

Exploring the Relevance of Sexual Reproductive Health Education  
in Government Primary Schools of Bangladesh: *A Perception of  
Grade V Teachers*

By

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A thesis submitted to the BRAC Institute of Educational Development in partial  
fulfillment of the requirements for the degree of  
Master of Education in Educational Leadership & School Improvement

BRAC Institute of Educational Development  
BRAC University  
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## **Declaration**

It is hereby declared that

1. The thesis submitted is my own original work while completing degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

**Student's Full Name & Signature:**

A handwritten signature in black ink, appearing to read "Rafe", enclosed in a thin black rectangular border.

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## Approval

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of Spring, 2021 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Master of Education in Educational Leadership & School Improvement on 26-10-2021

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## **Ethics Statement**

Hereby, I Md. Rafe Ahmed consciously assure that for the manuscript “Exploring the Relevance of Sexual Reproductive Health Education in Government Primary Schools of Bangladesh: *A Perception of Grade V Teachers*” the following is fulfilled:

- 1) This material is the authors' own original work, which has not been previously published elsewhere.
- 2) The thesis is not currently being considered for publication elsewhere.
- 3) The thesis reflects the authors' own research and analysis in a truthful and complete manner.
- 4) The thesis properly credits the meaningful contributions of co-authors and co-researchers.
- 5) The results are appropriately placed in the context of prior and existing research.
- 6) All sources used are properly disclosed (correct citation). Literally copying of text must be indicated as such by using quotation marks and giving proper reference.
- 7) The author has been personally and actively involved in substantial work leading to the thesis, and will take public responsibility for its content.

The violation of the Ethical Statement rules may result in severe consequences.

I agree with the above statements and declare that this submission follows the policies of BIED as outlined in the Guide for Authors and in the Ethical Statement.

## **Abstract**

Sexual Reproductive Health Education deals with the knowledge, skills, and attitude on physical and mental wellbeing related to sexual and reproductive health is considered a sensitive issue in the context of Bangladesh. The study is to explore the perception of Grade V teachers of GPS teachers on assessing the relevance of sexual reproductive health education in the classrooms. The study was conducted in two selected areas of Bangladesh from Dhaka and Chattogram district. Data was collected through FGDs from the teachers and KII from the field experts. The teachers consider sexual reproductive health education for a Grade V student is important and teaching such sensitive topics in the classroom is relevant. The curriculum of Bangladesh needs to include more content on the issues in the textbooks compared to the curriculum of Nepal and India. Grade V students need to be prepared for the upcoming sexual reproductive health issues which will impact their lives in the near future.

**Keywords:** Sexual Reproductive Health, Government primary school, student, Grade V.

## **Dedication**

The research is dedicated to my late father, Abdul Jalil Khan, a freedom fighter, whom I have lost recently.

## **Acknowledgement:**

I would like to thank the Almighty Allah first. I would like acknowledge my supervisor, Mamunuru Rashid, Lecturer, BRAC Institute of Education Development who has guided me throughout this study. I would also like to thank all the GPS Teachers who participated in this study. My sincere thanks to my family who have kept me motivated throughout this time.

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## **List of Acronyms**

**GPS:** Government Primary School

**BSAF:** Bangladesh Shishu Adhikar Forum

**SRH:** Sexual Reproductive Health

**AYRH:** Adolescent and Youth Reproductive Health

**FGD:** Focused Group Discussion

**KII:** Key Informant Interview

**ADHD:** Adolescent Health and Development

**DPEd:** Diploma in Primary Education

# Chapter 1

## Introduction and Background

### 1.1 Introduction

Despite being in lockdown, where the whole country was halted for a few months, the economy was slowed down for a year in Covid-19 spread, the rate of child abuse has not declined in the country. A recent report by ‘Bangladesh Shishu Adhikar Forum’ (BSAF) – a national network of non-government organizations (NGOs) actively engaged in child rights work – revealed that at least 1,387 children in Bangladesh have faced child abuse from January to June of the year of 2020 and most of them are related to sexual abuse. (“At least 1,387 children faced abuse,” 2020).

In Bangladesh, 72% of the girls miss classes or school’s day due to lack of menstrual hygiene management where many of the female students of 30% miss more than three days, amongst them 52% of the girls feel that their learning being disrupted and their performance of getting affected, 67% girls do not attend school because they feel sick during menstruation which significantly indicates their results are being affected greatly due to menstrual hygiene practices (Mondal et al., 2017).

While growing up, children and adolescents acquire knowledge gradually and develop thoughts, views, values, and attitudes related to the human body, intimate relationships, and sexuality (Bonjour and Vlugt, 2018). These views, values and attitudes are learned through several learning sources. The most important sources, particularly at the earlier stages, are informal sources which include parents, who are most important and nearest at the youngest ages. Later when they grow up gradually they get to these terms from society. Bilinga and Mabula (2014) has pointed similar thoughts by stating that both rural and urban teacher’s contribution to sexuality education is less,

close to half, to other social factors like media, parents, peers and relatives altogether. Gathering knowledge from the professionals until the end part of puberty is a rare case, especially in countries like Bangladesh. This is due to the lack of teachers training, not being comfortable in teaching in the classroom and other social taboos. Ali et al (2020) pointed that, teachers feel uncomfortable in teaching this sensitive topic and in many cases omitted the chapters in classrooms. In education curriculum either schools or colleges, such issues are maybe included but not taught.

Ainul at el. (2017) has pointed SRH is still a cultural taboo. They also added that sexuality, sexual identity, and sexual rights are seen as taboo in Bangladeshi culture and often not addressed openly and lead children to an adolescent without adequate access to SRH information.

In competence with digitalization and globalization, many remarkable positive changes have been brought in the government sector of Bangladesh, especially in the government institutions. The primary education sector is one of them. This section has seen a series of development in the last half decades. There is no obstacle in saying that all most 97.96% of the student of the age is enrolled in the primary education. Bangladesh has a number of 39,241 GPS schools country wide where 50.92% of students are female students (Annual Primary School Census, 2019).

## **1.2 Research Topic**

“Inclusion Sexual Reproductive Health Education in Government Primary Schools”

The study is based on the sensitive part of the education system named Sexual Reproductive Health Education in the GPS Schools of Bangladesh. It is narrating the thoughts of teachers and experts about what they think of such type of education and how relevant they feel of inclusion of such topics in the curriculum or classrooms.

Children of Bangladesh face the abuses and adverse effects of sexual reproductive issues from a very early age. They need to be prepared for these adverse situations; hence they need to be educated in sexual reproductive health education as early as possible. So, looking for the importance of inclusion of sexual reproductive health education in GPS of Bangladesh; at least in grade five is important.

In Bangladesh, the official minimum age of entry at primary school's Grade 1 is 6 and it is expected that 10 is the age for Grade V students. But the real-life situation of such age difference may vary for several reasons. In the year 2007, it is found that over 80% of the children enrolled in Grade 1 were overage and this indicates that a large number of students are already overaged in Grade 5 in the year 2011. Amongst these students, many are repeating one or more classes in the process which makes them older than 10 in Grade V (CREATE, 2011). Despite the mean age at menarche of a Bangladeshi child is 13.12 (+/-1.16) and the median age is 13.17 years, in many cases, the menarche age starts at as early as 10 and even more early and most of the girls are not prepared for such events (Hossain, 2010). So, it is relevant to increase their knowledge on Menstrual Hygiene Practice which is an integral part of Sexual Reproductive Health education.

### **1.3 Statement of the Problem:**

Bangladesh's rural communities are less aware of the education of their girls and the health of other female members (Davis, 2010). The menstruation hygiene practices and management in the schools of Bangladesh and even in the homes are not yet being prioritized by the communities due to their lack of education. The traditional practices and management of menstruation have a direct effect on the education and health of rural adolescent girls (Mondal et al., 2017).

