BRAC SCHOOL OF PUBLIC HEALTH
JAMES P GRANT

BRAC UNIVERSITY
Inspiring Excellence

A REVIEW REPORT ON COMPREHENSIVE SEXUALITY EDUCATION IN BANGLADESH

July 2018

Kuhel Faizul Islam
Gazi Sakir Mohammad Pritom
Nadia Farnaz

Table of Contents

Acknowledgement:

This report review entitled “Review of CSE Education in Bangladesh” is funded by RUTGERS through Right Here Right Now (RHRN) platform in Bangladesh, and is conducted by researchers at the Centre for Gender, Sexual and Reproductive Health and Rights (CGSRHR), BRAC James P Grant School of Public Health (BRAC JPGSPH), BRAC University.

We acknowledge the valuable support and contribution to prepare this report from the following individuals: Dr. Sabina Faiz Rashid, Dean & Professor, BRAC James P Grant School of Public Health, BRAC University. Our colleagues at the CGSRHR, Tasfiyah Jalil, Senior Coordinator, Bachera Akter, Coordinator, Tahrima Mridha, Deputy Coordinator, Raia Azmi, Research Fellow and Farhana Alam Bhuiyan, Coordinator.

Acronym

ADP	Adolescent Development Program
AFHC	Adolescent Friendly Health Centre
ASRHR	Adolescent Sexual Reproductive Health and Rights
BBS	Bangladesh Bureau of Statistics
BCC	Behavior Change Communication
BoB	Boys of Bangladesh
CBO	Community Based Organization
CSE	Comprehensive Sexuality Education
CWFD	Concerned Women for Family Development
GB	Generation Breakthrough
GBV	Gender Based Violence
IDS	Institute of Developmental Studies
IEC	Information Education & Communication
ITGSE	International Technical Guidance on Sexuality Education
JPGSPH	BRAC James P Grant School of Public Health, BRAC University
LBT	Lesbian Bisexual & Transsexual
LGBTQI	Lesbian Gay Bisexual Transsexual Queer &Intersex
LGBT	Lesbian Gay Bisexual& Transsexual
MoHFW	Ministry of Health and Family Welfare
NCTB	National Curriculum and Textbook Board
NGO	Non-Government Organization
ODI	Overseas Development Institute
SNS	Shamporker Noya Shetu
SOGI	Sexual Orientation and Gender Identity
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SRHR	Sexual Reproductive Health and Rights
SRH	Sexual and Reproductive Health
UBR	United for Body Rights
ULAB	University of Liberal Arts Bangladesh
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Section 1

Introduction

Globally the youth (age 10-24) population is rapidly increasing, and currently it stands at 1.8 billion (UN, 2015) now. The World Health Organization (WHO) defines an adolescent as an individual between ages 10 and 19, including age range 10-14 and 15-19 as periods of early and late adolescence respectively. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24 (WHO, 2017). A majority of adolescents and young population live in developing countries, and a smaller percentage in least developed countries (Gupta, 2014). The State of the World Population report 2014 states that the highest number of 10 to 24 years old are in India and China with 356 million and 269 million respectively (Gupta, 2014). Indonesia and Pakistan have 60 to 70 million adolescents in this age group. In 2011 the total adolescent population in Bangladesh was 29.5 million among which 14.4 million are girls and 15.1 million boys (BBS, Population Census 2011).

Adolescence is a transitional stage of physical, emotional, and cognitive human development occurring before the onset of puberty and ending by adulthood (UNICEF, 2014). This report gives an overview of the existing literature on adolescent SRH needs and analyzes the current status of National Curriculum and Textbook Board (NCTB) curriculum on Comprehensive Sexuality Education (CSE) in Bangladesh. This review report also highlights the importance of CSE and how sexuality education is critical to the development of adolescent lives.

Section 1 describes the changing social and economic context and its effects on adolescents' lives. In section 2, the methodology of reviewing the relevant literature materials is outlined. In section 3, the concept of CSE is introduced with evidence and good practices at global level before providing a detailed review of CSE in the Bangladesh context to understand and learn about the existing provision and barriers in providing CSE. Finally, in section 4, the conclusion with a few recommendations are outlined for improvement in the comprehensiveness of sexuality education.

Background: Adolescents' SRHR Needs

South Asia is undergoing rapid growth and development with changes in its socio-economic context which in turn have impact on the lives of its adolescent population. These changes have been both positive, e.g. improved school participation in both girls and boys, as well as negative, e.g. unemployment, migration and insecurity and vulnerability to exploitation and abuse (UNICEF South Asia, 2016a). According to WHO (2017), almost 35% of women and girls experience physical and sexual violence throughout their lifetime. Among other human rights violations, child marriage is correlated in this category with its adverse effects on a young girl's education, health and well-being (Dube & Sharma, 2012).

Every 10 minutes, somewhere in the world, an adolescent girl dies as a result of violence (UNICEF, 2014). In 2012, the number of deaths due to violence among girls aged 10 to 19 years per 100,000 population in South Asia was 29,300 (UNICEF, 2014). In 2015, a nationally representative survey conducted in South Africa among adolescents found that 34% of adolescents had experienced physical abuse, 21% negligence, 16% emotional abuse at home (Leoschut & Kafaar, 2017; Ward et al., 2015). Furthermore, 20% of adolescents reported persistent bullying at school, while 50% had witnessed violence take place in the community (Ward et al., 2015). Another cross-sectional study in socioeconomic disadvantaged communities in the Eastern Cape, South Africa, showed that 94% of adolescents were repeatedly exposed to two or more forms of violence in the past month (Romero, R.H., 2017). In Bangladesh, around 47% of ever-married girls have experienced physical and sexual violence from intimate partners (UNICEF, 2014).

The growing popularity of electronic media and technology among adolescents also needs to be considered in the evolution of interpersonal relationship (Subrahmanyam and Greenfield, 2008). In South Asia, the mobile phone subscription rate has increased from 0.33% in 2000 to 76% in 2015; whereas in Bangladesh the mobile phone subscription rate increased from 0.21%to 82% during the same time period (The World Bank, 2015). As a result, affordable smart phones and connectivity through mobile phone networks has increased adolescents' access to social media sites and other online contents. Sexually explicit movie posters in public spaces, easy access to online and offline adult contents have saturated contemporary visual spaces, which perpetuates curiosity within the adolescents (Rashid & Akram, 2014).

Although sexual content in the media can affect and influence any age group, adolescents may be particularly vulnerable. They may be exposed to sexual content in the media during their developmental period when gender roles, sexual attitudes, and sexual behaviors are being shaped (Levine, 2011). The reason that this group is particularly vulnerable to the sexually explicit contents and messages on social media and other platforms, is that, their cognitive skills are not so developed to analyze the messages and make critical inquiry. They also have little access to SRHR education which would have dissipate the misinformation on the SRHR issues (Cloete, 2012).

With the rising popularity of electronic media in communication, hence it is important to note their role in shaping interpersonal relationship in the life of adolescents and the associated negative impact (Subrahmanyam and Greenfield, 2008). Cyberbullying and online sexual harassment are emerging threats for adolescents and cyberspace is also being used to provoke violent offline activities among adolescents. (Mahmud & Hasan, 2017).

Adolescence is a period of transition, including for some, initiation of sexual activity and they not only undergo physical changes but also become vulnerable to human rights abuses in terms of violence, sexual assault, early marriage and childbearing etc. (Dube & Sharma, 2012). Sexuality, the expression of interest, orientation, and preference, is a normal part of adolescence. Adolescent sexuality encompasses multiple factors, such as developing intimate partnerships, gender identity, sexual orientation, religion, and culture (Tulloch & Kaufman, 2013). It is a part of the process of growing up marked by vital biological, hormonal, physical and emotional changes (Bearinger, et.al, 2007). With these changes, adolescents may also exhibit feeling towards another individual, struggle for autonomy, engage in risky health behaviors, and a need for education on sexuality and healthy lifestyles (Tripathi and Sekher, 2013). Risky sexual behaviors and lack of knowledge on sexuality-related topics are among the leading problems most associated with mortality, morbidity, and social ailments in adolescents (Bearinger, et.al, 2007).

By late adolescence, a large number become sexually active which leaves them vulnerable to possible negative repercussions, such as depression, sexually transmitted infections (STIs), cervical cancer, malaria, obstetric fistulas, and maternal mortality (Glasier et al. 2006; Nour, 2009; Haberland & Rogow, 2015).It has been estimated that there were approximately 489 million new cases of curable sexually transmitted infections (STIs) (e.g., chlamydia,

gonorrhea, syphilis, and trichomoniasis) among adolescents and adults (15–49 years) worldwide in 2008(Singh, Sedgh & Hussain, 2010). According to WHO, the case rate for genital ulcer diseases (including gonorrhea, syphilis, chlamydia and trichomoniasis) in South East Asia (Bangladesh, India, Indonesia, Maldives and Myanmar) was 14.6 million in 2014 (WHO, 2016).

A study investigating global rate of unintended pregnancy showed that, 40% women in Latin America, 60% in sub-Saharan Africa and 52% in North America already had sex by the age of 18 (ibid). This may have negative impact on their health during pregnancy and subsequently on the child's health. Every year, over 7 million girls below the age of 18, including 2 million girls under the age of 14, give birth in the developing world (predominantly in South Asia and sub-Saharan Africa) and the overwhelming majority of these births – 90% – occur within marriage (UNFPA,2013). Adolescents and young people represent a growing share of people living with HIV worldwide. In 2016 alone, 610,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 260,000 were adolescents between the ages of 15 and 19 (UNICEF, 2018).

