

# Sexuality Education: Parents of Adolescents in Malaysia's State of Awareness and Viewpoint

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## Abstract

It is inevitable that the 21st-century parents' role in the lives of their children is one that is intertwined with social, cultural, religious, and technological influences along with the challenges that it presents. Research shows, especially in Asian family settings, parents' influence or information dissemination to children is no less important than the teacher-student learning engagement. The first survey with close-ended and open-ended questions to gauge parents with adolescent children's viewpoints received 87 responses. These random-sampled survey questions or statements were in both languages, English and Malay to increase response potential. The second survey was conducted, the convenient sampling (parents are graduates and fluent in English) from the initial 87 respondents. These steps were taken to gauge their viewpoint in two levels where one is to fetch an overview followed by an explorative measure to confirm viewpoint. The mixed response of being confident with their children's current sexuality awareness and their fear of what lies ahead accompanied by their support for abstinence before marriage and the decision to address the sexuality awareness needs with their children when they become adults was eminent in first survey and was validated in the second survey. This affirms the need for parents of adolescents needing more perspective guidance. It appears to be very scattered and to an extent, self-comforting. Future research on program planning for parents of adolescents and implementation evaluation are recommended.

**Keywords:** Adolescents, Parents, Sexuality Education, Viewpoint.

## Introduction

### Parents Role in Adolescent Sexuality Education

The justification of CSE (Comprehensive Sexuality Education) efficiency and effectivity is self-serving across all the work with made-available-large- data by UNESCO (United Nations Educational, Scientific and Cultural Organization) and collaborators is not a matter of dispute here as ITGSE CSE (International Technical Guidance on Sexuality Education through Comprehensive Sexuality Education) has ideally undergone substantial body of research work to qualify reliability and validity as a whole. However, there is a singular and profound component that could fill the gap adding to the efficiency and efficacy of CSE here in Malaysia

and, overriding the waves like a smooth surfboard; are the parent/s and their participation in deploying CSE to his/her adolescent child/children.

### **Social and Reproductive Health Education in Malaysia**

The sample of description here is Social and Reproductive Health Education or PEERS in Malaysia. It was formed as a response to a social challenge that needed intervention from the community and the government as a whole. This was in the 1980s. The entire external and internal force of influence and change especially surrounding the Malaysian adolescent is beyond different. The 21<sup>st</sup> century abstract factors of dependence were null and void then. Has the PEERS undergone evolutionary change ever since? Changes, yes but not an evolutionary one. If it has, can it encompass the revision exercise equating to the capacity of CSE/ITGSE by UNESCO and collaborators? Unlikely.

As stated by Makol-Abdul et. al. in their article (2009), "The acceptability of the phrase "sexuality education" in Malaysian cultural and religious context is debatable given the taboos associated with it. Hence, a comprehensive content of sexuality education taught using different name may produce a good result. However, the "reproductive and social health education" introduced by Malaysian government only encompasses the biological facts of life, and neglects meaningful discussions about emotions, relationships, and other aspects of sexuality (teenage pregnancies, HIV/AIDS, STDs). Therefore, there is a need to include a comprehensive sexuality education curriculum addressing all aspects of human sexuality and the harms of irresponsible sexual behavior (to be taught based on the age and gender of students)" (p. 13)

Like any curriculum change, PEERS did undergo name and content-edits (changes) as a response to the (certain group) general public's outcry. As a response, the government made changes as part of lobbying alongside the change in ministerial or political leadership. Like any sound curriculum change would have, Malaysian sexuality education known in the 1980s as Sex Education underwent name-change to Family Health Education and yet again to Family Life Education. Content edit which involved removal of certain content and pictures and rebranding it as health and sciences too happened. At this point, Family Life Education was taught to adolescents in Malaysia between the ages 14 to 17 in a formal setting. In the secondary schools to Form 2 to Form 5 students. Around the years 2005 – 2008, a sum of RM20M was allocated according to the then Minister of Education, Hishamuddin Hussein for training of teaching force and material development for the said syllabus to be effectively deployed. Were parents involved in any way to actively engage in continuity or initiate an introduction to sexual health education with their adolescent children? No, none.

Research has shown "that the level of reproductive health knowledge among premarital pregnant adolescents varies according to subject where the knowledge is poor in certain subjects such as contraception, sexual activity and pregnancy process, certain complications of abortion and other-sexually-transmitted-disease. Immediate recommendation is for the rehabilitation centers to take the opportunity to give a comprehensive reproductive health education from both Islamic and medical point of view while these adolescents are staying there. As for long term, a more engaging, creative and comprehensive reproductive health education for all children and adolescents is needed and it should be arranged in collaboration with Ministry of Education, Ministry of Health

