

# Social Awareness for Women's Health: A Baseline Study in Gazaria, Munshiganj, Bangladesh

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## Abstract

**Background:** In response to the critical need for addressing women's health issues in marginalized communities, this research undertook a baseline study to assess social awareness related to women's health in Gazaria, Munshiganj, Bangladesh. The study focused on understanding the existing knowledge, attitudes, and practices regarding women's health to inform targeted interventions for improvement. **Objective:** The primary objective of the baseline study was to comprehensively investigate the level of social awareness concerning women's health in Gazaria, Munshiganj, Bangladesh. Specific aims included assessing knowledge gaps, identifying prevalent attitudes, and documenting current health practices among the community members. **Methodology:** This research adopted a cross-sectional study design, utilizing both quantitative and qualitative research methods. A structured questionnaire was administered to a representative sample of individuals from the Gazaria community. Additionally, in-depth interviews and focus group discussions were conducted to gather nuanced insights into social perceptions and practices related to women's health. The study period spanned [insert timeframe], encompassing diverse demographic and socio-economic groups. **Findings:** The baseline study revealed critical insights into the social awareness landscape regarding women's health in Gazaria. Key findings included disparities in knowledge about reproductive health, limited access to menstrual hygiene products, and notable gaps in mental health awareness. Additionally, prevailing socio-cultural norms and economic constraints were identified as influential factors shaping women's health practices. The study highlighted the need for

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targeted interventions addressing these specific challenges to enhance social awareness and promote better health outcomes for women. **Conclusion:** This baseline study serves as a foundational step towards understanding and improving social awareness regarding women's health in Gazaria, Munshiganj. The findings underscore the urgency of tailored interventions to address knowledge gaps, promote healthier practices, and foster a supportive community environment to promote SGDs. The insights gained from this research can inform the development of comprehensive public health strategies aimed at enhancing women's health awareness and well-being in similar socio-economic contexts.

### Keywords

Women's Health, Social Awareness, Public Health Intervention, Menstrual Hygiene, Social Perceptions and Practices

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## 1. Introduction

Menstrual hygiene management (MHM) constitutes a critical aspect of women's health, encompassing the safe and dignified management of menstruation through the utilization of absorbent materials like disposable sanitary pads and cups (Afiaz & Biswas, 2021). Acknowledged by the United Nations Children's Fund (UNICEF) as a fundamental hygiene practice for women and girls throughout their reproductive years (UNICEF, 2020), MHM holds significance from menarche to menopause (Budhathoki et al., 2018). Essential to maintaining hygiene during menstruation is the proper cleansing of external genitalia and the hygienic utilization of clean cloth or sanitary products, with recommended changes every 3 to 4 hours (Hjelm et al., 2018). However, despite its importance, numerous women and girls encounter challenges stemming from limited access to accurate information and knowledge (Dutta et al., 2016). The use of unhygienic materials can pose health risks, potentially leading to reproductive tract infections (RTIs) (Ulley et al., 2019).

Gazaria, nestled in the embrace of Munshiganj, unfolds as a unique microcosm where tradition converges with the dynamics of modernity. Within this tapestry, the discourse on women's health takes center stage, illuminating not only the prevailing challenges but also the untapped potential for transformative change (Perkins et al., 2019). Gazaria, like many regions in Bangladesh, grapples with the intersection of cultural norms, economic constraints, and healthcare accessibility, shaping the contours of women's health experiences. The importance of this study lies in the recognition that an informed and healthy female population is not just an individual imperative but a cornerstone for community resilience and progress (Zahan, 2014).

In the rich narrative of Bangladesh's history and culture, women have played multifaceted roles, contributing significantly to the nation's socio-economic de-

velopment. However, despite these contributions, a persistent gap exists in addressing the unique health needs and challenges faced by women. Gazaria, with its distinct socio-cultural milieu, provides an opportune lens through which to examine and understand the nuanced dynamics of women's health awareness (Parveen, 2007). However, the discourse on women's health awareness in Gazaria takes on added significance against the backdrop of global and national efforts to achieve the Sustainable Development Goals (SDGs) (Yaya et al., 2017). Specifically, SDG 3 underscores the importance of ensuring healthy lives and promoting well-being for all, with a particular emphasis on women and children. Within this framework, understanding the contextual intricacies of Gazaria becomes imperative for crafting targeted interventions and policies that align with the aspirations of a healthier, more equitable society.

As we navigate through the alleys of Gazaria, we intend to unravel the layers of awareness or the lack thereof that influence women's health practices (Harris-Fry et al., 2016). By contextualizing the study within the unique challenges faced by the women of Gazaria, we aim to not only identify gaps but also pave the way for informed, culturally sensitive interventions that resonate with the community's ethos. In the pages that follow, we embark on a journey of exploration, delving into the heart of Gazaria's communities to decipher the narratives of women's health (Shahid-Uz-Zaman et al., 2011). Through this study, we aspire to contribute not only to academic knowledge but, more importantly, to the transformative potential that lies in elevating women's health awareness in Gazaria and, by extension, fostering a healthier and more empowered society (Karim et al., 2016).

In Gazaria, Munshiganj, Bangladesh, women's health stands at a crucial crossroads, marked by a confluence of cultural norms, economic disparities, and limited access to essential healthcare information. The community, while rich in heritage, grapples with a discernible gap in social awareness concerning women's health, posing a formidable barrier to holistic well-being (Akther et al., 2020). This pressing issue necessitates a comprehensive baseline study to illuminate and address the critical challenges that impede the realization of optimal health outcomes for women in Gazaria.

A prevailing challenge in Gazaria is the limited understanding of reproductive health among women. This knowledge gap manifests in suboptimal awareness about essential aspects such as family planning, maternal health, and the importance of regular health check-ups. The absence of this foundational knowledge hampers informed decision-making and preventive healthcare practices (Rahman et al., 2023). On the other hand, cultural taboos surrounding menstrual hygiene persist, contributing to inadequate practices and the lack of access to proper menstrual hygiene products. These taboos often lead to misconceptions and contribute to substandard menstrual health practices, affecting the overall well-being of women (Taleb et al., 2015).

However, mental health remains a marginalized aspect of women's well-being in Gazaria. The community contends with insufficient awareness about the significance of mental health, and the stigma associated with mental health issues

further compounds the problem. The intersection of menstrual health and mental well-being is a critical nexus that demands exploration (Hasan & Uddin, 2016; Al-Mamun et al., 2023). Besides, economic factors, including financial constraints within households, emerge as a significant impediment to women's health practices (Afrin et al., 2015). Limited financial resources lead to restricted access to healthcare services, preventive measures, and necessary health products, exacerbating the challenges faced by women in Gazaria.

Information accessibility is a substantial challenge, with a dearth of initiatives delivering targeted health education to women. The absence of community-specific health campaigns and resources contributes to the perpetuation of misinformation and the persistence of harmful health practices (Parvez et al., 2023). In light of these challenges, the baseline study seeks to dissect and comprehend the intricacies of social awareness concerning women's health in Gazaria. By identifying these gaps, the study aspires to catalyze tailored interventions, policy recommendations, and community engagement initiatives that address the specific needs of women in Gazaria, fostering a paradigm shift towards enhanced social awareness and improved women's health outcomes.

As we stand at the threshold of this exploration into the intricacies of women's health awareness in Gazaria, Munshiganj, our objectives serve as beacons illuminating the path forward. In the weave of cultural richness and economic diversity, our journey unfolds with the intent to unearth the layers that shroud women's health in Gazaria. Through a lens finely tuned to the community's unique context, we embark on a quest to understand the depth of reproductive health knowledge, the subtleties of menstrual hygiene practices, and the often-overlooked realm of mental health awareness. Concurrently, we navigate the economic landscape, deciphering the barriers that impede access to healthcare services (Akram et al., 2020). Simultaneously, we probe the realm of information accessibility, seeking to unveil the effectiveness of existing health campaigns tailored to Gazaria's distinctive ethos.

