



**A Qualitative Study on
Sex Education and
Contraceptive Knowledge
among Unmarried
Female Adolescents in
Rural Area of Sunamganj,
Bangladesh**

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BIED	BRAC Institute of Educational Development
BRAC	Bangladesh Rural Advancement Committee
BRACU	BRAC University
CBO	Community-Based Organization
CID	Criminal Investigation Department
CSE	Comprehensive Sexuality Education
DGFP	Directorate General of Family Planning
FGD	Focus Group Discussion
FWA	Family Welfare Assistant
GOB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IUCD	Intra-uterine Contraceptive Device
LAM	Lactation Amenorrhea Method
MA	Medical Assistant
MM	Maternal Mortality
MOHFW	Ministry of Health and Family Welfare
NCTB	National Curriculum and Textbook Board
NCTF BD	National Children Task Force Bangladesh
NGO	Non-Governmental Organization
NSD	No-Scalpel Vasectomy
NTTI	National Teachers Training Institute
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights



SS	Shasthya Sebika
STI	Sexually Transmitted Infections
UNFPA	United Nations Fund For Population Activities

OPERATIONAL DEFINITION

Sex Education: In this study, sex education has been identified by the traits related to a sexual relationship. As the cultural norms and regulations are based on a heterogeneous relationship between a male and a female, this study has addressed sex education from a heterogeneous point of view. This study termed sex education as issues relating to sexuality, including sexual activity, age of consent, safe sex, sexual anatomy, body image, sexual orientation, and dating.

Contraception Knowledge: Generally contraceptive method means the prevention to avoid getting pregnant. In this study, contraceptive knowledge has been termed as the information an individual holds about contraceptive method. This study has determined contraception methods based on the definition of contraception given by DGFP. According to the Directorate General Family Planning (DGFP), “Seven modern contraceptive methods are available in the Government's population program of Bangladesh. Some clients obtain their contraceptive method from the private sector or they purchase it from pharmacies. They are Oral Pills, condoms, Injectables, implants, IUCD, Tubectomy, and NSV. Additionally, withdrawal, safe period, and LAM have also been considered traditional contraception. (DGFP,2020)¹.”

Comprehensive Sexuality Education: This study has defined comprehensive sexuality education according to the definition provided by UNFPA. Which is, “Comprehensive sexuality education is a rights-based and gender transformation approach, whether in school or outside of school. It is most effective when comprehensive sexuality education is taught over several years by integrating age-appropriate information that accounts for the developing capacities of young PEOPLE.”²

¹https://dgnm.portal.gov.bd/sites/default/files/files/dgnm.portal.gov.bd/page/82b7e673_6743_4d1d_88af_cb21167eb5d3/2022-01-05-08-01-0a56746ced98ee08ac32281773a7793c.pdf

² <https://www.unfpa.org/comprehensive-sexuality-education#summery105873>

EXECUTIVE SUMMARY

This research is aiming to explore the level of sex education and contraceptive knowledge among unmarried female adolescents living in rural areas of Bangladesh. The World Health Organization (WHO) defines an adolescent as an individual between ages 10 and 19, including the age range 10-14 and 15-19 as periods of early and late adolescence respectively (Islam et al., 2018). Culturally induced rural Bangladeshi society demands unmarried adolescent girls to be modest and-at least in theory, opted out of knowledge of sex and contraception (Rashid, 2000). Mostly in rural areas, adolescent marriage is exceptionally common. Parents and in-laws are the main decision-makers regarding young girls' entry into marriage and childbearing (Caldwell and Caldwell 1988, cited in gage 1998). As a result, adolescent girls lack knowledge about sexuality and contraceptive knowledge (about contraception, condom, pill), (safe sex, marital rape, sexual norms, consent, and sexual pleasure under sexuality knowledge) before having their first sexual intercourse. This lack of knowledge results in a lack of pleasure, unwanted pregnancy, and unsafe abortion after an early marriage, in some cases before marriage. According to UNFPA, Bangladesh has the highest adolescent pregnancy rate outside Sub-Saharan Africa. 113 out of 1000 adolescent girls fall pregnant before the age of 19. Along with that, in Bangladesh, around 47% of unmarried girls have experienced sexual violence, especially in rural areas (UNICEF, 2014). In this regard, this research demonstrated the range of knowledge about sexuality and contraceptives and the sociocultural perspective of reproduction knowledge. This research has been conducted in three Upazilas of Sunamganj's rural areas named, Jaganathpur, Sunamganj Sadar, and Tahirpur. The target population of this study is unmarried adolescent girls who are currently studying or have graduated from high school. The contribution of community-based organizations such as courtyard, community mobilization, or monthly meetings (governmental and non-governmental) have been explored along with capturing the parent's and teachers' understanding and initiatives around regarding sex education of the target group. This research was conducted in the rural area of Sunamganj district in Sylhet. Through qualitative data collection method as IDI, FGD, and rigorous literature review, this study revealed that unmarried adolescent girls are left out of sex education and contraceptive knowledge. Even though community-based groups conduct numerous SRHR programs and educational institutions incorporate information about reproduction in their curricula, unmarried adolescent girls' understanding of sex and contraception is generally limited, misconstrued, and based on myths. The majority of the time knowledge providers (local guardians, teachers, CBO service providers) don't allow the target group to talk about sex. During the fieldwork, most of the unmarried adolescent girls expressed that a condom was a sort of balloon, and a few said that it may be made of plastic. According to several knowledge providers (mostly guardians), adolescents would be more interested in sex, if the adolescents get sex education. According to most guardians, it's not mandatory to educate adolescents about sex and contraception since guardians consider sex and contraception as after-marriage issues. In this study, it was discovered that while discussing sex in the classroom, teachers primarily

used the pronouns zygote, egg cell, or sperm. The word "sex" is not frequently used; instead, the word "reproduction" is termed. Cultural barriers, a lack of long-term initiatives, and a lack of communication further prevent community-based groups from giving adolescent girls appropriate information. Only when the field workers give them sanitary pads does the scenario turn amicable. This study recommends erasing the knowledge gap and giving sufficient attention to improving the Sexual and Reproductive Health Knowledge that is exclusively focused on unmarried female adolescents living in rural areas.

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1. INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Between the ages of 10 and 19, adolescence is the stage of human life between childhood and adulthood. It is a distinct period in human development and crucial for setting the groundwork for long-term health including mental health. Adolescents overgrow in terms of their physical, cognitive, and emotional development. This has an impact on their emotions, thoughts, decisions, and interactions with others and their environment (WHO, 2020). Sexual and reproductive health (SRH) is one of the concerning issues right now in the global context of public health research. Regarding this, SRH attention among adolescents is also a vibrant phenomenon that is in the limelight. But, in Bangladesh, unmarried adolescents have a huge lack of SRH knowledge. A recent qualitative needs assessment undertaken in Dhaka (BIED, BRACU 2012) found that unmarried adolescent girls and boys were insufficiently informed or misinformed about sexual and reproductive health because of a lack of information from parents and school teachers. Both boys and girls displayed some limited knowledge of HIV/AIDS, but they lacked awareness of other STIs. Similarly, a recent study in the Dhaka slums (Rahman, Hossain, and Amin 2012) showed, among girls aged 15-19, inadequate knowledge about SRHR issues, including sexual rights, reproductive health and rights, period of pregnancy risk during the menstrual cycle, adverse effects of teenage pregnancies, emergency contraception, and service points for SRH services. Research investigating sexual knowledge and its implications among adolescents was assessed to know their existing knowledge about sex and contraception use (Sandra, Debi, and John, 2006). Initiatives to address adolescent sexual and reproductive health in Bangladesh have been implemented by both the Government of Bangladesh (GOB) and nongovernmental organizations (NGOs), but these activities have often been fragmented and are not well documented or evaluated, making it difficult to know what worked well and what did not (Ainul, Bajracherya, Reichenbach, Gilles, 2017). According to UNESCO, through education, people can become aware of sexual health before they act on sexuality and can understand their body changes and feelings from an early age (UNESCO, 2009). But, sex education is not a commanding component in the syllabus of Bangladesh's high schools, although it is an urgent need for any country's adolescent health (Hossain, B. S., Korishi, R., & Molla, K. 2022). In a recent study of the urban slums of Dhaka City and the rural Sub-district Nabinanj, 800 female unmarried adolescent girls' knowledge of reproductive health-related topics was assessed. Overall, in both research locations, two-thirds of the population knew about family planning techniques, and the rest of them didn't know much (Shahabuddin, A. S. M., Nöstlinger, C., Delvaux, T., Sarker, M., Bardají, A., Brouwere, V. D., & Broerse, J.

E. 2016). Considering the emergence of the present situation of the availability and accessibility of SRH information, this study tried to explore the existing knowledge around sexuality and contraceptives among unmarried adolescent girls and tried to explain the perception of the knowledge providers (family, school, and CBO) around these issues.

1.2. PROBLEM ANALYSIS

Adolescence is the period between 10–19 years of age and is characterized by rapid social, physical, and emotional changes (Dube and Sharma 2012). About 23% of the total population of Bangladesh is aged between 10 and 19 (Rashid, 2020). However, this huge population often enters into their puberty with a poorly informed condition about contraceptive and reproductive health knowledge (IPPF, 2009). According to the 2010 Education Policy, everyone must have access to an excellent education. It is crucial to remember that the official National Strategy for Adolescent Health, 2017–2030, was created with the concept of human rights and gives the adolescent sexual health agenda a high priority. In Bangladesh, women are already a vulnerable group, especially adolescent girls regarding seeking sexual and reproductive health knowledge (UNICEF, 2014). To be precise, in rural areas, cultural-induced norms and the restriction on access to sexual health knowledge make the situation more hostile for unmarried adolescent girls. In addition to the effect of culturally-induced norms, rural Bangladesh is influenced by a low level of sex education in the territory of the family and educational institutions by considering sex as forbidden (Rashid, 2020). As a result, unmarried adolescent girls don't get the opportunity to be informed about sex, sexual norms, consent before having sex, sexual pleasure, safe sex, or any methods of contraception before their first encounter with sexual intercourse. This results in unmarried adolescent girls being involved in premarital sex, unwanted pregnancy, or facing sexual violence (Hossain, B. S., Korishi, R., & Molla, K. 2022). The circumstances indicate the emergence of existing sex education and contraceptive knowledge among unmarried adolescent girls in rural areas. In this regard, the investigations of this study have addressed the existing sex education and contraceptive knowledge of unmarried adolescent girls in rural areas in Sunamganj, Sylhet. For that understanding, this research interviewed 15 unmarried adolescent girls along with 15 knowledge providers (6 local guardians, 6 teachers, and 3 CBOs service providers) to understand the perception of sex education and contraceptive knowledge and the level of the provided knowledge.

