

EXPLORING MENSTRUAL PRACTICES AND POLICIES: AN ANALYSIS OF MENSTRUAL STIGMA, DISCRIMINATION AND ACCESS TO MENSTRUAL PRODUCTS

In Selected Locations within the Colombo District



2025

Exploring Menstrual Practices and Policies: An Analysis of Menstrual Stigma, Discrimination and Access to Menstrual Products in Selected Locations within the Colombo District

The Collective Action Against Period Poverty Project

Supported By: The Embassy of France in Sri Lanka and Maldives
In- Partnership with : The Family Planning Association Of Sri Lanka
Implemented By : Shanthi Maargam
Research Study Conducted By: Centre For Poverty Analysis

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Foreword

In Sri Lanka out of the 11.2 million population of the country which are women and girls, almost half of them are considered to be menstruating. According to reports approximately 50% of these households are period poor, which means that these families are unable to afford and access menstrual products, sanitation and hygiene facilities; and education and awareness to manage menstrual health. As a result of the economic crisis in Sri Lanka these issues were further exacerbated with women and girls turned to using cloth instead of sanitary pads or even reusing sanitary pads.

Shanthi Maargam is committed to promoting gender equality, menstrual hygiene, sexual and reproductive health and rights (SRHR), and improving the lives of youth and adolescents. With extensive experience in these critical areas, we have made significant strides toward advancing the well-being of marginalized communities in Gothamipura, Wanathamulla and Obeysekarapura areas.

The Project “Period Prosperity: Driving Change for Inclusive Menstrual Health and Empowerment under the framework of 2023-72 PISCCA Collective Action Against Period Poverty (CAAPP)” funded by the Embassy of France to Sri Lanka and the Maldives through the Family Planning Association of Sri Lanka commenced in September 2023. The objectives of this project are to improve menstrual health and hygiene; end menstrual stigma and discrimination; realize human rights to water and sanitation; address the lack of adequate Water, Sanitation, and Hygiene (WASH) facilities in schools and communities; and change societal perceptions on menstruation in urban poor communities in Colombo. To understand the Knowledge, Attitudes and Practices (KAP) around menstrual hygiene and management in these areas, the Centre for Poverty Analysis (CEPA) undertook this research study to provide an evidence based approach to assist in the project’s implementation.

This study underscores the urgent unmet need of many girls’ access to comprehensive and accurate information; and services surrounding menstruation and hygiene management mainly due to the cultural practices and beliefs surrounding this topic. Shanthi Maargam remains committed towards implementing the recommendations arising out of this report.

We hope that the findings of this important research will be utilized to inform projects to improve women and girls’ access to dignified menstruation related services and information across the country.

Kamani Jinadasa,
Executive Director / Founder, Shanthi Maargam

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Acronyms

CEPA	Centre for Poverty Analysis
DCS	Department of Census and Statistics
df	Degrees of freedom
DSD	Divisional Secretariat Division
FGD	Focus Group Discussion
FPASL	Family Planning Association of Sri Lanka
GND	Grama Niladhari Division
HPB	Health Promotion Bureau
KAP	Knowledge Attitude and Practices
KII	Key Informant Interview
PAL	Passive Activity Loss (tax)
PCOS	Polycystic Ovary Syndrome
PHI	Public Health Inspectors
PHM	Public Health Midwives
RTI	Reproductive Tract Infections
SCWEC	Sri Lanka's Chamber of Women Entrepreneurs Council
UNICEF	United Nations International Children's Emergency Fund
UTI	Urinary Tract Infections
UV	Ultraviolet
VAT	Value Added Tax
WASH	Water Sanitation and Hygiene

Executive Summary

This study, conducted by the Centre for Poverty Analysis (CEPA) collaborated with Shanthi Maargam, the Family Planning Association of Sri Lanka, and funded by the Embassy of France, examines and comprehends menstrual practices, stigma, discrimination, and access to menstrual products and WASH (Water, Sanitation, and Hygiene) facilities among menstruating individuals in low-income areas within the Colombo District. While the aspects of menstrual hygiene are hardly discussed in terms of the Sri Lankan context, the broader issues such as discrimination and long entrenched patriarchy associated with menstruation and related practices often remains unaddressed. Accordingly, this study aims to address this gap by comprehensively exploring menstrual practices, policies, stigma, discrimination, and access to menstrual products. Identifying this significant gap in the comprehensive research and data on menstruation discrimination in Sri Lanka, this study delivers foundational data to guide project implementation and collaboration with partners. Based on that, this research examines evidence-based insights to guide the “Collective Action Against Period Poverty” (CAAPP) project, elaborating targeted interventions that enhance menstrual health, hygiene, and social perceptions surrounding menstruation.

Period poverty refers to the limited access to essential menstrual products, basic hygiene facilities, waste management infrastructure and the limited access to information, often aggravated by the financial hardships and embedded cultural stigmas. These crucial factors hinder the capability of menstruating individuals to manage not only their health but also their dignity while enduring the physical, mental and social well-being hardships and challenges. In Sri Lanka, financial constraints, cultural stigmas, and limited access to reliable menstrual health education are significant barriers to managing menstrual health effectively. This research study highlights the urgent need for comprehensive interventions to improve menstrual equity by increasing accessibility to resources, reducing stigma, and encouraging open conversations about menstrual health.

The study employs an in-depth mixed-methods approach, combining a quantitative survey and qualitative interviews, to assess the Knowledge, Attitudes, and Practices (KAP) associated with menstruation, providing comprehensive data on menstrual practices, policies and the extent of stigma and discrimination in the selected research locations. 602 menstruating individuals aged between 15-49 represent the survey sample, which covers 03 Divisional Secretariat Divisions (DSDs) of Colombo, Sri Jayawardenapura, and Thimbirigasyaya. Based on these 03 Divisional Secretariat Divisions (DSDs), 09 Grama Niladhari Divisions (GNDs) were purposively selected and proportionately distributed based on the

population of women in each DSD as reported in the National Census of 2012 of the Department of Census and Statistics (DCS) (2012) namely; Wanathamulla, Gothamipura, and Kurunduwatta from the Thimbirigasyaya DSD, Obesekarapura GND from the Sri Jayawardenapura DSD and Maradana, Suduwella, Panchikawatta, Kompannaveediya, and Maligawatta from the Colombo DSD. Apart from this, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were carried out using semi-structured questionnaires to provide an in-depth qualitative inquiry to contextualize the survey findings by exploring people's perceptions on menstruation related stigma and discrimination. Insights were gathered from a diverse range of stakeholders including menstruating individuals, healthcare professionals, producers and distributors of menstrual products and organizations promoting menstrual health. The quantitative survey responses were critically and comprehensively analyzed using both descriptive and non-parametric methods. A simple coding system was developed to analyze the qualitative interviews on the basis of the key research questions, with economic, social and environmental factors also taken into consideration.

Based on the analysis, the limited knowledge and awareness about menstruation among the respondents, especially prior to menarche is one of the major findings of this study. Many informants stated they had no information about menstruation prior to their first menstrual experience, with mothers and peers as their primary sources of information among those who were aware. Accordingly, comprehensive education on menstruation remains limited and unaddressed, leading to widespread misconceptions and intensified anxiety associated with menarche. Along with this, the study reveals limited access to scientific-based education on menstrual health among young individuals, leading to sourcing information through various informal networks rather than through proper educational institutions or programs. This unaddressed knowledge gap continues a cycle of misinformed practices across generations, with menstruation continuing to be seen as a taboo subject for open conversation. Moreover, the limited access to clear and proper learning resources, intensifies the knowledge gap and retains the cultural myths and misinformation among young people.

Even though menstruation is a regular and natural biological process, associated practices are highly influenced by cultural and religious beliefs in Sri Lanka, leading it to be viewed as a stigmatized subject, often framing menstruators as unclean. Survey results reveal that many menstruating individuals feel compelled to conceal their menstrual status, avoiding social and religious activities to prevent perceived shame. This culturally bound stigma often leads to self-imposed isolation, refraining the menstruator from attending religious and social gatherings. Respondents highlighted practices such as refraining from entering religious spaces, avoiding consuming specific foods, and following traditional

customs associated with menstruation. The study reveals a statistically significant relationship between cultural beliefs and menstrual practices, particularly concerning ethnicity and religious affiliation. Age and marital status were found to have a lesser impact, suggesting that cultural factors are more deeply ingrained than personal demographics in shaping menstrual practices.

In terms of the use of menstrual products, the study indicates single use sanitary napkins were the most commonly used product followed by the use of cloth by respondents belonging to the older age groups. The ongoing economic crisis and resultant financial constraints are recognised to contribute to decisions on use of improvised menstrual products, restraining individuals from using safer, more hygienic options. In households with multiple menstruating individuals, or where the financial strain is more pronounced, older menstruators are recognised to often sacrifice single-use products in favor of reusable cloths to allow younger family members access to single use sanitary napkins. Therefore, the research underpins the pressing need for affordable menstrual products, as the high taxation on these menstrual products hinders equal access and perpetuates period poverty.

Further, another major barrier revealed in this study is the limited access to adequate WASH facilities in public spaces. As per the responses, the inadequacy of proper sanitation facilities in places such as schools, workplaces, and public spaces always complicates safe menstrual management. In addition to that, limited access to hygienic infrastructure forces most of the individuals to extend the usage duration of menstrual products beyond recommended durations, forwarding them towards the risk of health complications such as infections. Moreover, schools, in particular, were found to lack adequate disposal systems for menstrual products, discouraging students from changing products during school hours and leading to discomfort and anxiety among menstruating students. Accordingly, the limited access to adequate and proper hygiene facilities in schools, workplaces or public places contributes to a cycle of poor menstrual hygiene practices.

Apart from that, the study also took into consideration the role of healthcare professionals in supporting menstrual health. Findings noticeably reveals that some of the healthcare providers lack the comprehensive and detailed knowledge on menstrual products and related health conditions, often perpetuating cultural misconceptions about menstrual practices. Moreover, individuals who may be open to use menstrual products such as menstrual cups and tampons are pulled back by the misconceptions associated with the potential impact on their hymen and by extension virginity. Additionally, the study highlights the conditions such as endometriosis and Polycystic Ovary Syndrome (PCOS) are often misdiagnosed

or undiagnosed due to the poor awareness and knowledge among the healthcare providers.

Based on the findings, the study recognizes several critical areas to address in relation to period poverty and its associated challenges. Further, it elaborates a comprehensive analysis of period poverty in relation to the residents of settlement in Colombo, highlighting the various and significant social, economic and infrastructural barriers that menstruating individuals face. The insights gathered clearly underpins the dire need for multi-faceted interventions, encompassing education, policy reform, infrastructure improvements, and cultural shifts associated with menstrual practices, stigma, discrimination, and access to menstrual products and WASH (Water, Sanitation, and Hygiene) facilities among menstruating individuals. By addressing these challenges, CEPA and its partners can promote menstrual equity, enhance the dignity of menstruating individuals, and create an inclusive environment that respects and upholds their rights. This study offers a strategic foundation for the CAAPP project to support the broader mission towards fostering improved perception towards menstrual health and societal acceptance in Sri Lanka.

1. Introduction and background to the research

Shanthy Maargam supported by the Family Planning Association of Sri Lanka, and funded by the Embassy of France in Sri Lanka and the Maldives is working towards making a significant positive impact for all menstruating individuals, through the project, “Collective Action Against Period Poverty (CAAPP) which aims to improve menstrual health and hygiene by increasing knowledge; end menstrual stigma and discrimination; realize human rights to water and sanitation; address the lack of adequate Water, Sanitation, and Hygiene (WASH) facilities in schools and communities; and shift societal perceptions on menstruation. As a part of this project, the Centre for Poverty Analysis (CEPA) was approached to undertake a Knowledge, Attitudes, and Practices (KAP) research study to provide the foundational data necessary to assist Shanthy Maargam to successfully implement the project within selected low-income areas in the Colombo district.

Rationale for the study

According to Rossouw and Ross, “menstrual poverty or period poverty refers to the lack of access to the much-needed hygiene products during monthly periods as well as being able to access adequate places to use them which includes basic sanitation services, and receiving information about menstruation” (as cited in Carneiro, 2021, p. 721). While period poverty is recognized as a condition of having insufficient access to menstrual products, education, and sanitation facilities (Jaafar et al., 2023) and is a global community health dilemma, it could also be identified as a neglected public health issue. As a result of period poverty, millions of women and girls are subjected to injustice and inequality. Based on the global studies conducted on menstruation, period poverty and human rights, there was a reported increase in period poverty-related issues since the COVID-19 pandemic. Menstruation and the correlation to poverty since the pandemic has increasingly become an important public issue around the world due to its impact on people’s economic conditions (Khamai, 2021; United Nations Population Fund, 2022).

Period poverty is not only defined by the lack of access to menstrual hygiene products, but it is also characterised by a lack of access to hygiene facilities, proper waste management (or disposal of menstrual products), and education and awareness on menstruation. Period poverty is therefore, not only a matter of one’s economic and physical well-being, but also one’s mental and social well-being (Michel et al., 2022). As cited in Navodya (2023), according to Oxfam Sri Lanka’s Gender Coordinator, period poverty is understood to operate at three

layers; the first is the lack of awareness and education, the second is the lack of infrastructure which supports those who menstruate when they are at work, in school, or in public, and the third is the lack of access to menstrual products, often due to their high costs.

In Sri Lanka, numerous issues negatively impact the experiences of menstruating persons – predominantly women and girls - such as inadequate financial resources, cultural stigma, lack of knowledge on menstruation and products, lack of supportive social environment, and limited menstrual hygiene resources (Hettiarachchi et al., 2023). Out of the 11.2 million of the female population of the country, 5.2 million are estimated to be menstruating women and girls (i.e., the mid-year population age group) (Hettiarachchi et al., 2023), and according to Advocata Institute (2022), it is reported that approximately 50% of Sri Lanka’s menstruating households are period poor.¹ This could be mainly attributed to the rising costs of sanitary napkins and other menstrual products in the market. As of May 2022, menstrual products were taxed at 43% (with 16.5% of Cess tax, 10% of Passive Activity Loss (PAL) tax, and 16.4% of Value Added Tax (VAT) (Navodya, 2023), rendering menstrual products unaffordable for many in the country.

In India, due to the inability to afford hygienic menstrual products, many women have resorted to using either old cloth, newspapers, ash, and even husks (found in nature) (Jalan et al., 2020). Although the research conducted in Sri Lanka does not reveal such extreme measures taken, the practice of using old cloth can be found in many studies (Hettiarachchi et al., 2023; Dissanayake and Sri-Bandara, 2022).

Infrastructure which supports menstruating individuals in public places is important in maintaining one’s hygiene, comfort and overall health. The lack of adequate facilities can be observed at government run public offices and places, as well as at schools, and even in the estate sector. The absence of supportive infrastructure, especially for WASH, can have a direct impact on one’s productivity and daily life. The impact of this could result in girls not attending schools, women and trans-men not attending work and other social functions during their period which means a loss of productivity to the country and the individual.

Knowledge about menstruation, WASH, and access to menstrual products is essential for securing one’s physical, mental, and emotional well-being. Unhygienic

¹This was arrived at by “subtracting the number of households that had access to sanitary napkins (the households in the survey that have a component of expenditure allocated to sanitary napkins) from the total number of households that had at least one menstruating woman (females between 15-47 years of age)”. Advocata Institute. (n.d.). Taxing Menstrual Hygiene Products in Sri Lanka: A Policy Analysis. <https://adrasrilanka.org/tmhps/>

practices related to menstruation, i.e., using old cloth that has not been properly washed, dried, stored and/or worn for far too long or wearing sanitary napkins for longer than the recommended duration, could lead to conditions such as urinary tract infections (UTIs) and Reproductive Tract Infections (RTIs) (Dissanayake and Sri-Bandara, 2022). Therefore, addressing concerns regarding accessibility and affordability of menstrual products and knowledge is crucial.

The lack of awareness and education on the topic of menstruation can be attributed to how it is labelled as taboo to be discussed openly. The literature suggests that many children either have no prior knowledge of menstruation at the stage of menarche, or whatever information or knowledge they acquire is what is passed down from their mothers, aunts, siblings, cousins, or friends, which often times could be skewed by a sense of mysticism. However, the literature also suggests that many school-teachers skip over lessons on sexual and reproductive health due to embarrassment or cultural beliefs (Hettiarachchi et al., 2023), leaving children to learn about menstruation on their own or from someone else, which often can be an unreliable source. Although there is a lack of recent research conducted on beliefs surrounding menstruation and misinformation in Sri Lanka, the literature from the rest of the region reveals the extent to which menstruation is discussed factually. For instance, it was reported that 48% of Indian school girls surveyed by UNICEF believed that menstruation was some sort of a disease (Hettiarachchi et al., 2023).

Drawing from the existing context and information already available, this research study attempts to answer the following research questions:

- What are people's level of awareness and perceptions of menstrual practices? How do they gain information? (These characteristics may include socio-economic factors such as ethnicity, class, gender and caste)
- What are people's level of awareness of menstrual products used and their availability?
- What are the barriers to accessing menstrual products? Knowledge on alternatives available, their and consequences?
- How does menstruation affect school attendance or engagement in community/ social activities? (perceptions of menstruating individuals (school aged girls, women), school representatives with responses characterised by ethnicity, class, and gender)?
- What is the availability of WASH facilities in the home, school or work environment and how does this impact decisions of menstruating individuals?
- What changes should be made to improve the experiences of menstruating individuals?

Objective of the Research

In Sri Lanka, while aspects of menstrual hygiene are occasionally discussed, broader issues such as discrimination and deep-rooted patriarchy associated with menstruation and related practices often go unaddressed. The overall objective of this research is to address this gap by exploring menstrual practices, policies, stigma, discrimination, and access to menstrual products. Recognising a significant gap in comprehensive research and data on menstruation discrimination in Sri Lanka, this research offers foundational data to guide project implementation and collaboration with partners. Therefore, the objective of the research is to collect in-depth information on menstrual-related knowledge, attitudes, practices (KAP), policies, stigma, discrimination, access to menstrual products, and WASH facilities in selected locations within the Colombo District. Specifically, this study aims to:

- Explore community members' knowledge, awareness, and perceptions of menstruation and menstrual practices.
- Explore cultural and religious beliefs surrounding menstruation and practices during menstruation.
- Explore the ways in which menstruation, menstrual practices, and menstrual pain affects menstruators' day-to-day life.
- Provide recommendations for the government, the development sector, and the private sector for better investment in local communities to effectively reduce period poverty.

The findings from this research study will address some of the issues identified from the desk review within the Sri Lankan context pertaining to the identified study locations in an effort to understand the knowledge, attitudes, and practices related to menstrual health, hygiene, stigma and discrimination. It is expected that this report will contribute to identifying potential factors that can influence changes in societal perceptions and practices on menstruation.

Structure of the Report

The outline of the report includes an executive summary, followed by a brief insight into the current context in which the research is situated, informed by extracts from the detailed desk review undertaken as part of this research. The next section provides details of the methodology adopted in implementing this research study and is followed by the findings section, which documents and reflects the key findings related to knowledge, attitudes, and practices associated with menstrual health and hygiene. There is a particular emphasis on perceptions related to menstrual stigma and discrimination, access to water and sanitation

facilities in homes, schools and public spaces, as well as access to menstrual products in the research locations within the Colombo district. The report concludes with recommendations which may be adopted in an effort towards identifying potential factors that can contribute towards changes in societal perceptions and practices on menstruation.

2. Methodology

This research is an in-depth mixed methods study on menstrual-related knowledge, attitudes and practices (KAP). This will allow for Shanthi Maargam to make evidence-based recommendations and develop strategies to overcome stigma and discrimination faced by menstruating women, girls, trans men and other queer persons.

To this end, CEPA adopted a three-pronged approach to data collection which included a desk review of existing literature and policies, and a KAP survey complemented by qualitative data collection methods.

It is recognised that there is a dearth of publicly available, recent research on menstruation discrimination in Sri Lanka. To this end, a desk review of literature was conducted regarding the subject matter looking at data available in Sri Lanka, followed by experiences from the South Asian region.

Quantitative Component

The initial questionnaire for the KAP survey was designed by CEPA which was subsequently reviewed by Shanthi Maargam, the Family Planning Association of Sri Lanka (FPASL), and the external review group established for this project, all of whom are engaged in work on menstrual health, hygiene, and discrimination. Once approved, the questionnaire was translated to local languages and digitised on Kobo Toolbox. After finalizing the questionnaire, CEPA staff conducted a pre-test with 8 respondents within the Colombo district to ensure that the questions were understandable, the sequencing was relevant, and time taken was not burdensome to the respondent. Kobo Toolbox software was used for data collection of the survey. Eight (8) enumerators were selected to administer the survey and were provided with a detailed training on the purpose of the study, the data collection methodology, the survey tool as well as a medical awareness of menstruation. Kobo Toolbox software was used for data collection of the survey and data was collected using tablet computers.

Survey Sample

The target population comprised menstruating women in the age range of 15-49 years residing in three selected Divisional Secretariat Divisions (DSD) of Thimbrigasyaya, Sri Jayawardenepura Kotte and Colombo, in the Colombo district. The three DSDs were purposely selected in consultation with Shanthi Margam and FPASL; the Thimbrigasyaya and Sri Jayawardenepura Kotte DSDs were selected based on Shanthi Margam's presence in these two DSDs, and the Colombo DSD was included to ensure better representation of the targeted communities' demographic characteristics. According to the 2012 Census and Population Survey (the latest available) the total female population of in the age of 15-49 in the selected three DSDs were 172,411. Based on the population size, the survey sample size was calculated using a simple random sampling formula (indicated below) with a confidence level of 95% and a margin of error of 5%.

$$n' = \frac{n}{1 + \frac{z * \hat{p}(1 - \hat{p})}{\epsilon^2 N}}$$

n'	Sample size
N	Population size
z	Z score (at 95% confidence interval)
\hat{p}	Population proportion (0.5)
ϵ	Margin of error (0.05)
n	Sample size for an infinite population

The minimum sample size required was obtained as 384 respondents; however, for better representation of the population, the sample size was increased to 600 respondents. Within the three selected DSDs, nine Grama Niladhari Divisions (GNDs) were purposely selected. The nine GNDs were proportionately distributed based on the population of women in each DSD as reported in the National Census of 2012 of the Department of Census and Statistics (DCS) (2012).²Shanthi Margam requested the inclusion of four specific GNDs namely, Wanathamulla, Gothamipura, and Kuruduwatta from the Thimbrigasyaya DSD, and Obesekarapura GND from the Sri Jayawardenepura Kotte DSD. In addition to these, five GNDs from the Colombo DSD, namely Maradana, Suduwella,

² 2012 is the most recent data available.

Panchikawatta, Kompannaveediya, and Maligawatta were included in the sample survey locations. All the survey locations were finalised in consultation with Shanthi Margam and FPASL during the advisory committee meeting. The total sample of 600 respondents was distributed among the selected GNDs proportionate to the population distribution of females between the ages of 15-49. In order to reflect diversity of experiences among the sample population, the respondents were categorised by the following age groups: 15-19, 20-29, 30-39, and 40-49 years.

The sample breakdown of the locations surveyed in the DSDs of Colombo, Sri Jayawardenepura Kotte and Thimbirigasyaya together with the corresponding 9 GNDs and the number of respondents surveyed from each location is elaborated in Table 1 below.

Table 1: Sample breakdown by geographic location In the Kurunduwatta GND, the original number of respondents to be surveyed was 83, however, due to

Divisional Secretariat Division	Grama Niladhari Division	Surveyed respondents
Colombo (n=230; 38.21%)	Maradana	34
	Maligawatta	72
	Suduwella	29
	Panchikawatta	64
	Kompannavidiya	31
Sri Jayawardenapura Kotte (n=96; 15.95%)	Obeysekarapura	96
Thimbirigasyaya (n=276; 45.85%)	Kurunduwatta	22
	Gothamipura	52
	Wanathamulla	202

non-availability of respondents matching the survey criteria (particularly within the desired age range) and a lesser number of households in the location than originally identified from the Census reports, only 22 could be surveyed. Hence, the balance number of respondents were surveyed from the Wanathamulla GND which is within the same DSD.

Selection of Survey Respondents

At the beginning of the data collection process, the research team followed the rule of every third household, with the starting point decided by the community mobiliser. The research team were provided with a guidance document to ensure that an adequate representation of the different age-categories of respondents was captured in each GND.

In the GNDs such as Suduwella and Kurunduwatta due to the limited number of households with individuals of menstruating age, the rule of every third household was not followed in an effort to meet the minimum sample number for these respective GNDs. In the Kurunduwatta GND, it was determined that the population data provided by the DCS did not match the actual number of households in reality, attributed in part to one of the settlements being demolished and residents being moved outside of the GND.

Other reasons for skipping households included:

- Respondents refusal to participate in the survey.
- Over-age or under-age respondents.
- A guardian or parent not being present to provide consent for individuals under the age of 18.
- Potential respondents being out of the house for employment or educational purposes and not scheduled to return till after 6pm which was outside of the data collection time period.

Survey questions can be found in Annex A.

Qualitative Component

In addition to the KAP survey, an in-depth qualitative inquiry was carried out to contextualise the study by exploring people's perceptions on menstruation related stigma and discrimination. The qualitative component of the study brings out gendered, ethno-religious dynamics as well as assists in better understanding of pre-existing misconceptions related to menstruation. It also supports in triangulating the key findings from the quantitative survey. This component employed two qualitative research methods, namely Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) using semi-structured open-ended questionnaires.

