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Sexuality Education in Malaysia: Perceived Issues and Barriers by Professionals

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Abstract
This research explored the perspectives of Malaysian professionals on the issues and barriers affecting the implementation of sexuality education in Malaysia. This qualitative study involved in-depth interviews with 15 key professionals working in the field of sexuality and reproductive health in Malaysia. Thematic analysis was selected to analyze data. Barriers to sexuality education were perceived from 5 aspects: feasibility, acceptability, accountability, strategies, and community unawareness. Respondents believed that implementing national sexuality education is a time-consuming project. They regarded Malaysian multicultural society as a barrier to national sexuality education, and they believed that school-based sexuality education is not easily accomplished in Malaysia; also abstinence-only policy restricts the access of young people to accurate information. Lack of community involvement was perceived as a key concern to sexuality education. Campaigning to promote awareness of families, teachers, community leaders, and policy makers are recommended to help establishing national sexuality education in Malaysia.

Keywords
adolescent health, health education, health care services, social determinants of health, reproductive epidemiology

Introduction
Worldwide campaigns have been enhanced to distribute information and health care facilities for sexuality health promotion and sexually transmitted infection/HIV/AIDS prevention. However, these efforts have not resulted in completely satisfying achievements. Currently, regional trends and mode of sexually transmitted infections have changed around the world, for example, about half of the new HIV infections occur among young people in developing countries.1,2 The trend toward high-risk behaviors among young people is alarming in Malaysia. Reports have revealed that 45% of all new HIV infections in Malaysia occur among people aged between 15 and 24 years.3 The rate of teenage pregnancies and the number of abandoned babies seem to be increasing as well.4-6 Insufficient education is reported to be the primary reason for high-risk behaviors and transmission of the HIV infection.1,7-10 Despite the existing data and evidence on increasing

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premarital sexual practices among Malaysian young people,\textsuperscript{4,6,7,11-15} Malaysia lacks an implementation of national sexuality education program.\textsuperscript{9} Although such programs have been considered as extracurricular educations for adolescents and young people by nongovernmental organizations (NGOs) and international organizations, such as IPPF, UNFPA, UNAIDS, they are not sufficient to provide a national sexuality education.\textsuperscript{1} While more than 60\% of Malaysia’s population is under the age of 35,\textsuperscript{16} lack of prevention programs will result in a health threatening situation and, therefore, a drain on human resource in a large proportion of population.\textsuperscript{17,18}

Recent reports have indicated that the implementation of a pilot project in some primary and secondary schools of Malaysia, called “Social and Reproductive Health Education” (SRHE),\textsuperscript{9} can be considered as a primary step to implementation of a national sexuality education. However, contradictory statements by some people in policy making positions have obscured the future implementation of this program.

It seems that some existing issues and barriers hinder the implementation of national sexuality education in Malaysia that have not been explored deeply in published data. This qualitative research aimed to explore the perceptions of Malaysian key professional on issues and barriers affecting the sexuality education in Malaysia.

\textbf{Methods}

\textit{Study Design and Site}

Given the purpose of the study, as well as the fact that issues and barriers to implementation of sexuality education in Malaysia have not been fully explored, we applied qualitative research as the methodological approach for this study. Qualitative research seeks to uncover meanings and places primary value in interpreting the reasons given by clients.\textsuperscript{19}

The second author, as one of the well-known researchers and professionals in the study field, helped in identifying the key informants. We explored the National Population and Family Development Board of Malaysia, Ministry of Health of Malaysia, Ministry of Education of Malaysia, NGOs, and international organizations based in Kuala Lumpur to identify the key experts and professionals involved in youth sexuality health in Malaysia.

\textit{Study Population, Sampling, and Method of Data Collection}

Fifteen key professionals participated in the study in 2011. Respondents included faculty members, government officials, health providers, social scientists, health care system managers, women rights activists, NGOs and international organization officials, youth group workers, and theologians in the capital city of Kuala Lumpur. Each of them had been involved in various areas of policy making, research, education, consulting, and advisory process of sexual and reproductive health education programs within the last decade in Malaysia (Table 1).

