



EXPLORING SRHR EDUCATION
FOR ADOLESCENTS IN

QAUMI AND ALIA MADRASAHS

A STUDY IN
BRAHMANBARIA
AND DHAKA DISTRICT

ABBREVIATIONS

SRHR	Sexual and Reproductive Health Rights
WHO	World Health Organisation
UNICEF	United Nations International Children's Fund
STIs	Sexually Transmitted Infections
ICPD	International Conference on Population and Development
UNFPA	United Nations Population Fund
UN	United Nations
HIV	Human immunodeficiency viruses
AIDS	Acquired Immune Deficiency Syndrome
ECOSOC	Economic and Social Council
UNESCO	United Nations Educational, Scientific and Cultural Organisation
CEPAL	Economic Commission for Latin America and the Caribbean

SDGs	Sustainable Development Goals
HPNSP	Health, Population and Nutrition Sector Programme
UHC	Universal health coverage
MOHFW	Ministry of Health and Family Welfare
ESP	Essential Service Package
LGIs	Local Government Institutions
WPD	Women Development Policy
PSHT	Prevention and Suppression of Human Trafficking
NPA	National Plan of Action
BBS	Bangladesh Bureau of Statistics
MOE	Ministry of Education
NCTB	National Curriculum and Textbook Board
STDs	Sexually transmitted diseases
GBV	Gender-based Violence
CSE	Comprehensive Sexuality Education

Table Of Contents

executive summary	7
acknowledgement	8
1. statement of the problem	9
2. research objectives	12
2.1. Broad Objective	12
2.2. Specific Research Objectives	12
3. review of the literature	12
3.1. Defining Sexual and Reproductive Health and Rights	12
3.2. The Context of Sexual and Reproductive Health and Rights (SRHR) in Bangladesh	17
3.3. Adolescent Sexual and Reproductive Health in Bangladesh	19
3.4. Madrasah Education System in Bangladesh	21
3.5. SRHR Education in Madrasahs	23
4. theoretical and conceptual framework	25
4.1. Theoretical Framework	25
4.2. Conceptual Framework	26
5. METHODOLOGY	27
5.1. Study Design	27
5.2. Study Area	28
5.3. Research Design	29
5.4. Participants/Study Population	29

5.5. Inclusion Criteria	29
5.6. Duration of the Study	30
5.7. Data Entry and Analytical Approach	30
5.8. Ethical Issues	30
6. FINDINGS OF THE STUDY	31
6.1. Introduction	31
6.2. Understanding of Students on Sexual and Reproductive Health and Rights in Qaumi and Alia Madrasahs	31
6.3. Sexual and Reproductive Health and Rights Education in Qaumi and Alia Madrasahs	40
6.4. Availability of SRHR-Related Contents in the Textbooks of Qaumi and Alia Madrasahs	45
6.5. Accessibility of Sexual and Reproductive Health and Rights Education in Qaumi and Alia Madrasahs	54
6.6. Acceptability of Sexual and Reproductiv Health and Rights Education among the Students and Teachers of Qaumi and Alia Madrasahs	57
6.7. Barriers to Sexual and Reproductive Health and Rights Education in Qaumi and Alia Madrasahs	62
7. DISCUSSION	65
8. CONCLUSION AND RECOMMENDATIONS	68
8.1. Conclusion	68
8.2. Recommendations	69
REFERENCES	70
ANNEXES	75
PHOTOS FROM THE FIELD	91

EXECUTIVE SUMMARY

Adolescents in Bangladesh have significant disparities in their knowledge of Sexual and Reproductive Health and Rights (SRHR) information (Ali et al., 2020). While adults lack access to adequate information and services regarding sexual and reproductive health in the country, adolescents have even less access. Despite religious and cultural norms and taboos, adolescents are frequently susceptible to SRHR-related issues. Discussing, teaching, and learning about SRHR is not taboo in Islam (Naripokkho, 2016). However, madrasahs demonstrate rigidity, embarrassment, and fear in teaching students and openly discussing these topics.

In this regard, the research has explored the availability, accessibility, acceptability and quality of SRHR education, and the barriers to providing SRHR education in Qaumi and Alia Madrasahs. In line with the research objectives, the research has adopted a qualitative method, incorporating semi-structured interviews. The study population has been selected using a purposive sampling approach. Furthermore, a secondary document review has examined SRHR-related contents in selected textbooks of Qaumi and Alia madrasahs.

Adopting a rights-based approach to SRHR education, the study assumed that the hindered availability, accessibility, and acceptability, and compromised or bad quality of SRHR education may lead to the violation of the rights of the adolescents in the Qaumi and Alia madrasahs in general, and sexual and reproductive health and rights in particular. In this regard, the study found that there is a partial and ambiguous understanding of sexual and reproductive health and rights among the students of Qaumi and Alia madrasahs.

Besides, SRHR education in light of the Islamic point of view is welcomed and is provided in both Qaumi and Alia madrasahs. However, it mostly focuses on the components that are approved by Islam and goes with the religious values, and social and cultural norms of Qaumi and Alia madrasahs.

Through a comprehensive document review, it has become evident that the textbooks of both Qaumi and Alia madrasahs had only partial information on the different components of SRHR. Moreover, the study found that there are some significant barriers to providing SRHR education in Qaumi and Alia Madrasahs. Lack of trained educators specific to SRHR education and religious sensitivities are some of the barriers to providing SRHR education in Qaumi and Alia madrasahs.

The study suggests that awareness-building programmes and training programmes specific to SRHR education need to increase. Besides, SRHR education can be a part of informal education where the needs of the adolescents will be met with appropriate contents that meet international standards.

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1. STATEMENT OF THE PROBLEM

Education influences and is influenced directly by a country's cultural, political, and economic value systems. Ideological influences also play a crucial role in defining the educational framework of a country. Sexual and reproductive health and rights (SRHR) education is a prime example. It has been argued that sexual and reproductive health and rights (SRHR) programs and curricula significantly impact a country's socio-cultural values because they prepare young people to be responsible citizens and productive workers (Goldman, 2012). The embarrassment associated with discussing SRHR with adolescents has resulted in distorted information, a lack of knowledge and skills, and negatively lopsided attitudes towards sex, which have led to unsafe practices

(Browes, 2015). As a result, risky behaviours have resulted in undesirable pregnancies and complications such as increased proportions of stillbirths, unsafe abortion, and the danger of school expulsion and social marginalisation.

In light of these concerns, the pressing necessity of ensuring individuals' sexual and reproductive health and rights (SRHR) is being recognised globally. The first widely recognised discussion of sexual and reproductive health and rights (SRHR) took place at the Cairo International Conference on Population and Development in 1994, during which the WHO gave a comprehensive definition; the right to a "satisfying and safe sex life," not merely the right to prevent diseases, but also the right to make informed decisions, to have access to safe, effective, and inexpensive methods and services. (Chandra-Mouli, et al., 2015).

While Sexual and Reproductive Health and Rights (SRHR) have advanced in Bangladesh, significant gaps and unmet requirements remain. Bangladesh is a patriarchal and conservative country subjugated by religious beliefs and traditional values which hinder the creation of a supportive environment for introducing sexual and reproductive health and rights education (Rashid, 2010). The country has a long tradition of high maternal mortality, however it is decreasing (Arifeen, et al., 2014). Furthermore, the country is one of the top ten in the world in terms of child marriage (UNICEF, 2014). While women and men have limited access to sufficient health services, unmarried adolescents have even less, due to a lack

of information, especially information on STIs. Considering some of these factors, including an unprecedented number of other factors related to sexuality in the country, there is an awful need to ameliorate access to adolescent-friendly SRH services among adolescents regardless of marital status (Ainul, Bajracharya, & Reichenbach, 2016).

Despite efforts to include sexual and reproductive health and rights (SRHR) in the curriculum by the education board, formal education provides little knowledge about it because it lacks the desired elements of sexual and reproductive health and rights (SRHR) (Bhuiyan, 2014). In 2013, for instance, the curricula included information on sexual and reproductive health and rights (SRHR) (Naripokkho, 2016). However, the Bangladesh Madrasah Education Board did not disseminate these textbooks that year and subsequently revised them in response to appeals from parents for not being “culture- and age-specific” (Naripokkho, 2016). Discussing, teaching, and learning about SRHR is not taboo in Islam. However, madrasahs demonstrate rigidity, embarrassment, and fear in teaching students and openly discussing these topics (Naripokkho, 2016). It demonstrates that sexual and reproductive health and rights (SRHR) education is still neglected in educational institutions, particularly madrasahs, necessitating an investigation into the barriers related to sexual and reproductive health and rights (SRHR) education in Qaumi and Alia madrasahs.

2. RESEARCH OBJECTIVES

2.1. BROAD OBJECTIVE

The broad objective of this study is to explore the availability, accessibility, acceptability and quality of integrated SRHR education and the barriers to providing SRHR education in Qaumi and Alia madrasahs.

2.2. SPECIFIC RESEARCH OBJECTIVES

- The specific objectives of this study are as follows:
- To explore the availability of the contents of Sexual and Reproductive Health and Rights (SRHR) in the textbooks of Qaumi and Alia Madrasahs,
- To explore the accessibility of the students to the contents of SRHR in Qaumi and Alia Madrasahs,
- To explore the acceptability of the contents of SRHR by the teachers, and the students in Qaumi and Alia Madrasahs,
- To assess the quality of the existing contents of SRHR in the teaching methods and the textbooks of Qaumi and Alia Madrasahs,
- To find out the barriers to providing SRHR education in Qaumi and Alia Madrasahs.

3. REVIEW OF THE LITERATURE

3.1. DEFINING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Human survival, economic development, and well-being depend on sexual and reproductive health and rights (SRHR) (Starrs, et al., 2018). Despite being crucial to overall health, sexual and reproductive health and rights (SRHR) have

for too long been seen as a small group of discrete health problems. To live healthy, fulfilling, and fruitful lives, SRHR must be upheld and cherished (Starrs, et al., 2018). Significant improvements in health have been accomplished since the leaders of the world defined sexual and reproductive health at the International Conference on Population and Development (ICPD; Sept. 5–13, 1994, Cairo, Egypt) (UNFPA, 2004). However, the full acquisition of SRHR remains intangible for many people.

The components of SRHR are presented in the following sections, which are conceptually distinct even though the definitions are frequently combined or overlapped in the literature. These components are based on various UN and regionally negotiated documents, as well as technical publications from WHO, such as an operational framework for sexual health (WHO, 2006).

3.1.1. SEXUAL HEALTH

Sexual health is delineated as “A state of physical, emotional, mental and social well-being about sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO, 2017).

