Boyshondhi Shikka Is Obligatory For Religious and Medical Reasons

Bangladeshi Imams’ perceptions about Adolescent Sexual and Reproductive Health Education known in Bangla as Boyshondhi Shikka:
An In-depth Interview Study in Bangladesh

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Abstract

Aim: The aim of this thesis is to explore Bangladeshi Imams’ perception about adolescent sexual and reproductive health education known in Bangla as Boyshondhi Shikka to shed light on Islamic rulings in this education.

Background: Despite of adolescent sexual and reproductive health (ASRH) education is a religious and cultural taboo in Bangladesh, there was no study investigates Bangladeshi religious leaders’ view on this education.

Method: In-depth interviews with eight Bangladeshi Imams. Imams as the religious leaders who lead the friday special prayer called Jummah and performing religious ritual around health and illness, and providing health-based message. The data were analyzed by qualitative content.

Findings: Four themes were made: 1) Boyshondhi Shikka is not Western Education: is a natural and necessary part of their own religion and society 2) Boyshondhi Shikka is fard (Obligatory) for religion and medical reasons: prevent from sin and diseases, 3) Medically-based Sexual health and family planning education encourage premarital sex and 4) Boyshondhi Shikka is supported by Sharia, but should respect religious modesty.

Conclusion: While some Imams stated that Boyshondhi Shikka should conform to their interpretation of Sharia; should stress religious modesty, should be given by religious teachers, separate class for girls and boys, the most important finding of this study was that half of the Imams believed adolescents’ sexual and reproductive health education was obligatory for religious and medical reasons. This finding suggests that some Imams may be willing to help, rather than fight, the building of a basic Boyshondhi Shikka.
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Boyshondhi Shikka is taught by religious teachers in separate class room

Methodological Consideration

Credibility

Transferability

Dependability

Conformability

Strength

Limitation and Weakness

Conclusion

Recommendation

Reference

Annex 1: Study Setting Area

Annex 2: English Consent Form

Participants may feel emotionally uncomfortable talking about some of the topics.

If the participant’s opinions were revealed, and those opinions conflicted with the ideas or wishes of others in the community, the participant may suffer social or physical harm.

Participants may share some personal or confidential information related to members of the community that could cause social or physical harm if revealed.

Annex 3: Bangla Consent Form

Annex 4: Interview Guide

Annex 5: Certificate of Acceptance of Study Proposal and Ethical Permission

Annex 6: Informant characteristics
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ASRHE</td>
<td>Adolescent Sexual and Reproductive Health Education</td>
</tr>
<tr>
<td>GOB</td>
<td>Government of Bangladesh</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government organization</td>
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<tr>
<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<tr>
<td>SRHE</td>
<td>Sexual Reproductive Health Education</td>
</tr>
<tr>
<td>STI/STD</td>
<td>Sexual Transmitted Infection or Diseases</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nation International Children’s Emergency Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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## Glossary

<table>
<thead>
<tr>
<th>Word</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Azol</td>
<td>It is Bangla word, which means put sperm outside of uterus during sexual intercourse.</td>
</tr>
<tr>
<td>Fard</td>
<td>Obligatory</td>
</tr>
<tr>
<td>Hadith</td>
<td>Collection of Prophet Muhammad’s message</td>
</tr>
<tr>
<td>Haydi</td>
<td>It is Arabic word means Menstruation</td>
</tr>
<tr>
<td>Hazrat Abu Hanifa</td>
<td>He was a greatest Islamic jurist in 8th-century who founded Hanafi school of orthodox Sunni jurisprudence (44)</td>
</tr>
<tr>
<td>Jowbon</td>
<td>It is Bangla term which mean in English &quot;sexual life&quot;</td>
</tr>
<tr>
<td>Kari</td>
<td>Religious leaders who trained in Islamic School.</td>
</tr>
<tr>
<td>Kupori</td>
<td>It is Arabic word which mean sin</td>
</tr>
<tr>
<td>Mawlana</td>
<td>Special degree from Islamic School</td>
</tr>
<tr>
<td>Mofti</td>
<td>Special degree from Islamic School who can interprets and expound Islamic Law</td>
</tr>
<tr>
<td>Oli</td>
<td>Religious priest</td>
</tr>
<tr>
<td>Sharia</td>
<td>Message from the Quly Quran and Hadith</td>
</tr>
<tr>
<td>Zina</td>
<td>Unlawful sexual intercourse</td>
</tr>
</tbody>
</table>
Introduction

The World Health Organization defined the adolescent sexual and reproductive health (ASRH) education as an education associated with puberty, menstruation, physical and mental changes, child marriage and pregnancy, sexuality, contraception, abortion, gender based violence, sexual transmitted diseases, human immunodeficiency virus and acquired immune deficiency disease syndrome (1). The ASRH education has become a stable educational set of intervention in many countries (2). However, there are many countries in the world where adolescents face difficulties to access or not provided sexual and reproductive health education (1). Bangladesh is one of them. National and international experts have suggested that implementing programs of age-appropriate comprehensive sexual and reproductive health education for Bangladeshi adolescent (3-4). One of the main reasons for lack of progress on this recommendation is that sexual and reproductive health education for young Bangladeshis is highly politicized due to cultural norms and religious values (5).

For example, in 2010, the Bangladesh National Educational Policy introduced a chapter about sexual reproductive health (SRH) under the Physical Education curriculum, where the information that was put into the curriculum was inadequate. The sports, and body image were mostly highlighted in SRH curriculum. Moreover, the curriculum emphasized on traditional views about adolescents and SRH information than health based (5). There is a textbook in the Madrasha (Islamic Schools) called Fikah Shashtra which has very limited discussion on menstruation, mainly on how a woman should purify herself the end of the cycle but nothing health related (6). To update SRH curriculum with more scientific information is very challenging in Bangladesh Muslim dominated country because SRH education is considered as a cultural taboo (5-6). The study (5) mentioned that “Religion has a great influence on the cultural value system of Bangladesh and plays a strong role in educational reform.” Therefore, the present study aimed to explore Bangladeshi Imam’s perceptions about sexual and reproductive health education for Bangladeshi adolescents to shed light on Islamic rulings on this education.

The Imam plays major roles in Bangladesh such as providing religious guidance and serves multiple roles for congregants include religious ceremonies and prayers. Imams are found performing religious ritual around health and illness, and providing health-based message (7). There was not any study found in Bangladesh or globally about imam’s views on ASRH education or how to educate young boys and girls about SRH. However, many Bangladeshi Imams work as a teacher in madrasha where Imams have
contact with young boys and girls. Understanding religious leaders’ (Imams are considered as religious leaders) perceptions about ASRH education is a prerequisite for improving ASRH education in Bangladesh, since they have influence on both people of religious faith and public health policy (8-9).

This thesis used the World Health Organization definition of an adolescent which is a person between the ages of 10 to 19 years (6). The definition of Imam is as an individual man who plays role as a prayer leader and spiritual advisor to the congregation of a mosque (7). For the purpose of this study in the context of Bangladesh, we define Imams as the religious leaders who lead the Friday special prayer called 'Jummah'.

**Why Sexual and Reproductive Health Education is important for adolescent?**

In 1994, the concept of sexual and reproductive health education for youth was officially recognized by the International Conference on Population and Development (3). Sexual and reproductive health education is viewed as a human right in the public health area. An article states, “Whilst the sexual and reproductive health of young people is a key factor in their overall development, it is important to also invest in quality education for young people, including comprehensive sexuality education...,” (12). This is also one of the premises of the Sustainable Development Goal (SGD) target 7: “by 2030 achieve 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 programs (13)”. This goal really matter for adolescents’ health because there are 500 million cases with sexually transmitted diseases every year globally, 2,100,000 adolescent globally suffered HIV in 2016, 15 million adolescent girls experienced forced sex, and 12% of couples have an unmet need for family planning (14-15).

**Why Adolescent Sexual and Reproductive Health education is important in Bangladesh?**

Bangladesh is located in the region of South Asia. The country has seven divisions, sixty-four districts, five hundred and forty five sub-districts. According to a study (1) “There are 29.5 million adolescents in Bangladesh, including 14.4 million girls and 15.1 million boys, together representing nearly one-fifth of the country’s total population of 144 million.” There are a number of studies addressing the fact that Bangladeshi adolescents generally have poor knowledge related to sexual and reproductive health (3, 4, 16). Many young girls do not know why menstruation happens, and why there may be pain during menstruation. It is interesting to note that many Bangladeshi girls do not know about menstruation before
they experience it, and as a result, they find it mentally traumatic (4). A study (17) found that “The girls also believed that during menstruation girls should not touch anyone, and should not go outside at certain times in order to avoid being affected by a “bad wind” (evil spirit), which could also cause excessive bleeding.” In addition, the study found that Bangladeshi adolescents had expressed strong curiosity to know about sexuality issues, notably, body parts, virginity, masturbation, sexual power, and sexually transmitted diseases (17). United Nation International Children’s Emergency Fund data shows that approximately 18% of male students have had sex with prostitutes and around 64% of the 18% never used condoms (18).

The question is now whether sexual and reproductive health education is important for Bangladeshi adolescents. The most important answer is that sexual health education does not only introduce adolescents about different body parts, safe sex practices, and sexual transmitted diseases, but it also helps to reduce adolescents fear and anxiety related to the ability to perform sex in the future (17). There are evidences in the literature that sexual and reproductive health education improve adolescents’ knowledge of sexual and reproduction health issues. As an example, a study (9) used a quasi-experimental design (pre and post intervention survey among secondary students in Bangladesh between year 2001 and 2002). The students were given three booklets addressing 1) puberty 2) family planning 3) STI/AIDS. The study results showed that there was significant improvement of knowledge related to puberty, family planning, STI and AIDS among students who received the intervention compared to the control groups (9). While there are evidences that sexual and reproductive health education improve adolescents’ knowledge on sexual and reproductive health, however Bangladeshi adolescents are not provided this education.

