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LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND  
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES

**Moving forward: findings from menstrual hygiene  
management formative research  
in Bangladesh**

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*Menstruation is a fact of life for 2 billion women and girls of reproductive age and yet in many places girls face serious barriers to managing their periods. These barriers impact on their rights to education, health, dignity and participation in society. Plan International is implementing menstrual hygiene management activities in 12 countries across Africa and Asia. In 2016, Plan International contracted Oral Testimony Works and Creative Social Change to conduct formative research in Bangladesh on menstrual hygiene management, using human centred design and other participatory methods. This paper presents some of the primary participatory research findings: on practice, motivators and barriers to managing menstruation safely, privately and hygienically. The paper also includes some of the programme recommendations and suggested approaches for Plan International to use in the re-design and implementation of current and future menstrual hygiene management work in Bangladesh.*

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## **Introduction**

Menstruation impacts the lives of all healthy women and adolescent girls. Most women have their first period between the age of 10 to 19 (House et al., 2012) and continue to have monthly periods lasting between two and seven days, until they are between 45 and 55 years old (NHS, 2015). Although menstruation is a biological process affecting almost half of the world's population, it continues to be surrounded by stigma, silence and shame in most contexts, and is a barrier to gender equality. Menstrual hygiene management (MHM) is becoming recognised as a “critical health, WASH and rights issue” (Mirza & Jahan, 2015). Across the world there has been a recent increase in MHM programming and public debate on menstruation.

Mirza (2015) listed the problems of menstrual hygiene in Bangladesh as a lack of knowledge, myths and misconceptions, poor hygiene, a lack of adequate facilities, and low usage and availability of disposable sanitary napkins. These factors contribute to significant school absenteeism for adolescent girls. Bangladesh has one of the highest rates of child marriage in the world and Plan International believe that efforts to keep girls at school once they have reached puberty, including provision of adequate MHM materials and facilities, can contribute to reducing the likelihood of early marriage.

Plan International UK and Plan International Bangladesh identified MHM as a WASH priority in Bangladesh and commissioned this formative research to better understand girls and women's knowledge, practice, motivators and barriers to managing their menstruation safely, privately and hygienically and provide practical programme recommendations and approaches that Plan International can use in the re-design and implementation of current and future MHM work in Bangladesh.

**Box 1. MHM in Bangladesh: statistics**

- 82 – 86% of women and adolescent girls use old cloths
- 10 % of adolescent girls use disposable pads
- 25% of students do not go to school during menstruation
- 1% of schools have disposal facilities for menstrual pads/cloths
- 36% of students know about menstruation before menarche
- 89% of students stored their cloths in hidden places

Source: Bangladesh National Hygiene Baseline Survey (icddr,b, 2014)

**Methodology**

A human centred design approach was used for the primary data collection, with adolescent girls, adult women, adult men and adolescent boys, accompanied by a review of relevant secondary data. Many publications reviewed were specific to Bangladesh, but general documents such as Menstrual Hygiene Matters (WaterAid, 2013) were also consulted.

Primary research comprised key informant interviews (KIIs), focus group discussions (FGDs), and participatory workshops. A commitment to listening to the people who menstruate - women and particularly girls - led to choosing methods to actively engage them and that would capture their experiences and hopes.

Three people carried out the field work: an international consultant (female), a Bangladeshi Capacity Building Specialist from Plan International Bangladesh (male), and a Bangladeshi freelance interpreter / co-researcher (female). All FGDs and participatory workshops were single sex and conducted by researcher(s) of the same sex as the participants.

The researchers visited two distinct areas: Bhola district (coastal) and Kishoreganj district (haor – water-logging area). Research activity took place in the one of the Sanimarts<sup>1</sup> in each site, the Plan International Bangladesh district offices, in homes, outdoors in villages and Government offices. A meeting with representatives of other NGOs, presentations by Plan International Bangladesh staff, and an informal debrief were held at the Plan International Bangladesh country office in Dhaka.



**Figure 1. Number of participants and length of time engaged in research**

A total of 105 women, adolescent girls, men, and adolescent boys participated in the research in the two research sites. The UN definition of adolescent as 10-19 yrs was used. Adult women were mostly villagers and two local sanitation entrepreneurs. Adult men included teachers, union Parishad (council) members, local sanitation entrepreneurs and shopkeepers. Adolescent girls were mostly Sanimart workers, with three out-of-school girls. Adolescent boys had a variety of roles.