“A dearth of adequate knowledge and appropriate information on SRH makes them confused, scared, excited, and curious; causes insomnia; and raises a number of questions in their mind” (Zakaria et al., 2020, p.-2). For many reasons, in Bangladesh the children being not appropriately aware of the sexual reproductive health topics, face the adverse effects of SRH issues. This is causing their health problem as well as hampering their education and learning. This problem even reduced their school attendance. Zakaria et al. (2020) have identified similar results by stating that lack of such knowledge hinders them to give more focus on their school and home learning as their mental health is also being affected. The students being absentminded due to these health and mental issues, teachers fail to hold the quality of the lesson which was the teacher’s primary goal. Before implementing this sensitive issue into the classroom it is important to know what the field level duty bearers are feeling about such as teachers feels about the topic. It is imperative to investigate their willingness or their priority to address such issues in everyday classes. At the same time, to what extend the curriculum is addressing such topics needed to address. So, the focus of this is on the relevance of Sexual Reproductive Health education in the classroom of grade V students and the thoughts and views of the GPS grade five teachers will be highlighted.

Sexual reproductive health inclusion into the curriculum is being suggested by many of the scholars of Bangladesh and abroad. Introduction such issues into the curriculum as early as the primary school level is relevant or not from the perspective of the grade V teachers is to find by the study. But in real-life practice discussion of such a topic in the classroom is yet to be found.



## 1.4 Research Questions

The study is addressing the investigation of the relevance of this particular sensitive education for primary school-going children from the view of their GPS teacher who teach them in everyday classes.

**Key Question 01:** What is the perception of the government primary school teachers on sexual reproductive health education?

*Sub Questions:*

- i. How familiar they are with relevant terms of Sexual Reproductive Health education?
- ii. What do GPS teachers think about Sexual Reproductive health Education?
- iii. How are they taking the thoughts of discussing such issues in public places?

**Key Question 02:** How relevant sexual reproductive health education is for primary school-going children?

*Sub Questions:*

- I. Is the age of a student of Grade V suitable to know sexual reproductive health's content?
- II. Are these age-ranged students acquiring this knowledge outside the classroom?

**Key Question 03:** How the curriculum is addressing sexual reproduction health issues in Bangladesh?

*Sub-questions:*

- I. Does the curriculum have any special section about sexual reproductive health?

- II. Does the NCTB General Science book of Grade V contain any chapter on the relevant topics?
- III. Does the NCTB Bangladesh and Global Studies book of Grade V contains any chapter on the relevant topics?

### **1.5 Purpose of the Study**

The study is to find out the significance of a taboo part of education named Sexual Reproductive Health education in a life of a primary school going student from the perspective of the teachers who teach them in everyday classes. The study aims to investigate the views of government primary school teachers about the topic related to Reproductive Health education. It is also seeking to know the importance of such education and rights in the life of primary school-going students. The study also seeks to understand the relevance of including such education in the curriculum from the point of view of the teachers.

### **1.6 Significance of the Study**

Many studies have been done in the sector of Sexual Reproductive Health and Rights in Bangladesh. But the significance of such study in the primary school-going child's is yet to explore. The study will explore this section and describe the perspective of the teachers. We are not aware of how teachers at such schools feel about Sexual Reproductive Health education since it has always been a taboo in Bangladesh. The study will also dictate the comfortless of the teachers in teaching such taboo subjects in their everyday teaching.

The study can assist government and other relevant non-government organizations working in the SRH or education section to understand the mindset of the teachers about sexual reproductive health education. The study will also provoke the thoughts of the relevant stakeholders to work on

the SRH sectors and community development. The topic of the study is also directly linked with the Sustainable Development Goals and will help to uphold the objectives of the SDG goal no. 3: Good Health and Wellbeing.

## **Chapter2**

### **Literature Review and Conceptual Framework**

#### **2. Literature Review**

Adolescence, defined as a universal period of life stage of human growth and development of its socialization process which occurs between childhood and adulthood; age ranged from 10 to 19 years (WHO, 2014). Biologically, adolescents experience pubertal changes and changes in brain structure. Psychologically and mentally, adolescents' cognitive capacities mature, and they develop critical thinking skills. Adolescents also experience social change as a result of the multiple roles they are expected to play in the family, community and at school. These changes occur simultaneously but at a different pace for each adolescent depending on her/his gender, socioeconomic background, education and exposure to various other structural and environmental factors (UNICEF, 2006). As a developmental phase in human life, adolescence is further divided into early adolescence (10-14 years) and late adolescence (15-19 years). An understanding of these substages of development during adolescence is important from the perspective of policy planning as well as designing and implementing adolescent related programs.

Nearly 35% of HIV infections occur among young people in the age group of 15-34 years. The majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights, nor do they have access to preventive and curative services. SRH is still religious and cultural taboo in Bangladesh and adolescents in Bangladesh very often enter reproductive years poorly informed about SRH issues. (Ainul, 2017).

#### **2.1 SRH education in institutions**

It was vivid that pupils' source of sexual reproductive health-related knowledge is not from institutional learning rather other sources out of institutions, but sexual reproductive health education seems to be integrated into subjects of few institutions.

Begum (Publication year) in her study of "Sexual Reproductive Health Right" has pointed out the importance of adding sexual reproductive health issues in the educational curriculum by stating that, the focuses should be on the curriculum for SRH in Bangladesh. She also added that to be truly emancipatory, the curriculum of sexual and reproductive will need to address the prevailing social-cultural norms which shape the broader education system and philosophy. For a developing country like Bangladesh, the incorporation of sexual and reproductive health education in the mainstream education curriculum is a huge step forward. Opening a straight and concrete pathway for educationists and learners within this new curriculum is a big challenge.

Lack of institutional and proper knowledge of sexual reproductive health in previous generations has created a knowledge gap. This gap is causing suffering to the current generation as they are more open to the internet and digital devices which are open-source of knowledge whether appropriate or not. The established patriarchal society provoke the new generation's adolescent girls to nurture feelings of shame amongst them by forcing age-old superstitions, little and no knowledge on SRH issues. Parents neither have the comfort nor have the acknowledgement of the importance of sharing sexual reproductive health issues to the adolescent and because of their stigmatization, they cannot even support children in the matter related to SRH. On the other hand, Parents, teachers, and other elders had very little help in their time which has resulted in a little orientation to sexual and reproductive health rights themselves (Das and Roy, 2016).

For both developed and developing countries, SRH educational programmes have been proven to improve the health of the young population which is claimed by scientific research (Kirby, 2011).

SRH is the most sensitive part of the health sector, bear great importance on the health of young people. Being ready for upcoming events that are directly related to SRH issues are beneficial for young people. Young people spend a large portion of their day in educational institutes, and they learn many health-related issues from the classroom and surroundings. So, teaching them SRH issues will make them more competitive for the days to come and tackle sensitive taboos of society.

Barkat and Majid (2003, p.1) have identified the knowledge gap of sexual reproductive education amongst the young population. In their study, they have pointed that country's adolescents have a scarcity of knowledge of sexuality, physical well-being, health, and bodies of their own. Whatever knowledge they possess is incomplete, confusing and miss-guiding for them as well. Lack of educational attainment, limited sex education activities, and inhibited attitudes toward sex contribute again accelerates the ignorance.

## **2.2 Age factor for SRH education:**

Schoolgirls who have reached menarche are reported missing school almost 41% which is 2.8 missed days per menstrual cycle. In comparison with the students having a period and those who do not, girl having period believes that menstrual problems intervein school performances and miss more school than the others as they feel uncomfortable at school during menstruation. Schools having unlocked toilet for girls tends to attend less schools. The missing school are higher among girls who were prohibited from all sorts of activities in the time of menstruation (Alam et al., 2017).

An Austrian parenting website that supports child education on sensitive issues has suggested starting small talks on sex, sexuality and the human body before the age of eight. Sexuality is not just about sex. It is also the way your child feels about their developing body. And it is how your child understands and expresses feelings of intimacy, attraction, and affection for others, and how your child develops and maintains respectful relationships (Raising Child, 2020).

