

A THESIS ON

Addressing Gray Areas of Bangladesh's National Menstrual Hygiene Management Strategy by Following Menstrual Justice Lens

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ABSTRACT

Similar to other nations, the government of Bangladesh implements diverse departmental strategies for the advancement and development of the country to achieve the intended results. Since the goal of strategic planning is to accomplish the desired outcome through the definition of long-term targets, strategy review is required for better decision-making and an increased likelihood of reaching strategic objectives. However, Bangladesh spent some time developing the national strategy paper on Menstrual Hygiene Management (MHM), taking into account the fundamental rights of all girls and women in the country, including health, education, and economic opportunities in 2021, with the main goal being to close the gaps in the country's present MHM procedures for the 54 million menstruation women and girls. In addition, given the complexity of menstruation, five guiding principles and eight strategic targets are identified for improving MHM practices. Can this plan improve the current state of MHM, even if the government has long realized the need to articulate distinct strategies? Methodologically, this study follows desk-based research, which includes relevant published journal articles, newspapers, and other forms to analyze the strategy paper critically. Theoretically, this study has been conducted following Johnson's menstrual justice lens, which promotes multidimensional intersectionality that is likely to be effective in all settings. This lens may help identify context-specific needs, requirements, and gray areas that lead to assessing and enhancing the power of strategic planning. In Bangladesh's MHM Strategy paper, Menstrual Justice Lens advocates for all menstruators in terms of inclusivity. This lens highlights the patriarchal standards that predominate in recommendations that lack appropriate gender-sensitive information. This review discovered that, in the education sector, a very subtle system of discriminatory teaching has become apparent. Despite the encouragement to reduce the price of sanitary napkins, affordability is not ensured for all menstruators in 2 to 3 years, and women's participation in decision-making is very limited,

which promotes gender inequality and period poverty due to all being directly generated from patriarchal notions. Therefore, by using this lens, the extended menstrual justice framework brings about crucial positive changes at multiple levels by addressing discrimination, promoting inclusivity, and developing a global environment where every menstruator can experience dignity and equity in all aspects of life. In the same way, the Government of Bangladesh's strategy paper needs to have a core critical argument based on formative analysis, thereby helping to make the strategy paper more practicable.

Keywords: Gray areas, National Menstrual Hygiene Management Strategy Paper, Bangladesh, Menstrual Justice Lens

ACRONYMS

a2i	- Access to Information
CMSMEs	- Cottage, Micro, Small and medium enterprise
GST	- Goods and Services Tax
ICT	-Information and Communications Technology
LMICs	-Low- or Middle-Income Countries
MHM	- Menstrual Hygiene Management
MHHM	- Menstrual Health and Hygiene management
NCTB	-National Curriculum and Textbook Board
NGO	- Non- Governmental Organization
PWD	- Persons with Disabilities
SD	-Supplementary Duty
SME	-Small and Medium Enterprise
SBCC	- Social and Behavior Change Communication
US	- United States
USA	-United States of America
UNICEF	-United Nations Children's Fund
UNESCO	-United Nations Educational, Scientific and Cultural Organization
VAT	-Value Added Tax
WB	-World Bank
WHO	- World Health Organization

Chapter One: Introduction of the study

Statement of the Problem

Walby argued patriarchy is a system of social structures and practices, in which men dominate, oppress, and exploit women (Walby, 1990). On the whole, women occupy a lesser position than their male counterparts in globally due to patriarchal norms which exacerbate the many forms of inequality women experience (Boyd, 2018). Around the world, women and girls and other people who menstruate continue to face barriers in the realization of their menstrual health deeply rooted in stigma and harmful stereotypes regarding menstruation, reinforcing patriarchal and discriminatory systems and societies (UNHR, 2022). In Bangladesh, it has been a common scenario that men dominate, oppress, and exploit women, and it is accepted by the social institutions because of their patriarchal structure (Hossen, 2020). In the family, women are considered as passive dependents and property of their husbands. The patriarchy is best defined as control by men. It is a social system in which men are considered superior. Patriarchy is a blind belief. In our society, Men have more control of the ideology, resources, and authority in our lives than women. For example, In Bangladesh, such as the notions that girls should not go out alone or that illness among girls causes unhappiness in the family and renders them incapable of doing household chores. Teachers also do not properly teach students about menstruation. There is also a related need for policies to combat the notion that women are the bearers of hygiene responsibilities concerning water and sanitation while men can continue to be the prime decision-makers, encouraging patriarchal structures (Zaman, 2022). In this aspect, traditional culture, and “taboos” play a dominant role in controlling women’s that is an outcome of patriarchy. All this denotes that a woman is owned, first by her father and then by her husband (Ibid, 2020). Besides, men may even force their wives, daughters, or sisters to get engaged any tasks. Thus, women are always under the control of the men in her life and treated as if she cannot make her own informed decisions (Evans & Mcleod, 2023). In the same way, the menstrual cycle is constructed negatively due to the structurally embedded, institutionalized nature of the gender dichotomy which devalues and separates the female condition from that of men (Stubbs and Costos 2004). This construction socially positions women in dualistic opposition to men; subsequently tabooing and stigmatizing their bleeding bodies in order to legitimate the status of woman as subordinated, as other. It suggest that nearly every culture and religion has socially constructed taboos surrounding menstrual blood (Nath, 2021). In patriarchal societies

the taboo surrounding menstrual blood was powerful as women were restricted from full participation in life through a veil of religious discourses. Such discourses posed menstruating bodies as dangerous, socially unruly, and spiritually impure. Today, taboos regarding female bodies and menstrual blood can still be observed in some orthodox patriarchal, religious traditions which include, but are not limited to, Judaism, Christianity, Islam, and Hinduism (Delaney, et al.1988). Thus, the patriarchal societies defined women's social standing through the taboo of menstrual blood. Most of the male don't discuss menstrual issues with their wives and daughters or provide money for menstrual materials (Onyegegbu, n.b). 'It is a taboo to talk about it and worse when women and girls are around. From preliminary to present stage it is very difficult to talk with men on MHM due to reluctance, prejudices, myths, and misconceptions surrounding the issue. Women are more likely to experience poverty and unequal access to resources, goods, and services in patriarchal societies because patriarchy accords men absolute precedence and to some extent restricts women's human rights through its social customs, traditions, and social roles through the socialization process (Nash, 2009; Sultana, 2011. For instance, patriarchy treats menstruation as a "shame" rather than a "natural" or "normal" occurrence, and this shame is so ingrained in women's minds that many are unable to even list the positive features of menstruation; some even speculate that "the answer could not exist" (Stubbs & Costos, 2004).Due to taboos, misconceptions, and misinformation surrounding menstruation in Bangladesh, many girls and women experience social stigma as a result of not having access to education, social support, and menstrual health services (National Menstrual Hygiene Management Strategy, 2021).

This is understood from men cannot contribute towards changing cultural norms and challenging the taboos around menstruation, and don't involve in decisions relating to women's menstrual hygiene needs. However, there is a little focused on how to effectively engage men in menstrual hygiene interventions. Although, recently published MHM strategy 2021 in Bangladesh were adopted to engage men and raise awareness of menstrual hygiene issues but the role of girls and women empowerment is still lacking which is basically male centered while Bangladesh is a patriarchal society and men have greater power in decision-making process. Then it is interesting to see that whether this strategy has been able to break the shackles of patriarchal culture. Therefore, this study has identified gray area of strategy paper following the menstrual Justice lens because this lens can examine how challenges patriarchal norms as well as to ensure menstrual Justice.

Objectives of the study

The overall objectives based on menstrual hygiene management has been undertaken a comprehensive assessment, collecting, analyzing and documenting important information depending upon the secondary sources.

The specific objectives of this baseline have been included:

1. To identify the gray area in National Menstrual Hygiene Management Strategy Paper 2021 following menstrual justice lens.
2. To describe whether this paper ensure menstrual justice or not?