1.3. RESEARCH QUESTIONS

- What is the existing level of provided sex education and contraceptive knowledge in the context of sociocultural practices in rural areas among unmarried adolescent girls?
- What kind of sexual problems and crises occurs during puberty for unmarried adolescent girls because of the unavailability of SRH information?
- What is the role of the knowledge providers (local guardians, teachers, community-based health workers) in providing sex education and contraceptive knowledge to unmarried adolescent girls in the rural social-cultural context?

1.4. OBJECTIVE OF THE STUDY

1.4.1. BROAD OBJECTIVE

The broad objective of this study is to know the extent of sex education and contraceptive knowledge provided to adolescent girls in rural areas of the Sunamganj district.

1.4.2. SPECIFIC OBJECTIVES

- To identify the existing sex education and contraceptive knowledge among unmarried adolescent girls in rural areas.
- To understand the sociocultural perspective of unmarried adolescent girls towards sex education contraceptive knowledge in rural areas of Sunamganj.
- To explore the role and perception of knowledge providers (local guardians, teachers, and community-based organizations service providers) in ensuring access to sexual health and contraceptive knowledge for unmarried adolescent girls.

1.5. HYPOTHESIS

One of the major questions behind this research was if the sex education and contraceptive knowledge of unmarried adolescent girls in the rural areas of Bangladesh are sufficient or not. In a recent survey, it has been stated that only 34% of the 232 adolescent girls in rural areas, receive knowledge of sex before getting married (Rashid, 2020). Again over 47% of unmarried girls have suffered sexual assault (UNICEF, 2014).

- According to studies, ensuring better access to information about sex and contraception for both adolescent girls and boys might decrease premarital pregnancy and abortion might decrease (Altalib, H., Abu Sulayman, A., & Altalib, O., 2013). Also, studies suggest that the prevention of sexual violence, knowledge about safe sex, and proper use of contraceptives can be gained through expanding sex education and contraceptive knowledge among unmarried adolescent girls and boys (Camellia, S. Rommes, E. & Jansen, W., 2020).
- Studies indicated that proper interventions, such as increasing awareness of unmarried adolescent girls and boys about seeking knowledge on sex and contraception, including sex education and contraception knowledge in the school curriculum, arranging sessions with both male and female knowledge providers to train them in educating about sex and contraception can be beneficial for the unmarried adolescent girl's sexual health and knowledge issue.

1.6. SIGNIFICANCE

Adolescents make up 23% of the total population of Bangladesh (Rashid,2020). Sexual and Reproductive Health and Rights (SRHR) are still frowned upon, particularly in remote regions. Also, Bangladesh has an extremely high adolescent birth rate, 113 out of every 1,000 women ages 15-19 years old has given birth (Girls Not Brides 2017)³. Comprehensive Sexuality Education (CSE) is not widely available as well as accepted for children and adolescents, which prevents them from making well-informed decisions about their sexual lives. This study analyses the existing sex education for unmarried adolescent girls they could need/acquire from families, educational institutes, and community-based organizations. Additionally, because of the social stigma and stereotyped storylines around SRHR, parents are unaware of their SRH-related problems. For instance, the content/texts in the home economics and physical study books are insufficient for the SRHR and are not taken into account for written tests. The gap between SRHR knowledge and adolescents is creating a crisis in puberty among adolescents in rural Bangladesh (Ainul, Bajracherya, Reichenbach, Gilles, 2017). The Education Policy, of 2010, calls for guaranteeing high-quality education for everyone. This clause might be interpreted as a duty on the part of the state to put into practice a way that the curriculum contains the fundamental knowledge based on practical skills, such as CSE and SRHR, in the textbook (Zaman, 2020). It is significant to remember that the current National Strategy for Adolescent Health,

2017–2030, was created using the human rights premise and prioritizes the health of young people. The following is the strategy's declared goal: "By 2030, all adolescents experience a healthy and productive life in a setting that is socially secure and encouraging, in which they have access to complete knowledge, learning, and services."(Sultan, 2018). In such circumstances, this particular study commissioned by Share-net Bangladesh finds out the range of sex education and knowledge of contraception among unmarried female adolescents, which would make the target population visible to the respective policymakers and development partners for supplying enough guidance for the betterment of the SRHR of young people.

³ <https://everymothercounts.org/grants/bangladesh-a-deeper-dive/>

2. STUDY AREA, METHODS, THEORETICAL AND CONCEPTUAL FRAMEWORK WRITE ABOUT THE HUB.

2.1. STUDY AREA

This research was conducted in three Upazilas of the Sunamganj district. Sunamganj is one of the hard-to-reach areas of Bangladesh. The culturally induced norms and values make this region more exceptional than other areas of Bangladesh (Hossain, 2012), which is the major reason for choosing this area as a study area. The selected sites are, Jagannathpur, Sunamganj Sadar, and Tahirpur Upazilla of Sunamganj District. Among them, Tahirpur is the most hostile Upazila of Sunamganj. According to the census of 2011, the educational progress of the place is very low, only two colleges are there in this Upazila. Two girls' high schools are also there, but there are not sufficient teachers. According to the Census, males constitute 51.67% and females 48.33% (District Statistics, 2011). Also, the whole of Tahirpur Upazila is considered a wetland area of the district, enriched by Tanguar Haor and several rivers which made the area's transportation system challenging.

In Jagannathpur Upazila, the migration process has been constant and steady (Bangladesh, Census, 2011). On the other hand, the education rate of the citizens of Jagannathpur is the lowest among all the Upazilas of Sunamganj, which is 45.3%. On the other hand, Sunamganj Sadar is situated in the centre of the district. According to the 2011 Census, Sunamganj Sadar has an average literacy rate which is 23.9%. The study areas were selected purposely as geographically these three regions are situated in three corners of the Sunamganj district. Also, the literacy rate of these three regions varies from other regions which indicate

indicates the diversified culturally induced norms and values practiced in these research sites. The respondents were approached through the local village high schools and the teachers. So the literacy rate and education were the base of selecting the research sites. Also, local guardians and teachers were interviewed from each research site. Besides, the local Shurjer Hashi Clinic, National Children Task Force Bangladesh (NCTFBD), and the Family Planning program of the three Upazilas have been chosen to understand the role they play in local unmarried female adolescents' sex education and contraceptive knowledge.



Figure 1: Location of Sunamganj district on the map of Bangladesh.

Figure 2: Location of Jagannathpur, Sunamganj Sadar, and Tahirpur Upazilla on the map of Sunamganj district

2.2. METHODOLOGY

2.2.1. STUDY APPROACH

This research adopted an exploratory qualitative approach. For the qualitative nature of the research, the in-depth interview method has played a major role in data collection from the research participants. A rigorous literature review as part of primary data source exploration has been initially done before the data collection from the field which was the rural areas of Sunamganj. The fieldwork

of this research took place from June 22nd to July 30th of 2022. A semi-structured questionnaire for unmarried female adolescents has been prepared and tested before starting the in-depth interviews of the research. Three separate unstructured questionnaires have also been prepared to interview female and male parents, school teachers, and community-based organization service providers.

2.2.2. DATA COLLECTION

According to the research objective, the inclusion criteria of the target group is unmarried adolescent girls, demanding some major conditions-

- Unmarried adolescent girls living in the indicated rural areas
- Aged from 10-19
- Currently enrol or used to be enrolled in an educational institute

The target population of this research is unmarried female adolescents in rural areas of Bangladesh. Also, teachers, local guardians, and Community-based organization health workers or stakeholders were interviewed to understand their role in providing information about sexuality and contraceptives to unmarried adolescent girls. . In total, 30 people have been interviewed from all the research sites. Among them, 4 participants are male and the rest of them are female. According to diversified journals, 25-30 participants is the minimum sample required to reach saturation and redundancy in studies that use in-depth interviews (Charmaz, 2006; Morse, 1994,1995). As qualitative research demands the number of participants depending on the reaching saturation (Nelson, 2016), this research didn't add the repeating perception of the findings. Regarding this, the researchers interviewed unmarried adolescent girls, two available guardians of them, two available teachers, and one local community-based organization worker from each research site. In total, 15 unmarried female adolescents, 6 female guardians, 6 teachers (3 males and 3 females), and 3 community service providers (1 male and 2 females) have been interviewed. Additionally, 3 Focus group Discussions (FGD) have been conducted with unmarried adolescent girls from all the research sites, one from each site to understand the in-depth understanding and experiences of their sex education and contraceptive knowledge.

The participants have been selected by going directly to the educational institute such as a high school or college in all the research areas. The Snowball sampling method has been applied to reach adolescents and purposive sampling has been applied to conduct the interviews with guardians, stakeholders, and teachers for investigating the provided institutional knowledge. 5 unmarried female adolescents were interviewed separately and set in FGD who were students of the higher secondary college from different institutions of Sunamganj Sadar rural areas, two of their institutional teachers, local guardians and as Community worker, the Local National Children Task Force Bangladesh (NCTFBD) volunteer has been interviewed. The same

strategy has been applied for data collection in the rural areas of Jagannathpur and Tahirpur Upazilla. A Family Welfare Assistant at the local Family Planning Centre and a Medical assistant at the local Shurjer Hashi Clinic have been interviewed from Jagannathpur and Tahirpur Upazila's rural areas. 3 male and 3 female teachers along with 1 male and 2 female CBO workers were interviewed to understand the different points of view of both sexes. As rural female guardians had more connectivity and attachment to the sex education or sexuality of their adolescent girls, all of the guardians interviewed were female. The male guardians have also been approached to give their opinion but they didn't agree to talk about these issues.

2.2.3. RESEARCH METHODS

- Literature review

To understand the sex education and contraceptive knowledge among female adolescents in our country and how they acquire this knowledge from time to time from family or educational institutes rigorous literature review has been done initially. These pieces of literature such as government publications, public records, historical and statistical documents, books, journals, thesis papers, dissertations, conference papers, newspapers, and project papers shaped the research gap about the existing education of sex or contraceptive knowledge in rural areas of Bangladesh. The survey reports, the policy analysis reports, and government databases have been explored for revisiting the laws and policies determined for the target group. Moreover, newspapers and social media platforms have been dug out to understand the social and cultural perceptions of the research issue.

