

Menstrual Hygiene in Bangladesh: The Cycle of Shame



Fiona Ward, WASH Specialist, UNICEF Bangladesh Country Office

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1. Background

Located in South Asia, Bangladesh is the most densely populated country in the world, with approximately 1,015 people per square kilometer and an estimated population in excess of 149 million people¹. To compound the issues of the population density, the country is vulnerable to natural disasters, including cyclones, droughts, flooding and earthquakes. Another important consideration is the economic situation of most households; Bangladesh is ranked 146² out of 187 countries in the HDI ranking with an estimated US\$ 770 GNI and 43% of the population living on less than US\$ 1.25 per day.

Bangladesh is a predominantly Muslim country and unlike many other rapidly developing countries, is still significantly rural with an estimated 76.7%¹ of the population living in rural areas. In recent years however, important changes have become evident which are impacting upon society and the traditional roles and responsibilities of individuals and communities, The most significant of these changes are the rapid urbanization, increase in females participating in the workforce and the drive for Bangladesh to reach Middle Income status by 2021.

Despite much progress being made on a number of different levels, access to appropriate water and sanitation facilities remains a challenge across much of Bangladesh. National water and sanitation access figures are reported as 83%³ and 55% respectively, which are high compared to a number of other countries in the region, however, these figures mask significant inequities between districts and within communities. Access to, and use of, appropriate water and sanitation facilities in schools is even lower leading to very high student to latrine and tap ratios, which is understood to affect students' enrolment and attendance rates.

Another factor which is understood to impact enrolment and attendance rates, in primary, but particularly in secondary schools, is a lack of menstrual hygiene facilities. The lack of facilities, coupled with almost no orientation to students on safe menstrual hygiene management, is believed to be related to the sense of shame and resulting silence surrounding menstrual hygiene, which is sadly also evident in many other countries across the region.

2. Situation Analysis

Although menstruation is a natural phenomenon, in many communities in Bangladesh, it is deemed to be shameful with many negative connotations, and should be hidden and ignored⁴. This attitude is particularly prevalent in many rural areas, where men, women, young boys and girls, have assigned schemas with associated scripts, to which they must strictly adhere.

In general, the impact upon girls of the changes associated with menstruation is considered to be five-fold:

- a) In some communities girls are removed from school to reduce the risk of being attacked on the way to or from school which would bring shame upon the family, if the girl becomes pregnant.

¹ Source: Bangladesh 2011 Census (Bangladesh Bureau of Statistics)

² Human Development Report 2013 – Bangladesh (UNDP)

³ JMP, 2013 (figures have been corrected for Arsenic)

⁴ *Soap stories and toilet tales: 10 Case studies Bangladesh: tackling menstrual hygiene taboos (2012)* - "Old menstrual cloths are buried in the ground for fear that evil spirits will be attracted to the blood they hide their cloths so that their fathers and brothers never chance to see them... believe that if a man walks past menstrual rags or sees menstrual blood, misfortune will befall him"

- b) There is a sense of shame bestowed upon the girl and her participation in various practices (Ramadan, consummation and preparation of particular food types⁵) is restricted.
- c) Reduced attendance and attention rates in schools due to a lack of adequate and appropriate facilities.
- d) Reproductive tract infections due to unsafe menstrual hygiene management owing to a lack of information on what menstruation is, and how to manage it safely.
- e) The need to hide menstruation necessitates that girls and women must travel before dawn to waterbodies to wash, raising protection concerns⁶.

For this paper, the discussion will focus upon the shame associated with menstruation in traditional rural areas however, it should be noted that the degree to which the shame pervades varies across the country⁷. Furthermore, research on the topic to date has been limited in geographical extent which may be perceived as further evidence of the sensitivity of the topic.

