Case Study: Bangladesh

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ADOLESCENT GIRLS LEAD AS MENSTRUAL HYGIENE MANAGEMENT FACILITATORS IN THE ROHINGYA COMMUNITY, COX`S BAZAR, BANGLADESH

Background

Adolescence is a vital period for human development as life enters a new phase with the onset of menstruation for girls. This new change sometimes leads many adolescents to experience stigma, bullying and social exclusion, also introducing them to new vulnerabilities. In many parts of Bangladesh, menstruation is a taboo and has myths attached to it which can lead to poor personal hygiene and consequent health issues for women and girls. These stigmatizing beliefs often lead to women being isolated during the onset of menarche. Existing myth and cultural beliefs influence dietary restrictions (like a prohibition of eating fish and meat) and create movement restrictions, which could generate long-term health complications and result in low confidence among adolescent girls. Hence, girls do not often reach out for medical advice in the event of any unpleasant or abnormal menstrual experiences. According to a study, 18% of adolescent girls and 16% of women face privacy problems when changing menstrual materials at home and 25% of girls reported that they were not allowed to perform regular activities such as cooking or travelling.[1] As a result, the overall development of adolescent girls has been negatively affected and this experience has hampered their physical, mental, and social growth.

Menstrual hygiene management (MHM) is even more challenging for women and girls with disabilities due to their dependency to be supported in managing their menstruation and a lack of access to WASH facilities. 20% of girls with disabilities can manage their menstruation by themselves, while 60% of girls with

1 National Hygiene Survey, Bangladesh, 2018.

disabilities depend on a caregiver[2]. 47% of girls with disabilities face sexual harassment to get access to water sources and sanitation.[3] Therefore, the principle of "leaving no one behind" reminds us to focus on eliminating discrimination and inequalities to achieve sustainable development for all.

In 2017 an estimated 745,000 Rohingya people arrived in Cox's Bazar, after a massive wave of violence against them broke out in Myanmar[4]. This was the world's fastest-growing refugee crisis with the largest gender discrepancy as 52% of the total refugee population were women and girls and over 80% were women and children.[5] Girls, who represented 57% of the refugees, are particularly at risk of child marriage, sexual exploitation, abuse, and neglect[6]. The facts on the ground presented unique challenges, as well as opportunities for saving lives, protecting the basic human rights of the affected populations and for gender transformative programming.[7]

MHM is a recognized public health, social, and educational issue but still, there is a lack of correct information on its management with dignity, as well as how to dismantle the harmful social beliefs and taboos surrounding the topic. According to the MHM Strategy for Cox's Bazar (2018), 68% and 58% of households reported receiving information related to menstrual hygiene materials management and menstruation respectively. However, a large proportion of women, almost 90%, expressed an interest to receive more information on proper management, because accessing WASH services was a key barrier to managing their menstruation in a dignified manner.[8] Therefore, UNICEF's Cox's Bazar WASH section had and still gives priority to strengthen MHM programming to fulfil girl's and women's needs, gaps, and challenges.

Strategy and implementation

UNICEF is committed to seeing a world where every girl can learn, play, and safeguard her health without experiencing stress, shame, or unnecessary barriers to information or supplies during menstruation. Women and girls' access to MHH is a component of gender-responsive WASH services that are acknowledged by SDG 6.2 as a right to menstrual health and hygiene.[9] Recognizing the importance of proper menstrual hygiene practices, a national MHM strategy was developed in 2021 by the local government division of Bangladesh together with other Government Organizations (GOs), Non-Government Organizations (NGOs), Civil Society organizations and UN agencies.[10] In the WASH Sector Road Map (2019) MHM was recognized as a key priority area to respond to the special needs of women and girls; consequently, the MHM strategy of 2020 was developed.[11]

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[2] Research on MHM for women and girls with disabilities Share, Net Bangladesh.
[3] Ibid.
[4] Gender Profile No.2 For Rohingya Refugee Response Cox's Bazar, Bangladesh, March 2019.
[5] Ibid
[6] Ibid.
[7] Ibid.
[8] MHM Strategy, 2018, Cox`s Bazar WASH Sector.
[9] Guidance on Menstrual Health and Hygiene: 2019, UNICEF.
[10] Bangladesh/National Menstrual Hygiene Strategy, 2021.
[11] WASH Sector MHM strategy, 2020.

To mainstream MHM in WASH, the following interventions have been included under UNICEF Cox's Bazar WASH programme considering the current practices, beliefs, and taboos identified through the KAPB survey.

1. **Human resource enhancement:** UNICEF has provided an intensive capacity development programme for implementing partners, and community structures including community-based volunteers. UNICEF also built the capacity of Cox's Bazar's WASH sector through the training of a 110 persons core facilitators team (CFT).

2. **MHM facilitators group formation and capacity building:** At the sub-block level, MHM facilitator groups were formed (comprised of youth and adolescents that were enthusiastic to be involved) to facilitate MHM information among all other girls and women in the respective community in each camp. The facilitator's group has their ToR that includes objective of the group, criteria of the group members, and the roles & responsibilities of MHM facilitators group members etc. This group also work as community catalyst towards safe hygiene practice, breaking the silence and taboos associated with menstruation.