- In-depth Interview (IDI)

The in-depth interview aims to use the one-to-one, face-to-face setting to allow the interviewer to probe into the respondents' beliefs, attitudes, and opinions to facilitate greater meaning and understanding (Hackett, Schwarzenbach & Jürgens, 2016). In this research, the level of sex education and contraceptive knowledge provided by family or educational institutes institute have been identified and explored. As the sociocultural perspective towards talking about sex or contraception is not welcoming in the rural areas of Bangladesh in-depth interview method has helped to get the unspoken experience of the unmarried female adolescents along with the awkwardness while they were talking. Also, to locate the contribution of families, educational institutes, and community-based organizations, guardians, teachers, and stakeholders have been interviewed about the issue. all of the interviews took place with open-ended and explanatory guidelines. The questionnaire followed for an interview with the adolescents was unstructured and for other respondents, it was semi-structured.

- Focus Group discussion (FGDs)

One of the major concerns of this research is to know if the unmarried adolescent girls had sufficient SRHR information to be prepared for sexual behaviour and consensual rights. For that, the sociocultural perspective toward sex education among unmarried female adolescents was explored in this study. While in-depth interviews pointed out the individual experience of each participant, focus group discussion gathered three different groups of female adolescents from separate rural areas to share their experiences about sex education and contraceptive knowledge in this research. Through focus group discussions their behaviour while being in a group, similar experiences, and group discussions about any case have been identified and explored (Morgan, 1988). The participants either agreed or disagreed with each other which provided insight into how the group thinks about the issue. Also, focus group discussion has been useful in providing a wide variety of different opinions of different research site's respondents.

- Observation

In this research, the unstructured observation method has been followed to understand the participant's non-verbal behaviour while interacting through an interview or FGD. This method has helped to explore the behavioural pattern of the respondents through talking manner, expression, the dilemma of talking, hesitation, and touching (Ciesielska et al., 2018). As one of the research objectives was to understand their cultural understanding of the sex education and contraceptive knowledge of the target group, the observation method helped to understand the actual feelings of the female adolescents while talking about this issue. In the focus group discussion, how the participants face peer pressure, and how they feel shy while talking about the term 'sex' or the idea of 'contraception' was located through the observation method. How the teachers and parents talked about this issue while the interview was going on, at some points, they kept their voices down. It showed they want to keep this issue private and do not feel comfortable talking about it loud. A research assistant ensured to observe and note taking in the FGD, while the researcher moderated and facilitated it. In this study, these observational data have been used to contextualize the findings of the study to make them more relevant according to their culture.

2.2.4. DATA ANALYSIS

The collected data from all the research sites have been tape-recorded with a proper audio recording device. All the tape-recorded data were transcribed verbatim in Bengali and then translated into English. Transcriptions have been cross-checked with the recordings. A code list has been prepared according to the research objectives and the findings that were followed during coding. The observation notes which

have been taken during fieldwork have been used for analyzing the data to enhance the background expressions of the respondent's speech. A data display spreadsheet has been developed based on the clustered themes which emerged following similar coding patterns and interpreted the findings relying on thematic areas. For the collected data analysis, extra emphasis was given to manual data sorting to avoid losing data while data extraction.

2.2.5. ETHICAL CONSIDERATION

Ethical approval was an important element in this research keeping in mind the existing socio-cultural sensitivity of the research topic. Proper consent has been taken from each respondent before the interview. Respondents were asked if they agreed to let their speech be recorded. Interviewers informed the respondents about the study's purpose and the necessity of their participation. Confidentiality has been maintained with personal information and identifications. All the participants read the consent paper first and then gave their consent by signing the consent form.

2.3. THEORETICAL FRAMEWORK

This researcher has analyzed Foucault's theory of discourse to understand the discourse of sex education and contraceptive knowledge. Sex is woven throughout the speech, as demonstrated by Foucault (Khan, 2018). In this study, it has been found that restrictions on sex education and contraceptive knowledge are demonstrated by schools, families, and community-based organizations. In spite of restrictions or repression, Foucault observed that sex discourse is nonetheless prevalent (1978). The structures of authority, including schools, use "institutional incitements" to shape speech as their own prevalent view of sex (Foucault, 1978). As a result, the term sex becomes a discourse. In European and other civilizations, sexuality is the most discussed issue and is not as taboo as is typically believed. However, in Bangladesh, this discussion of sexuality and contraceptives occasionally reproduces some facts while suppressing others (Khan, 2018). When tales are "told" and "retold" by adults in the ways we now communicate and write about children, sexuality is nurtured (Foucault, 1991). This study revealed that the tales create misconceptions and constructed information among unmarried female adolescents which directly impact their sexual and reproductive health causing unwanted pregnancy and abortion. This study revealed that, by not letting inform about accurate information about sex, and limiting the knowledge in the classroom by saying 'Read the reproduction chapter at home' (IDI_41_Teacher_Sunamganj Sadar), the knowledge providers govern unmarried female adolescents.

2.4. CONCEPTUAL FRAMEWORK

The conceptual framework has shown how knowledge provider institutions such as families, educational institutes, and community-based organizations limit sex education and contraceptive knowledge for unmarried female adolescents. The construction of existing sex education and contraceptive knowledge by guardians of the family results in limited information, awkwardness and shyness to share, and restriction of free mixing. On the other hand, educational institutions name only academic terms but don't explain them, which results in confusing concepts. At the community level, community-based organizations lack programs to implement and proper guidelines to follow. Overall, these issues result in insecurity, unwanted pregnancy, less consciousness about rape, misinterpretations, and a lack of awareness about contraception and other measures to avoid pregnancies for unmarried female adolescents.



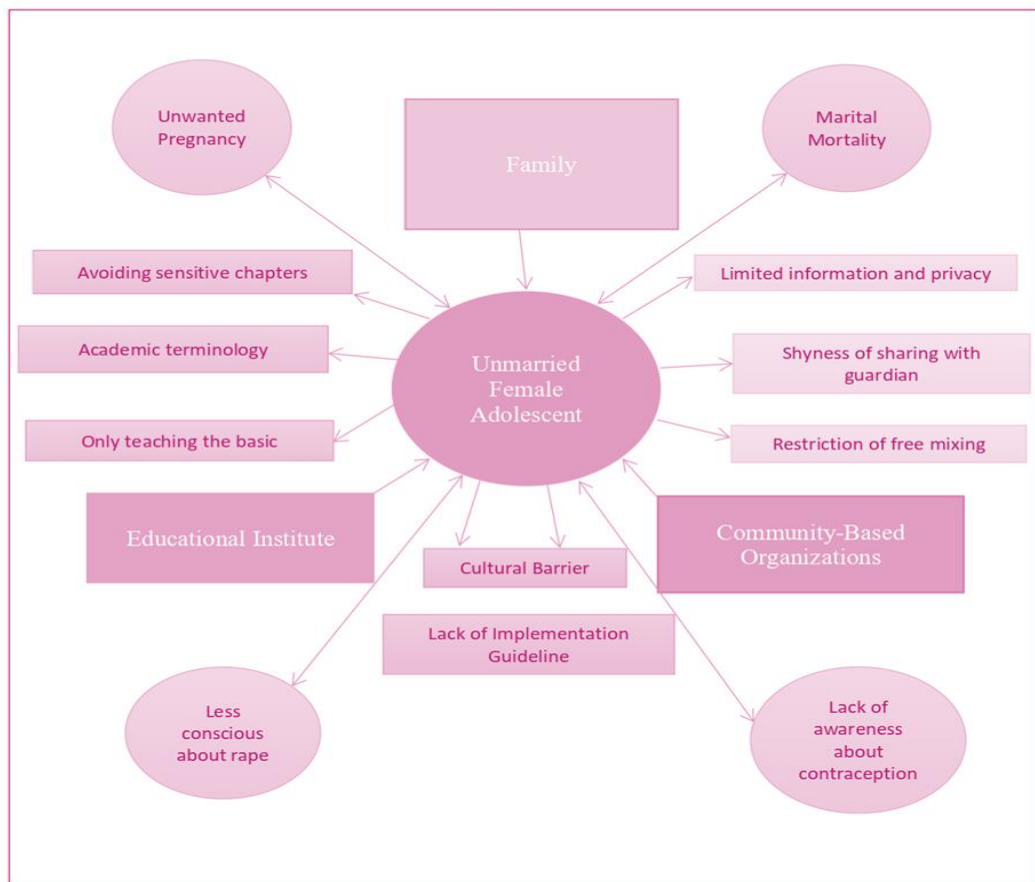


Figure.1: Conceptual Framework of consequences regarding lack of sex education and contraceptive knowledge of unmarried female adolescents.

3. RESULTS AND ANALYSIS

3.1. SOCIO-DEMOGRAPHIC INFORMATION OF THE STUDY PARTICIPANTS

In this study, a total of 15 unmarried adolescent girls were interviewed. Among them, five fathers of the participants are engaged in native agriculture, and two more hold jobs in Sunamganj city, the rest eight of them live abroad and work as immigrants. This study found that unlike every other rural area of Sylhet division, Sunamganj district's most family expenses are run by their immigrant father's income.

One of the inclusion criteria of the participants was those who had been educated at least till high school, among all the 15 participants, 7 adolescents were students of 11th or 12th grade, 5 adolescents had been reading in class 10, and 3 of them were students of class 8. They study in the local school or college in their living area. The reason for choosing the school or college students is to identify and explore sex education and the contraceptive knowledge they are given by their educational institute. At the same time, family as a major institution plays a vital role in forming their knowledge regarding the issues. Most of the participants belong to nuclear families. Only three of the participants belonged to joint families. According to the three adolescents, living in a joint family gave them a chance to overhear the conversations of adults about contraception, pills, and condoms.

Furthermore, they can share their thoughts and questions about their physical change and periods with their elder sisters, senior cousins, or aunts. On the other hand, adolescents who belong to the nuclear family mostly stay alone at home or with their mothers. According to them, the questions or the thoughts they face about sex or contraception they can't be able to share with their parents, as they are not comfortable enough. Exceptionally one adolescent said she was more comfortable talking about these issues with her father than with her mother. Nuclear family adolescents either talk about these issues with their friends else they don't talk about them at all. All the participants were aged 14-18 years old. All of them have already faced their menstruation cycle, which made it easier for the interviewer to talk about sex education and contraception with them. Two of the participants have been involved in a local organization as a volunteer working for adolescents' health. They only joined two meetings with the organization, and don't know much about the activity.

⁴ This conceptual framework was done by the author via Microsoft Word and inserted here as JPG image.

Socio-Demographic Information

Age of the respondent	Educational Status	Family Type	Father's Occupation	Sharing Partner
<ul style="list-style-type: none"> 14-18 Years Old 	<ul style="list-style-type: none"> 8th Grade- 12th Grade 	<ul style="list-style-type: none"> Nuclear Family Joint Family 	<ul style="list-style-type: none"> Immigrant Farmer Unskilled Labour 	<ul style="list-style-type: none"> Friends Elder Sister Cousin Mother

Figure.2: The socio-demographic information of the participants unmarried female adolescents

3.2. SEX EDUCATION

One of the specific objectives of this research was to perceive about sex education provided to unmarried adolescent girls in rural areas of Sunamganj along with understanding the sociocultural perspective towards it. Four themes of argument have been identified in regarding exploring the existing sex education of the target group. The statements of the participants of the study and the observation of the researcher would be used to justify the discussions and findings.

