Exploring Knowledge and Attitudes about Menstruation and Menstrual Hygiene Management among Adolescent Boys Aged 15-19 years in Urban Slum, Dhaka, Bangladesh

Final Report of Summative Learning Project (SLP) presented to the BRAC James P Grant School of Public Health, BRAC University

Mosharrat Monima

20th Batch

ID: 24167022

Supervisor: Kaosar Afsana

Email: kaosar.afsana@bracu.ac.bd

Co-supervisor: Atiya Rahman

Email: atiya.r@bracu.ac.bd

Mentors:

Nazrana Khaled, Email: nazrana.khaled@bracu.ac.bd

Pragna Paramita Mondal, Email: pragna.paramita@bracu.ac.bd

Riaz Hossain, Email: riaz.hossain@bracu.ac.bd

Farha Musharrat Noor, Email: farha.noor@bracu.ac.bd

In Partial Fulfillment of the Requirements for the Degree of Master of Public Health (MPH)

Table of Contents

Abstract 3 **1. Introduction** 5 **2. Research Questions** 7 **3. Objective** 7 3.1 General Objective 7 3.2 Specific Objective 7 **4. Conceptual Framework** Error! Bookmark not defined. **5. Operational Definitions** Error! Bookmark not defined. **6. Methodology** Error! Bookmark not defined. 6.1 Study design Error! Bookmark not defined. 6.2 Study site Error! Bookmark not defined. 6.3 Study population Error! Bookmark not defined. 6.4 Sampling Technique 10 6.5 Tool Development Error! Bookmark not defined. 6.6 Data Collection Error! Bookmark not defined. **7. Data Management and Analysis** 12 **8. Ethical considerations** 13 **9. Findings** Error! Bookmark not defined. **10. Discussion** 23 10.1 Implications 25 10.1.1 Interventions Error! Bookmark not defined. 10.1.2 Policy Influencing 26 10.1.3 Future Research Error! Bookmark not defined. 10.1.4 Limitations 26 **11. Conclusion** 27 **Annexure** Error! Bookmark not defined. Annexure 1 : Semi-structured interview guideline 31 Annexure 2 : Photos for photo elicitation 43 Annexure 3 : Case vignettes 45 Annexure 4: Table of Knowledge Demands and Methods 45

Abstract

Introduction

In male-dominated societies, menstruation is often considered a taboo topic for men, perpetuating gender inequality in menstrual hygiene management. Limited attention has been given to boys' knowledge and attitudes of menstruation, particularly in low- and middle-income countries, where cultural norms and socio-economic barriers exacerbate stigma and misinformation. In Bangladesh, menstruation is viewed as a feminine concern, excluding boys from education on the subject and hindering support for menstruating peers, particularly in urban slums. This gap fosters shame and creates barriers to educational and gender equity for girls. Evidence suggests that engaging boys in menstrual health education can reduce stigma and promote supportive practices, yet research on boys' attitudes remains limited, highlighting the need for qualitative, in-depth studies in contexts like Dhaka's urban slums. The purpose of this study was to appreciate how boys view and understand menstruation and menstrual hygiene management (MHM) practices and the role that they can play to make women who are menstruating more comfortable.

Method

A qualitative, exploratory design was used and data was collected via in-depth interviews, photo elicitation and case vignettes with 12 adolescent boys aged 15–19 who lived in Kallyanpur slum. Respondents were sampled purposively that allowed the researcher to identify participants who were most likely to yield relevant information about the study topic, focusing on the unique social and cultural perspectives within this community. Data analysis made use of thematic approaches in attention to the recurrent themes and the gaps in the knowledge.

Findings

The results indicate that boys have a relatively poor understanding of menstruation, coupled with widespread misconceptions. While two thirds of the participants were aware of menstruation, this was often due to unverified information from friends and social media rather than formal education. It was evident that stigma and cultural beliefs were strong as the majority of the boys shied away from talking about menstruation. However, there were exceptions who were ready to participate and give support, provided that appropriate knowledge was available. Education and age were important, as older (17-19 years) and more educated (SSC and above) boys seemed to have a better understanding and a greater willingness. Constraints such as lack of adequate health education, discomfort and the social context hampered their engagement in (MHM) talks and practices.

Conclusion

With targeted education and community-based initiatives the study concludes that engaging adolescent boys can help to normalize menstruation, reduce the stigma and promote gender equity. By high school, around half of boys believe they understand menstruation well, a level of awareness that is essential if they are to be supportive and sensitive to their menstruating counterparts, but it isn't without problems; menstruation stigma is pervasive and leaves marks on society that all men should take accountability for. Schools and community programs can further close the information gap by developing and implementing curricula around menstrual health that includes boys and addresses the stigma, moving toward a more equitable and supportive environment for all.

1. Introduction

Adolescence is a critical time of life when people become independent individuals, forge new relationships, develop social skills, and learn behaviors that will last the rest of their lives (WHO, 2024). The world has now around 1.2 billion adolescents aged 10-19 years – a critical mass of populations (UNICEF, n.d.), Adolescent girls comprising half of the adolescent group start menstruation, a significant stage of life cycle between 10 to 16 years that transforms their lives. (Agarwal et al., 2018; Deshpande et al., 2018). Bodily experiences of neurological and metabolic changes during puberty make it a challenging time for girls (Mahon et al., 2015). Menstruation is a biologically normal, social phenomenon that revolves around perceived norms, cultural and social stigma, menstrual rules, and concealment (McCammon et al., 2020). It also causes anxiety, fear, embarrassment, and perplexity (Ghandour et al., 2022). In this context, support from family, community, and peers is crucial to help young girls navigate these challenges, fostering confidence and promoting their overall well-being during this transformative period (Sommer & Sahin, 2013).

In male-dominated societies where it is considered improper for a male to talk about menstruation,

the management of menstrual hygiene remains an issue of gender inequality (Sommer et al., 2016). Knowledge about menstruation and menstrual hygiene practices is an important factor in the adolescent health domain that has not been adequately addressed in many low and middle-income countries (Rossouw & Ross, 2021). Studies in Taiwan and Mexico raised concern that poor acceptance of menstruation educational material among male students can result in the provision of menstrual hygiene practice education for female students only (Luisa Marván & Bejarano 2005; Chang *et al.* 2012). As in other societies, in Bangladesh menstruation is primarily regarded as an internal or feminine concern, which excludes boys and men from education in this area, hence constraining the supportive milieu for the menstruating women (Khan et al., 2023). The absence of education and open conversation regarding menstruation among adolescent boys has a substantial effect, especially in the overcrowded and low-income communities like the urban slums of Dhaka (Rathod & Muneshwar, 2023). In these societies, for instance, girls often find it tough to cope with menstruation due to lack of sanitary facilities, personal space, and deficient information (Rathod & Muneshwar, 2023). This absence of provision is further worsened by perceived shame, which may discourage girls from attending school or engaging in any other activities during their monthly periods, thereby creating barriers to educational and gender equity (Khan et al., 2023). Considering the situation discussed above, The Government of Bangladesh has emphasized menstrual hygiene management practices in its policies. Notably, the *National Strategy for Adolescent Health* and the *National Menstrual Hygiene Management Strategy 2021* emphasize the critical importance of addressing these issues. Evidence from studies in South Asia and other low and middle-income countries (LMICs) indicates that engaging boys in menstrual health education can foster a supportive environment for girls, reduce stigma, and encourage better health practices. A study in India found that the boys who received education about menstruation displayed a greater understanding and expressed a willingness to support menstruating classmates and family members (Mason et al., 2017).

Despite growing global attention on menstrual hygiene management (MHM), research primarily focuses on girls' experiences and challenges, often overlooking the role of adolescent boys. Globally less than one-fifth of the populations are adolescents, whereas Bangladesh exceeds over one-fifth of the populations who are adolescents. Amongst them, adolescent boys remain neglected in SRHR space where their role is critical as a peer especially the ones at their late adolescent period (10-19 years). In settings like urban slums in Dhaka, as socio-economic challenges and cultural taboos around menstruation are prevalent, lack of understanding and engagement of boys is likely to contribute to persistent stigma and misinformation. Some studies explored girls' needs in MHM, but few assessed boys' knowledge and attitudes despite the crucial role of boys in fostering a supportive environment for menstruating peers (Khan et al., 2023). Additionally, existing research often lacks a qualitative, in-depth approach to uncover nuanced beliefs and social norms that shape boys' attitudes toward menstruation which supports multiple Sustainable Development Goals (SDGs) especially goals 3 (ensure healthy lives and promote well-being for all at all ages), 4 (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), 5 (achieve gender equality and empower all women and girls), 6 (ensure clean water and sanitation) (National Strategy of Adolescent Health, Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh, 2017).