**Major Factors influence on Adolescent Sexual and Reproductive Health Education Problem in Bangladesh**

Historically in Bangladesh, ASRH education has been a wide contentious topic from religious and cultural perspectives (4 - 6, 9, 12). Despite of religious and cultural constrain on ASRH education, the Bangladesh National Educational Policy included a chapter about SRH under the Physical Education curriculum in 2010. This initiative was considered as a very progressive step and ground breaking initiative in this conservative culture. However, SRH information in this curriculum was addressed very inadequately that did not fit with international standard of practice (5). It is very challenging to include more scientific and health based information in SRH curriculum in Bangladesh because Bangladesh is a conservative country dominated by traditional values and religious beliefs. This traditional and religious values system ignores and prohibits liberal approach of SRH education in Bangladesh (5). Due to these
traditional values and religious belief, there are lack of common agreements between and within parents, teachers, religious leaders and policy makers regarding on implementing comprehensive SRH education for Bangladeshi adolescents (4-6).

For an example, a study (6) analyzed the students’ access to SRH information in two madrasha in Bangladesh (urban vs rural area). These madrasha had started a basic SRH information program with the support of a local non-government organization (NGO), but the programs were stopped by the madrasha teachers because the SRH contents were not appropriate (mainly discussion on family planning education and use of condom) with the religious contents. The teacher said that Islam does not allow Muslim to use family planning methods including condom. The teachers in the madrasha argued that discussion on condom might increase premarital among students, which Islam never supports. In Bangladesh, premarital sex is not only religious and cultural taboo but also open discussion about sex especially with adolescents has long been a taboo.

There was evidence that parents and teachers felt to be stigmatized and embarrassed to discuss SRH with adolescents. These religious and cultural belief, may in turn, create embarrassment in discussing the issue (5). This above information provide reasonable evidence that religious belief and cultural values hinder to implementing comprehensive ASRH education in Bangladesh.

Moreover, there are evidences from literature that ASRH education is thought as a cultural and religious taboo in many Muslim countries. Based on the researcher knowledge, these evidences from other Muslim countries can be applied in this Bangladeshi context due to following common characteristics: (1) Large number of Muslims (2) Similar Religious Interpretation in many cases (3) Religion place great role in implementing comprehensive ASRH education and (4) Socio-ecological status most similar. As examples, according to a study in Irian (19), ASRH education should be prepared based on Islamic principles and the Western model cannot be accepted in the Islamic settings. This finding suggests that Western model may more liberal than conservative that perhaps reduce Islamic modesty if they are applied in Islamic contexts.

A study (20) conducted to identify Egyptian school nurses’ attitudes on ASRH education where the nurses said some participants thought that ASRH education is a symptom of the Western culture which might affect Islamic value. In other studies (21-23), participants felt that Islam teach modesty and since modesty is a principle in Islamic Teaching, ASRH education will reduce this modesty if implemented. Moreover, it was reported that such education can be given privately in the home setting rather than
publicly. Publicly speaking about sexuality is a cultural taboo in many countries, where people do not feel only uncomfortable discussing sexual issues, but also fear criticism from others (19). As a result, people may refuse to discuss the topic entirely. This above information provide reasonable evidence that religious belief and cultural values hinder to implementing comprehensive ASRH education in Bangladesh and other Muslim countries.

**Adolescent Sexual and Reproductive Health education in Islam**

There is a dilemma whether ASRH education should be given or not in many Islamic countries (6). However, during the Prophet Muhammad’s time Muslim men and women did not feel shy to ask the Prophet very private questions including sexual issues (17). Islam is also known as a religion that teaches all aspects of the human life (24). A study (25) states that Islam is a diverse religion and its interpretation varies from country to country, within countries, and between Sunni and Shia Muslims and other divisions.

Islamic interpretations are based on Islamic law called Sharia (25). A brief discussion of Sharia is required. Serour GI (25) defined Sharia as “The instructions that regulate everyday activity of life to be adhered to by an observant Muslim.” Moreover, the author specifies that there are two sources of Sharia; the primary sources are the Holy Quran (which are the words of God,), the Hadiths (which are messages and actions of Prophet Muhammad), consensus of Islamic legal scholars, and analogical reasoning using precedents set in the Quran and Hadiths. Secondary sources can shape Sharia through Istihsan which is a form of legal discretion that Islamic jurists use in cases where the primary sources contradict each other, are ambiguous or silent for the case in question. Non-primary sources of various origins can be used to help formulate a legal position, so long as they do not contradict the Quran or Hadiths.

Serour GI (25) defined Istihsan as “the choice of one of the several lawful options, views of Prophet’s companions, current local customs if lawful, public welfare and rulings of previous divine religions if they do not contradict the primary sources of Sharia.” A common current misconception of Sharia is that it is inflexible and fundamentalist. However, like most systems of rules, it is complex, contradictory, and incomplete; and has sparked plenty of fierce debates over interpretations. It is a living body of rules that have evolved and been re-interpreted throughout history. The Islamic community has a long history of professional legal scholars and jurists, who are trained to make decisions where interpretations are necessary (25).
Educational System in Bangladesh

The researcher will now go in details concerning secondary school education in Bangladesh since this study main concern is to investigate how Imams perceive ASRH education for adolescents. Secondary education is provided in three arrangements: general school, technical-vocational school, and madrasha. General schools are designed to teach the following core courses: Bangla, English, Mathematics, Basic Science, Geography and Computer science (26). According to the Bangladesh Ministry of Education’s report in 2016, there were 10,184,364 students in the general schools both in primary and secondary level (with 53.8% girls) (27).

Technical-vocational schools mostly include the following studies: agriculture, engineering, textile, leather technology and computer studies. According to the 2016 report, there were 203,810 students in vocational institute in Bangladesh (with 14.3% girls) (28).

Madrashas are Islamic religious schools. In the year of 1971, madrasha system in Bangladesh was divided into two sectors: 1) Alia Madrasha 2) Quami Madrasha (19). Alia madrashas are registered and regulated by the Bangladesh Madrasha Board, but Quami madrasha are an independent and unregistered which are not regulated by the Bangladesh Madrasha Board. Therefore, finding accurate information on Quami madrasahs is very challenging. The Alia madrashas provide modern general education and have similar core courses as general schools, but emphasize on religious studies (18, 29).

Presently, there are 9,314 Alia madrashas in Bangladesh providing education for both boys and girls and 1,136 Alia madrashas only for girls from class one to a Master’s degree. According to the Bangladesh Education Ministry’s report in 2016, there were 1,793,473 Aliya’ student both in primary and secondary level (57.2% girls) (28).

Bangladesh National Strategy for Adolescent Health

The national government of Bangladesh, along with non-governmental organizations have been making continuous efforts to promote adolescent sexual and reproductive health and rights in Bangladesh. A great example of this effort is the Marriage Act Law, which states that marriage is legal at the age of 18 years for females and 21 years for males (26). The national strategy for adolescence was set up for next fourteen years (2017 to 2030), which includes integrating and strengthening age appropriate comprehensive sexuality education. The strategy was made with the vision to promote adolescent rights to attain highest standards of health, irrespective of their gender, age, class, caste, ethnicity, religion, disability, civil status, and sexual orientation (26).
Rational

There is limited research on ASRH education in Bangladesh. The research that has been conducted show that Bangladeshi adolescents faced challenges to access comprehensive SRH education. These challenges mostly arise from the religious and cultural perspectives that have already been mentioned in the introduction part in this paper. Most of previous studies focused on view of parents, teachers, adolescents to ASRH education, rather on religious leaders like Imams. Since ASRH education is religious and cultural taboo in Bangladesh, therefore it is important to understand Imams’ opinions on comprehensive ASRH education. Understanding of Imams’ perceptions is a prerequisite, because without the participation and support of Imams it is unlikely that any initiatives to improve ASRH education would be successful; more so if they actively oppose it. The author in this present paper identified a need for Imams’ voice to be heard before implementing comprehensive ASRH education. The result of this study can be used to find areas where ASRH education be aligned with religious perspectives.

Overall Aim

The aim is to explore Bangladeshi Imams’ perceptions about ASRH education which is known in Bangla Boyshondhi Shikka. According to a study (30), Boyshondhi mean when a girl and boy ages between 10 to19 years, and Shikka mean study. Moreover, a study (30) defined the Boyshondhi Shikka as a set of education which associated mostly with puberty, sexuality, sexual transmitted diseases, and menstruation for girls, wet dreams and masturbation for boys, and child marriage and pregnancy.

Research Question

How Boyshondhi Shikka is viewed in the light of religious rulings in Bangladesh by Imams?

Specific Objectives

I. To understand Imams’ prevailing opinions on Boyshondhi Shikka
II. To understand what content /forms of Boyshondhi Shikka they would consider acceptable or not acceptable.
Method

Study Design

Qualitative research was chosen based on the study objectives. Qualitative study provides researcher a deeper understanding of individual experience, opinion, value, belief and behaviour in a particular phenomenon (31).

Study Setting

There are seven divisions and sixty four districts in Bangladesh. Initially two divisions named Dhaka and Chittagong were selected. Under the Dhaka division, the Dhaka district was selected as an urban study area. Four Imams were interviewed from four different mosques of Dhaka district.

In order to reach rural Imams, one district named Comilla was chosen from Chittagong division. Four Imams were interviewed from four rural different mosques of Comilla district. The areas are shown here in the below Figure 1 (Annex 1). Total eight Imams were interviwed from the two districts in this study.

