



Unit Three  
Lesson-03  
Hygiene

RESEARCH ON  
**COMPREHENSIVE  
SEXUALITY  
EDUCATION (CSE)  
MAPPING FOR  
ADOLESCENT  
PEOPLE IN  
BANGLADESH**



©Share-Net Bangladesh, September 2022

**PUBLISHED BY**

Share-Net Bangladesh

**PREPARED BY**

SM Shaikat

Executive Director, SERAC-Bangladesh

Tasnia Ahmed

Program Manager, SERAC-Bangladesh

**PHOTOGRAPHY**

RedOrange communications

**SM Shaikat** is an SRHR, Gender Equality advocate and youth expert working in the Asia-Pacific region for more than a decade. He is the Executive Director of SERAC, a youth-focused rights and development organization in Bangladesh. Shaikat is a strong advocate of gender equality and family planning, and with his leadership, SERAC is supporting the government to improve access to youth and adolescent-friendly FP and health services in the country. He was a Women Deliver Young Leader, the founding chair of the RHSC youth caucus, a country coordinator at IYAFP, and a global organizing committee member at PMNCH Partners Forum 2018, and World Urban Forum. He received multiple awards in his career including the ICFP2022 youth trailblazer, Bayer Scholar, 120 Under 40 youth leaders, International Visitors Leadership Program by the US Department of State, and Swedish Institute Leadership recognitions.

**Tasnia Ahmed**, A youth leader in SRHR and climate action works for the last 14 years in the sector. She serves at SERAC Bangladesh as a Program Manager. She is connected with multi-dimensional platforms including UNFPA Youth Task Force Committee on Population, SRHR, and Climate Action, CSO Asia Representative of the GFF CSCG steering committee-2023, Bangladesh country coordinator of the Global South Coalition of Dignified menstruation, WORTH Initiative fellow on Climate Action and Women SRHR by ARROW and DFPA and Partnership Representative of the International Youth Alliance of Family Planning-Bangladesh. She trained up to 10000 youths and adolescents on leadership and collected endorsements from 27 Parliament Members to seek support for it. Besides this, she led projects with UNFPA-Bangladesh, AmplifyChange, Plan-International, Rutgers, IPPF, PAI, Dance4Life, Global Affairs Canada, HealthBridge Foundation of Canada, Nuffic, and Share-Net International. She received the Special Mention Award as a Youth Activist at the Women Leadership Summit 2018.



---

## TABLE OF CONTENTS

<b>Acknowledgement</b>	<b>VII</b>
<b>Executive summary</b>	<b>IX</b>
<b>Abbreviation and Acronyms</b>	<b>XI</b>
<b>1. Background</b>	<b>13</b>
<b>2. Objectives</b>	<b>15</b>
<b>3. Methodology</b>	<b>15</b>
<b>4. Findings</b>	<b>16</b>
3.1. CSE programs by the Government	16
3.2. CSE programs by the CSOs	17
<b>5. Conclusions</b>	<b>27</b>
<b>6. Recommendations</b>	<b>28</b>
<b>References</b>	<b>31</b>
<b>Annex-1 Questionnaire</b>	<b>32</b>
<b>Annex-2 Data analysis</b>	<b>35</b>
<b>Annex-3 CSE initiatives by Government/CSOs/Academic institutions</b>	<b>36</b>

# **RESEARCH ON COMPREHENSIVE SEXUALITY EDUCATION (CSE) MAPPING FOR ADOLESCENT PEOPLE IN BANGLADESH**

RESEARCH ON COMPREHENSIVE SEXUALITY EDUCATION (CSE) MAPPING  
FOR ADOLESCENT PEOPLE IN BANGLADESH

---

## ACKNOWLEDGEMENT

This report review entitled “Comprehensive Sexuality Education (CSE) Mapping for Adolescents in Bangladesh” is funded by Share-Net Bangladesh and Red Orange Media and Communication and is conducted by researchers at SERAC-Bangladesh.

We thank Ella de Voogd, Senior Advisor at Red Orange Media and Communication, and Jannatul Munia, Country Coordinator of Share-net Bangladesh, for their invaluable assistance and contributions in preparing this report.

We also thank the consultation Facilitator, including-

- Khadija Kalam
- Mizanur Rahman Akanda
- Nazmul Hasan
- Songita Sarker

lastly congratulate the youth reviewers-

- Abu Huraira
- Habibur Rahman Habib
- Kakoli Shunchi
- Mahabub Mugdho
- MD Sakib Ahmed
- Montaher Arafat Samir
- Nazmun Nahar Meem
- Sumaiya Islam





---

## EXECUTIVE SUMMARY

Comprehensive sexuality education provides essential knowledge and life skills. These not only consist of information on safe sex and pregnancy prevention, not to mention cognizant of bodies and limits, respect for others, diversity, and consent. Numerous studies demonstrate the effectiveness of Self-reported risk behaviours associated with CSE (such as reduced frequency of sex, delayed commencement of sex, fewer partners, more condom usage, and/or other methods of birth control). Comprehensive sex education offers important information and practical skills. These not only include advice on healthy sexual behaviour and contraception, but besides being aware of bodies and boundaries, respect for diversity, consent, and other people. Numerous research supports the efficacy of Self-reported risky habits connected to CSE (such as diminished sexual activity, delayed initiation of sex, fewer relationships, increased condom use, and/or other birth control techniques).