Significance of the study

- ❖ This study has been supported to identify the unclear or unidentified or ill-defined area of MHM that cited in the exiting relevant literature.
- ❖ The purpose of this review is to evaluate the current appearance and determine its worth. So, this review will contribute to evaluating and analyzing existing strategies to determine their efficacy and offer suggestions for improvement. Rather, it is important for the Government of Bangladesh paper to have a core critical argument based on formative analysis, thereby helping to make the strategy paper more practicable.

Chapter Two: Research Gap

The continued disregard for MHM in homes, communities, schools, sanitation initiatives, and policies from menarche to menopause of many girls and women has been linked to a combination of taboos around menstruation in South Asian communities (Burt et al., 2016). Because girls and women have long suffered alarming levels of systematic discrimination and violence that continue to span across various aspects, perpetuating gender unequal norms, values, and practices linked to a patriarchal and patrilineal society, there is a recognized risk of gender-based violence (mentally and physically), but little acknowledgment for girls and women in the context of managing menstruation with silence and shame (Chandra & Patel, 2020; Siobhan et al., 2021). It would be beneficial if educational stakeholders took a more proactive approach in this regard; they should respond more quickly and appropriately based on the situation in order to minimize risks and unfavorable outcomes and to optimize the resources available for support that are in line with MHM (Sanduvac, Panga, Banekwa & Charles, 2017). Menstrual health is therefore a cross-sectoral issue that calls for collaboration between the government and stakeholders in the health and education sectors (Keith, 2016). However, education systems generally, and textbooks in particular are avoiding their responsibility to educate young girls and boys about a crucial aspect of their lives and are not proactive in dispelling the myths and taboos surrounding menstruation, which have an impact on the lives of millions of girls and women (Maurya & Kushwaha, 2017). Because the quality of education system often does not meet the needs their gender requires. Some of the challenges girls face are: poor teachers, curricula and textbooks; classroom environments that reinforces gender stereotypes. Girls overwhelmingly do not have any reliable support from teachers or the community about menstruation. Male teachers are not mostly aware of, or understand the importance of MHM. Some female teachers provide advice on personal hygiene and counsel them on how to manage her period (Sanduvac, Panga, Banekwa & Charles, 2017). In this sense, in a patriarchal society, girls experience menstruation as a passive event that happens, but is either ignored or hidden (Vigliar, 2018).

The stigma that shrouds periods further prevents individuals from talking about the taxing of menstrual kits which makes it difficult to access affordable menstruation products (Michel, Mettler, Schonenberger & Gunz, 2022). LMICs (Low-or Middle- Income Countries) including Bangladesh, Nigeria, South Africa, and Kenya temporarily abolished the Value

Added Tax (VAT) or Goods and Services Tax (GST) on MHM's raw materials, but they did not provide any subsidies or impose any mandatory free distribution restrictions on the final retail product. The imposition of tax demonstrates that the issue of female menstrual hygiene management is culturally unseen, and deliberately disregarded, and therefore gender inequalities in society are also practiced through price disparity of personal care products (Gutter et al., 2021). Besides, **Pink Tax** or **Tampon Tax** alludes to the practice of discriminating against women and girls in the marketplace by charging them more for comparable goods and services than do men and boys (Cole, 2023). Tampon taxes, levied on menstruation products as non-essentials, discriminate against and burden menstruating individuals by driving up the cost of necessities for daily living for some (Rodriguez, 2021). Women all across the world have long been negatively impacted financially by the "it" particularly because they continue to earn less than males. The only businesses that profit from the "pink tax" are those who charge women a higher price than males (Feingold, 2022). In USA (United States of America), there is no federal legislation that forbids discrimination in pricing based on gender. The goal of the 2021 Pink Tax Repeal Act of USA (United States of America) was to ban gender-based taxation, however the legislation had little support and was never passed (Cole, 2023). In the same way, period products like tampons and pads are so expensive for infuriating reasons the high -inflation and shrink inflation along with supply chain issues. Inflation is sky rocketing and with supply chains under pressure, prices are continuing to rise. Shrink inflation - reducing the amount of items in a packet without reducing the price - affects disposable period products as well as other feminine hygiene products (Wayman, 2023). Moreover, due to lack of subsidies the selling price of napkin is high (Afrin, 2019).

Addressing sanitation is a basic human rights issue. But in most cases, women are more affected by the lack of adequate sanitary condition. Women must undergo additional obstacles when practicing proper sanitation and managing menstruation (Vogel, Hwang & Hwang, 2022). Many people, in particular women and girls, often still cannot go to the public toilet when and where they need or want. Most existing public toilets in Bangladesh are not managed to a reasonable standard, which causes poor operation and maintenance (Rahman, 2022). Most toilets accessed by girls and women in low-resource and emergency contexts continue to lack integral design measures for managing their menstruation and other sanitation needs comfortably and with dignity, including easy access to water and soap, safety measures (locks, doors, gender segregation, and lights) and a mechanism for discreetly

handling menstrual waste (Schmitt, Clatworthy, Ogello & Sommer, 2018). It is understood that the existing toilets are not to be female-friendly (Rahman, 2022). A global review on determinants of latrine ownership in everywhere found a tendency for the final decision to take the male head of the household because of male heads deciding for latrine acquisition and male heads themselves lacked of perception of female friendly functional toilet. Besides, Women's non-involvement in the decision making and had no strong association with latrine possession or latrine functionality. Money constraint is a common reason for not opting for latrines, keeping the latrine unfinished and not investing to make the latrine functional. They perceived latrine installation expensive, so men who controlled the household budget, were not keen to build it. As a result, females perceived latrine construction is a 'big decision', which only males could take. Thus patriarchal used for promoting latrine construction, both by national and state media and such works which reinforces the patriarchal ideas (Routray, Torondel, Clasen & Schmidt, 2017). In the same context, In Bangladesh, women bear the consequences of inadequate restroom facilities, stemming from a patriarchal mindset and a lack of gender-sensitive infrastructure (Abir, 2023). In order to design appropriate sanitation and solid waste systems to support menstruation, it is crucial to understand local perceptions and attitudes towards menstrual blood, as well as the preferred practices of menstruating women because menstrual blood is not just a physical substance; it is loaded with symbolism and frequently powerfully stigmatized (Roxburgh et al., 2020). Menstruating women continue to face the stigma of being deemed unclean, which makes the problem worse. Sanitary napkins are wrapped in more secrecy than the "routine" leers of men, and people prefer to throw away the waste instead of discussing or caring about it because of the stigma surrounding the conversation, which forces people to follow "out of sight, out of mind" solutions (burn or bury) to dispose of menstrual waste (Singh, 2020). The research that is now available only mentioned that Bangladesh developed the MHM strategy paper; yet, certain women continue to encounter difficulties in managing their menstrual health. Although the issues covered in the strategy document but, no review has been conducted to identify any gaps or reformation. Accordingly, there isn't any literature currently available regarding the review.

Chapter Three: Methodology of the Study

Strategy reviews are required to enhance decision-making and increase the likelihood of accomplishing strategic objectives and seeks to attain the desired outcome by identifying long-term goals (Eisenhardt & Zbaracki, 1992). For that cause, to make Bangladesh's national MHM strategy paper more realistic, it must include a central, convincing argument supported by thorough analysis. So, using the desk research techniques, I have evaluated this review that is entirely depends on secondary sources. Because, desk research (secondary study) is a method that consists of the analysis of available data sources, including their compilation, mutual verification, and processing (Nooraini & Algorithm, 2013, Gandhi, et al., 2018). It also involved in collecting data from existing resources; hence, it is often considered a low-cost technique (Nooraini & Algorithm, 2013, Gandhi, et al., 2018).

The desk research method consists of five consecutive steps covering the process from defining the research objective to performing the analysis. The detailed process is presented in Figure 1.



Source: (Turon & Kubik, 2021)

Figure 1: Desk research method process

First, Identifying the Topic of the Research

Following the identification of the research, I have looked for the research literature in the body of existing literature.