3.2.1. "DOES KISSING MEANS SEX?"

This study identifies that sex is a 'bad' and 'forbidden' concept among the participants. Even while talking about sex, the participants seem frightened and awkward. Most of them deny hearing the term 'sex' in the first place. While the awkwardness was stopping them to acknowledge their thoughts about sex, they were asked about menstruation. All of them had already had a period. After the conversation about period cramps and their learning about the period, most of them said that they heard a little about sex from their books. One of the respondents said,

"I have never heard anything about sex. I just know these are bad things. But in the biology book, I have heard about the zygote. Additionally, my friends told me that sex happens after the kiss. Does kissing means sex?"(IDJ_16_Female Adolescent_Tahirpur)

According to most of the respondents, they first got to know about sex from their biology and physical education book in 7th grade. In the biology book, there was a chapter on chromosomes. In that chapter, they first saw the word Sex. But it wasn't explained, rather the only thing that was written in the chapter is that sex is a way of enhancing the race of human beings. One of them said,

"All I learned from biology class is when an egg cell meets with the sperm zygote that gets formed. It has been written that the zygote is the way to increase the human race. But I thought it was just another organ of the human body."(IDI_17_female adolescent_Sunamganj Sadar)

Two of the participants said that they heard about sex from their married friends. They got to know that sex happens when a boy touches the sexual part of the body and resulting in pregnancy. But they didn't get any further idea about it.

"My friends used to talk about these things. It's a strange, bad thing. We have to protect ourselves. When I first came to know about sex, I learned how bad it is. I heard that, if a boy touches a girl's lower part the girl gets pregnant"(IDI_15_Female Adolescent_Jagannathpur)

According to most of the participants, it's a forbidden thing, and knowing about it is worse. The reason behind it might be the way they first got to know about it. Some of the participants proclaimed the incidents by which they got to know about sex first. One stated,

"My cousin once eloped with a boy. After two days she came back home. Then after some months, her parents took her to the hospital. Later I found out that she became pregnant. I didn't understand at first how this could turn out to be a pregnancy. But my cousin explained it to me. That was the first time I got to know about the sexual relationship between boys and girls."(IDI_16_Female Adolescent_Tahirpur)

One participant expressed that she learned about sex from watching porn accidentally. After sharing this matter with her mother, she was told to forget about the experience and not to talk about these things.

"Once a female neighbour came to our place. She told me to fix her phone as she was facing some technical issues. When I checked her phone I saw a bad video. Later I told my mother. She reacted to me and told me not to think or talk about this thing. I asked my mother what they were doing in the video. My mom told me that I would get to know all these after my marriage. (IDI_15_Female Adolescent_Jagannathpur)"

Visibly, the first encounter with the participants with sex education wasn't like any other normal knowledge. Either they became more confused about what is sex, or they learned it's a forbidden and shameful issue that should not be discussed.

3.2.2. SEEKING KNOWLEDGE ABOUT SEX

According to most of the participants of this study, after the first encounter with sex education, they didn't try by themselves to know more about it. Most of their reason for this situation was the negative reaction they got from the other side. One of them stated,

"In our Home Economics book it was written that during the puberty period, everyone should stay away from sex. We asked the teacher what is sex. She didn't explain anything about sex. And I never asked her after that. But she suggested we get along with our male friends the way we spend time with our female friends."(IDI_15_Female Adolescent_Jagannathpur)

Not only the educational institutions but also the family members make the environment uncomfortable for female adolescents. Even asking repeatedly makes the situation worse. While talking about this situation at home, one participant also talked about how her older sister was judged for her premarital love affair by her mother. As a result, she became more frightened to ask these 'sensitive' questions to her mother. Another participant told how her father stopped talking with her after she question him about sex. She said,

"As my father taught me many things, like how to understand people, and how to roam around safely on the road, I am closer to my father than my mother. Once I had seen a bad video accidentally, then I asked my father what they were doing in it. But my father got angry and stopped talking freely about these things with me." (IDI_16_Female Adolescent_Jagannathpur)

Still, knowledge-seeking behaviour is an obvious trade for adolescents, as they are all in their puberty period. Participants also seek sex-related knowledge from their peer group and senior cousins. According to several of them, they are less judged when asking anything from their reliable friends or cousin. One participant explained an incident about this,

"A boy once showed me his middle finger. My friend told me it was a bad sign. I couldn't understand what that meant. Then I asked my elder cousin about it and she said that this sign means sex. I wouldn't understand it if couldn't ask her about it" (IDI_17_female adolescent_Sunamganj Sadar)

Despite the unwelcoming environment, one participant stated how she was able to get connected with the local volunteer meeting of the National Children Task Force Bangladesh (NCTF BD). During this meeting, she could know other people's perceptions about Sexual health and knowledge though she didn't have enough idea about all of these. She stated,

"There is an organization named NCTF that works here through online meetings. They asked us about sex. But we couldn't answer. They asked if anyone tried to rape or eve-teasing us anyhow or not." (IDI_15_Female Adolescent_Jagannathpur)

3.2.3. SEX, RAPE AND MARRIAGE

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3.2.4. PERCEPTION TOWARDS SEX EDUCATION

The perception of the participants has been found diversified regarding sex education in this study. The observation method helped the researcher identify the behaviour and body language of the participants while talking about sex. Almost all the participants seemed nervous and shy while talking about sex. When they were asked anything during the focus group discussion, they were looking at each other first and then expressed their thoughts. From that point of view, it’s understood in this study that the perception of sex education is commonly generated by social surroundings and peer groups. One participant stated,

“I heard that it’s a part of our life. Now I know that people get attracted biologically to their opposite sex. My friend told me that when a girl and boy come close this happens. But first, they need to be connected mentally. Their thoughts need to be matched; they need to have respect for each other. It can’t be forceful. Of course, this is a matter of consent.” (FGD_16_Female Adolescent_Sunamganj Sadar)

The way she explained oral and mutual respect of sexual relations, reflects a rational perception of sex education. But not every participant has a similar perception about it. A participant has stated an incident in her school where all the students agreed not to read these things in class. She stated,

“In our Physical Education book, a chapter was on puberty and physical change. The class was a combination of boys and girls. When the teacher started to read the chapter, everyone started laughing. That’s why the teacher skipped the chapter and told us to read ourselves.” (IDI_17_Adolescent_Tahirpur)

Another respondent shared a similar statement,

“At school in February month, our seniors were taking our biology class. They were teaching us why and how a girl gets pregnant. Our teacher heard this and she forbade the senior not to teach us these.” (IDI_15_Female Adolescent_Jagannathpur)

The situation gets worse when the conscious adolescent who digs into all the information about sex regulations or sexual relationships, is judged by her peer group or surroundings for her rational perception of sex. In a focus group discussion, a participant pointed to another participant and said,

“She used to tell us many things about sex, how our body changes, and why periods happen. She used to dig for information through her elder sister about all these. But along with other girls, I too judged her for a long

time. But recently I have faced a menstrual difficulty, so she helped me a lot. I now know that talking about sexual issues is important. We can help each other.”(FGD_16_Female adolescent_Sunamganj Sadar)

When the participants were asked how society and the surroundings treat unmarried adolescent who expresses curiosity about sex education, every participant stated that society doesn't take it well. According to them, in the existing culture people define it as 'forbidden' and 'things only married people talk about.' One of the participants said that

“My aunt was talking about pregnancy and I was there. She didn't want me to listen to the conversation so she told me laughingly, “as you are not pregnant you won't understand all these talks.” (IDI_17_Female_Adolescent_Sunamganj Sadar)

This study finds out the fact that all of this 'hides and seek' about knowledge of sex results in the limited perception of sex among female adolescents. Even they don't understand where the misconception is. After the focus group discussion (off the record) some participants asked the interviewer about masturbation, homosexuality, and different terms they have heard a little from here and there but don't have any constructive knowledge particularly. The confidentiality of the education about the issues is making them believe colourful fake stories and rumours. During the focus group discussion, a participant stated,

“I have recently heard the news that in Dhaka, girls were having sex by the eggplant. I was astonished by hearing this. Yet I don't know how it is possible.” (FGD_17_Female adolescent_Sunamganj Sadar)

3.3. CONTRACEPTIVE KNOWLEDGE

Unlike sex education, contraceptive knowledge is found to be another 'forbidden' and 'shameful' discussion among adolescent girls. The observation method identified the awkwardness of the respondents while talking about contraception. Some of them didn't want to talk about it so the interviewer had to skip the issue.

3.3.1. TALKING ABOUT CONTRACEPTION

Most adolescents have heard about condoms and birth control pills but don't know much about their uses. Like sex education, contraceptive knowledge is considered the after-marriage information in society. Several participants have known about contraception methods or birth control systems from social gatherings of married women.

“In our joint family, whenever all the women are together, they talk about marriage, baby, or about these things. One day I heard my aunty saying to my mother that my uncle is not using condoms anymore. She also

said, she doesn't want to conceive another baby right now. I couldn't understand what a condom is and what the relation of it is to having another baby.”(IDI_17_Female adolescent_Tahirpur)

Participants don't have an idea of how to control giving birth. Some of them also don't support the idea of contraception. One of the respondents said,

“Children are the gift of Allah. No one should stop the way of a child to come to the world.” (IDI_16_Female Adolescent_Jagannathpur)

Sharing and talking about contraception is unthinkable and participants are not even allowed to read these chapters at school.

“Teacher never talked about these things. When that chapter comes, they tell us to read by ourselves.” (IDI_16_Female Adolescent_jagannathpur)

A participant learned about the birth control system while going through some papers at her home. According to her, she couldn't share these things because of shame with her friends.

“My aunty works in family planning. One day I saw leaflets about condoms, pills, and different birth control systems. I saw a picture of a condom there. But I didn't share it with anyone. I am just letting you know about the incident.” (IDI_17_Female adolescent_Sunamganj Sadar)

When she was asked if she has asked her aunts about all these, she said,

“If I ask my aunt anything, they will think that I don't have any shame.” (IDI_17_Female Adolescent_Jagannathpur)

According to several participants, talking or asking about contraception is hard because people would judge their character by that. Participants explained if an unmarried girl questions anything about contraception people instantly think she is involved in sexual relations.