In the convergence of these objectives lies the promise of profound insights that transcend the academic realm. By contextualizing our research within the broader framework of global health goals, including the Sustainable Development Goals (SDGs), we align our efforts with the collective aspiration to advance gender equality and ensure the well-being of communities. Through these objectives, we do not merely aim to identify challenges but to catalyze transformative change. Our study seeks to be a catalyst for interventions that resonate with the lived experiences of women in Gazaria, echoing the broader narrative of progress, equity, and a healthier future.

## 2. Literature Review

### 2.1. Menstrual Health Awareness and Practices

Menstrual health awareness and practices are integral components of women's overall well-being, with cultural, social, and economic factors playing crucial

roles in shaping norms and behaviors. Existing literature offers valuable insights into the complexities surrounding menstrual health, shedding light on various aspects that influence women's experiences.

Research conducted by Akram et al. (2020) emphasized the cultural significance attached to menstruation in South Asian societies, including Bangladesh. The study highlighted how cultural beliefs and taboos impact menstrual practices, often leading to stigmatization and limited awareness. Additionally, findings from Islam et al. (2021) work underscored the importance of educational interventions in improving menstrual health awareness. The study suggested that targeted educational programs could debunk myths, challenge cultural norms, and empower women to adopt healthier practices.

Moreover, the study by Taleb et al. (2015) delved into the socio-economic factors influencing menstrual hygiene practices. It revealed that financial constraints often hindered women from accessing quality menstrual products, leading to improvised and potentially unhygienic alternatives. This aligns with the prevailing conditions in Gazaria, Munshiganj, where socio-economic factors are likely to contribute significantly to women's menstrual health practices.

Cultural influences on menstrual practices have been further explored in the work of Ahmed et al. (2020). The study highlighted the impact of cultural perceptions on women's self-esteem during menstruation and emphasized the need for culturally sensitive health interventions. Understanding these cultural nuances is imperative for designing effective awareness campaigns and interventions tailored to the specific context of Gazaria.

In summary, the literature on menstrual health awareness and practices provides a rich foundation for the baseline study in Gazaria, Munshiganj. By synthesizing findings from various sources, this review sets the stage for a comprehensive examination of the cultural dynamics and socio-economic factors influencing women's menstrual health in the local context.

## 2.2. Socio-Economic Factors and Access to Health Products

Understanding the socio-economic factors influencing women's access to health products is crucial for addressing barriers to essential hygiene practices. Existing literature provides insights into the complex interplay between socio-economic conditions and women's ability to secure adequate health products.

A study by Nahar et al., (2023) examined the socio-economic determinants affecting women's access to menstrual health products in low-income communities. The findings underscored the financial constraints faced by women, limiting their choices to affordable but potentially less hygienic alternatives. This aligns with the anticipated challenges in Gazaria, Munshiganj, where economic factors may play a pivotal role in shaping women's access to health products.

In addition, research by Banarjee (2020) delved into the broader landscape of women's health product access, beyond menstrual hygiene. The study highlighted the intersectionality of socio-economic factors, emphasizing how income disparities, education levels, and employment opportunities collectively influence wom-

en's overall health-seeking behaviors (Hossain et al., 2023). Insights from this study can inform the baseline study in Gazaria by providing a holistic view of the socio-economic challenges faced by women.

Furthermore, the work of Zhang et al. (2020) explored the role of community-level interventions in mitigating socio-economic barriers to health product access. The study suggested that community-based initiatives, such as microfinance programs and women's cooperatives, could empower women economically, consequently improving their ability to access essential health products.

In summary, the literature on socio-economic factors and access to health products provides a nuanced understanding of the challenges faced by women in various contexts. By synthesizing these insights, the baseline study in Gazaria, Munshiganj, can tailor interventions to address the specific socio-economic dynamics affecting women's access to essential health products.

### 2.3. Mental Health and Women's Well-Being

Exploring the literature on the intersection of mental health and women's well-being provides valuable insights into the multifaceted challenges faced by women, particularly in the context of menstrual health. Understanding the psychological aspects is crucial for developing holistic approaches to enhance women's overall well-being.

A seminal work by Wei et al. (2021) investigated the psychological impact of menstrual health on women's mental well-being. The study identified a correlation between menstrual-related stressors and mental health issues, emphasizing the need for targeted interventions to address these concerns. This finding resonates with the anticipated challenges in Gazaria, Munshiganj, where women may face similar stressors impacting their overall mental well-being.

Additionally, research by Shabir & Gani (2020) delved into the cultural perceptions surrounding women's mental health during menstrual cycles. The study highlighted the importance of destigmatizing mental health discussions and fostering supportive environments to promote women's well-being. Insights from this research can inform the baseline study by shedding light on potential cultural barriers affecting women in Gazaria.

Furthermore, the work of Thibaut & van Wijngaarden-Cremers (2020) explored the role of community-based mental health interventions in enhancing women's resilience. The study suggested that community-driven initiatives, such as peer support groups and awareness campaigns, can contribute to mitigating mental health challenges faced by women. These findings offer practical implications for designing targeted interventions in Gazaria.

In summary, the literature on mental health and women's well-being underscores the interconnected nature of physical and psychological health. By incorporating these insights, the baseline study in Gazaria can develop strategies that address the unique mental health challenges faced by women, fostering a more comprehensive approach to women's health awareness.

## 2.4. Community Engagement and Health Promotion

The theme of community engagement and health promotion is critical for understanding successful models that have effectively involved communities in promoting awareness and positive health behaviors. Existing literature provides valuable insights into various approaches and strategies that can inform the design and implementation of community-driven initiatives in Gazaria, Munshiganj.

A seminal study by [Shahid-Uz-Zaman et al., \(2011\)](#) examined the impact of community-led health promotion campaigns in a similar socio-cultural context. The research highlighted the significance of tailoring interventions to the specific needs and beliefs of the community, emphasizing the role of local influencers in disseminating health information. This insight is particularly relevant to Gazaria, where community dynamics and cultural nuances may shape the effectiveness of health promotion initiatives.

Furthermore, research conducted by [Karim et al. \(2016\)](#) explored the use of participatory approaches in community engagement for health. The study found that involving community members in the planning and implementation of health programs not only increases the effectiveness of interventions but also fosters a sense of ownership and sustainability. This participatory model could be instrumental in Gazaria, promoting active involvement and long-term community commitment ([Figure 1](#)).

In addition, the work of [Hasan & Uddin \(2016\)](#) investigated the impact of technology-based health promotion strategies on community engagement. The study suggested that leveraging digital platforms and communication technologies can enhance the reach and effectiveness of health messages within communities. This finding is pertinent to Gazaria, where the integration of technology could complement traditional approaches in promoting women's health awareness.