Key Informant Interviews: A total of twelve Key Informant Interviews were conducted which captured diverse viewpoints of a range of stakeholders including (but not limited to): area midwives and health professionals including Public Health Inspectors (PHIs) (five informants), representatives of commercial single-use and reusable menstrual product producers (four informants), as well as representatives from organisations working to improve awareness of safe menstrual hygiene and practices (three informants). Interviews were also conducted with representatives from Shanthi Maargam and FPASL given their experience in the sector. These interviews provided insights into developing policy recommendations which will enhance Shanthi Maargam's expected outcome related to this project.

Focus Group Discussions: A total of seven Focus Group Discussions were conducted as part of this research study. The FGDs were monolingual, in local languages and sex-disaggregated to be able to capture gender-specific characteristics and experiences related to menstruation.

The FGD groups included school-going menstruating individuals, women from the community, men from the community as well as school-aged boys. Four FGDs were conducted in Sinhala with school-aged girls and boys, women, and men from the community, and three FGDs in Tamil with school-aged girls and boys, and women from the community. The FGDs allowed the research team to triangulate information obtained through the surveys, KIIs, as well as gather diverse experiences.

A full list of the KIIs and FGDs conducted as part of this study and their corresponding in-text citations can be found in Annex D.

Data Analysis

The **quantitative survey responses** were analysed using both descriptive and non-parametric methods. Descriptive statistics were generated to summarize the overall responses and provide a general understanding of the data distribution. To examine the associations between demographic factors (age, ethnicity, religion) and respondent's practices and perceptions, non-parametric chi square independence tests were employed. The Kruskal-Wallis test was used to assess the differences among multiple groups, with the Wilcoxon Rank Sum test used for pairwise comparisons. The significance level for all statistical tests was set at $\alpha=0.05$, indicating that results with p-value less than or equal to 0.05 were considered statistically significant. All statistical analysis were performed using STATA (licenced STATA version 12).

For the **qualitative interviews**, the interview notes were checked for accuracy and inputted thereafter into the NVivo software for analysis. A simple coding system was developed on the basis of the key research questions, with economic, social and environmental factors also taken into consideration. The qualitative data analysis also took into account concerns raised by respondents pertaining to sustainability concerns, gaps in data, challenges, and recommendations for the way forward.

Ethical Considerations

Prior to commencing any data collection pertaining to this research study, CEPA submitted and obtained ethical approval to conduct the study from the Ethics Review Committee for Social Sciences and Humanities of the Faculty of Arts of the University of Colombo on 22nd of May 2024. In keeping with the guidelines issued by the Ethics Review Committee and CEPA's own guidelines, informed and written consent was obtained from all research study participants. For any respondents surveyed under the age of 18 years, informed and written consent was obtained from a parent or guardian to participate in the survey and focus group discussions. All respondents were assured that their identity and personal information would be protected if they chose to participate in the study. Data collected as part of this study is anonymised and stored securely within CEPAs cloud storage.

To ensure the principles of the 'Do No Harm'³ approach were adhered to, prior to engaging in data collection for the study, the research team was capacitated to understand the sensitivity associated with speaking about menstruation with the respondents as well as to ensure they were respectful towards the respondents with regard to their varying practices and beliefs. The team was also provided with guidance from a medical professional associated with FPASL to ensure that any questions pertaining to menstrual health and hygiene practices were accurately communicated to the respondent. Furthermore, a list of service providers was prepared and shared with any respondents who had concerns related to menstruation and requested direction on the same.⁴

³ The Do No Harm approach ensures that the context in which any intervention is being implemented is understood, due consideration is given to the possibility of unintended consequences, and mitigatory measures are available.

Limitations

Whilst the inclusion of LGBTQIA+ persons and persons with disabilities was a consideration of the study at inception, the inclusion of LGBTQIA+ individuals proved to be challenging due to existing cultural and legal discrimination, as many are not open about their identities to their families or the public. Although the research team had access to organisations working with the said communities and individuals on the ground level, the inability to infer findings in relation to the selected research locations prevented the team from reaching out and coordinating interviews and discussions with these organisations. The unavailability of the information on how LGBTQIA+ individuals and persons with disabilities live through period poverty, their coping mechanisms, and challenges they face in accessing improved services and goods can be identified as a limitation of the study, as it limits the findings within a heteronormative and able-bodied narrative.

As the existing national level census data was outdated,⁵ it resulted in the unavailability of adequate numbers of low-income households and individuals within the desired age groups in the Kurunduwatte GND. This prompted the research team to complete the household survey by returning to the Wanathamulla GND. The decision to complete the balance survey sample with respondents from the Wanathamulla GND was informed to Shanthi Maargam. While the intended sample for the GND was not achieved, it presents Shanthi Maargam with the insights to re-direct the scope of the proposed interventions in this particular GND.

Another component of the data collection process which functioned as a limitation at certain levels is the respondents' ability to understand and differentiate between reusable and sustainable menstrual products. This made it difficult for the team to probe for questions on the use of standardised vis-à-vis homemade menstrual products and the reasons for doing so. The team refrained from providing information so as not to influence the respondents' perceptions.

While the survey sampling focused on specific purposively selected GNDs within three selected DSDs, the findings cannot be determined to be representative of the Colombo district population. The findings are not nationally representative either as cultural, ethnic, and religious characteristics of a population significantly impact

⁴ If respondent had any medical concerns, they were provided the necessary contact details and directed towards the public health midwives in their locality or the FPASL office or to the digital chatbot Fio developed and popularised by the Her Foundation (Hemas).

⁵ Please refer the methodology section for a detailed explanation

their practices and attitudes related to menstruation in addition to geographic characteristics such as population density, and urban/rural characteristics.

3. Findings

The findings presented in this report are contextualised by secondary literature, and supplemented by observations in the field and qualitative data collected as part of the research study. The findings from the research study are categorised broadly by three sub-categories of knowledge, attitudes, and practices.

The following section provides an overview of the demographic and socio-economic characteristics of the 602 survey respondents who participated in the KAP survey as part of this research study in the selected study locations.

Characteristics of Survey Respondents

The survey respondents selected to participate in the survey were between the ages of 15-49 years and were distributed among the following age groups as indicated in Table 2 below:

Table 2: Age distribution of the survey respondents

Age group	Frequency	Percentage
15-19	88	15%
20-29	185	31%
30-39	168	28%
40-49	161	27%

The **ethnic distribution** of the survey respondents is as elaborated in Table 3. Individuals of Sinhalese ethnicity represent the highest number of respondents (42%), followed by Sri Lankan Moors (29%) and Tamil (26%).

Table 3: Ethnic distribution of the survey respondents

Ethnicity	Frequency	Percentage
Sinhalese	251	42%
Sri Lankan Moor	174	29%
Tamil	154	26%
Mixed	15	2%
Burgher	8	1%

The distribution of survey respondents disaggregated by **religious identity** is elaborated in Table 4. Followers of Buddhism had the highest representation among the survey sample (37%) followed by followers of Islam (29%).

Table 4: Distribution of religion of the survey respondents

Religion	Frequency	Percentage
Buddhism	226	37%
Islam	174	29%
Hinduism	102	17%
Catholic and Christian	77	13%
Mixed	23	4%

In terms of **civil status**, a majority of the respondents (67%) are married, with the next highest category identifying as single (30%). The highest number of respondents who are married are between the ages of 30-39 years of age (at 150/602), followed by those between the ages of 40-49 and lastly those between the ages of 20-29 at 149 and 101 respectively.

Among the survey respondents, the **average household** size was 4.7. Households with the largest number of household members were located in the Maradana GND. Among the households, 44% (262/602) had a female majority, denoting more female than male members. Conversely, 32% (195/602) of households exhibited a male majority. The remaining 24% (145/602) of households reported an equal number of male and female household members.

Given the design and selection of the survey respondents, each household had at least one menstruating individual between the ages of 15-49 years. Most (49%; 295/602) of the respondents stated that they were the only menstruators in their household; while 32% (194/602) of the respondents reported having two

menstruating individuals in the same household. Households with the highest number of menstruating individuals in the same household was 6, although this was reported only among three of respondents – two residents of the Thimbirigasyaya DSD and one resident of the Colombo DSD. Overall, residents in the Thimbirigasyaya DSD reported the highest number of menstruating individuals in a single household.

In terms of **bedrooms or rooms within the place of residence**, 11% (68/602) of the respondents reported that they either have no additional bedrooms in their residence or only one bedroom (32% 194/602). Majority of the respondents (44%, 263/602) reported having two bedrooms in their residence. Depending on the household composition and the sex distribution of the household members, there is concern about the level of privacy a menstruating individual is afforded when on their period.

With regard to the **respondents' employment status**, the majority of the respondents (49%, 297/602) were housewives, followed by 17% (105/602) who indicated they were engaged in paid employment, and 15% (89/602) reporting they were engaged in education (i.e. students at a secondary or tertiary level). The higher number of housewives in the sample is attributed in part to individuals who are engaged in income generating activities outside the house not being at home at the time the survey was conducted.

Regarding the **monthly household income** reported by the respondents, 50% (303/602) of the households earn between LKR 25,000 to 55,000 per month. Households earning LKR 25,000 or less represent 8% (51/602) of the survey sample, while only 7% (44/602) of the respondents reported that their households earned over LKR 105,000 on average per month.

Terms Used to Refer to Menstruation

The research team introduced the study and the purpose of the study by referring to menstruation using the biological phrase or terminology. Subsequently, based on the respondent's familiarity with the term, the team either continued to use the same phrase or switched to using the phrase the respondents used to refer to the menstrual cycle. As part of the survey, respondents were asked to list the different terms or phrases they used to refer to menstruation. Figure 1 illustrates a word cloud which represents the most commonly used phrases by respondents in everyday parlance in reference to menstruation, with the larger the size of the word representing the most commonly used terms or phrases. Accordingly, menses and period were the most commonly used phrases which transcended the local language divide. Some of the least common phrases used by respondents

to refer to menstruation included, 'Tsunami', 'Beet', 'Veettuku Thooram' (which translates to 'far to the house' in Tamil) and 'Date'.

Figure 1: Different terms and phrases respondents used to refer to menstruation



3.1 Knowledge

Menstruation is a natural biological process. Across the world and particularly in South Asia and Sri Lanka, it is recognised that menstruation and practices associated with menstruation is surrounded by stigma and misconceptions. Having evidence-based knowledge about menstruation has the potential to help young individuals experiencing puberty/menarche recognize and normalize the bodily changes they will experience, reducing anxiety and confusion when they begin menstruating (Santhanakrishnan & Athipathy, 2018). If they are adequately informed, they are empowered to adopt hygiene practices they are comfortable with and seek assistance from caregivers or health providers in a manner that helps them navigate their experience confidently in a safe and supportive environment. This section will document the existing knowledge among the research respondents and factors that are recognised to contribute to the existing level of knowledge.

Menarche

Ninety percent (90%; 459/602) of the survey respondents reported that they were between the ages of 12-14 years **when they had their first period (menarche)**. This corresponds with the national average cited by the medical professionals interviewed as part of this study. A healthcare representative from the government stated that in Sri Lanka, the average age of menarche has been decreasing over the past decade, with individuals reaching menarche at a younger age compared to previous generations (KII-7, 2024).

Adolescent girls experience anxiety pertaining to their physical growth and menstruation, and this is coupled with the curiosity to gain knowledge about the changes taking place inside them. However, since they often lack adequate education and guidance, they try to learn these crucial topics from non-professional outsiders such as friends (Biswas, 2020). To this end, the literature highlights the importance of education on sexual reproductive health by revealing that 53.7% of girls learned about menstruation only after experiencing it for the first time, and 78.4% reporting feeling fear during their first menstruation (Adittiya, 2022). Thus, menarche becomes a traumatic experience for many menstruators as they have no idea about menstruation before menarche.

These findings from the literature are reiterated in the survey results with **58% (348/602) of the respondents reporting having no information or knowledge about menstruation prior to menarche**. The Chi Square test revealed a statistically significant association between the age categories and having knowledge about menstruation before menarche ($X^2(3)=8.1501$, $p=0.043$), meaning that having knowledge significantly varies across the different age categories. Notably, respondents belonging to the younger age categories are more aware about menstruation prior to menarche compared to older respondents. Moreover, individuals currently between the ages of 40-49 recorded the highest response rate of 66% (107/161) of having no prior knowledge of menstruation at the time of menarche. This result indicates that, while there is still room for improvement, knowledge about menstruation prior to menarche has been passed down to the younger generations.

Table 5: Association between age group and having knowledge about menstruation before menarche -Chi square results

Age group	Had knowledge before menarche		Did not have knowledge before menarche		Significance	
	n	%	n	%	χ^2 (df)	P value
15-19 years	37	42%	51	58%	8.15(3)	0.043*
20-29 years	81	44%	104	56%		
30-39 years	82	49%	86	51%		
40-49 years	54	34%	107	66%		

*Note. $p < 0.05$

Sources of Information

Among the 42% (254/602) of respondents who indicated that they were aware of menstruation prior to menarche, the **primary source of information regarding menarche or menstruation** for this group is reported to be from the respondent's mother at 57% (107/254); this is followed by 24% (62/254) learning about it for the first time from either their school peers or friends. The least likely source of information about menstruation prior to menarche were teachers (9%; 24/254) followed by family members and other female relatives (9%, 23/254).

Among all the respondents surveyed, an overwhelming 97% (584/602) were of the opinion that **girls should be taught about menstruation at school before menarche**. This highlights the need for more cohesive information sharing at the schools. Among those who said they did not think girls should be taught about menstruation at school, the reasons cited by selected respondents were of the opinion that such information was inappropriate for young individuals to know at a very young age or 'before it was necessary', and when needed, their mothers can teach their daughters about menstruation once they reach menarche.

The current government curricula for Health and Physical Education covers the reproductive system aimed at students of grade 7 onwards. Key informants were of the opinion that while these topics were covered adequately within the textbooks, the information was shared later than the average age of menarche. Furthermore, concerns were raised about whether teachers themselves had

adequate knowledge themselves or were comfortable enough to teach the subject.

“Actually, it is not enough, the reproductive health sessions in the school lessons anyway are not enough, because we have a good understanding that the teachers doing these subjects are really shy, in mixed schools it is very difficult for them, with boys it’s even harder” (KII-11, 2024).

In order to fill this vacuum of adequate provision of scientific, informative, and yet easy to understand information within the existing school education curricula, the Health Promotion Bureau (HPB) have developed a series of handbooks on the topic of menstruation which is available on the E-Thaksalawa portal.⁶ These handbooks are meant to be supplementary readings and are designed in a way that students can read and understand the information by themselves without any teaching interventions. Although, these handbooks attempt to address the existing knowledge gap, at the time of writing, the majority of the handbooks were only available in Sinhala. The absence of all the handbooks in Tamil, renders this initiative exclusive and discriminatory to Tamil language learners. Additionally, the fact that these handbooks are only available as online resources further excludes those who lack access to digital devices and the internet.

The absence of adequate information provision from the school is alarming given that even within the household, sometimes, individuals have trouble accessing accurate information regarding menstruation. For instance, during a focus group discussion, one respondent claimed that she was away at camp when she reached menarche and that another participant at the camp had explained to her what she was experiencing (FGD-TG, 2024). Another respondent claimed that she did not know about menstruation when it happened to her first when she was at school. Her teacher had then given her a sanitary napkin and had informed her parents to come take her away (FGD-TW, 2024).

⁶ E-Thaksalawa is an initiative by the Ministry of Education which is a digital space for students and educators to access curricula-related information, textbooks, extra readings, and virtual lessons.

It is important that children have access to information regarding menstruation prior to menarche given that many children experience menarche before formally learning about it in school; the lack of access to accurate information could lead to one being susceptible to misinformation and the adoption of practices that hinder rather than support the individual.

Health Professionals' Knowledge on Menstruation

While the study attempted to capture the community members' knowledge on menstruation, interestingly, the research team was also able to gather data on how health professionals approach menstruation and menstruation-related illnesses and conditions. The qualitative data gathered in this study revealed that some health professionals who may interact with the community members and are likely to be consulted, lacked adequate knowledge on menstruation, menstrual products, menstruation-related illnesses and conditions, and were influenced themselves by cultural practices and beliefs around menarche and menstruation, including concerns surrounding virginity and the hymen. While these findings cannot be generalised given the number of interviews conducted and some of these accounts is anecdotal evidence, it is still a matter of concern that individuals in a position of authority, who are supposed to provide medical services and accurate information also lack a proper understanding of menstruation.

One of the key informants who conduct trainings for other health workers revealed that some health providers still hold certain views about the human body and bodily autonomy which stems from a lack of adequate knowledge coupled with cultural beliefs which gets in the way of using menstrual products which require vaginal insertion.

“I went to promote that (the menstrual cup) to that particular hospital particularly to nurses and upcoming nurses given the long hours they work. There were so many objections. I was telling why this is good and all, but during the whole session, ... the head nurse, the Sister, was constantly asking me questions about how this could damage the hymen” (KII-1, 2024).

“I know people personally who have gone to health facilities because they forgot the tampon, and the health worker didn't know what a tampon was or what to do, and there was a lot of embarrassment. Again, with the [menstrual] cup and the tampon, if you're not married, they'd ask 'why are you using this kind of thing?'... Maybe consultants would know, but the public health midwives (PHMs), nurses, I don't think they have enough knowledge on all these menstrual issues or products available” (KII-8, 2024).

The last statement also shows the limited agency one has over the type of menstrual products they can use. Invasive questions could prevent menstruators from using a product that is suitable and comfortable for them, completely taking out 'choice' and 'agency' from the equation, which only further exacerbates period poverty. The respondent went on to state that menstruators should be free to choose a product which is suitable for their own personal wellbeing without the fear of judgement. The importance of choice was highlighted in relation to individuals engaged in sports activities or engaged in work with limited access to washroom facilities and inability to change their menstrual product as necessary.

In addition to holding such views, another concern which the key informants had regarding health workers' knowledge on menstruation was the misdiagnosis and underdiagnosis of endometriosis and Polycystic Ovary Syndrome (PCOS). The former refers to a condition in which "cells similar to the lining of the uterus, or endometrium, grow outside the uterus" (Mayo Clinic, n.d.) and the latter refers to a condition which can "cause hormonal imbalances, irregular periods, excess androgen levels and cysts in the ovaries, irregular periods, usually with a lack of ovulation, which can make it difficult to become pregnant" (World Health Organisation, 2023). While there are many other menstruation-related conditions, these two conditions are often cited as more common among menstruating individuals. Early diagnosis of these conditions is crucial given that they could cause long-term impacts on the human body and a person's reproductive functioning, and could even lead to other life-threatening conditions. However, diagnosis of such conditions is reported to be low both globally and regionally **(Rzońca et al., 2021; The Conversation, 2022)**.

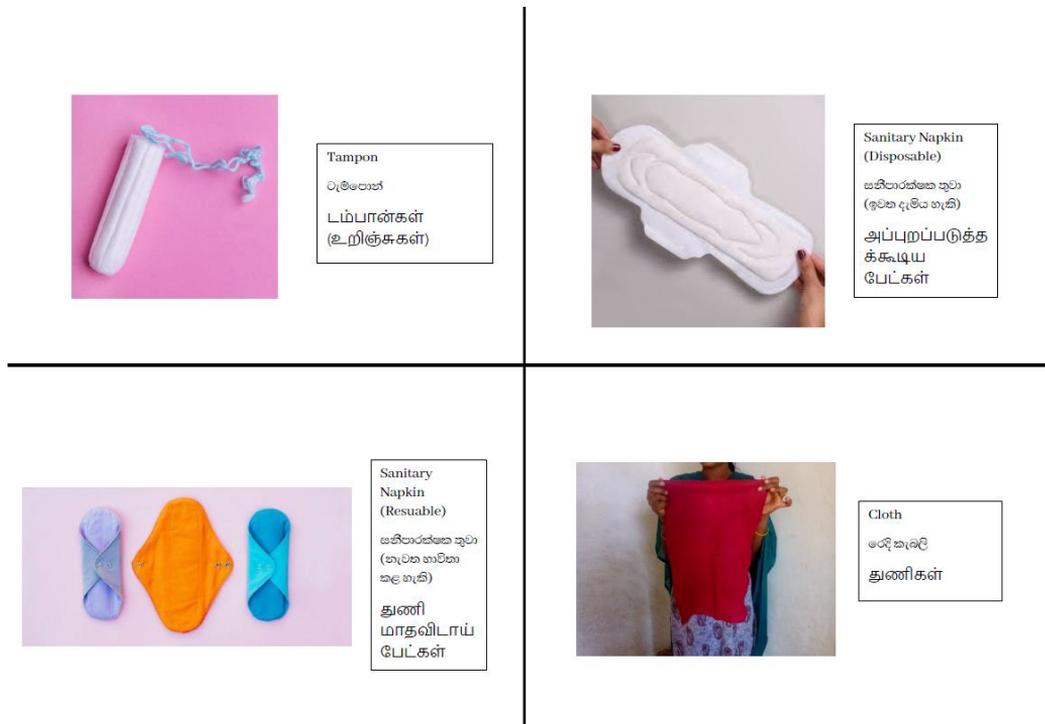
According to the key informant interviews, the reasons for the low rate of diagnosis in Sri Lanka include the lack of trained specialists on menstruation-related conditions, the overwhelming number of cisgender men who are gynaecologists, and the existence of other conditions which may be more serious in comparison **(KII-5, 2024; KII-9, 2024)**.

These findings were also valuable as they demonstrated the ground realities of how the surveyed community members understood menstruation, menstrual products, practices, and stigma around menstruation. These factors can thus be attributed to reasons why menstruators may be hampered from seeking advice or information from qualified individuals or medical professionals and must be addressed in an effort to minimise any misconceptions pertaining to menstruation and related practices.

Menstrual Products

The menstrual cycle is a monthly, involuntary biological process. It is a basic human need and a right to have access to enough menstrual hygiene products that fulfil biological and medical needs. According to the Sri Lanka’s Chamber of Women Entrepreneurs Council (SCWEC), only 30% of menstruating women in Sri Lanka use single-use sanitary napkins.⁷ Therefore, other menstruating women and girls, and even queer and trans persons, may be compelled to use some semi-hygienic reusable alternatives such as cloths and rags. This could be attributed to the rising costs of sanitary napkins and other menstrual products in the market. Within the study sample, the majority of respondents (98%; 589/602) reported using single use sanitary napkins. This could be attributed in part to the urban locality of the research locations.

Figure 2: Menstrual products sheet used as part of the research study



⁷ Sri Lanka’s Chamber Women Entrepreneurs Council (SCWEC) is a program that promotes women entrepreneurs.



Menstrual Cup
 மலர் கைப்பை
 மாதவிடாய்
 கோப்பை



Menstrual Underwear
 மலர் ஏடுகளைக் கட்டு
 ருட்கு
 மாதவிடாய்
 உள்ளாடைகள்



Menstrual Sponge
 மலர் கைப்பை
 மாதவிடாய்
 பஞ்சுகள்



Menstrual Disc
 மலர் கட்டு
 மாதவிடாய்
 வட்டு

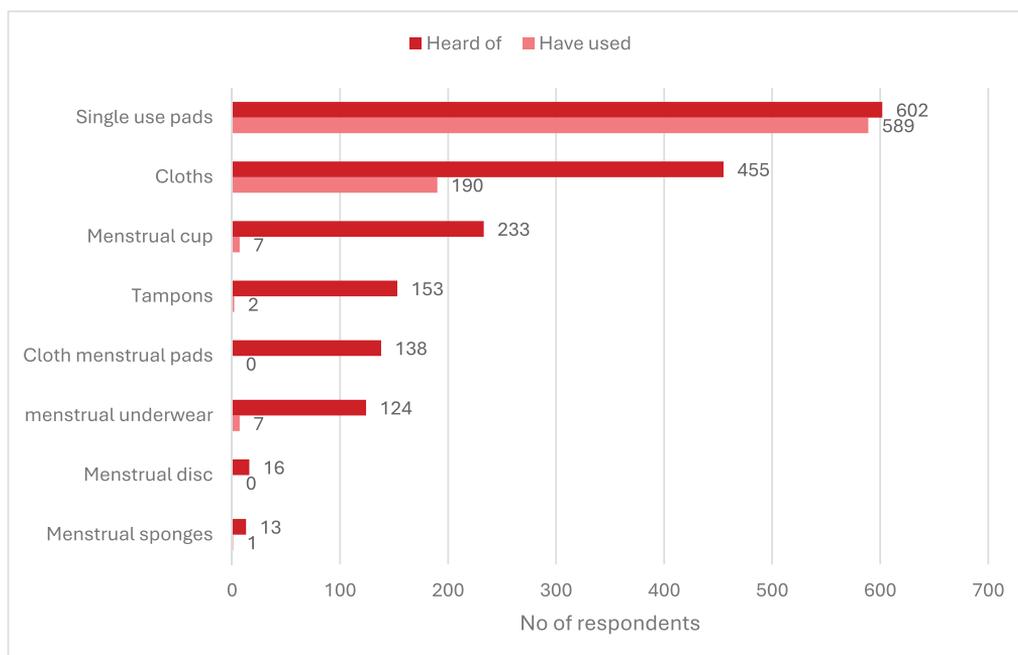
As part of this research study, all study respondents were shown the above images of products used during menstruation and were asked to identify if they had either seen or heard of any of them. The responses recorded from the survey are elaborated in Figure 3 below. All the survey respondents (100%) reported that they were familiar with the single-use sanitary napkin, followed by 76% (455/602) who said they could recognise or were aware of the use of cloth during menstruation.

