

Status of Menstrual Health and Wellbeing among Women with Mental Illness.



By

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February 2025

This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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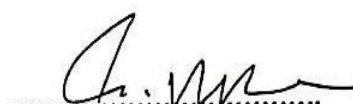
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STATEMENT OF AUTHORSHIP

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to my respected supervisor, Khadija Akter Lily, for her continuous guidance, encouragement, and unwavering support throughout the entire research journey. Her insightful feedback, patience, and motivation have shaped this work at every stage. I feel truly blessed to have worked under her supervision, and I am deeply grateful for the time and dedication she invested in helping me complete this study.

My sincere thanks also go to Md.Saddam Hossain for their valuable suggestions, thoughtful insights, and constant cooperation. Their contributions have played an important role in strengthening the quality of this research. I would also like to extend my sincere appreciation to Professor Sk. Moniruzzaman, Head of the Occupational Therapy Department, for giving us the opportunity to conduct this study and for providing continuous guidance and support.

I am also grateful to all the faculty members of my department for their constant guidance, constructive feedback, and academic support throughout the research process. Thanks to my study participants who gave their time and responded to my study. Above all, I am profoundly grateful to my beloved parents. Their unconditional love, endless sacrifices, and heartfelt prayers have been my greatest strength. They supported me in every challenge, inspired me to move forward, and believed in me even when I doubted myself. Words are not enough to express how blessed I feel to have them beside me.

I am equally grateful to my brothers and sisters, who have always encouraged me with positivity, cared for me, and stood beside me during difficult moments. Their

emotional support and constant motivation helped me stay focused and determined throughout this journey. Finally, I would like to express my special thanks to my friends, whose companionship, support, and encouragement made this journey smoother and meaningful. I am truly thankful for their presence in my life. This research would not have been possible without the support, love, and encouragement of all these wonderful people and I remain deeply grateful to each one of them.

DEDICATION

I respectfully dedicate this thesis to my beloved parents, my siblings, and my best friend, Shirin Akter, in recognition of their unwavering love, continual prayers, and steadfast encouragement, which have been the foundation of my academic pursuit.

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LIST OF ABBREVIATIONS

IRB	Institutional Review Board
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management (MHM)
MPNS-36	Menstrual Practice Need Scale -36
NIMH	National Institute of Mental Health (NIMH)
OT	Occupational Therapy (OT),
PMS	Premenstrual Syndrome
PMDD	Premenstrual Dysphoric Disorder
SPSS	Statistical Package of Social Science
WHO	World Health Organization (WHO)

ABSTRACT

Background: Menstrual health is essential for women's physical, emotional, and social wellbeing. Women with mental illness face greater challenges in managing menstruation due to difficulties in self-care and daily functioning. These challenges can lead to poor hygiene practices, irregular cycles, and increased discomfort. Globally, about 500 million women lack adequate menstrual hygiene facilities. In Bangladesh, low sanitary pad use and social barriers the need for more research and support for vulnerable women. Menstrual hygiene is still a problem in Bangladesh, where only 29% of women use sanitary pads and 30–35% of schoolgirls skip class due to social hurdles and poor facilities.

Aim: To assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness.

Method: A quantitative cross-sectional study was conducted among 110 women with mental illness using purposive sampling. Data were collected through face-to-face interviews with the MPNS-36 scale, covering material needs and environmental support. Descriptive statistics were used to assess menstrual health and wellbeing.

Results: The average score across the total domain was 2.09, reflecting a moderate level of menstrual health and wellbeing among the participants. This implies that women with mental health issues some knowledge and awareness about menstrual health. The findings showed differences in menstrual hygiene practices. Participants scored higher in material and home environment demands (Mean = 3.36) and material reuse needs (Mean = 3.34), indicating good menstrual management at home. However, lower scores in material reliability (Mean = 2.04) and insecurity during changing and

reuse suggest irregular changing habits and cleanliness issues, possibly influenced by the impact of mental illness on daily functioning. Challenges in material reliability (Mean = 2.04) and insecurity during change and reuse indicate that symptoms of mental illness may interfere with consistent menstrual care, including regular changing, cleanliness, and symptom management during menstruation. Transport and school environment demands were found to be major challenges (Mean = 0.84), indicating a very low level of menstrual health and wellbeing. Change and disposal insecurity, which suggests restricted access to sanitary, secure, and private facilities. These results demonstrate how managing menstrual hygiene and access to menstrual healthcare, especially outside the home, are severely limited by environmental barriers, a lack of mobility, and inadequate facilities.

Conclusion: Women with mental illness face considerable barriers in achieving adequate menstrual health and wellbeing, particularly regarding mobility, environmental support, and safe disposal practices. These findings emphasize the need for targeted interventions, improved menstrual health education, and enhanced supportive facilities to promote safe and dignified menstrual hygiene management within mental health settings.

Key Words: Mental illness, Menstrual health and wellbeing, Menstrual hygiene practice.

CHAPTER I: INTRODUCTION

1.1 BACKGROUND

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Given that menstruation can significantly affect a woman's mental, physical, and social well-being, menstrual health is an essential component of overall health.

The etymology of the word "menstruation" is related to that of "moon." The word actually comes from the Latin word "mensis," which means "month," which is derived from the Greek word "mene," which means "moon(Hennegan, Swe, et al., 2022)."

There is a common belief that a woman's menstruation or menstrual cycle was influenced by the moon. It could occur because the two cycles' time lengths are so similar (Kochhar & Ghosh, 2022). Menstrual cycle (29.5 days) and menstrual cycle (28 days). According to conventional Chinese medicine, human physiological rhythms exhibit harmony with other natural rhythms. This was the basis for the investigation of "The regulation of menstrual cycle and its relationship to the moon" through examination, laboratory testing, and clinical viewing. It was established that the menstrual cycle and lunar rhythm were related at the same time(Paper, 2013).A woman's body is susceptible to several changes throughout her life cycle (Kochhar & Ghosh, 2022).

The lack of variation in the four situations' menstrual sentiments of fear or shame, however, suggested that women's rights to their health were not fully realized(Yeh et al., 2025). It is necessary to conduct further study on menstrual psychosocial well- being. The purpose of the five-month non- randomized cluster-control study was to determine how well puberty education and the provision of

disposable sanitary pads affected female students' attendance at school (Yang & Chen, 2023). Menstruation is a feature of the life of around 52% of women worldwide who are of reproductive age. Menarche, the first sign of puberty, is acknowledged as a significant step that signifies the passage from girlhood to femininity (Lahme et al., 2018). The efforts of both governmental and nonprofit players have led to advancements in menstrual health and hygiene (MHH) to address these issues. The focus on certain groups, such as teenage girls attending school, women working in ready-made garment (RMG) factories, and some individuals residing in precarious situations, has resulted in inconsistent improvements (Ssesanga et al., 2024).

Biological, psychological, and social aspects of menstruation, such as managing menstrual hygiene, symptom burden, and its wider influence on day-to-day functioning, are all included in menstrual health (Hennegan et al., 2019). Menstrual disorders, including premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), have been associated with mental health issues in the general population (Eisenlohr-Moul et al., 2017). Menstrual health encompasses biological, psychological, and social elements of menstruation, including managing menstrual hygiene, symptom burden, and its broader impact on daily functioning (Hennegan et al., 2019).

1.2 Justification of the Research

Menstrual health is a critical component of women's overall wellbeing. Among individuals with mental illness, managing menstruation can become significantly more complex due to impaired cognitive, emotional, and behavioral functioning. These patients may experience challenges in understanding menstrual hygiene, recognizing bodily changes, and practicing adequate self-care, which in turn may lead to poor health outcomes, reduced dignity, and a lower quality of life. Despite its importance, menstrual

health in mentally ill patients remains an under-researched and often neglected issue in both clinical and community settings.

Occupational therapy (OT), as a client-centered health profession, plays a crucial role in promoting independence and improving the quality of life of individuals with mental illness. OT practitioners address self-care deficits and provide training in daily living skills including menstrual hygiene management through structured interventions and therapeutic routines. They also educate caregivers, support behavior regulation, and design personalized strategies to enhance the patient's functional abilities in real-life settings.

This study is therefore essential to fill the gap in knowledge regarding menstrual health among mentally ill patients and to the need for integrating occupational therapy into menstrual hygiene interventions. The findings will guide the development of tailored educational, behavioral, and support programs, and reinforce the significance of interdisciplinary collaboration in improving menstrual and mental health outcomes. Despite the growing recognition of menstruation health as a significant public health concern, the majority of the research to date has been on women in the general population, school-age girls, and adolescents. Menstrual health among women with mental illness has received very little attention, especially in low- and middle-income nations like Bangladesh. The majority of current research focuses on stigma, availability to sanitary products, and basic menstrual hygiene habits; nevertheless, it ignores the particular behavioral, emotional, and cognitive obstacles that people with mental illnesses must overcome.

1.3 Operational Definition

1.3.1 Menstrual Health

Menstrual health is defined as a condition of overall physical, mental, and social well-being concerning the menstrual cycle (Sommer et al., 2015). This involves having reliable information, access to safe and hygienic menstrual products, privacy, and supportive social and healthcare settings. Additionally, menstrual health signifies that women and girls can handle their menstruation without facing stigma, discrimination, or limitations in their daily lives (UNICEF, 2021).

1.3.2 Menstrual Well being

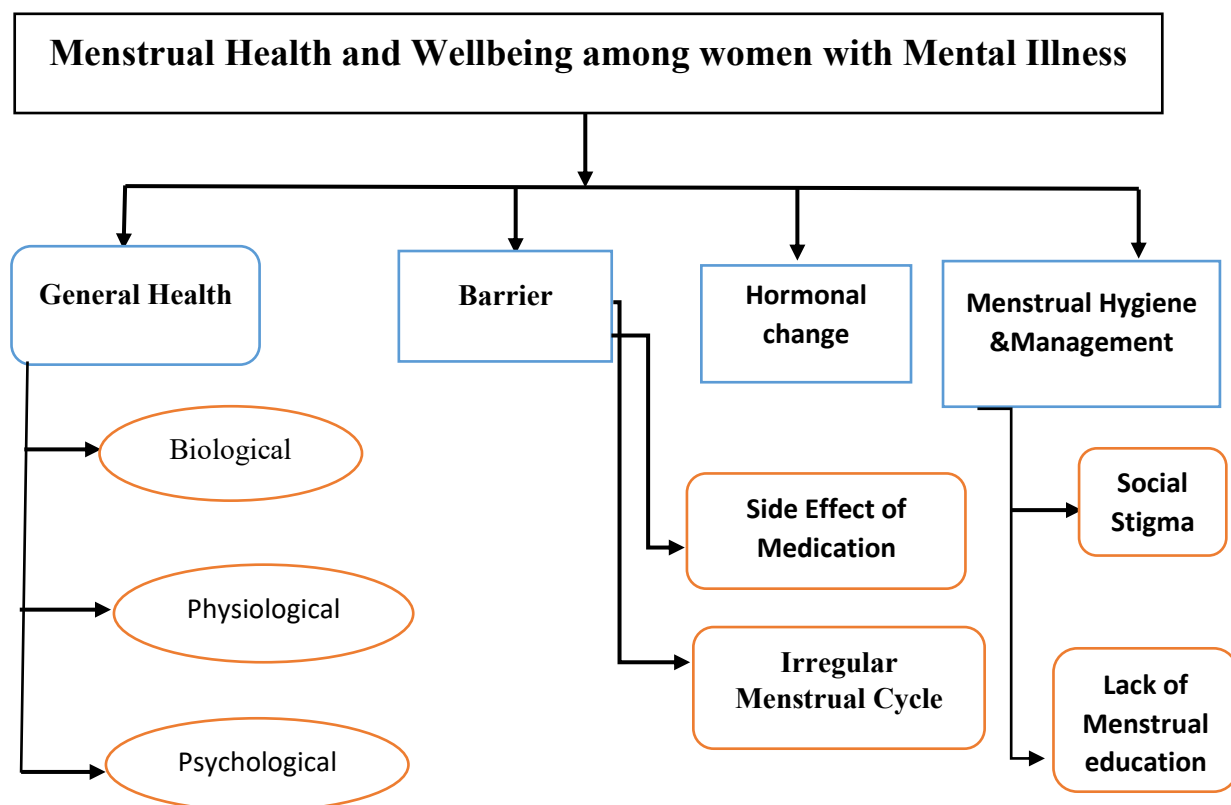
Menstrual wellbeing define as a woman's general physical well-being, emotional condition, capacity to engage in everyday tasks, and sense of security. Good menstrual health also includes emotional wellbeing (Sommer et al., 2024). Maintaining good menstrual health also involves emotional wellness. Numerous women undergo stress, anxiety, or emotional fluctuations during their periods, and these issues can intensify in the presence of stigma or inadequate support (Quadri et al., 2025). Furthermore, specific populations, such as teenage girls, women with disabilities, and those battling mental health issues, might encounter additional challenges, highlighting the crucial need for menstrual health support (Chandra-Mouli & Patel, 2020).