Recruitment of Participants

The following exclusion and inclusion criteria were followed when recruiting participants for this study. Imams who were aged above 18 were included (a person is considered an adult when they reach 18 years of age). Female Imams were not included in this present study becuase female Imams are generally completely unrecognized in this society. In case of their existence, it would be difficult to find them.

The researcher recruited the participants including did the entire recruiting procedure (see details in next section). Purposeful sampling (i.e., to select informants who are willing and able to share their opinion and experience) was used to choose participants. In addition, this study tried to select participants according to variation of certain characteristics such as age and level of education.

Recruiting Procedure for Urban Imam

Firstly, nine mosques were voluntarily chosen by the reseracher from the different areas of Dhaka city. Secondly, the chairman (member of governing body in the mosque) were invited for a short meeting to discuss about the purpose and recruiting process of the study. Thirdly, with the chairman due permission,
Imams were invited for the interview. In some cases the chairman or other governing body was not found, therefore Imams were directly invited for the study. Fourthly, Imams were given a brief introduction about this study. Finally, four Imams were given both verbal and written voluntary consent to attend this study with audio-recording and then they were included in this study. Among the rest five Imams, three denied to attend this study since there were busy, and two denied to attend the interview with audio-recording. This study did not include the informants who denied audio-recording.

*Recruiting Procedure for Rural Imam*

Firstly, nine mosques were voluntarily chosen by the researcher from the different areas of Dhaka city. Secondly, the chairman (member of governing body in the mosque) were invited for a short meeting to discuss about the purpose and recruiting process of the study. Thirdly, with the chairman due permission, Imams were invited for the interview. In some cases the chairman or other governing body was not found, therefore Imams were directly invited for the study. Fourthly, Imams were given a brief introduction about this study. Finally, four Imams were given both verbal and written voluntary consent to attend this study with audio-recording and then they were included in this study. Among the rest five Imams, three denied to attend this study since there were busy, and two denied to attend the interview with audio-recording. This study did not include the informants who denied audio-recording.

*Participants*

Total eight Imams were interviewed. There was no possibility of conducting more than eight interviews because of limited resource and times as well as the pattern of information were similar. All the Imams in this study were male, and their ages were categorised the following ways: 3 Imams were between 25-35 years old, 2 Imams were between 36-45 years old, and 3 Imams were above 46 years old. Six Imams completed Kamel degree (master’s degree) from Islamic institutes, one studied Mawlana and Kari (see annex) and rest one studied Mofti (see annex). All the Imams have been working as both Imam in mosques and teacher in *madrasha*. Three Imams have been working as Imam and teacher between 16 to 20 years, another three between 11 to 15 years and one between 6 to 10 years. The researcher tried to include young Imams with less experience, but was unable to find one. Characteristics of the informants are presented in the Table 1 (see annex 7).

Total eight Imams were interviewed. There was no possibility of conducting more than eight interviews because of limited resource and times as well as the pattern of information were similar. In addition, the
study was intent to increase diversity of the participants (interview with young and old Imams with higher and lower education) in order to have a better grasp of this topic.

**Data Collection**

In-depth interview was conducted to collect data. In-depth interview approach helps the researcher to bring out a particular phenomenon from participants (32). In addition, in-depth interview explores in great details of participants’ experience, believe, understanding on a particular issue.

The present study used the local Bangla term Boyshondhi Shikka instead of WHO term ASRH education during the interview with the Imams. The interviews were conducted between January and March 2018. All the interviewes were conducted by the researcher alone. The interview places were chosen by the participants to allow them felt comfortable. The participants from Dhaka city chose mosques as the places for doing interview. Two participants from the rural areas preferred doing interviews in their work places (they had a separate room at their work places), while others two preferred attending interview at their houses.

Before the data collection, the researcher informed the participants about the purpose of the study, their right to withdraw from the research at any time during interview. The researcher knew that the decision can be difficult when the research includes sensitive topics like sexuality. The informants were given information sheet in advance so that they can read it carefully, think about it and inform the researcher what they decide. The informants were also informed not to answer any of the questions during the interview if they think questions are too personal. The informants were informed that their information will be confidential and the tapes will be destroyed after soon data are analysis.

The informants were given both Bangla and English consent sheet (Annex 2 & 3). The informants chose to sign in the consent paper followed by reading the whole consents paper. The informants had opportunity to ask any questions related to this study and consent paper. The researcher clarified the informants’ questions. There was no interpreter in this study since the researcher native language was Bangla.

An interview guide (see details in Annex 4) was used during the interviews, which was preferred by the researcher and checked by the local supervisor. The interviews were started with informants’ background information: age, education, and year of experiences, which led to a social introduction such as: how they feel to be an Imam, and how they turn to this profession. Later, the researcher moved to the opening question: could you explain about Boyshondhi? The researcher did double check the interview guide
before ending the interviews in order to make sure that all topics in the interview guide had been brought up. Nonverbal information (periods of silence, sighing, coughing, laughing/crying, hesitation intonation, other activities) of the participants during the interviews were noted during in the transcript. The interviews lasted approximately 45 to 60 minutes.

After each interview, the researcher reviewed the notes and checked the audio-recoding. Verbatim transcriptions were made by the researcher within twenty four hours after the interview. The language of the transcription was English. It was necessary to translate into Bangla but the important messages of the participants were kept in the original language. To increase reliability of the transcripts, the local supervisor did crosscheck all the transcripts.

Analysis

Content analysis was used to analyse the data because it often helps researchers to a richer understanding of participants’ information on a given topic and finally the information is used to build up categories in a meaning full way (33). The reason to chose the content analysis was to develop manifest content (surface feature of the informants’ message) of the interviews. The analysis was discussed with the supervisors and students’ group for necessary feedback and correction. There are two processes in content analysis: 1) Inductive (categories are derived from data) and 2) Deductive (structures of analysis are already known from previous research and purpose is to theory testing). For the purpose of the study, the inductive approach was chosen (34).

The analysis was performed in several steps. Firstly, the researcher became familiar with the data by read all the transcripts independently, reviews notes, and listening repeatedly the audio-recordings. The similar patterns of information were duly noted (35). Secondly, the researcher identified the meaning units which mean keeping relevant words, phrases, sentences or texts that relate to the topic by the following ways: same message appeared in many places of the transcripts, messages that surprised the researcher, and message similar with previous findings. Then the researcher shortened the meaning units (35). Thirdly, shortened meaning units were labeled into codes. Initially, there were lots of codes. Fourthly, the researcher reviewed the codes very carefully, and picked up the important codes. The themes were created by joining important codes together (35). Finally, the important themes were included in the result section.
 Reflexivity

The researcher in this present study was born in a Muslim family in Bangladesh. The researcher was aware that Islam plays on significant roles in people’s sex and reproduction, and Islam is also known as a religion that teaches about all aspects of human life, which the participants may not have perceived in the same ways. There was an underlying assumption for this study was that the researcher’s personal believe might have influenced the participants and data collection. However, the researcher was very open minded throughout the study and did not put his own opinion. The researcher was conscious about this assumption and discussed the findings with with the supervisors and students’ group for necessary corrections.

The researcher is a master’s student of International Health at Uppsala University, Sweden. The researcher studies in International Health and living in Sweden could be another influence on this study. Sweden’s sexual and reproductive health policies are mostly gender equality, sexual and reproductive rights, sex education, right to contraceptive and safe abortion (36). The researcher was aware of these policies, but he did not try to support these policies in this study or avoid any information that against these policies. The researcher made attempt to stay as much as close with the participants’ information throughout the study.

Ethical Consideration

Since the study setting was in Bangladesh, therefore the researcher had to apply for the ethical permission in Bangladesh. The ethical approval was obtained from Sir Salimullah Medical College’s ethical board (SSMC), although it turned out that this was not a formal requirement for the study since it was a student thesis and did not examine body organs or body fluids (Blood, Urine, & Stool). In this case, the researcher had to manage one supervisor who works as faculty in SSMC (see certificate annex 5).

The following three informed consent, data storage and protection, and risk and discomfort ethical principles according to Beauchamp and Childress (37) were considered throughout the study. Participants had full right to choose whether or not to be involved in this research and the participants understood that their refusal would have no negative consequences (identities of candidates who refuse will not be retained or reported). Participants had the right to withdraw from the research at any time
during interview. As participation could feel difficult since the research includes sensitive topics like sexuality participants were given an information sheet in advance so that they could read it carefully, and had time for consideration before the interview. Participants were informed that if they do not wish to answer any of the questions during the interview, they may say so and the interviewer will move on to the next question.

Moreover, the study information was stored privately and no one except the researcher had access to the study materials. Any information had an identification number on it instead of participants’ name in order to protect the respondents’ privacy. Only the principal investigator knew the identity of each number. The tape recordings were destroyed as soon as the data were analyzed. As the discussion involves sensitive issues there were some risks. Participants might felt emotionally uncomfortable talking about some of the topics. If the participant’s opinions were revealed, and those opinions conflicted with the ideas or wishes of others in the community, the participant may suffer social or physical harm. Participants might have shared some personal or confidential information related to members of the community that could cause social or physical harm if revealed. However, these above issues did not happen in this study because participants did not have to answer any questions or take part in the interview if they felt any of the question questions were too personal or made them uncomfortable. There were no risks for the participants who declined to attend in the interviews.

Findings

Most of the Imams had a “Kamel” degree in Islamic studies which is equivalent to a master’s degree. Seven out of eight Imams work in different Madrasah as a teacher or principal. The researcher tried to include young Imams with less experience, but was unable to find one. Characteristics of the informants are presented in the Table 1 (see annex 7). Their full interviews were transcribed and revealed 11 common codes and four themes (listed in the below Table 2).