Woog and Kågesten (2017) showed evidence that sexual reproductive health education should be started from the age of 10-14 years which they levelled as young adolescence in their report. The report shows analyses of national survey data and literature review results and provides an overview of the evidence on the main spectacle of sexual and reproductive health among very young adolescents aged 10–14 living in developing regions. It is visible that many of the developing countries have national policies and curricula that supports comprehensive sex education (CSE) in primary schools; however, available data tell us little about the extent to which 10–14-year-olds are receiving CSE, or about the quality of such education.

The report also stated that between 3% and 23% of adolescent females aged 13–17 years have experienced sexual violence where in the case of males, it was from 0% to 13%. Woog and Kågesten (2017) also articulated that in Africa, 1% to 10% of females get married before the age of 15 where the percentage is 1-5% in most of the Latin American and Caribbean countries. Bangladesh has a 4% of childbirth rate before the age of 15 years were 1-2% in India. They also exposed that, children aged 10-14 are the victim or become familiar with sexual reproductive issues and they need to be educated in this manner to avoid such mess.

A World Health Organization multi-country study has shown that adolescent mothers aged 10–19 years had higher risks of low birth weight, eclampsia, systemic infections, preterm delivery, puerperal endometritis and severe neonatal conditions. The increased risk of intra-hospital early neonatal death among infants born to adolescent mothers was reduced and statistically insignificant after adjustment for gestational age and birth weight, in addition to maternal characteristics, mode of delivery and congenital malformation (Ganchimeg et al., 2013).

## **2.3 Exploring Countries Strategies:**

Almost every country now-a-days have a national strategy or periodic plans to tackle the issues related to Sexual Reproductive Health Educations. In Bangladesh, the strategy is built with the help of the United Nations UNFPA and UNICEF. UN plays a vital role in building national strategies of sexual reproductive health particularly for adolescents in many of the countries worldwide. A few strategies are being studied for this study purpose to understand the dynamics of such sensitive education and its need.

### **2.3.1 National Adolescent and Youth Reproductive Health Strategy (2007-2015, Ethiopia):**

The AYRH, developed by the Federal Democratic Republic of Ethiopia, Ministry of Health (2006) visioned to enhance reproductive health and well-being among 10-24 aged young people in Ethiopia to be more productive and empowered to access and exploit reproductive health information and services as much as possible. It also aimed to make voluntary informed choices over their RH lives. This is a multi-sectoral approach that reflects three overriding priorities; the nation's commitment to achieving the Millennium Development Goals and the National Plan for Accelerated and Sustained Development to End Poverty.

### **2.3.2 National Strategies for Adolescent Health (2017-2030; Bangladesh):**

The National Adolescent Health Strategy 2017-2030 which has been developed by a participatory process, has four thematic priority areas; adolescent sexual and reproductive health, violence against adolescents; adolescent nutrition and mental health of adolescents by keeping aligned with Sustainable Development Goals (Directorate General of Family Planning, 2016). The vision of the strategy is that all adolescents in Bangladesh will be able to enjoy a healthy life. It also has the aim of all adolescents attaining a healthy and productive life in a socially secure and have a suitable environment.

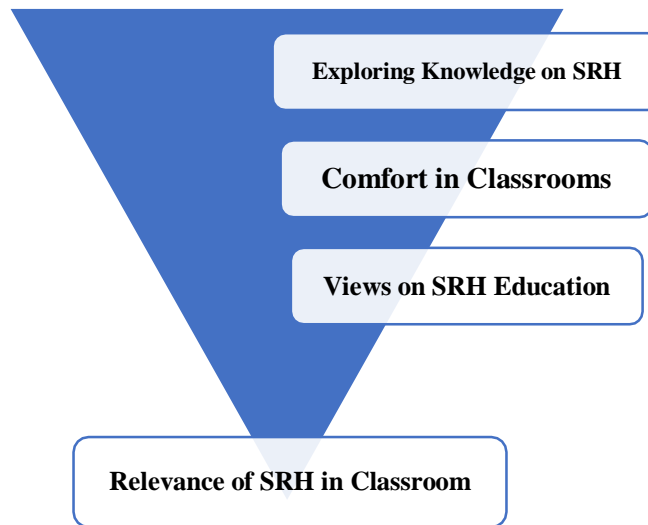
### **2.3.3 National Adolescent Health and Development Strategy (2018 – 2022, Tanzania):**

The National Adolescent Health and Development (ADHD) Strategy is a holistic strategy that has been assessed from three lenses. The first lens, demand, aimed to understand the socio-cultural and economic trends in the country and their influence on health outcomes, as well as the disease burden for adolescents. The second lens, supply, assess health services and other types of support needed to effectively address adolescent health. And the last one, enabler, focuses on policies and legislations, financing, data systems including access to information and coordination that create the right environment and provide relevant tools to support ADHD.

## **2.4 Conceptual Framework**

The conceptual framework was designed by the author in a way that it takes the discussion of FGD further and takes the In-depth interview deeper.





*Figure 01: Conceptual Framework*

In the first phase, the study will be focused on understanding the available knowledge of the teachers or exploring what they generally understand by the terms of sexual reproduction health issues. This part of the framework is inspired by the Constructivism theory which says that people construct their understanding and knowledge of the world through experiencing things and reflecting on those experiences (Bhattacharjee J., 2015). So, it is believed teachers already have at least some basic knowledge on sexual reproductive health education issues.

Posing knowledge or information is not enough to tackle such sensitive issues by the teachers. Their ability or willingness to pass this knowledge to society is needed to be assessed. In the next the framework will look or the comfort of talking about such sensitive issues in public places or in the classrooms by the teachers. The discussion on this section will be more precritical rather than theoretical.

In the third phase, the study will explore the views of SRH education of the teachers. This section will look for if the teachers find it important to teach such sensitive subjects in the classroom. It will give a particular focus if teachers consider this age group is appropriate for understanding the basics of such a sensitive part of education. A few real-life examples with theoretical explanations will be discussed in this section. These three phases will be compiled and then come to the conclusion of the relevance of SRH education in everyday classrooms.

## **Chapter 3**

### **Methodology**

#### **3.1 Research Approach**

The study is based on the perception of the government primary school teachers of Grade V in Bangladesh. The study will explain what teachers think about sexual reproductive health education and elaborate why they think so. Explaining such views will not extract the desired outcome by numeric values, rather it needs deep descriptions and discussions beyond a set questionnaire.

The research aims to understand the current understanding of the issues of sexual reproductive health of the government primary school teachers including assessing their willingness and comfort of teaching such sensitive issues in their daily classrooms. The use of percentages and yes/no answers will not satisfy the intention of the study. The answer of such queries must be descriptive, and thoughts cannot be concealed in quantitative strictures. Hence, the study demands a Qualitative Research Approach to fulfill its objectives.

### **3.2 Research Site**

Bangladesh has a total number of 39,241 primary schools amongst the 8 educational divisions. Chattogram division has 11 districts where Dhaka division has 13 districts (Annual Primary School Census, 2018). Two educational thanas of Bangladesh has been selected as research sites of the study. Chandgaon Educational Thana from Chattogram and Lalbagh Educational Thana from Dhaka has been selected for the study. These two educational thanas were particularly selected for being easy to access for the researcher.

### **3.3 Research Participants**

All government primary school teachers have at least a bachelor's or honours or equivalent degree and after joining have to take a number of training on classroom materials and a mandatory DPED (Diploma in Primary Education) degree after joining the school which is a one and half year course where teaching-learning practices are taught and explained with practical examples. The targeted participant of the study is the government primary school teachers. To be more specific teachers who take regular classes in Grade V. Both male and female teachers are participants of this study.

### **3.4 Sampling Procedure**

The study demands the thoughts and perspectives of the teachers at primary schools to be a successful study. The government primary school teachers are chosen to be the participants of the

study. Teachers from two educational thanas of two districts: Lalbagh Educational Thana from Dhaka and Chandgaon Educational Thana from Chattogram has chosen to be the participants of the study. Amongst the Educational Thanas, those teachers who take regular classes in grade V is selected as the research participants.