3. **Community engagement towards behaviour change:** People were mobilized through the Clean Camp Campaign-People Led Total Hygiene (CCC-PLTH) approach aiming to grow a positive response for MHM. Additionally, the RANAS (Risk, Attitude, Norms, Ability and Self-regulation) approach was introduced for systematic behaviour changes and evaluating behaviour change strategies that target and change the behavioural factors of a specific MHM behaviour in a specific population.

4. **Ensure MHM-friendly WASH services:** MHM kit items were selected through community consultation and were provided to reproductive-aged girls and women including persons with disabilities through household distribution and distribution points. In response to community feedback and needs, the existing design of WASH facilities is being modified and upgraded such as a gender-segregated latrines with MHM facility, availability of water nearby latrine as much as possible, MHM disposal system (under piloting) and laundry/bathing spaces for cleaning and washing MHM materials.

5. **Introduced participatory monitoring system and community feedback mechanism:** In consultation with the community, a participatory monitoring tool was developed, and a monitoring system was introduced to keep track of the situation. In addition, a feedback and response mechanism system has been established in each of UNICEF's working areas.

6. **Inter-sectoral coordination:** UNICEF has established inter-sectoral coordination between education, protection, and WASH to narrow the MHM gaps and challenges that exist today for a better future.

Progress and results

1. **Human resource enhancement:** A 10-person skilled hygiene focal is leading the process of MHM implementation at the partners' level under the guidance of UNICEF Cox's Bazar MHM focal. Around 70 persons (trained staff) are working for improving MHM practices at the ground level. Currently, 555 trained community-based volunteers and sub-block level WASH committees are responsible to provide support for MHM improvement at the community level.

2. MHM facilitators group formation and capacity building: Around 4,000 skilled community-based MHM facilitators are currently active within eight camps under UNICEF working areas. They are regularly conducting MHM events with all other girls and women in their respective communities.

3. Community engagement towards behaviour change: The community became a leader in making menstruation a normal fact of their life. Community mobilization and awareness-raising activities with the assistance of IEC materials ('The Story of Nur Ana') are now key tools for MHM. A significant positive change in individuals is visible through RANAS approach interventions.

4. Ensure MHM-friendly WASH services: 100% of reproductive-aged women and girls are covered by MHM materials including persons with disabilities considering the SDGs' objective to ensure no one is left behind. Gender segregated latrine and bathing space with MHM facilities, water availability for laundry, handwashing materials, etc., are significantly increased. As a result, people were found to be happy.

5. Introduced participatory monitoring system and community feedback mechanism: Behaviours' change progress is regularly monitored by MHM facilitators and community-based volunteers. Women and girls are sharing their feedback and complaints on MHM services through an established WASH feedback mechanism in their camp.

6. Inter-sectoral coordination: An established MHM working group is in place at the sector level. MHM is a strategic priority for the sectors like education, protection, health, and WASH (in leading position).

The overall outcome:

Women and girls of the Rohingya community are at the centre of MHM interventions, which are becoming a sustainable solution to change behaviours associated with MHM. They regularly monitor progress and act as necessary. WASH service providers are asking MHM facilitators for their demands (like MHM-friendly latrine and bathing space, extra water availability, quality, the quantity of kit items, etc.). They are now one step ahead of traditional taboos aiming to break the silence with the motto of "Let's go with Nur-Ana".

Lessons learned

- Implementation of context-specific approaches is a strong vehicle for community mobilization and an opportunity to empower individuals (for example, CCC-PLTH is an innovative community engagement approach). A real-life example, relevant in the community is the key triggering point for evolving something new (like the story of Nur Ana is evidence of a girl's empowerment). Self-monitoring is the best way to see their progress and it is ensuring both ownership and leadership in the community people.

- Close collaboration and coordination among and between institutions and sectors (such as WASH, health, education, protection, and shelter) in software and hardware interventions could bring greater success for overall MHM improvement.

- Some challenges to achieving safe and dignified MHM such as health-seeking behaviour; less involvement of boys and males; religious barriers; ensuring light inside the latrine at night-time; lack of space for latrine construction and building MHM facilities; government restrictions for permanent structures; and the proper disposal system of MHM material persists.

Way forward and potential application:

- The approach of "community-based MHM facilitators group through community engagement" was found to be a very successful initiative. It can be a potential replicable approach in other camps as well as in host community programmes under Cox's Bazar District and beyond in Bangladesh. It may be an evidence-based knowledge product for UNICEF at the regional and global level in emergency WASH and inclusive gender programming. Scaling up MHM interventions is very much important through girls and women leadership for "making menstruation a normal fact of life" by 2030 and to build a world where no one is held back because they menstruate.

- Continue research to dig out unseen causes of social stigma around menstruation. Consequently, intensive interventions to ensure more engagement of men, boys, and religious leaders in MHM issues will be a better opportunity for achieving equality and girls and women's empowerment which is now a real-time demand. More and long-term programmes and projects are required with meaningful resource allocations. In addition, continued production of knowledge management on MHM at different levels from local to global will be the best way to break the silence around menstruation.

- Extensive collaboration and coordination should be in place between institutions like government, NGOs, and civil society organizations. Sectoral collaboration is to be strengthened among WASH, health, education, nutrition, GBV protection and required integration within software and hardware interventions.

Related links

- WASH Response Integrating Protection
- Clean Camp Campaign (CCC)
- The RANAS approach to systematic behaviour change

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