Table 2: Codes and Themes

<table>
<thead>
<tr>
<th>Codes</th>
<th>Themes</th>
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</thead>
<tbody>
<tr>
<td>(1) Education cannot be foreign (Western) or local</td>
<td>1. Boyshondhi Shikka is not Western Education</td>
</tr>
<tr>
<td>(2) Young and sexual life are natural and given by God</td>
<td>2. Boyshondhi Shikka is fard (Obligatory) for religion and medical reasons</td>
</tr>
<tr>
<td>(1) Boyshondhi Shikka may protect adolescents from sin</td>
<td></td>
</tr>
</tbody>
</table>
(2) Boyshondhi Shikka may protect adolescents from social stigma  
(3) Boyshondhi Shikka may prevent adolescents from health problems

| (1) Adolescent will practice if they know it  
(2) Provocate their mind for sex  
(3) Adolescent will be bad |
<table>
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<tr>
<td>3. Medically-based Sexual health and family planning education encourage premarital sex</td>
</tr>
</tbody>
</table>

| (1) Boyshondhi Shikka must not be discussed very openly  
(2) Boyshondhi Shikka should be taught by religious teachers  
(3) Boyshondhi Shikka should be taught in separate class for boys and girls |
| 4. Boyshondhi Shikka is supported by Sharia (Islamic laws) |

The following themes reflect the informants’ perception on Boyshondhi shikka. The themes are introduced in details below with interpretations followed by the best supporting quotes.

**Boyshondhi Shikka is not Western education**

No informants believed that Boyshondhi Shikka is an idea imported from foreign education; all of them asserted that Boyshondhi Shikka is a natural and necessary part of their own religion and society.

“No No No (strong voice). Why foreign education? It is about making people aware, which Islam supports 100%” informant 3

“Really, it is misunderstanding. It is not foreign education, it is our religious education. If we do not teach our young people about how to avoid zina [premarital sex], it is a problem for our society. If we hide it, even young people will experience such emotions because it is natural and given by God. A young boy likes to love a girl and a girl likes to love a boy even we do not want it. So we must teach them that they should not get involved in illegal activities. I think it is not foreign education and it’s everyone’s education” informant 4
Boyshondhi Shikka is fard (obligatory) for religion and medical reasons

All informants were asked how important Boyshondhi Shikka is for adolescents. All informants except one said that Boyshondhi Shikka is important in some ways. The informant who said Boyshondhi is not important was asked to explain his opinions, and he said he did not believe that there is any benefit teaching adolescents about Boyshondhi Shikka. Moreover, he added Boyshondhi Shikka would provoke adolescents’ mind for premarital sex. However, half of the informants specified that Boyshondhi Shikka is obligatory for both medical and religious reasons.

“All Islam does not disagree if Boyshondhi Shikka is provided to young people. It will make them aware. Those who have never heard of sex education, they will take it differently if they hear it for the first time, it’s true. More education means more good things” informant 6

Boyshondhi Shikka may protect adolescents from sin

Half of the informants in this study remarked that Boyshondhi Shikka is mandatory because it might protect adolescents from Jahannam’s fire (fire of hell).

“Allah said (silent a while and trying to remember something) if someone did an illegal work, they should be punished by being beaten 100 times. It is very bad work. It is zina (premarital sex). It is sex before marriage. It is prohibited not only in Islam, but also every religion. Every religion does not allow it even though people do” informant 3

“What I actually think. Allah said in Quran, hey my people save your family and others from the fire of the hell. That means you should not sin and prevent others from sinning. If sex education is provided to make them aware not to sin then it will get support from people” informant 6

Boyshondhi Shikka may protect adolescents from social stigma

Around half of the informants mentioned that adolescents must be given this education because it is very important for their health as well as their society.

“There will be serious problems, because I saw on the internet one week ago, on Facebook. A college student went to the park and she gave birth there. Unfortunately, she was involved in a sexual relationship and did not inform any one. These young people do not know what they
should do or not because they are just getting mature. Due to this illegal circumstance they face social problem and stigma. We must make them aware about these problems” informant 6

**Boyshondhi Shikka may protect adolescents from health problems**

Many Informants expressed a great concern that sexually transmitted diseases (STD) are increasing among Bangladeshi adolescents but no informant in this study could mention at least one STD name. This evidence showed the Imams poor knowledge on SRH diseases. However, many of them believed that Boyshondhi Shikka might help adolescents to become aware and prevent them from getting STDs.

“It is their right. Like sexual life is your right and you should protect it. If they become aware about it there is no problem. If they are provided information, they can save their life from many bad things, for example, AIDS” informant 3

Most informants were very positive on child marriage related education, which they said is a problem in Bangladesh, and that there are ideal ages for both boys and girls in sexual relationships. Several informants also mentioned that child marriage causes many physical health problems, especially during pregnancy. They stated that Sharia looks at the present conditions, human body and different circumstance and Sharia does not allow the things that cause human health problems.

“If girls and boys are young, they are allowed to get married. But what we understand that if they get married at very early age, they become busy with family, need to work a lot, which put lots of physical and mental pressure on them. If they get married early age, they can’t afford good food and health care for their children. So we suggest that young people should not married at very young age” informant 2

**Medically-based sexual health and family planning education encourage Premarital Sex**

All the Informants believed that family planning information before marriage would encourage adolescents to break Sharia law and have sex outside of marriage.

“There are some discussions about it. However, young unmarried people must not be given family planning education. Their mind will be bad if they are given family planning information before marriage. Family planning education is a source to make young unmarried people bad” informant
“As they are not getting married before 18, sex education, azol (see glossary), and family planning should not be given which is my personal opinion. They will know if they provided these educations, and they will make premarital sex” informant 6

Only one informant from the rural area suggested that family planning could be taught to higher secondary school (ages around 18 years) because most students at this age get married and would benefit from family planning.

“Family planning education can be given above 18 years old boys and girls since 18 years is legal age for married. As boys and girls are not allowed for marriage before 18, family planning education should not be given which is my personal opinion” informant 1

Half of the Informants in this study had strong negative feelings about medically-based sexual health education. The informants expressed the idea that sex education will provoke young people’s minds to think about sex.

“Sexual health education would encourage them to have premarital sex” informant 8

The same informant contradicted his statement by saying sexual health education should be target only to prevent many diseases.

“Sexual health education can be given with the intention of aware them not to have sex outside of marriage, and save from many diseases” informant 8

**Boyshondhi Shikka is supported by Sharia**

Given how contentious ASRH education is in Bangladesh, and Muslim countries generally, one may expect the Imams to say that it is simply forbidden in Islamic law. However, this study found this not to be the case. When informants were asked about their perceptions on Boyshondhi Shikka, all informants said that there are no religious restrictions with teaching adolescents about sexual and reproductive
health. Moreover, informants cited verses from the holy Quran and Hadith (Prophet Muhammad’s message) saying Allah has given us sexual life and reproduction, and we should have knowledge about it.

“There is no restriction from religion. The Quran clearly mentions about it. We must not make it secret. There is big chapter in Hadith about haydi [menstruation]. There are chapters about what a young boy and girl should do if they turn to young life. For girls, what is haydi, duration of haydi, types of haydi? These are clearly mentioned in the Hadith” informant 3

All informants said that Boyshondhi Shikka is a good approach which Islam supports. However, every informant also suggested that Boyshondhi Shikka must be based on Sharia, which means religious law and principles. Then the informants were asked to explain what Islamic laws are related to Boyshondhi Shikka. Imams had a lot to say on this question, where many of their discussions veered away from this study’s topic. However, important findings related to Boyshondhi Shikka are explored below.

**Boyshondhi Shikka must not be discussed very openly**

Half of the imams (both from rural and urban areas) expressed clearly that modesty is a valued part of their religion and, since talking very openly about sexual and reproductive health will reduce modesty, open discussion should not be encouraged.

“I already mentioned you about time, place and person. It is a very sensitive issue, so it should be given based on modesty” informant 3

When they were asked to what is limitation of the Boyshondhi Shikka’s openness, there were mixed answers from the informants. Some of them said that modesty not only means openly discussing sexuality and reproduction, but it is also important to choose proper terms, for examples, “chest increase” for girls instead of saying ”breast formation” and ”night pressure” instead of saying ”wet dream”. A rural informant said that we should find a technical for this education, which seemed he was not sure what it is.

“I have already explained everything’s from the Quran and Hadith. ASRHE should be given technically [not very openly]. People will say stupid to those who speak it freely or openly. We should find a technique for it” informant 6
Boyshondhi Shikka should be taught by religious teachers

When the informants were asked who should teach adolescents Boyshondhi Shikka, most of them said: should be taught by religious teachers. According to the informants, religious teachers refer those teachers who teach religious text books in national schools. Many informants said that young boys and girls should discuss their private problems with religious leaders. One urban informant strongly recommended that Boyshondhi Shikka must be taught by the religious teachers.

“Boyshondhi Shikka should be taught by religious teachers” informant 4

When the researcher told the informants that there were evidence in literatures that teacher feel shy to discuss these issues with their students, most of them replied that there is no shyness related this education because Islam is open religion.

“I don’t know why teachers feel shy but they feel shy because they do not provide such education based on religious law. There is no shyness in the religion. Hazrat khadiza [Prophet Muhammad’s 1st wife] discussed everything with our prophet. There was no shyness between them. We should discuss about Boyshondhi Shikka. We do not feel shy” informant 3

A few of them said that parents could introduce different aspects of Boyshondhi Shikka with children. They suggested that family should not only play a big role for growing up their children, but also have to keep eyes on them what children do outside of home. One urban Imam was saying if parents are good then children will be good.

