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Menstrual Problems of Women in Bangladesh

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SUMMARY

Bangladeshi women suffer from menstrual problems such as dysmenorrhoea, menorrhagia, light and heavy bleeding during menstruation, and irregular period and are constantly worried if they menstrual flow is not a "normal" amount. They believe that a good menstrual flow is needed to stay healthy. If the flow decreases, they think that they're must be "bad blood" trapped within their bodies, and if it stops altogether, they are concerned that they may have become infertile. Inability to conceive is viewed negatively in Bangladeshi society and women are subjected to psychological distress by society if they are perceived as infertile. Also, there are many social, cultural and religious taboos surrounding menstruation such as staying away from food such as fish, eggs, meat, sour fruits, etc during menstruation. Moreover, they are often advised to stay indoors as menstrual blood may attract evil spirits. Furthermore, these women also experience menstrual problems as side effects of contraceptives such as Norplant, IUD, and the pill, and sometimes discontinue its use as a result which may lead to unplanned pregnancies. Gynaecological problems such as those related to menstruation are a major concern among Bangladeshi women, but social stigma and shame stand as a barrier against seeking proper healthcare. Often, they seek health advice from female relatives and unqualified health providers which in turn often leads to incorrect treatment and chronic menstrual related illnesses. Only a few studies have been carried out on menstrual problems in Bangladesh and most of them are either part of larger studies on side effects of contraceptives or a few small-scale exploratory studies.

The aim of this literature review is to learn about local terminologies used to describe menstrual problems, to understand the practices and restrictions surrounding menstruation during adolescence, to learn about concerns surrounding infertility and its causes, to look at menstrual problems which result from use of contraceptives, and to examine patterns of health seeking behaviour of Bangladeshi women to treat their menstrual illnesses.

This literature review was carried out by obtaining information from published reports, books and articles collected from local NGOs. Some information was also gathered from interviews with staff from local NGOs and gynaecologists from Bangladesh Railway Hospital.

The review found that notions surrounding menstrual blood include perceptions that it is polluted and women should not serve food during this condition or touch anyone with an eye or skin infection as it may worsen their illness. Religious teaching also states that women are polluted during menstruation and cannot offer prayers in this state. Women tend to use local terminology to refer to menstrual problems such as *kaler chut* for dysmenorrhoea, *humka batas* for menorrhagia, and *khum jhore* if they get their periods twice or more a month. Perceived causes of menstrual related illnesses include evil spirits, lack of enough food, birth control pills, etc.

During adolescence, girls are taught about the various restrictions during menstruation such as not going outside and staying away from certain foods such as fish, eggs, meat, sour fruits. When they encounter menstrual problems, family members either take them to traditional and religious healers such as *pir, fakir* and *huzurs* or their mothers send someone to buy medicine from the pharmacy.

Bangladeshi women from lower socio economic backgrounds mostly use menstrual rags to absorb menstrual blood. These rags are often not washed well with soap. Also they are dried in dark places as it is considered embarrassing if others see these rags and it is believed that ghosts, fakirs, crows and flies can cause menstrual problems if they come in contact with these rags. These improper cleaning practices cause women to get illnesses such as RTIs from these rags.

When menstrual flow is low or absent, women often perceive themselves to be infertile. Fertility is highly valued in Bangladeshi society and infertile women face many forms of social rejection and marginalization from their communities. In several studies, it was found that women blame evil spirits for their infertility. As Bangladeshi women equate a regular amount of menstrual flow with good health, contraceptive methods which alter this flow are causes for concern among these women. A study showed that use of Norplant implants cause dysmenorrhoea, intermenstrual bleeding or amenorrhoea which the women dislike, yet they continue to use this method because of its effectiveness as a contraceptive. DMPA injectables were shown to cause spotting or amenorrhoea among its users, but also had benefits of improving dysmenorrhoea with time. Oral contraceptives were shown to cause mainly intermenstrual bleeding but lowered menstrual pain, amount of menstrual flow and duration of menstruation. The intra uterine device (IUD) was said to cause excessive menstrual bleeding (22-24%), irregular menstruation (11-12%), and lower abdominal pain (11-13%) among 801 women in a study. About a quarter of the women reported pain during the last menstrual period and virtually all said they had no intermenstrual bleeding. Among the 198 who had discontinued use, 34.3 % had reported excessive bleeding, 17.2% reported complete expulsion, and 16.1% stated lower abdominal pain/white discharge as the causes for discontinuation. Other studies showed women to be concerned whether Norplant causes amenorrhoea because they feel impure blood is trapped within their bodies or when Norplant or IUD causes continuous bleeding because they cannot go near their husbands, pray or prepare food, as they are perceived to be in a polluted state. Despite the side effects some women may choose to continue use of Norplant as it protects them for 5 years from getting pregnant. Women in some studies also agonized when the pill or injectables brought about amenorrhoea because they believed the methods had dried out the uterus and had made them infertile.

Women tend to ask other women for advice for their gynecological problems, especially women from their natal homes but rarely those who are their in laws according to a study. They also asked a traditional healer (*kabiraj*) from problems such as menorrhagia as they feel that these illnesses are caused by evil spirits which only traditional healers can cure. Herbal pills that cause severe bleeding are prescribed when menstrual blood is thought to be trapped within the womb by herbalists. Another method employed to remove this trapped blood is D&C (Dilation and Curettage) which “washes” out the perceived build up of fat.

