



POLICY REVIEW

**BREAKING THE  
TABOO:  
MENSTRUATION  
IN BANGLADESH**

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## EXECUTIVE SUMMARY

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Stigma and taboo associated with menstruation is still a challenge in Bangladesh. Though the policies, plans, and strategies by the Government of Bangladesh addressing women's rights and health internationally, a greater focus on menstrual health and hygiene practices is still missing. In this light, Share-Net Bangladesh conducts this review to collect, collate, summarise, and critically appraise and analyse the limitations and scope of work of the current policies, strategies, and plans which are related to reproductive health and menstrual health in Bangladesh. It provides recommendations for the government and the development practitioners towards policy influencing and improving the strategies and plans. The review highlights that current policies and plans need to focus on adequate and inclusive toilet facilities for girls and women in public places. Furthermore, it discusses that special focus should be given to girls with disabilities and their menstrual health. It unfolds that the current policies should address the affordability and availability of the menstrual hygiene commodities for all. While this is important, the review suggests allocating an adequate budget for nationwide social and behaviour change campaigns to dismantle myths associated with menstrual hygiene practices.

## ABBREVIATIONS

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AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communications
BNHBS	Bangladesh National Hygiene Baseline Survey
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CoP	Communities of Practice
HIV	Human Immunodeficiency Virus
HPN	Health, Nutrition and Population
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
MHM	Menstrual Hygiene Management
NGO	Non-government Organisation
SBCC	Social and Behaviour Change Communications
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

## ABOUT SHARE-NET BANGLADESH

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Share-Net Bangladesh is the country hub of Share-Net International, a Knowledge Platform focusing on Sexual and Reproductive Health and Rights (SRHR).

Share-Net Bangladesh is the first of Share-Net International's country hub, drawing on the years of experiences and interventions by practitioners, researchers, and policymakers in the field of sexual reproductive health, placing SRHR at the centre of human rights.

Share-Net Bangladesh aims to bring together the Communities of Practice (CoP) that consist of social and medical researchers, development practitioners, health workers, government officials and legal experts to engage with each other in finding solutions and take critical issues forward.

Priorities of Share-Net Bangladesh:

- Promote interaction between the national, international, sustainable and empowered community of practice and encourage them to share learning.
- To apply the knowledge to evidence-informed SRHR programs, policies and practices.
- Enable the members and the strategic partners to connect, discuss, share, translate and jointly operate this knowledge network on SRHR.
- Ensure the accessibility of the policymakers, practitioners and researchers to the knowledge platform and enable them to address the relevant knowledge gaps on SRHR scientifically, politically and practically.

Share-Net Bangladesh is hosted by RedOrange Media and Communications.

## 1. INTRODUCTION

In recent years, Menstrual Hygiene Management (MHM) has become a global public health concern as it is linked with health, social justice and human rights (Sommer, Hirsch, Nathanson & Parker, 2015). Though there are growing efforts by the development sectors to address MHM, the young girls aged between 10-24 years in low-middle income countries still face challenges managing their menstruation (Sommer *et al.*, 2016). The culture of silence surrounding this topic in many countries creates barriers in accessing the right-based information and services (Garg, Sharma & Sahay, 2001). Bangladesh has a similar culture and menstruation is still perceived as a dirty or taboo topic to be discussed (Haque, Rahman, Itsuko, Mutahara & Sakisaka, 2014).

Current policies, strategies, and plans in Bangladesh have a greater focus on reproductive health as well as women's health. However, throughout this process menstrual health and hygiene management is still a neglected topic. In this light, Share-Net Bangladesh reviews the current policies, strategies, and plans that are related to menstrual health and hygiene management. The aim of this review is to discuss the limitations in the policies and plans as well as to provide recommendations for the government and the development practitioners towards policy influencing and improving the strategies and plans.

The median age for girls starting menstruation in Bangladesh is 12, according to the Bangladesh National Hygiene Baseline Survey (BNHBS, 2014, p. 33). Only 36% of school-going girls and 42% of adolescent girls at the household heard about menstruation before menarche and female relatives were the most common source of the information (BNHBS, 2014). The survey also highlighted that knowledge of menstrual hygiene management is low (BNHBS, 2014, p. 18). The study showed that only 6% of the school provided a menstrual hygiene session for girls at schools (BNHBS, 2014, p. 56).

Despite the government's continuous effort in addressing the menstrual health and hygiene management in Bangladesh, it still continues to be a

challenge; especially at school (BNHBS, 2014, p. 17). According to the survey, 41% of the girls missed school during their menstruation because of the negative attitudes towards menstruation, lack of proper toilet and being forbidden from activities during menstruation (Alam, M.-U. *et al.*, 2017).

Challenges accessing to MHM commodities and services may hinder the progress towards Sustainable Development Goal (SDG) 3 (ensuring healthy lives and well-being for all), 4 (ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all), 5 (promoting gender equality and empower all women and girls), and 6 (ensuring the availability and sustainable management of water and sanitation for all) (Alam, M.-U. *et al.*, 2017, p. 2). Therefore, it is imperative to systematically review the current policies and strategies related to menstrual hygiene management in Bangladesh to identify the scope of work and limitations.

## 2. OBJECTIVE

The objective of the review is to collate, summarise and critically appraise and analyse the limitations and scope of work of the current policies, strategies, and plans which are related to menstrual health in Bangladesh. Furthermore, it provides recommendations for the government and the development practitioners towards adapting the policy and improving the strategies and plans.

## 3. METHODS

Our strategy was designed to identify the published policies and strategies that are related to MHM. We were interested to delve into the policies and strategies that can contribute to addressing MHM in Bangladesh. The policies and strategies were downloaded from the Government of Bangladesh's website.

To understand the policy gaps and provide a scope of work, we critically analysed the published evidence-based research on MHM. We sought to identify the studies to understand the broader picture of MHM

situation in Bangladesh. The searches were conducted in December, 2019. We did not set a date limit on the search as we wanted a wide range of articles to be identified. The search items were generated to encapsulate the six main concepts of our review- menstruation; hygiene; management; inclusion; social outcomes; and health outcomes. Figure 1 shows these items and how they were combined.

- (menstruation or menarche or period) AND (hygiene or management) AND (education or school or dropout or school-toilet)
- (menstruation or menarche or period) AND (stigma or taboo or embarrassment) AND (household or inclusion or disability)
- (menstruation or menarche or period) AND (hygiene or management) AND (illness or infection or disease)

Figure 1- Search terms

### 3.1. INCLUSION CRITERIA

We reviewed published journals, written or translated into English, available in the public domain and, original researches including experimental, mixed methods, systematic reviews and policy analysis. We excluded observational analysis and economic analysis. In our study, we included purely descriptive studies focusing on menstruation and its management in Bangladesh. Studies that focus on menstrual regulation were excluded. Studies that include menstrual hygiene management in higher-income countries were also excluded from this study.

### 3.2. POLICIES, STRATEGIES, AND PLANS

To identify the limitations and scope of work in Bangladesh on MHM issues, we included National Health Policy 2011, Population Policy 2012, National Women Development Policy 2011, National Child Policy 2011, and, National Education Policy 2010 for reviewing.

We also have reviewed National Strategy for Adolescent health 2017-2030 and, National Hygiene and Promotion Strategy for Water Supply and Sanitation 2012.

The Health, Nutrition, and Population Strategic Investment plan, two operational plans by Directorate General of Health Services on Maternal Neonatal Child and Adolescent Health and, Lifestyle and Health Education and Promotion, 7th Five Year Plan and the circular by the Ministry of Education on Improvement of Toilet and Sanitation System in Secondary and Higher Secondary Schools, Madrasahs and Technical Educational Institutions were also included in the review.

### 3.3. DATA EXTRACTION AND QUALITY ASSESSMENT

The titles and abstracts were screened initially to ensure that included papers are reflected in the initial inclusion and exclusion criteria. Only English papers were assessed before excluding to minimise the potential language bias. Papers were downloaded and scrutinised further when certain papers could not be rejected in the initial screening. After finalising the list of abstracts, the full paper was obtained for the study. To ensure the credibility of the papers, we examined that they did not show the same data set in different papers. Data extracted from the papers included the results and/or discussions on menstrual practices and knowledge. Policies and strategies that did not discuss health were excluded from this study.

Around 1100 articles were the result of our search. These were catalogued using the RefWorks referencing software. Around 675 were duplicate entries as the searches being repeated across multiple databases. These duplicate articles were excluded.

After reviewing the titles and abstracts, 335 articles were removed because those articles did not provide analyses on MHM. The remaining 90 articles were reviewed in full and further 55 articles were rejected as those studies focus on menstrual regulation and menstruation in developed countries. The other 23 articles were rejected as the full texts were in a

foreign language. In total 9 articles were identified and reviewed in this brief.

## 4. DISCUSSION

### 4.1. LITERATURE REVIEW

The review explores, identifies and summarises existing evidence on menstrual hygiene and health situation in Bangladesh.

Though menstruation is a natural process, it is associated with stigma, taboo and, myths in Bangladesh. These myths are associated with the food habits as well as the movement of women and girls during their period (Nahar, *et al.*, 2012, p. 7). Majority of the girls in Bangladesh have misconception on menstrual health and hygiene management (Haque, Rahman, Itsuko, Mutahara and Sakisaka, 2014, p. 2). According to the study done by ICDDR, B, most girls reported that they did not have any knowledge about menstruation before they experienced it (Nahar, *et al.*, 2012, p. 7). Girls who knew about it learnt from their elder sisters, sister-in-law and, female friends (*ibid*). The stigma and taboo associated with menstruation make it difficult for them to discuss with their parents as well as their teachers (*ibid*). The most common taboo is associated with their food and protein intake. For example, eating fish, certain fruits such as banana, eggs and sour vegetables are restricted for the girls during menstruation (Nahar, *et al.*, 2012, p. 16). The belief is that certain food can cause excessive bleeding and bad body odours (*ibid*). They are also prohibited to sleep on the bed, go near to the cows, kitchen and tubewell (*ibid*).

