

Menstrual hygiene: a behaviour change campaign in Dhaka

Women and girls living in the low-income communities of Dhaka lack the services and support required to practice safe menstrual hygiene. This note looks at a recent campaign that aimed to overcome the barriers to change.



An adolescent girls' group in Dhaka discusses menstrual hygiene as part of the campaign

Why promote menstrual hygiene management in a WASH programme?

Menstrual hygiene management has been neglected by water and sanitation practitioners in the past, but there is now an emerging consensus that this activity should be an important part of integrated WASH programmes. To practice safe menstrual hygiene, women and girls require access to basic WASH services, including clean water for washing cloths used to absorb menstrual blood, and facilities to dispose of used cloths and sanitary napkins; in addition to these 'hardware' components, information is required to help young girls understand the menstrual cycle, correct misconceptions and learn how to manage menstruation safely. Failure to address this issue will result in continued negative health impacts: poor menstrual hygiene is one of the main causes of Reproductive Tract Infection (RTI), and has been associated with a greater risk of HIV infection, cervical cancer, poor pregnancy outcomes and human Papillomavirus infection (skin disease). There are also major social and economic impacts: for example, social stigma and lack of menstrual hygiene facilities in schools can lead to reduced attendance and lower educational attainment, helping to perpetuate gender inequality in developing contexts.

Menstrual hygiene management in Dhaka: shaping the intervention

Over the past year and with support from UNICEF, WSUP has implemented a menstrual hygiene behaviour change campaign in the densely populated settlements of Duaripara, Rupnagar, Bauniabandh, Kalshi and Kurmitola. Before designing the campaign, a process of consultation was completed to ensure that community practices and attitudes towards menstrual hygiene were properly understood. Led by WSUP Hygiene Specialist Nasrin Akter, the campaign was shaped to reflect the reality of menstrual hygiene in these communities, which is characterised by the following:

- **Menstruation remains a taboo topic**

Menstrual blood is considered 'dirty' or 'unclean' in Dhaka, as in other parts of Bangladesh, and the menstruating body is often viewed as weak and shameful; myths are circulated relating to menstrual hygiene which cause girls to feel embarrassment and which limit their freedom of activity.

- **Over 90% of adolescent girls use cloths to absorb menstrual blood**

These cloths must be washed with soap and dried under direct sunlight to kill harmful bacteria that cause infection; however the lack of space in these densely populated settlements makes this difficult to do discreetly, and the embarrassment associated with menstruation leads around a third of young girls to dry their cloths in a hidden and often cool and dark place.

- **Formal education on (and access to) reproductive health is limited**

Although a component on menstrual hygiene is now included in the Home Economics curriculum, for girls aged 11-17, the guidance is incomplete. Prevention of infection is made even more important by the lack of medical care available to low-income residents, and the fact that many women need a man's permission to receive medical treatment.

Based on these observations, it was clear that sustained attitudinal change was needed to enable safe menstrual hygiene in these communities, and that behaviour change messages would need to be carefully tailored. The campaign is described on the next page.

Intervention design and roll-out



Pocketbook illustration of washing a cloth with soap

Defining and presenting key messages

WSUP had previously supported 'adolescent girl groups' in Dhaka - peer support groups that enable girls to talk freely about their menstrual hygiene experiences - and it was decided that adolescent girls should be the primary target for this campaign, both as the group most in need of support and as effective 'agents of change'. The first step was to design information, education and communication (IEC) materials to convey key messages (see box below). The materials consisted of 1) an illustrative pocket book, and 2) poster-size flash cards with the same illustrations, to be used in group sessions.

Key messages presented in the IEC materials included:

- Wash cloths with soap after each use;
- Wash hands with soap after cleaning the cloths;
- Dry cloths under direct sunlight;
- Store cloths in a dry and safe place (possibilities were discussed in group sessions - the roof of a dwelling can be an effective option that safeguards privacy);
- Eat nutritious food during menstruation (this aimed to counter beliefs that girls should not eat meat or fish during this time);
- Dispose of cloths after 3 months (research indicated this was the period for which the same item could be used if safely managed).

Getting the message out there

The campaign strategy involved creating 13 adolescent girls' groups across the 5 settlements, each with 15 participants. These girls discussed the messages in 3 educational sessions over a 3-month period; in return they were responsible for engaging at least 5 friends and family members to share information and tackle misconceptions. A team of community organisers led the selection and monitoring process, using their knowledge of local residents to select girls who were known to be outgoing, active in the community and capable of convincing others. During the sessions girls reported the names of the people they had spoken to, and raised issues which arose over the course of the intervention; at their request, a doctor was involved in the final session to answer questions about reproductive health. An additional event was organised to celebrate the first ever Menstrual Hygiene Day which brought together 30 young girls from 15 of Dhaka's low-income communities.

Providing the materials required to practice new habits

It is difficult to promote menstrual hygiene without the materials and facilities required to practice new habits on a daily basis. This campaign formed part of a wider intervention that aimed to improve water supply and communal sanitation facilities in the target communities; waste bins were provided in communal toilets, and girls were encouraged to use these bins to dispose of cloths. The campaign did not distribute or promote the use of sanitary napkins, as these remain unaffordable for many residents and such a measure would not currently be sustainable. That could change in the future though: low-cost providers are becoming more common in Dhaka, including non-profit companies selling packs of 8 napkins for as little as USD 0.60, compared to USD 1.25 charged by commercial companies.

Emerging findings and next steps

We are reporting this intervention at an early stage and the impacts have yet to be evaluated; however anecdotal evidence is positive. Girls participating in the sessions have reported multiple benefits ranging from a greater willingness to discuss the topic among friends and family members, to the lifting of dietary restrictions imposed by their family during menstruation, to direct health impacts resulting from drying their cloths in direct sunlight. This was a relatively small-scale intervention, but the IEC materials involved could be easily replicated and distributed among larger communities or adapted for the school setting.

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