OPEN

# Recognizing Rohingya adolescent girls' menstrual hygiene in Bangladesh to enhance reproductive health: a commentary

Masuda Akter, BSca, Safayet Jamil, BScc, Humayun Kabir, MPHb,\*

#### **Abstract**

The Rohingya, an ethnic minority group in Myanmar, have been subjected to decades of persecution and violence, forcing them to flee to neighboring countries such as Bangladesh. The correspondence recognizes Rohingya adolescent girls' menstrual hygiene in Bangladesh to enhance reproductive health. Adolescent girls make up 52% of the Rohingya population in the Cox's Bazar region's refugee camps, and there are few resources to help them manage their menstrual hygiene, posing significant health risks. Inadequate menstrual hygiene can result in sexual and urinary tract infections, infertility, and pregnancy complications. Most of the adolescent girls had poor menstrual hygiene practices. Unfortunately, only 10.89% of Rohingya girls wear underwear without disposable sanitary pads, and 17.82% use disposable sanitary pads. Furthermore, 67% of Rohingya girls do not have access to proper menstrual healthcare. Bangladeshi girls, on the other hand, have better access to menstrual hygiene products and have more good practices. There is a need to develop menstrual hygiene-friendly infrastructure as well as menstrual hygiene understanding and practices among the Rohingya. Authorities can help improve the current situation and promote healthy menstrual hygiene practices among Rohingya girls by implementing specific requirements, such as ensuring menstrual hygiene products.

The Rohingya, an ethnic minority forced to migrate to neighboring countries such as Bangladesh, have become one of the most persecuted groups in the world. Since the early 1980s, they have frequently been compelled to flee their homes to avoid oppression, discrimination, violence, and even being killed. While the massive influx began on 25 August 2017, ~745 000 refugees have sought in Cox's Bazar region in Bangladesh, creating the world's most rapidly expanding humanitarian crisis<sup>[1]</sup>. Several human rights violations, including house burnings, killings, and sexual crimes against women, have been leveled against them as the driving force behind their cleansing from their land. Consequently, girls and boys were taken away or killed in front of their parents by the oppressors in Myanmar<sup>[2]</sup>. They fled to Bangladesh, which is merely a developing country, hosting a place to live but in a small area of camps.

In camps, around 52% of Rohingya are female, including adolescent girls<sup>[3]</sup> and this large number of refugees needs resources that extend beyond the scope of essential medical services, including care during menstruation time, which is a significant health concern. The authorities provide them with necessities, including shelter, food, water, and medicine. Despite the provision of basic necessities, the reproductive health of adolescent girls remains a major concern on which authorities should concentrate their efforts<sup>[3]</sup>. Adolescent girls are encouraged to practice proper menstrual hygiene with items such as clothes, reusable and disposable pads, menstrual cups, and tampons, which is one of the best ways to protect themselves from reproductive diseases, including sexually transmitted diseases, especially HIV/AIDS, and even gynecologic cancer etc. [4]. In the context of menstruation, 'poor menstrual hygiene' entails a lack of recourse to or usage of proper hygiene items and facilities, which can result in unfavorable effects for an individual's health as well as their social life. Poor menstrual hygiene issues may arise in camp due to insufficient and erratic supplies of materials such as sanitary pads, period underwear, sanitary discs, etc. Poor menstrual hygiene may pertain to significant health risks, such as sexual and urinary tract infections, that can lead to infertility and pregnancy issues later on<sup>[3]</sup>.

It is shockingly low that just 10.89% of Rohingya girls use underwear without disposable pads, only 12.0% of Rohingya girls have a primary understanding of menstrual hygiene, and 17.82% use disposable sanitary pads<sup>[3]</sup>. 30.69% of girls use the toilet, and 6.93% use dustbins as common disposal place<sup>[3]</sup>. Sixty-seven percent of Rohingya girls do not have access to proper healthcare during their menstrual cycle, making it difficult for them to maintain hygiene practices<sup>[5]</sup>. On the other hand, among the Bangladeshi girls, 37.7% used sanitary pads, and 57% used water and soap to wash<sup>[6]</sup>. 43.4% of Bangladeshi adolescent trainee athletes are knowledgeable; 67.1% have a good attitude; and 31.1% have good practice of menstrual hygiene<sup>[7]</sup>. The

<sup>a</sup>Faculty of Medicine, University of Dhaka, <sup>b</sup>Department of Public Health, North South University, Dhaka and <sup>c</sup>Department of Pharmacy, Khwaja Yunus Ali University, Sirajganj, Bangladesh

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

\*Corresponding author. Address: Department of Public Health, North South University, Dhaka 1229, Bangladesh. Tel.: +8801785811449; fax: +8801760785082. E-mail address: humayun.kabir03@northsouth.edu, humayun. kabir.mcmaster@gmail.com (H. Kabir).

