



**RESEARCH ON**

# **ADOLESCENT TROUBLE**

A qualitative study on menstrual hygiene and  
the forms of sexual exploitation among female  
street adolescents in the dhaka city



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**PUBLISHED BY**

Share-Net Bangladesh

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# TABLE OF CONTENTS

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<b>ACRONYMS AND ABBREVIATIONS</b>	<b>VII</b>
<b>EXECUTIVE SUMMARY</b>	<b>IX</b>
<b>ACKNOWLEDGEMENT</b>	<b>XI</b>
<b>1. INTRODUCTION</b>	<b>1</b>
1.1 BACKGROUND AND CONTEXT	1
1.2 SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND ADOLESCENT GIRLS IN BANGLADESH	3
1.3 PROBLEM ANALYSIS	4
1.4 RESEARCH QUESTIONS	5
1.5 OBJECTIVES OF THE STUDY	6
1.6 HYPOTHESIS	6
1.7 SIGNIFICANCE	7
<b>2. STUDY AREA, METHODOLOGY, AND CONCEPTUAL FRAMEWORK</b>	<b>8</b>
2.1 STUDY SITES	8
2.2 METHODOLOGY	9
2.3 CONCEPTUAL FRAMEWORK	13
<b>3. RESULTS AND ANALYSIS</b>	<b>15</b>
3.1 SOCIO-DEMOGRAPHIC STATUS OF THE STREET CHILDREN	15
3.2 MENSTRUAL HYGIENE MANAGEMENT	17
3.3 SEXUAL EXPLOITATION AND FEMALE STREET CHILDREN	25
3.4 INSTITUTIONAL SUPPORT FOR THE FEMALE STREET CHILDREN: SERVICE PROVIDERS' PERCEPTION	31
<b>4. DISCUSSION</b>	<b>39</b>
4.1 KEY FINDINGS	39
4.2 LIMITATIONS OF THE STUDY	43
<b>5. CONCLUSION AND RECOMMENDATIONS</b>	<b>44</b>
5.1 CONCLUDING REMARKS	44
5.2 RECOMMENDATIONS	45
<b>REFERENCE</b>	<b>47</b>
<b>ANNEX-1: IDI GUIDELINE (STREET CHILDREN)</b>	<b>51</b>
<b>ANNEX-2: CONSENT FORMS</b>	<b>58</b>



# ACRONYMS AND ABBREVIATIONS

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DAM	Dhaka Ahsania Mission
DiC	Drop in Center
MHM	Menstruation Hygiene Management
SCAN	Street Children Activist Network
CMC	Community Management Committee
NGO	Non-Governmental Organisation
SRHR	Sexual and Reproductive Health and Rights





# EXECUTIVE SUMMARY

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In Bangladesh, it is a common picturesque that a big portion of children, who are unprivileged groups for their socio-economic characteristics, live with their families in slums in the city areas. In some cases, children groups, who are orphaned, abandoned or socially excluded, are compelled to live in the streets depending on their capabilities because of not having any alternative. Among them, female street children are the most endangered group. They pass over their adolescent age and grow up in the street. In the case of female adolescents, they are naturally adapted to the reproductive health changes during this period, thus they have to face their menstruation at this phase. Living in the street, females face challenges to meet their basic needs, as a result, it is also noted that the menstruation period remains more cautious challenges for them. Even, sexual abuse and exploitation is also another prevailing context for this group. This study attempted to understand the experiences of a group of female adolescents (aged between 12-19), who are usually involved in street work, focusing on the socio-cultural and economical dimensions of their menstrual practices and behaviour. Further, the study explored the confrontations of sexual abuse and exploitation while working in the street. Additionally, the community-based organisational assistances regarding their security for sexual and reproductive health are uncovered. This study adopted an exploratory qualitative approach: thus, an in-depth interview method has been utilized to learn the experiences of the female street adolescent group regarding their practice and

knowledge about menstruation, experiences about abuse and exploitation. Few adolescents have been interviewed from a Drop-in Center to explore the difference between their lifestyle in the centre and on the street. To know the source of information about hygiene maintenance, self-protection and sexual reproductive health few guardians have been also interviewed. To overview the assistance and challenges of the Community-based organisation, a street children activist, counsellor for mental health, project manager of the Drop-in Center and school co-ordinator of an education-based CBO have been interviewed. In terms of demographic status, the study finds that adolescent females move to the street because of the parent's death, hardcore poverty, domestic torture, less care, negligence, domestic torture, and escaping from home. So, these girls are victims both at home and on the streets. Focusing on the menstruation practices, it reveals that most of the participants were using old clothes, re-using the same cloth by washing and dried in a hidden place. Lessons and practices regarding menstruation hygiene remain with traditional influence. They face some common health problems during this period including pain in the lower abdomen, vaginal irritation, vaginal infection. Hospital-based treatment is absent among them. They take treatment from the local pharmacy. In the case of abuse and exploitation, verbal abuse, molestation, intentional touch, rape, kidnapping, trafficking is noticed. Despite community-based organisations work, they can put efforts for a limited group for its challenges and limitations. Concentrating on these vulnerable groups of adolescents, much attention should be given by introducing the policies on improving the Sexual and Reproductive Health (SRH) programmes that are exclusively focused on adolescents. It has been found that the programs are not primarily mentioned the SRH needs rather strategically bundled with other interventions.

# ACKNOWLEDGEMENT

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Throughout the journey of completion of this paper, I have received relentless assistance and support.

First of all, I would like to thank Share-Net Bangladesh to provide financial support to conduct the research entitled “Adolescent Trouble: A Qualitative Study on Menstrual Hygiene Management and Forms of Sexual Exploitation and Abuse among the Street Children in Dhaka City” as a part of Young Researcher Fellowship Award-2020.

Then I would like to acknowledge my instructor Chand Miah, Senior Research Assistant, BRAC James P Grant School of Public Health, BRAC University for his valuable guidance throughout the completion of this study. Also, provide professional proofreading support to complete the writing. His insightful feedback pushed me to sharpen my thinking and help to choose the right direction to complete the study successfully.

Now I would like to give special appreciation to my professor AFM Zakaria for his tremendous support throughout the journey.

Then I would like to thank my assistants, Sanjida Yesmin Shuvra for assisting me during fieldwork and Pranto Paul for assisting me in reviewing the literature, completing the transcriptions.

Besides, I would like to thank my parents for their wise counsel and support.



# 1. INTRODUCTION

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## 1.1 BACKGROUND AND CONTEXT

Adolescence is a transition phase for every individual and it is a unique stage of human development which is an important time for laying the foundations of good health. Adolescents experience a rapid physical, cognitive and psychosocial change. These changes occur simultaneously but at a different pace for each adolescent depending on his/her gender, socio-economic background, education, other structural environmental factors (UNICEF, 2006). This shapes their thought, feeling, behaviour, the pattern of interaction, and decision-making capability. To grow and develop in good health the adolescents need information, including age-appropriate comprehensive sexual education; opportunities to develop life skills, acceptable, equitable, appropriate and effective health services, safe and supportive environments (WHO, 2020). Despite being healthy, the adolescent years are shattered by illness, injury, poverty, poor lifestyle, unhygienic practice which put their health at risk. Bangladesh as a developing country encounters many problems like over-population, scarcity of resources, unmet basic needs, and inadequate social safety nets to its future generations. Millions of children in this country have

a childhood that is starkly and brutally different from the ideals that were adopted in the Millennium Declaration 2000 (Islam, 2013; UNICEF, 2010). They are deprived of the rights and privileges like proper food, nutrition, education, health, and hygiene facilities in society (Ahmed et al., 2015). They are known as street children. As this study has the main focus on understanding the experiences of “street children”, the clarification of this group of participants is required at initial attempt for a better contextualization how the study utilizes them. According to the United Nations-“any boy or girl, for whom the street in the widest sense of the word which has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised, or directed by responsible adults.” Save the Children, “a street child is any minor who is without a permanent home or adequate protection” (UNESCO 1995, p. 286). By giving these definitions we can find three important elements to being a street child, such as the time children spend on the street, the street as a source of livelihood, and the lack of protection and care from adults (Panter-Brick, 2002). In Bangladesh, about one and a half million children roam in the street of urban areas (Hosen, 2015). Being on the street the children have been confronted unexpected challenges. Many studies have explored the street children focusing on their socio-economic condition, marginalities, poverty, challenge in entering into education (Afrose et al, 2018). Even female street children have been focused on several studies to know their lifestyle with these extreme marginalised situation (Rahman et al., 2017). But adolescent girls in the street work are explored from the perspectives of menstrual hygiene and sexual harassment. Considering the emergences of the present debate about rights of adolescent girl, the study tried to explore the experiences of adolescent troubles regarding menstrual hygiene management and sexual abuse among the female street adolescents engaged in street works in Dhaka city.

