

Menstrual Health and Hygiene

June 2020

Challenges associated with the COVID-19 pandemic in Bangladesh

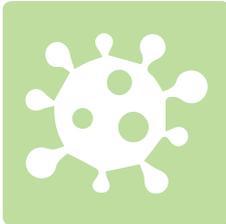


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Executive summary

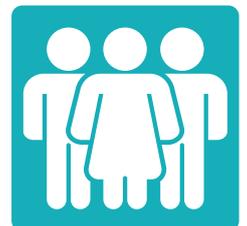


The importance of access to a supportive physical and social environment with access to accurate health and hygiene information for management of safe and dignified menstruation cannot be overstated, as these enable women to make informed choices about related care and hygiene practices. Challenges faced by women and girls in practicing proper menstrual health and hygiene (MHH) are widely documented; in adequate access to safely managed water and sanitation facilities, lack of affordable menstrual hygiene products, and limited reproductive health services and social support are some of the underlying challenges that can cause adverse effect on women's physical and mental well-being, and act as a barrier to their active participation for everyday activities. Therefore, ensuring good menstrual health and hygiene (MHH) is a key requirement for gender sensitive response to the COVID-19 crisis.

However, Bangladesh's prevention and response plan for COVID-19 with an immediate action of nation-wide lockdown at the end of March 2020 overlooked the question of how women and girls would access the facilities and resources needed to manage their periods safely and privately under such restrictive conditions. Given that women's specific health needs are often a low priority under normal circumstances, their

necessity of essential MHH supplies and services may receive inadequate attention to prevention and response planning for the COVID-19.

During the first month of COVID-19 lockdown, WaterAid Bangladesh undertook a study to understand how women and girls from different walks of life are managing their periods in a situation never faced before. Thirty women aged 15-45 were interviewed from the following categories – readymade garment (RMG) workers, low income community members, lower middle-income community members, rural community health clinic workers, and students. In addition, 14 pharmacy shopkeepers were interviewed to understand the impact on supply and sales of menstrual hygiene products during the lockdown.



Key findings



- Impact of falling incomes on MHH: One of the primary effects of the lockdown was a fall in income across many categories of workers. Most severely affected were low-income workers from urban communities, especially daily wage earners and readymade garment workers. The reduced income has led to discontinuation or gradually replacement of preferred feminine hygiene products, particularly sanitary pads causing unwanted stress and anxiety among many women
- Reduced privacy due to families being confined to their home during the lockdown is a barrier to MHH: Women and girls need private spaces to change sanitary pads, and wash and dry reusable cloths. However, the confinement conditions under lockdown resulted in the presence of men and boys at the residence through out the day, which created challenges for many women and girls in changing or washing and drying menstrual hygiene materials as frequently as needed thereby causing discomfort and potential health problems. Further more, reduction in privacy can cause domestic violence including violation of women rights on grounds of menstruation needs, and increase existing taboos and stigmas surrounding menstruation
- Lack of enabling environment to support women's menstruation health at household level: Unwillingness to openly discuss issues around menstruation between household members, especially by males, prevents women from expressing their menstruation health challenges such as cramps and premenstrual syndrome (PMS) that results in limited or no emotional support. It also places the sole responsibility of managing menstruation on women, such as finding money to purchase feminine hygiene products from the stores. It should be noted that the interviews were conducted at the beginning of lockdown therefore, many of the women had supplies for 1-2 cycles, but they may struggle later.

Each of the interviews gave an insight to individual struggles as well as the multifaceted nature of MMH issues which revealed the additional hardships faced by women and girls brought on by the pandemic. While the initial lockdown was a needful and urgent response to address the outbreak of coronavirus in Bangladesh, it is important to address the current MHH practice

and needs in line with the COVID-19 crisis to protect the health and wellbeing of women and girls to secure the nation's progress against gender inequalities.

