

## The Role of Media in Creating Social Awareness about the Female Hygiene Practices during Menstruation Cycle in Bangladesh

Sabrina Rahman<sup>1</sup>, Hamidul Islam<sup>2</sup>, Stanley Sumon Rodrick<sup>3</sup>, Kazi Nusrat<sup>4</sup>

<sup>1</sup>(Lecturer, Department of Marketing & THM, American International University-Bangladesh, Bangladesh)

<sup>2 & 3</sup>(Assistant Professor, Dept. of Marketing, American International University-Bangladesh, Bangladesh)

<sup>4</sup>(BBA Graduate, Dept. of Marketing, American International University-Bangladesh, Bangladesh)

Corresponding Author: Sabrina Rahman<sup>1</sup>

---

**Abstract:** This paper has endeavored to find out the role of media to create awareness regarding female hygiene practices during menstruation cycle from the perspectives of females residing in both rural and urban areas of Bangladesh. Based on a review of the previous relevant literature, a 5-point Likert scale questionnaire was developed and used to conduct the survey among 200 respondents from four rural and urban areas of Bangladesh to collect primary data for realizing the objectives of this research. The research is descriptive in the manner that attempted to realize its key objective by conducting a comparative analysis of the data collected from the rural and urban respondents. By undertaking descriptive (mean) and enter-method regression analysis using SPSS 24.0, the findings from rural and urban respondents have been analyzed separately to identify the key modes of media playing crucial roles for creating awareness on female hygiene practices. However, after analyzing the secondary and primary data, this study has suggested some ways to effectively utilize the significant modes of media – highlighted by both previous relevant literature and the respondents of this research – to enhance greater awareness on the topic of the study. Along with suggestions to take extensive actions to educate Bangladeshi females and eradicate social stigmas regarding menstruation cycle, this research has also suggested some other methods to encourage female hygiene practices. Some of the suggestions are, emphasizing more on the conventional media platforms to promote female hygiene practices, focusing on improving the brand image of female hygiene products to ensure their trustworthiness to the consumers, enhancing the marketing and distribution channels and reducing prices of female hygiene products, arranging events like 'Uthan Baithak' (focus group discussions in the open space of houses) in rural areas and increasing promotional activities in social and digital media platforms across Bangladesh.

**Keywords:** Awareness, Female Hygiene Practices, Role of Media, Menstruation, Rural and Urban Women of Bangladesh

---

Date of Submission: 26-04-2018

Date of Acceptance: 14-05-2018

---

### I. Introduction

Adolescent girls from low-income and middle-income countries are getting lack of appropriate facilities and support from the society to manage their female hygiene practices. The adolescent girls are not prepared for their first menstruation and they have lack of the necessary preparation and information to manage their periods hygienically [1]. In adolescents who experienced menstruation for the first time, Menstrual Hygiene Management (MHM) is constrained by practical, social, economic and cultural factors such as the expense of commercial sanitary pads, lack of water and latrine facilities, lack of private rooms for changing sanitary pads, and limited education about the facts of menstrual hygiene [2]. Menstruation is an integral and normal part of human life, indeed of human existence, and menstrual hygiene is fundamental to the dignity and well-being of women and girls and an important part of the basic hygiene, sanitation, and reproductive health services to which every women and girl has a right [3]. In Bangladesh, the most challenging part for the females especially in rural areas is that they have no proper sanitary facilities, so they skip the proper hygiene part or not interested to maintain it as per health instructions. According to the statistics, 86% of adolescent girl students use old cloth during menstruation, among which only 12% of the students wash it properly with soap, and dry it under the sun [4]. The report also highlighted that 40% of the female students in Bangladesh skip schools during menstruation because of poor toilet infrastructure [4]. Having a good menstrual hygiene practice will enhance the confidence of females in many aspects and ensure less critical feminine diseases while they will feel healthier. On the other hand, lack of menstrual hygiene practices will increase the vulnerability of reproductive

health-related problem. In this 21<sup>st</sup> century, women keep going with their success in various sectors but not overcoming from social taboos and myths.

Today technology is doing far better than our expectations, an example is media and its role to create awareness, communicate with society and its people and make collaboration on a different social phenomenon. Globally mass media is one of the popular and cost-effective public health promotion tools [5]. From Teknaf to Tetulia (Areas in Bangladesh), media is the best convenient medium for raising awareness among the women of Bangladesh. Communication way should be dependent on appealing techniques of the audience. Not only the women who are going through this natural process but also the men of our society need to know about it for a better understanding of the natural biological process and the important issues they need to focus. The first step is raising awareness, hygiene education, and promotion, the provision of affordable and accessible products and facilities and waste management [6]. Conventional media can be an easy medium to reach with clear messages in all over Bangladesh rather than the non-conventional media. In urban areas, females are more open minded compared to the rural areas and therefore marketers can spread a common message among the urban audiences. But at the same time, this message is not acceptable because the rural females are rather conservative and surrounded by many social taboos. So, in rural areas, awareness regarding product usage, brand and health services can be arranged by the non-conventional mediums such as road shows, running video shows, demonstration by the service providers and brand fairs only for the females, folk theatre, folk songs, school visits by the medical/health representatives, toll free health services, “Uthan Baithak” (a group discussion sometimes with demonstration among the community members in rural Bangladesh) and so on. Good menstrual hygiene was practiced among girls whose parents were literate, older girls, having premenstrual preparation, girls’ studying in secondary schools and above, exposure to advertisements regarding usage of sanitary pads in mass media and socioeconomic status of the family [7].

## **II. Objectives of the Study**

The broad objective of this paper is to analyze the understandings of the females residing in the urban and rural regions of Bangladesh regarding the role of media in creating awareness about female hygiene practices during menstruation cycle.

