



# Breaking the silence on menstrual hygiene management in Bhutan

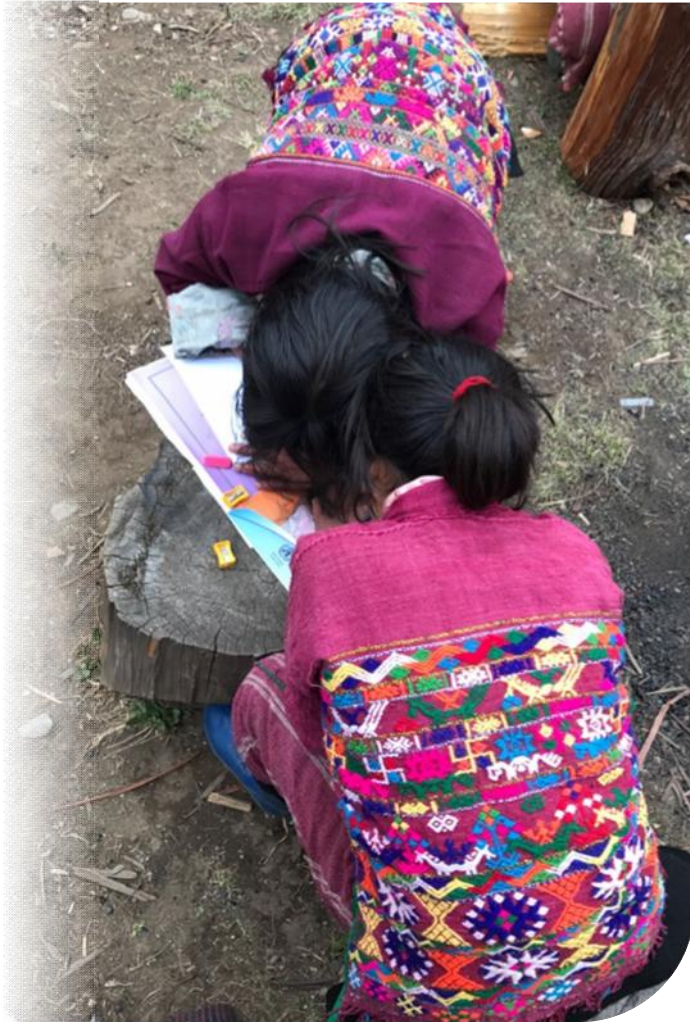
## Sustainable Sanitation and Hygiene for All (SSH4A)

Thinley Dem, SNV Bhutan | August 2017



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## Context



*In rural Bhutan's remote schools and monastic institutions, menstrual hygiene management is overwhelmingly a negative experience.*

*Until recently the sector did not recognise menstrual hygiene management as an issue. It was a silent issue.*