Elements of sex education have been a part of Reproductive and Social Health Education (PEERS) 'taught' in the secondary since 1989 and in primary schools since year 1994. PEERS is not taught as a subject but the content is predominantly health awareness promoting and scientific contextually. It is basic and introductory. It lacks inclusivity to address behavioral, attitude and psychological change nor is it focused on recognizing and decision enabling of the learners. The problems that PEERS intends to address is narrow compared to CSE. Could PEERS serve to replace and substitute CSE culturally fitting Malaysia, successfully achieving the intended outcome that of ITGSE CSE? Let us look at the historical journey PEERS has undergone. PEERS is a product of addressing the rejection-reaction of parents due to its top-down approach in deployment of the curriculum followed by retrieving it as refutation surfaced. Is it an informed rejection? This was not a rejection made upon full presentation of real data pointing at risky behavior among adolescents nor informed on the fact that CSE has data to show reduction in such risky behavior, accompanied by increased self-awareness among the learners. As such, it was not an informed call. At large, fear-driven reaction from parents who choose to advocate abstinence until-marriage seconding minimal, if no awareness, on the child's sexuality, as the best path there is. The mind that perceives sexuality education from a narrow lens and conforming to believe that *knowing less is safer*.

According to Talib, Mamat, Ibrahim & Mohamad, in their article (2011), "This study pertains to the analysis of sex education found in classrooms across Malaysia in the past 2-3 years. The sex education that the students received were actually only teachings of a few topics relating to the reproduction system's development, the fertilization process and the relationship between men and women plus sex from an Islamic viewpoint. The two subjects found to purport those topics were Science and Islamic Education. The teaching methods of the teachers' were not only insufficient; it was also considered vague due to limited subject matter plus also the teachers' reluctance to be straightforward in their teachings. Teachers still use metaphors which not only confuse students but also make a joke of the proceedings thus making the class irrelevant. Nearly 90% respondents agree that sex education should be implemented in Malaysian schools with meticulous planning, starting with students in form 3 and being taught in separate classes for boys and girls respectively while relating it to the perspective of Islam" (p. 9).

The key is to bridge such preposterous gap. Equipped with appalling data on risky behavior that incurs due to lack of human sexuality comprehension of the self, leaving adolescent to self-navigate or peer-influence, the key bridge to the gap is/are the parent/s

who is/are *willing*. This will certainly produce a snowball effect as the parents of the 1990s and 2000s have given way to the Gen X and after generation parents. This group is actively attending to the 21<sup>st</sup> century skill needs for the children and community as a whole, hands on. Such circumstances narrow the gap. Bridging task can now focus on maneuvering away from infidel program to CSE/ITGSE.

As it says in Theory of Social Psychology, "In psychology, an attitude refers to a set of emotions, beliefs, and behaviors toward a particular object, person, thing, or event. Attitudes are often the result of experience or upbringing, and they can have a powerful influence over behavior. While attitudes are enduring, they can also change. In order to minimize the dissonance between your conflicting attitude and behavior, you either have to change the attitude or change your actions (Cherry, 2020)".

CSE rendition to adolescents in Malaysia by their parents in a mixed environment of formal and informal context is overdue. The need for a nationwide call for parents who consent and come forth to join the journey shall be the short-term goal. The long-term broader goal is to gain the buy-in of other skeptical or apprehensive parents to join the effort due time.

### **Parents of Adolescents: The Missing Link**

O'Donnell et al (2014) stated in their research that the schools generally have academic loading pressure from the education department and limitation as to when sexuality education can be introduced to the students. As such, one promising approach in prevention of early sexual initiation is by educating the parents on adolescent sexuality and development. Research has data that points at parents can play pertinent role in empowering youths to achieve abstinence before marriage. Productive and helpful parent-children communication is seen to reduce risky sexual behavior and children who contributed to data of higher parental monitoring level had reduced chances of earlier initiation. There are also studies done on older teens that gathered and reported data of positive impact on sexual initiation which is a component of risky sexual behavior as response to parents' participation.

The link between expectations communication between parents and children as they address the importance of delaying sexual initiation, managing outcome transparency as far as dating is concerned and the inclusion of religious values stand a higher chance in delaying initiation. The prevalence of parents miscalculating the risk the children can be open to and the significant influence they have on their sons' and daughters' choices is seen as it is recorded to affect the parents' conveyance of sexuality awareness to the children in the child's late childhood and early adolescence years.

The inevitable gap between parents' perceptions of what risks their adolescents are exposed to and what the children themselves report is worrying because it may lead to lack of communication, monitoring and where need be, rule-setting. There are surveys documenting parents expressing themselves to be ill-equipped to handle challenges of steering children securely into adolescence. Data also points at parents expecting guidance and support from healthcare providers, schools and organizations. Efficient parenting interventions could be used to address the adolescent's needs. Further light on parents' major role in shaping their children's young adolescence behavior along with the changing of



employment patterns, family structure and poverty constrain on parents, influences parents' ability and availability to actively maneuver their children's' lives, overall.

It is embraced that reaching and being inclusive of large number of parents to actively involve them in educational efforts not limited to sexuality education will be a challenge. However, with the 21<sup>st</sup> century tools made available, this can be attempted with a brave estimation of larger achievement as opposed to attempting it 20 years ago. Point to note here is that most general materials intended to nurture the unambiguous skills parents in high-risk atmospheres may need to be more inclusive of high-risk behaviors, including sex.

