

PROGRAM BRIEF | APRIL 2022

Improving Menstrual Hygiene Management for Rohingya Adolescent Girls in Cox's Bazar, Bangladesh

Peer Group Grouping Session on Menstrual Hygiene Management
Venue: Mina Bazar, Hoaykhong, Teknaf, Cox's Bazar
Date: 31.05.2021

DGHS
Pathfinder





Providing Critical SRHR Services

Since April 2018, Pathfinder International and its local NGO partner Research Training and Management International (RTMI) have supported the public sector health system's capacity to provide comprehensive, gender-responsive SRHR services to FDMNs, especially adolescents and young women in Cox's Bazar.

What We Do

- Strengthen the delivery of critical services—family planning; maternal and child health, including nutrition; postabortion care; gender-based violence services; and adolescent health care—to better meet the needs of FDMNs and the Bangladeshi host community.
- Work closely with the Cox's Bazar government to enhance the skills of providers, especially frontline health workers.
- Increase community engagement and demand for sexual and reproductive health services.
- Bolster the commitment of local stakeholders to advocate for SRHR in humanitarian settings.

Where

Camp-22 (Unchiprang) and Minabazar Community Clinic (Whykong), Teknaf upazila

Local Partner

Research, Training and Management International

Focusing on an Urgent Need

Since 2017, approximately 867,000 Rohingya have fled violence in Myanmar and sought refuge in Bangladesh.¹ Forcibly Displaced Myanmar Nationals (FDMNs) live in a series of 34 camps² in the southern sub-districts of Cox's Bazar, a district in the southeast of the country. The Government of Bangladesh (GOB), in partnership with the organizations and agencies operating in the camps, seek to support FDMNs by providing an array of critical services, including immunizations, sanitation, nutrition, vital supplies, general health care, and sexual and reproductive health and rights (SRHR).³

Fifty-two percent of Rohingya refugees in Cox's Bazar are women and girls.¹ In an emergency and humanitarian setting such as this, women and girls have specific needs that are often unmet. One of the most immediate—and least talked about—needs is support for menstrual hygiene management (MHM).

For displaced women and girls, changes in their environment, social support networks, and socioeconomic status can impact their ability to manage menstruation.⁴ Insufficient access to sanitary supplies, latrines, and sanitary or disposal facilities challenge their safety and privacy.^{2,5} Social taboos that stifle discussions about menstruation, combined with limited comprehensive SRHR information, present additional barriers to managing menstruation safely, hygienically, and with dignity, particularly for pubescent girls who may experience their period for the first time while displaced.⁶

Closing a Gap to Improve MHM Among Rohingya Adolescent Girls

Through its work supporting FDMNs in Camp-22, Pathfinder identified these three critical areas for addressing MHM among Rohingya adolescent girls in this setting:

1. Improve access to menstruation products and services.
2. Ensure safe menstrual hygiene management.
3. Address family and community concerns about discussing menstrual hygiene management.

While the GOB and various nongovernmental organizations (NGOs) implement water, sanitation, and hygiene (WASH) initiatives and provide menstruation supplies,⁷ activities focusing on raising MHM awareness, including for adolescent girls and young women, have been limited. To address this need, Pathfinder implemented a pilot project—Improving Menstrual Hygiene Management in Emergencies for Rohingya Adolescent Girls in Cox's Bazar—from October 2020 to April 2021 in Blocks C and D of Camp-22.

"Menstruation is a curse for me that I feel every month.... This camp's houses are very small. We live four sisters and three brothers in one room.... Sometimes I do not change the cloth when it needs to be changed as I do not find it convenient to go all the way to toilets on the top of the mountain in Camp-22."

—Nur Asha, 15, Participant

"I used to not take bath with soap, as our community believes that, during [menstruation], it is forbidden to use soap."

—Jannaharu Bibi, 15, Participant

1 UNHCR, 2021. <https://data2.unhcr.org/en/documents/details/89093>

2 Cox's Bazar WASH Sector, 2020. Menstrual Hygiene Management (MHM) Strategy

3 UNFPA Bangladesh leads the coordination of SRHR activities. Thirty nongovernmental organizations (NGOs) provide SRHR services—including family planning (FP)—throughout 180 health facilities in these camps.

