



# Taking measures before opportunities bleed away

## Current knowledge and policy gaps in menstrual hygiene management among adolescent girls in Bangladesh

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### Background

Every month, 1.8 billion girls and women across the world menstruate,<sup>i</sup> making it one of the most usual and natural biological processes. Women across the world, especially adolescent girls, still face stigma, taboo, and social exclusion during menstruation that can lead to harmful practices. In recent years, Menstrual Hygiene Management (MHM) has become a global public health concern linked issue with health, social justice, and human rights.<sup>ii</sup> However, the culture of silence around MHM in developing countries like Bangladesh can create barriers to accessing rights-based information and services.<sup>iii,iv</sup> Despite continuous advocacy, campaigns, and other efforts in addressing MHM in relevant country policies and strategies, there is still room for improvement. It is critical to identify gaps<sup>v</sup> in national policies and programs that may hamper progress towards the country's Sustainable Development Goals (SDGs) numbers 3,<sup>1</sup> 4,<sup>2</sup> 5,<sup>3</sup> and 6.<sup>4</sup>

The objective of this technical brief is to examine the status of various indicators related to MHM among adolescent girls (ever-married and unmarried) ages 15–19 years. The authors conducted a review of national documents to identify current programs that address MHM. The authors also performed a national policies landscape to identify responses, roadmaps, and potential gaps. This brief provides recommendations for appropriate strategies for stakeholders and decision makers to ensure appropriate MHM roadmaps for adolescent girls in Bangladesh.

Evidence for this brief was derived from the Bangladesh Adolescent Health and Wellbeing Survey (BAHWS) 2019–20. The primary objective of this BAHWS was to describe the state of health and well-being of Bangladeshi male and female adolescents ages 15–19. The survey covered a nationally representative sample of 72,800 households with a 98% response rate. A total of 4,926 ever-married female (97% response rate), 7,800 unmarried female (94% response rate), and 5,523 unmarried male (85% response rate) adolescents ages 15–19 was successfully interviewed using three types of individual questionnaires. Detailed methodology and sampling frameworks of the survey are available in the final report.<sup>vi</sup> Additionally, program details, policies, strategies, relevant documents from the current health sector program, government circulars, and relevant operational plans were reviewed for program mapping and policy landscape.

<sup>1</sup> Ensuring healthy lives and well-being for all

<sup>2</sup> Ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all

<sup>3</sup> Promoting gender equality and empower all women and girls

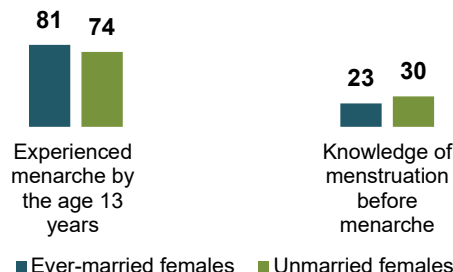
<sup>4</sup> Ensuring the availability and sustainable management of water and sanitation for all

## Current evidence on menstruation among Bangladeshi adolescents

*Mean age of menarche is higher, yet knowledge about menstruation prior to menarche is low*

The mean age of menarche<sup>5</sup> in Bangladesh is 12.8 years for ever-married female adolescents and 12.9 years for unmarried female adolescents. By the time they reach age 13, the majority (81% of ever-married and 74% unmarried) of female adolescents experienced menarche. Although the mean age of menarche for Bangladeshi girls is slightly higher than the global menarcheal mean of 12.4 years,<sup>vii</sup> less than one-fourth (23%) of ever-married girls and less than one-third (30%) unmarried girls had knowledge about menstruation before they experienced menarche (Figure 1). Despite the popularity of such media as TV/radio and the internet, the BAHWS 2019–20 shows that textbooks/books are actually the most common sources for adolescent girls to gain information about menstruation (Figure 2).

**Figure 1. Age of menarche and prior knowledge about menstruation before menarche among adolescent girls, BAHWS 2019–20**



**Figure 2. Sources for information about menstruation among adolescent females, BAHWS 2019–20**

|                             | Textbooks/<br>Books | TV/Radio | Internet | Newspapers/<br>Magazines |
|-----------------------------|---------------------|----------|----------|--------------------------|
| <b>Ever-married females</b> | 65%                 | 23%      | 11%      | 4%                       |
| <b>Unmarried females</b>    | 81%                 | 29%      | 14%      | 7%                       |

### *Misconceptions about menstruation are widespread*

Over 85% of adolescent girls aged 15–19, regardless of their marital status, agreed with the following BAHWS 2019 statement: “Menstrual blood is impure.” Over half of them (ever-married 59%, unmarried 53%) agreed with: “One cannot do physical activity during menstruation.” Female adolescents living in rural areas are more likely to have misconceptions than their urban counterparts.