1.3.3 Mental Illness:

A broad spectrum of psychological conditions that impact a person's thinking, mood, emotions, behavior, and capacity to carry out daily tasks are collectively referred to as mental illness (American Psychiatric Association, 2022).

CHAPTER II: LITERATURE REVIEW

This chapter presents an overview of the existing literature related to the menstrual health and overall wellbeing of women living with mental illness. It examines the various factors that shape menstrual experiences among this population, including general health conditions, biological and physiological influences, psychological barriers, hormonal changes, medication side effects, menstrual hygiene practices, social stigma, and the availability of menstrual education. Key terms associated with the research topic, such as menstrual health, mental illness, menstrual hygiene, hormonal changes, psychotropic medication effects, and menstrual wellbeing, were searched across major online databases, including Scopus, PubMed, Embase, and Google Scholar, in order to create this literature review. In order to ensure that the review includes the most recent and pertinent findings, research articles published within the last ten years were prioritized. We carefully reviewed studies that addressed menstruation care challenges, psychological issues, hormonal disorders, social stigma, and biological and physiological functioning in women with mental illness. An overview of the literature is provided on the next page.

Figure 2.1*Overview of literature review findings***2.1 General Health**

Menstrual regularity and symptom severity can be greatly impacted by general health issues, education including metabolic problems, malnutrition, physical, mental, and the side effects of psychiatric drugs (Muhaidat et al., 2024). It is clear that rural Bangladeshi women are very concerned about illnesses connected to reproductive health (Ross et al., 1998). Menstrual functionality is mostly determined by general health. Menstrual rhythms can be affected by biological and physiological factors that interfere with regular hormonal activity, including chronic illness, dietary state, and stress levels (Zhang et al., 2021).

2.1.1 Biological Health

The menstrual cycles late luteal or premenstrual phase, and they stay low over the whole menstrual cycle. The functioning of neurotransmitters like serotonin, dopamine, and norepinephrine are known to be harmonized by female reproductive hormones (Machtei et al., n.d.). It was suggested that mood swings are caused by female reproductive hormones. Proper biological health ensures that the body can repair damage, resist infections, maintain energy production, and support overall well-being (Sherwood, 2016).

2.1.2 Psychological Health

By specifically examining depressive, cognitive, and somatic symptoms was used to determine the presence and severity of current depressive symptoms to assess the general mental state with special attention to the areas of depression and anxiety, was used to measure psychological well-being (Toffol et al., 2014). The psychological well-being dimension shows the difficulties a person faces in trying to reach their full potential and develop their special abilities. The results indicated that female students had above-average psychological well-being scores in this domain (Kochhar & Ghosh, 2022). Psychological obstacles are equally important. The burden of menstruation can be exacerbated by mental diseases such depression, anxiety, bipolar disorder, and schizophrenia, which are linked to altered pain perception, emotional dysregulation, and trouble maintaining daily activities (Briere et al., 2023).

2.1.3 Physiological Health.

physical health issues such vaginal thrush, pelvic inflammatory disorders, and urinary tract infections, as well as stress brought on by soiled clothing and consequent embarrassment (Lahme et al., 2018). The effective operation of the body's physiological systems, including the circulatory, respiratory, neurological, endocrine, and

musculoskeletal systems, is referred to as physiological health (Kuper, 2019). It is the body's capacity to carry out vital functions like breathing, circulation, digestion, mobility, and temperature control. The body can react to both internal and external stressors when these systems are in balance (Tortora & Derrickson, 2017).

2.2 Barrier

Many individuals with mental illness have inadequate knowledge about menstrual health due to cognitive impairments, lack of education, or poor access to health information (Barnard et al., 2003).

2.2.1 Side effect of medication

Psychotropic medications, particularly antipsychotics, can cause menstrual irregularities such as amenorrhea and hormonal imbalances, leading to further physical and emotional distress (Ssesanga et al., 2024). Hormonal side effects often go unrecognized and untreated, worsening both menstrual and mental health (Alam et al., 2017).

2.2.2 Irregular menstrual cycle

Patients with mental illness frequently experience irregular menstrual cycles, which can manifest as amenorrhea (absence of menstruation), oligomenorrhea (infrequent menstruation), or menorrhagia (heavy bleeding) (Cardoso et al., 2021).

2.3 Hormonal change

Hormonal changes and medication side effects further complicate menstrual health (Knox et al., 2015). Psychotropic medications particularly antipsychotics and mood stabilizers are known to cause irregular menstrual cycles, amenorrhea, and weight changes due to their influence on prolactin and other hormonal pathways (Haddad & Wieck, 2004; Peveler et al., 2008).

2.4 Menstrual Hygiene and Management

Menstrual hygiene management (MHM) entails having access to hygienic supplies, secure facilities, and menstruation health care(Hennegan et al., 2020). Mental health conditions such as schizophrenia and severe depression can lead to difficulties in maintaining personal hygiene, including menstrual care (Shah et al., 2021).

2.4.1 Lack of menstrual education

Access to menstrual education is restricted for many people with mental illness, especially those living in institutions(Id et al., 2022). Their comprehension of menstrual hygiene and reproductive health may be impeded by cognitive limitations, adverse drug reactions, and social isolation (Hennegan et al., 2024).

2.4.2 Social stigma

In many cultures, talking about menstruation is still frowned upon, and the stigma is even greater for people who suffer from mental problems(Barnard et al., 2003). Especially in group homes or mental hospitals, cultural views frequently link menstruation to impurity, which breeds prejudice and isolation(Yang & Chen, 2023).

2.5 Key Gaps of the Studies

- Limited research among women with mental illness.
- Limited Exploration of Environmental Barriers.
- Inadequate Evidence on Psychotropic Medication Effects.
- Lack of Integration of Mental Health and Menstrual Health Care.
- Lack of Integrated & Occupational Therapy Perspective.
- Lack of Bangladesh-specific data.

CHAPTER III: METHODS & MATERIALS

3.1 Study Question, Aim & Objectives

3.1.1 Study question

How does menstrual health and wellbeing individual patient with mental illness.

3.1.2 Aim

To assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness.

3.1.3 Objective

1. To evaluate the knowledge and awareness of menstrual health among women with mental illness patients.
2. To assess menstrual hygiene practices followed by these patients.
3. To examine the level of mental illness on menstrual cycle regularity, symptoms, and management.
4. To identify challenges and barriers faced in maintaining menstrual hygiene and seeking menstrual healthcare.

3.2 Study Design

3.2.1 Study Method

Quantitative research is particularly well-suited to this investigation, as it allows for the systematic collection and analysis of numerical data, which can provide statistically significant insights into the patterns, prevalence, and correlations of menstrual health issues among patients with mental illness (Creswell, 2014). For this study, the quantitative approach was chosen by the student researcher. To measure variables, uncover links between objectives, test any hypotheses, and generalize findings, a quantitative study uses a large population (either the entire population or a

representative group of that population) as the study or research participant (Hennegan, Bukenya, et al., 2022). In this study student researcher aims to assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness. Which meets the criteria of a quantitative study.

3.2.2 Study Approach: A cross-sectional study

The purpose of the Women's Health Project was to describe the general health condition of women veterans receiving ambulatory treatment through a nationwide, cross-sectional research (Barnard et al., 2003). A cross-sectional study design, which is effective in examining the status and relationships between variables at a single point in time (Barnard et al., 2003)

3.3 Study setting and period

3.3.1 Study setting

The study will be conducted in psychiatric healthcare institutions, mental health clinics, and rehabilitation centers to ensure a diverse population sample.

- National Institute of Mental Health (NIMH)
- CRP Rabia Noor Mental Health Day Centre
- Mirpur CRP

3.3.2 Study Period

The study period was from 15th June 2025 to 15th December 2025, and the data collection period was from 2nd August 2025 to 15th September 2025.

3.4 Study Participants

3.4.1 Study Population

The study population includes women of reproductive age (12–49 years) diagnosed with a mental illness, such as depression, bipolar disorder, schizophrenia, or anxiety disorders.

3.4.2 Inclusion Criteria

- Must be present insight.
- Individuals diagnosed with a mental illness.
- Aged between 12 and 49 years.
- Willing and able to provide informed consent.

3.4.3 Exclusion Criteria

- Individuals with severe cognitive impairments that would hinder their ability to participate in the study.
- Pregnant individuals, as pregnancy can influence menstrual patterns.

3.4.4 Sampling techniques

The student researcher used purposive sampling method for collecting the sample in the study. Purposive sampling was employed by the student researcher to gather the study's sample. When "elements selected for the sample are chosen by the researcher's judgment," this sampling technique is known as purposeful sampling. Researchers often believe that they may save time and money by applying good judgment to obtain a representative sample (Dudovskiy, 2011). A collection of several non-probability sampling methods is known as purposeful sampling. Purposive sampling, sometimes referred to as judgmental, selective, or subjective sampling, depends on the researcher's judgment when choosing the unit (people, cause/organization, events, or piece of data) to be examined. The sample under investigation is typically rather tiny, particularly when compared to the probability sampling technique.

3.4.5 Sample size

Here, n = Sample Size

z = The standard normal deviation is usually set at 1.96 which corresponds to 95% confidence.

$$p=21.5\% = 0.215$$

$$q = (1-p) = (1-0.215) = 0.785$$

$d = 0.05$; degree of accuracy required (level of significance/ margin of error)

$$n = \frac{Z^2 pq}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.215 \times 0.785}{(0.05)^2}$$

$$= 259.346$$

$$= 260$$

Due to time limitations, the student researcher collected 110 data points. Additionally, the inability to obtain permission from some medical institutions restricted access to additional data, limiting the availability of relevant information.

3.5 Ethical Consideration

3.5.1 Ethical clearance from IRB board

The ethical clearance will be sought from the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) through the Department of Occupational Therapy has presented the study's goal to the Institutional Review Board in order to obtain ethical clearance. Following the board's approval (CRP-BHPI/IRB/07/2025/1112), the student researcher proceeded with the remaining steps.