However, some specific objectives of this research are as follows:

- To compare the knowledge and insights of the urban and rural female segments about their menstruation hygiene practices.
- To categorize the roles and use of different communication practices to aware the females about menstruation hygiene and maternal health management.
- To identify the effective means of media tools that create social awareness regarding female hygiene practices from the perspectives of the urban and rural areas in Bangladesh.

## **III. Methodology of the Study**

The research has followed quantitative approach to realize its aims and objectives. It is a descriptive research that has developed a questionnaire comprising 5-point Likert-scale close-ended questions to collect data from the respondents. In order to figure out the use and effectiveness of different means of media to create awareness regarding female hygiene practices during menstruation cycle, the research primarily targeted on the female segment residing in both Urban and Rural areas of Bangladesh. The primary data of this research was collected by conducting questionnaire-based surveys in Dhaka City (Urban) and Daudkandi, Titas and Muradnagar sub-districts of Cumilla (formerly known as Comilla) District (Rural) for analyzing the insights of this research sample. A total of 200 respondents were interviewed (100 respondents from each mentioned urban and rural areas of Bangladesh) who were selected using non-probability sampling technique. The collected primary data of this research was analyzed by conducting descriptive and regression analyses using SPSS 24.0. In order to identify the extent of the significance of different media tools in creating awareness regarding female hygiene practices during menstruation cycle, descriptive and regression analyses were undertaken.

## **IV. Literature Review**

Concern on female hygiene practices from adolescent period to menopause time, a girl/female is not taking it that much seriously and along with the related hygiene factors also. Taboos and misconceptions regarding menstruating girls and menstrual hygiene evolve in gender inequality and degradation of women empowerment [8]. In some societies, it involves menstruation being perceived as profane or embarrassing, extending even to the mention of menstruation both in public (in the media and advertising) and in private (amongst the friends, in the household, and with the man). Studies in the early 1980s showed that nearly all girls in the United States believed that girls should not discuss menstruation with boys, and more than one-third of the girls did not believe that it was appropriate to discuss menstruation with their fathers [9]. Menstruation is

generally considered profane leading to isolation of the menstruating girls and restrictions imposed on them by the family [10]. In another study carried out by in 2007, it was observed that 92% of the girls were restricted from worshipping, 70% were restricted in participating in household activities and 56% of the girls were not allowed to eat oily, cold or spicy food during menstruation [11]. The general practice that people are comfortable with is to dispose of menstruation waste in toilets or rubbish bins and some also prefer burning them. The reason behind this is the belief that blood is sacred and it should not be left around in the open [12]. Menarche is a life-changing stage in a woman's life as it denotes the start of reproductive capacity. Unfortunately, in South Asia region, there is gross lack of information on menstrual preparedness and management among adolescent girls, a situation made worse by the shyness and embarrassment with which discussions about menstruation is treated. Poor menstrual hygiene causes Reproductive Tract Infection which is an affliction that is suffered by many women with silence. Cancer of the cervix, which is the commonest cause of cancer among women in India, is another affliction whose risk factor is poor reproductive tract hygiene [13]. Of the 113 million adolescent girls, 68 million attend about 1.4 million schools, with poor MHM practices and cultural taboos considered to be impediments to their school attendance [14]. In our country, different brands already have launched their MHM related products and tools and some organization (government/non-governmental) are doing awareness campaign urban and rural areas by using above the line (ATL) and below the line (BTL) strategies. Branding appears with awareness, which may be achieved by featuring the brand name eminently in a repeated advertisement [15]. In the West Bengal, India study, only 11.25% of girls used disposable sanitary napkins with availability and affordability center as the key obstacle to more widespread use [16]. Females would prefer to use disposable pads as they were more comfortable, less smelly, and much easier to use and carry [17]. This kind of agenda and focus point need to be highlighted by different brands of Bangladesh to increase awareness in urban and rural areas.

❖ **Role of media to create awareness on female hygiene practices at menstruation time:**

Different developing countries media is the only tools to know about health and relevant issues, hygiene practices, antenatal health care, maternal health and relevant factors, reproductive health and different steps which should be taken at emergency situations along with medical health services [14]. Role of media has turned decisive in democracy as well as in the process of socio-economic development of Bangladesh. Access to information in rural Tanzania is mainly through mass media (radio, television, and newspapers), cell-phones and face to face communication [18]. Media creates trust on specific brand products, influence to use the hygienic products of menstruation time and maintain hygiene washroom and relevant health services both urban and rural part. The role of media is not only limited as information providers but by gradually shaping public opinion, personal beliefs and even people's self-perception, media influences the process of socialization and shapes ideology and thinking more deeply on the concern issues [19]. The Ministry of Health and Family Welfare (MoHFW) could play a key role in promoting this conversation from the national to the household levels by using mass media and non-conventional media [17]. The argument of Kurukshetra - A Journal of Rural Development Media in 2003 has stated that it helped volunteers to spread messages on female hygiene practices at menstruation cycle and share knowledge based on field (learning) experiences. Hygiene education messages can be communicated in different ways, including posters, drama and storytelling, mass media messages, group discussions and home visits Radio also has the power to motivate people by building on oral traditions like songs, which help to get to the people's heart [20]. Many places of Bangladesh, Bangladesh Television (BTV) is the only visionary mass media to communicate with the audience and according to 2016 rating point BTV was 3025 rating point as its viewer's number and taking number 3<sup>rd</sup> place [21]. Rural communication calls for understanding the key challenges at hand- rural heterogeneity and spread, low literacy and varying comprehension abilities of rural folks, and differences in media reach and the habits of people [22]. Studies show that the women residing in rural areas tend to be more dogmatist than the ones residing in the cities regarding the necessity of using hygiene products due to their lack of awareness and affordability and both conventional and non-conventional media can play vital roles in diminishing these gaps of rural women [23]. Informal knowledge/experience sharing sessions organized by community health workers, female sales agents, teachers or social enterprises (commonly referred to as '*Uthan Baithak*' in Bangladesh) have been proven as an effective mode of disseminating knowledge about female hygiene practices among the rural, underprivileged women [23]. However, media policy is expected to play its role not only for awareness and development values among the illiterate mass population for their movement towards the literate world but also sensitize and activate the educated people to contribute cause of mass people socio-development and their educability on social issues [24].