Participatory workshops were facilitated for adolescent girls working in the two Sanimarts. As with much human centred design, these drew on participatory rural appraisal (PRA) approaches already common in

participatory development, including village mapping showing areas relevant to menstruation, where girls could and could not go, areas used for purchasing, storing and washing materials, etc; and ranking of different sanitary protection methods according to criteria developed by the girls themselves. These were combined with techniques from theatre for development, design, and handling of many real MHM products. Girls developed fictional personas to safely talk about the experience of menstruation, and performed improvised conversations with family members on their first period. Girls made prototypes of alternative MHM products, and posters with the information they thought other girls needed to have.

FGDs were held in each research site with adolescent boys, adult men, adult women and out-of-school adolescent girls. Greater numbers were involved in FGDs and KIIs than the participatory workshops, resulting in more males than females participating in the research overall. However, as Figure 1 shows, females were involved in longer sessions.

## Limitations

- Self-reporting: Most data is self-reported.
- Security: Restrictions on movement meant that police, generally male, had to accompany the international researcher at all times. The researcher could not move around freely so ethnographic verification was not possible.
- Sample Size: The research had a small sample and most participants were already known to Plan International Bangladesh through existing work. School closures during the research period meant that planned sessions with school children were cancelled. Findings cannot be assumed to be representative.
- Language: Neither of the consultants leading the research spoke Bengali, so could not review documents in Bengali. Interview and workshops led by the international consultant were conducted in translation. Data was analysed from researchers' notes rather than transcriptions.

## Findings: understanding the user and society

### A context of shame and silence

“Don't tell anyone, keep it a secret... After 5-7 days, you will be totally pure.”

Most research participants referred to menstruation as something that is not talked about. One group of female research participants said that “*Girls don't ask about these things, ...they feel shy and don't want to hear*”<sup>3</sup>. Adolescent girl and women research participants said that many daughters do not talk to their mothers about menstruation, but rather to sisters-in-law, cousins and friends. Mothers often do not initiate menstruation discussions with their daughters: one mother explained that the only way she knew her daughter had started her period was because she found her used rags.

Adolescent girls referred to their worries and fears about menstrual blood visibly staining their clothes, thereby making it obvious to others that she is menstruating. One girl explained, “*If she gets a stain, people will laugh at her*”. Some of the female research participants also stated that “*men should not know*” that a woman or girl is menstruating, and that girls feel shy about fathers or brothers knowing that they have periods. Girls and women were clear that they don't want males to see drying underwear or rags and some male research participants stated that they believed that they would be harmed if they saw these. Men and adolescent boys described the shyness or shame associated with menstruation and that it is something that is not discussed in the household: “*Men don't discuss and women don't share*”.

### Methods for absorbing menstrual blood

Rags or napkins<sup>4</sup>: Research participants reported that the most common method of absorbing menstrual blood was the use of rags/cloths and that sanitary napkins are used only by a minority of adolescent girls. Girls were enthusiastic about the potential of tampons as they are easy to hide.

Cleaning and drying rags: Research participants explained how those using rags wash and dry them. Women in one of the FGDs also demonstrated how they prepared these rags.

- “Take cloth. Go close to water pump. Use cold water and detergent. Sometimes it's difficult to get hot water, so use cold water.” (Young women, Kishoreganj)
- “You must wake up before everybody else. Use pond water, take a mug of water from pond, and use that, be careful to not put washing water back in – pond water is used for face washing, bathing and cooking, so you need to be careful” (Adult women Kishoreganj).

Many research participants (including men and adolescent boys) were aware that rags should be dried in the sun, but they reported that most women and girls dry their rags in dark or shady places out of site: behind a door, behind or under other clothes, in the corner of a roof. Drying was said to be especially problematic in winter and the rainy season. One woman suggested that if someone was able to wash all the blood stains out of rags they could be dried in the sun because no one would know what they are.

