



# MENSTRUAL HYGIENE MANAGEMENT

AMONG WOMEN AND ADOLESCENT  
GIRLS IN URBAN SLUMS  
IN BANGLADESH





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# Executive summary

In Bangladesh there is a dearth of research on the socio-economic barriers and systemic challenges that women and adolescent girls face to manage their menstruation in urban slum settings. In this context, the United Nations Population Fund (UNFPA), conducted this study to increase the evidence that informs solutions to improve menstrual hygiene management and support vulnerable women and adolescent girls in to fulfil their potential.

This study focused on women's and adolescent girls' knowledge, attitudes, practices, and experiences around menstruation and the barriers they face to access, use and dispose of menstrual products in urban slums. Findings show that access to technology and the internet is enabling women and adolescent girls to access information about menstruation, yet among all age groups there are important knowledge gaps on the negative consequences that inadequate menstrual hygiene can have on their health and wellbeing. In addition, access to infrastructure in the form of toilets where they can change with privacy, was reported as the main challenge to manage menstruation at home, in school, and in the workplace. This lack of infrastructure disproportionately affects individuals with disabilities and is also a reason why women and girls dispose of menstrual products by throwing them in open spaces.

As for menstrual materials, the most commonly used alternative among both women and adolescent girls is menstrual cloth. Even though pads are generally preferred over cloth and perceived as being a cleaner and more hygienic alternative, the feeling of embarrassment when purchasing these products and their high prices were cited as the main reasons why these are not used on a regular basis or at all. Among women



and girls with disabilities, only 55% reported being satisfied with the materials they use. Moreover, a notable difference between married and unmarried adolescents who are 17 or under, is that the use of pads with belts is greater among those who are unmarried (30% vs 18%). The main reported benefits of pads with belts are that these are more comfortable and stable, and that underwear is not required to wear them.

A central aspect of this research is the focus on listening to women and girls, enabling them to share their needs and their wants, and amplifying these views in the form of recommendations for policymakers and their strategic partners. Building on these findings, this report presents different pathways to ensure that women and adolescent girls in urban slums have more access to the information they need to improve their usage and disposal practices; better choices of the menstrual materials they want to use, and sufficient quality infrastructure in the different contexts in which they live and work. These findings and the resulting recommendations further highlight the need for evidence-based interventions that support the implementation of the recently adopted National Menstrual Hygiene Management strategy and that ensure all women and girls, especially those who are most vulnerable, have equitable access to infrastructure, information, and menstrual products.



# 01 Introduction

In recent years, Menstrual Hygiene Management (MHM) has become a global public health concern leading to increased awareness on its links to health, social justice, and human rights.<sup>1</sup> The growing attention to this issue has also meant increased action to address the challenges that women and girls face to manage their menstruation, safeguard their dignity and bodily integrity, and pursue different life opportunities.<sup>2</sup> Extensive qualitative research has been conducted on women's and girls' experiences of menstruation in low-and middle-income countries (LMICs).<sup>3</sup> Various studies have focused on the physical and mental health issues associated with the insufficient access and improper use of menstrual products.<sup>4</sup> Others have evaluated the links between access to products and school attendance.<sup>5</sup> Research has also focused on how poverty and lack of resources shape women's experiences of menstruation.<sup>6</sup> Many studies have also addressed the link between menstruation and infrastructure, water and sanitation facilities in particular.<sup>7</sup>

Many interventions and policies have drawn from this large body of literature, which has various limitations, including its limited scope, its generalizability, and the insufficient focus on the experiences of adult women and girls living in vulnerable contexts.<sup>8</sup> This is the case in Bangladesh, where there is a dearth of research on the socio-economic barriers and systemic challenges that women and adolescent girls face to manage their menstruation in urban slum settings. In this context, the United Nations Population Fund (UNFPA), conducted this study to increase the evidence that informs solutions to improve menstrual hygiene management and support vulnerable women and adolescent girls to fulfil their potential.

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1 Sommer *et al.* 2016.

2 It is important to note that access is predominantly, but not exclusively, a challenge in developing countries. In the UK, one in 10 girls between the ages of 14 and 21 have been unable to afford menstrual products (Plan International, 2018).

3 Hennegan *et al.*, 2019.


4 Mason *et al.*, 2013; Behera *et al.*, 2015; Lahme *et al.*, 2016.

5 Hennegan *et al.*, 2016; Girod *et al.*, 2017; Sommer, 2009; Dolan *et al.*, 2013.

6 Schmitt *et al.*, 2017; Girod *et al.*, 2017; Budhathoki, *et al.*, 2018.

7 Scorgie *et al.*, 2016; Ellis *et al.*, 2016.

8 Hennegan *et al.*, 2019.



The objectives of this study are to engage women of reproductive age and adolescent girls<sup>9</sup> living in urban slums in Dhaka to:

- Explore women's and adolescent girls' knowledge, attitudes, practices, and experiences around menstruation to identify the issues and challenges they face in urban slums.
- Investigate the barriers to access, use and dispose of menstrual products that women and adolescent girls face in urban slums.
- Develop recommendations to address such challenges and inform the design and implementation of existing and new interventions focused on the delivery of menstrual hygiene management supplies and other humanitarian programmes that support adolescent girls across the country.

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<sup>9</sup> For the purpose of this study, adolescent girls are individuals aged 12-19 years old and women of reproductive age are between 20-49 years of age.

# 02 Key findings

- Increased access to information is empowering adolescent girls to reject menstruation-related restrictions, informed by social norms. There are however, **knowledge gaps on the negative consequences that inadequate menstrual hygiene** can have on their health and wellbeing.
- **The main source of information for women and girls are their mothers**, followed by source sisters and peers. Nonetheless, **the stigma around menstruation and the lack of information are important reason why mothers and female relatives do not discuss this until menarche** (first period), and sometimes share wrong information.
- **Access to technology and the internet is enabling more access to information about menstruation**, especially via social media. This increased access to information is also empowering some adolescent girls to ask for pads and to advocate that their mothers use them too.
- **Use of toilets is the main issue to manage menstruation at home, in school and in the workplace.** This is followed by the ability to change and maintain privacy. For individuals with disabilities access to toilets, particularly at home and school, is a more significant challenge.
- **The most popular menstrual material among adolescents (aged 17 or under) is menstrual cloth (22%).** No individuals in this sample reported being aware of menstrual cups or tampons. An observable difference between adolescent girls and women of reproductive age is that 63% of users of pads with belts are 17 or under. Yet, cloth is also the most popular alternative for all age groups in this sample.
- A notable difference between married and unmarried **adolescents who are 17 or under** is that, **the use of pads with belts is greater among those who are Unmarried- (30% vs 80%).** The main reported **benefits of pads with belts are that these are perceived as being more comfortable and stable**, and that **underwear is not required** to wear them.
- **Local pharmacies were mentioned by 95% of total pad users as the main source to gain access to these products.** No individuals reported purchasing products in grocery shops.

- The most cited **reason for wanting to use other menstrual materials** is that **pads are perceived as being more convenient** because you can throw it away after a one-time use. Pads are also perceived as being **cleaner and more hygienic**. Only 55% of individuals with disabilities reported being satisfied with the materials they use.
- **The price of menstrual products is a central reason why many women and adolescents can't access them** on a regular basis or at all; 40% of the total sample report relying on their husband/partner for income and only 6% report being self-sufficient.
- Beyond income, **feeling embarrassed and uncomfortable to ask for these products** was the most cited reason (68%) for not purchasing pads by themselves.
- **The majority of pad users report changing their pads 2 or 3 times per day**. Yet, when asked if they had unlimited access to pads, the majority of respondents (57%) said they would change 4 times or more.
- **Women and girls are more likely to prefer pads over cloths as an alternative to manage their menstruation**; among users who mix both products regularly, 66% report preferring pads and 23% prefer cloth. The additional work of washing cloth, and the greater risk of having their menstruation exposed as a result of this, are important incentives to use pads.
- The majority of women and girls who use pads (54%) report disposing of these by throwing them alongside garbage in designated containers, drains and other spaces. Some users also put pads in plastic bags (18%) or wrap them in newspaper (8%) before throwing them away. **These practices are often grounded on the concern that exposing menstrual blood is shameful** and can cause physical harm for other. Disposal practices are often learned from mothers and elders, but can be the only option when **there is no disposal infrastructure**.

# 03 Literature review

From menarche to menopause, many women and girls in Bangladesh follow harmful norms and experience stigma link to their menstruation.<sup>10</sup> These norms include restrictions to their diet and movement, pressure to hide their menstrual status, increased risk of child marriage following menarche, among others. Due to these taboos, it is not uncommon for women and girls to lack correct and sufficient information about their menstruation and how to manage it. According to the National Hygiene Survey 2018, in Bangladesh only 30-36% of women knew about menstruation before their first period.<sup>11</sup>

Socio-cultural taboos that create the perception of menstruation as shameful can also lead women to follow poor menstrual hygiene practices such as not changing their cloth or pad often, or not drying out their cloth in the sun light after washing it. The aforementioned survey revealed that the majority of Bangladeshi women and girls (68% and 55%, respectively) use cloth as their predominant menstruation management material. Yet only 18% of women and 12% of adolescent girls washed these cloths with soap and dried them in the sunlight.<sup>12</sup> Unhygienic practices related to menstruation management can cause female reproductive health issues such as menstrual infections, itching/burning, ovaries swelling, and frequent urination.<sup>13</sup> A 2015 study found that 97% of Bangladeshi women experience cervical infections due to non-hygienic menstrual practices.<sup>14</sup> Research conducted in the slums of Dhaka found that about 95% of women and 90% of adolescent girls reused rags during menstruation without adequate cleaning, resulting in scabies in the vaginal area, urinal infections, and complications during the pregnancy.<sup>15</sup> Similarly, a recent study found that in the ready-made garment (RMG) industry, a major employer of women in the country, female garment workers miss an average of six days of work per month due to vaginal infections caused by unsanitary menstrual materials.<sup>16</sup>

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10 Mondal et al., 2017; Zakaria et al., 2020; Guglielmi et al., 2020; Power et al., 2020.