### **3.5 Data Collection Methods**

Data has been collected from the two educational thanas from two districts of Bangladesh for the study. As this is a sensitive study, the opinion of a few experts has also been included in the study, so that we can have a clear idea of the ongoing scenario.

#### **3.5.1 Focus Group Discussion:**

The ideal number of participants of FGDs ranges from half a dozen to one dozen (Swartling, 2014). For the covid-19 safety protocol and physical distancing, the FGDs of this study contains 6 participants each. 3 FGDs were done in the Lalbagh Educational Thana, Dhaka and 3 were done in the Chandgaon Educational Thana, Dhaka.

#### **3.5.2 In-depth Interviews:**

There were 6 In-depth Interviews with the Head Teachers as they possess a sense of power and authority in the school. They were separated from the assistant teachers to minimize the risk of AT's not being open to in front of the authorities. 3 resource persons from the relevant field (two SRH specialists, one Youth Leader working in SRH Sector) has been selected as In-depth Interview participants to extract the view from the local level about such sensitive issues.

### **3.6 Role of the Researcher**

From December 2020, I have explored the understanding and thoughts of the government primary school teachers from two districts. Although I was a teacher at one point in my life, also work for the upliftment of sexual reproductive health rights in Bangladesh. During my focus group discussions and in-depth interviewing process, I tried to remind myself again and again that I am a researcher in this context. I should not be playing any other roles that affect my studies or make

them bias. There were times when, as a novice researcher, I struggled to maintain the focus as a researcher and not to regress to my other roles which may influence my study.

### **3.7 Data Analysis**

Thematic analysis has been used to analyse the collected data from the teachers at government primary schools. Statements of the participants have been explored and elaborated regarding the literature. Participant's opinion has been articulated descriptively for this study.

#### **3.7.1 Data Analysis Theme**

A theme has been identified for the proper extraction of available data and resources. The theme is divided into three sections. Each section is aligned with the conceptual framework described in chapter two of this study.

##### **3.7.1. What**

The first part of the theme is aligned with the first part of the conceptual framework which seeks to understand what government primary school teachers know about the SRH relative terms and issues. In this part a particular focus is given on how teachers can describe SRH issues in their understanding and knowledge.

##### **3.7.2 How**

This section deals with the feelings or willingness of the teachers in teaching such sensitive topics in public places and classrooms. In this part, the discussion moved around in how eager teachers are in presenting their existing knowledge to the classrooms. This section also covers how our curriculum is covering such a sensitive part of education.

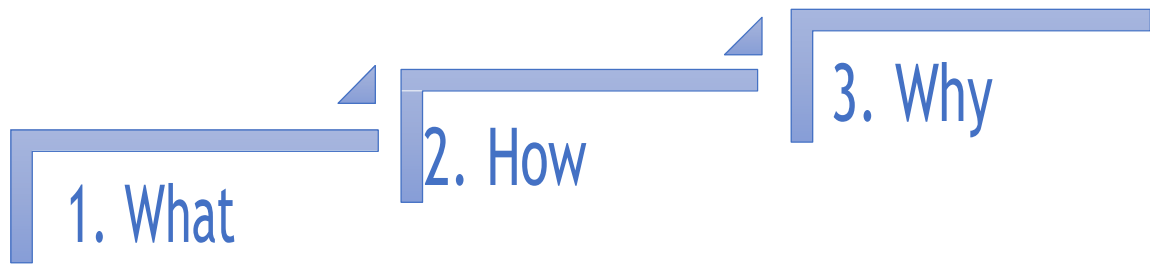


Figure 02: Data Analysis Theme

### **3.7.3 Why**

In this section, the discussion was on the importance of teaching sexual reproductive health education in classrooms. The appropriateness of the age of primary school students to study is a taboo part of education discussed here. The relevance of such study in a primary school-going students' life has been the center of discussion here.

### **Data analysis theme for FGD**

## What

- What is SRH?
- What is SRH Education?
- What is good touch/ bad touch?
- What do you think about minarche?
- How alarming is child abuse in our country according to you?

## How

- How comfortable you are in discussing such topic?
- How comfortable you are discussing such topic in public places?
- How important it is to have knowledge on SRH?
- How comfortable are you to discuss/teach such issues to opposite genders?
- To what extent the curriculum covers such issues?

## Why

- What you think about teaching SRH issues in educational institutes?
- Should SRH issues be taught in schools?
- Is SRH issues are there in curriculum of Primary school?
- Should SRH issues be taught in Primary schools?

*Figure 03: Data analysis theme for FGDs*

## Data analysis theme for In-dept Interview

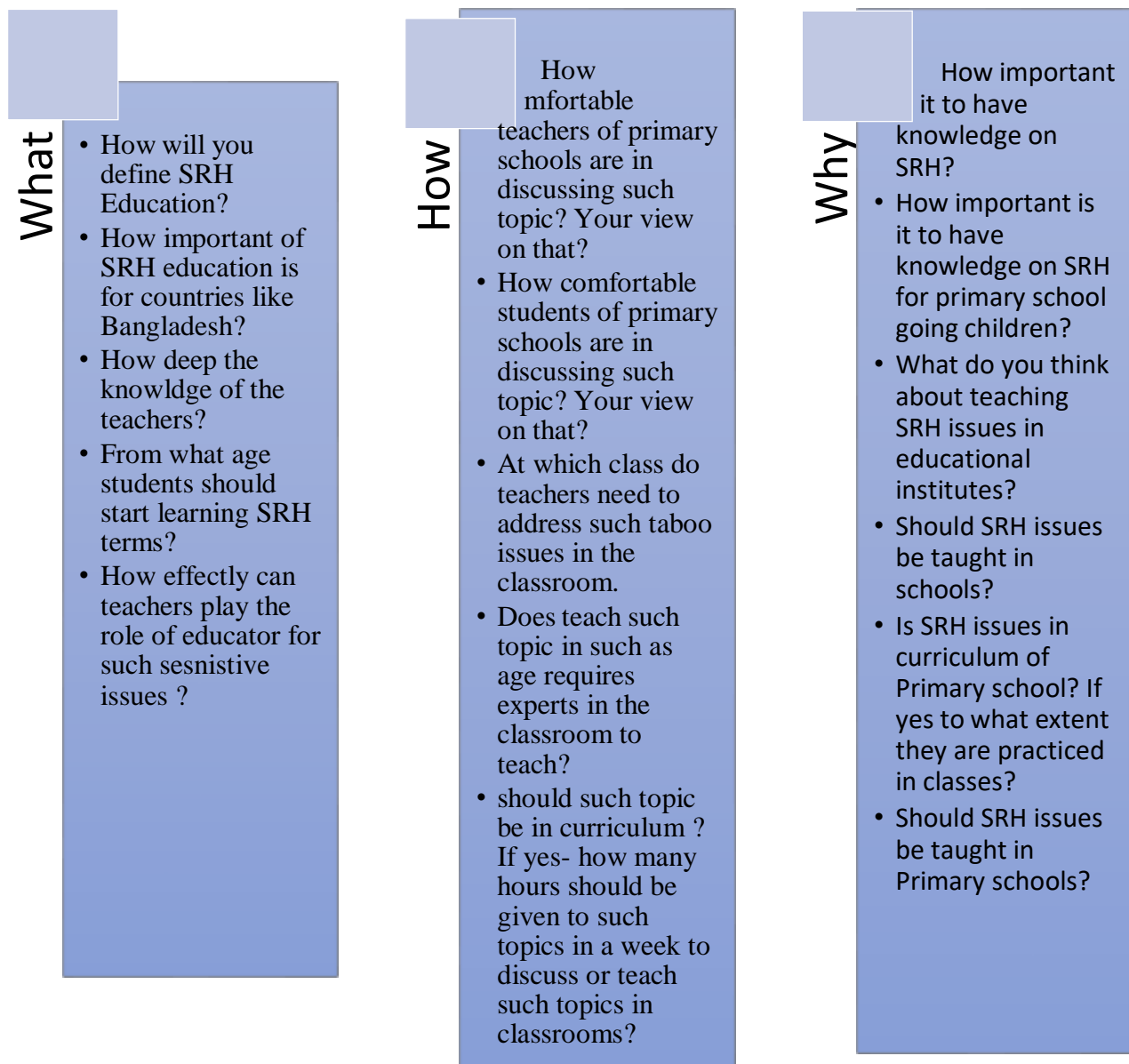


Figure 04: Data analysis theme for In-depth InInterview



### 3.8 Ethical Issues and Concerns

- **Breaching Confidentiality:** No confidentiality was disclosed to any third party and no information was shared without the written permission of the respondent.
- **Non-Bias:** Though the researcher taught in a government primary school in Bangladesh for two years, no biasness has been reflected in the study or in collecting data.
- **Voluntary Participation:** Participants were aware before attending the FGDs and In-depth Interviews that no remunerations will be provided, and participants can opt-out from any part of the interviews and FGDs.
- **No Harm:** No harm or disrespect was done to any of the participants in any part of the study.

