



**Experiences and Perceptions  
of Mid-adolescents, Parents  
and Teachers on  
Comprehensive Sexuality  
Education: A Multiple  
Country-based Qualitative  
Research Study in  
Bangladesh, Jordan, Burundi**

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## ACRONYMS AND ABBREVIATIONS

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CSE	Comprehensive Sexuality Education
FP	Family Planning
LMIC	Low and Middle-Income Countries
NCTB	National Curriculum and Textbook Board
SERAC	Socio Economic Resilience Advancement Committee
SNB	Share-Net Bangladesh
SNI	Share-Net International
SRHR	Sexual and Reproductive Health and Rights
UNFPA	United Nations Population Fund

## Executive Summary

The goal of the study was to learn about the experiences, perceptions, and knowledge accessibility of mid-adolescents aged 14 to 17, parents, and teachers aged 28 to 52 years old about school-based comprehensive sexuality education, and to disseminate the findings through a policy brief with infographic data for further advocacy to ensure sexuality education as a universal access mechanism and a better understanding of sexuality education.

There is no question that young people are the most significant group in this country's future, especially because 20% of Bangladesh's population is between the ages of 15 and 24, and with the total population of Bangladesh expected to reach 220 million by the year 2050 (UNFPA 2021), the prospect of this vast number of young people becoming healthy and productive persons in the world. But, due to sociocultural taboos in several societies around the world, youth are more likely to face difficulties in obtaining specific and timely SRH services and education in conservative societies especially in rural and peri urban areas, where discussing sex-related issues openly is unacceptable, and in some families, a taboo youth are more likely to face difficulties in obtaining specific and age specific SRH services and education.

In this case, the formal curriculum is a long-term and sustainable method of disseminating knowledge on sexual and reproductive health, as well as the most effective setting for combating the core causes of gender inequality and gender-based violence in society. For this purpose, research focusing on qualitative approaches were used to collect the perceptions of mid adolescents, parents and teachers. The study found that while all stakeholders value sexual education for adolescents, openly addressing sex-related matters is inappropriate, and in some households, taboo, and even teachers are more likely to have challenges in accessing specialized and age, gender-based sexuality education.

## Introduction

Bangladesh has practiced a progressive rate of contraceptive prevalence rate in less than forty years from 8% in 1975 to 62% in 2014 (BDHS, 2014), whereas the total fertility rate is 2.0% (BDHS, 2011). Though sexual and reproductive health and rights (SRHR) are fundamental rights for youth, they continue to face challenges in accessing them. Based on the sustainable development goals (target 3.7), universal access to SRH services should be attained by 2030. However, SRH knowledge remains limited in many lower-and-middle-income countries (LMICs) (Desrosiers, A., Betancourt, T., Kergoat, Y. et al., 2020). Whereas adolescents' SRH must be supported, this means providing access to comprehensive sexuality education (CSE) is mandatory to combat any societal taboos. It also means empowering young people to know and exercise their rights, when encouraged, they have the potential to change negative social norms and pave a brighter future for themselves and their future families. Yet as adolescents around the world enter puberty, taboos, discomfort and fear prevent parents and other trusted adults from teaching relevant information to help adolescents navigate the complexities of their emerging sexuality. Yet too many young people face barriers to reproductive health information and care.

Despite a target to reach 120 million more women and girls in the world's 69 poorest countries with modern contraceptives by 2020, there have been only 46 million new users, so increment of commitment periods must be considered (FP2020 The Arc of Progress). Again, only a few women and girls who are educated, have a little knowledge about sexuality education and reproductive health knowledge. Almost 36 percent of women (BANBEIS 2011) or girls do not have ideas or knowledge about SRHR and are mostly ignored or deprived of their sexual and reproductive rights. Success in comprehensive sexuality education (CSE) lies in adopting evidence-based interventions which are designed to suit local social norms in each country.

Considering their needs, SERAC-Bangladesh with the support of Share-Net International has conducted the research study to get the actual status of youths, parents and women around sexuality education. This study provided evidence on how to tailor CSE according to the needs and preference of adolescents with respect to the social norms in Bangladesh. Moreover, this research study also addressed the gender and social norms that create barriers to SRH information and services for adolescents, leading to poor SRH outcomes. The target group was the middle-aged adolescents (14-17) years old, parents or guardians of these adolescents, and the teachers in schools who are responsible to deliver SRH information. The content was developed for the adolescent group who are mostly vulnerable, ignored and marginalized, this mid adolescent group.