11 National Hygiene Survey 2018.

12 National Hygiene Survey 2018.

13 House et al., 2012.

14 Akter, 2018.

15 Ahmed and Yesmin, 2008.

16 Fox, 2020. In this study the term *menstrual materials* is used to refer to both reusable cloth and other traditional alternatives used by women and girls to manager their menstruation. The term *menstrual products* is used to refer to manufactured products, mainly synthetic pads, unless otherwise specified.

Menstruation-related challenges can also be a cause of school absenteeism.<sup>17</sup> The reasons why many girls miss school while menstruating include lack of water and disposal facilities in school, the fear of staining their clothes, restrictions imposed by teachers or relatives, as well the perception that menstruation signals a girl's readiness for marriage.<sup>18</sup> The National Hygiene Survey 2018 found that about 30% of female students miss school during menstruation for approximately 2.5 days per month.<sup>19</sup> Research conducted in secondary schools in Patuakhali, one of the southern districts in Bangladesh, also found a positive association between academic performance and the adoption of good MHM practices among adolescent girls.<sup>20</sup>

Culturally, the event of menarche (the first menstrual period), may signal to family and community that a girl is ready to be married and/or of a girls' developing sexuality.<sup>21</sup> This association of marriage and sexuality with menarche is an important reason why menstruation can become a barrier to schooling.<sup>22</sup> A study in South India reported that half the girls attending school were withdrawn by their parents once they started menstruating, this was either because menstruation was regarded as a sign of readiness for marriage, or because of the shame and danger associated with being an unmarried pubescent girl.<sup>23</sup>

The practice known as 'eve-teasing' which refers to public acts of sexual harassment that can lead to rape, is often seen in developing countries when a community knows that a girl is menstruating and men start to follow her to and from school. In Bangladesh, the consequences of having sex outside wed-lock can be severe; even if this is a result of rape, a girl can be seen as having dishonoured her family and, in some instances, even murdered by her male-kin in what is known as an 'honour killing.' Because eve-teasing is common in Bangladesh and the risks can be frightening, it is not uncommon for parents to take their daughters out of school.<sup>24</sup> In general, school drop-out, marriage and early childbirth, in relation to menstruation, increase the vulnerability of girls to sexual violence while also fostering cycles of poverty.<sup>25</sup>

Research has also brought to light the challenges that limited access to water and sanitation and hygiene (WASH) infrastructure poses for MHM. The Ritu Programme Final Report found that the toilet to student ratio in Bangladesh is 1:187, whilst the

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17 Hasan, 2021.

18 Hennegan and Sol, 2020.

19 National Hygiene Survey 2018.

20 Ahmed et al., 2021.

21 Montgomery et al., 2012.

22 Kirk and Sommer, 2006.

23 Mahon and Fernandes, 2010.

24 Scott, 2020.

25 Lloyd, C. B. and Young J. 2009.

standard according to World Health Organization (WHO) is one toilet for 25 girls. This report also found that 54% of toilets covered in the programme had no water and that in 86% there were no bins where the girls can safely dispose of used menstrual materials.<sup>26</sup> These limitations and other challenges of unsupportive infrastructure contribute to explain why only 7% of girls in Bangladesh report feeling confident when dealing with menstruation in school.<sup>27</sup>

Moreover, affordability remains an important barrier for many women and adolescent girls to access menstrual products<sup>28</sup>. Between 2014-2018, the use of disposable sanitary pads grew from 10% to 43% among adolescent girls and from 25% to 29% among adult women.<sup>29</sup> This was driven in part by the growth of the local market (with comparatively lower cost products),<sup>30</sup> expansion of supply around the country, and the active role of private sector manufacturers and civil society on raising awareness. Yet, many women and adolescent girls are still unable to afford these products on a regular basis. In rural Bangladesh, it is estimated that 86% of schoolgirls cannot afford pads.<sup>31</sup> A recent study of women aged 15-49 in the 64 districts of Bangladesh found that only a quarter of them used commercial products, such as pads, while the rest resorts to traditional practices, often in an unhygienic manner.<sup>32</sup>

The COVID-19 pandemic has also exacerbated some of these challenges. For example, the reduction in income and mobility as a result of the pandemic led to discontinuation or gradually replacement of the preferred menstrual products, particularly pads, causing unwanted stress and anxiety among many women who had to shift to using cloths.<sup>33</sup> A study conducted by WaterAid during the first month of COVID-19 lockdown found that RMG workers stopped buying pads due to their temporary unemployment and lack of income. According to the information given by the shopkeepers, between March to mid-May 2020, the sales of sanitary pads decreased between 50-60% on average.

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26 Ritu Final report 2016-2020.

27 Hennegan and Sol, 2020.

28 In this study, the term *menstrual products* is used to refer to manufactured products, mainly synthetic pads, unless otherwise specified.


29 National Hygiene Survey 2018.

30 The market for sanitary pads now largely consists of locally manufactured products (90%), with Square Toiletries Limited currently holding an estimated 65% of the market for its Senora products alone (Fox, 2020).

31 Mondal et al. 2017.

32 Afiaz and Biswas, 2021.

33 WaterAid, 2020.



Bangladesh is home to 54 million women and girls who menstruate,<sup>34</sup> of which, 14.4 million are adolescent girls.<sup>35</sup> These numbers highlight the importance of conducting research to explore the context-specific barriers and inform evidence-based interventions to support all women and girls. Despite the growing research on MHM, there is a scarcity of data and insights on the effectiveness and quality of solutions to address the problems that vulnerable individuals face. This study aims to reflect upon the challenges in the MHM landscape in Bangladesh, explore the diversity of menstruation experiences and needs of women and adolescent girls in urban slums, and assess potential ways forward.

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34 Sultana, 2020.

35 Population Census 2011.



# 04 Methodology

This study followed a mixed method approach combining quantitative and qualitative research methodologies. The research methods, target groups, sample sizes and geographical coverage are summarized in Table 1 below.

**Table 1. Summary of research approach and scope**

Quantitative	Qualitative
<ul style="list-style-type: none"> <li>• Method: Face to face semi-structured questionnaire</li> <li>• Duration: 30-40 Minutes</li> <li>• Target Respondents:               <ul style="list-style-type: none"> <li>◇ Adolescent Girls (12-19 years old)</li> <li>◇ Women of reproductive age (20-49 years old)</li> </ul> </li> <li>• Geographic coverage and sample size:</li> <li>• Phase 1:               <ul style="list-style-type: none"> <li>◇ Dhaka North City Corporation (DNCC) - 500 respondents</li> <li>◇ Dhaka South City Corporations (DSCC) - 200 respondents</li> </ul> </li> <li>• Phase 2:               <ul style="list-style-type: none"> <li>◇ Bhasantek and Duaripara - 300 respondents</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Method 1: In-Depth Interviews</li> <li>• No of IDIs: 12</li> <li>• Duration: 45 Minutes</li> <li>• Target respondents:               <ul style="list-style-type: none"> <li>◇ Adolescents Girls (age 12-19 years old)</li> </ul> </li> <li>• Geographic coverage:               <ul style="list-style-type: none"> <li>◇ Dhaka North City Corporation (DNCC)</li> <li>◇ Dhaka South City Corporation (DSCC)</li> </ul> </li> <li>• Method 2: Focus Group Discussions</li> <li>• No of FGDs: 18</li> <li>• LOI: 60 - 90 Minutes</li> <li>• Target respondents:               <ul style="list-style-type: none"> <li>◇ Adolescent Girls (age 12-19 years old)</li> <li>◇ Mother/female caregiver of adolescent girls</li> </ul> </li> <li>• Geographic coverage:               <ul style="list-style-type: none"> <li>◇ Dhaka North City Corporation (DNCC)</li> <li>◇ Dhaka South City Corporations (DSCC)</li> </ul> </li> </ul>

## Quantitative method

A semi-structured questionnaire was used for quantitative data collection. The total sample size for the semi-structured questionnaire is 1000 respondents. Purposive sampling was used to select participants based on personal attributes that are relevant to the research. The main consideration was that respondents were females, aged 12-19 (of menstruating age), and living in urban slums in the selected geographical areas of Dhaka City Corporation, including Bashantek and Duaripara.

For phase 1, 70 slums of varying sizes in Dhaka City Corporation were selected following the Census of Slum Areas and Floating Population, 2014 (32 from DNCC and 38 from DSCC). The 700 respondents were proportionately selected from the different sized slums. For phase 2, slums in Bashantek and Duaripara, UNFPA also leveraged a list of 3800 beneficiaries of an on-going intervention to accelerate the random selection of respondents from these locations. Table 2 shows the main characteristics of the sample for this study.

**Table 2. Sample composition**

	Total	12-14	15-19	20+
Total	1000	355	184	208
Disabilities	133	25	80	28
Married	439	4	244	191
Married (aged 17 or under)	65	4	61	0
DNCC	400	144	256	0
DSCC	300	97	203	0
Bhashantek & Duaripara Slums	300	26	66	208
Slums in Dhaka	700	317	162	0

As shown above, 13% of the individuals in the total sample report having disabilities. In addition, 15% of the total married individuals are adolescents aged 17 or under. What is more, 82% of married individuals who are now 18 or above, got married or started living with their partner when they were aged 17 or under.

Another important characteristic of this sample is that 99% of individuals are Muslim. In terms of education, 10% of individuals in the total sample have never attended school, of these, 20% are individuals with disabilities. While 32% of the individuals in the total sample are currently attending school, only 8% of the total individuals who are married and aged 17 or under, go to school. In terms of income, only 24% of the total sample reports having an income. The more common sources of which are work at garment factories and doing domestic work in households.