The most common form of absorbing menstrual blood in Bangladesh is the use of rags/ cloths (Coults, Martin, Stephen and Warrington, 2017, p. 3). These cloths are dried in the dark and hidden places to avoid from others seeing it (Nahar, *et al.*, 2012, p. 18, Coults, Martin, Stephen, and Warrington, 2017, p. 4). While many interventions are promoting the use of sanitary napkins, the study *'The effect of school-based education intervention on menstrual health- an intervention study among adolescent girls in*

*Bangladesh'* shows there is an increase in the usage of sanitary pads from 16.8% to 22.4% among the girls after the intervention (Haque, Rahman, Itsuko, Mutahara and Sakisaka, 2014, p. 6). Though this increased rate is not significant, the study did not highlight why the number is lower after the intervention.

Another study *'Menstrual Hygiene Condition of Adolescent Schoolgirls at Chittagong Division in Bangladesh'* highlights that the school going girls in Chittagong prefer rags/ cloths because there is no proper disposal system for them at schools as well as at their homes (Muhit and Chowdhury, 2013, p. 61). Another study highlighted that girls tend to miss schools during menstruation due to lack of menstrual hygiene facilities at schools (Alam, M.-U. *et al.*, 2014).

In addition, infections or other physical problems during menstruation is also common among the girls who use unhygienic rags/ cloths (Nahar, *et al.*, 2012, p. 18). While the belief is that these problems are normal during menstruation, some of these girls informed their mothers, friends, and sisters (*ibid*). Many girls reported that they were taken to the traditional/ religious healers for treatment (*ibid*).

While menstrual hygiene management remains a challenge for many adolescent girls and women in Bangladesh, this is even more difficult for women with disabilities. According to the study done by Share-Net Bangladesh on *'MHM for Women and Girls with Disabilities in Dhaka'*, there are limited numbers of inclusive toilets for them (Chowdhury, 2019, p. 25). The study also highlights that girls and women with mental disabilities completely depend on their family members (mothers/ sisters) for their menstrual management, however, they do not have proper knowledge on menstruation nor hygiene management (Chowdhury, 2019, p. 26). In many cases, water sources and toilets are shared in the slums which further creates barriers for these women to manage their menstruation (Chowdhury, 2019, p. 25). Furthermore, the study discusses that due to flooding, slum dwellers often construct toilets on the higher platform for better maintenance, which is not inclusive for girls and women with disabilities (Chowdhury, 2019, p. 26).

While flooding is a common natural calamity in Bangladesh, it makes women more vulnerable to manage their menstruation with limited facilities in the shelters (Azad, Hossain and Nasreen, 2013, p. 193). The study shows that women had irregular menstruation during and after the flood and many faced problems from using unsafe water (Azad, Hossain and Nasreen, 2013, p. 196).

Working women in poor countries lack access to hygiene products to manage their period (Garikripati and Boudot, 2017). The study *'Menstrual Health, Worker Productivity and Well-being among Female Bangladeshi Garment Workers'* highlights that though female garment workers believe in myths, the right based information on menstruation leads to a positive health outcome. (Czura, Menzel and Miotto, 2019, p. 28). The common myths are eating protein during menstruation, drying cloths outside is bad and so on (Czura, Menzel and Miotto, 2019, pp. 27 - 28). The study also highlights if absenteeism related to menstruation can be reduced if the factories provide free pads (Czura, Menzel and Miotto, 2019, p. 28). However, this study only focuses on female garment workers. More studies are required to understand the menstrual health conditions of tea plantation workers, sex workers, female workers working in Export Zones and other factories.

The number of key issues emerged from the available literatures on the current menstrual situation and practice in Bangladesh. The paucity of this review identifies the importance of information and facilities on menstrual health and hygiene management. The review also unfolds that taboos and myths hinder hygiene practice. Most of the researches focus on adolescent menstrual health, and there are very few researches focus on menstrual health for women with disabilities and working women. Further details on the menstrual health conditions of women are required in determining policy recommendations in Bangladesh.

## 4.2. POLICY LANDSCAPE

### 4.2.1. NATIONAL HEALTH POLICY 2011

Bangladesh is a densely populated country with more than 160 million people. Although Bangladesh is experiencing a high rate of urbanisation, the country is primarily rural. About 64% of the population is currently living in urban areas<sup>1</sup>. Even though the health care facility in Bangladesh is well structured, a large number of population has little access to health care. Over the years, Bangladesh has formulated policies and strategies to ensure health services available to all. As a result, the National Health Policy 2011 is formulated to address many key concerns of public health. It is important to note that Bangladesh has set an extraordinary example of gaining good health services at a very low cost and has been proposed as a role model for other developing countries in the region (WHO, 2015).

