no knowledge and understanding of menstruation as a physical phenomenon, but they do realise that there is a role that they can play in helping their female counterparts by

providing support, empathy and if needed logistically (by going to pharmacy to buy sanitary napkins) etc. therefore, educational material for adolescent boys can include:

- basic information on menstruation as part of SRHR;
- MHM: logistics
- Psychological or emotional aspects of MHM (i.e. to be empathetic to girls during this period; not to bully or shame female classmates or sisters if they struggle with MHM, like staining clothes etc.; to offer help with studies if one skips school for this reason; and to offer help to sisters at home with chores etc.
- MHM related educational and advocacy materials be produced in both print and audio-visual mode. Adolescent boys, in this study, expressed their eagerness to learn from school teachers primarily, and then as additional learning materials in sports channels or page in newspaper. RITU, therefore, can explore, collaboration with mainstream newspapers that have either sports column or separate supplements for young people to do advocacy for adolescent boys.
- Promotional visual materials, animations or cartoon series depicting positive roles of adolescent boys as brothers and friends in assisting girls in ensuring better MHM facilities at schools and home can be effective.
- The main idea is that both men and boys want to see their roles in gender specific ways and as valuable contributors to girls' empowerment and better life choices. It empowers masculinity.

D. For adult male stakeholders (HeadTeachers, school staff and male parents)

- Awareness raising and educational aspect of advocacy: this group of male stakeholders strongly associate MHM with reproductive health and rights, and gender specific health issues. It is, therefore, important that in RITU advocacy materials and interventions targeting this specific age group, MHM be strongly connected with hygiene and health. Men seem to be supportive as husbands and fathers to make sure that daughters are provided with the best MHM, or hygiene options within the economic means. Cost is an issue - it would be irrational and insensitive on the program's part to expect that parents with limited resources can provide with expensive options like multiple packets of sanitary napkins for their daughter/s. Parents, especially male parents need to be made aware of cost effective options that are available in the market, and how they can provide at least the basic facilities for their daughters at home.
- Men tend to learn about menstruation and MHM from their wives after marriage. Knowledge of SRHR, MHM etc. are associated with conjugal life and part of knowledge for 'adulthood'. Fathers are found to know and facilitate daughters' MHM through mothers, though they are non-hesitant in taking up 'motherly' roles when needed. Educational and advocacy materials can be developed for either 'fathers only' version, where only male guardians of adolescent girls come together to learn about menstruation and how as

parents they can help in ensuring better MHM experiences for their daughters; or it can be for 'parents version' where both mother-and-father of adolescent girls learn about these issues between them. Both versions can be beneficial as in the 'fathers only' version, men can openly discuss amongst themselves and peer pressure and sharing of better practises can encourage more shy or reluctant fathers to take more pro-active and positive roles in their daughters' MHM issues. During the FGDs of fathers, this trend of positive influence on each other was observed and it appear to be an effective model. On the other hand, 'parents only' version also has its strengths as most adult males expressed that they are comfortable knowing and discussing feminine issues like MHM from their wives. SRHR, MHM etc. are considered as private matters and sensitive topics, which, for many, is difficult to be discussed in the open. But within the family or household set up, where fathers are partner with their wives to ensure the betterment of children – men feel that they have enough space and scopes to contribute in these matters.

- For Head teachers and male school staff: Head Teachers and school staff are under the impression that they have adequate knowledge on menstruation, or at least the physical aspect of it because of their higher educational status. This is true to a great extent. What they lack is the understanding of MHM, and specifications of MHM. The intentions and willingness to help their female students through menstruation is there, but often they don't understand the extent to which a school environment needs to prepare for facilitating a huge number of adolescent girls and their MHM. It is very significant that the educational and awareness part of advocacy campaign comprise of the 'structural knowledge of MHM. Like, how often girls need to change their napkins, how it should be disposed, what are the medications that need to be made available, issue of privacy, number of garbage bins, frequency of cleaning toilets and bins etc. – and all these to be understood in proportion of the number of girls that attend a particular school.

E. Psycho social wellbeing of adolescent girls and its relation to MHM

- Interestingly, even within the limited knowledge of MHM, many male participants, of all age groups, are aware of the psychological and emotional aspect of menstruation on girls. They not necessarily understand what causes these apparent mood-swings, emotional outbursts, or pains, but they do observe these and expressed their willingness to help girls resolve or at least handle these issues. It is an established fact that depression, anxiety, and stress are part of menstruation for adolescent girls especially. Poor MHM also contributes to these emotional stresses and crisis. Taboos, myths, superstitions further make experiences of menstruation even more complex for girls during adolescence as they are still in the process of learning to know the bodily changes and manage these changes efficiently. Men harbour many of these taboos and

superstitions as much as women do, and can unintentionally contribute to the enhanced stress for the girls – both at school and home.

- Advocacy materials need to address psycho social wellbeing of the adolescent girls during menstruation and support for better psycho social wellbeing should be made part of better MHM processes.

In brief, the study suggests that the proposed Interventions for RITU related to MHM (in existing proposal) include the following:

- *To develop MHM toolkit:* for increased male involvement, there is a need for separate specialised *toolkit* for adolescent boys, Schoolteachers, SMC, and male parents. In addition, there can be separate toolkit for parents as a household unit.
- *To implement school based awareness campaign:* include specific activities to involve boys and men with indicators to monitor improvement and changes.
- *To implement a community based awareness campaign:* male parents as specific target group.
- *To build knowledge base of MHM:* action research or similar activities that can document evidences for increased positive involvement of men (adolescent boys, School staff, and parents) in MHM interventions.

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