This study aims to explore how adolescent boys at their late adolescent period in urban slums of Dhaka perceive menstruation and menstrual hygiene management. By gaining insights into their knowledge and attitudes, the study seeks to emphasize the important role these boys can play in promoting menstrual hygiene practices and alleviating stigma, thereby fostering a more equitable and supportive atmosphere for girls in their communities.

2. Research Questions

What knowledge and attitudes do adolescent boys (15-19 years) have about menstruation and menstrual hygiene practices in the urban slum of Dhaka, Bangladesh?

3. Objective

3.1 General Objective

To explore the knowledge and attitudes of adolescent boys regarding menstruation and menstrual hygiene practices in the urban slum of Dhaka, Bangladesh.

3.2 Specific Objective

1. To explore knowledge of adolescent boys (15-19 years) about menstruation and menstrual hygiene practices

2. To explore the attitudes of adolescent boys (15-19 years) toward menstruation and menstrual hygiene practices in urban slums of Dhaka.

4.Conceptual Framework

The conceptual framework shown below describes how the different interacting factors such as gender roles, cultural beliefs, misconceptions, educational deficiencies, socio-economic barriers, and community attitudes impact adolescent boys' knowledge and attitudes towards menstruation and menstrual hygiene management. These work together to influence the extent of boys' engagement, support and the potential for stigma reduction, menstrual hygiene management (MHM) and gender equity in urban slum environments.

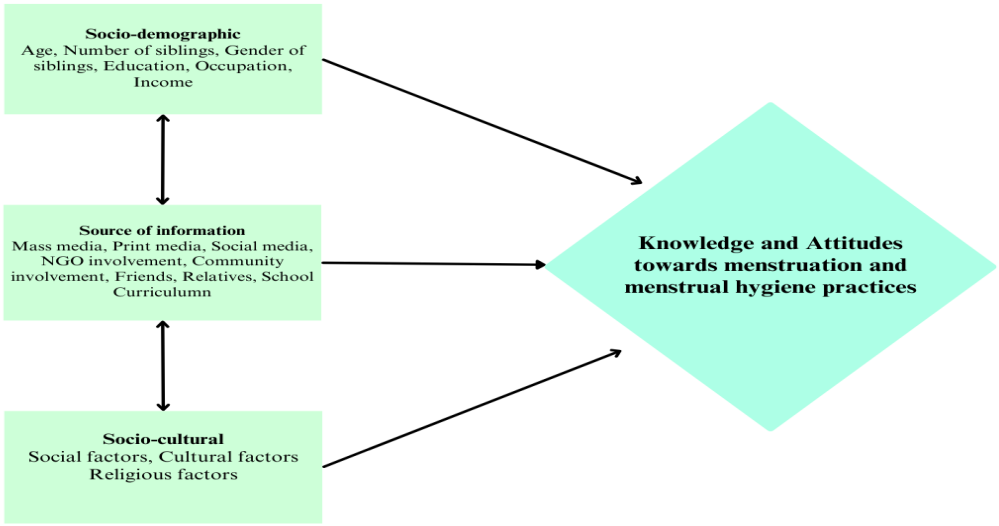

Figure 1: Conceptual Framework for exploring knowledge and attitude among adolescent boys in urban slum of Dhaka.

5. Operational Definitions

Adolescent boys: Adolescent boys aged between 10 -19 years (unmarried) who have been living in the Kallyanpur slums at least for the last 6 months.

Menstruation or menses: It is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle (UNICEF, 2019)

Menstrual hygiene practice/management: Menstrual hygiene management (MHM) or menstrual health and hygiene (MHH) refers to access to menstrual hygiene products to absorb or collect the flow of blood during menstruation, privacy to change the materials, and access to facilities to dispose the used menstrual management materials (UNICEF, 2019)

Slum: A cluster of compact settlements of five or more households that generally grow very unsystematically and haphazardly in an unhealthy condition and atmosphere on government and private vacant land (BBS, 2015)

6. Methods

6.1 Study design

This study was qualitative and exploratory in nature and utilized in-depth interviews, photo elicitation and case vignettes to gather detailed insights from adolescent boys on their knowledge and attitudes towards menstruation and menstrual hygiene practices.

6.2 Study settings

There are about 3394 slums with more than 6 lakh people living in Dhaka city (Chowdhury et al., 2022). There are 2,184 households in Kallyanpur slum, and the total population of Kallyanpur slum is 8,129 among which 4,126 are men (BBS, 2015). The ARISE project of BRAC JPGSPH has been working here for the last 5 years and has a good understanding of the community through community research assistants. Thus, Kallyanpur slum was purposively selected due to BRAC JPGSPH's established rapport and prior research experience within the community.

6.3 Study population

The target population includes adolescent boys aged 10-19 years in Kallyanpur slum. The age range aligns with UNICEF's definition of adolescence (UNICEF, n.d.). This is a developmental period where foundational attitudes and knowledge about health and social issues, such as menstruation, puberty are often formed. Studying this age group can reveal prevailing knowledge and inform early interventions to foster positive attitudes. However, previous work in this area had revealed that boys aged 10-14 years old were reluctant to speak with outsiders due to shyness or reservations. We also excluded married boys because they are likely to be absent during the time, we were going to collect data. Hence, the following exclusion and inclusion criteria will apply.

6.3.1 Inclusion Criteria

1) Unmarried adolescent boys aged 15-19 years

2) Unmarried adolescent boys who had been living in Kallyanpur slum for at least 6 months

3) Unmarried adolescent boys who provided written consent

6.3.2 Exclusion Criteria

1) Adolescent boys who do not provide consent to participate

2) Adolescent boys who have lived in Kallyanpur slum for less than 6 months

3) Adolescent boys who are married

4) Adolescent boys aged 10-14 years

6.4 Sample size and sampling

This study used a purposive sampling technique to select 12 adolescent boys aged 15-19 for IDI from the urban slum area of Kallyanpur. In this context, adolescent boys who come from socio-economically disadvantaged backgrounds were selected to provide insights into their attitudes and knowledge of menstruation and menstrual hygiene practices. This approach helped the researcher to identify participants who were most likely to yield relevant information about the study topic, focusing on the unique social and cultural perspectives within this community.

6.5 Tool Development

6.5.1 In-Depth Interview

Prior to the commencement of data collection, a semi-structured interview guide (IDI) (see Annexure 1) was prepared for in-depth interviews (IDI) with respect to the interview style that fosters uniformity across the interviews. This guide included several open-ended questions regarding the most relevant areas, including knowledge and attitudes about menstruation and menstrual hygiene practices, cultural beliefs, and social norms.

6.5.2 Photo Elicitation

Photo Elicitation is the use of photographs to generate verbal discussions (Thomas, 2009). For this study a set of culturally relevant images representing aspects of menstrual hygiene (e.g., sanitary products, menstrual hygiene product disposal, nutritious foods etc.) were chosen to explore the basic knowledge about menstruation. The images were selected based on thematic areas identified during the preliminary literature review and discussions with supervisor and mentors to ensure cultural relevance and sensitivity (see Annexure 2 for the photos used during interviews). Photo elicitation was used to explore implicit attitudes, cultural beliefs, and perceived norms related to menstruation. By engaging participants visually, this method may reveal insights into their unspoken knowledge, attitudes and cultural associations.

In terms of ethical consideration, ease and dignity of the participants were taken into consideration during choosing and using sensitive cultural images. Before proceeding, informed consent was acquired and participants were free to disengage from any image or topic of conversation. Data collection in photo elicitation techniques included interviews and open questions where participants were asked about their views and certain cultural ideas. This visually engaging method enriched qualitative data by uncovering implicit attitudes and socio-cultural nuances and contributed to active and reflexive discussions on menstruation.

6.5.3 Case Vignette

Vignettes are short stories about a hypothetical person, traditionally used within research (quantitative or qualitative) on sensitive topics in the developed world (Gourlay et al., 2014). Vignettes were used to test participants' reactions to plausible, everyday scenes. This method can reveal their attitudes, moral evaluations, and envisaged behavior in social situations surrounding menstruation. It serves to bring both conscious and unconscious biases to light, as well as social and cultural norms that could affect behavior.