Sexual health posits that everyone has access to services for the treatment and management of HIV/AIDS and other sexually transmitted diseases (UN ECOSOC, 2012), and the diseases of the genitourinary system (Chou, Cottler, Khosla, Reed, & Say, 2015); counselling and sexual health care (WAS, 2014), sexual identity, and sexual relationships; prevention and treatment of reproductive system cancer (Williams, Warren, & Askew,

2010); and psychosexual therapy, and treatment for sexual malfunction and problems (WHO, 2017)

3.1.2. SEXUAL RIGHTS

Sexual rights imply that all people have the right to sexual freedom without being subjected to violence, compulsion, or discrimination to obtain the maximum level of sexual health that is possible, including having access to services for sexual and reproductive health (UN, 1995); receive comprehensive, fact-based, sexuality education (ECOSOC, 2012); have been respected for their physical integrity; look for, acquire, and impart knowledge about sexuality; choose their sexual partner; engage in consensual sexual relations; enter into marriage with free and full consent; equality between spouses throughout marriage and after divorce (WHO, 2006); make decisions about their gender identity, sexual orientation, and sexuality that are free from coercion. (UNFPA, 2004) and pursue an enjoyable, safe, and fulfilling sexual experience free from stigma and prejudice.

3.1.3. REPRODUCTIVE HEALTH

Lee et al. (2016) defined reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.”

According to the concept of reproductive health, everyone should have access to accurate information about the reproductive system and the services required to maintain it; and be able to manage their periods hygienically, in private, and with dignity (UNESCO, 2014); receive multisectoral services to prevent and address intimate partner violence and other forms of gender-based violence (UN Women, 2013); use safe, effective, affordable, and acceptable methods of

contraception (AU Commission, 2006); receive proper health-care services to ensure a healthy pregnancy, and healthy infants; access secure abortion services, including post-abortion care (UN Women, 2013); and access services for prevention and treatment of infertility (ECOSOC, 2012).

3.1.4. REPRODUCTIVE RIGHTS

Reproductive rights are based on the understanding that all couples and people have the human right to make free and responsible decisions about the number, spacing, and timing of their children, as well as the right to access the best reproductive health possible (Starrs et al., 2018). The rights to privacy, confidentiality, respect, and informed consent are also included; as are the rights to gender relations that are equitable for both men and women; and the right to decide on reproduction free from discrimination, coercion, and violence.

3.1.5. A COMPREHENSIVE AND INTEGRATED DEFINITION OF SRHR

Starrs et al. (2018) propose a thorough, integrated definition of SRHR based on agreements (UNFPA, 2004; CEPAL, 2013; UN, 1995; AU Commission, 2006; UN ESCAP, 2014; WHO, 2016); WHO publications (WHO, 2006 & 2017); and international human rights treaties and principles (Miller, 2016):

“Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing about all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing.”

The definition was further supported by Starrs et al. (2018), who also stated that everyone has the right to control their bodies and access resources that support that right.

This definition of SRHR takes into account the growing consensus regarding the programs and efforts needed to address the needs of all people in terms of sexual and reproductive health. It also addresses the needs and rights of historically marginalised groups. These issues include violence, stigma, and bodily autonomy, all of which have a substantial impact on people's psychological, emotional, and social welfare. As a result, it gives governments, UN agencies, civil society organisations, and others a standard framework to use when developing policies, services, and projects that equitably and effectively address all SRHR-related challenges.

The acceptance and use of this phrase on a global and national scale will have significant social, economic, and political repercussions (Starrs et al., 2018). People need to stand up for their rights, civil society organisations need to fight for those rights, and governments need to maintain, defend, and enforce those rights (ibid). The program's implications include ensuring that all kids and teenagers receive comprehensive, evidence-based, and age-appropriate sexuality education; developing and regulating healthcare standards that uphold the rights outlined by Starrs et al. (2018); and ensuring that everyone has access to the full range of sexual and reproductive health services. Fundamental changes to health systems may be required to achieve these goals and ensure that the health workforce has the resources and skills to provide what is needed. Work will also be required in sectors outside of health to address the root causes of SRHR, including as education, water and sanitation, food and nutrition, and legal and judicial institutions (UN CESC, 2009). The corporate sector and civil society organisations play key roles in each of these areas (Starrs et al., 2018).

3.2. THE CONTEXT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN BANGLADESH

The two goals for sexual and reproductive health in the 2030 Agenda for Sustainable Development are universal (Lee, et al., 2016). “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes,” reads health goal target 3.7. To “Ensure universal access to sexual and reproductive health and reproductive rights” in accordance with UN agreements is target 5.6 of the gender equality objectives. In Bangladesh Progress Report 2020, it has been shown that Bangladesh secured remarkable achievements in the case of health goal target 3.7 (General Economics Division, Bangladesh Planning Commission, 2020). According to the Bangladesh Health SDG Profile by WHO, Bangladesh has scored 54 in the SDGs 2020 milestone of 65 in the index of health service coverage ranging between the scales of 0 to 100 (WHO, 2019).

To meet the health, population, and nutrition sector targets of Bangladesh and SDG 3 (Razzaque et al., 2020), the fourth HPNSP (Health, Population and Nutrition Sector Programme) is the first of three succeeding programmes that will be implemented by 2030. To significantly achieve the goals of UHC by 2030, the 4th HPNSP has been intended to include relevant strategies and activities for concentrated improvements in increasing access to, and quality of, healthcare as well as promoting equality and financial protection. The SDGs offer fresh context for considering population, health, and nutrition in a more comprehensive and multidisciplinary manner, which is represented in Bangladesh’s 4th HPNSP. The fourth HPNSP consists of three

primary components: (i) sector governance and leadership; (ii) enhanced health systems; and (iii) effective health services. The third component proposes to strengthen priority health services by building on and increasing the interventions carried out under previous health sector programs, as well as introducing new interventions, to accelerate the fulfilment of the health-related SDGs. This component supports high-priority interventions in areas like nutrition and food safety, communicable and non-communicable diseases, alternative medicine, behaviour change communication programs, and maternal, reproductive, child, newborn, and adolescent health.

To provide high-quality health, nutrition, and family planning services from the village level to the district level, the MOHFW (Ministry of Health and Family Welfare) has also designed a revised essential service package (ESP). During the deployment of the 4th HPNSP, a standardised service distribution system is being put in place to update the ESP cost-effectively.

The government launched the Upazila Governance Project to educate key local government officials about the SDGs, their targets, including SDG3, and the roles and responsibilities of local government institutions (LGIs) for accomplishing and localising the goals by developing action plans at the local level. This is done to ensure that the SDGs are effectively linked to the communities.

The Overseas Employment and Migration Act 2013, the Women Development Policy (WPD) 2011 reformulation, the Domestic Violence (Prevention and Protection) Act 2010, the Domestic Violence Prevention and Protection Rules 2013, the Prevention and Suppression of Human Trafficking (PSHT) Act 2012, the Hindu Marriage Registration Act 2012, the National Children's Act 2013, and the Child Marriage Restraint Act 2014 are just a few of the legal and policy measures that Bangladesh has adopted to support the rights of women. In

August 2018, the National Plan of Action (NPA) to stop child marriage was introduced, led by the Ministry for Women and Children Affairs. The NPA intends to reduce the rate of child marriage among girls under the age of 18 by one-third in 2021 and to end it altogether by 2041. According to the 2019 Global Gender Gap Index, which takes into account political empowerment, economic involvement, health and survival, and educational attainment, Bangladesh has made considerable strides and is currently rated 50th out of 153 nations. In terms of political empowerment, Bangladesh is ranked seventh in the world. For the seventh time in a row, Bangladesh has outperformed its South Asian neighbours in terms of advancing women's empowerment, which is a considerable improvement over their performance.

3.3. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN BANGLADESH

Adolescence is a universal stage of development in human growth and socialisation that takes place between childhood and adulthood, with ages ranging from 10 to 19 years (WHO, 2021). Adolescents go through pubertal development and structural changes to the brain. Adolescents' cognitive abilities mature and they learn to think critically on a psychological and mental level. The various responsibilities that adolescents are anticipated to take on in the family, community, and at school generate social change in them as well. Depending on each adolescent's gender, social status, level of schooling, and exposure to numerous other structural and environmental factors, these changes happen simultaneously but at a varied rate (UNICEF, 2006). Adolescence is further broken down into early adolescence (10–14 years) and late adolescence (15–19 years) as a developmental stage in human life. Infections with HIV affect young people between the ages of 15 and

34 in close to 35% of cases. The majority of teenagers still lack access to preventative and therapeutic services as well as knowledge and education on sexuality, reproduction, and sexual and reproductive health and rights. In Bangladesh, SRH is still considered taboo on both a religious and cultural level and adolescents frequently enter their reproductive years with little knowledge of SRH-related issues (Ainul et al., 2017).

Children and adolescents learn various things gradually as they mature, and they also form ideas, opinions, and attitudes about the human body, close relationships, and sexuality (Ahmed, 2021). Several educational resources can be used to learn about these opinions, beliefs, and attitudes. Informal sources, such as parents—who are closest and most significant at the smallest ages—are the most crucial, especially at the earlier stages. Later, as adolescents gradually mature, they encounter these terms in society. According to Bilinga and Mabula (2014), both rural and urban teachers contribute less—nearly half—than other social factors including media, parents, peers, and relatives combined—to sex education. It is unusual to obtain information from experts up until the final stage of puberty, especially in countries such as Bangladesh.

Bangladesh has a substantial adolescent population. In 2011, adolescents made up more than one-fifth (20.5 per cent) of the entire population, or 30.68 million people (BBS, 2011). According to UNFPA's (United Nations Population Fund) Population Dashboard Bangladesh, 2023, adolescents account for 18% of the total population in Bangladesh in 2023. Investments in this crucial aspect of adolescents' population health will necessitate supporting programs and services that acknowledge adolescents' particular requirements and ensure their needs are met completely and sensitively.

3.4. MADRASAH EDUCATION SYSTEM IN BANGLADESH

In Bangladesh, Madrasahs primarily fall into one of two categories (Mehdy, 2003). While the Qaumi Madrasahs (commonly known as Wahabi Madrasahs) are run outside of governmental control or support with volunteer labour and both international and local financing, the Alia Madrasahs (commonly known as Sunni Madrasahs) are supported by the state and are under state control. The Madrasah system that is run by the state is the one that is seen as being at the centre of Madrasah education.

The Alia Madrasah educational system consists of five levels. It takes 16 years to finish all levels starting with primary. Ebtedayee (primary level): 5 years; Dakhil (secondary level): 5 years; Alim (higher secondary level): 2 years; Fazil (graduate level): Pass Course (2 years); Honors Course (3 years); and Kamil or Title (2 years for Fazil Pass Course completers and 1 year for Fazil Honors Course completers at the post-graduate level). The Madrasah Education Board's guidelines are followed by Alia madrasahs and their activities. All registered madrasahs, from the primary level (Ebtedayee) to the master's level (Kamil), have their curricula approved by the Board. Alia madrasahs provide students with a hybrid education that combines religious instruction with general education (Sabina, 2016).

