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ACTION RESEARCH INITIATIVE



MENSTRUAL HEALTH AND HYGIENE IN BANGLADESH

A LANDSCAPE ASSESSMENT

AUGUST 2024

This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The author's views expressed in this report do not necessarily reflect the views of USAID or the United States Government.

ACKNOWLEDGEMENTS

Iris Group led the desk and field research for this landscape assessment, with contributions from Aditi Krishna, Whitney Fry, Romana Hasan, Khoirom Kameshwar Singha, Meital Kupfer, Michal Avni, and Beldina Orinda. Our sincere gratitude to the key informants who gave of their time and expertise in interviews and follow-up conversations. We would like to thank Morris Israel, Carolien van der Voorden, and Emily Dreyer (Tetra Tech) for their contributions during the initial phases of the work and for their review of this report. We also thank Israt Nayer, Umme Meena, Kh. Farhad Hossain, Taskeen Chowdhury, and Zinat Hasiba (United States Agency for International Development [USAID] Bangladesh) for their support and interest in advancing MHH in Bangladesh. Finally, we thank Assistant Administrator Michael Shiffer, Jean-Jacques Frere, Lucy Mize, and Adeline Joshua (USAID Asia Bureau) for commissioning this work and for their guidance throughout the activity.

Preferred citation: USAID. 2024. *Menstrual Health and Hygiene in Bangladesh: A Landscape Assessment*. Washington, DC, USAID Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity.

Cover photo credit: Khoirom Kameshwar Singha

Prepared for the United States Agency for International Development by the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity, contract number 7200AA21C00079.

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ACRONYMS AND ABBREVIATIONS

ATL	Above-the-Line
BDT	Bangladeshi Taka
BNA	Bangladesh Nutrition Activity
BNPS	Bangladesh Nari Progati Sangha
BTL	Below-the-Line
CERF	Central Emergency Response Fund
CESifo	Center for Economic Studies and Ifo Institute
CSO	Civil Society Organization
GOB	Government of Bangladesh
HR	Human Resources
IOM	International Organization for Migration
KII	Key Informant Interview
KOICA	Korea International Cooperation Agency
LGD	Local Government Division
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
MLGRDC	Ministry of Local Government, Rural Development, and Cooperatives
mm	Millimeters
MOU	Memorandum of Understanding
MRP	Market Retail Price
NGO	Nongovernmental Organization
NIPORT	National Institute of Population Research and Training
OSH	Occupational Safety and Health
PEA	Political Economy Analysis
PKSF	Palli Karma-Sahayak Foundation
RMG	Ready-made Garment
SAP	Super-absorbent Polymers
SMC	Social Marketing Company
SRHR	Sexual and Reproductive Health and Rights

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
USD	United States Dollars
USP	Unique Selling Proposition
VAT	Value-added Tax
WASH	Water, Sanitation, and Hygiene
WASHPaLS	Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability
WSUP	Water and Sanitation for the Urban Poor

EXECUTIVE SUMMARY

In Bangladesh, people who menstruate experience substantial challenges in managing their periods with dignity and in good health. Advancements in menstrual health and hygiene (MHH) to address these challenges have occurred due to the efforts of both governmental and nongovernmental stakeholders. Improvements have been uneven, however, with a focus on certain populations, including adolescent girls in schools, women employees in ready-made garment (RMG) factories, and some people living in fragile contexts. In light of the progress on MHH and the need for further efforts, the United States Agency for International Development (USAID) Asia Bureau requested the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity to conduct a landscape assessment of MHH in Bangladesh, focusing on populations that have not been fully considered to date, including out-of-school adolescents, working women, gender diverse people who menstruate, and those living in fragile settings.

WASHPaLS #2 conducted a landscape assessment of MHH in Bangladesh during January–June 2024. The objective of the assessment was to understand the state of MHH in Bangladesh, identify effective interventions, and assist the Asia Bureau and the USAID/Bangladesh Mission in identifying and prioritizing a list of strategic investments for MHH research and programming. The assessment consisted of three lines of inquiry: a political economy analysis (PEA), a market assessment, and an evidence synthesis for programs and interventions.

Our findings highlight several areas of progress, such as development of the 2021 National Menstrual Hygiene Management (MHM) Strategy led by the Government of Bangladesh (GOB) and the forthcoming Costed Action Plan that indicate a prioritization of the issue among multiple governmental and nongovernmental stakeholders. Created in 2017, the MHM Platform coordinates nongovernmental actors, facilitating knowledge sharing, and building support and momentum. Many of its member organizations—nongovernmental organizations, donors, and representatives of the private sector—have funded and implemented MHH programs in workplaces and fragile settings, including among displaced people and refugees. Advocacy efforts, spearheaded by the MHM Platform, were successful in reducing the value-added tax (VAT) on menstrual products. Coupled with local production of lower-cost menstrual products, these initiatives have sought to address affordability issues.

In spite of these advances, several challenges persist. Lack of affordability and accessibility of menstrual products continue to place these products out of the reach of most people who menstruate. Although some social norms have changed, others—religious norms—have persisted and inhibit discussions and progress regarding MHH. Contextual challenges, such as lack of investment in MHH and in donor funding, hamper improvements in MHH. The inadequacy of water, sanitation, and hygiene (WASH) infrastructure (e.g., lack of toilets in public spaces, water shortages) create challenges for people who menstruate. Coordination among actors working on MHH continues to be an issue despite the existence of convening institutions (e.g., MHM Platform, National MHM Coordination Committee).

These findings inform a set of recommendations that stakeholders validated and prioritized based on how actionable they were in the short term and how suitable they were for USAID and other partners to undertake (relative to other stakeholders such as government or private sector actors). Categorized and ordered by priority within each grouping (short-, medium-, long-term), these recommendations are as follows:

SHORT-TERM (1–3 YEARS)

Support local production of menstrual products through business expansion and demand creation activities. Although there are many local producers of menstrual products in Bangladesh,

they struggle due to limited investment capacity. Business acceleration and incubation support can strengthen manufacturing operations and enable business expansion. Demand activation and marketing campaigns can sustain and increase demand for MHH products.

Promote safe and affordable alternatives to disposable menstrual pads. In spite of the preference for disposable pads, their cost is prohibitive for most people who menstruate. The lack of adequate disposal mechanisms and the harmful environmental implications of inadequate disposal make disposable pads an even more unsustainable solution. Existing reusable and biodegradable options, if made more affordable, could be a viable alternative.

Develop alternate distribution channels. To address the significant and unique challenges in accessing menstrual products in both urban and rural areas, there need to be alternate modes of obtaining menstrual products aside from purchasing them from pharmacies. Door-to-door delivery, online ordering, women sales agents, and other means of distribution could increase accessibility.

Encourage USAID and partner participation in the national MHM Platform. Over its seven-year history, the MHM Platform has coordinated MHH efforts across four sectors (WASH, sexual and reproductive health and rights [SRHR], education, and business) and multiple stakeholders. It is composed of expert implementers and has the potential to advance MHH by sharing and building on best practices and innovative strategies and on elevating the importance of MHH. USAID and other partner participation in the MHM Platform would be a way for partners to meaningfully contribute to MHH efforts in Bangladesh.

Invest in the integration of MHH into existing programs working with out-of-school adolescents. Stakeholders can integrate MHH activities into various types of programs whose target is out-of-school adolescents and other vulnerable populations and whose area(s) of focus intersect with MHH (for example, maternal and child health programs). These types of programs include those working with child laborers and domestic workers; child, early, and forced marriage programs; programs to delay age at first birth and first-time parent programs—all of which work with out-of-school adolescents.

MEDIUM-TERM (3–5 YEARS)

Support local capacity to deliver workplace MHH programs. Local organizations who work in the RMG sector to provide workplace wellness and health trainings (including aspects of MHH) can expand their efforts to other organizations, providing a sustainable and locally led model for improving workplace MHH. Leveraging local capacity and replicating MHH efforts outside of RMGs can address the needs of workers in other contexts.

Promote the integration of MHH within activities run by organizations that work with transgender populations. Given the challenges in working with gender diverse communities, MHH programs implemented by organizations and programs that already have a history of working with transgender populations are more likely to have an impact on a population that has largely been left out of MHH efforts to date.

LONG-TERM (BEYOND FIVE YEARS)

Support infrastructure improvements such as building MHH-friendly toilets in public areas and in slums and developing appropriate menstrual waste disposal systems. The lack of adequate latrines deters progress on MHH in Bangladesh. Sufficient, functional, safe, private, and hygienic latrines are necessary to improve MHH among people working in the informal sector, those spending significant time in transit, and people living in slums. Given the preference for disposable menstrual pads,

efforts to expand access to menstrual products must coincide with efforts to strengthen systems for disposal to hygienically address menstrual waste, especially in densely populated areas.

Institutionalize MHH in labor laws and buyer requirements. Integrating MHH into occupational health and safety requirements and into auditing procedures is low hanging fruit, especially in workplaces where occupational health and safety (OSH) audits occur regularly. Integrating MHH into OSH regulations and requirements would facilitate increased accountability for workplace MHH.

Advocate for the reduction of import duties on raw materials used for menstrual products. Taxes on imported raw materials contribute to placing menstrual products out of reach of most consumers in Bangladesh. Reduction of import duties would ease financial constraints for manufacturers and increase affordability and accessibility of products for consumers.

I.0 INTRODUCTION

Menstrual health and hygiene (MHH) are fundamental aspects of overall well-being for individuals who menstruate, encompassing a range of factors that contribute to their ability to manage menstruation safely, hygienically, and with dignity. In Bangladesh, people who menstruate face a critical gap in managing menstruation. Knowledge about menstruation is low, and access to menstrual products is difficult. Fifty percent of adolescents and 64.7 percent of adult women use old cloth to manage menstrual flow which is unhygienic (National Institute of Population Research and Training [NIPORT] and ICF 2020).

Adolescent girls in school miss an average of 2.5 days of school during each menstruation, due to restrictive social norms and poor water, sanitation, and hygiene (WASH) practices (Alam et al. 2017). MHH-related policy and programming in Bangladesh largely focuses on school settings and does not consider the varied experiences of all people who menstruate (Head et al. 2022). For example, the National Hygiene Survey in 2018 only considered adolescent girls and women aged 20–49, missing key populations who menstruate (e.g., gender diverse people, women in fragile settings, people with disabilities) (Bangladesh Bureau of Statistics 2018).

Yet, in recent years there has been substantial interest in MHH among governmental and nongovernmental actors, as well as advancement of MHH in Bangladesh. There are ongoing efforts in ready-made garment (RMG) factories to address health and well-being, including MHH (WaterAid 2023). A national consortium called the Menstrual Hygiene Management (MHM)¹ Platform coordinates efforts. Several manufacturers produce menstrual products locally in Bangladesh.

Considering the progress on MHH in Bangladesh and the need for further efforts, the United States Agency for International Development (USAID) Asia Bureau requested the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability #2 (WASHPaLS #2) Activity to conduct a landscape assessment of MHH in Bangladesh. The assessment focused on out-of-school adolescents, working women, gender-diverse people who menstruate, and those living in fragile settings—populations with whom further MHH efforts are needed.

This report presents the findings of the landscape assessment. Section 2 presents assessment objectives and methods, Sections 3–5 present findings from the various lines of inquiry used for the assessment, and Section 6 presents overarching recommendations stemming from the analyses. Appendices to the report provide the various tools (e.g., interview guides) used for the assessment.

¹ MHM is commonly used in Bangladesh. USAID conceptualizes MHM as a subset of MHH, a broader definition that includes social and contextual factors affecting how people experience and manage menstruation (USAID 2022).

2.0 RESEARCH OBJECTIVES AND METHODOLOGY

The objectives of the landscape assessment are as follows:

- To understand the state of MHH in Bangladesh;
- To identify effective interventions in Bangladesh; and,
- To assist the Asia Bureau and USAID/Bangladesh Mission in identifying and prioritizing a list of strategic investments for MHH research and programming.

The team pursued three lines of inquiry to achieve these objectives:

- **Political Economy Analysis (PEA):** To understand the economic and political context relating to MHH;
- **Market Assessment:** To understand the need and demand for MHH products outside of school-based settings, particularly among the target populations, and to assess opportunities and constraints for introducing new MHH products; and
- **Evidence Synthesis:** To identify effective interventions and strategies for addressing MHH among the target populations.

The following sections describe the methodology and findings for the three lines of inquiry. To maintain the integrity of each approach, minor thematic overlap exists among these sections. For example, economic influences on MHH emerged from the PEA, as interrelated with political and social elements affecting the state of MHH, and also from the market assessment that addresses economic levers in more depth. The team triangulated emergent concepts from the three lines of inquiry to identify and document a set of recommendations for future investments (see [Section 6](#)), which they prioritized through consultations with the USAID/Bangladesh Mission and presented to the Asia Bureau.

2.1 METHODOLOGY FOR THE PEA

WASHPaLS #2 adapted an existing framework for applied PEA from the 2018 USAID PEA Guide for Practitioners (Menocal et al. 2018) to understand the political and economic context for MHH in Bangladesh with a focus on specific target populations (out-of-school adolescents, working women, gender diverse people who menstruate, and those living in fragile settings). The team adopted a gender-intentional approach to analyze the intersection of gendered dynamics and determinants with political and economic factors.

The USAID PEA Guide includes a framework with four pillars, designed to understand groups of political and economic factors:

- **Foundational Factors:** Embedded structures that are difficult or impossible to change, such as geography, class, ethnicity, and gender inequality;
- **Rules of the Game:** Laws, international commitments, policies, and social norms;
- **Here and Now:** Current events and circumstances; and,
- **Dynamics:** Interplay among the other pillars.

The team developed a key informant interview (KII) guide (see [Appendix 1](#)). In parallel, the team conducted a desk review—using a systematic approach for peer-reviewed literature and comprehensive search for gray literature (e.g., working papers, project reports, blogs, websites)—to inform questions in the KII guide and triangulate with insights gathered from the KIIs. The desk review gathered literature for the evidence synthesis. [Appendix 2](#) describes search terms and strategy used for the desk review in greater detail.

In February–May 2024, the team conducted in-person interviews with key informants (e.g., MHH experts and academics, menstrual product suppliers, MHH disposal companies, government personnel, representatives from the private manufacturing sector). [Appendix 3](#) provides a list of informants. Section 3 presents the findings from the interviews and desk review, organized by PEA pillar. Specific considerations by target population are included, to the extent that data were available.

2.2 METHODOLOGY FOR THE MARKET ASSESSMENT

2.2.1 OBJECTIVES AND ANALYSIS FRAMEWORK

The key objectives of the market assessment are to:

1. Examine the supply-side ecosystem to map the stakeholders and analyze market actors, including social enterprises, manufacturers, marketers, distributors, and retailers of MHH products;
2. Review enabling ecosystem variables, such as government policy, regulations, standards certifications, subsidies, taxes, and information access; and
3. Identify innovations, tools, and technology-based solutions that are affordable, accessible, and desirable.

