



# Empowering Adolescent Girls through Sexual and Reproductive Health and Rights and Menstrual Hygiene Management in the Chittagong Hill Tracts, Bangladesh during the COVID-19 Pandemic

## SUMMARY

Considering the urgent needs of adolescent girls in the Chittagong Hill Tracts (CHT), a pilot intervention on sexual and reproductive health and rights (SRHR) and menstrual hygiene management (MHM) was carried out through the joint collaboration of the Child Protection and WASH sections at the UNICEF Chattogram Field Office in Bangladesh. Partnering with the Sustainable Social Services in Chittagong Hill Tracts (SSS-CHT) project, approximately 2,500 adolescent girls from 150 adolescent clubs received support. Moreover, 150 staff and 4,000 adolescents club members participated in capacity development initiatives on SRHR issues. Finally, selected participants received training on producing low-cost, reusable sanitary napkins for MHM as well as equipment and microgrants to support the startup of their business.

## Introduction

Adolescence is a critical period of human development featuring rapid physical, psychosocial, cognitive, and emotional development as well as sexual and reproductive maturation. It begins with the biological changes associated with puberty and is followed by a process of psychosocial changes.

The challenges facing Bangladeshi adolescents are multi-sectoral, categorized into three broad areas: first, challenges to their nutrition and general health (including sexual and reproductive health and rights (SRHR) status); second, challenges to their education, employability and earning opportunities; and third, socio-cultural challenges (including protection against violence and child

marriage as well as restrictions on voice and civic participation). Worldwide, menstruation is a monthly-occurring fact of life for the 1.8 billion girls, women, transgender men, and non-binary persons of reproductive age (UNICEF, 2019). Comprehensive menstrual health programming encompasses aspects regarding psychological, socio-political, and environmental factors that accompany the physical aspects of menstruation and takes into account mental, physical and emotional health needs. However, in Bangladesh, menstruation and menstrual practices still face many social, cultural and religious restrictions, which represent significant barriers to menstrual hygiene management (MHM). In many parts of the country including the Chittagong Hill Tracts (CHT), girls are often not prepared for and aware of the physical details of their menstruation and options

to manage it before its first occurrence. As a result, they face many difficulties and challenges at home, in school and in their workplaces. Women and girls experiencing menstruation require water, sanitation facilities and menstrual absorbent supplies in a friendly environment to manage their periods safely and comfortably. In emergencies, like COVID-19, these deprivations can be exacerbated leading to a shortfall of menstrual material supplies and the unsafe or unhygienic management of menstruation.

**Photo 1: Participants at an adolescent group meeting in a para center on menstrual hygiene management**



Source: SSS-CHT, 2020

## Description of Intervention

Considering the impact of the COVID-19 pandemic and the urgent needs of adolescent girls in the CHT, a pilot SRHR and MHM intervention was carried out in collaboration with the UNICEF Child Protection and WASH sections under the Chattogram Field Office with the support of Sustainable Social Services in Chittagong Hill Tracts (SSS-CHT), a UNICEF partner. The intervention benefited approximately 2,500 adolescent girls from 150 adolescent clubs. The major interventions undertaken through this pilot are described in detail below.

### SITUATIONAL ANALYSIS

An initial assessment of existing MHM practices in CHT was carried out by the *para* workers and field organizers. A *para* is defined as a group of households living in a socially defined area who regularly interact with each other, have common values, common beliefs and feel they belong together. For CHTs, a *para* comprises a group of 30 to 40 households, which are mostly scattered due to the hilly terrain. *Para* workers are the staff and change agents responsible for all activities in *para* centers, which includes providing educational and social services for children, adolescents, and the overall community. They are recruited directly and their salaries are paid by the CHT Development Board.

A qualitative survey was conducted among the 250 adolescent girls in three hill districts. The sample was selected using a purposive sampling method in the peri-urban, rural and hard to reach remote areas. In addition, after an in-depth orientation on MHM issues, six focus group discussions were conducted with adolescent club members, comprising of boy and girl members in different locations (aged 11 to 19 years old). In most sessions there were more girls than boys participating, but boys who participated, could be observed to become strong allies to their female peers.