Adolescence is a period of transition in a person's physical, emotional, and cognitive development that starts before puberty sets in and lasts until adulthood (UNICEF, 2014). This study examines the state of Bangladesh's National Curriculum and Textbook Board (NCTB) curriculum on Comprehensive Sexuality Education (CSE) and provides a summary of the literature on the requirements of adolescents concerning sexual and reproductive health (SRH). Additionally, this evaluation study emphasizes the value of CSE and how sex education is essential to the growth of teenage life.

Comprehensive sexuality education (CSE) offered in schools is essential for fostering young people's health and well-being. Countries all over the globe have long been interested in ensuring that students have access to some kind of sexuality education, known by different names in different contexts,

frequently in response to urgent health and social issues like high HIV prevalence or early and unwanted pregnancy. This topic has frequently evolved in more recent years into one that covers a wide range of issues throughout several years. Since there is increasing evidence of the benefits of sexuality education, In addition to research guiding optimal practice, several nations have worked to broaden the scope of sexuality education and increase coverage to reach all students at various phases of their schooling. Progress has been accomplished in many nations across the world, despite variations and setbacks in some situations.

---

## ABBREVIATION AND ACRONYMS

CSE	Comprehensive sexuality education
SRHR	Sexual and reproductive health and rights
NAS	National Adolescent Strategy
NCTB	National Committee Text Books
GO	Government
NGO	Non-Government Organization
SBCC	Social and behaviour change and communication
UNFPA	United Nations Population Fund
GBV	Gender-Based Violence
HIV	Human immunodeficiency virus
AIDS	Acquired immunodeficiency syndrome
UBR	Unite for Body Rights Alliance
ADP	Adolescent Development Program
STI	Sexually transmitted infections
STD	Sexually transmitted diseases
CSO	Civil Society Organization
FoSE	Future of Sex Education
IPPF	International Planned Parenthood Federation
M&E	Monitoring and evaluation



---

## 1. BACKGROUND

Bangladesh has a population of more than 32 million adolescents (UNICEF, 2017). Adolescence is a very challenging period for any human being, as this is the time when a person undergoes tremendous physical and mental changes. Adolescents need to have access to authentic and scientific information and evidence that will make them aware of their bodies, especially their sexual and reproductive health, and rights (SRHR). Moreover, that information plays a vital role in mental growth.

Bangladesh National Adolescent Strategy 2017-2030 (NAS) indicates that adolescent girls learn about menstruation from their older female family members. However, the NAS doesn't describe how, for instance, Comprehensive Sexuality Education (CSE) in schools. Moreover, there is an existing CSE platform informally that works closely with the National Committee Text Books (NCTB) and the potential stakeholders, but mostly the stakeholders are working according to the project-based and project-oriented objectives.

Another set of information shows that such information exposes the girls to health risks and social stigmatization. This could affect their mental health. Boys seem to get information about their body changes mainly from friends and peers. Some of them often find information about sexuality on porno sites. This could result in misconceptions, wrong expectations, and risky sexual behaviour. Therefore, quality information about SRHR for adolescents is extremely important. In Bangladesh, for quite some years the government and NGOs are active to get adolescents well-informed about SRHR.

Studies have also shown that comprehensive sexuality education contributes to building communication, negotiation and relationship skills, and positive gender attitudes – which not only impacts SRH but also mental health (National Strategy

for Adolescent Health, 2017- 2030) . We could distinguish information provision to adolescents in school and out of school and observe that providing quality and appropriate information through Comprehensive Sexuality Education (CSE) has a positive impact on the improved SRH among adolescents (UNESCO, 2015). Therefore in this research, we will first focus on CSE as a way to provide quality information on SRHR to in-school-adolescents including what they want, how they are adapting to the situations, and how they are having the information in the educational institutions. In our recommendations, we will also try to include how to provide quality information on SRHR to out-of-school- adolescents.

The National Adolescent Strategy (NAS) that was finalized and started to be implemented in 2017 does not address comprehensive sexuality education (CSE) despite talking about SRHR for adolescents. Ensuring SRHR for adolescents will be incomplete without incorporating CSE in schools and educational institutions which are following international standards and are adapted to the context of Bangladesh. Many experiences are reported and many materials have been developed so far.