The Qaumi Madrasah contains five stages, the same as the Alia Madrasah: Ibtidayyah, Mutawassitah, Sanabia Uloiya, Fazilat, and Qamil. The Qaumi Madrasah officials assert

that these Madrasah levels offer education comparable to the basic, secondary, higher secondary, graduate, and post-graduate levels. The Qaumi Madrasahs offered tests and issued certificates from the relevant bodies for a considerable amount of time. To guarantee an equal exam for these institutions, the Bangladesh Qaumi Madrasah Education Board was founded after that. The Qaumi madrasahs run their business entirely outside of the government. After completing the “Dawrah” class, students are issued Hadith certificates in the Dawrah Hadith stage of the Qaumi madrasah program. In Alia madrasahs, this is seen as being equivalent to a Kamil degree. Despite this, Qaumi madrasah remains one of the most underappreciated (academic) systems in the field of education, according to Sabina (2016).

The Madrasah education system currently offers a level of education that does not offer students a lot of opportunities to grow as modern humans (Mehdy, 2003). The Madrasah system does not provide a conducive environment for learning or teaching because of the conservative attitudes of the authorities, poor teaching materials, incompetent teachers, high levels of corruption, and fundamentalist and retrograde politics (ibid).

3.5. SRHR EDUCATION IN MADRASAHs

In Islam, SRHR education, teaching, and discussion are not frowned upon or prohibited. According to Islam, doing this is not only encouraged but also required of all Muslims (Al-Afendi, 1980). In Islam, SRHR education is seen as an imperative element of a child's religious upbringing (Ashraf, 1998). Particular guidelines on family planning (such as utilising the “withdrawal method”), nursing (particular Hadith on its importance), and birth spacing are found in the holy Quran and Hadith.

In 2013, information on sexual and reproductive health was added to three secondary school textbooks (grades six through ten): Bangladesh and Global Exposure (required), Home Science (optional), and Physical Education and Health Science (mandatory) (Sabina, 2016). The NCTB agreed to add information on SRHR in the textbooks with ongoing technical support and participation from UNICEF and other national and international NGOs. The Board and National Curriculum Council (NCC) members stated that the main justification for not including a separate textbook on SRHR was to spare students from having to take yet another required course.

The chapter on “Puberty and Reproductive Health” was requested to be removed by certain parents in an appeal to the MOE Minister. They argued that children shouldn't be aware of this knowledge until they are of legal marriageable age. Teachers argued that sharing this information would embarrass both students and teachers in the classroom, particularly in co-educational schools. Even top ministry officials asserted that these are not age- and culture-specific. The Ministry then considered these criticisms and updated the textbooks in the next years.

The textbooks were not distributed by the Bangladesh Madrasah Education Board in 2013. Before distributing the

books to the students, the Board revised several sections of the volumes using the Board's editorial panel. The professors in the Madrasah admitted the need for SRHR education in the curriculum, but they also stressed that it must be founded on Islamic teachings, beliefs, and values, as outlined in the Quran and Hadith, as demonstrated by Sabina (2016). When deciding on SRHR education, Islamic law (Fiqh) must be followed.

Mehdy (2003) noted that the government lacks any qualitative or quantitative data on Qaumi madrasahs because it has no authority over these institutions. He also mentioned how Qaumi madrasahs are extremely traditional and detest modernism.

Madrasah education is somewhat spiritual in its application. According to this philosophy, a person's understanding of the divine is what makes life worthwhile. As a result, the sole goal of education is to impart knowledge of the divine. This idea is more important because the practice of religion is the main goal of madrasah education. "The cultural level of a Madrasah student is not of the level desired of a citizen of today's world," Mehdy (2003) said. Most Madrasah professors lack training in contemporary, secular teaching techniques. They transmit to their students the same limited viewpoints and beliefs that they do. These instructors primarily instruct their pupils on how to become uncritical, blind believers. Examining, reviewing, or talking about facts or theories is not customary. Creativity is discouraged rather than promoted, and children lack such an attitude, just as teachers are hesitant to accept new scientific discoveries. This is a lifeless world of dogmatic belief, narrow thinking, and memorisation.

Based on this, it appears that SRHR education encounters some difficulties while being taught at both Qaumi and Alia madrasahs.

4. THEORETICAL AND CONCEPTUAL FRAMEWORK

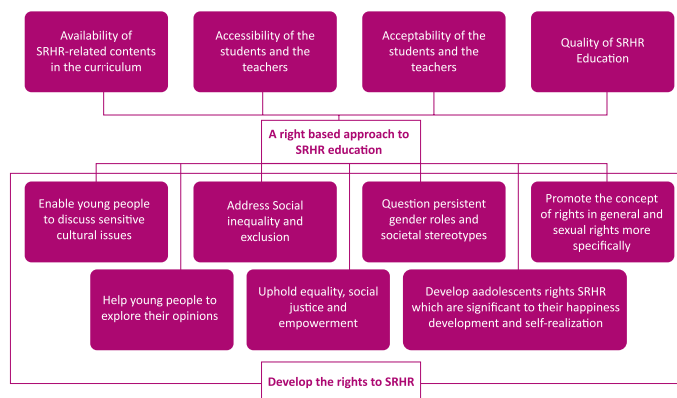
4.1. THEORETICAL FRAMEWORK

Sexual and Reproductive Health Rights (SRHR), whether as a standalone subject or as part of a comprehensive curriculum in related areas, are still seen as a less significant knowledge arena in Bangladesh's formal education system (Salma et al., 2014). Teaching SRHR to adolescents in educational institutions is considered a sensitive and controversial issue due to ubiquitous socio-cultural norms, religious beliefs, and practices, taboos. However, adolescents deserve to know these SRHR-related issues to be able to gain access to quality of life (ibid). Multiple human rights, such as the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination, are connected to sexual and reproductive health and rights (UNFPA, 2017).

Effectively addressing SRHR in the education system calls for an integrated, rights-based approach that can provide analytical tools to shape available, accessible, acceptable, and quality teaching methods and textbooks. The rights-based approach envisions education as a tool for addressing social inequality and exclusion, as well as challenging entrenched gender roles and societal stereotypes (Altinyelken & Olthoff, 2014). According to this viewpoint, education may promote the concept of 'rights' in general, and 'sexual rights' in particular, as well as equality, social justice, and empowerment. The education system has the potential to revolutionise society by promoting not only SRHR but also gender equality, democratic principles, and appreciation for variety among societies.

This research aims to explore these core elements in the contents of SRHR in the education system of Qaumi and Alia Madrasahs in Bangladesh, where the conservative attitudes of the authorities, low-quality teaching aids, unskilled teachers, and fundamentalist backwards-looking politics, combined with several other factors, ensure the absence of an excellent teaching-learning environment (Mehdy, 2003), which, in turn, hinders the prosperity of SRHR education in those institutions, it has adopted a rights-based approach.

4.2. CONCEPTUAL FRAMEWORK



5. METHODOLOGY

5.1. STUDY DESIGN

Sexual and Reproductive Health Rights (SRHR), whether as a standalone subject or as part of a comprehensive curriculum in related areas, are still seen as a less significant knowledge arena in Bangladesh's formal education system (Salma et al., 2014). Teaching SRHR to adolescents in educational institutions is considered a sensitive and controversial issue due to ubiquitous socio-cultural norms, religious beliefs, and practices, taboos. However, adolescents deserve to know these SRHR-related issues to be able to gain access to quality of life (ibid). Multiple human rights, such as the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination, are connected to sexual and reproductive health and rights (UNFPA, 2017).

Effectively addressing SRHR in the education system calls for an integrated, rights-based approach that can provide analytical tools to shape available, accessible, acceptable, and quality teaching methods and textbooks. The rights-based approach envisions education as a tool for addressing social inequality and exclusion, as well as challenging entrenched gender roles and societal stereotypes (Altinyelken & Olthoff, 2014). According to this viewpoint, education may promote the concept of 'rights' in general, and 'sexual rights' in particular, as well as equality, social justice, and empowerment. The education system has the potential to revolutionise society by promoting not only SRHR but also gender equality, democratic principles, and appreciation for variety among societies.

This study aimed to explore the availability, accessibility, acceptability and quality of integrated SRHR education and the barriers to providing SRHR education in Qaumi and Alia madrasahs. The qualitative research method is well-suited for exploring such complex and deep-rooted social phenomena. In line with the objectives of this study, we collected data from both primary and secondary sources. Semi-structured interviews were conducted with each participant using a topic guide of open-ended questions. Data were collected using in-depth interviews (IDI), key informant interviews (KII) and focus group discussions (FGD) with various participants. Expert qualitative researchers were involved in collecting and supervising data throughout the process (topic guide preparation, interviews, NVivo Version 14 training, analysis & reporting). A pilot study was conducted to assess the measuring tools' reliability and the study population's acceptability. A document review- a descriptive research strategy that used a qualitative method- was also designed to assess and review the SRHR-related contents in the curriculum for several particular subjects developed by the NCTB (Alia Madrasahs) and Qaumi Madrasahs.

5.2. STUDY AREA

Data were collected from two purposively selected Alia madrasahs of Brahmanbaria and Dhaka which provide coeducation. We also selected four Qaumi madrasahs from Brahmanbaria and Dhaka; two madrasahs for boys, and two madrasahs for girls.

5.3. RESEARCH DESIGN

The assessment was based on both primary and secondary data sources. The technique of qualitative method was used to obtain primary data. Data were collected through various methods such as in-depth interviews (IDI), key informant interviews (KII), and focus group discussions (FGD).

5.4. PARTICIPANTS/STUDY POPULATION

The participants of the qualitative interviews were selected purposively as per the objectives of the study. In qualitative research, Creswell (2007) suggests at least 20 to 30 interviewees to achieve saturation and redundancy. This research didn't include the recurring perception of the findings, as qualitative research required the number of participants based on achieving saturation (Nelson, 2016). In this regard, the researchers interviewed 20 students from 6 madrasahs, 10 teachers who took classes related to SRHR topics, two educationists, two SRHR specialists and six FGDs in six madrasahs.

5.5. INCLUSION CRITERIA

- Alia Madrasahs: Students of Class 06-10 and Teachers of relevant subjects;
- Qaumi Madrasahs: Students and Teachers of Jamaat-e Nahbimir, Jamaat-e-Kafia and Jamaat-e-Sharhe Bikayah.
- Educationist and SRHR specialist

The secondary data for the document review were collected from the textbooks of Qaumi and Alia madrasahs, which contain SRHR-related contents such as General Science, Biology, Home Science, Physical Education and Health, and Fiqh.

IDIs and FGDs examined accessibility, acceptability, and quality. KIs assessed availability, quality, and barriers. The document review analysed SRHR-related contents in the textbooks of the Madrasah curriculum.

5.6. DURATION OF THE STUDY

This study was conducted from May 2023 to October 2023. During this period topic guide development, data collection, transcription, translation, analysis, and report generation were conducted.

5.7. DATA ENTRY AND ANALYTICAL APPROACH

Each of the interviews was recorded carefully by digital recorders and was transcribed by a research assistant and carefully checked by the expert researcher. Before submission, the analysed results were translated into English by the research assistant and double-checked by experienced researchers and supervisors. NVivo Version 14 software was used to analyse the data.