Major findings from this assessment include:

- Around 98 per cent of adolescent girls in surveyed areas were made aware of menstrual issues and most received information from their mothers and elder sisters (76 per cent) during or after their first period, whereas around 17 per cent of adolescent girls were informed of MHM issues by the *para* workers. As a result of the project girls are now receiving information earlier on, allowing them to prepare for the safe management of their first period.
- Around 47 per cent of adolescent girls reported using old cloths during their menstruation and 69 per cent of them reported washing them

properly with soap and water. The trend of using sanitary napkins is increasing gradually and around 56 per cent reported using sanitary napkins, if they found them available. The affordability and availability of commercial sanitary napkins was reported to be one of the major challenges for MHM for low-income ethnic communities.

- Around 35 per cent of girls reported that they also felt embarrassed to buy sanitary napkins from stores.
- Disposal was reported as another challenge for surveyed adolescent girls and around 51 per cent reported either burying used sanitary napkins or putting them inside polythene bags and throwing them away. Survey participants reported being willing to use reusable sanitary napkins if they were available and affordable for them. Existing barriers to accessing proper menstrual health and hygiene (MHH) for women and adolescent girls in the CHT were increased during the COVID-19 lockdown.
- The assessment also indicated that limited communication on this topic has the potential to hinder women's menstrual hygiene management as well as deepen existing menstruation stigma and taboos, especially within the context of COVID-19.

### CAPACITY BUILDING ON SRHR ISSUES THROUGH THE USE OF THE CREATING CONNECTIONS MODULE

Capacity building focused on supporting the personal and professional development of 150 staff (para workers) and 4,000 adolescents on sexual and reproductive health issues (including menstrual hygiene material support) and COVID-19 education in support of 2,500 girls in CHT areas. The intervention has aimed to strengthen the

knowledge and practice of SRHR issues (following the Creating Connections Module<sup>1</sup>) amongst members of adolescent clubs as well as support the capacity development of para workers and field organizers (focused especially on gender, gender equality, the prevention of gender-based violence, child marriage as well as SRHR issues and the human rights perspective). The collaboration between the Child Protection and WASH sections on entrepreneurship training as well as marketable skills development for adolescents is a key activity of this intervention.

First, a training of trainers (ToT) took place based on the Creating Connection Module. Next 10 batch trainings were held at Rangamati, Khagrachari and Bandarban for the capacity development of 150 para workers on SRHR issues at the field level and a plan was developed for cascading this training to adolescent club members. Adolescent girls in the CHT face challenges increased by gender inequality, discriminatory social norms, cultural taboos, poverty, secrecy, embarrassment and a lack of basic services around menstruation; capacity building initiatives can help to reduce harmful social norms and the stigma associated with SRHR and MHM. To reduce social stigma adolescent boys were also trained to act as change agents.

Approximately 4,000 adolescent girls and boys participated in Life Skills Based Education (LSBE) and peer-to-peer sessions on gender, gender equality, sexual and reproductive health education, the prevention of sexual harassment and gender-based violence (GBV), as well as child marriage. At the same time parent groups have been educated on SRHR issues, adolescent health (including mental health), GBV and related rights issues to help support their children and other adolescents in this transitory period of life.

<sup>1</sup> The Creating Connections Module is a training package for sexual and reproductive health rights and services, meant in particular for the adolescents. There are four modules in the package (one intended for girls, one intended for boys, one

intended for mother groups and one for father groups). These modules are useful to help sensitize parents to the changes of adolescent children (including physical, emotional, sexual as well as overall needs and demands).

The multiple objectives of introducing the Creating Connections Module in adolescent clubs include:

- To accelerate the advancement of sexual and reproductive health rights and wellbeing of adolescent girls and boys in the CHT;
- To orient adolescent girls, boys, fathers' groups and mothers' groups on SRHR issues, adolescent health (including mental health), GBV and related rights issues through adolescent clubs;
- To ensure adolescent girls' and boys' access to age-appropriate health information and services (including life skills) based on sexual education (such as HIV prevention; sexual and reproductive health; MHM and health and hygiene);
- To create a link with adolescent club members at health service points especially adolescent friendly services at district hospitals;
- To keep adolescent girls and boys free from all forms of GBV, abuse and exploitation;
- To build the capacity of leaders, especially Community Based Child Protection Committee (CBCPC) members, to advance adolescent

girls' and boys' rights to information, including reproductive health, gender and sexual education as well as addressing GBV.