With regard to relatively newer reusable menstrual products, survey respondents indicated that they had either seen or heard of these products as follows: 38% (233/602) knew of the menstrual cup, 23% (138/602) the reusable sanitary napkin, and 20% (124/602) the menstrual underwear. Although the knowledge of these reusable products is significantly lower than the single-use sanitary napkin, respondents belonging to the younger age cohort reported that they had seen these products via social media – though they were not sure how these products were meant to be used.

In terms of the menstrual cup, 34% (63/185) of the respondents in the age group of 20-29 years reported that they have seen or heard of the menstrual cup, recording the highest responses compared to respondents of other age groups. Moreover, 25% (24/88) of the respondents belonging to the age groups of 15-19, 25% between 20-29 (47/185), and 27% of the respondents between 30-39

years (45/168) have heard of the reusable sanitary napkin, and only 17% (22/161) of the respondents in the 40-49 age group had heard or seen reusable sanitary napkins.

Figure 3: Type of menstrual products heard of and used by the respondents



A chi-square independence test was conducted to examine the association between the age of the respondents and their awareness of relatively new menstrual products, including menstrual cups, tampons and reusable cloth sanitary napkins. The results in Table 6 indicate a statistically significant association between age group and knowledge of these products. Notably, respondents in the 20-29 and 30-39 age cohorts demonstrated higher awareness compared to those in the youngest age group of 15-19 years and respondents belonging to the oldest age group of 40-49 years.

Table 6: Association between the age and knowledge on recently newer menstrual products-Chi-square results

Type of product	Heard of product		Not heard of product		Significance	
	n	%	n	%	χ^2 (df)	p value
Menstrual cup						
15-19 years	55	37%	33	63%	25.63(3)	< 0.001*
20-29 years	92	50%	93	50%		
30-39 years	70	42%	98	58%		
40-49 years	123	24%	38	76%		
Tampons						
15-19 years	21	24%	67	76%	13.76(3)	0.003*
20-29 years	63	34%	122	66%		
30-39 years	42	25%	126	75%		
40-49 years	27	17%	134	83%		
Reusable cloth menstrual pads						
15-19 years	24	27%	64	73%	10.82(3)	0.013*
20-29 years	47	25%	138	75%		
30-39 years	45	27%	123	73%		
40-49 years	22	14%	139	86%		

*Note. $p < 0.05$

These findings from the household survey were validated through the qualitative observations and information shared during the FGDs. During one FGD with adult women, it was observed that most respondents had heard of the menstrual cup as they had seen videos on social media, however these respondents said that they had no idea how to use the products. The respondents aged 40 and above, had not heard of the menstrual cup, although they were aware of single use sanitary napkins and cloth (FGD-SW, 2024). In another FGD with school-aged girls, respondents mentioned that they had heard of the menstrual underwear, the menstrual cup, and the reusable sanitary napkins which they had seen on TikTok. However, they too were not aware of how to use these products (FGD-SG, 2024). This highlights the need to provide increased awareness of how alternative menstrual products can be used in an effort to ensure menstruators have adequate knowledge to make an informed choice.

During the FGDs with school aged boys and men, there was visible discomfort when the topic of menstruation was introduced as the subject matter. Among the older male respondents, those who were married or had daughters were more inclined to engage in the discussion or state that they recognised the sanitary

napkins. Older male respondents went on to state that they became familiar with menstruation when they got married or were in a long-term relationship rather than in their households growing up as their mothers or sisters would not speak about “this” with them (FGD- SM, 2024). They went on to share the opinion that having similar discussions on menstruation at a younger age maybe useful in eliminating the sense of mysticism associated with the subject. Indicating the level of discomfort and challenges of discussing these issues, during a FGD with adult men from the community, a young man became visibly uncomfortable and asked to leave the discussion. During a FGD with the women from the community, respondents with sons reported that they do not speak of menstruation openly in the house, had not asked them (the sons) to purchase sanitary napkins on their behalf and were not comfortable mentioning that they were menstruating to them either (FGD-TW, 2024).

Use of Menstrual Products

In terms of use of menstrual products, **single use sanitary napkins** were the most commonly used product among the survey respondents, with 98% (589/602) reporting that they have used it. This was observed across all age groups.

While 76% (458/620) of the survey respondents had heard of **cloth** being used during menstruation, only 32% (190/602) reported having used cloth as a product themselves. The Chi Square independence test was conducted to examine the relationship between age category and having used cloth as a menstrual product. The test results (Table 7) showed a statistically significant association $X^2(3)=8.4742$, $p=0.037$) indicating that the use of cloth varies across the different age categories. The respondents from the youngest age group 15-19 were the least likely to use cloth, whereas respondents belonging to the oldest age group of 40-49 reported the highest usage of cloth compared to respondents in all other age groups. This result is attributed to older respondents not being aware of alternatives at the time they reached menarche, as cloth was what their mothers had used before them. During an interview, one respondent in the 30-39 age category reported that when she reached menarche, her mother showed her how to use the cloth; it was when she went back to school after a few months that the teacher told her about single use sanitary napkins, and she has used sanitary napkins since then.

Table 7: Association between age group and having used cloth as menstrual product -Chi-square test results

Age group	Have used cloth		Have not used cloth		Significance	
	n	%	n	%	χ^2 (df)	p value
15-19 years	22	25%	66	75%	8.47(3)	0.037*
20-29 years	49	26%	136	74%		
30-39 years	56	33%	112	67%		
40-49 years	63	40%	98	60%		

Note $p < 0.05$

Among the survey respondents, approximately 14% (82/602) reported using a **combination of single-use sanitary napkins and cloth when menstruating**. Cloth as a means of collecting menstrual blood was reportedly used when the respondent was at home, or towards the end of the menstrual cycle when the blood flow was lower. Moreover, only 21 respondents stated that they use cloth in the home and outside, while 61 respondents reported that they use cloth only when at home and they used disposable sanitary napkins when outside of the home. During one of the FGDs, one respondent indicated that due to the ongoing economic condition and resultant increase in expenditure and having three daughters who menstruate, it was difficult for her to buy single-use sanitary napkins for the entire household. She further revealed that recently during menstruation, she would use an old shawl (cloth) for her own use and purchase the sanitary napkins only for her daughters (FGD-TW, 2024).

This finding also sheds light on how nuanced period poverty can be, as it is not only a matter of finances or economic capabilities. The presence of multiple menstruating individuals within a family, their access to menstrual products, and those who have to compromise their own comfort for others (generally, older women who opt to use cloth so that younger family members can wear single-use napkins) determine the different levels at which individuals and families can be vulnerable in the face of menstruation. (For more information on the varying prices of menstrual products available in Sri Lanka, see Annex E).

Although 25% (153/602) of the survey respondents indicated knowing about **tampons**, it was only reported to be used by 2 respondents. This is attributed in part to the limited distribution and availability of the product in Sri Lanka. Even though 39% (233/602) of survey respondents had heard about the **menstrual cup**, only 7 reported using one. While the menstrual cup has in recent times received a fair amount of publicity, there is notable hesitation towards its use due to concerns about damaging the hymen and subsequent implications with

regard to virginity. This again comes back to that notion of how bodily autonomy is governed by society. Such views lead to the loss of useful information and knowledge and an individual's ability to make a decision on what type of product they could use. While the authors of this study do not recommend promoting specific products, it is recommended that individuals are given adequate and accurate information on the diverse products available and their use so that they would have the agency to make an informed choice. However, doing so will require an islandwide ideological shift which would require resource mobilisation, education and awareness, and gender norm transformations.

However, it is recognised that re-usable menstrual products would still only be available to those who can bear the initial capital outlay, despite the long-term cost effectiveness. At present, a menstrual cup costs between LKR 2990 to LKR 3500, whereas the price of a pack of sanitary napkins ranges between LKR 270 and LKR 385. Interviews with producers and distributors of the menstrual cup indicate that, even though report of sales figures is incomplete, a higher number of menstrual cups sold within the Colombo district has been observed:

“From what we've seen, most of the cups are sold around the Colombo District. Certain charities and organisations distribute outside of Colombo [free of charge] like in Kandy and the Southern coast. However, not many orders come from the North or Jaffna. Regarding the age range, between 24 to 25-year-olds are the most open to embracing reusable products, especially cups” (KII-6, 2024).

Duration of Use of Menstrual Products

When using a single use sanitary napkin or tampon, it is medically recommended that one changes the product every 4-6 hours. This is stated to minimize the risk of bacterial infections or irritation, which can occur if menstrual products are not changed regularly. A majority of the surveyed respondents (62%; 371/602) indicated that they were not aware of a **medically recommended duration for wearing a sanitary napkin**, with respondents stating that they would change their product when they felt uncomfortable or adjust the frequency depending on their menstrual flow. In analysing the level of awareness of medically recommended duration for wearing single use sanitary products, a statistically significant association ($p=0.001$), is recorded based on the respondent's age as elaborated in Table 8 below. Respondents belonging to the oldest age group (40-49 years) were least aware (27%) of recommended duration of wearing a single use product compared to respondents belonging to the younger age groups.

Table 8: Association between age and the awareness of medically recommended duration for wearing sanitary napkin – chi square results

Among the respondents surveyed, 35% (82/602) reported that they change their menstrual product on average every 6-8 hours, while the second highest frequency was every 8-12 hours, reported by 32% (190/602) of the respondents.

Age group	Aware of recommended duration		Not aware of recommended duration		Significance	
	n	%	n	%	χ^2 (df)	p value
15-19 years	31	35%	57	65%	16.76(3)	0.001*
20-29 years	88	48%	97	52%		
30-39 years	69	41%	99	59%		
40-49 years	43	27%	118	73%		

Note p<0.05

Only 22% (132/602) of respondents reported changing every 4-6 hours. When disaggregating the frequency of changing sanitary napkins by age groups, except for the oldest age group of 40-49 years, majority (36% (15-19), 42% (20-29), 38% (30-39)), of the respondents from other age groups reported that they would change their menstrual products every 6-8 hours. In the oldest age group, 42% (67/161) reported that they change the product every 8-12 hours.

Of the 231 survey respondents who said they were aware of the recommended frequency to change the sanitary napkin, or cloth, 33% (76/231) admitted to **using the products for longer than the recommended duration**. The most common reason attributed was not being able to find appropriate facilities to change or dispose of the product (63%, 46/76), followed by not having a replacement on hand as reported by 39% (30/76). During the focus group discussions with school going girls, it was revealed that the inadequate and unclean washroom facilities available at school was the main reason for the respondents to not change their sanitary napkins during school hours. While many students did not or were reluctant to change their menstrual products at school, some of the FGD participants as well as key informants claimed that many students also lacked knowledge on how to safely dispose of the used menstrual products at school. It was said that students had attempted flushing down the used sanitary napkins in the toilets causing them to clog and flood, further worsening the access of those facilities to other students. This sentiment was reiterated during a Key Informant interview with a medical professional:

“...they do not have the facility of going to a washroom and changing the cloth or the pad because there’s no disposable baskets, no flushing systems, no proper washrooms, no water. So, when you actually think about that part, they are actually helpless right? They have nothing else to do. I mean if you don’t have a place to change your pad and then no proper washroom facilities, what can you do?” (KII-1, 2024).

Menstruation, Menstrual Practices, and Knowledge

Summary of Key Findings

58% of the surveyed respondents revealed that they learnt about menarche and menstruation only after they began experiencing it. The Chi square test revealed that there is a statistical significance between age and knowledge, as it showed that the younger the respondent is, the more knowledge they had prior to menarche.

Out of the 47% who had knowledge prior to attending menarche, 57% stated that their primary source of knowledge was their own mother. 97% of respondents stated that menstruation is something which should be taught in schools.

98% of the respondents mentioned the single-use sanitary napkin as their method of menstrual blood collection. 32% of the respondents revealed that they had used a cloth during menstruation at some point in their life. The Chi square test revealed statistical significance in terms of age and use of cloth; older age cohort members were revealed to have used cloth more than younger respondents.

14% of the surveyed respondents revealed that they used a combination of single-use sanitary napkins and cloth – the majority stated that they would use cloth when they were at home or towards the end of menstruation and single-use sanitary napkins for when they went outside.

62% of the respondents were not aware of a medically recommended usage of single use sanitary napkins which is 4-6 hours. Only 22% of the respondents revealed that they wear sanitary napkins for the recommended duration.

33% out of 232 respondents who stated that they were aware of the recommend usage duration revealed that the main reason as to why they could not adhere to it was the absence of adequate facilities to change the sanitary napkin and dispose of it.

3.2 Attitudes and Perceptions

Menstruation is often linked with shame, taboos, restrictions, and social myths. For instance, Indian and Sri Lankan cultural norms consider menstruation as a taboo topic for conversation. Due to the lack of awareness and knowledge about menstruation in many countries, menstruation is also equated with impurity. Period poverty is also compounded by the cultural stigma and can be observed in many parts of the world, especially in the South Asian region, including Sri Lanka. Although all South Asian countries have their own beliefs, customs, and rituals surrounding menstruation, they also share many similarities, and most often such cultural stigma is shaped by religious beliefs and vice versa (Mostafa, 2019; Maharaj and Winkler, 2020). Most often, it is cisgender women who are at the receiving end of such myths and taboos, as menstruation is largely seen as a process only (cis)⁸ women go through.

According to a study done in the Kalutara district in Sri Lanka in 2007, 60% of the surveyed teachers thought (menstrual) blood was impure; 80% of the respondents thought bathing during menstruation should be avoided; and 40% thought vaginal insertion of tampons has side effects. A majority (60%) of the parents surveyed in that same study were reported to have not allowed their daughters to attend school during menstruation (Menstrual Hygiene Day, 2023; Agampodi et al., 2008). However, according to qualitative research conducted by Hemachandra and Manderson (2009) in the Ratnapura district, 80% of the surveyed women identified menstruation as a natural physiological process that occurred due to the hormonal changes in the body. In this same study, only a few older women who had lower education levels explained menstruation as a means to expel bad/dirty blood from the body and they believed that menstrual problems were influenced by the evil eye of the Kalu Kamaraya or Ririyaka (thanikam dosha) – devils in Sri Lankan folklore – which is caused by “inadequate adherence to rituals at menarche or thereafter” (Hemachandra and Manderson, 2009, p.412). Similarly, Jalan et al. (2020) argue that all religions without exceptions have restrictions on menstruating women and in most cases menstrual blood is believed to be polluted or dirty.

The following findings presented in this report were derived from a specific set of questions from this research study which probed for attitudes and perceptions on menstruation and menstrual practices from the survey respondents. These questions considered how menstruating individuals perceive themselves,

⁸ The word cisgender (often shortened to cis) describes a person whose gender identity corresponds to their sex assigned at birth

perceive menstruation itself, and how others may perceive them while they are menstruating. These findings also function as a precursor to the customs practised during menstruation which appear to be influenced by cultural norms, especially when the evidence is analysed in relation to the respondents' ethnicity, religion, and age.

Overall, 71% (427/602) of the respondents surveyed reported that they **do not feel embarrassed to speak about menstruation**. Based on the survey results, respondents between the ages of 15-19 years recorded the highest response rate (26%, 58/185) of feeling embarrassed to speak about menstruation compared to older respondents. While the survey respondents were comfortable to speak about menstruation to the survey administrator who was female, it was observed in some households when the survey was ongoing, if the male household members asked what the survey was about, they would respond saying it was "none of their concern". In some cases, respondents were observed lowering their voices when a neighbour, stranger, or even another family member was nearby or present during the survey.

Chi-square tests were conducted to assess the associations between the feeling of embarrassment when talking about menstruation and three demographic variables: age, marital status, and ethnicity (Table 9). The results revealed a statistically significant association between ethnicity and the feeling of embarrassment ($\chi^2(6) = 13.4544$, $p = 0.036$). This suggests that the likelihood of feeling embarrassed when discussing menstruation varies significantly depending on the respondent's ethnic identity. The Sinhalese respondents showed a lower embarrassment rate (12%; 21/174) compared to the Tamil respondents (21%, 33/154) and Muslim respondents (14%, 24/174). In contrast, no statistically significant associations were found between the feeling of embarrassment and either age group or marital status ($p > 0.05$ for both). These findings indicate that while ethnicity plays a significant role in determining feelings of embarrassment about menstruation, age and marital status do not appear to have a substantial influence on this aspect of menstrual attitudes among the respondents.

Table 9: Association of feeling embarrassed to talk about menstruation and respondent's demographic factors-chi-square results

Demographic Variable	Feel embarrassed		Does not feel embarrassed		Somewhat embarrassed		Significance	
	n	%	n	%	n	%	χ^2 (df)	p value
Ethnicity								
Sinhalese	30	12%	187	74%	34	14%	13.45(6)	0.036*
Tamil	33	21%	97	63%	24	16%		
Sri Lankan Moor	24	14%	131	75%	19	11%		
Other	12	52%	6	26%	5	22%		
Age								
15-19 years	23	26%	58	66%	7	8%	12.39(6)	0.054
20-29 years	26	14%	130	70%	29	16%		
30-39 years	20	12%	121	72%	27	16%		
40-49 years	24	15%	118	73%	19	12%		
Civil status								
Married	57	14%	294	73%	54	13%	2.34(2)	0.311
Single	33	18%	120	67%	27	15%		

Note $p < 0.05$

When respondents were asked about the **attitudes of their family members regarding menstruation**, 70% (424/602) of the respondents reported that they speak about menstruation openly with other female family members, while only 51% (308/602) of the respondents reported speaking openly about menstruation with male family members. Of the respondents, 51% (308/602) stated that their male family members knew when they were menstruating. From the qualitative observations recorded, respondents indicated that they usually informed their husband or partner when they were menstruating, while Sri Lankan Moor respondents reported that not engaging in prayers during this time, was an unspoken indication to their male family members that they were menstruating. not engage in prayers during this time, it was an unspoken indication to their male family members that they were menstruating.

Discrimination Experienced During Menstruation

Most of the survey respondents (89%, 535/602) reported that they had not experienced any type of discrimination nor were they made to feel uncomfortable when menstruating. Respondents indicated that they either experience no

discrimination at all - particularly by close male and female relatives, female friends and colleagues – while a majority of the respondents also attributed not experiencing discrimination as others did not know when they were menstruating, as this was not information they would freely share. Among the 67 respondents who did state that they were made to feel uncomfortable during menstruation, the most common instances were reported when participating in religious and cultural activities (30 respondents), followed by bathing in common/public places (18 respondents). The discrimination experienced during these activities in particular are attributed to women and girls excluding themselves during menstruation, resulting in wider public opinions shared of what they can and cannot do during this time.

General Perceptions Related to Menstruation

A series of statements regarding **practices during menstruation** were compiled for the purpose of this research through the literature review as well as from selected key informant interviews. These statements were read out to the survey respondents to determine if they had heard of any of them, their perceptions regarding the statements, followed by an attempt to understand which of these practices they adhered to during menstruation.

With regard to the statement **menstruation is a normal biological process**, 91% (546/602) of the respondents agreed with this statement, while 6% (35/602) of the respondents reported that they did not know the correct answer to this statement. A majority of the respondents (82%, 82/602) reported that **only women can menstruate**, while 14% (83/602) of the respondents disagreed with this statement. However, this response cannot be directly attributed to those respondents being aware of trans men, gender queer persons, and persons of other gender identities menstruating, for it would be the research team's assumption of inferred knowledge of the respondents.

Figure 4: Responses for the statements of “Menstruation is a normal biological process” and “only women can menstruate”

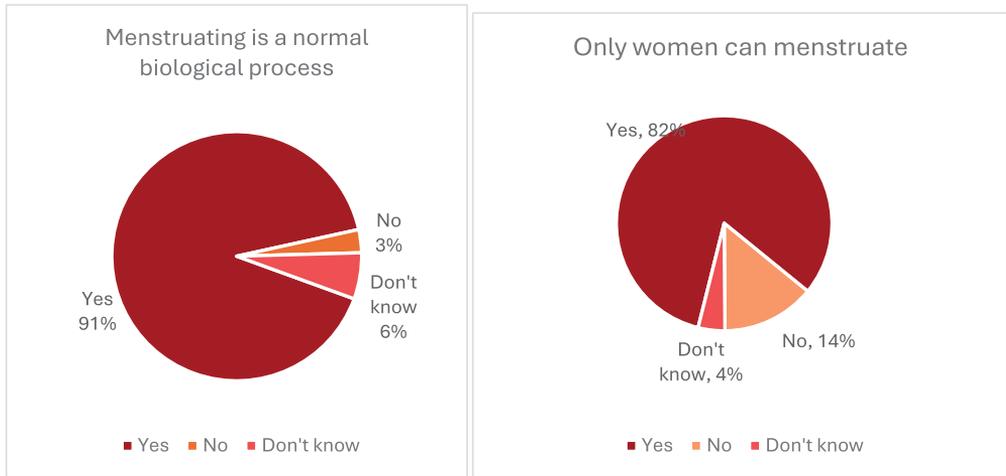


Figure 5: Responses for the statement of “During menstruation individuals are dirty”

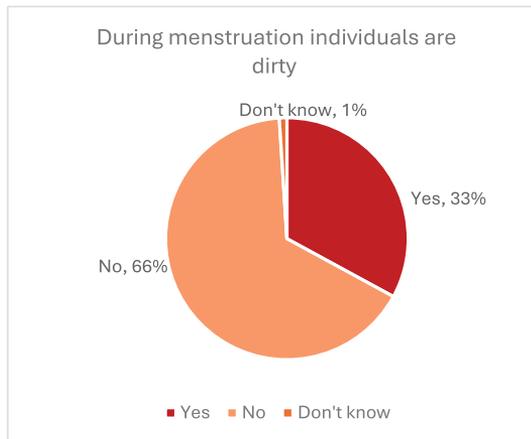


Figure 6: Responses for the statement during menstrual blood is dirty



Most respondents (66%; 395/602) disagreed with the statement that **during menstruation, individuals who menstruate are 'dirty'**. This was followed by 44% (265/602) of respondents who agreed with the statement menstrual blood is 'dirty' blood. When the responses are disaggregated by religion, there appears to be no significant variation, except among Muslim respondents, who recorded the lowest agreement with the statement at 37% (64/174), compared to 47% (48/102), 46% (104/226) and 45% (35/77) recorded among Hindu, Buddhist and Christian respondents respectively. The highest agreement with the statement was recorded among respondents who identified as belonging to mixed religions at 61% (14/23) (these respondents had the lowest sample size).

A chi-square test of independence was conducted to examine the association between respondents' demographic characteristics (age, religion, and ethnicity) and their perceptions of the statements 'menstruating individuals are dirty' ... 'menstrual blood is dirty' (Table 11). The results indicated a statistically significant association between age group and perceptions for both statements. Particularly, respondents belonging to older age cohorts reported higher agreement with both statements compared to those belonging to younger age groups. This is indicative that negative connotations association between menstruation and cleanliness are gradually decreasing. It is noted that variations across different ethnicities and religions did not show a statistically significant association between these characteristics and perceptions of these statements.

Table 10 : Association between perception and the respondent’s demographic characteristics –chi-square results. Responses to the statement Menstrual blood is dirty

Demographic Variable	Agreed menstrual blood is dirty		Disagreed menstrual blood is dirty		Significance	
	n	%	n	%	χ^2 (df)	p value
Ethnicity					6.10(3)	0.107
Sinhalese	117	47%	127	52%		
Tamil	72	48%	78	52%		
Sri Lankan(Moor)	64	37%	108	62%		
Other	12	52%	11	48%		
Religion					7.68(3)	0.104
Buddhist	104	46%	116	51%		
Hinduism	48	47%	50	49%		
Catholic and Christian	35	45%	41	53%		
Islam	64	37%	108	62%		
Mixed	14	61%	9	39%		
Age					12.55(3)	0.006*
15-19 years	28	31%	56	64%		
20-29 years	74	40%	108	58%		
30-39 years	76	45%	89	55%		
40-49 years	87	55%	71	45%		

Note p<0.05

Note-Responses included ‘Yes,’ ‘No,’ and ‘Don’t Know.’ However, due to the low number of ‘Don’t Know’ responses (N=13), they were excluded from the chi-square analysis to ensure statistical validity.

Table 11: Association between perception and respondent's demographic characteristics -chi-square test results

Demographic Variable	Agreed menstruating individuals are dirty		Disagreed menstruating individuals are dirty		Significance	
	n	%	n	%	χ^2 (df)	p value
Ethnicity						
Sinhalese	84	34%	162	66%	0.86(3)	0.834
Tamil	53	31%	119	69%		
Sri Lankan Moor	53	35%	98	65%		
Mixed	7	31%	16	69%		
Religion						
Buddhist	74	33%	149	67%	2.33(3)	0.675
Hinduism	37	37%	63	63%		
Catholic and Christian	23	31%	51	69%		
Islam	53	31%	119	69%		
Mixed	10	43%	13	57%		
Age						
15-19 years	25	30%	59	70%	10.99(3)	0.012*
20-29 years	45	24%	136	76%		
30-39 years	63	38%	104	62%		
40-49 years	64	40%	96	60%		

Note $p < 0.05$

Note-Responses included 'Yes,' 'No,' and 'Don't Know.' However, due to the low number of 'Don't Know' responses (N=10), they were excluded from the chi-square analysis to ensure statistical validity.