Second, Identifying Research Sources

First of all, the selection of a research approach is based on the nature of the research problem or issue being addressed, by personal interest (Creswell, 2014). In general, I have identified a social problem or social phenomena from the nature of social interest (Creswell, 2014). Following this, I thought, health precautions is a remarkable phenomena in Bangladeshi society especially for women's health. Because of, women's health is a broad category that includes health issues that are unique to women, such as menstruation and pregnancy, but that

may affect women differently (NICHHD, 2023). Even so, women bear exclusive health concerns, such as breast cancer, cervical cancer, menopause, and pregnancy (Bustreo, 2015). But, menstruation are often derived from discriminatory, patriarchal norms about a girl's status and place in society (African Health Organisation, 2020). Since, the impact of patriarchal norms on women's health is a discriminated phenomena faced by people who menstruate, that is why, I thought I would like to work with MHM. After that, I have attempted to explore a wide range of information to be collected. I have used some keywords: MHM, strategy, patriarchy, menstrual justice, sanitation and health, menstrual hygiene products and in terms of pertinent themes. As a result, I have found recently published strategy paper about MHM in Bangladesh. From there, I made my research topic. The process of selecting research topic is presented in figure.

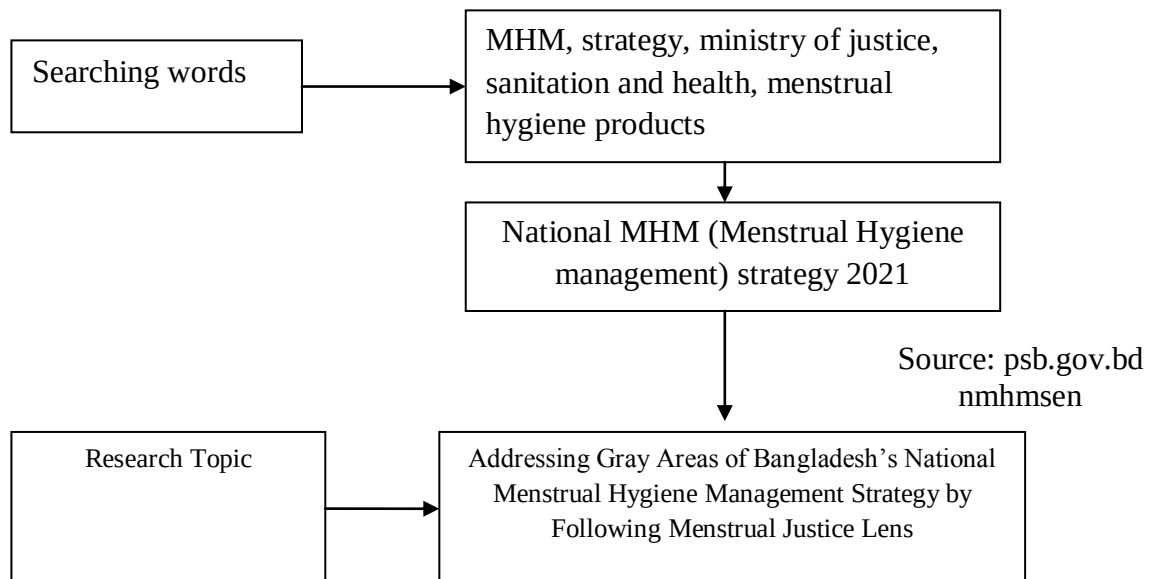


Figure 2: Identifying the process of research topic

Third, Collecting Existing Literature

Therefore, I have collected published relevant literature materials on the subject. It has been covered referred journals, research papers, newspaper and others that supports the multidimensional discussion on menstrual hygiene management strategy in Bangladesh.

Fourth, Data Combination

After all, through a combination of the data, this study attempts to describe ill-defined area of Bangladesh's national MHM strategy paper and whether this paper ensure menstrual justice or not?

Fifth, Data Analyze

In this process, I have demonstrated that the analysis part, to describe the research scenario with pragmatic knowledge. In a nutshell, using desk based research I have conducted analyzing the data following the dual phase.

First phase, I have precisely define eight strategies and following that, It has been discussed critically whether patriarchal norms have been able to be broken or not in the analysis section.

Second phase, from the obtained results, I have presented, this study cannot ensure menstrual justice. Then, I appeared, using the menstrual justice lens as a guide, that the menstrual Justice is not ensured through MHM strategy paper in the discussion section. This lens is applied here, because, menstrual justice lens are crucial in the menstrual movement's fight to end menstrual poverty and eliminate inequality (Johnson, 2019). Eventually, the extended menstrual justice lens aims to help bring about important positive change on multiple levels by addressing inequality, promoting inclusion, and building a global environment where every menstrual person can experience dignity and justice in all aspects of life (Johnson, 2019).

Chapter Four: Theoretical Framework

Menstrual injustice is not merely the operation of patriarchy or the structural oppression of women, but rather structural intersectionality, the overlapping forms of domination such as patriarchy. Thus, worldwide menstrual injustice is caused by patriarchal rules. Bangladesh is not an exemption to this rule. On the basis of that, Margaret E. Johnson attempts to construct a menstrual justice paradigm. I have examined the National MHM strategy paper, which details Bangladesh's menstrual justice system, in the context of this theory.

Margaret E. Johnson's work on menstrual justice develops these insights. Johnson defines menstrual justice in opposition to menstrual injustice: "the oppression of menstruators, women, girls, transgender men and boys, and non-binary persons, simply because they menstruate". Johnson identifies menstrual injustice as having five categories.

The first of these is **exclusion and essentialization**, in particular the exclusion of transgender men and non-binary people from research and advocacy.

The second category is **discrimination, harassment and constitutional violations**. Johnson cites, for example, cases in which women have been fired from their workplace due to unexpected spotting and staining of furniture.

Johnson's third category is **insults and indignities**. These might include the denial of bathroom breaks to menstruating girls, who subsequently are not able to change menstrual products. It could also include the denial of menstrual products to women: in prisons, for example, or in US immigration detention facilities, where girls have been left to bleed through their underwear. This category also covers menstrual taboos and stigma. Johnson suggests that more school education on menstruation is required in tandem with the provision of products, observing that lack of education allows menstrual stigma to proliferate, especially among boys.

The fourth category, **economic disadvantage**, affects access to menstrual products as well as potentially to water and sanitation, and is potentially affected by one's ability to work while menstruating.

Finally, **health disadvantage** is compounded by inadequate medical research on menstruation, lack of effective treatments for conditions such as dysmenorrhea, and lack of access to hygienic products increasing risk of infection and other health products.

Margaret E. Johnson also applies an intersectionality framework coined by Kimberlé Crenshaw to make her claim that menstrual injustice is a form of structural intersectionality. Crenshaw explains that structural intersectionality is maintained by and occurs in structural, political, and representational spheres.

Crenshaw explains, **the structural sphere** is how the intersection of personal identities and structural oppression result in “qualitatively different” experiences.

The political sphere recognizes that persons at the intersection are situated in different subordinated groups that “frequently pursue conflicting political agendas.

And **representational intersectionality** means “the cultural construction of persons situated within multiple subordinated groups.

For example, for women of color this representation includes not only “prevalent narratives of race and gender” but also how “critiques of racist and sexist representation marginalize women of color.