“If we ask these questions, people would call us spoiled. If more people talk about these, they won't let us in. It doesn't feel good. Because we have too many questions but don't have the right answer.” (IDI_16_Female Adolescent_Jagannathpur)

This fear of being judged discouraged them from knowing further about these issues. As a result, the information they hold is not intense. Most of them only know the names of some contraceptive methods, not more than that.

“Else I know about tablets. Also, I knew from my sister about 'Kathi'. I don't know how to use it. I just heard the name.”(IDI_17_Female Adolescent_Tahirpur)

3.3.2. “MY FRIENDS MAKE FUN OF GIFTING CONDOMS TO EACH OTHER”

As a condom has been the most heard contraceptive method by the participants, they were asked to explain what they think a condom is. The perception they hold about condoms reflects the cultural barriers they face in reaching proper knowledge about contraception. A participant stated,

“First I learned about condoms from CID. There was an episode where they find the murderer (while investigating the condom was evidence) through the condom. But I couldn’t understand what a condom is.”(IDI_17_Female Adolescent_Tahirpur)

One of the participants stated that she knows about condoms from television. When she was asked about what she knows, she said that

“All I know is women use this thing. I have seen this on pharmacies and television, in different advertisements. Normally women's voices talk about this in the advertisement, so I think women use it to not get pregnant.” (IDI_16_Female Adolescent_jagannathpur)

According to the participant, as the advertisement’s background promotion lines are pronounced by women's voices, condoms are used by female users. Such types of confusion spread out through the peer groups. After an FGD session, one of the participants hesitantly asked the interviewer if the product which normally has a men’s body picture in the packet and is displayed in the pharmacy is a condom or not. When the interviewer asked why she has asked it, she explained,

“My friends make fun of and say that they would give condoms to each other. One day I asked them what a condom is and they started laughing but didn’t explain what it is” (FGD_17_Female adolescent_Sunamganj Sadar)

Such confusing statements and representations of condoms create so misinformative knowledge that when the actual information is reached to the target group, they can’t take it easy. A participant explained that once she used to think that a condom is a balloon. But she now knows it’s not a balloon. She shared her first experience of knowing what a condom is,

“When one of my friends told me that the condom is a plastic which prevents boys’ sperm, I was so surprised. I shouted after hearing it.”(IDI_17_Female adolescent_Sunamganj Sadar)

3.3.3. MISCONCEPTION AND RESTRICTION

Not only condoms have created a confusing concept in the study, rather the whole contraception is a mysterious thing to the participant. This research has found that the restriction on the information about

contraception shapes the misconceptions about contraception. Several participants explained the fact that they had no idea that not being pregnant there can be diversified ways. Some participants said that they have heard the term ‘birth control system’ from the interviewer during the interview. Others have heard the name and know some pieces of information. A childhood misconception was found in the process of FGD commonly.

“When we were younger we used to buy balloons from the local shop. After growing up, our male friends told me that these were condoms. They didn’t explain to me what it is. But I could guess from their gesture that it’s not a nice thing. (FGD_17_Female adolescent_Sunamganj Sadar)”

These misconceptions come from the restrictions of the information.

“A chapter about birth control systems was in our Biology book. One day I was reading a chapter in class. But everyone started laughing,. I felt so shy.” (IDI_16_female adolescent_Sunamganj Sadar)

Even when someone wants to break the loop of privacy, and talk about all these, the surroundings don’t approve of it.

“Once my younger sister asked my uncle if a baby comes from the mother’s belly and why she would call the father a guardian. But my uncle couldn’t have said it properly because of the awkwardness. He didn’t understand what to say to her.” (IDI_17_Female adolescent_Sunamganj Sadar)

As a result, all those misconceptions and restrictions make female adolescents judgemental and reactive when their peer group shares a piece of information about contraception.

“I used to talk about these issues with my friends. But they judged me several times. Recently I have known that a condom has been invented to prevent rape. When I share this information with my friends, they judge me. Just one of my friends took the news positively. The thing is, we become judgemental to the person who is conscious instead of being conscious about the issues.” (IDI_17_female adolescent_sunamganj Sadar)

3.4. KNOWLEDGE PROVIDERS PERCEPTION

Except for the target group, this study has also interviewed knowledge providers such as local guardians, teachers, and workers from local community-based organizations. The objective of this step was to understand their perception and the provided knowledge by these knowledge providers.

3.4.1. FAMILY

Normally family is the major place of trust and sharing for a person. Whenever it comes to sexual orientation, an adolescent family is supposed to be responsible and educated. In this study, most of the participants exclaimed that the family is not the place they get sex education and contraceptive knowledge. Rather they share their questions and thoughts mostly with their friends and peer groups. The same information came from interviewing the local guardians.

3.4.1.1 SHAME AND PRIVACY

While interviewing the guardian (mostly mothers) it has been seen that they were comparatively shy than the target group talking about sex education and contraception. The shyness and the privacy they maintain with their adolescent girls were visible throughout their interviews. Added to that, they maintained proper privacy by lowering their voice and keeping their eyes conscious while talking.

But it has been found in this study that mothers are not interested or think it is necessary to talk with their unmarried adolescents about the concerned issues.

“I won't talk about all these. I feel shy talking about these topics with my daughter. If she had an elder daughter then she might share all these. But not with me.” (IDI_42_Guardian_Sunamganj Sadar)

Not only the mothers of the adolescents are not interested but also, those who share such things and talk about these are not appreciated by them

“There are many relatives in my surroundings who would sit together and talk about these. But I don't have the time.”(IDI_41_Guardian_Jagannathpur)

While talking about menstrual health even then they keep proper privacy with their daughters, as they have male family members. No one of the participant guardians ever taught anything either about contraception or sexual relations with their adolescents. Even if their daughters ask them.

“My daughter once asked me what those balloons were in our drawer. I told her not to touch them and not to ask further about it. It would be so embarrassing to teach about condoms.” (IDI_38_Guardian_Sunamganj Sadar)

3.4.1.2 THE MORE KNOWLEDGE THE MORE SIN

One of the common perceptions toward sex education has been found by the guardians was that, the more anyone would know, he/she would be more curious to do this practically. This research has identified that, along with shyness and privacy, the fear of any ‘accident’ or unwanted happenings compelled parents not to talk about the concerning issues with their adolescents.

"I tell my daughters to be safe. The days are not safe out there. But they shouldn't be aware of any sexual things. Because the more they would know, the more they would be interested in doing it."
(IDI_41_Guardian_Jagannathpur)

Even female adolescents have shared the same opinion about this perception of their parents. One respondent said,

"Though learning is so important for us, still our parents or the teachers don't explain those things to us. I think they probably think that the more we would know, the more we would be interested in doing practically everything." (IDI_15_adolescent_girl_sunamganj Sadar)

Another adolescent proclaimed,

"Nowadays in our society people only take the negative side. When girls ask questions relating to sex these questions, they react like it's a crime. Even my mother tells me, you are asking about these (contraception) which means you are doing these things and don't want to get caught. Everyone thinks like that."
(IDI_17_Adolescent_Tahirpur)

A guardian has explained by herself, how she stops her adolescent to be away from knowing about sex.

"That's why I don't let her spend much time with the married girls. Also, whenever I see them together, I call her and tell them to do household chores so that she doesn't get time to talk with them. Nowadays, girls are eloping with their lovers and getting pregnant before marriage. If they don't get a proper idea, of what happens between boys and girls, they won't be interested in such bad things."(IDI_35_Guardian_Tahirpur)

Also, a case described by a guardian about how a female adolescent has to face unwanted pregnancy is stated below.

Case 1- Unwanted Pregnancy

"One of my relative's daughters is aged 13 or 14. Recently she has been staying 2-3 days with a guy. She did that secretly. Her mother sent her to me, because of the flood. But after coming to my place, she did that. 10 or 12 days after the incident, she started vomiting. We asked her why she is not eating. We cooked good food for her, but she wasn't eating properly. Then she told me that she didn't have menstruation for two months. I asked her if she had done any bad thing to anyone. She said that she didn't. I gave her medicine and she ate that. But the vomiting didn't stop. After taking her to the doctor, the doctor told us to do her ultrasonography. Then we got to know that she is months pregnant. I talked with her mother and she told me to abort the baby... I did that. I had nothing else to do. But only because she got influenced by the boy, did she take the courage to commit this sin. That's why I became more aware of my daughter to keep secrecy about these issues."(IDI_45_Guardian_sunamganj Sadar)

3.4.1.3 AFTER MARRIAGE DISCOURSE

In this study, the most seen perception of guardians against sex education of adolescent girls was the fact that they are not married. It has been found that initially, guardians don't feel the urge of giving sex education to their unmarried daughters. According to them, this is unnecessary if they are not even married.

"Why would I talk about all these? I didn't marry off my girl. After that, I might discuss condoms or pills with her."(IDI_41_Guardian_Jagannathpur)

Another participant said,

"What's the need to talk about these with the girls? They are going to be married one day. Then they would decide about their contraception and know all these."(IDI_45_Guardian_sunamganj Sadar)

Even if the guardians talk about all sexual relationships with their daughters, they use the phrase 'after marriage' instead of 'sex'.

"I told her that your grandparents stayed together when I was born. When I and your father stayed together, you were born. Whenever you get married you would do the same. This won't take place without marriage."(IDI_35_Guardian_Tahirpur)

The chapter, Sex, Rape and Marriage of this study have explained, how terming sex as marriage can make confusion about sex and pregnancy in an adolescent's thoughts. As a result, the concepts can't be separated from adolescents' thinking and they can't be accurate about how marriage can make someone pregnant.

3.4.2. EDUCATIONAL INSTITUTE

Educational institutes are supposed to play a vital role in sex education and contraceptive knowledge. In this study, it has been found that educational institutes refer to the concerned information academically through biology, physical education, and home economics classes.

3.4.2.1 ZYGOTE, EGG, SPERM, AND OVARY

During the interview with the teachers of female adolescents, it has been found that the curriculum of high school and higher secondary school includes information about male and female sexual organs, breeding, pregnancy, and contraception. According to them, the curriculum has included information according to the age of the students.

In this scenario, the teachers who were participants explained that while they teach the specific chapters about reproduction, they talk in academic terms. Mostly they pronounce Zygote, Egg cell, or Sperm while talking about sex. The term sex is not usually mentioned, rather the term reproduction is pronounced.