Relationships, both platonic and romantic, can lead to mental health issues like depression and anxiety. A study of over 400 American adolescents looked into their peer group status and levels of anxiety. It was found that adolescents with negative interactions in romantic relationships had higher levels of depression and peer to peer relationships greatly contributed to an adolescents' mental development (Chow, 2015). Similarly, in another study in India, the prevalence of depression, anxiety, and stress were 19.5%, 24.4% and 21.1% respectively among the adolescents. Depression and stress associated with romantic relationships were significantly higher among female grade 12 students (Kumar and Akoijam, 2017). In a study of around 300 Bangladeshi students in class 11 and 12, it was shown that although romantic relationships were a factor for depression and anxiety, adolescents in Bangladesh were more stressed with financial security or indifferences with their parents (Ahmed, 2017).

Section 2

Methodology

This is a desk review of secondary literature of the most recent, from 2004-2018, research articles on CSE and SRHR education. This overview report paper is prepared based on information collected through a descriptive desk review of the available published documents relevant to comprehensive sexuality education for adolescents globally, regionally and nationally.

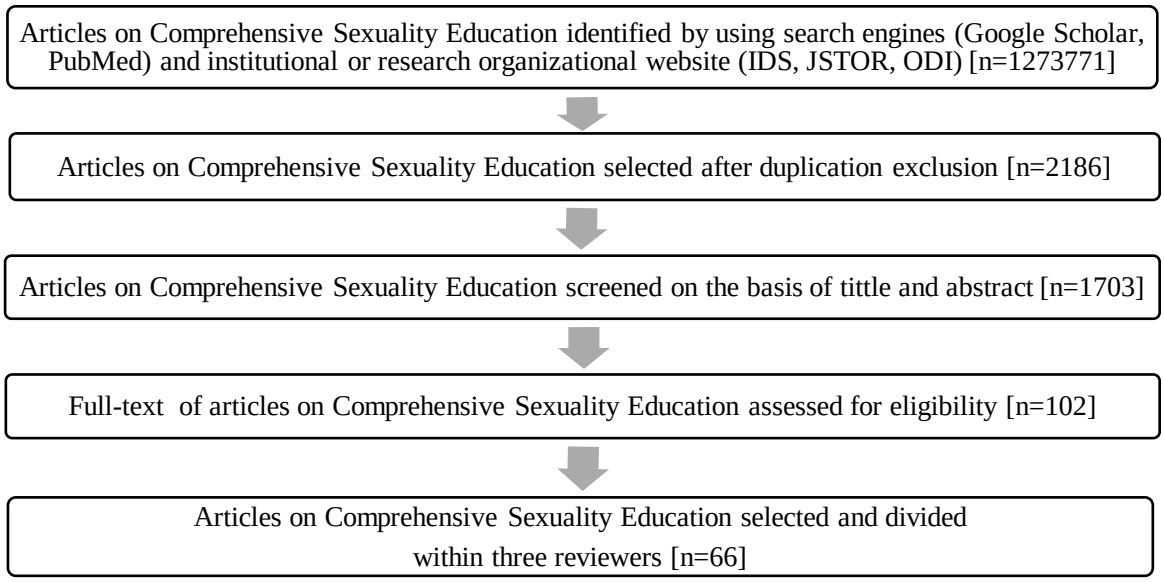
There are two main objectives of this review:

1. To review existing literature and analyze the current status of National Curriculum and Textbook Board (NCTB) curriculum on CSE/ SRHR education.
2. To understand the opportunity of CSE in a Global, regional and national context to improve adolescent health.

Critical analysis of relevant articles on adolescents' needs, comprehensive sexuality education and SRHR issues were conducted to draw on examples.

The literature search was done in five steps: identification, selection, screening, eligibility and inclusion.

Flow diagram for selection of articles:



The central theme of this review report was to understand and learn about the existing provision and barriers in providing CSE. Each article was reviewed and evaluated based on the relevance to the central theme of this paper. The key findings of retrieved articles were analyzed, recorded and arranged thematically. 'Inclusion' or 'exclusion' criteria were based on the relevance to the topic. Relevant information was gathered by using different keywords in the search engines including- Google Scholar, PubMed etc. It also accessed other relevant institutional or research organizational websites that matches with the objective of the desk review such as Institute of Development Studies (IDS), Overseas Development Institution (ODI) etc. The literature search was done during 24th December 2017 – 30th June 2018.

Some of the common keywords used were adolescent, comprehensive sexuality education, sex education, curriculum, stigma, global, South Asia, Bangladesh, etc. Articles from peer reviewed journals were selected for the literature review. A Google Drive folder was created for the management of the literature repository. The literatures were stored centrally for easy access to all the researchers. A total of 66 articles were selected for review and further analysis.

Table 1: Articles reviewed subdivided in categories:

Category	**Number**
Journal Articles	33
Program Evaluation Report	6
Policy Review	7
Systematic Review	8
Periodic Reports	9
Newspaper Articles	3
Total	**66**

Keywords: adolescent, sexual and reproductive health, rights, sexuality, comprehensive sexuality education

Section 3

3.1 Comprehensive Sexuality Education (CSE)

The recent trend in demographic transition suggests that Africa and Asia will have the bulk of the young population by 2030; this creates apparent urgency of the need to access CSE for present and future generations of adolescents (WHO, 2017).

According to the International Technical Guidance on Sexuality Education (ITGSE), CSE is an 'age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information' (UN Women & UNICEF, 2018). CSE is a rights-based and gender-focused approach to sexuality education, whether in school or out of school. It is taught over several years, providing age-appropriate information consistent with the evolving capacities of young people (UNFPA, 2014). CSE includes scientifically accurate information about human development, anatomy and reproductive health, as well as information about contraception, childbirth, risky sexual behavior and sexually transmitted infections (STIs), including HIV (Berglas et. Al., 2014). CSE also includes prevention of sexual harassment, gender-based violence and discrimination with regard to sexually diverse population (LGBTQI) and people living with HIV and AIDS (UNFPA, 2015).

In many cases, young people do not have adequate knowledge and information about how to engage in safe and respectful sexual behavior, how to protect themselves from sexual abuse, pregnancy and infection etc. (UNFPA, 2015). CSE is needed to ensure that individuals and in particular adolescents gain a better knowledge and understanding about their rights and be able to make informed choices about sex and relationships (WHO, 2017). CSE can also counteract myths and false perceptions about sexuality. Also, it is often young people's ability to convert knowledge into practice that is complicated and critical. Young people may face barriers to challenge prevailing norms, may have poor access to health services and be subject to biased attitudes of those in authority (such as teachers and heath care providers, household gatekeepers). Urbanization and migration of people for better livelihood opportunity, access to social media, technology, online relationships, etc. are changing the dynamics of relationship (UNFPA, 2015). Majority of adolescents are unable to take life

changing decisions responsibly because they do not have the adequate knowledge early on. This leaves them vulnerable to coercion, sexually transmitted infections and unintended pregnancy. CSE empowers adolescents to protect their health, well-being and dignity. Providing adolescents with the skills they need is the key to healthy decision-making regarding relationships, sexuality, and sexual behavior. The decisions they make will impact their health and well-being for life-course and overall quality of life. It is important to apply effective tools in school-based teaching curriculum to communicate CSE and SRHR including family planning to have an impact on accelerating the demographic change and driving economic growth (UNFPA, 2014).

3.2 Evidence from different countries

CSE helps young people to explore and nurture positive values regarding their sexual and reproductive health (UNFPA, 2014). This education includes discussions about relationships, culture and gender roles, and also addresses human rights, gender equality, decision-making and assertiveness and threats such as discrimination and violence (GBV, sexual abuse etc.) (Castle et. al., 2008). A review of school-based sexuality education programs has revealed that CSE results in increased HIV knowledge, increased self-efficacy related to condom use and refusing sex, increased contraception and condom use, a reduced number of sexual partners and later initiation of first sexual intercourse with overarching positive impact on sexual and reproductive health (SRH) (Fonner et al., 2014). Another study which focused on combination of educational and contraceptive interventions showed that CSE increases knowledge and attitudes relating to risk of unintended pregnancies, promote delay in the initiation of sexual intercourse and encourage consistent use of birth control methods to reduce unintended pregnancies among adolescents aged 10-19 years (Oringanje et al., 2009).

A research conducted at National Survey of Family Growth in US analyzed the impact of CSE on adolescents' (late adolescents) sexual risk-taking behavior (defined as early adolescent sexual activity, multiple sexual partners, unprotected intercourse, sex with a partner(s) of unknown HIV or sexually transmitted infection (STI) status) which reflects that the adolescents who received CSE were 50% less likely to experience pregnancy (Kohler et. Al., 2008). CSE can create a broader understanding of sexually transmitted infections (STIs), sexual intercourse, sexual identities and pregnancy before an adolescent is sexually active

(Khubchandani, et.al., 2014). Knowledge of one's rights within sexual relationship and communication with parents about relationship is improved with CSE (Kohler et. Al., 2008). CSE also develop skills to navigate through risky situations. Overall psychosocial health and behavior is improved through CSE (Constantine et al., 2015; Rohrbach et al., 2015; UNESCO, 2016). It is critical to enhance knowledge of adolescents' own risks, as well as an understanding of their sexuality, and how one needs to act in risky situations (Bhuiyan, 2014).

There is growing attention and interest in CSE in recent years and the global political commitment towards CSE has increased (Singh, Sedgh, &Hussain, 2010). This has created a niche and also the need to develop expert guidance, standards, quality curricula and other tools in order to reinforce the context specific implementation of CSE in practice (UN Women & UNICEF, 2018). The Universal Declaration on Human Rights mentioned that access to CSE for young people is an element of human rights. It recognizes the overall protection of health, well-being and dignity and it emphasizes on the delivery of unbiased, scientifically accurate sexuality education (Haberland & Rogow, 2015).

