

Parent-Facilitated Smartphone-based Sexual and Reproductive Health Education for Early Adolescents

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Background

Early adolescence (10–14 years) is characterised by rapid physical, psychological, and social changes that require accurate, age-appropriate, and culturally adapted Sexual and Reproductive Health (SRH) education to support healthy development and prevent harmful practices. In South Asia, adolescents' access to SRH information remains limited due to sociocultural taboos, limited parent-child communication, inadequate school-based SRH education, and insufficient adolescent-friendly health services. Consequently, many adolescents rely on peers, social media, and other unreliable sources for SRH information, increasing their vulnerability to misinformation

and adverse health and social outcomes.

The rapid expansion of smartphone ownership may offer a promising platform for delivering SRH education. However, existing digital SRH interventions in South Asia have primarily targeted older adolescents (15–19 years), and evidence on smartphone-based SRH education for early adolescents remains scarce.

To address this evidence gap, this study was implemented in two rural villages of Matlab Upazila in Bangladesh, assessing the acceptability and efficacy of a parent-facilitated smartphone-based SRH education intervention for Early Adolescents.

Study Objectives

Acceptability

Examine adolescents' and parents' acceptance of smartphone-based SRH learning

Reach

Assess whether the intervention successfully reached early adolescents

Efficacy

Measure improvements in SRH knowledge after intervention delivery

Challenges

Identify barriers in intervention access and engagement

Methodology

Study design

Pre-post experimental study

Study sites

Two villages from Matlab Upazila: Nabakalash and Dhakergaon.

Study population

Early Adolescents enrolled in grades Six and Seven, and one of their parents (father or mother, depending on availability).

Sample

The study included 239 early adolescent-parent pairs with early adolescent boys (n=117) and girls (n=122).

Duration

July to September 2025.

Implementation

Phase I Intervention Development

- Evidence reviews
- Theme selection & video design
- Adolescent Co-creation
- Parent review
- Iterative revision