A proper mapping was taken place to be able to know what works (effectively and efficiently) and whatnot regarding CSE programs taken by Government, NGOs, INGOs, and academic platforms. SERAC-Bangladesh has taken the initiative to conduct a comprehensive mapping with the technical assistance of Share-net Bangladesh to accomplish a mapping exercise where CSE-related programs/activities that have been implemented and proposed within the country will be mapped. The assumption is that this could build a stronger CSE movement to facilitate the policy reform process to include comprehensive information on SRHR in school textbooks.

---

## 2. OBJECTIVES

Keeping this context in consideration the objectives of the research study would be

1. To identify and mapping of CSE-related activities, advocacy interventions, and advocacy from 2011 till 2022 in Bangladesh. as well as to compile all existing data, factsheets and any other relevant materials on CSE.
2. To recommend a way forward and strategic plan of consolidated advocacy on CSE and accelerate the existing CSE platform and formalize the CSE platform officially in the SRHR Knowledge Fair 2022 of Bangladesh by adopting and understanding the latest curriculum of the National Committee of Text Books on CSE as well as comparing it with the revised guideline on CSE from UNESCO's "International Technical Guidance on Sexuality Education 2018".

---

## 3. METHODOLOGY

The following three steps were carried out:

1. A youth consultation meeting was held by engaging 30 youth experts to identify program experiences, and existing challenges, followed by recommendations under multiple NGO/INGOs interventions
2. 7 In-depth interviews of expert SRH/CSE Stakeholders on program and advocacy interventions were carried out and evidence-based research and social and behaviour change and communication (SBCC) materials were collected
3. A draft youth declaration was composed by engaging youth and an expert panel of SRH/CSE stakeholders, which will be presented at the SRHR Knowledge Fair 2022

---

## 4. FINDINGS

### 3.1. CSE PROGRAMS BY THE GOVERNMENT

CSE supports young people's exploration of and cultivation of healthy sexual and reproductive ideals (UNFPA, 2014). Relationships, culture, and gender roles are discussed, as well as human rights, gender equality, decision-making, assertiveness, and dangers including discrimination and violence (GBV, sexual abuse, etc.) (2008) Castle et al. According to a review of school-based sexuality education programs, CSE has a broad positive impact on sexual and reproductive health (SRH) by increasing HIV knowledge, condom use, and refusal self-efficacy, increasing contraception and condom use, reducing the number of sexual partners, and delaying the initiation of first sexual encounters (Fonner et al., 2014). Another study that combined educational and contraceptive interventions revealed that CSE increases adolescents' knowledge and attitudes about the risk of unintended pregnancies, encourages delaying the start of sexual relations and promotes consistent use of birth control methods to lower unintended pregnancies among those aged 10 to 19. (Oringanje et al., 2009).

Bangladesh is in a demographic window of opportunity when the country might potentially profit economically from changes in the population's age structure when there is an increase in people of working age and a decrease in people of older age (UNFPA, 2014). Greater economic growth among young people, who will eventually become a strong and productive workforce in the future to propel the economy ahead, will result from a higher working age group and a lower dependence ratio (Dube, S., & Sharma, K. (2012). These youth require appropriate advice on health and sexuality education, which may be offered through CSE, to preserve good health



and sustain overall wellness. Reducing adolescent and juvenile vulnerability, increasing employee productivity, and fostering an environment where youngsters may thrive all depend on good health to realize their full potential.

According to the UN Post-2015 Development Report, information on sexual and reproductive health and rights boosts educational rates, lowers costs for other types of healthcare, and advocates for gender equality is beneficial to the economy (UN Women & UNICEF, 2018). Research conducted by ARROW highlights the stigma associated with SRH concerns in the community and The implementation of CSE/SRHR has been hampered by instructors' unwillingness to discuss it in classroom instruction (ARROW, 2017).

Since 2013, some form of sex education has been present in the curriculum, however, it fails to address the broader SRH needs of adolescents and young people (Sabina, 2016). The components available in the Physical Education & Health curriculum of classes 6-10 include important topics like physical changes during puberty, child marriage, child and adult pregnancy, violence, HIV/AIDS, mental health, and risky behaviours during adolescence (NCTB, 2018).

## **3.2. CSE PROGRAMS BY THE CSOS**

Thirteen (13) of the thirty-two (32) national and international NGOs (full list in Box 1) working on SRHR/CSE interventions had previously provided reproductive and sexual health education and/or still do. For instance, the BRAC-ADP program and UBR focus on community mobilization, awareness-raising, service delivery, and CSE. These programs offer instruction that covers a wider range of topics than what is covered in the national curriculum. The NGOs have adopted a unified strategy in which the interventions are tacked onto already-existing community interventions rather than being offered as a stand-alone program.