### 3.9 Credibility and Rigor

- I have already done one academic thesis in my graduation from Development Studies Discipline from Khulna University.
- I have also done a small project in Sexual Reproductive Health Education which was presented in the South Asian Sexual Reproductive Health Education Summit 2020, Bangkok.
- I have worked for Plan International, VSO and Action Aid on the matters of Child Marriage and Sexual Reproductive Health and Rights issues for years.
- I have also founded a youth-led organization that works for the emergency Sanitary Pads distribution in times of Natural Disasters.

### 3.10 Limitations of the study

Like every other study, this study also has some setbacks. The researcher and associates tried their best to minimize these limitations.

- **Single Perspective:** The study contains only the perspective of the teachers and ignores the perspective of other stakeholders like students, parents and their home tutor with whom they spent a large portion of time of a day.

- **Data Collection by using online methods:** As the study was done at the time of the pandemic, the online method was used in the data collection process. Many of the government primary school teachers are not aware of zoom meetings or group phone calls or other online methods which was a challenge for the study.
- **Small Study Area:** The study was done only in two educational thanas of two districts. There are more than 6 Thanas in every district of Bangladesh which the study could not cover.

## Chapter 04

### 4. Results

#### 4.1 Introduction:

The result was reached through thematic data analysis and four broad themes were generated. The findings from the result address the research questions on the relevance of sexual reproductive health education of primary school students of Bangladesh. The initial data from the Focus Group Discussion, In-depth Interviews and Key Informant Interview were coded and these 4 broad

<b>Demography of the Respondents (FGDS)</b>			
<b>Sex</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Educational Thana</b>			
Chandgaon Educational Thana	03	15	<b>18</b>
Lalbag Educational Thana	08	10	<b>18</b>
<b>Total</b>	<b>11</b>	<b>25</b>	<b>36</b>

*Table 01: Demography of the FGD Respondents*

themes were generated accordingly.

In terms of Focus Group Discussions, it is visible that around 70% of the total participants are female. In-depth interviews contains 67% of male participants and Key Informant Interview contains 67% of female respondent.

#### 4.2 Knowledge Level of Sexual Reproductive Health

A primitive knowledge level was seen in the respondents on the topic of sexual reproductive health. A basic understanding of the issues was there. However, there was no formal understanding as there was no training from the government or any other entities. Upon asking the definition of sexual reproductive health they gave answers related to the terms. Sex education, good touch and bad touch, menstrual hygiene, puberty, adolescence, health hygiene etc. are basic terms that have been pronounced in the discussion of sexual reproductive health education.

Good sexual and reproductive health is a state of being completely fit in terms of physical, mental, and social well-being in all matters relating to the reproductive system. Sexual Reproductive Health education helps adolescents to cope with puberty, menarche and other sensitive issues that are going to be an issue in near future. (Participant 5, FGD 3)

Though the basic knowledge was there, most of them failed to describe what is SRH education is. It was more vivid when one participant from FGD 2 stated that it is the proper education on sex, birth and family planning. Reflecting on the same question another participant from FGD 6 referred SRH education as the good and safe practice of physical relation to avoid HIV, AIDS and other diseases. This indicates that many of them do not have proper knowledge of sexual reproductive health education.

### **4.3 Importance of Sexual Reproductive Health Education**

Despite having a different level of knowledge on SRH issues, a sense of agreement on the importance of SRH education was seen. There was no denial of the essentiality of such type of education. Though many of them were hesitating before, at this point of discussion, they were all very enthusiastic.

- SRH education is directly linked with girls' participation in the classroom. An NGO worker of the related field agreed and referred to menstrual hygiene being an unavoidable part of such education plays an important role in girls' attendance especially in grade five. He also pointed out Menstrual hygiene practices are also linked with drop-out rates, many have pointed out. (Field Expert, KII-2)
- Every student of today will surely have to face SRH related problems like menstruation, the transition of adulthood, Adolescent complexity etc. in their lives. Being educated in this regard may help them to be in better mental health.
- On asking the importance of SRH education one participant replied "We are now in the age of digitalization. Even students of grade five have mobile and internet or at least have periodical access to both. Getting content of sexuality that is not suitable for their age is going to be a new reality. So, there is no point in hiding them. Instead, it is important to teach them or at least discuss SRH issue with them so that they can be ready". (FGD 2, Participant 3).

- According to 15 topmost leading newspapers a total number of 812 children faced sexual torture in 2018 (Kamruzzaman M., 2020). It has always been a social taboo issue in Bangladesh which has always been in dark from children who were facing them. SRH education can make these children aware of the health and social condition which can create resiliency in child's minds to protect themselves on their own.
- Many of the students in our country start late primary education. I remember one of my students, started her menarche (start of menstruation) in the classroom. Her classmate saw stains in her pants and started to mock her. Head mistress immediately granted her leave. I still remember her eyes full of fear and uncertainty. She missed school for around two months after that. If the other students were educated about SRH, they would have considered the incident as a normal scenario instead of mocking her. (FGD 2, Participant 1). This was an experience of a grade five teacher which indicates the importance of teaching sexual reproductive health education to both genders in the classroom.
- There is no denial of SRH education to build an anti-harassment mechanism in a child's life. In order to make them ready before any unfortunate event, early education of SRH is unavoidable.
- Upon asking the importance of such education field experts narrated that SRH issues are linked with our daily lives and said sexual reproductive issues are normal in everyone's life and to lead a healthy life it is essential to know such terms. It will be easy to cope with the problem faced by menstrual hygiene in girls and nocturnal emission in boys. (Field expert, KII-1).
- Another field expert has pointed out the importance of SRH education by saying education of SRH is essential as it is a sensitive issue. We have been skipping such a topic for many days, especially in rural areas. As a result, the rural area faces several obstacles in terms of sexual violence. (Field Expert, KII-3)

#### **4.4 Comfortableness of Teaching Sensitive Issue**

The teachers had mix-opinion on the comfort level of discussing SRH reviews. Like every other existing taboo in society, SRH issues are not a common topic to discuss in public places with

strangers. The beginning discussion indicates they were uncomfortable in discussing such a topic with an outsider. Most of the participants has expressed that they will not discuss such issues in public places unless it is very important. Female teachers have disclosed they are uncomfortable discussing such issues in presence of male entities.

However, they have all agreed in the pointing the topics of such issues hold a fair amount of importance in the life of a growing child. Hence, they are willing to teach in the classroom.

“It is uncomfortable to talk, I agree. If we are talking to students, our children in our classroom I do not think it will be an issue. If we consider it as a chapter of learning just like how to behave with your neighbors, it is not that much uncomfortable actually.” (Participant 02, FGD 03)

The teacher has expressed a similar kind of mindset in teaching such taboo issues in the classroom. They are willing to consider this SRH as a chapter of a book which needs to teach seriously as it is related to real-life problems. They are not considering teaching SHR issues in the classroom as uncomfortable.

Teachers agreed and suggested that schools in Bangladesh should teach SRH issues in the schools. Teaching them in secondary school is essential. But students should start to learn these SHR topics from elementary schools.