Two brief fictional cases were constructed to illustrate situations involving menstruation. A vignette, focused on a girl who just started menstruating in class and seeing that her male peers mocked the situation. Such scenarios were crafted to resemble commonplace situations that would arise in the participants' social worlds (see Annexure 3 for the case vignettes used during interviews).

6.6 Data Collection

For primary data collection, 12 participants were selected from the residents of the Kallyanpur Slum. The selection process was facilitated by the focal person from BRAC JPGSPH working in the slum. She used to gather the participants on the day before the interview. But the final selection was done by the researcher after taking the consent from the participants. Data collection spanned 18 days, during which the researcher conducted at least two interviews per day. Each interview lasted between 45 minutes and 1 hour, allowing us to gather a detailed understanding of their perspectives. It was ensured that the interviews were conducted in private settings which allowed the participants to open up and share their honest and unbiased perspectives. Written informed consent was obtained prior to each interview. After the completion of the interview a small soap was given to the participant as a token of appreciation. The field research team included the researcher, research assistants, community researcher, and mentors. The research assistants assisted during interviews as note-takers. All the interviews were conducted by the researcher face to face.

7. Data Analysis

All interviews and discussions were audio-recorded, verbatim transcribed, and translated into English for analysis. Participant identifiers were removed, and data was stored on a password-protected computer drive to maintain confidentiality. Regular debriefing sessions with the research team ensured the interpretation of data was accurate. Using a framework analysis approach major themes and findings were illustrated with a data matrix in excel and thematic maps, revealing trends, and patterns in attitudes and knowledge.

7.1 Triangulation

In this study, the data triangulation was affected by integrating three information-gathering processes: IDIs, photo elicitation, and case vignettes to ensure the validity of findings with depth. While IDIs provided detailed descriptions of knowledge and attitudes of boys related to menstruation, the photo-elicitation visually engaged them with the discovery of hidden attitudes and cultural norms of participants. Case vignettes have revealed boys' reactions against hypothetical situations, thereby depicting their moral judgment or bias. triangulation across methods showed that there were consistent themes of misinformation, cultural taboos, and the role of education and age in shaping awareness. Findings across these methods have been used to cross-validate the need for inclusive, multi-faceted interventions that address stigma and supportive behaviors among adolescent boys in urban slums.

8. Ethical considerations

This study was conducted with ethical approval from the institutional review board (IRB) of BRAC JPGSPH, BRAC University. Informed consent was obtained from all participants with parental consent/assent from those who are under 18 years old. Participants were informed about the study objective, confidentiality, and their right to withdraw at any time without any repercussions. The study was done properly maintaining privacy at the location of interviews, de-identification of data at the data management/analysis stage, and protection of participant data from breach. The names of the participants were not recorded in any study materials, like IDIs and were replaced by their IDs. No financial incentives were provided to the study participants, but a soap was provided as a token of appreciation for their time and contributions towards the research. All the research materials, including audio recordings and documents were saved on the researcher’s personal computer which was password-protected and accessible only by the researcher. The data that was collected was used only for the summative learning project.

9. Findings

9.1 Background characteristics of the study participants

The participants' ages range from 15 to 19 years, with the majority being 18 or 19 years old. Specifically, three participants are 19, four are 18, two are 17, two are 16, and two are 15. Most participants live with female guardians, primarily their mothers. Some also mentioned the presence of sisters, aunts, or grandmothers in their households. Four participants reported having no siblings, while others indicated having one to three siblings. Among those with siblings, some reported only sisters, while others mentioned brothers or a mix of both genders. Educational attainment varies significantly among participants. Two have completed Secondary School Certificate (SSC) levels, one has a diploma, while others reported education levels ranging from Class 4 to Class 8. One participant was still studying in Class 7.

The data provides (see Table 1) insights into their age, family composition, education, occupation, and income levels.

Table 1: Socio Demographic characteristic of adolescent boys in Kallyanpur Slum.

ID NO.:	Age (yrs)	Number Of Female in house	Number Of Sibling	Gender Of Sibling	Education	Occupation	Income (monthly)
IDI 001	19	1 (mother)	N/A	N/A	SSC	Ward boy	8000 bdt
IDI 002	17	3 (mother, sisters)	2	sisters	Class 5	Doctors chamber assistant	5000 bdt
IDI 003	16	1 (aunt)	N/A	N/A	Class 4	Carpenter	10000 bdt
IDI 004	18	2 (mother, grandmother)	3	brothers	Class 8	Unemployed	N/A
IDI 005	15	1 (mother)	N/A	N/A	Class 7	Student	N/A

IDI 006	**18**	**1 (mother)**	**N/A**	**N/A**	**Class 8**	**Unemployed**	**N/A**
IDI 007	**18**	**2 (mother, younger sister)**	**1**	**sister**	**SSC**	**Student**	**N/A**
IDI 008	**19**	**3 (mother, elder sisters)**	**2**	**sisters**	**Diploma**	**Student**	**N/A**
IDI 009	**19**	**2 (mother, sister)**	**1**	**sister**	**Class 8**	**Unemployed**	**N/A**
IDI 010	**15**	**1 (mother)**	**1**	**brother**	**Class 5**	**Student**	**N/A**
IDI 011	**16**	**1 (mother)**	**1**	**sister lives with her in-laws**	**Class 4**	**Cycle Mechanic**	**7000 bdt**
IDI 012	**18**	**2 (mother, sister-in-law)**	**1**	**brother**	**Class 5**	**Carpenter**	**6000 bdt**

9.2 Knowledge about menarche and menstruation and menstrual hygiene management

Source of Knowledge

Two third of the (8 out of 12) boys reported having some basic knowledge (process, duration, products used, hygiene management) of menstruation. They learned about it through informal channels like friends and family, TV serials, facebook reels etc.

> *"I heard it from my friend. Male friend, one day I asked him about it, he told me about what period is, every month it happens among women. That's all about, not that much"* (IDI 001, 19 years)

This quote illustrates how boys primarily depend on their peer groups for information, which may lack depth or correctness.

Furthermore, social media and entertainment platforms were also cited as significant sources of information by one participant. These platforms often present menstruation in a dramatized, casual, or stereotypical manner, which might lead to fragmented or biased understanding.

> *"On TV, I saw a scene where someone was going to work, and a stain of blood became visible, and another person came to help. I can't recall more details, but I don't have a clear idea about what exactly happens… … possibly from the maternal area"* (IDI 007, 18 years)

For instance, TV serials and Facebook reels may portray menstruation as a secretive or shameful issue, reinforcing stigma rather than providing factual knowledge. Surprisingly, none of the boys mentioned learning about menstruation in schools or through formal programs. This highlights a critical gap in health education systems, which leaves boys reliant on less reliable, informal sources.

Level of Awareness

Boys with higher education levels (SSC or Diploma) demonstrated more accurate and broader knowledge compared to those with lower education (Class 4–8).

> *"It's about menstruation……. Happens to women every month……. involves bleeding"* (IDI 008, Diploma)

For example, boys with SSC or higher could articulate basic biological facts like the age of menarche, the process of menstruation, duration of menstruation, and product usage, whereas those with lower education often only knew the name "menstruation" and menstrual products without understanding their purpose.

> *"I don't know much, I just heard that periods happen."* (IDI 003, 16 years)

Age of Awareness

Most boys first heard about menstruation during their mid-teen years, between 14–16 years. The age of awareness aligns with their increased social interaction and maturity, though this varies based on individual circumstances.

> *"My sister explained it (menstruation) when I saw her blood-stained clothes."* (IDI 009, 19 years)

Older boys (17–19 years) generally had better awareness due to increased exposure to peers, family, and informal discussions over time. Younger boys (14–16 years) were more likely to express confusion or lack of knowledge.

Menstrual Products and Hygiene Management

Menstrual hygiene management among boys revealed varying levels of awareness and understanding, influenced by factors like education, age, and exposure to community practices. While 9 out of 12 boys recognized sanitary products, their knowledge was often superficial and limited to locally available brand names such as Senora, Joya, and Freedom, often misidentified as "Pampas" (Pampers). Their familiarity primarily came from buying products for family members or overhearing discussions. Some boys also mentioned traditional alternatives like cotton or cloth. However, 3 boys displayed little to no understanding of menstrual products or their purpose. For instance, one boy stated,

> *Long "something…" .....I don't clearly know.....It's like diapers." (*IDI 010, 15 years).