Almost all key informants interviewed mentioned encountering people who believe the misconception that menstruators and menstrual blood is 'dirty.' They emphasised the need to work on 'busting this myth' and to provide accurate, scientific knowledge to the patients, customers, or community members they work with:

“They think the body has good blood and bad blood and the bad blood is collected in the womb and the vagina is going to put it out at one point... If you use a menstrual cup, the moment you take out the menstrual cup, the blood will actually smell like the normal blood, ... full of iron and all that usual blood smell. [The smell] in the pads and in the cloth, it's not only blood that is collected, it is (also) our sweat. And by that time (the pad or cloth is changed), the bacterial growth has started. This is why it smells bad. People think it smells bad because it's your blood” (KII-1, 2024).

Among the respondents, 76% (467/602) disagreed with the statement that during menstruation, one **should not go outside the home**, i.e., the menstruating individual should stay indoors during menstruation. A majority (75%; 449/602) of the respondents agreed that they **should not visit religious places during menstruation**. Not visiting religious places was reiterated predominantly by respondents who followed Hinduism, Islam and Buddhism at 86% (150/174), 86% (88/102) and 71% (160/226) respectively. Among Buddhist respondents, it was stated that while it was alright to go to the Buddhist temple while menstruating, going to the *Devalaya* was not recommended due to the perception that one was unclean during menstruation. Furthermore, respondents of Buddhist and Hindu faiths reported that they would not light the oil lamp to the deities at home when menstruating, while followers of Islam would not engage in prayers (at home) during this period. Those of the Hindu faith also mentioned that any pictures or miniature statues of deities kept at home are covered during menstruation so as not to disrespect them with the perceived uncleanliness. Respondents of Catholic or Christian faith by comparison reported that they would continue to visit the church when menstruating but would not visit a temple during this time out of respect for the practices of other faiths.

Attitudes and Perceptions on Menstruation and Menstrual Practices

Summary of Key Findings

89% of the respondents stated that they had not experienced any form of discrimination owing to menstruation. This was attributed to the fact that outsiders did not know when the respondents menstruate.

67 respondents mentioned that they were made to feel embarrassed during menstruation and 30 out of these respondents experienced this when engaging in religious or cultural activities.

6% of the respondents mentioned that they did not know whether menstruation was a biological process.

82% of the respondents agreed with the statement that only (cis) women menstruate. However, this cannot be attributed to their knowledge on menstruation of persons of different gender expressions and identities.

44% of the respondents claimed that menstrual blood is 'dirty'.
76% of the respondents disagreed with the statement that 'menstruating individuals should not go outside'

75% of the respondents agreed with the statement 'menstruating individuals should not go to religious places'.

3.3 Practices

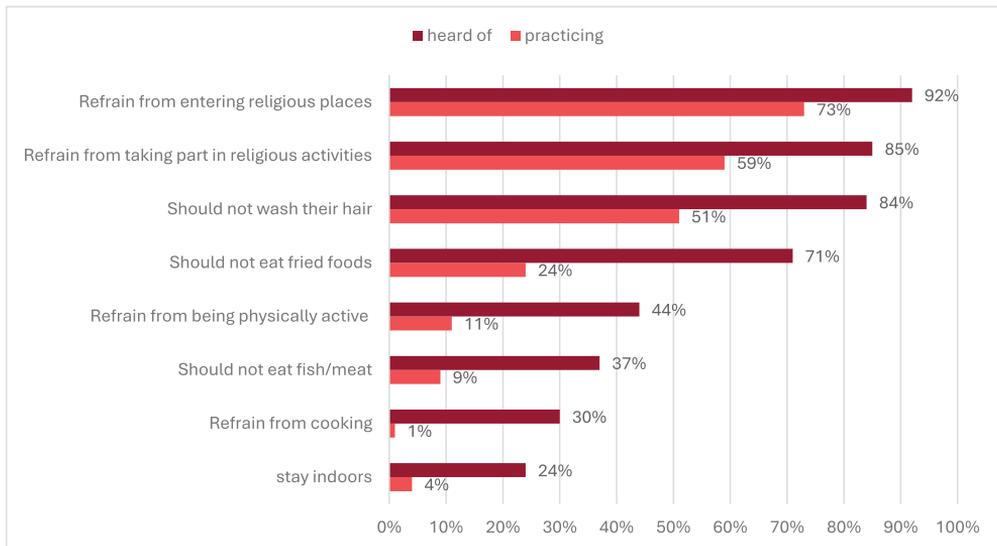
Practices during Menstruation

As part of the research study, respondents were asked if they had ever heard of certain practices associated with menstruation, and which of these statements they followed/practiced in their daily lives. As indicated in Table 12, while respondents were more likely to have heard of certain practices observed during menstruation, the adherence of these practices in their daily lives was comparatively lower. Figure 7 below provides a visual comparison between the responses recorded pertaining to statements heard of by respondents' vis a vis practices.

Table 12: Practices heard of and adhered to during menstruation

Menstruating individuals should ...	Heard of		Practice	
	frequency	%	frequency	%
...refrain from entering religious places	556	92%	439	73%
...refrain from taking part in religious activities	514	85%	353	59%
...not wash their hair	505	84%	296	49%
...not eat fried foods	427	71%	143	24%
... refrain from being physically active	264	44%	66	11%
...not eat fish/meat	223	37%	52	9%
...refrain from cooking	183	30%	7	1%
...stay indoors	142	24%	23	4%

Figure 7: Practices heard of and adhered to during menstruation



The statements with the largest gap between heard of, and actual practice is recorded with regard to refraining from cooking and remaining indoors during menstruation at 96% (176/183) and 84% (119/142) respectively. This gap is attributed to practical aspects of everyday life as the respondents said that if they do not cook, there would be no food in the house. While there is a larger response percentage reported for the ‘heard of’ practices, the practicalities of day-to-day life of the surveyed women and girls seem to prevent them from actually practising these beliefs.

Engagement in Religious Activities during Menstruation

The statements with the least gap between being aware of, and actual practice in their daily lives was recorded with regard to entering religious places and taking part in religious activities with a difference of 21% (117/556) and 31% (163/514) respectively. When disaggregated by religion, respondents who follow Hinduism and Islam were the most likely to refrain from entering religious places when menstruating. The Chi-square tests were conducted to examine the associations between the practice of refraining from entering religious places during menstruation and two variables: religious affiliation and age group revealed a statistically significant association between religious affiliation and this practice ($\chi^2(4) = 80.6564$, $p < 0.001$). This result suggests that an individual’s religious affiliation significantly influences their likelihood of refraining from entering religious places during menstruation. In contrast, the relationship between age group and this practice was not statistically significant ($\chi^2(4) = 2.2756$, $p = 0.517$), indicating that age does not substantially impact an individual’s decision to enter

religious places during menstruation (Please refer to Annex C for Chi Square table).

Food Related Practices During Menstruation

Restrictions pertaining to types of food recommended not to be consumed during menstruation include fried/oily foods. In this instance, 71% (428/602) of the survey respondents reported having heard of this practice; however, only 24% (145/602) of the respondents reported adhering to this practice. When disaggregated by age group, 79% (69/88) of respondents aged 15-19 were the least likely to modify their diets during menstruation, whereas 30% (49/161) of respondents aged 40-49 were the most likely to make dietary changes. Among those who did change their diet during this period, 52% (83/159) reported avoiding fried foods, followed by avoidance of fish and meats at 31% (50/159) and 27% (43/159) respectively. Other foods reportedly avoided included pineapple, rice, sour foods, and banana blossoms among others.

The reasons attributed to avoiding certain foods included that they cause vomiting, stomach aches, heavier blood flow and discomfort due to the smell. Some mentioned that these practices were passed down by their mother and grandmother. Respondents who did not modify their dietary patterns during menstruation stated that they had no specific reasons for doing so and believed it was important to maintain a nutritious diet during this time.

Washing Hair During Menstruation

While 84% (506/602) of the respondents reported that they had heard that they should refrain from washing their hair (having a head-bath) when menstruating, only 51% (306/602) of the survey respondents reported actually following this practice. During the FGDs, none of the respondents could explain the reason for refraining from having a head-bath, except to say that they had been told of this practice by a mother or grandmother after menarche. The qualitative interviews with respondents who did not follow this practice strictly revealed that they were likely to refrain from washing their hair during the initial days of menstruation. During a KII, one health professional provided a possible explanation for the origin of this practice, "When one bathes, the temperature of our body goes down, then to bring that up again, the body needs to spend some energy there as well. It could be because of that, and the attempt to conserve energy during this time but I don't really believe that. That's the only scientific reasoning I can think of" (KII-12, 2024). This reiterates the disjunct between some of the practices adhered to during menstruation and scientific thought and warrants a wider discussion among those who continue to engage in these practices.

Chi-square tests of independence were conducted to examine the associations

between demographic factors (ethnicity, religion and age group) and two menstruation practices: (1) refraining washing hair and (2) avoid eating fried food during menstruation. The results revealed statistically significant association between both ethnicity and religion and both practices of avoiding washing hair and avoiding eating fried food during menstruation, resulting in p-values well below the significance level of 0.05. However, the age group did not show a statistically significant association with both the practices resulting in p values greater than the significance level of 0.05. This implies that the practices of not washing hair and the dietary restriction during menstruation are significantly influenced by both ethnic and religious factors whereas the lack of association with age suggests that these practices are not influenced by different age cohorts.

Table 13: Association between demographic factors and practice of not washing hair during menstruation -Chi-square test results

Demographic variable	Refrain from washing hair		Does not refrain from washing hair		Significance	
	n	%	n	%	$\chi^2(df)$	p value
Age						
15-19 years	45	51%	43	49%	2.28(3)	0.517
20-29 years	93	50%	92	50%		
30-39 years	79	47%	89	53%		
40-49 years	89	55%	72	45%		
Ethnicity						
Sinhalese	108	43%	143	57%	11.58(3)	0.009*
Sri Lankan Moor	102	59%	72	41%		
Tamil	83	54%	71	46%		
Other (mixed and Burgher)	12	52%	11	48%		
Religion						
Buddhism	93	41%	133	59%	15.00(4)	< 0.001*
Catholic and Christian	39	51%	38	49%		
Hinduism	59	58%	43	42%		
Islam	102	59%	72	41%		
Mixed	13	57%	10	43%		

Note p<0.05

Table 14: Association between demographic factors and practice of refrain eating fried food during menstruation -chi square test results

Demographic Variable	Refrains from eating fried food		Does not refrain from eating fried food		Significance	
	n	%	n	%	χ^2 (df)	p value
Age						
15-19 years	30	34%	58	66%	6.15(3)	0.104
20-29 years	40	22%	145	78%		
30-39 years	36	21%	132	79%		
40-49 years	41	25%	120	75%		
Ethnicity						
Sinhalese	84	33%	167	67%	42.44(3)	< 0.001*
Tamil	43	28%	111	72%		
Sri Lankan Moor	12	7%	162	93%		
Other(Mixed and Burgher)	8	35%	15	65%		
Religion						
Buddhism	79	35%	147	65%	46.66(4)	< 0.001*
Catholic and Christian	21	27%	56	73%		
Hinduism	28	27%	74	73%		
Islam	12	6%	162	94%		
Mixed	8	35%	15	65%		

Note p<0.05

Practices during Menarche

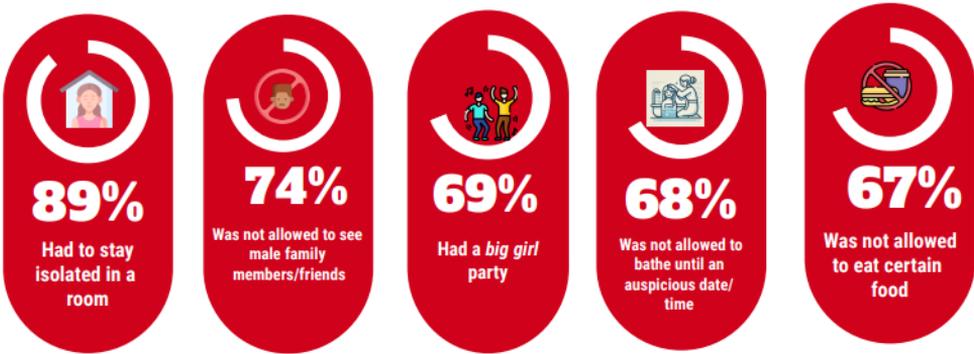
Reaching menarche is considered a significant milestone in the life of a young girl and her family by many communities, and this is often reflected in the local practices associated with attaining of age or in common parlance, becoming a “big girl”. As part of this research, respondents were asked to share which of the following practices they followed upon reaching menarche, with multiple options allowed to be selected, Table 15 provides a snapshot of the responses recorded during the survey.

Table 15: Practices followed during menarche

Practice followed during menarche	Frequency	Percentage
Had to stay isolated	533	89%
Was not allowed to see male family members/ friends	446	74%
Was not allowed to eat certain foods	405	67%

Had a big girl party	413	69%
Was not allowed to have a head-bath until an auspicious date/time	410	68%

Figure 8: Practices followed during menarche



Staying isolated (in a room) or at least inside the house during menarche was reported by 89% (533/602) of the respondents, a practice followed by menstruating individuals across the age groups. In households where they did not have a separate room in which to isolate, some respondents indicated that their mother or grandmother would string a saree or cloth in a corner of the house to create a make-shift separation, “I was kept in a separate area for 31 days. We didn’t have enough rooms, so I was kept in an area separated by a saree” (FGD-TW, 2024).

Of the respondents, 74% (446/602) reported **not being allowed to see male family members or friends during menarche**. Among those who reported not being able to see males during menarche, this practice was recorded as the highest among respondents practising Hinduism (92%; 94/102), followed by 82% of respondents practising Buddhism.

Of the total survey respondents, 67% (405/602) reported not being allowed to eat certain **foods during menarche**. Foods prohibited as reported during the qualitative interviews included, fried foods, pili (fish or seafood), and/or meat items. The reason for avoiding such foods was attributed to minimising any pain experienced during the first menstruation. During the qualitative interviews, some of the participants reported being asked to drink/consume a raw egg with sesame oil for the duration of the first menstruation, which was attributed to “being nutritious and good for the body” (KII-12, 2024).

The perception that the individual experiencing menarche was unclean was reported during a FGD as well as in the qualitative observations recorded as part of the survey; in one instance, the respondent had been told to dilute/wash any remaining food before discarding it. She was also instructed not to feed the leftover food she consumed while she was isolating during menarche to dogs or cats, as it was understood that the animals would become ill (FGD-TW, 2024). Other practices captured during the FGDs included giving away the clothes worn when they reached menarche or during the period of isolation to the 'redi nenda' (or *dhobi*)⁹ for her to burn the clothes. This is a common practice found in Sri Lanka, and it is believed that the clothes worn during menarche contain misfortune and they need to be burnt to be purified, so that the person who was wearing those clothes will not fall prey to the said misfortune (Dammerly, 2016).

Upon completion of the first menstruation, 69% (413/620) of the respondents reported **having a "big girl party"**. This was most prevalent among 91% (93/102) of respondents who practised Hinduism, followed by 79% (179/226) practising Buddhism, with only 37% of respondents practising Islam reporting having such a function.

The celebration of menarche, often marked by events such as 'big girl parties,' underscores the paradox within societal norms that simultaneously stigmatize menstruation as a private, taboo subject while publicly celebrating its occurrence. Although historically this was to signify that the child had reached the reproductive phase, it now signifies an event (KII-5, 2024). During a focus group discussion with school going girls, two respondents mentioned how their families went to the length of designing and distributing invitations for their big girl parties (FGD-SG, 2024). Some respondents even mentioned how not being able to have their parties during the COVID-19 pandemic was disheartening for them. Another observation in relation to these parties by some of the key informants was the lucrative nature of them;

"In some communities, puberty parties are for income generation where they invite all the people in the village and earn something out of it without really thinking of how it can impact the girl... This also results in mental issues for girls because they are exposed to many people" (KII-4, 2024).

⁹ A redi nenda or redi amma is a woman who would do laundry for a living. This livelihood is increasingly disappearing as it is understood to be a caste-based occupation which often results in restricting individuals' social mobility (Ekanayake and Guruge, 2016; Jabbar, 2005). The term *dhobi* derives from the caste-based association of the occupation.

A key informant interview with a stakeholder working closely with underserved community members revealed that while the attendees are expected to gift the menstruating child with either money or gold jewellery, the parents of the children also incur an expense in hosting such parties due to societal expectations to conduct public celebrations. This often results in many families incurring debts, and these families simultaneously expecting the invited attendees' gifts to both cover the expenses borne for organising the party and to generate a surplus as profit:

“... recently there was a [big girl] party, and they had invited 250 people, and they took out a loan to do it. Even though they had sent invites, only 50 people came for the party in the end. Even the children felt like it was a loss. That's how they talk about it” (KII-11, 2024).

In addition to incurring debts, these big girl parties also seem to be a force of disruption of family dynamics and relationships, for they force many families to shape their behaviours, livelihoods, and family dynamics around it being organised; to this end, the key informant provided the example of a woman making the decision to go overseas for employment to finance the event.

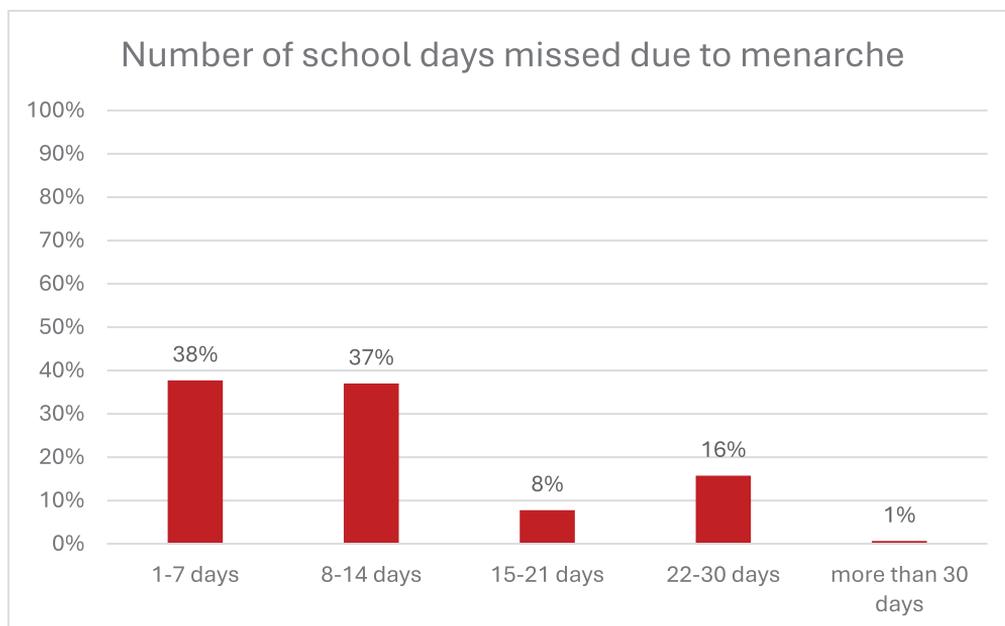
To investigate the potential association between age group and having “big girl parties” a chi-square test was performed. The test yielded a chi-square statistic of $X^2(3) = 3.5206$; $p = 0.318$, indicating that there is no statistically significant association between age and this practice. Consequently, having “big girl parties” does not vary significantly across different age groups, suggesting that this practice has remained consistent over time.

Menarche and School Attendance

According to the National Health Services (NHS) of the United Kingdom, the average number of days of menstrual bleeding is between 2-7 days (NHS, 2023). In Sri Lanka, one of the practices during menarche that transcend ethnic and religious divides is to **stay at home and subsequently stay away from school once an individual has reached menarche**. This is partly to ensure the comfort and well-being of the menstruating girl during their first menstrual cycle, and partly to fulfil the performative aspects of cultural and religious rituals and practices. Among the respondents surveyed, 94%(564/602) reported that they stayed away from school when they reached menarche – this was irrespective of the respondent's age, ethnicity or religion. Eleven (11) respondents reported they had not missed any school days as their menarche coincided with school holidays or they had dropped out of school by the time of menarche. Most of the

survey respondents (38%, 217/564) reported that they stayed away from school for up to seven days, while 37% (208/564) reported staying away for up to 14 days; and 16% (89/564) reporting that they stayed away up to 30 days.

Figure 9: Number of school days missed due to menarche



A majority (41%; 42/102) of the respondents who follow Hinduism indicated that they stayed away from school for up to 30 days when they had their first menstruation. The next highest was 45% (102/226) of respondents who identified as Buddhists who reported staying away from school for up to 14 days when they reached menarche. A Kruskal-Wallis test was conducted to determine if there was any statistically significant differences between the religious identity of the respondents in terms of the school days missed due to menarche. The test revealed a statistically significant difference based on the respondent's religious identity, ($X^2(4) = 120.74$, $p = 0.0001$). There are notable differences in median days missed across religious groups, with respondents who follow Hinduism showing the highest median (16 days) and respondents who follow Islam reporting the lowest number of days missed (7 days). Following the Kruskal-Wallis result, a pairwise Wilcoxon rank-sum tests (Mann-Whitney U Test) were conducted to identify specific differences based on religious identity. These test results too revealed similar trends ($p < 0.001$ for all comparisons). Respondents who follow Hinduism missed significantly more days compared to respondents who follow Buddhism ($p < 0.001$), Catholic or Christianity ($p = 0.0013$) and mixed religious groups ($p = 0.010$) (Refer Annex C for the detailed test results).

During the qualitative discussions with Buddhist respondents, it was reported that the number of days before the ritualistic bathing which ends the isolation period and the subsequent return to school was determined by the astrologer, based on individual horoscopes.

In terms of the practices reported by Hindu and Buddhist respondents, the majority of the rituals observed during menarche were almost identical except for a few unique ones. Giving away clothes worn during menarche to the redi nenda, isolating at home or inside a room, staying out of men's sight, and avoiding certain foods were commonly observed by both Hindu and Buddhist communities. During the qualitative interviews, many respondents were not able to explain why these practices were followed during menarche, with respondents admitting that these were customs told to them by older relatives. Some also mentioned how menstruating women are not allowed to prepare food for men. This was seen as a custom mostly followed in villages or rural areas. In the referred literature, these customs and practices of isolation and staying out of men's sight are found in many Asian and Pacific cultures, and they are understood as practices to refrain menstruating women from bringing misfortune upon men. Perceptions of menstruation and menstrual blood being dirty greatly contribute to such cultural beliefs and customs (Mohamed et al., 2018; Mostafa, 2019; Garg and Anand, 2015; Maharaj and Winkler, 2020).

Although the majority of Buddhist respondents mentioned that they did not bathe¹⁰ until an auspicious time, the majority of Hindu respondents mentioned that they bathed throughout menarche and during menstruation. This belief was contradicted by the findings from the household survey, as the responses reported that both Sinhala Buddhist and Hindu Tamil individuals waited until an auspicious time to bathe during menarche. These figures were reported at 82% (186/226) for Buddhist respondents and 84% (86/102) for respondents who follow Hinduism.

During the FGDs, respondents who were followers of Hinduism also mentioned some unique cultural practices which were absent in Buddhist rituals.

“Then according to Hindu cultural rituals, they performed Iyer sadangu (a ritual) and the Vannathi function for me. In the Vannathi function, close women relatives of mine placed roti (flat bread) on my body and shook me. Afterwards, I had my big girl party” (FGD-TG, 2024).

¹⁰ Bathing here refers to having a head bath or washing of hair.

The majority of Muslim respondents (approximately eight across all focus group discussions) had not isolated for longer periods than when they were menstruating, and they had immediately gone back to school owing to the fact that auspicious times are not considered within their faith. The majority (73% [127/174]) of the Muslim respondents reported staying in isolation for a week or less upon reaching menarche.

During the focus group discussions with respondents, they were asked how they felt going back to school after being away, particularly for those who reported staying away for as long as 30 days. Some of the respondents said that they felt shy, while others said they took a cake or some sweets when they went back to school to share with their teachers and classmates.

Although earlier, the respondents mentioned that they had not faced discrimination or made to feel uncomfortable due to menstruation (in either the household survey or the focus group discussions), some of the key informants who work with students claimed that school absenteeism during menarche resulted in boys making fun of girls in mixed schools. This was observed as a practice which continued even after menarche, especially if the girls did not go to school during menstruation, “schoolboys tend to notice these patterns related to school absenteeism and then start teasing girls for it” (KII-2, 2024).

Education and Employment during Menstruation

Following menarche, respondents who are currently enrolled and attending school or higher education institutions were asked whether they stayed away from school when menstruating. Of those surveyed, 68% (61/89) reported that they do not skip school. Of the 32% (28/89) who reported skipping school/higher educations during menstruation, 20% (18/89) reported that they would stay away from school if they had severe pain or menstrual cramps and 11% (10/89) of the respondents reported that they would stay away from school on the days when they had a heavy flow. The other reasons attributed for staying away from school included: fear of staining their uniforms (12 respondents), followed by the lack of adequate washroom facilities (8 respondents), and the lack of facilities to change menstrual products (sanitary napkins) (5 respondents).

While there are policy documents and guidelines such as the *Circular and Guidelines on School Infrastructure and Environmental Arrangement* which highlight the importance of constructing accessible WASH facilities for students with disabilities (including cognitive disabilities and impairments), with enough space and light, and even the construction of shower rooms or closed spaces for emergency needs and for menstruating students to change (Ministry of Education, 2024), their lack of implementation often results in inadequate WASH facilities in

schools. A space which is supposed to ensure the student's dignity, at least as per this specific circular, at times may end up being a space which prevents students from coming to school altogether (Ministry of Education, 2024).

During qualitative data collection, the key informants raised concerns about school absenteeism during menstruation. While school absenteeism due to pain, discomfort, and inadequate WASH facilities were acknowledged, respondents also indicated that absenteeism is influenced by the values instilled in children by parents, and, in some cases, even by teachers.

