

BACKGROUND

Since August 2017 an estimated 744,000¹ Rohingya refugees have arrived from Myanmar to Cox's Bazar district in Bangladesh, bringing the total number to approximately 915,000.² The unplanned and spontaneous nature of the post-August Rohingya refugee camps have combined with high population densities and challenging environmental conditions to produce a crisis with especially acute water, sanitation, and hygiene (WASH) needs.

In September 2019, REACH implemented a qualitative assessment of WASH needs in Rohingya refugee camps in support of the Cox's Bazar WASH Sector. Its key objectives were to identify WASH needs and service gaps among the Rohingya refugee population, build a stronger understanding of what characterises individuals with high levels of WASH needs, contextualise information from previous quantitative assessments, and fill additional identified information gaps with an emphasis on "how" and "why" questions. This briefing paper on menstrual hygiene management is one of four thematic reports presenting the study's findings. Where relevant, data from this assessment has been triangulated with secondary data sources including previous assessments conducted by REACH and other WASH partners.

METHODOLOGY

This assessment took the form of 19 focus group discussions (FGDs) with Rohingya refugees in camps in Ukhiya and Teknaf Upazilas, Cox's Bazar district. This included three sets of six discussions using different tools, respectively focusing on water, sanitation, and hygiene issues (with an additional discussion conducted with women for hygiene in Teknaf).³ Each set included four discussions in camps in the Kutupalong-Balukhali extension site, and two in camps in southern Teknaf. Discussions were split by gender, with an equal number of male and female groups held in each location. Purposive sampling by gender and location aimed to capture as much diversity of perceptions as possible within the constraints of time and resources available for this assessment. Each group involved between 6 and 11 participants, including a total of 85 male and 95 female participants. Informed consent was sought, received, and documented at the start of each group. During the discussions, notes were taken in Bangla and full transcriptions were translated into English for analysis. Table 1 provides a breakdown of FGD locations and participants.

Table 1: Number of FGDs conducted, by location, type of participant, and theme

	Ukhiya		Teknaf	
	Male	Female	Male	Female
Water	2	2	1	1
Sanitation	2	2	1	1
Hygiene	2	2	1	2

Data collection took place from 22 September to 2 October 2019 with a gender-balanced team of 13 Bangladeshi staff overseen by a field coordinator and supported by a translator. Adult participants for FGDs were identified through contacts from WASH partners throughout the camp or through field recruitment on the day itself. In total, 54 participants (25 female and 29 male) across 6 FGDs (4 in Ukhiya and 2 in Teknaf) engaged in the water portion of this assessment. The overall objective being to contextualise information from previous water related quantitative assessments and support the WASH Sector and its technical working groups (TWiGs) in filling additional identified information gaps.

LIMITATIONS

• Indicative findings

This study used qualitative research methods, as such results are indicative only and cannot be generalised for the entire camp population. However, efforts were made to ensure qualitative findings were crossed with previous quantitative assessments in order to triangulate findings.

• Participant bias

Certain responses may be under-reported or over-reported due to the subjectivity, perceptions, and comfort level of participants (in particular when discussing issues related to menstruation), especially "social desirability bias" – the documented tendency of people to provide what they perceive to be the "right" answers to certain questions.⁴ Additionally, given that participants were recruited by WASH volunteers, it is possible that they may have been coached to provide positive responses on WASH service provision in that area.⁵

• Sampling bias

Although efforts were made to ensure a diverse range of participants, operational and time constraints when setting up discussions in collaboration with WASH partners meant that in practice, convenience sampling was often used. This may have constrained the likelihood of some groups (e.g. female head of households unable to leave children at home, people with disabilities, people living in more distant areas of the camps) from being under selected relative to others.

¹ Population numbers were derived from the United Nations High Commissioner for Refugees (UNHCR) Population Data and Key Demographical Indicators Dataset from 15 September 2019.

² Population figures for the total numbers of refugees in Cox's Bazar are derived from the Inter Sector Coordination Group (ISCG) Situation Report Rohingya Refugee Crisis from October 2019.