Based on global guidelines,<sup>viii,ix</sup> maintaining hygienic menstrual practice requires a few components: types (disposable or reusable) of materials being used, how the materials are cleaned if they are reusable, and how many times a day the materials should be being changed.

According to the BAHWS 2019–20 composite index (Box 1), if someone uses sanitary napkin, tissue, cotton, or cloths, it needs to be changed every six hours, regardless of the flow. For tampons the duration is four hours and for a menstrual cup it is 12 hours. This is to prevent bacterial growth and avoid developing toxic shock syndrome (TSS).<sup>x</sup>

#### **Box 1. Hygienic menstrual practices, BAHWS 2019–20**

- Use of sanitary products that are disposable  
*AND/OR*
- Use of reusable materials cleaned with water and soap/detergent and dried in sunlight  
*AND*
- Products/materials changed at least four times a day

<sup>5</sup> The mean age of first menstruation

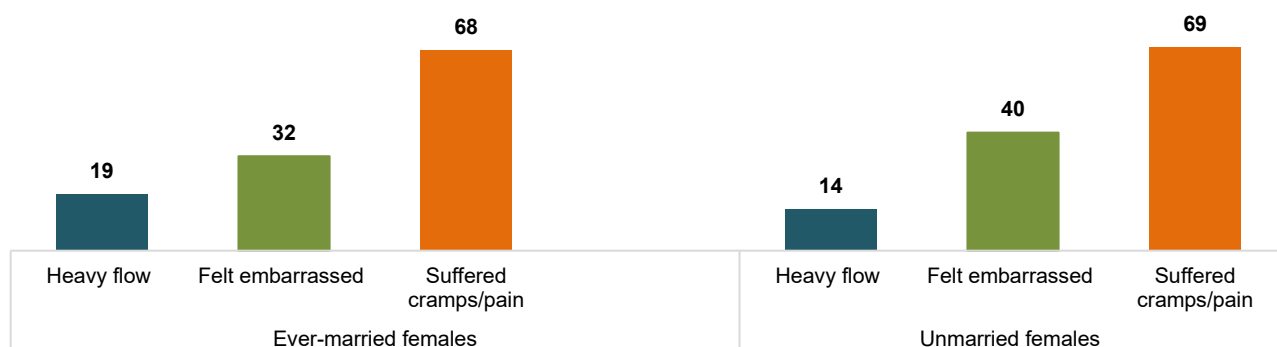
*Despite high proportions of disposable materials use, hygienic menstrual practices are low*

Although the use of disposable products (62% ever married vs 66% unmarried) or clean reusable materials (51% ever married vs 57% unmarried) was high among adolescent girls, only 9% of ever married and 12% of unmarried adolescent girls practiced proper menstrual hygiene.

*School attendance during the last menstrual cycle*

One in four adolescents reported missing at least one day of school during their last menstrual cycle, regardless of their marital status. The most common reasons (Figure 3) cited for not attending school during menstruation was having menstrual cramps/pains (68% ever-married, 69% unmarried), and embarrassment (32% ever-married, 40% unmarried). Having heavy flow was also mentioned by adolescents (19% ever married, 14% unmarried) as a reason.

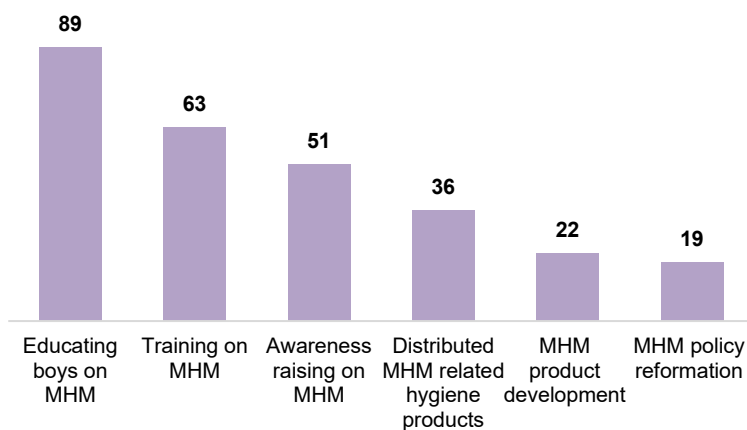
**Figure 3. Reasons provided by adolescents for missing school during menstruation, BAHWS 2019–20**