WaterAid Bangladesh Call-to-Actions

- Interventions to ensure access for women and girls to safe, affordable and acceptable menstrual hygiene materials with information on safe usage, and appropriate facilities to change, wash, and dispose the materials properly
- Include preferred menstruation hygiene products, e.g. sanitary pads and cloths with information on safe usage for women and girls to emergency relief distribution programmes based on needs assessment
- Implementation of community-based interventions targeting marginalised, disadvantaged, and low-income populations using accurate culturally tailored information on menstrual health to build knowledge and awareness with the intention to reduce stigma, taboos, and misconceptions surrounding menstruation
- Educating men and boys on the importance of MHH through positive messaging to destigmatise menstruation and enable a better support system with a safe environment for relevant MHH discussion among household and community members
- Advocate for MHH-friendly WASH infrastructure especially in low income communities, health centres, and schools to provide clean and private spaces for changing, washing and disposing menstrual hygiene materials
- Advocate for informed product choice which enable women to choose safe menstrual hygiene products based on need, comfort, affordability, and context through measures such as removal or waiver of VAT on the products e.g. sanitary pads to address gender discriminatory policies.

Acknowledgement



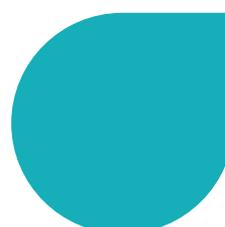
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Introduction:

Challenges related to Menstrual Health and Hygiene during COVID-19 lockdown

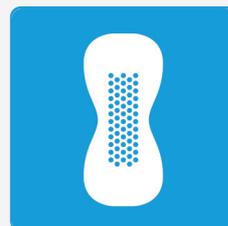
Overview of Menstrual Hygiene Management

Women around the world experience menstruation which requires water and sanitation facilities and menstrual absorbent supplies in a friendly environment to manage their periods safely and comfortably. On average, a woman will menstruate for 3,000 days in her lifetime.¹ For many, this means managing their periods in unsanitary and unsafe conditions with possibilities of experiencing shame and anxiety based on taboos and embarrassment around menstruation. In Bangladesh, 46.8% of the population is female and, around 39 million women are in the 15-49 age group.^{2,3} These numbers indicate a large population of women and girls experiencing regular menstruation who are subjected to the challenges associated with its management in Bangladesh's social, economic and cultural context.

According to findings from the National Hygiene Survey:⁴

- Stigma and social taboos around menstruation are still strong – only 36% of adolescents and 30% of adult women had heard about menstruation before their first occurrence of period
- There is a rising preference for sanitary pads, but use of old cloth is still common – many use a mix of pad and cloth
- Less than 20% of those who use old cloth follow the recommended cleaning and drying practices
- Only 23% of schoolgirls have access to improved toilets with soap and water, and a place to dispose used menstrual hygiene materials at school
- 30% of schoolgirls reported missing an average of 2.5 days a month due to periods
- Almost half of all adolescents in secondary schools have not received any lesson on menstrual hygiene from the school.

A disproportionate impact of the COVID-19 pandemic can be witnessed on the women and girls on the ground of gender inequalities. The complex nature of the COVID-19 crisis has exacerbated existing gender-based disparities across multiple dimensions of economic and livelihood status, access to health, education and WASH services, distribution of care and domestic work, and domestic violence;⁵ all of which shapes accessibility, affordability, and practice of menstrual health and hygiene for women and adolescent girls. Therefore, there is a need to determine how the pandemic has worsened the barriers women face in relation to menstrual health and how this negatively affects other aspects of their daily lives.



¹Ahmed, R. and Yesmin, K. (2008) Menstrual hygiene: breaking the silence, in Wicken et al. (eds.) Beyond Construction Use By All. IRC International Water and Sanitation Centre and WaterAid

²BBS 2017, BDHS 2011

³(BANBEIS 2015), Population Monograph, BBS Vol. 1 2015)

⁴http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/Hygiene%20Key%20Findings.pdf

⁵https://reliefweb.int/sites/reliefweb.int/files/resources/RGA%20Bangladesh.Final_May2020.pdf

Gender based violence

Bangladesh with no exception to other nations around the globe have experienced the increased trend of gender-based violence (GBV) by the peers and spouse at the household level during the COVID19 crisis. The increase could be attributed to the restriction in movement from the lockdown as it led to the lack of livelihood opportunities for many, and school closures thereby, making it compulsory for all the family members to stay at home. The existing perception that menstruation is unclean may have resulted in greater feelings of stress and fear in the given context which can potentially trigger GBV around menstruation.