This approach blends an appreciation of the importance of health, hygiene, and access to appropriate products with an awareness that this is not all that there is to menstruation: economic and social structures matter, as do cultural taboos. This requires recognition that social injustices are rarely “just” about gender, race or any other system of marginalization and oppression, but rather operate at the intersection of multiple identities. If this theory is applied, menstrual equity and justice framework is to be crucial in the menstrual movement fights to eliminate period poverty and abolish inequities. By adopting a menstrual justice framework rather than an equity framework, activists can improve the daily lives of menstruators in their unique, localized contexts. A menstrual justice framework would center the most marginalized menstruator to ensure their needs are met. A legal advocacy strategy built around the tenets of reproductive justice would ensure that the unique contexts of low-income, and unhoused people who menstruate are included when pursuing legal rights for menstruators. For example, rather than focusing so heavily on discrimination claims that do not directly improve the material conditions for these menstruators, policy advocacy strategies could focus more on government benefit coverage of menstrual products. Pairing these legal strategies with menstrual education and stigma-busting components is essential to eliminate period stigma which is the root cause of all menstrual injustices. A menstrual justice framework would allow activists to decenter upper middle-class white women from

the mainstream menstrual equity discourse and fight for menstrual justice for menstruators. Additionally, a menstrual justice framework would recognize that lawyers are not at the center of the movement but should rely on the insight and leadership of grassroots organizers. Focusing on these areas will encourage activists to advocate for changes that impact the daily lives of menstruators and eliminate period stigma, rather than high-level discrimination lawsuits that have minimal impact.

**Source: Johnson ME. Menstrual justice. UC Davis Law Review. 2019;53(1):45–47.
Crays and Allyson, (2023). LIMITATIONS OF CURRENT MENSTRUAL EQUITY ADVOCACY AND A PATH
TOWARDS JUSTICE. Journal of Gender and Law 30 (1).Doi:10.5070/L330161547**

Chapter Five: Analysis

Review

Bangladesh has recently formulated a National Menstrual Health Management Strategy Paper in 2021. The strategy paper was prepared by the People's Republic of Bangladesh Government under the Department of Local Government and Ministry of Rural Development and Cooperatives. And technical support was provided by Practice Action in Bangladesh and financial support was provided by the United Nations Child Development Fund (UNICEF). Menstrual hygiene management has been extensively discussed in this strategy paper.

Here menstrual hygiene management is defined as follows:

Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to menstrual cycle and manage it with dignity and without discomfort or fear (WHO/UNICEF, 2012).

An intensive process has been undertaken to develop this strategy paper which includes literature review, primary data and methodology. Besides, meeting were held with all relevant stakeholders to design and finalize the survey methodology, tools and techniques.

The overall goal of this review is to address the gaps in current MHM practices in a comprehensive way to improve MHM practices. This ensure that each girls and women everywhere in Bangladesh can access safe and dignified menstruation to realize their rights to health, education, economic and other Opportunities. In addition, five important objectives and principles have also been guided. These are

The first objective, Facilitate programmatic approaches by addressing the systematic factors across sectors to ensure essential elements of MHM.

The second objective, Create an enabling environment in collaboration with relevant stakeholders and in line with other policies.

The third objective, Enhance engagement of the private sector through public -private partnership.

The fourth objective, Provide a systematic approach to address challenges thus accelerate progress.

The fifth objective, Provide a coordination mechanism among all the actors, ministries, sectors and other stakeholders.

Here, the scope of the National MHM (eight) Strategy is also well discussed and guidelines for MHM practice development strategies are provided.

No.	Theme of Strategies
1.	Breaking the barriers through education
2.	Making quality MHM products affordable and available
3.	Upgrading WASH facilities for MHM
4.	Disposing MHM products safely
5.	Achieving synergy
6.	Harnessing the private sector
7.	Guiding the stakeholders
8.	Achieving coordination and collaboration

Table-1

It focuses, each of the above strategies has a separate strategic direction. This strategy paper also states that all the stakeholders have to work together to achieve the common goal, so various ministries, development partners, international NGO (Non-Government Organization) national NGO, private sector, media are emphasized. Therefore, the plan used in this strategy paper can only be implemented effectively if the appropriate government departments perform the necessary actions.

On the other contrary, In consideration of all girls' and women's fundamental rights, including health, education, economic, and other opportunities, for Bangladeshi menstruators, this is the first strategy paper that primarily aims to fill in the gaps in present MHM procedures.

Strategy -1: Breaking the Barriers through Education

Strategy one states that menstrual hygiene management should be included in formal and non-formal education. In addition, informing women and mothers, conducting menstrual hygiene management sessions in youth or youth clubs, informing men or fathers, observing menstruation day and openly discussing about menstruation should be mandatory. Therefore it mentioned strengthening and complying awareness creation through education and information dissemination towards promoting proper MHM behavior by updating the school curriculum or syllabus.

On the other hand, there is a gap in this strategy like a long history of exclusions in many spheres of life is maintained by the language of discrimination, which is routinely employed to promote gender inequality. Linguistic discrimination, spanning a vast spectrum of experiences, is a multifaceted issue addressed by various scholars and institutions. The Cambridge Handbook on Language Policy notes that language policies and practices can inadvertently lead to inequalities among linguistic groups, often deeming some dialects or accents inferior to others (Spolsky, 2012). On a human rights front, UNESCO (United Nations Educational, Scientific and Cultural Organization) portrays linguistic discrimination as an impediment to the fundamental right to education. This discrimination arises when individuals are denied educational opportunities in their native languages or face derogation for employing them (UNESCO, 2003). From an institutional perspective, The Linguistic Society of America (LSA) comprehends this discrimination as any unjust treatment meted out based on linguistic characteristics, such as accent or syntax. This unjust treatment often stems from societal stereotypes about the intelligence or socioeconomic status of the speakers (LSA, 1997). Moreover, sociolinguists argue that it is not merely about the differential treatment of speakers; it is also deeply entwined with the underlying perceptions, attitudes, and beliefs that drive such behavior. Certain linguistic variations might face stigmatization due to negative associations with particular social groups, making language a powerful tool for social judgments (Lippi-Green, 1997).

In accordance with the first strategy, Bangladesh's educational system is attempting to normalize MHM by including it in the textbooks for classes V through X. Here, it is said that

“MHM session are to be introduced in class V (five) curriculum with basic information. These are to be expanded and made more comprehensive in higher classes”.

In study evidence from National Curriculum and textbook board of Bangladesh, I were notably found

In class v (five) General Science and Bangladesh & Global Studies books has been mentioned, only the adolescent, physical changes during adolescent and body care terms are used; on the other hand the word of menstrual health is completely absent. It is mentioned in the book of General Science and Health Protection in Class VI (six), what is menstruation, at what age does menstruation begin, that is only an idea about menstruation is given. Mentioned in class vii (seven) book on health protection, In the case of girls and women, lack of knowledge about their hygienic management during menstruation creates hesitation, conflict and shame, while health awareness issues are missing. Even no information about MHM in the textbooks of class viii (eight). Biology and Physical Education books of class ix and x (nine & ten) stated, it only gave concept about same as before. But in General Science book gave basic idea about MHM. Not only general education sector but also Madrasah's books are arranged in exactly the same way (NCTB Academic year, 2022-2023)

So it can be regrettably understandable, this procedure is only applicable to the words and sentences found in textbooks. These books frequently utilize the phrase "girls get their first menstruation as a sign of their adolescent period." How can a major subject like MHM be justified or clarified in a single line? Teachers and students struggle to become trustworthy sources of information on menstruation as a result of the exclusion of MHM issues (Samuel, 2005; Ndu, 2008). Besides, it is discriminatory to recommend separate MHM sessions for boys and girls as well. This strategy has also included

“MHM session should compulsory for the assigned female teacher to conduct. There should be separate MHM sessions for boys and girls”.

This means that gender inequality is manifesting here with patriarchal attitudes. MHM is something that not only women need to be aware of, but men are equally involved because men and women complement each other and they are equal in the family and society. Additionally, according to Phillipson (1992) as the systematic preference shown by institutions towards one language over others, institutional linguicism can lead to the cultural and linguistic marginalization of certain groups within society. A salient example of this can be seen in the educational systems of numerous countries. So it is crucial to challenge these forms of discrimination to foster linguistic diversity and equity (Awal, 2023). Because language is one of the most powerful means through which gender discrimination

are perpetrated and reproduced. The content of gender stereotypes, according to which women should display communal/warmth traits and men should display agentic/competence traits, is reflected in the lexical choices of everyday communication. As a consequence, language subtly reproduces the societal asymmetries of status and power in favor of men, which are attached to the corresponding social roles. Moreover, human being is male is embedded in the structure of many languages. However, such linguistic forms have the negative effects of making women disappear in mental representations (Menegatti & Rubini, 2017). Historically, it said that, patriarchal society has occupied a long period of time. At that time, women were completely subordinate to men, therefore the idea of gender discrimination against women was deeply rooted and was reflected in certain language (Lan and Jingxia, 2019).

