

Share-Net
Bangladesh

The Knowledge Platform on
Sexual and Reproductive Health & Rights



MENSTRUAL HYGIENE MANAGEMENT (MHM) IN BANGLADESH

AN ANALYSIS OF THE MHM INTERVENTIONS

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PHOTOGRAPHY

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ABBREVIATIONS

MHM	Menstrual Hygiene Management
WB	World Bank
DGFP	Directorate General of Family Planning
SDG	Sustainable Development Goal
UNICEF	United Nations Children’s Emergency Fund
WHO	World Health Organisation
PMNCH	Partnership for Maternal, Newborn & Child Health
BBS	Bangladesh Bureau of Statistics
WASH	Water, Sanitation and Hygiene
SRHR	Sexual and Reproductive Health and Rights
CoP	Community of Practice
BNPS	Bangladesh Nari Progati Sangha
HP	Hope for the Poorest
SERAA	Socio-Economic and Rural Advancement Association
DORP	Development Organisation of the Rural Poor
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
ASA	Association for Social Advancement
BNFE	Bureau of Non-Formal Education (BNFE)
UNDP	United Nations Development Programme
MJF	Manusher Jonno Foundation
IDRF	ICT Development and Research Foundation
WIN	Water Integrity Network
DFAT	Department of Foreign Affairs and Trade
UNHCR	United Nations High Commissioner for Refugees

IOM	International Organization for Migration
GAC	Global Affairs Canada
SIDA	Swedish International Development Cooperation Agency
EKN	Embassy of the Kingdom of the Netherlands
WOF	Weave our Future
BAPSA	Association for Prevention of Septic Abortion
SDA	Society Development Agency
KOICA	Korea International Cooperation Agency
DSK	Dushtha Shasthya Kendra
GCC	Gulf Cooperation Council
IKEA	Ingvar Kamprad Elmtaryd Agunnaryd
WOP	Water Operator Partnership
CARE	Cooperative for Assistance and Relief Everywhere
KNH	Kinder Not Hilfe

EXECUTIVE SUMMARY

Menstruation or menses is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle.¹ Menstrual Hygiene Management (MHM) is the key hygiene process for women to maintain during their menstrual cycle every month, which is an integral part of their reproductive health and overall well-being.

Multiple factors hinder the proper hygiene management involving this natural phenomenon which not only affects the health of women but also their rights to equality and empowerment. According to the World Bank (2019), over 500 million women and girls globally live without adequate facilities of menstrual hygiene management. There are more than 32 million adolescents (10-19 years old) in Bangladesh (DGFP 2026) and half of them are girls and need special attention during their menstruation cycle. Moreover, approximately 1.3 and 2.3 million girls are living with disabilities, who are dependent on caregivers for their MHM.

To understand the context of the MHM situation and relevant interventions in Bangladesh, Share-Net Bangladesh (SNBD) conducted a research study. The aim of this study is therefore, to generate a critical analysis of MHM interventions considering the target groups, geographical presence, disability inclusion, and the method of those interventions.

The result shows that the current and past interventions mainly cover a total 28 districts out of all districts in Bangladesh. Around 17 organisations have ongoing activities with a total of 51 interventions/projects. 51% of these currently ongoing interventions focus on awareness raising and another 36% involved in MHM material supply. The study also looked into the donor perspective in case of MHM interventions and analysed

¹ UNICEF (2019) *Guidance on Menstrual Health and Hygiene*. Available at <https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>

the required fund for creating awareness and breaking taboo regarding menstruation.

Further on, the analysis covers the special features of the ongoing projects, menstrual product preferences, supply of the hygiene products, focus areas of the ongoing interventions and the involvement of men in those projects/interventions. Moreover, a set of specific findings from the online discussion have been included in the report, male involvement, policy of the government, role of media, COVID-19 crisis, role of schools, price and availability of hygiene products, myth and cultural influences and MHM inclusion in Sustainable Development Goals (SDGs).

The study provides recommendations, namely community-based outreach programmes, focusing on MHM in schools, the supply chain management of the hygiene products and so on for effective results in ensuring proper hygiene management. To make the interventions and projects more inclusive, efforts aimed at leaving 'no one behind' are being undertaken, for girls with disabilities as well so they have better accessibility and safety in using school facilities. Girls with disabilities need to be prioritised in implementing the projects.