“My best friend would always at least miss 3 days of school, not because she doesn't have pads or anything, because it was so uncomfortable for her. And I think, her mother was also telling her that 'it's okay you take a rest, you take a break, you stay at home... But when you go to the outskirts, they're taking breaks and when you ask them why, honestly speaking they don't have the financial situation to buy pads... most of them are using cloth and... leaking is a problem... And they do not have the facility of going to a washroom and changing the cloth or the pad because there's no disposable baskets, no flushing systems, no proper washrooms, no water” (KII-1, 2024).

However, such claims also teetered on a blurry line between perceiving menstruation being used as pretext for laziness and disregarding actual pain caused by menstruation which often goes undiagnosed.

“Some, even when it's a bit of pain, say they can't tolerate it. Then sometimes during periods, they get a stomach pain and they can't do anything. Some have gotten used to it from their small days and they don't do anything, and on that day, they just sleep in bed. What I think is that parents promote this by giving them a Panadol and reassure them and keep them at home” (KII-12, 2024).

Among respondents engaged in employment outside the home at the time of the survey, 89% (93/105) reported that they do not miss work during menstruation. A small proportion of respondents (7%; 7/105) reported missing work due to menstrual cramps or on selected days during their menstrual cycle (4%, or 4 out of 105).

The survey also asked all respondents if they thought menstruating individuals engaged in employment outside the house should be entitled to paid leave in the event they had pain or discomfort, and a majority of the respondents (66%; 396/602) were in agreement with this suggestion. While the respondents

recognised that this is not the current practice, they considered this would be a positive practice to be introduced in the future.

Menstrual Pain

Menstrual pain, or dysmenorrhea, is recognised to affect girls and women across the globe during their reproductive years, significantly impacting their daily lives. Existing literature indicates that about 20% of these individuals experience severe pain that can lead to absenteeism from work or school, decreased productivity, and difficulties in daily activities and social engagements (Leon-Larios, et al., 2024; Chen, et al., 2016). The psychological burden, combined with physical discomfort, is recognised to result in heightened stress and emotional distress, further affecting the overall quality of life of menstruating individuals.

Among the survey respondents, 76% (460/602) reported **experiencing some form of menstrual pain**. Individuals between the ages of 15-19 were most likely to report experiencing menstrual pain at 87% (78/89), with the proportions declining among the respondents belonging to older age categories, with only 69% (111/161) between the ages of 40-49 reporting experiencing menstrual pain. The Chi square test results also revealed a statistically significant association ($X^2(3)=13.2982$, $p=0.004$), between the age group and experience of menstrual pains, suggesting that the likelihood of experiencing menstrual pain varies across different age groups. The **most common types of menstruation related pain experienced** by the survey respondents were abdominal pain (88%; 404/460), followed by back pain, leg pain, and headaches at 59% (272/460), 48% (219/460), and 24% (111/460) respectively.

Among the respondents who reported experiencing menstrual pain, 64% (296/460) indicated that they would begin experiencing pain before the start of the menstrual cycle, while 61% (280/460) reported they experienced the pain during the initial days of their menstrual cycle. When disaggregated by age, 71% (55/78) of the respondents between the ages of 15-19 reported experiencing pain during the initial days of the menstrual cycle. Comparatively, respondents between the ages of 20-49 were more likely to report experiencing pain prior to the start of the menstrual cycle. Out of 307 respondents who reported having other menstruating members in the family, 64% (196/307) reported that other family members also experienced menstrual pain.

Among the respondents who reported experiencing menstrual pain, 47% (214/460) indicated that the pain disrupted their daily routine. This disruption was more frequently reported among respondents aged 15-19, with 54% (42/78) affected. Older respondents aged 40-49 recorded the fewest interruptions to their

daily routine at 42% (47/111). Among those reporting disruptions, 50% (108/214) attributed the most significant impact to changes in their overall behaviour, with respondents indicating they were more likely to become irritable and short-tempered during this time.

“I get angry. I don’t like it when anyone asks me to work during this time. I fight with my younger brother all the time when I’m on my period” (FGD-TG, 2024).

During the FGDs, some respondents also reported feeling lazy and having mood swings during menstruation, and developed cravings for certain food items such as short-eats, sweets, and chocolates which they attributed to help with their mood. Notably, some mentioned that they do not notice their pain or discomfort when their mind is occupied, whereas when they are idle, they would begin to notice these changes which affects their mood (FGD-SW, 2024).

Out of the respondents who mentioned that the menstrual pain disturbs their daily routine, 49% (106/214) reported that it affected their daily activities like bathing, cooking, eating meals, and physical exercise. When disaggregated by age groups, respondents between the ages of 15-19 identified the disruption to their education as the most significant impact at 57% (24/42), while for respondents between the ages of 30-39, the most impactful disruption was to their daily activities at 60% (35/58).

Respondents also mentioned that when they have household chores, they continue to perform them. Although the majority (84%, 385/602) of respondents reported that their family members help them reduce the pain and assist with household activities, 15% (68/385) mentioned that they do not receive any support and have to continue with their daily routine as usual, despite the pain.

Practices during Menarche and Menstruation

Summary of Key Findings

73% of the surveyed respondents revealed that they refrain from entering religious places during menstruation and this was especially seen amongst those of the Hindu and Islam faiths. 49% of respondents stated that they do not wash their hair during menstruation and older age cohort members were more likely to do so. 4% of respondents stated that they do not leave the house during menstruation.

Menarche

89% of respondents had isolated at home once they reached menarche. 74% of the respondents were not allowed to see male family members and this was mostly seen amongst Hindu respondents. 69% of respondents had had a 'big girl party' and this was largely done by Buddhist and Hindu respondents. This was also identified as a practice which often incurs debt on the household.

School and Work Absenteeism

38% of respondents stated that they missed school between 1-7 days once they reached menarche, and 16% of respondents revealed that they refrained from attending school between 22-30 days. In terms of statistical significance, Hindus had the highest median of school absenteeism which was reported at 16 days. Those of the Islam faith reported the lowest median of school absenteeism at just 7 days.

32% of respondents stated that they skip school during menstruation and out of this 20% of respondents said they do so due to severe menstrual pain. 7% of respondents mentioned that they miss work during menstruation due to menstrual pain.

Food Consumption

26% of respondents reported avoiding certain foods during menstruation, and out of this, 52% of respondents mentioned avoiding fried food and 31% mentioned avoiding fish and meat. It was revealed that younger age cohort members are less likely to alter their diet during menstruation.

Managing Menstrual Pain

Respondents reported engaging in various practices to minimise the pain experienced during menstruation. Among those who experience menstrual pain, the most common method of pain management as reported by 55% (254/460) of respondents, was the use of medication (painkillers like Paracetamol); this was followed by sleeping or resting until the pain subsided (48%; 219/460), or by drinking coffee or a hot beverage (35%; 160/460). The complete list of responses from the survey respondents is elaborated in Table 16 below. In addition to these commonly identified methods, during the qualitative interviews, respondents also mentioned consuming a drink made from coriander seeds, which is also mentioned in the handbook prepared by the HPB targeting young/school aged

respondents. Other remedies referred to during the data collection phase included drinking a mixture of coffee with raw egg, eating fried garlic, applying heat (often with a bottle of hot water or using an ointment), eating sweets, and having fizzy drinks.

Table 16: Approach to minimise menstrual pain by survey respondents

Method adopted to minimise pain	Frequency	Percentage (out of the respondents who experience pain (460))
Take medicine/pain killers	254	55%
Sleep off the pain	219	48%
Drink coffee or hot beverage	160	35%
Use hot water bottle	107	23%
Ignore the pain	91	20%
Stay at home	65	14%

*Respondents were allowed to select multiple methods of pain relief adopted

Among those respondents who experienced pain, approximately 20% (91/460) reported that they would ignore the pain. Although some respondents mentioned that they take painkillers, there was an overwhelming negative outlook on consuming painkillers. This was observed in the household survey as well as during the FGDs. These notions included concerns regarding delayed periods, disruptions to the blood flow, a heavier flow the next month coupled with extreme pain, and even infertility. Due to such misconceptions, many respondents, their friends, family, and even acquaintances were reported to endure the pain without taking any painkillers to help subside it. However, when questioned about any scientific reasoning for such ideas, a health professional claimed that there was limited medical evidence to these beliefs:

“... when talking about infertility caused by Panadol, it is a false belief. This could be a placebo effect. Relating to having more period pain in the next month has no medical evidence and it might be the central belief that blood is still inside the body from the last cycle” (KII-5, 2024).

Support during Menstruation

Of the respondents, 74% (448/602) reported having someone they could reach out to, for **support regarding menstruation**. Among those who responded 'yes' to having a support system, those between the ages of 15-19 years recorded the highest response rate at 84% (74/88), with the level of support declining with age: only 65% (104/161) of those between the ages of 40-49 reported to the existence of a support system. This can be attributed to younger respondents needing more support or guidance during menstruation while older respondents were more likely to draw on their own personal experiences. Overall, the most common response to the provider of support was the respondent's mother (at 65%, 289/448), followed by a husband, and other female relatives at 37% (165/448) and 20% (88/448) respectively. Online sources of support such as the internet and social media, was only selected by 5% (23/448) of the respondents. A medical professional in the form of either a doctor or midwife were the least likely sources of support, only selected by 9% (40/448) and 4% (20/448) of the respondents respectively.

Survey respondents were also asked if they would feel comfortable **seeking help from a health provider in the event of a medical concern** regarding menstruation. Among the respondents, 54% (328/602) replied affirmatively, with the most common health provider being the school nurse, followed by a family doctor. Among 46% (278/602) of respondents who said they did not seek assistance from a health provider, the main reasons attributed were: that they did not consider it necessary as they used home remedies when required (5%; 14/278), feeling shy/embarrassed to approach a health provider (4%; 12/278), followed by not knowing whom to approach or not being aware of a health provider in close proximity (3%; 9/278). The lack of adequate numbers of female gynaecologists in the country could be attributed as a contributory factor as to why respondents would not feel comfortable seeking medical assistance when experiencing a menstrual-related concern; especially when coupled with the shroud of privacy associated with conversing about menstruation.

Survey respondents who experienced severe pains 12% (72/602) were also asked if they **consulted a medical professional with regard to menstrual pain**. Among them, 56% (40/72) of reported that they had consulted a medical professional. For the rest of the respondents (44%; 32/72) who did not consult a medical professional regarding the menstrual pain, the primary reason provided for not consulting a doctor was that they considered the pain to be "a normal thing." This sentiment of normalising pain is contrary to information shared by one of the medical professionals consulted as part of this research who stated that if pain

lasted beyond any mitigatory steps taken, individuals should seek medical advice (KII-1, 2024).

Most of the survey respondents (81%; 490/602) reported that their menstrual cycles were regular, (i.e. occurring between 21-35 days. For the 19% (112/602) of respondents who reported having irregular menstrual cycles, 69% (77/112) indicated that they had consulted a medical professional in this regard.

A general observation from the research study is that respondents were more likely to visit a health professional regarding an irregular menstrual cycle due to concerns about fertility, while menstrual pain appears to be normalised or dismissed. Therefore, this would be an area for consideration when developing future programming related to menstrual health, hygiene and general wellbeing of menstruating individuals.

As previously mentioned, similar to global and regional menstrual health trends, Sri Lanka also faces challenges with the misdiagnosis or underdiagnosis of conditions such as endometriosis and PCOS, both of which can severely impact an individual's day-to-day functioning. Disregarding menstrual pain and normalising it can contribute to instances of misdiagnosis, which can have significant ramifications for affected individuals. According to a key informant, the medical professional expressed the view that if pain persists despite the use of painkillers, individuals should be referred to a health professional.

“Menstrual health is always on the back burner – no one wants to talk about it and no one wants to come to a doctor and seek help with their menstruation. Even doctors, if they are told the patient is having menstrual pain, they give Panadol without explaining the causes and what the long-term plan looks like, i.e., if it continues, we need to do scans, we'll have to give more medicine which is not given usually” (KII-5, 2024).

As part of the research study, if the respondent had any medical concerns, they were provided the necessary contact details and directed towards the public health midwives in their locality or the FPASL office or to the digital chatbot Fio developed and popularised by the Her Foundation (Hemas).

Preference of Use of Menstrual Products

The survey inquired about the most preferred menstrual product the respondents would choose if given the option (and cost was not a restriction). A detailed breakdown of the survey responses is recorded in Table 17 below. Of the survey

sample, 95% (569/602) expressed their preference for the single-use sanitary napkins. During the qualitative interviews, this preference was attributed to familiarity, the convenience of use and disposal of a single-use product, and not having to consider the logistics associated with washing and drying a cloth or a reusable sanitary napkin.

Only 2% (13/602) of the respondents indicated a preference for the use of cloth; among these respondents, none belonged to the youngest age group of 15-19 years and only one respondent in the 20-29 age category had chosen the cloth as the most preferred menstrual product, indicating that the use of cloth is more appealing to individuals over the age of 30.

Only seven respondents (1%; 7/602) selected the menstrual cup as their most preferred menstrual product; these seven respondents were those who have used the menstrual cup previously. During the FGDs, some respondents mentioned how they had seen videos of the menstrual cup on social media platforms such as TikTok but were not familiar with how it should be used/inserted. Curiosity and exposure to social media could be attributed to the reason why respondents from the younger age cohort may have expressed a preference for the menstrual cup. While 9 respondents (1%; 9/602) have indicated that they were likely to choose the reusable sanitary napkin, none of the survey respondents reported ever using this product previously. This could be considered an opportunity to share more information with girls and women in the intended intervention locations to provide them with the opportunity to be informed of the increased choices available to them with regard to reusable products available for use during menstruation.

Table 17: Preference for different menstrual products

<i>Menstrual Product</i>	<i>Frequency(n=602)</i>	<i>Percentage</i>
<i>Single-use pads</i>	570	95%
<i>Cloths</i>	13	2%
<i>Menstrual cup</i>	7	1%
<i>Tampons</i>	3	1%
<i>Cloth menstrual pads</i>	9	1%

Purchasing Menstrual Products

As noted earlier, the majority of the respondents reported using single use sanitary napkins. This section attempts to understand if their practices correspond

to their attitudes, especially with regard to purchase of menstrual products either for themselves or a family member. The analysis in this section excludes the 13 respondents who use cloth (repurposed from used fabric as their menstrual product of choice) and therefore do not purchase menstrual products.

Among the surveyed respondents who purchase menstrual products, 81% (482/589) stated that they purchase menstrual products by themselves. A statistically significant association ($p < 0.001$) was recorded between the age groups of the respondents and the purchasing behaviour of menstrual products as elaborated in Table 18 below. When analysing variations across different age categories, only 47% (41/88) of the respondents in the youngest age group (15-19 years) reported purchasing menstrual products on their own, compared to 96% of the respondents in the oldest age group (40-49 years). The results indicate that older respondents were more likely to feel comfortable enough or be compelled to buy menstrual products themselves compared to younger respondents.¹¹

Table 18: Association between purchasing menstrual products by themselves and age group of the respondents-chi-square test results

Age group	Purchases menstrual products themselves		Does not purchase menstrual products themselves		Significance	
	n	%	n	%	χ^2 (df)	p value
15-19 years	41	47%	47	53%	67.90(3)	< 0.001*
20-29 years	148	78%	37	22%		
30-39 years**	148	89%	17	11%		
40-49 years**	145	96%	6	4%		

Note $p < 0.05$

**The 13 respondents who do not purchase any menstrual products belong to age groups 30-39 (3 respondents) and 40-49 (10 respondents) are excluded from the analysis

¹¹ While the research team did consider financial independence influencing the purchasing behaviour – particularly among those belonging to the 15-18 age category, in this context, the purpose of this question was to determine if they felt comfortable or any stigma or shame associated with purchasing single use sanitary napkins for use.

Of the 107 respondents who responded that they do not purchase menstrual products by themselves, a follow-up question was asked about who then purchases the menstrual products on their behalf. Among these respondents, 48% (52/107) responded that another female household member would purchase the menstrual products for them, while 27% (29/107) responded that a male family member would purchase the menstrual product for them. Furthermore 25% (26/107) of the respondents reported that both male and female family members have purchased menstrual products for them. From the total surveyed respondents, 65% (383/589) mentioned that a male family member has purchased menstrual products for them in the past. When the responses were desegregated by age, 56% (44/88) of the respondents in the 15-19 age group reported that their male family members do not purchase menstrual products for them. This could be attributed to younger respondents feeling uncomfortable to ask a male family member to purchase the products on their behalf. During the FGD, one of the respondents said she would tell her father to purchase sanitary napkins for her only if her mother was not at home, and it was urgent, but if there was no urgency, she was likely to wait for her mother's return (FGD-TG, 2024).

Small shops in the vicinity of the house and supermarkets were the most **common places where respondents reported purchasing menstrual products (single use sanitary napkins)**; 25% (145/589) of the respondents reported making the purchase from both supermarkets and small shops, while 23% (136/589) reported purchasing it only from small shops in the vicinity, and 16% (98/589) of the respondents only purchasing the products from the supermarkets. Of the respondents, 20% (117/589) reported that they make the purchase from supermarkets, small shops, and pharmacies and had no preference.

The study also explored whether respondents felt embarrassed when purchasing menstrual products in order to determine if inherent stigma associated with menstruation influenced their purchasing practices. Of the survey respondents, 81% (497/602) reported that they did not feel embarrassed, while 19% (115/602) reported feeling shy when buying them. Among those who felt shy, many attributed their discomfort to asking male shopkeepers for the products. During the FGDs as well as during the survey, respondents who purchase the sanitary napkins from the small shops near their houses said they would sometimes visit the shop multiple times within the day until the shopkeeper changed to a female.

The vast majority, 93% (549/589) of respondents, mentioned that people selling menstrual products should not feel embarrassed. However, among the 7% (50/589) who believed that shopkeepers might feel embarrassed, the reasons attributed included observations that shopkeepers often wrap the products in paper or place them in a bag to cover them, leading to the assumption that

shopkeepers are embarrassed about selling these items. During a focus group discussion, one respondent reported how the male shopkeeper would give her a bag and a paper and ask her to go behind the counter and get the product of her choice rather than giving it to her himself. Respondents were of the opinion that when purchasing the sanitary napkins at the supermarket, there was less likelihood of being embarrassed even if the product was not wrapped up in a paper as it would be purchased together with several other products, making it less prominent even in a transparent shopping bag.

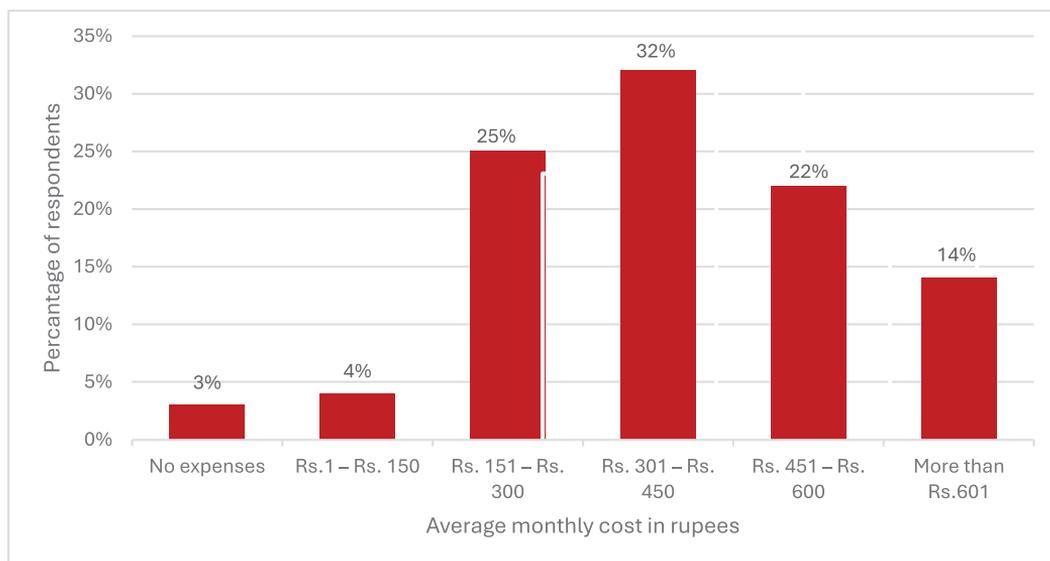
Among the respondents who were studying at a school or university or employed, only 11% (22/194) mentioned that they have access to menstrual products for free or at reduced cost at their school, university or workplace.

Cost Incurred Related to Purchasing Menstrual Products

The most commonly used menstrual product among the research sample, i.e., the single-use sanitary napkin is available at varying prices depending on the number of sanitary napkins in a packet and the brand. At the lowest price point, a sachet pack which contains two single-use sanitary napkins is priced at LKR 50. The price of locally produced sanitary napkins ranges between LKR 300 to LKR 480 for a pack of 8 depending on their function (drytex, with wings, cotton feel etc). One local producer has made available a low-cost variation of the sanitary napkins at the cost of LKR 150 for a pack of 8. The price of imported single use sanitary napkins range between LKR 190 to LKR 350 for a pack of 7.

Figure 10 below illustrates the **average monthly cost respondents reported they incur for menstrual products**. A significant portion, 32% (194/602) of the respondents, reported spending between LKR. 301- 450 per month, while 25% (148/602) of the respondents reported spending between LKR 151- 300, and 14% (86/602) reported spending more than LKR 600 per month on menstrual products. . Among the 3% (18/602) of the respondents who reported that they do not incur any cost for menstrual products 13 respondent are using cloth as their only menstrual product and there is no cost incurred as they use older cloth they already have; the other 5 respondents had a stock of sanitary napkins from previous purchases and therefore incurred no cost at the time of conducting the survey.

Figure 10: Average monthly cost for menstrual products



Among the respondents who use single-use sanitary napkins, 71% (418/589) reported that they think menstrual products are expensive. While a vast majority (98%, 577/589) reported that they purchase the menstrual products for cash, only 11 respondents reported that they purchase products on credit from the nearby shop. The cost of sanitary napkins was reported to be too high for one of the respondents from a FGD who said they were reliant on daily waged labour as their income source, and had shifted to purchasing a sachet sized sanitary napkin instead of the standard 8-pack:

“Earlier, I used to buy a big pack of pads, but now, because of my reduced income, I buy a 50-rupee pack containing two pads. I can’t spend 300 rupees at once for a pack, so 50 rupees is more manageable” (FGD-TW, 2024).

Impact of Economic Crisis and Choice of Menstrual Products

The economic downturn in 2022 severely impacted the lives of Sri Lankans, particularly affecting their consumption patterns and compromising their quality of life. Given these circumstances, the survey attempted to explore how the economic crisis has influenced the respondents’ use of menstrual products as it was a recurrent monthly expense.

The survey findings revealed that since the onset of the economic crisis, 15% (90/602) of respondents have switched the brand of the product purchased,

and 5% (31/602) have resorted to using other products, such as cloth instead of single-use sanitary napkins. Moreover, 4% (31/602) of the respondents reported that they had cut back on purchasing essentials such as food to afford menstrual products. This shift is attributed to rising prices and inflation, making menstrual products increasingly unaffordable and forcing individuals to choose between basic necessities and menstrual supplies. To this end, the survey recorded 70% (419/602) of the respondents stating that they considered the price of single-use sanitary napkins to be expensive.

Taxation on Menstrual Products

“Tampon tax” or the “Pink Tax” is an umbrella term which is used in international literature to describe sales tax, value-added tax and similar “luxury” taxes applied to menstrual products (Crawford and Spivack, 2017). Feminists identify the tax imposed on menstrual products as a form of gender discrimination in financial terms (Ooi, 2018). Furthermore, the Human Rights Initiative of the Central European University states “when people who are bleeding every month are forced into seclusion, must use damp and soiled materials, and are treated as second-class citizens, dignity which is a fundamental human right is difficult to maintain” (Menstrual Hygiene Day, 2015).

In the Sri Lankan context, single-use sanitary napkins and other menstrual hygiene products have continued to be taxed at high rates. For instance, before September 2018, sanitary napkins and tampons from Sri Lanka were subject to a tax of 101.2% (Sri Lanka Customs, 2019a). However, in September 2018, the CESS component of this tax was eliminated which reduced the total tax component to 62.6% (Government of Sri Lanka, 2018). In 2019, a tax cut programme was introduced which further reduced the Value Added Tax (VAT) and the National Building Tax (NBT) was removed for all goods (Sri Lanka Customs, 2019b). As a result of these changes, the total tax applied on sanitary napkins decreased to 52.0%. In May 2022, the overall tax on menstrual products was 43% (with 16.5% of CESS tax, 10% of Passive Activity Loss (PAL) tax, and 16.4% of (VAT) (Navodya, 2023) continuing to render menstrual products unaffordable for many in the country. According to Public Finance, the total tax burden on sanitary napkins in Sri Lanka in 2024 is 47.1%. This rate is significantly higher than the taxes imposed on certain non-essential items, such as gold jewellery, raw silk, golf clubs, and military artillery weapons (Public Finance, n.d.). The impacts on menstruating individuals as a result of these taxes is understood to contribute to school absenteeism, female labour force absenteeism, health impacts on menstruating individuals if they choose to source unsanitary menstrual products (Chadha, 2019), urogenital infections in addition to the impact on the emotional wellbeing of the menstruator (Advocata Institute, 2022).