The association between menstruation and being 'unclean', pervades at an individual, household, community, school and institutional level. Although most schools have WASH facilities, often these are in poor condition, non-functional or unavailable to students. An estimated 79%⁸ of schools have access to a drinking water source and an estimated 63% have gender segregated facilities however, over half of the water sources are reported to be non-functional and the latrines in poor sanitary condition, often rendering them unusable. The lack of access to facilities is particularly evident in secondary schools, where student ratios are often significantly higher. The key issues relating to schools and WASH facilities and services are summarized as follows:

- Inadequate, unsafe or inappropriate WASH facilities in primary and secondary schools leading to long queues for latrines and water.
- An almost complete absence of menstrual hygiene facilities (no privacy, running water, soap or detergent, or facilities to wash and dry the cloths, or means of hygienic disposal).
- Little information on what menstruation is and how to manage it safely.
- High proportion of secondary school teachers are male.

Girls often prefer to stay at home during their menstruation due to the lack of adequate facilities which means that they can miss up to one week of school a month⁹, which is effectively one quarter of their school time. Missing out on such long periods, regularly, has an impact upon the student's performance and the difficulties students have in catching up has been cited as a reason for dropping out⁹. When the girls chose to stay in school while they are menstruating, they often do not change their menstrual material for the whole day which has been shown to affect their concentration due to concerns over whether spillage is evident, leading to deep embarrassment and teasing by boys⁹.

⁵ *Soap stories and toilet tales: 10 Case studies Bangladesh: tackling menstrual hygiene taboos (2012)* - "...we can't go to the temple or the mosque ... some women do not leave their homes for seven days each month ... others observe dietary restrictions or refrain from reading the Koran" and "We can't touch food, cooking utensils or the kitchen gardens".

⁶ *Soap stories and toilet tales: 10 Case studies Bangladesh: tackling menstrual hygiene taboos (2012)*

⁷ *Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia (Bangladesh Country Report) 2009*

⁸ Bangladesh Primary Education Annual Sector Performance Report (ASPR2012)

⁹ *Equity in School Water and Sanitation - Overcoming Exclusion and Discrimination in South Asia (Bangladesh Country Report) 2009*

Although the secondary school curriculum includes a chapter on menstruation, it is limited and focuses on the biological aspects of menstruation, with little on how to manage menstruation safely. Sadly, due to the discomfort around the topic, students are often advised to read the topic on their own, as teachers are unwilling to discuss it in class¹⁰, particularly as most of the teachers are male. The lack of adequate facilities and information, and the lack of acknowledgement of their importance, at multiple levels, are believed to be directly linked to the sense of shame around menstruation. Surprisingly, this shame and pervading silence is reciprocated within families and between mothers and daughters¹⁰.

In rural areas, it is common for girls to use rags to absorb the menstrual blood, which are often old saris. Due to the stigma associated with visible evidence of menstruation and superstitions, the cloths are often not adequately washed or dried for fear of exposure. The lack of information on how to manage menstruation safely in terms of the right materials, frequency of changing these and the importance of proper washing and drying, has led to unhygienic practices whereby unclean and damp cloths are used, contributing to reproductive tract infections which inhibits the girls from seeking medical attention, which may lead to further medical and reproductive complications.

3. Appropriateness of Social Norm approach to this behavior?

Generally, patterns of collective patterns of behavior can be broadly categorized as Customs/Moral Norms, Descriptive Norms and Social Norms. On the basis of the definitions outlined by Bicchieri¹¹, whereby a Social Norm is *a rule of behavior such that individuals prefer to conform to it on condition that they believe that most people in their relevant network:*

- *conform to it (Empirical Expectations) and*
- *believe they ought to conform to it (Normative Expectations),*

it is considered that the shame, and resulting silence, associated with Menstrual Hygiene can be regarded as a Social Norm in many rural communities in Bangladesh. It is considered that this practice is not a Descriptive Norm, as there is a sense of not just observing that most people (in the relevant network) conform, but that most people have sufficiently strong expectations, related to individual and family honor, to conform.

