

Unpacking the Contributing Factors of Inadequate Sex Education at Schools in Bangladesh: Policy Recommendations

Utpol Roy¹, Muhammad Anwar Hossain², and Moni Ghosh³

1 School of Public Policy, Chiang Mai University, Chiang Mai, Thailand.

2 Department of Sociology, Begum Rokeya University, Rangpur, Bangladesh.

3 Jalalabad Ragib-Rabeya Medical College & Hospital, Sylhet, Bangladesh.

*Corresponding author. E-mail: utpolroy1988@gmail.com

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ABSTRACT

Teenagers face challenges due to the lack of information about sex, sexuality, body changes, puberty, teenage pregnancy, early childbearing, HIV/AIDS in most developing countries, and Bangladesh is no exception. However, the study aims to explore the contributing factors of inadequate sex education at schools in Bangladesh. The study reviewed a variety of secondary sources and literatures to understand the contributing factors of inadequate sex education and analyzes those data and literatures. Therefore, the study found that there is a lack of a comprehensive sex education policy and formal sex education is very limited in Bangladesh. Moreover, it also found that there are very few chapters about sex education in the biological book, but teachers feel uncomfortable teaching about these topics. Furthermore, the parents are not confident to talk with their children as they have insufficient knowledge about sex education topics. In addition, the cultural and religious barriers are also responsible for inadequate sex education due to the orthodox thoughts of the family and society. The paper recommends that there should have a comprehensive sex education policy, and curriculum. Moreover, the focus should be on the implementation of interventions for the teachers' training, parent's session, & community engagement programs.

Keywords: Adolescent, Sex education, Parent's attitude, Teachers' perception, Bangladesh

INTRODUCTION

Sex education defines all the aspects of sexuality and provides information about the family planning including the reproduction process such as how

fertilization happens, the development of the embryo and foetus, through to childbirth (Momodu, 2011, p.405). In addition, UNESCO defines

...Comprehensive sexuality education seeks to equip young people with the knowledge, skills, attitudes, and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views “sexuality” holistically and within the context of emotional and social development. It recognizes that information alone is not enough, young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.”(UNESCO, 2018). Basically, inadequate sex education increases teenage marriage, teenage pregnancy, unwanted pregnancy, rape, risky sexual behavior, gender inequality, the transmission of HIV/AIDS, and Sexually Transmitted Diseases (STDs) etc (Rashid & Mwale, 2016, p. 126).

However, there are 36 million adolescents in Bangladesh, which is 22% of the total population, but these teenagers have a lack of basic understanding of sex education. The paucity of knowledge about sex education's topics constitutes the highest number of teenage marriages, teenage pregnancies & unwanted pregnancies in Bangladesh. It is assumed that 53% of girls get married before 18 years old which is the highest around the world after Sub-Saharan countries. In addition, it is predicted that 113 out of 1,000 girls become pregnant before the age of 19, which is the world's highest rate. Additionally, the lack of knowledge about pregnancy among girls creates 48% of unwanted pregnancies (Guttmacher, 2017) and the survival rate of the child who is born to teenage mothers is very low, only 31% of children can survive. In addition, adolescents do not have apprehension about their health. As a result, they are unaware of nutrition status, for example, they do not know which food contains more nutrition, and which will be good for their health. Statistics show that inadequate knowledge about nutrition constitute 1 in 3 adolescent girls are skinny, and 11% are severely thin (UNICEF, n.d.; UNFPA, 2017). It is also confirmed that, adolescents are more vulnerable than adults in affecting HIV/AIDS, STI due to risky behavior, and limited knowledge about the transmitted diseases. One study found that 54% of adolescents only heard about HIV, and one in ten adolescents know slightly more about HIV (Rahman et al., n.d.p.5). Furthermore, child rape cases are on the rise, with 41% more cases reported from January to June 2019 compared to the same period of 2018 (January-June). There were 496 rape cases in 2019 whereas, it was 351 in 2018 (Rubayet, 2019). In addition, eve-teasing is a very common incidence due to the disrespect of the body part of boys and girls. A study found about 90% of girls were victims of eve-teasing whose age is 10-18 years old (Islam & Amin, 2016, p. 6) where 54 girls have been sexually harassed, and 7 girls committed suicide due to eve-teasing (ASK, 2020). There are huge differences in gender roles between boys and girls, in this context, the boys enjoy independence, mobility, chance, and supremacy significantly higher compared to girls, where girls have to rise themselves with a lot of restrictions in the family and society (Ahmead, 2019).