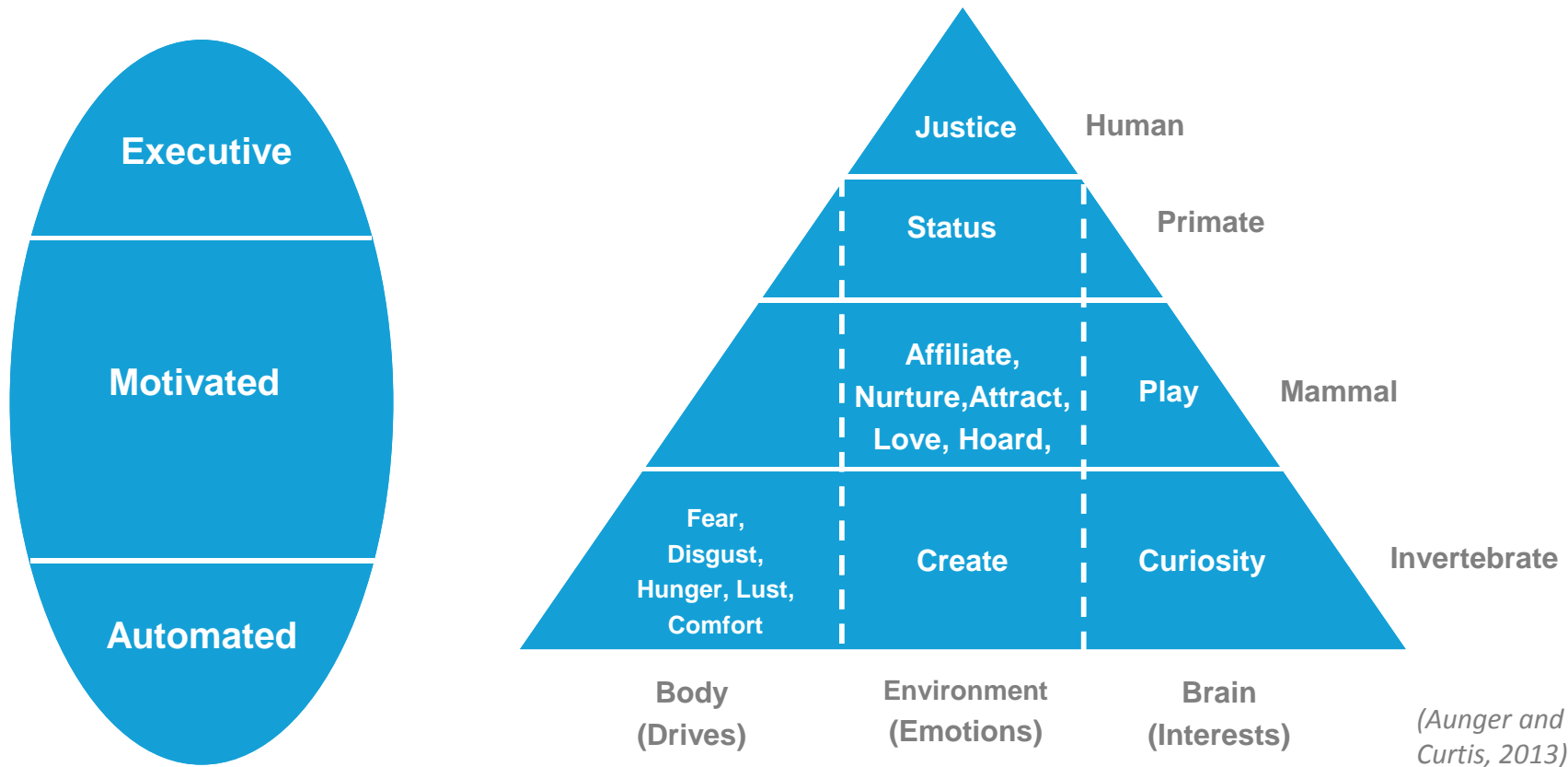
*Formative research, some champions and the advocacy of celebration "Menstrual Hygiene Day" has changed this.*

*SNV Bhutan, in response to the demand from the sector sort to develop a campaign to "Break the silence".*