In Sri Lanka, the poorest 20% of households have an estimated average monthly income of LKR 14,843 (USD 49.5). It is estimated that if a menstruator uses an average of 20 pads per menstrual cycle,¹² the cost of menstrual hygiene products would constitute approximately 3.5% of their monthly expenses (Economy Next, 2020). Although the research conducted in Sri Lanka does not reveal extreme measures taken as in the cases reported in rural India such as using ash, or even husks as an alternative to single-use sanitary napkins or other standardised products, the practice of using old cloth and tree leaves is not uncommon as reported in older studies. If the cost of menstrual products is not addressed, the financial burden on a menstruator and their household could prove to be to their detriment (Dissanayake and Sri-Bandara, 2022; Hettiarachchi et al., 2023; Kin Fertility, 2023). As already evident from the survey results, girls and women reported wearing single use sanitary napkins for longer periods of time than recommended which puts them at risk of infections or UTIs. If the taxation on menstrual products is not regulated going forward, and individuals continue to use single use menstrual products for longer than recommended, it stands to reason that health services may need to incur the cost of resulting ailments – an additional cost for a government that it using taxation on menstrual products as a source of revenue.

Sustainable or Reusable Menstrual Products

Among the survey respondents, only 17% (105/602) reported currently using a reusable menstrual product (this includes the use of cloth, menstrual cups, and menstrual underwear; no respondents indicated that they used the re-usable sanitary napkin). For this group of respondents, the most common reasons attributed for their decision to use re-usable menstrual products was that it is what they are most comfortable with (45%, 47/105), followed by 42% (44/105) who considered it to be cost effective, while 31% (33/105) considered it to be easy to use. Conversely, for the 497 respondents who said they did not currently use a reusable menstrual product, the most common reason or hesitation to use as reported by 53% (263/497) of the respondents, was attributed to the respondents not being aware of these products, while 39% (194/497) thought that these products would be uncomfortable to use. Among respondents who reported hearing of re-usable menstrual products but had not tried them, one concern expressed was that they lacked sufficient information to convince themselves to use them; this contributed to 5 respondents indicating a fear of

¹² This number is estimated based on the average duration of a menstrual cycle and assuming individuals change the single use sanitary napkins at the recommended frequency.

using these products. The high initial cost of re-usable menstrual products was also highlighted as a barrier to try the product, while other reasons mentioned by respondents included the unavailability of re-usable menstrual products in local shops, concern about family members' disapproval, and concerns about the comfort of these products compared to what they currently use. These responses present an opportunity to create awareness of alternative products available for use during menstruation as well as presenting the opportunity to dispel any misconceptions pertaining to re-usable menstrual products. Further, such information sharing sessions could be used to present details pertaining to cost, comfort and issues menstruators may face depending on their unique contexts and socio-economic status.

During the qualitative interviews, respondents raised concerns about having adequate and safe space to dry the reusable sanitary napkin particularly as the research locations have a high population density. It is recognised that reusable sanitary napkins need to be washed and dried under direct sunlight to prevent growth of germs. However, as many would not want to dry them out in the open due to stigma and shame, drying this item indoors can keep them damp and susceptible to growth of germs leading to genitourinary infections.

The menstrual cup and the reusable sanitary napkin are primarily being promoted as an alternative to the single use sanitary napkin from a sustainability angle, both through its usage and impact on the environment (Scaccia, 2019). Compared to a single-use sanitary napkin which is recommended to be changed every 4 hours, a menstrual cup can be used for up to 12 hours during one use (Scaccia, 2019). One of the many downsides of the single-use sanitary napkin, according to the key informants, is its harmful impact on the environment given the inadequate disposal mechanisms for menstrual and medical waste in the country at present. In the absence of proper disposal mechanisms for single-use sanitary napkins, a menstrual cup made from medical-grade silicone or rubber, can be used for approximately 5-10 years, significantly bringing down the number of products used by a single person. To this end, the menstrual cup is also promoted from the perspective of being an economical option aside from the initial capital outlay and when compared against the cost of purchasing single-use sanitary napkins monthly if used/changed as recommended during a menstrual cycle.

Although the representatives from the HPB mentioned that “no environment authority has raised this [disposal of single-use menstrual products] as a problem [since] this is still not generally... [a] problem in Sri Lanka” (KII-7, 2024), they emphasised on the need for standardised methods of disposing of menstrual waste in the long run with consideration for the environmental impact, rendering the menstrual cup a better alternative for those who are environmentally conscious.

“There needs to be a system for it. Incineration is the ideal method to do this, but the incinerator would have to be maintained. According to the environmental policy menstrual products will be considered home-based sanitary waste and not as chemical waste. In Colombo, there are some systems in place such as disposal tanks. They [the Colombo Municipal Council] have systems which the rest of the country does not have” (KII-7, 2024).

Access to WASH Facilities during Menstruation

When changing the menstrual product of choice, a menstruator needs access to clean water and a safe space to replace the product. When one does not have access to such facilities, it would compel individuals to stay at home where such facilities could be more easily accessible to some degree. One of the main impacts of not having adequate water and sanitation facilities in schools is that it could contribute to school dropouts or irregular schooling of children who menstruate. Based on the findings of a previously conducted survey of adolescent girls in Sri Lanka, more than a third of the respondents stated that they miss school while menstruating because of pain (68%), physical discomfort (81%), and fear of staining clothes (23% - 40%) (Wash Matters, 2018). As the (present) Prime Ministry, Dr. Harini Amarasuriya has stated, there are still some schools in Sri Lanka where proper water, sanitation or disposal facilities are not available, which not only shows the lack of access to sanitary facilities but also the lack of priority given to women’s health and women’s issues in Sri Lanka (Adittiya, 2022). The findings of the present survey, however, contradict the existing literature, as only 32% (28/89) of the surveyed respondents said that they miss school/university while menstruating.¹³

¹³ Out of the total survey sample only 15% (89/602) of the respondents were studying at a school, university or higher educational institute. Furthermore, it is reiterated that the sample respondents of this research are not representative of the entire country or even Colombo district due to uneven distribution of resources.

According to the Ministry of Education in Sri Lanka, in 2010, the “toilet to schoolgirl ratio” was 1:66 (WHO standard = 1:25) which depicts the lack of access to proper sanitary facilities for female students in Sri Lankan schools. A study in the Kalutara district (Fernando and Jayawardana, 2022) reveals that among the schools surveyed as part of the study, only 1% the surveyed principals and 6% of the surveyed teachers mentioned that emergency sanitary pads were available in their schools (Menstrual Hygiene Day, 2023).

The survey conducted by CEPA explored respondents’ **access to bathrooms/washrooms during menstruation** at home, school, workplace, and in public places. According to the results, a majority of respondents, 94% (564/602), reported that they have access to a private bathroom inside their house, while only 4% (21/602) reported accessing a bathroom outside the house. Additionally, 2% (12/602) of the respondents mentioned using a communal bathroom during menstruation, with these cases reported in the GNDs of Maradana, Panchikawatta, Kompannaveediya, and Gothamipura. Furthermore, 95% (574/602) of the respondents reported feeling comfortable with the level of cleanliness of the bathroom they use at home during menstruation.

One of the key informants also revealed that one of the positive outcomes of residents moving from informal settlements of underserved communities to the state-built high-rises has been menstruating individuals have increased access to their very own washroom facilities. While they share these facilities with other family members, they now have the opportunity to use WASH facilities within their own home. The situation in settlements when it comes to accessing WASH facilities is different. While some people have resorted to building their own bathrooms and toilets inside their houses, many of them still rely on common WASH facilities. The key informant claimed that using these public facilities brings discomfort to individuals, especially young girls (KII-12, 2024).

Among respondents who are studying at schools or universities, 85% (76/89) reported having access to a bathroom or washroom at their school or university during menstruation. Moreover, 63% (48/89) expressed satisfaction with the cleanliness of these washrooms. Regarding employed respondents, 83% (87/105) stated that they have access to a washroom/bathroom at their workplace during menstruation, and 77% (67/105) reported they were satisfied with the cleanliness of these washrooms.

In terms of accessing public washrooms during menstruation, only 13% (79/602) of the respondents reported that they have used a public washroom during menstruation. A majority of the survey respondents, (87%; 525/620) reported that they would generally avoid using washrooms in public places during menstruation and instead would wait until they return to their homes, only using

the public washrooms in case of an emergency. During the qualitative interviews, this decision was attributed to not being able to guarantee the cleanliness of public washrooms or the availability of facilities to change the used menstrual product.

Facilities Available in the Washrooms

Apart from accessibility, the survey also inquired about the facilities available in the washrooms used during menstruation. Regarding the washrooms at home, over 90% of respondents reported that their washrooms have pipe-borne water (91%; 551/602), adequate illumination in the form of light bulbs (95%; 574/602), soap (92%; 554/602), and a door that can be locked (95%; 571/602). Moreover, 41% (251/602) of the respondents mentioned that their washrooms have a place to dispose of the used menstrual products.

Among respondents who have access to a **washroom at school**, 83% (63/76) reported that the washrooms are equipped with running water; 92% (70/76) mentioned that the doors can be locked from inside, and 79% (60/76) stated that the washrooms have a means to dispose of menstrual products. Twenty six percent (26%; 20/76) reported that the washrooms at their schools do not have soap - a fact that was reiterated during the FGD with school-aged girls, with one respondent stating that she must bring them from her home. During the FGDs with school-aged respondents, participants had mixed responses with regard to using the washrooms in school, with some respondents preferring to wait till they returned home unless it was very urgent.

For employed respondents who have access to a **washroom at their workplace**, over 90% indicated that the washrooms have running water (93%; 97/105), lights (93%; 95/105), and a door that can be locked from inside (97%; 99/105). Additionally, 75% (67/105) reported that these washrooms have a means to dispose of the used menstrual products.

Disposal of Used Menstrual Products

The survey reveals that at home, the majority of respondents, 93% (562/602), disposed the used menstrual products (mostly single-use sanitary pads), in the garbage bin, with 4% of respondents reporting that they burned the used product, and 3% (20/602) reporting using a dedicated sanitary bin for disposal. Regarding disposal methods at school/university, 37% (33/89) of the respondents stated that they take the used products back home, 33% (23/89) mentioned disposing of them in the garbage, and 16% (14/89) reported using a specific sanitary bin. However, 21% (19/89) reported that they do not change their menstrual products

at school or university due to concerns about hygiene. From the qualitative interviews, it was reported that when disposing of the used sanitary napkin in the garbage at home and elsewhere, respondents would usually first wrap the used napkin in the wrapper the sanitary napkin came in and then wrap it in a plastic bag. Among respondents in employment outside the home, 35% (37/105) mentioned that they dispose the used menstrual products in a garbage bin at their workplace, and 27% (28/105) reported using a specific sanitary disposal bin. However, 19% (20/105) of the respondents stated that they do not change their menstrual products at work and an equal 19% (20/105) of respondents mentioned that they take the used menstrual products back home.

Some concerning practices regarding disposal were revealed during the qualitative interviews and discussions. As mentioned previously, school going children sometimes flush the used sanitary napkins down the toilet during school hours. Such disposal methods were also reported to occur outside and beyond the school environment; a key informant who conducts awareness sessions on menstruation revealed that,

“once I did a session for a nursing school... [and] they did have the disposal protocol...however, in practice, in the washroom,... they rolled the pads and they have put them in those holes on the wall. This is a nursing school, by the way. Then the nursing school principal sent me a photo and told me, ‘please doctor, now tell them because they won’t listen to us’” (KII-1, 2024).

Such incidents are concerning at two levels – they highlights how individuals continue to practice unhygienic disposal methods as adults, and secondly, highlights the inadequate knowledge on proper disposal of menstrual waste among health workers in training.

Storage of and Re-use of Menstrual Products

During the in-depth interviews with survey respondents, it was revealed that when storing menstrual products when not in use, many women tend to hide them from other family members, particularly small children, as they find it difficult to explain their purpose, if asked. However, a young respondent in her early twenties mentioned that the practice of hiding the products from male family members was enforced on her by her mother and older female relatives, although she did not see any reason to keep it hidden.

Difficulties in the management of menstrual products (using, reusing and storing), was also seen as an obstacle to promoting sustainable menstrual products.

All sustainable menstrual products have to be thoroughly cleaned, dried, and stored when not in use. The two most popular sustainable products (i.e. the menstrual cup and the reusable sanitary napkins) were claimed to be difficult to promote amongst the majority of the country (KII-3, 2024; KII-6, 2024; KII-9, 2024). Apart from the initial capital needed to purchase a sufficient number of reusable sanitary napkins, which is difficult for the majority of the study locations, washing and cleaning them were difficult for many of the residents given their own perceptions as well as the perceptions of those around them. This was partly due to personal and societal perceptions. During the qualitative interviews, many individuals reported feeling uncomfortable handling their own menstrual blood and even those who are willing to, lacked the freedom to wash and dry reusable sanitary napkins or cloth in an open space. Drying these products in direct sunlight is critical, as UV rays help prevent bacterial growth; inadequate drying can lead to bacterial contamination, increasing the risk of infections, including urinary tract infections (UTIs). These factors, combined with social and environmental constraints, contribute to the barriers in adopting sustainable menstrual products.

Summary of Key Findings

Pain and Pain Management

76% of respondents revealed that they feel some form pain during menstruation, and respondents between the ages of 15-19 were more likely (87%) to feel pain. Only 69% of respondents between the ages of 40-49 reported feeling pain during menstruation. 47% out of those who reported experiencing pain during menstruation reported that the pain disrupts their day-to-day life.

55% of those who experience pain stated that they take pain killer to manage menstrual pain. 48% of respondents sleep off the pain. 35% of respondents mentioned consuming a hot beverage as a pain management method, and 20% of the respondents stated that they would ignore the pain.

46% of those who experience pain thought it was not necessary to consult a health professional regarding menstrual pain. 12% of respondents reported that they experience severe menstrual pain and 44% out of them had mentioned that they have not consulted a health professional regarding severe menstrual pain as they thought it was normal.

Menstrual Product Usage

95% of respondents mentioned that they prefer using single-use sanitary napkins. Reusable menstrual products had a preference of 1% amongst the survey respondents.

19% of respondents claimed that they felt embarrassed when purchasing menstrual products. While 32% of respondents spent between LKR300-LKR450 on menstrual products per month, 22% of respondents spent between LKR450-LKR600, and 14% of respondents spent above LKR600 per month.

WASH Facilities

4% of respondents only had access to a washroom outside the house and 2% of respondents only had access to communal washrooms. 63% (out of 89) reported that they were satisfied with the cleanliness of the washrooms available at their school or university.

Disposal of Menstrual Waste

93% of respondents throw the single-use sanitary napkin in the garbage bin, 4% of respondents burn the used single-use sanitary napkin, and 3% of respondents discard them in specific sanitary waste bins.

4. Conclusion and Recommendations

Knowledge is recognised as a key factor in influencing an individual's practices and attitudes, especially with regard to something as personal as menstrual hygiene. Support to access information that is both reliable and evidence based on a trusted source is also important. To this end, both state and non-state actors have an important role in presenting the targeted community and relevant stakeholders with the correct information, at the right time, through the appropriate channels.

While menstruation primarily comes under the purview of menstruating individuals identified as women and girls, it is equally important to share knowledge with cisgender men and boys as well so that they may be allies and provide the necessary support to menstruating individuals at every stage and remove the mysticism associated with menstruation. In key informant interviews with the public health midwives, it was reported that when awareness programmes are conducted, it is predominantly mothers who attend these sessions followed by adolescent girls. Since mothers are the initial source of information on menstruation, efforts should be undertaken to address any myths, stigma and

discrimination with them, so that they can pass on this information to their family members.

Awareness raising and education are crucial factors in normalising and demystifying menstruation. As reported from the survey findings **58% of the respondents reported having no information or knowledge about menstruation prior to menarche**. While respondents belonging to the younger age groups reported being more aware than the older respondents, there is yet room for improvement in ensuring young girls have adequate knowledge about menstruation prior to menarche. As was discussed earlier, the formal education system is not imparting knowledge on students although it has some education material in place. There is a gap in the process of knowledge provision at schools, where menstrual health and puberty are not discussed at length as it is assumed that a student's family would have these conversations instead. However, although many respondents reported that their primary source of information is their mother, the household can also be seen as a space that sustains heteropatriarchal norms and values. This can be seen especially through practices such as isolating at home and taking measures to keep oneself from men's eyesight once menarche is reached. The data from this research however, also sheds light on how such norms are changing where many menstruating women and girls have a support system that includes the men in the household, so that they receive the necessary help during menstruation. To this end, fathers and husbands are reported to purchase menstrual products and help women and girls during menstruation.

The lack of awareness on menstruation and menarche is not limited to general practices around them, but also in relation to how one manages pain. Only around 55% of the respondents reported relying on medication of pain management and many respondents during the household survey and FGDs reported how painkillers could render one infertile. Weakening such misconceptions is difficult when these beliefs and customs pass down from one generation to another, and at times reinforced through others, such as when teachers also repeat similar sentiments to students at schools. Another factor which contributes to the prevalence of such beliefs is the respondents' reported low health seeking behaviour when it came to menstruation in general and related pain management. The absence of evidence-based advice could mean that respondents do not take adequate measures to manage their menstruation and ensure that the practices they do engage in are hygienic and safe. When one cannot adequately manage their pain, it could often lead to a reduction in productivity including menstruating individuals having to take leave from work and school absenteeism amongst students.

The findings of this KAP survey also shed light on how period poverty is a compounded issue, rather than one that is singular in its impact. For instance, having to take leave from work and school absenteeism could be further affected by the fact that individuals are not able to access adequate WASH facilities during menstruation at their schools or places of work. Inadequate WASH facilities could mean the absence of lack of space to change one's used menstrual product, access to water to clean afterwards, or even dispose of the used product.

A related and critical finding is the actual cost of menstrual products. Given that single use sanitary napkins are the most popular product used, and these products are taxed at 47.1%¹⁴ the qualitative data revealed that for some, the decision to buy menstrual products comes down making difficult choices in prioritising who receives the sanitary napkin and what is foregone in purchasing menstrual products as compared against other household needs. When purchasing menstrual products is difficult, some individuals tend to use old cloth as an alternative to collect blood during menstruation. While purchasing single-use menstrual products is expensive in terms of the number of products needed per cycle, reusable menstrual products can be costly in terms of the initial capital needed, and at times, even the number of products required if it is a reusable sanitary napkin. This is also factor which should be taken into account in promoting certain menstrual products. Although reusable and sustainable menstrual products are presently being promoted as environmentally friendly, they can only be accessed by those who have the capital to invest in them, have the space (and willingness) to dry them in adequate sunlight, and the willingness and capability to adequately wash and clean them. A more inclusive access to the use of menstrual products would be making menstrual products more affordable, facilitating environmentally friendly disposal of used products, and giving menstruating individuals the agency to choose a product of their preference.

It is evident then that period poverty is not something that menstruating individuals experience on their own, in isolation and in a vacuum. Period poverty is fed into by others who make policy decisions on behalf of menstruating individuals, manufacturers of menstrual products, and those who are supposed to raise awareness for and educate menstruating individuals. The last of these should also come from the health sector. However, as discussed earlier, anecdotal evidence revealed that even some health providers seem to be either ignorant or dismissive of issues related to menstruation. This ranges from dismissing menstrual pain,

¹⁴ The last update available from Advocata Institute reveals that the current tax application on single use sanitary napkins is as follows: 18% VAT, 10% PAL, 10% CESS and 2.5% SSCL which is a combined tax burden of 47.1.

misdiagnosing illnesses related to menstruation, to opposing certain menstrual products which requires insertion to the vagina. If heteropatriarchal values on menstruation are to dissipate, and more importantly, for menstrual health and hygiene management to be considered an actual human right, education and awareness raising should also reach the health sector.

An important lesson learnt through this specific study is if policymaking, decision-making, and even community-based awareness and education sessions are to be productive and effective, they need to be sensitive to the local culture and beliefs. Although such beliefs and practices can be identified as oppressive, they are important to those who grew up with them. Therefore, any effort put into addressing issues risen as a result of such beliefs and practices need to be respectful and understanding when engaging with communities. By providing disaggregated data by ethnicity, religion, and age, this survey serves as a starting point to developing targeted interventions and awareness campaigns in relation to menstruation, menstrual practices, and related discrimination.

In light of these findings, a set of recommendations are proposed for consideration in developing and implementing awareness campaigns/interventions around menstruation hygiene and addressing existing misconceptions pertaining to practices associated with menstruation.

- Conduct community-based education programmes pertaining to menstrual health.
 - o Develop community-based education programmes tailored for boys, men, elder community members, religious leaders that address existing cultural and social practices associated with menstruation. The engagement of influential community members could help foster a more supportive environment for menstruators.

- Ensure timing of programmes conducted in the community are inclusive, and reflect the lived realities of the target audience.
 - o Morning hours on weekdays will exclude women engaged in paid employment outside the home, school aged individuals as well as men engaged in employment outside the home.

- Capacitate teachers to be able to provide the necessary knowledge to students prior to menarche and puberty. This should also correspond with advocating for improved content made available at schools in local languages.

- Since mothers are the primary knowledge providers in the homes, target awareness programmes for this category to share accurate information and address some non-medically endorsed practices.
- Provide training to healthcare providers including doctors and nurses to offer comprehensive care and guidance pertaining to menstrual health, pain managements and conditions such as endometriosis and PCOS (which are often undiagnosed).
- Make use of existing technology and social media channels to communicate and reach younger participants so that they may access accurate information themselves via social media.
- Ensure content on menstrual health awareness includes information related to dealing with/addressing menstrual pain.
- When promoting reusable sustainable menstrual products, take into consideration the contextual factors such as cultural elements (i.e., concerns about hymen with regard to the menstrual cup); adequate space and facilities for washing, drying and storage (with regard to the reusable sanitary napkin); convenience and familiarity and economic considerations.
- When dissuading respondents from practices (myths) such as dietary restrictions and rituals; it is necessary to balance scientific fact with cultural practices so as not to cause offence to the target audience.
- Improve WASH infrastructure in schools, workplaces and public spaces by ensuring that they are equipped with adequate water and sanitation facilities. This includes ensuring the WASH facilities are safe and clean spaces that menstruating individuals feel comfortable and are conducive to managing their menstruation effectively, together with access to adequate disposal facilities.
- At a time where there is a rapid onset of the climate crisis, policymaking and awareness sessions should focus on the nexus between menstrual health management and climate change. Ensuring access to safe menstruation, menstrual products, and WASH facilities during natural disasters, increased unpredictable weather conditions, and depleting natural resources is one such example.

- Recognising the preference for the use of single use sanitary napkins among the research sample, promote increasing the availability of incinerators for the purpose of disposing used single use menstrual products in a hygienic manner.

The research team recognises that the findings, while being a valuable first step, has inherent limitations. Therefore, it presents an opportunity to expand the scope and undertake future research which takes into consideration the needs of persons with disabilities, and the inclusion of transmen and persons from the LGBTIQ+ community to better understand their unique experiences and needs pertaining to menstruation. Furthermore, there is a necessity to undertake similar research in other geographic areas of the country in an effort to capture diverse experiences pertaining to ethnic and cultural diversity.

The state also has a responsibility to create a conducive environment for inclusive policy- and decision-making, especially when making decisions such as imposing tariffs and taxes on menstrual products which could end up making them unaffordable to the majority of the citizenry.

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Annex A: Quantitative Survey Questionnaire

Research on Exploring Menstrual Practices and Policies including Ending Menstrual Stigma, Discrimination, and Access to Menstrual Products.

