



BEHAVIOR CHANGE COMMUNICATION PRODUCTS PRODUCED FOR THE MENSTRUAL HYGIENE MANAGEMENT IN THE WORKPLACE ACTIVITY IN NEPAL

RESOURCE PACKET
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BACKGROUND

Behavior change communication (BCC) approaches that focus on menstrual health and hygiene (MHH) in the workplace have the potential to positively influence corporate culture and improve MHH. This resource packet describes the BCC approach of an action research initiative that sought to improve menstrual hygiene management (MHM*) in two Nepali workplaces. The packet provides links to the designed BCC materials, information about how they were developed and applied, and ways in which future implementers may adapt these materials for their own use. It also includes a list of topics for facilitated sensitization sessions that correspond to the BCC tools, as well as key learning points for consideration.

INTRODUCTION



Women workers face daunting challenges when managing their periods, including in Nepal, where workplaces rarely support MHH. The USAID Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) project (2016-2021) worked with two rug and carpet manufacturers in Nepal to provide menstrual products, improve infrastructure, support MHH-friendly workplace policies, and disseminate BCC materials to enhance knowledge and reduce stigma associated with menstruation in the workplace. An overview of this work can be found in a [brief here](#).

Workplace interventions focused on improving menstrual health are rare, leaving much to be learned and explored. This resource packet contributes to growing knowledge in a nascent field and summarizes the project's approach to BCC; highlights each BCC tool and how it was used; offers some suggestions for how these tools could be adapted for other work settings; and provides tips for future implementation of workplace MHH programs. This resource packet would be useful for organizations who want to utilize BCC materials to improve MHH in workplaces in Nepal.

DEVELOPING THE BCC APPROACH

WASHPaLS' BCC approach in Nepal sought to create a more supportive work environment for MHH and address myths, misconceptions, and social stigma around menstruation. The target audience was primarily women workers, with a secondary audience of key influencers, including men coworkers, supervisors, managers and family members.

The WASHPaLS team in Nepal used key findings from formative assessments to inform the BCC approach and broad messages for BCC materials. It then used baseline research findings to further refine messages. The research findings highlighted the following:

- 1 Target audiences had little knowledge about menstrual hygiene and were not familiar with menstrual products and how to use them properly;
- 2 Women workers were influenced by family members, co-workers, factory leadership and religious leaders; and,
- 3 Education levels and literacy rates among workers were low.



* MHM is a subset of USAID's holistic approach to MHH, which includes reproductive health, water, sanitation and hygiene, education, and social and behavior change.

The research team, which included a local BCC expert, worked together to develop tools and messages that mapped onto the aforementioned findings. The team worked entirely with Nepal-based designers and videographers to shape BCC tools that leveraged familiar customs and surroundings. Tools relied heavily on graphics and videos to address low levels of literacy and to convey multiple messages efficiently. The approach targeted family members, men coworkers, and supervisors to build broader support for menstrual well-being. Health experts and the Ministry of Health reviewed all materials to ensure they were appropriate, relevant, and well understood.

The purpose of these BCC materials was to reinforce content from brief in-person sensitization sessions delivered by the team’s medical advisor and educators.



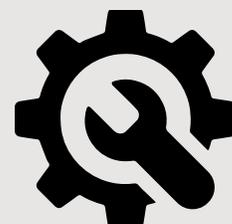
SENSITIZATION SESSIONS

The table below provides a summary of monthly sensitization sessions. Sessions were sex-segregated at the request of women workers and facilitated by WASHPaLS team members; women facilitators led sessions for groups of women and men facilitators led them for men). A woman medical doctor advising the team also participated in several sessions, which helped demystify menstrual health and facilitated access to needed medical care. All sessions lasted 30 minutes, except for sessions held during Months 1 and 7, which spanned an hour.

TOPIC(S) COVERED, BY MONTH	MATERIALS
Month 1: Introduction to using & disposing of menstrual products	Video
Month 2: Education session on use of menstrual products	In-person presentation with props
Month 3: Sanitary pad disposal	In-person discussion with Q&A
Month 4: Physiology of menstruation	Slide presentation & facilitated discussion with doctor
Month 5: Privacy and culture of silence, stigma issues, and privacy	Facilitated discussion
Month 6: Hygiene, disposal, use, maintenance, social norms [^]	Edutainment video
Month 7: Hygiene	Slide presentation & facilitated discussion with doctor
Month 8: Pain management	Playing cards and discussion with a doctor
Month 9: Hygiene, disposal, use, maintenance, social norms [^]	Posters and discussion with a doctor

TIPS FOR ADAPTATION OF SENSITIZATION SESSIONS

The topics described above can be reordered as necessary and should be adapted to the knowledge base of target audiences. If women workers agree, implementers may want to consider joint sessions with men and women to support shared understanding of content and to generate a stronger sense of solidarity around menstrual health. Joint sessions may be particularly effective if they are held after sex-segregated sessions, which could build participants’ comfort in speaking topics like MHH.



