

Article

Menstrual Hygiene Management Practices, Knowledge Gaps, and the Imperative for Male Engagement in Coeducational High Schools in Dhaka, Bangladesh

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Abstract

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Introduction: Menstrual hygiene management (MHM) is critical for adolescent girls' health and well-being, yet it remains a sensitive topic in many cultures, including Bangladesh, where cultural norms and lack of resources hinder optimal practices. The role of male engagement in MHM is increasingly recognized but insufficiently explored in this context.

Objective: This study aimed to explore MHM practices among female students and assess the knowledge and attitudes of both male and female students regarding menstruation, and to understand the role of male engagement in coeducational high schools in Dhaka, Bangladesh.

Methods: A cross-sectional study was conducted in three coeducational high schools in Dhaka. Data were collected through quantitative surveys with 300 students (150 girls, 150 boys; grades 9-12, selected randomly via lottery) and qualitative in-depth interviews with 20 participants (10 students, 8 teachers, randomly selected). Descriptive statistics were used for quantitative data, and thematic analysis was applied to qualitative data.

Results: The average age of female respondents was 17 years (range 15-19), with menarche occurring at an average age of 11.8 years. Most (73%) students were from medium socioeconomic status families. Among female students, 82% used sanitary pads, but 42% changed them less frequently than recommended, and 87% did not change products at school. While 62% of girls knew about menstruation before menarche, significant prohibitions were reported (e.g., 100% not allowed to perform religious activities). Male students demonstrated limited knowledge (e.g., 62% had 'no idea' about the current perception of menstruation) and discomfort discussing menstruation. Qualitative findings highlighted that male involvement (students and teachers) is crucial for creating a supportive environment, providing education, supporting access to resources, and challenging harmful cultural norms.

Conclusion: Suboptimal MHM practices and knowledge gaps, particularly among male students, underscore the need for comprehensive MHM education and proactive male engagement in Bangladeshi schools. A coordinated effort among students, teachers, parents, and policymakers is essential to dismantle silence and promote menstrual health.

Introduction

Menstrual hygiene management (MHM), defined as the use of clean menstrual management materials to absorb or collect blood that can be changed in privacy as often as necessary, using soap and water for washing the body, and having access to disposal facilities, is fundamental to the health, dignity, and well-being of adolescent girls and women¹. Despite being a natural physiological process, menstruation is often shrouded in silence and stigma in many cultures, leading to inadequate MHM practices². In low- and middle-income countries (LMICs), including Bangladesh, these challenges are exacerbated by limited access to affordable and appropriate menstrual products, inadequate water, sanitation, and hygiene (WASH) facilities in schools and homes, and prevailing socio-cultural taboos and misconceptions^{3,4,5}.

In Bangladesh, while progress has been made in various health indicators, MHM remains a significant public health concern^{6,7}. Studies indicate that a large proportion of adolescent girls, particularly in rural areas and urban slums, lack prior knowledge before menarche and resort to unhygienic materials due to socio-economic constraints and lack of awareness^{6,8,9,10}. Such practices can increase the risk of reproductive and urinary tract infections⁹. Furthermore, the stigma associated with menstruation, coupled with inadequate school MHM facilities, contributes to school absenteeism among girls, potentially impacting their educational attainment and overall empowerment^{4,8,11,12,13}. While some national surveys have touched upon MHM, there's often a focus on product use, with less emphasis on comprehensive practices, knowledge, and the supportive environment, especially in coeducational settings^{6,8}.

The role of males – including students, teachers, and community members – in creating a supportive MHM environment is increasingly recognized as crucial^{12,14,15,16}. Male attitudes and knowledge can significantly influence girls' MHM experiences, either by perpetuating stigma or by fostering understanding and support^{14,15}. However, research on male involvement in MHM, particularly within the school context in Bangladesh, is limited. Understanding the current MHM practices, knowledge levels of both female and male students, and exploring the potential for male engagement is vital for designing effective, inclusive interventions.

This study, therefore, aimed to (1) describe MHM practices and knowledge among female adolescent students; (2) assess the MHM knowledge and perceptions of male adolescent students; and (3) explore the perceived role and importance of male engagement in promoting MHM in coeducational high schools in Dhaka, Bangladesh.

Methods

Study Design and Setting

A descriptive cross-sectional study design was employed, incorporating both quantitative and qualitative methods. The study was conducted in three coeducational high schools located in Dhaka, Bangladesh. These schools were selected to represent typical urban coeducational environments.