## 1.2 SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND ADOLESCENT GIRLS IN BANGLADESH

Sexual Reproductive Health (SRH) is still a cultural taboo in Bangladesh, especially for adolescents and young people, and particularly outside marriage. Parents do not feel comfortable discussing SRH issues with their adolescent children and schools provide very limited or no information on SRH. Adolescents often face difficulty getting information and guidance regarding these issues, and their access to SRH-related services is even more limited (Nahar et al. 1999). The recent study in the Dhaka slums showed, among girls and women ages 15-19, inadequate knowledge about SRHR issues, including sexual rights, reproductive health and rights, the period of pregnancy risk during the menstrual cycle, adverse effects of teenage pregnancies, emergency contraception, and service points for SRH services (Rahman, Hossain, and Amin 2012). In Bangladesh, two-thirds of all reported Sexually Transmitted Diseases (STDs) occur among people under 25 years and this is much higher among women aged 15-19 than the male of the same age (Uddin, 2011). According to a recent survey conducted by ICDDR, documented that among the adolescents of Bangladesh there is poor knowledge of sexual and reproductive health and “what is known” is often incorrect and derived through communication with a knowledgeable person like friends. But the adolescents rarely discuss these issues with parents and teachers. In Bangladesh, the adolescents live in a community that hold traditional beliefs which still do not allow the discussion of accurate reproductive health. Even access to accurate information on reproductive health issues such as family planning, Sexually Transmitted

Diseases, physiology, sexuality is discouraged. The available literature sometimes contains inadequate and misleading information (Huq et al., 2005).

## 1.3 PROBLEM ANALYSIS

Street children are vulnerable to economic conditions and face challenging situations due to a lack of enough support for basic needs (Dutta, 2018). According to the Bangladesh Institute of Development Studies (BIDS), estimating that there are about 3,80,000 children who live on the streets of Bangladesh, and the majority of them (55%) are in Dhaka city (Abdullah-Al-Helal, 2017). Unnayan Onneshan's report (2012) accounts about the street girls, mentioning that the majority (37.50%) of the street girls in Dhaka city are street vendors like selling flowers, followed by a significant percentage of girls who are forced into prostitution (18.80%), work as shopkeepers (12.50%), work in the clothing industry (6.25%), and hawk paper and toys (6.25%). This report also refers to the street girls' (6.25%) involvement in begging at the street as their livelihood (Osmani and Hossain, 2020). It is undoubtedly notable that street girls are more vulnerable following their nature of gender perspective as there is a concern of reproductive health changes at adolescent period an influence of being sexual exploitation. It is common for them to experience challenging situations considering homelessness, exploitation, hazardous labouring, abuse of different kinds, health difficulties, coercion by adult gangs, lack of education, and lack of identification papers (Osmani and Hossain, 2020). They are also subject to be vulnerable to exploitation and frequently find themselves the victims of sexual abuse and at risk of HIV/AIDS infection, physical torture, and trafficking (Osmani and Hossain, 2020). Becoming a victim to different physical, verbal and mental abuses are apparent (Uddin 2003). Many studies showed that they were practising



an unhygienic lifestyle, such as lack of fresh drinking water, lack of washroom facilities, lack of proper sanitary products-that leads them into an endangered future (Hosen, 2015; Afrose et al 2018; Denno et al.,2014). Despite all these existing lackings and vulnerabilities, the street girls face another vulnerable situation during adolescent age following the natural start-up of the menstruation cycle. It is found that knowledge about hygiene menstrual practices is not well known to street children due to their lack of access to information (Afrose et al., 2018). Many females all over the world do not have access to adequate safe and hygiene practices during the menstruation period (Khanna, 2005; Bhattacharya, 2018). More specifically, for female street children, menstruation is perceived as an embarrassment, a lost opportunity, a missed meal, a health risk and a more challenging situation (Bhattacharya, 2018). These marginalised groups of people suffer from health problems due to the unavailability and accessibility of health services. Female street-dwellers were mostly affected by reproductive health problems due to their vulnerable work condition and socio-economic context (Chimdessa and Cheire, 2018). This study explored the reproductive health practices focusing on menstrual hygiene and the experiences of sexual harassment being adolescent girls and involved in street works. Along with this, the study uncovered the provider's perspectives to contextualize the challenges and actual scenarios in terms of their activities to the street children.

## 1.4 RESEARCH QUESTIONS

- What are the socio-cultural and economic dimensions of menstruation behaviour and practices among female street adolescents?
- What are the ways of sexual abuse and exploitation confronting the adolescent girls as street worker?

- What are the role of the community-based organisations (non-governmental organisations) to address their problems regarding menstrual management, sexual exploitation, and SRH services considering their socio-economic condition?

## 1.5 OBJECTIVES OF THE STUDY

### 1.5.1 BROAD OBJECTIVE

The broad objective of this study aims to uncover knowledge and practices regarding menstruation and the forms of sexual exploitation being a female street worker.

### 1.5.2 SPECIFIC OBJECTIVES

1. To understand the degree of knowledge, practice, and sociocultural dynamics regarding menstrual hygiene management among female street adolescents in Dhaka City.
2. To explore the forms of sexual exploitations that adolescent girls experience being street workers.
3. To identify the supports, perceptions, and roles of community-based organisations (non-governmental organisations) to ensure the accessibility of health services and social protection for them.

## 1.6 HYPOTHESIS

The street children are extremely vulnerable in terms of their health needs and healthcare-seeking behaviours (Madhavi and Paruvu, 2019). They are prone to sexual abuse, rape, prostitution, sexual bartering and exchange, casual sex, and early exposure to both heterosexual and homosexual

behaviours (Chimdessa and Cheire, 2018). Under this backdrop, the core hypothesis of this study is to uncover the degree of vulnerability to health conditions regarding MHM and to the context of sexual exploitation from the perspectives of female street adolescents.

## 1.7 SIGNIFICANCE

Worldwide the scenario of street children is alarming but is more prevalent in the poor nations of Asia, Latin America, and Africa (Afrose et al., 2018). According to SDG goal number 3 – “Ensuring healthy lives and protecting well-being for all persons with disabilities”. It also includes “Accessing sexual and reproductive health services and reproductive rights for all persons with disabilities.” SDG 6.2 acknowledges “The right to menstrual health and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”. This study will show how the targeted group of this study has been overlooked in this hygiene management system. They are also the citizen of Bangladesh and they also have the right to live a quality life. Menstruation is a very natural phenomenon for every woman. But low- and middle-income families have poor knowledge about menstruation and count it as trouble especially the street dwellers. The lack of basic knowledge about puberty and menstruation may contribute to early pregnancy, the stress and shame associated with menstruation can negatively affect mental health and unhygienic sanitation products may make girls susceptible to reproductive tract infections which affect SDG outcomes (goal 3) (UNICEF, 2019). Being on the street the female street children are at high risk of being sexually and physically harassed and abused. This study would make this portion of the population visible to the respective institutions, groups, policymakers, development partners for assistance regarding these issues to improve their sexual and reproductive health.

## 2. STUDY AREA, METHODOLOGY, AND CONCEPTUAL FRAMEWORK

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### 2.1 STUDY SITES

The research selected five different locations of Dhaka City as study sites. The selected areas were Biman Bandar Railway Station, Suhrawardi Udyan, Shaheed Minar, Chandrima Udyan, and Dhanmondi lake. The study areas were selected purposively because these places are the target work stations of the street children. Female street children are found available in those places. They are engaged with the economic activities here. In Shaheed Minar, TSC, and Suhrawardi Udyan the females sell flowers from morning to evening. They collect flowers from Shahbag and come back to the spot for selling. In the airport railway station girls being seen selling cigarettes and betel leaves. In Dhaka city, these sites are considered as a crowded place. So, these spots are the hubs of street related activities. Besides, Dhaka Ahsaniya Mission Drop-in Center, Mohammadpur has been chosen to understand the adolescent girls' views, who were previously used to work in the street and now are under rehabilitation process of this center.

## 2.2 METHODOLOGY

### 2.2.1 STUDY APPROACH

This research adopted an exploratory qualitative approach. For the qualitative nature of the research, in-depth interview method has played a vital role in collecting data from the study participants. Literature review as part of archival exploration has been initially done before the field data collection. The fieldwork duration was from October 19 to November 15, 2020. A semi-structured interview guideline focusing on the street children has been prepared and tested before starting the interviews of this research. Separate guidelines have been also prepared to interview the guardians and service providers of CBO.

