



## **Sexual Education In Malaysia: Accepted Or Rejected?**

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### **Abstract**

**Background:** Introduction to sexual education in schools was suggested by the Malaysian government as one of the effort taken in the aim to reduce the sexual-related social problems among Malaysian teenagers nowadays. This study was proposed in the aim to determine the rate of acceptance among adolescents on the implementation of sexual education in schools.

**Methods:** This study was conducted using questionnaires distributed to 152 pre-degree students in Faculty of Pharmacy, Universiti Teknologi MARA (UiTM), Kampus Puncak Alam, Selangor, Malaysia. Obtained data were statistically analyzed.

**Results:** Almost half (49.3%) of the respondents agreed that sexual education might help to overcome the social illness among school teenagers. Besides, a large number (77.6%) of respondents also agreed that this module should be incorporated with other core subjects compare to the feedback received on the implementation of this module on its own (28.9%).

**Conclusion:** These results have provided some insight towards the perception of sexual education among the teenagers. Since most of the respondents agreed with this idea, so it might be a sign that the implementation of sexual education is almost accepted by the adolescents.

**Keywords:** Sexual education, Adolescents, Social problem, Malaysia

### **Introduction**

The topic of sexuality is a taboo subject in Malaysia, but there are still reports indicating on the increment of the misbehavior of sexual activities among Malaysian teenagers (1-3). Yet, to overcome this problem, the Malaysian government has suggested introducing sexual education in schools. Although there are a strong evidence suggests that comprehensive approaches to sex education will help young people both to withstand the pressures to have sex too soon and also to have a healthy, responsible and mutually protective relationships when they do become sexually active (4), this idea is quite controversial since there are diverse opinion from various side including the parents, teachers, students, public and also government. Most of them are concerned that by providing

information on sex will lead to the curiosity which will end up to sexual experimentation.

“Despite the controversy of sex education, studies conducted indicate that sex education does not encourage sexual activity and in fact, encourages abstinence and provides adolescents with the knowledge and skills related to responsible sexual behavior” (5-6). The urge and need to implement this program aroused from the rapidly increasing number of sexuality problems among nowadays youth. Most of the reported cases are rape cases, abandoning babies, unwanted pregnancy, unsafe abortion, and sexually transmitted diseases (STDs). According to a report which is shown in Table 1, the number of rape cases recorded involving female teenagers between the age of 13-15 in Malay-

sia was on the rise with 1409 cases in 2007, 1666 cases in 2008 and 1767 cases in 2009 (7).

**Table 1:** Record of reported rape cases in Malaysia between the years 2007-2009

Age (yr)	2007	2008	2009
Below 6	26	34	37
6-9	51	35	62
10-12	167	136	182
13-15	1409	1666	1767
16-18	581	636	652
Above 18	864	902	926
Total	3098	3409	3626

(Source: Gunaratnam, 2010)

Data shown in Table 1 is actually only a piece of record from the real scenario that is going on in the community. These worrying numbers will keep increasing if there is no any action taken to prevent this situation. The limited knowledge about the body and sexuality, due to sensitivity of this issue, makes the adolescents receive inadequate education, guidance and services on reproductive health (8), in which has led them vulnerable to sexually transmitted diseases and infections, unplanned early childbearing and unsafe abortions.

Therefore, the Malaysian government has come out with the suggestion to introduce the sexual education to the youth, especially to the school teenagers. Moreover, in line with that, this study has been designed and carried out with the aim to determine the level of acceptance towards the implementation of sexual education in schools among adolescents. This study has been conducted in Faculty of Pharmacy, Universiti Teknologi MARA (UiTM), Kampus Puncak Alam, Selangor, Malaysia

## Materials and Methods

### Sample collection

This study was carried out from June 2011 to August 2011, conducted in Faculty of Pharmacy, Universiti Teknologi MARA (UiTM), Kampus Puncak Alam, Selangor, Malaysia. Pre-degree students

were chosen as the subjects for this study because they are the target group of 'fresh' school leavers ('fresh' here refers to the almost closest adolescents group to the school education system). Sampling of respondents was done randomly. The study populations consisted of 152 students of age 18.

Questionnaire was designed carefully and validated before being used to avoid any ambiguous questions. The questionnaire starts with background information about the respondents including gender, ethnic group, and religion. This followed by questions related to perception and acceptance towards the implementation of sexual education in schools. Data were collected using the supervised self-administered questionnaire. To maximize confidentiality, no discussions were allowed throughout the survey. Respondents were assured that the information gathered would be treated confidentially, as consent was sought from all participants.