## OBJECTIVES

The purpose of this study was to explore the experiences, perceptions and knowledge accessibility of mid adolescents aged between 14 to 17, parents and teachers aged between 28 to 52 regarding school-based comprehensive sexuality education with the infographic data for further advocacy to ensure sexuality education as universal access mechanism and a better understanding of sexuality education.

## METHODOLOGY

A significant method, qualitative scheme has been applied as several categories to collect data for in-depth interview (IDI). Due to COVID19, the data collection procedures were taking place virtually. Proposal details and the invitation of joining interview and focus group discussion was sent to the selected respondents initially. After getting their consent, they have been taken in account for in-depth over telephone or online approaches. Some of the issues respondents confronted had decreased and would introduce with depth observation, about how regularly they struggled to associate with students about teaching sexuality education. Some of the issues nonetheless profoundly abstracted. The study was explained as 'thick descriptive' in shaping the particular occurrence of the effect of exchanging sexuality education. Moreover, purposive method and convenience sampling was selected who have deep knowledge and understanding about sexuality education and who are interested to know about it as well as who are easily reachable in this perspective as it would not be possible to approach the respondents in-person.

Data was enumerated through a purposive method for selecting 29 mid adolescent boys and girls aged between 14 to 17, Parents and teachers aged 28 to 52, who live in Dhaka city and Narayanganj under urban and peri-urban area. Participants were recruited via convenience sampling. Respondents for qualitative interviews were selected by the research team with the support of members of professional networks of teachers, adolescents and parents (referred by adolescents) in urban, and peri-urban areas depending on the country contexts. Data collection was done between July 1st, 2021 and September 30th, 2021, and took place using either online (Zoom or Google Meet) meetings and telephone interviews. Qualitative findings were coded, and themes were identified after which the findings were analyzed. Two research assistants were engaged to ensure objectivity and reduction of biasness. Findings were reached to identify data patterns and to draw conclusions and recommendations for knowledge product outcomes of a policy brief.

### Inclusion criteria and ethical considerations

- Mid adolescents aged 14-17 years by taking parental consent, as parental/guardians' consent is required for adolescents below 18 years of age.



- Teachers in different types of educational institutions of school, college and university in urban and peri-urban settings.
- Parents or guardians from different areas.

**Exclusion criteria**

- Adolescents below 13 or above 18 years of age
- Those who were suffering from mental illness, not being able to write consent and fill in the questionnaire
- Respondents unwilling to provide verbal or written consent
- Adolescents between 14 and 17 years of age in Bangladesh whose parents were unwilling to provide consent.

**Variables**

Mid adolescents	Parents	Teachers
<ul style="list-style-type: none"> <li>• Socio-demographic profile</li> <li>• Knowledge of sexuality education</li> <li>• Barriers and challenges to access sexuality education in educational institutions</li> <li>• Their perceptions around not taking Sexuality Education during the COVID 19 pandemic in online approach</li> <li>• Recommendations for having sexuality education</li> </ul>	<ul style="list-style-type: none"> <li>• Socio-demographic profile</li> <li>• Their thoughts and knowledge around providing sexuality education</li> <li>• Barriers and challenges to access sexuality education in their personal life</li> <li>• Their perceptions around not providing sexuality education according to the institutional perspectives</li> <li>• Recommendations for the provision of sexuality education</li> </ul>	<ul style="list-style-type: none"> <li>• Socio-demographic profile</li> <li>• Their thoughts and knowledge around providing sexuality education in institutions</li> <li>• Barriers and challenges to their practice of sexuality education</li> <li>• Their perceptions around not teaching sexuality education according to the institutional perspectives</li> <li>• Recommendations for the provision of educating sexuality education</li> </ul>

## Pre-testing

Pre-testing of the questionnaire was carried out to enable researchers to improve the tools for final use.

## Data analysis

Qualitative data was collected through a semi-structured (open and close-ended) questionnaire. Regarding the qualitative component and data, all interviews were transcribed and coded by the principal researcher with the help of a research assistant. Thematic data analysis was employed, whereby the same overall themes were chosen for all perspectives.