Objectives of the National Health Policy 2011 are – i) strengthening primary health and emergency care for all, (ii) expanding the availability of client-centred, equity-focused and high-quality health care services, and (iii) motivating people to seek care based on rights for health. The policy emphasises on maternal mortality, child mortality, non-communicable diseases, hygiene, and sanitation as well as the improvement of access to health care facilities for the people living in rural areas. The policy discusses the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) article 12 which was ratified by Bangladesh. The article 12 highlights – “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”

<sup>1</sup> World Development Indicator

According to the specific objectives of the policy, it aims to ensure the reproductive health of the people on-demand basis making primary and essential medical services available to the public. The 2011 policy emphasises on establishing gender equality by ensuring women's rights through improved physical and mental health. Apart from other health care services, Bangladesh has significantly reduced maternal mortality rate and sexually transmitted diseases, and increased access to family planning services.

According to WHO, around 21% of the total population in Bangladesh are adolescent, therefore, the policy needs to focus more on health and hygiene issues. The policy document has given attention to reproductive health, however, it does not specifically reflect on the reproductive health of adolescents; especially girls.

#### 4.2.2. BANGLADESH POPULATION POLICY 2012

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Bangladesh Population Policy was last updated in 2012, to achieve the higher living standards of people. The vision of this policy is to develop healthier, happier and wealthier Bangladesh through planned development and control of the nation's population.

The policy focuses on the accessibility of reproductive health services, creating awareness on family planning, ensuring gender equality, and eliminating gender discrimination. It also focuses on the accessibility of information on reproductive health including family planning at all levels.

The policy has 16 major strategies for implementation, where the major focus is given on family planning services. The policy has a special focus on adolescent welfare programme where it highlights to educate adolescents on health issues and to increase awareness among parents, teachers and service providers for orienting these adolescents on their health issues.

Behaviour Change Communications (BCC) is also one of the major strategies of this policy. The strategy discusses the provision of ensuring multidimensional

communications approach to disseminate information on reproductive health including family planning, maternal health, reproductive tract, sexually transmitted diseases, and HIV/AIDS.

The policy also emphasises on public and private organisations collaboration. It highlights strengthening the communication and coordination among government, non-government and private organisations to undertake the programmes on health, nutrition, and population.

While the policy focuses on family planning programmes and reproductive health services, there is no focus on menstrual management. The policy also emphasises on adolescent health issues; however, it does not mention menstrual health explicitly for clear policy implementation.

While the policy draws major strategies for implementation, it further elaborates the role of different ministries. The major responsibilities are highlighted below:

- The Ministry of Health and Family Welfare is responsible for formulating the policies on population and family planning programmes as well as implementing policies with support from other ministries, NGOs, and civil societies.
- The Ministry of Education is responsible for developing and implementing the curricula for secondary and higher secondary levels that include family planning, maternal and child health and reproductive health issues.
- The ministry of finance is responsible for allocating funds for the Ministry of Health and Family Welfare as well as Directorate General of Family Planning for implementing family planning, maternal and child health, and reproductive health programmes.
- The Ministry of Information is responsible for allocating time and resources for broadcasting information on health education, family planning, maternal and child health, reproductive health, equality of men and women, sexually transmitted diseases and HIV/AIDs through different public and private

radio, television channels and other media platforms.

- The Ministry of Women and Children Affairs is responsible for implementing women's programmes related to family planning, maternal and child health, and reproductive health while giving special importance to women's skill development, training, the arrangement of loans and so on.
- The Ministry of Labour and Employment is responsible for introducing family planning and reproductive health care services in labour welfare centres, tea garden clinics and other service centres under this ministry.
- The Ministry of Religious Affairs is responsible for organising training programmes for religious leaders and Imams on family planning, maternal and child health care services, and prevention of sexually transmitted diseases and HIV/AIDs in the light of religious teachings.

The abovementioned responsibilities clarified the different roles of ministries, however, there is no focus on the responsibilities of dealing menstrual hygiene while discussing reproductive health services. The ministries have responsibilities to address reproductive health services, however, the policy does not underline the roles of these ministries ensuring WASH for the population who live in rural areas as well as people with disabilities.

#### 4.2.3. NATIONAL WOMEN DEVELOPMENT POLICY 2011

National Women Development Policy was last updated in 2011. The main aim of this policy is to ensure women's development and empowerment. With this aim, the policy puts emphasis on establishing equal rights for women in line with the constitution of Bangladesh. The Ministry of Women and Children Affairs is responsible for collaborating with the concerned ministries as well as NGOs to implement the policy in the country.

The policy has a special focus on ensuring human rights and fundamental freedom of women. It

discusses to eliminate all forms of discrimination and women's freedom at all levels. It promotes the Convention of the Elimination of all forms of Discrimination Against Women (CEDAW) to amend discriminatory laws against women and to ensure women's rights as human rights.