1. INTRODUCTION

Menstrual health has become a global public health concern while the issue poses severe health concerns for women in general. In 2012, World Health Organisation (WHO) and United Nations International Children’s Emergency Fund (UNICEF) Joint Monitoring Programme (JMP) defined Menstrual Hygiene Management (MHM) as the process where- ‘women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear.’ (UNICEF 2019)

Evidence revealed that over 500 million women and girls globally live without adequate facilities of menstrual hygiene management (WB 2019). Inadequacy remains in the availability of separate toilets for girls, safe disposal of used sanitary pads, water for washing hands and maintenance of menstrual hygiene in a private, safe and dignified manner. On the other hand, poor menstrual hygiene is linked to lack of education, persisting taboos and stigma, limited access to hygienic menstrual products and poor sanitation infrastructure. Hence, the poor management of menstrual hygiene could create various forms of obstacles for millions of women and girls that eventually cause obstacles to reach their full potential (PMNCH 2020).

There are more than 32 million adolescents (10-19 years old) in Bangladesh which accounts for about 21% of the population (DGFP 2026). Half of those adolescents are girls and need special attention during their menstruation cycle. In our society, menstruation is a taboo issue and as a result it leads to

poor personal hygiene and consequently complicated disease for females in Bangladesh.

Undoubtedly, MHM is even more challenging for women and girls with disabilities. This is primarily due to their dependency on a caretaker to manage their menstruation, and the absence of inclusive toilets not even at home, let alone in public places where they have the possibility to roam around. Around 9% to 16% of people live with disabilities and/or any form of functional limitations, among whom approximately 1.3 and 2.3 million girls are living with disabilities. According to the National Taskforce on Disabilities-friendly Disaster Management Affairs, 15,93,070 people are registered as people with disabilities in Bangladesh (2018). However, this national dataset is not segregated according to gender and economic status (Bangladesh Bureau of Statistics 2015).

To understand the context of MHM situation and relevant interventions, Share-Net Bangladesh (SNBD) as a part of their ongoing advocacy activities, conducted a study to find out the nature of MHM interventions in Bangladesh. The study aimed to generate a critical analysis of MHM interventions considering the target groups, geographical presence, disability inclusion, and method of interventions.

1.1 OBJECTIVES OF THE STUDY

- To collate, summarise, and critically appraise and analyse MHM related interventions;
- To generate a picture on availability of resources, an indicative map where the interventions are taking place and the areas which still require the coverage of intervention;
- To find the scope of inclusion of girls/persons with disabilities in each of the interventions; and
- To develop a resource document on MHM interventions in Bangladesh.

2. METHODOLOGY

The study followed a mixed method approach. A structured questionnaire has been developed and shared among the MHM practitioners working in the country for quantitative information and a group discussion was conducted among the practitioners for qualitative data collection.

To conduct this study, Share-Net Bangladesh (SNBD) has reached out to the MHM platform of Bangladesh. The MHM platform is an open coordination body where all the member NGOs working with MHM are invited to be the member so that they can continue to play a role of coordination among three sectors of WASH, SRHR and MHM to generate synergy for combined contribution. The platform opens the avenue of work and shares the best practices in a common stage so that the members could benefit each other. The study used a purposive sample. For the survey, 35 organisations were communicated who are the existing members of the MHM platform among whom 17 responded. It should be noted that the MHM platform has 35 member organisations with experience in MHM related interventions in Bangladesh. A structured questionnaire (questions were both open and closed ended) has been developed and shared with the organisation's focal person through email.

A follow up meeting with the respondents was administered on the online survey, sharing the findings to generate intensive dialogue. The dynamic group of discussants provided in-depth insight on the MHM interventions, 17 participants actively contributed in online discussion.

2.1 INCLUSION CRITERIA

The inclusion criteria for the respondents were-

- Organisations working with MHM and/or MHM with disabilities
- Organisations who are planning to expand their focus on MHM or received any fund to work on MHM
- Member of the MHM platform

2.2 SHARE-NET BANGLADESH AND COP ACTIVITIES

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 hubs, drawing on the years of experiences and interventions by practitioners, researchers, and policymakers in the field of sexual reproductive health, especially placing SRHR at the centre of human rights. Share-Net Bangladesh has 142130 individual members and 10276 member organisations. Share-Net Bangladesh is hosted by RedOrange Media and Communications.