# RESULTS

This chapter provides a detailed account of findings from the qualitative data analysis of the two specific areas. In total 29 participants responded to this study, of whom 11 were adolescents, 8 were parents and 10 were teachers. This chapter discusses results which address the perception and opinion regarding comprehensive sexuality education.

## The background and demographic information of the participants

The target group of the research were from two districts including Dhaka and Narayanganj under Dhaka division:

- The Urban area (Dhaka)
- The peri-urban area (Narayanganj)

Table 1: Study respondents

	District	Respondents	Gender		Total
			Male	Female	
Dhaka (Urban)		Adolescents	3	3	6
		Teachers	1	3	4
		Parents	2	2	4
Narayanganj (Peri-urban)		Adolescents	2	3	5
		Teachers	3	3	6
		Parents	2	2	4
<i>Total</i>					29

Beside this some other educational background with different ages of respondents participated in the research, where multiple clusters have been taken to identify individual groups.

**Table 2: Socio-demographic site**

<i>Particulars</i>	<i>Number</i>
<i>Adolescents (Age)</i>	
14- 17 (Male)	5
14 17- (Female)	6
<i>Teachers (Age)</i>	
28-35	4
36-43	3
44- 52	3
<i>Guardians (Age)</i>	
28-35	3
36-43	3
44- 52	2
<i>Adolescents (Education)</i>	
Primary (Class)	2
Secondary (Class)	9
<i>Guardians (Education)</i>	
No institutional education	1
Secondary	1
College	2
University	4
<i>Teachers (education)</i>	
BBA/BSC	3
MBA	5
Diploma	2
<i>Guardian (Profession)</i>	
Homemaker	2
Full time Employment	2
Independent business	2
Others (Tuition)	1
Others (School teacher)	1
<i>Teachers (Profession)</i>	
Primary school teacher	3
Secondary school teacher	3
College teacher	2
Lecturer	1
Professor	1

## Point of view around sexuality and reproductive education

### Adolescents

According to one of the *male adolescents, aged 17*, **“Sexuality and reproductive health-education should be taught in the classroom or even in family, though boys are somehow deprived from getting the knowledge as CSE is only for girls and women.”** Though there were some remarkable observations that represent the negative side of the community's thoughts, the adolescents are so positive and demand sexuality education to further cope up with emergency crises or any personal urgency. One of the *adolescent girls, aged 16*, mentioned that **“this type of information is usually taken from the mother, aunty, grandmother or any female person of the family. Even teachers are not comfortable to share or teach the chapters in the class.”**

Another *adolescent girl, aged 17* added that, **“I had my first period during Ramadan. I was so afraid as I did not have any idea about menstruation before.”**

That menstrual information or any reproductive facts are taught by mother or any female person in the family. As a result, they are more unaware and less cautious about the risks of sexual behavior than adults, and they are vulnerable to unwanted pregnancies, STIs, and HIV/AIDS, as well as unsanitary conditions during menstruation, if they do not receive proper sexuality education, which includes proper awareness of the physical changes that occur during this stage. For the gender varied adolescents and young population, the information gaps on SRHR and communicable illnesses are even more concerning.

### Guardians

Sexuality education must be provided with maintaining privacy as there are some certain confidential things which need not to be known by everyone. One of the *fathers of the adolescent* stated that, **“Awareness is necessary but not to show off. As people are mostly focused on new media, so awareness is somehow carrying a negative message to make a media buzz which sometimes creates a negative vibe for the audience and the message carrier as well. Everyone shows off on social media which is creating disrespect and turning it into business.”**

Some of the guardians also felt it was important to talk about sexuality education as a part of their life with their children. By discussing the facts among the family members, it clarifies the facts and understanding among the community. Another *mother of an adolescent* specified that, **“It is necessary but how much justified to brag about it in social media or make it a business is a concerning issue, disrespecting women through advertisement. So better to talk about it inside.”** But they also feel the importance of teaching these necessary facts in the classroom as well and must include these vital topics in the exam part, so that the students realize their priorities.