There was widespread uncertainty about the appropriate duration of product use, reflecting a gap in understanding. Boys made guesses ranging from six to twelve hours, often admitting to assumptions rather than knowledge. For example, one boy speculated,

> *"I think they use it for 6 hours as per my assumptions"* (IDI 002, 17 years)

Additionally, improper disposal practices were a recurring observation in their communities, with boys reporting that used menstrual products were often discarded along roadsides or in garbage piles due to a lack of proper facilities. One boy remarked,

> *"They throw it beside the road because they don't have proper dustbins"* (IDI 003, 16 years), highlighting the need for better infrastructure and awareness around hygienic disposal.

Education and age further influenced boys' awareness. Higher-educated boys could name specific brands and had slightly better insights, even if incomplete. For instance, a boy with secondary education shared,

"They use 'Senora' pads……I once bought it for my sister" (IDI 001, 19 years).

In contrast, boys with lower education had limited awareness of products and their importance. Similarly, older boys demonstrated greater familiarity with both commercial and traditional options, likely due to longer exposure to household or community practices. One older boy explained,

"They use pads or cloth……it depends on what they have access to" (IDI 008, 19 years)

while younger boys were less informed or entirely unaware. Overall, these findings underscore the need for targeted education to address gaps in knowledge and promote better menstrual hygiene management practices.

Menstruation and Nutrition

Understanding the link between menstruation and nutrition was minimal among boys, irrespective of their education or age. Most respondents were unaware of any connection, with only 2 out of 12 boys demonstrating a slight understanding. Even those who hypothesized about a relationship expressed uncertainty. For example, one boy said,

"Maybe food can affect health…… during this time, but I'm not sure" (IDI 002, 17 years).

The majority of boys, however, admitted they did not know, with statements like,

"No, I don't know…… anything about this (menstruation)" (IDI 00, 19 years), reflecting the overall lack of awareness.

Education played a limited role in shaping knowledge about this topic. While boys with higher education showed a greater openness to learning and hypothesizing, their understanding remained vague. For instance, a higher-educated boy commented,

"It seems to show nutritious food during menstruation, girls might need tablets or nutritious food because they become weak" (IDI 007, 18 years).

On the other hand, boys with lower education were more inclined to directly say they lacked knowledge as one boy admitted,

*“I don’t know…… I am not sure but there might be. … medicine can relieve the pain maybe!” (*IDI 005, 15 years).

The absence of structured education or community programs addressing this relationship was evident in their responses.

The age differences also influenced awareness, as older boys were slightly more inclined to speculate on the role of nutrition in menstruation. One older boy explained,

"Maybe it makes them weak…… they need to eat more" (IDI 004, 18 years).

Younger boys, however, knew very little or nothing at all, with statements like,

"I have no idea about food and this topic" (IDI 003, 16 years).

The overall findings reveal a profound knowledge gap in the linkage between menstruation and nutrition, emphasizing the need for education and community-based awareness programs on this important aspect of menstrual health.

Knowledge on Health effects

When presented with a case vignette, respondents associated menstruation with symptoms including stomach ache, weakness, and fatigue, though their understanding lacked detail and scientific accuracy. Some boys expressed concerns about the health implications but acknowledged that their limited knowledge prevented them from offering any support. As one respondent said,

“It causes stomach pain and weakness, but I don’t know why” (IDI 003, 16 years), *“They might feel physically unwell. I don’t know anything else” (IDI 005, 15 years),* reflecting the general lack of depth in their responses.

Overall, 6 out of 12 boys showed some awareness of the physical effects of menstruation, listing symptoms such as stomach ache and tiredness. The remaining half, however, admitted to having no knowledge or provided vague responses, highlighting a significant gap in awareness. These findings underscore the need for targeted education to bridge the knowledge gap and foster better awareness of menstrual health.

9. 3 Attitudes towards menstruation and support mechanism

Discomfort about menstruation discussion

Discussions about menstruation were marked by discomfort and cultural taboos, with two third of the respondents, 8 out of 12, unwilling to talk about it due to shyness or embarrassment. One respondent confessed,

> *"No, I don't talk about this much because I am a boy and this is a girls' matter. So, girls feel more comfortable talking about this with another girl but not with boys...."* (IDI 002, 17 years).

However, a minority of boys (4 out of 12) expressed openness to discussing menstruation with friends, particularly female friends, but avoided such conversations with family members like mothers or sisters due to fear of judgment or scolding. For example, one boy shared,

> *"I could talk with friends. It could be with female friends, but not with sisters"* (IDI 004, 18 years),

> "*Yes, but people feel shy, which makes it hard. But not with mothers and sisters Because they would feel embarrassed. I can't do much about that. If they take it negatively or scold me, I have to consider that too"* (IDI 008, 19 years).

This silence was perpetuated by cultural norms and the fear of negative reactions, which reflects the important role of societal attitudes in influencing boys' willingness to discuss menstruation.

Stigma

Among the boys, attitudes regarding menstruation were mixed. Around 7 out of 12 were progressive, indicating that it should not be stigmatized. These boys looked at it as a natural biological phenomenon and hence was not to be seen in private or shame. As one said,

> *"No, it's not something to be ashamed of. ... ... Everyone knows about it".* (IDI 008, 19 years).

The boys with higher education were even more open and understanding, compared to the lower-educated boys who were often influenced by the taboos surrounding them.

In contrast, 5 boys viewed menstruation as a matter of shyness or taboo, reflecting societal norms that perpetuate secrecy and discomfort. One boy remarked,

> *"Because girls can't openly say they're menstruating or pregnant.... that's why it is a shameful and private issue"* (IDI 010, 15 years).

Younger boys and those with lower education were more likely to hold such views, often avoiding discussions on the topic altogether. As one younger respondent admitted,

> *"I don't talk about it because it's embarrassing" (*IDI 003, 16 years).

These findings highlight the influence of education and age on boys' attitudes, suggesting the need for targeted awareness programs to normalize menstruation and reduce stigma

Possibilities for Boys' Involvement

Boys' views on supporting menstruating women were varied. 5 out of 12 boys believed they could support girls by purchasing menstrual products or offering emotional support. As one respondent noted,

> *"Boys can help by buying pads and offering help"* (IDI 004, 18 years).

Educated and older boys were more likely to mention practical ways to help reduce stigma, saying that services must be offered without hassle. In contrast, 7 boys felt boys had no role in menstruation-related matters, often seeing it as a "girl's issue." As one less-educated boy said,

"It's a girl's matter……. boys can't help" (IDI 001, 19 years).

Younger boys repeated this, saying that they didn't know enough or felt confident enough to join a conversation like that.

Support mechanism

Boys' willingness to support menstruating women varied, with 5 out of 12 expressing readiness to help if they had sufficient knowledge. For instance, one boy stated,

"If I know about things……I can surely help, like buying pads" (IDI 009, 19 years).

These boys believed that understanding menstruation could enable them to provide practical assistance, such as purchasing menstrual products or offering emotional support. However, the majority (7 out of 12) felt unequipped or unwilling to help, often perceiving menstruation as outside their domain. As one boy remarked,

"I don't think they……need any help from boys" (IDI 001, 19 years).

This gap emphasizes the importance of education to empower boys to actively contribute to menstruation-related needs.

9.4 Knowledge Demands

The responses have brought out a great interest in the understanding of menstruation among adolescent boys, both biologically and socially. In a sample size of 12 participants, 10 expressed their desire to learn more about it, indicating a change in curiosity and perhaps a will to break cultural stigmas associated with menstruation. Their questions vary from the physiological processes of menstruation to practical issues. Many also wanted to know how to help people who menstruate. One participant stated that,

"I'd like to start from the basics and learn everything properly. It's important for both boys and girls to learn about it. When I was in school, they showed something to the girls separately but didn't explain anything to the boys. If it had been shared with everyone, it would have helped" (IDI 008, 19 years)

They mentioned multiple sources of learning that include school curricula, NGOs, friends, and trusted adults while others pointed out the importance of providing for more holistic and inclusive education in which both boys and girls should have the opportunity to learn. The key findings from all other interviews are identified and discussed in the Annexure (see Annexure 4, Table 2).

10. Discussion

This study unveiled critical knowledge and attitudes of adolescent boys regarding menstruation and MHM in the urban slums of Dhaka. Out of 12 participants, 10 expressed a keen interest in acquiring more knowledge on the subject of menstruation and its related aspects. Most boys had very limited and, in many cases, misinformation, mainly from sources such as friends, social media, and family. Older boys and those with higher levels of education had greater knowledge of menstruation, including biological processes and hygiene practices. However, the prevailing misinformation, stigma, and cultural taboos made them uncomfortable discussing the issue openly. Despite this, many participants showed a willingness to support menstruating women if adequately informed, emphasizing the need for education and intervention programs to address this gap.