## **V. Analysis and Findings of the Study**

The major findings of this research have been identified by analyzing primary data collected through questionnaire surveys from respondents residing in urban and rural areas in Bangladesh. In order to find out the

effective means to create awareness regarding female hygiene practices during menstruation cycles, the collected data have been analyzed by conducting descriptive and regression analyses using SPSS. Prior to analyzing the collected primary data, a demographic analysis has been conducted to recognize the demographic profile of the respondents by undertaking frequency analysis of some key demographic dimensions.

### **5.1 Demographic Analysis of Respondents:**

The survey for this research had been divided into two areas – urban and rural. Whereas respondents from Dhaka city (100%) represented the urban population, respondents residing Daudkandi (34 %), Muradnagar (36%) and Titas (30%) sub-districts of the Cumilla region represented the rural population of this research. All the respondents – both in urban and rural regions – were females (100%). In order to determine the demographic profile of the respondents, five other dimensions were considered in this research, namely: age group, family type, level of education, occupation, and level of education. The percentage frequency distribution tables are given below by categorizing these five demographic dimensions – separately for the respondents of urban and rural areas (**Table 1 and 2**).

**Table 1: Demographic Profile of Respondents from Urban Areas**

Dimensions	Percentage of the Categories in Each Dimension					
<b>Age Group</b>	Below 18 (30%)	18-22 Years (25%)	23-27 Years (32%)	28-32 Years (8%)	33-37 Years (1%)	38 Years & above (4%)
<b>Family Type</b>	Joint Family (23%)				Nuclear Family (77%)	
<b>Education</b>	Uneducated (12%)	Primary School (10%)	Secondary School (21%)	Undergraduate (27%)	Post Graduate (25%)	Others (5%)
<b>Occupation</b>	Student (32%)	Service Holder (11%)	Entrepreneur (9%)	Housewife (11%)	Professional/ Technical (19%)	Others (18%)
<b>Income (in BDT)</b>	Below 15,000/- (57%)	16,000/- 40,000/- (13%)	41,000/- 65,000/- (18%)	66,000/- 100,000/- (10%)	Above 100,000/- (2%)	

**Table 2: Demographic Profile of Respondents from Rural Areas**

Dimensions	Percentage of the Categories in Each Dimension					
<b>Age Group</b>	Below 18 (24%)	18-22 Years (37%)	23-27 Years (25%)	28-32 Years (10%)	33-37 Years (4%)	38 Years & above (N/A)
<b>Family Type</b>	Joint Family (27%)				Nuclear Family (73%)	
<b>Education</b>	Uneducated (12%)	Primary School (12%)	Secondary School (52%)	Undergraduate (9%)	Others (15%)	
<b>Occupation</b>	Student (24%)	Service Holder (11%)	Housewife (58%)	Others (7%)		
<b>Income (in BDT)</b>	Below 15,000/- (51%)	16,000/- 40,000/- (39%)	41,000/- 65,000/- (8%)	66,000/- 100,000/- (2%)	Above 100,000/- (N/A)	

### **5.2 Data Analysis:**

#### **5.2.1 Descriptive Analysis:**

A descriptive/mean analysis was conducted at first to identify the role of media in creating awareness about female hygiene practices during menstruation cycle. Based on the responses provided by the survey respondents, the average mean values were identified – separately for urban and rural areas – for each of the 17 variables.

##### **5.2.1.1 Descriptive Analysis of Responses from Urban Areas:**

From the mean analysis, five simple variables have been identified as the major variables impacting the role of media on creating awareness about female hygiene practices (based on their mean values on a scale of 5). These five variables are,

1. Considering media as a convenient medium to create awareness about female hygiene practices (mean=4.6800),
2. Effective role of media in creating awareness about female hygiene practices (mean=4.6300),
3. Greater convenience of using traditional media methods on creating awareness than the unconventional modes of media (mean= 4.6300),
4. Greater preference of using branded products (Senora, Joya, and Freedom) rather than the non-branded products (cloth, cotton) during menstruation time (mean=4.4400),
5. Mass media (TV, Radio, Print) advertisements are helpful to aware of female hygiene practices (mean = 4.3700)

The key findings of the descriptive analysis conducted in the urban areas can be further understood from the detailed descriptive statistics table below (**Table 3**):