Lack of prioritisation to women's health and associated services

Women from patriarchal society such as Bangladesh are often less likely to have power in household decision-making compared to men; decisions made by men on family's personal health and safety measures for COVID-19 may not be mindful of women's needs for sexual, reproductive, and menstrual health. Door to door health services by the community health workers which includes the reproductive health services, and context-based health promotion may also be deprioritized or unavailable during the lockdown. Female students are also at risk during the lockdown as school closures have cut off of valuable sources of MHH information and support.

Women from low income communities at risk

Slums and low-income communities in Bangladesh are at high risk of rapid COVID-19 outbreaks. Many of these settlements are densely populated with an average of five to seven members in a household who live in very close proximity thus making physical distancing extremely difficult. In addition, slum dwellers are underserved of basic services that should provide sufficient water and safe sanitation facilities at the residence. The number of high users also makes it challenging to ensure enough water and timely disinfection of shared WASH facilities hence creating an environment that is vulnerable to COVID-19 outbreak. Women also rely on these facilities for managing their menstruation, therefore they may be at a greater risk of COVID-19 infection.

Reduced privacy during lockdown

As all of the family members are confined at home together during the lockdown, there may be no private space for women to take care of their menstruation which can cause stress and anxiety. Further, the lack of privacy at home, and the risks of using shared, unsafe, and unclean toilets and bathing facilities could act as a barrier for the women to change their menstrual materials as frequently as required, and to wash and store them in a hygienic manner.

Female health workers at Risk

Midwives, nurses and community health workers are on the front lines to combat and contain outbreaks of disease. However, their personal MHH needs at work are neglected. More than 90% of community health workers in Bangladesh are women.⁷ Over 28% of community clinics have no functional latrines, and only 13% have two functional latrines, therefore gender-segregated facilities are not available in most cases. Only less than 36% of the community clinics have basic water supply⁸ which makes it extremely difficult for female patient and health workers to clean used cloth or wash hands after changing menstrual absorbents. In addition, shortage of PPE may indicate that female medical staff are unable to change throughout their shift, and PPE itself can prevent quick changing of menstrual hygiene materials.⁹

Economic distress during lockdown

Another challenge associated to the COVID-19 pandemic is the impact on household income, and the affordability and supply of menstrual products. Poor and marginalised groups are likely to be worst-affected due to the massive drop in income. One survey found that income dropped 75% amongst urban respondents and 62% amongst rural respondents.¹⁰ People are now facing a food crisis, and this may influence them to deprioritize hygiene materials like soap and sanitary pads. In the GiHA assessment, 51.7% of women reported insufficient availability of personal health hygiene items.¹¹ Further, low-cost pad producers are switching to production of masks which in-return limits the supply of menstrual hygiene products, especially in the remote rural areas. Accessibility of menstrual health services, and menstrual hygiene products and information on low-cost alternatives have received inadequate attention in the national COVID-19 response.

⁷https://reliefweb.int/sites/reliefweb.int/files/resources/RGA%20Bangladesh.Final_May2020.pdf

⁸<http://documents.worldbank.org/curated/en/540641561662684672/pdf/An-Assessment-of-Water-Sanitation-and-Hygiene-Access-in-Bangladeshs-Community-Health-Clinics.pdf>

⁹<https://www.unicef.org/media/69696/file/UNICEF-Brief-Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene.pdf>

¹⁰ <http://www.pprc-bd.org/wp-content/uploads/2020/04/PPRC-BIGD-Final-April-Survey-Report.pdf>

¹¹https://reliefweb.int/sites/reliefweb.int/files/resources/RGA%20Bangladesh.Final_May2020.pdf

About the study

WaterAid Bangladesh as a part of their research initiative for COVID-19 conducted an exploratory qualitative study to gain a deeper understanding of women's experiences and challenges relating to menstrual health and hygiene during the lockdown in order to identify interventions for supporting women's MHH needs during the pandemic. The respondents for the interview were women from different target groups: readymade garment (RMG) workers, low income community members, lower middle-income community members, rural community health clinic workers and students. In addition, pharmacy shopkeepers were added to the target group to assess the supply side perspectives associated to menstrual products. The study focused on:

- Menstrual health and hygiene (MHH) challenges and barriers faced by the target group during the lockdown
- Overall MHH status of the target group during the lockdown
- Self-coping strategies and solutions implemented by the target group to practice MHH during the lock down