The policy also has a special focus on the development of the female child. It focuses on education, elimination of discrimination, protection from sexual harassment and abuse and, the physical and mental health of female children.

Given the importance of health and nutrition aspects in the women's development debate, the policy talks about strengthening primary health care services for women, ensuring rights to nutrition, ensuring reproductive health and rights services and, ensuring safe drinking water and sewerage system.

Furthermore, the policy also discusses pre-disaster, during disaster and post-disaster protection of women and children. Rehabilitation and, ensuring safety as well as security of women and children in pre-disaster, during disaster and post-disaster are one of the focuses of this policy. Supporting women with disabilities during the disaster and providing them special security is also highlighted in the policy.

In addition, the policy recognises the importance of education for women with disabilities and emphasises on inclusive education and health services for them.

The policy also provides recommendations for NGOs and civil society where it prioritises social awareness programme, the inclusion of gender perspective in laws and legislations, integration of women development in all levels of the government and non-government programmes.

While the policy promises women's rights in its agenda, there is no focus given ensuring women's rights to menstrual health commodities as well as on information. Given the fact that gender discrimination starts from home, the policy does not discuss how to ensure women's access to menstrual health commodities. There is also no discussion on the provision of menstrual health education under the

female child development programme. Furthermore, the policy does not either talk about menstrual hygiene management in pre-disaster, during disaster and post-disaster protection of women. Though the policy gives a special focus on women with disabilities, it does not talk about these women's rights to SRH as well as their menstrual hygiene management.

#### 4.2.4. NATIONAL CHILDREN POLICY 2011

The National Children Policy was last updated and published in 2011 with the vision of building the present and future of the children of Bangladesh. According to this policy, the population under 18 to be recognised as children and population aged between 14-18 to be constituted as adolescents. The aim of this policy is to develop plans and programmes ensuring the best development and growth of the children and adolescent irrespective of their age, sex, religion, social, and ethnic group identities.

This policy addresses the importance of child health and further emphasises on undertaking and implementing programmes on reproductive health. The inclusion of reproductive health, physical and mental health in the school syllabus is discussed in the policy.

Adolescent development is discussed briefly in the policy where it highlights developing programme addressing the physical and mental health of the adolescent, creating a learning environment for their physiological and emotional health as well as their reproductive health and protecting them from violence including sexual violence, trafficking, child marriage and so on.

Furthermore, the policy draws special attention to the development of the girl children where it briefly discusses the elimination of gender discrimination and the promotion of girls' education.

While these are important points in this policy, it does not give emphasis on the menstrual health of adolescent girls. The policy also does not reflect on the protection of adolescents' right to sexual and reproductive health care services including menstrual health commodities.

#### 4.2.5. NATIONAL EDUCATION POLICY 2010

The National Education Policy was last updated in 2010 with the aim of prescribing ways through which citizens can be groomed to become leaders in pro-development programmes and contribute to the progress of the country. Under this overall aim, the policy has multiple objectives and strategies for different levels of education.

It discusses creating hygienic awareness among the students such as washing hands and so on, however, it does not talk about menstrual hygiene in primary school. The policy does not have any provision for including adequate toilet infrastructure in the school or learning premises for managing menstrual hygiene.

### 4.3. STRATEGIES

#### 4.3.1. NATIONAL STRATEGY FOR ADOLESCENT HEALTH 2017-2030

The National Strategy for Adolescent Health 2017-2030 addresses the overall health needs of the adolescent by introducing a broader and holistic understanding of the concept of health. This strategy has been developed for the period of 2017 to 2030 in line with the SDGs where it envisages that all adolescents in Bangladesh will be able to enjoy a healthy and productive life.

It has four priority thematic areas of intervention which are- adolescent sexual and reproductive health, violence against adolescents, their nutrition and mental health. The strategy highlights that both married and unmarried adolescents in Bangladesh have a low level of knowledge and limited access to information and services on SRHR. The strategy puts an emphasis on the provision of quality and age-appropriate sexuality education as well as gender-appropriate SRH information for adolescents, irrespective of marital status.

While discussing the vulnerable adolescents and adolescents in challenging circumstances, the strategy discusses strengthening the health service delivery

mechanism to ensure the provision of specialised services to meet the needs of all these groups.

However, the strategy does not explicitly discuss menstrual hygiene nor menstrual health. A special focus has been given on the information on HIV/STI, unsafe sex, unwanted pregnancy, child marriage and, so on, however, the strategy does not highlight the provision of information on menstrual health and hygiene.