Additionally, there are several alliances, civil society organizations, projects, and initiatives that offer life skill-based educational programs by connecting the services with already-existing public or private/NGO services. However, the selective nature of these programs' coverage makes it challenging to reach the bulk of the people with them. If CSE is taught as a part of the official curriculum, it will be more effective overall (UNFPA, 2014). Adolescent Friendly Health (AFH) and CSE services, which encompass all of the elements outlined, are one of the initiatives carried out by the Unite for Body Rights (UBR) Alliance to improve access to knowledge, information, and services in a supportive atmosphere for adolescents.

**How: Those with experience with CSE could share their experiences: How was the information provided, what was useful information and why, and were there any materials available? Was it easy to ask questions? Did they have fun together? Did they talk about SRHR with friends and family at home? Should there be a division between boys and girls? etc. If the experienced adolescents could start again with SRHR information, what would be the most ideal situation? What is the feedback of the non-experienced on this?**

- CSE is a knowledge-building process connected to the sexual and physical well-being of adolescents, aligned with institutional and non-formal education. This is not limited to sexual satisfaction, but mental peace as well. The students mostly have this knowledge from their family members, peers, and friends, whereas the school curriculum could be the major source if the proper methodology is applied. The methodology may include teachers' engagement with intensive training and ensuring monitoring mechanisms are in place;

- Among the CSE programs that are organized by Government, national, and international agencies, students must be well-oriented on the human body and psycho-social counseling, especially the reproductive organs as a part of sexuality education; more discussion on sexual and reproductive health. through formal and non-formal programs, workshops, and training programs; must pose a positive impact around CSE; teachers must have concise knowledge around CSE and they should ensure safe space for the adolescents to discuss openly in the classroom; or even can arrange extracurricular activities including but not limited to quiz competition with some reinforcements (i.e. token gift, etc.) to encourage them in gaining knowledge. Besides this, CSE refers to the delay in starting a sexual relationship, a decline in the frequency of sex, a decline in the number of partners, a rise in the usage of condoms, and an increasing use of contraceptive methods as well as realizing the effect of STI, STD and HIV infections;
- To add value for eradicating the social bias including several grounds including the effect of socio-economic status among families, gender roles, service provider's favouritism and ignorance to a certain group, etc., or devolution which will help to build good connections with their peer groups or fellows;
- Sexual harmness could be reduced through the development of the good practice of sexuality knowledge along with psycho-social development including good/bad touch and being respectful to others irrespective of gender, race, class, etc. Moreover, it will help to the improvement of good bonding between the teachers and students;
- If it is mandated that CSE contents are integrated into the primary grades/class according to the age needs, it will

help the adolescents not to have a wrong pathway, and through this, peers can have conversations and discussions on this for their clear and mutual understanding; some informal techniques and strategies can apply for the adolescents out of school who are deprived of having knowledge or information regarding it;

- It is easy to have CSE learning online as it is acceptable. But somehow it is not flexible and not well equipped for adolescents due to network error, less interaction, less engagement, having awkward situations in front of family members to discuss, and confidentiality issues. But offline classes are more effective than online classes, as there will be a chance to discuss in front of everyone and it will somehow help to break the taboo;
- Tool-free tele-counseling could be a better option as there will be a chance for the service takers to talk anonymously;
- Proper pre-counseling is much more effective for youth-Adolescent. If they have the information in advance, they are less likely to make a mistake at this stage. It is to create awareness by doing Pre-counseling from all levels of the area (by Campaigning of PPM, NGO and Family members, Teachers, etc) I think it is very much effective for them.
- There prevails communal negativity about CSE based on religious, social, and community values. Only the government or even CSO cannot deal with the situation solely, more awareness programs are needed for community sensitization and the inclusion of both religious and community leaders may be helpful to do so;
- Lack of knowledge among the family members is visible, which can be combated through designing the awareness program for family members alone, this parent meeting could be the best example to discuss the importance of CSE;

- Some barriers to implementing such programs include the lack of access to appropriate curricula and training materials covering a wide range of important CSE topics; teachers' attitudes and readiness to deliver a curriculum and create CSE friendly classroom environment for effective teaching and learning; Students' motivation; and parents' cooperation; Develop the age-specific curriculum on CSE and the diligence of stakeholders in taking the necessary steps.