4 Crystal & Balen, 2018.

5 International Federation of Red Cross (IFRC), 2013; Kågesten et al., 2017.

6 Martin and Anderson, 2017; Schmitt et al., 2017.

7 The GOB and NGOs, such as Oxfam and Ipas, provide menstruation supplies in the camps. Organizations such as the Bangladesh Red Crescent Society and Save the Children undertake key water, sanitation, and hygiene (WASH) activities. However, there has been a lack of MHM awareness-raising activities.

At a Glance: The MHM Pilot Project

Key Objectives of the MHM pilot project

1. Increase knowledge and use of menstrual products and services.
2. Raise awareness about healthy MHM behaviors and ensure menstruating Rohingya adolescent girls can manage their menstruation in a safe, hygienic, dignified, and sustainable manner.
3. Test the feasibility of this MHM intervention model in the setting of Blocks C and D of Camp-22 and share findings and lessons learned with other implementors—to inform scale-up in additional camps in Cox's Bazar and in similar humanitarian contexts.

The MHM pilot project engaged a target population of

456

ADOLESCENT GIRLS

ages 12–17 who were residing in Blocks C and D of the four-block Camp-22.

Photo: Monira Hossain



Core Activities of the MHM Pilot Project



Form strong partnerships with key stakeholders—including the Camp in Charge of the Office of the Refugee Relief and Repatriation Commissioner,⁸ the site management representative of the International Organization for Migration, and the Upazila Family Planning Office of Teknaf—to facilitate implementation and promote the sustainability and scalability of activities.



Develop new resources, including a facilitator's handbook and information, education, and communication (IEC) leaflets, for community health workers and peer leaders to use to raise awareness of key topics—MHM, early marriage and early pregnancy, family planning, SRHR, and safe disposal of sanitary pads—with Rohingya adolescent girls.



Strengthen the capacity of community health workers, building upon Pathfinder's existing work with RTMI, to connect adolescents and youth with SRHR information and services in the parts of Camp-22 where the project was implemented.



Conduct awareness-raising sessions with groups of adolescent girls, facilitated by young volunteer peer leaders trained by Pathfinder to foster open communication that overcomes MHM taboos.

⁸ The Office of the Refugee Relief and Repatriation Commissioner (RRRC) is a Bangladesh government agency, under the Ministry of Disaster Management and Relief, responsible for providing relief to Rohingya refugees in Bangladesh and plan their eventual repatriation to Myanmar. At the camp level, the RRRC office and an RRRC representative from the Camp in Charge (CIC), providing camp management and vetting partner implementers before they are approved to conduct activities.



Photo: RTMI Staff

Forging Strong Partnerships from Day One

An essential pillar of the project was Pathfinder's and RTMI's work to build critical partnerships with entities who play significant roles in supporting Rohingya people in Bangladesh. For example, to launch MHM activities, key stakeholders—the Camp in Charge (CIC), representatives from the International Organization for Migration and the Upazila Family Planning Office (UFPO) of Teknaf, as well as team members from Pathfinder and RTMI—came together to conduct the project's inception meeting (pictured at left). This event was held at the Office of the CIC, as the Covid-19 pandemic restricted public mass gatherings.

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মাসিক মানেই
বিয়ের বয়স নয়

This page from the illustrated IEC leaflet says (left to right): "During menstruation, everything can be eaten," "Menstruation is a natural process, and "Menstruation does not mean the age of marriage."

Developing Key Messages for New IEC Materials

The project reviewed existing IEC materials, booklets, and case studies for MHM during emergencies in other settings. This review revealed essential MHM and SRHR information and three key messages to communicate with adolescent girls:

1. Menstruation is a natural process.
2. All foods can be eaten during menstruation.⁹
3. The onset of menstruation does not indicate a girl is ready for marriage.