5.8. ETHICAL ISSUES

Ethical approval was an important element in this research keeping in mind the existing socio-cultural sensitivity of the research topic. Each respondent was explicitly informed about the aims, type of information covered, confidentiality and so on before data collection began. Respondents were asked if they were willing to have their conversation recorded. Respondents were provided with information about the objectives of the study and the significance of their participation by the interviewer. Personal information and identifications have been kept confidential. All of the participants read the consent paper first and then signed the consent form.

6. FINDINGS OF THE STUDY

6.1. INTRODUCTION

The findings of this study were reached through thematic data analysis. Based on the objectives of the study, several broad themes were generated. The initial data from the focus group discussion, in-depth interviews and key informant interviews were coded and the generated broad themes were supported by the data accordingly.

6.2. UNDERSTANDING OF STUDENTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN QAUMI AND ALIA MADRASAHs

A partial understanding of sexual and reproductive health and rights was seen among the respondents in Qaumi and Alia madrasahs. In Qaumi madrasahs, an ambiguous understanding was prevalent among most of the students. Most of the respondents' understanding of SRHR was limited to adolescence, menstruation, and a religious viewpoint of those things. One of the male respondents mentioned,

“What I understand by this term is that an adolescent goes through several physical and mental changes at 10-19 years of age. These changes are related to sexual and reproductive health and rights.”

One of the female respondents from Qaumi madrasas mentioned while expressing her understanding of SRHR,

“A girl has several considerations to maintain during menstruation. Menstruation under three days and over ten days are considered illnesses. These understandings come under SRHR.”

However, most of their understanding is surrounded by a religious viewpoint which stems from their family, social and educational background. For instance, one of the female respondents mentioned,

“When I am an adolescent, I start menstruating. From that moment, I have to maintain ‘Pardah’ (Privacy). A woman has to know that she cannot touch or read the Quran and perform her prayer during menstruation. These all are parts of sexual and reproductive health and rights.”

On top of that, some of the respondents mentioned contradictory features between religious belief and SRHR. One of the respondents in Qaumi madrasas mentioned,

“Following the Western culture, the way the students of general education are learning and adopting these things, we cannot follow these based on our religious belief. These are contradictory with our religious beliefs.”

It was a striking fact that some of the respondents from Qaumi madrasas were not even uttering the term “Sexual and Reproductive Health and Rights”, instead, they were using pronouns such as “This or these”. It is thus evident that they have some stigmas regarding the issue of SRHR.

On the contrary, the scenario of Alia madrasahs was somewhat different in the sense that the respondents from these madrasahs had some improved understanding of SRHR and had little stigmas regarding the issue, though it was still far from the worldwide accepted definition of SRHR. The respondents from Alia madrasahs have reported a better understanding than that of the respondents from Qaumi madrasahs. One of the female respondents from Alia madrasahs mentioned,

“Sexual and Reproductive Health and Rights are fundamental human rights for us, because if we do not know about these in our earlier days, we may suffer from sexually transmitted diseases such as HIV, infections in the uterus, etc.”

It is evident from the responses of the respondents of Alia madrasahs that their understanding of sexual and reproductive health and rights (SRHR) includes various components of sexual and reproductive health and rights (SRHR).

6.2.1. UNDERSTANDING OF STUDENTS ON SEXUAL HEALTH IN QAUMI AND ALIA MADRASAHs

When we asked the respondents from Qaumi and Alia madrasahs about sexual health, the respondents barely reported about sexually transmitted diseases because of unsafe practices of physical intercourse. They could not even name those diseases accurately. One of the respondents from Alia madrasahs mentioned,

“Getting involved in unsafe practices of physical intercourse may lead to HIV. But we do not care about this, because ‘Islam’ does not support such activities. So, we are not afraid of HIV.”

None of the respondents brought up the topics of psychosexual counselling, treatment for sexual dysfunction and disorders, other genitourinary system diseases, prevention and management of cancers of the reproductive system, or counselling and care related to sexuality, sexual identity, and sexual relationships. Their understanding of sexual health is limited to sexually transmitted diseases only and that is even vague and partial.

One of the respondents talked about sexual relationships after probing, and mentioned,

“Sexual relationship is the physical intercourse between husband and wife.”

These vague and partial understandings of sexual health lead them to more vulnerable conditions in understanding sexual rights.

6.2.2. UNDERSTANDING OF STUDENTS ON SEXUAL RIGHTS IN QAUMI AND ALIA MADRASAHs

Understanding of students on sexual rights in Qaumi and Alia Madrasahs is also of partial and vague. According to most of the respondents, some of the sexual rights do not go with their religious, cultural and social values. Their understanding of sexual rights is limited to the discussions of choosing whether, when, and whom to marry and entering into marriage with free and full consent.

We found a striking fact that female students in Alia madrasahs have a better understanding of these two sexual rights than those in Qaumi madrasahs. Female students in Qaumi madrasahs mostly reported that the legal age for marriage for boys and girls should be brought forward because delayed marriage opens up opportunities for indulging in sin. One of the female respondents from Qaumi madrasahs mentioned,

“From the Islamic point of view, the appropriate age for girls is 15 years and for boys 18 years. Because the physical and emotional needs of men and women are created after puberty. Suppressing it is more likely to lead to sin. Therefore, marriage should not be delayed.”

On the other hand, female students in Alia madrasahs, focusing on their health and rights, reported that everyone has a right to decide whether and when to marry and also mentioned free and full consent. In this regard, their general understanding is that the legal age for marriage for boys and girls nationally is appropriate. One of the female respondents from Alia madrasahs mentioned,

“I think that the girls should be at least 20 years of age to become mothers because earlier pregnancy has health risks for both mother and child. In addition, boys should get married by the age of 25. And according to government rules, girls should be at least 18 years old and boys should be at least 21 years old. I think that this age limit is appropriate.”

In addition, even though premarital sex is not allowed according to their religious values, the students of Qaumi and Alia madrasahs agree upon the fact that consent is important in the context of sexual rights whether it is related to sex before or after marriage. One of the female respondents from Qaumi madrasahs mentioned,

“Sexual rights apply to our lives when we get married. We have to go through the process of bearing a child. Now, when my husband touches me, will he not need my consent? Consent is essential, I know.”

However, in the matter of choosing whom to marry, one of the male students of Qaumi madrasas mentioned,

“Marriage requires the consent of both boys and girls. But parental permission is also important. However, Parental permission is important but not necessary for boys. But it is a must for girls. Because, in the hadith, it has been said that girls are less intelligent. So, the permission of their parents is very important in marriage.”

None of the respondents mentioned achieving the highest attainable standard of sexual health, including access to sexual and reproductive health services; seeking, receiving, and imparting information related to sexuality; receiving comprehensive, evidence-based, sexuality education; having their bodily integrity respected; choosing their sexual partner; deciding whether to be sexually active or not; engage in consensual sexual relations; equality between spouses in and at the dissolution of marriage; pursuing a satisfying, safe, and pleasurable sexual life, free from stigma and discrimination; and making free, informed, and voluntary decisions on their sexuality, sexual orientation, and gender identity. So, there is a partial understanding of sexual rights among the students of Qaumi and Alia madrasahs where it is better in the case of the students of Alia madrasahs.

6.2.3. UNDERSTANDING OF STUDENTS ON REPRODUCTIVE HEALTH IN QAUMI AND ALIA MADRASAHs

Understanding of students on reproductive health in Qaumi and Alia Madrasahs is, however, better than that of other components of SRHR though they are partially aware of these rights. In addition, they also have a negative attitude toward some of the aspects of reproductive health such as

contraception and abortion. The students of Qaumi madrasas do not get proper and sufficient information about the reproductive system from their academic curriculum. But, the case for the students of Alia madrasahs is different. They receive information about the reproductive system from their curriculum. However, their knowledge is mostly based on other sources such as parents, relatives, peer groups, and the internet, etc. Understanding the students of Qaumi and Alia madrasahs mostly revolves around information about the reproductive system, and the services needed to maintain reproductive health and menstruation.

The female students have a better understanding of the reproductive system and the services needed to maintain reproductive health than the male students in Qaumi and Alia madrasahs. One of the female respondents from Qaumi madrasas mentioned,

“Reproductive health is related to giving birth to a child. It was seen that earlier women used to give birth to too many children. Currently, the government encourages having one child, not more than two. In many cases, the wife does not want to have children, but the husband forcibly takes the children. Besides, after girls reach adulthood, they begin to have blood flow through their genitals for a certain number of days every month. It can range from a minimum of 3 days to a maximum of 10 days. It is also related to reproductive health. On top of that, mothers need to take care of their bodies during pregnancy. One has to take proper food because another life is growing in her body. Besides, normal delivery should be tried in case of childbirth. A cesarean often causes permanent damage to the mother’s health. Sometimes newborn babies are born sick. So, we have to take proper care of them. All

these are related to reproductive health.”

On the other hand, one of the male students from Qaumi madrasas did not even have a basic understanding such as menstruation. He mentioned,

“The blood that comes after girls reach adulthood is menstruation. But I do not know when it will happen. It Happens a few times every year, I guess.”

The respondents from Alia madrasas reported a better understanding of reproductive health. One of the female respondents from Alia madrasas mentioned,

“I think that parental care, family planning, treatment of sexually transmitted diseases, infertility, sexual dysfunctions, harmful practices, etc. are all parts of reproductive health. I have recently attended a seminar of an NGO near my house in which the discussants discussed reproductive health.”

However, almost no one mentioned managing menstruation in privacy and dignity; intimate partner violence and other forms of gender-based violence; access to safe, effective, affordable, and acceptable methods of contraception of their choice; access to appropriate healthcare services to ensure safe and healthy pregnancy and childbirth, and healthy infants; access to safe abortion services, including post-abortion care; and access to services.

6.2.4. UNDERSTANDING OF STUDENTS ON REPRODUCTIVE RIGHTS IN QAUMI AND ALIA MADRASAS

Understanding students’ reproductive rights in Qaumi and Alia Madrasas is not sufficient, but better than all other

components of SRHR. Most of the respondents reported that they are aware of reproductive rights such as making decisions concerning reproduction free of coercion and violence; and privacy and confidentiality. One of the female respondents from Qaumi madrasas mentioned,

“According to me, before going into the process of having a baby, the girl’s consent should be taken and her health should be looked after with care. Because many girls get married at a very young age. After that, they also take children at a young age. It causes many problems in their health. There is no chance to use coercion and violence in the case of reproductive rights.”

However, on the issue of equitable gender relations, the understanding of male students of Qaumi and Alia madrasas is still not supportive of women. One of the male students from Alia madrasahs mentioned,

“The husband has more rights between the husband and the wife. And there is a difference between boys and girls. A boy does a little more physical work. Boys handle everything outside the house. And girls do all the work at home. So, the boys should decide in the family what to do and what not to do.”

Therefore, it is evident that though they understand most of the components of reproductive rights, their understanding is still not sufficient.