The study team adopted elements from Springfield Center and Donor Committee for Enterprise Development's Systemic Change Measurement Guidelines (Posthumus et al. 2020) and the Toolbook for Value Chain Analysis in an effort to understand the current MHH market structure, identify the key stakeholders and their dynamics, understand governance and coordination among actors, and identify critical challenges and opportunities at different levels of the market.

2.2.2 DATA COLLECTION METHODS

Desk Review. The team reviewed secondary literature, including annual reports from menstrual product manufacturers, survey and analysis reports on MHH products, strategy papers, and articles and features on MHH product manufacturers and social enterprises. The completed review illuminated the MHH market dynamics in Bangladesh and the stakeholders involved in the market system.

Primary Data Collection. After an initial mapping of supply-side actors (manufacturers, social enterprises, distributors or retailers), the team began primary data collection using a prepared KII guide ([Appendix 4](#)). This study used purposive sampling to recruit respondents. In addition, the snowballing method (or chain referral approach) was used to identify additional potential key informants. The team interviewed four representatives of large manufacturers, two representatives of social enterprises, and two distributors/retailers ([Appendix 5](#) contains the list of key informants).

Data Analysis. After completing primary data collection, the team consolidated and triangulated primary and secondary data. The team categorized findings by research question and sub-themes.

2.2.3 STUDY LIMITATIONS

The team experienced challenges in determining the market size and volume of menstrual products. Most large manufacturers did not share data on their sales volumes as they considered it confidential. Moreover, the study cannot forecast the market size of menstrual products as historical market data are not available for menstrual products in Bangladesh.

Section 4 provides findings from the market assessment.

2.3 METHODOLOGY FOR THE EVIDENCE REVIEW

The following questions guided the evidence review:

- Which interventions have been most effective in addressing MHH and which aspects of MHH? What approaches have they taken (e.g., formal versus informal workplaces, other settings)?
- What are best practices and effective approaches to reach out-of-school adolescents, working women, gender diverse people who menstruate, and people living in fragile contexts who menstruate?
- What are the challenges and opportunities for non-school-based MHH programs relative to school-based ones?

Using the search methodology described in [Appendix 2](#), the team conducted a systematic search of the peer-reviewed literature and a comprehensive search of the grey literature. [Section 5](#) provides findings of this evidence review.

3.0 POLITICAL ECONOMY ANALYSIS

PEA is a method that seeks to understand the motivations and limitations that influence the actions of stakeholders within a given system. This approach is designed to evolve and change, allowing for reflection on discoveries and proposing adjustments to programs as circumstances evolve or new insights emerge. Findings of the PEA are presented by the four analysis pillars: Foundational Factors, Rules of the Game, Here and Now, and Dynamics.

3.1 FOUNDATIONAL FACTORS

This section explores embedded or fixed structures that affect MHH in Bangladesh. Foundational Factors do not change quickly and play a crucial role in shaping the experiences and challenges faced by various population groups in managing menstruation and MHH.

3.1.1 THERE IS A GAP IN KNOWLEDGE ABOUT MENSTRUATION AND WAYS TO MANAGE IT

The 2018 National Hygiene Survey in Bangladesh revealed that only 30–36 percent of women had heard about menstruation before puberty (Bangladesh Bureau of Statistics 2018). Menstruation is not often discussed within families, especially not among men and women and not even between mothers and daughters, according to key informants. Typically, girls ask their cousins or their aunts about menstruation because they feel embarrassed to ask their mothers or because they are concerned that mothers may have inaccurate or insufficient information to impart, as shared by key informants. Key informants also noted that when mothers do learn that their daughters have started menstruating, they are willing to help and share information about how to manage one's period but typically do not share information about the biological aspects of menstruation. Menstruation is treated with secrecy, which is linked to social norms and taboos (see [Section 3.2.4](#)).

Menstruation is supposed to be taught in Grade 6 in schools, according to the Ministry of Education as noted by several key informants (see [Section 3.2.1](#)). However, in reality, educators do not feel comfortable teaching about menstruation, noting that girls should learn about these topics from their mothers. Key informants reported that especially in co-ed school settings, teachers often staple together sections of the textbooks that contain information about menstruation, the menstrual cycle, and reproductive health, and ask the students to review them at home independently. Mandated menstrual education may also be mistimed, according to a key informant. Earlier onset of puberty means that most people would already have started menstruation before Grade 6. Additionally, existing sexual and reproductive health and rights (SRHR) education in schools often reinforces harmful stereotypes about menstruation and stigmatization of people who menstruate (Shaikat 2022).

3.1.2 THERE IS A PERCEPTION THAT PEOPLE WILL SOMEHOW MANAGE THEIR PERIODS

People believe that menstruation is an experience that must be endured and managed privately, as shared by key informants. Because people have menstruated and managed menstruation in the past, there is a perception that they will continue to do so, in one way or another. The maladaptive coping and management mechanisms that people, especially older people who menstruate, use for menstrual management remain unaddressed. Key informants reported they have observed many older women experiencing discomfort, itchiness, and infections, and unwillingness to speak about their issues, compared to younger populations who have greater knowledge about menstruation, menstrual products, and menstrual health.

3.2 RULES OF THE GAME

This section explores formal and informal rules regulating individual, community, business, and government actions related to MHH, which include national and regional laws and policies, as well as social norms.

3.2.1 LAWS AND POLICIES INCLUDE PROVISIONS FOR MHH

Legislative and policy frameworks in Bangladesh recognize menstrual health as an integral component of SRHR. National strategies and policies prioritize menstrual health advancement, aiming to address the multifaceted challenges through targeted interventions and resource allocation (Castro and Czura 2021). However, effective implementation and enforcement of these policies at local levels remain critical to translating policy objectives into tangible improvements in menstrual health outcomes for all individuals, particularly those who are marginalized and vulnerable.

Laws with a focus on MHH reflect a written commitment to ensuring the rights of all individuals to SRHR, including comprehensive MHH information and services. Article 12 of the Economic, Social, and Cultural Rights Covenant establishes the right to SRHR, while Bangladesh's 2012 National Population Policy, specifically objective 4.6, underscores the importance of addressing menstrual health needs (United Nations General Assembly 1966; Ministry of Health and Family Welfare 2012). The Bangladesh National Hygiene Promotion Strategy plays a crucial role in advancing menstrual health as one of its key targets, aligning with national health and population policies (Ministry of Local Government, Rural Development, and Cooperatives [MLGRDC] 2012). The Strategy, coupled with initiatives like the 2018 Bangladesh National Hygiene Baseline Survey, quantifies the specific needs related to MHH. The Eighth Five Year Plan (July 2020–June 2025) has provisions for sanitary pads and improved toilet facilities for women in urban areas (Bangladesh Planning Commission 2020). Additionally, strategic frameworks such as the Sector Development Plan (2011–2025) for the Water Supply and Sanitation Sector in Bangladesh and the National Strategy for Water Supply and Sanitation (2021) underscore the importance of integrating MHH into broader sanitation and water supply initiatives (MLGRDC 2011). The National Health Policy (2011) does not include MHH or WASH.

These efforts are further reinforced by government circulars issued in 2015 and 2019, which emphasize sanitation improvements in schools, including the provision of female-friendly toilets and sanitary pads, as well as the requirement for teachers to teach about menstruation to female students, promoting awareness and education on MHH from a young age. However, one key informant cited that this was insufficient as a government initiative since it does not address underlying norms and ignores the large number of children who are not enrolled in school. There needs to be mechanisms that hold teachers or other leaders accountable to follow through on implementing this curriculum.

3.2.2 NATIONAL MHH STRATEGY PROVIDES A FRAMEWORK FOR FUTURE EFFORTS

Recognizing the absence of an MHH-specific national policy, Bangladesh's Local Government Division (LGD) of the MLGRDC met in 2018 to discuss MHH practices across the country. In 2021, the Ministry led development of the MHH Strategy with support from other stakeholders through a literature review and primary data collection. The overall goal of the National MHH Strategy is to address gaps in current MHH practices in a comprehensive way and ensure that each menstruating person in Bangladesh can experience safe and dignified menstruation. The National MHH Coordination Committee was formed to facilitate implementation of the Strategy. A Costed Action Plan developed by icddr,b complements this Strategy and is currently under review by the MLGRDC's Policy Support Branch.

To improve conditions for menstruating people, the Strategy emphasizes several key components. Firstly, it aims to enhance knowledge and skills related to MHH through curriculum development and syllabus integration for students, as well as targeted non-formal education programs for individuals who

may not attend formal schooling. The Strategy prioritizes the improvement of WASH facilities, ensuring that adequate and hygienic infrastructure is available for menstruating individuals across different settings (e.g., schools, workplaces). The provision of menstrual products, safe disposal mechanisms for menstrual waste, and the promotion of positive social norms surrounding menstruation also are integral aspects of the Strategy. In theory, the Strategy will streamline existing MHH efforts nationally.

3.2.3 LABOR LAWS PROVIDE SOME SUPPORT TO PEOPLE WHO MENSTRUATE

In Bangladesh, labor laws have the potential to play a crucial role in advocating for the rights and well-being of individuals who menstruate, especially in sectors like RMG in which a significant portion of the workforce are women. While no current labor laws explicitly address MHH, aspects of the laws intersect with components of MHH (e.g., requirements for latrines, breaks). Workplace health and safety regulations, mandated by labor laws (Writ Petition No. 5916 2008, Bangladesh Labor Rules 2015, 2022) include the requirement for three workplace committees: compliance committees (where two of the five required members are external to the factory), grievance committees, and health and safety committees. These committees are instrumental in ensuring that workplaces maintain occupational safety and health (OSH). The Bangladesh Labor Act (2006) and Bangladesh Labor Rules (2015) also include provisions for vocational training, worker education, and family welfare training (Government of Bangladesh 2006, 2015). While these laws do not specifically address MHH as legal structures, they offer a way to address MHH in the workplace.

Buyers and brands also play a pivotal role in shaping workplace practices and standards through their corporate social responsibility initiatives and image branding efforts. This entails translating OSH standards into forms that auditors can utilize to assess compliance and ensure that workplaces prioritize the well-being of menstruating employees. The implementation of labor laws and buyer requirements serves as a foundation for advocating for inclusive and supportive workplace environments for individuals who menstruate in the RMG sector and beyond.

3.2.4 SOCIAL NORMS CONTINUE TO GUIDE MENSTRUAL EXPERIENCES

Social norms are critical in shaping perceptions and practices related to MHH, influencing behaviors and beliefs, and determining societal attitudes towards menstruation. In Bangladesh, menstruation is surrounded by taboos and restrictions that not only impact the physical and emotional well-being of individuals who menstruate but also perpetuate harmful stigmas. One key informant shared, *“Poor MHH is both a symptom and a cause of gender inequality. When a girl feels like she’s committing a crime five or six days out of a month, every month, she feels like a lesser person.”*

One norm informs the exclusion of women and girls from engaging in religious practices during their periods. This exclusion reinforces the notion that menstruation is inherently “bad” or “impure,” contributing to the marginalization of menstruating individuals within religious contexts. Moreover, restrictions on everyday activities such as cooking, tending to livestock, or consuming certain foods further reinforce the idea of menstruation as a time of impurity and exclusion.

Language used to describe menstruation, such as the word *napak*, meaning unholy or dirty, reflects negative societal attitudes and reinforces feelings of shame or embarrassment. *Napak shorir* means “polluted body,” implying that a person who is menstruating is in a polluted state, attracting evil spirits and bad omens (Chowdhury 2007). This language extends to perceptions of sexuality, with the same term used for both menstruation and sexual activity, thus associating menstruation with impurity or taboo.

Social norms intersect with gender roles and expectations, particularly regarding activities allowed for individuals who menstruate. For example, in some cultures, Muslim women may be restricted from

engaging in religious activities during menstruation but are allowed to resume these activities after taking a shower. On the other hand, Hindu women may face more stringent restrictions, such as being prohibited from cooking during their periods. These norms not only impact daily life but also reinforce menstrual stigma and discrimination.

Societal practices, such as excluding boys from discussions about menstrual health, perpetuate the secrecy and shame surrounding menstruation. This exclusion creates a sense of mystery and reinforces the idea that menstruation is something to be hidden or kept secret. Moreover, social norms regarding the impurity of menstrual blood and requirements to keep it hidden further contribute to the invisibility and silence surrounding menstruation, making it difficult for individuals to seek support or openly discuss their menstrual health needs. The link between menstruation and marriage adds another layer of complexity to social norms surrounding menstruation. Among families living in rural areas of Bangladesh, the pressure to keep menstruation a secret stems from the belief that once a child starts menstruating, families should begin looking for a suitable husband for her.

Social norms relating to menstruation are not uniform across all settings in Bangladesh. There has been a greater shift in social norms among people who live in urban and peri-urban settings and those that have more education and are of higher socioeconomic status, but social norms have begun to change, even among those living in rural and remote areas. One key informant shared, *“What has changed is that more people talk about menstruation now. What we need is for more people to do something about menstruation.”*

3.3 HERE AND NOW

This section examines the current state of affairs surrounding adequate access to MHH, highlighting stakeholders and their roles, describing how political and economic conditions shape MHH, and assessing strategic links to related issues.

3.3.1 USE OF SAFE, HYGIENIC, ABSORBENT, AND COMFORTABLE MENSTRUAL PRODUCTS IS LIMITED BY AFFORDABILITY AND ACCESSIBILITY

The affordability and accessibility of menstrual products in Bangladesh pose significant challenges for menstruating individuals, particularly among lower income and marginalized communities. Disposable pads are expensive, creating a financial barrier for many individuals who struggle to afford these essential products, according to key informants. ([Section 4](#) includes an expanded discussion of affordability and accessibility issues pertaining to menstrual products). This financial constraint is exacerbated by the need to obtain permission from parents or husbands to go to pharmacies where products are sold, especially for out-of-school adolescents and younger people. Women’s and girls’ discomfort with purchasing products from predominantly male pharmacists creates another barrier to buying pads.

3.3.2 SLUMS AND PUBLIC SPACES LACK ADEQUATE WATER AND SANITATION FACILITIES

In public spaces in Dhaka and other urban settings in Bangladesh, there are few public toilets, particularly those designated for women and girls, and an even smaller subset that are suitable for managing menstruation. The ratio of users per latrine is prohibitive, where 300–400 people or more may share one public latrine, according to a key informant. The high demand for latrines and the implications for their cleanliness makes them unsuitable for addressing menstrual needs (e.g., changing and/or washing products, cleaning/bathing oneself). The latrines often lack roofs, preventing women and girls from using them with privacy and dignity. The lack of privacy afforded by living quarters—a single room shared by the entire family—compounds the issue for people who live in slums.

3.3.3 THERE ARE INADEQUATE DISPOSAL AND SOLID WASTE MANAGEMENT SYSTEMS

The disposal of menstrual waste poses a significant concern, especially in shared living spaces and overcrowded environments like slums. Makeshift storage methods of menstrual waste, such as using grocery bags to cache used pads over multiple days, not only exacerbate hygiene risks but also reflect the lack of proper waste management systems. Even among higher income populations, people have anxiety about how to dispose of menstrual waste without others seeing the used products.