1. INTRODUCTION

Gynaecological problems such as menstrual problems, RTIs, cervical cancers, ectopic pregnancy, infertility, and prolapse continue to haunt women in South Asia but remain neglected because of the shame and stigma that surround sexual and reproductive health. Reproductive morbidity in general, is an outcome of not just biological factors but of women's poverty, powerlessness and lack of control over resources as well. Even if they seek treatment, a majority of women seek health care from quacks or unqualified providers. In addition to health consequences, women experience social consequences in terms of emotional distress related to gynecological morbidity (Singh, 2006). As most of these illnesses progresses to chronic state and remain with the women for the rest of their lives, the importance of early detection and management becomes evident (Singh, 2006). Furthermore, gender and status prevents women from discussing their reproductive health needs openly due to social shame and stigma, as many studies indicate. Although speaking to women health providers is somewhat easier, poor women still face discrimination due to their difference in status (Bangladesh Health Watch, 2006; WHO, 1998).

Menstrual problems are perceived by Bangladeshi women as the second most common health problems they experience (Ziauddin, 1993). Yet the data regarding menstrual problems in this country are scarce, and the few that are present are part of a larger study, such as the side effects of contraceptives (Faruqui, Begum & Begum, 1997; Faruqui, Khan & Begum, 1998; Akhter, Chowdhury, & Rahman 1996; Akhter, Chowdhury, Rahman & Hussain, 1996) and a few small-scale exploratory studies such as those by Blanchet (1984) and Mahbub and Ahmed (1997). Menstrual blood is viewed in South Asia, including in Bangladesh, as polluted. Women are always concerned about their menstrual flow. When rural women are not pregnant, they are concerned that their menstrual blood is released to ensure good health. If there is decreased monthly blood flow, it is perceived that the "bad blood" remains within the body and thus pollutes it (Rashid, 2001). Also, if there is low bleeding, the women believe that the menstrual blood will not be cleared at all and the colour of blood will be black like poison. They also think that if a woman suffers from this illness, she will not conceive (Mahbub & Ahmed, 1997). A good menstrual flow is linked to fertility, and in South Asian culture marriage and the ability to have children is highly valued. Children are described as torchbearers of the family lineage. Childlessness is considered a failure in the family and often leads to psychological and social consequences for both women and men. Women, are more often than men, however, subjected to more negative experiences as a result of their inability to conceive (Papreen *et al*, 2000). On the other hand, women worry that excessive bleeding during menstruation may lead to death (Mahbub & Ahmed, 1997).

Moreover, there are many beliefs and restrictions surrounding menstruation. Women believe that during menstruation, their body is polluted and this attracts evil spirits. When having their periods, women are advised by elder sisters, sisters-in-law or female friends not to eat food containing protein like fish as well as to avoid sour fruits,

turmeric, and salt. They are often told not to go outside of the house during this state. Some of the menstrual disorders experienced by Bangladeshi women include dysmenorrhoea, light bleeding during menstruation, and heavy bleeding during menstruation, menorrhagia, and irregular period (Mahbub & Ahmed, 1997).

The objectives of this literature review are:

1. To learn about the local terminologies employed to describe menstrual problems by Bangladeshi women.
2. To understand the practices and restrictions surrounding menstruation learned during adolescence.
3. To learn about the stigma surrounding infertility and its causes.
4. To look at some of the types of menstrual problems encountered as the side effects of contraceptives.
5. To examine patterns of the health seeking behaviour of Bangladeshi women to alleviate their menstrual problems.

2. NOTIONS SURROUNDING THE POLLUTED STATE OF MENSTRUAL BLOOD

Menstrual blood is viewed as being polluted by many South Asian cultures, including Bangladesh, and there are, among others, religious reasons behind this notion. Also, menstrual blood is considered to bring bad luck to men, and, without its monthly expulsion, it is thought to remain within the body as "stagnant" and hence impure (Blanchet, 1984). Below, some of these notions surrounding menstruation are further elaborated:

Women and her polluted state

In a study carried out in Jamalpur district by Blanchet (1984) found that, a girl experiencing her first menstruation is briefed by a married woman of the neighborhood or household, preferably not her mother in front of whom she feels shy. She is told that she is in a polluted state and warned not to endanger anyone with her condition. She is told not to prepare or serve food, not to go barefoot, as she would pollute the earth, and not to touch anyone with an eye or skin infection, as she would then make them worse. Some women in this study found their polluted state physically disgusting, while others viewed it as natural and accepted the rules regarding pollution as a rational means of inducing auspiciousness or accumulating spiritual merit. A woman's ritual status is determined by the fact that she is a woman. She cannot escape pollution since it is part of her "nature". All women menstruate and are expected to bear children- one function automatically leads to the other.

