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Reproductive health education in nctb curricula and text books: A critical review

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Abstract

The Education Policy-2010, paved the way to introduce Reproductive Health (RH) as part of curricula of few selected subjects for the secondary school children in Bangladesh, which can be considered as a first step in the right direction. Consequently subjects like Physical Education and Health and Home Science has been chosen to incorporate some aspects of Reproductive Health for the students of classes VI-VIII, and Science, Biology. Physical Education, Health Science and Sports and Home Science are for the students of classes IX-X. This article aimed to explore, examine and review critically to what extent incorporation has taken place and whether this has fulfilled the learning needs of the adolescent groups at the secondary level. Class/grade wise analysis revealed that topics, contents, narration of information, facts, examples, illustrations and use of language are age and grade specific and need oriented to a moderate extent. However lapses were observed in the usage of language in describing contents and illustrations for the younger children (particularly for Class VI) and other classes also. More gender balance approach should have been undertaken in the whole development process of curriculum and Text books which incorporated Reproductive Health as part of other subjects. Intensive teacher training programme along with development of Supplementary learning and teaching materials will be needed in order to provide right and proper knowledge, information and facts to these young learners and keep them safe from wrong information from wrong sources. For the students of 21st century knowing about Reproductive Health in broader terms Sexual and Reproductive Health is not merely a policy issue but a right also

Introduction

Reproductive Health (RH) in broader terms Sexual and Reproductive Health Rights (SRHR) either as a separate subject or a comprehensive curriculum in related subjects in the formal education system in Bangladesh, even to-day, is still considered as a less important knowledge arena. It is considered as a sensitive and controversial issue to teach adolescents in the educational institutions (general as well as others) due to prevalent socio-cultural norms, taboos, religious beliefs and practices. But adolescents particularly young men and women deserve to know these reproductive and sexual health related issues to be able to gain access to quality of life. There may be conceptual differences of the term of Reproductive Health but more than 180 countries at Cairo Conference (1995) have agreed to accept the comprehensive definition

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developed by UN (1994) as a state of “complete physical, mental and social well-being, not merely the absence of disease or infirmity in all matters relating to the reproductive health system and to its functions and processes”. At the International Conference on Population and Development held in Cairo, countries not only agreed to that comprehensive definition but promised to provide RH education and services to the population particularly young adults in the respective countries.

Despite some remarkable progress in few social parameters (UNDP, 2015), the situation of Reproductive Health education at the formal education system in Bangladesh is still very poor. Lack of proper and age – specific curriculum and syllabuses, lack of teachers training, teacher’s inhibition to teach the RH contents freely and openly in the classrooms still act as big barriers in providing RH at the secondary level (Akhter, Ahmed, Salahuddin, 2014). The RH issues are so sensitive in the prevailing socio-cultural settings that any attempt to bring changes either in the curriculum or related contents raised controversy (Daily Naya Diganta, 23 July 2014) and tried to destabilize social cohesion in the country. As a result young boys and girls in the formal education system – secular, Madrassa, Technical, Vocational, English Medium schools have to grow up without knowing about their physiological, emotional and mental changes properly.

Kabir (2010) pointed out the absence of SRHR education in the formal school system and lack of knowledge on human body, health care, adolescent health, reproductive health act as barriers for the adolescents’ young men and women to know correct and proper facts about their adolescent life. Informal sources like family, closest and nearest elderly relatives, groups, keep silent on these issues. Haq and Alam (2010) also identified this lapse in the curriculum of the formal school system and mentioned that “there was no text found in the textbooks on reproductive health”.

Bangladesh has one of the highest rates of child marriage in the world. UNICEF’s Report (2014) states that 74% of the girls marry before the age of 18 and over onethird even before the age of 15 (Plan International Bangladesh, 2013). Early marriage leads to early pregnancy and one-third of teen age girls age 15 to 19 are mothers or are already pregnant (Karim, Share-net, 2014). Early marriage and pregnancy for the teenage girls and their spouses without having any significant RH related education either from parents, siblings, nearest elderly relatives, teachers, books and leaflets keep them deprived of physical, emotional, mental and social well-being in relation to sexual and reproductive health processes (Akhter, et.al. 2015). Growing adolescents in Bangladesh turn to peers, internate, porns, phones, to know about their bodies and changes and get wrong information due to lack of accesses to proper sources of information and knowledge – books, curriculum, leaflets, teachers and even parents (Baseline Survey, 2014).

It has been establishing gradually that due to gender discrimination in the society young women particularly more disadvantaged and vulnerable group are less empowered in choosing safe and healthy living in terms of taking decisions in marriage, pregnancy, family spacing and other family affairs. But evidences of various projects on SRH education show positive impact upon the target groups of the targeted area

which include adolescents (either in schools or out of schools) community members, leaders and even religious leaders also.