Share-Net Bangladesh brings 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 one another to find solutions and take critical issues forward.

3. RESULT AND FINDINGS

3.1 DISTRICTS COVERING THE INTERVENTIONS

The study tried to capture the districts where the MHM interventions have taken or are taking place. The results show that the current and past interventions mainly cover the following 28 districts out of all 64 districts of Bangladesh.



The study found that around 17 organisations have ongoing activities with a total of 51 interventions/projects. 51% of these currently ongoing interventions focus on awareness raising and another 36% involved in MHM material supply. The study also looked into the donor perspective in case of MHM interventions and analysed the required fund for creating awareness and breaking taboo regarding menstruation.

3.2 LIST OF THE ORGANISATIONS AND POTENTIAL DONORS

The organisations and potential donors that the study found to have active interventions and funds for Menstrual Hygiene Management (MHM) are listed down below.

Table 1: List of the organizations and potential donors for MHM interventions

SI	Name of Organisations	Length of intervention	Number of projects	Donor of the projects
1	Wreetu	4	1	National and International donor
2	Bangladesh Nari Progati Sangha (BNPS)	4	3	Amplify Change/ Simavi
3	Hope for the Poorest (HP)	5	2	ASA/ Dutch WASH Alliance
4	SERAA	20	2	BNFE-GOB/ UNDP/ MJF/ IDRF.

Sl	Name of Organisations	Length of intervention	Number of projects	Donor of the projects
5	DORP	8	2	Water Integrity Network (WIN/ SIMAVI)
6	Oxfam	12	2	DFAT
7	BRAC	12	1 project running (cross cutting)	Charity: water/ UNHCR/ UNICEF/ IOM/ GAC
8	Practical Action in Bangladesh	10	MHM is mainstreamed	Own finance
9	Plan International Bangladesh	12	5	SIDA/European Union/ GAC
10	SOLIDARITY	2	2	UKAID International Parenthood Federation/ Handicap International/ Red Orange Limited
11	icddr,b	8	4	
12	SNV Netherlands Development Organisation	6	1	EKN/WOF
13	BAPSA (Association for Prevention of Septic Abortion, Bangladesh)	8	3	UNICEF/ EKN/ Sida

Sl	Name of Organisations	Length of intervention	Number of projects	Donor of the projects
14	Society Development Agency (SDA)	9	3	Save the Children/ Ahmed Family Fund USA/ Habitat/ KOICA-HA
15	Max Foundation	8	2	EKN/ Aqua for All/ GCC/ Woord en Dard
16	Dushtha Shasthya Kendra (DSK)	6	13	Water 1st International/ Water Aid/ EKN/ IKEA foundation via Rutgers/ WOP/ CARE/ Unicef/ IOM/ KNH
17	SERAC-Bangladesh	5	3	AmplifyChange
18	RedOrange Media and Communications		2	AmplifyChange

3.3 SPECIAL FEATURES OF THE ONGOING PROJECTS

The study tried to find out the special features of the ongoing projects. It found that 67% of projects involve private sectors and 89% of them include men/boys in the project. 89% of the projects somehow involve the girls with disabilities in the project but only 47% of them cover the MH needs of adolescent girls with disabilities. 79% of them said that they ensure disability friendly toilets for girls involved in the projects. 63% of the projects have interventions on urban slums. Only 28% projects collect disability desegregated data from their intervention(s).

Special features of ongoing MHM interventions



Figure 1: Special features of the ongoing projects/ interventions on MHM

3.3.1 PRODUCT PREFERENCES

The study tried to find the product preference of the women involved in the projects. Results show that 63% of them prefer to use sanitary napkins/pads.