Following review and approval of the leaflet content by the UFPO of Teknaf, the project translated the text into the Rohingya language; customized, illustrated, and printed the leaflets; and distributed these new IEC materials during awareness-raising sessions.

Enhancing the Skills of Government Frontline Workers and Young Peer Leaders

Pathfinder and RTMI built on their existing community strategy and regular SRH-awareness-raising sessions to bring together a group of 10 FDMN adolescent girls at Camp-22 who volunteered as leaders to facilitate group discussions with their peers.

Girls from the Rohingya community volunteered to play active, important roles in the project. These young peer leaders brought a sense of ownership and confidence to the other participating girls as well as their families. In addition, they helped address important issues, such as language and socio-cultural barriers.

In January 2021, trainers from Pathfinder and RTMI conducted a one-day training for the group of peer leaders, as well as two Community Welfare and MHM Assistants who would co-facilitate all MHM awareness-raising sessions. Using a handbook developed by the project, the trainers and trainees covered the essentials of MHM and safe disposal of sanitary pads, as well as early marriage, early pregnancy, family planning, and SRHR.

Establishing and Supporting Adolescent Girls' Groups

The project helped establish a total of 47 adolescent girls' groups—each comprising 7–10 girls aged 12–17—to share information and generate discussion about MHM and other relevant topics for adolescent girls, including early marriage, early pregnancy, family planning, SRHR, and safe disposal of sanitary pads.

To form the groups, the project conducted a comprehensive census of adolescent girls in Blocks C and D—in collaboration with Community Welfare and MHM Assistants, as well as the peer leaders—who identified a total of 456 eligible girls. The project oriented an established group of community health workers, supported by RTMI, on the following: (1) how to organize and coordinate the series of awareness-raising sessions for the girls' groups and (2) how to best support and collaborate with the young volunteer peer leaders in the respective Blocks C and D to effectively engage community members.

The awareness-raising group sessions were facilitated by the Community Welfare and MHM Assistants, with participation from the peer leaders, who demonstrated the proper way to use and dispose of sanitary pads—one of the most popular and accessible menstrual supplies. The groups met twice—one initial session, followed by a second session, one month later—to follow up on and reinforce participants' understanding of the topics covered. A total of 438 girls (out of the original 456) returned for these follow-up sessions.

During both the first and second sessions, every girl received sanitary pads and three informational leaflets. The project distributed a total of 2,703 sanitary pads and 2,703 leaflets over the course of the sessions. These activities are part of a larger coordinated effort by Pathfinder and various other organizational members of the SRH Working Group, MHM Technical Working Group, and WASH Working Group to ensure Rohingya women and girls have access to menstrual supplies and SRHR services in Camp-22.

“I went door to door, reaching adolescent girls [to attend] the MHM sessions.... After the first session, the adolescent girls were asking about next MHM sessions as they found these useful, felt comfortable, and wanted to know more about menstruation.”

—Nur Kayas, 16, Peer Leader and Co-Facilitator

“I felt happy and enjoyed those sessions with my group. We learnt jointly and helped each other to learn. Learning together helps us to memorize each point, if anyone missed anything [she can] get help from another group member. Group learning helps us to reduce uneasiness and can make a friendly environment.”

—Rajia Bibi, 17, Participant

⁹ Nutrition is often neglected during menstruation due to socio-cultural beliefs and practices that lead to reduced consumption of protein during this period. For example, some community members believe menstrual blood smells like fish and that this is because women eat fish and other proteins. As a result, women face stigma and often avoid eating protein while menstruating—a barrier to nutrition that must be addressed.

Delivering Results

Increased Knowledge

The project observed that participants in the awareness-raising sessions demonstrated increased knowledge related to menstruation, including:

- Increased understanding that menstruation is a normal physiological process, not an illness, as the majority of the participants had once believed.
- Increased knowledge of key aspects of the menstrual cycle, including the average duration of menstruation and the hormones involved.
- Increased understanding that taboos—such as a belief that eating certain foods, like fish, meat, or eggs is forbidden during menstruation, as is the use of soap—are unrelated to actual health and wellbeing outcomes, and are, instead, rooted in cultural norms.