Children should be taught such sensible topic in a secondary school as most of the students face menarche and other complications then. Since we live in the digital era where technology and the internet are boundaryless we need to start preparation from as early as grade four or five. We need to start teaching from elementary school if we want to best outcome from the learning of secondary schools (Participant 06, FGD 04).

Teacher has agreed that the basic of SHR issues needed to be taught at primary school. Creating a strong foundation with basic knowledge of SHR issues is important of primary school going school children’s life.

## **4.5 Exploring Curriculum**

The NCTB Grade-five book of Bangladesh and Global Studies has a V paged chapter on “Gender Equality”. One of the three chapters of the book contains content on Gender-Based Violence

primarily. But still, there is no chapter or even a unit which discuss Sexual Reproductive Health or related issues.

However, the chapter named “Healthy Lifestyle” in the Elementary Science in the same grade has a full page on Puberty. It addressed that puberty starts at the age of 8 to 13 in a girl’s life and from 9 to 15 in a boy’s life. The chapter also discusses about the changes in a body during puberty and how to take care of the body during puberty.

The topics of Sexual Reproductive Health has not been discussed in any other NCTB books of Grade-five. No other topics of such sensitive education are present in the Bangladeshi primary education curriculum. No other chapters of grade-five directly or indirectly talk about the issues related to SHR education or learnings.

However, both the Indian curriculum and Nepal curriculum contains a few more topics of sexual reproductive health. Textbook of Nepal’s grade V students contains important sexual reproductive health topics including HIV/AIDS, child abuse, adolescent health services etc. On the other hand, the Indian textbook named Health and Physical Education contains early marriage consequences, breastfeeding, family planning, sexual harassment, and sexual reproductive health needs. Both countries from South Asia have invested more chapters and pages for sexual reproductive health education than Bangladesh.

## **Chapter 05:**

### **5. Discussion and Conclusion**

## 5.1 Discussion

The purpose of the study was to find out teachers' perceptions on teaching Sexual Reproductive Health issues to primary school-going children, especially grade-five students. The study indicates that the teachers at primary schools have basic knowledge of SRH issues. Many of them were struggling to deliver a concrete definition of SRH. There is no specific training provided by the government on sexual reproductive health education for the teachers which created a knowledge gap for the teachers. The knowledge and mindset that requires teaching such sensitive issues in the classroom effectively were not abundant in teachers. However, as they were familiar with basic terminologies, it can be asserted that they have gained informal knowledge from society about such taboo issues.

Sexual Reproductive Health education being a taboo issue in the context of Bangladesh, all of the respondents agreed that the importance of such issue is enormous as it is directly linked with the classroom participation, building characters, and mental wellbeing of the students. They consider important events like Growing hair in the private parts, nocturnal emission, Development of the reproductive organ are linked with classroom attendance and performance to some extent. Participants were very much concerned about the menarche experience of their students. Similar thoughts were found in the article of Malitha et al. in the year 2020 where it was pointed that more than 48% of girls already attained menarche (first presence of menstruation) within the age of 12 years. A grade five students in Bangladesh is close to this age in some cases are in this age range. Teachers even have seen menarche period starting from as early as grade five in their teaching life of the primary school. When the class lacks knowledge of such events can bring catastrophe to the lesson that day. Sensitive events like this can affect the mental well-being of students of both genders in an adverse way. To be ready for menarche and to ensure health hygiene in periods of girls, education of sexual reproductive health is essential.

Teacher's lack of knowledge and reluctant mindset to teach SRH education is creating ignorance amongst the students which causes some mental health-related problems. Lack of Sexual Reproductive Health education leads to ill-concepts of reproductive health services and create stigmas. Sexually transmitted diseases like HIV/AIDS can be manifested in absence of SRH education. A field expert from KII 2 has also pointed out girls' attendance will continue to fall if education on menstrual health is not promoted. Menarche, transition to adulthood, physical



changes for both genders, understanding of the development of sexual organs etc. social stigmas will keep getting hard tackle without proper, contextual and age-based sexual reproduction health education.

Transition to Puberty is hard for children. Our society does not address this transition as important, but teachers could easily identify the changes in behavior due to this transition in their everyday classroom. These changes are visible to them because a significant portion of day-time students spends in the schools.

Sexual Reproductive Health education can be the main player to tackle gender-based violence in houses in Bangladesh. Bangladesh has a high rate of child molestation and abuse. This education can prepare the children to be aware of the abuses by increasing their knowledge. Nothing can be more effective than Sexual Reproductive Health education to combat sexual assault in our society and to create an anti-harassment mechanism to fight the harassments. Moletsane R. (2014) reflected on the essentiality of Sexual Reproductive health knowledge to protect them from violence based on gender and sex. She argued that girl's agency is compromised without sexual reproductive health knowledge and makes them unprepared for the transition to environments that are characterized by uneven gender norms, gender-based violence and sexual violence. UNESCO (2018) pointed out Education for young people is the only true, sustainable solution for gender-based violence. Education that does not merely comprise of sexuality education rather also incorporate health and well-being, gender equality and human rights, and empowers children and young people to lead safe and productive lives, hence Sexual Reproductive Health education. The teachers also claimed similar thoughts in different aspects by stating that complete gender roles and knowledge and sexual reproductive health education reduces child bullying at least at the schools (Participants 5, FGD 3).

The lack of comfortableness of the participants was visible in the FGDs and even in the in-depth interviews which indicates talking of such sensitive topic do not brings ease or relaxation to the participants. A large portion of participants being female disclosed that they are not comfortable discussing such issues in from of male entities. But their understanding of the importance of such education gives them the extra push to create comfortableness in the classroom to discuss them. Students are compared with children of the respondent which gives them an edge to exchange such taboo information freely.

The curriculum of Bangladesh Primary Education does not include Sexual Reproductive Health education. The Bangladesh and Global Study NCTB book of Grade-five has chapters on Gender equity, Human rights, and other societal issues. But this book does not address sexual reproductive health, not even the societal aspects of the topics. However, a 102 paged Elementary Science NCTB invested a single page puberty that only address the definition of puberty, identified changes in puberty and how to take care in times of puberty. The Grade Physical Education textbook does not have any chapter invested in SRH.

The other aspects of SRH like Breast feeding, substance abuse, family size, early marriage, reproductive health service etc. of sexual reproductive health have been declined in the Bangladeshi curriculum which is vivid in South Asian Countries like India. Where Indian curriculum contains more topics of SRHR. An NCERT textbook (Grade IV) named Health and Physical Education comprises a full 8 paged chapter on Adolescent Friendly Health Services which includes topics like Reproductive and Sexual Health Needs, Sexual Harassment, Child abuse etc. (NCERT, 2016). Another South Asian Country Nepal introduced Health Service and Community Health, Health Services, HIV and AIDS and Communicable Diseases in their Grade V's My Science, Health and Physical Education textbook.

## **5.2 Conclusion**

The study explored the view of the teachers on the relevance of sexual reproductive health education in primary school going students of Bangladesh. The teachers at government primary schools of Bangladesh have mixed perceptions of sexual reproductive health education. Teachers are comfortable in teaching such topics in the classrooms, yet to teach in the classroom. Teachers do not have enough training or capacity to teach such sensitive issues in the classrooms. The knowledge level is confined with the basic information on sexual reproductive health which is not sufficient to teach students who yet have interacted with such issues openly in their daily life.

The age-old curriculum of Bangladesh fails to include the basics of sexual reproductive health issues. Amongst all the books only a single unit is invested in such an important topic which is not enough to make students aware of the issues. Sexual Reproductive Health education is also related to health hygiene and child safety which the curriculum failed to address.

Participants have shown their interest in teaching such taboo issues in the classroom as it bears significant importance in the life of primary school-going children. Sexual Reproductive Health is important in every child's life as it increases the participation and attendance of girls at schools, making girls ready for their menarche period, tackle the adverse effect of interact with sexual content on the internet, combat against child abuse, fight against gender-based violence, fight against social stigma, create a healthy life with mental well-being, ensuring safety and hygiene practices and more. This education section of education is essential for the primary school-going child as they will soon in transition to puberty which is the toughest transition of human life both mentally and physically. So, teaching sexual reproductive health education in grade five to make them ready for the life ahead is relevant and essential in Bangladesh.