**What: Programme design, management, and assessment:  
Which issues should be included in the CSE program:  
brainstorm! What are the most important issues? What  
should be discussed first? What is less important? What is  
the most sensitive issue? What are the norms and values  
behind different issues? What makes it difficult for teachers  
to discuss sensitive, taboo issues??**

- Determine and map the current policies, projects, and programs that deal with adolescent difficulties generally by region, the socio-demographics of the recipients, and the outcomes and results from these programs;
- To identify the systems that are in place to support capacity development, supportive supervision, coordination, and other planning and management functions regarding CSE;
- Find out about present budgetary allocations, local and foreign sources of funding, and possible sources of funding, paying particular attention to how they fit the demands;
- Integrate the diversified and marginalized people including LGBTIQ people's rights and information in the curriculum around CSE to make it more accessible and acceptable for all;

- To create client and their gatekeeper knowledge of, acceptance of, and support for youth-friendly CSE and SRH services;
- Talk about the conventions, attitudes, values, and ideas that contribute to gender inequity;
- Health facilities and friendly young service providers should be welcome and appealing to young people. Ensure that healthcare personnel are taught and supported in providing services in a youth-friendly way, particularly by being non-judgmental and kind;
- Situations in which each stakeholder contributes unique skill sets or resources to the partnership to strengthen it. For instance, a community could be ready to offer in-person CSE teacher training, but may not be knowledgeable about trauma-informed techniques. A local team of 5 to 7 intensively trained members at the union parishad level, either voluntarily or paid, will coordinate the cooperation between several stakeholders at the community level and visit every high school or college within 15 days of intervals and conduct sessions on CSE. They will organize meetings on the creation of a CSE-friendly environment with religious leaders and community leaders and make them cooperative towards CSE activities in that community or local area.
- Actions involving many participants and a strategy that isn't always predetermined and accepted in advance. As the process progresses, the direction may appear, alter, or evolve. As a result, partners must regularly communicate and negotiate the parameters of their partnership and initiative goals;
- Situation evaluations provide information on who is and is not reached by current programs, when CSE is taught, and what regulations and procedures are in place;

- While operations research pinpoints issues with program delivery and experiments with potential fixes, process evaluation monitors activities, inputs, outputs, and progress;
- Evaluation of program outcomes measures accomplishments, such as alterations in participants' knowledge, attitudes, and abilities. Impact evaluation looks at longer-term successes connected to a specific program. Research techniques like randomized controlled trials or quasi-experimental designs are used to evaluate them. However, it should be highlighted that such trials are costly and that few CSE programs have the resources to carry out exhaustive effect assessments;
- Before expanding, gather and communicate information on the success of pilot programs; Record and assess how modifications to interventions affect the success of the program.
- Make a strategy for sustainability and ensure the necessary resources are available for scaling up or making a fundraising plan;
- Consider the long term (instead of donor financing cycles) as well as the sustainability of the programs while making plans and be prepared for changes and failures; Adapt the scaling-up plan to the political climate as it evolves.

### **Who and When: Training and supporting CSE teachers**

- The teachers who instruct CSE have different difficulties than those who instruct other academic topics. They must balance the diversity of ideas, opinions, and lived experiences that will be present in their classrooms with their learned experiences, values, and belief systems. They must impart knowledge in a way that promotes health and

well-being without stigmatizing or humiliating children or fostering gender stereotypes, homophobia, transphobia, or other prejudices;

- To aid student, and pre-service teachers in internalizing the requisite information and abilities, teacher educators need to be trained in how to use participatory approaches. Teachers would model their instruction after the methods they learn about the delivery of CSE that is centered on life skills;
- Teachers should get training on the usage of CSE material, instructional strategies, abilities, attitudes, and behaviors that put them overwhelming confidence;
- Policies, administrative procedures, and cultural norms that have an impact on the teaching of sexuality lessons should be covered in teacher teaching programs including field monitoring, capacity development, social campaigns, or advocacy initiatives;
- Local school administration, community, and national ministries must all support teacher training;
- A zero-tolerance approach to the exploitation of students and teachers should be included in teacher preparation programs;
- Alternatives to too-short, too-shallow stand-alone training sessions will be more effective. These courses are too brief to provide students with the knowledge and assurance they need to teach the topic effectively and share the knowledge among others;
- Most online and in-person courses have a high cost. Although some supporting organizations provide scholarships or group discounts, the price of bringing professional development to scale can be extremely prohibitive, especially in regions where there are many



instructors. Organizations, schools, and departments of education should budget for teacher training and take into account hybrid (in-person and online) approaches as cost-cutting measures. Teachers should get the proper training to get them ready for their jobs. Their comfort level and skills will undoubtedly have an impact on new and impressionable instructors. Refresher courses, mentorship, and supportive supervision are just a few of the ways that can assist guarantee training's long-term effects;

- Access to the right technology is essential since teachers may attempt to update their knowledge of CSE and participate in online courses to better their professional development;
- Reviewing the curriculum's material and a teacher's strengths and flaws regularly is necessary to assess a program's performance and effectiveness by utilizing advocacy tools developed by IPPF, UNICEF, Future of Sex Education (FoSE), and NCTB. These must be implemented effectively.