These findings are consistent with the existing literature that points out that boys' knowledge of menstruation is inadequate in low-income settings. These findings support other studies done in India (Mason et al., 2017) and more generally within the South Asian context that lacks structured learning and a supportive environment. Studies also report that the inclusion of boys within menstrual education promotes empathetic attitudes, reduces stigma, and increases supportive behavior towards girls (Mahon et al., 2015). *National Menstrual Hygiene Management Strategy 2021* has also emphasized the importance of boys' and men's active and strategic participation to create a supportive atmosphere for women and girls to encourage appropriate MHM behavior (National Menstrual Hygiene Management Strategy 2021, Ministry of Local Government, Rural Development and Co-operatives, 2021., Strategy No.: 4.4.8).

However, the results are similar to those from Bangladesh, (Khan et al., 2023), where the non-engagement of males in MHM has resulted in fragmented knowledge and perpetuation of cultural taboos.

Boys' dependence on informal sources, such as peers and social media, often leads to misinformation, as noted in previous studies (Chang et al., 2012). For instance, boys in this study misidentified menstrual products like sanitary pads as "Pampas" or diapers, reflecting limited exposure to accurate information. Boys from low socio-economic backgrounds might not have access to good schools and after-school programs that educate on health, which can worsen their level of knowledge about menstruation (Khan et al. 2023). School has a big impact on improving menstrual knowledge (Sommer & Sahin 2013). Boys attending better schools or receiving more modern education are more likely to know the facts about periods and be supportive to peer girls for menstruation (Sommer & Sahin 2013). Additionally, the reluctance to discuss menstruation rooted in societal norms and perceived gender roles parallels findings from other LMICs, where menstruation is considered a 'female issue'. Furthermore, boys miss out on chances to question traditional gender roles and social norms that shame menstruation because of the lack of well-organized and inclusive lesson plans. Future research can explore how cultural norms and family dynamics influence boys' attitudes and knowledge regarding menstruation. The way society distributes power also has a big impact, as male-dominated systems discourage open talks about menstruation and treat it as a private issue. This leads to limited conversations between genders and makes wrong ideas even more common (Sommer & Sahin 2013). To promote correct knowledge and supportive attitudes among boys, it's crucial to tackle these deep-rooted obstacles through inclusive education and efforts to break down cultural taboos. (Sommer et al., 2016). Further studies can assess the impact of inclusive education and community-based programs on reducing stigma and improving MHM practices.

Importantly, this study brought out the curiosity and willingness among boys to learn about menstruation, which also mirrors the findings of Mason et al. (2017), who found that boys who received education on menstruation were more considerate and supportive of their peers who menstruated. This study contributes to the emerging evidence that calls for inclusive community-based interventions to normalize discussions on menstruation among boys and girls. Future longitudinal studies will investigate how boys' attitudes and knowledge about menstruation evolve over time with targeted interventions.

The role of influential people, such as parents, teachers, and religious leaders, play a vital role in addressing the gaps in menstrual health education. These people will either act as a barrier or an enabler to create a supportive environment. For instance, even though teachers are usually at the forefront of formal menses education, personal discomfort or lack of training may get in the way of delivering factual and unbiased information (Sommer et al., 2016). Meanwhile, as role models, parents would more often than not be expected to reinforce cultural taboos regarding open discussions of menstruation or to reinforce gendered views of it as some private concern for females only (Chandra-Mouli & Patel, 2017). On the other hand, parents who hold active conversation on reproductive health may help normalize menstruation and encourage boys to adopt supportive attitudes.

Religious leaders also have the power to mold the ways of society in a significant way as well. Regardless of the fact that some might be the ones to keep them alive through the conservative interpretations they make of religious teachings, the others can be the ones who are successful advocates for change by attaching the concept of menstruation with the idea of being a normal and significant part of life (Sommer & Sahin, 2013). The key to the successful dismantling of the systemic impediments and the stimulation of the depth, and the promotion of the enabling of the environment is the active involvement of these important people in the community-based interventions related to menstruation education

10.1 Implications

This research has multiple implications in designing and refining interventions, influencing policy space and proposing future research. All essential actions should be implemented to ensure that adolescent boys can support and girls can manage their menstruation healthily and in order to achieve the SDG targets related to good health and well-being, quality education, gender equality and access to clean water and sanitation.

10.1.1 Interventions

10.1.1(a) New Approaches

Inclusive Education Programs: Include complete sexual and reproductive health (SRH) education in school curricula. The intervention should cover boys and girls, and, as recommended by participants, schools should hold mixed-gender sessions for the normalization of discussions around menstruation.

Community Workshops: Collaborate with NGOs to organize community-based workshops involving both genders. Initiatives like "uthan boithok" (courtyard meetings) can engage families, reducing stigma and fostering a supportive environment.

10.1.1(b) Modified Interventions

Peer Education: Train boys as peer educators to disseminate factual information within their communities, using their social influence to combat stigma.

Visual Aids: Utilize culturally sensitive visual aids and participatory methods such as photo elicitation to facilitate discussions on MHM.

10.1.2 Policy Influencing

Education and Health Policy: Make menstrual health education a requirement in secondary schools and adolescent clubs with curricula that ensure both biological and social aspects are addressed.

WASH Infrastructure: Improve access to menstrual hygiene products and disposal facilities in urban slums as a contribution to environmental relevance and health concerns.

Gender-Inclusive Programs: Create national campaigns that would engage boys and men in MHM discussions for shared responsibility and reduction of stigma.

10.1.4 Limitations

The study has several limitations. Firstly, the study includes a small sample size (12 participants) limits the generalizability of findings. However, depending on the complexity of the research topic this sample size was enough to meet the saturation level (Guest et al., 2006).

Secondly, this study has been confined to only one slum and thus does not represent other urban or rural areas of Bangladesh. The findings may still offer valuable insights into the experiences of marginalized communities in urban areas of Bangladesh.

Thirdly, Because the data are self-reported, there is the potential for social desirability bias, in that participants might overstate their willingness to learn about or support MHM.

Finally, Girls' knowledge and attitudes have not been elicited, which limits the triangulation of findings on boys' knowledge and attitudes. Though it was not the objective of this study

11. Conclusion

This study identifies critical knowledge gaps, cultural barriers, and potential for positive change among adolescent boys in urban slums of Dhaka regarding menstruation and MHM. Although stigma and misinformation persist, boys expressed a strong desire to learn and support menstruating women, underscoring the importance of inclusive education and community engagement. Targeted interventions and policies can help address these gaps and create an enabling environment that supports menstruating girls, thus leading to better gender equity and public health outcomes.

This research also shows that education, societal norms, and health outcomes are highly intertwined. By addressing the barriers to knowledge and engagement, the stakeholders can promote better MHM practices that would help in the overall well-being of the women and communities. Importantly, this study calls for multi-sectoral collaboration among schools, NGOs, and policymakers for sustainable change.

The implications of this study go beyond MHM. Empowering adolescent boys with knowledge and positive attitudes has a ripple effect on broader issues of gender equity and reproductive health. These boys have the potential to become husbands, fathers, and community leaders who can transform societal attitudes and make the environment more conducive and supportive for women and girls.

Such gaps need an integrated approach where education, community involvement, and policy reforms are taken into consideration. By placing menstrual health education for boys in a broader health agenda, we can break deeply entrenched taboos to ensure that menstruation ceases to be a stigma but is discussed with informed openness. This study adds to the growing global movement for menstrual equity and gender-inclusive health education.