### 2.2.2 DATA COLLECTION AND SELECTING THE PARTICIPANTS

The target population of this research was the female street adolescents. In this study total, 25 people have been interviewed from each research site. Numerous journals recommended 25-30 participants is the minimum sample required to reach saturation and redundancy in studies that use in-depth interviews (Charmaz, 2006; Morse, 1994,1995). According to Morse (1994), the sample size is approximately 30 – 50 participants. For grounded theory, Morse (1994) suggested 30 – 50 interviews, while Creswell (1998) suggested only 20 – 30. In qualitative research, the number of participants depends on reaching saturation. So, lastly adding more participants did not result in an additional perspective of information. So, three female street adolescents, two available guardians of these female participants, and one community police have been interviewed. In total, 15 children from the street, 3 children from the Drop-in Centre, 2 guardians, 4 service providers, 1 available community police have been interviewed.

As per the research objective, the inclusion criteria of the target group have been depended on-

1. Female street adolescents, age 12 to 19 years old.
2. Deprived of education (Did not attend a school or attended up to 5th grade).

The participants have been identified by going directly on the street, rail stations, lakes and parks. Further contact or identification has been done by snowball strategy where their friends have been interviewed. In total 18 children have been interviewed. Among them 15 were street children and 3 were from Drop-in Center. Three girls have been interviewed whose age was twelve but did not started menstruation yet. But as they are working as a street child, it has been tried to find the experiences about sexual abuse and exploitation during street work. Additionally, guardians have been interviewed to understand the degree of knowledge, source of information about menstruation as well as self-protection and by interviewing community polices trying to find witnessing any of abusive and exploitation case during street work among these street females. Moreover, a street children activist from Street Children Activist Network (SCAN), a counsellor and a project officer from Drop in Center of Dhaka Ahsania Mission have been interviewed to know their activities regarding the female street children.

### 2.2.3 SAFETY MEASUREMENTS DURING FIELDWORK

Considering the context of the COVID-19 pandemic in Bangladesh, it is challenging to conduct fieldwork at the community level to collect data. After receiving the public health emergency declaration from WHO, the government of Bangladesh planned to respond by imposing safety guidelines for the citizen to control the spreading. During data collection,

minimizing the risk of spreading COVID-19, the field team has followed the government rules:

- Maintained social distancing of at least 3 feet.
- Used disposable gloves, masks and
- Washed or sanitized hands thoroughly before and after each visit.

### **A. Literature Review**

To understand the context of Sexual and Reproductive Health (SRH) in our country and how the street children access and manage their SRH by living on the street, a literature review has been done initially. These pieces of literature gave knowledge about these vulnerable groups, their challenges, the rights and policies that have been taken for them to secure their life. The survey reports, the policy analysis reports, and government databases have been explored. Moreover, also the newspapers, social media sites Facebook, and YouTube have been dug out.

### **B. In-depth Interview**

In this research, the practice, knowledge, and experiences about menstruation, exploitation of the female street children have been explored which was not discussed openly in Bangladeshi society. So, this method has helped to get a complete picture of their experiences and explore the new issues in-depth. An interview guideline has also been followed to conduct the IDI.

### **C. Observation**

The observation method has been followed here to understand the participants' non-verbal behavior while taking the interview, such as interactions, emotions, their preferences, their tones. This method has worked as an

additional method to explore better and discover the aspects of any subculture (Ciesielska et al., 2018). Before starting the interview in a new site, it is very important to have proper knowledge about the population and the site. To build rapport a small talk has been started by buying flowers, peanuts, chocolates, tea with female adolescents. Their reaction as well as the perceptions and behaviour towards the street girls have been observed. In this research, this method helped to explore the perception towards exploitation. It has been observed that these girls were intentionally touched by the unknown and known person of their surroundings, but they did not consider it as exploitation or abuse. It has been also observed the behaviour of the general people towards the street children. Observation notes were taken during fieldwork.

## **2.2.4 ETHICAL CONSIDERATION**

To maintain ethical issues, consent has been taken from each respondent before the interview. Interviewers informed the respondents about the study purpose and usage of findings for reporting and publication. The interview was audio-recorded after taking the consent. Confidentiality has been maintained to the personal information and identifications. In the case of interviewing the participants who are under 18 years, then the permission/consent was taken from the local guardian who has been acted as guardian in absence of their biological parents. It can be any of her relatives. Literate participants and guardians read the consent paper first and then gave their consent by signing the consent form. For those who could not give a sign, their thumb expression has been collected.

## **2.2.5 DATA ANALYSIS**

All the tape-recorded data were transcribed verbatim in Bengali and then translated into English. Transcriptions were read twice to familiarize with the findings before the



coding process. A priori code list was created initially that was followed during coding as a deductive approach. While coding there emerged a few new themes that were adopted as an inductive approach. The observation notes which were taken during fieldwork have also been considered for the data analysis process. A data display matrix has been developed based on the clustered themes that were emerged following a similar coding pattern and interpreted the findings relying on thematic areas. In this research, a professional qualitative researcher has been engaged as a consultant who guided in terms of developing the guidelines for data analysis as well as providing feedback for report writing.

## **2.3 CONCEPTUAL FRAMEWORK**

The conceptual framework has shown how societal norms, barriers, economic constraints, and cultural taboos affect their individual spaces and push a female adolescent into a vulnerable sexual and reproductive health condition. The risk factors of sexual and reproductive health regarding menstruation, sexual, and physical exploitation depends on some indicators that positively and negatively affected their knowledge and helping to shape their practices. Negative indicators are working as the barriers to getting the health-seeking behaviors during adolescence. They are the lack of specific space for living, lack of knowledge about healthy hygienic practice, lack of fresh drinking water, lack of nutritional food, deprivation of human rights, etc. Positive indicators can be brought by the organisational assistance by the community-based organisations to improve their lives.



**Figure 1:** Conceptual Framework of risk factors regarding menstruation and sexual exploitation among the female street adolescent

# 3. RESULTS AND ANALYSIS

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## 3.1 SOCIO-DEMOGRAPHIC STATUS OF THE STREET CHILDREN

Most of the participants were female street adolescents. In this study total 18 female street children have been interviewed. Among them, 13 children were “children on the street” means who worked on the streets and slept at home. Two children found “children of the street” means who worked on the street and slept on the street. Most have one biological parent at their homes, and few lived in an extended family where their other siblings worked in the street also. No one had been living on the street since birth. They had migrated from rural areas and came to Dhaka in search of jobs. The main reasons behind choosing street work were parental death and poverty. Few participants added that they fled from their home due to extreme physical torture, abusive activity, domestic violence by their relatives, parents and stepparents. The inclusion criteria for the participant were those who have no proper education. Three children from the Drop-in centre have been interviewed to explore the lifestyle of those girls who had experienced both life at street and in the drop-in centre. This drop-in centre is established

to provide recreational, educational, counselling services, and health services to a particular group, like street children. It has been found that few community-based organisations have been working for them. They worked in some specific area such as- Pushpakali School works for the street children of Rabindra Sharabar and Dhanmondi Lake, another organisation named Mojar School worked for the street children of TSC and Shawrawardi uddan. These organisation provide foods (khichuri), provide basic education, invite them to go to their shelter home and in winter they provide winter cloths also. Moreover, in the special occasion and national days they arrange some events and provide them food.

### Socio-Demographic Information

Category of the respondent	Income	Occupation	Reasons for moving in the street	Education
<ul style="list-style-type: none"> <li>• Children on the street</li> <li>• Children of the street</li> </ul>	<ul style="list-style-type: none"> <li>• 200-400, sometimes 500</li> </ul>	<ul style="list-style-type: none"> <li>• Selling flower,</li> <li>• Selling betel leaf,</li> <li>• Selling chocolates,</li> <li>• Begging,</li> <li>• Rag picking</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic violence by the relatives, parents.</li> <li>• Parental deaths</li> <li>• Poverty</li> <li>• Searching jobs</li> </ul>	<ul style="list-style-type: none"> <li>Did not attend school</li> </ul>

## 3.2 MENSTRUAL HYGIENE MANAGEMENT

This research investigated the adolescent girls' menstruation practices among the adolescent girls. Five major themes have been identified regarding menstrual hygiene management that are explained in this section: i) Knowledge about menstruation, ii) source of information, iii) practices during menstruation, iv) beliefs and restrictions during menstruation, v) practice associated health risks.