Having explored the above information, predominantly out-of-Malaysia data, the Malaysian adolescents' risky sexual behavior and the related raise in health statistics of sexually transmitted diseases among adolescent along with teenage pregnancies indicates that it is high time active intervention is made soonest. The intervention stated herein is the incorporation of measures to actively engage parents of adolescents in tackling their risky sexual behavior by empowering parents in communicating 'taboo' topics timely, effectively and efficiently.

### Research Objective

This purpose of this research is to identify the state of awareness and viewpoints of the parents of adolescents in Malaysia's on sexuality education to adolescent students.

### Research Questions

What is the state of awareness and viewpoint of the parents of adolescents in Malaysia's on sexuality education deployed to adolescent students?

### The Correlations

Recent studies involving the Malaysian population (Ahmad et. al., 2015) on mental health among children and adolescents points at the prevalence among children and adolescents have doubled between 1996 and 2006. Key connection is seen between parents education, affluence level of the family (lower) level negatively impacts the mental health of male children and adolescents. Some of the key social problems which links family difficulties, parents' separation, divorce and breakdown of traditional parenting styles has given rise to mental health among children as young as 5-6 years of age. What is more alarming is that an estimate of 1.4 million children were found with mental health issues which affects their ability to function normally.

Kuldas, et. al. stated in their research that "This narrative review has collated findings that are associated with underachievement of this objective, as students from Malaysian public institutions of secondary and higher learning are found to be lacking the expected proficiency level of performance in cognitive tasks. The review has argued that educators cannot solely be responsible for this unsatisfactory result, as the various risk factors that the students suffer from should also be taken into account. The reviewed literature has confirmed that risk factors that are associated with the individual themselves (e.g. drug International Journal of Adolescence and Youth 41 Downloaded by [Columbia University] are abuse, sexual abuse and sexual misconduct), their family background (e.g. neglect and low socioeconomic status), their exposure in school (e.g. a sense detachment, academic failure and teachers' insufficient understanding) and the environment in their community (e.g. lack of social support and discrimination) usually lead to failure or poor performance in cognitive or academic tasks" (2014).

The sporadic themes discussed here are meant to enlighten fellow parents, teachers, healthcare workers and policy makers to see the need for attention *to connect the central dot* across mental health, sexuality education impact, effective strategies deployed in reducing risky behaviours (which is inevitably connected to mental and physical health) and the lever for religious values incorporation in a child (adolescent or younger) *to the parent/s*.

Ahmad, Muhd Yusoff, Ratnasingam, Mohamed, Nasir, Mohd Sallehuddin, Naidu, Ismail & Aris in their research stated that "Mental health problems among children and adolescents in Malaysia demonstrated an upward trend from 1996 to 2006 and appear to have improved between 2006 and 2011. In Malaysia, the increased prevalence of mental health problems from 1996 to 2006 may be due to heightened awareness among caregivers as a result of the various mental health promotional programmes conducted nationwide since 2000 (Ministry of Health, Malaysia, 2012)" (2014)

To further evaluate the link of the data above to sexuality awareness and Sexually Transmitted Diseases, as stated by Fulasayo et. al (2017) in their research, 499 million new cases of curable infections each year globally, with more than half of this data is shouldered by the youth. Hypothesizing that project workers, teachers, healthcare workers and volunteers will have the grit to positively impact, bring about changes to these adolescents and children is a fair hope. However, it is the parent/s that could lead to a better path to tread by encompassing the following

- their perception versus the reality data from the adolescents and children
- the effort to inculcate the urge to interfere and becoming the missing link
- attending to the call from the adolescents and children for their parents to become the source of knowledge
- Ability to communicate and be available for conversation on difficult matters for the children and adolescent
- Making the risky behaviour in adolescents and children lower that will add fire to this cold issue
- Becoming the dot-connector across mental health, sexual behaviour and physical health.

<p><b>Key concept 1: Relationships</b></p> <p>Topics:</p> <p>1.1 Families</p> <p>1.2 Friendship, Love and Romantic Relationships</p> <p>1.3 Tolerance, Inclusion and Respect</p> <p>1.4 Long-term Commitments and Parenting</p>	<p><b>Key concept 2: Values, Rights, Culture and Sexuality</b></p> <p>Topics:</p> <p>2.1 Values and Sexuality</p> <p>2.2 Human Rights and Sexuality</p> <p>2.3 Culture, Society and Sexuality</p>	<p><b>Key concept 3: Understanding Gender</b></p> <p>Topics:</p> <p>3.1 The Social Construction of Gender and Gender Norms</p> <p>3.2 Gender Equality, Stereotypes and Bias</p> <p>3.3 Gender-based Violence</p>
<p><b>Key concept 4: Violence and Staying Safe</b></p> <p>Topics:</p> <p>4.1 Violence</p> <p>4.2 Consent, Privacy and Bodily Integrity</p> <p>4.3 Safe use of Information and Communication Technologies (ICTs)</p>	<p><b>Key concept 5: Skills for Health and Well-being</b></p> <p>Topics:</p> <p>5.1 Norms and Peer Influence on Sexual Behaviour</p> <p>5.2 Decision-making</p> <p>5.3 Communication, Refusal and Negotiation Skills</p> <p>5.4 Media Literacy and Sexuality</p> <p>5.5 Finding Help and Support</p>	<p><b>Key concept 6: The Human Body and Development</b></p> <p>Topics:</p> <p>6.1 Sexual and Reproductive Anatomy and Physiology</p> <p>6.2 Reproduction</p> <p>6.3 Puberty</p> <p>6.4 Body Image</p>
<p><b>Key concept 7: Sexuality and Sexual Behaviour</b></p> <p>Topics:</p> <p>7.1 Sex, Sexuality and the Sexual Life Cycle</p> <p>7.2 Sexual Behaviour and Sexual Response</p>	<p><b>Key concept 8: Sexual and Reproductive Health</b></p> <p>Topics:</p> <p>8.1 Pregnancy and Pregnancy Prevention</p> <p>8.2 HIV and AIDS Stigma, Care, Treatment and Support</p> <p>8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV</p>	