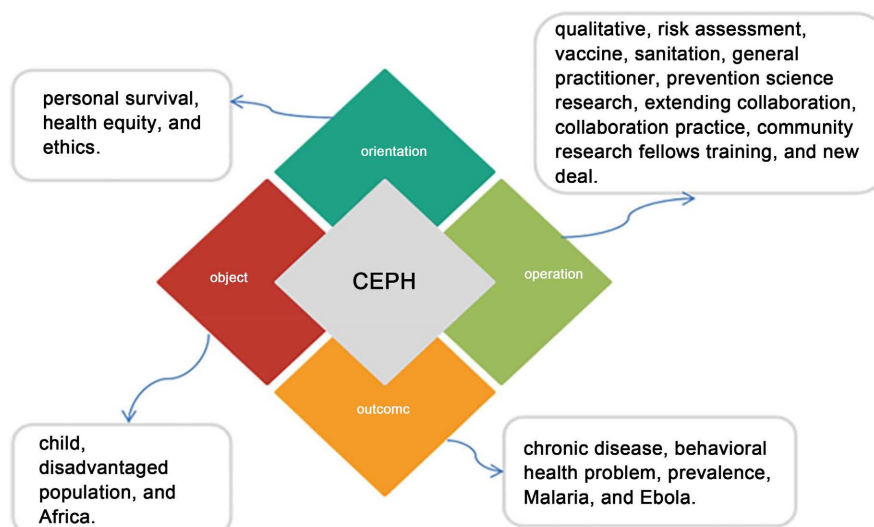
In summary, the literature on community engagement and health promotion offers valuable lessons on tailoring interventions to local contexts, involving communities in the process, and exploring innovative strategies. Integrating these insights into the baseline study can contribute to the development of culturally sensitive and community-driven approaches to enhance women's health awareness in Gazaria.

## 2.5. Maternal Health and Child-Rearing Practices

Maternal health and child-rearing practices play a crucial role in shaping women's health awareness and behaviors within the family context. A review of existing literature provides insights into the intricate connections between maternal health, child-rearing practices, and women's well-being, shedding light on factors that may influence health awareness in Gazaria, Munshiganj.

A study by [Karim et al. \(2016\)](#) examined the impact of maternal health practices on women's overall well-being in a similar cultural setting. The research





**Figure 1.** Community engagement in public health (Yuan et al., 2021).

highlighted the significant influence of maternal health on family dynamics, emphasizing the need for holistic health interventions that consider the interconnectedness of women's and children's health. Understanding these dynamics is essential for developing targeted strategies in Gazaria that address both maternal health and child-rearing practices.

Furthermore, research conducted by Yaya et al. (2017) delved into the cultural aspects of child-rearing practices and their implications for women's health. The study identified cultural norms and traditional beliefs that may either support or hinder women's health awareness and practices. This insight is particularly relevant to Gazaria, where cultural considerations may impact the adoption of health-promoting behaviors within the family.

In addition, the work of Afrin et al., (2015) explored the role of community-based maternal health programs in influencing child-rearing practices. The study found that community-driven initiatives that integrate maternal health education and child-rearing support can contribute to improved health outcomes for women and children. Adapting such models to the local context of Gazaria could enhance the effectiveness of health interventions.

In summary, the literature on maternal health and child-rearing practices underscores the interconnected nature of women's health within the family setting. Incorporating these insights into the baseline study can inform strategies that address maternal health and child-rearing practices in Gazaria, contributing to a comprehensive approach to women's health awareness and well-being.

## 2.6. Social and Behavioral Change (SBC)

The theme of Social and Behavioral Change (SBC) is integral to understanding the dynamics of influencing health-related practices and awareness. Existing literature in this domain provides valuable insights into effective strategies and interventions aimed at fostering positive social and behavioral changes among



communities, particularly focusing on women's health.

Research by [Crear-Perry et al. \(2021\)](#) explored the impact of community-led SBC interventions in promoting women's health awareness. The study highlighted the importance of culturally tailored communication channels and community engagement initiatives in bringing about positive behavioral changes. This emphasizes the need for similar culturally sensitive approaches in Gazaria to ensure the relevance and effectiveness of SBC programs ([Figure 2](#)).

Furthermore, the work of [Cushman et al. \(2021\)](#) investigated the role of social media campaigns in influencing health-related behaviors. The study found that strategically designed social media initiatives can contribute to increased awareness and positive behavior change. Integrating lessons from such studies can guide the implementation of effective online communication strategies in Gazaria, considering the prevalent use of digital platforms.

Additionally, [Vogel et al. \(2021\)](#) conducted a comprehensive review of successful SBC programs globally. The research identified key elements of successful initiatives, such as community involvement, clear messaging, and the incorporation of local cultural norms. These findings serve as valuable benchmarks for designing SBC interventions tailored to the unique context of Gazaria.

In summary, the literature on Social and Behavioral Change provides a foundation for understanding the principles and practices that contribute to successful interventions. Drawing on these insights, the baseline study in Gazaria can strategically incorporate evidence-based SBC approaches to maximize the impact of health awareness initiatives and promote positive behavioral changes among women in the community.

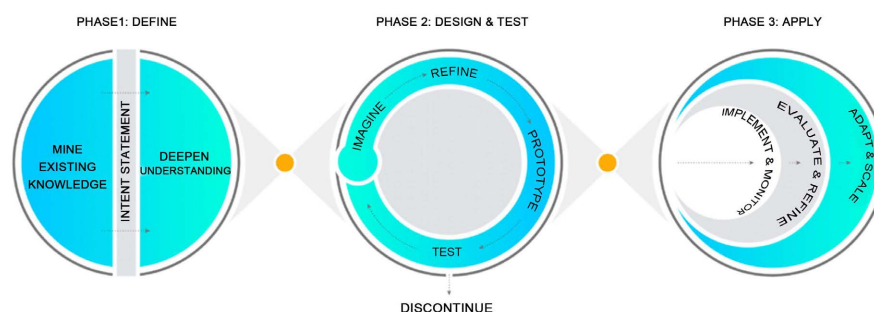
The integration of social awareness with baseline studies remains an area that requires further exploration. Our research seeks to transcend the traditional boundaries of baseline assessments by incorporating social awareness as a dynamic variable, recognizing its role in shaping health-related behaviors and community-driven initiatives ([Ahmmed et al., 2022](#)). In essence, our study positions itself as a bridge across these gaps, weaving together cultural insights, economic considerations, and the dynamics of social awareness to offer a comprehensive understanding of women's health in Gazaria. Through this exploration, we aspire to contribute not only to the academic dialogue but also to the formulation of targeted interventions that align with the unique needs and intricacies of Gazaria, Munshiganj.

### 3. Research Design and Methodology

#### Research Design

The research employed a cross-sectional study design, and adopted a mixed-methods approach, marrying qualitative and quantitative methodologies to offer a comprehensive understanding of women's health awareness conducted over a designated period in Gazaria, Munshiganj. This blended design aimed to capture the intricacies of socio-cultural nuances while providing measurable insights into health-related behaviors. This design facilitated the collection of data at a

## SBC FLOW CHART



**Figure 2.** Social and behavior change flow chart (Sriharan et al., 2020).

single point in time, allowing for a snapshot of the community's health dynamics, social awareness, and prevalent practices related to women's health.

### **Qualitative Component: In-Depth Exploration**

The qualitative arm of the study employed semi-structured interviews and focus group discussions (FGDs) to delve into the lived experiences of women. Sampling was purposive, ensuring representation across age groups, socio-economic strata, and cultural backgrounds. Through thematic analysis, qualitative data sought to unearth cultural nuances, perceptions of health, and the impact of social awareness on health practices.

### **Quantitative Component: Statistical Rigor**

Complementing the qualitative insights, the quantitative phase adopted a cross-sectional survey design. A structured questionnaire, developed through an iterative process, was administered to a representative sample of women in Gazaria. Stratified random sampling ensured an equitable representation across demographics. The survey covered aspects ranging from reproductive health knowledge to menstrual hygiene practices, mental health awareness, and economic determinants affecting health access.