### Data analysis

Response rate was calculated based on the number of questionnaires distributed and the number of questionnaires collected back at the end of the session. Statistical Package of Social Science (SPSS) version 17.0 was used for data management and analyses. Descriptive statistics including frequencies and means were performed to give general descriptions of the data.

## Results

Analyzed data from the study indicates a new finding with the percentages on the rate of agreements of the respondents towards the implementation of sexual education in schools. In general, data shows that almost half (49.3%) of the respondents agrees that implementation of sexual education is one of the most effective way to reduce the social problems, and this is further supported by the rate of acceptance that this module will help in reducing the social illness which shows 47.4%. Statistical analysis using Independent Sample t-Test also exhibits that there is no signifi-

cance differences between the agreement of respondents, meaning that the implementation of sexual education in schools are accepted. The mean differences between the male (n=66) and female (n=86) respondents group also shows no any sign of obvious differences, with the mean for male and female respondents are  $1.64 \pm 0.624$  and  $1.74 \pm 1.119$  respectively.

The response pattern towards the suggested appropriate age to introduce sexual education shows an descending rate of agreement, with 74.3% agrees to introduce it to upper secondary school students, followed by 48.7% agrees to expose this module to lower secondary school students and finally on 18.4% of the participants agree to start sexual education as early as in primary school. The mean differences between male and female respondents towards the agreement on the most suitable age to start delivering sexual-based informational resources are also validated, as the result is shown in Table 2. However, the result from Independent Sample *t*-Test on gender against the age of first introduction to sexual education gives a non-significant *P*-value (*P*=0.069) for primary school, significant value (*P*=0.015) for lower secondary school and non-significant value (*P*=0.813) for upper secondary school. From this, it shows that there is a slight difference in the acceptance of teaching the sexual education module to the lower secondary school, and it shows that male respondents are more agreeable on this issue compare to the female respondents.

**Table 2:** Mean differences between male and female respondents against the age issue

Gender		Primary School	Lower Sec School	Upper Sec School
Male	Mean	1.94	1.73	1.30
	Std. Deviation	0.345	0.646	0.554
Female	Mean	1.80	1.48	1.33
	Std. Deviation	0.527	0.589	0.603
Total	Mean	1.86	1.586	1.32
	Std. Deviation	0.461	0.624	0.580

The level of acceptance among respondents towards the suggested issue is further analyzed by the feedback given by them on how this particular

sexual education module would be. Looking at the obtained result, shows that 77.6% of respondents agree that this module should be a part of religious education subject rather than a subject on its own (28.9%). Statistical analysis shows no any significant differences in the means between gender, as the value obtained for both male and female group are  $1.36 \pm 0.72$  and  $1.28 \pm 0.57$  respectively for this module to be incorporated with religious education, and  $1.80 \pm 0.56$  and  $1.79 \pm 0.59$  respectively regarding to carry out the course as an own module. Independent Sample *t*-Test pointed out that the *P*-value is not significant for both suggestion whether to go for combination with the available religious course (*P*=0.417) or run it as a new curriculum (*P*=0.897). This result has lead to a conclusion that although the statistical analysis indicates that both means of module delivery are accepted, but generally it is preferred to be a chapter in religious or moral education subjects, referring to the rate of overall percentage.

Final analysis was made on the agreement of respondents if the sexual education module were implemented during their schooling period. Frequency analysis shows that the percentage of respondents' feedback in this issue is almost same where it is 44.1% who agrees and 40.1% who disagree, with the remaining 14.5% are not sure. Results analyzed gives mean differences between groups with  $1.88 \pm 1.33$  and  $1.73 \pm 1.07$  for male and female respectively. Independent Sample *t*-Test also shows a non-significant in which it means that the respondents agree if this module were imposed during their schooling time.