“If parent follow religious rules then children will follow. Young people problems are mostly connected with their parents. Children will smoke if parents smoke, children will watch television if parent watch television” informant 5
**Boyshondhi Shikka should be taught in separate classes for boys and girls**

Many informants mentioned that Boyshondhi Shikka should not be taught in co-educational classes. They believed that Boyshondhi shikka in co-educational classes would develop intimacy among boys and girls which Sharia does not allow.

“Both male and female student should not be taught Boyshondhi Shikka in same class, which affects religious modesty. Some information cannot be given together with mother and daughter, father and son and boys and girls. So it is important to understand” informant 1

**Discussion**

This study explored eight Bangladeshi Imams’ perceptions of Boyshondhi Shikka. In general, this study finds that the Imams believe that every person (young and old) has the right to acquire knowledge, which Islam supports completely, and that education related to people’s sexuality and reproduction is not forbidden under Islamic laws (Sharia). Moreover, while some Imams stated that Boyshondhi Shikka should conform to their interpretation of Sharia; should stress religious modesty, should be given separately to girls and boys, the most important finding of this study was that half of the Imams believed adolescents’ Boyshondhi Shikka was obligatory for religious and medical reasons.

The findings will be discussed into two subsections: (1) Imams’ perception of Boyshondhi Shikka (2) Sharia-based Boyshondhi Shikka as suggested by the Imams.

**Imams’ perception of Boyshondhi Shikka**

One important finding from the data is that the informants mostly refer to Boyshondhi Shikka as the teaching of sexual and reproduction based on morality (with a little bit of health). For example, as described above, a big priority for Imams is menstruation education. Islam places great importance on general cleanliness, and requires ritual purification and cleansing before prayer (38). Menstrual blood is considered impure and unclean, by the Imams, so it is very important that girls know how girls should purify themselves properly. The informants in this study are open to discussing this topic, but they ultimately want to teach girls that their periods are impure, so it is not clear how this teaching will help girls escape the myths and cultural restrictions described above in the introduction part. This finding
supports that of a previous study (39) which concluded that moral values come from religion; this largely influences ASRH education.

It is clear from the present study findings what the Imams are calling Boyshondhi Shikka is very different from the scientific definition of ASRH education. For example, WHO mean that ASRH education is teaching required health knowledge related to HIV and AIDS, STIs, gender equality, right to contraception, abortion, unintended pregnancy, and gender based violence, all without overtone of sexual morality (40). Moreover, a previous study referred that sexuality is important aspect of human life, but many people have inadequate and misleading understandings about it (41). Therefore, there is a great need to introduce comprehensive SRH education in early school years for young people healthy development, well-being, self-enhancing, empowering and confidence rising in sexual and reproductive health areas. Importantly, SRH education helps young peoples to create sense of competent citizen, understand their gender identity, and value around sexuality (42-43). The Imams in this study failed to recognize these importance aspects in relation to ASRH education. This present study provides evidence that the debate in Bangladesh on comprehensive ASRH education should not be seen as over, but rather it can be seen as just beginning. This findings is important for policy makers or/and stakeholders in this field to consider the potential challenges that might be raised related to involving Imams or religious leaders in SRH educational program.

Another important finding of this study was that the informants understood Boyshondhi Shikka as being associated with menstruation, child marriage and pregnancy, STI, and HIV and AIDS. The informants did not see gender equality, unintended pregnancy, abortion, family planning and comprehensive sex education as part of the Boyshondhi Shikka since none of them brought these topics into their discussion. Additionally, when the researcher brought family planning and condom issue into the discussion, all informants except one in this study had negative attitudes towards family planning and condom education. They mentioned that there was no real need to educate adolescents about condoms and other family planning methods. Condom education is thought to be a harmful factor that might lead to an increase in premarital sex. These findings clearly reflect that ASRH education is compatible with Islamic teaching, but the Imams appeared to concern more ASRH education related consequences. It can be concluded that ASRH education itself is not a religious and cultural taboo, rather its potential consequences is important issue because any sexual relations outside of marriage are not allowed in Islam (25). Now how exactly ASRH education is done in order to avoid the potential consequences seems to be ken in Bangladesh, but it is perhaps a very difficult process.
Previous many studies did not support the Imams believe on condom and family planning education. There were evidences in literature that distribution and promotion of condom did not increase sexual activity among adolescents (44-51). Instead, there were evidences from a number of studies that contraceptive message delayed early sexual involvement (52-54). Importantly, the Imams failed to recognize the necessity to why adolescents to be educated about condoms. The risk of STI is real among Bangladeshi adolescents because 18% of male students have had sex with prostitutes and around 64% of the 18% never used condoms (18).

A goal of this study was to have a discussion with the informants on these topics; however, except family planning and sex education this was not possible due to the restricted length of the interviews; this can be explored in future research. As exemplified by the discussion of comprehensive sexual health and family planning education, overall findings indicate that Bangladeshi Imams do not see the necessity of comprehensive sexual health education for young people, and mostly prefer to address the moral aspects of Boyshondhi Shikka where it helps prevent premarital sex. Previous studies on ASRH education (19, 21, 23 & 40) identified that a significant number of participants such as parents, teachers, school nurses, clergies, healthcare providers felt ASRH education might lead to increased risk of sexual behaviors among adolescents. Additionally, all informants except one in this study had negative attitudes towards family planning education. They mentioned that there is no real need to educate adolescents about condoms and other family planning methods. Condom education is thought to be a harmful factor that might lead to an increase in premarital sex. These findings clearly reflect the reason of the Imams in this study did not talk about these above topics. These findings also directly contradict the principles of ASRH education and Bangladesh’s new national strategy on Adolescent Health (1 & 26). This provides evidence that the debate in Bangladesh on sex education should not be seen as over, but rather it can be seen as just beginning.

Although all the informants were against family planning education, one informant from the rural area suggested that family planning could be taught to higher secondary school (ages around 16 years) because most students at this age get married and would benefit from family planning. This is a very important finding in the context of Bangladesh, where family planning education for unmarried adolescents is a complete cultural and religious taboo (1 & 18). The same informant had expressed his strong opinion against the child marriage compared to other informants’ opinions. Moreover, he said child marriage is a cultural taboo in Bangladesh. The researcher felt a great interest in his statements and looked at his transcripts. He was found working as a principal in a madrasha and involved with a few
governmental and non-governmental organizations focusing on youth health education. He said that he attended many seminars related to youth’s health. This present study recommends that policymakers and stakeholders should work closely with Imam and/or religious leaders, particularly in a Bangladeshi context, because there might be some Imams and/or religious leaders who could contribute to public health sectors, particularly in sensitive topics like Boyshondhi Shikka. It was well documented in previous studies (55-56) that it is important to identify those people whose opinion influences people’s decisions related to sexual and reproductive health (SRH) education. The following groups were identified: religious leaders and community leaders, parents, and healthcare providers (56). However, it is necessary to take precautions before involving Imam or religious leaders in ASRH education programs in order to ensure that their knowledge on SRH education is correctly understood.

**Sharia-based Boyshondhi Shikka as suggested by the Imams**

The most important finding of this study was that half of the Imams believed Boyshondhi Shikka was obligatory for religious and medical reasons. According to them, Sharia-based Boyshondhi Shikka would teach adolescents how to avoid both sin and prevent STIs and child marriage & pregnancy (under certain circumstances). As can be expected, the findings do indicate that the Imams were not very open to comprehensive sexual health education; however, all of them were open to a narrow part of it and half even described it as obligatory, which is a breakthrough finding for Bangladesh where ASRH education is almost completely ignored (4-6, 12).

According to the Imams, Sharia includes laws with important implications for how Boyshondhi Shikka should be taught, and the Imams felt that Boyshondhi Shikka should be taught according to those laws. This study tried to bring up all the possible religious rules related to Boyshondhi Shikka, but this was not possible due to the restricted length of the interviews, which can be considered a limitation that can be improved with future research.
The Imams’ four ideas are discussed separately in more detail in the following sections.

**Boyshondhi Shikka should not be taught very openly**

The Imams in this study consistently reported that Boyshondhi Shikka should not be given very openly. The internal contradiction that some Imams struggle with was particularly evident in this idea. As was reported in the first theme (result section), all informants said Boyshondhi Shikka will reduce religious modesty if this education is made too open. However, four informants contradicted this statement by saying there are no secrets in Sharia, which means people can freely discuss sexual and reproductive health. It can be said that the Imams in this study did not think Boyshondhi Shikka is against Islam, but rather it must be adhere to certain conditions. The Imams in this study displayed this struggle to balance competing rules related to modesty. The informants had various interpretations of how modesty can be practiced in Boyshondhi Shikka.

For example, one informant said that modesty is not only a matter of discussion, but also choosing proper terms. Many respondents believed Islamic modesty would be reduced if terms like “sex” and “breasts” are used in Boyshondhi shikka. The similar pattern was reported in a previous study (38) in which the terms of “free sex”, “safe sex”, and “boyfriend & girlfriend” violation of Sharia. On this point, the current study is in agreement with previous research (26) that “some religious scholars referring to the principle of modesty infer that personalizing and privatizing the environment, content and audiences of SHE is one of the contributing factors in modesty development.” Considering this statement and this present study finding indicates that Boyshondhi Shikka is not a matter of modesty, but the extent of its openness and transparent expressions are a source of concern because of the competing obligations of modesty. The findings of present study suggest that protecting religious modesty in Boyshondhi Shikka would limit Bangladeshi adolescents’ learning of different body part names and other technical terms.