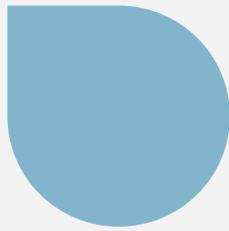
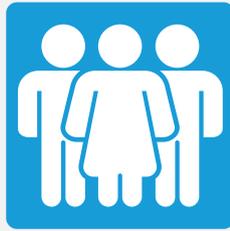


Study population:

The study population are female of reproductive age (15-45 years) across six categories from rural, peri-urban and urban locations who selected based on a snowball sampling method. In addition, pharmacy shopkeepers were interviewed from adjacent locations of the female respondents. The sample distribution of each category is given below:

Category	Location	No. of respondents
Low income communities	Urban	5
Lower middle-income communities	Urban & Rural	5
Student	Urban	5
	Rural	5
Ready-made Garment workers	Peri-urban	5
Community Health Clinic workers	Rural	5
	Urban	2
Pharmacy shopkeeper	Peri-urban	8
	Rural	4
Total		44





Data collection tool

Data was collected through a semi-structured interview using two separate checklists; women and pharmacy shopkeeper. The checklist for women was designed in three separate sections:

- Socio economic status
- Menstrual health and hygiene practice before lockdown
- Menstrual health and hygiene practice during lockdown
- Physical and mental health condition

Checklist for pharmacy shopkeepers emphasized on buying practice of menstrual hygiene products before and during the lockdown.

All the interviews were conducted through phone calls which lasted on average 90 minutes.

Data analysis

Interview notes and recording of the interviews were used for data analysis. Qualitative Content Analysis was used to analyze the contents from the semi-structured interviews to identify recurring themes which align to the research focus.¹²

Limitation of the study

Interviews were conducted over the telephone which could have resulted in lack of rapport building which can limit open responses and, missing non-verbal cues through miscommunication among the interviewer and interviewee. As the sample size was small, it is difficult to generalize findings to a larger population.

Respondent selection

Respondents were selected through frontline staff of the partner organizations to WaterAid Bangladesh. Before selecting the respondents, the staff were briefed about the criteria of the target population. Based on the criteria, they shared the respondent list. Since the respondents were selected by partner NGOs, some of the respondents are currently located or prior residents to project implemented areas. However, none of the respondents have been a direct project beneficiary.

Enumerator training

The enumerators for the study were WaterAid Bangladesh staff. As a part of the study, an online training took place to orient the enumerators with an emphasis on ethical considerations. In addition, a workshop was held to brief the enumerators on the interview checklist followed by training on facilitating exploratory case study interviews.

Ethical consideration

Before starting the interview, the respondents were informed about the objectives of the study and, their consent to participate voluntarily in the interview and for recording of the interview was obtained. Participants were assured of anonymity and data confidentiality. Names used to showcase cases studies in the report are fictional to uphold the data confidentiality agreement.

¹²Schreier, M. (2012). Qualitative content analysis in practice. London, United Kingdom: Sage Publications Ltd

Findings



Characteristics of female respondents

Among 30 female respondents, 43% (13) of the female were unmarried and, the majority of the respondents for both student categories (10) lied within the age groups of 15-19 and 20-24 years. On the other hand, 50% (15) female were married with age groups ranging from 20-24 to 40-44. The dominant categories for married female interviewees were healthcare worker, members of low- income community and lower-middle income community.

Categories	Student Rural	Student Urban	Garment worker	Healthcare staff	Low income community	Lower-middle income community	Total
Number of interviewees	5	5	5	5	5	5	30
Age group							
15-19	3	2	1	0	0	0	6
20-24	2	2	1	0	1	2	8
25-29	0	1	1	1	0	1	4
30-34	0	0	0	2	2	0	4
35-39	0	0	2	2	1	1	6
40-44	0	0	0	0	1	1	2
Marital Status							
Unmarried	5	4	2	0	1	1	13
Married	0	1	1	5	4	4	15
Single (Widow)	0	0	2	0	0	0	2



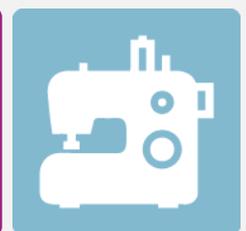
Readymade Garment (RMG) workers

Income had significantly dropped for all the RMG workers who were interviewed for the research. 1 RMG worker received 60% of her salary while 2 other RMG workers received 50% of their salary. The remaining 1 RMG worker did not receive any salary. Workers aged 30 and above usually used old cloth to manage their period while workers aged less than 30 used a mix of cloth and sanitary pads. On a broader perspective, RMG workers are aware of the usage of sanitary pad, but some do not use the particular menstrual hygiene product in order to save money.