Religious reasons behind menstruating women viewed as polluted

In the village that this study by Blanchet (1984) was carried out, there are *munshi*s who interpret Islamic orthodoxy at the village level. Although their education and teaching is not always that of the Quaran, the villagers look them upon as religious authorities. According to these *munshis*, *haez* (menstruation) and *nefaz* (puerperal blood) are the greatest of all pollution. It is repulsive to Allah who will not accept the prayers or the fast of the woman in that state. In fact, a woman would be committing a sin if she were to offer anything to God in that condition. This blood is considered most polluted because it was given to Eve as a punishment when she took the forbidden fruit from the tree. As she had caused the tree to bleed, thus Allah caused her to bleed every month.

Menstrual blood brings bad luck to men

Menstrual blood is considered to bring about danger to men, according to the village *munshis*. First the man may have his lifespan shortened. Secondly, the fields will not give abundant crops, he won't be able to save money, his son may fail his exams, or he may have an accident: in other words, it will bring him bad luck. And thirdly, he may become ill from such contamination. Sores on the sexual organs are often blamed on this pollution. Sometimes it is even thought to cause decaying of a man's brain. According to the *munshi*, if a man dies under this condition, his punishment may be extremely severe (Blanchet, 1984).

Bhadok: A hardened ball of blood stuck in the womb

The blood in the womb is said to be stagnant (*joma rokto*), as opposed to circulating blood (*challu rokto*) such as blood which runs from a cut finger. Thus this stagnant condition of blood and the fact that it comes through a dirty channel makes it especially repulsive and polluted. Hence if the blood is not periodically eliminated every month as menstrual blood, it will make the woman ill. Timely, abundant menstruation is believed to be good. A condition called *"bhadok"* exists among these women, which is the presence of a hardened ball of blood stuck in the womb. It causes sever abdominal pain and makes the girl experiencing it temporarily sterile (Blanchet, 1984).

3. TERMINOLOGY AND PERCEIVED CAUSES OF MENSTRUAL PROBLEMS

Terminologies used to describe menstrual problems were found to be local specific; for example, the same causes of menstrual problems were not given as by everyone. Moreover, the terminologies were found to be always changing and experiential. In order to better understand of the various types of menstrual problems that these women are facing, it is crucial to learn the local terminology they employ in describing these illnesses. This section is a brief description of some of the different types of menstrual irregularities that Bangladeshi women face, with the names that are commonly used to refer to them.

An exploratory qualitative study was carried out on the perceptions of women about their illnesses in a village in Matlab called Char Nilokkhi of Baradia Union (Mahbub & Ahmed, 1997). Fifty women were selected for free listing and twenty women for pile sorting and severity rating while twenty-four women (8 in each group) were selected for three sessions of matrix ranking. Several menstrual problems were described by women, including dysmenorrhoea, irregular period, menorrhagia, and light and heavy bleeding during menstruation

The women in this study described several types of menstrual problems, employing local terminology to refer to each problem. The women referred to dysmenorrhoea as *kaler chut* and described it as severe pain in the abdomen. They perceived it as a very severe problem because they thought that if women had this, she could never conceive. There were three reasons they stated that were responsible for this illness: *Kal* is a type of devil which waits in the bushes around the homestead, beside the pond or latrine like a shadow. If a woman is menstruating and she happens to be in one of these places during evening or at night, or even at mid noon the shadow may enter her body. The pond is usually the location the devil seems to lurk around the most of all these places. If the woman goes there in the evening, the devil knocks three times on her back. Upon asking who it is, the women's body is entered into by the devil, her body inflates and she feels severe pain in her abdomen. *Kal* also is able to enter the body through the pore of the skin and make the blood black. Thus the woman is able to understand she has this illness when she feels severe abdominal pain during menstruation and passes pervaginal clotted blood. As the blood is clotted the woman is unable to conceive. Once within her body the devil is able to destroy her uterus (*bachcha nali*). If the devil fails to enter her body, he can still give her *drishti* (evil eye). The causes of dysmenorrhoea are explained by an elderly woman in the study as follows: when a girl experiences her first menstruation, if her feet touch the mud of a crab hole, she is bound to have abdominal pain during menstruation. Also, if the girl experiencing menarche touches a cat or cow's bones with her feet, this may cause her to have dysmenorrhoea as well. The study also revealed that since the reasons that cause *kaler chut* mainly occur when the women are outside the home; women are strictly prohibited from going outside during menstruation and are advised not to walk barefoot outside on the ground. Furthermore, they are told to stay away from foods such as fish eggs and meat: these foods make the

blood smelly and black. Thus this elderly ladies advice is that if the women can follow all these restrictions they will be able to prevent *kaler chut* (Mahbub & Ahmed, 1997).

The study also showed that when a woman experiences a low flow of blood during menstruation (*masike kom rokto jai*), she blames lack of enough food in her diet and weakness as the primary causes. She experiences lower abdominal pain during this condition. They believe that if enough blood is not given out during menstruation it is not cleared out of the uterus and stays within the woman's body as poison. The colour of the blood becomes black and she is unable to conceive (Mahbub & Ahmed, 1997).

According to an old woman in the study, the younger women would experience heavy bleeding (*mashike beshi rokto jai)* during her period due to the birth control pills (*maya bori)* and injections that she uses as contraceptives. Some of the other women also believed that this phenomena is caused by a spiritual being called *batas laga.* Generally the women feared this illness because the woman may die due to excessive bleeding and thus they are told to be aware of the spirit (Mahbub & Ahmed, 1997).