3.3.4 BEING OUT OF SCHOOL CREATES UNIQUE CHALLENGES FOR MANAGING MENSTRUATION

Across Bangladesh, a significant portion of adolescent girls face barriers to education, resulting in high dropout rates after primary school. Approximately 42 percent of girls drop out at the secondary school level, a trend exacerbated by unequal investment in education between genders within families (Bangladesh Bureau of Statistics 2018).

Out-of-school adolescents face unique challenges, including inadequate access to menstrual products, limited knowledge about menstruation and proper hygiene practices, and underlying harmful social norms that hinder open discussions and weaken support systems. Moreover, out-of-school adolescents, many of whom are married, often lack decision-making power and agency regarding their menstrual health and rely on others for financial support and management guidance.

The absence of menstrual education outside of schools creates knowledge gaps that negatively affect physical health, as well as social and emotional well-being. Without adequate information, out-of-school adolescents struggle to understand basic hygiene practices, leading to potentially harmful practices like improper drying after washing reusable menstrual products.

3.3.5 THE MENSTRUAL NEEDS OF WORKING WOMEN ARE ADDRESSED IN SOME SETTINGS

Women who work in environments that lack proper menstrual hygiene management face consequences on their work performance, physical and mental well-being, and overall economic empowerment. In 2022, the labor force participation rate for women was 43 percent, up from 36 percent in 2017 (Bangladesh Bureau of Statistics 2023). The expansion of industries like RMG has significantly increased formal employment opportunities for women, fundamentally altering the country's job market (Chace Dwyer et al. 2021). This growth trajectory is expected to persist, promising further avenues for female employment. As economic diversification continues, sectors like leather, pharmaceuticals, and information technology are poised to offer additional job prospects for women. However, overall working conditions across industries remain subpar, posing specific challenges to menstruating employees (Czura et al. 2023).

Private sector involvement in MHH varies. The RMG sector, for instance, became highly engaged following catastrophes like the Rana Plaza collapse.² Buyer requirements and the industry's own need to boost production have incentivized engagement with MHH issues in addition to the obligation to provide for OSH as mandated in national laws (see [Section 3.2.3](#)). Many RMGs participate in professional organizations or platforms that share learnings about the returns from offering employee benefits and amenities and exert positive pressure on one another to do the same. For instance, to promote employee efficiency and availability, factories, especially Tier I factories that supply garments to international markets, may offer benefits to employees such as free daycare, medical care including

² The collapse of the Rana Plaza building, which was constructed without appropriate permits or adherence to building standards, cast international and national attention on the garment industry. Following the disaster, the Government of Bangladesh (GOB) instituted new policies requiring the inspection of garment factories by approved agencies; the International Labor Organization also developed the Bangladesh Accord on Fire and Building Safety; a legally binding agreement between brands, retailers and unions to improve safety standards.

referrals to specialists and pharmacies, designated male and female medical officers, health education, housing, food, and in some cases even menstrual products free of charge. However, RMGs that offer these benefits do so at their own expense, often uncompensated by buyers, and in turn put pressure on their employees to boost productivity and recoup costs associated with providing these benefits. For employees who menstruate, the emphasis on the bottom line impedes their ability to manage their period during the workday. Their productivity suffers if they take a break to change menstrual products. Using cloth to absorb menstrual blood is even more challenging because they typically prefer to return home to change the cloth and to store the used one.

There is little recourse for employees who experience suboptimal working conditions in spite of the existence of legally mandated avenues for complaints (e.g., grievance committees discussed in [Section 3.2.3](#)). Many workers feel compelled to remain at factories because they come from disadvantaged backgrounds. Furthermore, employment in RMGs is highly coveted for the compensation provided. A compliance officer at an RMG noted that they have no trouble recruiting employees, who can be easily hired at the factory gates.

All RMGs are not equal. Factories that supply garments to international brands have better working conditions than do RMGs that provide to local buyers. Outside of RMGs, in sectors such as leather manufacturing, both MHH and overall working conditions remain quite poor according to a key informant. In addition, people working in tea plantations also face immense challenges when they menstruate due to poverty, lack of toilets, and lack of running water. Addressing the menstrual needs of domestic workers, many of whom are young women, was another area noted by key informants.

3.3.6 DUE TO THE STIGMA AND MARGINALIZATION EXPERIENCED BY GENDER-DIVERSE PEOPLE WHO MENSTRUATE, LITTLE IS KNOWN ABOUT THEIR MENSTRUAL NEEDS

In Bangladesh, the *hijra* (third gender, including any person who identifies outside of the gender binary) community was officially recognized in 2013, allowing third gender designation on national identification documents and allowing eligibility for low-paying jobs and educational opportunities (Ahmed 2013). However, it is difficult to obtain information about the menstrual experiences of gender-diverse people who menstruate (non-binary, transgender populations) as few organizations work on MHH with these populations. Among the organizations that do, most support transgender women who are much more visible in South Asia.

While evidence on the MHH experiences, practices, and needs of these groups in the literature is scant, we gleaned some insights about gender-diverse people who menstruate from key informants. They shared that transgender men who menstruate are reluctant to share their experiences but that they are do so within their own community. Reportedly, they use some of the same maladaptive, unhealthy, and unhygienic coping and management mechanisms as individuals living in rural communities (e.g., using old cloth and hiding used cloth in dark places) and are unlikely to consult medical professionals for advice.

3.3.7 CLIMATE CHANGE AND NATURAL DISASTERS EXACERBATE VULNERABILITIES FOR MENSTRUATING INDIVIDUALS

Bangladesh is highly vulnerable to severe natural disasters, with floods displacing millions of people annually. Among those affected, people who menstruate face heightened vulnerabilities due to limited access to clean water, sanitation facilities, and menstrual hygiene materials (Kamal et al. 2018). During disasters, health and sanitation practices become extremely unhygienic, leading to outbreaks of numerous diseases. Women and girls are particularly vulnerable and often neglected in the context of health, hygiene, and sanitation. They lack facilities to clean their menstrual rags properly and have no safe places to dry them, often resorting to using damp, unclean rags (Maknun et al. 2017). This situation poses health risks as improper menstrual management can cause significant discomfort and potential

infections. Many resort to unsafe practices like using floating toilets made from banana trees, which lack proper sanitation facilities, safety, and security (Maknun et al. 2017). Bangladesh's susceptibility to climate shocks also affects girls' access to education. When displaced, girls have to travel further to school, families have less money to pay for uniforms or books, and school infrastructure may flood and be unusable, resulting in higher female dropout rates (Hassan et al. 2021).

Displacement during disasters compounds MHH challenges. In refugee camps like those in Cox's Bazar, WASH actors have made efforts to provide MH-friendly latrines and bathing facilities, including washing platforms for menstrual items and disposal chutes for used cloth and pads (Schmitt et al. 2021). However, these efforts are often inconsistent and untimely, leaving women without reliable access to necessary menstrual materials (Rakshanda et al. 2021). Consequently, many women remain reliant on polluted water for cleaning, which poses serious health risks (Jerin et al. 2023).

With safe water often unavailable in coastal areas, many menstruators resort to using saltwater to wash menstrual cloths, which does not clean them properly, posing long-term risks such as uterine infections (Abedin et al. 2019). During floods, the situation worsens, with women reporting issues like itching, poor menstrual management, and lack of dry clothes (Jerin et al. 2023). In the coastal areas experiencing drought, water scarcity, and saltwater intrusion, some menstruating adolescents use oral contraceptives to prevent their periods, according to several key informants. Some adolescents obtain oral contraceptives from married women (e.g., parents or aunts) to delay or stop their periods (Papri 2022).

3.3.8 MHH FITS WITHIN THE PURVIEW OF SEVERAL GOVERNMENTAL MINISTRIES AND DEPARTMENTS

Governments are crucial in providing policy frameworks and infrastructure for MHH. In Bangladesh, MHH falls within the purview of several ministries such as the Ministry of Education (responsible for MHH within schools), Ministry of Health (oversees the MHH within health facilities), and MLGRDC (responsible for the WASH aspects of MHH). At the governmental level in Bangladesh, while there is not a unified approach to addressing MHH, the agendas of multiple ministries and departments, including the Ministry of Health and Family Welfare, Ministry of Education, and the Department of Public Health Engineering include initiatives relating to MHH (Fox 2020). The Ministry of Education distributes pads in schools. The Ministry of Religious Affairs also plays a role in pad distribution, although details regarding the recipients of these distributions are not specified (KII interview). Notably, the LGD of the MLGRDC has emerged as a key supporter of MHH, overseeing WASH issues and working with the MHM Platform. However, the LGD lacks MHH expertise, and a focus on MHH becomes watered down by the urgency of other priorities, including hand hygiene and other aspects of WASH. Collaborative endeavors such as the 2023 National Dialogue on MHH, led by the LGD in partnership with United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), Global Affairs Canada, and the MHM Platform, signify concerted efforts to mobilize governmental support and engage with international partners and stakeholders, showcasing a multifaceted approach to addressing MHH challenges (UNFPA 2023).

3.3.9 SEVERAL PARTNERS AND ACTORS COLLABORATE TO ADVANCE MHH

The involvement of international agencies like United Nations Development Programme (UNDP), UNFPA, UNICEF, and WaterAid, and donors like the Government of Netherlands, Switzerland, and the United Kingdom highlights a commitment to advancing MHH objectives in Bangladesh. These entities support a range of initiatives from educational programs and capacity-building efforts to advocacy for policy reforms and tax reductions on menstrual products.

Civil society organizations (CSOs) and nongovernmental organizations (NGOs) form a significant part of the MHH landscape, with consortia like the [MHM Platform](#) comprising 70 organizations. ([Appendix 6](#)

contains a mapping of the various CSOs and NGOs working on MHH and their specific, sectoral approaches). Approximately 20 of the organizations participating in the MHM Platform are more actively engaged due to exclusive funds allocated for MHH initiatives. The leadership of the MHM Platform rotates among participating organizations, with WaterAid currently holding the chair. Key achievements of the MHM Platform include providing encouragement and support for the development of the MHM Strategy and for advocating for removal of the value-added tax (VAT) on raw materials for local production of menstrual products (see [Section 4.6](#) for additional details).

There is also a precedent for private sector companies to work with NGOs. For example, RMGs have hired NGOs to provide health and wellness education within workplaces. Unfortunately, there is little documentation of these efforts, including how many RMGs have ongoing health and wellness programs, which NGOs provide these services, etc. Overall, the collective efforts of diverse stakeholders underscore the comprehensive approach required to address MHH challenges in Bangladesh, emphasizing the importance of collaborative partnerships, innovative interventions, and policy advocacy to drive sustainable change and improve menstrual health outcomes for all individuals.

3.4 DYNAMICS

This section analyzes the interactions among the previous three pillars of PEA analysis (Foundational Factors, Rules of the Game, and Here and Now) while also noting emerging issues related to progress, obstacles, and levers for change.

3.4.1 AREAS OF PROGRESS

There is growing advocacy and demand for menstrual products.

There is growing attention to the limited choice and accessibility of menstrual products in Bangladesh, particularly in rural and remote areas. Advocates have emphasized the need for affordable and improved products tailored to the demands of rural girls and women, including modifications in packaging (e.g., smaller, cheaper packs) and targeted distribution strategies to address accessibility issues. Local manufacturers in Bangladesh have developed new and more affordable products for low-income segments such as RMG workers (see [Section 4](#)).

Ongoing investments have addressed MHH issues in workplaces and in fragile contexts.

Many programs have addressed MHH issues among working people who menstruate and in fragile contexts with refugee and displaced persons (see [Section 5](#)). Some of these initiatives have approached MHH through an intersectoral approach, seeking to address both the WASH and SRHR aspects of MHH. Coordinating these nongovernmental initiatives falls under the MHM Platform, which is a key convenor of various stakeholders working on MHH.

3.4.2 OBSTACLES TO PROGRESS

Affordability and accessibility barriers hamper use of safe and hygienic menstrual products

Affordability and last-mile solutions for MHH in Bangladesh remain critical challenges despite recent efforts and policy changes (see [Section 4](#)). The temporary removal of VAT and supplemental duties on imported raw materials used for sanitary napkins, initiated in 2019, was a positive step (Fox 2020). Advocates have highlighted the potential for significant cost reductions if tax exemptions are fully reflected in retail prices, signaling a promising avenue for enhancing affordability in the future.

There is a pressing need for more accessible and affordable menstrual products, especially in refugee camps and rural areas, where awareness about improved menstrual products is low (Calderón-Villarreal

et al. 2022). The decrease in the use of disposable pads during the COVID-19 pandemic illustrated the barriers of affordability and accessibility on MHH practices (Jahan and Moon 2022). Additionally, addressing last-mile challenges, particularly for vulnerable populations, requires more than just awareness-raising efforts, according to key informants.

Coordination and implementation challenges, as well as funding shortfalls, inhibit improvements in MHH.

Several significant challenges impede policy implementation and infrastructure improvements. Lack of private sector engagement (in sectors other than RMG), funding gaps, inadequate sanitation infrastructure, and insufficient consideration of waste management in MHH strategies underscore the need for comprehensive policy actions and partnerships.

Despite policy frameworks and strategies, including the existence of the MHM Platform, coordination gaps between sectors, organizations, and levels of government hinder effective implementation of MHH initiatives. The actual implementation of MHH initiatives often falls on local governments, who may not view it as their primary responsibility (Fox 2020). This disconnect between policy mandate and implementation further highlights the coordination challenges within the MHH landscape.

Inadequate funding for implementation of MHH policies and strategies is a significant concern. Funding gaps deepened post-COVID-19 and after Bangladesh's reclassification as a lower middle income country in 2015, as shared by a key informant. While initiatives exist like the MHM Strategy and Costed Action Plan led by organizations like icddr,b and funded by UNICEF, their plans are ambitious, comprehensive, and rely on funding obligations by various actors that have not yet been secured. This chasm between national-level strategies and local realities, coupled with the absence of accountability mechanisms and performance agreements at various administrative levels, highlight the need for a more holistic and inclusive approach to MHH policy implementation in Bangladesh.

Persisting social norms and lack of awareness continue to stigmatize menstruation.

In 2016, the Shorno Kishoree Network Foundation and the Ministry of Women and Children Affairs of the Government of Bangladesh (GOB) launched *Din Bodole Amra*, the first TV series in Bangladesh to focus on MHH (Warrington et al. 2021). While efforts like this and advertisements by leading brands of menstrual products contribute to normalizing menstruation discussions in households and schools, lingering harmful social norms and taboos surrounding menstruation perpetuate stigma and hinder open dialogue and education. Awareness campaigns have made strides in educating people on menstrual management techniques, a gap remains. Religious norms also play a role in shaping attitudes toward menstruation, exacerbating existing stigma and taboos. These norms include those that conceptualize menstrual blood as unclean and people who are menstruating as impure, thus sanctioning participation in religious and in some cases daily activities while menstruating. Addressing these deep-rooted social norms and enhancing awareness about menstruation as a normal biological function are crucial steps in overcoming obstacles to achieving improved menstrual health and hygiene outcomes in Bangladesh.