During the lockdown, 1 RMG worker could not buy sanitary pads due to the closure of her preferred convenience shop which allows her to purchase pads and other necessities on credit if needed. Since she didn't have the financial means to buy pad from any other shop, she started using old cloth.

As a part of WaterAid project, existing small-scale business owner in slums such as tea stallers and convenience shop clerks have received training on entrepreneurship. They also received orientation on the importance of WASH which was designed to motivate them for selling hygiene products such as soap, sanitary pad, and toilet disinfectant. The initiative produced 18 women entrepreneurs in the slum areas. RMG worker who didn't receive any salary during the lockdown was able to buy sanitary pad on credit from one of the women entrepreneurs.

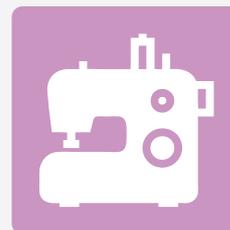
During the lockdown, all the male members of the family stayed at home which made it difficult for the menstruating women to maintain privacy for changing and washing hygiene materials at the shared WASH facilities. They chose alternatives to cope with the situation such as utilising moments when male members of the household would step out of the room; using shared toilet facilities during off peak hours; etc. No voluntary support for MHH from the male members of the household was received by the women neither did they express a need for support.



Two noticeable barriers to menstrual hygiene practices among the RMG workers during the lockdown were significant drop in income which affected their ability to use sanitary pads, and menstruation stigma i.e. it is not acceptable to clean and dry menstrual cloths in open space.

Case story:

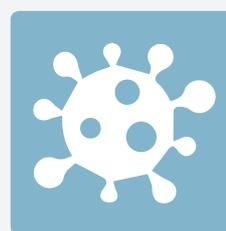
Kazol works in a big garment factory in Mirpur, and lives in a nearby slum. She can no longer afford sanitary pads.



Kazol has not received any pay since the lockdown began. Her father, who works as a painter, has been able to earn any money in the last two months. The family of five have been struggling financially and are behind on two months' rent. They are barely getting by and are currently living on credit and financial support from Kazol's uncle. Kazol used to attend hygiene sessions organized by an NGO two years ago, where she learned about menstrual health and hygiene. Since then, she has been using sanitary pads as her preferred product choice as it is convenient and clean to her for managing menstruation. Without her wages, she cannot afford to buy sanitary pads any longer and, is desperate to find a way. She contacted some entrepreneurs set up by an NGO who now sell sanitary supplies locally. One of them agreed to provide her pads on credit – a much-needed support for Kazol, but only possible because of their connection from the project and, in the hope that Kazol will be able to pay when the factory resumes work. But, for thousands of women living in the slums without such a prospect, this is not an option.

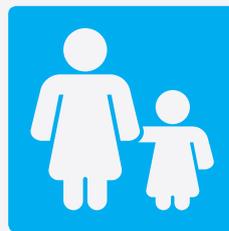
Low income community:

During the lockdown, the families with women as wage earners were found to be in a better financial situation due to their prior savings. As a preferred choice of product for MHH, adolescent girls use sanitary pads while middle-aged women mostly use cloth to save money; with some exceptions of using sanitary pads during heavy flow and going out for a long period of time. There have been no significant changes in preferred choice of products during the lockdown. One of the main reasons is that parents consider menstrual hygiene products as an essential expenditure considering the health of their daughters and have therefore continued to buy them despite the falling incomes. However, most of the women who are currently using sanitary pads mentioned that if the lockdown continues for a longer time period, they will start using cloth to minimize the expenses. All of them have good knowledge of different menstrual hygiene products including the choice between cloths or pads.



Case story:

Rahima is putting her daughters' menstrual needs ahead of her own in the midst of the pandemic.



Rahima had come to Dhaka dreaming of a better future for her three children but faced the myriad challenges of a life of extreme poverty in one of the city's many slums. Just when Rahima felt like life was starting to improve, the pandemic hit, and her husband lost the meagre income he earned working in Gazipur. He has not been able to visit since then as they are trying to cut down on any unnecessary expenses. Meanwhile, Rahima has been experiencing excessive bleeding for the past five months since stopping the contraceptive pill. In the beginning, she had taken medicine her husband brought her, but nothing worked. Since the lockdown started, her struggles have redoubled, and spending on a doctor's visit during such uncertain times seems like a luxury.