To analyze this fully, the factual beliefs and personal normative beliefs must be considered. In much of rural Bangladesh, there are factual beliefs which suggest that a menstruating girl, or woman, is 'unclean' (which is also stated in the Koran) and that her blood will contaminate whatever she touches and should a man come into contact with such blood, misfortune may result. Another related factual belief is one in which the family's honor must be upheld at all times, in addition to the belief that there are inadequate facilities in schools.

Some of the personal normative beliefs around menstruation include that a mother¹² believes that she would bring shame upon herself and her family if she were to discuss or highlight the issues around menstruation, even privately; that menstruation is a female issue and has nothing to do with men; that a girl needs to find out about menstruation herself.

¹⁰ Equity in School Water and Sanitation – Overcoming exclusion and discrimination in South Asia (Bangladesh Country Report, 2009)

¹¹ Bicchieri, C (Forthcoming), *Norms in the Wild* (Cambridge University Press)

¹² Or a teacher, community member or a political leader

On the basis of the shame and stigma outlined above, it is considered that mothers or indeed any other individual, prefers to conform to the social expectations of shame and the resulting silence, as they consider that this sense of shame and silence is shared by most people within their relevant network (empirical expectations) and that they are expected to (ought to and should) reciprocate this sense of shame and silence (normative expectations). This sense of shame and silence precipitates within families, communities, schools (teachers neither want to discuss it nor highlight the need for appropriate facilities) and institutions (Education Directorates do not advocate for changes in the teaching or the need for facilities to address the issue).

It is likely that there is pluralistic ignorance whereby a mother may not personally agree with the common practice of silence and the sense of shame however, she feels unable to overcome this. A possible consideration for a mother may be that should she discuss menstruation with her daughter, perhaps the daughter may share this information with her friends and this may become known to others in the mother's relevant network, which would cause shame and an embellishment on the family's honor, and this is considered a sufficient deterrent.

To further analyze the case for the appropriateness of a Social Norm, attention must be given to the many associated and inter-dependent Schema and Scripts and the respective reference networks.

In terms of Schema, it may be considered that there are four key schema involved; a Good Mother, a Good Daughter, a Good Teacher and Menstruation. In terms of the script for these Schema, these may be:

- Good Mother: raises honorable daughters, maintains the family's honor, upholds the concept that menstruation is unclean, prioritizes the needs of her family above her daughter/s, expects her daughter to find out about menstruation through her own network, hides her own menstruation, continues on the tradition as her mother and grandmother did.
- Good Daughter: does not seek advice on how to manage menstruation from her mother or seniors, manages her problems herself, hides her menstruation to not contaminate her father/brother/neighbor, does not bring attention to herself, does not taint the family honor, will get married and to have children and carry on the shame and the silence.
- Good Teacher: does not pollute the class or the students with talk of unclean topics, directs the students to the relevant chapters in the books and maintains the sense of order in the community.
- Menstruation: is 'Unclean', and should be hidden and managed independently, will be endured without complaint or attention.

To put these schemas and scripts into perspective, the relevant network for a mother may be her husband, her husband's family, her family, her friends, her associates, the school, religious leaders, women's groups and the community as an entity.

For an adolescent girl, her relevant network may be considered to be her friends, her fellow-students, her family and the School Brigade.

The relevant network of a teacher may be considered to be fellow-teachers, the School Head, the School Management Committee, District and sub-District Education officers and the respective Directorates of Education.

As indicated, the pervading sense of shame and embarrassment has resulted in relatively incomplete research on menstrual hygiene and importantly from a Social Norms perspective, no known information on empirical and normative expectations, or the prevalence of pluralistic ignorance, or indeed whether there has been any change in the extent of the empirical and resulting normative expectations, over the last ten years, or the changes in practice and perceived sanctions when a family moves from a rural area to an urban setting.