### **Sampling and Sample Size**

A stratified random sampling technique was employed to ensure representative inclusion of diverse age groups, economic backgrounds, and educational levels within the community. Eight unions in Gazaria, namely Imampur, Gazaria, Guagachhia, Tenger Char, Bausia, Baluakandi, Bhabber Char, and Hossaindi, were identified as key sampling units. The sample size was determined based on statistical considerations to achieve a 95% confidence level and a 5% margin of error.

Considering all of the issues, the researcher will use the most popular method for determining the sample size of an unknown population given by Cochran (Cochran & Talwani, 1977). The formula is  $n_0 = (Z^2 pq)/e^2$ , where:

$n_0$  = Sample size,

$Z^2$  = Square of the critical value of the normal distribution,

$P$  = Estimated population proportion,

$$Q = 1 - p,$$

$E$  = Margin of error.

For calculating sample size with a reliable and valid scale of confidence level, the researcher used  $(p) = 0.5\%$  and 95% confidence level (i.e., at least  $\pm 5\%$  precision). Following the Z table, a 95% confidence level represents Z values of 1.96 in the normal table. Moreover, for this study, a 5% margin of error has been projected. Based on these determinations, the sample size for this study will be calculated as,

$$\begin{aligned} n_0 &= (Z^2 pq) / e^2 \\ &= ((1.96)^2 \times 0.5(1-0.5)) / (0.05)^2 \\ &= (3.8416 \times 0.25) / 0.0025 \\ &= 0.9604 / 0.0025 \\ &= 384.16 \\ &= 384 \end{aligned}$$

Based on the calculation with the formula given by Cochran & Talwani (1977), the valid sample size for this study has been focused on 384 considering the diverse demographic composition of Gazaria.

#### **Data Collection Instruments and Process**

Structured questionnaires were the primary data collection instruments. These questionnaires were designed to gather information on reproductive health knowledge, menstrual hygiene practices, mental health awareness, economic barriers, and information accessibility. The questionnaires were pre-tested to ensure clarity, relevance, and cultural sensitivity. However, a team of trained enumerators conducted face-to-face interviews with the selected respondents. The interviews were conducted in Bengali, ensuring a clear understanding of the questions and allowing respondents to express their perspectives authentically. The data collection process adhered to ethical considerations, with respondents providing informed consent before participation.

#### **Data Analysis: Merging Qualitative Depth with Quantitative Rigor**

Qualitative data underwent thematic analysis, employing an inductive approach to identify patterns, themes, and emergent insights. Concurrently, quantitative data underwent statistical analysis using relevant software. Descriptive statistics (e.g., frequencies and percentages), inferential tests, and correlation analyses were applied to quantify relationships and patterns, aligning with the research objectives.

#### **Reflexivity and Triangulation: Ensuring Robustness**

Reflexivity was embedded in the research process, acknowledging the potential influence of researcher perspectives. Triangulation of findings, achieved through the convergence of qualitative and quantitative data, bolstered the robustness of conclusions, offering a more nuanced and validated portrayal of women's health awareness in Gazaria.

The research on "Social Awareness for Women's Health: A Baseline Study in Gazaria, Munshiganj, Bangladesh" employed diverse methods to explore wom-

en's health awareness comprehensively. A cross-sectional survey captured quantitative data on menstrual hygiene, healthcare access, and socio-economic factors. Qualitative methods like interviews delved into cultural influences, while participatory approaches engaged the community. These methods, driven by research objectives, provided a holistic view, informing future interventions for women's health promotion in Gazaria.

#### **Ethical Considerations**

The research adhered to ethical guidelines, obtaining ethical clearance from the relevant authorities. Informed consent was sought from all participants, ensuring voluntary participation and confidentiality. Privacy was maintained throughout the data collection process, and participants were assured of the confidentiality and anonymity of their responses.

The chosen research design and methodology enabled a rigorous exploration of the key objectives, providing valuable insights into the complex interplay of cultural, economic, and social factors influencing women's health in Gazaria. The utilization of a cross-sectional approach allowed for a comprehensive snapshot of the community's health landscape, paving the way for nuanced interventions informed by the realities of Gazaria, Munshiganj.

## **4. Findings**

### **4.1. Personal Information and Socio-Economic Status**

**Table 1** provides a breakdown of the personal information of the respondents in the study, presenting factors such as age, educational qualification, marital status, family income, and family expenditure. The analysis is presented below:

The respondents' age distribution reveals a diverse representation. The majority falls within the age range of 11 - 40 years, with 36.98% between 11 - 20 years, 22.39% between 21 - 30 years, and 23.18% between 31 - 40 years. A smaller percentage (17.45%) comprises respondents aged 40 years and above. However, educational qualifications vary among the respondents, with 47.65% having primary education, 25.78% having no formal education, 22.39% having secondary education, and 4.17% having higher secondary education. The distribution underscores the need for targeted interventions considering the educational background of the participants.

On the other hand, marital status diversity is observed, with 49.22% of respondents being married, 32.81% single/unmarried, 8.85% divorced, and 9.11% widowed. This diversity in marital status is essential to consider when tailoring health interventions, and recognizing the different needs of various marital status groups. The distribution of family income and expenditure provides insights into the economic landscape of the respondents. The majority of families have a monthly income and expenditure between 6000 - 15,000, constituting 68.26% of the respondents. Understanding the economic context is crucial for designing interventions that are financially accessible and addressing potential economic barriers.

**Table 1.** Personal information of the respondents.

Factors	Categories	Frequency ( <i>f</i> )	Valid Percent (%)
Age	11 - 20 Years	142	36.98
	21 - 30 Years	86	22.39
	31 - 40 Years	89	23.18
	40 Years and above	67	17.45
	<b>Total</b>	<b>384</b>	<b>100.0</b>
Educational Qualification	No formal education	99	25.78
	Primary	183	47.65
	Secondary	86	22.39
	Higher Secondary	16	4.17
	<b>Total</b>	<b>384</b>	<b>100.0</b>
Marital Status	Single/Unmarried	126	32.81
	Married	189	49.22
	Divorced	34	8.85
	Widowed	35	9.11
	<b>Total</b>	<b>384</b>	<b>100.0</b>
Family Income (per month)	≤5000	29	7.55
	6000 - 10,000	113	29.43
	11,000 - 15,000	84	21.87
	16,000 - 20,000	95	24.70
	21,000≥	67	17.45
<b>Total</b>	<b>384</b>	<b>100.0</b>	
Family Expenditure (per month)	≤5000	27	7.55
	6000 - 10,000	126	32.81
	11,000 - 15,000	95	24.70
	16,000 - 20,000	84	21.87
	21,000≥	65	16.93
<b>Total</b>	<b>384</b>	<b>100.0</b>	

The analysis of **Table 1** reveals a diverse demographic profile among the respondents, emphasizing the importance of tailored interventions that consider factors such as age, education, marital status, and economic conditions. This nuanced understanding is crucial for implementing effective health awareness programs and initiatives that cater to the specific needs of different demographic groups in Gazaria, Munshiganj, Bangladesh.

#### 4.2. Health Awareness and Practices

In general, most women get health information from no source (59%) and health

workers (41%). (73%) look for women's health information when they or someone they know has a problem. The majority of respondents (89%) named the top three common health problems for women—women's reproductive health, and mental and family health.

Respondents' opinion about women's health issues is "I think what I know is correct" (75.64%). The majority of the respondents (79.43%) do not use sanitary napkins during the menstrual cycle.

Reasons cited by respondents (out of 100%) as reasons for not using sanitary napkins are: financial problems (77.23%), lack of habit (53.21%), not having seen their mother, aunt, aunt or acquaintance use them before (41.48%), the habit is not formed (73.59%), no idea about the harmful aspects of not using sanitary napkins (87.87%).