CSE can provide adolescents the necessary information about their bodily rights and sexuality in order to reduce misinformation, associated shame and anxiety, and to improve adolescents' abilities and capacities to make safe and informed choices and decisions about their sexual and reproductive health (Boonstra, 2011). There are myriad of implications on overall health and well-being from CSE among young and adolescents. To promote gender equality and adolescents' overall sexual and reproductive health and rights, access to CSE is very important as it may contribute to reduce early childbirth, unsafe abortion, unplanned pregnancy, sexual violence etc. (WHO, 2011). Some integral components of CSE are human rights, the right to self-determination, gender equality and acceptance of sexual diversity that can bring an end overall stigma around this issue (UNFPA, 2015). It is a holistic sexuality education which is a lifelong process as it initiates in childhood and progresses through adolescence and adulthood, that includes the cognitive, emotional, social interactive aspects of sexuality (UNFPA, 2015).

According to a study in Netherlands, Dutch adolescents learn about their sexuality in a stepwise manner based on their early education on sexuality within the mainstream education curriculum. The study argues that adolescents who follow a stepwise sexual development are more confident and engage in less risky sexual behaviour than those who do not (Doef &

Reinders, 2018). Another study done in US reflected that the risk of teen pregnancy is 50% lower if adolescents are provided with CSE which includes information on birth control (Kohler, P. K. et. Al., 2008). The same study revealed that neither sexual activity nor sexually transmitted infections (STIs) among adolescents are increased due to CSE (Kohler, P. K. et. Al., 2008).

Quality CSE has positive impact on sexual knowledge, attitudes, communication skills and sexual behaviors (Kirby, 2011). Government and non-government organizations are implementing several programmes regarding sexuality education for adolescents. These programmes reflect that CSE has significant positive impact on young peoples' sexual health (Fine & McClelland, 2006; Haberland & Rogow, 2015; Kirby, 2008; McCave, 2007; Trenholm et al., 2008; Underhill, Montgomery & Operario, 2007). However, in the long run CSE does not have extensive impact on protective behaviors of the family or the society as a whole where talking about sexual behavior is a stigma (Doyle et al., 2012; Kirby 2007; Kohler, Manhart, and Lafferty 2008; Yankah and Aggleton 2008).

For the developing countries, the significance of getting access to CSE is even higher given the conservative environments where a culture of silence prevails on such discussions. A study done in India, suggests that adolescents like experimenting and getting involved in risky behaviors as they are unaware of reproductive and sexual health and rights issues which has short term and long term effect on quality of health (Ismail, et. Al., 2015). Indian Ministry of Health and Family Welfare's programme named RMCHA (Reproductive, Maternal, Newborn, Child and Adolescent Health), which focuses on the health issues of out of school adolescents, provides young people the access to SRH information and services (ARROW, 2017). This is a public-private partnership that plays an important role in delivering CSE. However, the information sharing is only focused on menstruation, early marriage and STIs /HIV. Because of the deeply entrenched cultural and social norms and biases, various other critical SRHR issues (menstruation, consent, intimate partner violence, abuse, coercion, rape etc.) remain unexplored. Government's out of school programs and women self-help groups at the village level have been effective in enabling girls to begin conversation on menstruation, marriage and consent (ARROW, 2017). However, they do not provide direct CSE to the adolescents due to the cultural and social restrictions.

The kindergarten children, aged 4-6 in the Indonesian program, You & Me, is designed to empower children against sexual violence, as it facilitates the development of social skills

(friendship and interaction with adults), social values (respect and care for family), self-esteem, and gender equality within and outside the family (UNFPA, 2015). The findings indicate that children were able to correctly identify the physical differences between boys and girls, and had increased knowledge about the birth process. There were improvements in communication skills and more interaction between girls and boys among children (ibid).

There is provision of CSE in basic education in Thailand which is mandated by the Ministry of Education. In primary and secondary levels, these contents are integrated under health and physical education. Also, in vocational institutions, sexuality education is a separate subject. The necessity of CSE is also identified and recognized by the Ministry of Public Health and the Ministry of Social Development and Human Security. It is also a strategy to curb the HIV epidemic and to reduce the number of teenage pregnancies by ensuring CSE in all educational institutions (UNICEF, 2016b).

3.3 CSE in Bangladesh

Bangladesh is experiencing a demographic window of opportunity where the country has the potential economic benefit offered by changes in the age structure of the population when there is an increase in working-age population and a decline in the elderly population (UNFPA, 2014). This higher working age group and lower dependency ratio will mean higher economic growth among young population who ultimately will become the strong productive work force in future to drive the economy forward (Crespo, et.al., 2014). These adolescents need to maintain good health and sustain overall wellbeing with proper guidance on health and sexuality education that can be provided through CSE. Good health remains a key to reducing adolescent and youth vulnerability, improving workforce productivity and creating an environment for youth to realize their full potential (Bhuiyan, 2014).

Reeuwijk & Nahar in their 2013 study found that boys and girls in Bangladesh engage in sexual interactions (such as kissing and hugging) despite restrictions from family and community around romantic relationship (van Reeuwijk & Nahar, 2013). In the same study, it was reported that adolescents may also engage in more intimate interactions (i.e. intercourse). A study conducted in 2002 in the US also looked at adolescent's early initiation of sexual activity which raised similar concerns (Collins, 2004). Without proper sexuality education, adolescents in Bangladesh remain vulnerable to unwanted pregnancies, STIs and HIV/AIDS as they are less informed than adults about the risky sexual behavior (Bandhu & Durbin

Foundation, 2016). The concern raised in the Bangladeshi study is corroborated by studies conducted in the US (Epstein, Bailey, Manhart, Hill, & Hawkins, 2014; Kubicek, Beyer, Weiss, Iverson, & Kipke, 2010). There is evidence that sexuality education helps young people to go beyond society prescribed gender boundaries and have a healthy and satisfying sexual life (Haberland & Rogow, 2015; Naisteter & Sitron, 2010; Orecchia, 2009; Rogow & Haberland, 2005; Rosen, Murray, & Moreland, 2004).

The UN Post-2015 Development Report states that Sexual and Reproductive Health and Rights Information increases rates of education, reduces other healthcare costs, promotes gender equality and leads to economic gains (UN Women & UNICEF, 2018). Research carried out by ARROW points out that stigma around SRH issues in the community and reluctance of teachers to discuss in class, have hindered the implementation of CSE/SRHR education in the classroom (ARROW, 2017).

Bangladesh population policy and adolescents' reproductive health strategy recommends effective circulation of knowledge and information regarding adolescent reproductive health through school syllabuses in secondary and higher secondary school (MoHFW, 2017). However, in Bangladesh, premarital sex is frowned upon and is a stigmatized issue about which people are unwilling/reluctant to discuss or provide information. Due to socio-cultural and religious challenges, there is are considerable barriers and taboos and resistance to sharing information on sexuality in the secondary and higher secondary schools in Bangladesh (Bhuiyan, 2014).

3.3.1 CSE in National Textbook Curriculum

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

However, in relation to the ITGSE standard, there is still some areas for sexuality education that remained unexplored.

1. **Menstruation**: The age of menarche in Bangladesh is between 11 – 17 years. 1/3rd of women experience menarche between ages 11 to 13, another third by 14 years and the

rest between 15 to 17 years (Field and Ambrus, 2008). However, the information regarding menstruation is being provided at class 6 (around 12 years of age). Therefore, creates a lost opportunity to aware the girls who are experiencing menarche at an earlier age. Also, there is lack of information on menstrual hygiene methods (e.g. sanitary napkins) and nutritional health needs.

2. **Nocturnal Emission**: There is no mention of masturbation, while nocturnal emissions are merely mentioned once in the Classes 9-10 book, without any explanation, adding to the mystery and stigma and misconception (NCTB, 2018).
3. **Gender Norms**: There needs to be much more extensive information on the gender norms, changing norms, gender based violence (GBV), and gender equality, all in the context of Bangladesh, in order to meet the CSE Guidelines. Ironically the curriculum was found to be mentioning in favor of gender stereotypes. One example of implicit advocacy of stereotypes is when the class 7 book discusses staying safe, it says, *"(Girls) will not go alone anywhere for her personal safety."* The Class 8 book also continues: *"Because of conceiving at an early age, a girl cannot do household works well. She falls in illness very frequently and it causes unhappiness in the family"*(NCTB, 2018).
4. **Other adolescent female health problems**: White discharge is a common health problem among the adolescent girls in South Asia (Patel et al. 2005). However, there is no mention of information on this topic in National Education Curriculum (NCTB, 2018).
5. **Rights based education**: ITGSE urges CSE curriculums be inclusive of rights based education. The discussion about sexual violence and child marriage is included in the curriculum. However, the issues relating to diverse sexuality and premarital sex needs to be included.
6. **Referral to Adolescent Friendly Health Centers (AFHCs)**: There needs to be a detailed description of AFHCs and the other government and non-government providers of ASRHS. It is very important that the students are given the information in the book as this would be a method of raising awareness for the centers as well. A description must be given about the different services provided and the nature of these services, such as their adolescent friendly and enabling characteristics, so that these are attractive to adolescents and to increase the likelihood of them feeling confident and safe to visit.

Other topics such as interpersonal relationships within members of the family should be included as per guideline of ITGSE, however, the current NCTB curriculum does not contain any such information.

According to ITGSE guidelines, the curriculum in Bangladesh needs to be more comprehensive in order to address adolescent health and sexuality. A study focusing on Parents' perspective towards inclusion of adolescent SRHR education in school states that, secondary school curriculum has very little provision for reproductive health related information in introductory biology courses in high school (Bhuiyan, 2014); which does not reflect the objective ("… all adolescents, irrespective of their gender, age, class, caste, ethnicity, religion, disability, civil status, sexual orientation, geographic divide or HIV status, have the right to attain the highest standard of health") on Adolescent health, by the Ministry of Health and Family Welfare (National Strategy for Adolescent Health, 2017-2030). Access to safe and accurate information on sexual and reproductive health, access to SRH services, positive attitude of the health care providers are critical needs for the adolescents and young people. Discussions on sexual harassment, for instance, do not address the root causes and instead promote the ideas that girls need to act and dress in way that does not attract unwanted attention from men and boys (Sabina, 2016). According to a study carried out in 2015 by UNFPA, educators are not able to use a rights-based approach and often stigmatize issues on SRH due to inadequate training. School-based programmes may be undermined by the reluctance of the teachers to discuss and deliver sexuality education due to the rigidity in cultural norms around discussions on sexuality and reproductive health in public (Bhuiyan, 2014). This was reiterated in another recent study which also found that cultural taboos or shame and stigma is another barrier for teaching SRH in classroom (JPGSPH, 2016).Teachers and students both feel uncomfortable discussing SRHR topics in a co-ed setting (JPGSPH, 2016). Adolescents are embarrassed to talk about sexuality in classroom for the fear of giving a wrong impression of themselves. According to the report by Bandhu and Durbin Foundation, carried out in 2016, sometimes adolescents are fearful that their identity may be exposed while receiving services from facility and hence they refrain from receiving such services (Bandhu & Durbin Foundation, 2016).