Rahima has been buying both her daughters' sanitary pads over the last two months to manage their periods. When the daughters advised her to use pads as well to manage her bleeding, Rahima started buying and using them for herself. But, since the lockdown and the loss of the family's only source of income, Rahima has started using cloth and tissue paper so that she can save some money for her daughter's pads. Their health is the fore most concern for Rahima and her husband, so they are doing their utmost to ensure the girls have everything they need to manage their periods safely.

Lower middle-income community:

Unlike RMG or low-income community, the majority of the respondents from the lower middle-income community did not express concerns about menstruation in relation to the lockdown. Although one of the participants did express a sense of stress due to the shift from sanitary pad to cloth because of the sharp decline in her family income which lead them to prioritise other necessities such as food for their young child.

Most of the respondents didn't experience any MHH related health issues during the lockdown, except one respondent who expressed physical weakness and low period blood flow. She could access the medical services and, was advised to have nutritious food and iron tablets.

All the respondents from the lower middle-income group expressed that they don't feel shy, or a sense of shame and any other form of confusion in managing their period during the lockdown. Majority of the participants are still using the same type of menstrual hygiene material. Regarding changing, drying or disposing, all the participants shared that they haven't faced any difficulties.

However, one respondent mentioned an incidence of domestic violence – facing abuse from her husband for wanting him to buy her sanitary pads and toothpaste during lockdown. Prior to the lockdown, she could buy the pads on her own since she operated a small-scale business, and her husband had sometimes bought sanitary pads for her during pre-lockdown situation without showing any form of anger or physical abuse, but challenges associated with the lockdown had worsened their situation.

Case story: Mou's mother



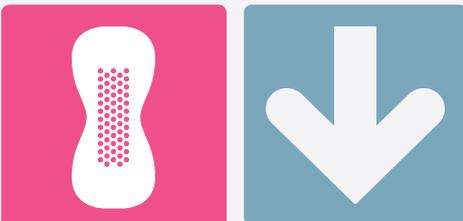
Rural community clinic health workers

A woman known as Mou'er Ma (Mou's Mother) runs a small business selling women's undergarments and other accessories. With the additional income as her husband is a rickshaw puller, the family was financially stable. Mou'er Ma could afford to use sanitary pads regularly. But since the lockdown, her life has turned upside-down. Mou'er Ma had to close her business, and her husband's income was slashed overnight as movement came to an almost complete halt. Mou'er Ma tried using old cloth to manage her period but struggled to manage her bleeding adequately and felt sick and weak. She asked her husband for some money to buy pads, but he hit her and swore at her for asking money.

Though the health workers interviewed did not witness any significant change in regard to their MHH during the lockdown, most of them did mention that they were worried about the outbreak of COVID-19. One of the participants had to shift from sanitary napkins to cloth because of non-availability as the shops were closed. However, it is significant that all except for one respondent mentioned that they never change their sanitary pad or cloth during office hours. They change their used sanitary pads after returning home from office as they don't feel comfortable changing pad at the office or during field work, indicating a lack of essential facilities in the work place.

One of the respondents was the primary earner of the family while others were co-earners along with their husbands. The sole income earner reported financial difficulties as most of her salary is being used for house rent, transportation, and medicines, which limits her scope to preferred choice of menstrual product.

Most of the participants responded that their husbands and other family members are supportive. However, one participant reported that her mother-in-law verbally abuses her if she rests during the time of her periods to cope with menstrual cramps.



Case story: Kazori – A health assistant



Kazori is a health assistant at a community clinic, and the sole bread winner of the family. The 35-year-old lives with her son and husband, who suffers from a mental illness. Kazori leads a hard life – her husband often abuses her physically and emotional because of his illness, but she still turns up at work every day, bringing her son with her, and works from 9 to 3 with almost no breaks. With her limited income, Kazori used to buy sanitary pads during her period, and used tissues with each pad to make it last longer as an earnest attempt to make the best of each packet. Now that all the shops were closed because of the nationwide lockdown, Kazori cannot buy any pads, and has been managing with old cloth, which has resulted in genital itching, thus making life both at work and home even more challenging.