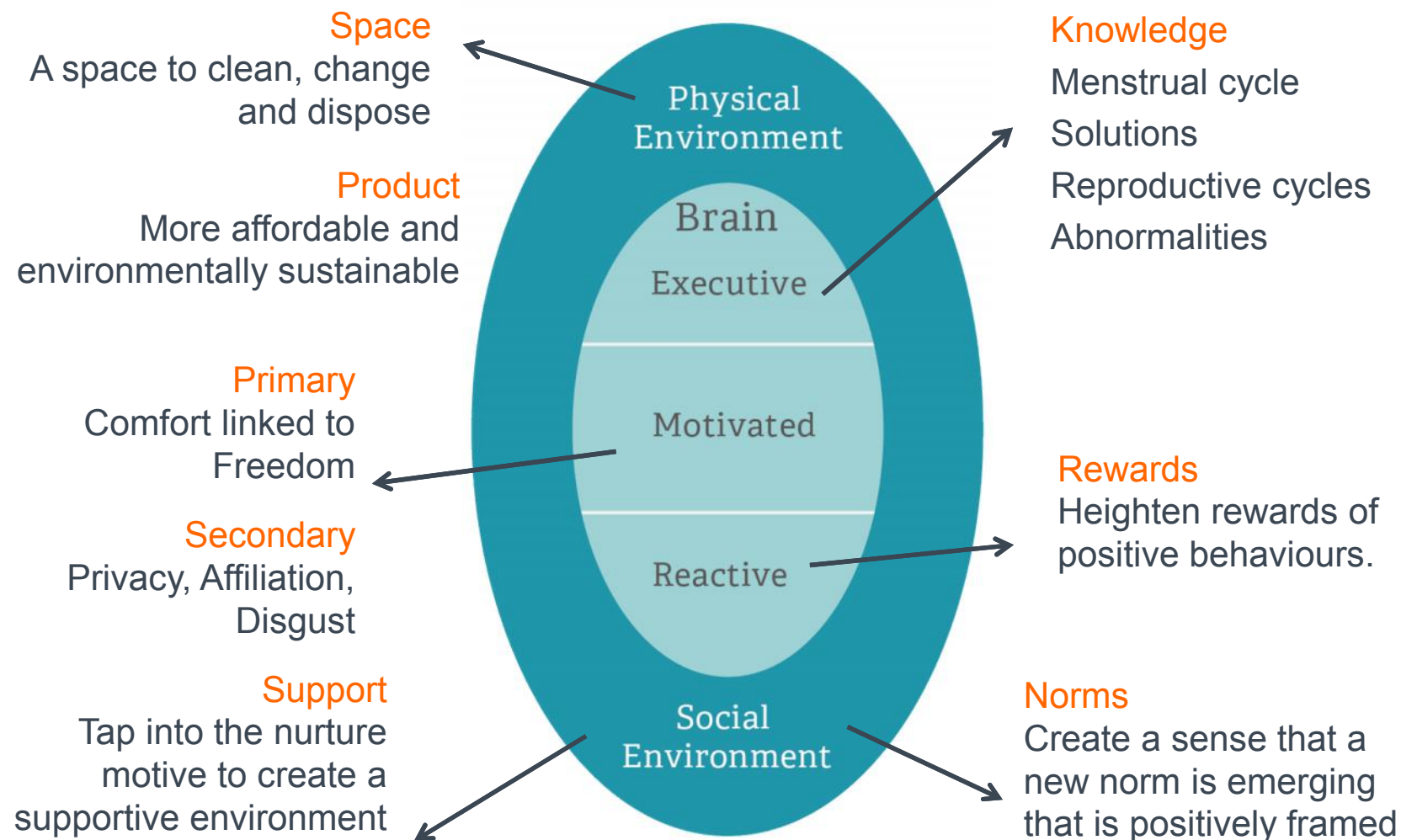
***So, how does one break the silence?***