³ The original female hygiene FGD conducted in Teknaf contained a member of the host community. Therefore, due to the possibility of changed dynamics in the discussion, an additional hygiene FGD with no host community members present was conducted. The original FGD that contained the host community member was kept for data triangulation but the host community member's responses were not incorporated into the translations/transcriptions.

⁴ For example, recent studies on experiences around complaints mechanisms in Myanmar have identified significant social and cultural barriers to people providing negative or assertive feedback. See 3MDG, Case Study: How effective are community feedback and response mechanisms in improving access to better health for all? (Yangon, 2016), p. 21-22.

⁵ Feedback from facilitators during the pilot indicate that participants were requested not to say anything negative about WASH service provision in that camp. Once this was flagged to REACH, more detailed briefings with WASH partners were conducted in order to circumvent the possibility of a similar occurrence during the rollout.

KEY FINDINGS:

- The majority of women reported first learning about menstrual hygiene practices through female relatives. In addition, a number of women reported attending awareness sessions on MHM related topics following their arrival in Bangladesh. However, both male and female participants across all seven Hygiene FGDs reported potentially harmful stigmatising beliefs related to menstruation, specifically that monthly periods are an illness, that women are dirty, or that menstrual bleeding is connected to black magic. Targeted MHM awareness sessions for both genders may thus provide important opportunities for addressing social stigma and promoting key menstrual health messages.
- Prior to displacement, most female participants reported using pieces of cloth to manage their periods. Since arriving in Bangladesh, the majority of female FGD participants reported accessing a greater variety of menstrual hygiene materials via aid distributions—often for the first time—with many now expressing a preference for reusable pads. However, not all women reported knowing how to properly use all distributed materials. Further, distribution of preferred materials is not always reportedly consistent or timely, and women do not always have the resources available to access materials independently.
- Women reported being uncomfortable accessing MHM materials at markets or non-MHM specific distributions. They stated that when they do not receive preferred items at distributions, they prefer for male relatives to purchase materials at the market, or they cope by reverting to previous practices using old pieces of cloth for period use. Evidence pilot programming by WASH actors in Cox's bazar suggests that livelihood programmes training women to make their own MHM materials may be one effective means of enhancing women's direct access to materials.⁶
- Findings from this assessment indicate a need for safe and discrete disposal methods for used menstrual hygiene materials. Female FGD participants reported that it would be a sin or cause great harm if others see or come into contact with used menstrual hygiene materials. As a consequence, practices such as disposing of used materials in the latrines or burying them in the ground are widely used. These practices can be harmful to the waste management system and / or can cause environmental pollution if used on a wide scale.

INFORMATION ON MHM

Menstrual hygiene is a personal topic and often women and girls do not want others to know when they are menstruating, thus limiting their ability to access information on MHM from others. Additionally, cultural beliefs around menstruation, such as separating women and girls from other community members or stigmatising period blood, can be harmful. Therefore, it is important to develop strategies to combat these negative practices through targeted menstrual hygiene promotion and health education. In an effort to better understand how women and girls in the camp are accessing information on MHM, female FGD participants were asked about their experiences first learning about MHM, how young females were taught about MHM, and if they had any information needs regarding MHM.

Hygiene practices and social stigma surrounding MHM

Taboos and stigma regarding menstruation are reportedly widespread with a substantial impact on how daily life is structured. Both male and female participants indicated that monthly periods are an illness, that women are dirty, or that menstrual bleeding is connected to black magic. This negative perception has manifested into numerous aspects of daily life inside the camps, ostracising women and girls during their periods and stigmatising them as part of the “dirty” class. In this respect, FGD facilitators reported that many male and female participants felt too shy or uncomfortable to discuss or ask questions about MHM, representing a key limitation of this assessment, and highlighting a challenge for WASH partners in finding effective ways to engage with beneficiaries during information dissemination or behaviour change activities.

