

The image is a composite of two photographs. The top photograph shows two young children, a girl on the left and a boy on the right, both wearing school uniforms and smiling at the camera. The bottom photograph shows a group of hands being washed in a white basin of water. A dark blue horizontal bar is overlaid across the middle of the image, containing the text 'Hygiene promotion' in white. The entire image has a light, faded appearance.

Hygiene promotion

Hygiene promotion

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21 Menstrual hygiene: Breaking the silence

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Abstract

Despite major developments in the hygiene and sanitation sector in recent years, the menstrual requirements of women and adolescent girls have been ignored. Overcoming this gap is vital. Menstruation is normal and natural, but many women suffer and die because of widespread ignorance and shame.

An awareness-building programme from WaterAid Bangladesh (WAB) helped put the issue on the development agenda. Menstrual awareness and management is now incorporated in all WAB and its partners' sanitation and hygiene programmes.

Introduction

The objective of most environmental health programmes in developing countries is to reduce deaths caused by exposure to disease. Priority areas include water supply and sanitation, solid waste management and hygiene education. Better excreta disposal facilities benefit men, women, girls and boys. They offer privacy, convenience and safety. But most sanitation programmes do not mention the needs of women and adolescent girls who use latrines to manage menstruation. It's a need that has been excluded from latrine design/construction and hygiene education packages. Even reproductive and preventive health programmes in developing countries often do not address the issue.

Menstruation is a natural process that occurs monthly in healthy adolescent girls and premenopausal adult women. Girls begin to menstruate usually between the ages of nine and 12. During her lifetime, a woman will manage menstruation on an average of 3,000 days.

Menstruation affects women's social life:

- A Hindu woman abstains from worship and cooking and stays away from her family as

her touch is considered impure during this time.

- Jewish tradition regards a woman as ritually impure during menstruation. Anyone or anything she touches becomes impure as well. Even her breath, spit, footprints, voice and nail clippings can be considered impure.
- Under Islamic law, a menstruating woman is not allowed to pray, fast or have sex. She is not allowed to touch the Koran unless it is a translation.

Women and girls in poor countries can't afford sanitary pads or tampons, which would normally be changed around four times a day during menstruation. Instead, the vast majority of women and girls in Bangladesh use rags. These are usually torn from old saris and known as 'nekra'. Rags are washed quickly (with a small clay pot or plastic tub of water called 'bodna') inside the latrine and used several times. There is no private place to change and clean the rags and often no safe water and soap to wash them properly. Even in their homes, a culture of shame forces women to find well-hidden places to dry the rags. These places are often damp, dark and unhealthy.

This practice is responsible for a significant proportion of illness and infection associated with

BOX 1 Shahana's story

Shahana, an 11 year old girl, lived in a remote village in the Sariapur district in Bangladesh. She was a grade IV student. She used rags for managing her menstrual blood. One day after school she came home, changed the soaked rag, washed and dried it under a bean tree for reuse. A harmful insect settled on the rag. Without noticing the insect, she used this rag the next day. Unfortunately the insect entered her body through the vagina. She felt a serious stomach pain and was taken to hospital. A week later, she died.

female reproductive health. Rags that are unclean cause urinary and vaginal infection. Very often serious infections are left untreated. This situation is common in urban slums and rural Bangladesh.

WaterAid Bangladesh initiative

WaterAid has been working in partnership with non governmental organisations in Bangladesh's water and sanitation sector since 1986. During 1999 and 2000 WAB and its rural partner VERC, developed and piloted an integrated, empowering and participatory approach to achieve 100% sanitation coverage. This was done in collaboration with communities in rural areas. It has become known as Community Led Total Sanitation (CLTS).

Simultaneously WAB's urban partner Dushtha Shasthya Kendra (DSK) and six other WAB partners implemented a similar programme in the slums of Dhaka city. These were significant steps forward, particularly as they ensured community participation in developing sustainable and effective hygiene and sanitation programmes.