Most of the respondents (77.23%) feel that financial constraints affect their ability to purchase and use sanitary napkins and most of them (68.27%) feel that financial constraints in purchasing sanitary napkins are a barrier for their families.

When asked about their interest in alternative income-generating activities to cope with financial constraints, respondents said (out of 100%), they would like to do some income-generating activity that they can keep for themselves (71.61%) and spend on their own (61.48%). As income-generating activities they keep livestock at home such as goats, cows, ducks, and chickens (49%); production and sale of eggs and milk (42%); Vegetable production in backyards and fallows (23%); Sewing (19%), fishing with husband's help (21%), shop (9.8%). Poor people of Gazaria upazila of Munshiganj do not know about the pros and cons of using sanitary napkins by women (67.31%) and do not want to spend money on women's sanitary napkins from family (76.29%). In the context of their area, they talk about how they think women can become self-reliant. They believe that women's health issues are not prioritized in their society, community, and family (69.86%). They also believe (83.49%) that women's health issues will be prioritized if women are self-reliant.

### 4.3. Menstrual Hygiene-Related Experiences and Practices

The presented **Table 2** summarizes key findings related to menstrual hygiene practices and experiences among the respondents in Gazaria, Munshiganj, Bangladesh. The research, titled "Social Awareness for Women's Health: A Baseline Study," focuses on analyzing menstrual hygiene-related knowledge and practices. The subject of analysis is presented through different variables, and chi-square tests have been conducted to assess the significance of associations. Below is a descriptive discussion based on the presented findings:

Among the respondents (N = 384), a significant proportion (94.01%) reported not using disposable sanitary napkins, while only 5.99% indicated using them. Similarly, 93.75% of respondents reported using parts or pieces of old cloths during menstruation. The chi-square tests for both variables were highly significant ( $p < 0.001$ ), indicating a noteworthy association.

**Table 2.** Menstrual hygiene-related experiences and practices with menstruation-related knowledge ( $N = 384$ ).

Menstrual Hygiene-related Experiences and Practices	Menstruation-Related Knowledge			Chi-Square Tests		
	N (384)	Yes (%)	No (%)	Pearson Chi-Square	df	<i>p</i> -value [Asymptotic Significance (2-sided)]
Use disposable sanitary napkins	384	23 (5.99)	361 (94.01)	28.003	6	0.0001
Use parts/pieces of old cloths	384	360 (93.75)	24 (6.25)	28.003	6	0.0001
Main sources of information about menstrual hygiene	384	275 (71.61)	109 (28.39)			
Neighbor	75 (19.5)	40 (10.42)	35 (9.08)			
Health worker	128 (33.3)	99 (25.78)	29 (7.52)			
Social Media-Facebook	38 (9.9)	28 (7.29)	10 (2.61)	41.880	15	0.000
Community Clinic	80 (20.8)	61 (15.89)	19 (4.91)			
Television	38 (9.9)	21 (5.47)	17 (4.43)			
Health Magazine/Workshop/Training	35 (9.1)	22 (5.73)	13 (3.37)			
Emotional Reactions during Menstruation	384	359 (93.49)	25 (6.51)			
Fear	214 (55.7)	203 (52.86)	11 (2.84)	46.588	15	0.000
Embarrassment and Discomfort	135 (35.2)	129 (33.59)	6 (1.16)			
Multiple reactions	35 (9.1)	27 (7.03)	8 (2.07)			
During menstruation, uncleanliness can increase the risk of an infection or bacteria-related diseases	384	213 (55.5)	171 (44.5)	14.456	9	0.107
Personal menstrual hygiene can reduce the risk of contracting reproductive tract infections.	384	238 (62.0)	146 (38.0)	4.474	3	0.215
Seek advice from doctors about menstruation-related problems	384	150 (39.1)	234 (60.9)	12.714	3	0.005
Follow socio-cultural taboos during menstruation	384	214 (55.7)	170 (44.3)	46.588	15	0.000

The majority of respondents (71.61%) cited their main sources of information about menstrual hygiene. Notably, health workers and community clinics were identified as significant sources. The chi-square test was highly significant ( $p < 0.001$ ), suggesting an association between information sources and menstrual hygiene practices.

A high percentage of respondents (93.49%) reported experiencing emotional reactions during menstruation. The most common reactions included fear, embarrassment, and discomfort. The chi-square test was highly significant ( $p <$



0.001), emphasizing a notable association between emotional reactions and menstrual experiences.

Respondents showed awareness of the potential health risks associated with poor menstrual hygiene. A notable percentage (55.5%) recognized the risk of infections or bacteria-related diseases due to uncleanliness during menstruation. However, the chi-square test did not reach significance ( $p = 0.107$ ), suggesting a less clear association.

A significant proportion (60.9%) reported not seeking advice from doctors about menstruation-related problems. Additionally, a substantial number (55.7%) mentioned following socio-cultural taboos during menstruation. The chi-square tests for both variables were highly significant ( $p = 0.005$  and  $p < 0.001$ , respectively), indicating associations.

The findings highlight substantial gaps and variations in menstrual hygiene practices, knowledge, and emotional experiences among the respondents in Gaza. These insights can inform targeted interventions and awareness campaigns to address misconceptions, enhance knowledge, and promote healthier menstrual practices, contributing to the broader goals of women's health awareness and well-being in the region.

#### 4.4. Mental and Emotional Well-Being

The majority of respondents (83.12%) feel stress during the menstrual cycle. Stress during the menstrual cycle affects their desire to take care of themselves (79.19%) and they feel (out of 100%) that they want to see their husbands very caring or caring (69.76%), husbands and families during the days of the menstrual cycle their physical and will give importance to mental health (81.29%), if there is no financial problem, mental stress will be less, thinking that if there is a problem, at least they can see a specialist doctor (67.48%), expect the involvement of husband, family and society in improving women's lives (86.28%) most of the respondents.

Respondents feel motivated to prioritize their health including menstrual hygiene (54.17%) and they believe (94.16%) that healthcare yard meetings in their communities can motivate and support women to prioritize and improve their health. Respondents found activities such as women's reproductive health, mental and family health, family planning, and special income-generating activities for women to be most motivating, helpful, and important during health care yard meetings in the community.

#### 4.5. Personal and Social Behavioral Changes

Few of the respondents have consciously tried to change their behavior for personal improvement in the past year, and that is to worry too much about mental problems (71.26%). They also felt that lack of motivation (13.19%), lack of resources (46.41%), social pressure (19.18%), and personal habits (18.45%) hindered their success in changing their behavior. Most of them find communica-

tion channels through personal conversations, social media campaigns, community workshops, and printed materials (posters, brochures) to be the most effective for promoting positive behavior change. They believe (56.18%) that community-led initiatives play an important role in influencing behavior change. They believe increased awareness, tangible benefits, and community support will encourage them to participate more actively in community-led behavior change initiatives.