Another example, there was clear evidence of contradiction from a rural informant’s statement Boyshondhi Shikka should be given technically, and not very openly. This was one of the most important quotes in this study. Here the Imam was admitting the contradiction. He said we need to find an answer although he did not have one. When he was asked to clarify the term technique, he promptly replied that here technique means Boyshondhi Shikka should not be discussed very openly.

This present study finds that Sharia-based Boyshondhi shikka, which the Imams proposed here was ambiguous because there were not clear answers on Boyshondhi Shikka’s openness or limitation of its openness. Interestingly, the Imams in this study were in agreement that Boyshondhi shikka is not against Islam, but there was no agreement among the Imams on openness related to Boyshondhi Shikka. This study further looked at the literatures on this issue; there was not clear evidence found. However, there
was evidence related to religious uncertainty on some social phenomena like romantic relationship (19). It has already noted in the introduction part in this paper that the non-primary sources of various origins can be used to help formulate a legal position, so long as they do not contradict the Quran or Hadiths (25). Therefore, this study recommends that the stakeholders who involve in this area to do further research with Imams or Islamic scholars to formulate a legal position on openness of Boyshondhi Shikka.

*Boyshondhi Shikka is taught by religious teachers in separate class room*

Most informants in this study expressed a great concern that introducing Boyshondhi Shikka in a mixed gender class would encourage close intimacy among students and increase their intentions to have sex. A previous study (38) shows that Islamic based sexual health education curriculum have the following languages in textbooks: spending time together and having close relationship with opposite gender might result of unhappy, distress and bitter experiences.

The informants were in agreement that there should be a separate class for boys and girls for this education. On the question of who should teach Boyshondhi Shikka, their opinions were more mixed. Many of them informants suggested that Boyshondhi Shikka should be taught by the religious teachers. If this suggestion was to be applied, there would be challenging questions to answer about the religious teacher’s knowledge on sexual and reproductive health, and the allocation of resources for religious teachers’ training, as example the Imams did know any STD name. The religious teachers are trained in Madrasha (religious schools), where training is focused on religious issues rather than scientific or medical ones (18, 57).

A few informants made a suggestion that parents would be the best source to introduce Boyshondhi Shikka to their children. However, previous studies (21, 23, 58) reported that a good number of adolescent were treated badly by the their parents when children tried to talk about SRH issues. It is also very important to considers parents knowledge on SRH before targeting them to involve such program.

The overall findings in this study indicate that there are some real opportunities to convince religious authorities to contribute public health sectors particularly in Boyshondhi Shikka for Bangladeshi adolescents. However, there is a real challenge that making a sexual and reproductive health education consistent with their vision of Sharia would remove most of the health information that medical want taught for all the good reasons (18, 57). However, just instituting a system would be better than nothing.
Reducing cultural embarrassment would be a great first step. There are small first steps here that Imams absolutely can help with.

**Methodological Consideration**

This study followed the author Guba’s (59) criteria for judging the trustworthiness of a research paper. The following four criteria’s were addressed in his paper: credibility, transferability, dependability and conformability. These four criteria's had been considered in this study, and they were discussed in details in the different subsections below.

**Credibility**

Credibility refers that a study does measure the phenomenon that are supposed to measure (59). Reaching to real truth in qualitative studies is quite challenging, but there are some factors can be considered (59). However, the researcher in this study has taken all reasonable approaches that required and applied those approaches in evidence based scientific ways to achieve the credibility. Firstly, the researcher in this study interviewed the high value subjects with a little variation of characteristics (age and education) because these participants’ opinions were matter to establish a reality of this particular phenomenon (See sampling criteria). Secondly, the qualitative content analysis was used in this paper. The reason to choose the content analysis was to develop manifest content; which mean surface feature of the informants’ message (see data analysis section). Finally, to close to the reality as much as possible, the researcher justified the findings with the various sources (journals and books) from which the data were collected or in similar context.

**Transferability**

These research findings look like a substantial portion of imams are seriously considering contradictions, want a reasonable balance, and are in strong support of some form of SRH education. If so that would mean health professionals have good opportunities to find a program that can be approved (or not fought) by a large portion of imams. That would be fantastic news. But if the sample is way more open than the population of Bangladeshi imams, it would be false hope. A broader sample is desperately needed. Moreover, there are a few factors that influence on study transferability (59). For example, participants’ characteristics both in transferring and receiving areas should be much similar. The researcher in this study provided relevant information in details about the participants’ characteristics, recruitment process,
data collection and the study setting so that readers can assess where findings can be applied (see method section).

**Dependability**

Dependability refers that a study’s findings can be repeated if others researchers apply the same study in the same in study area with the same participants (59). It is quite challenging not even necessary in a qualitative study compared to a quantitative study to reach same conclusion (60). The researcher in this study explained in detail the process of participants’ recruitment, interview guide, and the data analysis (see method section and annex 5). Notably, dependability is much challenging when participants as a human instrument because human perceptions may change over (59).

**Conformability**

Conformability refers there is any bias or researcher change the original information for his or her personal benefit (60). According a study (59), potential biases could be minimized by properly spell out the study methodology with logical manners. This study’s methodology including transcriptions was thoroughly checked by the supervisors of the researcher. Moreover, the researcher presented his findings and analysis in the monthly meetings to the supervisors and a group of students, and got necessary feedback from them; which ensure conformability of this study. The researcher practiced the reflexivity throughout the study so that his personal and professional experiences may not influence in this study.

**Strength**

The important strength in this study is that the Bangla term Boyshondhi Shikka was used instead of ASRH education. The term Boyshondhi Shikka is generally understood by Bangladeshi as an education associated with adolescent sexual and reproductive health education. However, this present study found the Imams’ understanding of Boyshondhi Shikka was far from the WHO term ASRH education.

The sampling (Imams from rural and urban areas) in this study can be considered as high value subjects since Imams’ opinion have important influence on both people of religious faith and public health policy.
Limitation and Weakness

The study tried to bring up all the possible religious rules related to Boyshondhi Shikka, but this was not possible due to the restricted length of the interview; which can be considered a limitation that can be improved with future research.

Since none of informant in this study brings the following topics in their discussion such as: gender equality, unintended pregnancy, abortion, family planning and comprehensive sex education. These are the important topics in ASRH education program as stated by WHO (1). The researcher wanted to have discussion with the informants on these following topics; however, except family planning and sex education it was not possible due to the restricted length of the interviews, which can be considered as a limitation.

Another issue is a potential bias in this sample. The researcher could have gotten more open minded Imams than is typical, because the more modest or shy ones simply would not speak about this with the researcher.

This research findings look like a substantial portion of Imams are seriously considering contradictions, want a reasonable balance, and are in strong support of some form of sexual and reproductive health education. This finds only limited to the Imams who were interviewed this study.

Conclusion

While some Imams stated that Boyshondhi Shikka should conform to their interpretation of Sharia, should stress religious modesty, should be taught by religious teachers and should be given separately to girls and boys, the most important finding of this study was that half of the Imams believed adolescents’ Boyshondhi Shikka was obligatory for religious and medical reasons. Importantly, one Imam provided strong positive opinion on family planning education for adolescents. This is a very important finding in the context of Bangladesh, where family planning education for unmarried adolescents is a complete cultural and religious taboo.

It is clear from this study that the Imams understanding on Boyshondhi shikka was different from the WHO term ASRH education. Interestingly, the Imams in this study were in agreement that Boyshondhi shikka is not against Islam, but there were contradictory opinions among the Imams on openness related to Boyshondhi Shikka. There is a real challenge sharia-based Boyshondhi Shikka would remove most of the health information that medical want taught for all the good reasons. However, just instituting a
system would be better than nothing. Reducing cultural embarrassment would be a great first step. There are small first steps here that Imams absolutely can help with.

**Recommendation**

This present study indicates that there are some real opportunities to convince religious authorities to contribute to public health sectors to develop Boyshondhi Shikka program in Bangladesh. This finding suggests that some Imams may be willing to help, rather than fight, the building of a basic Boyshondhi Shikka system. This research should encourage stakeholders or policy makers to work with Imams to investigate further religious rulings and interpretations on comprehensive sex education at national level.

In the future this study may indirectly benefit the society by: a) allowing policy makers to identify any misconceptions regarding Boyshondhi Shikka so they may be addressed, b) identifying possible ways to harmonize Boyshondhi Shikka with prevailing religious opinions and engage support of religious leaders in providing or allowing this education.

In turn, it is hoped that this research will have a long-term health benefit to society in general by suggesting sustainable and culturally acceptable ways to improve Boyshondhi Shikka. If Imams are found to be supportive of Boyshondhi shikka, it is suggested to implement interactive small group meeting with religion leaders focusing on Boyshondhi Shikka for the purpose to develop guidelines to inform policy makers to provision Boyshondhi Shikka in Bangladesh.
Reference


5. Begum H. Exploring Sexuality and reproductive Health Rights (SRHR) in Education Curriculum: A Gender Lens on Bangladesh Secondary Education


32. Larsson M. In depth Interview. [Lecture]. International Health, International Maternal and Child Health, Department of Women’s and Children’s Health, Uppsala University, Sweden. Week 48, 2017

33. Larsson M. Qualitative Content Analysis. [Lecture]. International Health, International Maternal and Child Health, Department of Women’s and Children’s Health, Uppsala University, Sweden. Week 48, 2017


http://unesdoc.unesco.org/images/0026/002607/260770e.pdf


55. HIPs. [cited 2018Apr22]. Available from:

56. Save the Children International and INERELA+. RELIGION & SEXUALITY: A report on faith-based responses to children’s Comprehensive Sexuality Education and Information. Available from:

http://www.jstor.org/stable/3776228


Annex 1: Study Setting Area

Figure 1: Study Setting Areas
Annex 2: English Consent Form

This informed consent form is for Participants for this research. The title of this research is exploring adolescent sexual and reproductive health education from the Imams’ perspective: An interview study with religious leaders in Dhaka, Bangladesh

Name of Principal Investigator: Mohammad Ali

Name of Organization: Department of Women’s and Children’s Health, International Maternal and Child Health (IMCH), Uppsala University

This Informed Consent Form will have two parts:

- Information Sheet (to share information about the study with participants)
- Certificate of Consent (for signatures of participate)

Participants will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

I am Mohammad Ali (Principal of Investigator), master’s student of International Health, department of Women’s and Children’s Health, International Maternal and Child Health (IMCH), Uppsala University

Type of Research Intervention

A qualitative study with in-depth interview.

