Lives and struggles: Menstrual health and hygiene practice among adult working women in Kallyanpur slum, Dhaka, Bangladesh.

Final Report

of the Summative Learning Project (SLP)

presented to

The BRAC James P Grant School of Public Health, BRAC University

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Purpose: In partial fulfillment of the Requirements for the Degree of Masters of Public Health (MPH)

Contents

List of Acronyms

JPGSPH	James P. Grant School of Public Health
DWPWP	Domestic Workers Protection and Welfare Policy
FGD	Focus Group Discussion
IDI	In-depth Interview
IRB	Institutional Review Board
LMIC	Low and Middle-Income Countries
MHH	Menstrual Health and Hygiene
MHM	Menstrual Health Management
NGO	Non-Governmental Organization
RCT	Randomized Control Trial
SSC	Secondary School Certificate
SEM	Social Ecological Model
SDG	Sustainable Development Goals
UNFPA	United Nation Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WIEGO	Women in Informal Employment Globalizing and Organizing
WHO	World Health Organization

Abstract

Background

Menstrual health and hygiene (MHH) practices remain an important but always forgotten issue of women's health especially adult working women in urban slums. This study explores the lived experiences and struggles of menstrual health and hygiene practices among adult working women residing in Kallyanpur slum, Dhaka, Bangladesh, shedding light on their lived experiences, challenges, health outcome and their coping strategies.

Methods

A qualitative approach was used, it involved in depth interview (IDIs) and focus group discussions (FGDs) with 25 participants, who included domestic workers, garment workers and informal sector employees. Thematic analysis was done to find key patterns and narratives, making sure there was trustworthiness through validation and reflexivity measures

Results

The finding shows that menstruation remains a stigmatized and challenging experience for adult working women; it all begins with confusion and fear during menarche and continues in adulthood. Women face increased struggles due to societal expectations, financial challenges and a lack of support at workplaces. Lack of water sanitation and hygiene (WASH) facilities makes them compromise their health. Physical symptoms like painful cramps, fatigue and infections were reported, as well as mental health issues, which included stress and lowered self esteem due to stigma and work pressures from employers. Coping mechanisms included makeshift solutions, relying on close family members for support and silence just to maintain peace with employers and meet their daily tasks.

Conclusion

The study points out the urgent need for interventions to address the MHH practices struggles of adult working women in urban slums. Recommendations include providing WASH facilities, subsidized menstrual products, implementing workplace policies that support MHH practices. Create awareness of MHH practices to reduce stigma and encourage open discussions, these will empower women and positively improve their quality of life as they manage MHH.

Keywords: Menstrual health, adult working women, urban slums, qualitative study, WASH facilities, Bangladesh.

1. Introduction

Menstruation is a natural and essential biological process involving the shedding of the uterine lining, occurring as part of the menstrual cycle from puberty to menopause (UNFPA, 2022). Globally, inadequate menstrual hygiene has been linked to several health outcomes, such as reproductive tract infections, reduced self-esteem, increased absenteeism, and lower productivity (Hennegan & Montgomery, 2016). As per (UNICEF 2022), 1.8 billion people globally menstruate monthly but millions of women and girls still struggle to manage menstrual health and hygiene practices in a healthy and dignified way. These challenges are worse in low socioeconomic settings, where cultural taboos and inadequate infrastructure complicate the challenges (World Bank, 2022). Globally, adult working women spend a most of their time at workplaces, but their menstrual health needs remain unaddressed. A study conducted in Spain (Andrea G. et al., 2024) highlighted the importance of making menstrual products accessible and affordable, especially for women and girls from low socioeconomic areas, as a step toward reducing inequalities in MHH practices.

Workplace policies supporting MHH practices came up as essential, helping adult working women to manage their menstruation with comfort. Studies from low- and middle-income countries (LMICs) show the lack of integration of menstrual health management (MHM) into public health policies, particularly in urban slums (Sommer et al., 2016). In Namibia, research among women working in formal sectors showed menstrual challenges such as severe discomfort, heavy bleeding, and emotional distress, which affected their health and productivity (Emillia et al., 2023). Workplace issues, like inadequate access to sanitary products, unsupportive supervisors, and insufficient facilities, worsened these challenges. The participants pointed out their anxiety over staining clothes or seats and the need for workplace policies to support improved MHH practices among employees. In the informal sectors women working as domestic workers or construction laborers encounter further challenges aggravated by lack of workplace support and adequate facilities. Studies show that adult working women in informal sectors experience more challenges compared to those in formal employment, including poor working conditions and lack of menstrual health resources (Rajaraman et al., 2013; Hennegan et al., 2022). Research has exposed women facing challenges in MHM practices in the workplace.

Social stigma prevents safe menstrual hygiene practices. Many women are forced to dry clothes in unhygienic, hidden spaces due to cultural taboos, increasing the risk of infections. Those who use disposable pads face additional challenges with lack of enough disposal facilities, especially in schools and workplaces. A study in India revealed that only 30% of women practiced menstrual hygiene, stressing on the urgent need for targeted interventions in the region (Bhavana et al., 2024). These challenges highlight the importance of addressing menstrual health as a very important element of women's health and wellbeing in South Asia. In contrast, interventions to improve menstrual health have shown positive changes. For example, a pilot study in Nepal demonstrated that providing menstrual products, raising awareness, and addressing stigma improved self-esteem

and workplace productivity among women (Aditi et al., 2024). Similarly, in a randomized control trial in Bangladesh, awareness campaigns and access to sanitary products improved health outcomes, though work attendance and income were not significantly affected (Czura et al., 2023).

In Bangladesh, where workplace menstrual health issues remain under research, some views have emerged. A randomized controlled trial (RCT) conducted among female garment workers showed that high financial challenges made women adapt to modern sanitary pads, while increased knowledge of MHH practices reduced absenteeism (Czura, K. et al., 2023). The authors suggested future studies should explore health aspects and traditional practices to improve outcomes. Specific to urban slums in Bangladesh, domestic workers, many of whom reside in slums like Kallyanpur due to low wages and limited housing options, face different challenges. While the Bangladesh Domestic Workers Protection and Welfare Policy (DWPWP, 2018) outlines basic rights and protections for domestic workers, it does not address MHH practices in the workplace (WIEGO, 2020). The policy focuses on improving working conditions through measures like improved wages, maternity leave, and protection from abuse, leaving a gap in addressing MHH practices. On the other hand, national strategy for water supply and sanitation 2014 and the eighth five year plan (July 2020 to June 2025) have some of their clauses addressing menstruation such as sanitary pads provision and provision of better WASH facilities for women (Zaman M. 2022). Although this is a good step, very important issues like safety, menstrual issues that restrict women's mobility and opportunities are missing in these policies.