Both male and female participants reported a tendency to gender separate activities and items largely in an effort to protect men and children from perceived illnesses associated with women and girls. For example, several male and female participants explained how it was important for bars of bathing and laundry soap to be separated between genders in order to minimise the risk for children or male household members of coming into contact with menstrual blood. As discussed below, taboos and shame related to menstruation also have a substantial impact on women's ability to access and dispose of MHM materials safely.

“Men are part of the ‘clean class’ and women and girls are part of the ‘dirty class’ because they have periods and men do not. Men are pure like flowers.”

- Rohingya, female, 25-40 years old
(Teknaf)

“I separate everything across genders. I sleep next to my daughters instead of my husband in order to protect him from illnesses. I also separate bathing or laundry soap to protect my husband.”

- Rohingya, female, 25-40 years old
(Teknaf)

⁶ Caroline Gluck, “Rohingya refugee women stitch new lives in Bangladesh”, UNHCR, 7 March 2018. Available [here](#). (accessed 16 November 2019).

"If I use the same bar of soap as a woman then I will get sick." (everyone in the FGD agreed).

- Rohingya, male, 18-24 years old (Ukhiya)

Despite (or maybe as a result of) the stigma that women and girls are dirty, participants across both male and female FGDs reported the importance of hygiene practices while women are menstruating. Numerous male participants reported that female family members often request they purchase or access anti-microbial soap for them to use while menstruating. Female participants primarily discussed the importance of daily laundry, bathing, and immediate cleaning of reusable menstrual materials while menstruating. However, during the dry season in Teknaf, some women stated that they face difficulties accessing enough water to properly wash their bodies, menstrual hygiene materials, and daily clothing, impacting their ability to utilise safe menstrual hygiene practices.

"Access to menstrual hygiene items and being hygienic are both very important. We need to make sure that the items we have are clean and that we clean ourselves. If we use old, dirty cloths then we will become ill. This is why after I clean my menstrual materials, I lay them under the sun so they can properly dry. Sometimes, I also heat them over the gas stove just to make sure they are clean."

- Rohingya, female, 25-40 years old (Teknaf)

The majority of female FGD participants reported first learning about MHM from mothers, older sisters, grandmothers, or sisters-in-law. However, this process could often vary widely individual to individual. Four female participants reported being kept in isolation during the onset of menarche; their food, bathing, laundry, and sleeping areas were kept separate from the rest of the family and they were not allowed to leave the home. Furthermore, one respondent reported feeling too shy to seek help or information on MHM when she had her first period.

"No one taught me about menstruation. I learned about it through my experiences when I had my first period."

- Rohingya, female, 25-40 years old (Teknaf)

In the REACH Menstrual Hygiene Materials (MHMA) survey, 68% of households reported receiving information on menstrual hygiene materials and 58% reported receiving information on menstruation since arriving to Bangladesh. Almost all assessed households reported wanting to receive (more) information on menstrual hygiene materials or menstruation (92% and 89% respectively).⁷ The desire to learn more about menstrual hygiene was also expressed throughout the FGDs conducted with female participants. Women primarily stated that they would be interested in learning more about how to properly use, clean and dispose of menstrual materials that are new to them since arriving in Bangladesh.

MHM MATERIALS

Access to appropriate menstrual materials and demonstrations on how to use MHM materials is a critical component of the SPHERE standard on hygiene promotion.⁸ In an effort to support the response in understanding beneficiaries' general knowledge of menstrual hygiene materials, female FGD participants were asked about MHM practices before arriving in Bangladesh, and if those have changed since arriving.

Before arriving in Bangladesh, most female participants reported primarily using pieces of cloth with underpants to manage menstrual hygiene needs. The two exceptions were those who had access to sufficient cash—who were able to purchase alternative materials such as disposable pads at markets—and vulnerable women⁹—who were reported to receive similar materials from UN organisations. However, the majority of female participants reported that prior to displacement they had no exposure to any other types of materials beyond cloth.