Survey Guideline

1. Personal details	
1.1 Age (please specify)	
1.2 Gender	<input type="checkbox"/> Cisgender female <input type="checkbox"/> Transgender male <input type="checkbox"/> Gender queer/Agender <input type="checkbox"/> Other (specify):
1.3 Where do you live? a) DS Division: b) GN Division:	
1.4 What is your civil status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Co-habiting <input type="checkbox"/> Separated
Ethnicity	Sinhalese Sri Lankan Tamil Indian Tamil Sri Lankan Moor Malay Burgher Mixed Other

2. Menstrual health and hygiene (menstrual-related knowledge)

<p>2.1 How old were you when you had your first period (menarche)?</p> <p><i>Indicate age</i></p>	
<p>2.2 Did you have information on menstruation before menstruating for the first time?</p> <p>2.3 From where did you <u>first</u> hear about menstruation?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Friends</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Other female relatives</p> <p><input type="checkbox"/> School – teachers</p> <p><input type="checkbox"/> School – peers/friends</p> <p><input type="checkbox"/> Healthcare professional</p> <p><input type="checkbox"/> The internet</p> <p><input type="checkbox"/> Social media apps (Facebook, Instagram, TikTok)</p> <p><input type="checkbox"/> Other (specify)</p>

3. Perception/attitude on menstruation

<p>3.1 Do you feel embarrassed to talk about menstruation?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>3.2 How do you perceive menstruation/what are your attitudes on menstruation? (select multiple)</p>	<p><input type="checkbox"/> Menstruation is a normal biological process</p> <p><input type="checkbox"/> During menstruation individuals are 'dirty'</p> <p><input type="checkbox"/> Menstrual blood is 'dirty' blood</p> <p><input type="checkbox"/> Only women can menstruate</p> <p><input type="checkbox"/> During menstruation, one shouldn't go outside the home</p> <p><input type="checkbox"/> During menstruation, one shouldn't visit religious places</p> <p><input type="checkbox"/> You should not have a head bath during your period.</p>	<p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> don't know</p> <p><i>Obtain answers for each option</i></p>
<p>3.3 How do your family members perceive menstruation? What are the attitudes that they have?</p>		
<p>- Male family members</p> <p><i>Select all that are applicable</i></p>	<p><input type="checkbox"/> They don't want to speak about menstruation openly</p> <p><input type="checkbox"/> They are uncomfortable speaking about menstruation</p> <p><input type="checkbox"/> They know when I am menstruating</p> <p><input type="checkbox"/> They purchase menstrual products for me</p>	
<p>- Female family members</p> <p><i>Select all that are applicable</i></p>	<p><input type="checkbox"/> They don't want to speak about menstruation openly</p> <p><input type="checkbox"/> They are uncomfortable speaking about menstruation</p> <p><input type="checkbox"/> They know when I am menstruating.</p> <p><input type="checkbox"/> They purchase menstrual products for me</p>	

<p>3.4 How do you refer to menstruation in conversation?</p>	<p><input type="checkbox"/> Period (mathavidai)</p> <p><input type="checkbox"/> Menses (mathavidai)</p> <p><input type="checkbox"/> Sick (Leda wela, Sukamillai)</p> <p><input type="checkbox"/> Stomachache (bada amaruwa, Vaitru vali)</p> <p><input type="checkbox"/> Not referred to in conversation</p> <p><input type="checkbox"/> Other (specify)</p>
<p>3.5 Do you go to school when you are menstruating?</p>	<p><input type="checkbox"/> Yes – I don't skip school when I have my period</p> <p><input type="checkbox"/> No – I don't go during heavy flow days</p> <p><input type="checkbox"/> No – I don't go when I have period cramps/pain</p> <p><input type="checkbox"/> No – I don't go the entire time of my menstruation</p>
<p>3.5.1 Please elaborate on reasons for your answer above (<i>select multiple</i>)</p>	<p><input type="checkbox"/> Lack of washroom facilities</p> <p><input type="checkbox"/> Lack of water in washrooms</p> <p><input type="checkbox"/> Lack of disposal facilities</p> <p><input type="checkbox"/> Lack of facilities to change</p> <p><input type="checkbox"/> Inability to purchase menstrual products to wear to school</p> <p><input type="checkbox"/> Fear of staining the uniform</p> <p><input type="checkbox"/> Not allowed to go to school</p> <p><input type="checkbox"/> Being made fun of at in school</p> <p><input type="checkbox"/> Period related pain/cramps</p> <p><input type="checkbox"/> Other (specify)</p>
<p>3.6 Do you go to work when you are menstruating?</p>	<p><input type="checkbox"/> Yes – always</p> <p><input type="checkbox"/> No – I don't go on some days</p> <p><input type="checkbox"/> No – I don't go to work the entire duration of my period</p> <p><input type="checkbox"/> No – I don't go when I have period cramps/pain</p>

	<input type="checkbox"/> Other male relatives <input type="checkbox"/> Teacher <input type="checkbox"/> The internet <input type="checkbox"/> Social media apps (Facebook, Instagram, TikTok) <input type="checkbox"/> Medical professional <ul style="list-style-type: none"> <input type="checkbox"/> School nurse <input type="checkbox"/> Community health worker <input type="checkbox"/> Mid-wife <input type="checkbox"/> Doctor <input type="checkbox"/> Other (specify)
3.10 If you had a medical concern about your menstrual period, would you feel comfortable seeking help from a healthcare provider such as a school nurse, community health worker, midwife or doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10.1 If yes, why that specific person? (indicate person selected)	
3.10.2 If no, why do you feel uncomfortable? (open ended question)	

4. Menstrual stigma and discrimination faced by women, girls and trans persons

4.1 Have you ever experienced any form of discrimination or been made to feel uncomfortable as a result of your menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1.2 What are the instances in your day-to-day activities when you have experienced discrimination?	<input type="checkbox"/> when bathing in common/public places <input type="checkbox"/> when cooking food for others <input type="checkbox"/> when eating with others <input type="checkbox"/> when participating in religious activities <input type="checkbox"/> when participating in cultural activities <input type="checkbox"/> when attending school

At the workplace

Other (specify)

4.2 How discriminatory are the following groups of individuals towards you when you are menstruating? (3 point scale: not discriminatory at all, somewhat discriminatory, very discriminatory) ?

Provide answer for each category

Close relative – male

Close relative – female

Friends – male

Friends – female

Older Community members – male

Older Community members – female

Colleagues – male

Colleagues – female

Religious leaders

4.3 What taboos or myths have you heard related to menstruation?

- Menstruating individuals should refrain from cooking for family members
- Menstruating individuals should refrain from taking part in religious and cultural events
- Menstruating individuals should refrain from entering places of religious worship
- Menstruating individuals should stay indoors
- should refrain from being physically active
- Menstruating individuals should not wash their hair
- Menstruating individuals should not eat fried foods
- Menstruating individuals should not eat fish/meat
- Others (Specify)

4.4 Do you think girls should be taught about menstruation before they get their first period? If no, why?

- Yes
- No

5. Menstrual pain	
5.1 Do you get menstrual pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1.1 If yes, when do you get the menstruation pain?	<input type="checkbox"/> Before the start of menstruation <input type="checkbox"/> First day <input type="checkbox"/> Throughout menstruation cycle <input type="checkbox"/> Other (specify)
5.2 Do you find that the menstrual pain disturbs your daily routine? (negative impacts)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If yes, in what ways does it impact you? (select multiple/all that apply)</p> <ul style="list-style-type: none"> - Impact on your education (attending school, concentration, etc.) - Participating in extracurricular activities in school - Impact on your daily routine (bathing, cooking and eating meals, physical exercise, etc.) - Participating in Community based activities - Impact on the economic activities (paid work) - Impact on your overall behavior 	
<p>Have you ever missed an important event because of painful periods?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5.3 What do you do when you have menstrual pain?</p>	<input type="checkbox"/> take medicine/pain killers <input type="checkbox"/> stay at home <input type="checkbox"/> ignore the pain <input type="checkbox"/> do gentle exercises <input type="checkbox"/> use hot water bottle <input type="checkbox"/> sleep off the pain <input type="checkbox"/> Other (specify):
<p>5.4 How do others perceive your menstrual pain? (open ended question)</p>	
<p>5.5 Were you able to reduce menstrual pain when you needed to?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5.6 Do any other members of your family suffer from painful periods</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5.7 Do you experience mood changes (low mood, irritability, anxiety, etc.) just before or during your period?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.8 Do your periods come every 21-35 days (are they regular)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8.1 If it is not regular, have you consulted a healthcare professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9 Have you ever experienced pain so severe it causes you to faint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10 Have you consulted a medical professional regarding your menstrual pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10.1 If you have not consulted a medical professional regarding your period pain, why not? (open ended)	

6. Access to menstrual products and the barriers to accessing sustainable menstrual products

6.1 What menstrual products have you heard of?
(the products that you have heard of even if you have not used them)

(multiple answers possible)

- Tampons
- Single-use pads (disposable)
- Cloth menstrual pads
(washable/reusable)
- Cloths
- Menstrual cup
- Menstrual underwear
(menstrual-proof underwear,
washable and reusable)
- Menstrual sponges
- Menstrual disc
- Other (specify):
- None of the above

6.2 What menstrual products have you used to absorb or catch menstrual blood? (multiple answers possible)

- Tampons
- Single-use (disposable) pads
- Cloth menstrual pads
(washable/re-usable)
- Cloths
- Menstrual cup
- Menstrual underwear
(menstrual-proof underwear,
washable and reusable)
- Menstrual sponge
- Menstrual disc
- Other (specify):

6.3 What menstrual product/s do you use at the following locations:

<p>6.3.1 At home</p>	<p><input type="checkbox"/> Tampons</p> <p><input type="checkbox"/> Single-use pads</p> <p><input type="checkbox"/> Cloth menstrual pads (washable/re-usable)</p> <p><input type="checkbox"/> Cloths</p> <p><input type="checkbox"/> Menstrual cup</p> <p><input type="checkbox"/> Menstrual underwear (menstrual-proof underwear, washable and reusable)</p> <p><input type="checkbox"/> Menstrual sponges</p> <p><input type="checkbox"/> Menstrual disc</p> <p><input type="checkbox"/> Do not use any of the above. Other (specify):</p>
<p>6.3.2 Outside the home (school or workplace)</p>	<p><input type="checkbox"/> Tampons</p> <p><input type="checkbox"/> Single-use/ disposable pads</p> <p><input type="checkbox"/> Cloth menstrual pads (washable/re-usable)</p> <p><input type="checkbox"/> Cloths</p> <p><input type="checkbox"/> Menstrual cup</p> <p><input type="checkbox"/> Menstrual underwear (menstrual-proof underwear, washable and reusable)</p> <p><input type="checkbox"/> Menstrual sponges</p> <p><input type="checkbox"/> Menstrual disc</p> <p><input type="checkbox"/> Other (specify):</p>

<p>6.4 Elaborate on reason for choice of product used If using two different products options at home and away please elaborate on the reasons for this?</p> <p>(open ended question)</p>	
<p>6.5 Have you ever used reusable menstrual materials?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6.5.1 If yes, specify the product and indicate why.</p>	<input type="checkbox"/> Cost effective <input type="checkbox"/> Consider it more hygienic <input type="checkbox"/> Easy to use <input type="checkbox"/> What I am most comfortable/familiar <input type="checkbox"/> Eco-friendly
<p>6.5.2 If no, why</p>	<input type="checkbox"/> Difficult to use <input type="checkbox"/> High initial cost <input type="checkbox"/> Not aware of such products <input type="checkbox"/> Feel uncomfortable to use
<p>6.6 How often do you change the menstrual pad or cloth or tampon you use during menstruation?</p>	<input type="checkbox"/> Every 12-8 hours <input type="checkbox"/> Every 8-6 hours <input type="checkbox"/> Every 4-6 hours <input type="checkbox"/> Every 2-4 hours <input type="checkbox"/> Other (specify)
<p>6.7 Do you know how often you should change the menstrual pad or cloth or tampon?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6.7.1 If yes, how often should you change the product</p>	<input type="checkbox"/> Every 12-8 hours <input type="checkbox"/> Every 8-6 hours <input type="checkbox"/> Every 4-6 hours <input type="checkbox"/> Every 2-4 hours <input type="checkbox"/> Other (specify)

6.8 Do you think single use (disposable) menstrual products are expensive?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
6.9 Has there been a change in the type of menstrual product used as a result of the economic crisis?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
<table border="1"> <tr> <td data-bbox="158 424 619 519">a. I had to change the brand of the product</td> <td data-bbox="619 424 790 519">Yes</td> <td data-bbox="790 424 969 519">No</td> <td data-bbox="969 424 1180 519">Not Applicable</td> </tr> <tr> <td data-bbox="158 519 619 639">b. I had to change the product type (for ex: I switched to pads without wings)</td> <td data-bbox="619 519 790 639">Yes</td> <td data-bbox="790 519 969 639">No</td> <td data-bbox="969 519 1180 639">Not Applicable</td> </tr> <tr> <td data-bbox="158 639 619 734">c. Reduce the amount used/ use it for longer</td> <td data-bbox="619 639 790 734">Yes</td> <td data-bbox="790 639 969 734">No</td> <td data-bbox="969 639 1180 734">Not Applicable</td> </tr> <tr> <td data-bbox="158 734 619 862">d. I had to use other means such as putting tissues/cloths/cloth napkins</td> <td data-bbox="619 734 790 862">Yes</td> <td data-bbox="790 734 969 862">No</td> <td data-bbox="969 734 1180 862">Not Applicable</td> </tr> <tr> <td data-bbox="158 862 619 1068">e. I stockpiled large quantities at the beginning of the crisis, but when it ends, I will have to find an alternative solutions</td> <td data-bbox="619 862 790 1068">Yes</td> <td data-bbox="790 862 969 1068">No</td> <td data-bbox="969 862 1180 1068">Not Applicable</td> </tr> <tr> <td data-bbox="158 1068 619 1205">f. in order to be able to buy it, I had to reduce the use of other essentials (food, hygiene items...)</td> <td data-bbox="619 1068 790 1205">Yes</td> <td data-bbox="790 1068 969 1205">No</td> <td data-bbox="969 1068 1180 1205">Not Applicable</td> </tr> <tr> <td data-bbox="158 1205 619 1328">g. I resorted to an association/NGO in order to obtain it</td> <td data-bbox="619 1205 790 1328">Yes</td> <td data-bbox="790 1205 969 1328">No</td> <td data-bbox="969 1205 1180 1328">Not Applicable</td> </tr> </table>		a. I had to change the brand of the product	Yes	No	Not Applicable	b. I had to change the product type (for ex: I switched to pads without wings)	Yes	No	Not Applicable	c. Reduce the amount used/ use it for longer	Yes	No	Not Applicable	d. I had to use other means such as putting tissues/cloths/cloth napkins	Yes	No	Not Applicable	e. I stockpiled large quantities at the beginning of the crisis, but when it ends, I will have to find an alternative solutions	Yes	No	Not Applicable	f. in order to be able to buy it, I had to reduce the use of other essentials (food, hygiene items...)	Yes	No	Not Applicable	g. I resorted to an association/NGO in order to obtain it	Yes	No	Not Applicable
a. I had to change the brand of the product	Yes	No	Not Applicable																										
b. I had to change the product type (for ex: I switched to pads without wings)	Yes	No	Not Applicable																										
c. Reduce the amount used/ use it for longer	Yes	No	Not Applicable																										
d. I had to use other means such as putting tissues/cloths/cloth napkins	Yes	No	Not Applicable																										
e. I stockpiled large quantities at the beginning of the crisis, but when it ends, I will have to find an alternative solutions	Yes	No	Not Applicable																										
f. in order to be able to buy it, I had to reduce the use of other essentials (food, hygiene items...)	Yes	No	Not Applicable																										
g. I resorted to an association/NGO in order to obtain it	Yes	No	Not Applicable																										
<p>6.10 Can you mention the reason behind the change?</p> <p>-1. Its price has highly increased</p> <p>2. My/household income has decreased</p> <p> 3. I found an alternative at a better price</p> <p> 4. I found an alternative at zero recurrent cost (eg. Reusable sanitary napkin or shift to cloth)</p> <p> 5. Other (specify)</p>																													

	<p>6.11 Of all the different menstrual material options, which one would you prefer if you could choose anything you wanted?</p> <p><input type="checkbox"/> Tampons</p> <p><input type="checkbox"/> Single-use/ disposable pads</p> <p><input type="checkbox"/> Cloth menstrual pads (washable/re-usable)</p> <p><input type="checkbox"/> Cloths</p> <p><input type="checkbox"/> Menstrual cup</p> <p><input type="checkbox"/> Menstrual underwear (menstrual-proof underwear, washable and reusable)</p> <p><input type="checkbox"/> Menstrual sponges</p> <p><input type="checkbox"/> Menstrual disc</p> <p><input type="checkbox"/> Other (specify):</p>
<p>6.12 Have you ever used menstrual products for longer than it is recommended?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>6.12.1 If yes, why? (multiple answers possible)</p>	<p><input type="checkbox"/> Did not have a replacement</p> <p><input type="checkbox"/> Too expensive</p> <p><input type="checkbox"/> Could not find appropriate facilities to change or dispose of the product</p> <p><input type="checkbox"/> Forgot to change my product</p>

	<input type="checkbox"/> Other (specify):
6.13 Have you ever purchased menstrual products on your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.13.1 If no, who purchased menstrual products for you?	<input type="checkbox"/> Family member - male <input type="checkbox"/> Family member – female <input type="checkbox"/> Neighbour – male <input type="checkbox"/> Neighbour – female <input type="checkbox"/> Other (specify):
6.13.2 Has a male member of the family purchased menstrual products for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.14 Where do you/ your family members usually buy menstrual products?	<input type="checkbox"/> Small shop <input type="checkbox"/> Supermarket <input type="checkbox"/> Pharmacy <input type="checkbox"/> Online <input type="checkbox"/> Other (specify):
6.15 Do you feel embarrassed to buy menstrual products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.16 Do you think that the people who sell menstrual products also feel embarrassed when people purchase them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.17 Can you get menstrual products for free or at a reduced cost in your school or workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.18 Have you ever missed any opportunity due to the inability to purchase menstrual products? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.19 Do you have any barriers to accessing sustainable menstrual products (menstrual cups, reusable sanitary napkins)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.19.1 If yes, what are the barriers you have? (open ended)	
6.20 If there are more than one menstruating individual in your house, how do you share the menstrual products? <i>Elaborate on whether all menstruating individuals use disposable sanitary napkins, how is the decision made?</i>	
6.21 What alternative methods do you use to address this issue?	
6.22 On average, how much do you spend on menstrual products per month <u>for yourself</u> ?	<input type="checkbox"/> Rs.0 – Rs 150 <input type="checkbox"/> Rs 151 – Rs 300 <input type="checkbox"/> Rs 301 – Rs 450 <input type="checkbox"/> Rs 451 – Rs 600 <input type="checkbox"/> more (specify)
6.23 If there is more than one menstruating individual in the household, how much do they spend on menstrual products per month on average?	(Product type and the amount) Person 1 Person 2 Person 3 Person 4 Person 5
6.24 If you use a cloth instead of a disposable menstrual product, how long have you been doing this for?	<input type="checkbox"/> Since I began menstruating <input type="checkbox"/> Since I stopped going to school <input type="checkbox"/> Since the economic crisis <input type="checkbox"/> Other (specify)
6.25 Have you consulted a healthcare professional regarding the choice of menstrual products for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Access to Water, Sanitation, and Health (WASH) facilities in schools and communities

Do you have access to a bathroom or washroom when on your period?	
7.1.1 At home	<input type="checkbox"/> own bathroom inside the house <input checked="" type="checkbox"/> own bathroom outside the house <input type="checkbox"/> a communal bathroom <input type="checkbox"/> Neighbors bathroom <input type="checkbox"/> Other
7.1.2 At school	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1.3 At the workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1.4 Public washrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1.5 Does the bathroom you use have (multiple answers possible)	<input type="checkbox"/> Running water <input type="checkbox"/> Water collected from outside <input type="checkbox"/> Lights <input type="checkbox"/> Soap <input type="checkbox"/> Tissue paper/towels <input type="checkbox"/> A source to dispose the menstrual product <input type="checkbox"/> A door that can be locked
7.2 Do you feel comfortable with the level of cleanliness in your bathroom when you are menstruating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Do you use the bathroom in school, workplace or public place when you are menstruating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>7.3.1 If not, please elaborate on the reasons for this decision (open ended)</p>	
<p>7.4 How do you dispose of used menstrual products? (collect responses for each location)</p> <ul style="list-style-type: none"> - At home - At school - At work - In public 	<ul style="list-style-type: none"> <input type="checkbox"/> put it in the garbage <input type="checkbox"/> burn it <input type="checkbox"/> flush it down the commode <input type="checkbox"/> in specific sanitary disposal bins <input type="checkbox"/> other (specify) <input type="checkbox"/> not applicable
<p>7.5 If you use reusable menstrual products/cloth:</p>	
<p>7.5.1 Where do you wash it?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Private bathroom <input type="checkbox"/> Shared bathroom at home <input type="checkbox"/> Public bathroom <input type="checkbox"/> Kitchen sink <input type="checkbox"/> A faucet outside the home <input type="checkbox"/> A public faucet <input type="checkbox"/> Boiled water inside the kitchen <input type="checkbox"/> Boiled water in a private bathroom <input type="checkbox"/> Boiled water in a public bathroom <input type="checkbox"/> Boiled water outside the home <input type="checkbox"/> Other (specify)

<p>7.5.2 Where do you dry it?</p>	<p><input type="checkbox"/> Cloth line outside the home</p> <p><input type="checkbox"/> Cloths line inside the house</p> <p><input type="checkbox"/> In a private bedroom</p> <p><input type="checkbox"/> In a shared bedroom</p> <p><input type="checkbox"/> In the bathroom</p> <p><input type="checkbox"/> On the balcony</p> <p><input type="checkbox"/> On the roof</p> <p><input type="checkbox"/> I do not dry it</p> <p><input type="checkbox"/> Other (specify)</p>
<p>7.5.3 Where do you store it when not in use?</p>	
<p>7.6 Usually, do you feel safe while you change your menstrual pad/cloth?</p> <ul style="list-style-type: none"> - At home - At school - At work - In public 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>7.7 Have you ever leaked blood onto your clothes when on your period?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>7.8 Do you carry an extra set of clothes with you when on your period?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Annex B: Qualitative Data Collection Tools

Semi-structured Interview Guide for the Focus Group Discussion with Women

-Introduction to the study-

Round of introductions for each participant including name and other demographic characteristics:

Age	
DS Division	
GN Division	
Marital status	
Highest level of education	
Employment status	

Introductory questions

1. How many members do you have in your family?
2. How many menstruating individuals do you have in your family?

After the introduction, to kick off the discussion, the participants will be asked to recall their first period experience and the following questions will be asked

1. Where were you when you got your first period (menarche)?
2. Who did you tell?
3. How old were you when you first got your period?
4. Did you have any information about menstruating at that point?
 - a. If yes, When and where did you get that information and who gave you that information?
 - b. Were you able to understand that you had started your menstruation?
5. How and where did you know/learn about menstruation at first?
6. What were your feelings/reactions when you got to know about menstruation?
7. Did you have to follow any traditional/cultural rituals when you got your first period?
 - a. can you please elaborate?
8. Do you and your family/household members talk openly about

menstruation?

- a. If not, why?
- b. If yes, how is it received amongst your family members?
- c. Do you speak about it among male household members?

Perceptions on menstruation and knowledge

1. Do you feel embarrassed to talk about menstruation in public with your female friends/family members?
2. Do you feel embarrassed to talk about menstruation in public with your male friends/family members?
3. How do you refer to it during conversations? Do you have any specific words that you use for menstruation?
4. How do your male friends/male family members perceive menstruation? What kind of attitude do they have on menstruation?
5. What is the normal range for a menstrual cycle? do you know every how many days it reoccurs? Do you know what is considered a normal duration to bleed per period?
6. Do you experience regular periods? If it is not regular, have you ever consulted a doctor?
7. How long does your period last? How many days do you experience a heavy flow?
8. Do you think when you menstruate,
 - a. You should refrain from cooking for family members?
 - b. You should refrain from taking part in religious and cultural events?
 - c. You should refrain from entering places of religious worship?
 - d. You should stay indoors?
 - e. You should refrain from being physically active?
 - f. You should wash your hair?
9. Are there any practices you follow during your period?
 - a. Are there any practices you used to follow that you no longer do?
10. Do you know any reason(s) behind the above-mentioned practices?

Menstrual Pain

1. During your menstruation, do you feel any pain (Severe pain or mild pain)? Or discomfort? Does the pain last throughout the entire period?
2. Have you ever consulted a medical professional regarding your period pain?
3. What are the methods you use to reduce your menstrual pain? (home remedies, massage using hot water, hot water bottle, exercise, pain killers, etc.)
4. Do you experience any mood changes during menstruation?

5. Have you missed school, work or any important event due to menstrual pain?
6. Do other family members help you when you are in pain to reduce the pain?
7. Do you still have to do the household work, washing, cooking, cleaning when you are experience period pain/discomfort.
8. Do any other members in the family help you with household tasks during menstruation (Husband, brothers, kids, etc)?
9. Are your family members aware when you are menstruating? Do you inform them when you get period?
10. Do you have someone who you would feel comfortable asking for support (advice, resources, emotional support) for your period if needed? (Female members of the family, male members of the family, friends, teachers, medical professionals)

If engaged in paid employment:

11. Does your workplace allow you to take paid leave for menstrual pain and/or work flexible hours/work from home?
12. Are there any services available within your workplace to help you to reduce your pain/discomfort? If not, do you think it would be good to have such initiatives and how it can be helpful?

Access to Menstrual Products and WASH Facilities

In this section, the pictures, sample of the currently available menstrual products will be shown to the participants, and they will be asked to identify those menstrual products.

1. What are the menstrual products you are using now? How long have you been using that product? Are you using the same product for home and when going outside/work.
 - a. In case you use different products at home and outside, what is the reason for that?
2. Is the same product used by all the menstruating individuals in your family? If you have menstruating daughters, sisters, do they also use the same product? If not, can you elaborate on why?
3. What are other types of menstrual products that you have heard of?
4. Do you think disposable/single-use menstrual products in general are expensive? Are you aware of the tax imposed on menstrual products?

5. (for those who use cloth) If the disposable/single use sanitary napkin was more affordable or available for no cost, would you consider using it as an alternative?
6. Do you think the money spent on menstrual products would be better spent on household groceries?
7. If disposable menstrual products are too expensive, are you aware of alternatives that can be used?
8. Have you ever used reusable sustainable menstrual materials and/or products? How do you get to know about the reusable menstrual materials and what is your experience of using it?
9. Do you have any barriers in accessing sustainable/eco-friendly menstrual products? (financial, myths, anxieties)
10. If you are using cloths instead of disposable pads, how do you prepare those cloths? (where do you find those cloths (materials, new or made from used cloths)
11. What is your perception regarding the price of the menstrual products? Have you ever changed your product due to the high cost?
12. Where did you buy your menstrual product or how do you prepare it?
13. How often do you change the menstrual product? Do you know how often you should change the menstrual pads/cloths?
14. Do you use the menstrual products longer than the recommended time period? If yes what makes you do so?