In Bangladesh, approximately 54 million women, including 14.4 million adolescent girls, experience menstruation (UNFPA, 2023). Women living in urban slums, like Kallyanpur in Dhaka, face a lot of challenges in managing their MHH practices due to poor infrastructure, limited sanitation, lack of privacy, and unaffordable menstrual products (Pritam et al., 2021). With women comprising 34.9% of Bangladesh's labor force (World Bank, 2018), addressing menstrual health challenges is a very important matter for achieving sustainable development goal (SDG) 3 which is good health and wellbeing. Improving menstrual health and hygiene practices will create support to adult working women in urban slums.

Research shows important gaps in understanding how workplace environments, societal norms, and lack of finances overlap to influence their experiences. While studies have explored menstrual health in adolescent girls and formal workplace settings, there are limited studies focusing on adult working women in urban slums. This research aims to fill the gaps by exploring the lived experiences, challenges, health outcomes and coping mechanisms of adult working women in an urban slum. The study investigates how factors like access to WASH facilities and menstrual products, and workplace policies affect their health, productivity, and wellbeing of adult working women living in Kallyanpur slum of Dhaka city. This will also address SDG 6 which is clean water and sanitation which is an important factor to everyone who menstruates.

2. General research question

What are the lived experiences, challenges, health outcomes and coping strategies of menstrual health and hygiene practices among adult working women living in Kallyanpur slum in Dhaka, Bangladesh?

2.1 Specific research questions

1. What are the lived experiences of menstrual health and hygiene practices among adult working women in Kallyanpur slum?

2. What are the challenges faced by adult working women in the Kallyanpur slum to maintain menstrual health and hygiene practices in accessing menstrual hygiene products?

3. How do these health barriers to menstrual health and hygiene practices affect the physical and mental health outcomes of adult working women?

4. What coping strategies do working women employ to manage their menstrual health and hygiene practices needs?

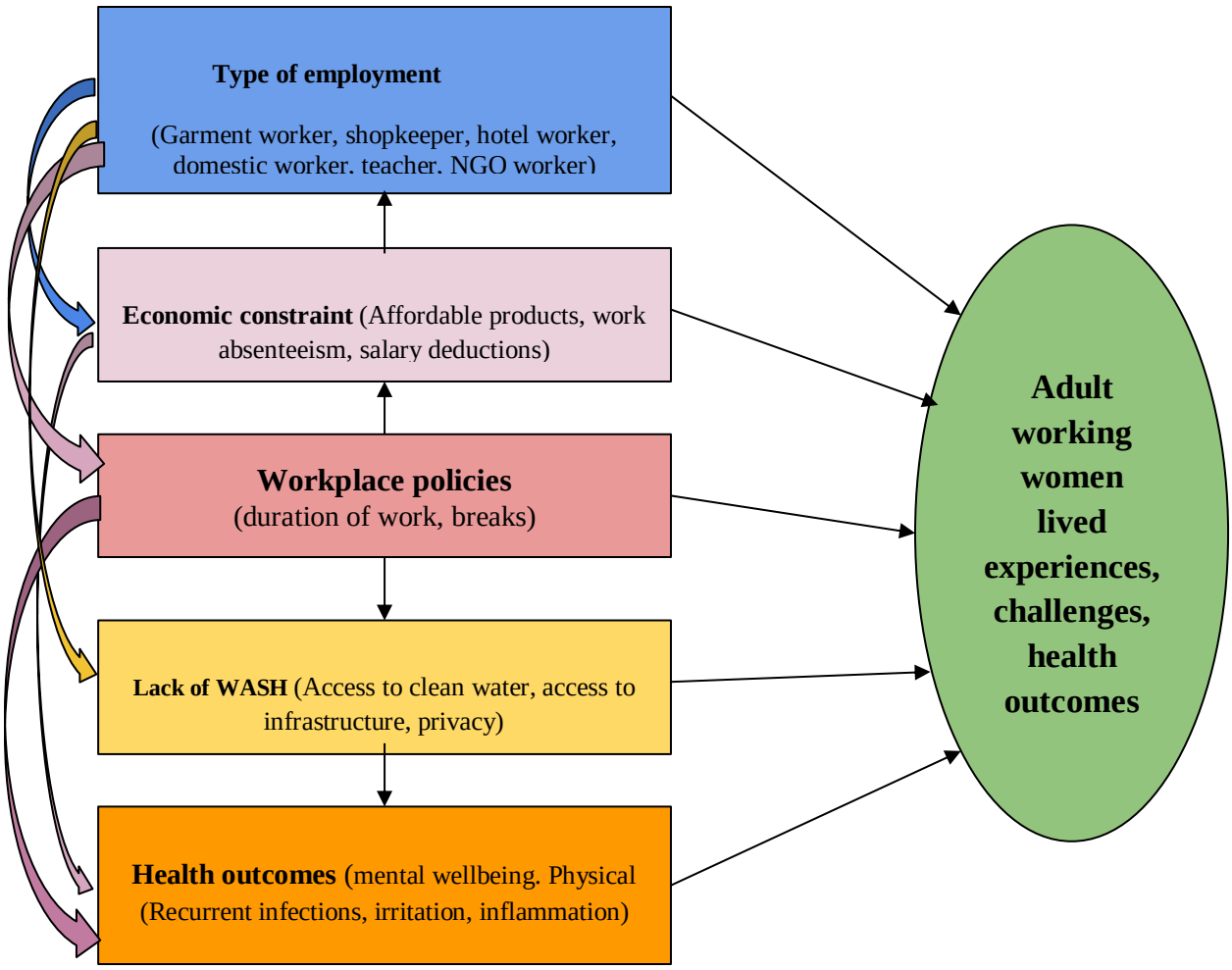
3.Broad objectives

To explore the lived experiences, challenges, health outcomes and coping strategies of menstrual health and hygiene practices among working women living in Kallyanpur slum, in Dhaka city Bangladesh.

3.1 Specific objectives

1. To explore the lived experiences of menstrual health and hygiene practices among adult working women in Kallyanpur slum.
2. To identify the challenges experienced by adult working women living in Kallyanpur slum in accessing and maintaining menstrual hygiene health and hygiene practices.
3. To assess the perceived impact physically and mentally of lack of menstrual health and hygiene practice among adult working women in Kallyanpur slum.
4. To examine the coping mechanism used by adult working women to manage menstrual health and hygiene practices in Kallyanpur slum.

4. Conceptual framework



Conceptual framework: Figure 1

The conceptual framework adopted from Social ecological model (SEM) of menstrual health which shows the interconnected factors indicating the multi-layered determinants of MHM and highlighting the importance of intervention for adult working women (UNICEF. 2019) in Kallyanpur slum. Workplace policies, such as the availability of breaks, duration of working hours and access to clean water, sanitation, and hygiene (WASH) facilities, affect how women manage their menstrual needs while at work. The type of employment, such as domestic workers, garment workers, shopkeepers, teachers among others adds to the challenges because of differing workplaces. Lack of finances makes it difficult for women to buy quality menstrual products or voice out for improved conditions. Additionally, lack of private WASH facilities in workplaces and slum areas increase the risk of infections and emotional strain. Together, these factors directly affect women's health and wellbeing, stressing the need for interventions that address these

challenges. This framework shows the importance of creating supportive workplace policies and improving access to menstrual products to improve the lives of adult working women.

5.Operational definition of concepts

5.1 Menstruation

Menstruation, also known as a period, is a natural process where the body releases blood and tissue from the uterus through the vagina. It is a normal part of life for many individuals and an important element of reproductive health (UNICEF 2019)

5.2 Menarche

Menarche is the onset of menstruation, the time when a girl has her first menstrual period (UNICEF, 2019).

5.3 Menstrual hygiene management

Menstrual hygiene management (MHM) means ensuring women and girls have clean materials, privacy and safe WASH facilities to manage their periods with self respect. It includes access to soap, water, and proper disposal facilities, along with understanding the menstrual cycle and managing it without fear or stigma (UNICEF 2019)

5.4 Menstrual health and hygiene (MHH)

This refers to the comprehensive framework that includes menstrual hygiene management (MHM) connecting menstruation to health, wellbeing, gender equality, education, equity, empowerment, and rights. These factors help in access to accurate and timely information, availability of safe and affordable menstrual products, informed and access to supportive professionals, healthcare services, adequate sanitation and washing facilities, positive social norms, safe and hygienic disposal methods, and effective advocacy and policy measures. (UNICEF 2019)

5.5 Economic constraints

In this study, it refers to the limited financial resources that prevent working women from purchasing menstrual hygiene products and accessing sanitary facilities. Economic constraints are measured by factors like income, expenditure, priorities and availability of low-cost menstrual products (Ann, K. et al 2017)

5.6 Access to resources

This is the affordability, accessibility of menstrual hygiene products, clean and private changing and disposal facilities (UNICEF 2021)

5.7 Health outcome

This is the physical and mental health effects of inadequate MHM for example infections, irritation and emotional distress. In this study the focus is on both physical and mental effects (Colin Sumpter and Belen Torondel 2013)

5.8 Work productivity

It refers to how MHM challenges impact the efficiency and preface of women at work. These includes absenteeism, reduced work performance and disruption due to lack of access to menstrual resources (Ann, K. et al 2017)

5.9 Coping mechanism

Ways women use to manage menstruation under different circumstances, including improving with locally available material, adjusting routines or granting informal support (Hennegan & Montgomery, 2016).

5.10 Menstrual Facilities

Menstrual facilities are those facilities most associated with a safe and dignified menstruation, such as toilets and water infrastructure (UNICEF, 2019).

6.Methods

6.1 Study design

This study used a qualitative research design for exploring sensitive topics on menstruation. As noted by Sommer et al. (2017), qualitative methods allow for a deeper understanding of personal perceptions, beliefs, and lived experiences in a way that is both thoughtful and human centered. Similarly, Silverman (2000) points out that qualitative research provides a comprehensive and holistic view of complicated phenomena, making it the best approach for investigating MHH practices, a topic that requires a detailed view point. The choice of qualitative interviewing as a method comes from the belief that individuals' knowledge, opinions, experiences, and stories are for understanding social realities. This follows with an interpretation of reality that values these lived experiences as meaningful contributions to the study objectives. The approach stresses the importance of engaging in conversations with participants, listening to

their narratives, and viewing their voices as rich sources of knowledge about the world (Mason, 2018).

6.2 Study setting

The study was conducted in the Kallyanpur slum, a highly populated informal settlement located in Dhaka, Bangladesh. Known for its challenging living conditions, the area was selected because of its population of adult working women who face many health-related challenges. These included access to affordable and reliable healthcare, poor socioeconomic conditions and lack of sanitation facilities, which created a need for focused research on menstrual health and hygiene practices. Secondly, Kallyanpur was chosen because of BRAC JPGSPH's strong presence and established relationships within the community. Over the years, BRAC JPGSPH's has implemented several successful projects in this area, creating trust and rapport with residents. This existing network facilitated community engagement and streamlined the data collection process by providing valuable support to the research effort. The understanding and connections within Kallyanpur helped ensure the study was conducted in a culturally sensitive and efficient manner.

6.3 Study Population

6.3.1 Inclusion and exclusion criteria

Inclusion:

Adult menstruating working women aged 18 - 49 years who were current residents of Kallyanpur slum for at least 6 months, employed or regularly involved in work activities and willing to participate in the study.

Exclusion:

Adult working Women who were not experiencing menstruation, those who were not residents of Kallyanpur slum for at least 6 months, adult women who were unemployed and adult working women who were not willing to participate in the study.

6.4 Sampling technique and sample size

The study sample was chosen using purposive sampling. Purposive sampling involves selecting participants based on their relevance to the research objectives (Mason, 2018). This method allows the researcher to determine the type of information needed and identify individuals or groups who have the knowledge and experience necessary to provide valuable insights into the topic being studied (Ilker et al., 2016). Additionally, we used snowball sampling because it's a way to reach people who might be hard to find. By asking participants to connect us with others who share experiences, we could tap into their networks and reach more eligible individuals. This approach is helpful because personal referrals make it easier to build trust and find participants

willing to share their stories (Oppong, 2013). At the end of each interview, participants were kindly asked if they knew anyone else who could contribute valuable insights to the study. This method allowed the researcher to reach potential participants through trusted connections, ensuring a smooth recruitment process.

6.5 Tool Development and Data collection method

6.5.1 Semi- structured interviews

The data was collected using semi-structured interviews, in-depth interviews (IDIs), and focus group discussions (FGDs), methods that are highly suitable for this research for several reasons. First, semi-structured interviews are particularly effective for examining processes and social patterns that have been overlooked, as they help bring hidden issues into focus (Gerson and Damaske, 2020). This is important given that menstrual health remains a widely neglected problem globally (Phillips-Howard et al., 2016). Additionally, interviews are a powerful tool for understanding complex social patterns and the interaction between individual experiences (Gerson & Damaske, 2020). This matches well with the study objective to explore the many conditions influencing MHH practices and to examine contributing factors across different levels within the Social Ecological Model (SEM) of menstruation (UNICEF. 2019). The flexibility to follow up on unexpected topics, which are likely to arise in such an under-researched area, was considered a key strength of this research. Semi-0structured interviews were chosen as they provided the opportunity to explore broad themes based on the definition of menstrual health and the SEM while also adapting to the natural flow of the conversation and uncovering new perceptions. Second, IDIs were used to get a deeper understanding of individual experiences and perspectives. This method was ideal for collecting sensitive and personal issues, maintaining privacy, and creating a safe environment for participants to express themselves openly about their experiences with MHH practices. Third, FGDs were used to explore shared experiences. FGDs provide a forum for participants to discuss, helping researchers to get many opinions and identify common perspectives.

6.5.2 Face to face interviews

All the interviews for this research were conducted face to face in Kallyanpur slum in Dhaka, with an interpreter present to facilitate communication in Bengali. This approach was chosen to ensure correct communication and get the full depth of participants' responses.

6.6 Data collection and use of interpreter

As shown in Table 1, all the interviews were conducted in Bengali with the support of a female interpreter from Bangladesh, who is a master's student with extensive experience in qualitative research data collection. Gerson and Damaske (2020) point out that in person

interviews give the richest insights, having an interpreter helps bridge the language barriers and allows for a more genuine communication. One challenge of working with an interpreter is the lack of ability to pick up nonverbal communication from the participants. However, the researcher was still able to observe facial expressions and emotional reactions during the interview, which were carefully noted. While her assistance was invaluable, there were some things to consider. The presence of a translator could have introduced slight biases in the way questions were interpreted or responses were relayed, potentially influencing the accuracy of the data. Despite these challenges, the interpreter's experience and expertise in data collection were important in ensuring the research's success and facilitating effective communication.

6.7 Data management and analysis

The data collected from the interviews was analyzed using thematic analysis, a method well suited for exploring participants' perspectives and experiences. Thematic analysis allows for the identification of both commonalities and differences in responses, often revealing unexpected findings (Braun & Clarke, 2006). It also helped the researchers manage large datasets by organizing them into distinct themes, making it the best approach for this study. In conducting the analysis, both inductive and deductive approaches were considered. However, the primary approach used was deductive, focusing on the conditions for menstrual health and hygiene (MHH) practices and the various factors within the SEM. The interviews were carefully examined, and common patterns were grouped into themes related to each research question. While thematic analysis offers flexibility, it also carries the risk of identifying patterns that may not be present. To mitigate this, analysis involved data familiarization by reading the transcripts repeatedly to understand the content, themes were cross checked against the original data to confirm that they represented participants' responses and to ensure transparency, themes were supported with quotations from participants.

7 Ethical considerations

The study was conducted in adherence to the institutional review board (IRB) of BRAC JPGSPH, BRAC University to ensure confidentiality and integrity. Participants were provided with written information about the research purpose, methodology, how their data would be used and their voluntary participation. They were also informed of their right to withdraw at any time. Prior to the interviews, each participant gave written informed consent. Throughout the research process, all materials were handled with strict confidentiality, and no identifiable information was used. The potential consequences for participants were carefully considered from their perspective to ensure no harm would occur. For privacy, adult working women were assigned unique identification in the research presentation of results.

8.Findings

8.1 Socio-economic background of the study population

The study population included adult working women aged between 18 and 49 who were actively menstruating, drawn from diverse occupational backgrounds. Participants comprised domestic workers, garment workers, a tea seller, an office cleaner, and a private tutor. The highest level of education among participants was Secondary School Certificate (SSC). Monthly incomes varied across groups, participants in the IDIs and FGD 1 reported earning between BDT 2,500 and BDT 15,000, while garment workers reported incomes ranging from BDT 8,000 to 15,000. This selection aimed to capture a broad spectrum of experiences and perspectives relevant to the study's focus.

Research question 1: What are the lived experiences of menstrual health and hygiene practices among adult working women in Kallyanpur slum?

8.2 Lived experiences of MHH practices

8.2.1 The inner realities

The lived experiences of menstruation for participants began with menarche, a milestone that all IDI and FGD participants described as confusing and unbearable. Many share feelings of fear, confusion, and shame because of a lack of prior knowledge about menstruation. Every participant reported having been supported by close female family members who guided them through the process making them understand and knowing how to manage menstruation. One participant narrated how her menarche was celebrated;

> *"I first told my mother, and she prepared delicious food, bought me a new red dress to celebrate my menstruation, she explained what it was all about, what needed to be done and advised me to use clothes while maintaining hygiene and cleanliness during this time." (IDI 11, age 27, Domestic worker)*

The Majority of participants reported experiencing episodes of staining their clothes while at work, which left them feeling embarrassed and ashamed. Out of all the participants, only four of them (aged between 18 to 22) reported having been introduced to pads during menarche the rest were introduced to clothes. The garment workers (FGD 2) out of seven participants only one reported using cloths, the rest reported using pads while among domestic workers (FGD 1) four participants confirmed using cloth while two reported having changed from cloth and currently using pads. Pads were reported to be unaffordable for regular use by participants who used clothes because of the economic constraints which was reported as the main reason for those who were using clothes.

All participants, except for three who were single, shared that after returning from work, they would still go to do the household chores, regardless of whether they were menstruating.

8.2.2 Support and stigma in workplaces

Participants shared receiving different support in their workplaces when it came to managing menstruation. Domestic workers reported less supportive environments compared to garment workers and a private tutor. A few domestic workers mentioned being treated fairly by their employers during menstruation, the majority reported experiencing unfair treatment. Majority of the domestic workers revealed that they had to purchase pain medication out of their own pockets to manage menstrual pain while at work. In contrast, garment workers reported relatively better experiences, as their employers provided access to onsite medical facilities and a nurse to address health issues, including menstrual pain, free of charge.

Research question 2: What are the challenges faced by adult working women in the Kallyanpur slum to maintain menstrual health and hygiene practices in accessing menstrual hygiene products?

8.3 Walk of shame; The hidden struggles of menstrual health

8.3.1 No rest for the clock

Majority of the participants reported facing challenges in managing their menstruation due to long working hours and demanding job responsibilities. Both domestic and garment workers reported difficulties from extended hours and limited breaks. Domestic workers, in particular, described their schedules as unpredictable and exhausting, often dictated by their employers' needs. Majority reported working seven days a week without any days off or time to rest, even during special celebrations and festivals such as Eid and Pohela Boishakh Unlike domestic workers, all garment workers reported working 6 days a week that is Saturday to Thursday and having one scheduled day off per week which was Friday. They also added that whenever the factory had a shipment to be made then they were not allowed any rest day at all. All of them reported working between twelve to fourteen hours each working day with one hour lunch break.

8.3.2 Beyond the restroom

Garment workers shared that they had access to private female toilets privacy from their male colleagues. Although occasional water shortages were reported, caretakers addressed these issues by supplying piped water. Additionally, all garment workers noted the availability of handwashing supplies, such as soap or detergent, in their restroom facilities. On the contrary, the majority of domestic workers reported being denied access to washrooms in their employers' homes. They gave reasons such as being seen as poor, being perceived as outsiders, or being treated as maids. Some reported avoided using the facilities out of fear that it might anger their employers. However,

six participants said they were allowed to use the washrooms freely, and one described having a private washroom assigned for domestic workers at her workplace.

Almost all domestic workers reported that their employers did not provide menstrual products. One participant, who had been working in the same household for a decade, shared an exceptional experience;

> *"I'm working in another house now, and the family is very kind. They have a daughter who understands my situation. She told me, 'We will buy pads for you every month, so you'll always have them here and at your own house.' They're such good people that I don't need to buy pads myself they purchase them for me. They even provided a private space in their house where my pads are kept and told me, 'You can change and use them whenever you need, but don't tell anyone. Otherwise, it could lead to trouble or even health issues like cancer, and you might not be able to work.'" (IDI 1, 38 years old, domestic worker).*

Garment workers reported having access to adequate trash bins for disposing of used pads and cloths, which they wrapped in polythene for hygiene. In contrast, most domestic workers reported significant challenges with disposal. Those not allowed to use washrooms at work said that they had to wait until they returned home to change. Even among the few permitted to use washrooms reported the lack of disposal facilities, they said that they had to carry used menstrual products home for proper disposal.

8.3.3 Red talk

Almost all participants mentioned that cultural norms, along with feelings of shame and shyness, were the main things that prevented them from discussing menstruation openly at their workplaces. Among garment workers, all participants reported a lack of addressing MHH practices issues because most supervisors were men. The same challenge was also mentioned by a few domestic workers who had male employers. On the other hand, most domestic workers, despite having women as their employers, reported an inability to discuss menstruation. They mentioned reasons as fear of being judged and shyness kept them silent, even when they needed support.

Research question 3: How do these health barriers to menstrual health and hygiene practices affect the physical and mental health outcomes of adult working women?

8.4 The monthly rhythm

8.4.1 Tidal wave of pain

All participants reported having experienced physical menstrual symptoms like fatigue, painful cramps, back pain, itching but unfortunately, they had to work due to financial challenges. Some of them reported having had infections related to long hours with a wet damp cloth or pad but

because of financial constraints, they bought medicine from local pharmacies or used the traditional remedies. Both domestic workers and garment workers reported that any time they called in sick due to menstrual issues, their tasks for the day would be pushed to the following day. The garment workers reported that any time they called in sick, their salaries would be deducted.

8.4.2 Tides of the mind

Majority of participants shared how experiences of scolding, humiliation and threats from employers during menstruation related struggles affected their mental well being. They reported how these led to feelings of guilt, anxiety and reduced self esteem. A garment worker described the emotional distress caused by her supervisor's reaction to her reduced productivity due to menstrual cramps. Reflecting on the experience, she said;

> *"When I couldn't meet my production target because of cramps, the supervisor scolded me. It was humiliating, especially since I was already doing my best while struggling."* (P7 FGD 2, age 27, garment worker)

Majority of participants described how these experiences brought them psychological impact, making them feel unworthy and unable of finish their roles. Participants shared that they struggled to speak out their concerns for fear of job loss. A middle aged participants, who juggles cleaning duties at a coaching centre and domestic work in two households reported receiving harsh treatment whenever she got absent due to menstrual challenges, she recounted;

> *"They scolded me, saying, we pay you monthly, so why were you absent? Your sickness doesn't matter, you must complete your daily tasks; otherwise, who will do them? They said so many hurtful things that I felt awful and deeply upset. To them, it doesn't matter if I'm menstruating or not, it's simply not their concern. I have no choice but to stay silent. We are poor, and our families depend on the income we earn from working in other people's homes."* (IDI 9, age 36, domestic worker)

Research question 4. What coping strategies do adult working women employ to manage their menstrual health and hygiene practices needs?

8.5 Coping strategies

Majority of participant reported innovations in managing their MHH practices to remain productive at their workplaces, despite facing different challenges. Different participants reported different coping strategies depending on their workplaces, availability of WASH facilities. Majority of participants reported carrying extra menstrual products like pads or reusable clothes, to work. This preparedness helped them manage unexpected situations, making sure they change and maintain hygiene as needed during their shifts. Among domestic workers, the lack of proper disposal facilities in many households where they were employed was reported as their biggest

problem. Participants shared stories of having to bring used menstrual products back to their homes for proper disposal or washing. Garment workers reported that factories provided them the opportunity to pick up fabric left over from the production process to use as menstrual cloths whenever they start menstruation while at work.

8.5.1 The pillars of support

Majority of participants pointed out that their initial support were female family members like mothers, sisters, or other close female relatives, as well as female friends and neighbours. They reported that these relationships gave reassurance, advice, and shared experiences, creating togetherness that helped them manage their MHH practices better. One participant, in particular, shared a unique perspective, describing her husband as her primary pillar of support. She mentioned how she felt comfortable and free to discuss her menstruation related problems with him and how his understanding helps her challenges. Her story stood out as an example of shifting beliefs around gender and menstruation. She said:

> *"My husband helped me when I had severe cramps and couldn't go to work. He suggested I see a doctor, took me to the hospital for a consultation, and then got all the prescribed medicines for me" (IDI 11, age 27, domestic worker)*

9.Discussion

The objective of this study was to explore the lived experiences, challenges, health outcomes and coping strategies of menstrual health and hygiene practices among adult working women living in Kallyanpur slum, in Dhaka city Bangladesh. The findings revealed struggles, including emotional and physical challenges, societal stigma, cultural taboos, and workplace related issues. These challenges are worsened by financial constraints, lack of adequate workplace facilities, and limited support systems, all of these negatively affecting the participants' MHH practices and wellbeing.

Shame and taboos: Majority of participants shared the emotional challenges as they struggled at their workplaces where menstruation remains a taboo topic. This stigma made it difficult for participants to express their needs for help and so affecting their wellbeing. Participants overwhelmingly described menstruation as a "secret," something that could not be discussed openly, especially in the presence of men. This is seen in research, which showed how stigma in underprivileged areas reduces women's confidence and prohibits open discussions about menstrual health (Sommer et al., 2016). Cultural beliefs worsened the silence and encouraged misinformation, making participants to persevere their struggles in quietly look for support (Hennegan et al., 2019). Similarly, the Bangladesh Menstrual Hygiene Management (MHM) Strategy (2021) noted that many restrictions faced by women during menstruation came from deeply rooted social stigmas and taboos. These challenges were worsened by misconceptions and

a lack of access to reliable information. The continuation of such taboos weakens the move toward achieving SDG 5, which is achieve gender equality and empower all women and girls, which looks at ending discrimination, harmful practices, and inequalities.

The inconvenient workplace environment: The workplaces played a critical role in shaping participants experiences of MHH practices and the study revealed a big difference in support and facilities depending on the type of employment. Domestic workers reported a serious lack of support and expressed fears of discussing their MHH practices needs with employers due to judgment, discrimination, or even job loss. This finding reflects the conclusions of Winkler and Roaf (2014), who noted that menstrual stigma is often worsened in informal employment settings, creating a culture of silence and neglect around women's needs. On the contrary, garment workers had access to some workplace support, like onsite medical clinics and basic medications. Despite this, participants pointed out issues like the financial burden of buying prescribed medications and the lack of appropriate menstrual products at their workplaces. Similar challenges were identified by Das et al. (2015), who emphasized the importance of workplace interventions that address issues such as accessibility, affordability, and the sustainable supply of menstrual products.

Insensitive or nonexistent workplace policies: The absence of adequate and sensitive workplace policies worsens the challenges participants faced in managing their MHH practices. Domestic workers reported harsh conditions like lack of days off, even during cultural or religious holidays, leaving no opportunity to rest or address personal health needs. Additionally, these workers were denied access to basic water, sanitation, and hygiene (WASH) facilities at their employers' homes, forcing them to adopt makeshift and unhygienic ways to manage menstruation. These findings match the study by Sommer et al. (2016), who described how restricted access to sanitation facilities seriously affected women's dignity and menstrual health. This was also reflected in Bangladesh MHM strategy (2021) that found out that most government offices have deplorable WASH facilities non gender specific toilets forcing women not to use toilets and opt to take leave whenever they are menstruating. Garment workers on the other hand were slightly better in terms of access to workplace facilities like medical clinics and restrooms, yet they faced their own challenges. Strict production daily targeted tasks, not forgetting unpaid overtime, these brought about a high pressure workplace where the demands of the job clashed with the physical discomfort and needs associated with menstruation. Participants expressed frustration with the lack of flexibility to take breaks, a problem also identified by Hennegan et al. (2019), who highlighted the harmful impact of excessive work hours and rigid workplace routines on menstrual health management in underprivileged communities. There is an urgent need to address these gaps through gender specific workplace policies and provide appropriate WASH facilities in order to improve and support adult working women MHH practices.

Coping strategies and support systems: Despite the many challenges faced, participants showed a lot of perseverance and creativity in managing menstruation. Domestic workers, who did not have access to WASH facilities at their workplaces, used different ways like carrying extra

menstrual products and bringing used menstrual products back home for proper disposal. These actions reflect their toughness and flexibility in managing workplace that provided less support for their basic health needs. Garment workers, on the other hand, described relying on leftover fabric scraps from their workplaces during emergencies. While this shows their creativity, it points out the urgent need for affordable and accessible menstrual products in such workplaces. These findings match with Hennegan et al. (2019), who observed that women in underprivileged communities often depend on locally available materials for menstrual management, exposing them to potential health risks. Participants also drew strength from family and social support networks. Some shared stories of husbands who provided emotional reassurance and financial assistance to buy menstrual products. This coming up process points to a slow shift in attitudes toward menstruation within familial structures. Such changes are seen in Das et al. (2015), who advocate for greater male involvement in conversations about menstrual health, stressing how this engagement can question deeply rooted stigmas and promote shared responsibility. Participants also found strength in family and social support networks. Some shared experiences of receiving emotional and financial support from family members and including husbands to buy menstrual products. Such support shows gradual shift in attitudes toward menstruation within family and social structures. This matches with findings from Das et al. (2015), who advocate for greater male involvement in menstrual health conversations, stressing how such engagement can challenge stigmas and bring up shared responsibility.

Emotional strain and mental health impact of menstrual challenges: The study pointed out a big emotional pain on participants, caused by the challenges of managing menstruation in unsupportive workplaces. Majority of participants reported feelings of stress, anxiety, and reduced self-esteem, mainly from stigma surrounding menstrual health. Workplace misbehaviors like insensitive comments, lack of empathy from employers and lack of supportive, made their struggles worse. For some, the continuous fear of judgment or ridicule from employers, colleagues and supervisors made them feel helpless, making it difficult to focus on their work. The mental impact was clearly seen among domestic workers, who faced harsh attitudes from their employers, including outright denial of access to basic WASH facilities or unkind remarks about their MHH practices. Similar findings from South Asia pin pointed out the serious psychological toll of menstrual stigma and workplace related challenges (Winkler & Roaf, 2014). These studies stress that the lack of supportive workplaces worsens feelings of shame and isolation, affecting not only women's mental health but also their overall productivity and wellbeing.

Lack of advocacy and awareness on MHH practices in workplaces: The persistent stigma surrounding menstruation is worsened by a lack of awareness and advocacy within workplaces among employers and supervisor both male and female. This deficiency brings out a culture of silence, leaving participants to walk through their menstrual health challenges without the support and understanding. This makes it difficult to attain the SGD 10, which aims to reduce gender inequalities by addressing barriers that blocks equitable access to resources and opportunities.

Domestic workers expressed feelings of vulnerability and powerlessness. Their socioeconomic status and fear of losing employment made them unable to fight for improved access to basic MHH practices at their workplaces. These participants described persevering discriminatory remarks and a lack of acknowledgment for their needs, showing inequalities that remain unaddressed. For garment workers, the situation was slightly better, with some reporting access to limited workplace support such as medical consultations. However, these measures were described as not enough to address all challenges related to MHM practices. Gaps were seen in the availability of menstrual products, the affordability of prescribed medications, and the workplace that failed to provide flexibility. Such challenges were pointed out in a study by Das et al. (2015), who noted that workplace policies in underprivileged communities rarely prioritize menstrual health, establishing gender based inequalities and minimizing women's potential to fully engage in their work.

Lack of paid leave for menstruation: The lack of paid sick leave for menstruation related challenges came out as a source of stress for participants. For many participants, the lack of time off during menstruation without salary deductions led to what can be described as an occupational punishment. Participants shared experiences of having their salaries deducted for absences caused by severe menstrual discomfort, such as cramps, fatigue. This punitive way to menstruation worsens their financial struggles, making majority of the participants to choose between managing their health and maintaining their salaries. This clearly affected the attainment of SDG 8 which is descent work and economic growth, it was well seen that the participant was subjected to choose between economic growth or attend to menstrual challenges. Garment workers, who operate under tight production targets and demanding schedules, were more affected with these challenges. They reported instances where the pressure to meet daily allocated tasks or avoid salary deductions led them to work through physical pain, worsening their discomfort and health risks. The issue of unpaid leave for menstruation related challenges mirrors the bigger societal attitudes that dismiss menstruation as a valid reason for workplace absenteeism. Studies like Das et al. (2015) have shown that the lack of recognition for menstruation as a legitimate health concern increases stigma and fails to address the specific needs of menstruating women in the workforce. A recent randomized controlled trial (RCT) conducted in Bangladesh further highlights this gap, demonstrating that the introduction of workplace menstrual leave policies improved both health outcomes and productivity among female employees. The RCT found that such policies significantly reduced absenteeism and created a more supportive environment for women managing menstrual health challenges (Aditi et al., 2024).

Study limitations

This study provides meaningful insights into menstrual health and hygiene practices of adult working women in Kallyanpur slum but has some limitations. It focuses on one single urban slum area limiting the applicability of the findings to other urban slums. Self-reported data may have been influenced by recall bias or the sensitive nature of the topic leading to possible under reporting. Despite mitigation translation bias, it may have led to some loss of fine points in

participants' responses. Limited time led to limited chance to get a larger number of participants, interruptions during the interviews may have impacted the richness of data collected. However, I ensured the sample includes a diverse range of participants in terms of demographics, such as age, socioeconomic background, and education level, to capture a wider variety of perspectives through FGDs and IDIs.

Conclusion and recommendations

This study brings to light the lived struggles of adult working women in Kallyanpur slum face when managing menstrual health and hygiene practices. From societal stigma and long working hours to lack of access to menstrual products and proper WASH facilities, these women go through different challenges that affect both physical and emotional wellbeing. Despite all the struggles, they still manage to remain strong and find ways to cope and adapt to difficult situations. As mentioned in the Bangladesh MHM strategy (2021), under workplace clause 3.4.3, it is acknowledged that most government offices and industries lack proper WASH facilities which is a great challenge to women especially during menstruation. This is a very important factor that the government and its partners should move in speed to address it to help attain a health MHH practices at workplaces. More effort needs to be put to support these women, workplaces must create more supportive settings by offering paid menstrual leave, regular breaks and clean and private washrooms. Provide affordable or free menstrual products through partnership with NGOs and government programs. Grassroot efforts involving the community can help break the silence around menstrual health and hygiene practices encouraging open discussion and overcoming the cultural taboos. Men and workplace supervisors need to be educated to help build understanding and to create more inclusive workplaces. By implementing these changes, we can help by ensuring that menstruation is no longer shameful. It can become a part of life, allowing women to rise at work, at home and in the communities. Future research should continue to bring these voices forward, look into the bigger picture to create meaningful outcomes.

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Annex 1: Description of IDIs participants

	Participants ID	Age	Occupation	Working hours per day	Level of education	Marital status	Monthly income
1	IDI 1	38 years	Domestic worker	4 - 5 hours	Class 5	Divorced	Tk 5,000
2	IDI 2	32 years	Domestic worker	4 hours	Class 3	Married	Tk 4,000
3	IDI 3	31 years	Domestic worker	4 hours	Did not go to school	Married	Tk 3,000
4	IDI 4	30 years	Domestic worker	6 - 7 hours	Did not go to school	Widow	Tk 11,000
5	IDI 5	20 years	Domestic worker	3 hours	Class 5	Married	Tk 3,000
6	IDI 6	19 years	Domestic worker	4 hours	Class 7	Married	Tk 4,000
7	IDI 7	32 years	Domestic worker	2 hours	Class 8	Married	Tk 2,500
8	IDI 8	37 years	Tea seller	8 hours	Class 3	Married	Tk 10,000 - 15,000
9	IDI 9	36 years	Office cleaner & domestic worker	3 hours	Class 8	Married	Tk 8,000
10	IDI 10	25 years	Domestic worker	2 - 3 hours	Class 5	Married	Tk 2,500
11	IDI 11	27 years	Domestic worker	2 hours	Class 5	Married	Tk 3,000
12	IDI 12	21 years	Private tutor	4 hours	SCC	Married	Tk 5,000

Annex 2: Description of FGD 1 participants

1	P 1	35 years	Domestic worker	4 hours	Class 3	Married	Tk 5,000
2	P 2	48 years	Domestic worker	2 hours	No education	Married	Tk 4,000
3	P 3	39 years	Domestic worker	2 hours	Class 5	Married	Tk 5,000
4	P 4	38 years	Domestic worker	2 hours	No education	Married	Tk 3,000
5	P 5	19 years	Domestic worker	2 hours	SCC	Married	Tk 3,000
6	P 6	25 years	Domestic worker	1 hour	Class 5	Married	Tk 4,000

Annex 3: Description of FGD 2 participants

1	P 1	18 years	Garment worker	9 hours	Class 5	Single	Tk 10,000
2	P 2	32 years	Garment worker	11 hours	Class 5	Married	Tk 14,000
3	P 3	28 years	Garment worker	11 hours	Class 5	Married	Tk 15,000
4	P 4	18 years	Garment worker	11 - 14 hours	Class 5	Single	Tk 8,000
5	P 5	18 years	Garment worker	12 hours	Class 5	Single	Tk 9,500
6	P 6	21 years	Garment worker	12 hours	Class 5	Married	Tk 10,300
7	P 7	27 years	Garment worker	12 hours	Class 5	Married	Tk 13,000

Annex 4: IDI guideline in English

Topic guide for the semi structured in-depth interview (IDI) for adult working women

Interviewer:		**Starting time:**	
Interpreter:		**End time:**	
Notetaker:		**Duration of interview:**	
Date:		**Day:**	
Details of the study site			

Background history

# of Family member		Marital status	
# of Female family members		No of Children (Age and Gender)	
Monthly Family Income		Educational Status	
Age at menarche		Spousal age and educational status	
Toilet facilities (Pvt/ Communal)		Occupation	
Sources of water		Spousal Occupation	
Menstrual water disposal at home			

1. Introduction and consent

a) ” Hello, Apa/ Ma. My name is Florence, I come from Kenya (Africa), I am here as a student at BRAC JPG, I have visited you today because l wants to chat with you about your experiences of menstrual health as a working woman”.
b) I will explain the focus on menstrual hygiene experiences, privacy and confidentiality; and using the information sheet and consent form.
c) I will then obtain consent for the interview and recording.

.2. Background information

a) ” How long have you been living in this area?*” (Probe: Originality, household ownership, Reason for migration (if applicable))*
b) ” Could you tell me a little bit about yourself?” (Probe*: Participants name, age, education, marital status, age at menarche, age at marriage, type of occupation, how long they have worked there, economic status (monthly household income if they want to share), number of family members, number of children).*

3. Menstrual hygiene experiences and challenges

- **Day of a women**

a)” what do you do on a usual day?” *(Probe: work days, holidays, weekends)*
b) “How many days does your period take?”
b)” How are the days of the period different from the usual days?”” Can you Walk me through an example of a whole day at work when you are in your menses?”.

- **Menstrual products**:

a) ” Can you tell me about the types of menstrual products you use?”” How do you decide which ones to use?” *(Probe: accessibility, availability, affordability, acceptability)*
b) “What were some of the menstrual products you used when you started having your periods?” “How has it changed and why?”
c) ” What are the challenges, if any, you face in obtaining these products when you are at your workplace?” (Prob: access, available, affordability, acceptability)
d) ” How often do you change sanitary pads while you are at work?”” Why/ why not?”