3.4.3 LEVERS FOR CHANGE

Existing policy frameworks provide roadmaps to advance MHH.

The development of the National MHM Strategy and Costed Action Plan (in progress) and existence of the National MHM Coordination Committee charged with implementation reflect a commitment to addressing MHH challenges comprehensively through the efforts of multiple stakeholders within and outside the GOB. If backed with sufficient financial investments and accompanied by the necessary collaboration between governmental and nongovernmental stakeholders, the MHM Strategy and the Costed Action Plan are powerful road maps to accelerate progress on MHH in Bangladesh.

The MHM Platform has and will continue to catalyze progress in MHH.

As discussed, the MHM Platform has made tremendous strides in Bangladesh. Most recently, the Platform developed an app to disseminate knowledge about menstruation and the menstrual cycle, which will be instrumental in dispelling misinformation and myths. Comprised of the key players, the Platform not only convenes organizations working on MHH, it also amplifies their efforts. The crosscutting Platform's membership addresses MHH from multiple angles—business, education, SRHR, and WASH.

4.0 MARKET ASSESSMENT

4.1 CONTEXT

According to the National Hygiene Survey of 2018 conducted by the Bangladesh Bureau of Statistics, approximately 30 percent of menstruating women in the country use disposable pads, up from 14 percent in 2014, with higher rates among adolescents (43 percent). The remaining 70 percent of menstruating women use cloth, tissues, cotton, or waste fabrics (Bangladesh Bureau of Statistics 2018). Lack of information and awareness of menstruation and menstrual products, along with gaps in affordability, are key deterrents for use of more hygienic products (Kashem and Tajmim 2022). The disposable menstrual pad market in Bangladesh expanded from 250 million Bangladeshi taka (BDT) (2.1 million United States dollars [USD]) in 2009 to BDT 5 billion (USD 42 million) in 2022. As noted in interviews, industry leaders anticipate the share of women and girls using disposable menstrual pads to increase to 85–90 percent in the next five years. Information about the market size of other menstrual products (e.g., reusable pads, tampons, cups) is not available.

4.2 DISPOSABLE MENSTRUAL PRODUCTS

4.2.1 MARKET SIZE OF DISPOSABLE PADS

The market size of disposable pads is still very low, though there is increasing demand for menstrual products. The domestic menstrual product market has been growing at an annual rate of about 20 percent. Large manufacturers have far higher capacities than they currently utilize for sanitary pads production. For instance, Ad-din Mother Care Limited currently utilizes only 50 percent of its machine capacity to cater to the existing demand. Large manufacturers are wary to expand production until there is sufficient demand, particularly in remote and rural areas, which are viewed as untapped markets.

Among the urban customers, the preference for menstrual pads specifically includes foreign products (such as Whisper and Always). According to informants, Senora (Square Toiletries) dominates the market for belt system pads, and Freedom (ACI) dominates the market for wings system pads. On the other hand, Joya (Social Marketing Company [SMC]) holds the highest market share in terms of belt and wings system pads.

A wide range of local and international brands (e.g., StaySafe, Monalisa, Joya, Senora, Stayfree, Freedom, Whisper, Fly) are available in the market. Available disposable pads can be categorized into two main types: menstrual pads (with and without wings) requiring the user to wear underwear, and belt system pads. Pads with wings are most popular in Bangladesh, especially in urban areas. In rural and low-income settings where the use of underwear is less common, belt system pads are more frequently used.

4.2.2 LARGE MANUFACTURERS OF DISPOSABLE PADS

The menstrual product market in Bangladesh is dominated by several large manufacturers (ACI, Ad-din Mother Care, SMC, Square), though some foreign brands (e.g., Whisper, Always) are also available, principally in urban areas. Smaller, social enterprises produce reusable pads while targeting a niche market segment (low-income communities living in rural and semi-urban areas).

ACI Limited offers high-quality menstrual products under its portfolio, aiming to provide comfort and protection to women across the country. It operates a sanitary napkin and diaper factory in Nilnagar, Konabari, Gazipur, with a daily production capacity of 260,000 units. The facility features advanced European machinery across five active production lines, ensuring modern sanitary napkins and baby diapers are produced according to global standards. ACI Center is the first corporate office in



Bangladesh to install automated vending machines to ensure access to menstrual products. These vending machines have been installed in 25 schools, 19 colleges, 80 universities, and one corporate institution as part of their mission to make menstrual products accessible to women across the nation (ACI Limited 2023).

Ad-din Mother Care Limited and Proctor & Gamble Bangladesh also are important market actors. Ad-din, the healthcare and hygiene division of Akij Group, operates eight hospitals and four medical colleges, providing affordable healthcare to low- and middle-income individuals. Created in 2015, Ad-din Mother Care Limited produces hygiene products for both domestic and international markets. Currently, Ad-din Mother Care Limited offers a brand of disposable menstrual pads called “FLY.” The monthly production value is approximately BDT 4 million (USD 33,678). Their belt system pads generate more revenue than other types of sanitary pads, accounting for about 80 percent of the total production.

Similarly, SMC focuses on promoting health and hygiene through its affordable and accessible menstrual products. Since its inauguration in 2013, SMC’s flagship brand, Joya Sanitary Napkin, has been manufactured at SMC’s state-of-the-art Health and Hygiene Products factory in Bauband, Cumilla. The raw materials for Joya products are imported from the United States (US), Canada, Germany, and Japan. SMC is also the largest producer and distributor of contraceptives products in Bangladesh.

Square Toiletries Ltd. is a significant player known for its extensive range of hygiene products, with its disposable pads catering to various needs and preferences. They are producing disposable pads under the brand names Femina and Senora.

Whisper (Proctor & Gamble), a globally renowned brand, has established a strong presence in Bangladesh and is known for its innovative and high-performance menstrual products. These companies collectively contribute to improving menstrual health and hygiene standards in Bangladesh, addressing the needs of women from various socioeconomic backgrounds and enhancing their overall well-being.

4.2.3 PRICING FOR DISPOSABLE MENSTRUAL PRODUCTS

The cost of a pack of disposable pads varies based on the number and type of pads in each packet and whether the pad is locally produced or imported. The market retail price (MRP) of a locally made, standard pack (eight pads per pack) ranges between BDT 45 (USD 0.38) and BDT 150 (USD 1.26). In comparison, the cost of a standard pack of imported disposable pads is around BDT 185 (USD 1.56). These costs place even the cheapest disposable menstrual pads out of reach of low-income populations in Bangladesh.

Market leaders, such as ACI, Square Toiletries, and SMC, dictate the pricing of disposable menstrual products, and smaller companies adjust their prices accordingly. The menstrual product market is segmented by purchasing power and demographics, with particular products targeted at different types of consumers (see [Appendix 7](#)). For example, SMC created the Joya Shulov product for low-income

consumers. Femina Antibacterial Sanitary Napkin Panty System and Belt System pads are especially designed for RMG workers, and Senora Teen Confidence is targeted at younger populations.

The price of menstrual products is not the only factor that affects consumer preferences. Product placement, distribution networks, and marketing also significantly increase the demand for menstrual products. In some cases, specialized product features drive demand for specific items. For example, Ad-din Mother Care Limited offers unique selling propositions (USPs), features that separate their products from the competition, to compete with market leaders. Their straight-type (i.e., without wings) products are divided into the Comfort and Jasmine lines. The Comfort line competes with Senora as they both offer similar designs and pricing and are fragrance-free. Additionally, their USP provides packs with 6 and 11 pads, whereas Senora offers 5 and 10 pads per pack at the same price points.

The Jasmine line competes with Joya in both design and pricing. Based on user feedback from the Comfort line, shared during a KII, the manufacturer found that 7 out of 10 users preferred scented pads despite potential health concerns (e.g., itching, bacterial vaginosis, yeast infections). Thus, the Jasmine line includes perfume and matches Joya's pack sizes of 5 and 8 pads but at a reduced price to remain competitive. There is only one biodegradable, disposable pad available in Bangladesh, the Senora Bio. Its top sheet is made of 100 percent cotton, the core is made of pulp, and the back sheet is made of potato starch, enabling the product to fully decompose within six months. [Appendix 7](#) contains a full list of disposable pads produced by local manufacturers along with their price points.

4.2.4 DISTRIBUTORS AND RETAILERS OF DISPOSABLE PADS

All large manufacturers have their own distribution channels for menstrual products. All have a central warehouse, and several have divisional or regional warehouses that function as distribution hubs. The manufacturers have designated distributors and sales officers/representatives across the country. Manufacturers like SMC have extensive sales and distribution networks. They have around 400 distributors nationwide and utilize their sales and distribution channel to sell their products. For example, pharmacies and grocery shops serve as major retailers and distributors of MHH products. SMC has products in 140,000 pharmacies and 160,000 grocery stores across the country. They also sell through their Gold Star network, a platform comprising more than 3,232 women entrepreneurs working to promote and offer quality public health products and services at the community level.

Super shops such as Shwapna and Agora sign memoranda of understanding (MOUs) with MHH product manufacturers like Square, ACI, and SMC, enabling them to purchase menstrual products directly from the manufacturers with significant commissions. Customers can purchase pads through various online platforms, including Chaldal, Othoba, Shajgoj, e-Pharma BD. Foodpanda, a popular online platform for food and grocery delivery, offers delivery service of sanitary pads. However, online ordering is an option only for the customer segments living in urban and semi-urban settings. The main challenge of ordering through online platforms includes a BDT 50–150 (USD 0.42–1.26) delivery charge based on the area.

Ad-din Mother Care Limited utilizes its Akij Biri³ sales and distribution network of 6,000 sales representatives to engage the hard-to-reach rural customer segment. They plan to strengthen their mother care (menstrual products) and pharmaceutical product distribution channels to sell their menstrual products in the rural areas of Bangladesh. This would represent a significant shift in product availability in rural areas, considering that rural audiences have been particularly restricted in their access to and use of disposable menstrual products. However, manufacturers believe that a dedicated and separate sales team for menstrual products is essential to expand the market for disposable pads.

³ A low-cost cigarette brand mostly consumed by the low-income communities of Bangladesh.

4.3 REUSABLE MENSTRUAL PRODUCTS

In contrast to urban contexts, the need for reusable pads is significant among women and girls living in rural and low-income settings where disposable pads are unaffordable and the use of commercial menstrual products is very limited. Social enterprises and innovators such as Ella Pad, Shaathi Bangladesh Limited, and Safepad Bangladesh are trying to bridge this gap. The need for affordable, reusable pads in low-income communities has encouraged these social enterprises to produce reusable pads using locally sourced raw materials. Table I lists the social enterprises and their reusable products.

TABLE I. SOCIAL ENTERPRISES AND REUSABLE MENSTRUAL PRODUCTS		
ENTERPRISE	PRODUCT	PRICE
Ella Pad	Ella Pad (wings system)	BDT 200 (USD 1.69): 8–10 pads/pack
Shaathi Bangladesh Limited.	Jaba (wings system, 279.44 millimeters [mm])	BDT 200 (USD 1.69): 3 pads/pack (2 Jaba, 1 Shiuli), sold in combo
	Shiuli (wings system, 236.22 mm)	
	Shapla (belt system, 304.8 × 76.2 mm)	BDT 200 (USD 1.69): 3 pads/pack
Safepad Bangladesh	Safepad (wings system)	BDT 190 (USD 1.60): Economy pack (1 heavy flow, 1 normal flow) BDT 360 (USD 3.03): Regular pack (1 heavy flow, 3 normal flow)

Shaathi Bangladesh Ltd. and Safepad Bangladesh have designated factories to produce reusable pads. Ella Pad partners with garment factories and uses the D-Lab co-creation model developed at the Massachusetts Institute of Technology to create pads (Rahman 2024). Women garment workers in partner garment factories produce pads tailored to their needs and priorities. Similarly, Shaathi Bangladesh Limited uses a model that meets the needs of users: Shaathi pads are produced from printed cloths, which look similar to other clothes drying on clotheslines and do not attract attention.

Reusable pads are mostly produced and distributed as a part of any project or program addressing the needs of vulnerable populations, with the financial and technical support of development partners and private sector entities. These products are not widely available nor are they popular among most consumer groups. However, there are some social enterprises aiming to widely market reusable menstrual products in Bangladesh in the future.

For instance, Shaathi Bangladesh Limited, in collaboration with Bangladesh Nutrition Activity (BNA), carried out an eight-month campaign, including door-to-door campaigns, courtyard meetings, awareness-raising events, and other behavior change communication campaigns, in Dumuria, Khulna (ShareNet 2021). The campaign recruited and assigned twenty female retailers from Dumuria to distribute and sell their sanitary pads. A key challenge in working with development projects is constrained project timelines. For example, the collaboration between Shaathi and BNA was limited to eight months, which was insufficient to execute all the activities.

In addition to working with development partners, these three enterprises also collaborate with private sector entities to promote their menstrual products. They target the female population in educational institutions, RMGs, and low-income settings. In March 2022, Shaathi Bangladesh Limited initiated a the Give Women the Gift of Independence project, sponsored by First Security Islami Bank Limited (The Business Standard 2022). This project aims to empower underprivileged women and girls in the Korail slum by establishing a sewing center where they receive free training on making reusable sanitary napkins. Through another initiative, Shaathi partnered with private sector entities (e.g., Berger Paints

Bangladesh Limited and Star Ceramics) and installed pad banks in around 50 schools and madrasas under the "Safe Haven" program (Share-Net 2023).

Safepad Bangladesh has paved a way forward by partnering with Daraz.com, an e-commerce site, allowing anyone across the country to order Safepad through the site. However, limited promotional and marketing efforts restricted the expansion of Safepad.

For these three social enterprises, carrying out promotional and marketing campaigns is challenging as they require large sums of money. They do not have funding or the capacity to undertake widespread and effective promotional and marketing efforts. The social enterprises face a further challenge with rising production costs and an inability to raise prices without stifling the low demand for reusable pads.

4.4 DEMAND CREATION FOR MENSTRUAL PRODUCTS

Much of the urban customer segment in Bangladesh already uses commercial menstrual products, according to key informants. They often make specific brand choices and maintain strict brand loyalty. The urban elite are mostly interested in foreign-brand or imported sanitary napkins (i.e., Whisper, Always). As a result, most small manufacturers are unable to market their menstrual products to the urban customer segment in a manner that would generate enough profit to recover the money they have invested in branding. On the other hand, because a large portion of the hard-to-reach or remote areas are still untapped, the rural market has more potential than the urban market, making it more effective and profitable for small manufacturers to target the rural customer segment.