4. Historical interventions

To date, traditional interventions to address menstrual hygiene have concentrated upon schools and the impact upon attendance, with interventions focusing upon the construction of WASH facilities (segregated facilities as well as access to water), to act as a pull factor, without addressing the issues of shame, stigma and silence; nor the practical issue of how to discreetly (and adequately) wash and dry the cloths used. Unfortunately, where interventions have concentrated upon the physical structures without adequate allocation and systems established for operation and maintenance of the facilities, and so these interventions have not been very successful and sadly the facilities, become unusable over relatively short periods of time. However, in some projects, including those carried out by BRAC¹³ and UNICEF, interventions have been complimented by training of teachers and community hygiene promoters on key hygiene messages, including safe menstrual hygiene management.

Thus, historical interventions have predominantly concentrated upon one manifestation of the problem, which may be considered a Facilities Norm, without addressing the more challenging, and long-term, underlying causes or the enabling environment, namely the Legal, Moral or Social Norms. In terms of Legal Norms, there are no statutes pertaining to the provision of menstrual hygiene facilities, however, the requirements for menstrual hygiene have been included in the recently adopted WASH in School Standards¹⁴, with UNICEF support. The standards have noted that facilities should be *“child friendly including socio-cultural (sic) appropriate, age and gender appropriate, provide appropriate menstrual hygiene management facilities such as rag cleaning, drying or disposing facilities and accessible for children with disabilities or suffering from chronic diseases”*. It is considered that the inclusion of such will act to contribute to a change in the empirical expectations, particularly of students, teachers and School Management Committees, on the understanding that the standards are disseminated widely, and this will impact upon the normative expectations however, it should be noted that the complimentary designs for WASH facilities do not include menstrual hygiene facilities.

5. Possible interventions using the Social Norms Approach

Using the Social Norms approach, it is proposed that interventions are developed, implemented and monitored to address issues relating to legal (institutional) norms, moral norms and social norms, in a mutually enforcing synergetic and sustainable way. On this basis, it is proposed¹⁵ that interventions will be piloted in five different unions (a sub-sub district), where experienced NGOs already have established and successful community mobilization (School Led Total Sanitation) projects underway. The first step of course, would be to mobilize government and sectoral

¹³ BRAC (Bangladesh Rural Advancement Committee) – the largest NGO in Bangladesh, and possibly the world

¹⁴ National Standards of Water, Sanitation and Hygiene for Schools in Bangladesh (2012)

¹⁵ It should be emphasized that the feasibility of the proposed interventions have not been fully validated at a country office level however, this will be done on completion of the course

support and to create ownership, sustainability and long-term monitoring systems. This mobilization is proposed through the convening of a meeting of government representatives from the Directorates of Primary and Secondary Education, Directorate of Family Planning (and their Behavioral Change Communication Unit) (which are part of the Ministry of Health) and key WASH sectoral NGOs (including BRAC and WaterAid) to discuss the learning from this Social Norms course and to discuss the issue of Girls' Attendance in Schools. During this discussion, the issue of Menstrual Hygiene will be raised, along with other issues, and the feasibility of using a Social Norms approach to address some of the underlying causes will be deliberated. On the understanding that the government directorates are supportive of the concept, it is proposed that separate Working Groups will be formed to see how a combined Legal/Moral/Social Norms approach can be used in five pilot communities. Once the group has been formed (for Menstrual Hygiene), a Workplan will be developed to try to confirm/disprove whether the Shame surrounding Menstrual Hygiene is really a Social Norm, and the variation in perceptions and expectations within reference groups (role, gender, age, status) and across the five pilot communities. It should be noted that Working Groups on other key priority issues would also be formed, including Child Marriage (including dowries) and Reproductive Health. It is anticipated that the Workplan (for the Menstrual hygiene group) will comprise the following steps (at a community level, except where otherwise stated):