According to the teachers, the process of reproduction is not explained in the textbook, but rather how the Zygote forms after reproduction are explained. One teacher stated,

“I talk about the female and male reproductive systems. At school level, the chapter is about sperm and egg cells. A detailed description is given of the male reproductive organ. What is the name of the organs, the function of the organs, and how the sperm is generated, all described in the HSC syllabus. Even the female reproductive system’s knowledge is there as well. Then the process of intercourse is described in detail in the chapter. But in the SSC Syllabus, the curriculum has skipped the whole male and female reproductive studies, so no student can understand the activity of the organs. In the SSC textbooks, sperm and egg cells are directly written. So no one can understand from that, how a zygote is formed, how a female body gets ready for pregnancy, or how the development of sperm or egg cells is happening.” (IDI_29_Biology teacher_Sunamganj Sadar)

Some participating teachers expressed the reason for using the academic term in the class. According to them, the commonly used terms might help the students understand the actual process or information about sex, but teaching them with academic language stops the students from being awkward. One stated, “Whenever I teach them, I normally pronounce the academic term. I don’t describe the organs much. I paint the figure to explain the development of the sperm or egg cell and teach them as much as their syllabus holds. Because the chapter is already sensitive. If I ask them specifically anything about the private organs they would be awkward which might hamper my teaching.” (IDI_29_Biology teacher_Sunamganj Sadar)

When the participant teachers were asked if the academic terms are stopping the students from understanding the actual information or not, several of them expressed assertiveness. According to them, the curriculum doesn’t explain entirely sex. In biology textbooks, the diversified biological terms specify sex. But in physical education or Home Economics books, there is no chapter neither about sex or contraception. When a teacher was asked why don’t the curriculum includes all the detailed information, he said,

“I think the main barrier is societal obstruction. Most of the students don’t even learn in class how the reproductive system works. They know about sexual intercourse and know that after sexual intercourse a woman would become pregnant, but not more than that. They don’t know the procedure, the internal body function, or the risks.” (IDI_42_Home Economics teacher_tahirpur)

3.4.2.2 CULTURAL OBSTACLE

Along with the language barrier, cultural norms are one of the major reasons for filtering knowledge in educational institutions. According to most of the teachers, the religious values and cultural complexity of sex education in our society prevent them to talk about these issues in class. One of them said,

“There is no scope here for teaching these issues. These topics don’t exist in the chapters as well. So, we can’t bring the topic out of the blue. Yes, we are trained about these issues. But in this rural area, the environment is not comfortable enough to talk about these things in class.” (IDI_35_Biology Teacher_Sunamganj Sadar)

A participant explained that she is influenced by the recent trends of getting viral through social media. She explained that she is afraid of the fact that if she teaches issues like sex or contraception in class, people would judge her.

“If we talk about sex or condoms in the class this would be an issue. The teaching profession is at stake now. We are bound to talk very consciously now. Suppose, we say something like that in the class, maybe a student of ours would protest against it. Nowadays everything becomes viral through Facebook.” (IDI_35_Biology teacher_Sunamganj Sadar)

Despite these hostile situations, two of the participant teachers explained how they intended to make the girls and boys students in their classes before teaching the reproduction chapter. One stated,

“Because of the cultural sensitivity, we try to make the girls and boys comfortable around each other. Sometimes, we tell girls to seat next to males. And the same for boys. The thing is, as much as they would treat them differently, the awkwardness would remain the same.” (IDI_41_Biology teacher_tahirpur)

3.4.2.3 STUDENT'S CURIOSITY VS. STUDENT'S RESISTANCE

In this process of knowledge providing, teachers' concern remains about how the students are responding throughout the discussion. This research found that students' reactions are diversified when the teacher provides information about the concerned issues. According to several teachers, the students seem so interested in the topic.

“They are much interested to learn about sexual orientation and rights, I understand this from their body language. In our society, we are neither comfortable enough to share sexual conversations with our family nor don’t show their curiosity publicly. But from their expressions, I understand they have immense curiosity about sex education. For example, in one of my classes, I didn’t explain to them about male contraception. They remembered it and asked me for an explanation for the next class.” (IDI_31_Biology Teacher_sunamganj sadar)

But most of the teachers said that students don’t feel comfortable while the chapters are read in class. Which they show by laughing or whispering in class.

“Normally students hear about these things in the class and they show different signs to each other. There are situations that you can't handle.”(IDI_45_Physical Education Teacher_Jagannathpur)

According to one of the teachers, female students resist her teaching the chapters in the class. The reason she stated this behavior is the presence of male students in the class.

“Students normally don't feel comfortable about these sensitive topics. Sometimes the female students want to ignore the chapter. They give me signs to stop. I understand their situation, as there are boys in the class as well.” (IDI_33_Physical Education Teacher_tahirpur)

When the teacher was asked how they handle the resistance, most of the teachers (especially females) said that they should stop reading and tell the students to read the chapter at home. But one teacher stated that

“Actually I am a tough teacher. I don't let them make fun of anything in my class. Before starting the class I tell them to get out if they feel awkward about the topics. Either they have to leave the institution” (IDI_31_Biology teacher_Sunamganj Sadar)

3.4.3. COMMUNITY-BASED ORGANIZATION

Among the knowledge-providing institutions of the society of Bangladesh, different community-based organizations work for several communities. Among them, diversified governmental and non-governmental organizations are supposed to work for adolescents' sexual and reproductive health, especially for females. In this regard this research has interviewed three vocals from different community-based organizations from the three different research sites to intervene in the existing activity they conduct for the betterment of female adolescent's sex education and contraceptive knowledge.

3.4.3.1 THE GAP IN PLANNING

Everyone's access to a high-quality education is required, according to the 2010 Education Policy. It is important to keep in mind that the current National Strategy for Adolescent Health, 2017–2030, was developed with the idea of human rights and places a high priority on the youth health agenda. The stated objective of the plan is as follows: "By 2030, all adolescents have healthy and fulfilling lives in environments that are socially safe, supportive, and provide access to all information, learning, and services." But the planning creates a major gap, while in the local territory.

In this study, according to the concerned body from the local Family Planning Institute of Jagannathpur, firstly there is not enough planning for adolescent health in the planning of the office. The only thing they provide to female adolescents is the Tetanus vaccine.

“In the village female adolescents know a little—similar to ignorant. They don’t ask anything about sexual health. We only provide them with the Tetanus vaccine. We also don’t explain anything to them as they don’t seek the knowledge.”(IDI_36_FWA_Jagannathpur)

Also one of the female adolescents has similar information about the service of the local Surjer Hashi Clinic, *“I have seen a worker (Shasthya Shebika) from Surjer Hashi Clinic come to our area. But she only talked about contraception for married women. They provided Sanitary pads, condoms, and pills.” (IDI_16_Female Adolescent_Jagannathpur)*

When a local Medical Assistant was asked if the program for the female adolescent includes anything related to giving sex education and contraceptive knowledge or not, she said that

“About contraception, we talk only with married women. As they are married, they need the information. But with adolescents, we mainly discuss menstruation and sexual health. We don’t have separate agenda for sex education for adolescent females.” (IDI_30_Medical Assistant_Shurjer Hashi Clinic)”

Despite the fact that regional community-based organizations don’t provide any significant knowledge regarding sex or contraception, National Children Task Force Bangladesh provides training twice a year, to female adolescents about sexual safety, contraception, and self-defence. In the interview with the regional volunteer of NCTF BD, she explained their activity as such,

“We get the training twice a year. The whole committee arranges a meeting online and then the training takes place. Some adolescent females attend the meeting. We talk about sexual health, contraceptive knowledge, and period with them. They share their experience with us. If they face any problem like eve teasing or something like that, we try to solve it.” (IDI_28_Regional Volunteer_Sunamganj Sadar)

3.4.3.2 CHALLENGES IN IMPLEMENTATION

While the gap is wide enough in the programs, the implementation isn’t enough generally. The carelessness of the field investigator had been well visible in giving sex education to the female adolescents.

“We can’t tell them much in detail. The internet has made everything so easy. They can learn from there” (IDI_30_Medical Assistant_Shurjer Hashi Clinic)

According to the NCTF BD volunteers, there are several challenges they face when implementing their programs.

- Lack of communication with adolescents from rural areas. As they can't get inside every locality of an Upazila, there is a huge target population they can't reach properly.
- Sex Education and contraceptive knowledge don't consider enough important discussion in national policy and interventions. As a result, not many programs are specified for female adolescents regarding the issue.
- Absence of long-term projects in local rural areas has been stated as another reason.

In the words of a local person from Surjer Hashi Clinic,

"I think the policymakers should emphasize this issue. If there can be separate interventions only for their sexual health and reproductive knowledge that can prevent many accidents." (IDI_30_Medical Assistant_Shurjer Hashi Clinic)

3.4.3.3 CULTURAL BOUNDARY

In addition to the mentioned structural challenges, cultural trades and regulations work as barriers in the way of sex education and contraception teaching. The study has shown that rural areas are mostly regulated by cultural boundaries, such as fear of being judged or 'what would people say.'

It has been seen that cultural norms compelled female adolescents to think that if they talk with someone about training on sex or contraception, people would say they are bad as they know so much.

"Suppose I am arranging a courtyard for adolescent girls. They don't come easily.. because people would ask, why did you go there? " These assumptions affect their social situations."(IDI_36_FWA_Jagannathpur)

Not only the adolescents but also the parents don't let them talk with the knowledge providers such as Community Health Workers. The situation only becomes friendly when the field workers provide them with sanitary pads.

"We only provide a courtyard for the adolescent female, not more than that. When we go on field visits, we talk with them roaming from home to home. But most of the time their parents don't let them talk with us. Only when we deliver sanitary pads they come excitingly."(IDI_36_FWA_Jagannathpur)

Also, because of the absence of sharing about these issues, female adolescents feel shy and awkward talking about these issues with the CBO health workers. One of the Regional Volunteers addressed that saying,

“We talk about rape and oppression with them. Whenever we try to explain how to defend rape, the way of sexual oppression is also explained to them. But most of the time they feel uncomfortable and shy. But we try our best.” (IDI_28_Regional Volunteer_Sunamganj Sadar)

4. DISCUSSION

4.1. KEY FINDINGS

This study aimed to conduct qualitative research on existing sex education and contraceptive knowledge of unmarried female adolescents in rural areas of Bangladesh. Literature about previous research on the issue has been analyzed along with the collected data from the research field to generate the findings in specified arguments. This research revealed that unmarried female adolescents are frequently left out of sex education and contraceptive knowledge. Even though educational institutions’ curriculum includes reproduction knowledge and community-based organizations run several programs regarding SRHR, the existing knowledge about sex and contraception of unmarried female adolescents is limited and mostly misinterpreted and constructed by misconceptions.