6.3. SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION IN QAUMI AND ALIA MADRASAHs

6.3.1. IDEA ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION AMONG THE TEACHERS IN QAUMI AND ALIA MADRASAHs

Though the understanding of the students of Qaumi and Alia madrasas on sexual and reproductive health and rights is partial, ambiguous and insufficient, sexual and reproductive health and rights education in light of the Islamic point of view are welcomed and being provided in both Qaumi and Alia madrasahs. Both the teachers and the students in Qaumi and Alia madrasahs have a positive approach to SRHR education. When the teachers are asked about their ideas on SRHR education, one of the teachers of Qaumi madrasas mentioned,

“In Qaumi madrasas, we teach the students what they need to know about SRHR. Our religion does not discourage this education. We discuss with them about menstruation, marriage and sexual relations. However, the Islamic point of view is the focal point in this regard. We teach them what Islam allows them to learn.”

SRHR education in Alia madrasahs matches more with international standards. However, there is still much scope to improve to properly address SRHR education in Alia madrasahs. One of the teachers of Alia madrasahs mentioned,

“Physical Education, Biology, Aqaid and Fiqh (Islamic Beliefs and Laws) are among the subjects where we teach them about sexual and reproductive health and rights. There is still much more scope to improve. But, we are breaking the barriers regarding sexuality

education.”

Therefore, it is evident that SRHR education exists in the Qaumi and Alia madrasahs and the teachers in those madrasahs welcome such education in their madrasah environment.

6.3.2. THE CONDITION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION IN QAUMI AND ALIA MADRASAHs

The students of both Qaumi and Alia madrasahs have reported that SRHR education is available and being provided to them. One of the students of Qaumi madrasahs mentioned,

“Our teachers teach those to us in Fiqh. We learn about sexual relationships and marriage in several books in different ‘Jamaat’ (Classes). We also learn about menstruation and cleanliness.”

On the other hand, one of the students of Alia madrasahs mentioned,

“We learn about sexual health, puberty, adolescence, sexually transmitted diseases such as HIV, reproductive health, etc. in the madrasah. Our teachers teach us those things.”

SRHR education is available and is provided to the students of Qaumi and Alia madrasahs. But it mostly focuses on the components that are approved by Islam and goes with the religious values, and social and cultural norms of Qaumi and Alia madrasahs.

6.3.3. BOOKS OF QAUMI AND ALIA MADRASAHs CONTAINING SRHR-RELATED CONTENTS

Several books in Qaumi and Alia madrasahs contain SRHR-related content. The books that have been reported by the students of Qaumi madrasahs are:

- Ma La Budda Minhu
- Sharhe Biqayah
- Quduri

The books that have been reported by the students of different classes of Alia madrasahs are:

Physical Education and Health

- Home Science
- Wellbeing
- Investigative Study
- History and Social Science
- Science
- Biology
- Bangladesh and Global Studies
- Aqaid and Fiqh
- Physical Education, Health and Sports

6.3.4. MAIN SOURCES OF KNOWLEDGE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR THE STUDENTS OF QAUMI AND ALIA MADRASAHs

It has been reported by the students of Qaumi and Alia madrasahs that the main sources of knowledge on sexual and reproductive health and rights are textbooks, teachers, parents, siblings, relatives, peer groups and the Internet. The female students of Qaumi and Alia madrasahs reported that their mothers are one of the main sources of knowledge regarding SRHR. One of the female respondents mentioned,

“Whatever I need to know, I ask my mother. If she thinks that this is appropriate for me to know, she explains that to me.”

However, there is a gap among the fathers regarding knowledge of sexual and reproductive health and rights. However, the students have reported that they also learn a lot of things about SRHR from their siblings and relatives. The female students ask their elder sisters, sisters-in-law, and grandmothers. However, it is reported to them that there is a gap in discussing those issues with their brothers. One of the female respondents mentioned,

“The female members of my family teach me about sexual and reproductive health and rights. My mother, elder sister, sister-in-law and grandmother discuss these issues with me.”

However, the male students have some stigmas in discussing SRHR-related issues with their family members. The main sources of knowledge for them are peer groups and the internet. One of the male students mentioned,

“I cannot discuss this with my parents. I have an elder brother and I cannot discuss this even with him. I talked about this with my friends. If we do not know anything, we search on the internet.”

However, In Qaumi madrasas, students live together and so, it is convenient for them to discuss among themselves. But, as mobile phones are not allowed in Qaumi madrasas, the internet is not available to them and so, it has been reported by the students of Qaumi madrasas that it is not one of the main sources of knowledge for them. One of the students of Qaumi madrasas mentioned,

“We cannot use mobile phones in the madrasah. So, we cannot learn about this on the internet. But, as we live together here, we discuss SRHR-related issues among ourselves”

Therefore, it is evident that different sources of knowledge regarding SRHR exist for the students of Qaumi and Alia madrasahs, but, there are some barriers regarding several specific sources which stem from gender dynamics, use of technology, and social and cultural context of the country.

6.4. AVAILABILITY OF SRHR-RELATED CONTENTS IN THE TEXTBOOKS OF QAUMI AND ALIA MADRASAHs

A document review has been done on the textbooks of Qaumi and Alia madrasahs that have been reported to have contained SRHR-related content. The summary of the document review is outlined below.

Class 6

Book	Chapter	Contents
Physical Education and Health	Chapter 3: “Introduction to Health Education & Care- HIV/AIDS” Page: 35-36	AIDS; infectious diseases; and unsafe physical relations.
	Chapter 4: “Changes during the adolescent period” Page 40-51	Physical and mental changes in boys and girls; things to do during physical and mental changes/growth; the benefits of a nutritious and balanced diet; help/assistance from parents/guardians; hazards during puberty and safety measures; Menstruation health advice.

Home Science	Chapter 5: Changes during Puberty & adolescent period: Physical, mental, emotional, social & ethical	
	Chapter 6: Changes during the adolescent period, Personal Safety, Cleanliness	
Investigative study	Chapter: Human Body Page 117-123	Figure of human reproductive organs; Adolescence; Physical changes in boys during adolescence; Physical changes in boys during adolescence; body care.

Class 7

Book	Chapter	Contents
Physical Education and Health	Chapter 4: Personal Safety during Adolescence/Puberty	Personal safety throughout adolescence; Personal safety precautions; Torture/abuse, both physical and mental; Measures to maintain good physical and mental health.
History and Social Science	Chapter 8: Social Values and Rules and Regulations Page 120-127	Women empowerment; Change in the role of women in society.
Wellbeing	Chapter 4: Adolescent Pleasure Trip Page 50-64	My adolescent experience; My risks and challenges; Misconceptions and their accurate conceptions; Some common strategies for dealing with challenges; Plans and procedures for dealing with the negative consequences of problems; Some of our society's most serious adolescent social concerns; Child marriage; Celebrating the joys of adolescence; Social awareness for beautiful adolescence.

Class 9 & 10

Book	Chapter	Contents
Science	Chapter 1: “Healthy Life, Better Living”	AIDS; Causes of AIDS.
	Chapter 4: “Starting a new life”	Changes that occur during adolescence; reasons for these changes during adolescence; maintaining good physical and mental health, issues with marriage and pregnancy; determination of children’s sexes.
Biology	Chapter- 11: “Reproduction” Page: 243-250	Human reproduction: Fertilisation, Role of hormones in Human reproduction, Development of fetus and Placenta with figure; Diseases related to reproduction; HIV/AIDS.
	Chapter 12: “Heredity in Organisms and Evaluation” Page: 265-270	Determination of Human Sex; Genetic Disorder.

Bangladesh and Global Studies	Chapter 16: “Social Problems of Bangladesh and their Remedies”	Concept of violence towards women; Nature of violence to women, Sexual Harassment; Causes of violence to women; Impact of violence towards women; Legal support to prevent violence towards women; Concept of HIV and AIDS; Causes of AIDS; Ways to prevent AIDS.
Aqaid and Fiqh(Quduri: Second part)	Chapter 2 Page: 77- 79	Menstruation; religious restrictions during this time.
Home Science	Chapter 6: “Growth and development of the child”	Stages of development; developmental activities; heredity and environment.
	Chapter 7: “Growth of child and family environment”	Bondage of a child with parents; breastfeeding within one hour after birth etc.
	Chapter 8: “Psycho-social problems during adolescence: remedies & prevention”	Teenage psychosocial issues, juvenile delinquency solutions, prevention, depression solutions, mental stress causes, and self-protection techniques.

Physical Education, Health and Sports	Chapter 6: “Drug Addiction and AIDS”	HIV/AIDS: ideas and education; AIDS symptoms; AIDS transmission; hazardous behaviour; contamination; prevention techniques; delivering services to combat HIV and AIDS.
	Chapter 7: “Puberty and Reproductive Health”	Adolescence and the changes that occur throughout this time, including behavioural, mental, and physical ones; Nutritional requirements for adolescents; reproductive health and methods of protection; guidelines for reproductive health and prenatal care; several elements relating to reproductive health; reproductive health with relation to the treatment and prevention of many illnesses; Prenatal care, safe childbirth, early care/ prenatal care for the infant, and nutrition for both mother and child are all aspects of prenatal health care.

MA LA BUDDA MINHUU

Chapter	Contents	Page
Hayez & Nefas (Menstruation and Postpartum Bleeding)	Time of menstruation, Proper age of menstruation, Istihaza (One kind of disease	41-42
Shohobash and Kamottejona	Prohibition: Anal sex, Sex during menstruation, Homosexuality, Azal (Ejaculation), Infertility	181

Sharhe Biqayah: 1st PART

Chapter	Contents	Page
Purity	Cleanness after intercourse and wet dream, Relation of sexual desire and adolescence, Pre cum	126-127
Hayez	Age, Time period, Istihaza, Kursuf (Pad)	221-261
	The time of Nefas	221-261

Sharhe Biqayah: 2nd PART

Chapter	Contents	Page
Marriage	Milkul Mutah (Consent of sex): The wife cannot say no if the husband asks for sex; Ijab Qubul (Consent of marriage): Consent of both bride and groom; Inkahus Slgar (Marriage of children): Parents can; Kitabur Radah (Breastfeeding): Right of breastfeeding, Time of breastfeeding; Tafwik (Power of divorce) Women do not have the right of divorce. But a husband can give power to his wife.	
Babul Innin (Infertility)	If the husband is infertile, the wife can divorce her husband but the husband should get a time of one year (Pleasurable sex).	