[^] This refers to harmful social norms relating to menstruation in Nepal, including restrictions on women’s ability to cook, eat certain foods, pray, work or socialize with men, and more.

BCC PRODUCTS

The section below describes each tool and how it was used, and includes suggestions for how implementers could adapt it for other workplace menstrual health and hygiene-related BCC efforts.



POSTERS

The team developed two posters for each workplace. Posters discussed how to use toilets and menstrual hygiene materials, how to properly dispose of menstrual products, and proper hygiene. The team introduced posters to women and men workers during sensitization sessions so that messages reached all of them. The team laminated posters and placed them on doors in men and women's respective toilet facilities in order to continue reinforcing messages.

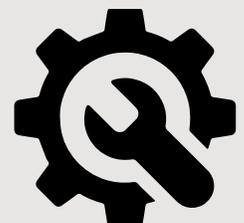
Poster illustrations were contextually appropriate; for example, they depicted a young woman working in a rug factory and what her living and working environment might be like. One poster included male coworkers so that they could see themselves as part of the narrative. Posters used minimal text so that workers could engage with them even during brief trips to toilet facilities and so that those with limited literacy or fluency in Nepali could understand key messages. Both Nepali posters are available [here](#).



Poster 1 (left) is set in workers' living quarters and depicts an older woman reassuring a younger woman that she can manage her period at work. It shows the younger woman washing her reusable cloths and hanging them in the sun to dry properly, then heading to work. Poster 2 (right) is set in the workplace and depicts menstruating women working alongside men. Additionally, it reinforces the message that menstrual products should be changed regularly and disposed properly.

POTENTIAL ADAPTATIONS

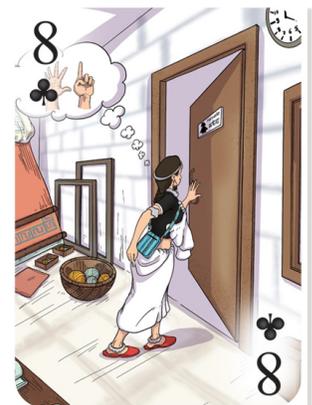
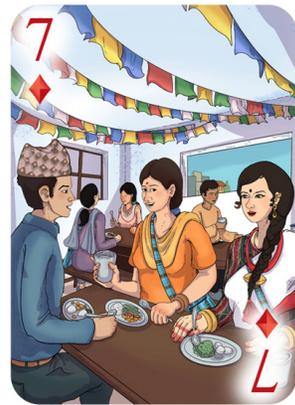
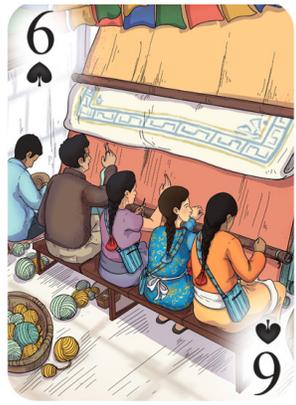
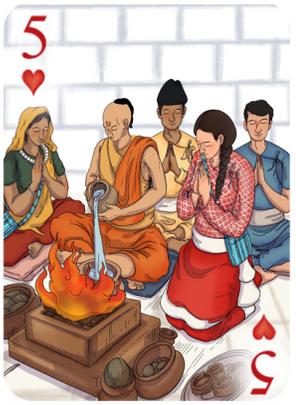
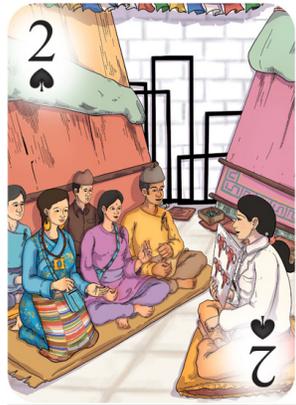
Implementers can adapt these posters for other audiences by depicting diverse professions or displaying characters from different ethnic groups. They can change the amount of text based on target audiences' literacy and use braille characters for blind audiences. Core messages can address key behaviors identified in formative assessments. For example, in workplaces where knowledge about menstruation and menstrual products is high, posters could emphasize how to safely dispose of products.



PLAYING CARDS

The *MHM in the Workplace* activity developed a set of playing cards that depicted specific menstrual health and hygiene-related messages, taking advantage of how popular card games are in Nepal and how they can be used for educational purposes. Every card illustrated a message, such as “remember to change used pads.” By displaying behavior change messages on a product used for social entertainment, playing cards helped to challenge taboos, encourage sharing of information, and promote discussion. The cards illustrated employees performing ideal behaviors in a rug factory so that users could relate to them. For example, they depicted men offering support to menstruating women in order to normalize such positive behaviors.

All employees received a set of cards to use as they wished, including taking them home to use with family members. The team introduced cards during educational sessions, inviting employees to play with the cards and discuss the messages they conveyed. This ensured that workers clearly understood the cards’ messages and were able to discuss them with others in the workplace and their homes. All playing cards are available [here](#).