- a) Carry out and analyze surveys (with incentives) pertaining to Menstrual Hygiene across the relevant networks (pre-pubescent girls, menstruating girls, mothers, male students, fathers, mother-in laws, religious leaders, community leaders) to determine:
 - the range of factual beliefs, personal normative beliefs, unconditional preferences and constraints
 - Empirical and Normative Expectations (confirm their presence, or not, their respective strengths and their weight i.e. whether they matter)
 - the extent of Pluralistic Ignorance and any characteristics/trends (discussed in more detail through Key Informant Interviews)
 - the conditions under which people think that change may be possible.
- b) Confirm the respective Reference Networks through discussions about whose opinion matters on various topics and conduct a network analysis (who is connected to whom, and who are the Opinion Leaders and the Natural Leaders).
- c) Determine the Core Groups and conduct Values Deliberation sessions about Adolescent Health and Education and their inter-dependence, using a trusted person, as a facilitator – it is acknowledged that this may take a significant amount of time and separate deliberations may be necessary for different groups, until some consensus has been achieved. The outcome of the Values Deliberation would be a review of the factors driving the shame, their origins, any inter-dependencies, any perceived constraints or conflicts with existing (stronger beliefs). To ensure the right level of participation, as well as honest discussion, a trusted member of the community would be trained on effective facilitation and who strongly supports the need for change.
- d) Collate and analyze the responses from the five pilots and share the findings of the study and to determine if there is agreement that there is a problem, and whether change is possible, and if so, what the possible implementation strategies are.
- e) In the event that the Social Norm has been confirmed and there is evidence of support for interventions using a complimentary approach, a Community Action Plan by the respective communities would be developed.

- f) With help from an experienced facilitator, and incorporating aspects of a communication campaign outlined below, discussions within the broader community would take place. As part of this, advocacy by Natural Leaders would take place to ‘sensitize’ people to the change and to use different networks, while simultaneously discussing with the Central leaders and increasing their support to reach a ‘Tipping point’.

To support the ‘legal/institutional’ norms, the following interventions could be supported at a national level;

- a) Share the findings of the pilots at a national level (within the WASH, Education and Health sectors).
- Pilot the new menstrual hygiene management facilities and monitor their appropriateness and effectiveness (as well as budget available from the schools for operation and maintenance).
 - Conduct a review of the new WASH in School standards to assess the adequacy of the coverage of menstruation.
 - Cooperate with private sector to scale-up production of hygienic sanitary materials, as an income generation activity.
 - Investigate more hygienic alternatives to rags.
 - Commitment from the respective three Directorates to support the outcomes of the pilot interventions with dedicated staff nominated at a sub-district level.
 - Review the Education Management Information System to include Menstrual Hygiene indicators.
- b) Develop a Monitoring and Evaluation framework (most schools do not have any Menstrual Hygiene facilities) to assess the impact on attendance, reproductive tract infections, differences in practices, demand for sanitary pads, changes in empirical and normative expectations in the different groups.

Where there is communal agreement that change is both necessary and feasible, a Communication Strategy of *organized diffusion*¹⁶ to reach a *Coordinated Norm Shift*¹⁶ could be developed by the key personalities in the respective communities, wherein the following activities could be considered at a community level:

- Develop a message to transition from the ‘Unclean’ association to one of ‘Celebration of Fertility’. This approach would stress the importance of access to information, facilities and support for safe menstruation management. The negative reference to menstruation in the Koran would need to be addressed sensitively and perhaps reinterpreted as ‘unclean if there is no access to facilities and materials and knowledge’ but honor in cleanliness and taking care of your body, as outlined in the Koran and this could be endorsed by Imams and communicated during prayers.
- Adopt a *Ready for the Change* Champion symbol (visible by wearing a white bracelet or hat with the symbol, and the symbol would be from Bangla tradition) – this could also be males, to *make the private public*, to *Disrupt routine expectations*, both as suggested by Mackie¹⁶ – the visible sign would encourage further discussion and to make change more evident (so that enough people believe that enough people are changing¹⁶), to accelerate a change in the normative expectations. This movement could also emphasize the power within girls.