In addition, as part of the quantitative approach, a face-to-face semi-structured questionnaire was used to gather data from 21 shopkeepers. This questionnaire focused on the challenges around the supply of menstrual products and the potential role that shopkeepers can play in providing information to women and girls who purchase menstrual products from their shops.

## Qualitative methods

In-depth interviews (IDIs) and focus group discussions (FGDs) were used for qualitative research. In-depth interviews were conducted with 12 adolescent girls (age 12-19 years old), both married and unmarried, from urban slums in Dhaka City Corporation. Each in-depth interview lasted approximately 45 minutes in addition to time used to briefly explain the project and get consent from all relevant parties. Table 3 depicts a summary of the IDIs conducted in DNCC and DSCC.

**Table 3. In-depth interviews with adolescent girls**

Respondent Group	Dhaka North City Corporation	Dhaka South City Corporation	Total
Adolescent girls (unmarried)	4	4	4
Adolescent girls (married)	1	1	2
Adolescent girls with disability	1	1	2
Total	6	6	12

Moreover, a total of 18 focus group discussions were conducted with 5-6 female respondents from urban slums in Dhaka City Corporation, including adolescent girls and their mother/female caregiver. Purposive sampling was used to select participants based on personal attributes that are relevant to the research. The following table depicts a summary of the focus group discussion conducted in DNCC and DSCC.

**Table 4. Focus groups with adolescent girls and their mothers/female caregivers**

Respondent Group	Dhaka North City Corporation	Dhaka South City Corporation	Total
Adolescent Girls (Unmarried)	4	4	8
Adolescent Girls (Married)	1	1	2
Mother/female caregiver of adolescent girls	4	4	8
Total	9	9	18

To ensure data comparability and to collect relevant information for the research questions, research instruments were developed for IDIs and FGDs, and used consistently for all interviews. These guides were structured in three main sections, the first included a brief introduction to the project and an icebreaker. The second section focused on respondents' knowledge about menstruation and their main concerns and challenges to manage their menstruation. The second section focused on their preferred practices to manage their menstruation, including their purchase and usage habits of menstrual products. This section also addressed participants' disposal practices and the motivations behind them. The third section included questions on participants' ideas/suggestions to ensure others like them can be better informed about menstruation and gain better access to menstrual materials. An important difference between the guide for FGDs and IDIs is that the latter allowed more time to make participants feel comfortable and included more questions to help participants elaborate on their views.

# 05 Ethical considerations

Ethical considerations were essential for this research as it involved direct interaction with human participants, as well as questions around potentially sensitive topics such as income, health, and menstruation. The legal guardians (parents/caregiver) of the respondent adolescent girls were always consulted before any activities began and consent was also sought from the adolescent girls themselves. The objectives of the survey were explained to all participants and their legal guardians in their local language. Consent forms were translated into local languages and verbally explained if participants had limited literacy skills. The privacy, confidentiality, and anonymity of participants were ensured at all times. Lastly, in the context of the COVID-19 outbreak, special instructions were provided to the field teams to ensure that they were aware of the appropriate sanitation measures and that a safe distance was maintained between the respondents and the interviewers.

# 06 Findings

## Knowledge and beliefs around menstruation

The findings from this study show that most adolescent girls and women in this sample have a positive perception of menstruation. In fact, 88% of the total sample knew there is a relation between menstruation and reproduction, and only 11% didn't know the purpose of menstruation. Table 5 below shows the main positive perceptions of both adolescent and women. As for negative perceptions, only 2% of the respondent think that menstruation is an illness; yet 10% shared negative perceptions such as menstruation being a "release of toxic blood" and "a process for the body to remain thin (otherwise the size of abdomen increases)."

**Table 5. Main perceptions of women and adolescent girls<sup>36</sup>**

Perception	Total (%)
A good thing indicating capacity to reproduce	66
A natural process	58
A sign of health	72
A sign of the fertility	38
A God-given process	13

Various restrictions, informed by social norms, also continue to be prevalent in urban slums. As explained by one unmarried adolescent girl: "My mother forbids me to take foods like fish, meat and milk during my period, she believes that fish and meat brings bad smells in our body during menstruation." Yet, with increased access to information it is becoming less common for adolescents to believe and follow such restrictions. In the words of the mother of an adolescent girl:

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<sup>36</sup> In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

*"Our parents forbade us eating proteins during menstruation as it brings bad stinks in your body. Also, they used to give us restrictions about going outside in the evening or touching dishes saying it will cause harms. But such things don't exist anymore. Girls now-a-days don't follow or believe anything like this. They do whatever they want to do, they go outside even in the evening and don't maintain restrictions disposing their menstrual things."*

There are however, important knowledge gaps among both women and girls on the negative consequences that inadequate menstrual hygiene can have on their health and wellbeing. While many in the sample for this study are aware that such consequences exist, their understanding of what those are is at best incomplete, and at times incorrect. In the words of adolescent girls:

*"We may spread germs to others if we remain dirty during menstruation."*

*"You should not keep cloth in such a place that insects can attack on them. Then there may be cause of abdominal pain."*

*"We may face many serious illnesses. We may face cancer.... That's all I know."*

*"Our elders say that if we throw our pads in open places and if animals like dog, cat smells menstrual blood we may have difficulties such as not being able to conceive baby, or extreme abdominal pains and sickness."*

## **Main sources of information about menstruation**

The main source of information for women and girls, who are users of cloth and pads in this sample, are their mothers; 88% of cloth users and 62% of users report learning about these ways to manage their menstruation from their mothers. The next most popular source of information are sisters, including sisters-in-law. In third place are peers/friends for pads users; whereas for cloth users the third most popular source are other older/elderly relatives.

Nonetheless, the stigma around menstruation and the belief that this topic should not be discussed is also an important reason why mothers and female relatives chose not to discuss it with their daughters until they menstruate for the first time, and sometimes not even then. As explained by married adolescent girls:

*"One day after returning from school, I noticed it. I started weeping out of fear. But my mother remained silent. Later, my sisters consoled me saying that it was nothing to be terrified. They all had this experience before but didn't share it with me."*

*"I got my first period after my marriage. One day I woke up, saw blood in my bedsheet and told my mother-in-law. Then she said that it was fine, and it is a natural thing. I remember she washed those bedsheets herself for me."*

Moreover, in many instances mothers share limited and incorrect information because they themselves haven't had access to reliable sources and guidance. As explained by some mothers of adolescent girls:

*"I gave her a piece of cloth from my used cotton saree. I directed her to bury the piece of cloth on ground after using to get rid of abdominal pain during menstruation. Because of evil air they suffer abdominal pain."*

*"Since my daughter is disabled, she has to understand better than the other common people. I explained to her how to use menstrual cloth, that any people around should not be allowed to know about her menstruation, clothes should be cleaned at night when everyone is asleep, every used cloth should be kept clean and tidy for further use."*

Electronic media has also become an important source of information about pads and appears to be especially relevant in relation to awareness of other alternatives to manage menstruation. As explained interviewees:

*"Since we have seen it in TV that it is helpful or hygienic for health, I recommend to my daughter to use pad."*

*"I know about it from TV at first then I tell my mother to buy it for me because I am not feeling well to wear the cloths."*

Informative materials such as flyers, brochures, books on menstrual health and hygiene were not found to be a common source for women and adolescent girls in this sample; 92% said they had never received any such materials. Only 8 % said they has received some from NGOs and of those who had attended meetings, many reported having a positive learning experience. In the words of adolescent girls:

*"In [NGO] meetings we are learning new things. Now we wash our hands with soap after coming out of the toilet."*

*"In meetings we came to know that using pads has both advantages and disadvantages. Many of us throw off used pads here and there, but pads take longer time to be completely decomposed. Using pads is healthy for us but not for the environment."*

Access to technology and the internet is also enabling more access to information about menstruation. In this study, 64% of the total sample reports having access to a mobile phone, even if only 38% has access to the internet. Only half of those with access to the internet (14%) have seen informational videos on menstruation on social media and the internet. Yet, social media appears to be an increasingly preferred source of entertainment and information for adolescent girls who cite using platform such as Tik Tok in their free time. These is reflected in the comments of both women and adolescent girls:



*"I did not need to tell my daughter anything because she learned about menstruation from internet."*

*"Now we can buy pads online. Many Facebook pages sell it."*

*"Girls today need no advice. They can figure these things out by themselves. All of them are going to schools, all of them have phones. They get much more exposure to awareness than we ever had in our time."*

What is more, partly due to increased access to information, some adolescent girls are becoming empowered to ask their mothers for pads and to advocate that their mothers use them too. In the words of interviewees:

*"I taught my daughters the way I had been taught by my mother and aunts. But my granddaughters are much advanced in menstrual knowledge. They don't need anything to be learnt from me. Couple of days ago one of my granddaughters came to me and asked me to buy a pad for her which costs 80 taka. I was shocked hearing about pads from her! Then she escorted me to the pharmacy and directed me to buy a pad."*

*"At our times we used to learn about menstrual facts from our mothers or grandparents. But now-a-days young girls join group meetings, they also learn from school and friends, they use sanitary pads which they say are more safe and more comfortable than using cloth. They also tell us to use sanitary pads."*

Yet, this is not the case for all adolescents of girls, as not all have access to a family or support network and many continue to feel embarrassed about discussing this topic with their elders. In their words:

*"The fact is we feel shy sharing menstrual problems with our elders. We face difficulties because we don't have enough knowledge about this. If we were able to share, our problems would be solved."*

*"Before getting married, I used to share my problems with my mother. But here, in my in-laws' house there is no one with whom I can share these problems with."*

## **Challenges to manage menstruation in different spaces**

In terms of the effects of menstruation on their daily routines, of those individuals in the sample who go to school or work, 90% report doing so while menstruating, only 10% don't. As shown in table 6, it is often younger adolescent girls who stay at home, and mostly for 1-2 days. The main reasons for missing are school or work are physical pain, either abdominal cramps or other forms of discomfort, as well as difficulty focusing and/or experiencing low levels of energy.