3.5.2 Informed Consent

- Information sheet: The student researcher provided each patient with an information sheet outlining all the specifics of the study and clearly outlining its objectives (see Appendix-B).
- Consent form: Participants decide to willingly take part in the study once the student researcher explains its goal (Appendix-B now includes a consent form).
- Withdrawal: Before data analysis began, participants were free to stop taking

part in the study (Appendix-B now includes a withdrawal form).

3.5.3 Unequal Relationship

The participants will not be intimately acquainted with the researcher. Based on inclusion and exclusion criteria, she will assign participants. Relationships with the participants will not exist. The researcher will ensure impartiality and fairness by preventing unequal relationships from influencing participant selection.

3.5.4 Risk and Beneficence

Informed consent and sustain ethical conduct standards, the researcher must explicitly explain that there are no physical, social, psychological, or environmental dangers in the study. The researcher makes sure that there won't be any risks for the volunteers. the researcher contacted a psychologist and recommended the people who were at risk.

3.5.5 Power relationship

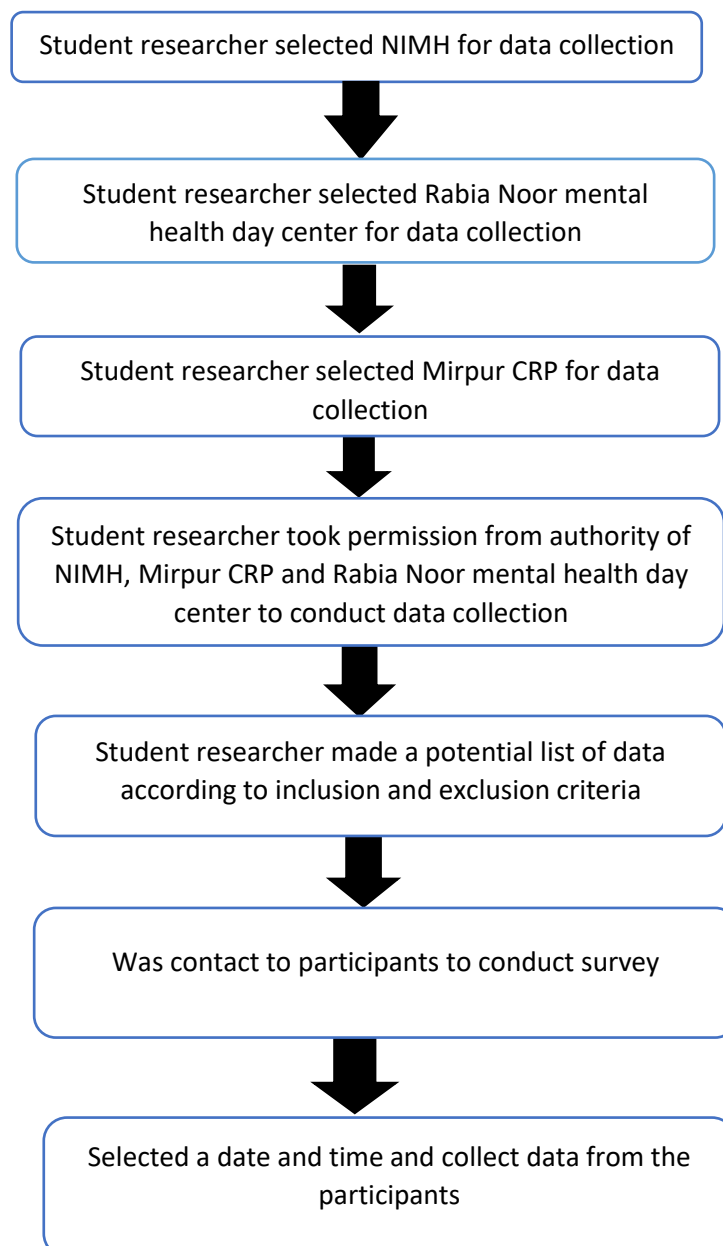
There are no power dynamics between the student researcher and any of the participants.

3.5.6 Confidentiality

Everyone was completely unaware of the information provided by the participants. Their name as well as the research supervisor was the only person who knew their identities. As a result, the information sheet mentioned that. It was guaranteed that their identify would not be revealed in the future.

3.6 Data Collection

3.6.1 Data Collection Process



3.6.2 Data Collection Method

Face to face survey was conducted by the student researcher.

3.6.3 Data Collection Instrument

Menstrual Practice Need Scale-36(MPNS-36)

The Menstrual Practice Needs Scale-36 (MPNS-36) is a validated measurement tool

designed to assess the menstrual health experiences, needs, and challenges faced by individuals during menstruation. It focuses on the practical, social, physical, and emotional aspects of menstrual hygiene management. The scale includes 36 items distributed across several domains that capture the multidimensional nature of menstrual health and wellbeing.⁶ domain of menstrual practice need scale -36. Scoring System the MPNS-36 typically uses a Likert scale (0 to 3 or 1 to 4). Higher scores generally indicate better menstrual practice experiences. lower score indicate poor menstrual practice experience. 0 = Strongly disagree / Very poor experience 3 or 4 = Strongly agree / Very good experience.

3.7 Data Management and Analysis

- Descriptive statistics were computed in this study. Descriptive statistics that describe, organize, and summarize data include frequencies, percentages, and descriptions of central tendency.
- All data was organized using the statistical software for social science (SPSS) version 20, and analysis was done using Microsoft Excel spreadsheets and the descriptive statistic approach. The data display was arranged using both SPSS and Microsoft Office Word. Each piece of information was input into the SPSS variable.
- The exact findings displayed in the graph chart and multiple tables were easily understood by the reader.

3.8 Quality control and Quality assurance

To ensure quality control, the data management cycle was adhered to. The student investigators' primary focus was on the procedures to be followed during data collection. Information gathering is one of the most crucial parts of the data life cycle. Initially, the student investigator appropriately gathered data. After all the data was gathered, the data entry process was correctly completed. Through quality control and

assurance, errors are prevented and data quality is ensured prior to entry, analysis, and study maintenance. The student investigator randomly examined some data to make sure everything was correct in the data entry. After then, the data analysis process was completed in accordance with the supervisor's and the scale's instructions.

CHAPTER IV: RESULTS

4.1 Findings of the study

This section provides statistical analysis in a systematic way and interpretation of analyzed findings with the aim and objective of the study. The aim of the study was to find out to assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness. including socio-demographic characteristics. A valid response for each question was used.

The fundamental characteristics of the data in a study were described using this analysis. Simple summaries of the sample and the measures are performed in this analysis. In this case, the living condition at the time of the interview, as well as the independent variables or predictors of age, sex, education, marital status, and menstrual status, were described using descriptive analysis.

Table 4.1

Socio-demographic characteristics among the women with mental illness.

Variable	Category	Frequency n (110)	Percentage (%)
Participant age	12-24years	58	52.7
	25-37years	40	36.4
	38-50years	12	10.9
	Mean =25.00years		
	SD (±8.271),		
	Minimum= 12 years,		
	Maximum=45 years		
Marital status	Married	60	54.5
	Unmarried	44	40.0
	Separate	5	4.5
	Divorced	1	.9
Family member	1-6persons	97	88.2

	7-15persons	13	11.8
Occupational status	Students	37	33.6
	Housewife	68	61.8
	others	4.5	4.5
Family type	Living with extended family	32	29.1
	Living with nuclear family	77	70.0
	Staying alone	1	.9
Living area	Rural	50	45.5
	Urban	60	54.5
Educational status	Primary education	15	13.6
	Secondary education	54	49.1
	Higher secondary	23	20.9
	Tertiary education	18	16.6
Religion	Muslim	106	96.4
	Hindu	2	1.8
	Chistan	2	1.8
Receiving treatment	1-1000days	103	93.6
	1001-2555days	7	6.4
Menstrual status	Regular	70	63.6
	Irregular	40	36.4
Changes in menstruation after taking medication	Yes	20	18.2
	No	90	81.8

Table 4.1 presents the sociodemographic characteristics of the study respondents. A total of 110 participants were included, representing a wide range of demographic and social backgrounds.

In terms of age distribution, participants ranged from 12 to 45 years old, with a mean age of 25.0 years ($SD = \pm 8.27$). More than half of the respondents were between 12–24 years (52.7%, $n = 58$), followed by those aged 25–37 years (36.4%, $n = 40$). Only a small

proportion belonged to the 38–50 years age group (10.9%, $n = 12$), indicating a predominantly young population.

Regarding marital status, the majority of the respondents were married (54.5%, $n = 60$), while 40% ($n = 44$) were unmarried. A small proportion reported being separated (4.5%, $n = 5$) or divorced (0.9%, $n = 1$), suggesting that most of the sample lived within a family structure.

Most participants (88.2%, $n = 97$) reported living in households with 1–6 family members, whereas 11.8% ($n = 13$) came from larger households of 7–15 members. With respect to family type, 70% ($n = 77$) of respondents lived in nuclear families, and 29.1% ($n = 32$) lived in extended families, while only one participant reported living alone (0.9%).

The occupational profile revealed that 61.8% ($n = 68$) of participants were housewives, followed by students (33.6%, $n = 37$). A small group (4.5%, $n = 5$) fell into the “others” category, which included various informal or low-income occupations. This distribution indicates a study population mainly engaged in household responsibilities or education

In terms of living area, slightly more than half of the respondents resided in urban settings (54.5%, $n = 60$), while 45.5% ($n = 50$) were from rural areas.

With regard to educational status, nearly half had completed secondary education (49.1%, $n = 54$). A further 20.9% ($n = 23$) had higher secondary education, 16.6% ($n = 18$) had attained tertiary education, and 13.6% ($n = 15$) reported primary-level education. This indicates a generally moderate level of educational attainment in the sample.

In terms of religion, the overwhelming majority were Muslim (96.4%, $n = 106$), with very small proportions identifying as Hindu (1.8%, $n = 2$) or Christian (1.8%, $n = 2$), reflecting

the typical demographic distribution of the area. Participants' treatment history showed that most had been receiving treatment for 1–1000 days (93.6%, $n = 103$). Only 6.4% ($n = 7$) had been in treatment for longer durations (1001–2555 days), indicating that the majority were relatively recent or mid-term recipients of care. Regarding menstrual characteristics, 63.6% ($n = 70$) reported having regular menstrual cycles, whereas 36.4% ($n = 40$) experienced irregular menstruation. Following medication use, 81.8% ($n = 90$) reported no changes in menstrual patterns, while 18.2% ($n = 20$) noted noticeable alterations.

4.2 Status of Menstrual health and wellbeing

Table 4.2

Status of Menstrual health and wellbeing

Domain	Mean	Maximum	Minimum	SD	Score Range
Material and home environment needs	3.3562	4.00	2.18	.34395	Good menstrual health and wellbeing (3-4)
Transport and school environment needs	.8436	3.00	.40	.52419	Very low menstrual health and wellbeing (0.00-0.99)
Material and reliability concerns	2.0364	4.00	1.00	.78251	Moderate menstrual health and wellbeing (2-2.99)
Change and disposal insecurity	1.2919	2.22	.67	.31637	Poor menstrual health and wellbeing (1-1.99)
Those reusing materials reuse needs	3.3436	4.00	1.60	.53028	Good menstrual health and wellbeing (3-4)
Reuse insecurity	1.6485	4.00	1.00	.55821	Poor menstrual health and wellbeing (1-1.99)

The information in this table presents the average status of menstrual health practice experienced by the respondents in their daily life. Based on the six domains of the MPNS-36 material and home environment needs the mean score was 3.3562, this indicates good menstrual health and wellbeing (3–4), suggesting that most participants had adequate materials and home-based menstrual support. Transport and school environment needs this domain had a mean of 0.8436, (SD = 0.52419). According to the scoring range, this reflects very low menstrual health and wellbeing (0.00–0.99), indicating significant barriers related to transport and external environment support. Material and reliability concern the mean score was 2.0364, (SD = 0.78251). This represents moderate menstrual health and wellbeing (2–2.99), suggesting some challenges related to material reliability. Change and disposal insecurity the domain mean was 1.2919, (SD = 0.31637). This falls under poor menstrual health and wellbeing (1–1.99), indicating insecurity and challenges regarding changing and disposing of menstrual materials Those reusing materials – reuse needs this domain showed a mean score of 3.3436, (SD = 0.53028). This indicates good menstrual health and wellbeing (3–4), suggesting that participants who reused materials had relatively adequate knowledge and practices. Reuse insecurity the mean score for reuse insecurity was 1.6485 (SD = 0.55821) this domain indicates poor menstrual health and wellbeing (1–1.99). This reflects concerns about safety, hygiene, and fear associated with reusing menstrual materials.