**Why: Why is access to information about SRHR important for adolescents? Why is teaching CSE important for adolescents? Why is the involvement of the community in teaching CSE so important? Engaging the community.**

- Teaching CSE is important for adolescents because without sufficient information girls will get unwanted pregnancies, traumatic experiences, and mental health problems, some of the boys will practice unhealthy sex, will get STIs, will have prejudices, stereotyped ideas about sexuality, etc;
- Although the significance of the stakeholders and their ability to impact a problem may appear to be the same,

they are extremely different. A stakeholder's level of influence shows their ability to directly affect change;

- Information on sexuality and sexual health may be found in large quantities in contemporary media, particularly on smartphones and the Internet. Even while not all of the messages are correct or helpful, there is enough consensus that the influence of mass media on sexual development is substantial enough to incorporate critical media analysis in CSE curriculum and programs;
- Many people consider the media to be reliable resources of sexuality-related information. So some discourse information including making fun or comedy with hijra/transgender community, sex boom, and humiliation of transgender people must be stopped boldly. In addition to giving them access to services and healthcare referrals, partnering with them may promote good, healthy images. Mass media may quickly reach huge populations, which implies it can have an impact on social norms and behaviours and raise awareness of CSE subjects and concerns at the general level. Journalists and other media professionals have the power to affect negative discourse that results from the spread of myths and false information, as well as public opinion. Negativity among journalism should be stopped first, besides that we should stand against clickbait headlines, and media and media professionals should be more sensitized about gender.
- Make it clear what you anticipate from any interactions with religious authorities. Strengthen referral networks with religiously affiliated healthcare organizations. Faith-based groups provide a significant amount of both health care and education in many regions of the world. A growing number of faith-based organizations recognize the need of forming alliances and collaborations with other faith-based and secular groups. Important

components of these collaborations include exchanging best practices and working together to advocate for better health care for young people;

- Targeting parents through community-based activities or identifying/inviting them to join through specialized techniques, and sensitization programs around positivity, especially for LGBTIQ rights to create and present CSE lessons for them. These may go hand in hand with CSE instruction for children and teenagers as well according to their demands;
- Key facets of an adolescent’s sexual identity and wants/ desires?? are mostly shaped by teachers. Teachers who protest CSE programs in schools frequently do so out of misinformation and shyness because they want to make sure that teachings about sexuality are ingrained in society’s values system. One of the biggest advocates for effective sexuality education programs in schools is the majority of teachers. Many of them seek outside assistance to learn how to approach and talk about “sex matters” with their students, how to handle challenging circumstances (such as when a child views pornography online or is attacked on social media), and how to find and impart appropriate information.

---

## 5. CONCLUSIONS

An investment in the health and well-being of children and young people is comprehensive sexuality education. Learners who participate in CSE, a type of transformational education, gain crucial information and skills that will aid them in navigating their relationships and wider lives both now and in the future.

Effective CSE is based on solid research, and it is essential

to offer CSE from an integrated public health, rights, and educational viewpoint. In light of this compelling argument, the majority of nations worldwide are offering sexuality education within their educational systems. It is evident from the statistics, research, and national examples in this study that significant efforts are being made in many countries to make sexuality education comprehensive in its content and delivery and more firmly established in broader education and health initiatives.

The establishment of a supportive policy and legal environment; the development of curricula that are increasingly comprehensive in their scope; the training of teachers to deliver this content with a learner-centered pedagogy; and fledgling efforts to monitor coverage are common elements that demonstrate progress, even though different countries use different terms to “name” the subject being taught.

---

## 6. RECOMMENDATIONS

1. The Ministry of Education must include material that is supported by facts, and science and is impartial in the National Curriculum and Textbook Board (NCTB). To attain uniformity in general education on sexuality, it is necessary to harmonize the curricula across the Bangla, Bangla-English versions, English, and religious schools’ mediums. It is crucial to give precise instructions on CSE’s place in the NCTB, MoE curriculum.
2. CSE should start at the elementary level, and course materials should be created with teenagers in mind. Create and execute CSE minimal requirements for pre-service teacher education, all classes (elementary through high school), and classroom instruction. This can be achieved by discussing how local culture and social norms affect the delivery of CSE.

3. Given the advantages CSE provides for teenagers' rights and sexual and reproductive health, we should introduce certain pertinent CSE principles earlier in adolescence and equip teachers to be able to impart knowledge effectively and efficiently. Therefore, in addition to working on enhancing the textbooks, we should also concentrate on the curriculum for instructors.
4. To guarantee that the CSE curricula thoroughly cover SRHR issues and guarantee progressive and inclusive contents, the NCTB should set the curriculum guidelines and contents through a consultative process involving multiple actors, including women, girls, boys, young people, parents, teachers, and civil society representatives.
5. In terms of CSE education, there is a dearth of data supporting rigorous program assessment and service delivery. It is essential to support policy advocacy and calls for change in the way that education is currently delivered with solid evidence.
6. Lessons from effective techniques that have been found in regional and global contexts require careful examination to determine whether such methods are acceptable to reproduce in particular contexts, such as Bangladesh. This might influence the creation of national and local frameworks for incorporating CSE in teacher preparation.
7. It is imperative that training in sexuality education extends beyond teachers to those who train and prepare them for teaching, support or manage them, and develop the curriculum and other teaching and learning materials accordingly. This is necessary for the effective development and implementation of school curricula, teacher preparation and support, and management overseeing the process, monitoring, and evaluation (M&E)

of educational practices. Strengthening the competence and cooperation of CSE teacher training providers may be accomplished.