Fig. 1 The UNESCO ITGSE description of Sexuality Education by Key Concepts and Topics

## Methodology

As a step to probe the environment, a survey (Survey #1) to gauge general public viewpoint [random 87 respondents] was done. This survey had both close-end and open-end questions. Once the response to the first random survey was acquired, another convenience sampling (parents of adolescents) gave rise for a second survey. This was to gauge parents of adolescent children’s viewpoint. The recent environment in view of Covid19 pandemic limited the possibility to interview the convenient-sample in person. As such, they responded to google-form open ended questions. In both surveys, most respondents answered majority of the questions. Some were left out. The reasons as to why certain questions were left-unanswered by the respondent will not be contemplated, intentionally, in this study. The random-sampled survey questions or statements were in both languages i.e. English and Bahasa Melayu. This decision is to increase the chances for the survey to fetch a good mix of respondents from different language or race background. The second survey (Survey #2) was conducted (the convenient sampling) in the single, English language only. This is because the respondents were known personally to be fluent in English as opposed to Bahasa Melayu. MS Excel sheet assembly of data, assigning keywords from response lead to forming categories followed by manual simple tabulation of percentage of keyword count was done to the open ended responses. Identification and conversion of independent and interdependent data into consumable patterns as well as organizing images of applicable data was performed.

## Discussion

### Survey #1

The Q1 that acted to affirm that the respondent is 18 years and above affirmed that 100% respondents are 18 years and above. 3.6% of the respondent were Chinese, 12.9% Malays, 68.2% Indian and 15.3% other than the 3 conventional race categories Malaysia has. The majority of 44.2% respondents are between 41 – 50 years of age followed by 38.4% 31 –

40 years of age, 8.1% were between 51 – 60 years of age, 7% were between 18 – 30 years age and the least were above 61 years old. To gather input on respondents' socio-economic status, 3 categories of B40, M40 & T20 was listed. The output is that 42% respondents belong to group B40, 45.7% belong to income group M40 and 12.3% belong to income group T20. To probe the respondent's extent of awareness on what issues does Sex/Sexuality Education encompass, CSE elements were enlisted, such as relationships, attitudes towards sexuality, sexual roles, gender relations, and social pressures to be sexually active. Unexpectedly, 77.9% of respondents agreed that those are the issues addressed by Sexuality Education, assuming these are referring to Malaysia, contextually.

Further elementary analysis of data from this survey shines light on respondents' concern on the lack or misunderstanding of sexuality education and to some extent the worry to trigger adolescents' curiosity to explore the 'content' experientially intermingled the lack or misunderstanding viewpoint. This could be looped to contradict the extent of respondents' awareness of the self on what sexuality education comprises and as such, if at all it is the same context the adolescents are receiving, then the reason of respondents' fear could be addressed by creating awareness among the adult group [extended population as such as these respondents] to present what sexuality education comprises in the first place. Besides the expression of 55% of respondents being concern on the lack of sexuality awareness leading to being misunderstood as a subject, focus group onto whom the concern is emphasized for/on is the adolescents, 64%. Also stated herein is impact of 21<sup>st</sup> century media, acknowledging the fact that children and adolescent are inevitably exposed to and will learn about sex and its paraphernalia and as such, more should be done to guide them in the right path to equip them. A mere 1.3% stated abstinence, directly, should be advocated. Crime rate such as baby dumping, sexual assault, sexual harm, the fact that the child or adolescent may not even be aware that sexual harm is being subjected to him or her fetched 19.5%. This survey also fetched data that shows 5 out of 26 respondents who received sexual education of some kind quoted to have received it from their parents. The survey being ill equipped in many ways, lacks further information on parents' participation among the 26 respondents who received sex education.



## Materials of Survey #1 items:

Random sample study questionnaire; YOUR INPUT on Sexuality Education for Adolescents in Malaysia

Q1. Declaration: Please note that you have to be 18 years and above to participate in this data collection. [Ucap maklum bahawa anda mesti berumur 18 tahun ke atas untuk menyertai pengumpulan data ini.]

Q2. Race

Q3. Your age group? {kumpulan umur anda?} |

Q4. Which income group do you belong to? [Anda termasuk dalam kumpulan pendapatan yang mana?]