When a woman had a prolonged period with heavy bleeding, she was said to have *humka batas* (menorrhagia). The spirit *batas laga* is also claimed to cause this condition. When the women get their period twice or more a month they refer to it as *khum jhore.* As stated above conditions that cause a lot of blood loss are feared because it may lead to death (Mahbub & Ahmed, 1997).

In general, when a woman is menstruating, her body is said to be in a polluted state – *napak shorir* (polluted body). In this state, she is said to attract evil spirit which may cause illnesses (Mahbub & Ahmed, 1997).

4. ADOLESCENCE AND MENSTRUAL PROBLEMS

In order to better understand the perspectives of Bangladeshi women about their menstrual problems it is necessary to know about their experiences when they first have their periods, i.e., menarche. This is because we can then understand what mindset they come from when they become adult women, what are the different restrictions they are taught as girls regarding menstruation, and what lessons they pass on to *their* daughters when they experience menstruation.

In a study conducted among urban and rural adolescents of Bangladesh, it was found that most girls in the study did not know about menstruation before they experienced it. Therefore, they experienced menarche with severe trauma. Some of them screamed out when they noticed blood, and some thought they had an injury or cut in their private parts. They learned about it from their elder sisters, sisters-in-law or female friends (Nahar et al., 1999). The following are some of the dilemmas that are faced, practices that are taught, and restrictions that are imposed, at the onset of menstruation. Bangladeshi women typically take these practices and restrictions with them throughout their lives until menopause:

Most girls reported they used old cloths for protection and dried them in dark places. Many taboos exist; including going out of the house in the evening, climbing trees, put oil in hair or henna in hands. Hindu girls are kept locked in a room after menarche, given food there and only allowed to go out for toilet and bathing. Certain foods are to be abstained from during menstruation: Eating fish is believed to give menstrual blood "fishy smell", sour fruit is thought to cause excessive bleeding, turmeric is perceived to form ugly yellow stain in the cloths used for managing menstrual flow and salt is claimed to clot menstrual blood. Ninety percent of the girls studied had abdominal pain; twenty percent had pain in the waist while eleven percent had loss of appetite during their menstrual period. Family members take them to traditional and religious healers, such as *pir, fakir, or huzurs,* or for treatment or their mothers send someone to buy medicine from the pharmacy (Nahar et al., 1997).

5. MENSTRUAL RAGS & HYGIENE

During menstruation, it is common for the Bangladeshi woman, especially from lower socio-economic background to use pieces of old clothing to absorb the blood. Improper cleaning of these rags may cause gynaecological illnesses such as RTIs. Thus it is crucial to learn about the practice of the use of menstrual rags, so that the causes behind such illnesses can be better understood.

In a study to learn about beliefs and practices of adolescent girls regarding menstruation in six villages in Manikganj and Joypurhat (where BRAC maintains research stations), the practices during menstruation of 49 girls between the ages of 12 and 19 were learned about. Most of these girls used soft, light material, usually torn from old *saris*. The girls are told not to use cloth from men's *lungis* (skirt like wrap) but some did because they were thicker and lasted longer. Only one girl reported using sanitary napkin. Once they used a rag, they have to wash it and reuse it again. One girl in the study used to throw hers away in the jungle but then she realized she was too poor to get new material every time she had her period so she began to reuse her rags (Huq & Khan, 1991).

To clean the rags, the girls wash the rags along with their clothing at the pond or by the tube well while bathing. Some girls wash them in the toilet. Most of them did not use soap. As one girl said "We do not even have soap to use every day for ourselves, let alone these rags." Washing with soap differed among different villages: In Joypurat, the girls did not wash the rags with soap even after their period ended – they only used water. Several girls in this village washed their rags with the ashes of the banana plant. In Manikganj however, most of the girls tried to use soap to wash the rags after their period ended (Huq & Khan, 1991). One girl said, "I throw the rag away when it's too disgusting to wash" (Huq & Khan, 1991, p.66).

After washing their rags, the girls are instructed to dry them and store them where no one can view them. This is not only because someone else's seeing them would be embarrassing, but also they have to be protected from *fakirs*, flies, crows and ghosts *(bhut*). If a *fakir* sees them, he will steal them to make medicine and amulets; then the girl who it was stolen from will suffer from abdominal cramps and become barren. If a fly sits on the rag or a crow flies over it, they will have severe abdominal pain and could end up becoming infertile. If the rag is left outside at night, the *bhut* will find it and lick it causing abdominal pain and infertility (Huq & Khan, 1991).

When the rags have reached a condition when it can no longer be used, they have to be washed and buried. If they throw it away in the river, a fish can swallow it and the girl can become infertile as a result. Again, *bhuts* and flies may cause them abdominal pain and infertility if the rags are thrown outside (Huq & Khan, 1991).

According to the authors of this report, menstrual rags may be an ecological and inexpensive means of menstrual protection and appropriate for the context in which the

girls live. However the way they wash and dry these are not exactly most hygienic practices. Usually they do not use soap to wash them – this does not ensure thorough cleaning of the rags. Also they dry them in dark corners to hide them from the view of others – this prevents the rags from drying completely and may result in the growth of mildew and other fungal or bacterial colony on them, thus causing the women to have vaginal or urinary tract infections. Some girls who have few rags and use ones that have not dried thoroughly may also have infections of this kind (Huq & Khan, 1991).