## DEVELOPING ENTREPRENEURS

A three-day long entrepreneurship training on producing low-cost, reusable sanitary napkins for menstrual hygiene management was held at Rangamati. Around 20 adolescent girls from three hill districts participated and received hands on training which included highlighting issues of sustainability and environmentally friendly practices. After the training they also received sewing machines and microgrants funded by UNICEF's CHT Child Protection Section, to fund their purchase of source materials to produce menstrual hygiene materials, as well as to support the startup of their business.

Considering the high price and disposal problems of commercial sanitary napkins, the project focused on encouraging the production of reusable and washable cloth pads. Given that the pad is biodegradable and can be used safely without fear of infection, this initiative presents a sustainable sanitary option (the pad must be hygienically washed and dried in the sunlight of course). These

**Photo 2: Sewing machine distribution amongst adolescents after the completion of entrepreneurship training at Rangamati (Source: SSS-CHT, 2020)**



cloth pads are reusable, making them cost-effective, easily available and ecofriendly. They must be stored in a clean dry place for reuse to avoid contamination. Supporting the development of this group of entrepreneurs also seeks to support the development of entrepreneur as change agents for MHM in their respective communities/paras.

## Lessons Learned

The following are lessons learned from this intervention:

- Capacity-building initiatives can protect dignity, build confidence and strengthen sexual and reproductive health, particularly amongst adolescents.
- Inappropriate or incomplete knowledge about menstruation can be a great hindrance to SRHR and MHM, therefore effective communication is required to disseminate proper education on reproductive health and rights.
- Educating boys and girls about menstruation can build confidence and encourage healthy habits as menstruation is not just a girl's matter. Educating boys offers the opportunity to sensitize them to be respectful of their female counterparts but needs to be conducted with lots of attention to context appropriate messaging to avoid misunderstandings and opportunities for boys and young men to continue stigmatization based on those misunderstandings or learned previous beliefs.
- Sensitizing parents and community members may be effective for reducing stigma and taboos associated with SRHR and MHM.
- Building skill-based interventions, capacity, and entrepreneurship can create windows for women's economic empowerment.

- Maintaining personal hygiene including menstrual hygiene management is challenging for water-scarce communities like those in the CHT. An uninterrupted water supply is critical.

## Conclusions

In Bangladesh, menstrual hygiene education is limited and generally targets 14 to 15-year-old girls. As a result, most girls are unaware of menstrual health issues until their periods start. Many girls in rural areas, particularly in the CHT, avoid going to school when they are on their period because of poor facilities, a lack of sanitation products and support as well as social marginalization, which severely affects their overall academic performance.

Capacity building is essential to improve awareness of menstrual hygiene management. Capacity building should support teachers and para workers in educating all children and youth on adolescent health and the effects of puberty. They should also engage parents, school management committees as well as local and regional governing bodies to maintain facilities and develop girl-friendly school policies. Parents, caregivers and community-based child protection committee members should be flexible and responsive to adolescent girls' needs, including reproductive health rights and MHM issues.

UNICEF along with the SSS-CHT project in CHT will continue to work with partners to expand MHM initiatives, to reduce barriers to education for girls, to fight stigma and to contribute to positive health and well-being outcomes for girls and women.

UNICEF's ongoing involvement in supporting MHM programming will continue to be centred around the school environment and adolescent clubs with an increased focus on related activities in health facilities and communities.

**Photo 3: Mr. Naba Bikram Kishore Tripura, Chairman, CHTDB and his wife distributing reusable sanitary napkin among adolescents at Khagrachari**



Source: SSS-CHT, 2020

## Next Steps

Adolescents who received training through this intervention should disseminate their learnings regarding the support they received. The entrepreneurship development component of this intervention will further provide participants with alternative livelihood opportunities. In addition, the CHT Development Board should be encouraged to contribute financial resources in support of entrepreneurship development for adolescent club members. It should also be encouraged to link up with local government and hill district councils to support the market development of reusable sanitary napkins in remote *upazilas* (sub-districts) and at the union level (the smallest rural administrative and local government units in Bangladesh). For sustainability the production process should ensure essential components for the framework of production, including: 1) availability: required pads are in stock or can be rapidly delivered; 2) accessibility: schools/communities are aware of where to find sanitary pads within an easy travelling distance; 3) affordability: sanitary pads and services are priced within the means of the population at large; 4) appropriateness: sanitary pads are supplied with the correct specifications and good quality; 5)

acceptance: sanitary pads are culturally accepted and preferred.

## References

Guidance on Menstrual Health and Hygiene, UNICEF 2019

<https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>

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