A study conducted by Nazme Sabina in 2016 looked at parents' attitudes and found that schools often cannot implement the curriculum because of resistance from parents stemming from their cultural rigidity (Sabina, 2016). They even do not want to learn what

comprehensive sexuality entails due to their religious/ cultural rigidity (Bandhu & Durbin Foundation, 2016). However, another study conducted in Rajbari, Dhaka, had contrasting findings. Nearly Half (48.3%) of parents participating in the study were in favor of sex education and only a quarter (25%) were against it. However, when the researchers delved deeper, the parents explained that they only approve the value and culture oriented sex education (Bhuiyan, 2014).

In a 2016 literature, the author describes how inaccurate interpretation of religion creates barrier to implementation of the curriculum (Sabina, 2016). In another study conducted by icddrb in 2013, it was found that 70% students as a whole felt uncomfortable discussing about STD and AIDS for which they are reluctant to receive CSE/ SRHR education (Sarma & Oliveras, 2013). According to Sabina 2016, the SRHR education curriculum is different in two arms of the government education system (Govt. curriculum public or private schools and Madrasah). This can create confusion within adolescents when they discuss within themselves and they may question the reliability of the information in the textbook.

3.3.2 NGO Practices on CSE

Thirteen (13) out of thirty-two (32) national and international NGOs (Full list in Box 1) working on SRHR interventions, had been and/ or are currently offering reproductive and sexual health education in some form (e.g. BRAC ADP program, UBR program are working towards community mobilization, awareness raising, service delivery as well as SRHR education). SRHR education provided by these programs include more diverse issues than what is addressed by the national curriculum. The approach taken by the NGOs is a unified approach, whereby the interventions are given not as a standalone program, rather tagged with existing community interventions. CSE/ SRHR education being tagged along informally with formal services (for examples MR, Family Planning, Safe Birthing, Adolescent Health Services) enables the NGOs to bypass the social stigma around this issue and make it cost effective, however this remains with the purview of married couples (Bhuiyan, 2014). Such approaches to services are- vouchers scheme, helpline and face-to-face counseling, clinical services, social gathering, social media campaign etc.

Box 1: Organizations working on SRHR Education in Bangladesh

Organization	Target group	SRHR related Activities	Challenges	Tools using
Bandhu Social Welfare Society	Sexual minorities in Bangladesh	legal counseling Case documentation & investigation Human rights and case documentation training Sensitize media personnel Create materials on SOGI issues Visit CBOs	▪ Insufficient human resource ▪ Less access to the stakeholders and law enforcement agencies ▪ Religious stigma ▪ Negative attitude of the society ▪ Back-laws 377 of BPC, 54 of CRPC, 86 of DMP	Helpline
Action Aid Bangladesh	Slum dwellers	Counseling Regular community clinic service School and based consultation on SRHR Training and dialogue session to the community people/committee IEC BCC materials publication Discussion in Reflection action group	▪ Tackle Child marriage issues. Therefore ▪ Participant wise content selection is a challenge	Counseling, BCC
Boys of Bangladesh (BoB)	Self-identified gay men	Launching project Dhee and countrywide campaigns using Dhee and her story to talk about LGBT rights. Advocacy for the introduction of Comprehensive Sex Education closely working on issues related to SRHR and LGBT rights with JPGSPH.	▪ Rejection to address SOGI in mainstream SRHR discourse. ▪ Class biasness ▪ The SRHR/NGO work in Bangladesh is more bureaucratic than innovative. ▪ Resource Constraint ▪ Social, Political and Legal challenges as homosexuality is still illegal, is condemned by the majority	Comic Character

BRAC Adolescent Development Program (ADP)	Adolescents	Club based edutainment Life skills- based education, facilitated by their peers on different social and health-related issues ADP implements a campaign-based project To work more exclusively on life skill issues especially on Sexual and Reproductive Health Rights (SRHR)	▪ Combat increasing sexual harassment or violence to adolescents in the society ▪ The prevailing malpractice of child marriage ▪ To ensure the commitment given by the community	Youth club, Campaign
Counseling Unit, BRAC University	University students	Attended Expert workshop on Drafting a curriculum for counselor in Sexual Reproductive Health Rights and Gender in Nijmegen Netherlands, 2014	▪ Not mentioned	Counseling
Concerned Women for Family Development (CWFD)	Adolescents	Community advocacy meeting, School teachers training on ASRHR and GBV. Mapping of Health Service facilities in the community. Training for Health Service Providers on Adolescents Friendly Health Services. Formation of Adolescent Groups and Adolescent Space in the schools and Madrasha and conducting learning session in the clubs Raising awareness on ASRHR through Games Counseling service through helpline to adolescents. Clinical services on SRHR	▪ To answer embarrassing questions related to sex during counseling services. ▪ Lack of knowledge related to policies and procedure on reproductive health rights.	Helpline

Naripokkho	Women	Run advocacy from union level to national level to ensure accountability of personnel related with health care service. Advocacy at national level to ensure accountability regular monitoring of health care facilities Protecting women's reproductive health rights. protect adolescent (female specially) SRHR as well as addressing discriminatory factors Conduct researches and outreach activities Creating awareness or disseminating knowledge	▪ Political instability, quality of health care service, lack of manpower, irregular meeting of hospital management committee ▪ Bound to skip the word 'sexual' from 'sexual and reproductive health and rights' while sending reports to government offices as the government is against of using the word.	None mentioned
Plan International Bangladesh	Adolescent	Developed self-Learning materials developed such as board games and computer games for adolescents. Radio Program called 'Dosh Unisher Mon'	▪ Convincing authority about the importance of giving SRHR knowledge in age appropriate way	Games, Radio program
RHSTEP	Adolescents and youth	Creating awareness about SRHR issues among adolescents and youth. Developed curricula, board game, leaflet and notebook	▪ Conservative mentality of society and families regarding SRHR education	Curricula, Leaflet, Board game, Notebook

Organization	Target group	SRHR related Activities	Challenges	Tools using
Shamporker Noya Shetu (SNS)	LGBT	Works to ensure LGBT rights and eliminate discriminations Counseling services to HIV positive LGBT person and refer them to other organizations where they can get treatment for their HIV Awareness services for LGBT youth	▪ Did not get organization registration for working with LGBT ▪ Problem to rent office space. They had to rent office with two times more than the usual rent. ▪ Negligence from different organization people while working as they do not accept them properly	
Roopban	LGBT	Raising awareness about sexual and gender diversity Advocates for LGBT people's human right to love.	▪ Hostile socio-cultural environment towards sexual diversity and rights issue ▪ Lack of experts and activists ▪ No support from the government	
Shambhob	LBT	Training for non-judgmental, relationship-based working Works to give LBT people an accessible, sensitive mainstream services as well as the opportunity to get support from specialist services Conduct workshops "Sex, Gender, Sexuality and Sexual Reproductive Health and Rights"	▪ Net-work building both one to one and online and communication as sometime it is not possible to reach out to the community people ▪ Referral as some community members are not willing to come at the office ▪ Lack of knowledge about sex, sexuality and gender in mass people	

Organization	Target group	SRHR related Activities	Challenges	Tools using
University of Liberal Arts Bangladesh (ULAB)	ULAB students	One-stop information center about academic and personal advising, Conflict advising Crisis support, including on-campus counseling, and off-campus resources and referrals Organization of educational and well-being workshops and seminars Supervision of and liaison with external counselors, support groups and NGOs.	▪ Trust-building, especially in confidentiality of the office. ▪ Lack of skilled personnel to advice students. ▪ Cultural bias that counseling is not needed, especially before a crisis develops.	

Source: SRHR Education interventions in Bangladesh: Activities & Challenges; Breaking the Shame, BRAC JPG School of Public Health

There are also different alliances (civil society organizations, different projects (Annex1)such as Generation Breakthrough (GB), BALIKA etc. providing SRHR information through linking up the services with existing public or private/NGO services (creating safe space, livelihood training etc.) (Bandhu, 2016). However, the coverage of these programs is not comprehensive but selective, thus making it difficult to reach majority of the population through such programs. The whole coverage of CSE can be more effective if included in the formal school curriculum (UNFPA, 2014). Unite for Body Rights (UBR) Alliance activities include improving access to information and services in an enabling environment for adolescents by providing CSE (including all the components laid out by ITGSE) and Adolescent Friendly Health (AFH) services (Bandhu, 2016). BRAC Adolescent Development Program (ADP), which provides sexuality education under the component of safe and supportive spaces for adolescents to exchange views on sexual and reproductive health, is focused not only on young adolescents but also on adults, who are not targeted by government programs (BRAC, 2016). The success of BRAC ADP program encouraged the government (Ministry of Women and Child Affairs and the Ministry of Youth and Sports) to replicate this model in different districts across seven (07) divisions (ADP BRAC, 2016).According to the 2016 report from Unite for Body Rights, the Government and other stakeholders have already come to a consensus, realizing the importance of concerted efforts,

to include CSE training module in teacher's training curriculum (RUTGERS & Unite for Body Rights, 2016).