Study Population and Sampling

The study involved two groups of participants:

Survey Participants: A total of 300 students (150 female, 150 male) from grades 9 to 12 were recruited for the quantitative survey. The poster indicates participant distribution by grade and gender for each school. Participants were selected randomly through a lottery system from class attendance registers. This random selection aimed to minimize selection bias.

In-depth Interview Participants: A total of 20 individuals were recruited for in-depth interviews (IDIs) to provide richer, nuanced insights complementing the survey data. This qualitative cohort comprised 8 teachers and 12 students.

- **Teacher Selection:** The 8 participating teachers (4 male, 4 female) were selected purposively from the three participating schools. This purposive sampling strategy aimed to ensure a diverse range of perspectives based on gender, years of teaching experience, and varying levels of involvement in student welfare and extracurricular activities relevant to student health and guidance. School administrations were consulted to identify teachers who could provide informed insights into MHM challenges and school dynamics.
- **Student Selection:** The 12 student participants for the IDIs (6 male, 6 female) were selected to ensure representation across grades 9-12. Following the initial survey, a list of students who had indicated a willingness

for further participation was compiled. From this list, student IDI participants were then selected using a stratified random sampling approach, ensuring an equal number of boys and girls from different grade levels were invited. This approach was chosen to capture a breadth of student experiences and perceptions across different stages of adolescence within the high school environment, while minimizing selection bias among those willing to participate further.

Data Collection

Quantitative Data: A pre-tested, semi-structured questionnaire was administered to the survey participants. The questionnaire collected data on:

- Sociodemographic characteristics (age, grade, socioeconomic status [SES]).
- For female students: age of menarche, MHM practices (type of absorbent used, frequency of changing, disposal methods, changing at school), knowledge about menstruation (sources of information, understanding of the process), and perceived prohibitions.
- For male students: knowledge about menstruation (sources of information, understanding of the process), perceptions, and attitudes towards discussing menstruation.

Qualitative Data: Semi-structured IDIs were conducted with teachers and students to explore their perceptions, attitudes, experiences, and beliefs regarding MHM, the challenges faced by girls, the role of male students and teachers, and suggestions for improvement. Interview guides with open-ended questions were used. All interviews were conducted in a private setting to ensure confidentiality and were audio-recorded with participants' consent.

Data Analysis

Quantitative Data: Data were entered and analyzed using statistical software (Stata). Descriptive statistics (frequencies, percentages, means, standard deviations, ranges) were used to summarize participant characteristics, MHM practices, and knowledge levels.

Qualitative Data: Audio recordings of IDIs were transcribed verbatim and, if necessary, translated into English. Thematic analysis (Braun & Clarke) was employed to identify, analyze, and report patterns (themes) within the data. This involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Triangulation of findings from different participant groups (female students, male students, teachers) was performed to enhance the validity of the results.

Ethical Considerations

The study protocol was reviewed and approved by an appropriate ethics review committee. Key ethical considerations adhered to included:

- **School Anonymity:** The names of the participating schools were not disclosed in any reports or publications to ensure privacy.
- **Informed Consent/Assent:** Written informed consent was obtained from participants aged 18 years and above, and from parents/guardians of participants below 18 years, with written assent obtained from the minor participants themselves.
- **Voluntary Participation:** Participants were informed that their participation was entirely voluntary and that they could withdraw at any time without any negative consequences.
- **Confidentiality and Anonymity:** All data collected were kept confidential. Questionnaires were anonymized, and pseudonyms were used in qualitative data reporting.
- **Avoidance of Traumatic Questions:** Sensitive and potentially traumatic questions related to menstrual hygiene were phrased carefully, and interviewers were trained to handle discussions with empathy and provide support if needed. The survey and interview guides were designed to avoid causing undue distress.

Results

Sociodemographic Characteristics of Survey Participants

A total of 300 students (50% female, 50% male) participated in the survey. The average age of the participants was 17 years (range: 15-19 years). The majority of students (73%) belonged to medium socioeconomic status (SES) families, while 23% were from high SES and 4% from low SES backgrounds. The average age of menarche among female students (n=150) was 11.8 years, typically occurring between 10 and 15 years of age. (See Table 1 for detailed demographics).