6. CAUSES OF INFERTILITY AND SOCIAL STIGMA

Young women are constantly worried about menstrual flow, and always discuss whether "blood flow is red or black, clotted or dark and clumpy", "regular" or non-existent (Rashid, 2005). Furthermore, they believed that "if the menstrual flow is low, the blood remains trapped within the body and a woman who experiences this is unable to conceive" (Mahbub & Ahmed, 1997, p.17). Fertility, particularly women's, is highly valued in Bangladeshi society. Not having children results in a sense of role failure with social and emotional consequences for both men and women (Papreen et al., 2000). The infertility rate was found to be 6.9% according to a 1976 survey (Papreen et al., 2000). Many women also are subject to physical and psychological abuse in their homes due to infertility. The case of Phulbanu illustrates the point:

Phulbanu perceives herself to be infertile. Initially, she had komore batha (severe lower back pain) and did not menstruate for two years. She says people tease her and call her baja (barren) now and do not want to see her, particularly, and in the morning, as they believe that if they see her face, tader jatara noshto hobe (they will experience misfortune that day.) She tried consulting several different types of health providers for her illness, but to no avail: The tabiz (amulet) from a faith healer failed and he diagnosed her with kal dristi (evil spirit). She went to a kobiraj (herbalist) who then diagnosed her with alga dosh (evil spirits carried by the wind) and gave her herbal medication which also brought no fruitful results. Finally in a public hospital (IPGMR) in Dhaka, she was diagnosed with tuberculosis but received no treatment for infertility. Moreover, her relationship with her husband had deteriorated: She had no pleasure during sex and was worried that her husband may divorce her & find other women to have children with (Papreen et al., 2000).

Infertile women face many forms of social rejection and marginalization from their communities (Papreen et al., 2000). The study that Phulbanu (mentioned earlier) was a respondent of, had a total of 20 women who all claimed that women who had children told them not to touch their baby or their will be misfortune. In this study and others (Rashid, 2005; Papreen et al, 2000), evil spirits that affect menstruation are thought to cause infertility. It is understood that spirits are attracted to the polluting smell of dirty menstrual cloths, which if not disposed off properly can result in the invasion of young women's bodies (Rashid, 2005). Two women explained how they know that they have been possessed by an evil spirit: "If there is pain in the belly and if black blood passes during menstruation, then you understand that there is an evil spirit" "An evil spirit is a ferocious, evil power, which can eat up the baby in the womb. If it falls upon a woman, she has menstrual problems. Later, if a child comes into the womb, then it eats the child in the womb." (Papreen et al., 2000, p. 35). In the study among urban slum women in Dhaka, of the 35 who said they were suffering from infertility, 24 of them blamed it on *kal drishti* (Rashid, 2005). Whereas in another urban slum study, out of the 20 respondents, 2 cited menstrual problems as a cause of infertility. Other causes include God's will (Papreen et al., 2000).

Absence of a public health policy on infertility results in men not being blamed and women continue to be viewed as the problem. Women are seen as responsible for infertility. Also, there are no public health programmes that focus on infertility in Bangladesh and few private clinics provide infertility services. The few that do are very expensive.

7. USES OF CONTRACEPTIVES: SIDE EFFECTS AND PERCEPTIONS

The promotion of female contraceptive methods is emphasized by the health and family planning programme of Bangladesh, and the programme is designed primarily for women (Rashid, 2001). Pills, condoms, IUDs, sterilization techniques, injectables, and Norplant are the choices of contraceptives provided by public policy for Bangladeshi men and women. A good amount of regular menstrual flow is considered by many Bangladeshi women to ensure good health (Rashid, 2001). Consequently, when side effects of contraceptives alter this flow, it brings about several problems for these women. Some of these menstrual problems are outlined below:

Norplant is a long-acting, low dose, progestin-only contraceptive for women (Rashid, 2001)[1]. In a 2-year non-comparative study of Norplant in Dhaka Medical College Hospital, Bangladesh 690 women were observed after Norplant insertion. Follow up visits were scheduled at 1 month (m), 6m, 12m, 24m, 36m, 48 m, and 60 m after insertion. As in the studies mentioned above, menstrual problems were cited as one of the three most frequent reasons for discontinuation of method (the other two reasons were personal reasons & medical reasons). In 45 (1.1%) of these early removal was requested due to menstrual problems, the majority of which were to prolonged heavy bleeding. A worsening in the degree of intermenstrual bleeding was reported by 15% of the women who returned for 1st year follow up visit. About 28% of the women at the end of one year reported that the degree of dysmenorrhoea had worsened since admission. About 19% reported an improvement in the degree of dysmenorrhoea while 7% reported their level of discomfort as unchanged. 27% of the acceptors reported at least one amenorrhaeic episodes (deprived as no menses in the three months prior to a follow up visit) during the 1st year of the study (See Table 1 in Annex for details). Although 90% of the women in this study planned to use another set of Norplant implants, menstrual irregularities was cited as the least like side effect by 70% of these women. Low risk pregnancy was reported as the most liked aspect of the implants (50%; n = 690) while long lasting and ease of use were other aspects liked by the women (30% & 20% respectively) (Faruqui et al., 1997). This study showed that although women experienced menstrual problems such as dysmenorrhoea, intermenstrual bleeding, and amenorrhoea while using Norplant implants, they were willing to continue its usage because of other advantages it brought to them (namely, low risk of pregnancy).