Phase II Intervention Delivery and Assessment

- Baseline survey
- Parent orientation
- Video sharing
- End-line survey

Phase III Advocacy

- Dissemination
- Publications

Intervention Package

7 Bangla animated videos on:



Physical and emotional changes during puberty



Menstruation



Wet dreams



Healthy diet and physical exercise



Emotional challenges during puberty

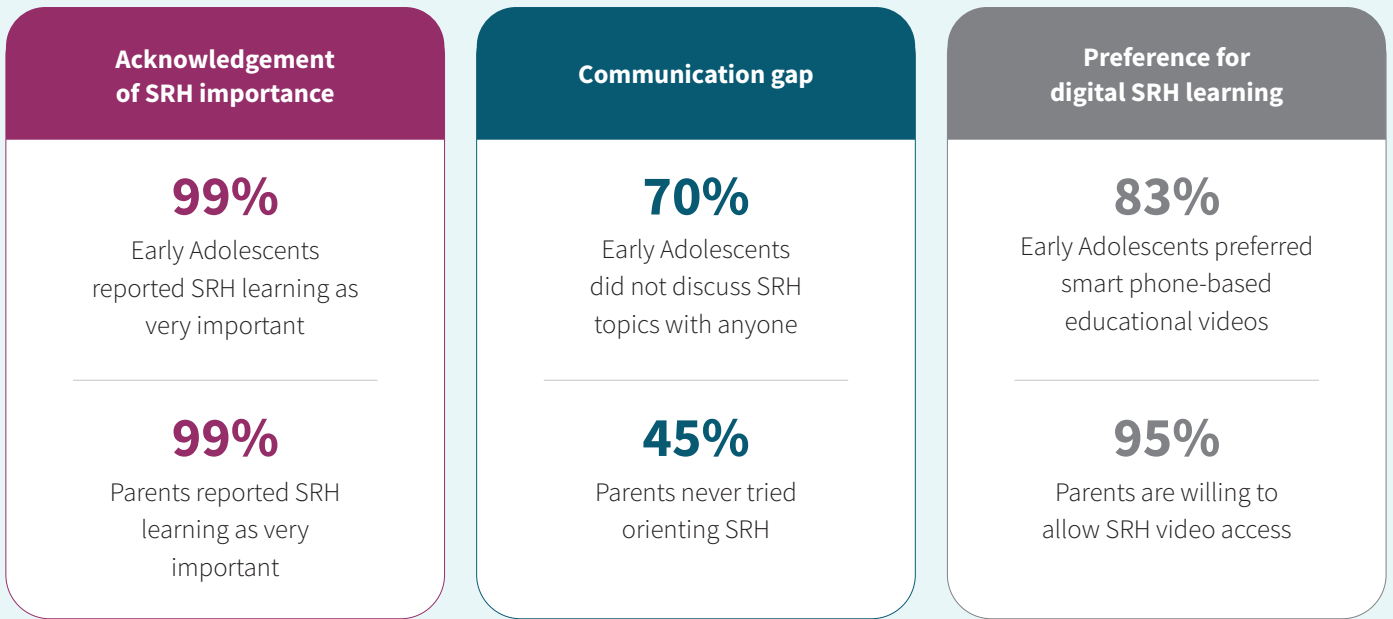


Sexual harassment and cyberbullying



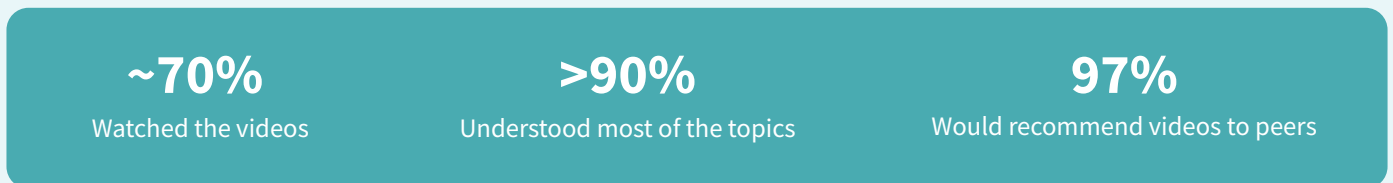
Key Findings

Strong Demand for Digital SRH Learning



High Intervention Reach

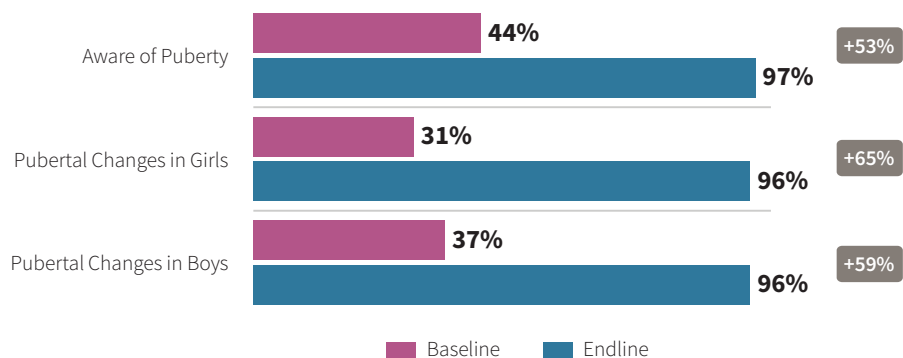
The intervention achieved strong reach, high comprehension, and exceptional peer-level acceptance.



Improved SRH Knowledge

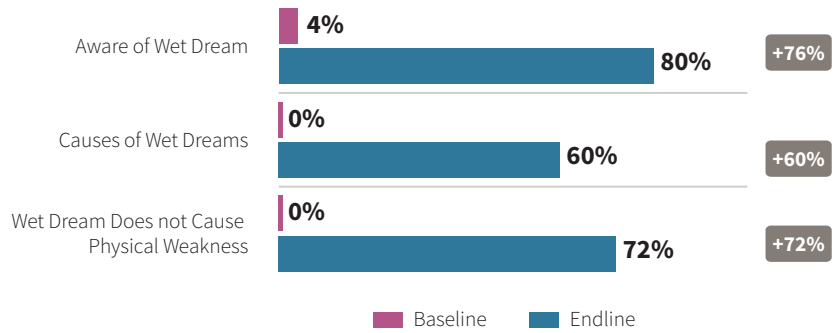
Pubertal changes:

Knowledge of puberty and pubertal changes in both girls and boys increased substantially after the intervention, with awareness rising from 31-44% at baseline to 96-97% at endline.



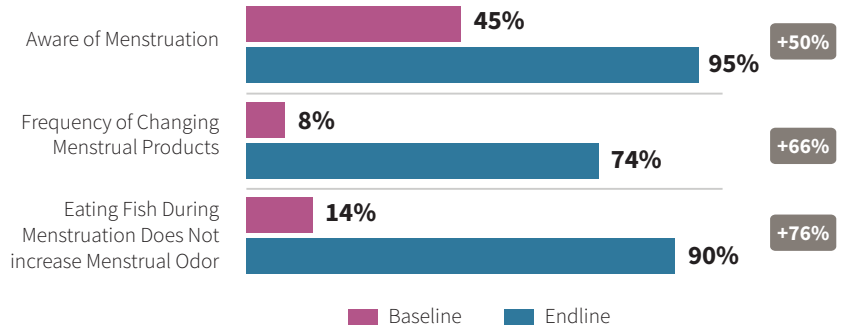
Wet dreams:

The intervention produced marked improvements in understanding wet dreams, including awareness (4% to 80%), knowledge of causes (0% to 60%), and correction of the misconception that wet dreams cause physical weakness (0% to 72%).



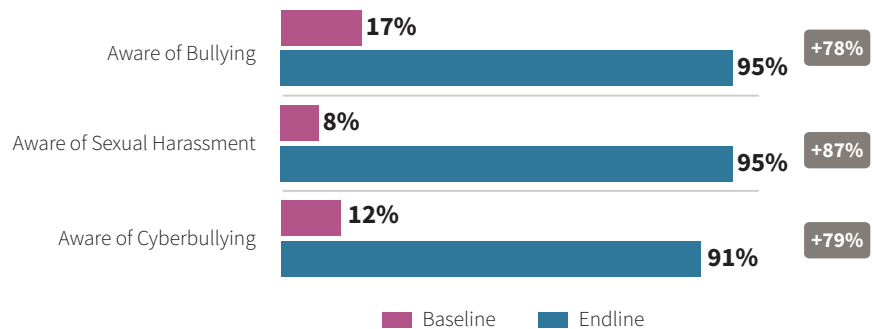
Menstruation:

Participants showed considerable gains in menstrual health knowledge, with awareness of menstruation increasing from 45% to 95%, correct knowledge on menstrual product changing frequency from 8% to 74%, and rejection of the myth that eating fish during menstruation increases menstrual odor from 14% to 90%.



Harassment:

Awareness of different types of harassment improved remarkably; bullying (17% to 95%), sexual harassment (8% to 95%), and cyberbullying (12% to 91%).



Challenges

Overall, the intervention demonstrated high feasibility with minimal implementation barriers.



3% Internet connectivity problem



6% Lack of smartphones

Way Forward

Parent-facilitated smartphone-based SRH learning is highly accepted and effective.

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