Table 1: Sociodemographic Characteristics of Survey Participants (N=300)

Characteristic	Category	Female Students (n=150)	Male Students (n=150)	Total (N=300)
Age (Years)	Mean	17	17	17
	(Range)	(15–19)	(15–19)	(15–19)
	High	36	33	69 (23%)
Socioeconomic Status (SES)	Medium	110	109	219 (73%)
	Low	4	8	12 (4%)
	Class 9	38	38	76
Class Level	Class 10	38	38	76
	Class 11	38	38	76
	Class 12	32	32	72
	Mean			
Menarche (Female Students)	Age (Years)	11.8	N/A	N/A
	Typical Range	10–15 Years	N/A	N/A

MHM Practices among Female Students (n=150)

The primary menstrual product used by female students was disposable sanitary pads (82%), with 18% reporting the use of re-used cloth (Figure 1). The mean number of menstrual product changes per day was 3. A significant proportion (42%) of female students reported changing their menstrual products less frequently than recommended (specify recommended frequency if available from guidelines, e.g., every 4-6 hours). Furthermore, 87% of female students stated they did not change their menstrual products at school. (See Table 2).

Table 2: MHM Practices among Female Students (n=150)

Practice	Response	Percentage (%)
Primary Menstrual Product Used	Disposable Pad	82%
	Re-used Cloth	18%
Mean No. of Menstrual Product Changes per Day	3 (Mean)	-
Frequency of Changing Menstrual Product	Less frequently than recommended	42%
	As recommended / More frequently	58%
	Did not change at school	87%
Changing Menstrual Products at School	Changed at school	13%

MHM Knowledge among Female Students (n=150)

A majority of female students (62%) knew about menstruation before menarche. The primary sources of information about menstruation issues before menarche were family (48%), teachers (36%), media (23%), and friends (18%) (Note: percentages may sum to >100% if multiple sources allowed).

Regarding perceptions, 98% of female students viewed menstruation as a normal biological process, while 2% considered it a female illness. However, 100% reported being not allowed to perform religious activities during menstruation, and 28% were instructed not to walk fast/run. Only 13% of female students reported talking about periods with their male friends. (See Table 3).

MHM Knowledge and Perceptions among Male Students (Survey, n=150)

Male students demonstrated limited knowledge regarding menstruation. When asked about their current perception of

menstruation, 62% reported having 'no idea', 23% perceived it as a normal biological process, and 15% viewed it as a female illness.

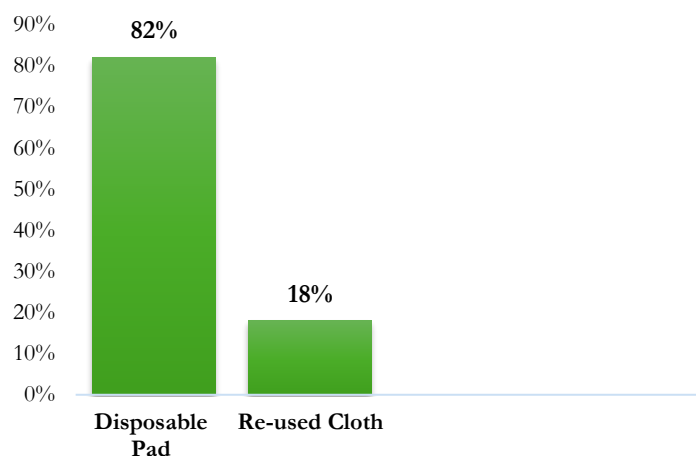


Figure 1: Primary Menstrual Product Used by Female Students (n=150)

Table 3: MHM Knowledge and Perceptions among Female Students (n=150)

Aspect	Details	Percentage (%)
Knew about menstruation before menarche	Yes	62%
	No	38%
Sources of information (pre-menarche)	Media	23%
	Family	48%
	Friend	18%
	Teacher	36%
Current perception about menstruation	Normal biological process	98%
	Female illness	2%
	Not allowed to perform religious activities	100%
Prohibitions during menstruation	No restriction (general)	0%
	Instructed not to walk fast/run	28%
	Talking about periods with male friends	13%

The poster indicates that sources of information about menstruation were assessed for a subset (N=57/150). Among these 57 male students who had some information, the sources were media (51%), friends (38%), family (6%), and teachers (4%). This N=57 needs clear explanation in the methods/results; it might imply that only these 57 had heard

anything from these sources, or these were the responses from those who claimed any knowledge.