Voluntary Participation

Participants have full right to choose to say or no to attend this research. Participants have right to withdraw from the research at any time during interview. We know that the decision can be difficult when the research includes sensitive topics like sexuality. Participants will be given information sheet in advance so that they can read it carefully, think about it and inform what they decide. If Participant does not wish to answer any of the questions during the interview, he may say so and the interviewer will
move on to the next question. The information recorded is confidential. The tapes will be destroyed after soon data are analysed.

Duration
The interview is expected to take about approximately 45 to 60 minutes.

Risks and Discomforts
As the discussion involves sensitive issues there is a risk that:

- Participants may feel emotionally uncomfortable talking about some of the topics.
- If the participant’s opinions were revealed, and those opinions conflicted with the ideas or wishes of others in the community, the participant may suffer social or physical harm.
- Participants may share some personal or confidential information related to members of the community that could cause social or physical harm if revealed.

Participants do not have to answer any question or take part in the interview if he feels the question(s) are too personal or if makes him uncomfortable.

Benefits
There will be no immediate and direct benefit to participants, but participation information is likely to help us find out more about the religious challenges on ASRHE and we hope that these will help the break off the existing religion myths related to ASRH for many.

Confidentiality:
The information that will be collected from this research project will be kept confidential. Moreover, all study information will be stored privately and no one except research team will have access to the study materials. Any information will have an identification number on it instead of participants’ name in order to protect respondents’ privacy. Only the PI will know the identity of each number. The tape recording will be destroyed soon data are analyzed.

Sharing of Research Findings
Information will be published as part of the Master’s Thesis work of the PI. In addition we will seek to have it published in a peer-reviewed forum where it will be accessible to other interested parties.
Who to Contact
If participants have any questions they may ask at any time, even after the study has started. If participants wish to ask questions later, they may contact following:
Mohammad Ali, Phone: 018164634800 (Bangladesh), +46 0769999046 (Sweden), Email: mohammadali8816@gmail.com

This proposal has been reviewed and approved by Sir Salimullah Medical College Mitford Hospital which makes sure that research participants are protected from harm. If you wish to find more information, contact ssmc@ac.dghs.gov.bd

PART II: Certificate of Consent

Certificate of Consent
I have been asked to give consent to participate in this research study which will involve completing one interview. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this study.

Print Name __________________
Signature ___________________
Date ________________________

Day/month/year

Statement by the researcher:
I have accurately read out the information sheet to the participant, and to the best of my ability made sure that the person understands that the following will be done:
1. Participants will be asked to know their opinion about sexual health and reproductive health education for adolescent.
2. Participants will be asked to know their opinion about religious rulings on ASRHE
3. Participants will be asked to share in what ways would they counsel people who seek advice
4. Audio record will be used during interview

I confirm that all the questions asked by participants have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.
Annex 3: Bangla Consent Form

গবেষণার জন্য অংশগ্রহণকারীদের এই অবগত সম্মতি ফর্ম। এই গবেষণার শিরোনাম হলো ইমামদের দৃষ্টিকোণ থেকে শিশু-কিশোর যৌন ও প্রজনন স্বাস্থ্য শিক্ষা সম্পন্ন: এই সন্ত্রাসকারটি হচ্ছে বাংলাদেশ ধর্মীয় নেতাদের সাথে।

প্রধান অনুসন্ধানকারীর নাম: মোহাম্মদ আলী

সংস্থার নাম: মহিলা ও শিশু স্বাস্থ্য বিভাগ, ইন্টারন্যাশন্যাল মা ও শিশু স্বাস্থ্য (আইএমসিএইচ), উপপালা বিশ্ববিদ্যালয়, সুইডেন।

এই সম্মতি ফরম দুটি অংশ আছে:

• তথ্য পত্র (অংশগ্রহণকারীদের সাথে গবেষণা সম্পর্কে তথ্য প্রদান)
• সম্মতির প্রমাণপত্র (অংশগ্রহণকারীদের স্বাক্ষর)

অংশগ্রহণকারীদের অবগত সম্মতি ফর্মের একটি কপি প্রদান করা হবে।

প্রথম অংশ: তথ্য পত্র

ভূমিকা
আমি মোহাম্মদ আলী, আন্তর্জাতিক মা ও শিশু স্বাস্থ্য (আইএমসিএইচ), উপপালা বিশ্ববিদ্যালয় এর আন্তর্জাতিক মহিলা এবং শিশু স্বাস্থ্য বিভাগের মাস্টার্ড এর ছাত্র। এই গবেষণার শিরোনাম হলো ইমামদের দৃষ্টিকোণ থেকে শিশু-কিশোর যৌন ও প্রজনন স্বাস্থ্য শিক্ষা সম্পন্ন: এই সন্ত্রাসকারটি হচ্ছে বাংলাদেশ ধর্মীয় নেতাদের সাথে।

উদ্দেশ্য
এটি জন্য যায় যে, প্রয়োজন থাকা সত্ত্বেও বাংলাদেশ কিশোর-কিশোরী প্রজনন স্বাস্থ্য সম্পর্কে কোনও আনুষ্ঠানিক শিক্ষা নেই।জনসংখ্যা কাউন্সেলিং (পি.সি.ই.পি.) গবেষনায় সুপারিশ করা হয়, স্কুল ভিত্তিক এ এস আর এইচ ই একটি বড় সংখ্যক কিশোর বয়সের ছেলে মেয়েদের কাছে পৌঁছানোর একটি কার্যকর উপায় কিন্তু এটি স্কুল পরিচালন কমিটি এবং শিক্ষার মন্ত্রণালয়ের আপত্তির মুখোমুখি হতে পারে; কারণ এই বিষয়টি সংবেদনশীল। সাধারণত এটি মনে করা হয় যে, (এ এস আর এইচ ই) এর উপর ধর্মীয় প্রভাব ব্যাপক যেহেতু বাংলাদেশ বেশিরভাগ লোক মুসলমান, কিন্তু সাহিত্যের প্রমাণের অভাব রয়েছে। অতএব, এই গবেষণাটির উদ্দেশ্য হলো (এ এস আর এইচ ই) সম্পর্কে ইমামদের উপলব্ধিটি অবিচার করা।
গবেষণা হস্তক্ষেপের প্রকার
একটি গভীর সাক্ষাৎকারের মাধ্যমে গুণগত গবেষণা।

অংশগ্রহণকারী বাছাই
আমরা প্রাথমিকভাবে ডাকা শহরে ইমামের সাথে কথা বলতে চাই। সাক্ষাৎকারের জন্য আট ইমামকে আদেশ জানানো হবে। অংশগ্রহণকারীদের নির্বাচন করতে পারস্পরিক সমূহটা আদর্শ ব্যবহার করা হবে।

স্বচ্ছায় অংশগ্রহণ
এই গবেষণায় যোগ দিতে বা না করার সিদ্ধান্ত নিতে অংশগ্রহণকারীর সম্পূর্ণ অধিকার আছে। সাক্ষাৎকারের যে কোনও সময় অংশগ্রহণকারীর গবেষণা থেকে প্রত্যাহার করার অধিকার রাখে। আমরা জানি যে সিদ্ধান্তটি কাঠামো হতে পারে যখন গবেষণাটি যৌন ও প্রজনন বিষয়ের মতো সংবেদনশীল বিষয় অন্তর্ভুক্ত। অংশগ্রহণকারীর ফলে এই গবেষণা সম্পর্কে বুঝতে পারেন এবং এটি নিয়ে চিন্তা করতে পারে সংজ্ঞা তথ্যগুলি তাদেরকে আগাম দেওয়া হবে এবং তাদের সিদ্ধান্ত সম্পর্কে আমাদের অবগত করবে।

যদি সাক্ষাৎকারের সময় অংশগ্রহণকারী কোনও প্রশ্নের উত্তর দিতে না চায়, তাহলে তিনি তা বলতে পারবেন এবং সাক্ষাৎকারকে পরবর্তী প্রশ্নে এগিয়ে যাবেন। সাক্ষাৎকারটি অংশগ্রহণকারীর পর্যবেক্ষণ জায়গায় অনুষ্ঠিত হবে, সাক্ষাৎকারকে ছাড়া অন্য কেউ সেখানে উপস্থিত থাকবেন, যতক্ষণ না অংশগ্রহণকারী অন্য কাউকে সেখানে থাকতে বলে। নথিভুক্ত করা তথ্য গোপনীয় এবং কার্যকরী ব্যাপার ব্যতীত অন্য কেউ নথিভুক্ত তথ্য সম্পর্কে কোনো ধরণের ধারণা পাবেন। তথ্য বিশ্লেষণ করার পরে ধারণকৃত তথ্য ধ্বংস করা হবে।

স্থায়িত্বকাল
সাক্ষাৎকারটি প্রায় থেকে ৪৫ মিনিট ৬০ সেকেন্ড নিবে বলে আশা করা হচ্ছে।