We, still do not talk openly about Sexual and Reproductive Health Rights (SRHR) in the formal education system as discussing SRHR is still a taboo in Bangladesh. Prevailing socio-cultural norms consider SRHR as a silent issue although Govt. and other non-govt. organizations like Save the Children, Path Finder, Plan International Bangladesh, BNPS, BRAC, OxfamNovib, USAID, UNFPA and World Bank Group have been working on SRHR for a long time.

Various international conferences, seminars and research studies; World Bank group studies, 2014, Indian research studies, 1994 & 2005) emphasized on the need of RH health education for young adults and recommended for introducing school based RH education program. UNFPA (cited in Path Finder, 1995) also recommended for introducing population education and public health related issues starting from the primary school curriculum as well as non-formal education settings considering the rights and responsibilities of parents and needs of children and parents.

According to Girls Globe (2014), the benefits of RH particularly SRHR are society wide and inevitably translate into improved education, economic growth, health, gender equality and even environment. Girls Globe also summarised experiences of different countries which showed that adolescents particularly adolescent girls access to RH i.e., in broader terms SRHR enables them to remain healthy, their rights fulfilled, they have the opportunity to attend schools, learn life skills and grow into empowered young women.

Purpose and Research Questions

The main purpose of this research paper is to critically review the RH related syllabi and contents incorporated at the secondary level curriculum of few selected subjects to meet the learning needs of the secondary school children in the country.

The main purpose leads to few research questions:

- i. What are the contents on RH that have been incorporated in which subjects?
- ii. To what extent RH curriculum and contents are related to the age, gender and grades concerned?
- iii. Are these contents proper, adequate and relevant in terms of the students' learning needs related to RH?

Methodology

This is a document review- descriptive research work which followed qualitative method. It is designed to review and analyze the Reproductive Health related contents in the curriculum of some selected subjects developed by the National Curriculum and Text Book Board (NCTB). We decided to develop a checklist which can rightfully be used to analyze the contents. Therefore a document/content analysis checklist

was prepared to review NCTB curriculum and Textbooks on Physical Education, Home Science, Science and Biology –subjects which were selected to incorporate RH for the students of class VI-X. Document/content analysis checklist was developed considering few indicators:

- Curriculum : Subject specific, comprehensive, or partial
- Books : Subject specific or part of another subject
- Relevancy and Adequacy:
 - Topics/Contents – age and grade specific
 - Language – age and grade specific
 - Illustrations/Pictures – age and grade specific
 - Examples, Stories – age and grade specific
 - Clarity of the concepts – age and grade specific
 - Descriptions – age and grade specific
 - Gender – Sensitiveness

Findings and Discussion

Good curriculum plays an important role in forging life-long competencies as well as social attitudes and skills (UNESCO, 2009). It is (both intended and enacted) a systematic package of competencies – knowledge, skills and attitudes, that learner’s should acquire both in formal and informal settings. Curriculum, syllabuses, contents and textbooks for the Primary and Secondary school children in Bangladesh are prescribed and developed by the NCTB. But unfortunately there are no specific curriculum and textbooks on RH for the school children although textbooks and supplementary reading materials work as main vehicle for curriculum delivery in the classroom and resources for teachers and students due to lack of state education policy on RH. But the National Education Policy-2010 stipulated that “some reproductive health related contents will be provided to the students of class IX-X through various subjects and these subjects will include Home Science and Physical Education, Science and Biology.” This is a right step towards introducing RH in the school curriculum. After a long time gap NCTB had been able to produce new Curriculum and Textbooks for the Secondary School children in Bangladesh in 2013. But on the issue of RH, NCTB adopted “infusion approach” – incorporation of some aspects of RH related topics in syllabuses of few subjects – Home Science, Physical Education, Biology and Science without developing full and comprehensive curriculum and separate Textbooks RH. This may be considering prevailing socio-cultural and religious contexts! Although the NEP’s (2010) strategy directed to include RH in four subjects of class IX-X, but in reality RH related contents have also been incorporated in the selected subjects- Physical Education and Health and Home Science for the students of classes VI-VIII. Syllabuses, topics and contents of four different subjects mainly cover adolescence/puberty, reproductive health, HIV/AIDS.

RH related issues for class VI to X

Following sections show the syllabuses and topics on RH infused/ incorporated in

four different subjects for secondary school children (general education stream) starting from classes/grades VI to X.