## Teachers

One of the *female teachers, a PHD candidate* stated that, **“not only the physical changes, all important components of sexuality education must be taught and known by girls, boys and other diversified people.”** Though gender norms, social facts and social change behavior must be the part of comprehensive sexuality education which will help the adolescents to know more in general as social factors. Like some other guardians, teachers also felt the importance of sexuality education in the class. But one of the *physics teachers* said that, “These types of knowledge must not be provided in the institutions. Rather than students can take information from their mothers, especially the girls”

**“Some other factors come out including misusing the information through the internet as adolescents are more curious to know. So, some educational tools and techniques can be used to provide SRH information to the students by avoiding any uncomfortable situation or shyness. From High school it should start and be taught to adolescents so that they do not get scared about their life,”** stated by a *primary school teacher*.

## To know about comprehensive sexuality education

### Adolescents, guardians and teachers

One of the *adolescents aged 17* added that, **“It is mandatory as It is connected with my health and my body”**. Different facts including menstruation, wet dreams, reproductive organs, wash and sanitation, change of body parts, relationship among two persons, respect to the adolescent perceptions, sexual behavior, sexual health; and society and culture. Even one of the *male guardians* added that, **“Nowadays Adolescents don't know about CSE due to which they make wrong decisions based on biased concepts, and the impact creates negative ambience for the adolescents and their parents as well.”** Against this reply, a male teacher remarked that, **“though it is necessary, how much positively the community and the parents are taking, that must be considered to combat any unavoidable consequences.”** A high school female teacher added that, **“NGOs should work on and emphasize their priority on it to enhance the facts. These facts are not only for the media issues, but also the important daily life facts.”** A father of an adolescent boys added that, **“Though I am concerned about my children of boy and girl equally, usually boys are deprived about getting proper information, which turns into negative social facts like increased rape cases, disrespect towards women by men, enlargement of sexual and gender-based violence.”** Opposite these points, different educational knowledge-based information and tools can be developed and shared by the teachers in the classes so that mutual respect can be ensured from there.

## Barriers, challenges have you experienced while taking knowledge, lessons or information of CSE in the class or educational institute

### Adolescents

Most adolescents feel the priority according to their similar gender, as an adolescent girl requires a female teacher so that they can explain it and talk about it very solely and in a comfort zone. In some schools, teachers actually teach sexuality related chapters in the class. one of the adolescents, aged 15 added that, **“It does not make out uncomfortable or hesitation as madam explains the matters when asked.”** In some schools, school authorities do not have managed enough precautions deeming the facts of adolescents’ demand. So, they usually feel pressure alongside being annoyed and upset during their menstruation or sometimes feel depressed.

### Guardians and teachers

Some guardians and teachers pointed out several factors as challenges around sexuality education, including:

- Social taboos and societal stigma are the main factors to progress the educational system or the society.
- Criticism is another negative fact for the adolescents, where positive themes are represented as negative vibe towards the community
- Privacy concern or presentation with hesitation or comfortability is the factor, so that no one feel easy to talk about sexuality and sexual norms or behavior.
- As people are not concerned about facts, it turns into disrespect towards girls; bodies, ignorance of the fact’s importance and represented as negative facts in the social media.
- Even as teachers are not habituated with discussion of sexual facts, or feeling shy, which turns into misconception,
- Fear of society creates a gap to provide information to the adolescents around CSE. which is also the reason for the mixture of western and traditional facts. Again, the family is not teaching them as they should make them understand about this.
- Cultural perspective is another factor. Different districts of the country are not allowed to provide sexuality education to the adolescents in the classes.
- Sometimes, people are not well aware of religious factors and somehow misinterpret the importance of sexuality education, which is another significant barrier of not getting accurate sexuality education to adolescents.

## Impact on adolescents while not having or providing comprehensive sexuality and reproductive education

Some common obstructive have been identified from the adolescents, guardians and teachers simultaneously, where some common certitudes have been brought out as well that actually creates negative impacts in the adolescents’ lives, including:

- Adolescents are not able to have the imperative facts regarding health systems, which cause different diseases, infections, mental distortion or body part's damages.
- One of the *female teachers* added that, **“During menstruation, many adolescent girls are into mental pressure, anger issues or anxiety, which hampers their classes and study. Even school absenteeism has increased significantly.”**
- One of the *male parents* stated that, **“As adolescents are not aware about reproductive hygiene, urine infection is one of the major diseases for all in their school life”**
- As adolescents are not well-informed about it, they are taking misleading information from the internet or web and some negative results can be traced by it.
- People make fun about sexuality education, and adolescent girls face dangerous diseases at their early ages including cyst, pregnancy issues, usage of FP methods of contraceptives and weakness,
- As adolescents, parents and itself community are not aware about the negative sides of not having sexuality educative, child marriage is getting higher rapidly and parents underestimated the importance of the education significantly.
- Furthermore, societal negativity including eve teasing, harassment, rape case, violence and sending nudes are very common term nowadays, which creates wrong impressions and concept in the community.