This study reveals a significant part of unmarried female adolescents has limited knowledge about sex education. Several of them understand what sex means but not entirely. Even while FGD, the participants were discussing their thoughts on sex, they weren’t open up and confident talking about the issue. This study finds out that not only adolescent females are uncomfortable, but also the mothers and female relatives feel uncomfortable discussing those with them. As a result, most of the participant’s first encounter with the knowledge of sex is vague and cloudy. Some of the participants had questions about if kissing means sex or not. A significant part of the participant heard the term sex in their biology or physical education book but didn’t know more about it. But one thing that was common in the findings of the research was that almost every participant considered sex as a ‘forbidden’ and ‘bad’ action. It will need extensive planning with neighborhoods, parents, and teachers to establish a line of sex education throughout Bangladesh (Haseen, F., Larson, C. P., Nahar, Q., Huq, N. L., Quaiyum, M. A., Reza, M., & Aboud, F. 2004). The concept and knowledge they hold are mainly acquired from peer groups, television, and overhearing the conversations of relatives. In a prior study, Adolescent girls said that they are uncomfortable discussing these matters with their mothers and older female relatives. because communication patterns in rural Bangladesh are strongly influenced by gender and age (Mita and Simmons 1995). It has been seen in this study that knowledge-seeking behavior runs around the family and the friend group of unmarried female adolescents. But the repetition of neglecting their questions about sex or pregnancy makes them uninterested to dig the

knowledge. Also, the judgemental social reaction to those who talk about these issues stops them from responding to their quest for knowledge. This study reveals that the confusion makes them more troubled when they hear different stories about rape, abortion, and discouragement. The existing popular culture compelled female adolescents to think that sexual relationship inherently depends on marriage. As a result, many participants thought that without marriage anyone can't be pregnant. This study also found out that, participants don't have a clear concept about rape, rather they think rape means killing a person. They are not sure about the connection of sex or sexuality with the act of rape. These findings of the research indicate the social perspective toward sex education. Almost every participant stated that their surroundings judge these as 'forbidden' and 'things only married people talk about.' Another study showed that individuals follow a similar pattern to their neighbor's terms of cultural barriers and that these limits actually seem to boost their sexual behavior (Amin, S., Basu, A. M., & Stephenson, R., 2002)

Similar to sex education, this study finds out that most unmarried female adolescents' contraceptive knowledge is 'shameful' as contraception is considered the concern of married people. Another research showed that larger percentages of the population, usually between 25 and 50 percent in Bangladesh, express negative outcomes about contraception (Machiyama, K., Huda, F. A., Ahmmed, F., Odwe, G., Obare, F., Mumah, J. N., ... & Cleland, J. 2018). Fear of being shamed makes them less interested in knowing further about these issues. As a result, most of them only know the names of some contraceptive methods, not more than that. Religious teachings, beliefs, and ideals have an impact on how people perceive contraceptive techniques (Sigalla, H. L., & Charles, A. 2013). Even participants think that condom is used by women as the advertisements are full of female background voices. Along with that, misconceptions have also been revealed in this study about pills and injections.

In this study, the knowledge provider's perception of sex education and contraceptive knowledge has been revealed to understand the social perspective towards it. Other researchers have explained that families ranked comprehensive sex education at the top of the list of learning needs compiled by a government organization (Malfetti, J. L., & Rubin, A. M. 1968). As the family is the core institution of society, the guardians have been interviewed to understand the provided knowledge. By incorporating neighbors and other family members in health interventions, it is possible to reduce misinformation and mistrust about contraception (Shahabuddin, A. S. M., Nöstlinger, C., Delvaux, T., Sarker, M., Bardají, A., Brouwere, V. D., & Broerse, J. E. 2016). It has been found that the knowledge provided by family members is limited. Just about all family finds mentioning sex to be exceedingly unpleasant and usually reserve their family's sex education for the classroom and other individuals (Altalib, H., AbuSulayman, A., & Altalib, O. 2013). Mostly privacy plays a vital role in the family providing sex education, where the concept of sex or contraceptive importance is not explained to them. On the other hand, it has been found in the study that mothers feel more awkward about talking about these issues with their daughters. This study also finds out that a common perception of

knowledge providers is that the more the females get to know about these, the more they would be interested. Furthermore, the importance of educating about these issues to unmarried adolescents doesn't exist to them, as they only consider it a matter for married people.

In the process of revealing the knowledge provider's perception, teachers from the educational institutions have been and community-based organization workers have been interviewed. It is crucial to focus on schools to promote the country's contraception lifelong learning opportunities for teenage females (Nyarko, S. H. 2015). Teachers expressed that mostly they pronounce Zygote, Egg cell, or Sperm while talking about sex. The term sex is not commonly mentioned, rather the term reproduction is pronounced. According to the teachers, the process of reproduction is not explained in the textbook, but rather how the Zygote forms after reproduction is explained.

This study also revealed that community-based organizations' workers also face structural barriers from society, while implementing their program about the concerned issue. According to research, there is a strong correlation between contraceptive knowledge in Bangladesh and the organizational segment (Hossain, M. B., Khan, M. H. R., Ababneh, F., & Shaw, J. E. H., 2018). Contributors also suggested a variety of strategies for enhancing sex education in Bangladesh, particularly through the development of a curriculum (Khan, T. H. 2018). But this study explored that along with the lack of communication, the absence of long-term projects, and cultural boundaries, such as fear of being judged or 'what would people say.' The situation only becomes friendly when the field workers provide them with sanitary pads.

4.2. LIMITATIONS OF THE STUDY

The major challenge of this research was to determine conducting the research on the sex education and contraception knowledge of unmarried female adolescents from rural areas. As the research objective was sensitive based on the sociocultural norms of Bangladesh, It was challenging to convince the female adolescents to express their thoughts about the issue. Rapport building with the guardians and teachers was similarly challenging, as the guardians seemed more awkward than the adolescents talking about the issues. Also, the hostile geographical location of Sunamganj was one of the hectic challenges in this study. Moreover, the fieldwork took place right after the tragic flood of Sunamganj, so the roads were mostly broken and transportation was tough to manage. Mostly boats were used to go from one place to another. The limitation of the time was another challenge of this research.

5. CONCLUSION AND RECOMMENDATIONS

5.1. CONCLUDING REMARKS

This study has investigated the existing knowledge and perception of sex education and contraceptive knowledge among unmarried rural female adolescents highlighting the need for Comprehensive Sexuality Education (CSE) in rural areas. This study found that even though the high school curriculum contains chapters about reproduction the knowledge of unmarried female adolescents about sex and contraception is limited. Furthermore, the knowledge providers such as guardians, local community-based workers, and teachers are culturally tied which prevents them to deliver accurate and specific information about sex education and contraceptive knowledge to the target group. The diffusion of knowledge as a result of the internet or peer group gossip is occurring in the misconception and misinterpretation about the issues among unmarried adolescents. In a crisis period such as puberty, this gap in knowledge is a threat of occurring severe health issues. This study reveals through different cases that many unmarried girls face abortion or pre-marital pregnancy because of the absence of contraceptive knowledge, but the structural barrier of society doesn't let them be open about it. These findings indicate improvement in the existing sex education and contraceptive knowledge through creating uniformity in general education on sexuality by National Curriculum and Textbook Board NCTB. As the family is the major educational sphere, this research suggests NGOs and CBOs take necessary steps to convince the guardians about the importance of sex education and contraceptive knowledge for unmarried adolescent girls in rural areas. Most importantly, Unmarried adolescent girls in rural regions need to have their self-esteem boosted for them to be aware of and self-assured enough to demand their right to obtain sex education and contraceptive information. Further research can take place on how to assure self-consciousness about sex education and contraceptive knowledge among unmarried adolescent girls in rural areas.

5.2. RECOMMENDATIONS

Urgent Interventions

- a. Emergency steps should be taken by the Ministry of Health and Family Welfare (MOHFW) to increase the number of Sexual and Reproductive Health (SRH) programs through NGOs, CBOs (governmental and non-governmental) in rural areas that are exclusively focused on unmarried rural female adolescents' sex education and contraceptive knowledge.

- b. National Policy for the educational institutes has to be determined very urgently for the teachers to take elaborative classes about sex education and contraceptive knowledge, and strict rules have to be followed to implement the policy.
- c. Evidence-based, elaborate, and valid information needs to be urgently incorporated into the National Curriculum and Textbook Board (NCTB) by the Ministry of Education. There is a need to align the curriculum across Bangla, Bangla-English Version, English, and religious schools' medium so that uniformity in general education on sexuality is achieved.

Long-term Interventions

- d. Local guardians and family members need to understand the importance of emergency sex education and contraceptives for unmarried adolescent girls in rural areas. To intervene in this, NGOs and CBOs need to fix necessary actions through door-to-door visits, leaflets, urgent sessions, and workshops.
- e. For effective development and implementation of the program about the role of guardians in providing sex education and contraceptive knowledge to their unmarried adolescent girls, monitoring and evaluation (M&E) of the interventions are necessary from time to time.
- f. Sex education should begin from the primary level and be age-appropriate course content in school to meet the needs of adolescents. This can be done by addressing and analyzing the role of culturally-induced norms and values by NCTB.
- g. Setting the curriculum guideline and contents by NCTB should be done through a consultative process engaging common people from society, like Women, girls, boys, young people, parents, and teachers to ensure that the curriculum cover SRHR issues comprehensively and ensure inclusive content.
- h. NTTI (National Teachers Training Institute) should focus on a teacher training curriculum introducing effective and efficient methods and strategies to teach sex education and contraceptive knowledge in the classroom to adolescents in rural areas.
- i. Local CBOs or NGOs along with the local teachers need to strengthen the self-esteem of unmarried adolescent girls in rural areas so that they can be conscious and confident enough to ask for their right to access to sex education and contraceptive knowledge. For this, they can arrange, street drama, closed-door sessions, etc.

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ANNEX-1: IDI GUIDELINE

Name of Principal Investigator: Taspia Mohammed Marina

Name of Organisation: Share-net Bangladesh

Name of Project: Fellowship project on "Puberty Crisis: A Qualitative Study on Sex Education and Contraceptive Knowledge among Unmarried Female Adolescents in Rural Area of Sunamganj, Bangladesh."

IDI guideline with Female Adolescents

Background Information

1. Name

2. Age

3. Religion

4. Educational Status

5. Marital Status

6. The number of family members and siblings.

7. With whom do you spend most of the time of the day?

A. Sex Education

1. Have you ever heard anything about sex education?

1.1. If yes, where and how did you first hear or learn about sex education?

1.2. What did you hear or know about? Explain in detail.

1.3. What is your thought about sex education?

B. Contraceptive Knowledge

2. Have you ever heard anything about contraceptive knowledge?

2.1. If yes, where and how did you first hear or learn about contraceptive knowledge?

2.2. What did you hear or know about it? Explain in detail.

2.3. What is your thought about contraceptive knowledge now?

C. Family

3. Do you talk about sex education or contraceptive knowledge with anyone in your family?

3.1 If yes, with whom?

3.2 What are the things you talked about? Explain.

3.3 Did you bring the topic or the other person?

3.4. If not, then why?

3.5. How do you feel when you talk about these things? (Feel comfortable/ feel uncomfortable)?

D. Educational Institute

4. Do you read or learn about sex education and contraceptive knowledge at your educational institution?

4.1 If yes, who talks or teaches about these?

4.2. What do they teach? Explain?

4.3. If not, why not?

4.4. How do you feel when you talk about these things? (Feel comfortable/ feel uncomfortable)?

E. Community Based Organizations

5. Other than family and educational institutions, have you learned anything about these issues from any community organization?