### Knowledge about menstruation

Some adolescent girls who participated in this research appeared to not know anything about the biological reasons for their menstrual cycle. Girls in the Sanimart in Bhola said they did not know anything about why they menstruated. One girl tentatively suggested you needed to menstruate to have a baby. Other responses demonstrate the negative associations with menstrual blood and menstruation:

- “So that dust (dirt?) can come out, or bad things you have in your body can come out.”
- “Bad things would build up in your body if you didn’t menstruate.”
- “It’s Allah’s will”, rapidly refuted by another girl saying “Allah did not create this.”

Participants in both Sanimart workshops were asked to produce a poster providing the information they thought other girls should have before they started menstruation. The resulting posters mostly contained information on religious, dietary and physical restrictions, with a small amount of advice to exercise and to buy napkins. In keeping with the knowledge demonstrated verbally, no posters showed anything around the biological purpose of menstruation. Much of the information was based on myth, rather than bio-medical evidence. Although menstruation is part of the national curriculum for children aged 12-14, teachers formally interviewed for this research talked about the tendency for many teachers to ask students to read this chapter in their own time, rather than lead a discussion on it in class.

### Infection, disease and pain

Most research participants referred to the likelihood of infections or disease from using improperly washed and dried rags. The most commonly mentioned health problems arising from the use of rags were “germs”, “itching”, and “infection”. Cancer was also mentioned by a significant number of research participants including a local sanitation entrepreneur: “*Women don’t know about hygiene. They don’t know cloths can attract insects, can cause cancer, tumours, lots of problems*”. However, whilst all four adolescent girls in one session cited to these health risks, none said they had ever suffered from them themselves.

The majority of adolescent girls talked about period-related pain before any other issue. Responses to questions on how girls feel on their period and what they discuss with one another about periods included:

- “I don’t want to go to school when I’m on my period. I feel bad, physically, have pain and can’t walk far. I always feel sleepy and don’t want to eat – feel a lack of strength in my body.”
- “We share the pain... pain in lower back... pain in stomach. We don’t feel like working. Feel leg and knee pain and lose our appetite... [The worst thing about periods?] the pain. We don’t feel good walking around, everything is irritating during the first days of heavy flow.”

During research sessions with adolescent girls and adult women there were references to having to bear pain but also strategies for dealing with pain: “*take painkillers, use a hot water bottles, rest, and stay off school*”.

### Restrictions: dietary and physical

Most research participants described wide-ranging and numerous restrictions for menstruating women and girls (shown in Table 1 below). These impact their diet, religious, marital and family lives, education, and work. Adolescent girls referred to avoiding their male relatives during their period and described practical barriers to education whilst menstruating. Superstitions were also referenced: that an evil spirit would get you if you go under a tree while menstruating, and jumping over a hole could result in a heavy blood flow.

- “She feels bad. She can’t go anywhere and can’t go to school. She feels nervous, tired and can’t study. If she has pain at school she can’t ask a male teacher for help, has to be a female teacher. If there are disposal facilities she can take a bag for a used napkin. Problems are that napkins are big and if there are a lot of girls will be a lot of waste. Most girls don’t go to school if toilet facilities are not suitable. There are no napkins available at school. If she gets her period while she’s at school she will go home or to a friend’s house to get a napkin.”

- “I don’t go to the rice field – my mum says don’t go to the rice field when you have your period... and don’t go under a tree because a ‘jinn’ (evil spirit) could get you.”

<b>Restrictions in movement</b>	<b>Religious restrictions</b>	<b>Restrictions to food</b>	<b>Other restrictions</b>
Can't go outside the home	Can't go to mosque	Don't eat spicy food	Can't jump over a hole
Can't go to school	Can't read/recite Koran	Don't eat fish	Don't go under any tree because of djinn (demon)
Can't go to market	Can't fast	Don't take protein: eggs/milk	If your feet touch black soot on pots you'll get sick
Do not participate in social activities	Can't go to temple	Do eat	Can't take water pot to tap (will make flow heavy)
Don't take part in outdoor sports	Can't visit graveyard		
Should avoid heavy work			
Can't climb trees			
Don't sleep with husband			

Girls were asked to divide restrictions into those they wanted to change but couldn't, those they wanted to change and felt they could change, and those they didn't want to change. They felt they could change restrictions imposed by themselves or their families such as restrictions around diet, leaving the house and going to school, but that they were unable to change the religious restrictions. It should be noted that there were contradictions in relation to dietary advice: even within the same research session girls referred to prohibitions on eating protein, but later referred to being encouraged to consume eggs and milk during their periods.