References

Agarwal, N., Soni, N., Singh, S. P., & Soni, G. P. (2018). Knowledge and practice regarding menstrual hygiene among adolescent girls of rural field practice area of RIMS, Raipur (C. G.), India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, *7*(6), 2317. https://doi.org/10.18203/2320-1770.ijrcog20182342

Chowdhury, M. A., Nowreen, S., Tarin, N. J., Hasan, M. R., Zzaman, R. U., & Amatullah, N. I. (2022). WASH and MHM experiences of disabled females living in Dhaka slums of Bangladesh. *Journal of Water Sanitation and Hygiene for Development*, *12*(10), 683–697. https://doi.org/10.2166/washdev.2022.060

Chandra-Mouli, V., & Patel, S. V. (2017). Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. *Reproductive health*, *14*(1), 30. https://doi.org/10.1186/s12978-017-0293-6

Deshpande, T., Patil, S., Gharai, S., Patil, S., & Durgawale, P. (2018). Menstrual hygiene among adolescent girls – A study from an urban slum area. *Journal of Family Medicine and Primary Care*, *7*(6), 1439. https://doi.org/10.4103/jfmpc.jfmpc_80_18

Ghandour, R., Hammoudeh, W., Giacaman, R., Holmboe-Ottesen, G., & Fjeld, H. E. (2022). Coming of age: a qualitative study of adolescent girls' menstrual preparedness in Palestinian refugee camps in the West Bank and Jordan. *Sexual and Reproductive Health Matters*, *30*(1). https://doi.org/10.1080/26410397.2022.2111793

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. Field Methods, 18(1), 59-82. https://doi.org/10.1177/1525822X05279903

Khan, R., Sarker, S., Sultana, F., Alam, M. U., Mahfuz, M. T., Nuruzzaman, M., Uddin, M. R., Masud, A. Al, Khan, S. M., Hunter, E. C., Unicomb, L., Rahman, M., Luby, S. P., & Winch, P. J. (2023). Engaging boys in menstrual hygiene management (MHM) interventions in Bangladeshi schools: a pilot study to assess acceptability and feasibility. *Journal of Water Sanitation and Hygiene for Development*, *13*(2), 113–126. https://doi.org/10.2166/washdev.2023.153

Mahon, T., Tripathy, A., & Singh, N. (2015). Putting the men into menstruation: The role of men and boys in community menstrual hygiene management. *Waterlines*, *34*(1), 7–14. https://doi.org/10.3362/1756-3488.2015.002

Mason, L., Sivakami, M., Thakur, H., Kakade, N., Beauman, A., Alexander, K. T., van Eijke, A. M., Laserson, K. F., Thakkar, M. B., & Phillips-Howard, P. A. (2017). "We do not know": a qualitative study exploring boys' perceptions of menstruation in India. *Reproductive Health*, *14*(1), 174. https://doi.org/10.1186/s12978-017-0435-x

McCammon, E., Bansal, S., Hebert, L. E., Yan, S., Menendez, A., & Gilliam, M. (2020). Exploring young women's menstruation-related challenges in Uttar Pradesh, India, using the socio-ecological framework. *Sexual and Reproductive Health Matters*, *28*(1). https://doi.org/10.1080/26410397.2020.1749342

National Strategy for Adolescent for Adolescent Health Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh (2017)

NATIONAL MENSTRUAL HYGIENE MANAGEMENT STRATEGY 2021 Ministry of Local Government, Rural Development and Co-operatives (2021)

Rathod, A., & Muneshwar, K. (2023). Knowledge, attitudes, and practices on menstrual hygiene among school-going adolescent students in the rural areas of Wardha district, Maharashtra: A cross-sectional study. *F1000Research*, *12*, 1308. https://doi.org/10.12688/f1000research.135158.1

Rossouw, L., & Ross, H. (2021). Understanding period poverty: Socio-economic inequalities in menstrual hygiene management in eight low-and middle-income countries. *International Journal of Environmental Research and Public Health*, *18*(5), 1–15. https://doi.org/10.3390/ijerph18052571

Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A Time for Global Action: Addressing Girls' Menstrual Hygiene Management Needs in Schools. *PLoS Medicine*, *13*(2). https://doi.org/10.1371/journal.pmed.1001962

Sommer, M., & Sahin, M. (2013). Overcoming the taboo: advancing the global agenda for menstrual hygiene management for schoolgirls. American journal of public health, 103(9), 1556–1559. https://doi.org/10.2105/AJPH.2013.301374

UNICEF. Available at: https://www.unicef.org/health/adolescent-health-and-well-being (Accessed: 2024).

UNICEF. Available at:

https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf

WHO.*Coming of age: adolescent health*. (2024). https://www.who.int/news-room/spotlight/coming-of-age-adolescent-health

Annexure

Annexure 1: Semi-structured interview guideline

Exploring Knowledge, Perception and Attitudes about Menstruation and Menstrual Hygiene Management among Adolescent Boys in Urban Slum, Dhaka, Bangladesh

Semi-Structured IDI Guideline with Adolescent Boys (15-19 years)

Interviewers Name		Starting time:	
Note takers Name		End time:	
Participant ID		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		Parental educational status	
Toilet facilities (Pvt/ Communal)		Spousal age and educational status	
Sources of water		Occupation	
Menstrual water disposal at home		Parental Occupation	
		Spousal Occupation	

General

What is your age?

What is the highest year of schooling you have completed? What about your parents' educational qualification?

What is your occupation? (if any) What is your parental occupation?

Can you tell me your monthly household income? (optional)

Can you tell me how many people live in your household? (*Probe: who are they? Please specify*)

Do you have siblings? How many brothers and sisters? *(Probe: number of female family member and their age)*

Could you please tell me if your house has a latrine? *(Probe: communal, personal, has running water or not, disposal facility)*

Knowledge

Awareness

Picture 1: Set of picture A as used in photo elicitation: Symptoms of menstruation (Awareness)

- Showing picture 1 (Symptoms of menstruation) and ask the following questions
- Do you have any idea about the picture? What do you think-what happened with these girls?
- Have you heard something called ‘period’ or ‘menses’, ‘mashik’ or ‘shorir kharap’? What was your reaction when you first heard this?

Knowledge about menarche and menstruation

- What do you know about menstruation?
- How do you know? Think about more and tell me about the other sources (Do you remember who and when gave you information on menstruation? At what age did you learn about menstruation?
- Do you know when menstruation usually starts?
- How many days does it continue?
- Can you tell me how menstruation occurs?

- What kinds of problems do girls face at menarche?

Knowledge and perception about menstrual product

- Can you explain what menstrual products are used for?

Picture 2: Set of picture B as used in photo elicitation: Different types of sanitary products (knowledge about menstrual products)

- Showing picture 2 (Different types of sanitary products)
- Have you ever seen these packets? Where? What do you know about this?
- What other types of menstrual products are you aware of? What other products do they use?
- Have you ever seen or heard about menstrual products in school or at home? Where?
- What do you think could be done to make it easier for girls to access menstrual products?

Knowledge about menstrual hygiene and menstrual hygiene management

Picture 3: Set of picture C as used in photo elicitation: Disposal of menstrual products (Knowledge about menstrual hygiene and menstrual hygiene management)

- What do you see in this image? Can you describe it? What is the relation of this photo with menstruation?
- Do you know how long girls/women should use a sanitary napkin? Why?
- Where do they dispose of it?

Knowledge about menstruation and nutrition

Picture 4: Set of picture D as used in photo elicitation: Nutrition during menstruation (knowledge about menstruation and nutrition)

- Showing Picture 4 (Nutrition during menstruation) Is there any relation between menstruation and food? *(probe- iron, calcium, fruits, vegetables, meat)*

Knowledge about health effects

Case Vignette 1

In this section I will provide this story and ask following questions:

- What do you think about this story?

- What other health effects do you think Mariam can have?

- Due to these physical problems, what kind of impact do girls have on their daily lives?

- We see that Maryam is also having some mental problems. Do we know what they are? Why is this so? (Probe: anxiety, mood swing, distress, loneliness etc.)

Attitude

Sharing with others

- Are you comfortable talking about menstruation? why/why not? (do you think you will talk to your girl peers about this) Why do you think some people feel uncomfortable talking about menstruation?

- Do you think both girls and boys should be made aware about menarche and menstruation? why/why not?

- Why do you think it's important to have discussions about menstruation in schools? Why / Why not?

Stigma

Case Vignette 2

In this section I will provide this story and ask following questions:

- What is your opinion regarding this story?

- What are your thoughts on the stigma surrounding menstruation?

- Do you think this is a secret and shameful thing? Why?

- In your opinion, what activities should be avoided during menstruation? Why do you think about this?

- What did other boys think about it? What was your and other boys' attitude after seeing that girl's blood?

Support mechanism

Picture 5: Set of picture E as used in photo elicitation: Male support during menstruation (Support mechanism)

- Showing picture 5 Male support during menstruation (Support mechanism)

- What do you think about this picture?

- Do you think you /boys can help reduce embarrassment about menstruation? What do you think about menstruation? How?

- Do you think boys should be supportive of their female friends, classmates, sisters, mothers, or any other females when they are in trouble related to menstruation and MHM? Why? Why not? How can it be implemented?

Possibilities of adolescent boys' involvement in MHM

- Is there any way, do you think, adolescents should be made aware of menstruation (in terms of knowledge)?

- Is there any way, do you think, adolescents can be involved in better MHM for girls? How? Why?