Again, one of the *male teachers* added that, **“social negative norms are not happening due to the facts of sexuality education. Rather than sexuality, education must not be discussed in academic institutions. Family is the only place to learn about sexuality facts.”**

### **Institutions that should be responsible for CSE**

Adolescents, guardians and teachers, all felt about having sexuality education from the academic or educational institutions. They also felt that CSE must be started from the family so that adolescents do not feel shy while having the knowledge in the classroom or do not mock each other regarding this.

Again, one of the *male teachers* directly mentioned that, **“I do not feel it is important to teach this type of education in the classroom. Only family is the best educational institution for adolescents for this.”** Moreover, one of the *female guardians* added that, **“only female family members or female teachers should be taught sexuality education, as it is one of the female topics that must not be discussed openly and must maintain secrecy.”**

One of the *female teachers* added that, **“Many more training must be provided to the teachers so that they can talk about these things in a comfort zone in the classroom. NCTB should arrange most capacity building training programs regarding this. Moreover, a reliable and knowledgeable**

**resource person or even the NGOs can play an important role here to enlighten these topics more precisely.”**

One of the female parents mentioned that, **“Mosque or religious leaders can play a significant role in eradicating the negative myths from the community. even they can share the information by age and gender perspectives.”** Even some of the voluntary services, youth and adolescent based clubs, social campaigns can also make people aware of comprehensive sexuality education.

### **Contents must be included in the sexuality education in the curriculum**

Diversified components including human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights, intellectuality of personal behaviors, mental binding and relationship with family, neighbors and friends. Even mental health, menstrual hygiene, wash and sanitation and infection in reproductive organs must be included in the sexuality chapters. Beside this, some social behavioral change factors comprised bad impacts of eve teasing, gender diversity, social norms, personal beliefs, culture and religious facts.

One of the important components, mental health and depression must be included considering the young generation of the modern era. Even deeming the age, gender and other constants, appropriate education must be provided to the adolescents.

### **Eligibility criteria for a person who provides knowledge about CSE**

Considering the data of the respondents, some common criteria has been suggested from the respondents including adolescents, teachers and guardians.

- Proper knowledge, concise information and education should be possessed by the resource person.
- The resource person should be flexible and open-minded while providing knowledge and information. When he/she is discussing sexuality information, proper privacy must be maintained in terms of contributing to the CSE.
- Even the school authorities, teachers or the resource person can make some videos, photo messages and other interactive knowledge products and publish it in new media platforms so that awareness can be ensured as well as the messages must be promoted to the community.
- The school authorities, teachers or the resource person must do proper study to provide actual information and get sufficient capacity building training programs, in addition to have a positive attitude, emphatic and friendly behavior towards adolescents in the academic platform and training grounds.



## Positive effects of having CSE on adolescents' lives (Physical, mental, social, sensitive, intellectual and moral)

By having sexuality education, an adolescent can rebuild his/her thoughts towards sexuality needs and can make a positive vibe in their daily lives. Sexuality education has been demonstrated to help prevent and minimize the risks of adolescent pregnancy, HIV, and sexually transmitted diseases in children and adolescents with and without chronic illnesses or disabilities facts as well. Beside these facts, some physical, mental, social, emotional, moral and intellectual facts can be made changes in the adolescents' lives.