#### 4.3.2. NATIONAL HYGIENE PROMOTION STRATEGY FOR WATER SUPPLY AND SANITATION SECTOR IN BANGLADESH

The National Hygiene Promotion Strategy is an integral part of the Sector Development Plan, 2011-2025 for the water and sanitation sector in Bangladesh. This strategy highlights the promotion of three key hygiene behaviours- personal hygiene, food hygiene and menstrual hygiene. The objective of the strategy is to promote sustainable use of improved water supply and sanitation infrastructures and, to create an enabling environment ensuring comprehensive hygiene promotion and practices to reduce water and sanitation-related diseases.

This document briefly discusses the promotion of national-level hygiene where it highlights the following key strategies-

- Demand responsive and demand-driven approaches to extend Water, Sanitation and Hygiene (WASH) facilities;
- Internet-based information system on WASH programmes;
- Thematic group on Hygiene Promotion to facilitate dialogue and discourse among stakeholders;
- Special attention given to the people with disabilities;
- Effective media engagement for public awareness at national and local levels;
- Hygiene education and practice in primary and secondary schools and;

- Inclusion of hygiene promotion in primary, Madrasha and secondary education curricula.

It also provides strategies for hard-to-reach areas based on the socio-economic condition, outreach, geophysical condition and, hydro-graphical condition.

The strategy has a special focus on Behaviour Change Communications (BCC) aiming to improve hygiene behaviour. Connecting hygiene with public health, the strategy highlights that the campaigns should promote personal (including menstrual) hygiene facilities and services at all levels. Moreover, it calls for identifying the behavioural gaps in hygiene practice to develop messages to create awareness.

Though menstruation has not been mentioned explicitly, menstrual hygiene is implied in overall hygiene discussions as it is one of the focuses of the strategy. The strategy mentions the environmental hygiene; however, it does not discuss the promotion of re-cycling the waste connecting to the menstrual pads/ napkins. The strategy also does not discuss the promotion of menstrual hygiene for people with disabilities and their access to inclusive hygiene commodities and facilities. Moreover, it does not highlight the importance of promoting affordable menstrual hygiene commodities, facilities, and services.

### 4.4. OPERATIONAL PLANS

#### 4.4.1. HEALTH, NUTRITION, AND POPULATION STRATEGIC INVESTMENT PLAN

The Health, Nutrition, and Population (HPN) Strategic Investment Plan is developed to ensure quality HPN services with the special focus on equity. The longer-term aim of this plan is to move towards achieving the Universal Health Coverage (UHC) as targeted in the SDGs.

The Ministry of Health and Family Welfare is responsible for the implementation of this plan. The purpose of this plan is also to be the basis for designing and developing programmes and future operational plans.

This plan advocates for comprehensive and effective health care services all over the country with the coordinated efforts from different ministries as well as the civil society organisations.

The plan has a special focus on women's health where it discusses the importance of more investment in reducing high rates of maternal mortality and morbidity. In addition, recognising the fact that adolescent pregnancy entails higher death among adolescent girls, it further highlights this is due to the high rate of forced and early marriage in the country.

However, the plan addresses adolescent sexual and health services only for the early married girls. It does not mention the importance of the menstrual health and hygiene services and information for the girls and women.

The plan also illustrates the under-nutrition status of women and adolescent girls in the country. It discusses that anaemia continues to remain high among the women and girls. While discussing the nutrition status of women and girls, it does not include plan for dietary practice for girls and women during menstruation.

While reflecting on the current health situation of women and girls, this plan discusses to strengthen the physical infrastructure of the health facilities. This includes the basic services in the health facilities such as a separate toilet for women and facilities for the people with disabilities. This comprehensive plan for strengthening the physical infrastructure is yet to be finalised.

The plan discusses to enhance the partnership with the private sectors to ensure improved public facilities and services. While this is crucial for ensuring the menstrual health facilities in the public places, the plan continues to strengthen community engagement for transparent and accountable health care services.

The plan does not explicitly talk about the importance of menstrual health facilities in schools as well as at the work places. The plan also does not discuss the cooperation from the private sectors to ensure menstrual products are affordable for all.

#### 4.4.2. MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH

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The Operational Plan of Maternal Neonatal Child and Adolescent Health has a special focus on improved knowledge of adolescents on SRH issues and, improved knowledge of primary school students on personal hygiene issues. This plan is being implemented from 2017 and will continue till 2022. Directorate General of Health Services is responsible for implementing the plan.

Giving the emphasis on awareness programmes, the plan further discusses the inclusion of counselling for adolescents and senior girls in schools on menstrual hygiene practices. In addition, it highlights strengthening the information communications on SRH issues through short films, posters, calendar and so on. These are not limited to only communications products. The plan also includes the effective dissemination of the SRH information and knowledge through school curricula, school health strategy and, guidelines.

Recognising the importance of training school teachers and other key actors; the plan includes activities for training them on good health habits, personal hygiene, hand washing and, nutrition. It also includes activities for orienting the school management committee on good health habits and, creating awareness among them to make a healthy school environment and, sanitation.

The plan does not underline any actions for including parents in healthy hygiene practice. It does discuss hygiene practices at home and how this can be ensured. Furthermore, the plan does not clearly talk about adolescent girls who do not go to schools and their menstrual health and hygiene management.