However, there are many determinants of insufficient sex education in the country such as education system, policy, politics, society, culture, family pattern, religion, economy, etc, (Rao et al., 2012, p. 105). Moreover, inadequate curriculum, insufficient teachers' training on sex education, parents' thoughts, and teacher's

perceptions are also the reasons for inadequate sex education in the school (Nigharin Aresfin et al., 2019, p. 389). By the way, the current policy and interventions on sex education are not addressing and solving the real problems and challenges. As a result, the goal of this study was to identify policy gaps and contributing factors of inadequate sex education so that better policy solutions might be offered.

The overall aim of this study was to find out the contributing factors of inadequate sex education in Bangladesh. Moreover, it also tried to find out whether there comprehensive policies about sex education or not. In addition, it assessed the effective sex education policy and successful interventions used by the same cultural and social patterns countries for policy recommendations.

METHODOLOGY

The internet search was the main channel for the research, where literature reviewed on a general searching on sex education policy. However, this descriptive study has searched literature entitled to key words sex education, policy, effective interventions, curriculum, factors, challenges, cultural & religious barriers, training, teachers, parents, risk behaviour, HIV, STI etc. By the way, the study has searched several online bibliographic databases such as Google Scholars, PubMed, Research Gate, Springer etc. Furthermore, the World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), the Ministry of Education, the Ministry of Health and Family Welfare, etc were useful for the data searching. The study has only considered the literature which has been published five years ago during the study was conducting.

Findings

There are several contributing factors of inadequate sex education such as individual, organizational, cultural, religious, social, and political. In this study, each of contributing factors was described for a better understanding of the problem.

Individual factor: In Bangladesh, the teachers feel uncomfortable talking about sex education topics. They thought we both the teachers and students were brought up in a society where to talk about genital hygiene, wet dreams, male-female magnetism, ovary, sperm, puberty, and growing of mustache or beard are not openly discussed. For example, "Ms. Khatun said they are our students; how can we talk about wet dreams, male and female attraction! It is very uncomfortable for us". On the other hand, managing the classroom is considered difficult, because when teachers talk about sexuality education the students feel shy. Instead of listening, they create chaos in the classroom which discourages the teacher to talk about sex education. One teacher stated "I try to talk about sex education in the classroom, but the students feel shy, even more, they laugh and interrupt the class. So, I feel hesitate to talk about sex education" (Chowdhury & Siddique, 2017. P. 152). In the context of students, the individual contributing factor is not getting enough support to increase their knowledge due to less opportunity of learning, for example, one student said, "We have a big gap between students and teachers because they are not our friends. So how can we feel comfortable talking about sex education issues?" (Sabina, 2016, p.20). Another female student stated, "Once I asked my teacher what is sexuality? The whole class was staring at me. After that, I never asked a single question in the

class though I was eager to know about menstruation, physical changes, etc (Shahbaz, Samreen, 2017).

Interpersonal factor: The parents' attitude is one of the most important parts of offering sex education to the children, but the parents do not like to talk about sex with their children because these parents were also brought up without sex education. But many parents think sex education should teach in school. One study found that 43% of parents showed an optimistic approach toward sex education in the school. On the other hand, only 25% of parents showed their negative thoughts to include sex education in the school and the rest of them did not say anything. Following that, it was discovered that in the case of rural parents, urban parents are more likely to approve the inclusion of sex education in the curriculum. There are 66.6% of urban parents agreed to include sex education in the curriculum whereas only 30% of rural parents showed similar attitudes with urban parents. Regarding the inclusion of sex education topics, most of the parents agreed to include all the topics which are necessary (Bhuiyan, 2014, p. 32-40).