QUDURI: 1st PART

Chapter	Contents	Page
Hayez and Nefas	Cleanliness during Menstruation	31
Babul Innin (Infertility)	Period, Color of blood, Sex during menstruation, Istihaza	50-52
	Nefas, the Period of Nefas	54

QUDURI: 2ND PART

Chapter	Contents	Page
Kitabun Nikah	STDs: AIDS, Gonorrhea, Syphilis	10-11
Ijab Qubul	Consent of both bride and groom	13
Kitabur Radah (Breastfeeding): Right and time of breastfeeding,	Right of breastfeeding, Time of breastfeeding.	52-62
Tafwik (Power of divorce)	Women do not have the right to divorce. But a husband can give power to his wife.	63-100

So, from our document review, we can see that the textbooks in Qaumi madrasas had only insufficient information on Menstruation, Postpartum Bleeding, Cleanliness regarding menstruation, wet dreams, sexual intercourse, Pre cum and infertility, Consent of Sex and Consent of Marriage, Marriage of Children, Right to Divorce, Breastfeeding and STDs such as AIDS, Gonorrhea, and Syphilis and Pleasurable sex. These concepts are only discussed in light of Islamic laws and do not have sufficient information that should meet the international standard of SRHR. On the other hand, the textbooks of Alia madrasahs included information on Puberty and Adolescent Period, Menstruation and Menstrual Hygiene Management, Religious Restrictions during Menstruation, Reproductive Health, Introduction to Human Body, Safe Pregnancy, Diseases of Reproductive Organs, STDs such as HIV, Human Reproduction such as Fertilisation, role of hormones in Human reproduction, development of fetus and placenta with figure, Determination of Human Sex, Child Bearing, GBV, Sexual Harassment and Legal Support to Prevent gender-based

violence (GBV), and Drug Addiction. However, information on SRHR is still not sufficient holistically focusing only on adolescence and menstruation properly. In terms of STDs, the textbooks only contain elaborate discussions of HIV, neglecting the discussion of other STDs. In terms of the discussion of the human body, the textbooks contain pictures of human bodies but do not have pictures of reproductive organs. However, the discussions are to some extent, age- and gender-specific and culturally appropriate.

6.5. ACCESSIBILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION IN QAUMI AND ALIA MADRASAHs

Accessibility of sexual and reproductive health and rights education in Qaumi and alia madrasahs is characterised by Islamic values, and social and cultural norms because of which despite being in the curriculum, these contents are not properly taught to the students. Even if they are taught, that happens from a religious point of view where discussion of what is Halal (Legitimate) or Haram (Illegitimate) is more focused than that of what should be taught to the students based on their needs. On top of that, shyness works as a barrier in Qaumi and Alia madrasahs because of which students' access to SRHR education is hindered. One of the female respondents from Alia madrasahs mentioned,

“Some of the SRHR-related contents are left off by the teachers because it becomes awkward to discuss those in front of everyone. The teacher advises us to ask them separately if there is anything to know. But, we cannot simply go and ask him in private, because he is a male teacher.”

Even in Qaumi madrasas, the scenario is somewhat similar. One of the respondents from Qaumi madrasas mentioned,

“The teacher tells us to learn some of these contents from the textbooks on our own. We are indeed curious about these contents and hence, we learn a lot of things on our own. But I do not know whether what we are learning on our own is accurate and sufficient.”

Accessibility to Sexual and Reproductive Health and Rights Education is hindered not only for the students but also for the teachers in Qaumi and Alia madrasahs. The contents are there in the textbooks; the teachers are positive about teaching SRHR to the students; the students are also curious and willing to learn; yet there is a barrier because of which access to SRHR education is being hindered in Qaumi and Alia madrasahs. Besides, it is not such that the Islamic point of view is contradictory with SRHR education. But, the contents are being taught partially only based on legitimacy according to Islam.

6.5.1. ACCESSIBILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION FOR THE TEACHERS AND THE STUDENTS IN QAUMI AND ALIA MADRASAHs

Accessibility of sexual and reproductive health rights education is characterised by shyness. The teachers of both Qaumi and Alia madrasahs reported that this shyness works for both parties involved; the teachers and the students. One of the female teachers of Qaumi madrasas mentioned,

“If the topic is something that I can discuss with them, I explain it to them in detail. If it is a complicated matter, I ask the students to read the relevant discussions in the textbooks and auxiliary books on their own. Because we cannot discuss everything. It is normal to feel shy. It is embarrassing to discuss some things. In front of the students, not all issues can openly be discussed. We teachers can discuss everything among ourselves. But there is a difference between a teacher and a student.”

In Alia madrasahs, the teachers feel shy because of the co-education. They have also reported that because of the boys, the girls cannot ask questions, and because of the girls, the boys cannot ask questions. Besides, female students cannot ask something to male teachers something because of shyness. One of the teachers of Alia madrasahs mentioned,

“I am a teacher of physical education. I try to teach them everything about SRHR. But, the female students feel embarrassed in front of me and other male students. So, I have to ignore some parts so that they can be comfortable.”

Even in Alia madrasahs, the boys sometimes make fun of those topics if the girls try to learn something. One of the female students of Alia madrasahs mentioned,

“Once, I asked about chromosomes in the class. The boys made fun of my question in front of everyone.”

So, it is evident that accessibility of SRHR education is hindered for both the students and the teachers in Qaumi and Alia madrasas for several reasons, among which shyness, co-education, and making fun of the topic can be considered significant. Though co-education should not hinder the accessibility of SRHR education, the teachers have reported this as a barrier.

6.6. ACCEPTABILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION AMONG THE STUDENTS AND TEACHERS OF QAUMI AND ALIA MADRASAHs

The students and teachers of Qaumi and Alia madrasahs showed mixed attitudes toward the acceptability of sexual and reproductive health and rights education in the madrasah education system. Their level of acceptability is explored through the questions of opinion regarding SRHR education, the importance of SRHR education, classroom activities, attention to SRHR-related contents, their perception of SRHR education whether it is contradictory with their religious belief, and whether they consider this education sin or fun.

6.6.1. OPINIONS OF THE STUDENTS AND THE TEACHERS OF QAUMI AND ALIA MADRASAHs REGARDING SRHR EDUCATION

This study reveals a range of opinions on the importance of SRHR education activities in Qaumi and Alia Madrasahs. A significant portion of respondents expressed that incorporating SRHR education through questions, assignments, and group discussions can effectively engage students and foster open dialogues. One of the teachers of Alia madrasahs mentioned,

“SRHR education is important for the students. But there is a discomfort among them regarding this. Open discussions in the classroom can bring in positive change in our attitudes.”

Several respondents believe that such activities encourage critical thinking, encourage students to ask questions, and help them better comprehend the sensitive topics associated with SRHR. However, some respondents also noted the need for careful moderation of these activities to ensure that they align with the values and teachings of the madrasah education system. One of the teachers of Qaumi madrasahs mentioned,

“We believe that this is important for the students. But we have to make sure that the students do not follow Western culture in this regard. We have to teach them the Islamic values.”

The study indicates that respondents generally agree on the need for dedicated and proper attention to SRHR education in the classroom. Teachers in Alia madrasahs emphasised that addressing SRHR-related topics adequately would contribute to the holistic development of students, preparing them for real-life challenges. One of the teachers of Alia madrasahs mentioned,

“We try to discuss these contents in the classroom because we feel that it will develop students’ minds and bodies positively. But some of the students make fun of it because of which the female students get embarrassed. It hinders my teaching during the class.”

However, some respondents also acknowledged that due to time constraints and curricular demands, SRHR education might not always receive the attention it requires, leading to concerns about the effectiveness of the educational approach. One of the educationists, who is a respondent to this study, mentioned that,

“Bangladesh is yet a developing country in which livelihood activities and career growth get the most attention in the education system. In this regard, SRHR education cannot get much attention, because we have to make them skilled in several subjects such as Science, Mathematics, Bengali, English, Social Science, etc. So, SRHR-Related contents are integrated into some of those subjects.”

Therefore, this study found a range of different opinions among the different respondents regarding SRHR education in Qaumi and Alia madrasahs. SRHR education is ready to be accepted in these institutions, but the respondents added that special focus has to be given to the values and teachings of the madrasa education system.

6.6.2. PERCEPTION ON SRHR EDUCATION IN QAUMI AND ALIA MADRASAHs

The perceptions of respondents toward SRHR education varied. While some respondents recognised the importance of addressing SRHR topics openly, others expressed hesitation, citing cultural sensitivities and concerns about age-appropriateness. The study identified a perceived contradiction between SRHR education and religious beliefs. A subset of respondents expressed concerns about certain SRHR topics conflicting with conservative religious teachings. One of the students of Qaumi madrasahs mentioned,

“Students of General Education are involved in co-education. They need to know about these things as the boys and girls study together and so, they may be involved in sexual activities. In Qaumi madrasahs, boys and girls do not study together. So, we are safe from being involved in such activities.”

They emphasised the importance of carefully aligning SRHR education with religious values to ensure acceptability among students and teachers while avoiding potential controversies.

A subset of respondents perceived SRHR education as straddling a thin line between providing essential knowledge and potentially encouraging behaviours perceived as sinful. While some educators emphasised the role of education in enabling informed choices, others highlighted the challenge of

discussing topics that could inadvertently be misconstrued as endorsing actions contrary to religious teachings.

A minor yet significant viewpoint emerged, suggesting that some students might perceive SRHR education as fun due to its sensitive and private nature. This perspective raised concerns about the proper framing and guidance required to convey the seriousness and gravity of SRHR topics without trivialising them. One of the female respondents of Alia madrasahs mentioned,

“Because of the boys, we cannot ask questions regarding this in the class. Later, they make fun of us. We know that we need to know about these. But we cannot but remain silent in the class.”

Therefore, the study found a range of different perceptions regarding SRHR education among the respondents in Qaumi and Alia madrasahs. There is still a hesitation regarding SRHR education that it might harm religious beliefs. It has also been reported that SRHR education might encourage sinful activities among adolescents. Besides, SRHR education is perceived to be fun by some of the students and proper framing and guidance are required to convey the seriousness and gravity of SRHR education.

6.7. BARRIERS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS EDUCATION IN QAUMI AND ALIA MADRASAHs

Responses from educationists and SRHR specialists highlighted several significant barriers to providing SRHR education in Qaumi and Alia Madrasahs. A prominent barrier identified was the conservative cultural and religious context within which these institutions operate. Respondents emphasised that traditional norms and values sometimes hinder the effective integration of SRHR education, as certain topics might be deemed inappropriate or conflicting with religious teachings. This highlights the delicate balance required to introduce SRHR education without alienating stakeholders who hold strong conservative beliefs. One of the educationists mentioned,

“SRHR-related contents are integrated into different subjects in Qaumi and Alia madrasahs. But all components of SRHR are not addressed in the curriculum, because we have to make sure that no cultural and religious belief is hurt while teaching SRHR.”

Another barrier that emerged was the lack of trained educators specific to SRHR education. Respondents noted that the existing pool of teachers might lack the expertise to navigate sensitive discussions effectively. This scarcity affects the quality and depth of SRHR education. One of the educationists mentioned in this regard,

“SRHR-related contents exist in the curriculum, but I think that the teachers are not trained enough to discuss these issues effectively with the students. I think, at first, the teachers need proper training in this regard.”