- What can be the sources for boys for better knowledge of MHM?

- How can we help change the existing attitude towards menstruation and MHM, especially for men? (advocacy)

Closing Question

What questions do you still have about menstruation and menstrual products? Please let us know

ঢাকা, বাংলাদেশে নগর বস্তি এলাকায় বয়ঃসন্ধিকালীন ছেলেদের মধ্যে মাসিক এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে ধারণা, জ্ঞান এবং মনোভাব অন্বেষণ

বয়ঃসন্ধিকালীন ছেলেদের জন্য (১৫-১৯ বছর) অর্ধ-সংগঠিত ইন্টারভিউ গাইডলাইন

সাক্ষাৎকারগ্রহণকারীর নাম		শুরুর সময়	
নোট গ্রহণকারীর নাম		শেষ সময়:	
প্রতিবেদক আইডি		সাক্ষাৎকারের সময়কাল	

তারিখ		দিন	
গবেষণাস্থল সম্পর্কে বিবরণ:			

ব্যাকগ্রাউন্ড তথ্য

পরিবারের সদস্য সংখ্যা		বৈবাহিক অবস্থা	
পরিবারের মহিলা সদস্য সংখ্যা		সন্তান সংখ্যা (বয়স এবং লিঙ্গ)	
মাসিক পারিবারিক আয়		শিক্ষাগত যোগ্যতা	
মাসিক শুরুর বয়স		পিতামাতার শিক্ষাগত যোগ্যতা	
টয়লেটের সুবিধা (ব্যক্তিগত/কমিউনাল)		স্বামী/স্ত্রীর বয়স এবং শিক্ষাগত যোগ্যতা	
জল সরবরাহের উৎস		পেশা	
বাড়িতে মাসিকের ব্যবহৃত জল নিষ্পত্ত		পিতামাতার পেশা	
		স্বামী/স্ত্রীর পেশা	

সাধারণ প্রশ্নাবলী

আপনার বয়স কত?
আপনি সর্বোচ্চ কতটুকু পড়াশুনা করেছেন? আপনার বাবা-মায়ের শিক্ষাগত যোগ্যতা কী?
আপনার পেশা কী? (যদি থাকে) আপনার বাবা-মায়ের পেশা কী?
আপনার পরিবারের মাসিক আয় কত? (ঐচ্ছিক)
আপনার পরিবারের সদস্য সংখ্যা কত? (অনুসন্ধান: তাদের সম্পর্ক কী, দয়া করে নির্দিষ্ট করুন)
আপনার ভাইবোন আছে কি? কতজন ভাই ও বোন? (অনুসন্ধান: পরিবারের মেয়েদের সংখ্যা ও তাদের বয়স)
আপনার বাড়িতে কি শৌচাগার আছে? (অনুসন্ধান: কমিউনাল, ব্যক্তিগত, পানি চলমান বা না, বর্জ্য নিষ্পত্তি সুবিধা আছে কি)

জ্ঞান

সচেতনতা

ছবি ১: ফটো এলিসিটেশনে ব্যবহৃত ছবির সেট 'এ': মাসিকের লক্ষণসমূহ (সচেতনতা)

ছবি ১ (মাসিকের লক্ষণসমূহ) দেখিয়ে নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে–
- আপনার কি এই ছবিটি সম্পর্কে কোনো ধারণা আছে? আপনি কী মনে করেন – এখানে মেয়েদের সাথে কী ঘটেছে?
- আপনি কি কখনো 'পিরিয়ড', 'মাসিক', বা 'শরীর খারাপ' সম্পর্কে শুনেছেন? প্রথমবার শুনে আপনার প্রতিক্রিয়া কী ছিল?
- আপনি মাসিক সম্পর্কে কী জানেন?
- কীভাবে আপনি এটি সম্পর্কে জেনেছেন? আরও ভেবে বলুন, অন্য কী কী সূত্র থেকে আপনি এটি সম্পর্কে জেনেছেন? (আপনার মনে আছে, কে এবং কখন আপনাকে মাসিক সম্পর্কে তথ্য দিয়েছিল?)

মাসিকের প্রাথমিক জ্ঞান এবং ধারণা
- আপনি মাসিক সম্পর্কে কী জানেন?
- কীভাবে আপনি এটি সম্পর্কে জেনেছেন? আরও ভেবে বলুন, অন্য কী কী সূত্র থেকে আপনি এটি সম্পর্কে জেনেছেন? (আপনার মনে আছে, কে এবং কখন আপনাকে মাসিক সম্পর্কে তথ্য দিয়েছিল? কোন বয়সে আপনি মাসিক সম্পর্কে জানেন?)
- আপনি কি জানেন মাসিক কখন শুরু হয়?
- মাসিক কতদিন ধরে চলে?
- আপনি বলতে পারেন কীভাবে মাসিক হয়?
- মাসিকের সময় মেয়েরা কী ধরনের সমস্যা সম্মুখীন হয়?

মাসিক স্বাস্থ্য সামগ্রী সম্পর্কে জ্ঞান

- মাসিক স্বাস্থ্য সামগ্রী কীভাবে ব্যবহৃত হয় তা ব্যাখ্যা করতে পারেন?

ছবি ২: ফটো এলিসিটেশনে ব্যবহৃত ছবির সেট 'বি': বিভিন্ন ধরনের স্যানিটারি পণ্য (মাসিক স্বাস্থ্য সামগ্রী সম্পর্কে জ্ঞান)

ছবি ২ (বিভিন্ন ধরনের স্যানিটারি পণ্য) দেখিয়ে নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে:
- আপনি কি কখনো এই প্যাকেটগুলো দেখেছেন? কোথায়?
- আপনি এ সম্পর্কে কী জানেন?
- অন্য কী ধরনের মাসিক পণ্য সম্পর্কে আপনার ধারনা আছে? তারা আর কী কী পণ্য ব্যবহার করে?

- আপনি কি কখনো স্কুলে বা বাড়িতে মাসিক স্বাস্থ্য সামগ্রী সম্পর্কে শুনেছেন? কোথায়?
- মেয়েদের জন্য মাসিক স্বাস্থ্য সামগ্রী সহজলভ্য করতে কী করা যেতে পারে বলে আপনি মনে করেন?

মাসিক স্বাস্থ্যবিধি এবং স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে জ্ঞান

ছবি ৩: ফটো এলিসিটেশনে ব্যবহৃত ছবির সেট 'সি': মাসিক সামগ্রীর নিষ্পত্তি (মাসিক স্বাস্থ্যবিধি এবং স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে জ্ঞান)

ছবি ৩ (মাসিক স্বাস্থ্যবিধি এবং স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে জ্ঞান) দেখিয়ে নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে:

- আপনি এই ছবিতে কী দেখছেন? আপনি কি এটি বর্ণনা করতে পারবেন? এই ছবির সাথে মাসিকের কী সম্পর্ক আছে?
- আপনি জানেন কি কতক্ষণ স্যানিটারি ন্যাপকিন ব্যবহার করা উচিত?
- তারা কোথায় এটি ফেলে?

মাসিক এবং পুষ্টি সম্পর্কে জ্ঞান

ছবি ৪: ফটো এলিসিটেশনে ব্যবহৃত ছবির সেট 'ডি': মাসিকের সময় পুষ্টি (মাসিক এবং পুষ্টি সম্পর্কে জ্ঞান)

- ছবি ৪ (মাসিকের সময় পুষ্টি) দেখিয়ে নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে:

আপনি কি মনে করেন মাসিক এবং খাবারের মধ্যে কোনো সম্পর্ক আছে?
(অনুসন্ধান: আয়রন, ক্যালসিয়াম, ফল, সবজি, মাংস)

স্বাস্থ্য প্রভাব সম্পর্কে জ্ঞান

কেস ভিনিয়েট ১:

মারিয়াম ১৫ বছর বয়সী একটি মেয়ে, যার এক বছর আগে মাসিক শুরু হয়েছে। প্রথমে এই মাইলফলক নিয়ে উচ্ছ্বসিত হলেও শারীরিক ও মানসিক চ্যালেঞ্জের কারণে তার এই অনুভূতি

দ্রুত ম্লান হয়ে যায়। মারিয়াম গুরুতর পেটের ব্যথায় ভোগেন, যার ফলে স্কুলের অনেক দিন মিস করেন এবং মনোযোগ দিতে সমস্যায় পড়েন।