Table 4.3

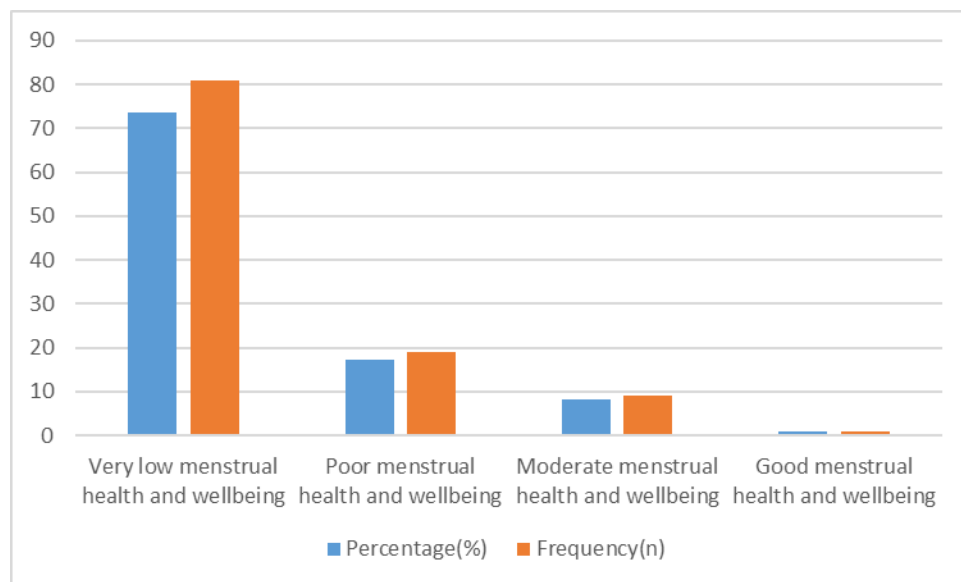
Status of practice in Material and home environment needs

Points	Frequency (n)	Percentage (%)
Moderate menstrual health and wellbeing	16	14.5
Good menstrual health and wellbeing	94	85.5
Total	110	100.0

Table 4.3 shows the level of practice in the domain of Material and Home Environment Needs. Among the total 110 participants, 85.5% (n=94) demonstrated good menstrual health, while 14.5% (n=16) showed moderate menstrual health. This indicates that the majority of participants had an adequate and supportive home environment for managing menstrual hygiene effectively.

Table 4.4

Status of practice in Transport and school environment needs



The Table shows the status of practice in the Transport and School Environment Needs domain. The majority of participants, 73.6% (n = 81), had very low menstrual health and wellbeing in this domain. Additionally, 17.3% (n = 19) showed poor menstrual health and wellbeing, while 8.2% (n = 9) had moderate menstrual health and wellbeing. Only 0.9% (n = 1) demonstrated good menstrual health and wellbeing. These findings indicate that most participants faced substantial barriers and difficulties to transportation and school-related menstrual support.

Table 4.5

Status of practice in Material and reliability concerns

Points	Frequency (n)	Percentage (%)
Poor menstrual health and wellbeing	50	45.5
Moderate menstrual health and wellbeing	42	38.2
Good menstrual health and wellbeing	18	16.4
Total	110	100.0

The results show that in the domain of Material and Reliability Concerns, 45.5% (n = 50) of the participants had very low menstrual health and wellbeing, while 38.2% (n = 42) demonstrated poor menstrual health and wellbeing. Additionally, 16.4% (n = 18) showed moderate menstrual health and wellbeing. These findings indicate that the majority of participants faced considerable challenges related to the quality, reliability, and adequacy of menstrual materials.

Table 4.6

Status of practice in Change and disposal insecurity

Points	Frequency (n)	Percentage (%)
Very low menstrual health and wellbeing	10	9.1
Poor menstrual health and wellbeing	95	86.4
Moderate menstrual health and wellbeing	5	4.5
Total	110	100.0

The results show that most participants faced challenges in the Change and Disposal Insecurity domain. Out of the total 110 participants, 86.4% (n = 95) demonstrated poor menstrual health and wellbeing, indicating significant insecurity in changing and disposing of menstrual materials. A smaller portion, 9.1% (n = 10), showed very low menstrual health and wellbeing, while only 4.5% (n = 5) reported moderate menstrual health and wellbeing. Overall, the findings considerable difficulties and limited supportive facilities for safe menstrual material change and disposal

Table 4.7:

Status of practice in Those reusing materials reuse needs

Points	Frequency (n)	Percentage (%)
Poor menstrual health and wellbeing	1	.9
Moderate menstrual health and wellbeing	19	7.3
Good menstrual health and wellbeing	90	81.8

The table shows the level of practice in the Those Refusing Materials Reuse Needs domain. The majority of participants, 81.8% (n = 90), demonstrated good menstrual health and wellbeing, while 7.3% (n = 19) had poor menstrual health and wellbeing. Only 0.9% (n = 1) showed very low menstrual health and wellbeing. Overall, 100% of participants (n = 110) were included, indicating that most participants practiced safe and adequate menstrual management regarding refusal of reused materials.

Table 4.8

Status of practice in Reuse insecurity

Points	Frequency (n)	Percentage (%)
Poor menstrual health and wellbeing	69	62.7
Moderate menstrual health and wellbeing	37	33.6
Good menstrual health and wellbeing	4	3.6

The table presents the status of practice in the Reuse Insecurity domain. Among the total 110 participants, 69 (62.7%) demonstrated very low menstrual health and wellbeing, 37 (33.6%) had poor menstrual health and wellbeing, and only 4 (3.6%) showed moderate menstrual health and wellbeing. Overall, the findings indicate that the majority of participants faced significant challenges related to reuse insecurity, concerns about safety and hygiene practices during menstruation.

Table 4.9*Types of mental illness*

Diagnosis	Frequency (n)	Percentage (%)
Anxiety	5	4.5
Bipolar mood disorder	22	20
Borderline personality disorder	14	12.7
Conduct disorder	1	.9
Depression	15	13.7
Disacociative disorder	1	.9
Generalized anxiety disorder	6	5.5
Major depressive disorder	20	18.2
Obsessive compulsive disorder	8	7.3
Panic attack	4	3.6
Schizophrenia	9	8.2
Sleep disorder	5	17.5
Total	1101	100.0

The distribution of various mental diseases among research participants is shown in the table. Bipolar mood disorder was the most common diagnosis, involving 22 individuals (20%). Subsequently, depression was noted in 15 people (13.7%) and major depressive disorder was recorded in 20 participants (18.2%). Obsessive compulsive disorder (OCD) (7.3%) and borderline personality disorder (12.7%) were diagnosed in a significant number of subjects. Furthermore, 8.2% of the cases had schizophrenia, whilst 5.5% and 4.5% of

participants had generalized anxiety disorder and anxiety, respectively. Panic attacks (3.6%), sleep difficulties (17.5%), conduct disorder (0.9%), and dissociative disorder (0.9%) were among the less commonly reported conditions. Overall, the results show that behavioral and dissociative disorders were relatively uncommon among the participants, but mood-related illnesses, especially bipolar disorder and depressive disorders, were the most prevalent mental health diseases.

CHAPTER V: DISCUSSION

This study evaluated the general well-being, cleanliness habits, and menstrual health status of Bangladeshi women with mental illness. The results show relatively low wellbeing in external surroundings including transportation, schools, and disposal facilities, but high menstruation health at home and moderate material reliability (Paper, 2013). In contrast, Transport and School Environment Needs were notably poor, with a mean score of 0.8436 and 73.6% of participants experiencing very low wellbeing.

This indicates that external environmental factors, including lack of accessible sanitation facilities, inadequate privacy, and limited mobility, significantly impede menstrual management outside the home. Insecurity about reusing menstruation materials was also mentioned by participants, which reflects both functional constraints and infrastructure deficiencies (Stotz & Brand, 2025). Through an emphasis on knowledge, hygienic behaviors, the impact of mental illness on menstruation management, and current impediments, this study sought to evaluate menstrual health and wellbeing among women with mental illness (D1 et al., 2000). The results showed a generally moderate level of menstrual health and wellbeing, with significant variance across various categories, underscoring both important gaps and strengths in this population's management of menstrual health. The total moderate score shows that although women with mental illness have a basic understanding of menstruation health, they frequently apply this knowledge inconsistently or incompletely.

Due to the cognitive, emotional, and motivational difficulties associated with mental illness, women with mental health conditions showed limited understanding of

menstrual physiology, hygiene requirements, and symptom management, according to similar findings in earlier studies. Health literacy has been demonstrated to be adversely affected by poor mental health, which could account for the incomplete knowledge found in this study. This implies that when sufficient resources were accessible at home, many women were aware of fundamental menstruation care procedures. Similar results, pointing out that women frequently manage their periods more effectively in comfortable and encouraging home settings (Hennegan et al. 2019). In terms of home-based material use and reuse requirements, participants demonstrated good menstrual health and wellbeing, indicating that familiar surroundings and caregiver support may promote improved menstrual hygiene behaviors. Women are more comfortable handling their periods in private, secure home environments (Barnard et al., 2003).

On the other hand, low scores for change, disposal, and reuse insecurity point to risky behaviors and discomfort associated with disposal facilities and reuse techniques. The consistent management of menstruation may be impacted by mental illness, according to the moderate score in material and dependability problems (Machtei et al., n.d.). Inconsistent self-care practices, trouble identifying symptoms, and difficulties properly managing menstruation have all been linked to mental illness (Knox et al., 2015). Menstrual cycle regularity and symptom intensity are also known to be influenced by psychological stress and psychiatric medications. This study's low disposal and reuse security scores provide more proof that mental illness might have a detrimental effect on menstruation confidence and management. These results are in line with past studies that indicate poor hygiene practices, especially among vulnerable communities, are caused by inadequate sanitation, fear of leaks, and stigma around menstruation (Lahme et al., 2018) UNICEF,

2019). Managing the menstrual cycle and maintaining good hygiene seem to be significantly impacted by mental illness. Monitoring symptoms, maintaining hygiene, and replacing materials on time can all be hampered by symptoms including sadness, anxiety, diminished motivation, and difficulty concentrating. Strong correlations between mental illness and poor self-care practices, increased premenstrual symptoms, and irregular menstruation have been found in earlier research (Aolymat et al., 2023)(Yonkers et al., 2008).