When asked about incorporating a stand-alone Comprehensive Sexuality Education (CSE) curriculum, the responses unveiled several complex challenges. One of the SRHR specialists mentioned in this regard,

“Many components of SRHR education go with other subjects such as Science, Aqaid and Fiqh, Physical Education, Social Science, etc. I do not think there is any need for a stand-alone curriculum for SRHR education. Besides, our country is sensitive about this issue. On top of that, the madrasah education system is much more sensitive. So, the integrated SRHR curriculum is sufficient as of now.”

Religious sensitivities were another substantial barrier. Respondents indicated that crafting a Comprehensive Sexuality Education (CSE) curriculum that respects the religious values of the Madrasahs while providing comprehensive and age-appropriate information presents a significant challenge. The potential perception of contradicting religious teachings could lead to resistance and opposition from various stakeholders.

The Qaumi madrasah education system and its curriculum are not monitored by any government body which seems to be a potential barrier for SRHR education. One of the educationists mentioned,

“Qaumi madrasas should be brought under government monitoring so that their students can align their learnings with others. It is important so that they do not feel left off.”

Another barrier in discussing SRHR-related topics, as reported by one of the educationists, is language. Some of the words related to SRHR-related topics in the local language of Bengali seem inappropriate because SRHR education needs new and appropriate words that sound good to people, especially adolescents. It will also be effective in changing the narrative of embarrassment in discussing SRHR-related topics. One of the educationists mentioned,

“Some of the words sound so embarrassing and awkward to utter in front of others. In this regard, new and appropriate words may be introduced so that it becomes easier for the teachers to discuss SRHR-related topics.”

Therefore, it is evident from the findings of the study that the barriers to providing SRHR education in Qaumi and Alia madrasas are diverse. Addressing these barriers may be crucial for developing effective strategies to enhance the quality, accessibility and acceptability of SRHR education in Qaumi and Alia madrasahs.

7. DISCUSSION

The objective of the study was to explore the availability, accessibility, acceptability, and quality of SRHR education, and the barriers in providing SRHR education in Qaumi and Alia madrasahs. Adopting a rights-based approach to SRHR education, the study assumed that the hindered availability, accessibility, and acceptability, and compromised or bad quality of SRHR education may lead to the violation of the rights of the adolescents in the Qaumi and Alia madrasahs in general, and sexual and reproductive health and rights in particular.

There is a partial and ambiguous understanding of sexual and reproductive health and rights among the students of Qaumi and Alia madrasahs. They understand sexually transmitted diseases, that too partially, by sexual health and choosing when and whom to marry and the consent of marriage by sexual rights. Besides, the students have a pessimistic attitude toward some of the aspects of reproductive health such as contraception and abortion. Lastly, the students are aware of some reproductive rights such as making decisions concerning reproduction free of coercion and violence, and privacy and confidentiality.

SRHR education in light of the Islamic point of view is welcomed and is provided in both Qaumi and Alia madrasahs. Both the students and the teachers have a positive approach to SRHR education. However, it mostly focuses on the components that are approved by Islam and goes with the religious values, and social and cultural norms of Qaumi and Alia madrasahs.

The students learn about SRHR from various sources among which textbooks are one of the important sources. Through a comprehensive document review, it has become evident that the textbooks of both Qaumi and Alia madrasahs had only partial information on the different components of SRHR. The textbooks of Qaumi and Alia madrasahs have discussed the components of SRHR in light of the Islamic point of view focusing on adolescence and menstruation.

Accessibility of SRHR education among the students of Qaumi and Alia madrasahs is characterised by Islamic values and social and cultural norms. The discussion of SRHR-related topics is limited mostly to the discussion of what Halal (Legitimate) or Haram (Illegitimate) is according to Islam. Besides, shyness works as a barrier in this regard. On top of that, accessibility is hindered not only for the students but also for the teachers. It is not such that the Islamic point of view is contradictory with SRHR education. But, the contents are being taught partially only based on legitimacy according to Islam.

There were a variety of opinions regarding the SRHR education provided in the Qaumi and Alia madrasahs. Although the respondents agreed that SRHR education is ready to be accepted in these institutions, they also noted that a specific emphasis needs to be placed on the madrasah education system's principles and teachings. To achieve acceptability among students and teachers while averting potential controversies, SRHR education needs to be carefully matched with religious principles. SRHR education is still perceived as a sin and fun in educational institutions sometimes, and Qaumi and Alia madrasahs are no exception in this regard.

There are some significant barriers to providing SRHR education in Qaumi and Alia Madrasahs. Conservative cultural and religious context, lack of trained educators specific to SRHR education, religious sensitivities, and inappropriate words that do not sound good are some of the barriers to providing SRHR education in Qaumi and Alia madrasahs. Besides, Qaumi madrasahs and their curriculum are not monitored by any government body, leading them to decide what to teach or not on their own which hinders the proliferation of SRHR education in these institutions.

8. CONCLUSION AND RECOMMENDATIONS

8.1. CONCLUSION

In Bangladesh, there is a culture of silence (Freire, 1970) surrounding sexuality that serves to uphold adult authority and opinion, societal negligence, and a disregard for adolescents' health and sex education. Besides, adolescents face increased psycho-social and sexual vulnerabilities due to a lack of appropriate knowledge, information, and awareness about sexual and reproductive health. As a result, many sexually transmitted diseases, late abortions, sexual and family violence, reproductive tract infections, and premarital pregnancies occur (Cash et al., 2001).

We have identified in our study that adolescents in Qaumi and Alia madrasas are at a higher risk of having their sexual and reproductive rights violated since they, especially Qaumi madrasah students, are underrepresented in the general education system. To prevent them from falling behind in society, a specific emphasis needs to be placed on their formal education, guaranteeing quality SRHR education in their curriculum. Additionally, informal schooling can be crucial in this area. If students are unable to receive accurate and sufficient information through their formal education, they can still receive it from non-formal education by making high-quality content and documentaries available on different platforms.

8.2. RECOMMENDATIONS

The need to adopt appropriate policies and measures to address the untenable condition of SRHR education in Qaumi and Alia madrasahs is exemplified in the study. Of particular relevance to the adolescents in Qaumi and Alia madrasahs are the following recommendations:

- The number of awareness-building programmes needs to increase in the madrasah settings so that their understanding of SRHR-related topics gets better.
- The textbooks of these institutions need to be carefully checked so that the different components of SRHR are not left behind and discussed properly according to international standards.
- The number of training programmes specific to SRHR education for the teachers needs to increase so that they can effectively discuss them with the adolescent students without any embarrassment in Qaumi and Alia madrasahs.
- Appropriate contents on sexual and reproductive health and rights need to be made available on different platforms such as informal education so that adolescents can learn the different components of SRHR if they are not taught in their formal educational setting.
- A new discourse of language related to sexual and reproductive health and rights needs to be introduced that sounds good and appropriate to adolescents and other people so that language-related embarrassment becomes clear.

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ANNEXES

Consent Form

Consent from Participants

AS-SALAMU ALAIKUM

I am _____ and I am currently studying Sociology at the University of Dhaka. Now, I am to conduct a study titled “Exploring SRHR Education for Adolescents in Qaumi and Alia Madrasahs: A Study in Dhaka and Brahmanbaria”, under Share-Net Bangladesh, which is a knowledge platform on Sexual and Reproductive Health. The objective of this study is to explore SRHR education in Qaumi and Alia Madrasahs. I am assuring you that the responses to be received from you will only be used for research purposes. I will never share this data without your permission and will be kept fully confidential. Now, would you please allow me to continue this interview?

- Yes
 - No
-

Toolkit for Data Collection

In-Depth Interview (IDI): Students of Alia Madrasahs

RESEARCH TITLE:

“Exploring SRHR Education for Adolescents in Qaumi and Alia Madrasahs: A Study in Dhaka and Brahmanbaria.”

OBJECTIVES:

- To explore the availability of the contents of Sexual and Reproductive Health and Rights (SRHR) in the textbooks of Qaumi and Alia Madrasahs,
- To explore the accessibility of the students to the contents of SRHR in Qaumi and Alia Madrasahs,
- To explore the acceptability of the contents of SRHR by the teachers, and the students in Qaumi and Alia Madrasahs,
- To assess the quality of the existing contents of SRHR in the teaching methods and the textbooks of Qaumi and Alia Madrasahs,
- To find out the barriers to providing SRHR education in Qaumi and Alia Madrasahs.

INTRODUCTION:

- Welcome and thank the students for their participation.
- Briefly explain the purpose and objectives of the research.
- Emphasise the importance of their perspectives and experiences regarding SRHR education in Qaumi and Alia Madrasahs.

SECTION 1: ACCESSIBILITY OF SRHR EDUCATION

1. What do you know about SRHR?
2. What do you understand by SRHR Education?
3. What do you understand about “sexual health”? [Probe: understanding of sexuality, sexual identity, sexual relationship, STDs, treatment, care and counselling, etc.]

4. What do you understand about “sexual rights”? [Probe: gender equality, consent in sexual relationships and marriage, appropriate time for marriage, decision-making ability, safe and pleasurable sexual life, etc.]
5. What do you understand about reproductive health? [Probe: knowledge of the reproductive system, menstruation, MHM, gender-based violence, effective, affordable and acceptable methods of contraception, safe and healthy pregnancy and childbirth, and healthy infants, etc.]
6. What do you understand about reproductive rights? [Probe: decision-making ability on reproduction and pregnancy, privacy, confidentiality, respect, informed consent, mutually respectful and equitable gender relations, etc.]
7. Is SRHR education available and being provided to you in your madrasah?
8. Which books are the SRHR-related contents available in? Can you tell me specifically in which chapters these contents are available?
9. How do your teachers take these classes? Do you or your teachers feel any kind of shyness or fear while talking about SRHR in class? Why or why not?
10. Do you feel comfortable asking questions in the class regarding SRHR?

11. What are the main sources of knowledge on SRHR for you? [Probe: textbooks, classrooms, or other sources such as the internet, parents, siblings, relatives, peer groups, etc.]
12. How do you perceive the accessibility of SRHR education?
13. In your opinion, do you have easy access to SRHR education in the Madrasahs? If not, what are the main challenges?
14. Have you noticed any specific factors that hinder students' access to SRHR education?

SECTION 2: ACCEPTABILITY OF SRHR EDUCATION

1. What is your opinion regarding SRHR education in Madrasahs?
2. Do you think SRHR education is necessary and normalised for the people of your age?
3. Are the classes of SRHR as important as the other classes of major subjects such as English, Bangla, Fiqh, Quran, Hadith, etc.?
4. Do you discuss the SRHR among your classmates? Do the teachers give you any individual or group assignments on SRHR?
5. Do you give proper attention and feel comfortable in the classes related to SRHR education?
6. What is your perception of SRHR-related content provided in your textbooks?

7. Do your teachers mandatorily add quotations on SRHR in the question papers of the Final exam? If yes, is it mandatory to answer the question?
8. Do you think SRHR education is contradictory to religious belief?
9. Do you consider discussing SRHR a sin?
10. Do you make fun of SRHR among your friends?