### 3.2.1 KNOWLEDGE ABOUT MENSTRUATION

This study reveals that menstruation is an unfamiliar concept among the participants until they face it. Most of the participants were unaware of this menstrual phenomenon, they get familiar with this concept while they start menstruating. They termed this phenomenon as “menses” and ‘mashik’. One participant mentioned-

*“One day I noticed a cloth full of blood of my elder sister in our washroom, then I ran to my elder sister to know about this cloth. She hides it from me, saying that you know this automatically whenever you will grow up. All girls have to face it.” (IDI\_ 7\_Street Children\_Shaheed Minar)*

The study participants came to know about menstruation when they first started menstruating, and it was very unusual for them. That's why the girls were frightened and nervous after seeing the menstrual blood first. Then they rush to their mother. Even the girls did not know where the blood comes from. They have the misconception that this menstrual blood emits from urinary tracts. So, they thought they got any harm to this organ, which causes bleeding. One participant added-

*“When my menstruation had started, I didn’t know about that before. I thought I was injured. I rushed to my mother and said her there was bleeding from the urinary tract. My mother told me that not to worry and taught me to use clothes” (IDI\_3\_Street Children\_Airport Railway Station)*

But there have been found some differences among the females who were in the Drop-in Center regarding menstrual practice. All the participants from the drop-in center used sanitary pads which were provided by the institution. One participant added-

*“When I was on the street in the Kamlapur Railway Station, I did not know about the sanitary pads. I used clothes.... But now I am living in this center where Apu provides us sanitary pads. They teach us about the using process and aware us of menstruation.” (IDI\_18\_DiC\_DAM)*

The children in the drop-in center get knowledge from the center about how to maintain self-hygiene during menstruation, etc. The counsellor and the paramedics of this center provided knowledge about these children’s biological changes when they reached adolescence. They provided sanitary products and treatment if any children needed. One participant added-

*“My age is 15 now but my menstruation has not started yet. Our doctor Apu said that my menstruation will be starting in my late teens. I take medicines for this problem. But she told me whenever I have my bleeding then inform her immediately. Though I have not menstruated I know what to do, why it happens,*

*what is forbidden, and what we should eat. Here after Apu us to use pads when girls have menstruation. We should eat all kinds of nutritious food. We do not talk and mix with the boys during menstruation.” (IDI\_19\_DiC\_DAM).*

### **3.2.2 SEEKING INFORMATION REGARDING MENSTRUATION**

Menstrual knowledge remains as a vital concern for adolescent girls considering their reproductive health. As these street children did not attend school, some did not live with their families, so they have limited access to knowledge about menstruation. This study revealed that the majority of adolescents got their first menstrual information from their mothers after menstruation. Few mothers taught their daughter before menstruation to come immediately after seeing the blood. It has a significant impact on menstrual knowledge building and practices. It has been found that the first experience of menstruation was associated with fear, embarrassment, frightening after seeing blood. No participant was found who knew properly about menstruation in detail (where the blood comes from, why it happens). The other major informants about menstruation were elder sister, grandmother (nani), and friends.

*“My grandmother(nani) taught me to use clothes.”  
(IDI\_1\_Street Children\_Airport Railway Station)”*

*“I was playing in the playground in our village. Suddenly I saw bloodstains in my pajama. I ran to my mother and told her that I got a wound and it started bleeding. Then my mother took me inside and gave me an old piece of cloth saying it happens to every girl when they reach their adolescence (IDI\_3\_Street Children\_Airport Railway Station).”*

Adolescents' mothers also showed that they suggested using old clothes because traditionally she used clothes during her menstruation days.

*“When I was young my mother told me to use old clothes. Our generation and even previous generations practiced using clothes during menstrual period as it was available and easy to use. Now I tell my daughter to use clothes.” (IDI\_13\_Guardian\_Chandrima Udyan)*

### 3.2.3 PRACTICES DURING MENSTRUATION

Most of the female street adolescents mentioned that they use ‘old clothes’ to prevent the blood flow during menstruation. Using old clothes is a common practice among the participants. This is a traditional form of menstrual practice what they learned from the family members. Usage of sanitary pads and adult pampers was hardly practiced by two participants. Usage of sanitary pads was not regular. Some used it only while working in the street. They preferred to stay at home. One replied-

*“During menstruation, I used old clothes while staying at home. But I used Joya pads when I go for work in the street.” (IDI\_3\_Street Children\_Airport Railway Station)*

Some participants are used to go to the street during their menstruation in terms of their work and income. During menstruation, the adolescents wore menstrual cloth before coming to the street. They passed the whole day in the street wearing that cloth. After returning from street work to home, they changed these clothes at night.

*“I change this menstrual cloth at night, in the morning after taking a bath. I will take another cloth to use. (IDI\_4\_Street Children\_TSC)”*



Two participants found using pads and adult pampers. They changed their pads and pampers twice or thrice in a day.

*“When I have to go outside for work purposes, I take three pads with me during my menstrual period. I took three pads with me because I have a heavy flow during menstruation. (IDI\_3\_Street Children\_Airport Railway Station)”*

*“I changed the pampers four times in a day while I was at home. During the street work there are no washroom facilities in the street and sometimes I changed my pads in a narrow place of any parks” (IDI\_8\_Street Children\_TSC).*

These female street adolescents used public toilets to keep themselves clean during the street work time. Facing any critical condition or excessive bleeding, they change their pads in the public toilets. They had to pay for using the public toilets.

*“During menstruation, I used the public toilet of TSC, and sometimes I took a bath there. For this reason, they cost 20 takas from me. (IDI\_7\_Street Children\_Shaheed Minar)”*

Most of the female adolescents did not dispose the used clothes during their menstruation until the clothes had torn out. After washing the menstrual clothes, they dry them inside, hidden in a narrow corner, under the bed. After each menstrual period, these clothes were washed, dried, and stored in a secret place. But in the case of using sanitary pads, they always disposed them by washing them. They were not allowed to dispose it without washing it because they have some beliefs regarding this issue.

### 3.2.4 BELIEFS, MISCONCEPTIONS AND RESTRICTIONS

The adolescents and mothers practiced some restrictions while having menstruation, which has been practiced traditionally. A few participants disposed the menstrual clothes and pads by smearing mud into them to avoid “black magic”. Their grandmothers introduce this notion of “black magic.” They believe using pads are associated with female fertility. Some myths and misconceptions have also been played a dominant role to affect their practices. They perceived those women who used sanitary pads lost their fertility. A popular notion was found among the participant was-

*“We learned that we need to avoid pads because if we throw it without washing the evil power will harm us. In our village, one woman used pads and threw these used pads in the dustbin. A few months later she gave birth to a dead child and never became pregnant.” (IDI\_11\_Street Children\_Chndrima Udyan)*

Guardians also preferred to choose old clothes instead of pads due to some religious aspects.

*“If my daughter use sanitary pads and throw in the dustbin then it will bring a curse to us in Akhirat. So, I preferred my daughter would use old clothes. IDI\_17\_Guardian\_Chandrima Udyan))”*

Eating behaviour is also influenced by the menstrual period. Culturally, they are accustomed to maintaining a set of food intaking restrictions. They have restrictions on eating, for example, sour items should be avoided for excessive bleeding, fish should be avoided for causing bad smell in menstrual blood.

*“My mother said don’t eat fish during menstruation because it causes bad smell in my blood. (IDI\_11\_Street Children\_TSC)*

*“During menstruation, tamarind should be avoided because it causes excessive bleeding. (IDI\_14\_Street Children\_Shohrawardi Udyan)*

Moreover, the girls have restrictions on roaming outside because they were perceived as impure. During menstruation, the evil power will harm them if they roam outside. They are not allowed to touch the holy book Quran because their body is impure in that period. They cannot go to the cattle house because they believed if she touches the cattle during her menstruation it will cause harm to it.

*“During menstruation, roaming outside like going to the cattle house is not allowed because we are impure at that moment so we can harm the cattle” (IDI\_7\_Street Children\_Shaheed Minar)*

### **3.2.5 MENSTRUATION DISCLOSURE: SOCIAL TABOO AND MATTER OF SHAME**

The female family members feel embarrassed to talk about this issue. This topic of menstruation is not very important to them. Even guardians were reluctant to talk about menstruation with females also. They feel shy and they perceived it as a shameful topic to discuss. One guardian added-

*“why did you ask me about this topic? You are also a woman, you know what happened during menstruation, why would I tell you? It is a matter of shame. I feel shy to talk about this issue. (IDI\_18\_Guardian\_Rabindra Sharabar)*

Sometimes the mother does not feel comfortable teaching her daughter about menstruation. One guardian replied-

*“When my daughter shared with me about her menstrual bleeding, I sent her to my daughter-in-law to discuss. Why would I teach her where there is a young person available in my home. I am old enough to discuss this issue.” (IDI\_13\_Guardian\_Chandrima Udyan)*

Menstrual clothes are considered harmful and shameful, so men or boys must not see it. One participant added-

*“...after washing these clothes, I dried it under the bed. It is a matter of shame, and it should never be discussed in front of the male members. ....This cloth was never get dried with the other clothes, it should be kept in a secret place, that’s why.... I hung a rope under my bed and dried this cloth there. I feel embarrassed when someone saw this cloth. (IDI\_9\_Street Children\_Shaheed Minar)*

### 3.2.6 PRACTICE ASSOCIATED HEALTH RISK

Due to cultural restrictions, menstrual clothes are dried indoors, even though these are not dried properly after washing, the water they use is not clean at all. When these clothes are stored in a narrow place, they are sometimes infested with insects. Repeated use of such old clothes causes rashes, vaginal irritations, vaginal infection, which pushes a girl towards more vulnerable situations regarding her sexual and reproductive health. During menstruation, the common problems that the participants claimed were physical discomfort, pain in the lower abdomen, and tiredness.