Planning and maintaining consistent access to menstruation products may be challenging, as indicated by the modest material reliability score. The extremely low transportation and school/environment needs scores, which show substantial obstacles to menstruation management outside the home, were among the most alarming findings. Women's capacity to appropriately manage menstruation in public or institutional settings is hampered by limited access to clean restrooms, water, disposal facilities, and transportation (Knox et al., 2015). Inadequate WASH (Water, Sanitation, and Hygiene) infrastructure is a primary factor of poor menstrual health outcomes, according to a large body of international literature (Hennegan et al., 2021). Menstrual healthcare-seeking behavior is particularly difficult for women with mental illness since these obstacles are sometimes exacerbated by stigma, decreased mobility, and restricted access to healthcare service (Id et al., 2022).

CHAPTER VI: CONCLUSION

6.1 Strengths and limitations

6.1.1 Strengths

- This study focuses on women who suffer from mental illness, a population that is frequently overlooked when discussing menstruation health.
- It provides a comprehensive understanding of their social, emotional, and physical issues during menstruation.
- Physicians, nurses, and therapists can better grasp their needs with the use of this information.
- By discussing menstrual problems honestly, it helps lessen stigma.
- It offers a foundation for further investigation.
- MPNS-36 Bangla already validated and free to use.
- Compared to other approaches, face-to-face surveys yielded more accurate and trustworthy data since they had a greater and more honest answer rate.

6.1.2 Limitations

- The findings might not be representative of all women due to the small number of participants.
- We are unable to see changes over time because the study was conducted only once.
- Some women can have trouble recalling or articulating their symptoms.
- Periods can be impacted differently by various mental diseases and medications, and these variables might not be taken into account.
- Women may conceal certain facts due to cultural stigma associated with menstruation.

6.2 Practice Implications

1. Check menstrual health in mental health services:

During routine checkups, physicians, nurses, and therapists should inquire about women's menstrual cycle, discomfort, flow, and hygiene needs. This aids in the early detection of issues.

2. Teach simple menstrual hygiene skills:

Women can learn from occupational therapists how to change pads, maintain hygiene, deal with stains, and stick to a schedule. Women who struggle with everyday chores, memory issues, or confusion can benefit from this.

3. Support emotional wellbeing during periods:

During their periods, many women with mental illness experience increased levels of stress, depression, or rage. Emotional control, coping mechanisms, and relaxation can all be taught by therapists.

4. Monitor medicines that affect periods:

Certain psychiatric medications may result in severe bleeding or irregular periods. Physicians should monitor adverse effects and adjust medication as necessary.

5. Ensure access to sanitary products:

Clean sanitary pads and secure, private areas for period care should be available in hospitals, mental health facilities, and rehabilitation institutions.

6.2.1 Recommendations

- Use easy-to-follow instructions and illustrations to educate people about menstruation health.
- Incorporate menstruation screening into regular evaluations and follow-up.
- To encourage self-sufficiency in menstruation care, teach hygiene skills.

- For improved management, work together with physicians, nurses, and other experts.
- To help with emotional control during menstruation, provide coping mechanisms.
- Encourage caregivers to provide courteous assistance while maintaining privacy.
- Make sure people have access to private areas, sanitary pads, and clean restrooms.
- Communicate in a nonjudgmental and culturally sensitive manner.
- Encourage routine follow-up in cases of severe symptoms or irregular menstruation.

6.3 Conclusion

A crucial but frequently disregarded component of care for women with mental illness is menstrual health and wellbeing. Pain, irregular cycles, emotional swings, hygiene issues, adverse drug reactions, and social stigma are all common problems for these women. Their everyday functioning, self-confidence, and general quality of life can all be severely impacted by such problems. This study indicates the need for greater knowledge, comprehension, and assistance in this field. Their wellness can be significantly improved by incorporating menstruation health into regular mental health care, offering clear knowledge, teaching hygiene and coping mechanisms, and guaranteeing access to sanitary items. Women may manage their menstrual requirements with dignity, independence, and comfort when mental health professionals work together and adopt a caring, respectful, and stigma-free approach. Regular follow-up and early care to menstruation issues further support mental and physical well-being.

CHAPTER VII: REFERENCE

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APPENDICES

Appendix: A (Permission Letter)



বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref:

CRP-BHPI/IRB/07/2025/1112

Date: 21.07.2025

To
Mst. Sabiha Rahman Keya
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200436
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **Status of Menstrual Health and Wellbeing among Women with Mental Illness** by ethics committee.

Dear Mst. Sabiha Rahman Keya,
Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator and Khadija Akter Lily, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL No.	Name of the Documents
1	Research Proposal
2	The Menstrual Practice Needs Scale -36(English-Bangla)
3	Information sheet & consent form

The purpose of the study is to assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among woman's with mental illness. The study involves use of the menstrual practice needs scale-36 to explore how does menstrual health and mental wellbeing woman's with mental illness. That may take 30 to 40 minutes to answer the survey questionnaire and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,


Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permission letter: National Institute of Mental Health

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
পরিচালক ও অধ্যাপকের কার্যালয়
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট ও হাসপাতাল
শের-ই-বাংলা নগর, ঢাকা- ১২০৭

স্মারক নং-এনআইএমএইচ/একাডেমিক/২০২৫/২৫৬৬

তারিখঃ ২৪/৬/২৫

বরাবর

এসকে মনিরুজ্জামান
অধ্যাপক এন্ড প্রধান
অকুপেশনাল থেরাপি বিভাগ
পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি)
চাপাইন, সাভার, ঢাকা।

বিষয় : গবেষণা সংক্রান্ত তথ্য (ডাটা) সংগ্রহের অনুমতি প্রদান প্রসঙ্গে।

উপরোক্ত বিষয়ের আলোকে বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), ঢাকা এর বিএসসি চতুর্থ বর্ষের শিক্ষার্থী কে জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, শেরে বাংলা নগর, ঢাকায় "Status of Menstrual Health and Wellbeing among Women with Mental Illness" বিষয়ক গবেষণা সংক্রান্ত থিসিসের তথ্য উপাত্ত (ডাটা) সংগ্রহের জন্য অনুমতি প্রদান করা হলো।

M. Rahman

(অধ্যাপক ডা. মোঃ মাহবুবুর রহমান)
পরিচালক (ভারপ্রাপ্ত) ও
অধ্যাপক (চলতি দায়িত্ব), সাইকিয়াট্রি
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
তারিখঃ

স্মারক নং-এনআইএমএইচ/একাডেমিক/২০২৫/

অনুলিপি অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হলো :-

- ১। সহযোগী অধ্যাপক, চাইল্ড, এডলোসেন্ট এন্ড ফ্যামিলি সাইকিয়াট্রি বিভাগ, এনআইএমএইচ, ঢাকা।।
- ২। সহযোগী অধ্যাপক, জেরিয়াট্রিক এন্ড অর্গানিক সাইকিয়াট্রি, এনআইএমএইচ, ঢাকা।
- ৩। ড. মোঃ জাহির উদ্দিন, সহকারী অধ্যাপক, ক্লিনিক্যাল সাইকোলজি, এনআইএমএইচ, ঢাকা।
- ৪। মোঃ জামাল হোসেন, সাইকিয়াট্রিক সোসাল ওয়ার্কার, এনআইএমএইচ, ঢাকা।
- ৫। রেসিডেন্ট সাইকিয়াট্রিস্ট, এনআইএমএইচ, ঢাকা।
- ৬। প্রশাসনিক কর্মকর্তা, এনআইএমএইচ, ঢাকা।
- ৭। পরিচালক মহোদয়ের ব্যক্তিগত সহকারী, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৮। সহকারী লাইব্রেরিয়ান, এনআইএমএইচ, ঢাকা।
- ৯। অফিস কপি।

M. Rahman
(অধ্যাপক ডা. মোঃ মাহবুবুর রহমান)
পরিচালক (ভারপ্রাপ্ত) ও
অধ্যাপক (চলতি দায়িত্ব), সাইকিয়াট্রি
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা

Permission Letter: CRP Rabia Noor Mental Health Day center



বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
The Project Manager,
Meaningful Social Access for Persons with Mental Health Needs
CRP, Chapain, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is "Status of Menstrual Health and Wellbeing among Women with Mental Illness" with myself & Khadija Akter Lily, Lecture, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as my thesis supervisor. The purpose of the study is to assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness. The menstrual practice needs scale -36 will be used in the study. I would like to collect data from individuals who are currently receiving services from Rabia Noor Mental Health Day Centre and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

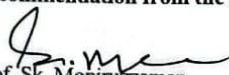
Mst. Sabiha Rahman Keya
Mst. Sabiha Rahman Keya

4th Year, B.Sc. in Occupational Therapy

Session: 2020-21; Student ID: 122200436

BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:


Prof. SK. Moniruzzaman

Professor & Head

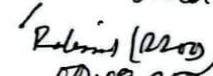
Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343

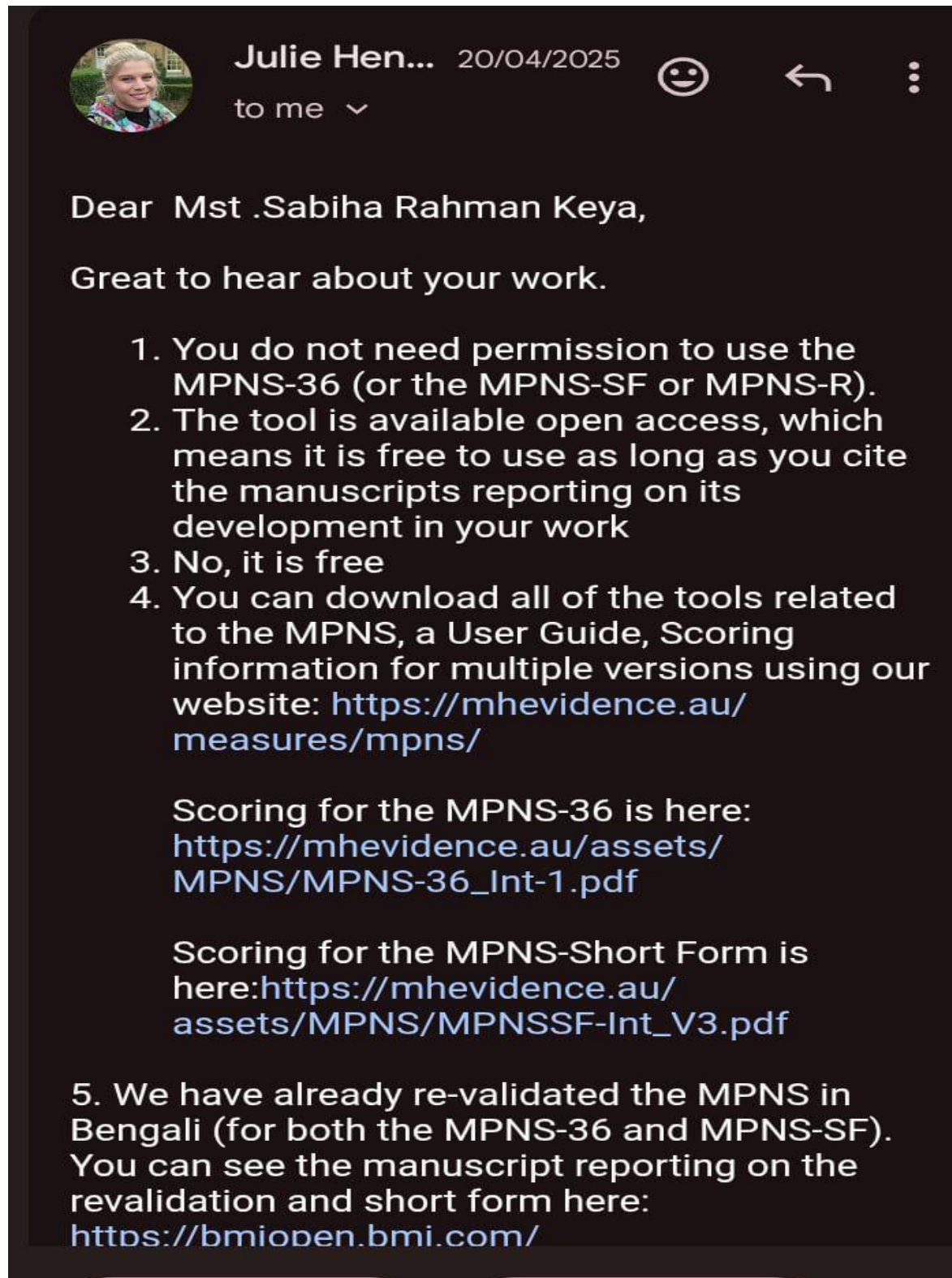
Attachments: Copy of IRB Approval Letter.