Here also, the MHM for suppressed groups like autistic adolescents, non-binary, transgender, intersex, floating, salinity threat on women, nomadic girls, and women is not addressed in the strategy paper at all. Even, this strategy paper follows the language discrimination, which can promote gender inequality and period poverty Which does not follow menstrual justice lens.

Strategy -2: Making Quality MHM Products Affordable and Available

Strategy two demonstrated that affordability and accessibility of MHM products, and also suggested selling sanitary napkins at a cheap price to ensure affordability for all menstruating girls and women. Since, 15 percent tax on the retail sale of the product keeps the price fixed for many potential users. For said that, the products have been reconsidered by the government authorities to make them affordable to the consumers. Additionally, it may help in making MHM products available to a large number of consumers in two ways.

The first way is **“Products will be available at affordable price”**.

But, Bangladesh's government has exempted VAT and supplemental taxes that are applicable to the import of raw materials for sanitary napkins in order to safeguard women's reproductive health. However, the price of sanitary napkins is still too costly for common women to enjoy its benefits. World Bank (2022) claims that in Bangladesh, eliminating taxes did not result in more affordable goods. Period products have been severely impacted, just like many other businesses, by record-high inflation pink tax and supply chain problems.

In Bangladesh, where gender-based discrimination persists in various forms, the pink tax further entrenches economic inequalities. The issue of gender-based pricing extends beyond everyday products and significantly impacts female hygiene essentials, specifically sanitary pads. The unfortunate reality is that women in Bangladesh often pay more for sanitary pads compared to for other gender-neutral hygiene products (Ahsan, 2023). Such price discrimination not only deepens the economic inequality between genders but also exacerbates the financial hardships faced by women, particularly in the context of menstrual hygiene. This unjust pricing disparity is a significant concern, as it directly affects the accessibility and affordability of sanitary products for women (Ibid, 2023).

VAT, TAX, and other duties and subsidies are related to the production and marketing system, which is not exceptional in sanitary napkin production and prices. In Bangladesh where manufacturing processes are mainly labor-intensive, the cost of producing menstrual products can be extensively influenced by the wages of the workers involved as well. Bangladesh removed VAT on raw materials for production of menstrual products from July 2019 until June 2021 to stimulate local production (Rossou & Ross, 2020). Recently the idea put forth by Finance Minister of Bangladesh AHM Mustafa Kamal is to extend the current period of exemption from VAT and Supplementary Duty (SD) (where applicable) on import of certain raw materials used in the production of sanitary napkins, for the protection of women, until June 30, 2024. The proposal is for the raw materials to be free of both VAT and supplementary duty, where applicable (Dhaka Tribune, 2023). However, individually there is a 25 percent customs duty on air-laid and silicone-release paper and a 10 percent duty on non-woven materials and therefore the leading napkin company of Bangladesh *Square Toiletries* suggests to be free all customs duties on the raw materials of sanitary napkins (Hasan, 2023). As a result exempting SD would not help much in making sanitary napkins more affordable. The government should also reduce VAT on customs duty and sales tax (Jaman, 2019, as cited in Hasan, 2019).

Inflation in Bangladesh is driven by three main factors in the market system: cost pull resulting from the Bangladesh taka's devaluation against the dollar, demand pull due to low revenue income leading to significant government borrowing, and government-mandated price hikes on transport fuel (Prothom Alo, 2023). Towards the end of last year (2022) and early this year (2023), the taka depreciated by 25–30 percent within a very short time in Bangladesh. This sudden and large devaluation fueled inflation as it raised the prices of imported goods in the domestic market (The Daily Star, 2023). The government could have

used fiscal policy to control inflation during this crisis by giving various tax breaks on imported goods. However, it did not adjust the taxes when the prices rose in the global market due to the taka's depreciation. This resulted in higher prices for many products in the domestic market. Additionally, the domestic market has been poorly managed and monitored. Some unscrupulous traders have exploited the crisis by creating artificial shortages and raising prices without any justification (The Daily Star, 2023). Thus, the napkin's market is impacted as well, and the price is comparatively high. Due to family's financial situation, societal expectations, and lack of decision-making, many girls and women in Bangladesh opt to manage their periods in less hygienic ways because sanitary napkins are not affordable to them (Hasan, 2019). This raises the risk of infection.

Many menstruating women in Bangladesh do not use non- compostable sanitary napkins due to their high cost as well. According to a report by the SNV Bangladesh, over 89 per cent of the country's 78.4 million women still use old clothes or rags since they cannot afford disposable sanitary pads. The price of per packet sanitary napkin is BDT 120-250, which is not affordable to rural women. Local manufacturers have to import raw materials for sanitary pads from abroad and now local sanitary napkin makers hold about 90 per cent of the market, which almost import-based (As cited in Daily Star, 2020). The cost of these pads remains high in our market because of existing customs and other duties on the raw materials (Bhuiyan,2023).That is why supply chain influence sanitary napkins and that is still unaffordable in Bangladesh (Daily Star, 2020).

On the other hand, the cultural construction of money and masculinity poses a long-term threat to women's ability to negotiate sustainable monthly serviette budgets.

As stated strategy paper, **“SMEs (Small and Medium Enterprise) can be patronized by the government and non-government agencies in terms of low -interest bank loans and technology training”**.

But, according to 2023-24 budget tariff and supplementary duties on raw materials import of sanitary napkins have been exempted following the 2019-20 budget. But the pauperization process is still continuing on the conditions of huge investment about 75 lack taka and 250 labor association in manufacturing factories when these capabilities are beyond reach for SME (Small and Medium Enterprise) or local enterprises. And therefore, affordability is not ensured for establishing equity in society.

Source: SRO NO-146-Ain/2023/223- Mushak ; Date: 01/06/2023

On the other side, the national budget for the 2023-2024 fiscal year proposes to decrease the price of sanitary napkins and diapers for babies. Finance Minister AHM Mustafa Kamal has proposed the exemption from the Value Added Tax (VAT) and supplementary duty (where applicable) on raw materials for sanitary pads and diapers. He said: "I propose to extend the current period of exemption from Value Added Tax and Supplementary duty (where applicable) on import of certain raw materials used in the

Production of sanitary napkins and diapers, for the protection of women and children, till June 30, 2024."The proposed budget will be 15.2% of the Gross Domestic Product (GDP).The budget size is likely to be Tk1,01,278 crore higher than the revised budget of Tk6,60,507 crore in the outgoing fiscal year.

Source:<https://www.dhakatribune.com/amp/bangladesh/312635/budget-fy24-sanitary-napkins-may-become-more>

But, the budget has not yet been implemented and the budget is limited in time. So it is considered that it will not be a very fruitful result.

So, monthly expenses become unaffordable, endangering sustainable purchasing power. The reason is that, most of the community live in below poverty line and the majority from the lower middle-income family don't express concerns about menstruation. Besides, husband's cannot afford menstrual products due to low income. Sometimes women's faces domestic violence like abuse from her husband for wanting him to buy her sanitary pads (Wateraid, 2020).As a result, financial incapacity affects hygiene and reproductive health by adding to the weight of previously used discriminatory marketing practices. Because of this, having access to menstruation kits is viewed as a privilege rather than a right.

On the contrary, according to Market Analysis of Sanitary Napkins in Bangladesh, Senora is the market leader sanitary napkin and Joya is currently in the second position just behind senora. Besides, other brands are the competitors of senora (Chowdhury, 2022).