**Program responses to ensure menstrual hygiene management**

Based on a mapping of the national MHM platform in Bangladesh, 18 organizations reported implementing 51 interventions covering 27 districts<sup>6</sup> around the country aimed at improving MHM. However, except for four interventions, all projects lasted less than one year (Table 1). Further exploration indicates that 89% of the interventions had components of educating boys on MHM, while 63% provided training on MHM to girls. Around half (51%) of the interventions included awareness raising components and a little over one third (36%) distributed products to maintain menstrual hygiene. About one-fifth of the interventions focused on MHM product development (22%) and policy reformation (19%).

**Figure 4. Percentage of MHM interventions by component area in Bangladesh**



<sup>6</sup> Nilphamari, Kurigram, Rangpur, Gaibandha, Jamalpur, Sirajgonj, Mymensingh, Netrokona, Kishoregonj, Sunamgonj, Habigonj, Gazipur, Manikgonj, Dhaka, Cumilla, Chattagram, Cox's Bazar, Noakhali, Laksmipur, Barishal, Bhola, Patuakhali, Borguna, Bagerhat, Khulna, Satkhira, Jessore

**Table 1. MHM interventions in Bangladesh**

| Implementing organization             | Length of intervention (months) | # of projects | Donor   |
|---------------------------------------|---------------------------------|---------------|---|
| Wreetu                                | 4                               | 1             | Various   |
| Bangladesh Nari Pragati Sangha (BNPS) | 4                               | 3             | Amplify Change/Simavi   |
| Hope for the Poorest (HP)             | 5                               | 2             | ASA/Dutch WASH Alliance   |
| SERAA                                 | 20                              | 2             | BNFE-GOB/UNDP/MJF/IDRF  |
| DORP                                  | 8                               | 2             | Water Integrity Network (WIN/SIMAVI)  |
| Oxfam                                 | 12                              | 2             | DFAT  |
| BRAC                                  | 12                              | 1             | Charity: water/UNHCR/UNICEF/IOM/GAC   |
| Practical Action                      | 10                              | -             | Own finance   |
| Plan International                    | 12                              | 5             | SIDA/European Union/GAC   |
| Solidarity                            | 2                               | 2             | UKAID International Parenthood Federation/ Handicap International/ Red Orange Limited                   |
| icddr,b                               | 8                               | 4             | -   |
| SNV                                   | 6                               | 1             | EKN/WOF   |
| BAPSA                                 | 8                               | 3             | UNICEF/EKN/Sida   |
| Society Development Agency (SDA)      | 9                               | 3             | Save the Children/Ahmed Family Fund USA/ Habitat/ KOICAHA   |
| Max Foundation                        | 8                               | 2             | EKN/ Aqua for All/GCC/Woord en Dard   |
| DSK                                   | 6                               | 13            | Water 1 <sup>st</sup> International/Water Aid/ EKN/IKEA foundation via Rutgers/WOP/ CARE/Unicef/IOM/KNH |
| SERAC – Bangladesh                    | 5                               | 3             | AmplifyChange   |
| RedOrange Media and Communication     | -                               | 2             | AmplifyChange   |
| <b>Total: 18 organizations</b>        | <b>-</b>                        | <b>51</b>     | <b>-</b>  |

## National policy and strategic responses to ensure menstrual hygiene management

To understand national policies and strategic roadmaps ensuring MHM in Bangladesh, the team reviewed five policies,<sup>7,8,9,10,11</sup> three strategies,<sup>12,13,14</sup> the Health, Nutrition, and Population Strategic Investment plan, the 7<sup>th</sup> Five Year Plan, the circular by the Ministry of Education, and two operational plans(OPs).<sup>15,16</sup>

Analysis revealed that, aside from the National MHM Strategy 2021 and the National Strategy for Adolescent Health 2017–30, all reviewed policies were noticeably outdated. Almost all policy documents lack any mention of providing information on menstruation before menarche. The National Menstrual Hygiene Management Strategy 2021 was the only policy document that mentions important criterion for managing menstruation hygienically. Table 2 provides a summary of the landscape.