Q5. What do you think about teaching programs on HIV and other Sexually Transmitted Diseases [STD] among teenagers in Malaysia? [Apa pendapat anda mengenai program pengajaran mengenai HIV dan Penyakit Menular Seksual [STD] yang lain di kalangan remaja di Malaysia?]

Q6. It is said that Sex/Sexuality Education covers issues such as relationships, attitudes towards sexuality, sexual roles, gender relations, and social pressures to be sexually active. Did you know this before? [Dikatakan bahawa Pendidikan Seks / Seksualiti mengambil kira/meliputi isu-isu seperti hubungan, sikap terhadap seksualiti, peranan seksual, hubungan antara jantina, dan tekanan sosial untuk aktif secara seksual. Adakah anda tahu deskripsi/penjelasan seperti di atas sebelum ini?]

Q7. What is your main concern about Sex/Sexuality Education in Malaysia? [Apakah perkara utama yang membinasakan anda mengenai Pendidikan Seks / Seksualiti di Malaysia?]

Q8. Should Sex/Sexuality Education should be made available to a certain group of people only? [Adakah Pendidikan Seks / Seksualiti perlu disediakan untuk golongan tertentu sahaja?] Sexuality Education could help learners to recognize potential sexual exploitation/harm. [Pendidikan Seksualiti dapat membantu pelajar mengenali potensi eksploitasi / bahaya seksual.]

Q9. Sexuality Education could help learners to recognize potential sexual exploitation/harm. [Pendidikan Seksualiti dapat membantu pelajar mengenali potensi eksploitasi / bahaya seksual.]

Q10. The Sexuality Education curriculum is NOT AGAINST any religious base. [Kurikulum Pendidikan Seksualiti TIDAK BERTENTANGAN dengan asas mana mana agama.]

Q11. The Sexuality Education lessons should be conducted in separate classrooms for girls and boys, not together. [Pelajaran Pendidikan Seksualiti harus dilakukan di bilik darjah yang berasingan untuk kanak-kanak perempuan dan lelaki, bukan bersama.]

Q12. Sexuality Education could help learners to avoid potential sexual exploitation/harm. [Pendidikan Seksualiti dapat membantu pelajar untuk menghindari kemungkinan eksploitasi / bahaya seksual.]

Q13. When you were a teenager, did you receive any kind of formal or informal Sexuality Education? If yes, what type of impact it had on your life? [Semasa anda remaja, adakah anda menerima Pendidikan Seksualiti formal atau tidak formal? Sekiranya ya, apa kesannya terhadap kehidupan anda?]

A single respondent's concern highlighted 'how to justify teaching Muslims and non-Muslims' and this was put forth by an Indian respondent. The 11 respondents who marked their race option as Melayu did not mention religion as a hindrance. Instead, 1 stated for having received awareness lessons taught in the agama lesson. Furthermore, 7 out of 11 these respondents had not received any sexuality education with 1 wished it was taught earlier in life. Out of 11, 4 respondents stated receiving sexuality awareness where 1 received it from agama lessons, 1 stated that it was an eye opener, 1 stated that it helped to take care of the self and 1 stated that it was merely a biology incomplete lesson that could have added abstinence and consequences risk taught too. Both the Chinese respondents stated to have not received sexual education neither formal nor informal. The majority of respondents (68.2% being Indian (this predominance is due to the personal Facebook video requesting

followers to complete the survey posted by researcher (myself) predominantly followers are Indians), 77% of this sample stated to not receiving sexual awareness of any form. Did respondent receive any kind of formal or informal Sexuality Education fetched information that out of the Others (13) category of race, 5 received of which 3 received it abroad and not in Malaysia, 6 did not receive any and 2 received non-satisfactory input. As it is an open ended survey, the emergence of many strong keywords is presented here as is;

- I am more informed and cannot be exploited.
- Unfortunately no. If yes, my life would have changed by now.
- My time was obedient time, not rebellious time. So awareness given at a very discipline way.
- No and I personally face many problems because of that.
- Yes but not really understand and practiced it due to lack of guidance and knowledge.
- Ya. Tahu jaga dan hargai diri.
- No. I wish people told me since I was a kid.
- Sex education to me, had increased the respect for women. It had taught me the clean side and the dirty side of sex.
- But I wish someone taught me more about domestic violence. So that I won't have to be a victim. Oprah's how helped me a little.
- Barely in high school. Just made me more curious to know and explore, and later on resorted to printed media for more info.
- Only 1 chapter in Biology. Everything else about sex learn by my own. There were a lot of confusion regarding this. Not knowing what is okay and what is not. Most learn this from porn.
- Yes, informal and to a great extent [foreigner residing in Malaysia for over 10 years].
- Yes I did when I was studying abroad in Australia as over there Sex Education is a subject every student takes in class.