After exposure to reusable pads, many women reported them as their preferred MHM material. FGD responses were also reflected in the recent REACH MHMA survey, where reusable pads were the preferred MHM material for 72% of respondents.¹⁰ However, female FGD participants reported concerns about not being able to use reusable pads properly. For example, some women reported not being able to differentiate between reusable pads and disposable pads when they first arrived in Bangladesh. While female participants reported becoming more familiar with different materials as time passed, they still expressed a desire to receive more training on how to properly use, clean, and dispose of menstrual waste.

⁷ REACH Initiative, Menstrual Hygiene Materials Assessment (Cox's Bazar, 2019), p. 2. Available [here](#) (accessed 16 November 2019).

⁸ Sphere Association, The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (Geneva, 2018), p. 102. See link [here](#) (accessed 22/10/2019)

⁹ Female participants stated that vulnerable women included the following: Orphans, families with a high number of unmarried female family members, and the very poor.

¹⁰ REACH Initiative, Menstrual Hygiene Materials Assessment, p. 1.

“Since arriving to Bangladesh, we started to receive reusable pads. We prefer using these items instead of making menstrual hygiene materials from old pieces of clothing.”

- Rohingya, female, 40-59 years old (Ukhiya)

“I am shy and I do not feel comfortable talking about my period with my husband. Instead I come up with my own solution by using old clothing to protect me.”

- Rohingya, female, 25-40 years old (Ukhiya)

“How will I have enough pieces of cloth to make period cloths when I do not have enough cloths to dress myself? I just use the same period cloth for 2-3 days.”

- Rohingya, female, 25-40 years old (Teknaf)

Female participants are reportedly not able to access their preferred MHM materials in a consistent fashion. Generally, women are dependent on distributions from humanitarian actors for MHM materials. However, as highlighted during 2019 HP TWiG coordination meetings, these distributions are often fragmented across different humanitarian sectors, with MHM items variously included in distributions by agencies specialising in WASH, shelter and non-food items (NFIs), and gender-based violence (GBV). Female participants reported that distributions are often inconsistent, and that they tended to run out of their preferred materials as a consequence. In the REACH MHMA survey, 24% of households reported not receiving menstrual hygiene materials in the three months prior to data collection—the minimum recommended by the WASH Sector.¹¹

In the absence of distributions, some women who have access to cash will access materials from markets if they are able to afford the materials. However, due to government restrictions limiting refugees' access to work and preventing cash distributions, accessing markets is only an option for a comparatively small number of individuals. According to the REACH MHMA survey, only 8% of individuals reported markets as their main source of MHM materials in the year prior to data collection.¹² Further, female participants reported that when they did have to source MHM materials from markets, they relied primarily on male household members to make purchases on their behalf given cultural limitations on their mobility outside of the household. This limits their agency and is also an additional access barrier if women are afraid or shy to discuss MHM with male household members given that it is negatively stigmatised.

In the event they cannot access their preferred materials—whether through inconsistent distributions, lack of cash, or limitations related to reliance on male household members as proxies, women will revert to using cloth as in Myanmar as a coping strategy. In some cases where household resources are extremely limited, this results in extreme negative coping strategies like reusing the same cloth for multiple days due to a lack of adequate clothing.

When asked how access to materials could be improved, several female participants requested that they have more regular access to materials – although they did not specify how they would prefer to access materials. Other female participants reported facing issues with product size of the current distributed materials. Additionally, in Teknaf, female participants stated that women face difficulties accessing enough water to wash their reusable period materials during the dry season. Assessing access to water issues or adjusting the type of distributed MHM materials according to the dry and wet season could improve safe MHM practices in Teknaf.

¹¹ As of July 2019, the WASH Sector recommends menstrual hygiene management kits are distributed every three months.

¹² REACH Initiative, Menstrual Hygiene Materials Assessment, p. 1.

FACILITIES FOR MHM

WHO and UNICEF identify “having access to safe and convenient facilities to dispose of used menstrual hygiene materials” as a key component for proper MHM programming.¹³ In addition, the International Rescue Committee (IRC) recommends that women and girls be consulted on disposal options, and for all sanitation staff and volunteers to be trained, knowledgeable, and comfortable with MHM.¹⁴ However, currently there is a gap in disposal mechanisms available for menstrual waste. Findings from the May 2019 REACH/WASH Sector household survey indicate that 39% of women that reported using disposable pads are burying them after use and 23% are disposing them into the latrine after use.¹⁵ In order to understand why these methods are prevalent, female participants were asked about their current disposal practices.