The manufacturers identified regular marketing and promotional campaigns as an important strategy to sustain the existing demand. According to key informants, constant above-the-line (ATL) and below-the-line (BTL) marketing activities⁴ are crucial for the holistic promotion of sanitary pads in a price-sensitive market like Bangladesh. ATL activities, such as television and radio advertisements, billboards, and print media, play a significant role in creating widespread brand awareness and reaching large audiences while establishing a strong market presence and educating consumers about the benefits and unique features of the products. BTL marketing activities, including in-store promotions, direct mail campaigns, and social media engagement, allow for more targeted and personalized interactions with consumers. These strategies are essential for building brand loyalty, encouraging consumer trials, and receiving direct feedback. For instance, Joya's strong presence in the MHH market can be attributed to strategic ATL and BTL marketing activities, which engaged schools and the RMG sector to raise awareness about sanitary napkins. Throughout the year, the brand conducted promotional activities in 405 schools and 40 RMG factories, educating 150,926 students and around 70,000 workers on the importance of using safe and hygienic menstrual products and the risks of using cloth. According to informants, a door-to-door marketing campaign is also effective in targeting specific consumer groups. However, marketing and promotional activities have become increasingly costly with the proliferation of new forms of media and expansion of existing types. Manufacturers now have to tailor promotional materials to many more types of media and advertise on many more TV channels.

4.5 KEY MARKET BARRIERS

Taka devaluation and increases in freight and cost of major raw materials

The devaluation of the taka, higher freight costs, and the increasing prices of key raw materials like wood pulp, cotton fibers, silicone release papers, and super-absorbent polymers (SAP) for sanitary pads,

⁴ ATL marketing uses broad campaigns aimed at raising brand awareness and reaching a larger audience. BTL marketing involves smaller, highly targeted advertisements directed at individuals, with easily trackable returns on investment and a specific audience in mind.

together with exchange rate fluctuations, have resulted in a decrease in annual production of menstrual pads and higher production costs.

Reliance on imported raw materials

Manufacturers of both disposable and reusable menstrual products in Bangladesh face significant cost challenges due to their reliance on imported raw materials and related expenses such as shipping, customs duties, and taxes. These added expenses make menstrual products less affordable for consumers, particularly in a price-sensitive market. However, most manufacturers cannot increase product prices without risking a drop in sales, given that menstrual products are niche products.

Quality control is also a concern for manufacturers sourcing raw materials from overseas. Ensuring the quality and safety of imported materials is challenging, especially when dealing with suppliers from countries with varying regulations and standards. Additionally, dependence on imported raw materials limits manufacturers' flexibility and innovation capabilities.

Another challenge is the inconsistency in the supply chain, which may lead to production delays, inventory shortages, and decreased product availability. Reliance on imports has made manufacturers vulnerable to disruptions, including shipment delays, exchange rate fluctuations, and import regulation changes. COVID-19 and the Ukraine war further exacerbated the disruptions in the global supply chain.

Disposable pads

Among large manufacturers, there is a robust production infrastructure, but they rely heavily on imported raw materials from the US, Singapore, and China. The main ingredients required for producing sanitary pads include absorbent core materials such as wood pulp or cotton fibers, SAP, perforated polyethylene film, adhesive materials, and packaging materials.

Historically, the GOB imposed a flat 25 percent import duty on raw materials used to produce menstrual products, a 3 percent regulatory duty to the import of silicone release paper, and a 10 percent supplementary duty and 3 percent regulatory to the import of adhesive materials. In 2019, in response to advocacy from the MHM Platform, the Finance Minister proposed exemptions from VAT and supplementary duty on raw materials for sanitary pads and diapers. The National Board of Revenue approved by the exemptions effective until 2021 and then extended until 2024 (Dhaka Tribune 2023; Dhaka Tribune 2019; Fox 2020). To be eligible for these exemptions, the local manufacturer is required to invest BDT 750 million (USD 6.3 million), have their own testing laboratory, set up machinery, obtain environmental clearance from the Department of the Environment, create 250 new jobs within the factory, and demonstrate 30 percent added value (Dhaka Tribune 2019; National Board of Revenue 2019). Although, these exemptions have been extended for the next fiscal year (2024–2025) (Zahan 2024), the price of disposable pads continues to be high. In their advocacy materials, WaterAid Bangladesh stated that the price of disposable pads could be reduced by 40 percent if this exemption is factored into retail prices (WaterAid Bangladesh 2019). However, in reality, the price of pads has not changed, which was framed as an achievement when considering the escalating prices of most other goods, according to a key informant.

Reusable pads

Ella Pad, Shaathi Bangladesh Ltd., and Safepad Bangladesh purchase raw materials (fabrics) from the local market. However, the higher quality microfiber cloth used by Shaathi and Safepad and the absorbents and flannel used as components of reusable pads must be imported. Ella Pad forms partnerships with RMG factories to outsource the waste fabrics (*Jhut*) from the factory. It has connections with local *Jhut* suppliers and business alliances with *Jhut* associations who mainly supply raw materials for their products. Partnerships like these help reduce the production cost of products, but most enterprises are unable to establish these relationships with RMG factories due to the large syndicate of *Jhut* collectors.

Commercialization of reusable pads

Limited infrastructural and financial capacity of social enterprises present a significant hurdle in commercializing reusable pads in Bangladesh. Most of these enterprises depend on development projects and private sector collaborations. They lack the funding, strategic expertise, and capacity to establish themselves as a profit-making business entity.

5.0 EVIDENCE REVIEW

As the third line of inquiry, WASHPaLS #2 conducted a synthesis of the programmatic evidence from Bangladesh. The search found ample evidence of programming focusing on MHH interventions in Bangladesh (D4I et al. 2022) but with limited information on certain groups like gender diverse individuals, older menstruating individuals, and out-of-school adolescents. Our review identified some interventions focusing on out-of-school adolescents, largely through community-based approaches, working women, and people living in fragile contexts. We learned about some of these interventions during KIs and could not find any documents or reports to gather further information (e.g., workplace wellness programs in RMGs). Of the interventions for which there were available resources, few were evaluated, making it challenging to compare effectiveness and identify best practices. The sections below describe the findings specific to each of our target populations.

5.1 OUT-OF-SCHOOL ADOLESCENTS

Many of the programs and interventions focusing on adolescents worked with adolescent girls in schools. To capture interventions that included out-of-school adolescents, the scope of the search expanded to look at community-based MHH interventions that included adolescents (see Table 2).

INTERVENTION	ASPECT OF MHH ADDRESSED	OUTCOME
World Vision built 48 toilets, 89 water lines, 36 water reserves, and 29 bathing stalls for 500 residents of slums in Dhaka, and provided menstrual hygiene kits, reaching adolescents, including out-of-school adolescents, through the community-based efforts. (World Vision 2021)	Infrastructure, products	No formal evaluation
World Vision's Youth Empowerment Project created clubs for out-of-school youth. MHH information was shared as part of the SRHR curriculum used in the clubs. Participating community health care providers at local clinics helped adolescents manage their menstruation. (World Vision 2023)	Knowledge, social norm change	No formal evaluation
UNFPA's MHH Voucher Assistance program used cash and voucher assistance in slums of Dhaka to promote MHH social behavior change and provide access to menstrual pads (UNFPA Bangladesh 2023b). Women and girls received unconditional vouchers for menstrual products and training on safe MHH. In 2022, the project served 3,300 women aged 15–49 and adolescent girls. 55,000 packs of menstrual pads were obtained monthly for 12 consecutive months (UNFPA Bangladesh 2023).	Products	No formal evaluation
Wreetu produced and distributed more than 17,000 comic books with MHH content and provided over 25,000 reusable period products. Furthermore, they revamped 23 toilets in slums, with renovations for 8 additional toilets and 10 shower spaces specifically designed for menstrual dignity (Fariha 2017). They have reached over 100,000 community members (Anan Rahman 2020). Wreetu is finalizing an m-health MHH app, targeting remote regions (Queen's Commonwealth Trust 2024).	Knowledge, infrastructure	No formal evaluation
Implemented by Simavi, RedOrange, and TNO, in collaboration with Bangladesh Nari Progati Sangha (BNPS) and Development Organisation of the Rural Poor, the Ritu Project aimed to improve the menstrual health of women	Knowledge, products	The evaluation demonstrated: Increased knowledge and positive changes in attitudes and practices regarding

TABLE 2. PROGRAMS/INTERVENTIONS FOCUSING ON OUT-OF-SCHOOL ADOLESCENTS

INTERVENTION	ASPECT OF MHH ADDRESSED	OUTCOME
and girls in Bangladesh through a randomized controlled trial (Alberda 2020). Activities included constructing gender-sensitive restroom facilities, providing biodegradable pads, disseminating MHH education within educational institutions, and building the capacity of NGOs, CSOs, and government stakeholders to address MHH, with plans for eventual government handover of materials and platforms. The treatment group included 855 households.		menstrual health among girls, boys, men, and women. • Greater access to female-friendly toilets and affordable sanitary napkins. • Increased commitment toward menstrual health from both the government and civil society in Bangladesh, measured as the number of NGOs and CSOs that participated in MHH trainings and have increased knowledge; number of MHM Platform members who advocated for MHH with representatives of the government; inclusion of menstrual health in the secondary school curriculum, etc. (Alberda 2020)

Key findings:

- Five programs/interventions included adolescents, largely through community-based efforts. There were no programs/interventions explicitly targeting out-of-school adolescents.
- The programs/interventions focused on infrastructure, menstrual products delivery, and knowledge and social norm change relating to menstruation.
- Only one of the programs was formally evaluated (Ritu Project), leading to scant evidence about the impacts of these types of interventions on out-of-school adolescents. The Ritu Project was a landmark program, highlighting the need to address MHH and giving rise to coalitions to address MHH (e.g., MHM Platform). The Ritu project was the first time that MHH had been approached through a combined WASH and SRHR approach in Bangladesh.
- International organizations implemented three of the programs/interventions, one by a collaboration of local and international organizations and one by a local organization.
- Wreetu, a social enterprise funded by Queen's Commonwealth Trust, adopted a multi-faceted approach. They educate community members about menstruation through seminars, comics, and an upcoming mobile health app, aiming to combat gender inequality and uplift women's health and empowerment. Their efforts include creating comic books on puberty and menstruation, distributing reusable period products, and renovating toilets in slums for menstrual dignity.

5.2 WORKING WOMEN

Interventions focusing on MHH in the workplace primarily took place in RMG factories, a dominant sector in Bangladesh that primarily employs women (see Table 3).

TABLE 3. PROGRAMS/INTERVENTIONS FOCUSING ON WORKING WOMEN

INTERVENTION	ASPECT OF MHH ADDRESSED	OUTCOMES
As an organization, Phulki tackles the issue of affordable childcare access in urban areas of Bangladesh. It helps garment factories and corporations set up on-site daycare centers and establishes daycare facilities in low- and middle-income communities. Phulki provides training for domestic workers to improve their skills and holds sessions for women and domestic workers, educating them about their rights. These sessions cover topics such as MHH, access to menstrual products, childcare, vocational training, and both workplace and community-based childcare solutions. (Intelicap, Busara Center for Behavioral Economics, Kore Global 2024).	Knowledge, products	No formal evaluation
Business for Social Responsibility's Health Enables Return (HER) model had peer health educators disseminate health information, including information about the menstrual cycle and menstrual hygiene, in factories during working hours. (Chace Dwyer et al. 2021)	Knowledge, products	The evaluation (drawn from a larger quasi-experimental, mixed-methods evaluation) showed that average changes in menstrual health knowledge and behavior were statistically different between the HER factories and comparison factories. The evaluation found: • Increased knowledge of SRHR and menstrual hygiene, particularly around risks of pregnancy during menstruation, transmission of sexually transmitted infections, and knowledge of menstrual hygiene products. • Increased use of safe, hygienic and absorbent products (e.g., tampons and/or sanitary pads). • Improved menstrual health behavior when free menstrual products (sanitary pads) were available in factory clinics. (Chace Dwyer et al. 2021)
A randomized control trial in RMGs studied the effects of improved MHM on health and labor outcomes. The treatment arms included one-hour information sessions on menstrual health and one providing monthly rations of free, disposable pads for one year. A third arm included both (Czura et al. 2023)	Knowledge, products	Evaluation showed: • Increased use of disposable pads. • Intervention was cost-effective, in that the health and labor-related returns exceeded programmatic costs.
Ella Pad is a social enterprise that trained 12 women entrepreneurs to produce pads and improve their sales and business skills (Cordaid 2022). Cordaid, funded by the European Union, implemented an intervention in partnership with Ella Pad during which participating women produced on average 500 pads a month each and earned an extra BDT 11,000 (approximately USD 100) per month. 10 percent of pads were put into school menstrual product banks, another 10 percent were sold directly by entrepreneurs. The	Knowledge, products	No formal evaluation

TABLE 3. PROGRAMS/INTERVENTIONS FOCUSING ON WORKING WOMEN

INTERVENTION	ASPECT OF MHH ADDRESSED	OUTCOMES
rest are sold within rural or displaced communities via sales agents (Cordaid 2022).		
Funded in part by USAID and implemented in coordination with four NGOs, SMC's Gold Star Member program works with women entrepreneurs in 40 districts. Women entrepreneurs (i.e., Gold Star Members) are selected through a competitive process and receive business training and mentorship. Gold Star Members earn money through selling essential public health products, including menstrual products, and also provide basic education on topics such as family planning, newborn care, hygiene, etc. (SMC 2022; SMC n.d.)	Knowledge, products	Internal evaluation showed increasing sales by Gold Star Members and benefits to themselves (greater decision-making power and social connectedness and influence) (SMC n.d.). MHH-related outcomes were reported only for school-going adolescent girls—a large proportion of adolescents bought the napkins from the Gold Star Members (34 percent). There was also greater awareness of SMC's menstrual products among school-age adolescent girls (SMC 2022).
Funded by Lindex, a WaterAid and Sajida Foundation collaboration (2021) installed 20 WASH blocks and sanitation structures in communities where RMG workers lived in Dhaka to provide facilities for changing and laundering menstrual products and for bathing (Lindex 2021; WaterAid 2021).	Infrastructure	No formal evaluation
Funded by the H&M Foundation, Oporajita (2022–2024) is a project aimed at improving the working environment of women in the RMG industry in Bangladesh. It provides access to hygiene and health services and gender-sensitive digital financial literacy. Partners include CARE Bangladesh, Center for Communication Action Bangladesh (C-Cab), Circular Apparel Innovation Factory (CAIF), FSG Inc, International Development Enterprises (iDE), LightCastle Partners, Save the Children Bangladesh, Shimmy Technologies, Sweden, Swisscontact, The Asia Foundation, United Nations Capital Development Fund (UNCDF), WaterAid Bangladesh (HM Foundation 2024).	Knowledge	No formal evaluation
UNICEF piloted the Better Business for Children program in 2016 to assist employees in footwear and garment factories in comprehending the effects of WASH programming on children and implementing measures to enhance family-friendly business practices (Center for Child Rights and Business 2021). The program has provided support to over 40,000 workers in various areas including childcare, maternal protection, WASH, promoting awareness about wages and benefits, improving women's health, including MHH, and nutrition, facilitating access to health and education services, enhancing workers' living conditions, preventing child labor, and more.	Knowledge	No formal evaluation

Key findings:

- Six of the nine programs/interventions focused on factory workers, particularly in RMG factories.