এই গল্পটি বলার পর নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে:
- এই গল্পটি সম্পর্কে আপনার মতামত কী?
- আপনি কী মনে করেন মারিয়ামের আরও কী স্বাস্থ্য সমস্যা হতে পারে?
- এই শারীরিক সমস্যার কারণে মেয়েদের দৈনন্দিন জীবনে কী ধরনের প্রভাব পড়ে?
- আমরা দেখছি যে মারিয়াম কিছু মানসিক সমস্যারও সম্মুখীন হচ্ছে। আপনি কি জানেন সেগুলো কী? কেন এটি হয় বলে আপনি মনে করেন? (অনুসন্ধান: উদ্বেগ, মেজাজের পরিবর্তন, মানসিক চাপ, একাকিত্ব ইত্যাদি)

মনোভাব

অন্যদের সাথে শেয়ারিং

- আপনি কি মাসিক সম্পর্কে কথা বলতে স্বাচ্ছন্দ্যবোধ করেন? কেন/কেন না? (অনুসন্ধান: আপনি কি আপনার মেয়ে বন্ধুদের সাথে এটি সম্পর্কে কথা বলবেন?)
- আপনি কি মনে করেন কেন কিছু মানুষ মাসিক সম্পর্কে কথা বলতে সংকোচ বোধ করে? কেন?
- আপনি কি মনে করেন ছেলেমেয়ে উভয়কেই মাসিক সম্পর্কে সচেতন করা উচিত? কেন/কেন না?
- আপনার মতে স্কুলে মাসিক সম্পর্কে আলোচনা গুরুত্বপূর্ণ? কেন/কেন নয়?

কলঙ্ক

কেস ভিনিয়েট ২:

গণিত ক্লাস চলাকালীন, চৌদ্দ বছর বয়সী লাইলাকে বোর্ডে একটি সমস্যা সমাধানের জন্য সামনে ডাকা হয়। লাইলার পোশাকের পিছনে একটি ছোট রক্তের দাগ দেখা যায় এবং পেছনের ছেলেরা ফিসফিস করে কথা বলা শুরু করে। লাইলার দৃষ্টি আকর্ষণ হলে সে লজ্জা এবং বিভ্রান্তি অনুভব করেছিল। তার শিক্ষিকা, মিস রহমান, দ্রুত পরিস্থিতি বুঝে শান্ত স্বরে তাকে ওয়াশরুমে যেতে বলেন এবং তার বন্ধু রিমাকে তার সাথে যেতে বলেন।

এই গল্পটি বলার পর নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে:
- এই গল্পটি সম্পর্কে আপনার মতামত কী?
- মাসিক সম্পর্কিত কলঙ্ক সম্পর্কে আপনার চিন্তা কী?
- আপনি কি মনে করেন এটি একটি গোপন এবং লজ্জার বিষয়? কেন?

- আপনার মতে মাসিকের সময় কী ধরনের কার্যকলাপ এড়ানো উচিত? আপনি এভাবে কেন ভাবছেন?
- অন্যান্য ছেলেরা এটি সম্পর্কে কী মনে করে? আপনার এবং অন্য ছেলেদের মনোভাব কী ছিল যখন ঐ মেয়েটির রক্ত দেখা গিয়েছিল?

সহায়তার পদ্ধতি

ছবি ৫: ফটো এলিসিটেশনে ব্যবহৃত ছবির সেট 'ই': মাসিকের সময় ছেলেদের সহায়তা (সহায়তার পদ্ধতি)

- ছবি ৫ মাসিকের সময় ছেলেদের সহায়তা (সহায়তার পদ্ধতি) দেখিয়ে নিচের প্রশ্নগুলো জিজ্ঞাসা করা হবে:
- এই ছবি সম্পর্কে আপনার মতামত কী?
- আপনি কি মনে করেন ছেলেরা মেয়েদের মাসিক সম্পর্কে সচেতন করতে সহায়তা করতে পারে? কীভাবে?
- আপনি কি মনে করেন ছেলেরা তাদের মেয়ে বন্ধু, সহপাঠী, বোন, মা বা অন্য নারীদের মাসিক এবং মাসিক স্বাস্থ্য ব্যবস্থাপনার সমস্যায় সহায়ক হওয়া উচিত? কেন? কীভাবে এটি বাস্তবায়ন করা যায়?

বয়ঃসন্ধিকালীন ছেলেদের মাসিক স্বাস্থ্য ব্যবস্থাপনায় অন্তর্ভুক্তির সম্ভাবনা

- আপনার কি মনে হয়, বয়ঃসন্ধিকালীন ছেলেদের মাসিক সম্পর্কে সচেতন করা উচিত? কীভাবে?
- আপনার কি মনে হয়, ছেলেরা মেয়েদের জন্য উন্নত মাসিক স্বাস্থ্য ব্যবস্থাপনার সাথে কীভাবে জড়িত হতে পারে? কেন?
- ছেলেদের জন্য মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে আরও ভালো জ্ঞানের উৎস কী হতে পারে?
- মাসিক এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে বিদ্যমান মনোভাব পরিবর্তনে আমরা কীভাবে সহায়তা করতে পারি, বিশেষ করে পুরুষদের জন্য? (প্রচারণা)

সমাপনী প্রশ্ন

- মাসিক এবং মাসিক পণ্য সম্পর্কে আপনার আরও কোনো প্রশ্ন আছে? দয়া করে আমাদের জানান।

Annexure 2: Photos for photo elicitation

Picture 1: Set of picture A as used in photo elicitation: Symptoms of menstruation (Awareness)

Picture 2: Set of picture B as used in photo elicitation: Different types of sanitary products (knowledge about menstrual products)

Picture 3: Set of picture C as used in photo elicitation: Disposal of menstrual products (Knowledge about menstrual hygiene and menstrual hygiene management)

Picture 4: Set of picture D as used in photo elicitation: Nutrition during menstruation (knowledge about menstruation and nutrition)

Picture 5: Set of picture E as used in photo elicitation: Male support during menstruation (Support mechanism)

Annexure 3: Case vignettes

Case Vignette 1:

Mariam is a 15-year-old girl who began menstruating a year ago. Initially excited about this milestone, she quickly became overwhelmed by the physical and emotional challenges it presented. Mariam suffers from severe menstrual cramps, leading to missed school days and difficulty concentrating

Case Vignette 2:

During a math class, fourteen-year-old Laila was called to the front of the room to solve a problem on the board. As she walked up, the boys in the back began whispering and pointing at her uniform, where a small blood stain was visible. Laila noticed their stares and felt a wave of embarrassment and confusion. Her teacher, Ms. Rahman, quickly noticed the situation and stepped in. With a calm and reassuring tone, she gently told Laila to go to the washroom and asked her friend, Rima, to accompany her.

Annexure 4: Table of Knowledge Demands and Methods

Table 2: Key findings of knowledge requirements

ID No.:	Knowledge wants to gather	Method
IDI 001	*"Within how many days do they get better or better? What do they wear? How much food do they need to eat, rest, and sleep? What should they need to eat?"*	"School Curriculum, Friends"
IDI 002	*"Why it happens, how many days it remains.....at what age it starts.....all about menstruation I want to know.... we can know it from you guys.... maybe from school but separately....."*	"May be people like you can come and aware us"
IDI 004	*"How long menstruation lasts, what to do during that time, and what I can do to help".*	"From familiar people—those they know—or through lessons in their school books"
IDI 005	*"Why does menstruation happen? Why does it happen? What is the white substance? That's all.....i can learn it from friends...from doctors maybe! but we can know it from our mothers as well but i am not close with my mother that's why I will feel shy...."*	"From NGOs and Uthan Boithok"
IDI 006	*"To know about this? If you could give more advice.....if I know something I will be able to help someone. But if I do not know anything, I will not be able to help anyone"*	"Meetings from NGOs including male and female both"
IDI 007	*"I'd like to know how I can handle such situations after marriage. For example, if my wife faces any issues related to menstruation and my mother isn't at home, how can I manage it?"*	"From School curriculum or meetings"

IDI 008	*"I'd like to start from the basics and learn everything properly."*	"It's important for both boys and girls to learn about it. When I was in school, they showed something to the girls separately but didn't explain anything to the boys. If it had been shared with everyone, it would have helped."
IDI 010	*"What about? Like whether certain tasks are good or bad for them during menstruation?.....I'd like to know how menstruation happens, how long it lasts, etc."*	"From friends, neighbours, doctors…."
IDI 012	*"I want to know about stomach cramps..... why do schoolboys laugh about menstruation?"*	"From parents and school"