Some of the students mentioned stocking up on pads ahead of the lockdown, but that these supplies are running low with time. Many relied on their mothers to go to the pharmacy to buy sanitary pads during the lockdown and did not reach out to their fathers for providing this support.

Overall, the participants reported being stressed and worried about irregular flow. Although, most of the students experienced regular periods, few have reported some problems such as genital itching, and missed and late periods. They couldn't consult a doctor due to the restriction in movement and faced difficulty in accessing healthcare during the lockdown.

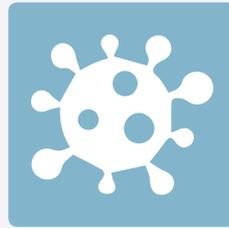
Supply side: Medicine/- Pharmacy stores:

During the Covid-19 situation, there has been a significant decline in sales of various products (sanitary pads, pain killers, contraceptive pills and injections used for regulation or suppression of bleeding, etc.) in the urban slums or low-income areas. In particular, young RMG workers with sanitary pads as their preferred choice of product stopped buying due to their temporary unemployment. Moreover, sales have declined due to the relocation of people in large quantities from the slums and low-income areas to their home villages. From the end of March to mid-May, most medicine shops didn't receive many female customers for menstrual hygiene products. However, sales of sanitary pad were relatively high in most areas including rural areas prior to the lockdown. According to the information given by the shopkeepers, the sales of sanitary pads have decreased by about 50-60% on an average during the COVID-19 situation. Most of them feel that this is due to the fall in financial capacity of the buyers as well as the restriction of movement from the lockdown. With less financial means, women have reduced the use of sanitary pads with a shift to using old cloths.

Urban & rural students

Most students mentioned that their family income has declined due to receiving only partial salaries during the lock down. In addition, the issue of rising prices for essential food items and other products made menstrual hygiene products less of a priority. Most of them are using the same menstrual products as they were using before the lockdown, but one student reported switching to using cloth as she could not afford sanitary pads due to financial constraints as result of the crisis. Another student reported that her father had borrowed some money from a neighbor to manage regular expenses for the family, which included provision for sanitary pads.

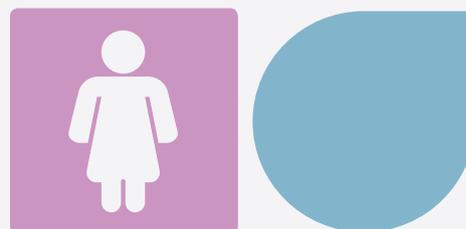
Discussion



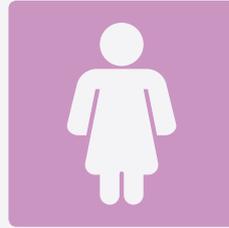
Existing barriers to accessing proper Menstrual Hygiene existing barriers to Menstrual Health and Hygiene (MHH) for Bangladeshi women and adolescent girls have been escalated during the COVID-19 lockdown. Overall, men in the households seem to be indifferent about menstruation as no deliberate act against MHH was noticed during the lockdown with the exception of one woman who faced gender-based violence from her husband upon a request for supporting her menstrual hygiene needs. However, the support to MHH by men restricted to finances broadly in the middle-income communities as the responsibility of purchasing the sanitary pads from pharmacy stores was explicitly on the women, especially mothers in most of the cases. The support to MHH from men became more restricted in the lower middle-income communities as the notion of privacy as a woman's need to manage menstruation seemed to be almost non-existent. A fundamental cause to the lack of support for MHH from men in all cases seems to be unwillingness to address MHH as an essential need for women based on culturally reinforced gender differences.

Within the social and cultural context of Bangladesh, an open space for conversations with men especially among the lower-middle income communities and RMG worker son menstrual health issues seems to be missing which impedes women from reaching for support i.e. asking men to collect menstrual hygiene products as they are the primary household members who stepped out during the lockdown for purchase of essential items; expressing physical discomfort such as menstruation cramps; and requesting the need for privacy and emotional support to manage menstruation. The cultural aspects greatly formed the communication dynamics within a Bangladeshi household that may seem harmless, the study indicates that the limited communication has the potential to hinder women's menstrual health and hygiene as well as deepen the existing menstruation stigma and taboos, especially within the context of COVID-19.