“I felt shy and uneasy at first. But after some time, [the group facilitator] made the environment friendly to us ... [and she gave] important information, like changing pad within six hours and how we can easily take any types of food. ...Menstruation is not a disease. It's normal and natural. And the menstrual cycle information was new to me.”

—Ranjuma, 14, Participant

“I felt happy and benefited because of getting helpful information about taking food on menstruation ... and I learned the start of menstruation is not [a sign of] readiness for marriage.”

—Rajia Bibi, 17, Participant

Changes in Attitudes and Practices

Participants demonstrated increased willingness to use certain menstruation supplies to manage their periods safely and hygienically. For example, while most participants reported using dirty clothes to manage menstruation before the project, after taking part in awareness-raising sessions, the majority of participants reported that they are more willing to use—and have begun using—sanitary pads.

“Now, I feel comfortable using the sanitary pads as I can feel free up to six hours.... I also learned where to find the sanitary pads with their uses and menstrual hygiene. I proudly share the messages I learnt with my younger sister and some friends.”

— Jannaharu Bibi, 15, Participant

“How to use pad, when it needs to change, how to maintain cleanliness and damping of pad ... this was helpful to me.”

—Rajia Bibi, 17, Participant

Continued Barriers

While this progress is encouraging, Pathfinder identified persistent challenges, where increased focus and efforts are needed. The project saw limited improvement related to participants' feelings of social embarrassment during menstruation. These feelings, resulting from the culture of silence and stigmatization around menstruation, can prevent women and girls from seeking services, supplies, and SRH care. In addition, more work needs to be done to provide SRH and WASH services, as well as MHM supplies, such as sanitary pads, underwear, and WASH kits, to adolescent girls in the camp.

Lessons and Recommendations

Considering lessons learned from the pilot, the project shares the following recommendations—for future implementation in Cox’s Bazar and for pilots or programs in similar settings:

In Cox’s Bazar, and specifically Camp-22, utilize the knowledge and experience of the trained peer-leader group.

This group of young women has been trained and is now experienced in co-facilitating the awareness-raising sessions and could participate in future iterations.

Utilize the training handbook and leaflets on MHM, early marriage, early pregnancy, family planning, and SRHR.

These can be used in any future relevant interventions with FDMNs in Bangladesh.

When planning a similar intervention, account for challenges related to accessing accurate census information in humanitarian settings.

For this intervention, the records of adolescent girls aged 12–17 years residing in Camp-22 were not always accurate, which made reaching all adolescents who could have benefited from the awareness-raising sessions difficult. Implementors should consider planning and budgeting for a census of their target population prior to implementation, if feasible.

Expand the intervention to all women of reproductive age and group the women and girls by life stage.

Given the short duration of the pilot, the humanitarian setting, and the Covid-19 pandemic, the project could not include all women of reproductive age (15–49 years) in this intervention, even though many women expressed interest in participating. In expanded interventions, the project recommends including all women and girls at or nearing reproductive age (10–49) and providing them with the most relevant information for their life stage, taking into account physical and sexual maturation, emotional and behavioral maturation, vulnerability, etc.

Develop similar awareness-raising sessions or behavioral interventions targeting family members of young women and adolescent girls.

Interventions targeting parents and other family members—including male gatekeepers—to address socio-cultural norms and taboos can help to reduce stigma around menstruation and allow MHM to be discussed and accessed more freely.

“The adolescent girls were not allowed to go outside of their own house and sometimes mothers/guardians created barriers as they were not included into MHM intervention, and the age group was only 12-18 years. Some of the mothers were interested to include into MHM sessions as they are also experiencing menstruation.”

**—Nur Kayas, 16,
Peer Leader and
Co-Facilitator**



Photo: Monira Hossain

“

I wish those MHM sessions would start and continue regularly in camps with all other adolescent girls!”