POTENTIAL ADAPTATIONS

Playing cards can depict different workplaces and include messages that encourage relevant MHM-related behaviors. For young target audiences, implementers may want to integrate games that are popular among adolescents and young adults.





EDUTAINMENT VIDEO

The team created a three-part edutainment video to dispel myths about menstruation, promote dialogue on menstrual hygiene, model a supportive work environment for MHH, and educate workers and supervisors about the physiology of menstruation and proper use and disposal of menstrual materials. Workers and supervisors watched these videos during a sensitization session and discussed what they learned with the research team. The team left the videos with the factory management so they were available for future use with new workers.

The three-part video was set in the workers' neighborhood and workplace and even featured some workers as background actors. It depicted conversations between two women workers, the two workers and their supervisor, and the workers with their neighbors. It addressed menstrual myths that are common in Nepal, such as menstruation being contagious and taboos against menstruating women working alongside men. It promoted a period positive workplace by showing an educated and supportive supervisor who provided menstrual care kits to employees. It also discussed the advantages of not missing work while menstruating and the impact absenteeism could have on women's earnings and workplace productivity. The video closed with the main character pledging to speak with others about menstrual hygiene, especially her children. All videos are available [here](#).



POTENTIAL ADAPTATIONS

Implementers could modify how these videos are introduced to and discussed with target audiences in order to convey core messages, especially those about menstrual myths in Nepal. Workers appreciated that these videos depicted their actual workplace; implementers may consider remaking these videos to show workplace settings similar to those of their target audience. Moreover, in cases where managers resist making their workplace more MHH-friendly, implementers might develop videos that solely target business owners, managers, and supervisors.



KEY LEARNING POINTS

1 A SOLID RELATIONSHIP WITH MANAGEMENT IS KEY

Management in workplaces play an important role in facilitating employees' access to BCC education and sensitization, just as they do in providing infrastructure upgrades, making menstrual products available, and instituting policy reforms. Therefore, collaboration with management is essential for successful workplace MHH activities, particularly ones with a BCC component. Implementers can build trust with management by listening to and respecting their concerns, including concerns about the time and cost burdens posed by BCC activities. Implementers need to communicate regularly with management and leadership in order to maintain a productive and trusting relationship over the course of a workplace MHH program.

2 BUILD TRUST WITH WORKERS

Workers need to be able to trust the implementing organization in order to effectively take up behavior change messaging. Implementers should find out whether workers had previous experience participating in health-related interventions and whether those were well-received. Our team found that workers were concerned about how much time sensitization sessions required and how disruptive they were to employees' work performance. Baseline research should assess workers' interest in the project and implementers should monitor workers' commitment to participating in project activities along the way. Implementing organizations should be flexible and responsive to possible emergent needs expressed by the target audience and customize the use of BCC tools accordingly.

3 NO SPECIFIC SEQUENCING IS NECESSARY FOR BCC TOOLS, BUT SOME SENSITIZATION SHOULD HAPPEN FIRST

We found that while the components of this BCC approach could be implemented in any order, BCC materials were effective because they reinforced information that was introduced during sensitization sessions. In-person sensitization and dialogue is critical for changing MHH-related behaviors but likely not sufficient for sustained behavior change. BCC materials enabled the activity to reinforce key messages and promote integration of content from sensitization sessions.

4 BE AWARE OF LITERACY AND LANGUAGE BARRIERS

The team designed these BCC tools to meet the needs of low literacy audiences, relying heavily on graphics and video. In addition, the team did not anticipate the extent of linguistic variability among employees. Posters and playing cards worked especially well with workers whose first language was not Nepali. A medical provider could be an important part of the sensitization team to build the credibility of BCC materials but this person should be prepared to explain MHH concepts in a way that meets the audience where they are.

5 ADAPTATION OF BCC TOOLS DURING IMPLEMENTATION IS KEY

Implementers can use these BCC tools with broad audiences, including women and men workers and managers. For example, based on formative assessments in one workplace, the team created education and sensitization for adult women. However, the second workplace had a much younger workforce, due to which the team customized content to their age and literacy level. This younger audience included women who had left school in early grades or had no education at all. In addition, these young women workers were quite shy and lacked knowledge about body literacy and menstrual health. The team adapted sensitization sessions to include more content on menstrual and reproductive health, and delivered content in small groups to create a safe space for learning.

6 ENGAGE MEN

In formative assessments, women workers requested that men coworkers be included in MHH education and sensitization efforts, but separately from women. Though initially reluctant to discuss menstrual health issues, men in both workplaces became interested in talking about menstruation after they became more familiar with the topic. BCC materials featured men in ways that modelled supportive MHH-related behaviors or demonstrated how harmful behaviors could affect women. The team made sure that a male researcher delivered sensitization sessions to men and discussed positive behaviors. After *MHM in the Workplace* interventions, workers reported that they were better able to discuss MHH-related issues and that men empathized more with their menstruating colleagues.

The listed BCC products are available on the [Global Waters website](#) and the [Iris Group website](#). For more information about how to adapt this BCC approach, please email irisgroup@irisgroupinternational.com.