Another important finding of the study is the impact of socio economic status on menstrual health and hygiene practices among women and girls with the reduced privacy during the COVID-19 pandemic. Privacy was reduced during the lockdown and, particularly affected the low-income community members who live in very congested locations with small houses and shared toilet facilities. The dropped in their income as a result of the crisis redefined their preference for menstruation hygiene product, as many of them had to shift to cloth from sanitary pads. Although, women who made the shift to cloth were found to have some limited knowledge of MHH, the shared WASH facilities that provided no private space to change, and wash, dry and dispose reusable cloth puts their health at risk.



Conclusion



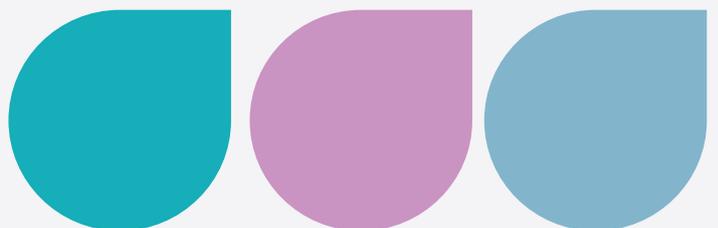
While the challenges associated with menstrual health and hygiene during the COVID-19 lockdown may have been unclear and, therefore, not prioritized by most development and public health practitioners, the exploratory study by WaterAid Bangladesh showcases the intensity of the struggles faced by women in managing and accessing proper menstrual care during the crisis period and how this has affected their lives. The findings urge the development and public health practitioners to draw their attention to the need for integrating menstrual health and hygiene into policies associated with health, education and social programs in order to minimize the gender disparities exacerbated by the pandemic. The study draws attention to the socio-cultural barriers that stand in the way of normalization of the menstrual health and hygiene, and the need for open up space to remove MHH communication barrier within the households and communities. Last but not least, the role of economic hardship and its impact on menstrual health and hygiene also demands for consideration of context specific MHH interventions by the government and donors in an attempt to leave no one behind, especially in the midst of the pandemic.

Way forward

It is evident that a gender sensitive and comprehensive response needs to be in place by all the relevant stakeholders starting from the Government of Bangladesh, development sector, donors, health agencies, public health practitioners, social scientists, and media to address the known and emerging challenges related to menstruation health and hygiene faced by the women and adolescent girls in Bangladesh during the Covid-19 crisis and beyond.

The development sector with the help of public health practitioners and social scientist needs to share and use evidence to design context based menstrual health and hygiene interventions that provide:

- Accurate, pragmatic and accessible information to inform menstrual health related choices for women and girls, including promotion of health seeking behaviour, availability of different hygiene products, self-care practices, and elimination of menstrual myths and misinformation
- Communication and behaviour change packages to address stigma and taboos by promoting positive perceptions of menstruation in order to facilitate more open discussion on menstrual health, especially to engage men and boys to rationalize their roles in supporting women and girls' menstrual health
- Affordable, acceptable and safe menstrual absorbent materials, including consideration of sanitary napkins and cloth as an essential item to national and NGO operated relief distribution programs during the COVID-19.
- Safe, private and accessible water, sanitation and hygiene services to support menstrual hygiene with provision for cleaning and maintenance, particularly in institutions such as schools, healthcare centres, public and work places, and shared facilities in low income communities.
- Community based interventions on awareness and knowledge of menstrual health and hygiene to destigmatize misperceptions among marginalised, disadvantaged, and population with low socio-economic status.





Advocacy at the policy level is essential to ensure menstrual health and hygiene for all women and girls. This includes effective coordination across sectors, particularly on gender, education, sexual, and reproductive health rights (SRHR) and WASH to deliver holistic solutions at scale; and tackling gender discriminatory taxation through reduction or waiver VAT and other means to reduce the cost of sanitary napkins. Such measures would also require clarity of roles and responsibilities across sectors to set standards for monitoring environmental policies in order to utilize resources in place to manage menstrual waste.

Most importantly, collective advocacy is required by the development sector, health agencies, and citizens to raise voices about the importance of menstrual health and hygiene, and the urgent need to strengthen relevant national policies to improve investment for addressing the challenges related to menstrual health in Bangladesh with an underlying vision to contribute towards gender equality.



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