8. CSE mandates in policy and legal frameworks are necessary to ensure successful implementation and to guide the focus on important educational inputs like curriculum development and teacher preparation. To guarantee that CSE is mandated by law and/or policy and supported by a dedicated budget, ongoing efforts are required.
9. To improve teachers' understanding and their use of the pedagogical skills necessary to deliver CSE successfully, efforts should center on high-quality training. This incorporates knowledge of gender transformative pedagogy and participatory approaches. Given the significance of the societal norms around sexuality education, it may be necessary to engage with instructors in many situations to confront their attitudes, beliefs, and biases that affect their ability to give CSE;
10. A rights-based approach is very much congruent with an analysis of importance. Identification of stakeholders (individuals, groups, and institutions) must be taken into account, as well as assessments of stakeholder interests, support for or opposition to the issue, influence over the issue, and importance of the stakeholder.

---

## REFERENCES

1. UNICEF (2017) Annual Report, Bangladesh.
2. National Adolescent Health Strategy.Page 16.
3. Alam MU, Luby SP, Halder AK, Islam K, Opel A, Shoab AK, Ghosh PK, Rahman M, Mahon T, Unicomb L. Menstrual hygiene management among Bangladeshi adolescent schoolgirls and risk factors affecting school absence: results from a cross-sectional survey. *BMJ Open*. 2017 Jul 9;7(7):e015508. doi: 10.1136/bmjopen-2016-015508. PMID: 28694347; PMCID: PMC5541609.<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5541609/>
4. National Strategy for Adolescent Health, 2017 - 2030.
5. United Nations Population Fund (UNFPA) 2014. *The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes*. New York.
6. Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School-based sex education and HIV prevention in low-and middle-income countries: a systematic review and meta-analysis. *PloS one*, 9(3), e89692.
7. Oringanje, C., Meremikwu, M. M., Eko, H., Esu, E., Meremikwu, A., & Ehiri, J. E. (2009). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database Syst Rev*, 4 (4).
8. Dube, S., & Sharma, K. (2012). Knowledge, attitude, and practice regarding reproductive health among urban and rural girls: a comparative study. *Studies on Ethno-Medicine*, 6(2), 85-94.

9. UN Women & UNICEF. (2018). International technical guidance on sexuality education: an evidence-informed approach. UNESCO Publishing
10. ARROW, (2017). India comprehensive sexuality education: the way forward.

---

## ANNEX-1 QUESTIONNAIRE

### Youth consultation questionnaire

1. **How:** Those with experience with CSE could share their experiences: How was the information provided, what was useful information, and why, and were there any materials available? Was it easy to ask questions? Did they have fun together? Did they talk about SRHR with friends and family at home? Should there be a division between boys and girls? etc. If the experienced adolescents could start again with SRHR information, what would be the most ideal situation? What is the feedback of the non-experienced on this? What are positive ideas?
  - What do you mean by comprehensive sexuality education (CSE)?
  - What could be characteristics of CSE programs according to your experience/you have joined/participated/organized?
  - What could be the role of the education sector in CSE?
  - Considering any health emergency issue including COVID-19, did online teaching methods go well to address any CSE? Or, Would online teaching be the right way to teach CSE??



- Do you think that CSE activities are addressed and implemented at the grassroots and national levels according to the operational plan?
- What are the barriers to implementing CSE? What could be the solution to address these challenges?

**2. What: Programme design, management, and assessment:**  
Which issues should be included in the CSE program: brainstorm! What are the most important issues? What should be discussed first? What is less important? What is the most sensitive issue? What are the norms and values behind different issues? What makes it difficult for teachers to discuss sensitive, taboo issues??

- Is there any coordination of CSE activities with follow-up actions and programs? If so, what is your experience/thought regarding it?
- What could be the best solution to address the CSE issue with a follow-up process?
- Is the CSE curriculum (NCTB) enough to implement the adaptation plan?
- Do you think that the monitoring and evaluation process of CSE programs is enough?
- What could be the planning for sustainability and scale-up process for the CSE activities?

**3. Who and When: Training and supporting CSE teachers**

- **Not all teachers can teach CSE:** What should be the specific teaching skills or facilitation skills for teaching CSE? What type of person can talk with adolescents about SRHR issues? What are the required environments and conditions for a teacher to teach about SRHR?