**Table 6. Days stayed at home while menstruating**

Number of days	12-14	15-19	20+
1	2	1	1
2	2	1	0
3	1	1	0
4	1	0	0
5	2	0	0
7	0	0	0

When asked about the main problems to manage their menstruation, use of toilets comes across as the main issue at home, in school and in the workplace. This is followed by the ability to change and maintain privacy. For example, as shown in table 7 below, of those individuals who report having problems at work, 60% say that the problem is changing cloths and/or pads.

**Table 7. Main problems to manage menstruation at home, school and work<sup>37</sup>**

Reported Problems	Home (%)	School (%)	Work (%)
Changing cloths/pads	34	41	60
Maintaining privacy	27	23	30
Washing clothes	20	12	25
Washing yourself	24	24	34
Using toilets	66	56	54

Access to toilets, particularly at home and school, appear to be a more significant issue for individuals with disabilities. As shown in table 8 below, of those individuals with

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<sup>37</sup> These percentages are rebased considering as a total only those individuals who reported problems in home/school/work. In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

disabilities who report having problems at home, 86% say that the problem is using the toilet. It is also important to note that only 17% of people with disabilities report going to school and 29% report working; while the table below shows the rebased percentages for those individuals with disabilities who reported problems, most issues are experienced at home.

**Table 8. Main problems experience by individuals with disabilities to manage menstruation at home, school, and work<sup>38</sup>**

Reported Problems	Home (%)	School (%)	Work (%)
Changing clothes/cotton/ tissues/ pads/napkins	30	41	50
Maintaining privacy	32	13	32
Washing clothes	21	13	18
Washing yourself	23	13	32
Using toilets	86	67	32

Lack of infrastructure in urban slums seems to be one of the most important challenges for women and adolescent girls to manage their menstruation. When it comes to challenges around toilet use, the main reported challenge is the inability to access a toilet because these are not easily accessible. 85% of individuals in this sample share toilets, and of those who share, 20% do so with more than 21 families. The second most important challenge is that there are no separate facilities for women, 84% of individuals in the total sample report that the facilities they have access to are not sex-disaggregated. The third most cited challenge is the limited availability of water and soap.

In the qualitative discussions, women and adolescent girls also noted that the toilets are often crowded which makes having privacy even more challenging. What is more, respondents mentioned that when changing their cloths, they feel pressured to free the toilet because they know others are waiting to use it. As explained by an adolescent girl:

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<sup>38</sup> These percentages are rebased considering as a total only those individuals who reported problems attending school/work. In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

*"I face many problems regarding using common washroom in a dense place like ours. We have to share washrooms, also the washroom we use doesn't have any roof, so it is quite impossible to manage your private things properly. Also, when someone goes to the washroom, a few more people stand in a que, in such a situation it is very difficult to manage the menstrual things."*

In addition, the precarious state of many public facilities, including those in schools and in work places, adds to the challenges that women face to follow hygienic practices. For example, as one adolescent girl explains:

*"The main problem in our washroom here is that there is no system of water taps inside the washroom, so we have to carry extra water during menstruation which is a hassle and also boys and elders mock us."*

*"The toilets in school are always really messy. There is water in the tap, but there is no soap or dustbins to dispose of menstrual waste. So, I tend to change my pads after school when I return home."*

*"I work in a garments factory for few days. There is no facility to dispose used pads. That's why I changed at home during lunch break."*

## **Access and use of menstrual materials**

In the sample for this study, as shown in table 9, 50% of individuals use pads (with or without belts), 42% use cloth only and the remaining 8% reports mixing product alternatives. The most popular option among adolescents (aged 17 or under) is menstrual cloth (22%). In fact, if we consider only individuals who use menstrual cloth only, 54% of users are 17 or under. In addition, no individuals in this sample reported being aware of menstrual cups or tampons.

Lastly, individuals with disabilities appear to have different awareness levels of menstrual products. While 50% of the total sample is aware of disposable pads without belts and 53% is aware of disposable pads with belts, the level of awareness among individuals with disabilities is higher, at 64% and 68% respectively. Moreover, while only 4% of the total sample report knowing of reusable pads, 15% of individuals with disabilities report knowing about them.

**Table 9. Product use of women and adolescent girls**

Menstrual materials	Total (%)	Adolescents (17 or under) (%)	Women (18 or over) (%)
Disposable pads with belts	16%	10%	6%
Disposable pads without belts	34%	17%	17%
Menstrual cloth only	42%	22%	20%
Menstrual cloth + pads	8%	5%	3%

An observable difference between adolescent girls and women of reproductive age in relation to product use, is that 63% of those individuals who purchase pads with belts are 17 or under. As shown in table 10, pads without belts are more commonly used than pads with belts in the sample, and this is the case for all age groups. Cloth is also the most popular alternative for the groups 12-14, 15-19. It is only among those individuals aged 20+ that pads without belts is the preferred alternative, yet this is followed closely by cloth.

**Table 10. Product use breakdown by age and marital status**

Age/Marital Status	Disposable pads with belts (%)	Disposable pads without belts (%)	Menstrual cloth only (%)	Menstrual cloth + pads (%)
12-14	5%	7%	12%	3%
15-19	10%	18%	22%	3%
20+	2%	9%	8%	2%
Married	7%	15%	19%	4%
Married (17 or under)	2%	1%	2%	1%

Among married women, cloth is also a more popular alternative, of those women and girls who are married, 38% use cloth only. A notable difference between married and unmarried adolescents who are 17 or under is that, the use of pads with belts is greater among those who are unmarried (30% vs 18% as shown in table 11). In this sample, married adolescents make up 12% of all users of pads with belts. The most commonly used alternative among both married and unmarried adolescents aged 17 or under is cloth only.

**Table 11. Product use breakdown for adolescents by marital status<sup>39</sup>**

Age/Marital Status	Disposable pads with belts (%)	Disposable pads without belts (%)	Menstrual cloth only (%)	Menstrual cloth + pads (%)
Unmarried (17 or under)	30%	20%	35%	15%
Married (17 or under)	18%	32%	40%	10%

According to respondents, the main benefits of pads with belts are that these are perceived as being more comfortable. Qualitative interviews reveal that this is because the belt provides additional stability and because underwear is not required to wear them. This was explained by users of belt-pads:

*"I used to get blood stains in my clothes when I used panty system pads. But after using belt system, those problems don't occur anymore. That is why I prefer belt system."*

*"If you get period in a public place without carrying a panty, it is not possible to use those panty system pads. But belt-system is more comfortable and hassle free."*

*"I only use Joya. It has a built-in belt system, it has a firm grip, which I find safer to use."*

On the other hand, a downside of pads with belts, as reported by users, is that *"the belt hurts when I sit for a long time in the school. It also leaves a mark on the waist."*

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<sup>39</sup> These percentages are rebased considering as a total only those married and unmarried adolescents aged 17 or under. Important to note that unmarried adolescents aged 17 or under represent only 7% of the total sample.

## Reasons behind the use of menstrual materials

When looking at the reasons why individuals use certain alternatives over others. Accessibility at home is key factor for cloth use, cited by 82% of the sample. No cost to using (cited by 33%) and being taught to use this alternative by their mothers (cited by 31%) are also important drivers of cloth use, but not as important as accessibility at home.

For pad users, accessibility in local shops is an important reason why this is a preferred alternative (cited by 51% of users of pads with belts and by 61% of pads without belts). Local pharmacies were mentioned by 95% of total pad users as the main source to gain access to these products, the remaining 5% said they get them from NGOs and occasionally at a government clinic. No individuals in this sample reported purchasing products in grocery shops. While some adolescents know that these products are sold online, no individuals in this sample reported buying them through these channels either. This was explained by interviewees who also shared those pharmacies are not always easily accessible for them:

*"I have to buy from the pharmacies. Pads are not available anywhere else in our area."*

*"I wish there were more pharmacies in my nearer areas, so that I could buy them without habitation and easily."*

Pharmacies are also perceived as a more reliable place to buy menstrual products compared to other shops. As explained by interviewees:

*"We doubt buying from local shops. As we don't feel the products of local shops are good quality. Buying sanitary pads from pharmacy gives us the confident of buying good products."*

Limited availability of certain brands also prevents women and adolescent girls from accessing the products they prefer. As explained by an adolescent girl:

*"Sometimes I go to the store to buy pads, but they do not have the brand I want. Instead, they have the pricier product."*

*"If we ask for sanitary pads in the pharmacies in our area, the shopkeepers usually give us these two."*

Furthermore, pad users also perceive them as being more hygienic, more absorbent, and more efficient at absorbing stains. All the cited reasons why users in this sample prefer an alternative over other are shown in table 12 below.

**Table 12. Reasons for using products/alternatives<sup>40</sup>**

Reasons cited	Disposable pads with belts (%)	Disposable pads without belts (%)	Menstrual cloth (%)	Menstrual cloth + pads (%)
Easily accessible available at home	4%	3%	82%	80%
Easily accessible at the shops (local markets and/or pharmacies)	51%	61%	2%	10%
My mother taught me to use it	16%	23%	31%	26%
It absorbs the blood flow better	36%	24%	9%	16%
It is cleaner and more hygienic	44%	24%	6%	9%
There is no cost to use this	0%	1%	33%	28%
It avoids staining on clothes	34%	20%	6%	10%
It feels more comfortable	31%	16%	6%	5%
The cost of it is low	0%	2%	22%	19%
It doesn't cause rashes/ irritable skin	19%	13%	1%	3%
My sister(s)/ taught me to use it	2%	6%	8%	10%
It doesn't cause infections	14%	11%	0%	1%

<sup>40</sup> In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.