**Table 3: Descriptive Statistics (Urban)**

Factors	N	Mean	Standard Deviation
Roles of media are effective to aware of female hygiene practices	100	4.6300	.69129
Trust issues on media to influence the consumers to take any kind of decision on for the female hygiene practices	100	3.7000	.65905
Media is a convenient medium to create awareness of female hygiene practices	100	4.6800	.61759
Mass Media (TV, Radio, and Print) advertisements are helpful to aware about the female hygiene practices	100	4.3700	.83672
Wall paintings and hoardings influence the consumers to be aware and eventually purchase hygiene related products	100	3.4900	.82260
Display of female hygiene products influences the consumers to go for point of purchase	100	2.8100	.76138
Traditional modes of media (TV, Radio, Hoardings) are more convenient to create awareness about female hygiene and related services rather than the unconventional modes (TV shows like 'Shornokishoree' and FGDs with family's female members)	100	4.6300	.63014
Different road shows /rallies have helped the consumers to increase awareness about menstruation health and its hygiene issues	100	2.6400	.71802
Medical representatives/health workers have raised the consumers' awareness	100	3.9300	.93479
People are joining 'Uthan Baithaks'/discussions and watch folk songs about female hygiene health related	100	3.4600	.94730
Different brands give free trial products (female hygiene related) to use	100	2.2400	1.24007
People are aware of the toll-free numbers/online apps ( <i>GP tonic, Maya Apa, Care, Shukhi Bhabi</i> ) which are given instant solution on female hygiene practices and relevant health problems	100	4.3400	3.83819
People have participated in event sponsorships ('Shornokishoree', Campus Campaigns, etc.) offered by sanitary napkins companies	100	2.8100	1.36844
Urban and rural areas health (female hygiene health) services are same	100	1.5300	.73106
Service providers act friendly when you go to take relevant service	100	3.7100	.83236
People maintain branded (v wash, i-hygiene, Savlon, Dettol) sanitization products for cleaning purposes during the menstruation period	100	3.3900	.94168
People prefer using branded products (Senora, Joya, and Freedom) rather than prefer to use non-branded products (cloth, cotton) during the menstruation time	100	4.4400	.99818
<b>Valid N (list-wise)</b>	<b>100</b>		

#### 5.2.1.2 Descriptive Analysis of Responses from Rural Areas:

From the mean analysis, five simple variables have been identified as the major variables impacting the role of media on creating awareness about female hygiene practices (based on their mean values on a scale of 5) in rural areas. These five variables are,

1. Considering media as a convenient medium to create awareness about female hygiene practices (mean=4.6100)
2. Effective role of media in creating awareness about female hygiene practices (mean=4.5100)
3. Greater convenience of using traditional media methods on creating awareness than the unconventional modes of media (mean= 4.5200)
4. Mass media (TV, radio, print) advertisements are helpful to aware of female hygiene practices (mean = 4.3100)
5. Ensuring trustworthiness of media to influence the decisions regarding female hygiene practices (mean= 3.9700).

The key findings of the descriptive analysis conducted in the rural areas can be further understood from the detailed descriptive statistics table below (**Table 4**):

**Table 4: Descriptive Statistics (Rural)**

Factors	N	Mean	Standard Deviation
Roles of media are effective to aware of female hygiene practices	100	4.5100	.67412
Trust issues on media to influence the consumers to take any kind of decision on your female hygiene practices.	100	3.9700	.68836
Media is a convenient medium to create awareness about the female hygiene practices.	100	4.6100	.60126
Mass Media (TV, Radio, and Print) advertisements are helpful to aware about the female hygiene practices.	100	4.3100	.93954
Wall paintings and hoardings influence the consumers to be aware and eventually purchase hygiene related products	100	2.1300	2.06781
Display of female hygiene products influences the consumers to go for point of purchase	100	2.3400	.91254
Traditional modes of media (TV, Radio, Hoardings) are more convenient to create awareness about female hygiene and related services rather than the unconventional modes (TV shows like 'Shornokishoree' and FGDs with family's female members).	100	4.5200	.73140

Different road shows /rallies have helped the consumers to increase awareness about menstruation health and its hygiene issues	100	1.6400	.78522
Medical representatives/health workers have raised the consumers' awareness	100	3.1900	1.23660
People are joining 'Uthan Baithaks'/discussions and watch folk songs about female hygiene health related.	100	3.2800	.97525
Different brands give free trial products (female hygiene related) to use	100	1.4200	.49604
People are aware of the toll-free numbers/online apps ( <i>GP tonic, Maya Apa, Care, Shukhi Bhabi</i> ) which are given instant solution on female hygiene practices and relevant health problems.	100	2.8500	1.27426
People have participated in event sponsorships ('Shornokishoree', Campus Campaigns etc.) offered by Sanitary Napkins companies.	100	1.4400	.49889
Urban and rural areas health (Female Hygiene Health) services are same	100	1.9200	.91762
Service providers act friendly when you go to take relevant service	100	3.5400	.83388
People maintain branded (v wash, i-hygiene, Savlon, Dettol) sanitization products for cleaning purposes during the menstruation period	100	2.6000	1.13707
People prefer using branded products (Senora, Joya, and Freedom) rather than prefer to use non-branded products (cloth, cotton) during the menstruation time.	100	3.4300	1.33526
<b>Valid N (list-wise)</b>	<b>100</b>		

However, 4 independent variables (out of the top 5 independent variables) have been found common in both descriptive analyses conducted on the urban and rural respondents. Due to their higher mean values, these 4 independent variables can be considered as the prominent ones for enhancing the role of media to create awareness regarding female hygiene practices:

1. Considering media as a convenient medium to create awareness about female hygiene practices (mean=4.6100)
2. Effective role of media in creating awareness about female hygiene practices (mean=4.5100)
3. Greater convenience of using traditional media methods on creating awareness than the unconventional modes of media (mean= 4.5200)
4. Mass media (TV, Radio, Print) advertisements are helpful to aware of female hygiene practices (mean = 4.3100)

### 5.2.2 Regression Analysis:

Regression analysis is conducted in any research to analyze the extent of a relationship between the independent variables with the dependent variable. In order to determine the role of media in creating awareness regarding female hygiene practices during menstruation cycle, enter method regression analyses were conducted separately for urban and rural respondents.

#### 5.2.2.1 Model Summary – Enter Method Regression:

In the model summary, the R-value determines the coefficient of correlation that, in other words, identifies the extent of the relationship between the dependent and independent variables. On the other hand, the Adjusted R Square represents the coefficient of determination of the model.

However, a model summary of the responses taken from urban areas is given below (**Table 5**):

**Table 5: Model Summary (Urban)**

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
1	.829 <sup>a</sup>	.641	.581	.875

From the model summary developed from the data set of the urban area, it can remain a strong dependency (82.9%) among the dependent and independent variables of this research with its R-value of 0.829.

Moreover, with Adjusted R Square value of 0.581, it can be said that 58.1% of the variability of overall roles of media can, by the variables mentioned in the questionnaire used to conduct this research in urban areas.

On the other hand, the model summary for the responses taken from rural areas is given below (**Table 6**):

**Table 6: Model Summary (Rural)**

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
1	.746 <sup>a</sup>	.558	.519	.779

From the model summary developed from the data set of the rural areas, it can be detected that this model also has a strong dependency (74.6%) among the dependent and independent variables of this research with its R-value of 0.746. Moreover, with Adjusted R Square value of 0.519, it can be suggested that 51.9% of

the variability of overall roles of media can be explained by the variables mentioned in the questionnaire used to conduct this research in rural areas.

#### **5.2.2.2 Coefficient Table (Urban) – Enter Method Regression:**

After conducting regression analysis on all the independent variables of this research to understand how the independent and dependent variables are related, top 5 variables have been identified from the data set gathered from urban respondents (based on their beta coefficient values). These top 5 variables have identified some effective means for enhancing the role of media to create awareness regarding female hygiene practices:

1. Effective roles of media to create awareness regarding female hygiene practices.
2. Mass media advertisements are considered as helpful methods to create awareness regarding female hygiene practices.
3. Conventional modes of media are considered more convenient than the unconventional ones to create awareness regarding female hygiene practices.
4. Free trial products distributed by different brands play major roles to create awareness regarding female hygiene practices.
5. Participation in event sponsorships ('Shornokishoree', Campus Campaigns, etc.) offered by sanitary napkins companies act as from https means to create awareness regarding female hygiene practices.

The key findings of the regression analysis can be further explained by the coefficient table given below (**Table 7**)

**Table 7: Coefficients (Urban)**

Model		Un-standardized Coefficients		Beta	T	Sig	95.0% Confidence Interval for B	
		B	Std. Error				Lower Bound	Upper Bound
1	(Constant)	2.747	1.151		2.387	.019	.459	5.035
	Roles of media are effective to aware of female hygiene practices	.160	.160	.111	.998	.321	-.158	.478
	Mass media (TV, Radio, and Print) advertisements are helpful to aware of female hygiene practices.	.171	.126	.144	1.357	.178	-.080	.422
	Conventional media (TV, Radio, Hoardings, etc.) is a convenient medium to create awareness about female hygiene and related services rather than traditional (discussion with family's female members) medium.	.154	.181	.097	.853	.396	-.205	.513
	Different brands give free trial products (female hygiene related) to use	.179	.096	.223	1.865	.066	-.012	.370
	People have participated in different sponsored events ('Shornokishoree', Campus Campaigns, etc.) offered by sanitary napkin manufacturers	.190	.086	.260	2.220	.029	.020	.360

#### **5.2.2.3 Coefficient Table (Rural) – Enter Method Regression:**

Just like the coefficient table developed from the responses of urban areas, regression analysis was conducted on all the independent variables of this research using the dataset collected from rural areas. To analyze the major independent variables having a strong relationship with the dependent variables, top 5 variables have been identified from the responses of the rural respondents (based on their beta coefficient values). These top 5 variables have pointed out some effective means for enhancing the role of media to create awareness regarding female hygiene practices in rural areas:

1. To ensure trustworthiness of the media to influence the decisions of the respondents regarding female hygiene practices.
2. Mass media advertisements are considered as helpful methods to create awareness regarding female hygiene practices.
3. Different road shows /rallies in rural areas have been proven effective to increase awareness about menstruation health and its hygiene issues.
4. Arrangements of 'Uthan Baithaks' (discussions in the open space of the houses) and folk songs about female health and hygiene play major roles to create awareness regarding female hygiene practices in rural areas.

5. Participation in event sponsorships ('Shornokishoree', Campus Campaigns, etc.) offered by sanitary napkins companies act as helpful means to create awareness regarding female hygiene practices.

The key findings of the regression analysis can be further explained by the coefficient table given below (**Table 8**)

**Table 8: Coefficients (Rural)**

Model	Un-standardized Coefficients		Standardized Coefficients	T	Sig	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	-2.447	1.678		.148	-5.783	.889
	Trust issues on media to influence and take any kind of decision on the female hygiene practices.	.220	.169	.133	.197	-.116	.555
	Mass media (TV, Radio, and Print) advertisements are helpful to aware of the female hygiene practices.	.178	.120	.147	1.482	.142	-.061
	Different road shows /rallies have helped you have tried to increase awareness about menstruation health and its hygiene issues.	.411	.154	.284	2.668	.009	.105
	People have participated in <i>Uthan Baithaks</i> /discussions and watch folk songs about female hygiene health related.	.196	.135	.168	1.456	.149	-.072
	People have participated event sponsorships ('Shornokishoree', Campus Campaigns, etc.) offered by sanitary napkin manufacturers.	.524	.254	.230	2.060	.043	.018
							1.030

## VI. Suggestions

Based on the above-mentioned analysis and findings, the researchers have identified some possible suggestions which are discussed below:

- The first step of the awareness process is to undertake extensive strategies to educate women starting from the primary level in all geographic concentrations, which not only include urban areas but also all the rural spheres of Bangladesh. Taking such extensive measures will provide the females with greater empowerment to make critical decisions, but also increase their consciousness level to make them better aware and responsive towards the menstruation cycle and maternal health. It is a lifetime dream of any girl child to conceive a child and become a mother one day and this depends on having a complex free menstrual cycle and healthier maternal health. Such awareness must be provided not only to the girls at the school level but also include the boys to be familiar with the complexities and hindrances of the menstruation cycle and having a better maternal health. Initiatives like Adolescent Club can be initiated at the school level, where apart from academic education such voluntary knowledge sharing can also be implemented. Moreover, the importance of maternal health issues should be included in the academic curriculum so that peer education programs/community learning can be enhanced by the total population of the society
- One of the significant issues regarding the female hygiene practices, which have been evident over the years, is the communication gap which is prevalent in all societies of Bangladesh. Such gap arises due to personal and social hesitation to talk freely about the health issues during the menstruation cycle. From the study conducted, the researchers have faced a daunting task to initiate any sort of conversation with the female respondents regarding this issue. Even when the female researchers approached the respondents, they were shy and hesitated to talk about such health practices in an open environment. Such communication gap should be reduced if there are frequent open discussion cultures among the family members. It has been a regular practice in our society, that when a female is undergoing her menstruation period cycles, she only discusses the issue with the other female members such as her mother, elder sister, or someone close to the family. This stigma must be broken and for that, the male members must be included in such discussion and participate voluntarily to assist the female having the period cycle and comfort her needs. The issue must be treated with compassion, not with shame and hesitation.
- From the study conducted it has been evident that the conventional media platforms are much more convenient and influential tools in making effective awareness for the urban and rural customers. Ministry of Women and Children Affairs of the Bangladeshi Government and ShornoKishoree Network Foundation (SKNF) have taken an innovative platform to promote Adolescent Girls' Health for Safe Motherhood jointly facilitated an interactive television program entitled as "Din Bodole Amra" [25] [26]. Social

awareness and better health practices which are discussed and visually shown on such programs will eventually increase the conscious level. Along with such interactive and engagement programs, the frequency of the Sanitary Napkin advertisements should be boosted especially during the prime time of the television viewership. Some advertisements of the Sanitary Napkin brands, over the last couple of years, have impacted on the customer's awareness of the product need and its health benefits. Companies can initiate more common man approach, the health practitioners/experts, celebrity endorsement such as actresses, female sportsperson, etc. can be approached to make a free and cordial mode of communication. In addition to this, the marketers of Sanitary Napkins should increase the effective use of other conventional media tools like Radio, Billboards, Banners, Posters, and non-conventional media such audio-visual vans, demonstrations, puppetry, folk theatres, posters, etc. for the rural consumers.

- The communication sources play a significant role in providing the accurate information to the receivers. Customers tend to believe in such sources which are credible and trustworthy in nature. Prominent national daily newspapers or magazines, top credible and prime television and radio channels play a major role in disseminating the intended messages to their targeted receivers. Using such mediums will not only enhance the coverage but also build an intended perception among the customers as they can confidently rely on the information and suggestions provided by these reliable media tools regarding safe and healthier practices. Moreover, rural school teachers, religious preachers like *Imam* (Islam), *Purohit* (Hinduism), *Priest* (Christianity), *Monks* (Buddhism), local prominent figures such as Sportsman, NGO workers, politicians and other socially well accepted and influential groups should also come forward to share the importance and information among the community members so that it becomes a regular issue to be discussed and shared freely.
- For the rural areas of Bangladesh, the concept of "*Uthan Baithak*" has been proven successful and such focus group discussion with the community members. Involving the health practitioners will eventually develop the awareness level and females can get clear instructions about the products to be used and proper disposal of the used materials. For having extensive community awareness, many health workers are needed needs to be appointed by the public and private sectors to better penetrate the rural areas even the remote areas, where people have less or no access to proper media. Non-school going girls and boys, parents and other stakeholders must be invited and involved in such discussions which can be held in the rural community of Bangladesh.
- It has been observed that the Sanitary Napkins are usually available at the Pharmacies or Drug Stores located near a market establishment. Not all stores especially the retail stores are storing and selling the Sanitary Napkins. The mentioned products should not only be considered as a medical product but rather consider as a frequently purchased consumer good. Manufacturers and marketers of the Sanitary Napkins must take strategies to persuade the retailers to stock the required products and sell it to the customers as per their requirements and brand choice.
- From the research, it has been observed that the availability of the Sanitary Napkin brands is not always available at the place of consumption. To minimize this constraining factor, the brand marketers of the Sanitary Napkins must restructure their Supply Chain or value delivery networking activities and with proper distribution, storage, and transportation means, they can make the brand prominent at the consumption centres. Customers in our society have the natural tendency that, they buy products which they visually see and readily available at the point of consumption. Once they are convinced, by physically examine the product, and then they pay and purchase their required product. To deeply penetrate the market, both in urban and rural areas of Bangladesh, it is a challenge for the marketers to have the products distributed and make it available for the general customers to buy the Sanitary Napkins at ease.
- Even if the Sanitary Napkin packs are available, one of the highlighted limitations, which the researchers have identified, is the 'Affordability' issue. It has been seen that, although the consumers of Sanitary Napkins in urban areas can afford to buy and use the products, but in rural areas it has been a concerned issue that all rural consumers in-spite having proper awareness and the brands are available at the consumption centres, they are not able to buy the Sanitary Napkins for better hygiene practices. They consider it as an expensive product and even think that such product can only be consumed by the affluent segment of the society. The brand marketers must take the "Affordability" issue with better concentration. Low-cost Sanitary Napkins can be introduced in the market especially for the people of rural areas and for the low-income earners in the society. Price Subsidization policy can be introduced in this regard. The price charged at the urban areas can be subsidized to the price charged to the rural areas. Such mechanism can have a strong impact on the brand's prominence in the different areas of the country.
- From the study, it has been identified that the marketers of Sanitary Napkins need to enhance their branding and make their promotional campaigns more visible in both the urban and rural markets. The urban customers were found more conscious about the prominence of brands and its availability, whereas rural

customers were more inspired about the rural engagement programs such as free trial products and counseling camps or other engagement programs. Therefore, more extensive brand marketing programs and initiatives must be coordinated in the different areas of Bangladesh. Interactive promotional campaigns like road shows, free products sampling, coupons, gaming and competitions, etc. can be organized and offered to both the customers of the rural as well for the urban customers to enhance the mass awareness and build interest towards female hygiene practices, and maternal health care products and its usage, benefits and proper disposal of the post-usage of those products. The marketers of Sanitary Napkin products can also establish and maintain different local health clubs, unions, co-operatives especially for the rural and fewer privileged people where the registered member will have the opportunity to enjoy not only maternal health but also all kinds of health tips/suggestions all-round the year. The clubs, unions, co-operatives may offer and maintain health cards for the members and recognize and award to some selective candidates for their good health track or physical fitness and contributions to the other members. Eventually, these winners or icons can be further trained used as the community brand ambassadors of the respective companies for different local areas/regions.

- Nowadays, it is seen that social media and digital marketing platforms are commonly used for communication purposes. Such mode of communication tools to create awareness needs to be more interactive and real-time interactions should be encouraged. As mobile communication has been expanded even to the remote areas and widespread use of mobile telephones among the people, it is evident that the Government along with the private organizations should emphasize on the female hygiene practices using the digital platforms. Specific initiatives such as the development of the dedicated information based website, Facebook pages, and groups, YouTube channels, and other Application based contents on the female hygiene practices should be maintained and updated on a regular basis. Such initiatives will encourage females undergoing their menstrual cycles to be well communicated and better aware of the proper hygiene practices. Proper information can be disseminated to the beneficiaries at the quickest possible time and queries can be solved on a 24/7 basis. Brand marketers of the Sanitary Napkins, Government, and non-government agencies can introduce consumer helpline through the call centre support and instant SMS facilities can be provided by the health practitioners/ experts. The registered customers can get instant notification of the things to do in case of emergency and all their FAQs can be solved to maintain proper hygiene practices during their menstrual period.

## **VII. Conclusion**

By identifying the key means of conventional and non-conventional media to be utilized in both rural and urban areas, this paper has intended to identify the extent of roles played by different modes of media to create awareness regarding female hygiene practices during menstruation cycle in Bangladesh. Due to time and financial constraints, the researchers of this research have collected data from female respondents residing in Dhaka metro (Urban), Daudkandi, Titas and Muradnagar (Rural) regions of Bangladesh which is an underrepresentation of its survey population. Thus, further cross-tabulation research can be conducted by covering all seven divisions of Bangladesh to find out more authentic and proportional perceptions of the female Bangladeshis regarding the effective means of media for creating awareness regarding female hygiene practices.

Moreover, since this paper only focused on the quantitative approach, an ethnographic research could be conducted further by observing and cross-examining the female respondents from the research population. This would allow the researcher to identify more reliable findings by combining the qualitative insights of the ethnographic analysis of the quantitative data collected through the questionnaire survey.

In the end, another probable untapped arena of this research is to analyze the perceptions of female hygiene products' manufacturers regarding the effectiveness of different modes of media to create awareness about female hygiene practices in Bangladesh. This would develop a better foundation to undertake a comparative analysis between the consumers' and manufacturers' perceptions on this research topic.

## **Acknowledgments**

The researchers at first would like to express their gratitude to all the female respondents residing in both the urban and rural areas of Bangladesh for their cordial support to initiate this research work and giving their invaluable opinions and views regarding the prevailing hygiene practices. The collection of the responses from them was rather a challenging task despite the stigma felt by these respondents to share their opinions with the researchers.

## References

- [1]. Nayal, S., Toppo, N. A., Tomar, S. P., Kasar, P. K., and Tiwari, R., A study on practices regarding menstrual hygiene among adolescent girls of urban areas of Jabalpur District, *International Journal of Medical Science and Public Health*, 5(11),2016, 1-3.
- [2]. Gultie, T., Hailu D., and Workineh, Y., Age of Menarche and Knowledge about Menstrual Hygiene Management Among Adolescent School Girls in Amhara Province, Ethiopia: Implication to Health Care Workers & School Teachers, *PLOS One*, 9 (9), 2014, 1-9.
- [3]. House, S., Mahon, T., and Cavill, S., Menstrual Hygiene Matters: A resource for improving menstrual hygiene around the world, 1e,WaterAid, 2012, retrieved from<https://washmatters.wateraid.org/sites/g/files/jkxoof256/Menstrual%20hygiene%20matters%20low%20resolution.pdf>.
- [4]. Bangladesh National Hygiene Baseline Survey Preliminary Report by International Centre for Diarrheal Diseases Research, Bangladesh (icddr,b), WaterAid Bangladesh, and Policy Support Unit (PSU), Local Government Division, Ministry of Local Government, Rural Development and Cooperatives, Bangladesh, 2014, retrieved from<https://washmatters.wateraid.org/publications/bangladesh-national-hygiene-baseline-survey-preliminary-report-2014>.
- [5]. Wakefield, M.A., Laken, B., Hornik, R.C., Use of mass media campaigns to change health behaviour, *The Lancet*, 376, 2010, 1261-1271.
- [6]. Programming for Adolescent Health and Development: report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health, WHO Technical Report Series: 886, 1999, retrieved from[http://apps.who.int/iris/bitstream/handle/10665/42149/WHO\\_TRS\\_886\\_\(p1-p144\).pdf;jsessionid=2BEC4CDBB0E461F1E5B7CF011D2DD9B0?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/42149/WHO_TRS_886_(p1-p144).pdf;jsessionid=2BEC4CDBB0E461F1E5B7CF011D2DD9B0?sequence=1)non.
- [7]. Santina, T., Wehbe, N., Ziade, F. M., and Nehme, M., Assessment of Beliefs and Practices Relating to Menstrual Hygiene of Adolescent Girls in Lebanon, *International Journal of Health Sciences and Research*, 3(12), 2013, 75-88.
- [8]. Acharya, A. S., Yadav, K., and Baridalyne, N., Reproductive Tract Infections/ Sexually Transmitted Infections in Rural Haryana: Experiences from the Family Health Awareness Campaign, *Indian Journal of Community Medicine*, 31 (4), 2006, 274-276.
- [9]. Menstrual taboo, Wikipedia, 2018, retrieved from[https://en.wikipedia.org/wiki/Menstrual\\_taboo](https://en.wikipedia.org/wiki/Menstrual_taboo).
- [10]. Dipind, D., Vedas don't portray menstruating women as impure. Why should we?, 2015, retrieved from<https://www.dailyo.in/lifestyle/sabarimala-menstruation-happytobleed-women-vedas-hinduism-patriarchy-feminism-sanatan-dharma-kerala-dayananda-saraswati-amish-tripathi/story/1/8030.html>
- [11]. Nair, P., Grover, V. L., and Kannan, A.T., Awareness and practices of menstruation and pubertal changes amongst unmarried female adolescents in a rural area of East Delhi, *Indian Journal of Community Medicine*, 32(2), 2007, 156-157.
- [12]. Murye A. F., and Mamba, S. R., Practices of Managing Menstrual Hygiene by Girls in Public Boarding Secondary Schools - The Case of the Hhohho Region of Swaziland, *Health Science Journal*, 11(6), 2017,1-8.
- [13]. Kumar, N. P., Waghmare, R., and Sudha, S., Menstrual Hygiene Practices among High School Girls in Field Practice Area of Rural Health and Training Centre, Kakatiya, Warangal, *Paripe – Indian Journal of Research*, 7(4), 2018, 31-34.
- [14]. Mahon, T., and Fernandes, M., Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation, and hygiene) programs, *Journal of Gender & Development*, 18 (1: Water), 2010, 99-113.
- [15]. Clow, K. E., and Baack, D., *Integrated Advertising, Promotion, and Marketing Communications*, 7<sup>th</sup> edition, Pearson Education Limited, U.S.A., 2016.
- [16]. Dasgupta, A., and Sarkar, M., 'Menstrual hygiene: how hygienic is the adolescent girl?, *Indian Journal of Community Medicine*, 33(2), 2008, 77-80.
- [17]. WaterAid, Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings of Nepal, 2009, retrieved from[http://menstrualhygieday.org/wp-content/uploads/2016/12/Wateraid\\_menstrual-hygiene-school-adolescencegirls-Nepal\\_2009.pdf](http://menstrualhygieday.org/wp-content/uploads/2016/12/Wateraid_menstrual-hygiene-school-adolescencegirls-Nepal_2009.pdf).
- [18]. Mtega, W.P., Access to and Usage of Information among Rural Communities: a Case Study of Kilosa District Morogoro Region in Tanzania, *Partnership: the Canadian Journal of Library and Information Practice and Research*, 7(1), 2012, 1-12.
- [19]. Parkavi, K., Media and Women Health in India, *International Journal of Research – Granthaalayah*, 4(4), 2016, 41-44.
- [20]. Water Supply and Sanitation Collaborative Council (WSSCC) and WaterAid, Advocacy sourcebook: A guide to advocacy for WSSCC coordinators working on the wash campaign, 2003, retrieved from<https://www.wsscc.org/wp-content/uploads/2017/03/Advocacy-Sourcebook-WASH-Campaign.pdf>.
- [21]. Bangla News Live 2.0, Bangladesh Television TRP Ranking, 2018, retrieved from<http://www.banglanewslive.com/bangladesh-television-trp-ranking-may-2016/>.
- [22]. Priya, S., and Bhatia, P., The Impact of Unconventional Media on Rural Masses, *IMPACT: International Journal of Research in Business Management*, 2(2), 2014, 23-32.

- [23]. World Bank Group, Changing the Lives of Women and Girls through Affordable Feminine Hygiene Products, 2017, retrieved from [https://www.innovationpolicyplatform.org/system/files/6\\_Health%20Female%20Hygiene%20Case\\_Jun21.pdf](https://www.innovationpolicyplatform.org/system/files/6_Health%20Female%20Hygiene%20Case_Jun21.pdf)
- [24]. Aggarwal, V. B., *Media, and Society –Challenges and Opportunity*, Concept Publishing Company, New Delhi, India, 2002, 150.
- [25]. Ministry of Women and Children Affairs of the Government of the People's Republic of Bangladesh and Shorno Kishoree Network Foundation (SKNF) jointly facilitated Din Bodole Amra, 2013, retrieved from [https://www.youtube.com/channel/UCZ19JTFh\\_9Yht5NjuLojvew/](https://www.youtube.com/channel/UCZ19JTFh_9Yht5NjuLojvew/) videos.
- [26]. Shornokishoree Network Foundation, 2018, retrieved from <http://www.shornokishoree.org/about-us/>

IOSR Journal of Business and Management (IOSR-JBM) is UGC approved Journal with Sl. No. 4481, Journal no. 46879.

Sabrina Rahman, "The Role of Media in Creating Social Awareness about the Female Hygiene Practices during Menstruation Cycle in Bangladesh", IOSR Journal of Business and Management (IOSR-JBM) 20.5 (2018): 04-15.