Section 4

4.1 Conclusion

The barriers that young people face in making appropriate decisions on reproduction are many and varied; they are intertwined in deep rooted patriarchal gender norms. CSE is shown to improve young people's ability to make informed decisions about relationships and sexuality and navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) pose a threat to their wellbeing. However, Solutions that address the barriers to the successful implementation and uptake of CSE are complex. CSE, an integral part of SRHR, is a challenge due to multiple political and economic arrangements in which religious and cultural beliefs and practices are deeply embedded. The evidence from Bangladesh and other regional studies' findings suggests that improving existing CSE programmes, scaling up, and effective uptake requires adaptability of CSE content, relevant to social, and cultural contexts. This adaptability should involve introducing sexuality as a part of life while simultaneously keeping in mind the cultural sensitivity around gender, sex and sexuality as well as the adolescents' capacity to assimilate these concepts.

Training on critical pedagogy methods to teach CSE content is important that will create space for the adolescents to raise questions around sexuality and many of their perceptions around the issue would be addressed accordingly. It is important to improve skills of teachers to engage students in discussing content outlined by CSE programmes. It is also important to engage men and boys within all communication spaces, including in schools, to discuss issues of sexuality and reproduction that they grapple with, as well as issues related to equality, empowerment, SRHR, and human rights. It is imperative that there is strong advocacy for youths and help them to receive CSE in a timely, factual, and forthright manner.

4.2 Recommendations

CSE should begin from the primary level and age appropriate course contents be developed to meet the needs of the adolescents. Develop and implement minimum standards for the CSE across different classes (elementary through high school) and pre-service teacher education / training. This can be done by addressing the role of local level cultural and social norms in CSE delivery.

Given the benefits CSE offers for adolescents' sexual reproductive health and rights, we should introduce some appropriate concepts of CSE earlier in the adolescence as well as train teachers to be able to teach effectively and efficiently. So, we should also focus on teachers training curriculum while focusing on enriching the text books.

Evidence-based, scientific and nonjudgmental information needs to be 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. It is critical to provide clear guidance on the position of CSE in the curriculum set forth by NCTB, MoE.

There is a lack of evidence on rigorous program evaluation and service delivery in terms of CSE education. A strong evidence for policy advocacy and advocating for change in current mode of education delivery is critical.

Setting the curriculum guidelines and contents by NCTB should be done through a consultative process engaging multiple actors, like: women, girls, boys, young people, parents, teachers, and civil society representatives to ensure that the CSE curricula cover SRHR issues comprehensively and ensure progressive and inclusive contents.

Lessons of good practices that are identified in regional and global context need good scrutiny and explore whether such approaches are appropriate to replicate in specific context like in Bangladesh. This may inform the development of country and regional models for integrating CSE in teacher education.

For effective development and implementation of school curricula, preparing and supporting teachers, and the management overseeing the process, monitoring and evaluation (M&E) of education practices, it is critical that training in sexuality education is extended beyond the teachers to those who train and prepare them for teaching, support or manage them, and

develop the curriculum and other teaching and learning materials accordingly. This can be attained by improving the capacity and coordination of CSE teacher training providers.

There is a need to engage young people, as well as their parents and communities to advance CSE. It is important to engage and sensitize school management teams and other key actors at the school and community levels.

4.3 Limitations of this study

There is a possibility that the entire breadth of knowledge could not be captured within the scope of this study:

- There is a lack of rigorous evidence when it comes to comprehensive sexuality education in Bangladesh. Although a number of Non-Government actors have been working in this area, the process is not well documented and detailed evaluation is missing/ inaccessible.
- There is also a possibility of publication bias and limited dissemination of results that are contrary to the government's perspectives. Findings which do not show an improvement are also less likely to be published; however, these studies may have had significant insight which could have facilitated design better programmes and policies.

References:

- Amnesty International Ltd (2018), Amnesty International Report 2017/18: THE STATE OF THE WORLD'S HUMAN RIGHTS, ISBN: 978-0-86210-499-3
- ARROW, (2017). India comprehensive sexuality education: the way forward. Retrieved from http://arrow.org.my/wp-content/uploads/2017/10/India-CSE-brief.pdf.
- Bakaroudis, M., Blum, R., & Hopkins, J. (2015). The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes. *Unfpa*, 1–64. Retrieved from www.unfpa.org
- Bandhu & Durbin Foundation, 2016(2016). Bangladesh comprehensive sexuality education: the way forward. Retrieved from http://arrow.org.my/publication/bangladesh-cse-brief/.
- BBS and UNICEF Bangladesh (2014), Progotir Pathey Multiple Indicator Cluster Survey 2012-2013, Key Findings. Bangladesh Bureau of Statistics and UNICEF Bangladesh, Dhaka, Bangladesh, retrieved on 24th June, 2017 from https://www.unicef.org/bangladesh/MICS_Key_Findings_Report_revised_05-08-2015.pdf
- Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *The lancet*, *369*(9568), 1220-1231.
- Bhuiyan, M. K. (2014). Inclusion of Sex Education in School Curriculum of Bangladesh: Parents' Attitude. *IOSR Journal of Research and Method in Education*, *4*(5), 32-40.
- Boonstra, D. (2011). Teen pregnancy among young women in foster care: A primer.
- Chow CM, Ruhl H and Buhrmester D. (2015) Romantic relationships and psychological distress among adolescents: Moderating role of friendship closeness. *International Journal of Social Psychiatry*, pp 1–10.
- Cloete, A. (2012) Youth culture, media and sexuality: what could faith communities contribute? Herv. teol. stud. vol.68 no.2
- Collins, R. L. (2004). Watching Sex on Television Predicts Adolescent Initiation of Sexual Behavior. *PEDIATRICS*, *114*(3), e280–e289. Retrieved fromhttp://doi.org/10.1542/peds.2003-1065-L
- Cowell, F., & Milon, A. (2012). Decriminalisation of sexual orientation through the universal periodic review. *Human Rights Law Review*, *12*(2), 341–352. Retrieved fromhttps://doi.org/10.1093/hrlr/ngs009
- van der Doef, S. and Reinders, J. (2018) Stepwise sexual development of adolescents: the Dutch approach to sexuality education. *Nature Reviews Urology* 15, 133–134.
- Doyle, A. M., Mavedzenge, S. N., Plummer, M. L., & Ross, D. A. (2012). The sexual behaviour of adolescents in sub-Saharan Africa: patterns and trends from national surveys. *Tropical Medicine & International Health*, *17*(7), 796-807.

- Dube, S., & Sharma, K. (2012). Knowledge, attitude and practice regarding reproductive health among urban and rural girls: a comparative study. *Studies on Ethno-Medicine*, *6*(2), 85-94.
- Epstein, M., Bailey, J. A., Manhart, L. E., Hill, K. G., & Hawkins, J. D. (2014). Sexual risk behavior in young adulthood: Broadening the scope beyond early sexual initiation. *Journal of Sex Research*, *51*(7), 721–730. Retrieved fromhttp://doi.org/10.1080/00224499.2013.849652
- Field, E., and Ambrus, A., (2008). Early Marriage, Age of Menarche, and Female Schooling Attainment in Bangladesh, Journal of Political Economy, volume 116 no. 5, DOI: 0022-3808/2008/11605-0004
- Fine, M., & McClelland, S. (2006). Sexuality education and desire: Still missing after all these years. *Harvard Educational Review*, *76*(3), 297-338.
- Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School based sex education and HIV prevention in low-and middle-income countries: a systematic review and meta-analysis. *PloS one*, *9*(3), e89692.
- Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: a matter of life and death. *The Lancet*, *368*(9547), 1595-1607.
- Gupta, M. D. (2014). The Power of 18 Billion: Adolescents, Youth, and the Transformation of the Future.*The State of World Population.*
- Haberland, N., &Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of adolescent health*, *56*(1), S15-S21.
- Ismail, S., Shajahan, A., Rao, T. S., & Wylie, K. (2015). Adolescent sex education in India: Current perspectives. *Indian journal of psychiatry*, *57*(4), 333.
- Khubchandani, J., Clark, J., & Kumar, R. (2014). Beyond controversies: Sexuality education for adolescents in India. *Journal of family medicine and primary care*, *3*(3), 175.
- Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research & Social Policy*, *5*(3), 18.
- Kirby, D. (2011). Sex education: Access and impact on sexual behaviour of young people. *New York: Department of Economic and Social Affairs, United Nations Secretariat*.
- Kirby, D. B., Laris, B. A., &Rolleri, L. A. (2007). Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, *40*(3), 206-217.
- Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of adolescent Health*, *42*(4), 344-351.
- Kubicek, K., Beyer, W. J., Weiss, G., Iverson, E., & Kipke, M. D. (2010). In the dark: Young men's stories of sexual initiation in the absence of relevant sexual health information. *Health Education and Behavior*, *37*(2), 243–263. Retrieved from