Yet they failed to include the issues related to menstrual hygiene and management. This exclusion was undoubtedly due to the prevailing culture of shame, which created silence. Sometimes marginalised groups such as women and the poorest struggled to articulate demand. They require support, confidence and an enabling environment in order to make their voices heard. Often the social elite dominate the process if it isn't carefully facilitated.

From 2001-2002 the WAB programme team and its partners designed a larger water and sanitation programme to support both the rural and urban poor. WAB wanted to include menstrual hygiene and management into the programme, but, at first,

found it difficult to talk about this with colleagues. Even the women were embarrassed to discuss the subject. It took almost a year to ease the discomfort and bring about open discussion.

Eventually it was agreed that it was important to incorporate menstrual hygiene and management into the Advancing Sustainable Environmental Health (ASEH) programme, which is funded by the Department for International Development (DFID). The objective was incorporated into the project memorandum. It is written in the Logical Framework ('logframe') as an 'Objectively Verifiable Indicator' (OVI). Writing this into the programme framework meant something had to be done to act upon the problem.

So, having decided that more understanding was needed about the beliefs and practice of menstrual hygiene and management, WAB and its partners carried out a baseline study in the slums of Dhaka city in early 2005.

The study found:

- 95% of women and 90% of adolescent girls use rags during menstruation.
- 40% of women change their rags only once a day while 75% of adolescent girls change three times
- 60% of women wash the rags in unsaved water
- 90% of women and 70% of adolescent wash the rags with only water
- 95% of women and 80% of adolescent girls reuse the rags
- The majority of women and adolescent girls dry the rags in dirty and dark places.

It found that causes of unhygienic practices were:

- Lack of awareness
- Lack of safe water and sanitation facilities for washing rags

- Lack of drying areas due to social unacceptability
- Sanitary pads are too expensive
- No separate toilets for women/girls at community and school level
- Toilets are not designed appropriately to change or wash the pads
- No space and facility at household toilets
- Women and adolescent girls don't share the problems with others; in some cases this culture of shame leads to serious reproductive health problems.

As a result of poor practice, women and adolescent girls face the following health problems:

- Scabies in vaginal area
- Urinal infections
- Abnormal pains
- Complications during pregnancy

Both male and female staff from WAB and its partners attended workshops to share the baseline findings. Female colleagues from different parts of the country shared their personal experience without hesitation. A colleague from one partner organisation shared Shahana's story (see box 1).

By coming to understand the suffering of women and girls, workshop participants became committed to addressing the problems. They developed a detailed action plan including strategies to increase awareness of women and girls in communities and schools. The group also decided it was necessary to be culture friendly, considering the different contexts in areas of Bangladesh.

The issue was discussed later with all WAB and partners' staff, through training programmes, workshops and focus group discussions. Finally, female frontline staff were given the responsibility

of discussing the issue in-depth with adolescent girls and women in the villages, slums and schools. (Cultural issues make it impossible for men to discuss this issue with women and adolescent girls.)

The discussion includes:

- Unhygienic practice (using cards with pictures to explain specific points)
- Negative impact on health due to unhygienic practice
- Hygienic practice: how rags should be washed, dried and stored; proper disposal of sanitary pads with demonstration (using a doll and picture cards); how to use pads and how to make low-cost home-made sanitary pads. In one area of Bangladesh, many tribal women/girls don't use anything
- Counselling for overcoming cultural barriers, especially embarrassment.

In late 2005, discussions began with the community on menstrual hygiene. In the first year WAB and its partners used existing materials from partner organisation NGO Forum to initiate the discussion. But in 2007, WAB developed a new set of materials which included picture cards, a pocket book and doll. They focused on adolescent girls since existing materials on this were limited.