Reasons cited	Disposable pads with belts (%)	Disposable pads without belts (%)	Menstrual cloth (%)	Menstrual cloth + pads (%)
My friends suggested that I use it	5%	9%	3%	5%
It's convenient to use because you can throw it away after one time use	7%	11%	0%	3%

Only 17% of the total sample said they would like to use other materials, yet 64% of those who said that they would like to try other alternatives are cloth users. Moreover, of those individuals with disabilities, 38% said they would like to try something different. Of the reasons given for wanting to change, the most common one (cited by 25%) is that pads are perceived as being more convenient because you can throw it away after a one-time use. The second most cited reason for wanting to change is the perception of pads as being cleaner and more hygienic. Also, when asked if they could move everywhere with comfort while wearing pads, 78% of pad users said yes. However, only 30% of individuals with disabilities said that they could move freely.

When asked about the reasons for not wanting to use anything else, 80% of individuals in the total sample say that they like what they currently use. Nonetheless, this figure is lower for individuals with disabilities, only 55% of whom say they are satisfied with what they use. Among the main reasons for not trying other alternatives are that this is not allowed by mothers, as well as lack of awareness of other options, both cited by 7% of the total sample.

## The price of menstrual products

Being unable to afford pads was only cited by 3% of individuals as a reason for not trying them, yet of these individuals, 93% are users of cloth only. This indicates that even though price is a barrier for a small portion of the women and girls, the lack of awareness and information might be more important reasons why they don't consider other alternatives. Consistently, in terms of income, those individuals who use disposable pads often come from higher-income households (see table 13 below).

**Table 13. Average monthly income of household from different sources**

Household monthly income (in Tk)	Pad users (%)	Cloth users (%)
<5,000	0%	0%
5,001-10,000	14%	14%
10,001-15,000	23%	18%
15,001-20,000	16%	8%
20,001-30,000	5%	2%
30,001-40,000	1%	0%
40,001-50,000	0%	0%

The price of menstrual products is however a reason why many women and adolescents can't access them on a regular basis or at all, and this comes across very clearly in the comments from interviewees:

*"I don't have money this month so we will use cloth. When I will get money then I will give my daughter money to buy pads again."*

*"We can't afford buying sanitary pads for both our daughter and us [mothers]. So, we try to give them pads as we are already used to the use of cloths."*

The importance of income as a determinant of the products and alternatives that women and adolescent girls use also becomes apparent when looking into who purchases these products for them. As seen in table 14, as the ages of individuals increases, so does the number of individuals who buy products by themselves and who rely on their husband/partner, rather than their mother, to buy them. Consistently, for all those individuals who report relying on their husband/partner for income, 98% replied that their husband buys products for them. This shows the degree to which many married women depend on their husbands to be able to access menstrual products; for 40% of the total sample, their husband is their main source of income. Important to note as well that the second most frequent source of income for women and adolescent girls is their father, this is the case for 32% of the sample. Only 6% of total sample report being self-sufficient (in terms of their expenses), and of these, 30% buy pads for themselves. In other words, of those women and adolescents who buy products for themselves, only 12% are self-

sufficient.<sup>41</sup> This is also apparent in qualitative discussions which reveal adolescent girls have less awareness of the price of pads. For example:

*“My sister-in-law always buys them for me, she used to buy Senora, now she buys Joya and she told me this is because they got really expensive. I wish this price would lessen.”*

*“My mother buys them for me so I don’t have any idea of the price, but I also know that they are expensive because sometimes my mother can’t buy a big packet of pad for me, she can only afford the smaller one.”*

**Table 14. Source who purchases products by age group<sup>42</sup>**

Age groups	Mother buys (%)	Buy myself (%)	Husband or Partner buys (%)	Other female family members (%)
12-14	40	11	2	3
15-19	57	54	54	11
20+	2	35	45	3
Disability	53	23	18	3

When asked about the reasons why they do not purchase pads by themselves, feeling embarrassed was the most cited reason among pad users (68%). Consistently, citing feeling embarrassed was found to be a more common reason among individuals for whom their mother or husband buys products; 92% of those who rely on their mother to buy products, and 86% of those who rely on their husband to buy pads, report feeling embarrassed. Individuals with disabilities are also more likely to cite feeling embarrassed as a reason not to purchase pads themselves; specifically, 77% of the total individuals with disabilities in this sample. As noted in table 14 above, 53% of individuals with disabilities rely on their mothers to buy pads for them.

The feeling of embarrassment is captured by interviewees’ comments who reported being uncomfortable when asking for these products, especially if the sellers are men or from around the area. In the words of adolescent girls:

41 In relation to income, 19% of total sample report that a member of their household has a bank account, yet 78% say that a member of their household has an MFS account, of these the most common types are bKash (74%), Nagad (10%) and Rocket (4%).

42 These percentages are rebased considering as total the main source who buys products cited, i.e., mother, husband/partner, self. For example, of the total individuals who rely on their mother to buy products, 40% are aged 12-14.

*“I have to purchase pads from a pharmacy, and the pharmacists are always men, which makes the setting unpleasant for me.”*

*“Once I went to the pharmacy nearby to buy sanitary pads, the shopkeeper asked me who it was for in a funny way, I got ashamed and since then I don’t go by myself, my mother buys for me.”*

In many instances, the notion of embarrassment comes from not knowing what to expect or how to approach this purchase, and can be overcome through reassurance and a positive experience. For example, one interviewee explained:

*“At first, there were no female sellers, so I felt a bit shy asking the male seller for pads. But when I finally gathered the courage to ask, he gave the pads to me without causing a scene, wrapped in a plastic packet so it could not be seen, I faced no inconvenience while returning home.”*

## Preferred brands of menstrual products

The brand preferred by women and adolescent girls in this sample are Joya (preferred by 63% of pad users), Senora (26%), Freedom (5%) and Feminine (3%). Accessibility at local pharmacies is the main reason why respondents say they purchase certain brands (72%). This is followed by the capacity to absorb (32%) and the perception of cleanliness (29%) and comfort (28%). Other reasons cited include comfort, the perception that the brand is better at absorbing the blood flow, and that it is more hygienic. In fact, as seen in table 15 below, those three reasons were slightly more prominent for users of pads with belts than for users of pads without belts. These are consistent with previous insights and indicates that the preference for absorbency is a reason why users might prefer pads with belts.

**Table 15. Reasons for purchasing preferred product brands<sup>43</sup>**

Reasons for buying preferred brand	Disposable pads with belts (%)	Disposable pads without belts (%)
Easily accessible at the local pharmacies	72	72
It absorbs the blood flow better	40	28
It is cleaner and more hygienic	39	24

<sup>43</sup> In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

Reasons for buying preferred brand	Disposable pads with belts (%)	Disposable pads without belts (%)
It feels more comfortable	32	26
It avoids staining on clothes	28	17
Easily accessible at the shops (local markets)	18	12
It doesn't cause rashes/ irritable skin	14	8
My mother recommends/buys this brand	7	11
It doesn't cause infections	12	7
I see lots of advertisements of this brand	10	8
My friends recommended this brand	7	6
My husband buys this brand for me	5	5

Furthermore, when considering those women and adolescent girls who rely on their husband to buy pads, reasons such as comfort, absorbance and hygiene are cited less, whereas ease of access in pharmacies and local shops becomes a more popular reason to purchase pads. What is more, qualitative insights show that cost is a reason why some individuals say they are unable to try other brands they know of or would like to buy. In the words of interviewees: *"I heard about some brands in the TV, but as they're most costly than Joya, I couldn't afford them."*

## Practices to change menstrual materials

The majority of pad users report changing their pads 2 or 3 times per day (42% and 41% respectively). The remaining 16% change their pads 4 times, and only 2% change it only once a day. When asked why they would change their pads less than four times a day, the most popular reason (cited by 76% of users) is that this rate is enough for them. As explained by interviewees:

*"A pad can be used for 12 hours if I'm not mistaken so one pack will do on a monthly basis."*

*"There are 8 pads in a packet. I use 2 pads a month, my daughter needs 3. A single pack suffices for the whole month."*

Yet, when asked if they had unlimited access to pads, the majority of respondents (57%) said they would change 4 times or more. While only 16% of total pads user said that the reason why they don't change their pads more often is that they can't afford more; many women and girls use pads for an extended period of time because they can only buy one pack of products (containing between 4-8 pads) each month. As explained by interviewees:

*"I buy the 40 taka Joya packet, and I need almost two whole packs a month, but I can hardly afford it."*

*"The 40 taka pack comes with 4 pads, which is not always enough for a month. On average, I need 2 packs but 80 taka for pads is a lot, who can afford 80 taka for pads every month?"*

*"Many women stay all day with a pad, and after two days take a bath."*

A significant proportion of women and adolescent girls (87%) re-use cloths, and of those who do, the majority (43%) do so every 3 menstrual cycles (see table 16 below).

**Table 16. Frequency of cloth reuse**

Number of menstrual cycles for which they use cloth	Cloth users (%)
1	3%
2	25%
3	42%
4	18%
5	3%
6	2%
7	1%
8	5%
10	3%

When asked how they wash their cloths, the majority of cloth users (57%) said that they wash it with soap and water, 23% use soap and boiled water, whereas 18% also use Dettol (concentrated antiseptic solution that kills bacteria). The main practices to wash cloths are shown in following table.

**Table 17. Practices to wash menstrual cloths**

Practices	Total cloth users (%)
Wash with soap/detergent and water	57
Wash with soap/detergent and boiled water	23
Wash with soap/detergent, boiled water and Dettol	12
Wash with water and Dettol	6
Wash with only water	1
Throw it away	1

Washing hands before and after changing or disposing of menstrual materials is slightly more common among pad users compared to cloth users. As shown in table 18 below, only 39% of pad users said they don't wash with either soap, water or both. This is higher for cloth users, among whom, 53% say they don't wash at all when changing.