http://doi.org/10.1177/1090198109339993

- Kumar K S and Akoijam B S. (2017) Depression, Anxiety and Stress Among Higher Secondary School Students of Imphal, Manipur. Indian J Community Med., 42(2): 94–96
- Leoschut, L., & Kafaar, Z. (2017). The frequency and predictors of poly-victimisation of South African children and the role of schools in its prevention Psychology - Health & Medicine, 22(1), 81–93. http://dx.doi.org/10.1080/13548506.2016.1273533
- Levine, D. (2011) Using Technology, New Media, and Mobile for Sexual and Reproductive Health. Sexuality Research and Social Policy: Journal of NSRC 8(1):18-26
- Mahmud, T., & Hasan, K. (2017). Unchecked machismo, drug abuse fuelling gang violence | Dhaka Tribune. Dhaka Tribune, p. Crime. Dhaka. Retrieved on June 21, 2018 from from http://www.dhakatribune.com/bangladesh/crime/2017/02/20/unchecked-machismo-drug-abuse-fuelling-gang-violence/
- Merriam, J.R. (2007) Why Don't More Public Schools Teach Sex Education? A Constitutional Explanation and Critique, *William & Mary Journal of Women & Law*, vol. 13 (5), pp 539-591, http://scholarship.law.wm.edu/wmjowl/ vol13/iss2/5
- MoHFW (2012), Bangladesh Population Policy, *Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh*. Retrieved from http://bangladesh.gov.bd/sites/default/files/files/bangladesh.gov.bd/policy/98896a22_df81_4a82_b70c_24125dec56d7/Bangladesh-Population-Policy-2012.pdf.
- MoHFW (2017). National Strategy for Adolescent Health 2017-2030. Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh. Retrieved from http://coastbd.net/wp-content/uploads/2017/07/National-Strategy-for-Adolescent-Health-2017-2030-Final-Full-Book-21-06-17.pdf.
- McCave, E. L. (2007). Comprehensive Sexuality Education vs. Abstinence-Only Sexuality Education: The Need for Evidence-Based Research and Practice. *School Social Work Journal*, *32*(1).
- Naisteter, M. A., & Sitron, J. A. (2010). Minimizing harm and maximizing pleasure: Considering the harm reduction paradigm for sexuality education. American Journal of Sexuality Education, 5(2), 101-115.
- Orecchia, A. C. (2009). Sex education groups for adolescent girls: A review of current practice and research. Graduate Journal of Counseling Psychology, 1(2), 9.
- Oringanje, C., Meremikwu, M. M., Eko, H., Esu, E., Meremikwu, A., &Ehiri, J. E. (2009). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database Syst Rev*, *4*(4).
- Ovi, I. H. (2017). Dhaka is second most active city in world for Facebook users | Dhaka Tribune. Retrieved on June 21, 2018, from http://www.dhakatribune.com/bangladesh/dhaka/2017/04/14/dhaka-ranks-second-world-active-facebook-users/

- Rashid, S.F., Akram, O. (2014) Pornography, Pleasure, Gender and Sex Education in Bangladesh, IDS Sexuality and Development Programme
- Rogow, D., & Haberland, N. (2005). Sexuality and relationships education: Toward a social studies approach. Sex Education, 5(4), 333-344.
- Rosen, J. E., Murray, N. J., & Moreland, S. (2004). Sexuality education in schools: The international experience and implications for Nigeria. Family Health International.
- Romero RH, Hall J Cluver, L and Franziska Meinck (2017), Can supportive parenting protect against school delay amongst violence-exposed adolescents in South Africa? Child Abuse & Neglect, http://dx.doi.org/10.1016/j.chiabu.2017.09.025
- Sabina, Nazme. (2016). Religious Extremism and Comprehensive Sexual and Reproductive Health and Rights in Secondary and Higher SecondaryEducation in Bangladesh. National Report. Dhaka: *Naripokkho and Asian-Pacific Resource and Research Centre for Women*
- Sarma, H., & Oliveras, E. (2013). Implementing HIV/AIDS Education: Impact of teachers' training on HIV/AIDS education in bangladesh. *Journal of Health, Population and Nutrition*, *31*(1), 20–27.
- Singh, S., Sedgh, G., &Hussain, R. (2010). Unintended pregnancy: worldwide levels, trends, and outcomes. Studies in family planning, 41(4), 241-250.
- Smith, G., Kippax, S., Aggleton, P., &Tyrer, P. (2003). HIV/AIDS school-based education in selected Asia-Pacific countries. Sex Education: Sexuality, Society and Learning, 3(1), 3-21.
- Subrahmanym, K. and Greenfield, P. (2008). The Future of Children, 18 (1), pp 119-146. doi: https:/doi.org/10.1353/foc.0.0006
- The World Bank. (2015). Bangladesh, Data. Retrieved June 14, 2017, from http://data.worldbank.org/country/bangladesh
- Trenholm, C., Devaney, B., Fortson, K., Clark, M., Quay, L., & Wheeler, J. (2008). Impacts of abstinence education on teen sexual activity, risk of pregnancy, and risk of sexually transmitted diseases. Journal of Policy Analysis and Management, 27(2), 255-276.
- Tripathi, N., & Sekher, T. V. (2013). Youth in India ready for sex education? Emerging evidence from national surveys. PLoS One, 8(8), e71584.
- Tulloch, T., & Kaufman, M., (2013), Adolescent Sexuality, Pediatrics in Review, VOLUME 34 / ISSUE 1, From the American Academy of Pediatrics, Link: http://pedsinreview.aappublications.org/content/34/1/29
- Underhill, K., Montgomery, P., & Operario, D. (2007). Sexual abstinence only programmes to prevent HIV infection in high income countries: systematic review. BMJ, 335(7613), 248.
- United Nations Population Fund (UNFPA) 2015. The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes. New York.

- UNICEF (2018), Turning the tide against AIDS will require more concentrated focus on adolescents and young people, retrieved from https://data.unicef.org/topic/hivaids/adolescents-young-people/
- UNICEF South Asia, (2016a), Violence against Children in Education settings in South Asia: A desk review.
- UNICEF (2016b). Review of Comprehensive Sexuality Education in Thailand, UNICEF Thailand Country Office, Bangkok
- UN Women & UNICEF. (2018). International technical guidance on sexuality education: an evidence-informed approach. UNESCO Publishing.
- Van der Ven, R., & Smits, J. (2011). The demographic window of opportunity: age structure and sub-national economic growth in developing countries. Nijmegen Center for Economics (NiCE)—Institute for Management Research—Radboud University Nijmegen.
- Van Reeuwijk, M., & Nahar, P. (2013). The importance of a positive approach to sexuality in sexual health programmes for unmarried adolescents in Bangladesh. Reproductive health matters, 21(41), 69-77.
- Ward, C., Martin, E., Theron, C., & Distiller, G. (2007). Factors affecting resilience in children exposed to violence. South African Journal of Psychology, 37(1), 165–187. http://dx.doi.org/10.1177/008124630703700112
- World Health Organization (2016) Report on global sexually transmitted infection surveillance 2015.
- World Health Organization. (2017). Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 agenda.
- Vanwesenbeeck, I., Westeneng, J., de Boer, T., Reinders, J., & van Zorge, R. (2016). Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me. Sex education, 16(5), 471-486.
- Yankah, E., &Aggleton, P. (2008). Effects and effectiveness of life skills education for HIV prevention in young people. AIDS Education & Prevention, 20(6), 465-485.

Annex -1

ASRH Programs in Bangladesh, 2005-2015

(Adapted from The Evidence Project: Population Council (2017)

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
ANGEL *Adolescents & Newlywed Girl's Events of Life* Part of larger USAID/DFID NGO Health Service Delivery Project	2013 – Present	USAID	NHSPD	NHSDP functions through 403 static and 10,482 satellite clinics managed by 26 NGOs throughout the whole country serving over 6 million adolescent and youth under this service delivery structure and the GOB assigned catchment areas.	ASRH Maternal Health	**Awareness Raising** Booklets for young people on puberty, child marriage, divorce, dowry, family planning, antenatal care, maternal health, postnatal care, abortion, infertility, impotency, HIV, STIs, condom use, and so on. Establishment of satellite clinic sessions in project catchment areas and awareness raising on related topics. **Service Delivery** Reproductive health and youth friendly services for adolescents and youth from 'Surjer Hashi' clinics, including tetanus vaccine, blood type testing, and hygiene-related information, and referrals for needed services.	Boys and girls 15-25 years old (unmarried, newly married and pregnant/ first-time parents)	Service statistics

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
APON *The Adolescent Peer Organized Network*	1998 – Present	UNICEF The Royal Netherland Embassy, NOVIB (OXFAM Netherland) The European Commission Aga Khan foundation CIDA, DFID	BRAC	58 regions in Bangladesh	ASRH FP Child marriage GBV	**Awareness Raising** Peer-led sessions on life skills and health-related issues with members of Kishori Club, secondary school students, madrassa students and out-of-school, working adolescents. **Community Mobilization** Sensitization of parents and community gate-keepers.	Adolescent girls, 10-19 years old	Quantitative: Survey of ADP graduates in year 2003, 2004 and 2005; results compared with national data of the Bangladesh Adolescent Survey (BAS) 2005. Qualitative: Case studies of ADP graduates.
ASHA *Addressing unmet need of SRHR for adolescents and youth through creating awareness in selected area of Bangladesh*	2014 – 2016	The Swedish Association for Sexuality Education (RFSU)	RHSTEP	2 districts: Sylhet & Khulna	ASRH	**Awareness Raising** SRHR education and awareness raising through discussion sessions and peer-to-peer activities. **Community Mobilization** 'Alor Dhara' community resource center organizes gatekeeper workshops, meetings, and parents' sensitization sessions on ASRH. **Services** Referrals to RHSTEP clinic. Counseling and tele-counseling services provided through 'Alor Dhara' (a youth friendly center).	Boys and girls, 10-24 years old	Service Statistics

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
ARSHI- ITSPLEY *The Innovation through Sport: Promoting Leaders, Empowering Youth project*	2009 – 2012	USAID	CARE Bangladesh	2 districts: Sylhet & Sunamganj	ASRH Child marriage GBV	**Awareness Raising** Use of role playing games to increase boys' understanding of the kind of difficulties girls undergo. Games include verbal and written dissemination of messages about life skills and prevention of child marriage. **Community Mobilization** Community/stakeholder sensitization campaign to create greater community acceptance of issues like girls' involvement in sport.	Adolescent boys and girls	Quantitative: End line survey in three program sites and one non-program site (for comparison). Qualitative: Focus group discussions with beneficiaries and program staff.
ASRHR *Adolescent Sexual and Reproductive Health Rights project in Disaster Prone Areas of Bangladesh*	2011 – 2013	Plan Bangladesh	South Asia Partnership (SAP) Bangladesh	6 Union Parishod (UPs) and 1 Pouroshova in Barguna District	ASRH GBV	**Awareness Raising** Trainings and peer-led sessions for boys and girls on disaster preparedness and SRHR. **Community Mobilization** Training and counseling for parents, guardians, and school teachers. Adolescent support group meetings.	Adolescent boys and girls	Quantitative: Baseline, midline and end line surveys. Qualitative: interviews with beneficiaries and stakeholders.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
ASRYA *Access to Safe MR and Reproductive Health for Youths and Adolescents*	2014 – 2016	Safe Abortion Action Fund (SAAF), IPPF UK	RHSTEP	Several upazilas in 2 districts: Gaibandha & Brahmanbaria	ASRH Maternal health	**Awareness Raising** Education sessions at clinics and at safe spaces, through peer educators. **Services** ASRH counseling at clinics. Clinical services (primary health care, management of RTI/STIs, nutritional supplementation, and immunization) through RHSTEP clinics and by organizing satellite clinics.	Boys and girls, 10-24 years old	Service statistics