Cultural factor: The society of Bangladesh is culturally not developed to sustain the words genital health, reproduction, evaluation, or pregnancy. It can so happen that the teachers may face challenges from society to discuss all these words. One teacher namely Rahim stated,

...If the teachers like to talk about sex education in the classroom, the headteacher would not like to support him/her. Moreover, the School Management Committee, parents of students, local people, and stakeholders have different perspectives to discuss it openly. He also stated, he may face insecurity in his job or social dignity, for that he has taken the decision not to talk about sex education in the classroom (Chowdhury & Siddique, 2017. P. 152).

One study mentioned, "We go to the girls' house to teach about sex education who were absent during class time, but their parents claimed that you talk about very sensitive issues which embarrass our girls, and she feels shy to hear it". The study concluded that due to cultural sensitivity, society is yet not ready to take sex education (Roodsaz, 2018). In terms of acceptance of sex education in society, a significant number of people believe wrongly that sex education may mislead adolescent. For example, one participant of a study namely Ms. Chowdhury stated "if adolescents know more about sex education, they can involve unethical relationships which can lead the social anarchies in the society. Moreover, "she also blamed social media, YouTube, etc for involving sexual intercourse before marriage". Furthermore, some teachers think school age is not the proper age for learning sex education, however, over 18 would be best to learn about sex education. One teacher thinks the best time to learn about sex education is before marriage. According to Ms. Begum who is also a teacher, thinks that topics such as reproduction, pregnancy, and fertilization are not appropriate for the age of 15-16 years girls, but they can learn it before their marriage. So, to consider all these reasons the teachers do not think it necessary to offer sex education in the classroom (Chowdhury & Siddique, 2017. P. 152).

Religious factor: Talking about sex publicly is taboo in Bangladesh. A teacher stated, "The Evolution Theory" should not include in the textbook, because it

disagree with Islam, so we should not teach the student about false theory” (Chowdhury & Siddique, 2017. P. 152). Another teacher stated that “There are some topics which have a contradiction with our religion such as demonstration on how to use a condom correctly” (Sabina, 2016, p. 20). Moreover, sex education is a noteworthy public debate as various religious political parties do not acknowledge it (Sabina, 2016, p. 10). A survey was undertaken to see how religious leaders feel about sex education, and it was discovered that a majority of religious leaders oppose it. One Imam (religious leader) stated, “Adolescents should not know about family planning education, if they know about it, their thinking will be changed that can make them bad”. Another Imam (religious leader) has said “I believe sex education should not provide before the age of 18. If they know about it in school, they will involve in premarital sex” (Ali, 2018). The governmental institutions are also influential in this case that they can change the decision, such as the Ministry has made the textbook of sex education including the chapters of puberty, menstruation, fertility, relationship, prevention from HIV/AIDS, STIs, etc, but the Madrasah Education Board did not accept the entire textbook and changed with their editorial board. They have excluded some sections such as

a) The physical changes of boys and girls for example, ejaculation, menstruation, etc.

b) The psychological changes, sexual intercourses, and the attraction of the opposite sex.

c) Pictures that show human organs.

d) Information about gender discrimination (Sabina, 2016, p. 12-21).

Organizational factor: The knowledge about sex education among teachers, parents, community people, etc is very limited. For example, one study found that most teacher knows that sex education is the knowledge about gender definitions, differentiation of male and female, and gender equality. But the teachers do not know that sex education is the amalgamation of physical, psychological, social, cultural, and traditional aspects because they do not get training on sex education. This is clear that teachers should know the nature of comprehensive sex education before talking in the classroom. Moreover, the parents are also worried to provide sex education to the class. The study namely “Teacher’s perception on sex education” found “Mothers asked their girls not to have seats with boys. If you take a seat beside boys, you might be vulnerable or molestation by them”. So why are these types of attitudes raised in the parent’s minds? This is because; the schools do not arrange parental workshops to make them aware of sex education. However, all the participants of the above-mentioned research indicated that the government should include an age-appropriate curriculum. For example, if we provide sex education to grade six school children the curriculum should make according to their level of understanding. The responsibility is not only to make a curriculum according to the age-appropriate but also to make a training curriculum for the teacher according to grade. This paper also claimed a lack of a monitoring system in the school because the schools do not know who teaches and who does not teach the sex education chapters in the classroom (Aresfin et al., 2019, p. 389-390). Moreover, another study, which has been conducted on teachers’ training on HIV/AIDS