*“There was pain in my lower abdomen during menstruation. It stayed for the first two days. Sometimes I faced weakness and felt irritations in my vaginal area.” (IDI\_8\_Street Children\_TSC)*

### **3.2.7 HEALTHCARE SEEKING BEHAVIOUR**

A few female adolescents reported being very reluctant to seek treatment for any health problems. They preferred to seek treatment from mothers, peers, and elder sisters. If they did not recover, they consulted local pharmacists. They would visit a hospital or doctor only for a severe case. However, hospital-based healthcare-seeking behaviour is absent among them.

*“When the pain is unbearable, then my mother gives a painkiller from the local pharmacy to reduce the pain, which costs 3taka only. I never go to the hospital for this kind of pain.” (IDI\_11\_Street Children\_Shaheed Minar).*

## **3.3 SEXUAL EXPLOITATION AND FEMALE STREET CHILDREN**

To explore the scenario of sexual abuse and exploitation among the female street children 18 girls have been interviewed. According to the analysis, the findings have been divided into three major themes: i) perception towards sexual exploitation, ii) major forms of exploitation and, iii) abuse.

### 3.3.1 PERCEPTION TOWARDS SEXUAL EXPLOITATION

It has been found that the perception of sexual abuse and exploitation is very insufficient. The majority of the participants did not agree that touching or non-physical contact could be sexual abuse. During the interview, participants told they never get abused. But through the observation, while conducting the interview it has been evident that other adult street vendors, customers were intentionally touched them without their consent. But the girl did not show any resistance towards this kind of touch. Because it was normal for them. One mental health counselor of a drop-in center explained –

*“These children do not know how much her body can be touched by someone, to what extent they can consider it as abuse or harassment. They do not know about abuse or exploitation. Even we cannot give full protection to ourselves. So, the situation is worst in their case (IDI\_26\_Counselor\_DiC\_DAM)”.*

The participants thought that the abuser or perpetrators would be strangers, relatives could not do any abusive activities. But in some cases, it has been found that the girl was tortured by her relatives and she escaped from home and started living in the street. They know about sexual abuse, harassment, exploitation after experiencing it.

### 3.3.2 MAJOR FORMS OF EXPLOITATION AND ABUSE

The study participants reported several types of abuse in the street, such as verbal abuse. While working on the street, the females mostly experience verbal teasing by rickshaw puller, other street vendors, CNG drivers, passer-by, night guard. One respondent mentioned that-

*“during selling flowers, the rickshaw pullers and CNG drivers offered us to go with him in exchange for money. Additionally, they teased us by using slang words. (IDI\_8\_Street Children\_TSC)”*

Human trafficking is another kind of exploitation that has been found among street children. They have been offered high salary jobs and then smuggled these girls to the brothels. Again, their organs were also trafficked by kidnaping themselves. One participant added-

*“A man named Atikur came to me and told that he would give me domestic household job in a rich man’s house. He added that they will give me a handsome salary. I believed him and one day I went out with him to get the job. He took me to a very big house. I thought that my life would change now. After going Atikur, one lady came to me and said Atikur has sold me to her in exchange for 1lac taka. Few moments later I tried to escape from the house, and I came back to the railway station. Now I am living here and by begging, I managed my livelihood. (IDI\_3\_Street Children\_Airport Railway Station)”*

*“My younger sister had been kidnapped once. One day a few boys came to her and told her about a night shelter where they will give food, clothes, and necessary stuff. My younger sister and her friends went with these boys. After going there, they have been locked in a room and did not give any food and water. One night my sister managed to escape from the rooftop and suddenly she saw the boys collected blood from one girl with her and the girl was unconscious. She was screaming after seeing this. Then boys beat*

*her very badly and told her to keep her mouth shut. The next day she managed to flee from there. (IDI\_7\_Street Children\_Shaheed Minar)”*

Molestation and rape is another form of exploitation and abuse. The participants thought that, the people assumed us as powerless and defenceless. It is the main reason for being victim of physical and sexual assault. One girl who sells flower at Shaheed Minar explained one incident she saw-

*“a few days ago, two brothers from this university (DU) had come to a girl aged nine years. They bought some flowers from her and took her with them. They offered to go with their dormitory to have lunch with them. After going there, these two brothers molested this girl so badly and left her bleeding in the roadside. Her mother found her girl bleeding and immediately admitted her to Dhaka Medical Hospital.” (IDI\_9\_Street Children\_TSC)”*

Intentionally touching body part is another kind of abuse which is very common among them. One participant added that-

*“I was selling flowers in the signals, one day one boy and girl came and bought flowers from me. A few minutes later, while giving me the money, the boy pressed my breast suddenly and rushed from the spot. I was very much upset (IDI\_11\_Street Children\_Shaheed Minar).”*

It has been found that sometimes other male street adolescents did abusive activities-



*“.. an overwhelming majority of the street children, especially girls, face sexual harassment regularly. Boys give them an offer to marry him or love proposals; when the girls deny their proposal, the boys try to harm the girl physically.” (IDI\_24\_ Counsellor\_DiC, DAM)*

Participants found that they are sometimes unknown passers-by, rickshaw pullers, CNG drivers, law enforcers, and other male street children. Some of them came and offered job, specifically domestic work, and then abused them. One participant shared one incident-

*“One day a young man came to me to buy flowers, then asked me to come to a dark place and told me if I would go with him, he surely buy the flower. I denied going because I got his intention which was not good”. (IDI\_7\_Street Children\_Shaheed Minar)*

### **3.3.3 VOICES OF THE FEMALES**

This section has described the case of how a female street adolescent has been struggling with uncertainty, vulnerabilities. This study has shown that the adolescence period is a trouble phase for these female street adolescents. Here, a story of a female adolescent from a Drop-in Center has been described who explored both lives, specifically how she managed her lifestyle in the street, what were the challenges and present situation of her lifestyle in the Drop-in Center.

## Case 1- Troubling Childhood

*"I am Munia. My age is 15. Six months ago, I lived under the bridge of Kamlapur Railway station. I have no family here. My father died when I was 5 years old. My mother lived in our village. I have two elder sisters who were married off. I came to Dhaka 1 year ago with my cousin, who works in the garage part-time. He introduced me to the other street workers and said I have to work with them. Every day I sell chocolates on the buses. Sometimes I did begging to earn money. Life was very crucial there. I sometimes slept without having dinner. During lunch, I took a butter bun in exchange for 5 taka. One day, I was coming from work in the evening a snatcher snatched all of my money. I was very much upset. We street children faced abuse and teasing in our daily life. When I was selling chocolates by riding the bus, I frequently face abusive activities. A man was trying to touch my chest with their elbow. One night, a stranger came to me and forced me to do sexual intercourse.*

*I screamed and fought with him to push him away, Then I ran and go to the night guard of a bank near the bridge. This guard saved me he was like my grandfather. From this night I slept near this guard. Again a boy disturbed me so much and gave me a proposal to marry him. I did not like the boy and avoid this boy several times. So, one day, he came to me and again proposed to me but as usual, I denied it. Suddenly he stabbed my chick with a sharp knife and ran away by leaving me bleeding. One friend of mine heard my screaming and came to me. Took me to the nearest pharmacy and I need four stitches in my chick. Still, I am carrying the scars and it reminding me of the incident. After few months one of my friends told me about this center where we can sleep at night, where we can eat food, Then I regularly came here. For the last 1 months, I permanently stayed in the night shelter of this center. Here, I can learn dancing, singing. I have started my education. Now I can write my name. Here a doctor came and check-up our health. I have many friends here. Now I feel more secured here and do not want to go back on the street."*  
(IDI\_18\_Street Children\_DiC\_DAM)

## 3.4 INSTITUTIONAL SUPPORT FOR THE FEMALE STREET CHILDREN: SERVICE PROVIDERS' PERCEPTION

In this study, we interviewed service providers from a few non-profit organisations. The study found that Dhaka Ahsaniya Mission and Pushpokoli School were active in providing support to vulnerable adolescent groups, especially those who work on the street and from lower socio-economic backgrounds. These two organisations are selected to understand their supports and activities towards adolescent groups.

### 3.4.1 DHAKA AHSANIYA MISSION'S SUPPORT TO THE STREET CHILDREN

#### **Ahsania Center for Destitute Women and Children**

Dhaka Ahsania Mission (DAM) mandated to pursue humanitarian services for the vulnerable group of the society and having the working with the marginalized children and destitute women, pregnant mothers, and their newborn babies and abandoned children who are victims of rape and sexual violence. This project is being implemented by the support of KNH-Germany. Through this initiative DAM will ensure the holistic development of young children and safeguard their human rights through various age-specific programs and activities.