In the absence of discreet disposal mechanisms for menstrual waste, women and girls are struggling to find acceptable options.

Nearly all female participants stated that it would be a sin or cause great harm if others, especially men and children, see their used materials. For this reason, many women stated that they are not willing to dispose of their menstrual waste with other household waste in open areas, pits, drains, or bins. This has resulted in some women using disposal mechanisms harmful to the waste management system, such as tossing materials into the latrine, or burying disposable pads which can cause environmental pollution if used on a wide scale.¹⁶

Women are reportedly verbally shamed and stigmatised by family, friends, WASH staff, and community leaders for perceived “incorrect” disposal of MHM materials. Public ridicule results when women and girls dispose menstrual waste in latrines, toss materials in open areas, pits, drains, or even dispose of menstrual waste in household bins as recommended by the WASH Sector.¹⁷ Over half of female participants reported being shamed by WASH staff when menstrual waste was found in latrines. In Ukhiya, a camp official reportedly reprimanded women over the loudspeaker for disposing of materials in the latrine. He requested that women bury used materials instead. Additionally, numerous women indicated a fear of children finding used materials in open areas, pits, drains, or bins and picking up the materials. The women stated that if children found used materials in public waste areas the children would be vulnerable to disease and the women would be ridiculed for not properly disposing of materials.

“Once a volunteer found four pads in the latrine. He accused me of tossing them there and reported me to the Mahji. I swore on the Quran that I did not do this! The volunteer then came to my house with the used pads in a bag and requested I bury the materials properly this time. I was so ashamed.”

- Rohingya, female, 25-40 years old (Teknaf)

FGD participants were not asked about facilities in this assessment. However, evidence from an Oxfam study on female-appropriate WASH facility design indicates that washing and changing practices are informed by a similar need for males not to see MHM materials, with a lack of privacy in cramped shelters leading to women using nearby bathing facilities or latrines.¹⁸ In this respect, the May 2019 REACH/WASH Sector household survey reported that majorities of women reported changing (55%) and washing (61%) MHM materials in bathing facilities or latrines rather than in their households, while a substantial minority (40%) also reported drying materials outside of the household.¹⁹ According to the Oxfam study, reliance on these facilities is problematic due to issues of overcrowding, distance from shelters, a lack of adequate gender segregation and privacy, and cleanliness of facilities.

¹³ UNICEF, Guide to Menstrual Hygiene Materials (New York, 2019), p.7. Available [here](#) (accessed 9 November 2019).

¹⁴ International Rescue Committee, A Toolkit for Integrating Menstrual Hygiene Management (MHM) into the Humanitarian Response (New York, 2017), p.15. Available [here](#) (accessed 19 November 2019).

¹⁵ The denominator for this indicator is women that reported using disposable pads (n=259). See REACH Initiative, Water, Sanitation, and Hygiene Assessment: Dry Season Follow-Up, (Geneva, 2019), p. 47.

¹⁶ *Ibid.* Similar challenges were also reported by displaced Rohingya communities in camps for internally displaced people within Myanmar, as reported in M. Schmitt, M. Sommer, D. Clatworthy, G. Bramucci, E. Wheeler, R. Ratnayake, “Understanding the menstrual hygiene management challenges facing displaced girls and women: findings from qualitative assessments in Myanmar and Lebanon.” *Conflict and Health* vol. 11, No. 19. (October 2017), p. 256-264. Available [here](#) (accessed 19 November 2019).

¹⁷ As of November 2019, there is no recommendation specifically for the disposal of menstrual waste. However, the WASH Sector recommends inorganic waste to be disposed of in red bins and organic waste to be disposed of in green bins. The majority of disposable menstrual waste would be classified as inorganic waste and reusable menstrual waste (after it has surpassed its shelf life) would be classified as organic waste.