Norplant is an advantageous form of contraceptive in a resource poor country like Bangladesh where pharmacies and clinics are not accessible due to high travel costs and restricted mobility for women due to cultural regulations. Also it is provided free of cost by the government who receives it as donations from international organizations (medical officer, Railway Hospital, personal communication, January 2006). Thus

[1] It is a birth spacing method in which six capsules are implanted in the inner side of the upper arm of a woman through a minor surgical procedure that causes infertility for up to 5 years. It is an effective and acceptable reversible contraceptive method which is suitable for women who

rather than discontinue Norplant as a contraceptive method due to its high rate of menstrual problems as side effects, more research needs to be carried out to develop this family planning method to decrease such side effects.

DMPA was made available in Bangladesh by National family planning program in the early eighties (Faruqui et al., 1998).[2] In a clinical study conducted at the Dhaka Medical College Hospital to study the safety and efficacy of DMPA among 3580 cases of DMPA users, during a period of four years, the most frequent side effect or reason for discontinuation was found to be menstrual disturbances. The most common cause of discontinuation was spotting (20-30%) similar to another study. Amenorrhoea was found in about 75% of woman during 1st and 2nd follow up visit, which is significantly higher than other studies. There was significant (7%) improvement of dysmenorrhoea which lowers with time (See Tables 2 (a), (b), (c), (d), (e), in Annex for details) (Faruqui et al., 1998).

The *oral contraceptive* (OC) is the most commonly used contraceptive in Bangladesh (Akhter et al., 1996b).[3] A prospective comparative study was conducted to compare low dose and regular dose pill acceptors, their characteristics, use related events continuation rates and their reasons for discontinuation. Thus about 600 low dose acceptors were selected at Sripur and Kaliakair thanas of Gazipur District and another 600 standard dose acceptors were recruited at Pangsha and Rajbari Sadar than of Rajbari district. It was found that intermenstrual bleeding (whose appearance seemed to be more like breakthrough bleeding than scanty menstruation) was the only problem in the low dose OC. Other than that duration of menstruation pain, amount of menstrual flow and pain during menstruation were all lowered. Prior to use of the pill, 93% of the women reported an average duration of their menstrual cycle as 26-36 days. The period was reported as 6 days in duration for 89% of the women. (n= 1200) Also pain during menstruation was reported by 47.6% of the entire study group. On examining features of the last period, it was found intermenstrual bleeding was absent among 98.1 % of the group and present only among 1.9% of the group - the majority said it occurred as scanty bleeding. About a quarter of the low dose pill users reported menstrual problems during their use of the OC. Among these ¼ of low dose users, 35% reported excessive bleeding (vs. 25% for standard dose OC). Both low and regular dose groups reported painful menstruation. During the last 2 weeks after interview, between 240 standard dose and 236 low dose acceptors, 90% had no intermenstrual bleeding, and 10% had some intermenstrual bleeding. This varied in amount ranging from spotting to moderate bleeding to less amt of bleeding (Akhter et al., 1996b).

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cannot easily access pharmacies or clinics and who want an effective, long acting method (Faruqui *et al* 1997).

[2] This is a form of injectable contraceptive that contains 150 mg of Medroxy Progesterone Acetate in 1 ml of aqueous solution. Initially another injectable NET-EN was launched around the same time period as DMPA, but NET-EN is now no longer available in Bangladesh. Before DMPA is injected, a thorough gynecological exam is needed and pregnancy should be excluded and it is only recommended among females having a regular cycle. The first injection should be given within the first five days of the cycle. The following injections are administered at intervals of 12 weeks. Injections are given deep within the gluteus. Fertility is usually restored within 4 to 7 months after discontinuance of the study.

[3] Low dose OC is defined as the pill containing less than 50 micrograms of estrogen. With lower doses, it is more important to take pills correctly and regularly as per instruction. Skipping pill and other inconsistencies may not only lead to pregnancy, it also increases breakthrough bleeding which itself may cause women to stop taking pills.