The discussions helped raise awareness among different members of the community. So, for example, the subject was included in school teachers' training, under the school hygiene education programme, and in CBO Training (training of community leaders). Discussion sessions with school management committees and local government bodies aimed to break the silence, build awareness, and obtain support for implementation activities at different levels including household, community and education institutes. They were asked to take further

responsibility by including the issue in latrine construction and hygiene education beyond Advancing Sustainable Environmental Health (ASEH).

Latrine design and construction

Under the successful CLTS method, financial support for building household latrines in rural areas is not provided. Instead, partners' field staff motivate communities to construct latrines at their own expense. Now, they also encourage the community - including the male CBO leaders - to build women-friendly latrines. These include the additional space that is required for washing and drying their pads; a platform for washing may cost an extra Tk 50 to 70 (45-55p).

WAB provides financial support for the construction of toilet blocks in public places, such as markets, educational institutions and in urban slums. In all WAB-supported toilet blocks there are separate male and female facilities. In the new design, the female toilet is one to two feet wider than the male toilet. There is a one foot square raised platform and water facilities which allow the washing of rags, and a hanger to dry them. The wider female latrine also means children can accompany mothers if required, and sick or disabled people can receive help from others. It costs around Tk 500 (£4.50) more than a normal latrine. Disposal facilities are also provided.

Initially WAB-supported separate chambers in community toilets for menstrual management, but discovered that women prefer the arrangement inside the latrine rather than separate.

Outcomes

Experience is limited to date, but shows that this project has:

- Broken the silence and traditional thinking. Male and female discuss this openly without hesitation.

- Been incorporated in hygiene education packages and school sanitation programmes of WAB partners.
- Led to different designs of women-friendly toilets being developed and piloted.
- Led to Information, Education and Communication (IEC) materials being developed and made available for building awareness.

In September 2007 DSK conducted a sample survey in six slum communities of Dhaka city. In these communities they had facilitated discussion and provided safe water supply and latrines with menstrual management facilities before September 2006. They identified 100 women and girls through random sampling and found 89 percent of them wash their rags with soap and clean water and 50 percent dry them in the sun. A year before, the figure had been just 2%. Most of the women

already knew that it was important to dry rags in the sunshine, but in slums, it is difficult to get the appropriate space.

The existence of women-friendly toilets in slums, rural markets and schools symbolises the recognition of an important practical need of women and girls. This leads to empowered women and girls being able to share their problems in the development forum.

Conclusion

This brief report shows what has been achieved in a very short time to overcome the wall of silence that surrounds the issue of menstrual hygiene. There remains much to be done. But in setting this out, the authors envisage that it can form the basis for awareness building among all those active in the sanitation arena.

BOX 2 Kiron's story

I am **Kiron Prova Chakma** and am 32 years old. I live in Kharickung Muk para village about 8 km from the Rangamati district town.

I used to wear torn cloths for absorbing the menstrual discharges. I changed them once a day. I felt pain in my abdomen and became very sick and tired but didn't go to the doctor because I was shy. I washed the cloths and kept them in a secret place to use again. I learned from my elders to keep it secret from males. Even with other women we did not talk about it.

In October 2006, sister Dulari, the health motivator of Green Hill sat with all the women of the villages. After introducing herself she started talking with us about the hygienic management of menstrual periods. Initially, we were very surprised to talk openly about this matter. But when she helped us to understand that it is a normal process that occurs in the female body, just like defecation or urination, we started talking.

It was difficult to get the adolescent girls involved at the beginning of the discussion. But Dulari built up a relationship with them so quickly that, later, they all attended the session.

After we shared our experiences we realised that we are letting our own body be infected by harmful diseases. How unsafe we are! I have learnt three important things:

1. We should use soft and clean cloths for managing menstruation.
2. We should wash cloths with soap and dry them directly under the sun (to make them germ free).
3. We should preserve the cloths in a dry and clean place to use again.

I am very proud to say that I have changed my own practice and also have started advising other girls and women on what I have learned about menstrual hygiene. I also tell them that they shouldn't feel too shy to talk about this matter.