education. They found who got the training were comfortable, lively, and feel less hesitant compared to those who did not get training. It also found that most of the teachers use traditional methods such as lecture and question-answer to teach the children rather than modern methods like interactive learning techniques (Sarma & Oliveras, n.d. p. 23).

Current policies

There are several policies related to this research such as Bangladesh Population Policy 2012, National Education Policy 2010, National Children Policy 2011, and National Nutrition Policy 2015. So here we explained each policy whether it has policies about sex education or not.

Bangladesh Population Policy: The Bangladesh Population Policy 2012 section number 5.5 of the Adolescent Welfare Program has described that it will...

- (1) Provide information about the benefits of late marriage and birth intervals.
- (2) Education for adolescents regarding health issues and life skills.
- (3) Create awareness for parents, teachers, and service providers about adolescent health (MoHFW, 2014).

National Education Policy: In chapter 18, Special Education, Health & Physical Education, Scout, Girls' Guide, section B, has made some policies but most of the topics are physical education related. The policies are-

- (1) Stimulate students to take part in physical exercise for a healthy lifestyle and learn discipline and punctuality.
- (2) Keep away children from negative things such as drug addiction.
- (3) Promote physical education at the college and university levels (Ministry of Education, 2016).

National Children Policy: The National Children Policy aims is to develop children by providing services with education and information. In the National Children Policy, adolescent health is one of the goals of children's development, for that the government has made some policies on adolescent health. So, what are the adolescent health policies? The adolescent health policies are-

- (1) The government will take indispensable steps to provide fundamental information on health, nutrition, reproductive, physical, and mental health in the school.
- (2) Necessary steps will be taken for the development of adolescents by providing education on physical, psychological, and related issues (MOWCA, 2012).

National Nutrition Policy: It is incredibly important to know about nutrition status, for example, the nutritional requirements during puberty, calorie intake according to height and weight, physical and psychological growth, diets, consequences of nutrition deficiencies, poor eating habits, etc all through the adolescent period (Wahl, 1999). So, considering these Government of Bangladesh has made a nutrition policy which has included...

- (1) Improvement of nutritional status of adolescents.

(2) The expansion and strengthening the nutrition education to all educational institutes (FAO, 2015).

Policy gaps

There are numerous sub-sections such as Science Education, Madrasah Education, Sports Education, and Religious Education but no Comprehensive Sex Education in the National Education Policy of 2010 (Ministry of Education, 2016). Though it has some topics in the biological book, but the curriculum of sex education is not comprehensive. A study found that most of the teachers have a lack of understanding of comprehensive sex education. The teachers do not know that sex education is the completeness of physical, psychological aspects and as well as body changes, and creating awareness. They think sex education means gender differences and gender equality in performances (Aresfin et al., 2019). However, the sexual and reproductive health information has been included in the secondary curriculum in 2013, but the experts think the topics in the curriculum are not adequate. One of the members of the Curriculum Board stated that

...although the adolescent health education is intended to provide information on physical, psychological, social, moral aspects, and development of the children's life but considering the cultural circumstance the curriculum has only touched but did not go details of sex education topics such as puberty, menstruation, marriage age, age of the pregnancy, consequences of teenage pregnancy and fertility. By the way, the curriculum has not included topics like sexuality, safe sex techniques, sexual and reproductive organs, pictures of physiology, etc (Sabina, 2016, p. 12).