A comparative double blind randomized clinical trial was conducted among Bangladeshi women attending 96 centers where *intrauterine device*[4] (IUD) services are being provided to compare the nature and extent of bleeding with the use of IUDs TCU 200, TCU 380A and ML 375. The number on the IUD refers to the corresponding amount of copper that it is comprised of, i.e., the TCU 200 has 200 sq.mm of copper. In this study, upon their admission, women were asked about their knowledge about the side effects of IUDs in general. Majority of the clients (44 to 47 %) appeared to be ignorant of the side effects and 5 to 7% said there are no side effects. The mentioned side effects included excessive menstrual bleeding (22 – 24%), irregular menstruation (11- 12%) and lower abdominal pain (11- 13%). Nearly 96% of clients reported normal quantity of menstrual bleeding (N= 801) (No significant differences were found among the three groups of acceptors in the distribution of length of menstrual cycle, duration of menstrual period & quantity of bleeding during menstruation) About 25.6% reported pain during last menstrual period while 99% had no intermenstrual bleeding. Out of the total of 801 acceptors of the three aforementioned IUD devices, 198 had discontinued use. Among the 198, a total of 82.8 % had their IUD removed voluntarily, 5.6% had partial expulsion and 11.6 % had spontaneous expulsion. The main reasons for removal of IUD among users of all three devices are excessive bleeding (34.3%), partial /complete expulsion (17.2 percent) and lower abdominal pain/white discharge (16.1%). The TCU 200 model of the IUD was better accepted than the 380A in this study. The copper content and copper dissolution may be directly related to their bleeding complications. i.e., IUD with less copper content appears to cause less menstrual complications (Akhter et al., 1996). An author of this study whom I spoke to explained that as the TCU 200 has only 200 sq.mm of copper and it dissolutes less copper into the uterus than the TCU 380 which has a higher copper content (380sq.mm). Hence less dissolution of copper seems to correlate with less bleeding problems. The author also explained that sometimes foreign IUDs are not small enough for Bangladeshi women who are smaller in frame than their western counterparts.

Perceived side effects of contraceptives

An extensive study to evaluate Norplant acceptability as reported by Akhter et al (1996) on 1,327 acceptors found that quite a large number of women suffered from amenorrhea and bleeding problems (Rashid, 2001). In the context of Bangladeshi society, menstrual blood is seen as polluted blood. When not pregnant, rural women are concerned that their blood is released monthly to ensure "good health" (Blanchet, 1984; Huq & Khan, 1991; Mahbub & Ahmed, 1997). Thus if for any reason a woman experiences low blood flow during menstruation or if her menstrual bleeding ceases altogether, she perceives the impure blood as remaining within her body and thus polluting it. In a Norplant study a woman stated, "I want to open Norplant. My body doesn't feel good because my menstruation has stopped. My head and eyes hurt" (Rashid 2001). Side effects may also be too much menstrual bleeding which cause major disruptions in a woman's everyday life. The following is an account of a woman of the dilemmas she faced upon continuous bleeding after accepting a Norplant implant: *"My menstruation wouldn't stop. Many people know that when women get menstruation, if they don't wash themselves or their clothes, they cannot go near their husbands and*

[4] The *Intra Uterine Device* (IUD) is a contraceptive device inserted through the cervix into the uterus to prevent pregnancy by interference with sperm transport, ovum development, fertilization and implantation. Continuous copper release into the uterine cavity from the device enhances contraceptive effect of the device.

they cannot eat with them. They cannot go near them in bed, as a man's life is shortened… what can we do? There is no one to cook. We have to cook and give them food. If I have my menstruation all the time, then everything is disturbed for me! I could not say my prayers or read the Quran properly, I was washing my clothes all the time, and all the time there (were) drops of blood coming and it became a big problem for me." (Rashid 2001, p.95) Also, even though a number of husbands approved of Norplant, a few of them were not happy with the health problems and extra money spent on their wives health, i.e., in managing these side effects. However, a few women are accepting of this family planning method, and feel that the benefits far outweigh the negative effects. Reassured by a family planning worker, a woman states: *"Apa (sister) told me not to worry, I will be okay. Yes, I have menstruation problems and I have lower abdomen pain but I will keep Norplant on. It is good for me because for 5 years I will not have any worries" (Rashid 2001, p.94).*

Non-stop bleeding as a side effect of IUD can be further elaborated from a qualitative study where women perceived the bleeding as problematic in that it left them in a state of perpetual impurity and rendered them unable to pray. Also they were unable to go near their husbands or eat with them. It is commonly believed among Bangladeshi women that the body needs to have sufficient amount of blood to remain balanced and healthy and only certain foods can produce good *rokto* (blood) in the body. *"Our husbands are poor, how will they feed us such food,"* a woman stated with despair (Rashid, 2001b, p.65).

On the other hand**,** contraceptive use is also perceived to bring about side effects of amenorrhea and often believed to lead to infertility. In a study among young women in urban slums in Dhaka, it is understood that contraceptive use can "dry out the uterus", and in some cases obstruct fertility. These understandings are often reinforced because of the disruption in menstruation brought on by contraceptive use. Young women constantly worried about menstrual flow, and always discussed whether "blood flow was red or black, clotted or dark and clumpy", "regular" or non-existent. Young women who stopped using the pill and others who used injectables spoke of experiencing amenorrhea; fears it would lead to "bad blood building up inside their stomachs." Married adolescent women in this slum were interested in using family planning methods to control their fertility but remained worried that long-term FP use will lead to menstrual irregularities and more dangerously "dry out the uterus" and make them infertile (Rashid, 2005).

8. HEALTH SEEKING BEHAVIOUR

For their illnesses, including gynecological ones, women tend to ask other women for advice. Usually these women are from their natal home. They rarely asked women from their in-laws side of the family for health related advice, and mothers-in-law were not reported at all for health consultation in this study. For menstrual problems such as menorrhagia *(khum jhore*) women find it appropriate to ask a *kabiraj* (traditional healer) for treatment because they feel that, as this illness is caused by *humka batas*, only a *kabiraj* can cure them of this spirit. The *kabiraj* usually gives them an amulet that contains a kind of herbal medicine and the patient is told to eat sweet pumpkin, some selected fish like *puti, gojar* and *taki*, *kheshari dal*, tamarind, etc (Mahbub & Ahmed, 1997).