5.1 If yes, from which organization?

5.2. Through which program?

5.3 What have you learned?

5.4. Did you get any help from them if you have faced any problems in these matters?

F. Perception



6. What do your relatives or neighbors think about talking about these issues?

6.1. What are their overall perception about teaching these issues to adolescent unmarried girls?

6.2. Do they take it positively? Please give example.

6.3. Do you think other people judge the people who talk frankly about these issues?

6.4. Can you tell me any incident that took place because of the lack of knowledge about these things?

IDI guideline with Parents

A. Sex Education and Contraceptive Knowledge

1. Have you ever talked about sex education or contraceptive knowledge with your female adolescent?

1.1. If not, why?

1.2. If yes, What did you talk about? When did you talk about it? Tell me in detail.

B. Sex Education

2. What did you mainly talk about when you were giving her sex education?

2.1. Do you talk about these? Prob by common terms (safe intercourse rules, Importance, Intercourse Health)

2.2. What do you talk about ‘...’(name based on the answer)

C. Reaction

3. How does she react when you talk about sex education?

- 3.1. Does she laugh/ feel shy/ feel not interested?
- 3.2. How much is she interested in talking about these topics?
- 3.3 Is there any other source from where she can gather knowledge about this?

D. Contraceptive Knowledge

4. What do you normally talk about contraceptive Knowledge?

- 4.1 Do you talk about these? Prob by common terms (Contraception, Family Planning, Condom, Pill, Oral contraception)
- 4.2. What do you talk about ‘...’(name based on the answer)

E. Reaction

5. How does she react when you talk about sex education?

- 5.1 Does she laugh/ feel shy/ feel not interested?
- 5.2. How much is she interested in talking about these topics?
- 5.3 Is there any other source from where she can gather knowledge about this?

F. Impact

6. How do you think teaching about sex education and contraceptive knowledge is impacting unmarried female adolescents?

- 6.1 Are they becoming conscious about safe sexual relations?
- 6.2. Can you explain any incident?
- 6.3. Have they faced any difficulties in their sexual health and overcome the problem using the knowledge? Give an example.

G. Importance

7. How is Important to know about sex education and contraceptive knowledge for unmarried female adolescents?

7.1 Why is it important? Please explain.

H. Perception

8. Are your relatives or neighbors similarly find it important?

8.1. What are their overall perception about teaching these issues to adolescent unmarried girls?

8.2 Do they take it positively? Please give example.

I. Enough or Not

9. Are the projects or the system enough for unmarried female adolescents to learn about sex education and contraception knowledge?

9.1. If yes, how? Give example.

9.2. If no, why? What can be added or changed?

IDI guideline with Teachers

A. Adolescent Female Student

1. Have you ever taught or talked about sex education or contraceptive knowledge in your class with your female students?

1.1. If no, why?

1.2. Is there any rules or regulation from the institution to teach about these topics? What are they?

B. Sex Education

2. What do you normally teach about sex education?

2.1. Do you talk about these? Prob by common terms (safe intercourse rules, Importance, Intercourse Health)

2.2. What do you talk about '...' (name based on the answer)

C. Student Reaction

3. How do the students react while you teach about sex education?

3.1. Do they laugh/ feel shy/ feel talkative?

3.2. How much are they interested in learning these topics?

3.3 How much knowledge do they hold before you teach them?

D. Contraceptive Knowledge

4. What do you normally teach about contraceptive Knowledge?

4.1. Do you talk about these? Prob by common terms (Contraception, Family Planning, Condom, Pill, Oral contraception)

4.2. What do you talk about '...' (name based on the answer)

E. Student Reaction



5. How do the students react while you teach about sex education?

5.1. Do they laugh/ feel shy/ feel talkative/ less interested?

5.2. How much are they interested in learning these topics?

5.3. How much knowledge do they hold before you teach them

F. Impact

6. How do you think teaching sex education and contraceptive knowledge is impacting the students?

6.1 Are they conscious of safe sexual relations?

6.2 Can you explain any incident?

6.3 Have they faced any difficulties in their sexual health and overcome the problem using the knowledge? Give example.

G. Enough or Not

7. Is the curriculum/ class or the system enough for the students to learn about sex education and contraception knowledge?

7.1 If yes, how? Give example.

7.2 If no, why? What can be added or changed?

IDI Guideline With Community Based Organization's Worker

A. Sex Education and Contraceptive Knowledge

1. Have you ever connected or worked on any project or work about female unmarried sex education or contraceptive knowledge?

1.1. If no, why?



1.2. If yes, What were the objectives of the project? How many days do it take? Tell me in detail.

B. Sex Education

2. What work do you mainly do about sex education in this project or any other projects for unmarried female adolescents from your institution?

2.1. Do you talk about these? Prob by common terms (safe intercourse rules, Importance, Intercourse Health)

2.2. What do you talk about ‘...’(name based on the answer)

C. Reaction

3. How do they react while you talk about sex education?

3.1. Do they laugh/ feel shy/ feel talkative?

3.2. How much are they interested in learning these topics?

3.3 How much knowledge do they hold before you communicate with them?

D. Contraceptive Knowledge

4. What do you normally talk about contraceptive Knowledge?

4.1. Do you talk about these? Prob by common terms (Contraception, Family Planning, Condom, Pill, Oral contraception)

4.2. What do you talk about ‘...’(name based on the answer)

E. Reaction

5. How do the students react while you teach about sex education?

- 5.1. Do they laugh/ feel shy/ feel talkative/ less interested?
- 5.2. How much are they interested in learning these topics?
- 5.3. How much knowledge do they hold before you talk about these?

F. Impact

6. How do you think working for the betterment of sex education and contraceptive knowledge is impacting unmarried female adolescents?

- 6.1 Are they conscious of safe sexual relations?
- 6.2 Can you explain any incident?
- 6.3 Have they faced any difficulties in their sexual health and overcome the problem using the knowledge? Give an example.

G. Enough or Not

8. Is the projects or the system enough for unmarried female adolescents to learn about sex education and contraception knowledge?

- 7.1 If yes, how? Give an example.
- 7.2 If no, why? What can be added or changed?

ANNEX-2: IDI GUIDELINE WITH UNMARRIED FEMALE ADOLESCENTS

Name of Principal Investigator: Taspia Mohammed Marina

Name of Organization: Share-net Bangladesh

Name of Project: Fellowship project on “Puberty Crisis: A Qualitative Study on Sex Education and Contraceptive Knowledge among Unmarried Female Adolescents in Rural Area of Sunamganj, Bangladesh.”

Before the Focus Group Discussion:

- 1) Each of the respondents would be thanked for joining the Focus Group Discussion.
- 2) Reading out the consent form.

3) Explain that there is no right or wrong answer in this discussion. The discussion is holding to know the opinions of each respondent.

4) Reading out accurately: “Thank you for consenting to participate in our discussion. I have read out the ‘Consent Form’ to you, and now you have known the Topic of this research. Do you have any other queries before starting the discussion?”

Turned on the audio recorder after taking the consent from each respondent.

Start the discussion:

Greetings. Assalamualykum/Adab

Thank you very much for giving us time for this discussion.

This research is being conducted by Share-Net Bangladesh and Red Orange Bangladesh on Sexual and Reproductive Health Knowledge. The main objective of today’s discussion is to talk about your knowledge of sex education and contraceptive knowledge and take your opinion.

Rapport Build-up

1. How Are you?
2. How old are you?
3. What class do your read in?

Main Discussion

1. Have you ever heard about Sex Education and Contraceptive Knowledge? Where and what have you heard? (Some terms would be said to them so that they can relate. Example: Safe sex, Minimum age of Sex, Condom, Pill, Period Health)

2. Is there any chapter about these on your curriculum at school Syllabus? Are those taught in your class? What do they teach?

3. What is your contribution while teaching about Sex Education and Contraceptive Knowledge at your school? Do all your classmates and teachers join spontaneously in the discussion?

4. To whom and how do you talk about these issues in your family? What have you learned from your family?

5. Except for school and family did any other government And non-government organizations provide any knowledge to you about these? What have you learned from them?

6. Do you think the local people and your surroundings are enough conscious to talk about Sex education and contraceptive knowledge? Why/Why not? What do they think of talking about these?

Let them know when the FGD is finished:

We have come near the end of the FGD. Thank you for joining and sharing your opinion. Do you want to know anything about the discussion? Please tell.

Thank you.

Switch off the sound recorder.

ANNEX-3: CONSENT FORM OF RESEARCH PARTICIPANT

Name of Principle Investigator: Taspia Mohammed Marina

Name of Organization: Share-net Bangladesh

Name of Project: Fellowship project on “Puberty Crisis: A Qualitative Study on Sex Education and Contraceptive Knowledge among Unmarried Female Adolescents in Rural Area of Sunamganj, Bangladesh.”

Dear Sir/Ma'am,

Thank you very much for making time for this interview. This interview is a part of the research project on "Puberty Crisis: A Qualitative Study on Sex Education and Contraceptive Knowledge among Unmarried Female Adolescents in Rural Area of Sunamganj, Bangladesh." funded by Share-Net Bangladesh as a grant for the Young Researcher Fellowship. The aim of this project is to know about the existing knowledge about sex education and contraceptive knowledge of unmarried female adolescents and try to know the perceptions of community-based organizations that work for this target community.

The purpose of this assessment is to understand the existing knowledge of unmarried female adolescents on sex education and contraceptive knowledge. The findings will help to address the problem regarding sexual and reproductive health of this targeted group and try to give attention to the respective community workers addressing their barriers.

This questionnaire will take 30-40 minutes. This research will involve your participation in an in-depth-interview that will take 30-40 minutes. Your participation is entirely voluntary. It is your choice whether to participate or not. You are invited to take part in this research because we feel that your experience can contribute much to our understanding of the knowledge of sex education and contraceptive information for female adolescents.

During the interview, I or another interviewer will sit down with you in a place anywhere you want. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except the interviewer and the coordinator will have access to the information documented during your interview. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The tape will be kept. The tapes will be destroyed after the completion of the research.