There are no questions from sex education chapters in the exam rather it is only used for providing information in the classroom. One student said, "I was very interested to learn about sex education topics but when I heard that there will be no question from sex education chapters, I just lost my curiosity". Another student stated, "The teachers do not teach the reproductive part of the syllabus because it will not be tested in the exam" Moreover, students also claimed that it has only text, not games or sports which is sometimes boring (Sabina, 2016, p. 17). Moreover, the school authorities do not monitor the teacher's performances in the classroom. They do not know whether the teachers are creating an appropriate environment or not in the classroom to teach sex education. Furthermore, the students have claimed the teachers do not permit them to talk openly about sex education in the classroom. When students ask question on a particular topic in the classroom, the teachers say it is not an appropriate time to know. You will know it in higher education (Sabina, 2016, p. 20). In addition, most of the teachers have insufficient knowledge about sex education. One study found that the teacher thinks sex education means teaching about gender differences and gender equality (Aresfin et al., 2019). A comparative study has been conducted on who gets training on sex education and who does not. They found that those who got the training liked to be more participating, comfortable, lively, faced fewer difficulties, and interacted in the classroom confidently compared to those who did not get training (Sarma & Oliveras, 2013, p. 20-27). Another study confirmed, to teaching sex education in the class is stressful and embarrassing because it is quite against personal beliefs, values, and traditions. Most of the time the topics make the teacher feel hesitant that they are unable to

handle the situation. In addition, the teachers do not prepare psychologically to present themselves in front of the students (Sabina, 2016, p. 21).

The parents of children are also worried about the inclusion of sex education in the curriculum. For example, some parents requested the Ministry of Education to exclude the chapters "Puberty and Reproductive Health" from the textbook, because they think the information from these chapters is not age-oriented. However, why do the parents think that children do not need to learn these chapters because these parents have also lack of knowledge about sex (Nigharin Aresfin et al., 2019; Sabina, 2016, p. 20). A study found 48.3% of parents support sex education where 25% showed a negative attitude and the rest of the played a neutral role. This study also mentioned that the school should include workshops or parents' sessions to educate them about sex education. The benefit of this session or workshop will change the parent's attitude towards sex education as well as they can teach their children at home (Bhuiyan, 2014).

Effective policies, strategies, and successful interventions of the same cultural and social pattern countries

India have made policy that they will ensure the population education in all the education systems (National Population Policy 2000, n.d.) and the topics will be to teach about reproductive health, inform consequences of early marriage, early pregnancy, childbearing, the risks of unprotected sex, contraceptive use, nutrition status, etc. (National Population Policy 2000, n.d.). In addition, India has implemented interventions such as the teachers training program. In this program the teachers have been provided training about body changes of teenage people, puberty, menstruation, hygiene, sex, sexuality, gender, gender equality, contraception, birth spacing, nutrition, abuse and violation, information of HIV/AIDS, etc by the National Educational Research and Training (NCERT). The consequence of this intervention is that when the National Family Health Survey has conducted, they found 94% of adolescent girls who are married know about contraception (Robila & Taylor, 2018, p. 85). In addition, the state government of Tamil Nadu uses the intervention "Information, Education & Communication (IEC)" by delivering messages of sex education in every feasible way such as media, public transport, advertisements, billboards, movies, dramas, theatres, music (National Population Policy 2000, n.d.).

Sri Lanka has made the policy regarding sex education which focuses on (1) ensured health education at the schools, (2) Ensure the capacity development of teachers, (3) Empower the teachers, parents, and students of emotional wellbeing (Vithana et al., n.d.). They made strategies that (1) A year-round evaluation will be going on at all schools of health education activities, (2) The incorporation will form with training institutions to develop adolescent health education curriculum, (3) The life skills program will develop for teachers and students and social interaction for parents (Vithana et al., n.d.). Moreover, Sri Lanka has implemented a health-promotion program at schools which has changed the behavior of children along with parents of children. The program is implemented to provide health education among the students on nutrition, hygiene, behavior change, healthy lifestyles, etc. The program evaluated that the practice of hygiene and healthy lifestyle of students has increased as well as they performed good academic result and school

attendance. In addition, these trained children taught their family members about a healthy lifestyle, nutrition status, and hygiene. For example, one parent stated “I did not know that if salt cup exposes by sunlight the iodine has destroyed. After hearing from my child, I keep my salt cup in a safe place” A mother stated, “My husband used to smoke but after hearing the side effects of smoking from my child my husband left smoking. Now we are leading a very peaceful life” (Yuasa et al., 2015). Moreover, the government has integrated all media to promote adolescent education. In this case, the government will not impose any restrictions if the media print any articles or telecast video clips about sexuality education based on scientific methods (Clarke, n.d.).