To treat the condition of *bhadok*, a hardened ball of blood trapped in a woman's body, a *kobiraj* (Herbalist) gives the woman seven pills made of herbal medicine, bathes her then changes her soiled *sari* and takes it home. The oral medication taken is very similar to that used for abortion: it caused severe bleeding and another medication is often used to stop the excessive bleeding (Blanchet, 1984).

A popular belief given for infertility is the "build up of fat" which can happen for numerous reasons such as stopping of one's menstruation as well as other reasons (family planning use, eating certain kinds of hot or oily foods, etc). A popular way to cure this problem is to "wash out and remove this fat" by the process of D&C. A health worker explained how she took her sister in for a "wash" after the doctor had advised her to do so, because her abdomen had become heavy from the build up of menses. These "washes" are very expensive and the few women who use this service often have to take loans to afford them. A *hujur* (spiritual leader) who treats for infertility said that he most often gets female patients because women menstruate and are therefore, more vulnerable to jinn and *bhut* (evil eyes and ghosts) who like fresh bloody matter that is alive (Mahbub & Ahmed, 1997).

9. CONCLUSION

Menstrual problems are a source of worry for most Bangladeshi women because changes in flow not only cause physical discomfort and ill health, but also bring about disruptions in their traditional and religious beliefs. On one hand, when there is low menstrual flow or its absence, perceptions of infertility or accumulation of trapped impure blood within the body subject women to social stigma and the uneasiness of holding in polluted blood. On the other hand, excessive bleeding disrupts the daily rituals of prayers, preparing or serving food, and coming close to their husbands. Despite the problems women face due to menstrual illnesses, social stigma prevents them from discussing gynaecological problems such as these with barely anyone but other women or traditional health providers. Beliefs that evil spirits are the causes behind these illnesses lead them to seek health care from kobiraj (herbalists) who may give herbal pills which cause severe bleeding. Menstrual problems as side effects of contraceptives may be tolerated in exchange for having an effective means of birth control. Expensive procedures such as D&C may be used to remove perceived fat in the uterus, which is often paid for from loans.

Currently, few studies have been carried out on menstrual problems of women in Bangladesh. As these problems cause ill health, subject women to social stigma and disrupt them from carrying out daily activities, in depth research needs to be carried out to measure the magnitude and prevalence of menstrual problems, ways to clarify the misconceptions surrounding menstruation need to be explored, and, information on side effects of contraceptives and the range of options available need to be given out to women before they adopt a contraceptive method.

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Annex
Menstrual problems as side effects of contraceptives

A. Side effects of Norplant

TABLE 1: Percentage of Women (Norplant Users) with change in menstrual characteristics between characteristics between admission and yearly follow up		
Menstrual characteristics	First year (n = 350)	Second year (n= 300)
DYSMENORRHEA		
None	46.5	47.1
Improved	18.6	16.0
Unchanged	7.2	7.8
Worsened	27.6	29.1
None	84.0	86.6
Improved	0.8	16.0
Unchanged	0	7.8
Worsened	15.2	29.1
AMENORRHOEA		
Amenorrhaeic	27.3	14.4
Not amenorrhaeic	72.7	85.3

B. Side effects of DMPA

Table 2 (a)

Menstrual Status	**On admission (n=3580)**	**First follow up at 3 month (n= 2788)**	**Second follow up at 6 month (n= 2478)**
Menstruating	3580	697 (25%)	609 (25%)
Amenorrhoic	0	2091 (75%)	1869 (75.4%)

Table 2 (b)

Intermenstrual bleeding	**On admission (n=3580)**	**First follow up at 3 month (n= 2788)**	**Second follow up at 6 month (n= 2478)**
None	3580 (100%)	2593 (93%)	2292 (92.5%)
Slight spotting/staining	0	167 (6%)	136 (5.5%)
Moderate spotting	0	28 (1 %)	50 (2%)
Severe	0	0	0

Table 2 (c)

Number of Intermenstrual Events	On admission (n=3580)	First follow up at 3 month (n= 2788)	Second follow up at 6 month (n= 2478)
None	3580 (100%)	1952 (70%)	1611 (65%)
1-3	-	139 (5%)	0
4-6	-	0	0
7 more	-	697 (25%)	867 (35%)

Table 2 (d)

Bleeding days	On admission (n=3580)	First follow up at 3 month (n= 2788)	Second follow up at 6 month (n= 2478)
None	3580 (100%)	2593 (93%)	2292 (92.5%)
1-5 days	0	(2.5%)	(2.6%)
6-10 days	0	(2.3%)	(2.2%)
11-15 days	0	(1.2%)	(2%)
16 days	0	(1%)	(0.7%)
Mean (±SD)		8.39 (±1.05)	8.22(± 0.99)

Table 2 (e)

Dysmenorrhoea	On admission (n=3580)	First follow up at 3 month (n= 2788)	Second follow up at 6 month (n= 2478)
None	3186 (89%)	2621 (94%)	2379 (96%)
Mild	394 (11%)	139 (5%)	99 (4%)
Moderate	0	28 (1%)	
Severe	0		