### **5.3 Recommendations**

- The government needs to make sexual reproductive health education compulsory for at least grade five students to make it an essential part of their curriculum. The existing curriculum needs to include more chapters on sexual reproductive health education. Inclusion of such education under child safety and health hygiene is recommended highly.
- Trainings on such education are essential for all the teachers at primary schools. Governments need to include this training on the loop of other training that is provided joining the schools. These trainings need to be rich in terms of content to break the social stigmas.
- Since we have a large number of primary schools in Bangladesh, it will be a challenge for the government to arrange the trainings for all of the teachers. Non-government organization working to ensure the Sexual Reproductive Health Rights should come forward with their knowledge gathering workshops and social stigma breaking campaigns.
- Teachers need to be more open to their students and have more knowledge in the relevant topics. They should be more willing to teach such issues in the classrooms.
- Parents-teacher meetings should be called by the school management to make them aware of the necessity of teaching sexual reproductive health education.
- Organizations working against child abuse should come forward to create awareness and campaigns against sexual abuse and promote sexual reproductive health education and include at least grade, five students, into their campaigns.

- A monitoring board with the necessary knowledge needs to be established to monitor and evaluate sexual reproductive health education regularly.

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**Appendix A.  
Consent Letter**

Title: **“Exploring the Relevance of Sexual Reproductive Health Education in Government Primary Schools of Bangladesh: A Perception of Grade V Teachers”**

Dear Respondent,

Greetings!

I am Md. Rafe Ahmed here with you for my thesis purpose and seek your cooperation. My thesis title is “Exploring the relevance of the inclusion of Sexual Reproductive Health in Government Primary Schools of Bangladesh; A qualitative study on Government Primary’. I am a Masters’ (MEd) student of BRAC University. In partial fulfillment of my Master’s degree, I must prepare a research monograph. For this purpose, I’m undertaking the above mentioned research project. In this respect, I seek your generous co-operation and you are cordially requested to fulfill this questionnaire. Note that all the information provided by you will be strictly confidential and your answers will not be published in any circumstances. Your kind response will be used only for this academic research and this monograph report will not be published in the future. If you feel uncomfortable to answer any question, feel free to leave them blank. But you are requested to write the correct answer that you believe to be.

I would really appreciate if I could take 45-60 minutes of your valuable time.

Thanks in advance

Md. Rafe Ahmed

M.Ed Student,

BRAC University

Do you agree? (Put tick)

1. Yes
2. No



## Appendix 02: Ethics Form



**Office use only**

Reference number:

Date received:

### BRAC IED Human Ethics Advisory Committee Ethics Application Form

**Research Title: Exploring the Relevance of Sexual Reproductive Health Education  
in Government Primary Schools of Bangladesh: A Perception of Garde V**

**Teachers**

**Proposed start date:** 27 December, 2020

**Proposed end date:** 13 July, 2021

**Supervisor's name:** Mamunur RAsid

**Researcher's name:** Md. Rafe Ahmed

**Degree for which student enrolled:** MED/PGD in Educational Leadership & School

#### Part A: Checklist

This checklist will help you decide the risk of your research. If you answer 'YES' to any items on the checklist you should be explained in the special case assessment section (Section 6) below. It is your responsibility to assess the level of risk associated with your research.

#### 1. Are any of the following topics to be covered in part or in whole?

Parenting	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Sensitive personal issues	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Sensitive cultural issues	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Grief, death or serious/traumatic loss	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Gambling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Eating disorder	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Illicit drug taking	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Substance abuse	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Self report or criminal behavior	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Any psychological disorder, depression, mood states and/or anxiety	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Suicide	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Sexuality, sexual behavior or gender identity	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Race or ethnic identity	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Any disease or health problem	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Fertility	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Termination of pregnancy	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

## 2. Are any of the following procedures to be employed?

Use of personal data obtained from Government Department/Agency	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Concealing the purposes of the research	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Covert observation	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Audio or visual recording without consent	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Recruitment via a third party or agency	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Withholding from one group specific treatments or methods of learning, from which they may 'benefit'(e.g. in medicine or teaching)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Psychological interventions or treatments	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Administration of physical stimulation	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Invasive physical procedures	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Infliction of pain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Administration of drugs or placebos	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Administration of other substances	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Use of medical records where participants can be identified or linked	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

## 3. PARTICIPANT VULNERABILITY ASSESSMENT

Does the research specifically target participants from any of the following groups?

Children or young people under 18 years	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
People with a physical disability or vulnerability	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
People whose ability to give consent is impaired	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Residents of a custodial institution	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
People unable to give free informed consent because of difficulties in understanding the Consent Letter or Information Sheet (e.g. language difficulties)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Members of a socially identifiable group with special cultural or religious needs or political vulnerabilities	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
People in dependent or unequal relationship with the researchers (e.g. lecturer/student, doctor/patient, teacher/pupil, professional/client)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
People with existing relationships with the researcher (e.g. relative, friend, co-worker)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
People in a workplace setting with the potential for coercion or problems of confidentiality (e.g. employer/employee)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Participants able to be identified in any final report when specific consent for this has not been given	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Persons not usually considered vulnerable but would be thought so in the context of the project	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

#### 4. Does the research involve any of the following:

Research being undertaken in a politically unstable area	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Research involving sensitive cultural issues	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Research in countries where criticism of government and institutions might put participants and/or researchers at risk	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

#### 5. OTHER RISKS

Are there any risks to the researcher, (e.g. research undertaken in unsafe environments or trouble spots)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Are there any other risks not covered in this assessment that you consider may be relevant?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

#### 6. SPECIAL CASE ASSESSMENT

If you have answered 'YES' to an item in the checklist but you still believe that because of the particular nature of the project and the participants your project may still be eligible for expedited review. Please provide details below, or attach an additional sheet.

#### SPECIAL CASE DETAILS:

## **Part B: Research Project**

### **1. Aims of the project**

The study is to find out the significance of a taboo part of education named Sexual Reproductive Health education in a life of a primary school going student from the perspective of the teachers who teach them in every day classes. The study aims to investigate the views of government primary school teachers about the topic related to Reproductive Health education. It is also seeking to know the importance of such education and rights in the life of a primary school going students. The study also seeks to understand the relevance of including such education in the curriculum from the point of view of the teachers.

### **2. Research design and methods**

Give a concise and simple description of the proposed research design and the methods to be used. Please include all data collection procedures and all groups of participants.

**Research site:** The Study will be conducted in two educational Thanas from two Cities; Dhaka and Chattogram. Lalbagh educational Thana, Dhaka and Chandgaon educational Thana, Chattogram will be selected Purposively to conduct the study.

**Research Participants:** As the study solely depends of the teacher's perspective, the main participants will be government primary school teachers.

### **Field plan with dates and data collection activities**

Activities	Quantity	Duration	Dates
FGD (Lalbagh Thana)	10	60 Minutes	12 <sup>th</sup> January 12 <sup>th</sup> to February , 2021
In-depth Interview	10	45 Minutes	12 <sup>th</sup> January 12 <sup>th</sup> to February , 2021
FGD (Chandgaon Thana)	10	60 Minutes	15 <sup>th</sup> February to 10 <sup>th</sup> march, 2021
In-depth Interview (Chandgaon Thana)	10	45 Minutes	15 <sup>th</sup> February to 10 <sup>th</sup> march, 2021

*Table 01: Field Plan*

**Research Approach:** The research questions require Qualitative Research method to described answer all the needs with factful data and view-points.

**Data collection Methods:** Data will be collected in two pashes. In phase one, a focused group discussion will be arranged with only assistant teachers of each of the schools. In the second phase, data will be collected from In-depth Interviews with the head teachers. ,

**Role as A Researcher:** I have been a teacher in a government primary school for two years. I have been worked as a research assistant in a project of OXFAM. I have also done thesis while graduating. For this particular study I will be doing thesis under the supervision of a supervisor. I will also be doing the work of data collector and field visitor for this study.