# What approach have you adopted?

## Emotional Motives vs. Rational Knowledge



# Challenges to address:



# The Process

## Phase I



### Assess

existing knowledge

### Build

through Formative Research

## Phase II



### Create

the BCC Design

### Pilot

the BCC Design

### Evaluate

the behaviours and process

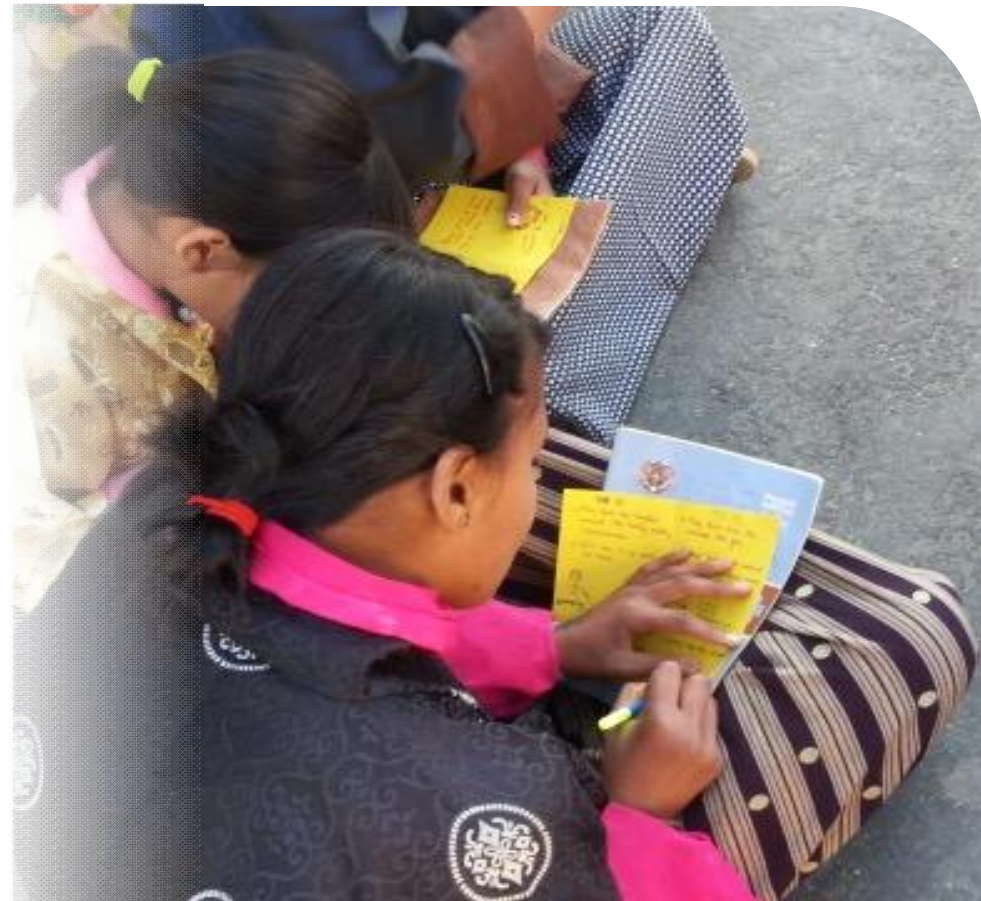
### Refine

the BCC Design for scale



# What motives will work for developing communications?

- **Primary Motive:**  
Comfort
- **Other Motives:**  
Affiliation,  
Privacy,  
Disgust
- **Support System:**  
Nurture





# Research Design: School Girls/Nuns

**Regions: Dagana, Tsirang, Punakha and Trashigang**

Respondents	Method	Numbers
Girls (10-18)	Focus Group Discussion	6
Nuns (10-18)	Focus Group Discussion	3

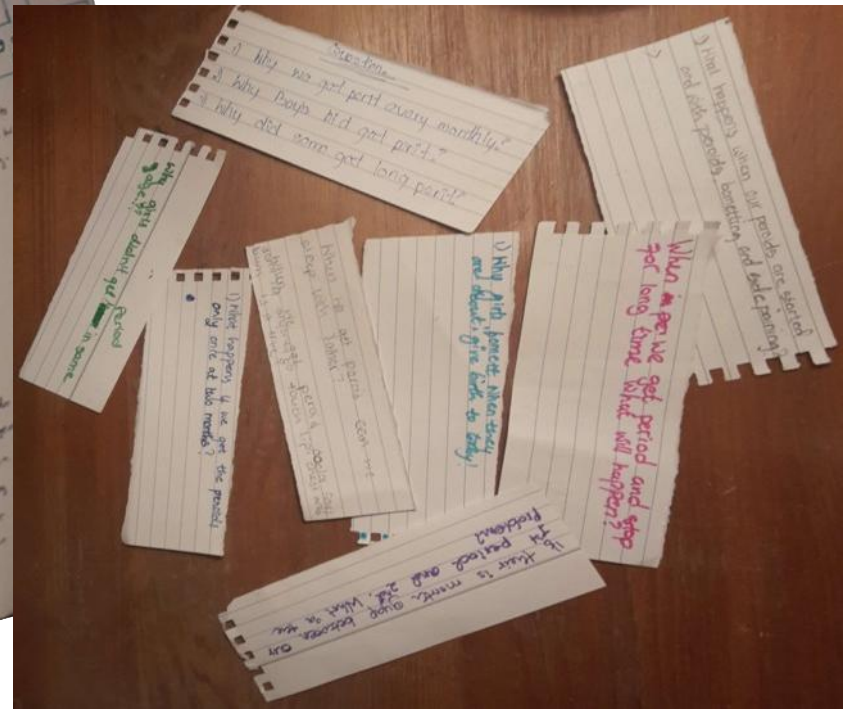
Note: A mixed group was conducted in Tsirang with mothers and daughters.