One street children activist, who is currently working as assistant director of Dhaka Ahsaniya mission as well as president of 'Street Children Activist Network' told us that –

*“We cannot start our planning about female street children yet, but we will begin soon. According to the recent survey of BIDS, less than 3% of the street children are female, and 97% are male. The main vulnerability of the female street children is they are insecure in the street. No permanent night shelter has been established yet, as per my knowledge. Some drop-in centers are working to shelter them, but those are not permanent. Most are project-based. So, after finishing the project, these girls return to the street. The most dangerous condition for them is being abused and exploited. We deal with some cases where the girl became pregnant. Then we make arrangements to provide her a safe environment and facility to deliver her child in our “Ahsaniya Center for Destitute Women and Children. (IDI\_25\_Project Officer\_DiC\_DAM)*

The service provider added this Ahsaniya Center for Destitute Women and Children centre has provided humanitarian support to the underprivileged, sexually abused, and exploited females. They provide a safe and secure place to live where all basic needs are available for the deprived mother and baby. They also provide shelter, served food, clothes, clean water, sanitation, health, psychosocial counselling, skill development, and job placement to the abandoned females.

### **Drop-in Center and Night Shelter:**

The night shelter of the drop-in centre worked to support the street females to make their life better. They enlist the street children on a regional basis. Then they give shelter to these children for up to 18 years. After reaching 18, this centre tried to mainstream these children by managing admission in any vocational and technical institute. There they have learned skilful works so that they can get a job. They

called it “mainstreaming.” They have a centre for destitute women and exploited girls and a rehabilitation centre for drug addicts. Recently, they have started a one-year experimental night shelter program for female street children. If they get a positive response, they will expand this program. They provide food, clothes, sanitary products, health care facilities, mental health supports. They have arranged some recreational activities here, like singing and dancing. They sometimes arranged courtyard meetings with the parents to motivate them not to engage their girls in street work. They have connections with police stations. With the help of the social service department of GoB, they make birth registration for those who have been born on the street and their parents cannot be identified.

### **Counselling Facility**

The Drop-in centre facilitates the counselling component, which is an important area for the rehabilitation and reintegration of street children. The majority of street children have come across various types of physical and mental abuse. To overcome this situation, they give continuous counselling support. Assessing the effectiveness of counselling as a single component is very difficult, as it does not produce a direct result rather, it plays a facilitating role in which a child could show positive performances in many areas. The counsellor of the drop-in centre added that-

*“We know that the street children are not as usual children because they are traumatized. So, I tried to get them back to normal life by improving their mental health. If their mental health has not to be improved then they cannot live a healthy life. So, our priority is to improve their mental health. (IDI\_24\_Counsellor\_DiC\_DAM)”*

To improve their awareness about abuse, exploitation, self-protection, seeking help, health hygiene, etc have been counselled by the counsellor. Here, the service providers give access and make a space to share their pains, problems with them. After their counselling, these children now differentiate among abuse, intentional touch, exploitation, harassment, verbal abuse. The counsellor added-

*“First of all, we treated all the children the same as a group. Then we every day noticed their behaviours while having food, gossipings, playing. Then we identified a few traumatized children from them and talk to them separately. We are trying to deal with them softly so that they can easily share their problems with us without any fear. Because in the street, they are continuously deceived by the people. So, they hardly trust anyone. We are trying to make ourselves trustworthy to share anything with us. (IDI\_24\_Counsellor\_DiC\_DAM)*

*“When they were in the street, they were regularly sexually abused, and it became a habit for them. As they are not matured, they barely control their sexual feelings. So, when these kinds of children came to our centre they have to face some restrictions like they could not meet with the boys and could not fulfil their sexual needs. One day I found a girl who was being attracted by another girl. She slept beside her and touching the body parts of this girl. By doing this, she tried to fulfil her sexual need. When I saw this, I tried to counsel her very softly not to do such things. I tried to aware of them when I saw such activities. Now the situation is under control, they are much aware of this issue. (IDI\_24\_Counsellor\_DiC\_DAM)”Challenges*

- Cannot allocate all the street children as they have limited funding;
- Lack of efficient manpower, for example-they, have only one counsellor for the 20 children which is not adequate. So, they cannot pay attention to all the children;
- Lack of sustainable long-term projects. For example- The night shelter facility has been proposed for a year and the Drop-in centre project is for 5 years. After finishing the project, they cannot provide shelter or any kind of support to these children. Then these children are bound to go back to the street again;
- Combatting family pressure. It is another big challenge because when she was in the street she could earn and contribute to the family. After enrolling in the drop-in centre, they have no money in her hand. That's why some parents want to take their child from here. Without institutional education, she could manage a low waged job, otherwise back to the street, which was easier for them;
- Lack of willingness to stay in the night shelter for a long time. These vulnerable groups are enjoying living in the night-shelter but they cannot stay for long. They miss their freedom of living, which was hindered in the centre. He claimed-

*"...In this situation, the street children were free whenever they were in the street. After coming to the drop-in center and we enrolled them to stay in the night shelter, they enjoyed their basic rights but missed their freedom of the street. They cannot take drugs, cannot mix with boys, do not have money; more specifically, some are used to do sexual activity while living on the street which has been stopped when they are in*

*the night shelter. For these reasons, they do not want to live in the center for a long time. (IDI\_25\_Project Officer\_DiC\_DAM)”*

### 3.4.2 PUSHPAKOLI SCHOOL'S SUPPORT TO THE STREET CHILDREN

It has been found Pushpakoli School is a community-based organisation that has provided support to street children. This organisation focuses on educational support for the children. They sometimes counsel the female adolescent about menstruation, health hygiene, self-protection also. Some girls have come to school with common menstrual problems and health issues.

*“We have a constitution to conduct this school as this organisation mainly focusing on the education part of these children. In our school, there is no age limit to enroll. So, we have a syllabus that contains the plan according to the category of the children. For example, children whose age range is between 5-10, are needed to learn about the good touch, bad touch. The elder group needs to know about menstruation, stay safe in the street, practicing hygiene. Whenever I find the elder child, I took another class for them to counsel them about these issues.” (IDI 23\_School Co-ordinator\_Pushpakoli School)”*

The school coordinator said they provide basic medical care by their medical team, sometimes by taking them to the hospital. In severe cases, they refer them to their partner organisation. Pushpakoli has a partnership with Dhaka Ahsaniya Mission and BLAST. These organisations help them to solve their problem legally.



*“Few of our students came to us for abdominal pain reduction. We have a medical team to give health-related support and proper medication.” (IDI 23\_Scool Co-ordinator\_Pushpakoli School)”*

*“Along with that, we are connected with Ahsania Mission, Blast, Prosroy which provide legal supports in the case of exploitation, accidental cases of unwanted pregnancy, drug abuse. (IDI 23\_Scool Co-ordinator\_Pushpakoli School)”*

*“We dealt with one case about a woman whose menstruation has been stopped for one month. Then we took this woman to the medical. The report showed that she was accidentally pregnant. Then we tagged this problem with our partnered organisation Ahsaniya missions and they referred her to the “Ahsaniya Center for Destitute Women and Children”.They provided a safe environment to give birth to the child with proper care.” (IDI 23\_Shcool Co-ordinator\_Pushpakoli School)”*

### **Challenges from service provider’s perceptions**

- They also cannot enroll all the street children because of limited space and manpower;
- Limited resources to tackle severe cases;
- Local influential persons have a great influence on the community people. They have faced a challenging situation. Controversial cases are solved by giving money to the victim. They cannot overcome this challenge because it would damage the environment of the school.

The school coordinator added that-

*“In one case a girl came to us about molestation. We were trying to give her justice. But we came to know that the abuser was the relative of an influential person in the locality. One night the influential person went to the victim’s house and motivated them not to take any legal actions. They provide money to the victim’s family as compensation. But at that time we were making procedures to take legal actions with the help of BLAST. When we again called the victim she denied taking any actions. We have been threatened by the influential person that they will stop our school if we take any step. (IDI 23\_Scool Co-ordinator\_Pushpakoli School)*

# 4. DISCUSSION

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## 4.1 KEY FINDINGS

This study explored female street adolescents' reproductive health practices focusing on menstrual period and sexual harassment contexts depending on their engagement in street works. Though it is a natural process, this study has found a robust correlation between knowledge and practices during menstruation along with some misconceptions.

This study showed most of the participants have no pre-knowledge about menstruation while having their first menstruation. For the ignorance about this natural phenomenon, the first experience was more frightening, embarrassing, and disturbing for them. But in the case of the Drop-in Center, these children have pre-knowledge about this phenomenon. So, it was a less embarrassing situation for them, because they knew it before. A study explained that 'the silence surrounding menstruation burdens young girls by keeping them ignorant of this biological function' (Khanna, 2005). This study has tried to understand the experience of menstrual practice and hygiene in the socio-cultural context of female street children in Dhaka city. This target population has a very limited source of information. As family is no longer the prime reference group in reproductive health-related information since they tend to value the opinions of their

peers and friends more. As well as mothers were reluctant to talk about these issues with their daughters. This situation has arisen because Sexual Reproductive Health is still a taboo in Bangladeshi society (Ainul et al., 2017). They feel shy and discourage to discuss openly these issues. Mothers thought these issues are not so important to discuss. This notion has been created from ignorance and lack of knowledge about SRH.