**Data Analysis Procedure:** Thematic data analysis procedure will be used for analyses of data.

#### **4. Risks and benefits**

##### **Give a summary of the expected benefits of this project**

This may include benefits to the broader community, the participants, people with whom the participants identify or the researcher.

A number of studies has been done in the sector of Sexual Reproductive Health and Rights in Bangladesh. But the significance of such study in the primary school going child's is yet to explore. The study will explore this section and describe the perspective of the teachers. We are not aware of how teachers of such schools feel about sex education since it has always been a taboo in Bangladesh. The study will also dictate the comfortless of the teachers in teaching such taboo subjects in their everyday teaching.

The study will answer the weather government primary school teachers feels the necessity of including sex education in their curriculum or not which has been a topic of mix opinion for a long time in Bangladesh

**Give a summary of the expected risks of this project and how they will be managed**

This should include any risks to participants, researchers, to the environment or to BRAC University or other organizations.

Few challenges or limitations of the study I may have to face eventually. The research takes only the view of the teachers. It would have been great if it had the perspective of other entities like parents, students etc. Due to covid-19 and other restrictions, all the data will be collected online. Many of the government primary school teachers are not familiar with the online tools.

**5. Monitoring**

As the researcher, how will you monitor the progress of the research?

I will maintain the research timeline and plan in advance to finish the tasks beforehand. I will send letter to schools for permission in conducting research with teachers. Then, I will collect data in within timeline. All the data will be analyzed in themes described in the research tool area. Thematic and narrative study was chosen due to collected information being qualitative in nature.

According to the themes data will be grouped first and then will be analyzed for their relevance and validity, and at the end, the data will be analyzed to find out underlying information for each theme.

#### **6. Resources**

Please explain how the project is funded (sponsorship, tender, grant etc.). If there are specific resources required for the project how will they be provided?

Self-funding

#### **7. Conflict of interest**

Do any of the researchers or others involved in this project have any conflict of interest in relation to it? If so, please explain how this will be managed.

No

### **PARTICIPANTS**

#### **8. Describe your participant group/s**

Please include the following information for each participant group.

- How many participants do you plan to recruit?
- What are the inclusion and exclusion criteria?

The Study will be conducted in two educational Thanas from two Cities; Dhaka and Chattogram. Lalbagh educational Thana, Dhaka and Chandgaon educational Thana, Chattogram will be selected Purposively to conduct the study. As the study solely depends of the teacher's perspective, the main participants will be government primary school teachers. A number of 60 teachers from of the thana will be selected randomly. 10 teachers from the two thanas will also be selected for the in-depth interview.

#### **9. Explain your recruitment process**

Please include the following information for each participant group.

How will you locate the participants that you plan to recruit? If through existing records or contact lists, please explain how this will be done in a way that does not infringe privacy requirements.

How will initial contact be made?

If you plan to use a document or spoken statement e.g. flyer, letter, advertisement, phone call, please attach a copy of the document or script to this application.

Will the participants be screened?

If there is a screening tool, please attach a copy.

I will select 30 teachers from Chandgaon educational thana, Chattogram and 30 teachers from Lalbagh Educational Thana, Dhaka randomly. 10 teachers from the two thanas will also be selected for the in-depth interview.

## **CONSENT**

### **10. Describe the consent process**

For the in-depth interview of the Head Teachers, there will be a consent form and I will observe 10 conversations between HTs (those gave consent).

### **11. Will there be reimbursement of expenses or incentives to participate?**

No

### **12. Pre-existing or unequal relationships**

Do any of the proposed participants have existing relationships either with the researchers or each other?

Yes

Please explain the relationship/s, and how you will make sure that participants don't feel pressured to take part.

I have worked as assistant primary teachers in the Chandgaon Thana. So, I have worked few of the teachers professionally there who might be my research participants.

### **13. Does your project include children or young people under 18 years?**

If your project involves people under the age of 18, please answer the following questions.

What age group is involved? No



- Will parental/guardian consent be obtained? If the young people will consent on their own behalf, how their capacity to do this will be judged? No
- Is it necessary to involve people under 18? Could your projects be undertaken with adult participants? No
- Is the methodology appropriate for children/young people? No
- Is there any reason to consider that participation in the research is not in the best interests of the children/young people? No

#### **14. Language and communication issues**

Will your project involve people who cannot communicate easily in English? (i.e. people who are not confident English speakers, or who have a disability, such as a hearing impairment that requires special arrangements for participation). If so, please explain how translation/interpretation issues will be managed.

No

### **CONFIDENTIALITY / PRIVACY**

#### **15. Will you be collecting data in identified form?**

Data are generally divided into:

- Identifiable (also called personal): the person to whom the data relates can be established from the data – either because they are named, or information that identifies them is included (e.g. position in an organization at the time)- Yes
- Re-identifiable (also called coded): the identifiers have been removed from the information and replaced with a code.- NO
- Non-identifiable: the data were collected anonymously, or all identifiers have been permanently removed.- No

Please explain the form in which the data will be collected. If you plan to collect it in identified form and later remove the identifiers, please explain how and when.

#### **16. Storage of data**

- Whether the data will be identified/re-identifiable/non-identifiable- Identified
- How security will be maintained (locked storage, secure server, etc)- Locked Storage
- How long the data will be stored- 1 year
- If and when the data will be disposed of and how security will be maintained.- The data will be kept confidentially with no access to third party without permission.

#### **17. Publication of results**

- How will you notify participants of the outcome of the research?
- How will your research be reported/published?
- How will you manage participant confidentiality?

**PART C: Declarations**

I/We, the undersigned declare that the information supplied in this application is true and accurate to the best of my/our knowledge.

I / We the undersigned accept responsibility for the conduct of the project detailed in this application in accordance with the principles contained in the Statement and any other conditions laid down by BRAC University or the BRAC IED Human Ethics Advisory Committee.

**Signatures:**

Supervisor

Date:

S  
Student

Researcher

Date:



31 January, 2021

**Part D**

**Please attach:**

A copy of any advertisements/flyers or other recruitment materials

A copy of the Consent Form or other consent materials to be used in the project

A copy of any survey, list of questions/topics for interviews, or other materials to be used in this project

Any other documents to be supplied to the participants or used in the conduct of the project

If you are proposing to recruit participants through organization/s, a letter of support from the organization/s involved if an organizational Consent Form has not been provided

**Please submit all documents to the secretary of BRAC IED Human Ethics Advisory Committee.**

Consent

Letter

Focus Group Discussion

Consent Letter

Title: **“Exploring the relevance of the inclusion of Sexual Reproductive Health in Government Primary Schools of Bangladesh: A qualitative study on Government Primary”**

Dear Respondent,

Greetings!

I am Md. Rafe Ahmed here with you for my thesis purpose and seeks your cooperation. My thesis title is “Exploring the relevance of the inclusion of Sexual Reproductive Health in Government Primary Schools of Bangladesh; A qualitative study on Government Primary’. I am a Masters’ (MEd) student of BRAC University. In partial fulfillment of my Master’s degree, I must prepare a research monograph. For this purpose, I’m undertaking the above mentioned research project. In this respect, I seek your generous co-operation and you are cordially requested to fulfill this questionnaire. Note that all the information provided by you will be strictly confidential and your answers will not be published in any circumstances. Your kind response will be used only for this academic research and this monograph report will not be published in the future. If you feel uncomfortable to answer any question, feel free to leave them blank. But you are requested to write the correct answer that you believe to be.

I would really appreciate if I could take 45-60 minutes of your valuable time voluntarily.

Thanks in advance

Md. Rafe Ahmed  
M.Ed Student,  
BRAC University

Do you agree? (Put tick)

3. Yes
4. No

**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study**

Full name of the participant: \_\_\_\_\_

Signature of the respondent \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.**

Signature of Researcher /person taking the consent \_\_\_\_\_

Date \_\_\_\_\_