• Topics/Contents incorporated for class VI

| <i>Table-1 : Home Science and Physical Education and Health for Class VI</i> |
|---|
| Home Science: 2 chapters (chapter 5-PP: 33-42 and chapter 6, PP: 43-47), Chapter-5: Changes during Puberty & adolescent period Physical, mental, emotional, social & ethical (PP: 33-42) Chapter-6: Changes during adolescent period, personal safety, Cleanliness (PP: 43-47) Physical Education and Health :1 chapter (chapter-4 PP: 38-51) Adolescent period in our life. Changes during adolescent period- Physical, mental for boys and girls, things to do during physical and mental changes/growth. Benefits of Nutritious & balanced food, help/assistance from parents/ guardians, risks during puberties and safety measures, Health tips during menstruation. |

Table 1 shows the detail syllabuses and topics developed on RH and incorporated in Home Science and Physical Education Subjects for the children of class VI. Subject like Home Science (HS) has two full chapters (chapter-5, 6) on “Changes during Puberty and adolescent period, personal safety and cleanliness, while subject like Physical Education (PE) has one chapter on Adolescent period in our life covering changes during adolescent period, benefits of nutritious food, risks during puberty and safety measures, health tips during menstruation. Analyses of the contents provided in those two books are good addition.

• Topics/ Contents incorporated for class VII

| <i>Table-2: Physical Education and Health for Class VII</i> |
|---|
| Chapter-4: Personal Safety during adolescent/ Puberty PP: 30-36 ✓ Personal safety during adolescent period ✓ Personal safety measures ✓ Physical and mental torture/ abuse ✓ Measures to keep proper physical and mental health |

Table-2 shows that for the students of class VII, NCTB has incorporated only one small chapter on “personal safety during adolescents” – chapter 4, pp 30-36 (for details please see in PE subject). The topics cover personal safety, physical and mental torture, measures to keep proper physical and mental health which are age specific and good addition also. There are no RH related contents in the subject of Home Science for the students of class VII.

• *Topics/Contents incorporated for class VIII*

| <i>Table-3: Home Science, Physical Education and Health for Class VIII</i> |
|--|
| <p>Home Science: Chapter- 4: Part B, PP: 28-35 “Child Development and Personal safety” ✓ Changes during Adolescent period ✓ Causes for changes during Adolescent period ✓ Adjustment with family during Adolescent period ✓ Adjustment with society during Adolescent period</p> <p>Physical Education and Health: Chapter 3: “Introduction to Health education & Care – HIV/AIDS”. ✓ Concept, Effects on health etc. How HIV/AIDS infects human beings, symptoms. Risks for young girls, how to protect oneself from HIV/AIDS. Ways of Prevention Chapter 4: “Reproductive Health in Our Life” PP: 32-37 ✓ Concept and significance of R. Health ✓ Ways and Needs to protect Reproductive Health ✓ Reproductive Health during adolescent period, pregnancy at proper age, care during reproductive period, pregnancy at right age, risks of pregnancy at immature age, diseases of R. organs, treatment and prevention.</p> |

Table 3 shows the detail syllabuses on RH of Home Science and PE subjects. Contents and description of HS (one chapter) focused mainly on changes during adolescent period, reasons for changes, role of hormones, adjustment with family, society and peer groups, friends, with a very short description with black and white pictures which were already incorporated in class VI (book on Home Science).

• *Topics/Contents on RH incorporated for class IX-X*

| <i>Table-4: Science, Biology, Home Science, Physical Education Health and Sports for Classes IX-X</i> |
|---|
| <p>Science : Chapter-4: “Starting a new life” PP: 66-86 ✓ Period of adolescence & changes ✓ Period of adolescence and causes of changes ✓ Keeping proper mental, physical health, marriage & pregnancy, problems/risks.</p> <p>Biology : Chapter- I: Lessons of life (no content on RH). Chapter-11: Procreation of species, PP: 152-166 ✓ Role of human procreation ✓ Diseases related to reproduction ✓ HIV/AIDS</p> <p>Home Science : Part-B: Child Development and Family Relations Chapter- 6: “Growth and development of child” PP: 57-89 ✓ Stages of development, developmental activities, heredity and environment. Chapter- 7: Growth of child and family environment. PP: 70-81 ✓ Bondage of child with parents, breast feeding within one hour after birth etc. Chapter- 8: Psycho-social problems during adolescence: remedies & prevention ✓ Psycho-social problems during adolescence, juvenile delinquency, remedies, prevention, depression, remedies, (Curative & Preventive) ✓ Mental Stress – causes, ways to Protect oneself</p> <p>Physical Education Health and Sports: Chapter-6: Drug Addiction and AIDS PP: 48-65 ✓ Drug addiction, tobacco, etc differences between medicine and drug, bad effects of drug and tobacco, ways of keeping away from smoking and drugs, risks HIV/AIDS: concepts and bread-out, symptoms of AIDS. Spread of AIDS, risky behavior for HIV Contamination ways to keep free from HIV/AIDS risks. Role service providing against HIV/AIDS ✓ Autism, PP: 59-65 Chapter 7: Puberty and Reproductive Health, PP: 67-75 ✓ Adolescent period and changes – physical, mental, behavioral, adjustment with the changes ✓ Need of nutrition during adolescent Period ✓ Reproductive health and ways of protecting it ✓ Reproductive health rules & health care during pregnancy ✓ Reproductive health related different components ✓ Reproductive health related different diseases treatment & prevention</p> |