Copyright © 2023 The Author(s). Published by Wolters Kluwer Health, Inc. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

Annals of Medicine & Surgery (2023) 85:1304–1305 Received 16 January 2023; Accepted 12 February 2023 Published online 27 March 2023 http://dx.doi.org/10.1097/MS9.0000000000000283

Table 1

Distribution of menstrual hygiene practice among the Rohingya versus Bangladeshi adolescent girls.

Menstrual hygiene practice	Rohingya (%)	Bangladeshi (%)
Premenstrual hygiene knowledge	28.71 <sup>[3]</sup>	56.6 <sup>[7]</sup>
Using clothes during the menstrual cycle	20.79 <sup>[3]</sup>	49.8 <sup>[7]</sup>
Using disposable sanitary pads	17.82 <sup>[3]</sup>	37.7 <sup>[6]</sup>
Frequency of changing pads per day	48.1 (once) <sup>[3]</sup>	77.4 (2–3 times) <sup>[8]</sup>
Using the toilet as a disposal place	15.6 <sup>[3]</sup>	30.69 <sup>[8]</sup>

disparities between menstrual hygiene practices among the Rohingya and Bangladeshi girls are presented in Table 1.

During this ongoing assistance for the current situation in the Rohingva camp, it is also imperative to ensure that menstrual hygiene is maintained by the adolescent girls. Insufficient private spaces for changing menstruation products and disposing of waste are provided in the camps<sup>[2]</sup>. The practice of menstruation hygiene among Rohingya girls is influenced not just by social restraints but also by a lack of basic education<sup>[5]</sup>. Menstrual hygiene management is still risky in the vast majority of instances, even when sanitary pads are utilized in certain circumstances<sup>[4]</sup>. For them to be able to take care of their menstrual health, there needs to be a steady supply of menstrual hygiene materials, a change in how society views menstruation, and enough education, awareness, and services. On the other hand, inadequate menstrual hygiene can expose a woman to significant health concerns, such as yeast infections, bacterial vaginosis, and urinary tracts, which can lead to infertility and birth issues in the future. To improve the current situation, building a menstrual hygiene-friendly infrastructure is essential, and to develop the understanding and practices of menstrual hygiene, appropriate actions must be taken in every camp. The responsible authority should consider this issue and plan to manage the situation by implementing specific requirements, such as ensuring menstrual hygiene products. Authorities should also provide essential menstrual education so girls can practice healthy hygiene.

# **Ethical statement**

Ethical issue is not applicable.

## Consent

Not applicable.

# Sources of funding

There was no funding received for this study.

#### **Author contribution**

M.A.: conceptualization, review, and editing. S.J.: writing, review, and editing. H.K.: review, editing, and supervision.

## **Conflicts of interest disclosure**

The authors report no conflict of interests. The authors solely are responsible for the content and writing of this article.

#### Guarantor

Humayun Kabir.

## References

- Shohel MMC. Education in emergencies: challenges of providing education for Rohingya children living in refugee camps in Bangladesh. Educ Inq 2022;13:104–26.
- [2] Ahmed R, Aktar B, Farnaz N, *et al.* Challenges and strategies in conducting sexual and reproductive health research among Rohingya refugees in Cox's Bazar, Bangladesh. Confl Health 2020;14:83.
- [3] Pandit K, Hasan MJ, Islam T, et al. Constraints and current practices of menstrual hygiene among Rohingya adolescent girls. Heliyon 2022;8: e09465.
- [4] Schmitt ML, Gruer C, Clatworthy D, et al. Menstrual material maintenance, disposal, and laundering challenges among displaced girls and women in Northeast Nigeria. J Water Sanit Hyg Dev 2022;12:517–28.
- [5] Gordon E, Jay H & Lee-Koo K. Adolescent Rohingya girls in Bangladesh: one year on. 2018. Accessed 5 November 2022. http://docs.wixstatic.com/ ugd/b4aef1\_5c13068eb067467587b7a2420bc6ecad.pdf
- [6] Ha MAT, Alam MZ. Menstrual hygiene management practice among adolescent girls: an urban-rural comparative study in Rajshahi division, Bangladesh. BMC Womens Health 2022;22:86.
- [7] Asha AC, Karim NB, Bakhtiar M, et al. Adolescent athlete's knowledge, attitude and practices about menstrual hygiene management (MHM) in BKSP, Bangladesh. Asian J Med Biol Res 2019;5:126–37.
- [8] Emdadul Haque S, Rahman M, Itsuko K, et al. The effect of a school-based educational intervention on menstrual health: an intervention study among adolescent girls in Bangladesh. BMJ Open 2014;4:4607.