- Most of the programs/interventions focused on improving knowledge relating to MHH coupled with menstrual product distribution and economic empowerment. The HER model highlighted the importance of combining information dissemination with improved access to menstrual products, a finding corroborated by a randomized controlled trial showing that the free provision of pads and information sessions on hygienic use of menstrual products increased pad use among women in factories. Ella Pad contributed to menstrual product uptake but also provided economic opportunities for women.
- International organizations in partnership with local organizations implemented all but one of the programs/interventions.

5.3 GENDER-DIVERSE PEOPLE WHO MENSTRUATE

As noted in [Section 3.1.7](#), we were unable to find information on gender diverse people who menstruate including transgender men and non-binary and genderqueer individuals or to identify any interventions that included or targeted this group.

5.4 FRAGILE SETTINGS

Bangladesh is prone to almost annual flooding from monsoon rains and many of the low-lying plains are at risk of increased flooding from climate change. Large numbers of Rohingya refugees live in camps in Cox's Bazar not far from the Burmese border. The interventions highlighted in Table 4 underscore the importance of multifaceted approaches to addressing menstrual health and hygiene challenges in fragile settings.

INTERVENTION	ASPECT OF MHH ADDRESSED	OUTCOMES
Implemented by Oxfam and Brac University, the Women's Social Architecture Project (2018–2019) in Cox's Bazar was a research project that focused on the barriers for women and girls using WASH facilities in the camps. Oxfam brought two female architects to work with Rohingya refugees to adapt and design facilities to better meet their needs (Schmitt et al. 2021). The team conducted validation meetings with women, men, and children in different camps in Cox's Bazar.	Disposal	No formal evaluation
Implemented by Acted's Crisis and Support Center and Helvetas Swiss Intercooperation, a pilot project supported the self-reliance of 220 women living in camps in Cox's Bazar by making reusable sanitary pads (Acted 2022).	Knowledge, products	No formal evaluation
Implemented by UNFPA and funded by Korea International Cooperation Agency (KOICA), the Improving Menstrual Health Management of Adolescent Girls and Women in Cox's Bazar (2021–2024) project provided life skills education, menstrual hygiene kits, and other menstrual hygiene sensitization materials. The project trained women and girls to produce reusable menstrual pads while providing men and boys knowledge on gender equality and menstrual health (UNFPA 2023). Throughout this project, over 6,000 adolescent boys and girls benefited from 20 hours of life skills education, including a menstrual health module. The project distributed 700 menstrual health kits and reached an estimated 17,000 people through 8 menstrual health-friendly youth centers and 10 schools in host communities (UNFPA 2023).	Knowledge, products	No formal evaluation

TABLE 4. PROGRAMS/INTERVENTIONS FOCUSING ON PEOPLE LIVING IN FRAGILE SETTINGS

INTERVENTION	ASPECT OF MHH ADDRESSED	OUTCOMES
Implemented by Danish Refugee Council and funded by European Civil Protection and Humanitarian Aid Operations, an adolescent girls' group in Cox's Bazar received both materials and training on how to sew and safely use reusable sanitary pads (Hasan, 2022). More than 3,000 pads were produced.	Knowledge, products	No formal evaluation
International Organization for Migration (IOM) funded by the Central Emergency Response Fund (CERF) distributed ~7000 emergency hygiene kits in Cox's Bazar, including soap, toothbrushes, water containers, menstrual products, underwear, antiseptic liquid, and personal items (IOM 2017).	Products	No formal evaluation
Prottiyashi and UNFPA implemented and KOICA funded another component of the Improving Menstrual Health Management of Adolescent Girls and Women in Cox's Bazar (2021–2024). The intervention aimed to provide boys aged 10–19 skills and values to improve the menstrual health of adolescent girls and women. The Champions of Change program contributed to the prevention of and response to violence against adolescent girls in refugee camps (ReliefWeb, 2022). 1,440 adolescent boys received training on MHH-focused curriculum, and 720 male caregivers received training on MHH-focused Male Caregivers curriculum. The project also supported 24 adolescent peer leaders who serve as changemakers in their communities.	Knowledge, social norms	No formal evaluation
Funded by UNDP and the Citi Foundation, SafePad Bangladesh employed Rohingya refugee women to make reusable pads (Naher 2022). The factory produces 3,000 pads weekly.	Knowledge, products	No formal evaluation
Funded by CERF, UNFPA distributed 4,500 menstrual health kits to adolescent girls living in displaced communities from flooding (UNFPA 2020).	Knowledge, products	No formal evaluation
A study evaluated the effectiveness of the utilization of health communication interventions of international and local NGOs on the SRHR status of Rohingya women (Zakaria et al. 2022). Interventions included consultations with a medical professional about SRHR or menstrual health, door-to-door visits by health workers, posters and billboards, and NGO messaging.	Knowledge, products	A quasi-experimental evaluation found that the health communication interventions positively influenced changes in women's SRHR including menstrual health and hygiene (Zakaria et al. 2022). There were no MHH-focused outcomes.

Key findings:

- Most of the programs/interventions focused on knowledge and products with several initiatives using pad manufacturing as an economic activity. Only one of the programs/interventions focused on disposal (Women's Social Architecture Project), and only one was evaluated but lacked MHH-related outcomes. Programs working on MHH in fragile settings need to expand their scopes beyond products to include more comprehensive solutions that address social norms and context-specific approaches that address the multiple vulnerabilities experienced by those who live in challenging environments.
- Several programs/interventions worked with Rohingya populations. Initiatives like the Women's Social Architecture Project not only improved menstrual hygiene but also empowered women by involving them in the design process. Acted's pilot project created income opportunities through innovative solutions like reusable sanitary pads.

- International organizations implemented and funded most of the programs/interventions.
- To date, there have been no programs in areas with saltwater intrusion, which was revealed to be an area of need based on the PEA.

6.0 RECOMMENDATIONS AND SYNTHESIZED FINDINGS

The findings of this landscape assessment support the following recommendations. The recommendations presented here are a subset of the recommendations developed by WASHPaLS #2, which USAID/Bangladesh validated and prioritized ([Appendix 8](#) has the full set of recommendations). Categorized into three buckets, these recommendations are listed below in order of priority:

TABLE 5. RECOMMENDATIONS AND SYNTHESIZED FINDINGS	
RECOMMENDATION	SYNTHESIZED FINDINGS ACROSS THE THREE LINES OF INQUIRY
Short-term (1–3 years)	
1. Support local production of menstrual products through business expansion and demand creation activities.	Bangladesh has a robust manufacturing sector that extends to production of menstrual products. Local businesses such as SMC produce some of the most widely used disposable pads. Locally made menstrual products are more affordable than imported ones. However, they are still out of the reach of many consumers. The lack of investors together with limited marketing and promotional efforts have restricted the scope of sustainable business expansion, contributing to reusable pad market constraints. Proper financial and business incubation and acceleration support are essential for establishing a flourishing reusable pad market. USAID and other partners can facilitate partnerships between manufacturers including social enterprises and development agencies to promote local production and scale up business. USAID and other partners could incentivize manufacturers to conduct ongoing activation programs and marketing campaigns, utilizing strategies such as household-level door-to-door outreach and establishing a strong digital footprint with influencer engagements. Through supporting marketing efforts, partner efforts could increase demand for locally produced menstrual products, including both disposable (biodegradable and conventional) and reusable products.
2. Promote safe and affordable alternatives to disposable menstrual pads.	There are several social enterprises in Bangladesh that produce menstrual products, largely reusable and disposable pads (e.g., Wreetu, Ella Pad, Saathi). They operate at a smaller scale, largely distribute products through development partners, and have not yet been able to fully market their products. USAID and other partner support could enable these enterprises to be more financially viable and to help them in selling reusable products at an affordable price point while also providing a more environmentally conscious alternative.
3. Develop alternate distribution channels.	Challenges exist in accessing menstrual products in both urban and rural areas. In both settings, there is pronounced discomfort in buying menstrual products from male pharmacists. People who menstruate, including adolescents and people living with disabilities, experience mobility issues. Adolescents often need permission to leave their homes, which is challenging, especially for married adolescents who need to ask their spouses or in-laws. In rural areas, a variety of menstrual products are not available due to supply chain issues. Creating women entrepreneurs at the community level has shown promise as an alternative distribution channel for menstrual products. Door-to-door delivery, online ordering, and other modalities of distribution are ways to increase accessibility.
4. Encourage greater USAID and partner participation in the	Over its seven-year history (2017–present), the MHM Platform has coordinated MHH efforts across four sectors (WASH, SRHR, education,

TABLE 5. RECOMMENDATIONS AND SYNTHESIZED FINDINGS

RECOMMENDATION	SYNTHESIZED FINDINGS ACROSS THE THREE LINES OF INQUIRY
national MHM Platform.	business). It is composed of expert implementers and has the potential to advance MHH by sharing and building on best practices and innovative strategies and on elevating the importance of MHH. USAID and other partner participation in the MHM Platform would be a way for partners to meaningfully contribute to MHH efforts in Bangladesh.
5. Integrate MHH into existing programs working with out-of-school adolescents.	To date, MHH programs have only reached out-of-school adolescents through community-based approaches and have neglected gender diverse people who menstruate entirely. Out-of-school adolescents may be included in a targeted manner through programs already working with these populations (e.g., family planning, reproductive health, and/or maternal and child health programs working to delay age of first childbearing, improve spacing, and improve maternal and child health outcomes; programs working with child and domestic laborers; child, early, and forced marriage programs).
Medium-term (3–5 years)	
6. Support local capacity to deliver workplace MHH programs.	Several RMGs have provided menstrual products and MHH education, engaging NGOs to deliver these programs. Accordingly, NGOs already have the capacity and curricula for workplace wellness (including MHH) programs. These kinds of programs can be scaled in more RMGs and in other types of workplaces (e.g., leather factories, which have a dire need for health, safety, and wellness programs, including MHH).
7. Promote the integration of MHH within activities run by organizations that already work with transgender populations.	Due to the challenges in establishing trust and engaging gender-diverse people who menstruate and the little that is known about MHH among these populations, the best approaches would involve leveraging the entry points held by organizations already working with these populations.
Long-term (Beyond 5 years)	
8. Support infrastructure improvements such as building MHH-friendly toilets in public areas and in slums and developing menstrual waste disposal systems.	There are no toilets suitable for managing menstruation in public spaces. If facilities exist, they are not clean, lack running water, do not afford privacy, and are not suitable for changing menstrual products. These challenges are exacerbated in urban slums where many people share a single toilet, which often lacks a roof and affords no privacy. Slums also often lack of running water. If toilets are unsuitable, no other spaces exist to take care of menstrual needs since whole families live in tight, shared spaces. These shortcomings create challenges for people who work in the informal sector or spend much time transiting to their place of employment. Sufficient, functional, safe, private, hygienic latrines are necessary to improve MHH among people working in the informal sector, those spending significant time in transit, and people living in slums.
9. Institutionalize MHH in labor laws and buyer requirements.	National and international standards and regulations already exist to improve and ensure OSH with several obvious entry points/opportunities relating to MHH (e.g., breaks during working hours, WASH facilities). These include the requirement for facilities to have compliance committees, grievance committees, and safety committees. Integrating MHH into labor laws and buyer requirements are low hanging fruit and ensure accountability within workplaces where OSH audits regularly occur. This seems more straightforward for Tier I RMGs, which have already demonstrated commitments to OSH and to MHH but might need further accountability to do so. It would also ensure that all employers are required to make their workplaces more MHH friendly. Integrating MHH

TABLE 5. RECOMMENDATIONS AND SYNTHESIZED FINDINGS	
RECOMMENDATION	SYNTHESIZED FINDINGS ACROSS THE THREE LINES OF INQUIRY
	into OSH regulations and requirements would facilitate increased accountability for MHH.
10. Advocate for the reduction of import duties on raw materials used for menstrual products.	Nearly all the raw materials required for producing menstrual products are imported from the US, Singapore, and China. The government has levied a flat 25 percent import duty on these items and additional taxes on certain raw materials. Reduction of import duties would ease financial constraints for manufacturers and increase affordability of products for consumers.

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APPENDIX I. KEY INFORMANT INTERVIEW GUIDE

The below questions are intended to guide the assessment team in their interviews with stakeholders. The team will tailor the questions for each participant, ensuring a targeted and time efficient interview.

Introduction and Verbal Consent

READ STATEMENT BELOW TO INFORMANTS

Thank you so much for taking the time to speak with us. Iris Group is conducting a political economy analysis (PEA) on the context surrounding menstrual health and hygiene (MHH) as part of the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity funded by United States Agency for International Development (USAID). The discussion will last approximately 60 minutes, during which we will ask you to share your perspectives on the political and economic dynamics that shape the current situation for MHH, specifically those affecting out-of-school adolescents, working women, other people who menstruate, as well as people who live in fragile circumstances.

We will not ask about your personal experience in this discussion, so please do not share this personal information. Please be as open and honest as possible since your feedback will assist us in understanding the state of MHH in Bangladesh and informing future investments by USAID and other donors in MHH.

We do not expect there to be any risks for your participation in this discussion. The information that you share today will not be attributed to you in any way.

It will not cost you anything to participate in this discussion. There will be no benefits to you if you participate, though your responses may lead to improved conditions for people who menstruate.

You can end the discussion at any time, and your participation is voluntary.

Introduction

- 1. Please share your interest and/or professional experience working in MHH and in what capacity/role.*
- 2. Briefly, what do you think are the most important factors that influence MHH in Bangladesh?*

Foundational Factors

- 1. How do younger and older people who menstruate receive information about menstruation (outside of school, within/outside the workplace)? [Note: Our analysis is interested in looking at adolescents, principally those who are out of school, as well as working people who menstruate, those who don't identify as women and girls but also menstruate, and those who live in fragile contexts.]*
- 2. What challenges do out-of-school girls, working women (younger, even adolescents who are working, vs. older), other people who menstruate, and people who live in fragile contexts experience in managing their periods?*
 - For **working women** – What about in the formal vs. informal workplace, markets, agricultural settings, etc. [ASK ABOUT EACH TYPE OF WORKPLACE/SETTING SEPARATELY]*
- 3. How might MHH in the workplace affect women's labor force participation?*
 - Probe: Entering the workforce, choice of employment, tenure, earnings, absenteeism, advancement, job satisfaction, etc.*

4. *Based on your knowledge, is there any work (research or programming) on gender diverse people who menstruate (i.e., not only those who identify as women and girls)? Please explain.*
5. *What are key MHH needs and gaps in the humanitarian response for people in fragile settings?*

Rules of the Game

1. *Are you aware of any national or local policies related to MHH? What do you know of the policy landscape related to MHH in workplace settings? Please share any resources and/or government entities working in these areas.*

[Note: The Local Government Division (Ministry of Local Government, Rural Development and Co-operatives) with the assistance of Practical Action and UNICEF has developed the **National Menstrual Hygiene Management 2021**. Please investigate about this national strategy while conducting interviews with the working committee members.)