Permission is granted for data collection from CRP-Rabia Noor Mental Health Day Centre and strongly advised to maintain the ethical standards and confidentiality in accordance with the code of ethics in the psychosocial field.


02.08.25

Md. Rabiul Hasan
Project Manager
Mental Health Project-CRP

Author permission:



Appendix B: Information Sheet & consent form (English version)

Participants Information

Research topic: Status of Menstrual Health and Wellbeing among Women with Mental Illness.

Investigator: Mst. Sabiha Rahman Keya,

4th year student of B.Sc. in Occupational Therapy,

2020-21 session, Bangladesh Health Professions Institute (BHPI).

Supervisor: Khadija Akter Lily,

lecturer of Occupational Therapy Department,

Bangladesh Health Professions Institute (BHPI).

Place: Individual women with mental illness who took treatment from National Institute of

Mental Health (NIMH) and CRP- Rabia Noor Mental Health Day Centre and Mirpur CRP.

Information Sheet

Introduction

I am Mst. Sabiha Rahman Keya, a 4th-year B.Sc. student in Occupational Therapy (session 2020-2021) at the Bangladesh Health Professions Institute (BHPI), affiliated with the Faculty of Medicine at Dhaka University. As part of my study requirements at BHPI, I must complete a research project. This project will be conducted under the supervision of Khadija Akter Lily, lecturer in Occupational Therapy Department. The aim of this research project is to collect and analyze data relevant to the research topic, which will be thoroughly presented to you through this participant information sheet. Your participation in this research is entirely voluntary, and having a clear understanding of the research topic will help you make an informed decision. There is no need to commit to participation immediately. You are encouraged to discuss your decision with your relatives or guardians. If you have any questions or need further clarification after reading the information sheet, please feel free to ask.

Research Background and Objectives:

You are invited to participate in this research because there is currently no study in Bangladesh focusing on the Status of Menstrual Health and Wellbeing among Women with Mental Illness. To assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness. Your participation in this study will provide valuable insights into the menstrual cycle of this population. Your involvement is entirely voluntary and greatly appreciated.

Let's know about the topic related to participation in this research work

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to agree to participate in the study. If you ensure the participation, a copy of your consent will be given. After a representative of collection data till by the researcher will call you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree then you do not have to participate. Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.

The benefits and risks of participation

You will not get any benefit directly to participate in this research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits direct from the results of this research will remove the disadvantages. Don't worry about the questions that may know about your identity, it's a request. To minimize the risk of identifying individuals, patient names and addresses will not be included in the data analysis software.

Confidentialities of information

By signing this agreement, you grant the research team permission to study this project and use your personal information. Any data collected that could identify you will be kept confidential. Your information will be represented symbolically, and only the researcher and supervisor will have direct access to it. Symbolically identified data will be used for data analysis. Physical information will be stored in a locked drawer, while electronic data will be stored on the BHPI Occupational Therapy department's computers and the researcher's personal laptop. The findings from this research are expected to be published and presented at various forums. However, in any publication or presentation, your identity will remain confidential unless you provide explicit consent.

Information about promotional result

The result of this study anticipated to be published in various social media, websites, conference, discussion, and reviewed journals.

Participant's fees

There is no stimulus and remuneration for participation in this study.

Source of funding to manage research

The cost of this research will be spent solely by researchers own funds. This study will be done in a particular area and no money come from external source.

Information about withdrawal from participation

Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.

Consent form

(Please read out to the participant)

Assalamualaikum, I am (Mst. Sabiha Rahman Keya), 4th Year B.Sc. in Occupational Therapy student, at Bangladesh Health Professions Institute (BHPI), affiliated to the University of Dhaka. To fulfill the requirement of a B.Sc. in Occupational therapy degree I have to do a research project. My research title is “(Status of Menstrual Health and Wellbeing among Women with Mental Illness.)” The purpose of this research is to To assess the menstrual health status, hygiene practices, and overall wellbeing related to menstruation among patients with mental illness. This will take approximately 30-35 minutes. I am committed that the study will not harmful or risky for you. There is no payment for taking part in the study. All information provided by you will be treated as confidential and in the event of any report or publication, it will be ensured that the source of information remains confidential. Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don’t like or do not want during the interview. If you have any queries about the study, you may contact with me (Mst. Sabiha Rahman Keya) or my supervisor Khadija Akter Lily (lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute).

So, may I have your consent to proceed with the interview?

YES ☐

NO ☐

Signature of Participant:	Date:
Signature of Researcher:	Date:

Participant's Withdrawal From

Reason for withdrawal:

.....

.....

.....

.....

.....

.....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Date:

Appendix C: Information Sheet and consent form (Bangla Version)

Information Sheet (Bangla)

অংশগ্রহণকারীদের তথ্য

গবেষণার বিষয়:

গবেষণার স্থান: ন্যাশনাল ইনস্টিটিউট অব মেন্টাল হেলথ (NIMH), সিআরপি-রাবিয়া নূর মেন্টাল হেলথ ডে সেন্টার এবং মিরপুর সিআরপি থেকে চিকিৎসা গ্রহণকারী মানসিক অসুস্থ নারীগণ।

তথ্যপত্র

আমি মোসাঃ সাবিহা রহমান কেয়া, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট (বিএইচপিআই), সিআরপির শিক্ষা প্রতিষ্ঠান, অনুপেশনাল থেরাপি বিভাগের অধ্যয়নরত ৪র্থ বর্ষের একজন ছাত্রী। বিএইচপিআই থেকে অকুপেশনাল থেরাপিতে বি.এসসি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা আবশ্যিক। এই গবেষণাটি অকুপেশনাল থেরাপি বিভাগের প্রভাষক খাদিজা আক্তার লিলির এর তত্ত্বাবধানে পরিচালিত হচ্ছে। এই অংশগ্রহণকারীর ব্যাখ্যামূলক বিবৃতির মাধ্যমে গবেষকের উদ্দেশ্য, তথ্য সংগ্রহের প্রক্রিয়া, এবং গবেষণাটির সাথে সংশ্লিষ্ট বিষয় কিভাবে রক্ষিত হবে সে বিষয়গুলি বিস্তারিতভাবে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে আগ্রহী হন, তাহলে গবেষণার বিষয় সম্পর্কে পরিষ্কার ধারণা লাভ করা আপনার সিদ্ধান্ত গ্রহণ করতে সহজতর হবে। অংশগ্রহণকারীর ব্যাখ্যামূলক বিবৃতি পড়ার পর যদি বিষয়বস্তু বোঝার ক্ষেত্রে কোনও সমস্যা হয় বা আপনার কিছু জানার প্রয়োজন হয়, তাহলে আপনি নির্দিধায় প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট এবং উদ্দেশ্য

আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানানো হচ্ছে কারণ, বাংলাদেশে বর্তমানে মানসিক অসুস্থ নারীদের মাসিক স্বাস্থ্য ও সুস্থতার উপর এখনো কোনো গবেষণা হয়নি। এই গবেষণার লক্ষ্য মানসিক অসুস্থ নারীদের মাসিক স্বাস্থ্য পরিস্থিতি মূল্যায়ন করা এবং স্বাস্থ্যবিধি চর্চা এবং মাসিক সম্পর্কিত সার্বিক সুস্থতা যাচাই করা। এই গবেষণায় আপনার অংশগ্রহণ এই জনসংখ্যার মাসিক স্বাস্থ্য সম্পর্কে মূল্যবান দৃষ্টি প্রদান করবে। আপনার সম্পৃক্ততা সম্পূর্ণরূপে স্বেচ্ছাসেবী এবং ব্যাপকভাবে প্রশংসনীয়।

এই গবেষণা কর্মটিতে অংশগ্রহণের সাথে সম্পর্কিত বিষয় সম্পর্কে জানা যাক

আপনার থেকে অনুমতি পত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপনা করা হবে। আপনি যদি এই অধ্যয়নে অংশগ্রহণ করতে চান, তাহলে আপনাকে অধ্যয়নে অংশগ্রহণের জন্য সম্মতিপত্রে স্বাক্ষর করতে হবে। আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোনো কারণে স্বাক্ষর প্রদানে ব্যর্থ হন, সে ক্ষেত্রে আপনার কাছ থেকে একজন স্বাক্ষর উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতিপত্রে নেওয়া হবে। আপনি যদি অংশগ্রহণ নিশ্চিত করেন, আপনার সম্মতির একটি অনুলিপি দেওয়া হবে। পরবর্তীতে গবেষক গঠিত তথ্য-উপাত্ত নিয়ে একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার কাছ থেকে চেয়ে নেওয়া যে কোনো একটি নির্দিষ্ট সময়ে আপনার কাছ থেকে প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। আপনি যদি রাজি না হন তবে আপনাকে অংশগ্রহণ করতে হবে না। আপনার সম্মতি সত্ত্বেও, আপনি গবেষককে কোনো ব্যাখ্যা না দিয়ে যেকোনো সময় আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন।

অংশগ্রহণের সুবিধা এবং ঝুঁকিগুলো কি

এই গবেষণা প্রকল্পে অংশগ্রহণ করার জন্য আপনি সরাসরি কোনো সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহণের ফলে আপনার দৈনন্দিন কাজে কিছু বা অনেক অসুবিধা হতে পারে। যাইহোক, আমরা আশাবাদী যে এই গবেষণার ফলাফল এই অসুবিধাগুলি দূর করবে। আপনার পরিচয় সম্পর্কে জানতে পারে এমন প্রশ্নগুলি নিয়ে চিন্তা না করার জন্য অনুরোধ করা হলো। ব্যক্তি সনাক্তকরণের ঝুঁকি কমাতে, রোগীর নাম এবং ঠিকানা ডেটা বিশ্লেষণ সফটওয়্যারে অন্তর্ভুক্ত করা হবে না।

তথ্যের গোপনীয়তা

এই চুক্তিতে স্বাক্ষর করার মাধ্যমে, আপনি গবেষণা দলকে এই প্রকল্প অধ্যয়ন করার এবং আপনার ব্যক্তিগত তথ্য ব্যবহার করার অনুমতি প্রদান করেন। এই গবেষণা প্রকল্পের জমা সংগৃহীত যেকোনো তথ্য যা আপনাকে শনাক্ত করতে পারে তা গোপন রাখা হবে। আপনার তথ্য প্রতীকীভাবে উপস্থাপন করা হবে, এবং শুধুমাত্র গবেষক এবং তত্ত্বাবধায়ক এর কাছে এর সরাসরি প্রবেশাধিকার থাকবে। প্রতীকীভাবে চিহ্নিত উপাত্ত ডেটা বিশ্লেষণের জন্য ব্যবহার করা হবে। সাংকেতিক উপায়ে চিহ্নিত তথ্য একটি লক করা ড্রয়ারে সংরক্ষণ করা হবে, যখন ইলেকট্রনিক ডেটা বিএইচইআই অকুপেশনাল থেরাপি বিভাগের কম্পিউটার এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংরক্ষণ করা হবে। এই গবেষণার ফলাফলগুলি বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে বলে আশা করা হচ্ছে। যাইহোক, যেকোনো প্রকাশনা বা উপস্থাপনায়, আপনার পরিচয় গোপন থাকবে যদি না আপনি স্পষ্ট সম্মতি প্রদান করেন।