Some of the best interventions around the world

Ashraf Abumarag is an employee of a software company who feels that Palestinian adolescents have lack of information regarding sex education. Then he set up a website namely “Karaz” to provide information about sexual health for young people. Nowadays, people are getting benefits from this website from Palestine, Morocco, Tunisia, and Algeria (Karaz, Sex Ed for the Middle East, n.d.). Similarly, Nigeria is providing information regarding sex education by text message. Adolescents can know about sex by text through mobile phone and social media. This intervention receives 12,000-15,000 texts monthly to provide information about the use of contraception, puberty, HIV/AIDS, STIs, and relationship (“My Question and Answer,” n.d.). The World Food Program was running a Comprehensive Sex Education program in Pakistan, but it falls in the challenges because false news was roaming around, that it is teaching the children how to do sex. The conservative religious political parties strongly oppose this program. In response to complaints, the WFP arranged a public discussion to show the religious leaders how effective the sex education program was. The WFP was able to make understand that complaints were false and how the program is helping the adolescent people. They showed their curriculum to the conservative religious parties which are made with due respect to religion, culture, and community. The WFP concluded that public hearing sessions with religious, community leaders and others are effective to implement sex education interventions (NI & NI, 2018, p. 10). Bhutan is strengthening ability and capacity of adolescents’ parents as they are the gatekeeper and primary sources of information for adolescents. Therefore, Bhutan has taken an intervention to target the parents of adolescents. The main aim of this intervention was to educate the parents by providing sex education. The government has provided led session with focusing on physical and emotional changes of adolescent, contributing factors that affects the adolescent and sexual health, how to keep away children from drugs, the consequences of social problems such as early marriages, early childbearing, unsafe sex, and disease infection, the prevention of severe diseases like HIV/AIDS. There are 40,000 parents who got this type of support from the government. Afterward the evaluation the government has found that parents have changed their attitudes and skills towards parenting, and enhanced communication with their children about sex education topics. Moreover, these parents have also been involved in educating other parents (Lehtimaki & Schwalbe, n.d, p. 22).

DISCUSSION

The most inclusive findings are that teachers are not yet prepared to give a speech in the classroom about sex education because they feel uncomfortable. A similar thought has been found from a study in Nigeria that due to the lack of preparedness the teachers feel uneasy to talk about sex education. It also said that the appropriate training for the teacher can facilitate them to be lively and more confident to talk in front of the students (Bola et al., 2017). Moreover, the parents of children also feel uncomfortable talking about sex with their children. This is because; these parents have also passed their past with the same cultural, social, and religious structure where sex education was absent and considered as a cultural taboo. But most of the parents are in favor of sex education. A related study was conducted on the parents' perception of sex education in the school in Fiji. It has found parents have a strong argument in favor of the introduction of sex education in schools. They believe that it will enrich their children's understanding and perception of their lives (Ram et al., 2020). Furthermore, the society of Bangladesh is yet not ready to talk about sex because of cultural taboo and stigma. People get fear to hear the word sex. Even more, the teachers who will teach about sex education in the class, they also believe sex education lead the children to make unethical relationship and premarital sex. They think the best time to learn about sex education is before marriage. Therefore, it is a thought that sex education is only a matter of sexuality. They might not be able to think that it is not only sexuality but also the whole chain of adolescent and sexual health and rights too. A study found in Iran's lack of openness about sexual education topics can misunderstand students. One teacher stated,

...When a student asked about AIDS, I said it can transmit by incorrect relationships, we have to maintain good relationships. But after the class, a girl (student) has come to me and said I had a bad-tempered relationship with my friends. Will I be getting infected by AIDS? Later, I realized how difficult to teach children if not using appropriate words where sex education is considered as cultural taboo (Latifnejad Roudsari et al., 2013).