### **Analysis of the challenges that girls and women face in Bangladesh**

The findings of this research reflect the broader MHM experiences of women and girls in Bangladesh. Girls learn that they need to be quiet and discreet about their menstruation. Within this context of silence, stigma and shame girls must negotiate the multiple beliefs, taboos and practical constraints around menstruation, including dietary restrictions, religious prohibitions, and movement outside the home in general which is often limited by a lack of effective and discreet sanitary products.

Women's and girls' understanding of menstruation largely comprises of knowledge about methods of absorbing menstrual blood, the problems and risks associated with those methods, and religious and cultural norms. There appeared to be a lack of biomedical knowledge on menstruation.

The research findings also suggest that not all norms and restrictions relating to menstruation are rigid. There are several contradictions between what girls say they do and their actual practices; particularly regarding dietary restrictions, health problems associated with rags, and what men and boys can/cannot know about menstruation. Among the research participants there appeared to be an engagement with, and receptiveness to messaging on the importance of hygiene.

### **Recommendations**

#### **Move towards menstruation as positive rather than negative**

In the context of Bangladesh, hygiene provides an acceptable framework in which to address menstruation and to gain community support for interventions which aim to improve MHM for women and girls. However, within this framework it is important that MHM programming includes specific strategies to address stigma as well as hygiene and hardware considerations. Plan International Bangladesh must explore

how best to exploit the receptiveness to targeted and creative hygiene messaging while contributing to a shift in knowledge and attitudes which regard menstruation positively, not a sign of impurity and pollution. This will require Plan International Bangladesh explore the further possibilities of establishing deliberate behaviour change activities in relation to overcoming stigma, in addition to this being a by-product of hygiene-focused messaging.

### **Address myths and misinformation**

Research participants did not feel they could change the strict prohibitions relating to religious practices; however, other restrictions appear to be more fluid. As such, it may be better for Plan International to construct positive messages addressing barriers to physical movement and diet, rather than religion and superstition. The research also demonstrates that some of women's and girls' knowledge about rags and disease is based on misinformation. Further consultation with women and adolescent girls is recommended to inform the design of carefully segmented behaviour change materials addressing the myths and misinformation related to unnecessary restrictions or anxiety in relation to chosen methods of managing their menstrual flow. Given that most women and adolescent girls in Bangladesh will continue to use rags and cloths to absorb their menstrual blood, it is important to ensure that MHM programmes do not unnecessarily frighten or alarm users with hygiene messages that are not evidence-based.

### **Provide accurate information on the cause and purpose of menstruation**

Ensuring girls and women have appropriate evidence-based information about menstruation will support their own MHM and help them to challenge some of the many restrictions (including self-imposed) around menstruation. Biomedical information on menstruation should also include possible other physical symptoms, such as headaches, stomach pain, back pain, and advice on dealing with these. The management of pain should also be prioritised in Plan International's communications materials as girls talked about this barrier before any other issue when referring to menstruation.

### **Engage men and boys**

This research and the available literature indicate that men and boys are still not part of the conversation on MHM. Educating adolescent boys on the challenges and struggles girls face can dispel their misconceptions and help them become more understanding and supportive brothers, husbands and fathers. If male household heads understand and appreciate the realities and challenges facing girls and women during menstruation, they are more likely to support access to cash for the purchase of sanitary napkins and, together with women and girls, shift the negative norms and beliefs relating to menstruation.

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### **Notes**

Plan International Bangladesh is supporting local sanitation entrepreneurs to work with adolescent girls to produce and market affordable sanitary napkins through the establishment of Sanimarts

Part of an improvised conversation of a mother giving advice to her daughter, Girls in the Sanimart, Kishoreganj

Unless otherwise specified, quotations presented in the report are translations of comments made by research participants during the primary research and are not verbatim

Rags was the English word used by the translator to describe the pieces of cloth used by most women and girls to absorb menstrual blood; napkins was the English word used by the translator instead of (sanitary) pads or towels

Selected words Description of a fictional character, an adolescent girl, experiencing her period, Girls in Sanimart Kishoreganj.

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