#### 4.6. Current Access to Healthcare Services

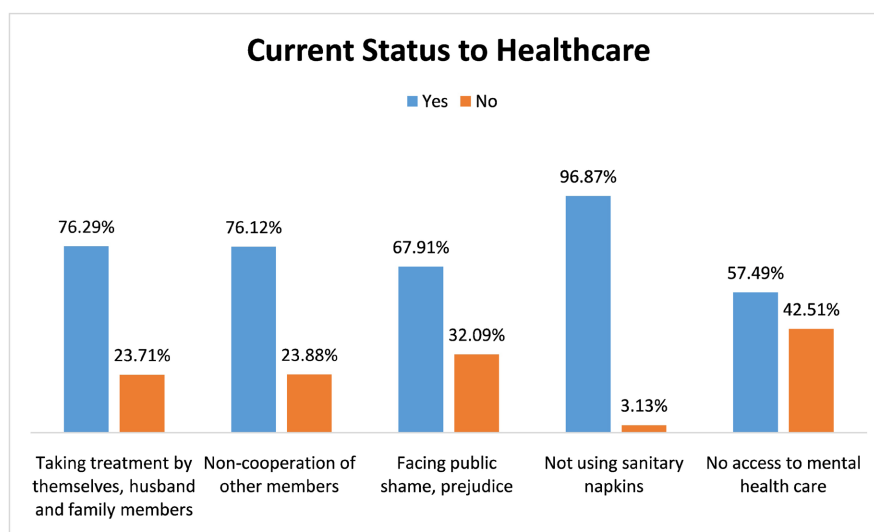
A significant proportion (76.29%) of respondents indicated a preference for seeking treatment by themselves, with the help of husbands and family members. This highlights the reliance on community-based healthcare services, emphasizing the importance of strengthening and promoting these facilities to enhance accessibility and awareness of women's health services. However, the study identified prevalent challenges, with a considerable percentage facing non-cooperation from other family members (76.12%) and experiencing public shame and prejudice (67.91%). These barriers underscore the need for targeted interventions to address social norms and promote a supportive environment, fostering inclusivity and understanding within families and society (Figure 3).

Alarming, a high percentage (96.87%) of respondents reported not using sanitary napkins during their menstrual cycle. This emphasizes a critical gap in menstrual hygiene practices, potentially linked to financial constraints or lack of awareness. Interventions focusing on affordability, education, and debunking myths surrounding menstrual hygiene are imperative. Furthermore, a notable percentage (57.49%) expressed a lack of access to mental health care. This underscores the need for comprehensive health services that address both physical and mental well-being. Initiatives promoting mental health awareness, reducing stigma, and improving access to mental health services are vital for holistic healthcare provision.

The findings emphasize the importance of community-based awareness campaigns to address prevalent stigmas, prejudices, and misinformation. Interventions should prioritize education on menstrual hygiene, dispelling myths, and making sanitary products accessible to promote healthier practices. Strengthening Mental Health Services: Efforts should be directed towards improving access to mental health services, reducing stigma, and integrating mental health awareness into broader health initiatives. Consequently, the findings highlight the multifaceted challenges that need to be addressed comprehensively to improve social awareness and women's health in Gazaria, Munshiganj. Interventions should be tailored to the specific needs and cultural context, fostering a supportive environment for women's well-being.

#### 4.7. Community and Social Dynamics

Respondents feel that NGOs have a role in promoting women's health awareness (89.14%) and they can be more aware of women's empowerment, and women's



**Figure 3.** Current status of healthcare.

reproductive health. Respondents felt (73.59%), that there are still many cultural norms or barriers in the society that affect the health practices of women in the community. Cultural norms or barriers (out of 100%) include women-centric prejudices (45.98%), a more patriarchal mentality (73.28%), reluctance of male family members to improve women's health (61.49%), not taking women to specialist doctors for reproductive health (61.24%) explained.

Among the respondents who have children, they feel that they are the only ones who are active in child rearing and mental health issues (81.29%) while their husbands do not take them to the doctor unless there are serious problems (67.19%). Respondents from the Gazaria region are therefore interested in mental health services and motivational session discussions through courtyard meetings to deal with stress (81.29%).

These findings underscore the significance of tailored and community-driven healthcare initiatives. Implementing strategies like door-to-door reproductive healthcare can bridge gaps in awareness, promote gender equality, and foster collaborative efforts toward achieving sustainable development goals.

## 5. Discussion

### 5.1. Empowering Communities for Sustainable Livelihoods

In dissecting the personal information and socioeconomic conditions of respondents in Gazaria through the baseline survey, a tapestry of insights emerges, woven with the threads of age, education, and economic status. This discussion endeavors to connect these findings with the broader canvas of Sustainable Development Goals (SDGs), shedding light on the potential impact of community-specific interventions.

The distribution of respondents across age groups and educational qualifications unveils an array of opportunities for targeted interventions aligned with SDG 4—Quality Education. Notably, a significant portion of respondents falls

within the 21 - 40 age range, representing a prime demographic for educational initiatives. Tailored programs can be designed to address the educational needs of this group through national NGOs, fostering awareness not only in health matters but also in broader areas of personal development and empowerment (Taylor, 2012).

The socioeconomic status of Gazaria residents, with the majority falling within the 6000 - 15,000 income bracket, underscores the importance of interventions aligning with SDG 1—No Poverty and SDG 8—Decent Work and Economic Growth. Economic empowerment initiatives, such as skill development programs and income-generating activities, can be pivotal in uplifting the community economically (Alexander et al., 2020) with the intervention of NGOs. By addressing financial constraints and promoting sustainable livelihoods, these interventions contribute to the broader vision of eradicating poverty and fostering economic growth (Figure 4).

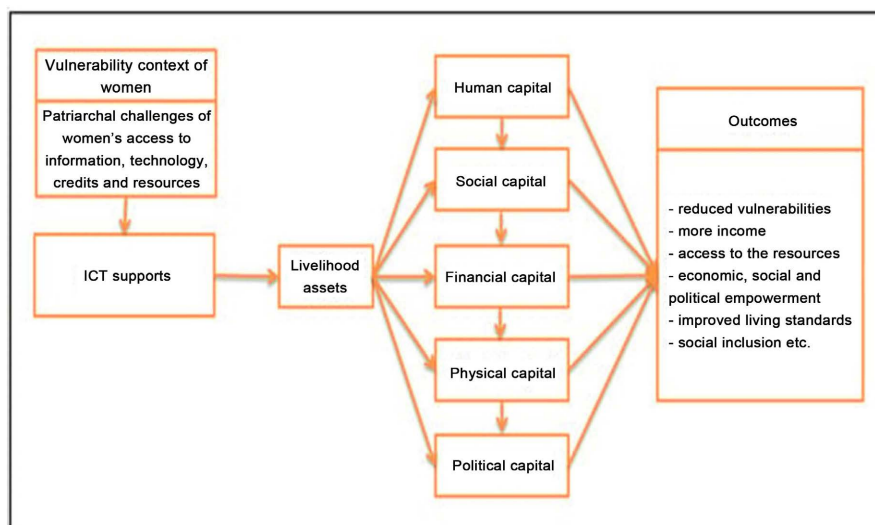
The universal presence of menstrual cycles among respondents highlights the intrinsic link between reproductive health and women's overall well-being. Addressing menstrual health becomes a gateway to achieving SDG 3—Good Health and Well-being and SDG 5—Gender Equality. Targeted health campaigns, education on menstrual hygiene, and access to affordable sanitary products contribute not only to physical health but also to gender equality by acknowledging and addressing women's unique health needs.

The economic realities depicted in the income distribution prompt a nuanced approach in line with SDG 10—Reduced Inequality and SDG 11—Sustainable Cities and Communities. Interventions must be tailored to accommodate the specific needs of middle to lower-middle-class families, ensuring that health services, education, and economic opportunities are accessible and inclusive, ultimately contributing to reduced inequalities within the community.

In essence, these findings serve as a compass, guiding interventions that resonate with the socio-economic context of Gazaria while concurrently fostering progress towards the broader aspirations encapsulated in the Sustainable Development Goals. By understanding and addressing the specific needs of this community, initiatives can pave the way for a more equitable, healthier, and economically vibrant future.