WASH

1. Does your home have adequate WASH facilities (running water, soap, light) to change the pads/cloths whenever you want?
2. Does your office have adequate WASH facilities (running water, soap, light) to change the pads/cloths whenever you want?
3. How and where do you dispose or change your menstrual products at home, work?
4. If you are using cloth or reusable pads, where do you clean it and how do

- you clean it (type of water (hot or normal), place of drying)
5. Is there a specific place for storing your menstrual product? Do you prefer to keep it hidden from the members of the family (male, female)
 6. Do you carry extra pads, underwear, cloth with you when you are going to work or out?
 7. In case you did not have any product with you when you are at school or work, how do you manage such situation? Is there a place where you can get the products at the school or workplace? (free of charge or not)

Menstrual Discrimination and Stigma

1. Have you ever experienced discrimination or been made uncomfortable due to menstruation? (where- school, workplace, home, tuition classes)
 - a. If so, who is most likely to make you feel discriminated?
 - b. In which situations/places are you most likely to feel discriminated when menstruating?
2. Do you think you are dirty or impure during menstruation? Has anyone told you that you are dirty during that period?
 - a. If yes, who?
3. Do you maintain any specific food habits during menstruation?
 - a. Are there any specific food items that you avoid during menstruation (oily food, fish, meat)
 - b. Can you explain why you avoid said item?
4. Do you have a head-bath during your period?
 - a. If no, why?
 - b. If yes, why?
5. Do you feel afraid of leaking menstrual blood on your clothes?
6. Who purchases the product? If you have male family members in the house, are they willing to purchase menstrual products for you?
7. When purchasing menstrual products, do you try to cover the menstrual product (wrapping it in paper) when you are bringing it home?
8. Do you feel embarrassing to ask for a menstrual product from a male shop keeper?
9. If you are wearing cloth pads, do you avoid sun drying your cloth pads as you are afraid that others would see them?

Awareness

1. Have you ever consulted a medical professional regarding menstruation or deciding your menstrual product?
2. Have you ever participated in an awareness programme on menstrual education? Who conducted it? What sort of knowledge did you gain through it?

3. Do you think you have enough knowledge about the menstrual health? If not, what sort of education would you like to gain?

Semi-structured Interview Guide for the Focus Group Discussion with School-going Teenage Girls

-Introduction to the study -

Begin with a round of introductions where the research team introduces themselves, followed by each participant providing a brief introduction of themselves including the following information:

Age	
DS Division	
GN Division	
Marital status	
Highest level of education	
Employment status	

Introductory questions:

1. How many members do you have in your family?
2. Including yourself, how many in your household are menstruating individuals?

Menstruation experience(s)

After the introduction, to kick off the discussion, the participants will be asked to recall their first period (menarche) experience and the following questions will be asked:

1. Where were you when you got your first period (menarche)?
2. Who did you tell?
3. How old were you when you first got your period?
4. Did you have any information about menstruating at that point?
 - a. Were you able to understand that you had started your menstruation?
 - b. Did you know about menstruation before your first period?
 - i. If yes, When and where you got that information and who gave you that information?
5. How and where did you know/learn about menstruation at first?
6. Did you know about menstruation before your first period?
 - a. If yes,
7. Did you have to follow any traditional/cultural rituals when you got your first period?

- a. If yes, please elaborate
- 8. What were your feelings/reactions when you got to know about menstruation?

Perception, Knowledge, and Beliefs

- 9. Do you know the approximate duration of the menstrual cycle?
- 10. Do you know the approximate/average duration of the menstrual bleed?
- 11. Do you and your family members talk openly about menstruation?
 - a. If not, why?
 - b. If yes, how is it received amongst your family members?
 - c. Do you speak about it among male household members?
- 12. Do you go to a mixed school or an all-girls school?
- 13. Do you go to school during menstruation?
 - a. If not, what prevents you from going to school?
- 14. Do you engage in sports or extracurricular (dancing, debate club, swimming, netball, basketball, etc.) activities while menstruating?
- 15. Have you consulted your school nurse or teacher when you had a concern regarding your menstruation?
 - a. Explain your answer
 - b. Are there facilities available to relieve your menstrual pain at school?
- 16. If you were isolated as a cultural practice during menarche, how did your peers/friends react to it?
 - a. Did this practice take place against your wishes?
- 17. Were you allowed to take part in religious and cultural activities during and post-menarche (up to about three months)?
- 18. Did you have any dietary restrictions placed on you during menarche?
- 19. Did you learn about menstruation at school?
 - a. Was it part of your curriculum?
 - b. Was it an informal lesson by a teacher?
 - c. Do you think what you were taught was sufficient to deal with menstruation afterwards?
 - d. When/in which grade did this lesson take place?
- 20. When you menstruate:
 - a. Do you refrain from cooking for family members?
 - b. Do you refrain from eating certain foods?
 - c. Do you refrain from taking part in religious and cultural events?
 - d. Do you refrain from entering places of religious worship?
 - e. Do you stay indoors?
 - f. Do you refrain from being physically active?
- 21. Are there any practices you follow during your period?
 - a. Are there any practices you used to follow that you no longer do?
 - b. Do you know any reason(s) behind the above-mentioned practices or

changes in practices?

WASH Facilities

22. Do you have access to adequate WASH facilities in your school/home to wear/change your menstrual products?
 - a. Clean bathrooms
 - b. Running water
 - c. Disposal facilities
 - d. soap
 - e. tissue paper or towel
 - f. A door that can be locked
23. Are you allowed to excuse yourself during a lesson should you need to wear menstrual products/use WASH facilities due to menstruation?
24. How do you dispose your used menstrual products at school/home?
25. What would you do if you didn't have any menstrual products with you during menstruation at school?
 - a. Can you get menstrual products from the school if so?

Stigma and Discrimination, and Practices

26. Do your peers/friends (especially boys) make fun of you/bully you during menstruation at school?
27. Do you feel embarrassed to take menstrual products to school?
28. Do you feel discomfort or pain during your menstruation, and does it affect your studies?
29. Are you allowed to step outside the house/play/meet with your friends during menstruation?
30. If you use cloth /reusable menstrual products:
 - a. Who recommended it to you?
 - b. How did you obtain it?
 - c. Do you wash it by yourself?
 - d. If not, who does it for you?
 - e. Where do you dry it?
 - f. How long do you use the cloth for before replacement?
31. Do you always carry an extra menstrual product or underwear with you when you go to school during menstruation?
32. How do teachers respond to your menstrual pain/discomfort, the need to use WASH facilities, staining your uniforms?
33. Has anyone ever told/made you feel like you're impure/unclean during menstruation or told you that your period blood is dirty?
 - a. If yes, who?

Semi-structured Interview Guide for the Focus Group Discussions with Men from the Community

-Introduction to the survey-

Round of introductions for each participant including name, age, DSD, GN division, marital status and employment status, number of members in the family and household composition

Name	
Age	
DS Division	
GN Division	
Marital status	
Highest level of Education	
Employment status	

Perceptions on menstruation and knowledge

1. How many menstruating individuals are there in your household?
2. Do you feel embarrassed to talk about menstruation as boys/men? Do you think it is something that males should not talk about?
3. How do you refer to menstruation during conversations?
 - a. Do you have any specific words that you used to refer to menstruation or menstruating individuals?
4. When did you first get to know about menstruation? By whom? Where?
5. Do you know when your mother/wife/sisters/daughters/friends are on their period?
 - a. How do you know when they are on their period?
6. Do you know the average duration of the menstrual cycle?
7. Do you know the average duration of the period cycle/menstrual bleed?
8. If you are married, does your wife inform you when she is on her period? Or if you are in a relationship, does your girlfriend/partner inform you when she is on her period?
9. If you have children who menstruate at home, do they tell you if they are on their period?

Menstrual Pain

1. Do you think menstruating is a type of illness?
2. Do you know of menstruating individuals who feel pain and discomfort

during their menstruation?

3. What is your perception of menstrual pain and discomfort? Do you think it is as severe as it is shown to be?
4. Do any of the menstruating individuals in your house experience pain/discomfort during their period?
5. Are you aware of the methods that they use to reduce their pain? (home remedies, massage using hot water, pain killers, etc.)
6. In what way or how do you help them to reduce their pain/discomfort?
 - a. Adult menstruating family members
 - b. children
7. Have you ever been to a medical professional with a member of your family regarding their period pain?
8. Have you ever encouraged anyone suffering from menstrual pain to seek medical help?
9. Have you noticed any mood changes in the menstruating family members/friends during menstruation? Are they being more emotional/angry during the period of menstruation?
 - a. How do you react to these changes in mood? What do you think causes such changes in mood?
10. Do they engage in household work, washing, cooking, cleaning with the pain? Have you ever helped them with household work during the menstruation?
 - a. Do you help with their household work in general?
11. Have you noticed any of your menstruating colleagues being reluctant to work during menstruation? Why do you think that is?
12. Are you aware of any services available within your workplace to help the girls/women to reduce their pain/discomfort? If not, what initiatives do you think would be good to have and how it can be helpful?
13. Do you think women should be allowed to have flexible work schedules during their menstruation period?
14. Do you think women should be allowed menstrual leave (either paid or unpaid)?

Access to menstrual products and WASH facilities

Show a range of menstrual products or pictures of products to the participants and ask if they can identify them?

1. Do any of your family members use these products (shown above) when menstruating?
2. Are there any products used that were not shown?
3. Apart from those products, have you heard of any other available

- products? How do you get to know about these things (family members, the Internet, TV commercials, colleagues, friends, etc.)
- a. Have you ever had to, or do you purchase menstrual products for your family members, household members?
 - i. If yes, did you do it willingly?
 - ii. If not, explain
 - b. Are you willing to purchase it for anyone else (not a family member)? If not, why?
4. Do you think that single-use, disposable menstrual products are expensive?
 - a. Have you noticed a change in these prices?
 - b. Do you know the average price(s) of sanitary products available in the market?
 5. If disposable menstrual products are too expensive, are you aware of alternatives that can be used?
 6. Do you have a private bathroom in your household?
 - a. Does it have running water, light, tissue paper/towel?
 - b. Do you think it has adequate privacy for a person who is menstruating?
 - c. Do you have to share a bathroom with a menstruator at home/workplace?
 - d. How does it make you feel to share a bathroom with a menstruator?
 7. Are period products available at your workplace?
 8. Does your wife/girlfriend/family members have a private bathroom at their school/workplace? with running water/light/toilet paper?
 9. Is there a bin in the bathroom to dispose of their menstrual product?

Menstrual Discrimination and Stigma

1. Do you think menstruating women are impure and/or period blood is dirty?
2. Do you think it is okay for menstruating women to do the following when on their period? If not, why?
 - a. Cooking for family members
 - b. Having meals with family members
 - c. Taking part in religious and cultural activities/festivities
 - d. Go outside the house
 - e. Be physically active
 - f. Go to places of religious worship
 - g. Wash their hair
3. Do you think girls who go through menarche need to be isolated?
 - a. Elaborate your answer
4. Do you think girls who go through menarche bring ill-fortune to men?
 - a. Elaborate your answer

Awareness

1. Do you think, it is important to men to be aware of menstruation?
 - a. If no, can you please elaborate why you think so/
 - b. If yes, What kind of knowledge should they have?
2. Do you think this information should be included in the school curriculum for young boys and girls?
3. How can you learn about menstruation? What platforms are best suited to share information about menstruation?

Semi-structured Interview Guide for the Focus Group Discussion with School-going Teenage Boys

-Introduction to the survey-

Round of introductions for each participant the including name, age DSD, GN division, marital status and employment status, number of members in the family and household composition

Age	
DS Division	
GN Division	
Marital status	
Highest level of education	
Employment status	

Perceptions and knowledge on menstruation

1. Have you ever heard of the word “Menstruation”?
2. If yes, from where did you hear it? (From friends, school, internet)
3. Do you think it is a normal process?
4. Do you feel embarrassed to talk about it?
5. How do you refer to menstruation during conversations?
 - a. Do you have any specific words that you used to refer to menstruation or menstruating individuals?
6. Do you think boys should not talk about such things?
7. Do you think that it is important for boys to get knowledge on menstruation?
If yes, why?
 - a. Do you know the average duration of the menstrual cycle?
 - b. Do you know the average duration of the menstrual bleed?

8. When did you first get to know about menstruation? By whom? Where? Or is this the first time you are speaking about menstruation?
9. Are there any members in your household who menstruate?
 - a. Who are they?
 - b. Do you usually know when a member of your household is menstruating?
 - c. Do you usually know when a friend is on her period?
10. Do you feel girls try to hide the fact that they are menstruating?
11. Do you know if your female school mates or friends skip school when they are menstruating?
 - a. Do you know why?
12. Have you ever made fun out of your female friends who are menstruating?
13. Have you ever made fun out of your female friend who coming to school after her first period?
14. Do you think menstruating girls/women are dirty, impure?
15. Do you think when someone menstruates:
 - a. They should refrain from cooking for family members?
 - b. They should refrain from taking part in religious and cultural events?
 - c. They should refrain from entering places of religious worship?
 - d. They should stay indoors?
 - e. They should refrain from being physically active?
 - f. They should not go to school?
 - g. They should not wash their hair?

Menstrual Pain

16. Do you know of menstruating individuals who feel pain, discomfort during their menstruation?
17. What is your perception of menstrual pain and discomfort ? Do you think it is as severe as it is shown to be?
18. Do any of the menstruating individuals in your house experience pain/ discomfort during their period?
19. Are you aware of the methods that they use to reduce their pain? (home remedies such as: massage using hot water, light exercise or use of pain killers, etc.)
20. In what way or how do you help them to reduce their pain/discomfort?

Menstrual products and WASH facilities

Show a range of menstrual products or pictures of products to the participants and ask if they can identify them?

21. Have you ever seen the menstrual products shown today before?

22. Where have you seen them? Probe for in the home or store or television advertisements
23. Do you know what products/items are most commonly used in your home?
24. Do you know if menstrual products are available in the school?
25. Have you ever had to, or do you purchase menstrual products for your family members, household members?
 - a. If yes, did you do it willingly?
 - b. If not, explain
 - c. Are you willing to purchase it for anyone else (not a family member)? If not, why?
26. Does your school have separate washrooms for girls?
 - a. Do you know if it has water and light?
 - b. Do you think it has adequate privacy for menstruating individual?
27. At home, do you have a private washroom or is it a common washroom shared with other households?

Awareness

28. Do you think, it is important to boys and men to be aware of menstruation?
 - a. If no, can you please elaborate why you think so/
 - b. If yes, What kind of knowledge should they have?
29. Do you think this information should be included in the school curriculum for young boys and girls?

How can you learn about menstruation? What platforms are best suited to share information about menstruation?

Semi-structured Key Informant Interview Questionnaire Guide

For Representatives of Commercial and Re-usable Menstrual Product Producers

General

1. Please tell us your name, background, occupation, the scope and mandate of your organisation/institute, etc.
2. Do you think menstruation is something that can be talked about in public or with others?
3. Do you think menstruation is an area that needs to be researched on?
4. How do you understand the phrase/concept of period poverty?
 - a. Have you heard this phrase before?
5. What do you see as the factors contributing to period poverty in Sri Lanka?
 - a. Probe for cost of menstrual products, type of collection method, stigma

associated with menstruation.

6. What (in your understanding) is the most common menstrual hygiene method for menstruating individuals in Sri Lanka?
 - a. Can you tell us why you think this may be the case?
7. In your understanding of menstruation,
 - a. Who do you think menstruates?
 - b. At what age do they usually start menstruation?
 - c. Do you know the average age for menopause?
 - d. Characteristics of menstruation?
 - i. How long is an average menstrual cycle? i.e. how many days between periods
 - ii. How long on an average does one bleed during their period?
8. Do you think girl children should be isolated during menarche?
 - a. Reasons for your answer?

More specific questions

1. What is the most common product used during menstruation in Sri Lanka?
2. Is there a distinction based on:
 - a. Geographical location (urban/rural/estate/ districts/provinces)
 - b. Age
 - c. Ethnicity
3. What are the contributing factors for the popularity of the above-mentioned products?
4. What are some of the common misconceptions related to menstruation in Sri Lanka?
5. Does your organisation engage in any activities to address misconceptions related to menstruation?
 - a. If yes, can you elaborate on the programmes/interventions?
 - b. If no, is there a reason for this?
6. To what extent have men and boys been incorporated in these efforts (of increasing awareness)?
 - a. Do you think awareness programmes should target men and boys?
7. What are your thoughts on making single-use sanitary napkins more affordable – particularly for school going individuals?
 - a. What are the perceived barriers to this?
8. How has the increase in VAT affected the sales or accessibility of disposable/ single use pads?
9. Has there been an observed increase in the transition to re-usable eco-friendly products: reusable pads, menstrual cup, menstrual disc in recent years?
 - a. Is there a reason for this?

Semi-structured Key Informant Interview Questionnaire Guide

For Representatives from Organisations Working to Improve Awareness of Safe Menstrual Hygiene and Practices

General

1. Please tell us your name, background, occupation, the scope and mandate of your organisation/institute, etc.
2. Do you think menstruation is something that can be talked about in public or with others?
3. Do you think menstruation is an area that needs to be researched on?
4. How do you understand the phrase/concept of period poverty?
 - a. Have you heard this phrase before?
5. What do you see as the factors contributing to period poverty in Sri Lanka?
 - a. Probe for cost of menstrual products, type of collection method, stigma associated with menstruation.
6. What (in your understanding) is the most common menstrual hygiene method for menstruating individuals in Sri Lanka?
 - a. Can you tell us why you think this may be the case?
7. In your understanding of menstruation,
 - a. Who do you think menstruates?
 - b. At what age do they usually start menstruation?
 - c. Do you know the average age for menopause?
 - d. Characteristics of menstruation?
 - i. How long is an average menstrual cycle? i.e. how many days between periods
 - ii. How long on an average does one bleed during their period?
8. Do you think girl children should be isolated during menarche?
 - a. Reasons for your answer?

Specific questions:

1. Please provide a brief introduction to the organisation and its mandate in relation to Menstrual Practices and Policies including Ending Menstrual Stigma, Discrimination, and Access to Menstrual Products
2. What made you work in this specific area?
3. What sort of barriers have you been facing in making meaningful changes in creating better awareness on menstrual hygiene and practices?
 - a. Probe for:
 - i. Sociocultural barriers
 - ii. Lack of bodily autonomy/agency of target groups
 - iii. Lack/absence of access to menstrual products
 - iv. Lack/absence of access to WASH facilities

4. Do you receive adequate support from the State to carry out these tasks?
5. What are some of the common misconceptions related to menstruation?
 - a. Menstruating individuals being restricted from engaging in social/cultural events
 - b. Menstruating individuals considered unclean or impure
 - c. Types of foods they should and/or should not eat?
 - d. Anything else?
6. How prevalent do you think period poverty is in Sri Lanka?
7. What is the most common product used during menstruation in Sri Lanka?
8. Is there a distinction based on:
 - a. Geographical location (urban/rural/estate/ districts/provinces)
 - b. Age
 - c. Ethnicity
9. What are the contributing factors for the popularity of the above-mentioned products?
10. Do you think menstrual products are easily accessible in Sri Lanka? Is there an equitable distribution of such products throughout the country?
11. Do you think the Sri Lankan education system is conducive to create awareness on menstrual hygiene and practices?
 - a. Please explain your answer
12. Do you think the Sri Lankan healthcare system provides adequate services for those who suffer from menstruation-related health conditions (endometriosis, PCOS, etc.)?
13. How do you ensure factual, scientific, and medical accuracy in the work you do?

ANNEX C: Nonparametric Analysis

Association between demographic factors and practice of refrain entering religious places during menstruation -chi square test results

Demographic Variable	Refrains from entering religious places		Does not refrain from entering religious places		Significance	
	n	%	n	%	$\chi^2(df)$	p value
Age						
15-19 years	65	74%	23	26%	6.10(3)	0.107
20-29 years	123	66%	62	34%		
30-39 years	126	75%	42	25%		
40-49 years	125	78%	36	22%		
Religion						
Buddhism	155	69%	71	31%	80.66(3)	< .001*
Catholic and Christian	28	36%	49	64%		
Hinduism	92	90%	10	10%		
Islam	146	84%	28	16%		
Mixed	18	78%	5	22%		

Note. $p < .05$

Experience of menstrual pain by age group-Chi square test results

Age group	Experiences menstrual pain		Does not experience menstrual pain		Significance	
	n	%	n	%	$\chi^2(df)$	p value
15-19 years	89	89%	10	11%	13.30(3)	0.004*
20-29 years	146	79%	39	21%		
30-39 years	125	74%	43	26%		
40-49 years	111	69%	50	31%		

Note. $p < .05$

Median number of school days missed due to menarche by religion

Religion	Median Days Missed
Buddhism	12
Catholic or Christianity	13
Hinduism	16
Islam	7
Mixed	13

**Differences in school days missed due to menarche between different religions
(Kruskal-Wallis Test)**

Statistic	Value	Degrees of Freedom	p-value
Chi-squared	120.74	4	< .001*

Note. p < .05

**Difference in number of school days missed between different pairs of religions
(Pairwise Wilcoxon Test)**

Comparison	z-statistic	p-value
Islam vs. Buddhism	-4.50	< .001*
Islam vs. Hinduism	-9.45	< .001*
Islam vs. Catholic or Christianity	-6.34	< .001*
Islam vs. Mixed	-4.35	< .001*
Buddhism vs. Hinduism	-7.21	< .001*
Buddhism vs. Catholic or Christianity	-3.69	< .001*
Buddhism vs. Mixed	-1.98	0.048*
Hinduism vs. Catholic or Christianity	2.49	0.013*
Hinduism vs. Mixed	2.59	0.010*
Catholic or Christianity vs. Mixed	0.59	0.553

Note. p < .05

Annex D: List of Interviews and Discussion Conducted and their Corresponding In-text Citations

	Type of Data Collection	Date of Interview/ Discussion	In-Text Citation
1.	KII – Medical Professional (with Civil Society Affiliation)	01.07.2024	(KII-1, 2024)
2.	KII – Representative of Single-Use Menstrual Product Manufacturer	05.07.2024	(KII-2, 2024)
3.	KII – Representative of Reusable Menstrual Product Manufacturer	10.07.2024	(KII-3, 2024)
4.	KII – Development Organisation	15.07.2024	(KII-4, 2024)
5.	FGD (School Age Boys – Gothamipura) Sinhala	19.07.2024	(FGD-SB, 2024)
6.	FGD (Adult Women – Kurunduwatte) Sinhala	21.07.2024	(FGD-SW, 2024)
7.	FGD (Adult Men – Kurunduwatte) Sinhala	21.07.2024	(FGD-SM, 2024)
8.	FGD (School Age Girls – Gothamipura) Sinhala	22.07.2024	(FGD-SG, 2024)
9.	KII – Medical Professional (Project Partner)	25.07.2024	(KII-5, 2024)
10.	KII – Representative of Reusable Menstrual Product Manufacturer	31.07.2024	(KII-6, 2024)
11.	FGD (School Age Boys – Pachikawatte) Tamil	03.08.2024	(FGD-TB, 2024)
12.	FGD (School Age Girls – Panchikawatte) Tamil	03.08.2024	(FGD-GB, 2024)
13.	FGD (Adult Women – Panchikawatte) Tamil	03.08.2024	(FGD-TW, 2024)
14.	KII – Medical Professional Representing the State	07.08.2024	(KII-7, 2024)
15.	KII – Development Organisation	08.08.2024	(KII-8, 2024)
16.	KII - Representative of Reusable Menstrual Product Manufacturer	12.08.2024	(KII-9, 2024)
17.	KII – Medical Professional Representing the State	20.08.2024	(KII-10, 2024)
18.	KII – Development Organisation (Project Partner)	21.08.2024	(KII-11, 2024)
19.	KII – Medical Professional Representing the State	30.08.2024	(KII-12, 2024)

All identifying markers of the respondents have been removed to protect their identity and ensure confidentiality of the responses provided.

Annex E: A List of Prices of Menstrual Products Available in the Market (at the Time of Writing)

- **Eva**
 - Cotton Feel Wings (10's): Rs. 270.00
 - Cotton Feel Wings Sachet (2's): Rs. 50.00
 - Cotton Heavy Flow Wings (8's): Rs. 300.00
 - Cotton Feel Non-Wings (20's): Rs. 510.00
 - Loop (10's): Rs. 240.00
 - Dritex Wings (10's): Rs. 270.00
 - Dritex Heavy Flow (8's): Rs. 300.00
 - Dritex Non-Wings (10's): Rs. 275.00
 - Ultima (10's): Rs. 290.00
 - Natura (10's): Rs. 315.00
 - Dritex Ultrathin Wings (8's): Rs. 230.00
- **Fems**
 - Drytex Wings (10's): Rs. 270.00
 - Cotton Feel Wings (10's): Rs. 270.00
 - Ultra-Soft Cotton Feel Wings (10's): Rs. 270.00
 - Superior Heavy Flow (8's); Rs. 300.00
 - Fems Aya (8's): Rs. 150.00
- **Whisper**
 - Ultra Clean XL (7's): Rs. 330.00
 - Ultra Clean Bindazzz Nights XL (7's): Rs. 385.00
- **Aarya**
 - Cotton Feel Non-Wings (10's): Rs. 310.00
 - Silky Dry (10's): Rs. 250.00

Reusable menstrual products

- **LittleMiss**
 - Menstrual Cup: Rs. 3,500.00
 - Menstrual Disc: Rs. 4,000.00
- **Floren Menstrual Cup: Rs. 2,990.00**
- **Momiji Natural (Reusable Sanitary Napkins)**
 - Medium Pad: Rs. 855.00
 - Night Use Pad: Rs. 1,320.00
 - Normal Liner: Rs. 690.00
- **Selyn**
 - Reusable Sanitary Napkin: A pack of 8 reusable sanitary napkins costs Rs. 6480/- (which can be used for 18 months).


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À SRI LANKA
ET AUX MALDIVES**
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