2. *What is the current regulatory and tax environment for menstrual products? How does this environment affect access to these products by our target populations?*
3. *What are the unspoken “rules” or “norms” about menstruation in Bangladesh that you can share with us?*
 - *How do these norms manifest in workplace settings?*
 - *How about among out-of-school adolescents?*
 - *How do these norms affect gender diverse people who menstruate?*
4. *Do these norms have any impact on the productivity of women who menstruate while at work?*
 - Probe for the following:
 - How does menstruating affect women’s confidence while at work?
 - How openly can women at work discuss their periods with one another/men/supervisors?
 - Does menstruation have any impact on male/female relations in the workplace setting?
 - Does menstruation have any impact on women’s safety or susceptibility to harassment while at work?

Here and Now

1. *Who are the key stakeholders working on MHH in Bangladesh?*
 - Probe: Those working with out-of-school girls, adult working women, other people who menstruate, in fragile contexts, etc.
2. *From what lenses/perspectives do these stakeholders work in or advocate for MHH?*
 - Probe: Education? Women’s Economic Empowerment? Health? Water, sanitation, and hygiene (WASH)? Humanitarian assistance?
3. *Explain the supply chain of menstrual products in this setting, including types of menstrual products that are available on the market currently.*
 - *How does availability vary geographically (e.g., urban/rural, islands)?*

4. *How accessible (including physical access and cost) are menstrual products?*
 - Probe: For out-of-school girls? Within workplaces? For other people who menstruate? For people who menstruate in fragile contexts?
5. *What is the role of media in disseminating information regarding MHH and raising awareness?*
6. *How have climate change, political instability, and other shocks affected MHH in these contexts, specifically among out-of-school adolescents, working women, other people who menstruate, and those in fragile contexts?*

Dynamics

1. *What political or economic trends (e.g., policy, market, taxation) among what we've discussed thus far seem to support MHH for out-of-school girls, working women, other people who menstruate, and those in fragile contexts in Bangladesh?*
 - What trends work against MHH?
2. *What are the most important factors for improving MHH for these groups of individuals in Bangladesh?*
 - What have been the effects of MHH programs and interventions, specifically on out-of-school adolescents, working women, other people who menstruate, and those in fragile contexts?
 - Probe: Generally positive or negative? Why?
3. *How has the demand for menstrual products (disposables, reusable) changed over time?*
 - What about for out-of-school adolescents, working women, other people who menstruate, and those in fragile contexts, specifically?
4. *Do you have any specific recommendations about how to further invest in and improve MHH for out-of-school girls, working women, other people who menstruate, and those in fragile contexts in Bangladesh?*

APPENDIX 2. DESK REVIEW SEARCH TERMS AND STRATEGY

The Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 team conducted a thorough search of published and gray literature, including national policies and guidelines, to extract relevant information related to the political economy analysis (PEA) key questions, including any available data, to establish and assess existing knowledge and trends on menstrual health and hygiene (MHH) in Bangladesh and to identify effective interventions. Our criteria allowed for the inclusion of target populations within a particular context. We looked for studies in Bangladesh that analyzed women over the age of eighteen, adolescent girls who were not enrolled in school, and gender diverse menstruating people who menstruate. We only included studies published in or after 2015. The intervention of choice was any intervention focusing on menstrual health and hygiene, as the primary component or sub-component of a broader intervention.

Search Strategy for Peer-Reviewed Literature

We also gathered a broad set of menstrual health-related search terms:

- Menstruation
- menstru* or menses or catamenia or menarche or dysmenor* or endometrio* or amenor* or menorrhagi* or oligomenor* or premenstrual syndrome
- menst* AND (period OR cycle OR disorder* OR pain)
- Bangladesh* or Barishal or Chattogram or Dhaka or Khulna, Rajshahi or Rangpur or Mymensingh or Sylhet

Using data-specific variations of these terms, we conducted a systematic search in the following databases: Cinhal+, Cochrane Library, EMBASE, PsycINFO, and PubMed. We restricted the results to 2015–present. We then uploaded the results to Rayyan, a web-tool for screening articles. We de-duplicated the results and then screened for inclusion. The majority of those included were found in our manual search.

Search Strategy for Gray Literature

During the search, we:

1. Extrapolated a list of the most common variants of the intervention terms based on scoping work and existing studies for inclusion identified.
 - Search terms: “Bangladesh” AND
 - “menstruation” or “menstrual hygiene” or “menstrual health and hygiene” or “menstrual health” or “period” or “cycle”
 - Year of publication: 2015–2024
2. Searched list of databases.
 - Databases included Google Scholar but also gray literature sources of prominent international nongovernmental organizations (INGOs) and organizations, such as [Share-Net Bangladesh](#).

3. Reviewed results until a page occurs with no relevant hits.
4. Solicited additional project reports, briefs, etc. during KIs.

Limitations

This synthesis only considered studies published in English, which means that this report does not cover potential government or national organizations that publish reports in Bengali.

APPENDIX 3. LIST OF KEY INFORMANTS FOR THE POLITICAL ECONOMY ANALYSIS

NAME	ORGANIZATION	JOB TITLE
Md. Eunos Al-Mamun	Mosharaf Group (Ready-made garment [RMG] factory)	Deputy General Manager (Human Resources, Administration and Compliance)
Atibur Rahman	Badsha Group (RMG Factory)	Manager, HR and Compliance
Ahlam Ahsan	Phulki	CEO
Shahana Begum		Senior Manager
Monjury Banerjee		Senior Manager
Morium Nesa	ActionAid Bangladesh	Manager, Women Rights and Gender Equity
Sharmin Kabir	Wreetu Health and Wellbeing Foundation	Founder
Dr. A. S. Mohammad Nurullah Awal	Brac	Program Lead Brac Health Program
Mahmuda Begum	Shobujer Ovijan Foundation	Executive Director
Sanjoy Majumder	Bangladesh Nari Progati Sangha (BNPS)	Coordinator, Planning, Monitoring, and Evaluation
Shahanaz Begum Sumi		Director
Shahidul Islam	SNV	Sector Lead, Water
Keka Adhikari		Capacity Building Advisor, Water
Aklima Khatun	Water and Sanitation for the Urban Poor (WSUP)	Hygiene Specialist
Dr. Deepa Barua	Ark Foundation	Senior Research Fellow
Rumana Huque, PhD		Executive Director
Shahida Parvin	BNPS, Cox's Bazar	Project Manager Cox's Bazar Project Office
Jannatul Munia	RedOrange: ShareNet	General Manager
Naima Nusrat Juthika		Assistant Manager Strategy
Syed Md. Nuruddin	Plan International Bangladesh	Comprehensive Sexuality Education CSE Advisor
Uttam Kumar Saha	Practical Action Bangladesh	Strategic Lead, Urban and Energy
Tahmid Hossain		Technical Specialist, Thematic Leadership Unit
Dr. Manjur Hossain	Directorate General of Family Planning Bangladesh	Program Manager, Neonatal and Child Health Unit
Toslim Uddin Khan	Social Marketing Company (SMC)	Managing Director and Chief Executive Officer (CEO)
Md. Moshur Rahman		Additional General Manager
Shofiqul Alam	United Nations Children's Fund (UNICEF)	Wash Specialist
Dipok Roy		Wash Officer
Hasin Jahan	WaterAid	Country Director
Dr. Md. Mahbubur Rahman	International Center for Diarrheal Disease Research, Bangladesh (icddr,b)	Project Coordinator, Environmental Health and Water, Sanitation, and Hygiene (WASH); Health System and Population Studies Division
Moumita Islam		Research Officer

NAME	ORGANIZATION	JOB TITLE
Mahjabeen Ahmed	iDE	WASH Technical Lead
Jannatul Tazrin	Bandhu Social Welfare Society	Assistant Manager, Gender-based Violence (GBV) 7, Sexual and Reproductive Health and Rights (SRHR)
Alok Majumder	Simavi	Country Coordinator
Rokeya Ahmed	The World Bank	Water and Sanitation Specialist
Sharmin Farhat Ubaid	Palli Karma-Sahayak Foundation (PKSF)	Consultant
Sharmistha Debneth	Department of Public Health Engineering, Local Government Division, Ministry of Local Government, Rural Development and Cooperatives	Executive Engineer
Eheteshamul Russel Khan		Superintending Engineer

APPENDIX 4. KEY INFORMANT INTERVIEW GUIDE FOR MARKET ASSESSMENT

Introduction and Verbal Consent

READ STATEMENT BELOW TO INFORMANTS

Thank you so much for taking the time to speak with us. Iris Group is conducting a market assessment as a part of the overall landscape assessment, which includes a PEA as well, on the context surrounding menstrual health and hygiene (MHH) as part of the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity funded by the United States Agency for International Development (USAID). The discussion will last approximately 45 minutes, during which we will ask you to share your perspectives on the MHH market system.

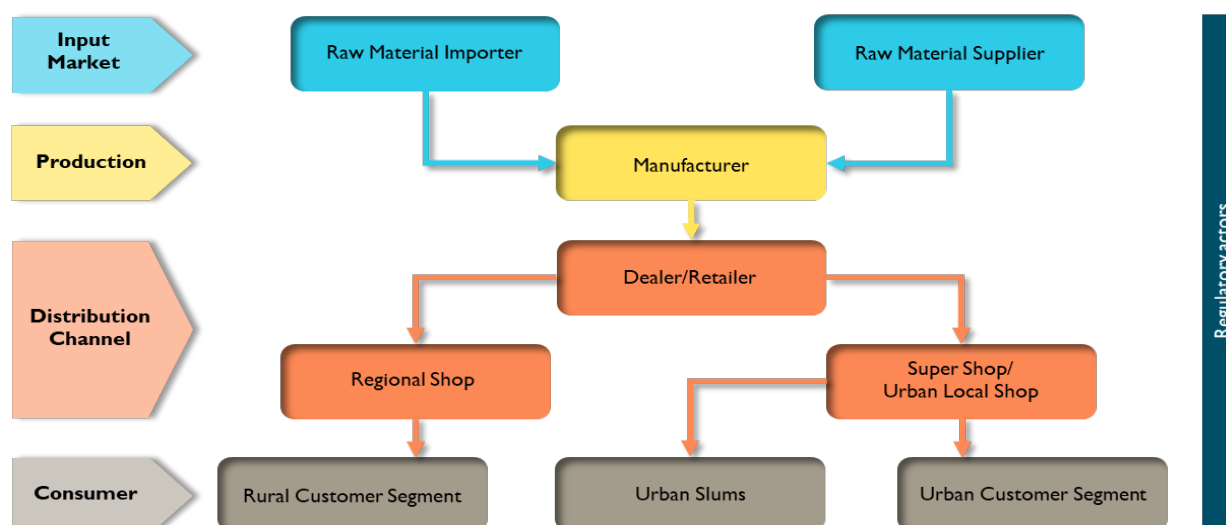
We will not ask about your personal experience in this discussion, so please do not share personal information. Please be as open and honest as possible since your feedback will assist us in understanding the state of MHH within Bangladesh and informing future investments by USAID and other donors in MHH.

We do not expect there to be any risks in your participation in this discussion. The information that you share today will not be attributed to you in any way.

It will not cost you anything to participate in this discussion. There will be no benefits to you if you participate, though your responses may lead to improved conditions for people who menstruate.

You can end the discussion at any time, and your participation is voluntary.

A value chain diagram is given below to help the interviewers understand how the market system works:



For MHH Product Manufacturers and Social Enterprises

1. What types of MHH products are you currently manufacturing/ importing?

- Probe:
 - Existing/ potential customer segments

- Existing consumer groups/customer segments (Note: Customer segments may vary for different manufacturers; identify the customer segments especially for MHH product market)
 - Existing sales/distribution areas
 - Targeted/potential consumer groups; untapped markets
 - Targeted/potential sales/distribution areas
2. *What is the current market size/value for different MHH products of different market segments?*
 - Probe:
 - MHH product sizes and usage amount for different market segments (Note: Which size they are buying most, mini pack or large pack)
 - MHH product size versus expenses and affordability (affordability can be assessed through the sizes of sanitary pads customers buy)
 3. *What is the untapped potential market size of MHH products (for different market segments)? [Please note the untapped potential market size (annual sales and demand) of specific MHH product separately for different customer segments.]*
 4. *What information can you provide regarding sales trend and projections?*
 - Sales trend of MHH products in the last few years
 - Most demanded MHH products in the market
 - Which MHH products customers prefer most and why
 - Mention the market shares of the existing MHH products (based on sales/ demand)?
 - Potential MHH products in the market (and reasons behind)
 5. *What pricing and business strategies (including sales/ distribution/ marketing strategies) manufacturers have you taken to expand their market?*
 - Scope of cost reduction and potential for increase in customer segments/sales
 - Existing business strategies including pricing, sales, distribution, and marketing strategies [Note: Try to understand the pricing comparing among different MHH products]
 - Product market retail price (MRP); dealer/retailer commission
 - Promotional/marketing activities
 - Consumer awareness raising/sensitization campaign
 - Dominant forces (competitors) and potential trendsetters in the market
 - Special/competitive service offerings and value addition (e.g., in design, packaging, customer complaint resolution) [Note: Try to investigate the strategies taken by the small enterprises]
 6. *What are the key market barriers faced by the supply side actors at different levels (backward market linkage; forward market linkage)? [Note: Go by step-by-step through the process, from raw materials sourcing to distribution]*

- *Research and product design level problems*
 - *Problems and constraints related to backward and forward market linkage and relationships*
 - *Policy level constraints and challenges (e.g., import; tax policy; free trade)*
 - *Maintaining or expanding distribution and sales network*
 - *Market promotion and customer outreach*
 - *Relationship with end consumers; modalities and activities*
 - *Customer feedback/complaint receiving system/mechanism*
 - *Customer complaint resolution system*
7. *What new/innovative MHH product(s) do manufacturers plan to promote (short-term or long-term plan)?*
- *Business reasons to develop/manufacture/import/promote that product*
 - *Target customer group and distribution/sales areas*
 - *Planned/perceived business strategies (including pricing strategies, sales, distribution, and market strategies)*
 - *Planned promotional/ marketing activities*
 - *Planned competitive service offerings and value addition (e.g., in design, packaging, customer complaint resolution) (value proposition for a customer segment)*
8. *What impacts have COVID-19, inflation, supply chain issues, and other changes had in the MHH market?*
- *Challenges faced by the manufacturers*
 - *Effect on business (increasing/declining sales trend; spikes)*
 - *Adaptation measures they took*
9. *What do you think are areas for improvement? [Note: Areas where manufacturers/social enterprises think that they need improvements for increased market share, customer outreach, sales, and profitability]*
- *MHH product quality*
 - *Research and development (R&D) (Why? How?)*
 - *Input market linkage (Why? With whom? How?)*
 - *Output market linkage; sales and distribution (Why? With whom? How?)*
 - *Customer outreach and relationship*
 - *Market penetration (rural area, hard to reach areas)*
 - *Promotional/ marketing activities (Why? How?)*
 - *Consumer awareness and knowledge; consumer awareness raising/sensitization campaign (Why? How?)*
 - *Other areas*

10. What recommendations do you have regarding policy landscape, R&D, marketing and branding, backward and forward market linkage, etc.?