WASH (water, sanitation, and hygiene) facilities:

a) ” Tell me about the WASH situation at your workplace?” (Probe: availability of toilet, running water, trash can/disposal mechanism, soap, privacy, separate toilets for men and women, cleanliness, availability of vessels)

Health and hygiene challenges:

a) ” Can you give me an example of when you experienced any health issues related to menstruation?” *(Probe: self-reported morbidity: such as infection, genital rashes, genital itching, burning sensation, etc.) How did these affect your day-to-day activities? (probe: self-reported tension, anxiety etc.)*
b) ” Do you have difficulties managing menstruation at your workplace?” “Why?”
c) ” Does your job provide breaks or time for personal hygiene needs?” “Are the breaks sufficient for you or not? Why?”
d) “What happens if you are unable to go to work because of reasons related to menstruation? Can you give any examples of a time when you missed work because of your menstruation? What happened then?”

Coping mechanisms

- **Strategies for managing menstrual health**:

a) ” Can you give me an example of when you had menstrual health challenges and how you handled it?”

- **Social Support and Communication**:

a) ” How do you talk about menstrual health issues with others, like family members, friends, community members or co-workers?”
b) ” Can you give me an example of a person who mostly supports you during the menstruation period, and what kind of support does the person give?”

Health seeking

a) ” Where do you go when you feel you need to consult about your menstrual issues?” (Prob: health profession, pharmacy, NGO, etc) (if any reason)? ” Why/Why not?” ” When?”” What did you do then?”

5. Perceived impact of menstrual hygiene challenges on wellbeing and productivity

- **Physical health**:

a) ” How do menstrual health issues impact your physical wellbeing?”” Are there any specific symptoms that affect your work performance?”

- **Mental and emotional health**:

a) ” How do you feel emotionally when dealing with menstrual issues at work?”

- **Work productivity**:

a) ” In what ways, if any, do these menstrual challenges affect your work or productivity? How?”

6. Closing

- ” Do you have any thoughts or suggestions on how menstrual hygiene management could be improved in the workplace for women like you?”
- Do you want to ask anything from us? Please let me know.

Thank you for your time and participation in this research. Your thoughts and insights are valuable to us. I want to reassure you again that all of your personal information will be kept confidential in future correspondences. “Thank you very much. Could you kindly refer me to another working woman who might be willing to speak to us?”

Annex 5: IDI guideline in Bengali

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Annex 6: FGD guideline for both domestic workers and garment workers in English

Topic guide for the semi structured focus group discussions (FGDs) for garment workers and domestic workers.

Interviewer:		**Starting time:**	
Interpreter:		**End time:**	
Notetaker:		**Duration of interview:**	
Date:		**Day:**	
Details of the study site			

Background history

Participant ID	Age	Employment type	Working hours per day	Level of education	Marital status	Duration of stay in the slum	Additional notes
P1							
P2							
P3							
P4							
P5							
P6							

For general questions, each participant will be asked individually to share their responses, ensuring that everyone has the opportunity to express themselves. For broader or common questions, the questions will be presented to the entire group to encourage open discussion among participants. This will allow for a wide perspective to emerge, while I facilitate the conversation and collect valuable insights from the group interactions.

1. Introduction and consent

a) ” Hello, Apa/ Ma. My name is Florence, I come from Kenya (Africa), I am here as a student at BRAC JPG, I have visited you today because l wants to chat with you about your experiences of menstrual health as a working woman”.
b) I will explain the focus on menstrual hygiene experiences, privacy and confidentiality; and using the information sheet and consent form.
c) I will then obtain consent for the interview and recording from each participant.

.2. Background information

a) ” How long have you been living in this area?*” (Probe: Originality, household ownership, Reason for migration (if applicable))*
b) ” Could you tell me a little bit about yourself?” (Probe*: Participants name, age, education, marital status, age at menarche, age at marriage, type of occupation, how long they have worked there, economic status (monthly household income if they want to share), number of family members, number of children).*

3. Menstrual hygiene experiences and challenges

- **Day of a women**

a)” what do you do on a usual day?” *(Probe: work days, holidays, weekends)*
b) “How many days does your period take?”
b)” How are the days of the period different from the usual days?”” Can you walk me through an example of a whole day at work when you are in your menses?”.

- **Menstrual products**:

a) ” Can you tell me about the types of menstrual products you use?”” How do you decide which ones to use?” *(Probe: accessibility, availability, affordability, acceptability)*
b) “What were some of the menstrual products you used when you started having your periods?” “How has it changed and why?”
c) ” What are the challenges, if any, you face in obtaining these products when you are at your workplace?” (Prob: access, available, affordability, acceptability)
d) ” How often do you change sanitary pads while you are at work?”” Why/ why not?”

WASH (water, sanitation, and hygiene) facilities:

a) ” Tell me about the WASH situation at your workplace?” (Probe: availability of toilet, running water, trash can/disposal mechanism, soap, privacy, separate toilets for men and women, cleanliness, availability of vessels)

Health and hygiene challenges:

a) ” Can you give me an example of when you experienced any health issues related to menstruation?” *(Probe: self-reported morbidity: such as infection, genital rashes, genital itching, burning sensation, etc.) How did these affect your day-to-day activities? (probe: self-reported tension, anxiety etc.)*
b) ” Do you have difficulties managing menstruation at your workplace?” “Why?”
c) ” Does your job provide breaks or time for personal hygiene needs?” “Are the breaks sufficient for you or not? Why?”
d) “What happens if you are unable to go to work because of reasons related to menstruation? Can you give any examples of a time when you missed work because of your menstruation? What happened then?”

Coping mechanisms

- **Strategies for managing menstrual health**:

a) ” Can you give me an example of when you had menstrual health challenges and how you handled it?”

- **Social support and communication**:

a) ” How do you talk about menstrual health issues with others, like family members, friends, community members or co-workers?”
b) ” Can you give me an example of a person who mostly supports you during the menstruation period, and what kind of support does the person give?”

Health seeking

a) ” Where do you go when you feel you need to consult about your menstrual issues?” (Prob: health profession, pharmacy, NGO, etc.) (if any reason)?” Why/Why not?”” When?”” What did you do then?”

5. Perceived impact of menstrual hygiene challenges on wellbeing and productivity

- **Physical health**:

a) ” How do menstrual health issues impact your physical wellbeing?”” Are there any specific symptoms that affect your work performance?”

- **Mental and emotional health**:

a) ” How do you feel emotionally when dealing with menstrual issues at work?”

- **Work productivity**:

a) ” In what ways, if any, do these menstrual challenges affect your work or productivity? How?”

6. Closing

- ” Do any of you have any thoughts or suggestions on how menstrual hygiene management could be improved in the workplace for women like you?”
- Do any of you want to ask anything from us? Please let me know.

Thank you for your time and participation in this research. Your thoughts and insights are valuable to us. I want to reassure you again that all of your personal information will be kept confidential in future correspondences. Thank you very much.

Annex 7: FGD guideline for both domestic workers and garment workers in Bengali

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