Regarding prohibitions for menstruating individuals (as perceived by N=57/150 males), 91% believed they were not allowed to perform religious activities, 7% reported no restrictions, and 72% believed they were instructed not to walk fast/run. Only 27% of these 57 male students reported talking about periods with female friends. (See Table 4).

Table 4: MHM Knowledge and Perceptions among Male Students (n=150 Survey Data, with specific questions for N=57/150 as indicated)

Aspect	Details	Percentage (%)	Base (N)
Current perception about menstruation	No idea	62%	150
	Normal biological process	23%	150
	Female illness	15%	150
Knew about menstruation from (among those reporting sources)	Media	51%	57
	Family	6%	57
	Friend	38%	57
Prohibitions during menstruation	Teacher	4%	57
	Not allowed to perform religious activities	91%	57
	No restriction (general)	7%	57
Communication	Instructed not to walk fast/run	72%	57
	Talking about periods with female friends	27%	57

(Note: Multiple sources allowed)

Qualitative Findings: The Role of Male Engagement and Teachers

Thematic analysis of the in-depth interviews with students and teachers revealed several key themes concerning male involvement in MHM and the role of educators.

Theme 1: Limited Male Knowledge and Prevailing Discomfort: Consistent with survey findings, IDIs confirmed that male students generally possessed limited and often inaccurate information about menstruation. There was a

prevalent sense of discomfort and embarrassment among boys when discussing the topic.

"We don't really talk about these things... it's a girls' thing, isn't it?"

(Male student, Grade 10)

"Most boys would just giggle or look away if it [menstruation] was mentioned."

(Female teacher)

Theme 2: Importance of a Supportive Environment: Participants universally emphasized the crucial role of a supportive environment for girls to manage menstruation with dignity. This included support from male peers and male teachers.

"If boys understood, they wouldn't tease. It would make school less stressful for us during our periods."

(Female student, Grade 11)

"Male teachers also need to be sensitive and understanding. Sometimes girls need to leave class or might not feel well."

(Female student, Grade 12)

Theme 3: Providing Education and Raising Awareness (for Males): A strong theme emerged regarding the need for comprehensive menstrual health education for both boys and girls. Educating boys was seen as key to demystifying menstruation and breaking down stigma.

"Boys should be taught about this properly in class, just like girls. It's a natural thing."

(Male teacher)

"If we learn about it, we can be more supportive to our sisters and female classmates."

(Male student, Grade 9)

Theme 4: Males as Allies in Accessing Resources and Challenging Norms: Male engagement was perceived as beneficial in facilitating access to MHM resources and challenging restrictive cultural norms. Teachers, in particular, were identified as key agents for advocacy and policy change within schools.

"Teachers can ensure that there are proper bins in toilets and maybe even emergency pads."

(Female student, Grade 10)

"Educated boys can help question old beliefs that hold girls back... like not being able to do certain things during their period."

(Male teacher)

The poster specifically identified: "Teachers can play an important role in supporting MHM through awareness-raising activities, provision of resources, and advocacy for policy change." This should be elaborated with illustrative quotes if available from the raw qualitative data, or stated as a summary from the thematic analysis.

Discussion

This study provides important insights into MHM practices, knowledge, and the potential for male engagement in coeducational high schools in Dhaka, Bangladesh. The findings indicate that while a majority of female students use sanitary pads, suboptimal practices such as infrequent changing and avoidance of changing facilities at school are prevalent. Knowledge gaps exist, particularly among male students, and restrictive socio-cultural norms persist. Critically, both students and teachers recognize the importance of male involvement in fostering a supportive MHM environment.

The finding that 82% of female students use disposable sanitary pads is encouraging and higher than some national averages reported in earlier studies or in rural areas of Bangladesh, which often showed greater reliance on reusable cloths^{6,9,17,18}. This may reflect increased availability and awareness in an urban setting like Dhaka. However, the fact that 18% still use reusable cloths, coupled with 42% changing products less frequently than recommended, and 87% not changing them at school, highlights ongoing challenges. Infrequent changing is a risk factor for infections⁹, and not changing at school suggests inadequate, inaccessible, or non-private WASH facilities, a common barrier reported in other South Asian school settings^{1,4,19,20,21}.