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
AVIZAN *Acceptance, Valuing, Information, Zero Tolerance, Advocacy, and Networking to promote adolescent sexual and reproductive health and rights*	1980 – Present	International Planned Parenthood Federation (IPPF)	FPAB	12 districts: Kushtia Comilla Jamalpur Dinajpur Faridpur Chittagong Tangail Patuakhali Sylhet Dhaka Barishal Rangamati	ASRH GBV	**Awareness Raising** Peer-led SRHR information sessions in safe spaces for adolescents and young people. **Community mobilization** Sensitization of parents, religious teachers, and school teachers on SRHR issues, so they will be prepared to share information with adolescent girls and boys. Workshops with parents and gatekeepers on ASRHR. **Services** Youth friendly services offered through Tarar Mela centers, including tele-counseling, face-to-face counseling, and skills development courses. Clinical services through static clinics, satellite camps and mobile medical services.	Boys and Girls, 10-24 years old	Service Statistics

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
BALIKA *Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents*	2012 – 2016	EKN	Population Council PSTC CIDIN mPower	3 districts: Narail Satkhira Khulna	ASRH Child marriage Livelihood	**Awareness Raising** Training on education, livelihood, gender rights, and negotiation in 72 "Safe Spaces." **Community Mobilization** Advocacy meetings, local support group meetings and courtyard meetings for parents, local leaders and stakeholders.	Adolescent girls, 12-18 years old	Quantitative: Randomized control trial; Experimental design. Baseline and end line surveys. Qualitative: Key informant interviews, focus group discussions and in-depth interviews; community assessment, girls' mobility mapping.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Creating an enabling environment for young people to claim and access their sexual and reproductive health rights in Bangladesh	2015 – 2019	European Union EPZA	Plan International Bangladesh Marie Stopes Bangladesh SAP Bangladesh Young Power in Social Action	3 districts: Barguna, Khagrachari, & Kishorganj	ASRH Maternal health	**Awareness Raising** Unmarried: Peer-to-peer approach to share information on adolescent reproductive health issues. Development of ASRHR modules for different age groups (10-14; 15-19; 20-24). Married: Peer-to-peer approach to raise awareness on maternal mortality, adolescent birth rate, contraceptive use, and antenatal care. **Community Mobilization** Coordination with Union Parishad-level standing committees and management committees. Sensitization campaign on HIV prevalence. Operationalization of National Action Plan on ASRH in the district level. **Services** Referrals to clinics.	Boys and girls, 10-24 years old	Quantitative: Baseline survey

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
DANIDA A+ *Improve Youth Friendly*	2011 – 2012	DANIDA A Plus Fund Denmark	FPAB	4 districts: Jessore Khulna Dinajpur Fardpur	ASRH FP	**Awareness Raising** SRHR sessions at Tarar Mela centers (safe space). **Services** Establishment of static clinics in urban areas to offer contraceptive counseling, STI/RTI services, and infertility services. Establishment of satellite camps to reach rural residents and domestic workers. SRH information and counseling through tele-counseling.	Boys and girls, 10-24 years old	*Insufficient documentation of evaluation mechanism*

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Generation Breakthrough	2012 – 2016	EKN	Plan International Bangladesh UNFPA MOE MOWCA CWFD BBC Media Action	4 districts: Patuakhali Barguna Barisal Dhaka	ASRH GBV Gender equity	**Awareness Raising** Implementation of GEMS (Gender Equity Movement in Schools) curriculum in schools and adolescent clubs. Dissemination of SRHR information through sports activities (planned). **Community Mobilization** Help line services will be offered 7 days a week on ASRHR, gender justice, and GBV. Radio program, "Dos Unisher Mor," on Radio Foorti. **Services** Delivery of youth friendly services through youth friendly units in clinics and health centers, for married and unmarried adolescents and young people.	Adolescent boys and girls, 10-19 years old	Quantitative: Baseline survey. Monitoring data on program implementation
GOAL: BYWLTS	2013 – 2015	Women Win DFID AUS-Aid OXFAM NOVIB UNICEF British Council	BRAC	4 districts: Narayanganj Khulna Sylhet Bogra	ASRH Child Marriage GBV	**Awareness Raising** Peer-led sessions for 4 GOAL modules, including ASRHR modules. Dissemination of ASRHR information through a variety of games. **Community Mobilization** Monthly parents' meeting. GOAL project-conducted gatekeeper workshops and training on ASRHR.	Adolescent girls, 11-18 years old	Quantitative: Baseline survey

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
IMAGE	2014 – 2016	EKN	Terre des Hommes Foundation SKS Foundation Pollisree	3 districts: Gaibandha Nilphamari Kurigram	ASRH Child Marriage	**Awareness Raising** Training, counseling and awareness building with early married girls, their spouses and in-laws. Orientation sessions with local health service providers and relevant stakeholders. Online knowledge modules on early married girls' issues, such as SRHR and life skills. **Community Mobilization** Organization of advocacy and lobby events to influence policy implementers, the private sector and government institutions. Development of documentaries, news, posters, TV spots, IEC materials, billboards, and so on.	Married adolescent girls under 18 years old	Quantitative: Baseline survey Qualitative: Focus group discussions; In-depth interviews; Key informant interviews
Kaishar *Adolescents reproductive and sexual health program*	2003 –2008	Nike Foundation	Save the Children USA	6 unions in Brahmanbaria	ASRH	**Awareness Raising** Community-based peer education on SRHR. **Community Mobilization** Advocacy and mass media activities. Workshops for parents and adults.	Adolescent girls, 10-19 years old	Quantitative: Baseline and end line surveys

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Kishoree Kontha	2006 – 2009	Nike Foundation	Save the Children USA	Barisal	ASRH Child Marriage Livelihood	**Awareness Raising** Dissemination of basic reproductive health education. Peer-led education to engage women in income generating activities through access to credit. **Community Mobilization** Sensitization of families and the community.	Adolescent girls, 10-19 years old	Quantitative: Randomized control trial design. Baseline survey and midline evaluation.
Kishori Abhijan *Adolescent Empowerment Project*	1st phase 2001 – 2005 2nd phase 2006 – 2010	European Commission UNICEF	BRAC CMES Save the Children Australia MOWCA	28 districts (rural): Panchagar Thakurgaon Nilphamari Lalmonirhat Dinajpur Kurigram Rangpur Gaibandha Joypurhat Sherpur Jamalapur Mymensingh Bogra Naogaon Nawabganj Rajshahi Natore Kushtia Dhaka Narshingdi Brahmanbaria Comilla Chandpur Laxmipur Feni Chittagong Cox's bazar Sylhet Barguna	ASRH Child Marriage Livelihoo	**Awareness Raising** Establishment of adolescent centers to provide livelihood training and life skills messages and social actions. Peer-to-peer participatory education and life skills training, focused on health and nutrition, SRHR, HIV/AIDS, STI, child marriage, dowry and GBV. **Community Mobilization** Orientation sessions and regular discussion meetings for parents and community leaders to increase awareness of the critical factors affecting adolescents' lives.	Adolescent girls, 10-19 years old	Quantitative: Baseline survey Monitoring data (routine records and field notes, parents' meeting minutes, structured checklist). Qualitative: Several tools (for example, social mapping and spatial mapping) were used to capture changes in behavioral indicators.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Link Up	2013 – 2015	Dutch Ministry of Foreign Affairs (BUZA)	Population Council HASAB Marie Stopes International Bangladesh (MSB)	8 brothels in 6 districts: Rajbari Jessore Patuakhali Bagerhat Tangail Faridpur	ASRH HIV	**Awareness Raising** Peer outreach to young people in the community on SRHR information, through one-on-one or group sessions. SRH information also offered at the drop-in center (a safe space model for key youth populations). Young people in garment factories are reached with SRH information through audio messages. **Services** Drop-in center offers referrals to MSI Bangladesh clinics when services are required. Strengthening and increasing HIV/SRH integration in Link Up facilities. Establishment of Marie Stopes Bangladesh satellite clinics.	Boys and girls, 10-24 years old	Quantitative: Baseline and end line surveys. Qualitative: In-depth interviews with target group.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Nirapod *Saving Women from Unwanted Pregnancy*	1st phase: 2012 – 2015 Nirapod second phase is ongoing	EKN	Marie Stopes Bangladesh Bangladesh Association for the Prevention of Septic Abortion (BAPSA) Phulki and Shushilan	21 selected Upazilas from six districts: Patuakhali Borguna Narail Khulna Lakxmipur Noakhali Chittagong 28 garment factories from Dhaka, Gazipur an Narayanganj	ASRH Child marriage GBV FP Maternal health MR	**Awareness Raising** Local-level media campaign (music and BCC materials). **Community Mobilization** Advocacy on gender issues, specifically prevention of child marriage and violence against women. Sensitization of key decisionmakers, formal and informal leaders, and gatekeepers to promote men's supportive role in prevention of unwanted pregnancy and promotion of safe menstrual regulation. **Services** Referral services and helpline services for safe menstrual regulation, FP, and adolescent reproductive health.	Women, adolescents, and garment factory workers	Quantitative: Baseline, midline, and end line surveys. Qualitative: In-depth interviews and focus group discussions with beneficiaries. Key informant interviews with garment factory owners and management and government officials.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
P-SAFE *Promoting SRHR and Adolescent Friendly Environment*	2010 – 2013	RFSU The Swedish Association for Sexuality Education	FPAB	3 districts: Rangpur, Tangail, & Comilla	ASRH Livelihood	**Awareness Raising** Peer-led sessions on SRHR for young people in rural areas. **Community Mobilization** Sensitization activities with parents, religious teachers, and school teachers, to prepare them to disseminate information to adolescent boys and girls. **Services** Tele-counseling, face to face counseling, skills development courses. Establishment of static clinics, satellite camps, and mobile medical services. Contraceptive counseling, STI/RTI services, and infertility services offered through 'Tarar Mela.'	Boys and girls, 10- 24 years old	Quantitative: Baseline and midline survey with adolescents. Qualitative: Focus group discussions with adolescents Interviews with field level program staff.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
PHR *Protecting Human Rights*	2011 – 2016	USAID	Plan International Bangladesh The Bangladesh National Women Lawyers' Association (BNWLA)	102 unions in 6 districts: Barguna Bogra Chittagong Dinajpur Jessore Sylhet	ASRH Child marriage GBV	**Awareness Raising** Establishment of active community-based social protection groups to lead community activities focused on changing attitudes on domestic violence. Community Mobilization Advocacy for legislative reform and enforcement to reduce domestic violence. **Capacity Building** Capacity building of key stakeholders involved with the protection and promotion of human rights.	Women and children	Quantitative: Surveys with students and teachers. Qualitative: Focus group discussions and key informant interviews.
RHIYA *Reproductive Health Initiative for youth in Asia*	2003 – 2006	UNFPA	BDRCS CWFD BWHC FPAB MSB NM USS YPSA Save the Children-UK in partnership with SOLIDARITY	District towns: Sylhet Dhaka Khulna Rangpur Chittagong Rajshahi	ASRH	**Awareness Raising** Peer-led reproductive health sessions in school. Establishment of resource center in the community. Meeting with service providers. Reproductive health video sessions with adolescents. **Service Delivery** Counseling through 23 service delivery points. Youth friendly services.	Boys and girls, 10-24 years old	*Insufficient documentation of evaluation mechanism.*