—Nur Asha, 15,
Participant

Integrate comprehensive menstruation management support—supplies, education, social- and behavior-change approaches—into humanitarian programs for women and girls, along with services addressing SRHR, gender, WASH, and gender-based violence.

A multi-sectoral, holistic approach to MHM is required in complex humanitarian settings. MHM requires sufficient water supplies and clean, private bathing facilities. While providing these facilities was not the objective of this pilot project, the lack of facilities makes it difficult for women and girls to maintain menstrual hygiene safely and with dignity.

Conduct a context-specific literature review and analysis on the humanitarian relief community’s response to addressing MHM.

There is a growing need to address the specific needs of displaced women and girls, both in Cox’s Bazar and in other humanitarian settings.

Conduct surveys with women and girls about their preferred MHM methods.

This pilot project focused primarily on sanitary pads, but there are other options available that may be of interest to or comfortable for women and girls in different contexts.

Next Steps: Expanding to the Teknaf Host Community

The implementation of the MHM pilot project has demonstrated that the intervention shows promise for improving knowledge and awareness of and behaviors around MHM, as well as encouraging safe and hygienic MHM practices for adolescent FDMNs.

The project's approach and associated resources—such as the IEC materials in Rohingya language, sanitary pads, and support for CHWs in the camp—can be used and scaled up in humanitarian settings throughout the Cox's Bazar camps to benefit FDMNs as well as in host communities.

Following implementation in Camp-22, and upon receiving feedback from adolescents that this work should be continued, Pathfinder developed a concept note to pilot the intervention in the Teknaf host community in Cox's Bazar with 200 adolescent girls aged 10–17. Currently, there are no structured MHM interventions in the host communities, and a lack of awareness-raising activities means that menstrual supplies provided to adolescents by the Directorate General of Family Planning (DGFP) are often not fully utilized.

As the project team learned during the pilot in Camp-22, addressing the cultural acceptability of menstruation and MHM will require engagement with family decision makers, so the Teknaf intervention will include parents.

Government staff from the Family Planning Department of Teknaf will also conduct the group sessions with adolescent girls. The goals of this intervention will be to (1) connect adolescent girls and family planning service providers in Teknaf and (2) increase awareness and understanding of MHM among girls and their parents, particularly fathers.

“To know menstruation, considering [our camp setting], the sessions are really helpful.”

—Ranjuma, 14, Participant

In summary, all stakeholders have an important role to play in overcoming the challenges related to MHM needs. Adolescent girls living in humanitarian settings and host communities need basic support to address menstruation and the physical and mental changes that accompany puberty. Sufficient support from government service providers and service centers is also needed to ensure the availability of sanitary pads and MHM services. Raising-awareness among parents, teachers, and social and elected leaders can create a supportive environment that will enable a stronger approach for reaching a successful solution.

Cover Photo: Monira Hossain

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Contributors

Monira Hossain, Project Manager
Pathfinder International - Bangladesh

Marufa Khan, Knowledge Management & Learning Manager
Pathfinder International - Bangladesh

Mahbub Alam, Country Director
Pathfinder International - Bangladesh

Caroline Crosbie, Senior Advisor – Programs, Pathfinder
International - Bangladesh

Cecelia Angelone, Program Officer
Pathfinder International - United States

Maren Vespia, Strategic Communications Consultant, Pathfinder
International - Bangladesh

Ridwanul Mosrur, Manager - Communications & Documentation
Pathfinder International - Bangladesh

Saiful Hasan, Monitoring Evaluation and Learning Manager
Pathfinder International - Bangladesh

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The contents of this publication are solely the responsibility of Pathfinder International.

Pathfinder International - USA
9 Galen St, Watertown, MA 02472, USA | +1 617 924 7200

Pathfinder International - Bangladesh
Shezad Palace, 5th floor, 32 Gulshan Avenue North C/A,
Dhaka – 1212, Bangladesh | +880-1770294834

pathfinder.org | [@pathfinderInt](https://twitter.com/pathfinderInt): [f](https://www.facebook.com/pathfinderInt) [i](https://www.instagram.com/pathfinderInt)

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