For MHH Product Dealers/ Retailers

[The team will interview departmental stores, pharmacies, and retail shops.]

1. *What MHH products currently are you selling?*
 - *List of MHH products*
 - *Reasons behind selling those MHH products [Note: Consumer demand/preference, better commissioning system, availability, brand names, business relationship, etc.]*
2. *What is the current size of the market for different hand washing products/fixtures?*
 - *Existing customer/consumer groups*
 - *Target/potential consumer groups, untapped market*
3. *What backward market linkage exists?*
 - *Existing suppliers (manufacturers/importers) of MHH products*
 - *Sourcing points/purchase points*
 - *Accessibility to manufacturers, availability of supplies*
 - *Problems/constraints with procurement/product sourcing*
4. *What forward market linkage exists?*
 - *Customer relationships, sales network*
 - *Existing gaps and problems at demand side (consumer knowledge, awareness, and practice regarding hand hygiene; willingness to pay for products/fixtures/services)*
 - *Constraints and challenges*
5. *What information can you share about sales trends and projections?*
 - *Sales trend of your MHH products in the last few years*
 - *Most demanded MHH products in the market*
 - *Which MHH products customers prefer most and why?*
 - *Mention the market shares of the existing MHH products (based on sales/ demand)?*
 - *Potential MHH products in the market (and reasons behind)*
6. *What major barriers and constraints exist regarding:*
 - *Product quality (durability, longevity, aesthetics,)*
 - *Reaching specific customer segments (e.g., hard-to-reach areas)*
 - *Infrastructure (e.g., roads, power)*
 - *Other barriers*

7. *What impact has COVID-19 had? What adaptation measure have you taken?*
 - *Sales trend [Note: Increasing/decreasing trend]*
 - *Challenges faced*
 - *Adaptation measures*
8. *What recommendations do you have regarding marketing and branding, backward and forward market linkage, etc.?*

APPENDIX 5: LIST OF KEY INFORMANTS FOR MARKET ASSESSMENT

CATEGORY	NAME
Local manufacturer	ACI Limited
	Square Toiletries Ltd.
	SMC Enterprise Ltd.
	Ad-din Mother Care Limited
Social enterprise	Ella Pad
	Shaathi Bangladesh Ltd.
Distributor/retailer shop	Ayesha Pharmacy
	Swapna

APPENDIX 6. NON-GOVERNMENTAL AND CIVIL SOCIETY ORGANIZATIONS ADDRESSING MHH

ORGANIZATION	SECTOR/APPROACH THROUGH WHICH MENSTRUAL HEALTH AND HYGIENE (MHH) IS ADDRESSED (E.G., MHM, WASH, SRHR)
ActionAid Bangladesh	Sexual and reproductive health and rights (SRHR)
Bangladesh Nari Progati Sangha (BNPS)	Menstrual hygiene management (MHM), SRHR
Brac	Water, sanitation, and hygiene (WASH), MHM
Development Organisation of the Rural Poor (DORP)	WASH, MHM
icddr,b	WASH, MHM
iDE	WASH
Oxfam	WASH, MHM
Phulki	MHM, SRHR
Palli Karma-Sahayak Foundation (PKSF)	WASH, MHM
Plan International	MHM
Practical Action	WASH
SERAC – Bangladesh	SRHR, MHM
Share-Net (RedOrange)	MHM, SRHR
Simavi	WASH, MHM, SRHR
SNV	MHM, WASH
Solidarity	MHM, WASH
United Nations Children’s Fund (UNICEF)	MHM, WASH, SRHR
WaterAid Bangladesh	WASH, MHM
World Bank	WASH, MHM, SRHR
Wreetu Health and Wellbeing Foundation	MHM, WASH
Water and Sanitation for the Urban Poor (WSUP)	WASH, MHM

APPENDIX 7. DISPOSABLE MENSTRUAL PRODUCTS AVAILABLE IN BANGLADESH

MANUFACTURER	PRODUCT	TARGET MARKET	PRICE
Square Toiletries Ltd.	Senora Bio (wings system and biodegradable)	Urban and peri-urban, settings	160 Bangladeshi taka (BDT) (1.35 United States dollars [USD]):8 pads/pack
	Senora Feather Light (wings system)	Urban, peri-urban, and rural settings	BDT 120 (USD 1.01): 8 pads/pack
	Senora Heavy Flow (wings system)	Urban, peri-urban, and rural settings	BDT 200: 16 pads-pack BDT 110 (USD 0.93): 8 pads/pack
	Senora Teen Confidence (wings system)	Adolescents living in urban, peri-urban, and rural settings	BDT 120 (USD 1.01): 8 pads/pack
	Senora Confidence (panty system)	Urban, peri-urban, and rural settings	BDT 150: 15 pads-pack BDT 65: 5 pads-pack BDT 120 (USD 1.01): 10 pads/pack BDT 159 : 16 pads-pack
	Femina Antibacterial Sanitary Napkin (belt system)	Ready-made garment (RMG) workers	BDT 60 (USD 0.51): 8 pads/pack
	Femina Antibacterial Sanitary Napkin (panty system)	RMG workers	BDT 45 (USD 0.38): 8 pads/pack
	Senora Ultrathin (panty system)	Urban, peri-urban, and rural settings	BDT 120 (USD 1.01): 8 pads/pack
	Senora Sanitary Napkin Economy Pack (panty system)	Urban, peri-urban, and rural settings	BDT 130 : 15 pads/pack
	Senora Sanitary Napkin Regular Pack (panty system)	Urban, peri-urban, and rural settings	BDT 130: 15 pads/pack BDT 100 (USD 0.84): 10 pads/pack
	Senora Sanitary Napkin Economy Pack (belt system)	Urban, peri-urban, and rural settings	BDT 50: 5 pads/pack BDT 100 (USD 0.84): 10 pads/pack BDT 130: 15 pads/pack
	Senora Sanitary Napkin Regular Pack (belt system)	Urban, peri-urban, and rural settings	BDT 100 (USD 0.84): 10 pads/pack
ACI Limited	Freedom Heavy Flow Wings	Urban, peri-urban, and rural settings	BDT 200: 16 pads/pack BDT 110 (USD 0.93): 8 pad/pack
	Freedom Regular Flow Wings	Urban, peri-urban, and rural settings	BDT 110 (USD 0.93): 10 pads/pack
	Freedom Ultra Wings	Urban, peri-urban, and rural settings	BDT 120 (USD 1.01): 8 pads/pack
	Freedom Regular Flow Popular (non wings)	Urban and peri-urban, settings	BDT 30 (USD 0.25): 5 pads/pack

MANUFACTURER	PRODUCT	TARGET MARKET	PRICE
			BDT 40 (USD 0.34): 8 pads/pack
	Freedom Belt System	Peri-urban, and rural settings	BDT 115: 15 pads/pack BDT 90: 10 pads/pack BDT 60 (USD 0.51): 8 pads/pack
	Freedom Panty System	Urban, peri-urban, and rural settings	BDT 115: 15 pads/pack
SMC	Joya Belt System	Urban, peri-urban, and rural settings	BDT 60 (USD 0.51): 8 pads/pack BDT 110 (USD 0.93): 15 pads/pack
	Joya Wings Regular Flow (panty/wings system)	Urban, peri-urban, and rural settings	BDT 70 : 8 pads/pack
	Joya Ultra Comfort (panty/wings system)	Urban, peri-urban, and rural settings	BDT 100 (USD 0.84): 8 pads/pack
	Joya Extra Heavy Flow (panty/wings system)	Urban, peri-urban, and rural settings	BDT 110 (USD 0.93): 8 pads/pack
	Joya All Night (panty/wings system)	Urban, peri-urban, and rural settings	BDT 120 (USD 1.01): 8 pads/pack
	Joya Shulov Sanitary Napkin (panty/wings system)	Low-income settings	BDT 30 (USD 0.25): 5 pads/pack
Ad-din Mother Care Limited	FLY Jasmine XL (belt system)	Rural settings	BDT 35 : 5 pads/pack BDT 60 (USD 0.51): 8 pads/pack
	FLY Comfort XL (belt system)	Rural settings	BDT 50 : 6 pads/pack BDT 100 (USD 0.84): 11 pads/pack
	FLY Jasmine Panty (panty system)	Peri-urban and rural settings	BDT 35 : 5 pads/pack BDT 60 (USD 0.51): 8 pads/pack
	FLY Comfort Panty (panty system)	Peri-urban and rural settings	BDT 50 : 6 pads/pack BDT 100 (USD 0.84): 11 pads/pack
	FLY Ultra Comfort (wings system)	Peri-urban and rural settings	BDT 40 (USD 0.34): 5 pads/pack
	FLY Ultra Dry (wings system)	Peri-urban and rural settings	BDT 100 (USD 0.84): 8 pads/pack
	FLY Ultra Night (wings system)	Peri-urban and rural settings	BDT 110 (USD 0.93): 8 pads/pack
Procter & Gamble Bangladesh Ltd.	Whisper Ultra Soft Air Fresh Sanitary Napkin (wings system)	Urban settings	BDT 745 (USD 6.29): 30 pads/pack BDT 395 (USD 3.33): 15 pads/pack
	Whisper Bindazzz Nights Sanitary Napkins (wings system)	Urban settings	BDT 460 (USD 3.88): 15 pads/pack

MANUFACTURER	PRODUCT	TARGET MARKET	PRICE
	Whisper Ultra Clean Sanitary Napkin (wings system)	Urban and peri-urban settings	BDT 185 (USD 1.56): 8 pads/pack BDT 340 (USD 2.87): 15 pads/pack
	Whisper Maxi Nights Extra Heavy Flow Sanitary Napkin (wings system)	Urban and peri-urban settings	BDT 185 (USD 1.56): 8 pads/pack
	Whisper Maxi Fit Sanitary Napkin (wings system)	Urban settings	BDT 315 (USD 2.66): 15 pads/pack (L wings) BDT 175 (USD 1.48): 8 pads/pack
	Whisper Maxi Nights Extra Heavy Flow Sanitary Napkin (wings system)	Urban settings	BDT 345 (USD 2.91 USD): 15 pads/pack BDT 155 (USD 1.31): 7 pads/pack

APPENDIX 8. ALL RECOMMENDATIONS

We presented the following recommendations to the United States Agency for International Development (USAID)/Bangladesh on June 4, 2024. In this meeting, representatives from the Mission provided validation and prioritization feedback through a facilitated discussion by the Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 team.

POLICY AND ADVOCACY

Encourage the development of a menstrual health and hygiene (MHH) “cell” within the government. A coordinating body within the government would sync disparate MHH efforts across multiple ministries and departments and would assist in advancing technical knowledge relating to MHH. The steering committee could liaise with the Menstrual Hygiene Management (MHM) Platform, linking governmental efforts with ones led by nongovernmental organizations (NGOs), donors, and the private sector.

Support the MHM Platform. Over its seven-year history, the MHM Platform has coordinated MHH efforts across four sectors (water, sanitation, and hygiene [WASH]; sexual and reproductive health and rights [SRHR]; education; business) and multiple stakeholders. It is composed of expert implementers and has the potential to advance MHH by sharing and building on best practices and innovative strategies and on elevating the importance of MHH. USAID and partner participation in the MHM Platform would be a way for partners to meaningfully contribute to MHH efforts in Bangladesh.

Invest in an implementation analysis of the National MHM Strategy and Costed Action Plan. An implementation analysis may help facilitate the implementation of the 2021 Strategy—through identification of facilitators and barriers—and inform the upcoming Costed Action Plan.

Support the institutionalization of MHH in labor laws and buyer requirements. Integrating MHH into occupational health and safety requirements and into auditing procedures is low hanging fruit, especially in workplaces where occupational health and safety (OSH) audits occur regularly. Integrating MHH into OSH regulations and requirements would facilitate increased accountability for workplace MHH.

Support the reduction of import duties on raw materials used for menstrual products. Taxes on imported raw materials contribute to placing menstrual products out of reach of most consumers in Bangladesh. Reduction of import duties would ease financial constraints for manufacturers and increase affordability and accessibility of products for consumers.

RESEARCH AND PROGRAMMING

Invest in MHH-friendly toilets and other facilities in public areas and in slums. The lack of adequate latrines deters progress on MHH in Bangladesh. Sufficient, functional, safe, private, and hygienic latrines are necessary to improve MHH among people working in the informal sector, those spending significant time in transit, and people living in slums.

Support the development of menstrual waste disposal systems. Given the preference for disposable menstrual pads, efforts to expand access to menstrual products must coincide with efforts to strengthen systems for disposal to hygienically address menstrual waste, especially in densely populated areas.

Invest in the integration of MHH into existing programs that work with out-of-school adolescents. MHH activities can be integrated into various types of programs whose target is out-of-school adolescents and other vulnerable populations and whose area(s) of focus intersect with MHH.

(e.g., maternal and child health programs). MHH can be integrated into programs working with child laborers and domestic workers; child, early, and forced marriage programs; and programs to delay age at first birth and first-time parent programs, all of which work with out-of-school adolescents.

Invest in MHH programs implemented by organizations that already work with transgender populations. Given the challenges in working with gender diverse communities, MHH programs implemented by organizations and programs that already have a history of working with transgender populations are more likely to have an impact on a population that has largely been left out of MHH efforts to date.

Support local capacity to deliver workplace MHH programs. Local organizations that work in the ready-made garment (RMG) sector to provide workplace wellness and health trainings (including aspects of MHH) can expand their efforts to other organizations, providing a sustainable and locally led model for improving workplace MHH. Leveraging local capacity and replicating MHH efforts outside of RMGs can address the needs of workers in other contexts.

MARKET RELATED

Develop alternate distribution channels and modes. To address the significant and unique challenges in accessing menstrual products in both urban and rural areas, there need to be other modes of obtaining menstrual products aside from purchasing them from pharmacies. Door-to-door delivery, online ordering, women sales agents, and other means of distribution are ways to increase accessibility.

Promote safe reusable pads and facilitate business expansion of social enterprises and innovators. In spite of the preference for disposable pads, their cost is prohibitive for most people who menstruate. The lack of adequate disposal mechanisms and the harmful environmental implications of inadequate disposal make disposable pads an even more unsustainable solution. Existing reusable and biodegradable options, if made more affordable, could be a viable alternative. Social enterprises producing reusable products need funding, capacity development, and business incubation in order to develop and sustain demand for reusable pads.

Encourage ongoing branding and promotional activities to create and sustain market demand. Although there are many local producers of menstrual products in Bangladesh, they struggle due to limited investment capacity. Business acceleration and incubation support can enable business expansion. Demand activation and marketing campaigns can sustain and increase demand for MHH products.

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