

How to tackle school absenteeism during menstruation and refraining from talking about menstrual hygiene? A quantitative study with school girls in Bangladesh using the RANAS approach

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Introduction

In many parts of Bangladesh, girls missing school every month due to menstruation is considered a typical practice. Why is this happening? The absenteeism can translate to poor school results, early drop-out and even child marriage. The United Nations Foundation have found that girls' education has a direct impact on her future income, infant mortality rates, ability to plan her future family and the level of education for her future children. Other studies have found that some girls' have not even heard of menstruation prior to their menarche. That is, society fails to prepare girls for the impending changes she will experience and sometimes this failure has led to detrimental psychological results with women recounting their experience saying they thought they were cursed, injured or diseased. The taboo surrounding menstruation often means that women suffer in silence and do not seek assistance or medical help till their conditions are far advanced or too late. Tackling these two behaviors, girls attending school during their periods and females being able to talk about menstrual health, will have a positive and empowering effect not only on girls today but for future generations.

So far mainly qualitative studies with regard to these two behaviors are existing. However, only quantitative studies allow determining which factors are in fact influencing the behavior to be changed. Therefore we applied the RANAS (risks, attitudes, norms, abilities, self-regulation) approach which provides a systematic method for measuring behavioral factors, assessing their influence on behavior, designing tailored strategies that change behavior and measuring the effectiveness of these.

Research questions

1a) Which psychosocial factors from the RANAS model differ between girls who attend school and those who miss school during menstruation? 1b) Which behavior change techniques should be implemented accordingly to those girls who do not visit school during their menstruation?

2a) Which psychosocial factors from the RANAS model differ between girls who talk and those who do not talk about menstrual hygiene? 2b) Which behavior change techniques should be implemented accordingly to those girls who do not talk about menstrual hygiene?

Method

Face to face interviews were conducted with 738 girls in 18 schools in Rangpur and Gopalganj districts in Bangladesh using a questionnaire based on the RANAS model. It contained questions about perceived risks from not attending school respectively not talking about menstrual issues, beliefs about costs and benefits as well as associated feelings risks from not attending school respectively not talking about menstrual issues, the perceived social pressure, their confidence in being able to attend school respectively to talk about menstrual issues, and their abilities to plan and self-monitor a behavior and to manage conflicting goals and distracting cues.

A doer non-doer analysis was conducted to reveal the differences in context and psychosocial factors between girls who attend school and those who do not during menstruation and between girls who talk about MHM and those who do not. The factors with big differences have to be tackled. The RANAS approach then offers a catalog of behavior change techniques which are suited to change the relevant factors.

Results

Girls who do not attend school during their periods rate it less bad for their school performance when not attending, rate it not so beneficial if they do attend school during their periods, and they find it less

important to go to school during their periods. Additionally they are less confident not to miss school, and less confident to overcome barriers, as well as less confident to attend after having stopped attending school. They are also not keenly trying to go to school during their periods and therefore not committed to go to school during their periods.

Girls who intend to talk about menstrual hygiene management (MHM) state more than girls who do not intend that it is beneficial for them to talk about MHM and that they perceive that more than half to nearly all of their peers talk about MHM. They are also more confident that they will be able to talk about MHM and they will pay quite some attention to talk to peers about MHM. Moreover they will keenly try to talk to peers about MHM and are committed to talk to peers about MHM.

Implications for practice

The RANAS approach offers a catalog of behavior change techniques (BCTs) with which the relevant behavioral factors can be tackled. BCTs should correspond with the behavioral factors that were found to differ between doers and non-doers and they have to be combined with communication channels which are the mode of delivery of the BCTs. The most suitable communication channel for BCTs for both behaviors seems to be Hygiene Clubs. In these Hygiene Clubs the following should be implemented: Hygiene Club members will be invited to talk to others about the behavior in question. Topics to cover: benefits of school attendance and future prospects, menstrual cycle and what is normal, feelings and changes to expect during this time, pain management, hygienic practices, how to prepare for school attendance during menstruation, where to get factual information, myths and misconceptions. The benefits of talking about menstrual health will be emphasized, which can include changes experienced during puberty. For girls who attend and participate in the Hygiene Clubs, a badge/button/sticker/wrist band saying "I talk about MHM" will be provided. Girls are asked to set their own goal to school attendance and sign a contract that their 'buddy' will monitor. Those with perfect attendance over 6 months will be rewarded with a certificate or prize.

For the individual empowerment of the girls the following will be implemented.

A 'Buddy System' where girls are accountable to a friend for attendance and personal psychological support will be set up. A calendar to track periods and successful attendance will be provided. Girls set a goal to talk with others and record responses of others or difficulties when trying to perform the behavior (talking). These can be reported back at the Hygiene Clubs where those who attempted to talk and those who did not and explain why. Threatening information will be given that stresses the severity of missed education. Emphasize that attending school comes from being prepared. Advertisements promoting being prepared for periods, using pads (reusable or disposable) and the freedom it offers to attend school. Highlight detriment to future prospects by not attending school and pitfalls for making this a taboo subject. Show girls who manage menstruation and don't miss school come from good supportive families who solve problems together.

Conclusion

This quantitative study about the two MHM behaviors 'attending school during their periods' and 'females being able to talk about menstrual health' based on the RANAS approach results in very concrete and promising interventions which are tailored exactly to the target population.