**Table 18. Behaviours when changing menstrual alternatives<sup>44</sup>**

Behaviours when changing	Pad users responses (%)	Cloth users responses (%)	Menstrual cloth + pads (%)
Do nothing	39	53	50
Washing hands with water & soap/detergent/antiseptic after changing	39	27	29
Washing hands with water & soap/detergent/antiseptic before changing	17	12	16
Washing hands with water before changing	11	6	4
Washing hands with water after changing	2	2	1

<sup>44</sup> In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

When asked if they had access to soap, 89% of the total sample said yes. When looking at access by type of product used, all types of users reported having access to soap, although access to Dettol was more likely among pad users. Yet, in the FGDs and IDIs, lack of soap was brought up as a common challenge in public and school toilets.

**Table 19. Access to soap, antibacterial and tissue paper**

Menstrual Supplies	Disposable pads with belts (%)	Disposable pads without belts (%)	Menstrual cloth only (%)	Menstrual cloth + pads (%)
Soap	94	88	88	81
Dettol	24	15	12	8
Tissue paper	2	6	1	3

When asked where they dry their cloths, 80% reported drying them in a secret place inside the house, while only 10% reported drying them in the sun light (see table 20 below). Individuals 18 or older are also more likely to dry cloths in an open place inside the house, but not in the sun light. The majority of users change their cloth 3 and 2 times per day (48% and 28%, respectively). Yet, 7% said that privacy at home makes it difficult to change. The difficulty of changing and washing clothes in shared toilets was also illustrated by interviewees' comments:

*"Menstrual clothes can't be washed in front of people. That's why if my father is not at home, I clean my menstrual clothes inside our room and close the door."*

*"I can't change sanitary napkins and can't wash my menstrual cloths properly as the washroom remains crowded most of the time. If sanitary pad leaks or menstrual blood stains on the cloth, I have to wait for the night or the dawn so that I can clean it and no one sees."*

**Table 20. Places where menstrual cloths are set to dry**

Place	Cloth users (%)
In a secret place inside the house	80
In an open place inside the house	9
In the sun light inside the house	6



Place	Cloth users (%)
In the sun light outside the house	4
Inside toilets	1

When asked why they are satisfied with cloth as an alternative to manage their menstruation, the main reason reported is that this is easy to access at home (69%). The second most popular reason is that there is no cost to using this alternative (41%), and third that the cost is low (26%). For individuals with disabilities in this sample who report using cloth, easy accessibility at home and the perception of low cost are more important than for cloth users without disabilities. For example, while for 69% of women and adolescent girls without disabilities easy accessibility at home is an important reason why they use cloth; 72% of women and girls with disabilities report using cloth because this is easily accessible to them in their homes. When asked where she gets her cloths, an adolescent with disabilities replied that she often uses “old scarfs and clothes that my sisters don’t use.”

For 10% of the individuals in this sample using cloth is a routine they have grown used to. For women of reproductive age, especially those who are slightly older, the comfort of knowing how to handle cloth is a reason why they prefer to continue using it, as stated by one interviewee: “We don’t know the usage of pads, it is comfortable to follow our older procedures.”

**Table 21. Reason behind the use of menstrual cloth<sup>45</sup>**

Reason for using cloth	Total Cloth users (%)	Cloth users with disabilities (%)
Easily accessible available at home	69	72
There is no cost to use this	41	23
The cost of it is low	26	45
It feels comfortable	18	15
It's convenient to use because you can wash it and use it again	14	12

<sup>45</sup> In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

Reason for using cloth	Total Cloth users (%)	Cloth users with disabilities (%)
It absorbs the blood flow better	11	5
I have always been using this product so it is a routine	10	12
It avoids staining on clothes	6	5
It is easier to use than other products or methods	3	7
It is easier to dispose than other products or methods	2	7
It doesn't cause rashes/ irritable skin	1	0

Table 22 below shows the reasons why cloth users report not being satisfied with cloth. The main one is feeling uncomfortable when moving (11%), followed by complaints related to skin irritability (7%) and lack of absorption (7%). In the words of adolescent girls: "Pads are better than cloths. I can comfortably go anywhere. When we travel by bus we have to keep standing due to lack of seats, if I use pad then I do not have any tension if my saree is becoming stained."

**Table 22. Reason why cloth users are not satisfied with menstrual cloth<sup>46</sup>**

Reason for not being satisfied with cloth	Total cloth users (%)
It is uncomfortable when I move	11
It causes rashes/ irritable skin	7
It doesn't absorb the blood flow	7
It causes infections	4
It's too expensive	1
I don't like to wash clothes	0

<sup>46</sup> In many instances, respondents had more than one answer, which is why the total response percentages exceed 100%.

Some interviewees also said that the limited accessibility to washrooms is a reason why cloth can be a better alternative. As explained by a married adolescent girl: *“If blood flows heavily then one needs to change pads thrice a day. That is difficult. On the contrary, layers of cloths soak heavy fluid for the whole day.”*

However, adolescent girls also shared that the extra work of washing cloth compared to pads, and the greater risk of having their menstruation exposed as a result of this, are important incentives to use other alternatives:

*“I used to use cloths but they were irritating and I had to wash them again and again, and there were no good places to dry them so I started using pads.”*

*“I have changed from cloths to pads because cloths needed to be washed and dried regularly which is a hassle, and there is also a chance that people will see the cloths and think badly of me.”*

When asked about the reasons for not using pads, 32% of cloth users said that pads are too expensive. Other users (6%) said they feel embarrassed of buying pads and that they are not allowed to go to the market by themselves. Lastly, when asking cloth users whether they prefer pads or cloth, 51% of those who only use cloth say they prefer cloth and 40% say they would prefer pads. When asking users who mix both products regularly, 66% report preferring pads and 23% prefer cloth. This indicates that when having the option to try and use pads, women and girls are more likely to prefer this product over cloth as an alternative to manage their menstruation.

**Table 23. Preferred menstrual material<sup>47</sup>**

	Menstrual cloth users (%)	Menstrual cloth +pad users (%)
Cloth	51%	23%
Pads	40%	66%
No preference	9%	11%

<sup>47</sup> These percentages are rebased considering as a total only those individuals who answered the question: “Which product/alternative do you prefer?”

## Practices to dispose of menstrual products

In this sample, the majority of women and girls who use pads (54%) report disposing of these by throwing them alongside garbage; some users also put pads in plastic bags (18%) or wrap them in newspaper (8%) before throwing them away. As shown in table 24, users also dispose of pads in the drain (5%), in ditches (5%), in latrines (2%) and in water bodies (1%). As explained by interviewees:

*"I wrap a paper around my used pads, then I wrap them in polyethene. Then I throw them in a place where no one sees."*

*"If they are thrown out, there can be many kinds of problems. My mother said it is better to put it on the ground."*

*"I wrap it in polythene and throw it in the drain. We usually throw our dirty in that drain."*

**Table 24. Disposal practices for pads and cloths**

Places where users dispose of their pads	Pad users (%)	Cloth users (%)
Throw away with garbage	54	50
Separate it with plastic bag and then throw it with other household waste	18	21
Separate it with newspaper and then throw it with other household waste	8	6
Throw in to drain	5	5
Throw away in a ditch of garbage	5	9
Bury underground in a hole	2	7
Throw in latrine	2	0
Throw away in pond/river/canal/water body	1	0
Burn	0	3
Throw away in bushes	0	1

Compared to the practices of pad users, it is worth highlighting that cloth users are more likely to throw cloths in open spaces like garbage ditches or bushes, as well as to bury them on the ground. As explained by users, these practices are often learned from mothers and elders, but also the only option when there is no disposal infrastructure:

*"I told my daughter to wash the cloth, then dry it in the sun and then burn it or bury it in the ground."*

*"When I used to use clothes there was a problem disposing those. There was an abandoned house near our place, I used to through my menstrual clothes there. But sanitary pads are easy to dispose, you can just wrap them properly and dispose them in a dustbin."*

*"There are no dustbins in the compound so we throw all the waste, including pads, in the drain."*

Many of these disposal practices are also grounded on the concern that exposing menstrual blood is shameful and embarrassing, and can cause physical harm to others. In their words:

*"The main concern is to make sure that other people don't see them."*

*"If people see these things thrown away or animals like cats and dogs take these in their mouths, then there can be problems... and these thoughts gives me discomfort so I prefer to burry pads."*

*"Elderly persons say that stepping over a used pad may invite incurable diseases."*

*"Our houseowner makes chaos if she finds out I dispose of used napkins in the dustbin. She saw me once and shouted saying that I may have physical problems or kaldrishti [black magic] if other people or animals see my menstrual blood. I dispose my pads when she is not around."*

Lastly, there is growing concern that easy access to pads, but lack of information about good practices and limited access to proper disposal facilities is becoming a significant issue in urban slums. In the words of women and adolescent girls:

*"Many of the girls throw pads in public toilets. Sometimes, children try to touch it because they do not know about it."*

*"Proper disposal of pads is a big concern... used pads are seen on roadside drains and in piles in dustbins."*

*"We used to dispose our old cloths by digging and putting them under the ground so than nobody sees. But these days, girls throw their pads here and there. They don't even think about what people will say. Also, people can't ignore that wastes if it's out in the open, people walk over those wastes and that is why I think girls are facing more physical problems."*

# 07

## Recommendations to improve MHM in urban slums in Bangladesh

An important component of this study is the focus on listening to women and girls, enabling them to share their needs and their wants, and amplifying these in the form of recommendations for policymakers. This section discusses the different requests for support from women and adolescent girls and proposes recommendations to ensure they have more access to the information they need to improve their usage and disposal practices; better choices of the menstrual materials they want to use, and sufficient quality infrastructure in the different contexts in which they live and work.

### Infrastructure: Women’s and adolescent girls’ requests for support

When asked about the support they needed to feel more comfortable when managing their menstruation, the majority of the respondents (38%) said that they want separate toilets for women and girls. For individuals with disabilities, the most popular request is for separate toilets, and for households to have private toilets (11%) (see table 25 below).