Sex education also face religious barriers in Bangladesh because people have misbelieved about sex education. A survey was undertaken to see how religious leaders feel about sex education, and it was discovered that a majority of religious leaders oppose it. Moreover, the organizational setup does not support it, for example, after establishing a curriculum the Madrasah Education Board did not accept it entirely, so they revised the curriculum, and exclude some topics such as ejaculation, menstruation, etc. These types of incidences also occurred in India. The conservative and religious groups heavily opposed the adolescent health education program in the schools. Their main thinking was that sex education will pollute the Indian cultures and lead young minds into premature sexual relationships (Shahbaz, Samreen, 2017).

There are several education policies like Science Education Policy, Madrasah Education Policy, and Sports Education Policy but no inclusion of Sex Education Policy. Rather than it has included some topics in the Health & Physical Education Policy such as physical exercise, drug addiction, discipline, punctuality, etc. But

Bangladesh can follow Sri Lanka which has a comprehensive and separated sex education policy. They have included sex education compulsory for all at the schools (Vithana et al., n.d.). Moreover, there are some policy gaps such as inadequate sex education curriculum, lack of interventions to make the teachers capable to teach about sex education, sex education topics are not part of the exam, lack of monitoring on teacher's performance on providing sex education in the class. In addition, there is a lack of interventions to provide information to the community, parents, religious, and community leaders. These types of interventions are helpful to make understand the effectiveness of sex education as sex education is considered a cultural taboo in society. For example, the World Food Program has implemented a Comprehensive Sex Education program in Pakistan. This program has fallen in the challenges of the religious leaders but after holding a public discussion to show the religious leaders how effective the sex education program is, the barriers have been reduced in a great extent (NI & NI, 2018, p. 10).

CONCLUSION AND RECOMMENDATION

Sex education is exceptionally essential for adolescents. However, the findings of this study articulate that sex education for adolescent is inadequate at schools in Bangladesh. In addition, sex education topics in the curriculum are not sufficient. There are a variety of topics that carefully have not included or excluded due to some political, cultural, and religious factors. Existing curricula are not able to answer all the questions of the student demands. There will be certainly knowledge gaps in learning if teaching is going on by this curriculum. Even more, the knowledge gaps can create misbelieves and misconduct among the students. Moreover, due to the contributing factors such as individual, interpersonal, cultural, and religious the teachers and parents, and societies are not feeling comfortable talking about sex education. This study also found that there is no specific or separate education policy about sex education. Due to the lack of a separate policy, the proper interventions could not be taken. There are some neighboring countries like Sri Lanka which has had sex education compulsory. This effective policy is helping them to eradicate some social problems, for example, early marriage and pregnancy, sexual abuse, gender inequality, women empowerment, and other social problems. The government should follow the other countries' policies, review it, and take some parts which are similar to cultural, religious, and social context.

Based on the findings of this paper, these recommendations have been suggested for the policymakers, multi-stakeholders, and service providers for future policies and interventions. (1) The first recommendation would be a separate sex education policy under the Ministry of Education or Ministry of Health and Family Welfare, (2) Teacher's training program needs to be organized all-round the year for all the schools, (3) The special budget should be allocated for the teacher's training program, (4) Collaboration with UNICEF, UNFPA, WHO, BRAC, and other stakeholders is required for the development of training manuals, (5) Some interventions should be implemented such as workshops for parents in school to enhance knowledge about adolescent health, and community awareness programs with the involvement of religious and community leaders. For example, the special speech about the consequences of inadequate sex education and the benefits of

comprehensive sex education should be addressed by the religious leaders in mosques, temples, churches, pagodas, etc, (6) Involvement of the conservative religious and political parties/groups in public discussion, interventions, and awareness programs, (7) All types of media should be used to provide appropriate knowledge about adolescent health education. It should also be requested to telecast or write scientific articles about sex education topics to create awareness and promotion, (8) Training for the policymakers should be arranged by inviting keynotes from a country which has a very good sex education policy (9) Knowledge development programs should be encouraged for the service providers who are implementing adolescent health education programs in the field.

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