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## Sexual and reproductive health rights: Knowledge, attitude, and practice among adolescents in Dhaka, Bangladesh

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### Abstract

**Background:** Sexual and reproductive health rights (SRHR) are essential for adolescents, yet knowledge, attitude, and practice (KAP) regarding SRHR remain insufficient among students in Bangladesh.

**Objective:** This study aimed to assess the KAP of SRHR among adolescents in Dhaka, Bangladesh.

**Methods:** This interview-based observational study was conducted at the BCSIR School & College, Dhaka, Bangladesh from January 2024 to June 2024. A purposive sampling method was used to select students of class IX from both genders. Total number of participants was 220. Data were collected using a digital data collection interface on Android tablets. The structured questionnaire covered knowledge, attitude, and practice related to SRHR.

**Results:** The study assessed SRHR knowledge, attitude, and practice among 220 ninth-grade students in Dhaka, Bangladesh. Females exhibited higher knowledge (66.4% vs. 52.5%) and better practice (58.8% vs. 41.6%) than males, with odds ratios of 1.79 and 2.01, respectively. Males showed a more positive attitude (68.3% vs. 52.9%, OR=0.52). While 84.1% supported SRH education, only 51.4% felt comfortable discussing sexual health. Females show higher knowledge and practice, while males exhibit more positive attitudes.

**Conclusion:** This study reveals gender disparities in SRHR knowledge, attitude, and practice among adolescents in Dhaka. Targeted, gender-sensitive interventions are needed to address gaps and improve SRHR outcomes for adolescents.

**Keywords:** Sexual and reproductive health rights, knowledge, attitude, practice, adolescents, Bangladesh

### Introduction

Adolescence is a critical developmental stage characterized by significant physical, emotional, and social changes. In Bangladesh, adolescents constitute a substantial portion of the population, underscoring the importance of addressing their sexual and reproductive health rights (SRHR) [2]. Despite global commitments, such as the International Conference on Population and Development (ICPD) Program of Action, which advocates for comprehensive SRHR education, many Bangladeshi adolescents lack adequate knowledge and access to these services [3]. Recent studies have highlighted the gaps in SRHR knowledge among Bangladeshi adolescents. For instance, a cross-sectional study conducted in the Chittagong district revealed that older adolescent girls possessed a limited understanding of puberty, family planning, maternal health, and HIV/AIDS. This deficiency in knowledge is often compounded by prevailing myths and misconceptions, particularly concerning menstruation, leading to restrictive practices and stigmatization [4]. Socio-cultural norms play a pivotal role in shaping adolescents' attitudes towards SRHR. In many Bangladeshi communities, discussions about sexual and reproductive health are considered taboo, resulting in limited open dialogue and education on these topics [5]. This cultural reticence not only perpetuates misinformation but also hinders adolescents from seeking essential SRHR services. The practice of child marriage remains a significant concern in Bangladesh, with the country exhibiting one of the highest rates globally [6]. Early marriage often leads to early childbearing, adversely affecting the health and well-being of young girls. Moreover, married adolescents, especially those residing

in urban slums, face substantial challenges in accessing SRHR services, further exacerbating their vulnerability [7]. Educational institutions have the potential to serve as pivotal platforms for disseminating SRHR information. However, the integration of comprehensive sexuality education (CSE) into school curricula remains inconsistent. A mapping review highlighted the scarcity of data on SRHR education in Bangladeshi schools, indicating a pressing need for systematic implementation of CSE programs [8]. Gender disparities further complicate the SRHR landscape. Male adolescents often report higher exposure to SRHR information compared to their female counterparts, leading to unequal knowledge distribution [9]. This disparity underscores the necessity for gender-sensitive approaches in SRHR education and service provision. Technological advancements offer innovative avenues to bridge SRHR information gaps. Digital platforms and mobile applications can provide adolescents with confidential access to SRHR resources, circumventing socio-cultural barriers [10]. However, the effectiveness of these tools is contingent upon their accessibility and the digital literacy of the target population. Policy frameworks in Bangladesh have acknowledged the importance of adolescent SRHR. The National Strategy for Adolescent Health 2017-2030 emphasizes the need for comprehensive SRHR services and education [11]. Nevertheless, the translation of policy into practice remains a challenge, necessitating concerted efforts from governmental and non-governmental stakeholders. While strides have been made in recognizing the SRHR needs of Bangladeshi adolescents, significant gaps persist in knowledge, attitude, and practice. Addressing these challenges requires a multifaceted approach encompassing education, policy implementation, and community engagement to ensure that all adolescents can exercise their sexual and reproductive health rights fully.