ফলাফল প্রচার সম্পর্কিত তথ্য

এই গবেষণার ফলাফল বিভিন্ন সামাজিক মিডিয়া, ওয়েবসাইট, সম্মেলন, আলোচনা এবং পর্যালোচনা করা জার্নালে প্রকাশিত হবে বলে আশা করা হচ্ছে।

অংশগ্রহণকারীর পারিশ্রমিক

এই গবেষণায় অংশগ্রহণের জন্য কোন উদ্দীপনা এবং পারিশ্রমিক নেই।

গবেষণা পরিচালনার জন্য ব্যয়কৃত অর্থের উৎস

এই গবেষণার ব্যয় শুধুমাত্র গবেষকদের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি একটি নির্দিষ্ট এলাকায় করা হবে এবং বাইরের উৎস থেকে কোনো অর্থ আসবে না।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহ

আপনার সম্মতি সত্ত্বেও, আপনি গবেষককে কোনো ব্যাখ্যা না দিয়ে যেকোনো সময় আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন।

অভিযোগ

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোনো অভিযোগ থাকলে, এসোসিয়েশন অফ এথিক্সের সাথে যোগাযোগ করুন। এই প্রস্তাবটি ইনস্টিটিউশনাল রিভিউ বোর্ড (আইআরবি), বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ দ্বারা পর্যালোচনা করা হবে, যেটি একটি কমিটি যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে সুরক্ষিত করা নিশ্চিত করা। আপনি যদি আইআরবি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা- ১৩৪৩, বাংলাদেশ-এ যোগাযোগ করুন।

consent form (Bangla)

সম্মতি ফর্ম

(দয়া করে অংশগ্রহণকারীকে পড়ে শোনাতে হবে)

আসসালামু আলাইকুম,

আমি (মোসাঃ সাবিহা রহমান কেয়া), ৪র্থ বর্ষের বি.এসসি. ইন অকুপেশনাল থেরাপি শিক্ষার্থী, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট (বিএইচপিআই), যা ঢাকা বিশ্ববিদ্যালয়ের অধিভুক্ত বি.এসসি. ইন অকুপেশনাল থেরাপি ডিগ্রির শর্ত পূরণের জন্য আমাকে একটি গবেষণা প্রকল্প করতে হবে এবং এটি আমার অধ্যয়নের একটি অংশ। আমার গবেষণার শিরোনাম: “মানসিক অসুস্থ নারীদের মাসিক স্বাস্থ্য ও সুস্থতার অবস্থা”। এই গবেষণার উদ্দেশ্য হলো— মানসিক অসুস্থতায় আক্রান্ত নারীদের মাসিক স্বাস্থ্য পরিস্থিতি, স্বাস্থ্যবিধি চর্চা, এবং মাসিক সম্পর্কিত সামগ্রিক সুস্থতা মূল্যায়ন করা। এই গবেষণায় আপনার প্রায় ৩০-৩৫ মিনিট সময় লাগবে। আমি প্রতিশ্রুতি দিচ্ছি যে, এই গবেষণা আপনার জন্য কোনোভাবে ক্ষতিকর বা ঝুঁকিপূর্ণ হবে না। গবেষণায় অংশগ্রহণের জন্য কোনো পারিশ্রমিক প্রদান করা হবে না। আপনি যে তথ্য দেবেন, তা সম্পূর্ণ গোপন রাখা হবে এবং কোনো প্রতিবেদন বা প্রকাশনায় তথ্যের উৎস গোপন রাখা নিশ্চিত করা হবে। আপনার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছায় এবং আপনি চাইলে যেকোনো সময় এই গবেষণা থেকে সরে দাঁড়াতে পারবেন—এতে আপনার কোনো নেতিবাচক প্রভাব পড়বে না। এছাড়া, সাক্ষাৎকার চলাকালীন আপনি চাইলে এমন কোনো প্রশ্নের উত্তর না-ও দিতে পারেন যা আপনার পছন্দ নয় বা দিতে ইচ্ছুক নন। যদি গবেষণা সম্পর্কে কোনো প্রশ্ন থাকে, তবে আপনি আমার সাথে (মোসাঃ সাবিহা রহমান কেয়া) অথবা আমার সুপারভাইজার খাদিজা আক্তার লিলি (লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট) যোগাযোগ করতে পারেন।

তাহলে, আমি কি আপনার সাক্ষাৎকার গ্রহণের জন্য সম্মতি পাচ্ছি?

☐ হ্যাঁ

☐ না

অংশগ্রহণকারীর স্বাক্ষর:	তারিখ:
গবেষকের স্বাক্ষর:	তারিখ:

Appendix D: Menstrual Practice Need Scale-36 (MPNS-36) Questionnaire (English and Bangla Version)

During your last menstrual period ...						
		Never	Sometimes	Often	Always	
1	Were your menstrual materials comfortable?	☐	☒	☐	☐	
2	Did you have enough of your menstrual materials to change them as often as you wanted to?	☐	☒	☐	☐	
3	Were you satisfied with the cleanliness of your menstrual materials?	☐	☒	☐	☐	
4	Could you get more of your menstrual materials <u>when</u> you needed to?	☐	☒	☐	☐	
5	Were you worried that your menstrual materials would allow blood to pass through to your outer garments?	☐	☒	☐	☐	
6	Were you worried that your menstrual materials would move from place while you were wearing them?	☐	☒	☐	☐	
7	Were you worried about how you would get more of your menstrual material if you ran out? (eg., if you needed to purchase materials, retrieve materials from home, or ask someone for materials)	☐	☒	☐	☐	
8	Did you feel comfortable carrying spare menstrual materials with you outside of your home?	☐	☒	☐	☐	
9	Did you feel comfortable carrying menstrual materials to the place where you changed them?	☐	☒	☐	☐	
10	Did you feel comfortable storing [keeping] your leftover or cleaned menstrual materials until your next period?	☐	☒	☐	☐	
11	Were you able to wash your hands <u>when</u> you wanted to?	☐	☒	☐	☐	
12	Were you able to immediately dispose of your used menstrual materials?	☐	☒	☐	☐	N/A
13	Were you able to dispose of your used materials in the way that you wanted to?	☐	☒	☐	☐	N/A
14	Were you worried about where to dispose of your used menstrual materials?	☐	☒	☐	☐	N/A
15	Were you concerned that others would see your used menstrual materials in the place you disposed of them?	☐	☒	☐	☐	N/A

Next, you will read a set of statements asking about your experiences menstruating at home. You will then read the same statements about your experience at school [work/away from home]. Please think about your experience in each location.

At home during your last menstrual period ...					
		Never	Sometimes	Often	Always
16	When at home, were you able to change your menstrual materials <u>when</u> you wanted to?	☐	☒	☐	☐

Sociodemographic questionnaire:(English)

1. Name:
2. Contact Number:
- 3.ID number:
- 4.Address:
5. Age of the participants..... (in years)
6. Sex:
 - a.Married
 - b.Unmarried
 - c.Separate
 - d.Divorced
7. Marital status:
 - a.Married
 - b.Unmarried
 - c.Separate
 - d.Divorced
8. Number of the family members.....
- 9.Types of family
 - a. Living with extended Family
 - b. Living with nuclear Family
 - c. Staying alone
10. Living area
 - a. Rural
 - b.Urban
11. Highest level of education acquired:
 - a. Primary education
 - b. Secondary education
 - c. Higher secondary
 - d. Tertiary education
12. Present occupational status
 - a. Students
 - b. Housewife
 - c. Others (.....)
13. Diagnosis (.....)
13. Diagnosis (.....)
14. Religion
 - a. Muslim
 - b. Hindu
 - c. Buddha
 - d. Christian
 - e.Others (.....)
15. How long have you been receiving treatment ?.....(Day/Months)
- 16.Menstrual status:
 - a.Regular
 - b. Irregular
- 17.Are you currently suffering from any physical or mental illness?
 - a.Yes
 - b.No
18. Have you noticed any changes in your menstruation after taking medication?
 - a.Yes
 - b.No

Socio-Demographic Part (Bangla)

১. নাম:

২. যোগাযোগের ঠিকানা:

৩. অংশগ্রহনকারীর আইডি:

৪. ঠিকানা:

৫. অংশগ্রহনকারীর বয়স.....(বছর)

৬. লিঙ্গ:

৭. বৈবাহিক অবস্থা:

- বিবাহিত
- অবিবাহিত
- আলাদা থাকা
- তালাকপ্রাপ্ত

৮. পরিবারের সদস্য সংখ্যা.....

৯. পরিবারের ধরন

- যৌথ পরিবারে বসবাস
- একক পরিবারে বসবাস
- একা থাকা

১০. বসবাসের এলাকা :

- গ্রামীণ
- শহরাঞ্চল

১১. শিক্ষাগত যোগ্যতা:

- প্রাথমিক শিক্ষা
- মাধ্যমিক শিক্ষা
- উচ্চ মাধ্যমিক শিক্ষা
- উচ্চ শিক্ষা

১২. বর্তমান পেশাগত অবস্থা:

- শিক্ষার্থী
- গৃহিনী
- অন্যান্য

১৩. রোগ নির্ণয়:

১৪. ধর্ম :

- মুসলিম
- হিন্দু
- বৌদ্ধ
- খ্রিষ্টান

১৫. কতদিন ধরে চিকিৎসা নিচ্ছেন?..... (দিন/ মাস)

১৬. মাসিকের অবস্থা:

- নিয়মিত
- অনিয়মিত

১৭. বর্তমানে আপনি কি কোনো শারীরিক বা মানসিক অসুস্থতায় ভুগছেন?

- হ্যাঁ
- না

১৮. ঔষধ খাওয়ার পরে মাসিকের কোনো পরিবর্তন হয়েছে কিনা?