## Writing/Drawing

Since it is not easy to get girls to talk about MHM, they were first asked to write and draw about differences between girls and boys. This helped the girls to open up and talk about all things that matter to them, including MHM.



# Sketches and questions from girls





## Findings: Adolescent Girls

- Despite the silence around the issue, girls still practice safe MHM behaviours
- But the experience of menstruation is overwhelmingly negative
- There is physical and emotional discomfort
- anxiety due to knowledge gaps
- Restrictions on freedom
- The Negative Framing of Menstrual Experience
- Access an issue in remote areas (only one out of ten shops sold one brand of sanitary pad, most women didn't know about it)



# Findings: Nunneries

## A similar experience in a different context

- When the nunnery is headed by a male, there is lack of knowledge on how to deal with menstrual hygiene issues
- *Khempos* also have very little or no knowledge of menstruation or solutions such as sanitary pads. They don't seem to have received any official training for this
- Monthly stipends are an issue for the nunneries (esp. private nunneries)
- The impact of cultural taboos seems minimal. Nuns are allowed to offer butter lamps while some may abstain from this on their own



## Motives/Themes

### **Girls : Comfort**

Provide better comfort at physical and emotional level.



### **Parents : Nurture**

To provide better comfort for girls on physical ('losing so much blood') and emotional (no unfortunate moments, all girls use pads) levels



**Breaks the silence –  
girls don't speak out**

**Encourages others to  
share their stories**

Creative Idea

**Liberating for  
storyteller and  
listener**

**Evokes nurture in  
the support  
system**

**Menstrual  
Stories**

**Girls and women  
learn what to do**

**Girls and women feel  
they are not alone**

**First-Time  
experience**

**Of emotional  
turbulence**

**Of “emergency”  
moments**

**Of physical  
pain**

**What  
Stories  
?**

**Of abnormal  
cycles**

**Of receiving  
social support**

**Of not letting these get in the  
way of one’s success**



# Who will tell the stories?

**Celebrities**

**Role Models**

Independent  
working women

**Peers**

School Girls  
Mothers

## **Why Role Models?**

Role models inspire and reframe the idea of being a woman. Capture the spirit of being unstoppable.

## **What Role Models?**

Successful  
businesswomen, nuns,  
artists, social workers,  
politicians, etc.



### Workshops

That tap into the motives and provides knowledge

Targets mothers and daughters primarily and boys. Mixed groups would be effective but need to be tested further.

Change normal learning setting codes from – ‘listening-memorising-repeating’ to ‘engaging-participating-learning’.

### Training

Of Health Coordinators at BHUs/institutions to conduct the workshop and handle abnormalities. Of also institutional leaders to sensitise them.

## Guiding Principles

**Tell Menstrual Stories**

**Use Role Models**

**Capture the spirit of moving beyond obstacles to succeed in life**

### Mass media

Communication that talks to the girls, tapping into the core motive, while evoking nurture from the support system.

### Online repository

Of the knowledge and training material that can be easily accessed by the health coordinators and others.

### Product design / distribution

Products that are more affordable and environmentally sustainable.



# What advice would you give to others?

- Stakeholder involvement during the inception, research phase and communication development phase
- What motives work best in your context?
- Time and resource allocation
- Development of implementations and their sustainability