On the basis of, the following table shows how the prices of napkins in the Bangladeshi market are increasing every year. Here, I have tried to show the comparative prices of widely used and popular napkins Senora and Joya.

Name of the brands	Quantity	Year and Prices (BDT)	
		2022	2023
Senora Sanitary Napkin (Panty)	15 pcs	120/-	130/-
Senora Sanitary Napkin (Belt)	15 pcs	120/-	130/-
Senora Sanitary Napkin Regular Flow (Panty)	10 pcs	100/-	100/-
Joya Sanitary Napkin (Belt)	8 pcs	60/-	60/-
Joya Wings Regular	8 pcs	70/-	70/-
Joya Ultra comfort Wings	8 pcs	100/-	100/-

Source: <https://www.scribd.com/presentation/605454385/Presentation>, <https://nittabazar.com/sanitary-pads>

Table 2: Comparison of prices of sanitary napkins

Though it is seen that, MHM strategy paper is formulated in 2021, despite the fact that sanitary napkins should be made available, the price of sanitary napkins has remained at the same level in 2022 and 2023, while the price of the product has increased rather than decreased. Whatever, the price of sanitary napkins decreased in these 2 years? Rather, sanitary pads are still pricey in the local market, which is why ordinary women cannot afford them. Though, without senora and Joya, sanitary pads of various local and foreign brands including Stayfree, Monalisha, Freedom, Whisper, Savlon are available in the market. But the price of one pack of these pads ranges between tk 100 and tk 300. For most open poor and low - income women, it is not possible to spend tk 100 on period management every month (Kashem & Tajmim, 2023).

The second way is **“Women and girls may become entrepreneurs or find employment to manufacturer MHM products, thereby opening a window towards empowerment”**.

But, according to the National Industrial Policy 2016, at least 15 percent of loans to the SME sector should be disbursed to women entrepreneurs. But so far women entrepreneurs have received less than 5 percent of the total loans. While there are many advantages for women entrepreneurs in cottage, micro, small and medium sectors (CMSMEs), some problems remain. Many banks are reluctant to lend to women entrepreneurs. Women entrepreneurs are lagging behind in getting loans. Apart from this, it becomes difficult for women entrepreneurs to get loans due to certain amount of transactions, lack of guarantor,

commercial premises etc. They don't want to give loans unless there is a certain amount of transactions as per the demand of the bank (Prothom Alo, 2023). It is not easy for a new woman entrepreneur or a small entrepreneur to manage them. How will women be interested in creating employment if they are not given the necessary facilities to become entrepreneurs?

This indicates that the common constraints that female entrepreneurs encounter, such as obtaining a credit (Muravyev et al., 2009), balancing family and business (McGoan et al., 2012) and creating networks (Derera et al., 2014) can result from gender role norms and social acceptance of entrepreneurship in the area where they operate, particularly in a patriarchal context (Baughn et al., 2006). In developing nations with patriarchal social structure, women have less opportunities to financial access and development than those in developed countries (Muravyev et al., 2009). As a developing country, Bangladesh ranked at the bottom in the MasterCard Index of Women Entrepreneurs 2020 among 58 countries. While it is globally recognized as the birthplace of microcredit and using small loans for empowering women micro entrepreneurs, only 4.5 per cent of the businesses in the country are owned by women. Living in a patriarchal, class-biased, there are many social and financial barriers, making it difficult for women entrepreneurs to access both financial resources (e.g. loans) and non-financial resources (e.g. business advice and other support), and succeed like their male peers. It's much more difficult if the entrepreneur also identifies as a woman (Sarker, 2023).

Strategy -3: Upgrading Wash Facilities for Women

The third strategy addresses menstrual hygiene management, the standard of all facilities connected to water, sanitation, and hygiene, and an inclusive toilet design is recommended for this management. For instance, inclusive design, sex-segregated toilets, gender-friendly toilets, PWD (Persons with Disabilities) friendly toilets, use of toilets, operation and maintenance have been included in this strategic direction.

But here gaps in this regard, although it is included that water, soap and other materials are needed for regular cleaning of the toilet, but it is not clearly mentioned what adequate materials are needed for cleaning the female friendly toilet, like a clean space with soap and water in which to change menstrual materials and wash (this could be inside the toilet cubicle as long as it is clean, light and provides enough space) and a safe disposal facility for menstrual materials is also required, such as a covered bin (with provision for collection and disposal) or a direct connection to a small, onsite incinerator. Because, In the existing society,

decisions related to constructing toilets in houses are also taken by male members. Male heads deciding for latrine acquisition, whereas, women were responsible for latrine's maintenance, keeping the system functioning, fetching water for latrine flushing (Sijbesma 1998, Coffey 2014 & Reilly 2010). Further, men have been found to be less inconvenienced by the absence of a latrine, and tend to have a lower interest and willingness to install and use sanitary facilities. Thus, low priority among men for sanitation, may result in lower latrine adoption (UNHRC, 2011). Female's involvement in decisions regarding sanitation has been minimal. Because of in activities related to latrine installation, such as the purchase of raw materials, arranging masons and investing in latrine construction, female involvement is totally minimal. Moreover, many depended on the government to build latrines in the society, so waited for subsidies. At the household level, high level of dependency among females on their spouse or guardians (mostly father-in-law) or any earning members in the family (like a son), to decide for activities that had economic implications and this included building latrines. According to the social norms theory, traditionally, social perceptions were that men often led household decisions to build toilets and that women's participation in decision-making was adversely connected with that (Bicchirei & Cristina, 2017). Lack of control over financial resources is an important factor that limited women involvement in the sanitation decision making. As a result, men cannot typically fully comprehend the needs of women. For instance, according to the perceptual and cultural context of women, 80% of women refrain from drinking water before leaving the house in Bangladesh for fear of not being able to find a functional toilet in terms of technically supported, sanitation assisted (Hasan & Rahman 2021, Akram 2023). Overall, in the different components of latrine construction like purchase of raw materials, arranging masons and investments in latrines, females had a very negligible role. So it appears that, if the toilet is gender based, it will not be enough. It has to be ensured, how female friendly toilets are designed will be convenient for them. These things should be looked at. But if these facilities cannot be provided, how will there be gender-based toilets? Because the decision to make a toilet is taken by men, they don't want to know from women how to make a toilet for them. MHM has also included committees, sub-committees and distinct departments for management of menstrual hygiene female-friendly WASH and toilet standard design, formulation of guidelines and recommendations. On the other hand, since MHM is a generally feminine issue, it is not clear whether any women are included at all which fosters the idea of patriarchy. Because it is very important to see that women's issues from a woman's point of view, but the role of women in policy making is very negligible. So, Policies promoting gender equality and women's

empowerment face several challenges because women are still the target of prejudice and carelessness in local and national governance decision-making. In this case the policies promote gender equality or empowerment but do not reduce the patriarchal view.

Strategy -4: Disposing MHM products safely

The fourth strategy focused on disposing of MHM products appropriately in order to protect the environment and public health. This approach implies that the only alternative for disposing of menstrual waste is to burn or bury used sanitary napkins in government-owned land known as *Khas* property, without taking into account the sanitary napkin's ingredients. The primary component of sanitary napkins with packets is non-biodegradable plastic, according to the list of ingredients on the napkin packets sold in Bangladeshi markets and the government. Because of their resistance to leaking, disposable menstrual products like pads can include up to 90% plastic as a raw material. Most of these products are disposed of in landfills. Plastics cannot really biodegrade, and disposable pads are believed to decay in landfills over a period of 500–800 years (UNEP, 2022; Rodriguez, 2022). The Bangladeshi government has also developed a number of methods for getting rid of plastic garbage, but regrettably, in its Sustainable Plastic Management Action Plan (2021), sanitary napkins are not classified as plastic waste. Disposing of pads by burning them due to their red hue is a dominant view that perpetuates the isolation and secrecy of menstrual waste.