- **Physical:** Some physical challenges can be prevented and can minimize the risks of adolescents' body facts including any diseases, infections and illness eventually. Even One of the *mothers of the adolescents* added that, **“Sexual health ensures a positive and respectful attitude toward sexuality and sexual relationships, as well as the ability to have joyful and safe sexual encounters devoid of compulsion, prejudice, and violence. Even it ensures a mutual respect for each other or the partners”**
- **Mental and emotional:** Mental disorders can negatively impact every aspect of the adolescents' lives. one of the female teachers stated that, **“Depression, anxiety and increased stress accompany the abuse of alcohol and drugs also observed in sexually promiscuous adolescents”**. Additionally, it takes the life of an adolescent while struggling with mental disorders. one of the male guardians mentioned that, **“Sexually active individual is more vulnerable to depression, suicidal ideation, and suicide attempt than any other boys and girls who are not sexually active.”** One of the adolescents aged 17 mentioned that, **“Sometimes I feel depressed when I have some physical challenges and that time, I cannot concentrate on my studies properly”**. These mental issues are interconnected with one's emotions and feelings of the people.
- **Social behavior and moral:** By getting knowledge of CSE, social behavior and communication can be transformed with positive effects. One of the male guardians stated that, **“Sexual attitudes may either stifle or liberate people. Freedom, cultures, religion, feminism and patriarchy are all at odds across the community. This conflict over sexuality is crucial, since it defines not just how cultures treat the individuals, but also how well societies can coexist.”** Even this knowledge of social facts can develop the mind thoughts of the community and the community can also understand the emotions and priority of sexuality education with proper awareness.

## Perspective about having relationship of the adolescents

Beside the facts, a common consequence tried to bring out in front of the adolescents, guardians and teachers around the relationship of the adolescents. So that, a perspective and assumption can be found out to make comparison of the thoughts of different individuals. one of the male adolescents, aged 17 said that, **“We should talk about sexuality information and education among us. Otherwise, we can be distracted and misled with diversified facts.”**

## Strength and Limitation of the research

### Strength:

- Different focus and comparison, with highly motivated and experienced respondents from different cultural and educational backgrounds.
- In addition, due to the increased importance of online spaces following the onset of the pandemic, the research study incorporated the use of online platforms and channels for recruitment of respondents and for the interview purpose.
- Questionnaires were available in two different languages (English and Bangla) to ensure improved comprehensibility of the questions asked.
- All protocols were maintained and a guideline has been developed to reach the respondents.

### Limitation

- Pervasive sampling was used to recruit participating adolescents, guardians and teachers.
- The sensitivity of the topic (especially sex, sexual intercourse, sexual behavior) may have been less willing to participate in this study of the respondents.
- Some of the teachers were not comfortable discussing challenges experienced.

## Recommendations

### To parents

- Ensure a safe place (WHO, 2018) in the family so that the fear can be eliminated among the adolescents to talk about CSE, whereas a safe place
- Support and uphold sexuality education among the adolescents with open-minded discussion among the family members
- Age and gender appropriate knowledge and information must be provided from early childhood so that an adaptive environment can be taken by the adolescents
- For the proper sexuality education, consent education is must to include in the curriculum so that.
- It is also important to ensure a learning platform for parents to learn about CSE so that they can translate the appropriate knowledge to their children from their early childhood period.

### To the Government (Ministry of Education/NCTB (National Curriculum and textbook Board))

- Reduce stigma or societal taboos through public desensitization programs and advocacy for lessening and decriminalization around sexuality education through campaigns.
- Policy amendments on integrating sexuality chapters on the board exams so that students and teachers feel encouraged to learn and teach on it significantly.
- Enhancing the government awareness campaigns and knowledge building programs on sexuality education.
- Comprehensive Integrating Approach (CIA) can be taken to include media channels and journalists, so that they can assist us to create buzz in the new media platform nationally and globally.

### To the teachers & school authority

- Sexuality educational components must be included in online class or offline classes. Considering any emergency crises in the globe, sexuality knowledge must be provided in online class as well, because all other needs including reproductive needs make the remarkable priority in that vulnerable period.
- Capacity building training must be assembled for the teachers with specific contents, so that teachers' perspectives on the scope of sexuality education, team building skills within the school, and tactics to form alliances with parents to support the provision of good sexuality education can all benefit from training, as well as confiscate the shyness and to be more open-up in terms of practicing in their personal and professional life.
- Support for training opportunities and incorporating sexuality education across the curriculum, on the other hand, can make a significant impact by top management.
- Development of educational games or pictorial toolkits on SRHR and sexuality education

### For future research

- Youth and adolescents' significant role in sexuality and reproductive health information in any usual ambience or any other global health crises.
- Sexuality education by educational authority is the subject of implementation study.

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