#### 4.4.3. LIFESTYLE AND HEALTH EDUCATION AND PROMOTION

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The Operational Plan of Lifestyle and Health Education and Promotion aims to influence the healthy behaviour of individuals and communities, and their living conditions by improving their

knowledge, attitude, practices, and skills by creating a 'health literate society'. This plan is being implemented from 2017 and will continue till 2022. Bureau of Health Education, Directorate General of Health Services are responsible for implementing the plan.

The key component of the plan is to implement a comprehensive Social and Behaviour Change Communications (SBCC) strategy to promote health, hygiene and so on. The plan discusses the activities related to counselling on safe sexual behaviour, mental health, HIV/AIDS and so on among adolescents, but does not include personal hygiene nor menstrual hygiene.

It briefly discusses occupational health and environmental health focusing on ensuring workers' safety and basic needs at the workplace, however, it does not talk about the menstrual hygiene facilities at workplaces.

#### 4.4.4. 7<sup>TH</sup> FIVE YEAR PLAN

Five-year plans are strategy documents for Bangladesh that develop goals and strategies for the country for a five-year period. The Planning Commission of Bangladesh is responsible for developing the strategy document and the commission advises the relevant government offices to follow the strategies to achieve the stated objectives. The Planning Commission translates the multiyear development plan into public investment through the Annual Development Programme. The commission also ensures that public programs and policies are in conformity with its long-term strategy. The 7<sup>th</sup> Five Year Plan has come in to effect in 2016 and remain until 2020.

The 7th Five Year plan addresses the National Hygiene Baseline Survey 2014 data and states that 6 percent of schools have provided any sort of menstrual hygiene session for female students, mostly in urban secondary schools. The document also mentioned that only 11 percent of schools had a separate toilet for girls with both soap and water available, and 3 percent had any facility in the toilets to dispose of sanitary products.

Although, the strategy document acknowledges the poor toilet infrastructure in the schools and the lack of proper knowledge on menstruation among the teachers as well as the students, there is no specific action for improving the situation.

The five-year plan also mentioned that Ministry of Education, Ministry of Health and Family Welfare and Ministry of Information would work together to incorporate the hygiene in the national curriculum. However, it did not specifically mention the menstrual hygiene management for the girl students in schools.

#### 4.4.5. IMPROVEMENT OF TOILET AND SANITATION SYSTEM IN SECONDARY AND HIGHER SECONDARY SCHOOLS, MADRASAHS AND TECHNICAL EDUCATIONAL INSTITUTIONS

On June 23, 2015, the Ministry of Education has instructed through a circular to all the secondary schools, madrasahs, and technical institutions to improve the toilet and sanitation system. The circular has clear instructions on how to take measures to improve sanitation and hygiene in schools for the benefit of the students. According to the circular, the management committees of the institutions are required to create a separate fund for toilet maintenance and recruit manpower to improve sanitation coverage as well as to promote safe hygiene practices. The circular also focuses on the issue of gender-friendly toilets and menstrual hygiene management for the girls. Some of the key highlights of the circular are given below –

- Gender friendly sanitation has to be ensured. All educational institutions have to establish separate toilets for female students. It is compulsory to keep plastic bins with lids in the toilets;
- Suitable toilets have to be built for the students as well as for students with disabilities. Education Engineering Department to take necessary measures for this;
- Female teachers in every institution have to be assigned the task of discussing the issue of menstruation among the female students;

- Managing Committee has to take initiative in providing sanitary napkin (on payment, if necessary) to the female students;
- Adequate flow of air and light has to be ensured in the toilets of educational institutions. Modern technology, motion sensor, and green technology may be used. There has to be the provision of sufficient water and soap in the toilets.

## 5. CONCLUSION

The current policies, strategies, and plans by the Government of Bangladesh need a special focus on menstrual health and hygiene management for girls and women. As mentioned earlier, 41% school-going girls miss schools during their menstruation. This shows the necessity of adequate toilets and menstrual hygiene facilities in the school premises. The review unfolds that girls with disabilities need special attention by these policies and plans; especially those who live in the slums or hard to reach areas. Another key issue that emerges from this review is that there is a gap in addressing menstrual hygiene and health management for girls and women during and after the disaster. Though the policies highlight safety and security for girls and women during and after the disaster, the attention must be given to their menstrual health as well.

Furthermore, these policies, strategies, and plans also need to focus on working women and their menstrual health and hygiene management. The policies need to have clear instructions for toilet facilities at workplaces; especially for the women who work in the factories and the low-wage jobs. This is noteworthy to mention the police-women who mostly work in the field need special attention from these policies. Public toilet with adequate menstrual hygiene and health facilities is required for them when they are on duties.