¹⁸ Oxfam. Women’s Social Architecture Project: Phase I Final Report. Cox’s Bazar, September 2018. See link [here](#) (accessed on 09/11/19)

¹⁹ REACH Initiative. Water, Sanitation and Hygiene Assessment: Dry Season Follow-up. Cox’s Bazar/Geneva, May 2019, p. 48. See link [here](#) (accessed 09/11/19)

CONCLUSION

Overall, findings from the MHM qualitative study show that menstrual hygiene is both a personal and highly sensitive topic for Rohingya refugees in Cox's Bazar. Cultural perceptions of menstruation impact heavily on women's ability to manage their periods in a dignified and hygienic fashion. These issues, as seen in the Oxfam study, are often compounded by limitations of space and lack of appropriate infrastructure in heavily crowded camps. Women are often ashamed to discuss the topic at all, and may receive limited information about it from close family members as they enter adolescence. Specific taboos around the visibility of menstrual hygiene items mean women have to leave their shelters to change and wash materials in often unsanitary and overcrowded bathing facilities. For similar reasons, they often rely on unhygienic means of disposal of MHM materials—such as by burial or by tossing in latrines—in order to minimize the risk of their used materials being seen by males. At the same time, public shaming of women for perceived infringements on “correct” handling and disposal practices for MHM materials is reportedly widespread—including from camp WASH volunteers.

More positively, many women have been exposed to new MHM materials such as reusable pads after displacement and show a clear preference for these items. In addition, women have expressed interest in receiving more information on menstruation and MHM. However, in the absence of livelihoods programming, cash, or other opportunities for self-reliance, women often remain dependent on distributions from humanitarian actors. These are often inconsistent, forcing women to rely on scarce resources to meet their own needs.

Based on these findings, the following set of initial recommendations for humanitarian actors working on MHM provision for Rohingya refugees in Cox's Bazar have been developed in collaboration with the WASH Sector's hygiene promotion technical working group:

- 1 Hygiene practices and social stigma surrounding MHM**
 - Transition to well-coordinated, MHM specific-distributions in safe spaces (i.e. not combined distribution in WASH, NFI, or other sector distributions).
- 2 Ensure both men and women have access to MHM specific messages. Specific messaging for women and girls should focus on addressing knowledge gaps related to menstruation and menstrual hygiene materials while general messaging targeted at decreasing period stigma should be provided for men, women, boys and girls.**
 - Based on consultations with women and girls, develop accessible and culturally-appropriate awareness sessions aimed at addressing knowledge gaps on menstruation and menstrual hygiene materials
 - Develop key messages and relevant behaviour change strategies for both women, girls, men, and boys to address negative stigma surrounding MHM.
 - Evaluate accessibility and effectiveness of current awareness/behaviour change approaches and adjust where necessary
- 3 Ensure that all WASH Staff (promoters and volunteers) are knowledgeable and comfortable discussing MHM**
 - Integrate MHM training for all WASH staff and volunteers, focused on providing guidance on how to appropriately and confidently discuss MHM with beneficiaries and colleagues
- 4 Ensure that women and girls are provided with safe, discrete and accessible disposal mechanisms and adequate access to water to meet menstrual hygiene needs**
 - Consult women and girls on the design of safe and discrete disposal mechanisms for MHM materials for the integration into sanitation facilities
 - Promote expanded provision of MHM-specific disposal mechanism and ensure that these are accompanied by awareness sessions on safe disposal
 - Prioritise the access for women and girls to a sufficient quantity of water to manage menstrual hygiene needs
- 5 Ensure that MHM programming and operations are appropriately designed, sustained and improved upon**
 - Implement regular monitoring and evaluation in order to ensure that MHM programming and operations are appropriately designed, sustained and improved upon.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information, please visit our website at www.reach-initiative.org, contact us directly at geneva@reach-initiative.org or follow us on Twitter at [@REACH_info](https://twitter.com/REACH_info).