Menstrual practices are communicated from generations and associated with age-old traditions (Kumar, 2011). It has been found that many females were traditionally managing their menstrual practice. Most of the participants were using old clothes during menstruation. They were introduced to this traditional practice by her mother and sister who have also gone through this same process. In some cases, mothers are in a culture of silence which make a barrier to communication and build a healthy relationship with daughters (Kumar, 2011). In this study, mothers are unwilling to communicate with their daughters about menstruation. It makes their life more complicated. Menstrual practices are influenced by the socio-economic status of the family, residence, education (Kumar, 2011). Two participants were found using sanitary pads and adult pampers. They got familiar with these products with their elder sister as well as their peers. The price of these sanitary products is very much costly for street children. They hardly manage their daily necessities with their little income. With these incomes buying sanitary pads is not possible for them. They also do not know how often the cloth should be changed. Most street adolescents change their menstrual clothes once a day because they have no washroom facility in the street. Generally, they use public toilets for taking baths for those who do not return home at night. It has been found that their practice was very unhygienic. Because most of the participants re-use the same cloth, wash in hidden places,

and not dried under the sun. This cloth dried in hidden places often remain damp which may give rise to microbial growth and insect. This kind of practice causes foul-smelling, vaginal discharge with irritation. Vaginal discharge, irritation may affect their reproductive health. Moreover, they can not take a bath every day on the street.

As they live in the street and their economic condition depends on their daily income, they cannot afford nutritious food. The restrictions on foods imposed upon menstruating girls and women, such as forbidding them from having meat, fish, eggs, and certain vegetables, may increase feelings of tiredness and add to their overall poor nutrition. Female street adolescents barely access health care services when their conditions become unbearable (Reid et al., 2005). Most of the study participants reported that the hospital emergency department is the most common point of access to the health care system among this population. They mostly depend on the local pharmacy. The common barriers that have been found are lack of money, no means of transportation, sometimes negligence (Crowe & Hardill, 1993).

Another finding of this study is to explore the experiences regarding sexual abuse and exploitation. Female street children are already at risk for mental and physical setbacks. Being female street children, they are more vulnerable to exploitation and violence. They are more likely to experience gang-related violence. Physical and sexual assault is a common type of violence that many female street children have been experiencing (Reid et al., 2005). They frequently find themselves the victims of sexual abuse, risk of HIV/AIDS infection, physical torture, and trafficking, which make their sexual and reproductive life endangered. They struggle to survive in this abusive environment, with inappropriate family care (Rahman et al., 2015). The perception and the attitude regarding sexual abuse and exploitation depend on

some factors, such as age, gender, interaction with family members, living conditions, education. Their age is a factor in the sense that mothers and other members of the family do not know at which age their daughter needs a discussion about abuse, harassment, exploitation. Girls generally indulge in prostitution-a habit that can be very hard to break (Shanler, 1998, p. 24). These activities could put them at risk of HIV infection. Montgomery (1994) noted survival sex is often the girls-only means of ensuring their survival on the street. Prostitution has short-term monetary benefits, which also exposes these young women to a multitude of long-term health problems, including STDs, pregnancy, and physical and sexual assault (Barnard, 1993). During fieldwork, it has been noticed that they are engaged in multiple survival activities which can be called the “nexus of workplace”. That means they can change their activity based on their demand and availability. Some are selling flowers today but tomorrow she can sell cigarettes. Aging, the participants added that few girls are selling flowers, peanuts, chocolates. They become a sex worker at night. It can be said that their economic activities are not fixed. They can change it anytime to survive on the street. Economic constraints can influence the behavior of female street adolescents. Without finding any other way, economic exchanges have been made with persons who provide economic remuneration for sexual behavior. This exploitative sexual practice is common for street adult women to earn money for their own needs and run the family. But in this study, most of the females return home at night. Though they did not spend the night in the street they are continuously teased, abused, molested during their street work.

To address adolescent sexual and reproductive health (ASRH) in Bangladesh, initiatives have been implemented by both the Government of Bangladesh (GOB) and non-governmental

organisations (NGOs), but these activities have often been fragmented and are not well documented or evaluated. With a large and growing adolescent population in Bangladesh, it is critical to support all disadvantaged adolescents. Most of the community-based organisation claimed that they did not get proper support from the government. In the government body, there are specific departments to address the issues related to sexual reproductive health. But there is lack of coordination. They should work together to reform the existing policies, efficient use of available resources, make age-specific adolescent health policies, and programmes.

This study has revealed the existing practices and, misconceptions regarding menstruation. This research would enlighten the concerned stakeholders, policymakers to give special attention to this particular group in our society. For further research more methodological and in-depth explorations are needed to evaluate the actual insight of the hygiene practice and sexual abuse among the female street children.

## **4.2 LIMITATIONS OF THE STUDY**

The first challenge of this research is choosing the issue of menstruation and sexual exploitation which is the most sensitive topic in our culture. It was very much challenging to make them confess their bitter story about exploitation. In the primary stage, some respondents have to eliminate those who did not meet the inclusion criteria (not starting menstruation). Limitation of time is another challenge in this research. Some participants were not available. Moreover, the pandemic created an adverse situation for both researchers and the participants.

# 5. CONCLUSION AND RECOMMENDATIONS

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## 5.1 CONCLUDING REMARKS

The adolescence period has been perceived as the vulnerable phase of life stage with significant physical change, emotional and mental change for every individual. These changes occur simultaneously but at a different pace for each adolescent depending on his/her gender, socio-economic background, education, other structural environmental factors. In that situation, the female street children are in the most endangered situation being street workers. They are prone to face different forms of sexual abuse, harassment, exploitation, torture, verbal abuse, molestation, and forced prostitution. This research uncovered the menstrual hygiene management of adolescent girls involved in street work. For every female adolescent's menstruation perceived as a significant change of this phase. It has been considered as a secret, embarrassing moment, moment with fear, shyness. It has also been associated with some factors such as their economic perspective, their socio-cultural perspective, and religious perspective. It helps to shape their idea and knowledge which directly affect their practices. They cannot maintain their hygiene on the street. Menstruation has been often overlooked and forgotten in reports addressing female street adolescents' health needs and therefore fails to come to policymakers and service managers' attention. This inattention means that women without adequate financial resources must



use irregular, unsafe methods of hiding their menstrual blood. Though menstruation is a natural phenomenon, it has been counted as a burden for female street children. The present paper makes a strong case that ignorance, false perceptions, and unsafe practices regarding menstruation are not uncommon among female street adolescents, which directly impacted their reproductive and sexual health. The silence that surrounds menstruation has uneven consequences on female street children. Living with these kinds of vulnerabilities during this adolescence period creates a challenging circumstance which is termed adolescent trouble for them.

## 5.2 RECOMMENDATIONS

### Long-term interventions

- a. Extend the number of programmes and interventions specifically for the underrepresented female adolescents.
- b. Encourage to design longer programmes to maintain the continuity of any implementations and activities.
- c. Encourage to design the programme interventions in a bottom-up model to sustain the positive change. An issue like sexual reproductive health is still not discussed openly. By engaging the community people, these unaddressed issues can be addressed properly.
- d. These programmes should not only address their health needs but also take into consideration issues of affordability and accessibility of the health services that are made available.
- e. Implementation of female adolescent-friendly health care services in the street children prone area.

- f. The Adolescent Sexual Reproductive Health (ASRH) programme should address the age-specific sexual needs of adolescents.
- g. Improve the Sexual and Reproductive Health (SRH) programmes that are exclusively focused on adolescents. It has been found that programmes are directed specifically to adolescents which are focused on SRH as a secondary element instead of a primary element and strategically bundled with other interventions.
- h. The government of Bangladesh should locate the 'street-based model in policy-making to ensure their basic rights, knowledge accessibility, health care facility.

#### **Short term interventions-**

- f. Need to survey to know the exact number of street children and share it with all stakeholders.
- g. Increase the platform of collaboration among various implementing NGOs, CBOs and other respective stakeholders working in the area of street children and sexual reproductive health of adolescents.

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# ANNEX-1: IDI GUIDELINE (STREET CHILDREN)

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**NAME OF THE PROJECT:** Adolescent Trouble: A Qualitative Study on Menstrual Hygiene and the Forms of Sexual Exploitation among Female Street Adolescent in Dhaka City

**PRINCIPAL INVESTIGATOR:** Faria Binte Arif, MSS,  
Department of Anthropology, Shahjalal University of Science and Technology, Sylhet.