These images are non-conclusive, merely representing the raw data as extracted from the survey system



Fig 2. Response to Declaration

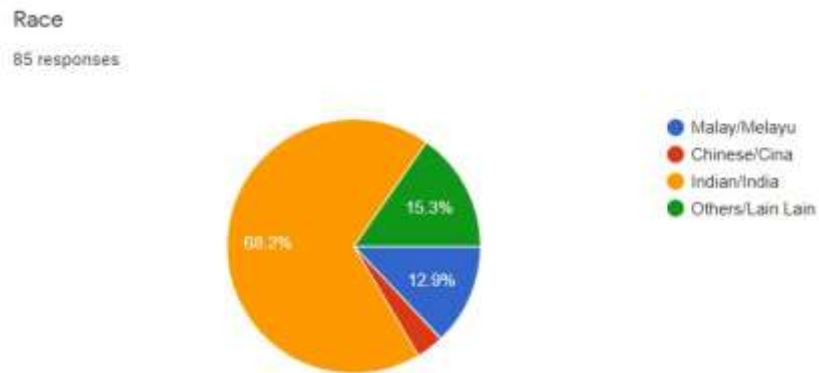


Fig 3. Response to Demography, item: Race

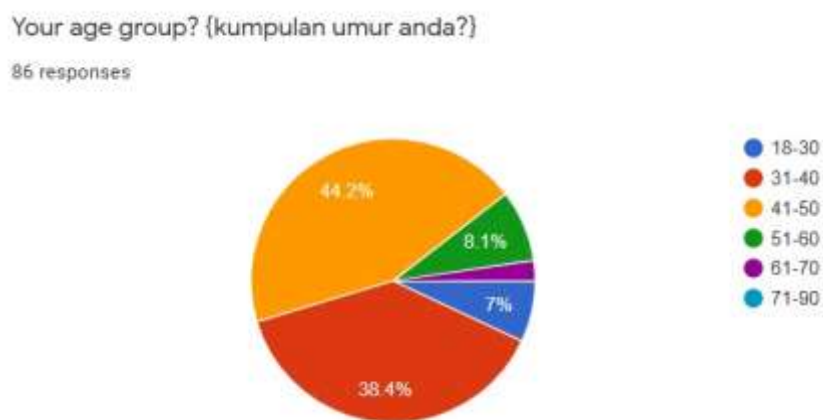


Fig 4. Response to Age Group



Fig 5. Response to Income Group

What do you think about teaching programs on HIV and other Sexually Transmitted Diseases [STD] among teenagers in Malaysia? [Apa pendapat anda mengenai program pengajaran mengenai HIV dan Penyakit Menular Seksual [STD] yang lain di kalangan remaja di Malaysia?]  
 86 responses

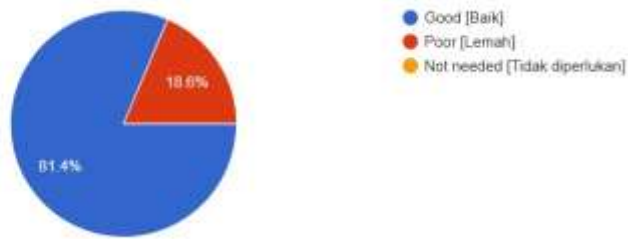


Fig 6. Viewpoint on Teaching Programs on HIV and STD among adolescents in Malaysia

It is said that Sex/Sexuality Education covers issues such as relationships, attitudes towards sexuality, sexual roles, gender relations, and social pressures to be sexually active. Did you know this before? [Dikatakan bahawa Pendidikan Seks / Seksualiti mengambil kira/meliputi isu-isu seperti hubungan, sikap terhadap seksualiti, peranan seksual, hubungan antara jantina, dan tekanan sosial untuk aktif secara seksual. Adakah anda tahu deskripsi/penjelasan seperti di atas sebelum ini?]  
 86 responses

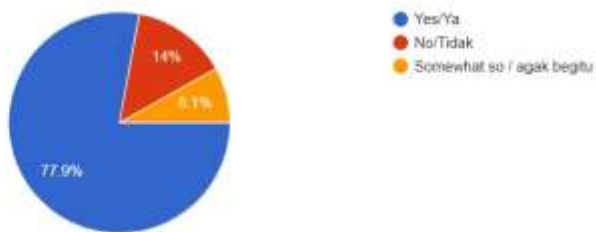


Fig 7. Response to What Is Covered in Sexuality Education (respondent awareness)

Non-Response/Response Error

Q7: What is your main concern about Sexuality Education in Malaysia?

Q8: Should Sexuality Education be made available to a certain group of people only?

Q12: Human error, this is a repeat of Q9.

Fig 8. Non-response Errors

Sexuality Education could help learners to recognize potential sexual exploitation/harm. [Pendidikan Seksualiti dapat membantu pelajar mengenali potensi eksploitasi / bahaya seksual.]

66 responses

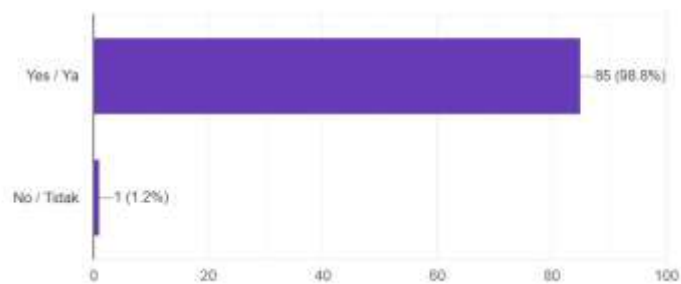


Fig 9. Response to Does Sexuality Education Help Learner Recognize Potential Sexual Harm

The Sexuality Education curriculum is NOT AGAINST any religious base. [Kurikulum Pendidikan Seksualiti TIDAK BERTENTANGAN dengan asas mana mana agama.]