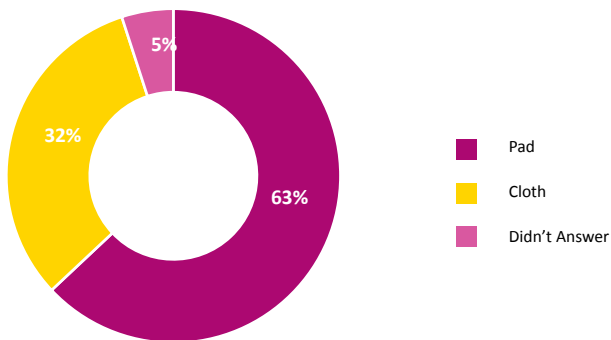


Figure 2: Menstrual product preferences among females involved in the projects

3.3.2 SUPPLY OF HYGIENE PRODUCTS FROM THE PROJECTS

The participants of the study were asked about the probation of supplying sanitary products from the projects. It was found that only 39% of the projects provide such products within the project capacity.

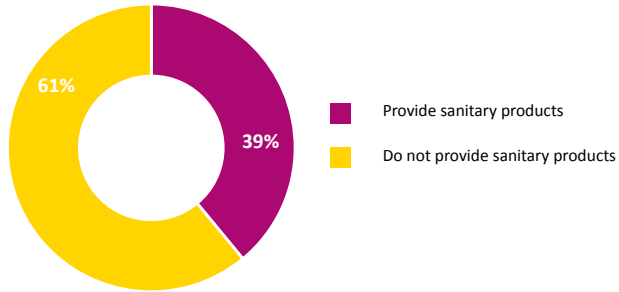


Figure 3: Percentages of hygiene product supplies from the projects

3.3.3 FOCUS OF THE ONGOING INTERVENTIONS

The following graph shows the percentage of focus areas of the ongoing interventions. 51% of the projects focus on awareness raising activities. Dissemination of MHM related is covered by 45% projects, 36% of them distribute MHM related hygiene products, 27% of them have an in-built component of promotion of the hygiene products, 22% of them keep themselves engaged in product development and only 19% of them work for policy reformation.

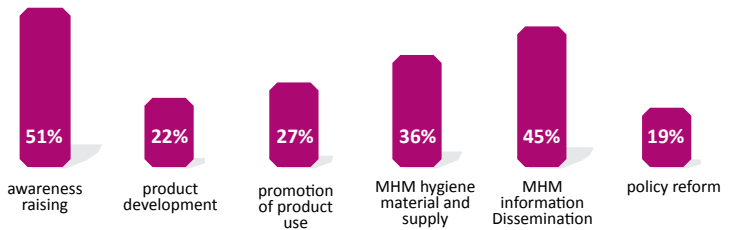


Figure 4: Focus areas of ongoing interventions

3.3.4 MALE PARTICIPATION

The interviewees were asked about the male participation in the projects. Among whom 90% said they involve men at different stages of the project implementation in various capacities. The following figure reflects that in most cases fathers and husbands are to be involved in the project implementation.

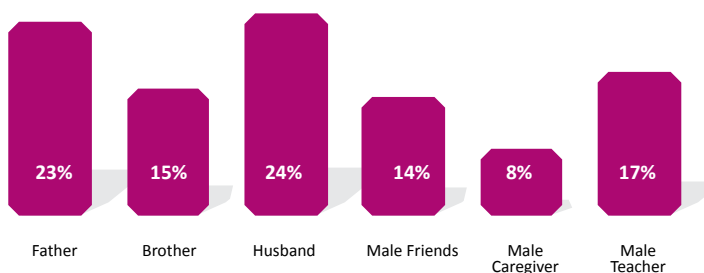


Figure 5: Male participation rate in the projects

3.4 DISCUSSION FINDINGS

Other than the google form the online discussion findings also opened critical issues that need to be addressed to ensure inclusive MHM practice.

Male involvement: In the discussion session, participants put emphasis on involving males and community people in the MHM intervention to have sustainable results. The participants also raised the issue of involving parents in the program to have an effective outcome.

Policy of the Government: The discussion also suggested lobbying with the government and the school management to ensure menstrual-friendly toilets (MHM-friendly toilets)

in schools. Moreover, the discussion pointed out that all the government strategies should include the issue of the girls with disabilities to have inclusive results. The discussants also said that only information cannot change behavior, it also requires proper execution and practice. Structural service-related works, for example, MHM products and MHM-friendly toilets could bring positive change.