**Table 25. Requests for support<sup>48</sup>**

Requests	Total sample	Disabilities
Separate toilet for women/girls	38%	49%
More number of toilets	12%	9%
Easily available pads	10%	4%
Every household should own a toilet	8%	11%
Toilets need to be nearer to home	7%	2%

<sup>48</sup> These percentages are rebased considering as a total only those individuals who answered the question: “What support will help you to better manage your menstruation?”

Requests	Total sample	Disabilities
Proper water supply at the toilet	6%	6%
Proper privacy in the toilet	6%	12%
Separate basket or space to dispose pad	5%	2%
More awareness programmes about menstruation management	5%	1%
Free/availability of soap in the toilet	1%	1%
Toilets to be clean	1%	2%

Women and adolescent girls in the urban slums selected for this study want to have access to clean and safe spaces where they can clean themselves and their menstrual materials. They ask for separate toilets to have increased privacy and to feel more comfortable using these spaces. They also request access to soap, which is central to support hygienic practices, including proper cleaning of menstrual cloths. As expressed by them:

*“It would be better to have separate washrooms for girls, not together with the boys. Also, the washrooms need to be cleaner.”*

*“There is water in most of the toilets, but in almost all of them soap is never available. I think soap should be always free in the toilets so that we can clean ourselves properly.”*

*“If there was a hanger attached to the door, we can dry our cloths there, and if there was Dettol in the washroom, we could wash them better too.”*

*“I wish the bathroom was in an area with a fence around it, it will be safer for me.”*

In addition, proper disposal mechanisms for menstrual waste are something that is becoming increasingly relevant as more women gain access to pads and face challenges of disposing of them in urban slums where there is no proper disposal infrastructure in place nor sufficient knowledge of adequate disposal practices. Menstrual waste is often seen as embarrassing or distasteful, and adolescent girls and women often do not want anyone (including other girls and women) to see their used menstrual materials. Strong taboos that dictate burning or burying menstrual waste as a good practice can also limit the usefulness of incinerators or collection systems. In this sample the most popular suggestion to improve the disposal of menstrual waste is to have separate containers to dispose of menstrual products. This was reflected in the various comments:

*“It would be nice if the government builds facilities with separate dustbin for us so that there will be no issue throwing sanitary pads in the common dustbin.”*

*“I wish there was an easy way to dispose of pads, that there were good garbage throwing places for me. The government could make sure that those places are safe for women and we won’t be ridiculed.”*

*“It would be better to have separate washrooms for girls, not together with the boys. Also, the washrooms need to be cleaner and there need to be dustbins.”*

## **Recommendations to improve infrastructure**

These different requests can be condensed into the following recommendations:

- Regularly consult with women and girls about the safety, access and convenience of sanitation facilities and disposal mechanisms. Managing menstruation is very personal, and adolescent girls and women will make choices based on culture, preference, and perceived safety. For these reasons, it is essential to consult them when designing infrastructure. For example, in this sample, some women reported that a separate dustbin for menstrual cloths would not be a solution for them because “people will know who wears cloths, who is throwing them, or who is menstruating and this will be an embarrassing thing.”
- Build female-friendly sex segregated toilets with locks, lights, disposal options, and hooks and shelves for privately hanging menstrual cloths to dry. It is also important to ensure that all facilities have provision for people with disabilities (modifications can include larger door width, bigger handles, handrails, increased space, chairs or stools inside the toilet, and the use of slopes or ramps at the entrances).
- Determine a culturally appropriate menstrual waste collection and processing system and ensure this is communicated to women and girls. In many instances this can be done by providing covered waste containers in all female communal washrooms. A regular collection schedule is central to ensure that facilities remain clean and usable, and to avoid piles of waste that may cause problems with local perceptions and discourage the use of designated spaces.
- Ensure that institutions such as schools are included in waste collection systems and that information and training is given on where to place waste and when this will be collected.
- Train cleaners and solid waste workers on proper menstrual waste handling procedures. Male cleaners are generally not suitable to clean facilities used by women, as they are often more reluctant to handle menstrual waste and because women can be reluctant to discard waste if they know it will be handled by



a man. Sanitation workers and solid waste handlers also need to be provided with protective equipment (e.g., gloves and boots) to avoid exposing them to diseases and other forms physical harm.

To ensure infrastructure is inclusive, the following sample questions can be considered as a starting point for consultation:

- What are women's and girls' privacy concerns? What are their safety concerns?
- Are there any taboos that prevent them from washing/disposing in the toilets/washrooms provided?
- Where should the washing and toilet facilities be located? How should they be designed to meet the needs of different women and girls, including those who have a disability or other mobility challenges?
- Is there sufficient soap in current facilities? Are there private spaces for washing and drying menstrual materials?
- Have girls and women received information on the menstrual waste management processes? Do they feel comfortable putting their menstrual materials in the provided disposal points?
- Have female and male sanitation workers been trained and sensitized to manage menstrual waste? Do they have access to protective gear?

## **Menstrual products: Women's and adolescent girls' requests for support**

In line with the objective to better understand and address the challenges that women and adolescent girls face to access menstrual products in urban slums, they were also asked which arrangements they think should be in place to make pads and any other menstrual products more accessible to them. While only 44% of the total sample provided their views on this question, the main request by users of all ages is to be able to purchase products from women. In the words of one adolescent girl: "If there are female sellers in pharmacy, then I wouldn't feel ashamed and I will be able to buy pads and use them instead of cloths."

The other popular requests for support are shown in table 26 and refer to being able to access products closer to their homes (including having them directly sold to them there), and to have products supplied for free and sold at a lower price. As mentioned previously, price remains an important constrain for many women and girls in urban slums to access as many products as they would like to.

**Table 26. Recommendations to increase access to products, by age group<sup>49</sup>**

Recommendation	12-14	15-19	20+
Would be better if women sell them	76%	76%	73%
Would be better if they sold them directly to my home	50%	53%	31%
Would be better if government supplied them	34%	35%	43%
Would be better if the price was cheaper	32%	35	42
Would be better if NGO workers or NGO supply them	21%	25%	25%
Would be better if sold at shops near house	9%	9%	6
Would be better if supplied by school/college	9%	7%	1%
Would be better if available and accessible at places I frequent, such as community socializing place, workplace	1%	4%	1%

A significant difference between the requests of product users of different ages is that those between 12-14 and 15-19 request free access to products at schools, whereas older women (20+), who are less likely to go to school, would prefer to have other channels. Nonetheless, while there is a widespread preference for free products, the request for women and girls is to have alternatives that they can access on a regular basis. In their words:

*“For average people like us, it would be better to have pads at a low price, and for those who can’t afford it at all, it would be better to give free pads.”*

*“The price of the pads should be lowered. A few days ago, my father lost his job. We could not even eat properly as we had no money, how could I pay for pads?”*

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49 These percentages are rebased considering as a total only those individuals who answered the question: “What arrangements should be in place to make menstrual products more accessible for women and girls like you?”

## Recommendations to improve access to menstrual products

Menstrual material preferences are influenced by culture, environment, access to funds, water, and privacy. When facilitating access to products, there are key considerations to keep in mind:

- **Preferences of adolescent girls and women:** In this sample there is no awareness of other materials such as tampons, cups, reusable pads; thus, the requests are only for pads. Yet, this could change if different information was made available. In addition, it is important to ensure that the quality of products is acceptable (e.g., color, absorbency, or texture).
- **Needs for underwear:** One reason for preferring pads with belts is that there is no need to wear underwear to use them, unlike those that do not have a belt. The need for other supplies, such as underwear, tissue paper, soap, among others, are as important as products themselves to support women and girls to follow hygienic practices.
- **Product needs of beneficiaries and their networks:** In this sample, many women reported using only one pack of 4-8 products per period, which means that they use pads for extend periods of time and/or to mix them with cloth. In addition, it is not uncommon for women and adolescent girls who are the targeted beneficiaries to share the products they receive with their mothers or other female members in the household.

### The different requests and needs of respondents can be condensed into the following recommendations:

- Consult girls and women on their preferences to ensure **distribution channels are effective** and include public places such as schools and markets that are easily accessible to women and adolescent girls. **Female staff should be involved in the distribution** to ensure that girls and women feel comfortable asking questions and to do demonstrations on the use and disposal of menstrual products. To reach girls and women with disabilities it may be necessary to use community networks (i.e., women's groups) or to rely on community leaders to identify them and target them with supplies.
- Beyond distribution of free or subsidized prices for low-income groups, assess the effectiveness of **other mechanisms to make menstrual products more accessible**, such as reducing or eliminating taxes on them. Building on previous experiences (see box 1 below), it is important to consider the market structure and the full range of policy options that can effectively influence retail prices and make a difference for the end user.

- Ensure schools have **'emergency' supplies that they can be freely given** to adolescent girls who might have their period while in school and have no other alternatives. This is in response to the comments from interviewees in this sample who say pads are not something they can access in this context: "when someone's menstruation started at school, she did not carry any pad. It was a very awkward situation for that person. It [pads] should be first-aid."
- Consider conditional **cash transfers as mechanisms to support vulnerable women** and girls. This can take the form of a discount card that they use when buying menstrual products (see case study in box 2 below). Evidence suggests that women feel empowered when they are given the opportunity to buy products themselves.
- Support **female entrepreneurship and employment** in the production of affordable and quality menstrual products. For example, by providing loans to social enterprises to sell sanitary napkins to women directly in their homes, among other activities.<sup>50</sup>
- Put in place regulations and guidelines on **quality standards for menstrual products**, such as criteria on absorption, comfort, durability, and fabrics to be used.
- Establish **feedback mechanisms** for girls and women to share their views on the effectiveness of interventions and the extent to which these meet their needs.