86 responses

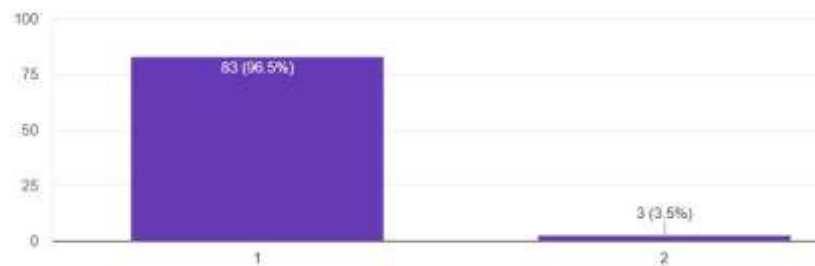


Fig 10. Response to Sexuality Education is Not Against Any Religious Base.

The Sexuality Education lessons should be conducted in separate classrooms for girls and boys, not together. [Pelajaran Pendidikan Seksualiti harus dilakukan di bilik darjah yang berasingan untuk kanak-kanak perempuan dan lelaki, bukan bersama.]

84 responses

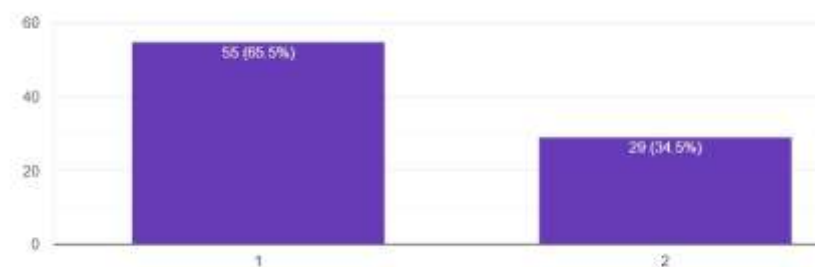


Fig 11. Response to Sexuality Education is to be Conducted in Separate Rooms for Girls and Boys.



## Survey #2

Respondents were each 45, 50, 44, 47, and 42 years of age. Their qualification levels were listed as Ph.D (Theology & Social Sciences), M.Ed TESOL, Diploma, B. Finance and another Master graduate with specification on area of specialization. The 3 respondents were not key bread winners and the other 2 were. The respondents respond agreeing in the need for sex education with abstinence to be their choice of emphasis.

*I absolutely agree and believe it must be taught, re-taught and emphasized continuously in school and community. Children especially teenagers need to be educated on sex education so that they are aware of the rights and wrongs. Very important to avoid 1001 problems. My view on sexual abstinence before marriage is yes, we should instill this to our teenagers. During our time it seems crucial but nowadays it's more like a personal choice. I would say restrain from sexual activity till the right partner comes along.*

The said five parents' viewpoint on Sexuality Education for adolescents, generally received a mix response with taboo and religion mentioned.

*It's a topic which is still seen as taboo to be discussed. I believe it's necessary for adolescents. It has to go hand in hand with religious education to strike balance of awareness among teenagers. Teenagers should be educated gradually with content suitable to their age. Sufficient.*

With an assumption that you strongly support the implementation of Sexuality Education for Adolescents in Malaysia (SEAM), what are the challenges do you see/forecast SEAM would face from fellow Malaysians?

Growing liberal ideas about 'free sex', increasing polarization over Left and Right, with most people supporting the Left's philosophy about abortion (which is part and parcel of a more permissive sexual culture). Also, abstinence is usually associated with 'conservative / fundamentalist' thought, so many young people will be repulsed. Skillful educators in delivering the message. Traditional taboo. Acceptance but can be overcome with suitable content jiving age group. While I totally agree with the researcher I think religion would be a big boulder in between. In my point of view, a common ground has to be found so that it would benefit all the children.

As these five parents' viewpoint were turned to obtain information on their adolescent child's/children's current awareness of their personal sexuality, the distinct response to highlight here is that of the only male respondent (across the five respondents, he is the only male and the other 4 respondents were female). He is unsure of his adolescent children's awareness and further in the survey, this respondent also presented his view that the children (11 and 16) are too young as he is requested to address the adequacy of the sexuality education of sex education that the children are receiving. It is such data that requires further exploration. Suggestion to the self here is, to study more male parent who are active in the raising of children and influencer of the children's vision and decisions.

*Not sure. They are aware of who their sexuality. Better than the old days. I think they are aware of what's required for their age. I do discuss about the sexual education to my boys. Though it's not detailed, a thorough program like sexual education would benefit him.*

Respondents are questioned if their children are receiving any type of sexuality education [whichever description applicable] now to gauge their awareness as parent on what specifics their children are receiving in terms of content, delivery, roles of people in forming sexuality awareness or risky sexual behavior management help. Also, in the same

item, these parents were asked, knowing your child's sexuality awareness education happenings, is the parent [respondent] satisfied with the pace, content, and the child's comprehension of the topic.