Role of media: Mass media and social media can also play a vital role to raise awareness across the community. Expanding awareness and campaigns through the use of Information and Communication Technologies (ICT) and digital technologies is important now-a-days. On the other hand the participants talked about digital mapping of the interventions. Such mapping should be physical and intellectual disability inclusive. The issue of male participation should also be included in the strategies.

COVID-19 crisis: In another part of the discussion, the matter of availability of the hygiene product was raised prominently. The participants recommended that the napkins/pads must be within the reach of the mass people, especially in the context of flood and COVID-19.

Role of school: While discussing the role of school, they expressed that schools can play a significant role. Awareness at schools is very important. Orientation in schools, i.e. orienting teachers, is crucial and should be targeted. Thus, students can be aware that menstruation is not any taboo, rather a part of life. Female students shy away from discussing the topic. They miss out school attendance for 4 to 5 days which ultimately result in school dropout leading to early marriage and also early pregnancy.

Prices and availability of hygiene products: The price and availability of hygiene products is another challenge. Local (desi) MHM products are scarce. The organisation named Wreetu said they supply MHM products at Khulna, Satkhira and Bhola and few flood affected areas. According to their experience, they recommended that telemedicine service

could be made free and available for adolescent girls where they can have hygiene knowledge . They also proposed local folk songs that could help many girls and pregnant women to have correct knowledge.

The organization named SNV said that they mainly work with garment workers. The places which still cannot reach in terms of MHM, the behavioral change can be found where male involvement is concerned. Sensitization, gender-friendly environment has to be made for the garment workers in their working environment.

Myth and cultural influence: The participants also discussed some existing myths like dietary restrictions, prohibition of eating fish, meat, tamarind, etc. that could create long-term health concerns. Thoughtfully designed Social and Behaviour Change Communication (SBCC) campaigns and material development are needed at the mass level in the long term. Due to lack of MHM facilities, constant scenarios like movement restrictions occur; this creates low confidence and poor esteem among adolescent girls. This is a hindrance to adolescents' growth, triggering drop school, absent from schools when they go through menstruation. MHM facilities have to be placed in schools, commercial complexes, and travelling places. Public toilets have to make MHM friendly for wash, change and disposal. Environmentally and scientifically the disposable has to be formed and implemented. Training of young girls, even before the age of menstruation, has to be included in the curriculum. 'The culture of silence' has to be confronted. Free vending machines can be implemented in this regard. If books can be provided for free then free napkins should also be provided.

MHM and SDG: The participants said that SDGs have already mainstreamed MHM. Without including MHM facilities into SDGs as well as national strategies, it is never possible to create equality and women empowerment. Plans of operation should be included in MHM implementation directly, like safe water, water for washing hands, spacious toilets for girls.

4. RECOMMENDATIONS AND CONCLUSION

As we all are committed to the global agenda of SDGs, the SDGs are highly focused on women and girls. It is indeed important to set up a strong monitoring system to observe school based WASH facilities.

Community-based outreach programmes, alongside the focus on MHM in schools, could provide effective solutions. The supply chain management of the hygiene products is also an important element of such projects. Alongside, the private sector involvement needs to be unfolded, which is found low in the study result. On the other hand, locally made cost effective eco-friendly MHM material should be available in the market to cover a large number of user bases.

No project or intervention will result as to be effective and sustainable if adequate male participation is not ensured. Male especially the male members in the families, could contribute a lot to changemaking. Mass media campaigns on awareness building could offer effective results in this regard.

Efforts aimed at leaving ‘no one behind’ are underway, including better accessibility and safety of school facilities including for girls with disabilities. All the programs should include girls with disabilities in the project with a priority basis.

5. LIMITATIONS OF THE STUDY

The study was conducted as a part of the Community of Practice (CoP) contribution towards the ongoing activities of Share-net Bangladesh aiming to develop knowledge products around a specific theme. A limited financial scope was there to conduct a wider research. Moreover, it was a time bound assignment to accomplish. As the study was conducted during the COVID-19 pandemic, it was not possible for the study team to reach out the practitioners in person to gather in-depth programmatic information. The study tried to include all the 35 members of the MHM platform, however 17 members responded in the online data collection response and participated in the discussion. The risk remains to miss out projects and programs that have been implemented in rural and peripheral areas.

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