### Objectives

**General Objective:** The general objective of the study was to assess the knowledge, attitude, and practice (KAP) regarding sexual and reproductive health rights (SRHR) among adolescents in Dhaka, Bangladesh, to identify gaps and inform future interventions.

### Specific Objectives

- To evaluate the level of knowledge about sexual and reproductive health rights (SRHR) among adolescents in Dhaka, Bangladesh.
- To assess the attitudes of ninth-grade students toward SRHR, including their perceptions and beliefs.
- To explore the practices related to SRHR among ninth-grade students, including behaviors and decision-making.
- To identify gender-based differences in knowledge, attitude, and practice regarding SRHR among the participants.

### Methodology

This was an interview-based observational study that was conducted at the BCSIR School & College, Dhaka, Bangladesh from January 2024 to June 2024. The study aimed to assess the knowledge, attitude, and practice (KAP) regarding sexual and reproductive health rights (SRHR) among adolescents in Dhaka, Bangladesh. Total number of

participants was 220. A purposive sampling method was employed to select participants.

### Study Population and Sampling

The study included students of class IX from both genders who provided informed consent (or parental consent where required). The sample was selected based on availability and willingness to participate.

### Inclusion Criteria

- Students enrolled in class IX in the selected schools.
- Both male and female students were willing to participate.
- Students with parental/guardian consent where applicable.

### Exclusion Criteria

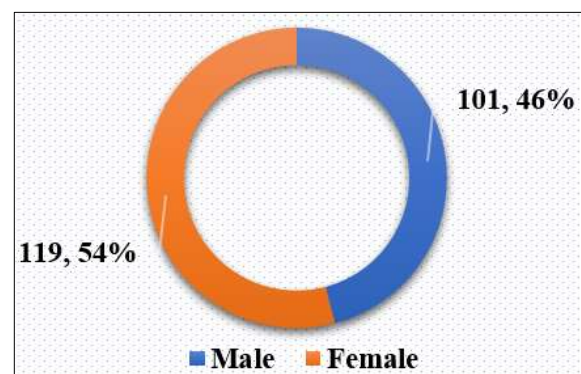
- Students were absent during data collection.
- Those unwilling to participate or whose guardians did not provide consent.
- Students with cognitive impairments affect their ability to respond to the questionnaire.

**Data Collection and Tools:** Data were collected using a structured questionnaire designed to assess KAP related to SRHR. The questionnaire included multiple-choice and Likert-scale [1] questions and was administered through a digital data collection interface on Android tablets to ensure accuracy and efficiency. Trained interviewers conducted face-to-face interviews in a private setting within the school premises to maintain confidentiality.

**Statistical Analysis:** The statistical analysis was performed using Chi-square tests to examine the differences in knowledge, attitude, and practice between male and female students. The significance level was set at  $p < 0.05$  for all comparisons.

### Result

A total of 220 ninth-grade students participated in the study; their Mean  $\pm$ SD age was  $15.2 \pm 0.7$  years. Of the total respondents, 101 were male (45.9%) and 119 were female (54.1%). Among the total participants 38.6%, 40.9%, and the rest 20.5% were students of Science, Humanities, and Commerce groups respectively. The data gathered from the interview-based survey was analyzed to assess the knowledge, attitude, and practice (KAP) of students regarding sexual and reproductive health rights (SRHR).



**Fig 1:** Gender distribution of participants

### Social and Family Status of Participants

The majority of participants were Muslim (90%), followed by Hindu (7.3%), Christian (1.8%), and Buddhist (0.9%). Regarding family size, most participants had one child

(67.7%), while 21.4% had 2 to 3 children, and 10.9% had more than three children. As for maternal occupation, 79.1% of mothers were housewives, and 20.9% were service holders.

**Table 1:** Social and family status of participants

Characteristics	n	%
<b>Religious status</b>		
Muslim	198	90.0%
Hindu	16	7.3%
Christian	4	1.8%
Buddhist	2	0.9%
<b>Number of children in the family</b>		
1 Child	149	67.7%
2-3 Children	47	21.4%
>3 Children	24	10.9%
<b>Mother's occupation</b>		
Housewife	174	79.1%
Service holder	46	20.9%

**Knowledge Regarding SRHR:** The knowledge of students about key SRHR topics was assessed, including menstruation, contraception, sexually transmitted infections (STIs), and HIV/AIDS. The table below shows the response rates of male and female students regarding these topics. The findings indicate that while the majority of students had basic knowledge about menstruation, their understanding of contraception and STIs was comparatively lower.