*Only from me and my wife. I'm not entirely satisfied, but my children are still very young (16 and 11). No, it's not in the system of today's education syllabus. Yes, sufficient for their age. Yes, they are in school, secondary school the information are adequate but we need to educate them more sexual harassment and abuse which are unknown to them since the act are by their close friends and family hence unable to identify it. Yes, they did receive some sort of sexual education but I feel it is not enough.*

Assuming the respondents' adolescent children [child] is/are receiving sexuality education [whichever description applicable] now, how do are respondents as parent/s contributing to building their child's/children's sexuality awareness is also inquired.

*Yes, as per above. I made it known very early that they should know who they really are, and that what matters the most. Explain in detail. Show YouTube video from the scientific n religion point of view. Talking to them as a friend, telling them premarital sex is not approved by myself due to the impact it can happen to them if at all they get pregnant, the consequences they need to bare by being a parent to a child when they are not prepared for it. Telling them the types of sexual harassment i.e. where one person friend/teacher/sibling/parents are allowed to touch them. Sometimes I talk about STD and sex with multiple partners.*

Being a contributing parent in building their child's/children's sexuality awareness, this item is to gauge how worried OR confident is the parent with their child's sexuality awareness' adequacy in protecting him/her from external harm revolving in the sexuality sphere.

*I'm generally satisfied that my kids will be alright. I am very confident that the awareness put through them in their early years is more than enough for them to be aware of what is right or wrong in confronting the issue of sexuality awareness. Very worried with all the pervert out there. Within my circle I am okay with their knowledge but lot more is needed by the experts on sexual abuse and harassment by the subject matter experts. Every one of us need to know how to identify the types of abuse and harassment, thank you and I wish you success in protection children through knowledge spreading, best wishes. Sometimes I do get worried about the exposure that they are getting from mass media but at the same time I am pretty confident that they do aware their limits.*

## Limitation

The conclusive limitation as one deploys the participation-observation method is in its peculiarity. As it aims to be non-judgmental, control of the interfering thought of the observer while fulfilling the need to intermingle as one acquires feasible data, makes it highly dependent on researcher's skill as one (struggles) to manage the affective component. The limitation further extends to the almost-non-existent generalize-ability.

However, the above is not in its entirety, a limitation as the goal is to achieve rich cultural-sensitive and explorative data. Generalizability is a distant possibility with manifestation of pattern establishment as the methodology is replicated across the country. The common pressure to conduct such methodology of immersing in the subject unit's environment and culture for continuous period/length of time is fortunately not prevalent for the division of education where, non-continuous, spread out over time is and more applicable for the aims herein. These factors and descriptions make it appealing and convincing as a proposal stage.

**Conclusion**

The need for in-depth interview of these five parents became apparent in this exercise of data assembly and correlation. The data above gives rise to a heap of questions which would best be addressed in a face-to-face interview where the doubts which arise to the initial response and the subsequent ones could be attended to in depth. This information lacks the depth and breadth needed. The formation of questions also has a huge room for improvement. From the above data retrieved from survey #2, those that need attention for further exploration here are the viewpoint of the parent that the 16- and 11-year-old child is too young to be concerned about sexuality awareness. There are many researchers who state the need, urgency and proven the efficacy of creating awareness in children (level related information; construction of content to scaffold intended outcome of the syllabus) onto risky sexual behavior. The mixed response of being confident with their children's current sexuality and related awareness and their fear of what lies ahead accompanied by their support for abstinence before marriage all affirm the need for parents of adolescents needing more perspective guidance. It appears to be very scattered and to an extent, self-comforting. The response to confidence on their children's sexuality education and sexually risky behavior awareness gives rise to the need to also interview their adolescent children in the parents' absence and later, in their presence. These efforts would give a more in depth information, real presentation of the parent-child viewpoint.

At this stance, these data assures that the gap will be prevalent, within parents, the acceptance that there is need for comprehensive sexuality education to better prepare their children but at the same time, they feel their child is equipped. This further loads doubts on their ability to apply intervention and the extent they would go to meet the actual (not perceived) needs of their children. The interconnected data which shows the concern of respondents from certain race-group, their personal receiving of sexuality education impacting their lives as well as their urge for more to be made available for adolescents and children (start earlier), affirms the gap exists. This is merely the beginning.

**Suggestions**

Based on the most crucial factors that have been identified in this study, this rudimentary response gathered here confirms the need for sexuality education (for adolescent intended outcome) to be presented to the parents first. Parents need to be given tools to test their perceptions, check reality with their children, and apply measures to bridge the gap between realities of viewpoints. Studies in this area, both program planning for parents of adolescents and implementation evaluation is a deficit.

**Co-Author Contribution**

The authors affirmed that there is no conflict of interest in this article. Author 1 carried out the field work, prepared the literature review, data interpretation, analysis and overlooked the write up of the whole article. Author 2 wrote the research methodology, part of literature review, co-analyzed the data and wrote the whole article.

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