## 5.2. Health Awareness, Practices, And Mental Well-Being

The finding that most women receive health information from no specific source (59%) emphasizes the need for targeted interventions aligned with SDG 3—Good Health and Well-being and SDG 4—Quality Education. Strengthening health literacy programs can empower women with accurate and accessible information, bridging the gap in health awareness (Banmare & Mude, 2023). The assertion by respondents that they believe what they know about women's health is correct (75.64%) signifies the importance of empowering women to actively participate in health-related decision-making. This aligns with the objectives of



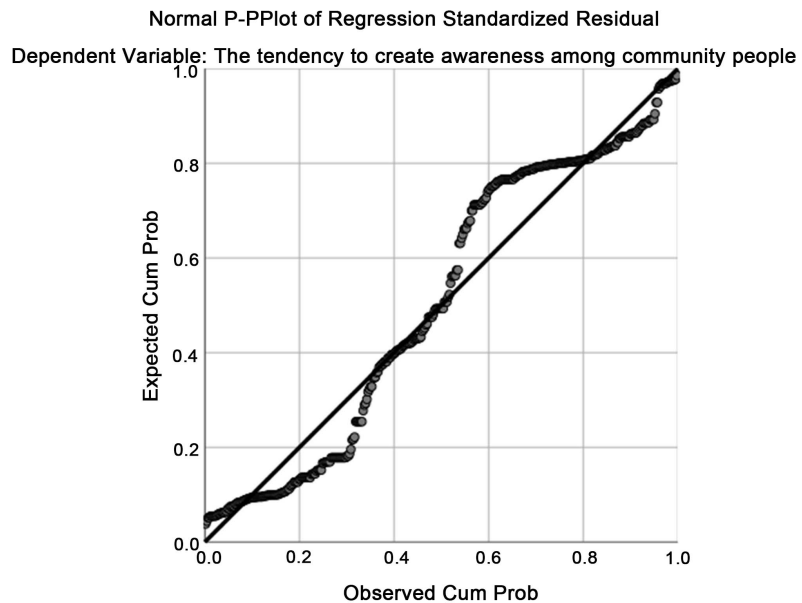
**Figure 4.** Sustainable livelihood framework and women empowerment (Rahman & Huq, 2023).

SDG 5—Gender Equality, emphasizing the need for informed choices and autonomy in health matters.

The revelation that a significant proportion (79.43%) of respondents do not use sanitary napkins during the menstrual cycle draws attention to the intersectionality of menstrual health with SDG 3—Good Health and Well-being and SDG 5—Gender Equality. Promoting menstrual hygiene becomes a critical component in advancing women’s health and dismantling socio-cultural barriers. Financial constraints emerged as a major hindrance to sanitary napkin usage, affecting both individual well-being and family dynamics. Addressing this challenge resonates with SDG 8—Decent Work and Economic Growth and SDG 10—Reduced Inequalities. Interventions fostering economic empowerment and alternative income-generating activities can contribute to improved health practices with the direct intervention of government health workers and/or NGOs.

### 5.3. Intricate Connection between Mental Health and Overall Well-Being

The prevalence of stress during the menstrual cycle (83.12%) underlines the intricate connection between mental health and overall well-being. Addressing mental health concerns aligns with the aspirations of SDG 3—Good Health and Well-being, emphasizing holistic health that encompasses mental and emotional dimensions (Lewin & Olesen, 2022). The desire for support from husbands, families, and society during the menstrual cycle aligns with SDG 5—Gender Equality. By fostering a supportive environment through the initiatives of the government and NGOs, acknowledging the impact of menstruation on mental health, and engaging husbands and families in the conversation, the community can work towards gender equality in addressing women’s unique health needs (Figure 5).



**Figure 5.** Normal P-P plot of regression standardized residual of tendency to create awareness among community people.

The perception that reduced financial stress would alleviate mental stress (67.48%) underscores the interconnectedness of economic well-being and mental health. SDG 8—Decent Work and Economic Growth and SDG 10—Reduced Inequalities call for interventions that alleviate economic burdens, fostering mental well-being as a holistic approach to health. The respondents' belief in the effectiveness of healthcare yard meetings in motivating and supporting women (94.16%) highlights the potential of community engagement. This aligns with SDG 3—Good Health and Well-being and SDG 10—Reduced Inequalities by creating inclusive spaces for health discussions and support systems (Figure 6).

The findings illuminate the interconnected nature of health awareness, practices, and mental well-being with the broader framework of Sustainable Development Goals. Tailored interventions addressing these multifaceted aspects can pave the way for a healthier, more equitable community in Gazaria, contributing to the global pursuit of sustainable development.

#### 5.4. Personal and Social Behavioral Changes

The exploration of personal and social behavioral changes provides insights into the challenges and opportunities associated with adopting positive health behaviors. The conscious effort by respondents to reduce worry about mental problems (71.26%) reflects a commendable step towards mental well-being. This aligns with SDG 3—Good Health and Well-being and SDG 5—Gender Equality, emphasizing the importance of addressing mental health concerns and destigmatizing discussions around mental well-being.

Identifying barriers to behavioral change, such as lack of motivation, resources, and social pressure, is crucial for designing targeted interventions aligned with SDG 10—Reduced Inequalities. Creating supportive environments that address



**Figure 6.** Interconnection between mental health and overall well-being (Islam et al., 2021).

these barriers is essential for fostering sustainable positive behavioral changes. The belief in the effectiveness of community-led initiatives (56.18%) signifies the importance of collaborative efforts. SDG 17—Partnerships for the Goals emphasizes the need for collaborative actions to achieve sustainable development (Thompson et al., 2020). Considering the present scenario of Gazaria, community-led initiatives by NGOs can play a pivotal role in fostering positive behavioral changes by leveraging local resources and knowledge.

### 5.5. Current Access to Healthcare Services

The challenges faced by respondents in accessing healthcare services, including family and social constraints, resonate with the aspirations of SDG 3—Good Health and Well-being and SDG 5—Gender Equality. Overcoming these barriers is essential for ensuring equitable access to quality healthcare services for women (Ghiasi, 2021). The reliance on community clinics (76.29%) underscores the significance of local healthcare infrastructure. Strengthening and expanding community-level healthcare services align with SDG 10—Reduced Inequalities by ensuring that healthcare is accessible at the grassroots level.

### 5.6. Community and Social Dynamics

The belief in the role of NGOs in promoting women’s health awareness aligns with SDG 3—Good Health and Well-being and SDG 5—Gender Equality. NGOs



can act as advocates, driving initiatives to raise awareness and address health-related challenges faced by women (Fikadu et al., 2021). The acknowledgment of existing cultural norms and barriers affecting women's health practices highlights the intersectionality of health with cultural dynamics. Addressing patriarchal mentalities and prejudices is essential for advancing SDG 5—Gender Equality by promoting equal opportunities and rights for women. The respondents' perception of being actively involved in child rearing and mental health issues (81.29%) emphasizes the need for gender-inclusive approaches. Empowering women in child-rearing practices aligns with SDG 5—Gender Equality, fostering equal participation in parenting responsibilities.

The interest in mental health services and motivational sessions through courtyard meetings (81.29%) connects with SDG 3—Good Health and Well-being and SDG 16—Peace, Justice, and Strong Institutions. By addressing mental health concerns at the community level, a foundation for holistic well-being is laid, contributing to peace and justice within the community.

The findings highlight the complex interplay of personal behaviors, healthcare access, and community dynamics, offering valuable insights for the development of targeted interventions aligned with the Sustainable Development Goals. Addressing these multifaceted aspects can contribute to fostering a healthier, more equitable community in Gazaria and advance the broader global agenda of sustainable development.