<sup>7</sup> National Health Policy 2011

<sup>8</sup> Population Policy 2012

<sup>9</sup> National Women Development Policy 2011

<sup>10</sup> National Child Policy 2011

<sup>11</sup> National Education Policy 2010

<sup>12</sup> National Strategy for Adolescent health 2017–2030

<sup>13</sup> National Hygiene and Promotion Strategy for Water Supply and Sanitation 2012

<sup>14</sup> National Menstrual Hygiene Management Strategy 2021

<sup>15</sup> Maternal Neonatal Child and Adolescent Health and, Lifestyle

<sup>16</sup> Health Education and Promotion

**Table 2. MHM-related policy landscape**

| Title  | Focus   | Remarks   |
|--|---|---|
| <b>National Policies</b>   |   |   |
| National Health Policy 2011 <sup>xi</sup>                        | Emphasizes maternal and child mortality, NCDs, WASH, and improved access to healthcare facilities for people living in rural areas. Aims to ensure reproductive health of people on a demand basis making primary and essential medical services available to the public.   | The policy does not specifically reflect on the reproductive health of adolescents, especially girls  |
| Bangladesh Population Policy 2012 <sup>xii</sup>                 | Focuses on accessibility of reproductive health services, creating awareness on family planning, ensuring gender equality, and eliminating gender discrimination. Also discusses accessibility of information on reproductive health.   | While the policy focuses on family planning programs and services, there is no focus on menstrual management and it does not mention menstrual health unambiguously for clear policy implementation.  |
| National Women Development Policy 2011 <sup>xiii</sup>           | Pledges women's rights in its agenda and discusses women's rights pre-, during, and post-emergency. Also provides special focus on women with disabilities  | There is no focus on ensuring women's rights to menstrual health commodities or rights to receive information/knowledge on menstruation. Nor does the policy talk about provision of menstrual health education under the female child development program and it does not mention menstrual hygiene management for women in pre-, during, and post-disaster. |
| National Child Policy 2011 <sup>xiv</sup>                        | Addresses physical and mental health of adolescents, creating a learning environment for their physiological, emotional, and reproductive health. Discusses protecting them from violence including sexual violence, trafficking, child marriage, and the elimination of gender discrimination and the promotion of girls' education. | The policy does not emphasize the menstrual health of adolescent girls and does not reflect on the protection of adolescents' rights to SRH services including menstrual health commodities.  |
| National Education Policy 2010 <sup>xv</sup>                     | Focuses on creating hygienic awareness among students such as washing hands.  | The policy does not address menstrual hygiene or have any provision for including adequate toilet infrastructure in schools or awareness raising for knowledge enhancement for managing menstrual hygiene.  |
| <b>National Strategies</b>                                       |   |   |
| National Strategy for Adolescent Health 2017–2030 <sup>xvi</sup> | Pivotal national strategy on adolescent health. With four thematic and two-crosscutting areas of interventions, the strategy emphasizes the provision of quality and age-appropriate sexuality education as well as gender appropriate SRH information for adolescents, irrespective of marital status.                               | Despite giving special focus on information dissemination on issues like HIV/STI, unsafe sex, unwanted pregnancy, child marriage, etc., the strategy does not highlight the provision of information on menstrual health and hygiene.   |

## The way forward

Based on the current evidence, programmatic responses, and policy landscape, the authors of this brief believe the following issues can easily be addressed to ensure optimum MHM in Bangladesh:

### *1. Update national policies*

The policy landscape reveals that almost all national policies and strategies require updating. The country is beginning preparations for the next sector program, creating an excellent opportunity to update the relevant policies and strategies in line with the plan of actions cited at the National Menstrual Hygiene Management Strategy 2021. The relevant operational plans (OPs) can then be streamlined and specific action items, itemized budgets, and identified responsible bodies can be established.

### *2. Educate girls early on menstrual hygiene*

Including reproductive and sexual health education including menstrual education at the primary level is imperative. This will require revisions in the national curricula as well as training at the educator level.

### *3. Guarantee appropriate toilet facilities for women in workplaces*

Every program researched about MHM focuses on girls and leaves women behind, especially working women. With the advancement of female employment—in formal and informal sectors—there is a growing need to have clear instructions for toilet facilities at all levels of workplaces.

### *4. Ensure access to menstrual products in schools and workplaces*

Ensuring access to sanitary napkins in places where girls and women spend a large portion of their day is critical. Including the private sector in this endeavor can be a sustainable way to progress.

### *5. Include boys in the conversation*

No initiative can be realized if half of the population is left behind and not included. Though boys do not experience menstruation, they clearly have a role in ensuring a supportive environment for girls and women. It is therefore imperative to educate boys on MHM and take boys as an important target population in any upcoming program/interventions.

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