Knowledge about menstruation before menarche (62% among girls) is a positive sign compared to some older data from Bangladesh^{8,10}, but there is still room for improvement. The sources of information – primarily family and teachers – underscore their critical roles. The strong perception of menstruation as a normal biological process (98% of girls) is commendable. However, the simultaneous reporting of widespread restrictions (e.g., 100% not allowed to perform religious activities) demonstrates the powerful influence of enduring cultural taboos, a finding consistent across South Asia^{9,13,20,22,23,24}.

The significantly limited knowledge and discomfort regarding menstruation among male students (62% having 'no idea' about current perceptions) are major concerns. This lack of understanding can perpetuate teasing, stigma, and a non-supportive environment for girls^{15,17}. Studies have shown that fear of being teased by male classmates contributes to girls' discomfort and school absenteeism¹⁵. The low percentage of male students who reported having discussions about periods with female friends further illustrates this communication barrier. Engaging boys in MHM education has been shown to

increase their awareness and comfort levels, leading to more supportive attitudes and behaviors^{2,15,16,17,25}.

The qualitative findings strongly reinforce the quantitative data, emphasising the necessity of male engagement. The identified roles for males—creating a supportive environment, participating in education and awareness, supporting access to resources, and challenging harmful norms—align with a growing body of literature advocating for male involvement in MHM^{1,14,15,16,17}. Teachers, both male and female, emerge as pivotal figures not only in providing education but also in advocating for essential facilities and policy changes within schools, a role highlighted in other MHM intervention studies^{19,26}. School-based interventions that include MHM education for both genders and enhance WASH facilities have shown promise in improving MHM practices and reducing absenteeism^{4,11,26}.

Importance of Male Involvement in Promoting MHM

The study's findings underscore several facets of how male involvement can promote MHM, which were echoed in the qualitative data:

- Supports girls' dignified menstruation management: By understanding and empathizing, males can reduce teasing and shaming.
- Empowers male teachers to support female students: Equipped with knowledge and sensitivity, male teachers can better address the MHM needs of girls in their classes.
- Helps to break the cultural taboo surrounding menstruation: Open discussions involving males can normalize menstruation¹⁴.
- Raises MHM awareness for health and well-being: Educated males are more likely to support the health needs of female family members and peers.
- Male students as allies for menstrual health: Informed male peers can actively challenge misinformation and support classmates¹⁵.
- Improves MHM programs in schools, communities: Broader support, including from males, can lead to more effective and sustainable MHM initiatives.

Limitations of The Study

This study has several limitations. The findings are from three schools in Dhaka and thus may not be generalizable to rural areas or other urban centers in Bangladesh. The cross-sectional design limits the ability to infer causality. Data on MHM practices and knowledge were self-reported, which may be subject to social desirability bias, although anonymity was assured to minimize this. The sample size for the qualitative component, while providing depth, is small. The criteria for the "N=57/150" subset for some male responses could be more robustly defined. The scope was also limited and did not delve into specific health outcomes related to MHM practices.

Implications and Future Research

Despite these limitations, the study highlights a clear need for comprehensive MHM interventions in coeducational schools in Bangladesh. These should include:

- Curriculum-based MHM education for both girls and boys, starting before common ages of menarche.
- Training for teachers (both male and female) on MHM and how to create a supportive school environment.
- Improvement of school WASH facilities to ensure privacy, availability of water, soap, and disposal mechanisms for menstrual products.
- Campaigns to challenge social and cultural taboos surrounding menstruation, actively involving male students, parents, and community leaders.

Future research should explore the effectiveness of interventions specifically designed to increase male engagement in MHM in the Bangladeshi context. Longitudinal studies could assess the impact of such interventions on girls' MHM practices, school attendance, and psychosocial well-being, as well as on male students' attitudes and behaviors. Cross-cultural comparisons of MHM interventions and male engagement strategies could also yield valuable insights. Evaluating MHM washroom facilities in more detail is also warranted.

Conclusion

This study reveals ongoing challenges in MHM practices and knowledge among adolescent students in coeducational high schools in Dhaka, particularly the significant knowledge deficit and discomfort among male students. However, it also highlights a strong consensus on the importance and potential of male engagement in creating a supportive environment for girls. Addressing menstrual health effectively requires breaking the silence that surrounds it. This can only be achieved through a coordinated effort involving students of both genders, teachers, parents, and policymakers to implement comprehensive MHM education, improve facilities, and actively promote male involvement as allies in promoting menstrual health and dignity in Bangladesh.

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