¹⁶ G. Mackie (2013) – materials presented during the Advances in Social Norms and Social Change course

- Revise of the curriculum complimented by appropriate Teacher Training, and advocate for an allocated slot in the curriculum to ensure that the material is covered for both male and female students.
- Carry out additional training to the School Brigades to make them Champions in school.
- Advocate for Positive Role Models to be identified and to become Mentors for young girls, who do not have big sisters – these mentors could be young women whom have finished school and were not married off early and who perhaps are earning their own income (after having finished school) who can help with any questions the young girls have (these mentors could also be entry points for other campaigns)
- Community Declaration through a *Ready for the Change* Celebration during which, the community/religious leaders, Education officials, mothers, fathers, teachers, brothers and girls would declare themselves *Ready For The Change!*
- Radio shows for girls, together with medical and teaching representatives, to talk about their experiences and the challenges they face, through Radio Listening Groups.
- Village level discussions including at mosques and temples, with *Ready for the Change* Champions (Natural Leaders).
- Village theatre (*paut* shows).

At a national level, and simultaneously, the following activities could be carried out to raise awareness to support the five pilot communities, as well as to try to create demand and to facilitate interventions in new areas:

- Creation of an adolescent sister for Meena¹⁷.
- Inclusion of the issue in popular soap operas.
- District competitions to reward the most ‘Ready for the Change’ village through agreed ways of classification.
- Designation of high profile *Ready for the Change* Champions (successful females, as well as males and respected senior figures).
- Declaring a National Ready for the Change Day.



It would be anticipated that these discussions, open deliberations in the many networks, at different levels, would perpetuate a revision of the scripts for the Girls and Mothers to include power within, wherein proactivity and the demand for, and supply of, information is seen as necessary and the facilitation and practice of safe menstrual is supported and expected. For the Menstruation script, this could be transformed into something empowering, which makes girls and women special and something which needs to be supported for the benefit of the whole community. An alteration of the Bangladeshi citizen script could be that citizens of Bangladesh have strong communities, these communities support girls and boys to have access to adequate facilities and information to be able to

of Bangladesh who is widely used to disseminate social protection messages

maintain their hygiene and to be, and produce, healthy Bangladeshi citizens.

It is recognized that operationalizing changes to Legal-Institutional/Moral-Cultural/Social Norms will take decades and require the application of legal, political, policy, social and religious interventions, consistently, simultaneously and synergetically, in tandem with interventions to address other key concerns for children and adolescents, including child marriage and reproductive health.

As this likely time-frame is significantly in excess of any standard donor-funded intervention, it is essential that the government, and key multi-sectoral actors, including UNICEF, make a high level commitment to this initiative, on the basis of the pilot findings and to share the learning at a regional and global level.

6. Monitoring and Evaluation/Sustainability

The dissemination of the information shared (bracelets/hats worn, materials distributed and used etc) would be relatively easy to measure with spot checks in schools to verify. The changes in empirical and normative expectations could be measured through observations (the extent of the knowledge and the source of this knowledge), vignettes and questionnaires, and some additional 'dimensions' could be obtained through focus group discussions and key informant interviews.

It is considered that if the activities in the Workplan and the Communication Strategy are correctly carried out with commitments maintained by the partners at different levels, that changes in the Social Norm are both feasible and sustainable.

7. Conclusions

The sense of shame and the resulting silence relating to menstrual hygiene continues to impact upon girls' enrollment, attendance and attention rates in school, her reproductive health, as well as her role in the community. The reasons for the sense of shame in Bangladesh relate to perceptions about a menstruating girl's impurity and family honor. Thus, to address these, the current factual beliefs and range of personal normative beliefs must be reviewed sensitively, using the community as the identifier, interpreter and implementer of the key interventions to 'reinterpret' the current beliefs to see menstruation as a positive change, the safe management of which is for the benefit of the whole community. However, any planned intervention must be implemented programmatically, with complimentary activities being undertaken in other key areas e.g. reproductive health and child marriage, and that realistic timeframes must be developed and cross-sectoral commitments made for long term interventions.

*To paraphrase the motto of the University of Pennsylvania, **Laws without Morals, Norms, and Legal Obedience** are useless.*