The study showed that 84.9% of females and 76.2% of males were knowledgeable about menstruation, with no significant gender difference ( $p=0.146$ ). Knowledge of contraception, STIs, and HIV/AIDS was similar across genders, with no statistically significant differences ( $p=0.305$ ,  $p=0.619$ ,  $p=0.794$ ). Overall, gender did not significantly affect knowledge of SRHR topics.

**Table 2:** Knowledge of SRHR Topics

Topic	Male (n=101)	Female (n=119)	Total (n=220)	p-value
Knowledge of Menstruation	77 (76.2%)	101 (84.9%)	178 (80.9%)	0.146
Knowledge of Contraception	63 (62.4%)	65 (54.6%)	128 (58.2%)	0.305
Knowledge of STIs	51 (50.5%)	55 (46.2%)	106 (48.2%)	0.619
Knowledge of HIV/AIDS	40 (39.6%)	44 (37.0%)	84 (38.2%)	0.794

**Attitude towards SRHR:** The study revealed strong support for sexual and reproductive health (SRH) awareness, with 82.3% agreeing on its importance ( $p<0.001$ ). However, only 51.4% felt comfortable discussing sexual health openly,

indicating some hesitation ( $p=0.004$ ). Notably, 84.1% supported SRH education in schools ( $p<0.001$ ). While attitudes toward SRH education were positive, discomfort in discussing sexual health remains a concern.

**Table 3:** Attitudes towards SRHR

Statement	Agree (%)	Disagree (%)	Undecided (%)	p-value
Sexual & reproductive health is an important issue.	181 (82.3%)	27 (12.3%)	12 (5.5%)	<0.001
I feel comfortable discussing sexual health openly.	113 (51.4%)	68 (30.9%)	39 (17.7%)	0.004
Schools should teach sexual & reproductive health.	185 (84.1%)	21 (9.5%)	14 (6.4%)	<0.001

### Practice Regarding SRHR

The survey assessed students' practices related to SRHR, such as contraception, access to SRHR information, and discussions with parents or teachers. Among the participants, the use of contraceptives was reported by 52.3%, with a significantly higher proportion of females (61.3%) than males

(41.6%) ( $p=0.004$ ). Access to SRHR information was reported by 55.0%, again higher in females (64.7%) compared to males (43.6%) ( $p=0.002$ ). Discussions about SRHR with parents or teachers were reported by 50.5%, with more females (60.5%) than males (38.6%) engaging in such discussions ( $p=0.002$ ).

**Table 4:** Practices Regarding SRHR

Practice	Male (n=101)	Female (n=119)	Total (n=220)	p-value
Use of Contraceptives	42 (41.6%)	73 (61.3%)	115 (52.3%)	0.004
Access to SRHR Information	44 (43.6%)	77 (64.7%)	121 (55.0%)	0.002
Discussions with Parents or Teachers	39 (38.6%)	72 (60.5%)	111 (50.5%)	0.002

**Comparison of Findings between Male and Female Participants:** The analysis revealed notable differences between males and females regarding Knowledge, Attitude, and Practice. A higher proportion of females (66.4%)

reported having Knowledge compared to males (52.5%), with females having 1.79 times higher odds of possessing Knowledge. This suggests that females were significantly more likely to have Knowledge than males. In contrast, a

higher proportion of males (68.3%) reported having a positive Attitude than females (52.9%). The odds of having a positive Attitude were 0.52 times lower for females than for males, indicating that males were significantly more likely to exhibit a positive Attitude. When it came to Practice, a higher

proportion of females (58.8%) reported good Practice compared to males (41.6%). Females had 2.01 times higher odds of engaging in good Practice, highlighting that females were significantly more likely to demonstrate good Practice than males.

**Table 5:** Comparison of Knowledge, Attitude, and Practice between Males and Females

Variable	Males	Females	Odds Ratio	Interpretation
Knowledge	53 (52.5%)	79 (66.4%)	1.79	Females have 1.79 times higher odds of knowing compared to males.
Attitude	69 (68.3%)	63 (52.9%)	0.52	Females have 0.52 times the odds of having a positive attitude compared to males
Practice	42 (41.6%)	70 (58.8%)	2.01	Females have 2.01 times higher odds of having good Practice compared to males.

