**Menstrual health**

On average, a woman spends seven years of her life menstruating, making menstruation a natural and essential part of the reproductive cycle and thus of women’s health and well-being. Moreover, it is a highly relevant theme as it plays a role in the interplay between health, hygiene, socio economic participation, education and gender equality.

Though menstrual health (MH) has recently gained attention in the global development agenda, in many places it is still considered a taboo topic. As a result, women and girls often lack knowledge and understanding of menstruation and how to manage it correctly.

Cultural believes and social norms around menstruation restrict the participation of women and girls in society during menstruation. In addition, limited access to clean water, proper sanitation facilities and sanitary products make it difficult for women to manage their menstruation hygienically.

As a result, many (young) women around the world face considerable physical and social challenges during their menstruation period.

**Evidence review**

An evidence review was conducted by the Impact Centre of the Erasmus University to gather available evidence on menstrual health of girls in Bangladesh and on effectiveness of menstrual health interventions.

Major findings were:

- There is insufficient data available on the impact of menstrual health on girls’ overall well-being, health and empowerment;
- Most menstrual health interventions are WASH programmes that mostly focus on hardware;
- Evidence on the impact of menstrual health interventions on health, school attendance and performance, and gender equality is mostly anecdotal;
- School interventions have been proven effective in evaluations of similar programmes;
- WASH facilities need to be in place for girls to practice their new behaviour.

**Baseline findings**

Knowledge

The findings show that overall girls lack information about menstruation with a staggering 68% of girls, who have already started their MP (n=1359), did not know what menstruation was when it began. Additionally, of the 2687 girls who had not yet started their MP 57% said they did not know what MP was.

Absence from school

36% (489 girls) missed school last time they menstruated. Of those that missed school due to menstruation, 53% missed 2 to 3 days of school.

The mean of absent days is significantly different from girls that have not started their menstruation (3.4 vs 2.0).

**Programme design**

The chosen mix of interventions of the Ritu program is founded upon evidence review and a rigorous needs assessment. The Ritu program has a very deliberate connection between MHM and general SRHR issues. It is explicitly focused on system change through the use of mass media, the focus on other NGOs and lobby and advocacy to relevant government actors and systems.

Core interventions in schools and communities are:

**INTERVENTION A**

- A school-campaign to kick-start the programme;
- Engaging schools and communities in a budget-tracking process to build and improve toilets in schools and communities;
- Training and supporting teachers to implement a comprehensive MH curriculum in the classroom at co-ed schools.

**INTERVENTION B**

Information sessions with parents of targeted girls about MH and their positive involvement with the support of women’s leaders and health workers.

To maximise effectiveness and to ensure scalability of the programme, the interventions are implemented following a strict protocol that involves a beneficiary-focused set sequence of activities.