- হ্যাঁ
- না

Menstrual Practice Need Scale-36 (MPNS-36) Questionnaire (Bangla Version)

<p>সর্বশেষ মাসিক চলাকালীন সময়ে তোমার মাসিকে ব্যবহৃত উপকরণ কি আরামদায়ক ছিলো?</p> <p>[অপশনগুলো পড়ে শুনাবেন]</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তোমার কাছে কি যথেষ্ট পরিমাণ মাসিকে ব্যবহৃত উপকরণ ছিলো, যাতে তুমি যতবার চাইতে ততবার পালটাতে পারতে?</p> <p>[অপশনগুলো পড়ে শুনাবেন]</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি তোমার কাছে থাকা মাসিকে উপকরণ পরিষ্কার পরিচ্ছন্নতায় সন্তুষ্ট ছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি তোমার প্রয়োজন অনুসারে আরো মাসিকে ব্যবহৃত উপকরণ পেতে পারতে?</p> <p>[read response options]</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, রক্ত তোমার মাসিকের জন্য ব্যবহৃত উপকরণ ভেদ করে বাইরের কাপড়ে লেগে যাবে এটা ভেবে তুমি কি চিন্তিত ছিলে?</p> <p>[অপশনগুলো পড়ে শুনাবেন]</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তোমার মাসিকের জন্য ব্যবহৃত উপকরণ জায়গার থেকে সরে যাবে, এটা ভেবে তুমি কি চিন্তিত ছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p>

<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তুমি কি এটা ভেবে চিন্তিত ছিলে যে, যদি তোমার মাসিকের উপকরণ শেষ হয়ে যায় তাহলে আরো উপকরণ কিভাবে পাবে?</p> <p>[অপশনগুলো পড়ে শুনাবেন]</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি মাসিকের জন্য ব্যবহৃত বাড়তি উপকরণ নিজের সাথে করে নিয়ে যেতে স্বাচ্ছন্দ বোধ করেছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি মাসিকের জন্য ব্যবহৃত উপকরণ, তা পরিবর্তন করার জায়গায় সাথে করে নিয়ে যেতে স্বাচ্ছন্দ বোধ করেছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তোমার আগের বারের রয়ে যাওয়া উপকরণ / খোয়া কাপড় পরবর্তী মাসিক হওয়া পর্যন্ত তুলে রাখতে স্বাচ্ছন্দ বোধ করেছো?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি যখন চেয়েছিলে তখনই নিজের হাত খুঁতে পেরেছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি তোমার ব্যবহৃত উপকরণ সাথে সাথে ফেলে দিতে পেরেছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তুমি কি তোমার ব্যবহৃত উপকরণ যেভাবে চেয়েছিলে সেভাবে ফেলে দিতে পেরেছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>তুমি কি তোমার ব্যবহৃত উপকরণ কোথায় ফেলবে তা নিয়ে চিন্তিত ছিলে?</p> <p>[Remind response options]</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তুমি কি এটা ভেবে চিন্তিত ছিলে যে, তোমার ব্যবহৃত মাসিকের উপকরণটি ফেলার পরে অন্যরা তা দেখে ফেলবে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p>

পরবর্তী প্রশ্নগুলো তুমি বাসায় থাকা অবস্থায় তোমার সর্বশেষ মাসিকের অভিজ্ঞতা সম্পর্কিত।	
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, বাড়িতে থাকাকালীন অবস্থায় তুমি কি তোমার মাসিকের জন্য ব্যবহৃত উপকরণ <u>যখন</u> পরিবর্তন করতে চেয়েছিলে তখন পরিবর্তন করতে পেরেছিলে?</p> <p>[Remind response options as needed] ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, বাড়িতে থাকাকালীন অবস্থায় মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তনের জায়গা নিয়ে কি তুমি সন্তুষ্ট ছিলে</p> <p>Changing can also mean putting on or taking out padding]</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>বাড়িতে থাকাকালীন সময়ে তুমি কি মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করার জন্য পরিত্রা জায়গা পেয়েছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>বাড়িতে থাকাকালীন সময়ে, তুমি কি এটা ভেবে চিন্তিত ছিলে যে, যখন তোমার দরকার হয়েছে তখন মাসিকের উপকরণ পরিবর্তন করতে পারবে না?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, বাড়িতে থাকাকালীন অবস্থায় কেউ তোমাকে মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করার সময় দেখে ফেলবে, এটা ভেবে তুমি কি চিন্তিত হয়ে পড়েছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, বাড়িতে থাকাকালীন অবস্থায় মাসিকের উপকরণ পরিবর্তন করার সময় কেউ তোমার ক্ষতি করবে তুমি কি এটা ভেবে চিন্তিত হয়ে পড়েছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>বাড়িতে থাকাকালীন সময়ে মাসিকের উপকরণ পরিবর্তন করার সময় কোনো কিছু (যেমন কোনো প্রাণী, কীটপতঙ্গ) তোমার ক্ষতি করবে তুমি কি এটা ভেবে চিন্তিত হয়ে পড়েছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>

<p>সর্বশেষ মাসিক চলাকালীন সময়ে স্কুলে থাকাকালীন অবস্থায় তুমি মাসিকের জন্য ব্যবহৃত উপকরণ কি যখন চেয়েছিলে তখন পরিবর্তন করতে পেরেছিলে?</p> <p>*নোট- এটা তিনি যখন চাচ্ছে তখন পরিবর্তন করতে পারে (হতে পারে তিনি বাসায় গিয়েও পরিবর্তন করতে পারে। *যদি তার পরিবর্তন করার প্রয়োজন না হয় তাও তিনি যে কোন সময় চাইলেই বদলাতে পারে</p> <p>ODK: MPQ1 -এর মাসিকের ব্যবহৃত উপকরণগুলোর লিস্ট দিন।</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে স্কুলে থাকাকালীন অবস্থায় তুমি কি মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করার জায়গা নিয়ে সন্তুষ্ট ছিলে? (যেমন জায়গাটা কি পরিষ্কার এবং নিরাপদ ছিল? যা দরকার সব ছিল?)</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিকের সময় স্কুলে ে থাকাকালীন মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করতে পারবেন না এটা ভেবে তুমি কি চিন্তিত হয়ে পেরেছিলে?</p> <p>কখনো কখনো কখনো কখনো বেশিরভাগ সময়ে সবসময় কোন উত্তর নেই 88</p> <p>[Remind response options]</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p> <p>-</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে স্কুলে থাকাকালীন অবস্থায় তুমি কি মাসিকের উপকরণ পরিবর্তন করেছিলে?</p> <p>[অপশন মনে করিয়ে দিবেন]</p>	<p>কখনো না 1</p> <p>কখনো কখনো 2</p> <p>বেশিরভাগ সময়ে 3</p> <p>সবসময় 4</p> <p>কখনও স্কুলে পরিবর্তন করার দরকার পরে নি ... 0</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিকের সময় স্কুলে ে থাকাকালে ে মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করারয় জায়গাটি পরিষ্কার ছিলো?</p> <p>[Remind response options]</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিকের সময় স্কুলে থাকাকালীন অবস্থায় কেউ তোমাকে মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করার সময় দেখে ফেলবে এটা ভেবে তুমি কি চিন্তিত ছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে স্কুলে থাকাকালীন অবস্থায় মাসিকের জন্য ব্যবহৃত উপকরণ পরিবর্তন করার সময়ে কেউ তোমার ক্ষতি করতে পারে এটা ভেবে তুমি কি চিন্তিত ছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p>

<p>সর্বশেষ মাসিক চলাকালীন তোমার মাসিকের জন্য ব্যবহৃত উপকরণ সাবান দিয়ে ধোয়ার জন্য তুমি কি যথেষ্ট পরিমাণ পানি পেয়েছিলে?</p> <p>materials/things are any cleaning used in absorb/catch menstrual blood</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি গামলা বা বালতি পেয়েছিলে যাতে মাসিকের জন্য ব্যবহৃত উপকরণগুলো ধুতে পারো ?</p> <p>[Remind response options as needed]</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তুমি কি যখন চেয়েছিলে তখনই মাসিকের জন্য ব্যবহৃত উপকরণগুলো ধুতে পেরেছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি মাসিকের জন্য ব্যবহৃত উপকরণগুলো ধোয়ার জন্য প্রয়োজনীয় কাপড় ধোয়া সাবান/ডেটল/স্যাভলন/কাপড় ধোয়ার পাউডার/গুড়া সাবান পেয়েছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তুমি কি যখনই চেয়েছেন তখনই মাসিকের জন্য ব্যবহৃত উপকরণগুলো শুকাতে পেরেছিলে?</p> <p>ODK: List menstrual materials from MPQ1</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে তোমার মাসিকের জন্য ব্যবহৃত উপকরণগুলো ধোয়ার সময় কেউ দেখে ফেলবে এটা ভেবে তুমি কি চিন্তিত ছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -</p> <p>88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তোমার যখন লাগবে তখন মাসিকের জন্য ব্যবহৃত উপকরণগুলো শুকাবে না এটা ভেবে তুমি কি কখনো চিন্তিত ছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>
<p>সর্বশেষ মাসিক চলাকালীন সময়ে, তোমার মাসিকের জন্য ব্যবহৃত উপকরণগুলো শুকানোর সময় অন্য কেউ তা দেখে ফেলবে এটা ভেবে তুমি কি চিন্তিত ছিলে?</p>	<p>কখনো না 0</p> <p>কখনো কখনো 1</p> <p>বেশিরভাগ সময়ে 2</p> <p>সবসময় 3</p> <p>কোন উত্তর নেই -88</p>

Thesis Supervisor conduct schedule:

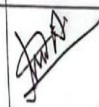
Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Status of Menstrual Health and Wellbeing among Women with Mental Illness.

Name of student: Mst. Sabiha Rahman Keya

Name and designation of thesis supervisor: Khadija Akter Lily
Lecturer
Department of Occupational Therapy, BHPI, CRP

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	29.05.25	Library building	Research title, aim and Objective checkout	2 hours	Discussion helped to clarify the research title, aim and objective	Sabiha	
2	01.06.25	BHPI building	Clearance of aim, objective and discuss about research scale	1 hours 40 min	Helpful and informative discussion	Sabiha	
3	03.06.25	BHPI building	Discussion about research scale related article, how to get permission from author	1 hour 30 min	Supportive and focused discussion	Sabiha	

4	04.06.25	Library building	Research proposal guideline research methodology and research question	2 hours 20 min	Guides meaningful research	Sabiha	
5	16.06.25	BHPI building	Research proposal submission and discussion	2 hours 15 min	Helped me organize present and discuss my research effectively	Sabiha	
6	19.06.25	BHPI building	Research proposal feedback and presentation guidelines	2 hours 45 min	Helpful feedback and valuable	Sabiha	
7	23.06.25	BHPI building	Research proposal presentation feedback and guideline	3 hours 30 min	Helpful feedback	Sabiha	
8	17.07.25	BHPI building	Discussion and guidelines about data collection	3 hours	Informative discussion	Sabiha	
9	20.07.25	BHPI building	Feedback on data collection permission letter	1 hours 30 min	Effective feedback	Sabiha	
10	23.07.25	BHPI building	Discussion about data entry analysis and variable set guideline	1 hours 15 min	Got a clear concept	Sabiha	
11	28.07.25	BHPI building	Data analysis guideline on SPSS	2 hours 15 min	Clear and effective discussion	Sabiha	
12	07.08.25	BHPI building	Discussion about descriptive analysis result	3 hours 35 min	Effective and clear guideline	Sabiha	
13	12.11.25	BHPI building	Methodology, literature review, Background submit and discussion	2 hours	Constructive and effective discussion	Sabiha	
14	29.11.25	BHPI building	Provide feedback about data analysis, result and discussion	1 hours 25 min	Effective feedback for the thesis	Sabiha	

15	02.12.25	BHPI building	Feedback on result writing and socio-demographic question	1 hours 30 min	Effective discussion	Sabiha	
16	05.12.25	BHPI building	Descriptive analysis feedback	2 hours	Got a clear concept	Sabiha	
17	08.12.25	BHPI building	Feedback about 1st draft submission and discussion	1 hours	Appreciated and effective feedback	Sabiha	
18	10.12.25	BHPI building	Analysis related discussion and feedback	1 hours 15 min	Helpful feedback and discussion	Sabiha	
19	08.01.26	BHPI building	Overall feedback and discussion 1st draft submission	2 hours	Got clear feedback	Sabiha	
20	14.01.26	BHPI building	Provide feedback and discussion about discussion and appendix	1 hours	Helpful for my thesis	Sabiha	

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.