ঝুঁকি এবং অসুবিধা
একটি ঝুঁকি আছে যে অংশগ্রহণকারী কিছু ব্যক্তিগত বা গোপনীয় তথ্য প্রকাশ করতে পারে, অথবা তিনি কিছু বিষয় নিয়ে কথা বলতে অস্বীকার করতে পারেন, যেহেতু আলোচনা হিসাবে কিশোর যৌন এবং প্রজনন খুবই সংবেদনশীল বিষয়। যাইহোক, আমারা আশা করব যেন এটা না ঘটে। অংশগ্রহণকারীরা এমন কোন প্রশ্নের উত্তর দিতে হবে না অথবা সাক্ষাৎকারে অংশ নিতে হবে না যদি অংশগ্রহণকারী মনে করে যে প্রশ্ন (গুলি) খুবই ব্যক্তিগত বা তার জন্য অস্বীকার।

সুবিধাসমূহ
ভবিষ্যতে এই গবেষণাটি পরীক্ষাভাবে সমাজকে উপকৃত করতে পারে। ১) ASRHE সম্পর্কিত কোন ভুল ধরণগুলি চিহ্নিত করার অনুমতি দেয় যায় সেগুলি সংশোধন করা যায়, ২) প্রচলিত ধর্মীয় মতামত দিয়ে মানব সম্পর্কে সাক্ষাৎ উপায়ে চিহ্নিত করা এবং ধর্মীয় নেতাদের সমর্থন প্রদান ও এসআরইএইচ এর অনুমতি দিচ্ছে।

পরিবর্তে, আমরা আশা করি এই গবেষণা সমাজিক এবং প্রজনন স্বাস্থ্য শিক্ষা উন্নত টেকসই এবং সংক্রান্ত প্রথায় উপযুক্ত দ্বারা সাধারণভাবে সমাজের জন্য দীর্ঘমেয়াদী স্বাস্থ্য বেনিফিট থাকবে।
গোপনীয়তা
অংশগ্রহকারীদের সম্পর্কে কোনো তথ্য গবেষক দলের বাইরে অন্য কাউকে প্রদান করা হবে না। আমাদের এই গবেষণা প্রকল্প থেকে সংগ্রহ করা তথ্য গোপন রাখা হবে। গবেষণা থেকে সংগ্রহ করা তথ্য দূর রাখা হবে কিন্তু গবেষকদের ছাড়া অন্য কেউ দেখতে সক্ষম হবে না। তথ্যের অংশগ্রহকারীর নামের পরিবর্তে একটি নম্বর থাকবে। কেবলমাত্র গবেষক জানবে যে তার সংখ্যা কি।

গবেষণার ফলাফল জানানো
উল্লেখ গবেষণাটির মোহাম্মদ আলীর মাস্টার্স থিসিসের কাজের অংশ হিসাবে প্রকাশিত হবে। আমরা একটি পিয়ার রিভিউড ফোরাম এটি প্রকাশ করতে চাই যেখানে এটি অন্যান্য আগ্রহী দলগুলোর কাছে অ্যাক্সেসযোগ্য হবে।

কার সাথে যোগাযোগ করুন
যদি অংশগ্রহকারীদের কোন প্রশ্ন থাকে তবে তারা যেকোন সময় জিজ্ঞাসা করতে পারে, এমনকি অন্য মোহাম্মদ আলীর সাথে ফোন চের পরেও। যদি অংশগ্রহকারীরা এর পরেও প্রশ্ন জিজ্ঞাসা করতে চায়, তাহলে তারা নিম্নলিখিত মাধ্যমে যোগাযোগ করতে পারবে: মোহাম্মদ আলী, ০১৬৫৩৪৬৮০০, mohammadali8816@gmail.com সারি সফলমূল্যে রিভিউড কলেজ মিউম্যুলার হাসপাতালে এই প্রস্তাবটি পর্যালোচনা করা হয়েছে এবং অন্যান্য প্রকাশ করা হয়েছে নয় যা নিশ্চিত করে যে গবেষণাকারীরা ক্ষতি থেকে সুরক্ষিত। আপনি আরও তথ্য পেতে চান, ssmsc@ac.dghs.gov.bd সাথে যোগাযোগ করুন।

দ্বিতীয় অংশ: সম্মতির প্রমাণপত্র

সম্মতির প্রমাণপত্র

এই গবেষণায় অংশগ্রহণকারীরা সম্মতি দিয়ে বলা হয়েছে যা একটি সাক্ষাৎকার এবং একটি প্রশ্নের পূর্ণতাকে অন্তর্ভুক্ত। আমি পূর্ববর্তী তথ্য পড়েছি, অথবা এটা আমার দ্বারা পড়া হয়েছে। আমি এই বিষয়ে প্রশ্ন করার সুযোগ দেয়েছি এবং যে প্রশ্নগুলি আমি জিজ্ঞাসা করেছি তা আমার সম্মতির উপর দেওয়া হয়েছে। আমি এই গবেষণায় অংশগ্রহকারী হিসাবে ব্যবহার অংশগ্রহণ করতে সম্মত।

নাম............................................
স্বাক্ষর.....................................
পারাক্ষ......................................
দিন/ মাস/ বছর

গবেষকের বিবৃতি:
আমি সাহায্যের তথ্যপ্রদান একটি অংশগ্রহকারীর জন্য পড়েছি এবং আমার দক্ষতার সমর্থনে একটি নিশ্চিত কর যাতে ব্যক্তিটি বুঝতে পারে নিম্নলিখিত কাজগুলি করা হবে:
1. কিশোরের বয়সের জন্য সৌন্দর্য এবং প্রজনন শ্রম শিক্ষা সম্পর্কে তাদের মতামত জানতে অংশগ্রহকারীদের জিজ্ঞাসা করা হবে।
2. অংশগ্রহকারীদের (এ এসআরএইচ ই) এর ধর্মীয় বিদ্যা-নিষেধ সম্পর্কে তাদের মতামত জানতে বলা হবে।
৩. সাক্ষাত্কারের সময় অডিও রেকর্ড ব্যবহার করা হবে।

আমি নিশ্চিত করে বলছি যে, কোনো ব্যক্তিকে সম্মতি প্রদানের ক্ষেত্রে জোর করা হয়নি এবং সম্মতিটি স্বতন্ত্রভাবে ও স্বেচ্ছায় দেওয়া হয়েছে।

এই সম্মতি পত্রের একটি অনুলিপি অংশগ্রহণকারীকে প্রদান করা হয়েছে।

গবেষকের নাম........................................
স্বাক্ষর....................................................
তারিখ.................................................

দিন\ মাস\ বছর
Annex 4: Interview Guide

Interview start with background information: age, education, and year of experiences. Background information lead to a social introduction: how they feel to be a Imam, and how they turn to this profession. Start with an open question: could you explain about Boyshondhi? Eventually the following questions were asked:

1. Could you explain what are the changes happen during Boyshondhi?

2. What are common problems during Boyshondhi for boys and girls?

3. How would you response introducing Boyshondhi Shikka for boys and girls?

4. Ooh, you said it can be taught, could you explain how adolescent should be taught about Boyshondhi Shikka?

5. I see you said there is problem or no problem from religion side, would you say more about Boyshondhi Shikka from a religious perspective?

6. What do you think are the problem with society’s education?

   After 1st interview the following questions were asked

7. What would you say about comprehensive sexual health education or medical based sex education?

   7a) Aha, you say comprehensive sex education is not good from an Islamic perspective. Could you give me any example why it is not good?

8. What would you say about family planning education for adolescents?

   8a) Aha, you say comprehensive sex education is not good from an Islamic perspective. Could you give me any example why it is not good?

9. Would you like to add anything before we finish?
January 30, 2018

Student’s Name: Mohammad Ali
Student’s Email: mohammad.ali.8159@student.uu.se
Degree: Master’s degree in International Health
Department: Women’s and Children’s Health
Institute: Uppsala University, Sweden
Size of Thesis: Full time degree project (30 credits, corresponding to 20 weeks of Fulltime work in the spring semester, 2018 from January 15 till June 1).

Local Supervisor Name: Dr. Mahibun Nahar
Email: ssqib_m3760@yahoo.com
Supervisor’s Title: Assistant Professor
Department: Community Medicine
Institute: Sir Salimullah Medical College Mitford Hospital (SSMC), Dhaka, Bangladesh

Ref: Approval of Master’s Thesis Research Proposal entitled Adolescent Sexual and Reproductive Health Education from the Imams’ Perspective: An Interview in Bangladesh

Dear Mr. Mohammad,

It is my great pleasure to inform you that the above mentioned master’s thesis research proposal submitted on December 28, 2017 has been accepted and will be supervised by me. If any change is needed, it is compulsory to submit the details of such changes intended or desired with justification prior to actual change in the protocol.

As major part of my responsibilities, provide data protection guidance, evaluate your work and to ensure that the project is completed within the given time.

As per the SSMC ethical board rules and regulations, you are not required to go through the entire ethical process since your study do not involve using organs or body fluids (Blood, Urine, & Stool). In turn, you are directed to strictly follow the SSMC ethical guidelines and submit progress report and full or summary of report upon completion.

If you have further questions, please contact the research section of SSMC.

Thanking You,

Dr. Mahibun Nahar

[Signature]
30.01.2018

Principal Office: Tel: 7315076, Fax: 7314786, E-mail: ssmc@ac.dghs.gov.bd. Web: www.ssmcbd.com

Annex 5: Certificate of Acceptance of Study Proposal and Ethical Permission
Annex 6: Informant characteristics

Table 1: Informant characteristics

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