### Box 1. Snapshot of Tax on menstrual products in Bangladesh

In June 2019, following sector-wide advocacy by water, sanitation, and hygiene (WASH) partners led by one international NGO, the Bangladesh government issued a temporary (two-year) removal of value added tax (VAT) and supplemental duties on imported raw materials used to produce sanitary napkins. The following conditions were required for manufacturers to qualify for the exemption:

- Invest at least Tk 750 million (\$9.38 million USD) into business expansion on sanitary products.
- Expand investment in menstrual products by 30%.
- Employ 250 Bangladeshis in the factory

These conditions were set for manufacturers to qualify for the exemption, but just one company (the market leader) benefitted from it. There is also no documented evidence that the retail prices of sanitary pads were reduced and that this measure supported individuals who couldn't afford them previously. However, the VAT exemption was a tipping point for generating visibility and support on the affordability of menstrual products.

<sup>50</sup> For example, in Cox's Bazar, in the UNFPA-supports Women-Led Community Center, women receive training on producing reusable sanitary pads for women in the Rohingya community (UNFPA, 2021).

## **Box 2. Snapshot of ‘Building Blocks’ initiative seeks to improve menstrual health in Dhaka slums**

UNFPA and World Food Programme are piloting a digital platform called ‘Building Blocks’ to deliver food, menstrual supplies and information through community shops in informal settlements in Dhaka. This innovative model leverages blockchain technology to deliver aid to provide menstrual products to women and girls, while improving coordination between vendors and suppliers, and increasing transparency.

When women or girls want to redeem their voucher for menstrual products, they go to one of the authorised shops in the network where the shopkeeper has an app on their smartphone connected to the building blocks app. The app works like a cash register that allows users to select products and quantities. The transaction gets tracked in an inventory system and provides confirmation of its validity to the shopkeeper, without any need for cash.

The blockchain technology creates a decentralized ledger where transactions can be verified for audits. While the project is powered by advanced technology, the interface is simple for women and girls to use since they often face greater challenges to access and use technology, including mobile phones.

The initiative is completing its pilot phase, having delivered 11,852 sanitary pads to women and girls since February 2022, and being awarded ‘best UNFPA innovation’ in the Asia and Pacific region.

To ensure that the distribution of menstrual materials meets the needs of all women and girls, these questions can be considered as a starting point for consultation:

- Is the quality of products meeting their needs? Are the products provided comfortable and absorbent enough?
- Are there enough disposable pads provided to cover the full menstrual cycle?
- Are there any barriers or problems with the distribution? Can product distributors answer any questions in relation to product use and disposal?

## Behavioural change and information: Women's and adolescent girls' requests for support

Cultural beliefs influence the materials that girls and women use to manage their menstruation, as well as the ways in which they dispose of used materials and even their use of sanitation facilities (as some women may face mobility restrictions). As discussed in this study, one of the main sources from which women and girls in this sample get their information about menstruation are their mothers, relatives and peers. Yet, when asked about sources from which they would like to get information, the majority of respondents said they would prefer to receive this from NGO workers (63%), health workers (37%), and TV advertisements (24%). Even though the internet was cited by only 4% of those who answered this question, the qualitative discussions show that increasingly more adolescent girls rely on this channel for entertainment and information (see table 27). As expressed by them:

*"On TV there should be some program about it, it will be good for those girls who have not had their periods yet."*

*"Government body can play an important role by arranging monthly training sessions. If girls know about it from the meeting, they will take consider that knowledge as important."*

*"I feel like the workshops I took in school were really effective, so if the workshops are done more personally like home-to-home meetings, society will not have so much misinformation regarding periods and then normal people would know about them."*

*"We can learn about menstruation from internet or mobile phone. Most of the boys and men have one."*

**Table 27. Recommendations to increase access to correct information about menstruation<sup>51</sup>**

Sources	Rebased %
Courtyard meeting conducted by NGO	63%
Information dissemination through Health worker	37%
Advertisements on TV	24%
Separate session on menstrual hygiene management at school	10%

<sup>51</sup> These percentages are rebased considering as a total only those individuals who answered the question: "What arrangements should be in place so women/girls like you can get more and correct information about menstruation?"

Sources	Rebased %
Door to door awareness campaign	6%
Short film /information on Internet	4%
More awareness programmes	2%
Mobile SMS	1%

While some women and adolescent believe it's improper for boys and men to know about menstruation, others think more empathy and understanding could arise from their increased knowledge of the challenges that their wives and daughters face. As explained by the mother of an adolescent girl: "Fathers need to know [about menstruation]. Buying sanitary pad is an extra expense, how come I suppose to buy sanitary pads if their father doesn't know and gives me the allowance." Relatedly, when referring to her husband one interviewee noted: "He doesn't understand. He says that there is nothing to be serious about abdominal pain. I must go to work he insists. He undermines my pain."

## Recommendations to improve access to information on menstruation

The different requests and needs of respondents can be condensed into the following recommendations:

- Consult with adolescent girls and women to determine what the gaps are in their current knowledge, the types of messaging that will be useful to them, and the appropriate methods for dissemination. Different education formats may be necessary for the same message, including formats for individuals with disabilities. Relatedly, it is important that persons with disabilities and their caregivers are adequately supported since they are often responsible for helping disabled girls and women change their menstrual materials and may not know how to provide this care.
- Provide menstrual hygiene demonstrations in safe spaces for women and girls such as women's community centers, child friendly spaces, youth centers or other designated areas that can be easily accessed by them, and ensure that training is led by female staff.

- Create separate engagement platforms to support boys and men to become agents of positive change by improving knowledge about menstruation and change negative attitudes around menstruation. As these findings have corroborated, men often have greater control of household income which can affect women's and girls' opportunities to access menstrual products. In addition, boys and men are deeply influential in determining and perpetuating social attitudes toward menstruation, including prescriptive and proscriptive expectations that limit menstruating women in their daily activities. Ensuring that male school teachers, youth in and out of school, and elderly men in community participate in awareness raising sessions and community meetings is key to sensitize them on the challenges that women face and what their role can be to support them in this process.
- Revise the current national curriculum to incorporate more comprehensive information on MHM and ensure teachers are given the training and the tools to prioritize the delivery of this content. Schools are ideal for reaching girls and boys, yet it is essential to provide support to teachers to help them tackle menstrual myths. As seen in this research, in some instances, teachers can be sources of guidance, but can also disseminate taboos. In the words of adolescent girls:

*"At school I share problems with our teacher Asma miss. She helps me a lot. She told me not to ask anything from boys and not to share anything with them regarding this."*

*"A friend of mine missed her Bengali exam once due to being sick. But she was not allowed to retake the exam, as she couldn't share with the male teacher because she was absent. There were female teachers as well, but they didn't bother with my friend."*

- Ensure training is also given in the places where women work, such as garment factories. In this study, among those whom and girls who work they shared having limited support and understanding from their male supervisors. For example:

*"Administrative people [in garment factories] are mostly males. They lack sensibility and proper knowledge about menstruation. We only want a bit more flexibility. They should understand our pain."*

*"We can't speak about menstruation to them [garment factory supervisors]. We just say that we are sick. It's impossible to answer if the authority probes further. If there were female personnel to oversee our work then things would become easier."*

- Leverage alternative communication channels, such as social media. Some women and girls in this sample have access to a mobile phone and use apps such as TikTok and YouTube. This indicates the potential to disseminate information through online media, while also supporting women and girls to gain digital skills and safeguard their data and privacy; specially since they are not often the sole owners or users of mobile phones in their households.



- Support peer-learning and sharing groups led by adolescent girls, where girls of similar age groups can share their concerns and questions with others and get appropriate information that they would not get, or feel comfortable asking, from their elders. This type of emotional support is also central to ensure girls' well-being. As explained by interviewees:

*"No one is stopping us from doing something, but it feels bad that we are having so much trouble, but we can't express it to anyone. If we could tell anyone, maybe it would help us to reduce our mental pressure."*

*"My friends from school shared their experiences, so I was kind of ready for this and that is why my first period was less hassling, less scary."*

# 08 The way forward

Bangladesh is currently experiencing rapid economic growth and industrialization. It has attained middle-income country status, and the 8<sup>th</sup> Five-Year Plan (FYP), spanning from 2020 to 2025, and Vision 2041 overarching framework for economic and social development policies include objectives around gender equality as a key element for growth and stability.<sup>52</sup> The recently adopted National MHM strategy marked an important milestone in efforts to facilitate programmatic and systematic approaches across relevant sectors, from WASH to education. This strategy calls for a new National MHM Coordination Committee that can provide guidance for implementation of initiatives, alongside monitoring and resource allocation. It also identifies the roles of various government agencies and other stakeholders to support women and girls to manage their menstruation, including the Ministry of Health and Family Welfare, the Ministry of Education, the Local Government Division (LGD) and the Ministry of Industry. Nonetheless, these guidelines appear to be limited in terms of implementation, further highlighting the need for more evidence-based interventions that can uncover areas for impact and gaps where action is urgently needed.

This study has drawn attention to the barriers that stand in the way of menstrual health and hygiene, and the need to ensure women and adolescent girls living in urban slums have equitable access to infrastructure, information, and menstrual products. These findings call for more context-specific MHH interventions led by the government and strategic partners, to ensure all women and girls, especially those who are most vulnerable, can manage their menstruation with dignity. These findings will be used to inform UNFPA's current MHM interventions in Bangladesh. These include the implementation and evaluation of the first pilot phase of the 'Building Blocks' initiative to deliver menstrual supplies and information through community shops in informal settlements in Dhaka. As well as to support the revision of interventions in the Child Marriage programme, including Child Sexual Exploitation (CSE) training modules to advance girls' empowerment. Findings will also inform the incorporation of MHM information in community engagement and efforts to build awareness among men and boys. These insights will also become fundamental tools to design and implement advocacy efforts to increase access to menstrual products in schools, reduce the taxes to make them more accessible, and improve infrastructure in urban slums.

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52 See "Plan of Bangladesh 2021-2041: Making Vision 2021 a Reality" and "8th Five Year Plan: Promoting Prosperity and Foestering Inclusiveness."

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