SECTION 3: BARRIERS TO PROVIDING SRHR EDUCATION IN QAUMI AND ALIA MADRASAHs

1. In your experience, what are the main challenges of SRHR education in your madrasah?
2. Are there any specific cultural or religious factors that contribute to the resistance or reluctance towards SRHR education?
3. How do you feel about the inclusion of a stand-alone Comprehensive Sexuality Education (CSE) Curriculum in Madrasahs?

Thank You So Much.

In-Depth Interview (IDI): Teachers

SECTION 1: ACCESSIBILITY OF SRHR EDUCATION

1. What do you understand about SRHR Education?
2. Is SRHR education being provided to students in your madrasah?
3. Which books are the SRHR-related contents available in? Can you tell me specifically in which chapters these contents are available?
4. How do you take these classes? Do you feel any kind of shyness while talking about SRHR in the class? Why or why not?
5. In your opinion, do students have easy access to SRHR education in the Qaumi and Alia Madrasahs? If not, what are the main challenges?
6. Do the students feel comfortable asking questions in the class regarding SRHR?
7. Have you noticed any specific factors that hinder students' access to SRHR education in the Qaumi and Alia Madrasahs?

SECTION 2: ACCEPTABILITY OF SRHR EDUCATION

1. What is your opinion regarding SRHR education in Madrasahs?
2. Do you think SRHR education is necessary for adolescents?
3. Which class, in your opinion, SRHR education should be incorporated from?
4. Do you take the classes of SRHR giving the same importance as the other classes of major subjects such as English, Bangla, Fiqh, Quran, Hadith, etc.?

5. Do you mandatorily add quotations on SRHR in the question papers of the Final exam? If yes, is this mandatory to answer the question?
6. Do you assign students with individual or group assignments regarding SRHR?
7. Do you think SRHR education is contradictory to religious belief?
8. Do you think SRHR education will lead the students to moral degradation?
9. Do you think SRHR education will influence the students in a wrong way?
10. If you do not find any SRHR-related content in the textbooks gender- and age-specified, and culturally, morally and religiously inappropriate, do you skip that in your class? Why or why not?
11. Can you openly discuss the SRHR-related contents in the class?
12. Do the students give proper attention and feel comfortable in the classes related to SRHR education?
13. Is there any gender lens in this regard?
14. How do you perceive the level of acceptance among students towards the contents of SRHR?
15. Have you observed any parental resistance or concerns regarding SRHR education? If yes, what are the main reasons expressed by parents?
16. Do you have any fear of discussing SRHR in class?

SECTION 3: QUALITY OF EXISTING SRHR CONTENTS

1. Do you think the SRHR contents that are provided in the textbooks of Madrasas are gender and age-specified?
2. Do you think these contents are religiously and culturally accepted?
3. Do you believe the textbooks used for SRHR education align with the values and teachings of Madrasahs?
4. Are the existing SRHR contents adequate in addressing the needs and concerns of adolescents in Madrasahs? If not, what improvements would you suggest?
5. How would you assess the quality of the teaching methods used for SRHR education in Qaumi and Alia Madrasahs?
6. Did you get any training for SRHR education?
7. Do you consider training important?

Thank You So Much.

Toolkit for Key Informant Interview

Key Informant Interview (KII): Educationists

INTRODUCTION:

- Welcome and thank you for participating in this Key Informant Interview.
- Briefly explain the purpose and objectives of the research.
- Emphasise the importance of your expertise and insights regarding SRHR education in Qaumi and Alia Madrasahs.

SECTION 1: AVAILABILITY OF SRHR EDUCATION

1. Would you please discuss the overall condition of SRHR education (i) in the context of our country and (ii) based on the needs of the students? [Probe: General education, Madrasah Education, Qaumi Madrasah, Alia Madrasah, etc.]
2. Do you consider that SRHR-related contents provided in the textbooks of Qaumi and Alia madrasahs address all components of SRHR? Why and how? [Probe: adolescence, puberty, physical and mental changes during adolescence, menstruation, reproductive organs, body care, physical and mental abuse, gender dimension, personal safety, child marriage, reproductive health, pregnancy, adjustment in family, meiosis cell division, child care, safe maternity, drug addiction, gender-based violence, etc.]
3. Do you consider the existing teaching methods of Qaumi and Alia madrasahs appropriate for addressing all components of SRHR? Why and how?
4. In your opinion, what are the main factors that facilitate

or hinder madrasah students' access to SRHR education in Qaumi and Alia Madrasahs?

5. Are there any specific challenges related to resource availability or implementation of SRHR education in both Qaumi and Alia madrasahs?
6. Would you please throw some light on whether the existing culturally, morally and religiously appropriate SRHR-related contents in the textbooks of Qaumi and Alia madrasahs are sufficient for adolescents?
7. In this age of information technology, do you feel the importance of reevaluating and restructuring of the currently provided SRHR education assessing the risk of misinformation such as pornography, and cultural blend for adolescents regarding SRHR?

SECTION 2: QUALITY OF EXISTING SRHR CONTENTS

1. Do you think the SRHR-related contents that are provided in the textbooks of both Qaumi and Alia Madrasahs are gender and age-specified?
2. Do you think these contents are religiously accepted?
3. Are the textbooks used for SRHR education in line with the values and teachings of Madrasahs?
4. Do you think the existing SRHR contents adequately address the needs and concerns of adolescents in Madrasahs? If not, what improvements would you suggest?

SECTION 4: BARRIERS TO PROVIDING SRHR EDUCATION IN QAUMI AND ALIA MADRASAHs

1. In your opinion, to what extent SRHR education is needed for the students of Qaumi and Alia Madrasahs?
2. In your experience, what are the main barriers to improving the quality of integrated SRHR education in both Qaumi and Alia Madrasahs?
3. In your experience, what are the main challenges in improving the teaching methods of SRHR education in both Qaumi and Alia Madrasahs?
4. Are there any specific cultural or religious factors that contribute to the resistance or reluctance towards SRHR education in Qaumi and Alia madrasahs?
5. How do you feel about the inclusion of a stand-alone Comprehensive Sexuality Education (CSE) Curriculum in Qaumi and Alia Madrasahs?
6. Is it possible to include a stand-alone Comprehensive Sexuality Education (CSE) Curriculum in both Qaumi and Alia Madrasahs? What are the barriers in this context?

Thank You So Much.

Key Informant Interview (KII): SRHR Specialists

INTRODUCTION:

- Welcome and thank you for participating in this Key Informant Interview.
- Briefly explain the purpose and objectives of the research.
- Emphasise the importance of your expertise and insights as an SRHR specialist in the context of Qaumi and Alia Madrasahs.

SECTION 1: SRHR EDUCATION

1. How do you assess the quality of overall SRHR education in the context of our country?
2. What are your observations regarding the level of acceptability of SRHR education among teachers, students, and parents in Qaumi and Alia Madrasahs?
3. In the context of our country, “adolescence, menstruation and MHM, family planning, gender-based violence, etc.” are focused on SRHR education. In your opinion, what more on SRHR education can be added in the context of madrasahs?
4. In your opinion, which components of SRHR should be incorporated according to the level of class based

on priority, and gender- and age-specification in the madrasahs?

5. How do you feel about the inclusion of a stand-alone Comprehensive Sexuality Education (CSE) Curriculum in Madrasahs?
6. Is it possible to include a stand-alone Comprehensive Sexuality Education (CSE) curriculum in Madrasahs? What are the barriers in this context?
7. In your opinion, which components of SRHR should be incorporated into the stand-alone Comprehensive Sexuality Education (CSE) curriculum for the madrasahs?

Thank You So Much.

Guideline for Focus Group Discussions (FGD)

No	Participant's Name	Sex	Contact Number
1			
2			
3			
4			
5			
6			

Introduction:

- Welcome and thank the students for their participation.
- Briefly explain the purpose and objectives of the research.
- Emphasise the importance of their perspectives and experiences regarding SRHR education in Qaumi and Alia Madrasahs.

SECTION 1: ACCESSIBILITY OF SRHR EDUCATION

1. What do you know about SRHR?
2. What do you understand about SRHR Education?
3. What do you understand about sexual health? [Probe: understanding of sexuality, sexual identity, sexual relationship, STDs, treatment, care and counselling, etc.]
4. What do you understand about sexual rights? [Probe: gender equality, consent in sexual relationships and marriage, appropriate time for marriage, decision-making ability, safe and pleasurable sexual life, etc.]
5. What do you understand about reproductive health? [Probe: knowledge of the reproductive system, menstruation, MHM, gender-based violence, effective, affordable and acceptable methods of contraception, safe and healthy pregnancy and childbirth, and healthy infants, etc.]
6. What do you understand about reproductive rights? [Probe: decision-making ability on reproduction and pregnancy, privacy, confidentiality, respect, informed consent, mutually respectful and equitable gender relations, etc.]

7. Is SRHR education available and being provided to you in your madrasah?
8. Which books are the SRHR-related contents available in? Can you tell me specifically in which chapters these contents are available?
9. How do your teachers take these classes? Do you or your teachers feel any kind of shyness or fear while talking about SRHR in class? Why or why not?
10. Do you feel comfortable asking questions in the class regarding SRHR?
11. What are the main sources of knowledge on SRHR for you? [Probe: textbooks, classrooms, or other sources such as the internet, parents, siblings, relatives, peer groups, etc.]
12. How do you perceive the accessibility of SRHR education?
13. In your opinion, do you have easy access to SRHR education in the Qaumi and Alia Madrasahs? If not, what are the main challenges?
14. Have you noticed any specific factors that hinder students' access to SRHR education?
15. Section 2: Acceptability of SRHR Education
16. What is your opinion regarding SRHR education in Qaumi and Alia Madrasahs?
17. Do you think SRHR education is necessary and normalised for the people of your age?
18. Are the classes of SRHR as important as the other classes of major subjects such as English, Bangla, etc.?

19. Do you discuss the SRHR among your classmates? Do the teachers give you any individual or group assignments on SRHR?
20. Do you give proper attention and feel comfortable in the classes related to SRHR education?
21. What is your perception of SRHR-related content provided in your textbooks?
22. Do your teachers mandatorily add quotations on SRHR in the question papers of the Final exam? If yes, is it mandatory to answer the question?
23. Do you think SRHR education is contradictory to religious belief?
24. Do you consider discussing SRHR a sin?
25. Do you make fun of SRHR among your friends?
26. Section 3: Barriers to Providing SRHR Education in Qaumi and Alia Madrasahs
27. In your experience, what are the main challenges of SRHR education in your madrasah?
28. Are there any specific cultural or religious factors that contribute to the resistance or reluctance towards SRHR education?
29. How do you feel about the inclusion of a stand-alone Comprehensive Sexuality Education (CSE) Curriculum in Qaumi and Alia Madrasahs?

Thank You So Much

PHOTOS FROM THE FIELD



Caption: One of the researchers conducting FGD in Alia Madrasah



One of the researchers conducting IDI with the teacher in Qaumi Madrasah.



Caption: One of the key Research Assistants interviewed with the respondents

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