Subsequently, in this strategy paper emphasized that, the MHM coordination committee will encourage and recognize innovation in disposals such as biodegradable pads and disposal packet with reusable period products. On the basis of, recently Square Toiletries Limited has been contrived *senora* biodegradable sanitary napkins. This is a enormous invention in Bangladesh. So, *senora Bio* is the first ever biodegradable sanitary napkin from the house of *Senora*. *Senora Biodegradable Sanitary Napkin* also a new addition to a well-rounded range of feminine hygiene products is the 100% organic cotton sanitary pads. *Senora Bio* is an environment friendly sanitary napkin that will degrade in the soil within 6 months. This product is free from fragrance and chlorine (ePharma.com.bd, 2023) .It is very absolutely effective and comfortable period products for women and great news for them. On the contrary, it is incredibly discouraging when this effective product is not affordable for the women and girls. Namely, for whom it is designed. Because of, the present price rate of *Senora biodegradable napkin* is tk 156 (ePharma.com.bd, 2023) and the price of one pack (size pack- 8s pads) of good quality sanitary pads is over tk 100 (Kashem and Tajmim,

2022). Various studies shown that, the function of the pad is to absorb blood. But it also has certain levels of absorption. Shaheed Suhrawardy Medical College Hospital Gynecologist Dr. Nazia Sultana said, if the blood is too much, using the same pad for more than three to four hours is very harmful. And if there is less bleeding, it can be used up to six hours (Parvin, 2021). So, using sanitary napkins for more than six hours generally increases health risks. The period varies from person to person (four to seven days). A pack of pads available in the market for usually contains eight pads. Assuming a woman bleeds for 96 hours, changing pads every six hours would require a total of 16 pads. For whom this period is seven days, it takes 28 (Mamtaz, 2019). So, current prices put sanitary napkins out of reach for the poor, and in most cases they are resorted to use unhygienic means during their menstruation. It is not possible for a woman without income of her own to spend tk 156 for her menstrual protection (Kashem & Tajmim, 2022). That is, a woman has to pay a minimum of 312 for two packets as period cost only during period. In this cases, they cannot afford it in every month.

Therefore, the use of sanitary napkins is still sparse in Bangladesh, the biggest barrier to using the product being affordability. This can also result in pink tax. Though, Pink tax often goes unnoticed but holds substantial consequences for women's products. It refers to the norm of women being charged more for products and services marketed specifically to them. In Bangladesh, where gender-based discrimination persists in various forms, the pink tax further entrenches economic inequalities (Ahsan, 2023). As a result, it can be said that this is a male dominated market policy. Therefore, this unjust pricing disparity is a significant concern, as it directly affects the accessibility and affordability of sanitary products for women.

Strategy -5: Achieving Synergy

Strategy 5 accentuated that coordination by creating an enabling environment in collaboration with different policies and stakeholders. This strategy also builds on earlier, successful national initiatives to remove open defecation, widespread immunization, and the widespread use of oral rehydration treatments to create a general solution to break the barriers from family to society related to MHM. But, the biggest obstacle to achieving the fifth strategy's synergy is the patriarchal propensity toward MHM, which tends to dismiss the disparities of people's experiences, preferences, demands, and realities without taking into consideration people's identities in terms of their sex, socioeconomic class, ethnicity, and level of handicap. This patriarchal viewpoint fails to take into account the diversity of genders and the needs of the situation. The generality, on the other hand, believes that eliminating all taboos will

protect women and does not view the numerous legal, economic, and social restrictions placed on women as discriminatory. It also includes cross-cutting issues for more capacity building such as...

Firstly discuss **Gender equality**

Here In this section mention that, Effective promotion of MHM requires gender equality and equity for mainstreaming MHM issues in all relevant social and economic development programs. Besides, a clear understanding of gender equality effectively eliminates several taboos and restrictions imposed on girls and women; once the inequalities are adequately addressed, it will create space for women to work more with minimum or no challenges.

In this sense here said that, the discrimination existing in various sectors is identified and the discrimination is resolved, the path of women's participation in work will be smooth. Nevertheless, women's participation in labor is still much lower than that of men. Inequality has increased. According to the latest census and household census in the country, the number of women is more than men by 16 lakh 34 thousand. Again, the number of working women aged 15 to 59 years or 25 to 59 years is more than men. However, there is no reflection of this in economic activities (BBS, 2022). According to demographers and economists, many girls who are married midway through their studies or victims of child marriage remain out of the labor force. Many women in cities are dropping out of labor due to social and family reasons. On the other hand, although women's participation in agriculture has increased in most cases, there is no wage. Hence their participation is not considered as economic activity (Akhter, 2023). In addition, Bangladesh is the greatest inequality is in economics and politics. Gender inequality in economic participation and opportunity is still 56 percent (Prothom Alo, 2023). According to the Bangladesh Bureau of Statistics (BBS) Quarterly Labor Force Survey 2022, compared with the 2016-17 report, it can be seen that the gender inequality in the labor market has slightly decreased, but it is still more than 37 percent. Women's labor participation in villages has increased by about 11 percent. As a result, the inequality gap between men and women has reduced to 29 percent. And in cities, women's participation fell by about 8 percent, and inequality rose to 56 percent (Prothom Alo, 2023). In this regard, women's participation in the country's labor force has not increased. So, if women's economic participation is not ensured, the vicious circle of gender inequality cannot be broken. So, it can be said that women should be created employment by eliminating gender discrimination, should it be limited to saying only? or should we look at

what kind of problems are happening around them and why? Because it is not possible to create gender equality if the actual problem is not reduced in our existing patriarchal society.

Secondly discuss **Male engagement**

Addressing here, Male participation in MHM programs, buying products, support for physical and psychological issue, distribution of MHM kits among girls and women with disabilities and treatment support are emphasized. But, as easy as it is for a city woman to buy pads from a shop with money, it is not so easy for a village woman who does not have access to the market to be bought pads by her husband or son (Kashem and Tajmim, 2023). Because of men don't discuss menstrual issues with their wives and daughters or provide money for menstrual materials (Onyegegbu, 2015). Males in the household were generally unaware about menstruation and pads, causing problems when girls had to ask male relatives for money to buy them (Pillitteri, 2012). In the same way, women from patriarchal society such as Bangladesh are often less likely to have power in household decision-making compared to men; decisions made by men on family's personal health and safety (Water Aid, 2020). Therefore, women in her family could not talk to their spouses or parents about their feminine issues. If, as she went on to ask for money from her husband to buy sanitary napkins, the husband resorted to violence (Dhaka Tribune, 2022). This tends to disproportionately affect women in lower-income groups in Bangladesh (Habib, 2021). In addition, In Bangladesh, women cannot pray, have sexual intercourse, perform household tasks or participate in community activities during menstruation (Bradely, 2009) Thus, women with menstrual side-effects faced serious physical, social and psychological challenges that made continuation difficult. Among those who discontinued, spouses were generally unsupportive and sometimes abusive (ibid, 2009). So, if men can help in purchasing MHM products for girls and women in the family, the problem will be solved, saying this is the end of the responsibility? This taboo will not be broken until its proper participatory work is implemented in the society.

Thirdly discuss **Online MHM information and knowledge hub**

Here strategic direction 2021 stated that an information and knowledge hub needs to be established. For creating online knowledge hubs, the MHM committee will collaborate with appropriate government agencies such as ICT (Information and Communication Technology) and a2i (Access to information). On the contrary, still yet there is no online hub regarding MHM in Bangladesh in 2023.

Strategy -6: Harnessing the Private Sector

This strategic direction has been shown that, the government of Bangladesh supports multi-stakeholder's governance in different areas of development through partnering with the private sector.

Here said that, different approaches should be considered to bring a win-win situation for both parties like eco-friendly product, disposal pack for menstrual product and others.