This table reveals major differences between the conceptualization and philosophy underlining the RH and in broader terms SRHR education to be provided to the class IX and X students at the secondary level. On RH education for the students of classes IX-X, NCTB has adopted the strategies to provide through four different subjects, i.e., Science, Biology, Home Science, Physical Education, Health Science and Sports instead of a comprehensive curriculum and a separate textbook. Science Textbook has only one chapter on “Starting a New Life” by covering adolescence period and its total arena, Biology focuses on diseases related to reproduction and HIV/AIDS which are age specific, relevant and adequate to meet the learning needs of that target groups. Subjects like Home Science and PE have provided more topics, issues, contents and information on growth and development of child, psycho-social problems during adolescence, drug addiction, HIV/AIDS, puberty and reproductive health. Analysis of the PE curriculum shows an addition- ‘AUTISM’ in the chapter on ‘Drug Addiction and AIDS’ (PP 59-65)! It is not clear on which rationale NCTB has incorporated this very vital aspects in this chapter? Is Autism related to drug addictions or AIDS? Content analysis of Home Science book has shown that there is one chapter on “Protibondhi Shishu” but nothing on Autism! Contents and language in the books are class and age appropriate but repetitive. Black and white pictorial presentations are inadequate in the NCTB books.

Age, gender and grade sensitiveness

Language used in the chapters on adolescent period in our life in Physical Education book does not appear to be age and class appropriate particularly in describing physical changes of boys and girls during puberty and management of menstruation for 11 years old children without introducing them with human body/anatomy (p. 41). For example, language used in describing adolescent boys physical change as “sometimes ejaculation happens while sleeping and they get (boys) scared at this. Boys suffer from mental stress and kind of guilty and sinful act feelings in their mind”. Again in describing changes in girls during puberty language used is not proper as it narrated “girls become scared and stressed to see the bleeding from their private organ”. Selection of words and usages are scary for the students of class VI. Language used in describing certain topics is not age and class appropriate and more care needed to be taken in describing sensitive issues for the students of class VI (Robaiyet, et.al. 2013). Analysis reveals that this type of content description could have been more appropriate for the students of class VII when real bodily changes started to take place along with emotional, mental, psychological changes. Contents and information on these topics in the NCTB books should have been more subtle in order not to hurt the feelings of the adolescents, parents and other members of the society. After introducing these contents on RH in the PE curriculum and Text book and use of language raised huge rages, anger and resistance in accepting (Robaiyet, et.al. 2013). Another interesting finding is that the PE curriculum, contents, and books were written and edited by the male writers, raises the issue of gender insensitiveness in the whole process!

Contents in the Physical Education and Health Text book (two chapters) of class VIII covering HIV/AIDS, reproductive health, safety and reproductive health rules, preg-

nancy at the right age, safety during pregnancy at premature age and complications, diseases of reproductive organs, treatment and prevention (for details please see the books) are age appropriate, adequate, and relevant. Languages used in the NCTB books are age specific in describing facts, information and stories using only few black and white pictures in the HIV/AIDS chapter.

It appears from the comprehensive review of syllabi, topics, contents and presentation of the materials on RH in the NCTB books lack coherence and alignment across the subjects and classes. Starting from class VI to IX-X, contents, on RH developed by the NCTB are piecemeal and repetitive efforts. As it was decided at the policy level that RH education will only be offered through the Physical Education curriculum and textbooks, more coverage has given on RH in PE books than to other three subjects. But the curriculum of all the four subjects gave no importance on reproductive health rights and policies. Another interesting finding is that all the PE curriculum and related text books are written and edited by whole set of male writers and editors, no females! It is openly visible that the total lay-out of the description in the various chapters as well as books are not attractive and of low quality!