**FUNDED BY:** Share-net Bangladesh

## **BACKGROUND CHARACTERISTICS**

(Name, Age, Sex, Religion, Educational status)

1. Income source, where do they spend their money?
2. Income (Daily or monthly)
3. Income generating member in the family
4. Number of family member
5. Timeline of staying on the street
6. Residence (street/slum/home)
7. What are the reasons behind moving on the street? Can you please share your experiences about living on the street?

## **A. Menstruation Hygiene:**

### **1. What do you know about menstruation? What does that mean to you?**

- a. Do you have any previous knowledge about menstruation?
- b. How did you know?
- c. Who told you?

### **2. Have you experienced menstruation? If yes,**

- a. Tell me about your first experience.
- b. Your feelings? What did you do?
- c. Did you seek help from anyone/anywhere? From whom?  
How did the person help you?
- d. Since when you have been experiencing menstruation?
- e. What do you do nowadays during menstruation? Is there any difference between previous experience and present?

### **3. What do you use during menstruation? And why? Please explain.**

- a. sanitary napkin/soap/tissue paper or anything?
- b. If the used products are unhygienic, what you prefer? Why do you prefer to use it? Traditionally used to it/economic burden/no knowledge about hygiene products or what else?
- c. Why do you not use other materials? Have you ever used any sanitary napkins? If yes, then how can you afford your sanitary products? Can you afford these products with your income? From where do you buy or manage these?



**4. As you live in the street for day long, how can you manage your washroom facilities? Can you please tell me the condition during menstruation? What space do you use to change your using materials during menstruation?**

- a. How do you spend your menstruation time at street work?  
Do you work or abstain from work?

**5. Do you know the unhygienic practice during menstruation causes many genital and sexual diseases? Can you please explain what you know? From where do you get this knowledge?**

- a. How many times a day do you change the material while working on the street?

**6. Did you get illness/physical problems during menstruation? If yes,**

- a. What did you do? From where/whom do you seek help?
- b. Did you visit a doctor or take medicine for that? Pharmacy/ community clinic/govt. hospitals/ community health worker?
- c. If she does not see a doctor, what did she does?

## **B. Sexual exploitation and abuse**

**1. Do you know about sexual exploitation or sexual abuse? Can you please explain what you know about this?**

- a. Do you have any idea about ‘good touch’ and ‘bad touch’?
- b. Can you define sexual exploitation from your understanding? Can you give some examples?

**2. As living in the street and being a female adolescent, did you face any kind of sexual exploitation/abuse/teasing/**

**verbal abuse/forced sexually/intentional touching body parts/forced to see pornography or anything else that make you uncomfortable?**

**3. If yes, do you know them? Who are they?**

**4. Has anyone forced you into sex by showing greed for money or job?**

**5. Do you have paid money for doing this sexual activity with your consent? If yes, then why?**

**6. What do you think about the indicators that make you more prone to sexual abuse or exploitation? Why?**

**7. Do you think that your environment is pushing you to become a victim of sexual abuse? Why and how?**

**8. Do you face any kind of physical problem due to sexual exploitation? If yes,**

- a. What did you do? From whom you seek help?
- b. Did you visit any community clinic or govt. hospital or pharmacy for treatment?
- c. Did you take any help from your friends/relatives/peers on the street?

**If No,**

- d. Have you ever noticed any girl in your area facing health problems due to abuse?
- e. What did she do? How did she survive?

### **C) Assistance from CBOs**

- 1. Do you know about any community-based organisations or non-govt organisations that deal with street adolescents like you? Who? What support do they provide?**
- 2. Did you get any kind of support or help from these organisations? If yes, then explain what the facilities were? Why did you take those supports?**
- 3. Do any organisations make any campaign or event to make aware about menstruation hygiene, sexual exploitation, reproductive health?**
- 4. Did you hear about the drop-in centers for street children? If yes,**
  - a. By whom?
  - b. Do you get any help from this drop-in center?
  - c. Have you ever visited these centers? Please explain.

### **IDI guidelines for stakeholders (NGO worker/service provider)**

- 1. Basic Information: Name, Designation, age, works experience. Role in the organisation. Organisation name**
- 2. What are the specific programs that your organisation has provided these female street adolescents?**
  - a. What projects are run by your organisations for these vulnerable groups?

**3. Does your organisation arrange any kind of awareness program regarding sexual and reproductive health for them to increase their knowledge? If yes,**

a. What kind of services do you provide?

**4. Do they know about your organisation and the activities of your organisation?**

a. Did someone visit recently or do they visit your office if they face any problem?

b. How do your organisation deal with these problems?

c. Do you have provided any support to any female street adolescent after coming to your organisation for help? Can you please give me an example of what kind of support has been provided?

**5. Do they provide the materials like-sanitary pads, medicines, contraceptives, or any kind of counselling?**

**6. How does your organisation deal with the sexually abused street adolescent? Explain.**

**7. Did your organisation have faced any brutal case caused by sexual exploitation among these female street children?**

### **IDI Guidelines (Guardian)**

**1. Does your daughter have her menstruation? If yes,**

a. At which age she had her menstruation?

**2. As a mother did you give any knowledge about menstruation in her early adolescence?**

**3. Can you please explain the story when your daughter had first faced menstruation?**

- a. What was her reaction? Did she face any fear/shame to see the menstrual blood?

**4. What did you suggest her to use during menstruation?**

- a. Why did you suggest this?
- b. Did this practice come from your experience?

**5. Can your daughter maintain hygiene during menstruation?**

- a. How many times has she changed her absorbent materials?

**6. Did she complain about any difficulties regarding health issues during menstruation? If yes,**

- a. What did you do?
- b. Do you take her to hospital/community clinic/govt. hospitals?

**7. Did she ever tell you any kind of harassment that she had faced in the street during? If yes,**

- a. What kind of harassment was it?

**8. Did you give her any knowledge about harassment during early adolescence?**

- a. Did you teach her about 'good touch' and 'bad touch'?
- b. Did you teach her any strategy to keep her safe from harassment while working in the street?

**9. Did she have any health issues caused by harassment or exploitation? If yes,**

- a. What did you do then? From whom you seek the help?
- b. Did you get any treatment from a community clinic/govt. hospitals/local pharmacist?

# ANNEX-2: CONSENT FORMS

## CONSENT FORM OF RESEARCH PARTICIPANT

**Name of Principle Investigator:** Faria Binte Arif

**Name of Organisation:** Share-net Bangladesh

**Name of Project:** Fellowship project on “Adolescent Trouble: A Qualitative Study on Menstrual Hygiene and the Forms of Sexual Exploitation among Female Street Adolescent in Dhaka City”

### INFORMATION SHEET

Dear Ma’am,

Thank you very much for making time for this interview. This interview is part of the research project on “Adolescent Trouble: A Qualitative Study on Menstrual Hygiene and the Forms of Sexual Exploitation among Female Street Adolescent in Dhaka City” funded by Share-Net Bangladesh as a grant for Young Researcher Fellowship. The aim of this project is to know about hygiene knowledge and practices during menstruation, sexual abuse and exploitation and trying to know the perceptions of community-based organisations who work for this target community.

The purpose of this assessment is to understand the existing practice during menstruation of female street adolescent and their experiences towards sexual abuse. The findings will help to address the problem regarding sexual and reproductive

health of this targeted group and trying to give attention to the respective stakeholders to address their barriers.

This questionnaire will take 30-40 minutes. This research will involve your participation in an in depth-interview that will take 30-40 minutes. Your participation is entirely voluntary. It is your choice whether to participate or not. You are being invited to take part in this research because we feel that your experience as a female street adolescent can contribute much to our understanding and knowledge of local health practices and forms of exploitation of a street adolescent.

If you choose not to participate all the services you receive at this Centre will continue and nothing will change. During the interview, I or another interviewer will sit down with you in a comfortable place at the Centre. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except the interviewer and the co-ordinator will have access to the information documented during your interview. The entire interview will be tape-recorded, but no-one will be identified by name on the tape. The tape will be kept. The tapes will be destroyed after the completion of the research.

## **CERTIFICATION OF CONSENT**

I have been invited to participate in research about malaria and local health practices.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked to answer maintaining my satisfaction. I consent voluntarily to be a participant in this study.

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_ Day/month/year

*If the participant's (street children) age is less than 18,*

I have read the foregoing information, or it has been read to me. I am allowing my daughter to be a participant in this study.

Name of guardian \_\_\_\_\_

Thumb Expression of guardian

Signature of guardian \_\_\_\_\_

Date \_\_\_\_\_ Day/month/year

***\*\*If illiterate***

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness \_\_\_\_\_

Thumb print of participant

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_ Day/month/year



*Statement by the researcher/person taking consent*

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands about the research and their participation in it.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of Researcher/person taking the consent

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Signature of Researcher /person taking the consent

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Date \_\_\_\_\_ Day/month/year





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