advancing menstrual hygiene

Despite menstruation being a natural aspect of health and life, the social stigma and silence surrounding the topic means women and girls all over the world have to find ways to manage their menstruation with limited means and support every day, impacting their productivity, privacy and well-being.

briefing paper

Menstrual hygiene challenges

The challenges related to menstrual hygiene management (MHM) are manifold. Initially, many girls are not even aware of menstruation before their menarche. The lack of access to reliable sources of information on reproductive health means that girls and even adult women may hold misconceptions about the physiology of menstruation and proper care during menstruation. This is compounded by the fact that market sanitary products are not affordable for a large part of the female population in countries like Bangladesh, and women must rely mostly on old cloth to manage their bleeding.

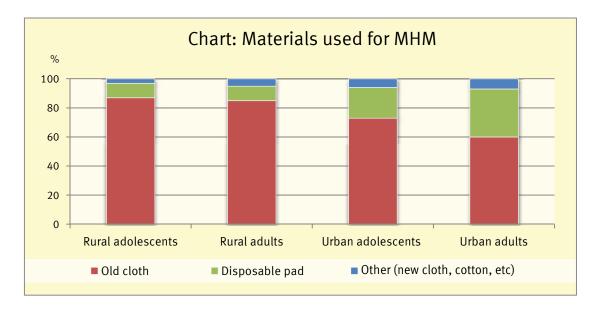
The sense of shame associated with that time of the month means women must maintain great secrecy when cleaning and storing these cloths. On top of the physical challenges of menstrual management, there are a host of cultural and religious barriers that forbid women from performing certain religious and non-religious acts when they have their menstruation, reinforcing images of negativity and impurity.

menstrual hygiene

let's talk about it!

The situation at household level

Preliminary findings from the National Hygiene Assessment (NHA) - a countrywide survey on hygiene facilities and behaviours conducted by icddr,b - indicate that **57 percent of adolescents and 65 percent of adult women had not heard about menstruation before their first time**. Over 90 percent of women and girls surveyed across households received their information on menstruation from female relatives, indicating little presence of formal or verified information to help women understand this process better. The assessment found that most women and girls use old cloth to manage their menstrual bleeding.



While some do use sanitary napkins, especially in urban areas, these products are not affordable or accessible for an overwhelming percentage of women. Across households, approximately **80** percent of adolescents and women use old cloth. However, women are often not aware of the importance of washing these cloths with soap and water and drying them in the sun.

Even if they do know, and the taboos surrounding menstruation mean that they struggle to find ways to do so easily. Around 30 percent of rural women wash their sanitary cloths in open or unprotected water sources. Many women also face trouble managing these cloths after use, with 40 percent or more women and girls having to dry and store their clothes in hiding, which can result in storage in dark, damp, unsanitary places.

The situation in schools

The picture is even grimmer when we turn to look at schools, where the National Hygiene Assessment looked at both the facilities available to female students to

help manage menstruation, as well as hygiene behaviour. Preliminary findings of NHA show that only 36 percent of female adolescents had heard of menstruation before their first time. A mere six percent of schools had provided any sort of menstrual hygiene session for their female students, mostly in urban and secondary schools. These figures provide some indication that an alarming number of schoolgirls in Bangladesh are unaware and unprepared when menstrual bleeding starts.

Only 11 percent of the schools had a separate toilet for girls with both soap and water available, and three percent had any facility in the toilet to dispose of sanitary products. The lack of even a basic changing and cleaning area possibly contributes to the high rate of absenteeism from school during menstruation.

The difficulty in managing menstruation in schools means that one in four girls in rural areas and one in five girls in urban areas miss school during this time. The survey also found that over 30 percent of girls think menstruation interferes with their school performance.

Instead of menstruation being a monthly event to be managed easily and comfortably, it is a source of difficulty and discomfort for a large number of students, with possible long-term impact on learning and attainment.

The lack of knowledge, adequate facilities and affordable products mean that health problems associated with menstruation are not uncommon, and seem to be more prevalent across the school-going adolescents surveyed. 23 percent of this group reported itching, irritation or similar problems within the last six months of the survey, and 14 percent reported unusual discharge. This further highlights the urgency of addressing MHM in schools.

The situation in slums

Looking at these in some depth in the urban slums provides an even clearer picture of the challenge that MHM can prove to be, especially for some of the most vulnerable people in the country.¹

A striking **70 percent women surveyed considered menstruation to be an illness**. Most women in slums also use old

cloth for managing their bleeding, but 40 percent do not use both soap and water for cleaning the cloths. Less than 25 percent of the women can dry these cloths in the sunlight, and 60 percent of respondents believed that if anyone, particularly men, saw blood or stained cloths, this would mean misfortune for them.

Unsurprisingly, health problems including itching, irritation and abdominal pain were reported by a number of the women, both during menstruation and generally. The fact that women report health problems in the genital area even when not menstruating may indicate fungal or bacterial infections from poor MHM. For those who sought medical help for menstruation related problems, the average cost for one incidence was Tk 2,193. This is a staggering figure, especially when compared to their average monthly per capita income of Tk 2,344. **An additional** Tk 325 is incurred indirectly from loss of work days. These figures should raise serious concern about how much poor menstrual hygiene management is costing one of the most disadvantaged groups in society in just monetary terms, let alone more comprehensive measures.



Conclusions and ways forward

On an average, a female menstruates 3,000 days in her lifetime. It is her right to spend these days in safety, comfort and privacy, but as the preliminary findings of NHA clearly indicate, this is far from the case. Unless urgent steps are taken to break the silence, the detrimental impact on health and educational attainment, and

the costs incurred in medical expenses and days lost, further disadvantage an already vulnerable group. There is a strong need for menstrual hygiene promotion and awareness-raising initiatives. However, there is a long way to go before sound MHM becomes prevalent. Following activities are probably the key immediate steps to be considered.

Positive and constructive dialogues are needed to break the sense of shame and secrecy pervading the issue of menstruation. The Ministry of Health and Family Welfare (MoHFW) could play a key role in promoting this conversation from the national to the household levels.

The preliminary findings of NHA reveal the sorry state of MHM in schools. A concerted effort is needed from the government agencies, school management committees and teachers to ensure schools are equipped to help girls manage menstruation as well as provide reliable information on menstruation to raise awareness and promote menstrual hygiene.

Fifty seven percent of Bangladeshi females are estimated to be participating in the labour force.² An important step is to mandate that all employers in the public and private sectors ensure that workplaces have adequate facilities for women for proper menstrual hygiene management.

The private sector should be encouraged to look into cheaper market alternatives to increase access to sanitary products. Concurrently, governmental and non-governmental training initiatives can be started up to teach women how to produce and sell low-cost sanitary napkins.

Both governmental and non-governmental water and sanitation programmes need to prioritise incorporation of MHM awareness and facilities in their design.

- ¹ WaterAid Bangladesh, 2011, "Menstrual Hygiene Management: Unveiling Social and Cultural Constructs".
- ² World Bank indicators, 2009-2013, http://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS







