

## Secondary schoolgirls' self-efficacy in addressing their menstrual needs:

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Towards construct conceptualization and measurement

Twelve years is the average age of menarche for girls in Bangladesh, which coincides with the shift from primary to secondary level education. Schoolgirls must cope with physical, emotional, and social changes brought on by puberty—often in conditions that are not supportive to their basic needs. Being able to attend to one's menstrual needs comfortably, confidently, hygienically, and with privacy is critical for girls' human rights to dignity and reproductive health. However, numerous studies have qualitatively documented girls' reports of anxiety over the potential for leaks and odor from not being able to easily change menstrual cloths or pads at school, feelings of shame, distraction in class, and the resulting desire to remain at home during their menses—indicating that there are myriad psychosocial consequences of attending schools that are not girl-friendly in a world where menstruation is greatly stigmatized.

Menstruation is a highly proscribed topic in Bangladesh, and therefore parents, teachers, and policy makers feel discomfort over broaching the topic “too soon” or in too much detail with young girls. Resultantly, just 36% of Bangladeshi girls know about menstruation before their own menarche. A nationally representative survey conducted in 2014 found that just 6% of schools offered education sessions on menstrual hygiene. Furthermore, schools across the country lack basic sanitation facilities to facilitate menstrual hygiene management (MHM). Perhaps unsurprisingly, up to 40% of girls report missing school days during their periods, which is hypothesized to contribute to poor academic performance and dropout in some settings.

My doctoral research involves developing and validating a psychometric tool to assess the construct of schoolgirls' self-efficacy in addressing their menstrual needs. Such a tool will be useful in program evaluations to reliably determine whether or not school-based MHM interventions are effective at improving girls' levels of confidence in their abilities to do what is required to address their menstrual needs—which, according to self-efficacy theory, should result in improved coping behaviors and reduced stress and anxiety arousal.

India is ahead of Bangladesh in efforts towards ensuring adequate provision of water, sanitation facilities, and promotion of hygiene (including menstrual hygiene management) in schools. The Government of India has released national guidelines on MHM—which the Government of Bangladesh has yet to do. I used my pre-dissertation fellowship to reside in Kolkata, West Bengal, where I collaborated with Splash (an international NGO implementing water, sanitation, and hygiene (“WASH”) programs) to learn from their program experience in Kolkata schools. I conducted informational interviews with their staff and attended teacher and student trainings to learn more about Splash's programs and the ways they have addressed challenges in WASH in Kolkata; I visited urban secondary schools to see how the environments compare to those of Bangladesh; and I conducted key informant interviews with school staff and focus group discussions and cognitive interviews with schoolgirls to gain a sense of how the scale I am developing for the Bangladesh context could be validated for future use in West Bengal and beyond. I also used my time to further my Bangla language training at the American Institute for Indian Studies since my dissertation will involve analysis of textual data in Bangla.