Adequacy to fulfil the learning requirements of children

NCTB books incorporating RH related topics missed some vital aspects for grade VI children such as “selection of good friends, risk of early marriage for adolescents, sexual harassment, prevention and punishment” which these adolescents need to know on a priority basis.

Language used in the Physical Education book of NCTB is class-appropriate with three black and white pictorial presentations on personal safety measures. Analysis reveals that the topics and contents presented in the NCTB books for class VI students could have been more appropriate for class VII in terms of age, agility and receptiveness of the facts and information. Gender gap is remarkably visible in development the curriculum, book like that of class VI.

Chapter on Reproductive Health in Our Life for class VIII has short description of the topics without any pictures, illustrations, examples or stories. The Physical Education and Health curriculum and book have been developed again by set of male writers and male editors only while Home science curriculum and book have been prepared by a whole set of female writers and editors only!

It can be clearly said that inclusion of topics and contents related to Reproductive Health in various subject of NCTB is a new step in the right direction despite in avoiding to recognize the SRHR as separate discipline area. This paradox is not unique for Bangladesh only. Studies show that even in India, introduction of SRHR education at the schools has to experience strong resistance from the society even though there is a strong demand for SRHR education from the student community.

Analysis and review showed that NCTB curriculum on Reproductive Health is more structured in terms of (a) learning outcomes, (b) session-wise distribution of contents, (c) students activities, (d) questions for evaluation.

Language used in some topics in the NCTB books need to be more age specific and gender sensitive for the students of class VI and VII. Graphics, illustration, pictorial presentations in the NCTB books are not adequate and attractive enough to make the lessons attractive to the students. NCTB, has not yet been able to develop any teacher guide, training manual, flip-charts or any other relevant materials to implement Reproductive Health related curriculum in the schools.

Study findings (Akhter, Ahmed & Salahuddin, 2014) on SRHR entitled "Texts and Supplementary Books developed by BRAC and Bangladesh Nari Progati Sangha (BNPS)" can be cited here to present a comparative view on introducing SRHR education at the secondary schools. BRAC/BNPS have developed a comprehensive SRHR learning package for secondary school children in their project schools. KAP analysis showed that these learning packages have wider acceptance by the students, teachers, family and even the community. BRAC/BNPS learning packages on SRHR have complete curriculum and presented in four separate books known as "Boyosh Jakhan Dash Tekhe Unish" for the students of classess VI-IX. These learning packages cover facts and information on SRHR considering learning needs of each specific age group children. There is horizontal and vertical intergration of curriculum and no repetition of facts, contents, stories, illustrations grade wise. Easy, simple and gender sensitive language, examples, illustrations and pictures have been used compared to NCTB's RH learning materials. BRAC/BNPS have also developed teachers guide, teachers learning manual, flip-chart, and leaflets, program for intensive teacher training for effective implementation in classrooms. The study also clearly indicates that if given proper SRHR education and services, perception, awareness, attitude regarding SRH bring positive changes among the adolescents, young men, women and even the community leaders who have substantial control over the locality, politics, religion and history.

Conclusion

The Education Policy-2010 has paved the way to introduce RH- still a very sensitive but much needed learning topics and issues for the adolescents in the formal education system in Bangladesh. This strategy can be considered as a breakthrough in improving the prevailing culture of considering RH as a prohibitive and non-discussable topics openly even though RH related education is critical for the secondary level students (even for primary level students as many of them drop school early) in acquiring knowledge, attitude and skill to practice to lead a good and gender-based violence free life. Young people can make great use of knowledge and skills for RH education, though they are often denied access to information and services for their health (Freedman, 1995)!

Girls and young women in our country are often victims of gender based violence and sexual assaults and thereby face greater risks of sexually transmitted infections and diseases. To make RH education more proper and need based of the target groups, NCTB should recognize RH as a separate area of learning and develop curricula and books and relevant supplementary learning materials accordingly in future for the students of classes IX-XII in order to provide them right RH education by right

persons and keep them protected from securing wrong information from wrong sources!

Gender balanced approaches will be needed in the curriculum and text book development processes, Intensive teacher training programmes in collaboration with other organizations (BRAC, BNPS, Plan International Bangladesh) which have wide experiences in providing RH education to the adolescents, young women and men in the country need to be undertaken on a priority basis. Reproductive Health Education should be included in the pre-service teacher education programme and also at Higher education level.

Evidences from Cross country studies (Path Finder, 1988) show that schools have been proved as strong settings through which not only children but also rest of the community can be reached and time has come that Bangladesh should consider to introduce School-based RH education programme in the near future as investment in children's health and education is the foundation of national development. For the students of 21st century providing school based RH education in broader terms SRH education is not a policy matter only but a right also.

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