## Discussion

Acquired result indicates that in general, the implementation of sexual education is accepted by the respondents. In their point of view, this kind of education is very essential to prevent or at least to reduce the number of sexual-related misbehavior among Malaysian teenagers. It is also remarked that lack of precise information on sexual and reproductive health is the core reason for the occurrence of unwanted cases since sex is still a taboo subject in Malaysian community. This might be

the factor where adolescents did not receive formal or even non-formal education about sex, because they do not have the proper channel to seek for advice. This is in line with an unpublished report that most of sexually experienced teens with the ratio of 46% of males and 33% of females did not received formal instruction about contraception before they had their first sex (9). This study also has reported that between the years 2006 – 2008, one in four adolescents (with 23% of females and 28% of males) received education on abstinence but without any information on birth control (9). In addition, from 2006 to 2008, most of the teenagers between the ages of 15 to 19 had received formal education about sexually transmitted diseases (STDs), but one-third of them were not educated with proper knowledge on contraception (10). Another study has reported that among teenagers between the age of 18 – 19, 41% of them admitted that they know very little or even nothing about condoms and 75% said they know very little or even nothing about contraceptive pills (11).

Data from present study together with the reported studies (9-11) exhibits that teenagers from 15 to 19-year-old are briefly occupied with basic knowledge on sex and might had experienced sexual intercourse. Thus, this had brought to a suggestion that sex education should be age-appropriate (12). The current study showed that sexual education is preferred for primary and higher secondary school students. Although for general Malaysian community, introducing sexual-related topics to primary school students seems not to be a good idea, but it is something that cannot be totally denied. The best age to introduce sexual education depends on several factors including the physical, emotional, intellectual development and level of understanding of an individual (13). Efficient sex education actually starts as early as before an individual reach puberty and before they have developed patterns of behavior (14). Besides that, the content of the module itself plays a major role on the effectiveness of sexual education. It would be best if the content covers on questions of what, when and how, to comple-

ment with what does the individual wants to know (15).

In comparison with the appropriate starting age of sexual education as early as to primary school students, exposing the subject matters to higher secondary school students is much agreed, as indicated in this study. This is due to the reason that sex education is the process of acquiring knowledge and forming attitudes and beliefs about sex, sexual identity, relationship, and intimacy (16). Sexual education is also about developing skills of an individual to help them in protecting themselves against sexual abuse, exploitation, unwanted pregnancy and STDs (17,18). Because of these reasons, the suitable age for introducing this module is agreed to higher secondary school students, where these students are at the phase of growing up and become a matured and responsible person. This would be the right time to occupy them with necessary knowledge that will be useful in helping themselves to meet their needs and to enjoy their sexuality and relationships that they form in future (19). For these reasons, sexual education had been implemented in countries like United States and reports shows that 70% of high schools are teaching the risks associated with unwanted pregnancies and 81% of schools taught about the risks of having multiple sexual partners (20). In year 2006 alone, public schools in United States were more likely to require pregnancy and STDs prevention to be taught in high schools than in elementary or middle schools (20).

Delivering sexual education with full of confident and effective is very important. The mode of delivery as well as the teachers who teach plays a significant role in determining the success of this kind of module (21). Present data tells that generally, sexual education is accepted regardless the mean of delivery, but it is preferred to be incorporated in religious or moral education subjects. This definitely will be a good approach, because by learning religion and sexual education simultaneously, teenagers are exposed to a better understanding on sexual concerning their religious faith. Besides incorporating this module with religious-related subjects, this module could also be a part of health education course in schools. For in-

stance, 87% of public and private schools in United States taught abstinence as the most effective method to avoid any unintended pregnancies and STDs in health education course (20). Moreover, 65% of high school students were taught about condom efficacy and 39% of students were taught on how to use correctly condom in a compulsory health education course (20).

Introducing sexual education in schools is generally accepted by respondents of the present study. This shows that Malaysian younger generations today are moving towards to create an open-minded community and are intending to break the taboo. However, before the implementation of sexual education can be fully practiced, they are a few issues that should be considered first. Sexual education should incorporate all aspects of sexuality, including information about human reproductive anatomy and physiology, including body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections (STIs) and finally with how to avoid the sexual harrasment and also birth control methods. These are all important because with effective sexual education will provide teenagers with an opportunity to explore the reasons why people have sex and to think about how it involves emotions, feelings, bodies, decisions and respect for each other (22). Besides, with proper education and teaching, youths should be able to decide for themselves on what are the positives qualities of relationships. This is important because with that information only, the students (teenagers) can understand how bullying, stereotyping, abuse, and exploitation can negatively influence relationships (23). Providing information through sexual education is therefore are about finding out what young people already know and adding to their existing knowledge, and also correcting any misinformation, they may have (18).

### Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification,

double publication and/or submission, redundancy, etc) have been completely observed by the authors.

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