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
RSHP *Reproductive & Sexual Health Program at rural, semi-urban and urban areas*	1981 – Present	BWHC	Bangladesh Women's Health Coalition (BWHC)	Narayangonj Tangail Norsingdi Lohagora Gaibandha	ASRH FP Maternal health	**Awareness Raising** BCC materials provided at clinics. **Services** Establishment of satellite health center, SHSPP integrated health centers, and fistula patient rehabilitation center.	Women, children and adolescent girls	Service statistics
SAFE *Growing Up Safe and Healthy*	2011 – 2014	EKN DANIDA MacArthur Foundation	ICDDR,B Population Council Marie Stopes BLAST We Can Campaign and NariMatiree	Urban Dhaka, 19 slums: Mohakhali Jatrabari Mohammadpur	ASRH Child marriage GBV	**Awareness Raising** Awareness raising sessions with adolescents, women's and men's groups on SRHR, child marriage and VAW. **Community Mobilization** Community-wide campaign on health and SRHR issues. Formation of community support groups and campaigns. Arrangement of plays, stage shows and concerts. **Services** One-stop services and SAFE hotline for SRHR services.	Adolescent girls, young women and men, 10-29 years old	Quantitative: Multisite cluster randomized controlled trial design. Baseline and end line surveys. Qualitative: Key informant interviews, in-depth interviews, and focus group discussions.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Sexual and Reproductive Health and Rights Program focusing on safe MR and reduction of unsafe MR in Bangladesh	1st phase 2010 – 2014 2nd phase 2015 – Present	SIDA and CordAid, Netherlands	RHSTEP	20 districts	ASRH Maternal health	**Awareness Raising** Clinic-based educational sessions and BCC materials on safe menstrual regulation. **Services** Comprehensive training on menstrual, SRHR, and youth friendly health services. Diagnostic services.	Men and women, 10-49 years old, with a special focus on 10-19 year olds	Service statistics.
Sishuder Jonno Program *Adolescent Development Component*	2008 – Present	Save the Children	Save the Children	Meherpur	ASRH Livelihood	**Awareness Raising** School- and community-based health education and ASRH sessions. Peer education sessions on ASRH, financial literacy and savings. **Community Mobilization** Sensitization of parents, teachers and community people through advocacy meetings.	Adolescent girls and boys, 10-19 years old	Quantitative: Baseline and midline surveys.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Shokhi *Narir Sahstho, Odhikar o Iccha-puron*	2013 – 2017	EKN	BLAST Bangladesh Women's Health Coalition (BWHC) and Marie Stopes (MSB) We Can Alliance	15 slums in Urban Dhaka Mohakhali Mirpur Mohammadpur	ASRH GBV Livelihood	**Awareness Raising** Awareness and education sessions on SRH and legal rights and freedoms, targeting both women and men in the community. **Community Mobilization** Mobilization of communities through 'Change Makers,' volunteers who act as a focal person and link between service providers and the community. **Services** Health and legal information services through "One Stop Shops," along with doorstep and evening services. Establishment of linkages and referrals between government and non-government service providers to support women victims of violence.	Women and adolescent girls working in the garment and domestic sectors	Quantitative: Baseline survey

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
SRHR-E *SRHR Education Bangladesh-Break the spiral of silence*	2012 – 2014	OXFAM-Novib	BRAC BNPS CAMPE FPAB HASAB	6 districts: Khulna Chittagong Jessore Netrokona Sylhet Rangpur	ASRH FP Maternal health	**Awareness Raising** Peer education and toll free mobile phone number for information. **Community Mobilization** Advocacy and lobbying for implementation of comprehensive SRHR curriculum in private schools. Edutainment (a mix of mass entertainment and community intervention) services to reach parents. **Services** Nationwide call enter and a local helpline to answer ASRH-related queries from adolescents and, if needed, referral to a doctor or hospital	Adolescent boys and girls, 11-19 years old	Qualitative: Interview with beneficiaries
SSCOPE	2012 – Present	EKN	BRAC-IED	1 district: Dhaka (9 locations in urban areas) in Urban Dhaka	ASRH Mental Health	**Awareness Raising** Sexual and reproductive health and rights and gender (SRHRG) and psychosocial lessons using dialogue, storytelling and art-focused methods. Dissemination of instructional materials and capacity building of teachers to increase students' motivation, engagement and interest in learning. **Services** Counseling services for adolescents on ASRH and psychosocial wellbeing.	Adolescent girls and boys, 10-19 years old	Qualitative: Interviews with beneficiaries and para-counselors.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Strengthening Adolescent Reproductive Health in Bangladesh	2008 – 2012	Canadian International Development Agency (CIDA)	Plan Bangladesh Concerned Women for Family Development (CWFD) Dustha Shasthya Kendra (DSK) Lutheran Aid to Medicine Bangladesh (LAMB) Marie Stopes Bangladesh (MSB) Population Services and Training Centre (PSTC) Radda MCH-FP Centre (RADDA) Young Power in Social Action (YPSA)	3 districts, both urban (city corporation) and rural areas: Dhaka Rangpur Chittagong	ASRH	**Awareness Raising** Life skills, peer education, leadership and gender trainings. **Services** Adolescent friendly health services and counseling services in a safe, supportive environment.	Adolescent boys and girls, 10-19 years old	Qualitative: In-depth interviews, key informant interviews, focus group discussions with direct and indirect beneficiaries and other stakeholders. Annual reports, MIS reports and project documents.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
UBR *Unite for Body Rights*	1st phase 2011 – 2015 2nd phase is ongoing	EKN	FPAB RH-STEP PSTC DSK and Christian Hospital Chandraghona	In several upzilas in 6 districts; urban area included: Mymesingh Bogra Rajshahi Noakhali Gazipur Chittagong	ASRH FP GBV Maternal health	**Awareness Raising** Peer-led SRHR sessions for adolescents and young people. Online ASRH and comprehensive sexuality education course, "Me and my world." **Community Mobilization** Sensitization workshop with parents, teachers and gatekeepers on ASRHR. **Services** Youth friendly services (through Tarar Mela) including tele- counseling and skills development courses. Establishment of static clinics, satellite camps and mobile medical services. Community-based distribution services for contraceptives, pregnancy tests, regular follow-up and referral services.	Boys and girls, 10-24 years old Married women 15-49 years old	Quantitative: Baseline survey. Qualitative: In-depth interviews and focus group discussions.

Intervention	Year	Donor	Implementing Organization	Program Reach & Location	Project Theme	Approach and Project Description	Target Group	Evaluation Mechanism
Tanisha *Improving income and advancing social identity of rural adolescent girls*	2011 – 2013	SHIREE DFID	Save the Children USA	Barisal District	ASRH Child marriage Livelihood	**Awareness Raising** Peer-based trainings on financial management and income generating skills, children's rights, health and hygiene. **Community Mobilization** Peer groups organize community-benefit events addressing topics of interest to the wider community. These events provide an opportunity for girls to share what they are learning with their families and community members, while practically applying and demonstrating their leadership skills.	Adolescent girls,12-19 years old	Quantitative: Baseline and end line surveys.
Tipping Point	2013 – 2017	Kendeda Fund	CARE Bangladesh	2 districts: Sunamganj & Sylhet	ASRH Child marriage	**Awareness raising** Peer-led fun centers for adolescent boys and girls. Training manual on ASRHR, dowry and child marriage prevention (under development). Sports-based ASRHR and child marriage learning programs. **Community mobilization** Community dialogue for adolescent girls to raise issues of concern, like child marriage and dowry.	Adolescent boys and girls under 18 years of age	Qualitative: Process documentation and qualitative data