### Summary of Key Findings

In summary, the findings indicate clear gender differences in Knowledge, Attitude, and Practice. Females outperformed males in both Knowledge and Practice, with significantly higher odds of having Knowledge and engaging in good Practice. On the other hand, males were more likely to have a positive attitude compared to females. These results suggest that while females excel in Knowledge and Practice, males tend to have a more positive Attitude. Further research could explore the underlying factors contributing to these differences and their potential implications for targeted interventions or programs aimed at addressing these disparities.

### Discussion

This study aimed to assess the knowledge, attitude, and practice (KAP) of sexual and reproductive health rights (SRHR) among adolescents Dhaka, Bangladesh. The findings reveal significant insights into the KAP of SRHR among adolescents, highlighting gender differences and areas for improvement in SRHR education and awareness.

#### Knowledge of SRHR

The study found that while the majority of students had basic knowledge about menstruation, their understanding of contraception, STIs, and HIV/AIDS was comparatively lower. This aligns with previous studies in low- and middle-income countries, where adolescents often lack comprehensive knowledge about SRHR topics [12, 13]. The lack of significant gender differences in knowledge about contraception, STIs, and HIV/AIDS suggests that both males and females face similar gaps in SRHR education. This underscores the need for targeted educational interventions to improve knowledge across all genders [14].

#### Attitude towards SRHR

The study revealed strong support for SRH awareness and education, with 82.3% of participants agreeing on its importance and 84.1% supporting SRH education in schools. However, only 51.4% felt comfortable discussing sexual health openly, indicating persistent social and cultural barriers to open communication about SRHR [15]. The finding that males exhibited a more positive attitude towards SRHR than females contrasts with some studies that suggest females are often more supportive of SRH education [16]. This discrepancy may reflect cultural norms in Bangladesh, where males may feel more empowered to express their attitudes openly [17].

**Practice Regarding SRHR:** The study identified significant gender differences in SRHR-related practices. Females were more likely to use contraceptives, access SRHR information,

and engage in discussions with parents or teachers compared to males. This finding is consistent with research indicating that females are often more proactive in seeking SRHR information and services due to their direct relevance to their health and well-being [18, 19]. However, the overall low rates of contraceptive use (52.3%) and access to SRHR information (55.0%) highlight the need for improved access to SRHR resources and services for all adolescents [20].

#### Gender Differences in KAP

The analysis revealed notable gender differences in KAP, with females excelling in knowledge and practice, while males exhibited a more positive attitude. These findings suggest that while females are more informed and proactive in SRHR-related practices, males may benefit from interventions that address gaps in knowledge and encourage positive practices. The higher odds of females engaging in good practices may reflect their greater exposure to SRHR information through school-based programs or peer networks [21]. Conversely, the more positive attitude among males may be influenced by societal expectations and gender norms that encourage males to take a leadership role in health-related matters [22].

#### Implications for Policy and Practice

The findings of this study have important implications for SRHR education and policy in Bangladesh. First, there is a need for comprehensive SRHR education programs that address gaps in knowledge about contraception, STIs, and HIV/AIDS. Such programs should be gender-sensitive and tailored to the specific needs of male and female students [23]. Second, efforts should be made to reduce the stigma and discomfort associated with discussing sexual health, particularly among females. This could involve training teachers and parents to facilitate open and supportive discussions about SRHR [24]. Finally, policymakers should prioritize increasing access to SRHR information and services for adolescents, particularly in underserved areas [25].

#### Limitation of the study

This study provides valuable insights into SRHR knowledge, attitudes, and practices, but has some limitations. The reliance on self-reported data may introduce response bias, especially for sensitive topics like sexual health. Additionally, the purposive sampling method limits the generalizability of the findings to all ninth-grade students in Bangladesh.

#### Conclusion & Recommendation

This study highlights significant gender disparities in SRHR knowledge, attitude, and practice among adolescents in Dhaka, Bangladesh. Females demonstrate higher knowledge

and better practice, while males exhibit a more positive attitude. Despite strong support for SRH education, discomfort in discussing sexual health persists. These findings emphasize the need for gender-sensitive SRHR interventions, comprehensive education programs, and efforts to reduce stigma to improve adolescent sexual and reproductive health outcomes.

### Conflict of Interest

Not available

### Financial Support

Not available

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