The analyses of the review illustrate the gaps in the policies, strategies, and plans. However, it is important to mention that these policies, plans, and strategies have given special attention to women's

reproductive health services and information. The Government of Bangladesh recognises women's potential and their rights which are reflected in these policies, plans, and strategies.

The 'Vision 2021' introduced by the Honourable Prime Minister Sheikh Hasina aims to make Bangladesh a middle-income country by 2021. There are many development initiatives by the Government of Bangladesh to improve the economy of the country, and it is crucial to focus on women's economic participation by ensuring their rights and access to health care services and information. Therefore, identifying the gaps in the current policies, plans, and strategies that address women's health are essential for ensuring quality health care services and information. This review provides the recommendations which can be incorporated for better menstrual hygiene and health facilities for girls and women in Bangladesh.

## 6. KEY RECOMMENDATIONS

From the aforementioned discussions, Share-Net Bangladesh provides the following recommendations-

- The National Health policy must address adolescent's health separately as it is very important age group for SRH which is connected to menstrual hygiene management in schools and availability of sanitary napkins at low cost.
- The Population Policy should
- explicitly mention menstrual health connecting with adolescent health;
- focus on menstrual health services for women connecting with the gender equality factor;
- prioritise the underscore needs of women with disabilities and their menstrual health.
- The National Women Development Policy should
  - include menstrual hygiene management education under its women development programmes;

- add a special provision on menstrual hygiene management (including toilet with clean water, soap, light, privacy, menstrual products and, disposal facilities) in pre-disaster, during disaster and post-disaster;
- allocate budget for toilet facilities (including clean water, soap, light, privacy and, disposal facilities) for police women and women in general in the public places;
- allocate budget for inclusive toilet facilities (including clean water, soap, light, privacy and, disposal facilities) for the girls and women with disabilities and their menstrual health and hygiene management in the slums as well as hard to reach areas;
- include clear instructions for the employers to ensure menstrual health and hygiene management for the workers;
- create national awareness for menstrual health and hygiene management for ensuring women's SRH rights.
- The National Children Policy should
  - add a special provision on informing adolescent girls and boys on menstrual health;
  - ensure adolescents' right to sexual and reproductive health care services; including the menstrual health and hygiene commodities.
- The Education Policy should
  - provide instruction/ guideline for schools to ensure adequate facilities (clean water, soap, light, privacy and, disposal facilities) in the school or learning premises for girls so that they can practice menstrual hygiene;
  - create awareness on menstrual hygiene behaviour in school by providing training to the teachers and school management committees.
- The National Strategy for Adolescent Health 2017-2030 should
  - include the importance of the promotion of menstrual health and hygiene connecting to adolescent health;
  - provide a strategy to address menstrual hygiene for vulnerable adolescents (adolescents with disabilities, adolescents living in chars and haors, adolescents who involve in sex work).
- The National Hygiene Promotion Strategy should
  - include the promotion of re-cycling the waste connecting to the menstrual pads/ napkins;
  - promote the inclusiveness of menstrual hygiene commodities and facilities for people with disabilities;
  - promote affordable menstrual hygiene services, commodities, and facilities.
- The Health, Nutrition, and Population Strategic Investment Plan should
  - allocate budget for the promotion of dietary practice during menstruation;
  - include the provision for private sectors to ensure that the menstrual hygiene facilities (sanitary pads, soap and so on) are affordable for all;
  - allocate budget for social and behaviour change communications to ensure community engagement in promoting menstrual hygiene practices.
- The Operational Plan of Maternal Neonatal Child and Adolescent Health should
  - include activities for informing parents about their girls' menstrual hygiene practice;

- include special activities for the girls who do not go to schools to ensure their menstrual hygiene practice through social and behaviour change communications.
- The Operational Plan of Lifestyle and Health Education and Promotion should
  - prioritise menstrual hygiene behaviour for adolescents in its SBCC strategy;
  - include awareness activities for menstrual hygiene facilities (clean water, soap, light, privacy and, disposal facilities) at the workplace.
- The upcoming 8th Five Year Plan
  - provide directions to Ministry of Information to work on eradicating stigma and taboo surrounding menstrual;
  - allocate budget for the schools to improve toilet facility as instructed in the government circular;
  - ensure monitoring at the schools by the local government;
  - incorporate MHM strategy in the national curriculum and training of teachers;
  - provide instructions to Ministry of Labour and Employment to provide proper facilities for MHM; to the women working in RMG and other industries.
- The circular should provide instructions to the Ministry of Education to develop a monitoring plan for ensuring adequate and inclusive toilet facilities in school premises.

## 7. REMARKS

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These policies are rather outdated and the plans and strategies are aimed for 2021. Hence current policies, plans, and strategies need to be updated in order to address the gaps and limitations. The government as well as the development practitioners should collectively develop an action plan for addressing menstrual health and hygiene management for women and girls in Bangladesh with the agenda of *Leaving No one Behind*. This review envisages to provide support to the Government of Bangladesh as well as the other stakeholders in developing future action plans.

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