## **6. Policy Recommendations and Governance: Implications and Interventions**

Based on the findings of the baseline study on “Social Awareness for Women's Health: A Baseline Study in Gazaria, Munshiganj, Bangladesh,” a set of policy recommendations and governance interventions can be proposed to address the identified gaps and challenges in women's health awareness, with a particular emphasis on achieving Sustainable Development Goals (SDGs).

Firstly, the government should promote income generation initiatives facilitated by NGOs to enhance the financial stability of women in the grassroots communities of the Gazaria region. These projects would empower women economically, enabling them to afford essential items such as sanitary napkins.

Secondly, the government should prioritize the formulation and implementation of comprehensive health education programs aimed at raising awareness about menstrual hygiene management, reproductive health, and mental well-being among women and communities in Gazaria. These programs should be implemented through NGOs that are culturally sensitive, accessible, and disseminated through various channels including community workshops, health clinics, and social media campaigns.

Thirdly, efforts should also be directed towards improving access to affordable and quality healthcare services, particularly focusing on women's reproductive health and mental healthcare. Strengthening community people and integrating mental health services provided by various NGOs into existing health care infra-

structure can effectively address identified barriers to health care access.

Fourthly, empowering women economically through income-generating activities and skill development programs in NGOs is essential for enhancing their financial autonomy and enabling them to afford essential health products such as sanitary napkins. Collaboration between local authorities, healthcare providers, and community leaders is crucial for the successful implementation of these recommendations and ensuring the sustainability of interventions.

Fifthly, at the governance level, there is a critical need to establish effective community-led health programs, engaging NGOs in promoting women's health awareness and garnering community support. Addressing cultural norms and patriarchal mentalities requires collaborative efforts between local governance bodies and community influencers.

Sixthly, integration of mental health services into existing healthcare infrastructure is imperative, recognizing the profound impact of mental and emotional well-being on overall health. The government should focus on destigmatizing mental health discussions and providing accessible support services through community health workers and NGOs.

Furthermore, seventhly, strengthening community clinics and ensuring their reach in remote areas aligns with SDG 10 (Reduced Inequalities). Strategic resource allocation, workforce training, and infrastructural development are necessary to enhance the quality and accessibility of healthcare services.

Finally, these policy and governance interventions provide a roadmap for positively impacting women's health in Gazaria, fostering sustainable development in the region, and contributing to the broader global agenda for gender equality and well-being. Emphasizing the provision of free sanitary napkins during the menstrual cycle as part of these interventions is crucial, addressing a fundamental aspect of women's health and hygiene and aligning with SDGs aimed at promoting gender equality and health for all.

## 7. Strength and Limitations

The baseline study on social awareness for women's health in Gazaria, Munshiganj, Bangladesh, exhibits several strengths that enhance the credibility and applicability of its findings. One notable strength lies in the comprehensive sampling strategy employed, ensuring representation across age groups, educational backgrounds, and socioeconomic statuses. This diversity enriches the study's insights, offering a nuanced understanding of the challenges and dynamics influencing women's health in the region. The utilization of both qualitative and quantitative data collection methods further strengthens the study's robustness, allowing for a holistic exploration of personal, social, and behavioral dimensions related to women's health.

Moreover, the study's alignment with global development frameworks, particularly the Sustainable Development Goals (SDGs), enhances its relevance and potential impact. By addressing women's health within the broader context of SDGs, the study provides a framework for interventions that contribute to mul-

tiple dimensions of well-being and gender equality (Sriharan et al., 2020). The engagement of community members in the research process, including their perspectives and preferences, adds a participatory element, fostering community ownership of the findings and potential interventions.

However, the study is not without its limitations. One notable limitation is the reliance on self-reported data, which may be subject to social desirability bias and recall bias. Respondents may underreport sensitive issues or provide socially acceptable responses, impacting the accuracy of certain findings. Additionally, the cross-sectional nature of the study limits its ability to establish causal relationships and track changes over time. Longitudinal studies would provide more robust insights into the dynamic nature of women's health practices and awareness.

Furthermore, the study's focus on Gazaria may limit the generalizability of findings to other contexts, necessitating caution in extrapolating results beyond the study area. The absence of a control group also hinders the ability to compare and attribute observed outcomes solely to the interventions studied. While the study contributes valuable insights into social awareness of women's health in Gazaria, acknowledging these strengths and limitations is essential for interpreting and applying the findings responsibly. Future research endeavors can build upon these considerations to further advance knowledge and inform targeted interventions for women's health promotion in similar settings.

## 8. Conclusion

Women in Bangladesh play a pivotal role in various aspects of society, serving as caretakers, educators, and contributors to the economy. However, they also encounter significant challenges, including limited access to healthcare, education, and economic opportunities. Addressing these challenges is crucial for advancing gender equality and achieving sustainable development goals. Therefore, understanding the health needs and awareness levels of women in Bangladesh, as highlighted in this study, is essential for designing targeted interventions and policies to improve their well-being and empower them to lead healthier lives. In conclusion, the baseline study on social awareness for women's health in Gazaria, Munshiganj, Bangladesh, has yielded valuable insights into the multifaceted challenges and opportunities surrounding women's well-being in the region. The main findings underscore critical areas for intervention and policy development, aligning with the broader objectives of the Sustainable Development Goals (SDGs).

The study revealed nuanced dynamics related to personal, socioeconomic, health awareness, mental and emotional well-being, and behavioral changes among women in Gazaria. Financial constraints emerged as a significant barrier to accessing sanitary napkins, highlighting the intersectionality of economic factors with women's health practices. Mental and emotional stress during the menstrual cycle emerged as a prevalent issue, emphasizing the need for integrated healthcare services that address both physical and mental aspects. The study also shed light on the desire for alternative income-generating activities, indicating

the potential for empowering women economically as a strategy for improving health outcomes.

This study contributes to existing knowledge by providing a context-specific understanding of women's health in Gazaria. The integration of SDGs into the research framework enhances the study's relevance to global development goals, offering a blueprint for addressing women's health within the broader context of sustainable development. The participatory approach, incorporating community perspectives, enriches the study's depth and ensures that interventions are grounded in the lived experiences and preferences of the target population.

Building upon these findings, future research endeavors should consider longitudinal studies to track changes over time and assess the long-term impact of interventions. Additionally, targeted interventions should be developed to address financial barriers, enhance mental health support, and promote alternative income-generating activities. Collaborative efforts between NGOs, policymakers, local governance bodies, and community leaders are crucial for implementing these interventions effectively. Integrating women's health into broader community development initiatives can further foster sustainable change.

To align with the SDGs, it is imperative to prioritize women's health as a central component of development agendas. Government should leverage the study's findings to inform evidence-based policies that promote gender equality, health, and well-being. Community-led initiatives, guided by NGOs with the principles of inclusivity and cultural sensitivity, can contribute to achieving SDG targets, particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). By recognizing the interconnectedness of women's health with broader development goals, interventions can catalyze positive change and contribute to the overarching vision of sustainable and equitable development. In summary, this study serves as a foundation for targeted and context-specific interventions that prioritize women's health, ultimately contributing to the realization of SDGs in Gazaria and serving as a model for similar communities globally.

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## Author Contributions

LAM: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Writing—original draft, Writing—review & editing. MAR: Formal analysis, Investigation, Validation, Writing—review & editing. HK & SA: Conceptualiza-

tion, Resources, Validation, Writing—review & editing.

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## Conflicts of Interest

The authors declare no conflict of interest in the conduct and reporting of this research study. The research was conducted impartially and with the sole objective of contributing to the advancement of knowledge and improving the well-being of women in Gazaria, Munshiganj.

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