Eco-friendly product and disposal pack

Here, eco-friendly menstrual products and biodegradable disposal bags inside menstrual product packs are encouraged. In Bangladesh, multinational companies invest in billions on manufacturing, advertising and promoting commercial sanitary napkins. But their side effects are nowhere near highlighted. Synthetic pads can cause infections, allergies and they may increase the risk of uterine and cervical cancer. These are non-biodegradable, so if they are not properly disposed of, they can harm the environment (Kanya, 2020). There is no machine available in the country to manufacture such pads which is a barrier to scalability. Though, we recently little conduct disposable sanitary napkin available in the market in Bangladesh. Yet due to high cost, it is not always affordable for use in all sections of society. Thus, the price of sanitary napkins has been a barrier to reaching most women such as its use is low in Bangladesh; especially in rural areas (Elma, 2021). Because of, the eco-friendly pads are not yet commercially available. Many still do not understand the concept of recycling and reducing wastage (Kanya, 2020). So, before the government and the private sector develop biodegradable pads, it should look at the affordability of MHM materials for all categories of women. Only then it will become environmentally friendly along with menstrual health. If it is not affordable then what is the benefit of producing high cost disposal sanitary pad?

Strategy -7: Guiding the stakeholders

This strategy has been promoted through in terms of different guidelines. Here, SBCC (Social and Behavior Change Communication) strategy has been included. According to SBCC, the objectives of this strategy is discuss about health, nutrition and population. In the section of health there is no creation awareness on MHM and relevant issue currently (SBCC, 2016). Although health related issues are dealt with by SBCC, but no documents or examples of SBCC being applied for MHM have been found so far.

Strategy -8: Achieving Coordination and Collaboration

The implementation of strategies seven and eight should center on equal gender inclusion and those are connected with stakeholders with coordination and collaboration. Because of respective stakeholders need to be working towards a common goal throughout the support of MHM coordination committee. But it was unclear how the committee would be organized to promote gender equality. For example, the fact that just ten of the twenty-seven members of the working committee that created this strategy paper are women shows that women's participation is not fully reflected. Thus, this strategy contains patriarchal viewpoints and propositions.

Discussion

The current strategy formed by the Government of Bangladesh need a special focus on menstrual justice for girls and women. As mentioned earlier, there are many reasons why menstrual justice is not ensured in this strategy paper such as not gender friendly teaching system, prices of menstrual products were not reduced, male headed household and male acquisition sanitation system, opportunities for women empowerment have not been created, male dominated market policy and others. To followed the Margaret E Johnson 's Menstrual Justice lens, here shows that five categories (Exclusion and essentialization, Discrimination ;harassment and constitutional violations, Insults and indignities, Economic disadvantages and Health disadvantages) according to this lens, this strategy paper cannot able to ensure menstrual Justice in Bangladesh beacuse of patriarchal norms. Since, this lens shows the necessity of menstrual justice framework aims to bring about crucial positive changes at multiple levels by addressing discrimination, promoting inclusivity, and developing a global environment where every menstruate can experience dignity and equity in all aspects of life.

However, it is important to mention that the strategy should have given special attention to women's Sexual and Reproductive Health Rights (SRHR) services and information with MHM. Though, there are many development initiatives by the Government of Bangladesh to improve the MHM of the country but still cannot ensured menstrual justice for women from all walks of life. Therefore, this review provides the some propositions which can be incorporated for better menstrual hygiene and health facilities for girls and women in Bangladesh.

Chapter Five: Proposals and conclusion

Proposals for incorporation new agenda in existing strategy paper during amendment, amplification and refinement

- ❖ Inclusion all types of menstruators addressing following multidimensional lens. Justice lens should be followed to meet the needs of the most marginalized group is essential to shift menstrual equity advocacy to menstrual justice.
- ❖ Situational disadvantages should be highlighted in the amendment of strategy paper like Covid -19 situationally affected and women salinity threatened women.
- ❖ Every year, the textbook curriculum is updated. It is recommended that girls receives scientific information regarding reproductive health through a structured curriculum and from trained teachers, since mothers are not the only ones who have to fulfill this responsibility. Uganda' training program, which emphasizes community involvement and reproductive health, can be instructive in this regard. Additionally, can be follow's in Afganisthan which menifested that, The Ministry of Public Health (MoPH) drafted an MHM talking book for Community Health Workers (CHWs) in coordination with the Ministry of Women's Affairs (MoWA) and MoE. They recommend, the MHM Talking Book will be used by CHWs during their house-to-house visits to educate hard-to-reach women and girls including out-of-school girls in communities (Stanekezai,2016).In the same way, to follow the Sri Lanka, learnings from MH in schools are being applied to households and public places such as offices, bus stands, marketplaces, and religious temples under the World Bank-funded Water Supply and Sanitation Improvement Project (WaSSIP), implemented by the National Water Supply and Drainage Board(Patabendi,2020).
- ❖ Before proposed women to become entrepreneurs, it is necessary to ensure that the obligatory facilities are essential to take the steps to become entrepreneurs
- ❖ A more thorough approach that addresses contextual needs and requirements and the crises of marginality is required and must go beyond maintaining hygiene in order to address the accompanying stigma and strategy gaps that impede menstruating women from being effectively involved in society. We may take a cue from Jordan's sanitation system, which incorporates MHM into religious teachings and cleanliness campaigns while also providing sanitary pads, instruction, and gender-specific toilets.

- Besides, The Government of Ethiopia has taken measures to address these issues through their One WaSH National Program (OWNP) which is providing reliable water supply, constructing gender-separate toilets with Menstrual Hygiene Management (MHM) rooms, and promoting hygiene education in the targeted schools across the country. World Bank support for the program started in 2014 and will continue until 2025. This program has done that the schools are equipped with convenient water access, latrines designated for girls, and comprehensive MHM facilities. Boasting four distinct partitions—waiting area, consultation space, resting zone, and a shower—the MHM room features all essential amenities. Besides, WaSH clubs and MHM clubs have been established outside of schools, to raise awareness about cleanliness and hygiene (World Bank, 2024).
- ❖ In Bangladesh, removing taxes did not lead to cheaper products (World Bank, 2022). Government can set a minimum price for menstrual products, they must first understand the nature of the market and involve the private sector. In this context, Scotland could serve as model for us. Scotland is the first nation to do so on a nationwide scale. Products are distributed through councils and education providers as the Scottish Parliament approved the Period Poverty (Free Provision) (Scotland) Act 2021. On its (2022-23) budget, the govt. announced a tax reduction on the import of sanitary pads and raw materials.
 - ❖ Women's perspectives should be prioritized, and equal participation in decision-making, implementation, and maintenance should be ensured, particularly when it comes to concerns of a gender-specific character, such as controlling menstrual hygiene. In this regard, we might learn from Quetta, Pakistan which established WASH facilities in public schools, such as toilets for women with MHM kits, emphasizing girls' privacy and reducing absenteeism.
 - ❖ For the sake of both human health and the environment, context-specific solutions for menstrual waste as well as future initiatives to identify and test scalable solutions are required.

Conclusion

The goal of this paper is greater focus on menstruators' intersecting identities and unique issues context is essential which is attempt to indistinct sphere. Because, this strategy document ignored the diverse demands and challenges of various communities in favor of lengthy literary pronouncements and generalized solutions over realistic approaches. Consequently, menstrual justice could not be ensured by this strategy paper. The country's socioeconomic, cultural, political, and geographical variations need a context-specific approach to successfully confront menstrual health issues when failure to identify these variances results in their being ignored and ostracized. This strategy paper is entirely based on theoretical concepts without any specific plans for how it will be implemented, which could result in continued strategy development but no significant changes to the actual state of affairs. The plan runs the risk of remaining a utopian ideal and failing to bring about the essential changes in menstrual health practices and equity in the nation if it views menstruation through a patriarchal lens and does not challenge these ideas. The MHM strategy paper has to prioritize context-oriented execution and deeds over principles in order to break free from the patriarchal chains. That is why, I proposed here how using menstrual Justice Framework could help make the menstrual equity multidimensional lens of this particular issues that is to be more ethical. This means that individuals can be both mentally and physically healthy and also be involved in discussions and decision making process about all conditions.

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