- Do you think that pre-service training programs are adequate for the teachers?
  - Is there enough learning content for teachers on CSE?
  - Are there any opportunities to rehearse lessons from the curriculum and receive feedback from peers/ students and supervisors/teachers?
  - What are the challenges of providing lessons in both an online and in-person process?
  - Is there any teacher's performance assessment process regarding CSE?
- 4. Why:** Why is access to information about SRHR important for adolescents? Why is teaching CSE important for adolescents? Why is the involvement of the community in teaching CSE so important?: Engaging the community
- Teaching CSE is important for adolescents, because without sufficient information girls will get unwanted pregnancies, traumatic experiences, and mental health problems, and some of the boys will practice unhealthy sex, will get STIs, will have prejudices, stereotype ideas about sexuality, etc. Why is CSE important for a community? Did you join or become acquainted with any community engagement program around CSE? If so, give some examples with details. If not, what is the reason behind it?
  - How can we involve teachers/parents in such kinds of programs?
  - How can we involve faith leaders in such kinds of programs?

- How can we involve media channels and journalists in such kinds of programs?
- How can we involve community people in such kinds of programs?

---

## **ANNEX-2 DATA ANALYSIS**

For analysis, 1 youth consultation by engaging 30 young people, 1 youth consultation with the youth reviewer, multiple working meetings on the feedback and draft, and 7 IDI by SRH/ CSE experts were assembled and data were screened through multiple expert reviewers. Information about the extensive knowledge on CSE was also gathered to contextualize findings having and accessibility of CSE programs, evidence, and resources. Collaborative filtering (CF) and its modification were used for youth recommendation clusters and algorithms. Thematic data with a 'thick description' analysis has been used in six stages as described by Braun and Clarke (2006). This method is chosen for precise key findings with depth observation of the data set. The study was explained as 'thick descriptive' in shaping the particular occurrence of the effect of CSE accessibility in different schools or education ?? programs, academies, and other resources. Moreover, findings were coded, and themes were identified after which the findings were analyzed.

## ANNEX-3 CSE INITIATIVES BY GOVERNMENT/CSOS/ACADEMIC INSTITUTIONS

Programs/activities	organization
Adoheart (Adolescent Health and Rights Enhancement through Innovation and System Strengthening)	UNICEF and supported by the Embassy of the Kingdom of the Netherlands
Shukhi Jibon	Director General of Family Planning and USAID technical supported by Pathfinder International
Adolescent Friendly Health Centers (AFHCs) of 1153+	Director General of Family Planning
Club-based edutainment (Life skills-based education, facilitated by their peers on different social and health-related issues ADP implements a campaign-based project)	BRAC Adolescent Development Program (ADP)

Programs/activities	organization
<p>School teachers training on SRHR and GBV. Mapping of Health Service facilities in the community.</p> <p>Training for Health Service Providers on Adolescents Friendly Health Services.</p>	<p>Concerned Women for Family Development (CWFD)</p>
<p>Counseling Regular community clinic service School and based consultation on SRHR Training and dialogue session to the community people/ committee</p>	<p>Action Aid Bangladesh</p>
<p>Expert workshop on Drafting a curriculum for counselors in Sexual Reproductive Health Rights and Gender in Nijmegen Netherlands, 2014</p>	<p>BRAC University</p>
<p>Developed self-Learning materials developed such as board games and computer games for adolescents and Radio Program</p>	<p>Plan International</p>

Programs/activities	organization
Crisis support, including on-campus counseling, and off-campus resources and referrals Organization of CSE and well-being workshops and seminars	University of Liberal Arts Bangladesh (ULAB)
Conducting workshops/sessions/seminars on “Sex, Gender, Sexuality and Sexual Reproductive Health and Rights”	Shambhob
ANGEL (Adolescents and newlywed girls’ events of life)	USAID, NHSPD
APON (Adolescents PEER organized networks)	UNICEF, BRAC
ARHSI (The innovation through sports on sexuality education and knowledge)	USAID, CARE Bangladesh
ASRYA (Access to Safe MR and reproductive educative information for youth)	SAAF, IPPF, RHSTEP

Programs/activities	organization
<p>Creating awareness about SRHR issues among adolescents and youth. Developed curricula, board games, leaflets, and notebook</p>	<p>RHSTEP</p>
<p>Advocacy to ensure accountability, regular monitoring of health care facilities, protect adolescent (female especially) SRHR as well as addressing discriminatory factors, research, and outreach activities</p>	<p>Naripokkho</p>
<p>Legal counseling, case documentation, investigation on Human rights, training, Sensitize media personnel, SBCC materials development</p>	<p>BANDHU Social Welfare Society</p>
<p>Evidence-based programs, national and global level advocacy to ensure accountability, proper monitoring and evaluation process for quality SGBV factors addressing youth, outreach, and community mobilization activities</p>	<p>SERAC-Bangladesh</p>







[www.share-netbangladesh.org](http://www.share-netbangladesh.org)