A purposeful sampling method was selected whereby a snowballing technique was employed to identify the key professionals. Face-to-face interview technique consisting of open-ended questions was adopted to collect the data pertinent to this study. The interview protocol was prepared based on a literature review followed by a series of discussions among the research team (Appendix). The first author carried out the interviews in English, and the interviews lasted between 45 and 110 minutes. All interviews were audio-taped.

\textbf{Table 1. Characteristics of the Participants}
Data Management and Analysis

All the audio files were transcribed verbatim by the interviewer. The transcripts were sent to the research clients so that the members could check over the transcribed data. All text-based data was edited and saved as text files to import into NVIVO Qualitative Data Management Software. All qualitative data was coded and analyzed using NVIVO, Version 8, software.

The process of data analysis ran alongside the process of data collection. Thematic analysis was used to extract meaningful themes from the transcripts. Concepts and incidents that seemed to be related to the same phenomenon were grouped together under an assigned code. Then, related codes were categorized and merged into broader themes that corresponded to issues and barriers affecting the implementation of sexuality education in Malaysia.

Ethical Considerations

Ethics approval was obtained from the ethics committee of the University of Malaya Medical Center. Prior to conducting the interviews, an information sheet describing the research objectives and questions was sent to all participants. Written consent was obtained from the respondents and confidentiality of data was assured. After transcribing and checking the data, all the audio files were destroyed.

Results

Findings have been summarized in 5 major themes that present the professionals’ perspectives on key issues and barriers facing the implementation of national sexuality education in Malaysia.
Feasibility: Implementing National Sexuality Education Program as a Time-Consuming Project

Key informants acknowledged that over the last decade policy and practices regarding sexuality education have changed in Malaysia. They mentioned some pilots and projects that have been implemented during the last decade, and also the government policy that has considered the importance of implementation of a national sexuality education program. However, their evaluations of the current policy making process were very varied, as were their opinions on the procedure of the education. Many of them believed that implementing a national sexuality education program is a time-consuming effort and needs a long-term investigation and negotiation among researchers, policy makers and educators. As an official from the ministry of Education stated,

We have already attempted many forums to look at the education systems, to look at the existing curriculum, and the modules in the former education system. We are already doing that and we have recommended on what messages should be put in the curriculum, in the modules teaching. We have done that but it took a long time before it became a policy. The government said yes, let’s do it, it is a policy. All teachers should be trained. There should be money for training, the text books should change, and the content is challenging.

However, nongovernment activists who had been engaging in the program as well as researchers and advisory teams believed that the process of implementing this program has become a prolonged action. As a respondent from nongovernment organization said, “Over 40 years now, we don’t even have completed a comprehensive module for sexual education in schools. This method has been role up again and again. There have been some pilots, but not comprehensive yet.”

Government’s slow pace on nationalizing sexuality education program indicates that there are some issues and concerns at different levels of the program such as policy making process, financial and human resources, and providing content of education that make it a time-consuming project.

Acceptability: Multicultural Society as a Barrier to National Sexuality Education

Beside the technical and official concerns, existence of different views on sexuality education and sociocultural constraints play an important role in the implementation of a national sexuality education. Since Malaysia is a multicultural society that consists of 3 main ethnic groups (Malay, Chinese, and Indian) with different religions, cultures, and socioeconomic backgrounds, taking a unified approach to sexuality education might challenge the sociocultural values of this population. However, there have been several debates at various levels of policy makers; implementation of this program has been erratic due to moral and religious concerns.

For example, the Chinese community is expected to be more urban, modern, and educated. But Malays are basically from the rural areas and this may be the first or second generation of urban Malays that have come from the rural areas. They are Muslims and the biggest religious community in Malaysia. So their standard and understanding about sexuality education for children is different, there is a very big gap when the government tries to do a little sexuality education in schools, so all sensitive matters should be observed. (Official manager of an NGO for sexual and reproductive health)
Cultural constraints also influence the quality of sexuality education by restricting the distribution of proper and accurate information. As an official of the Ministry of Health explained,

Some schools have provided some forms of sexuality education, but for them to teach school children is a taboo. They try to teach them about using condom. In general, there is nobody to teach them about how to use condom, they only say ‘use it’! That is why you see condom use failure.

Although, all the respondents emphasized on implementing the sexuality education as a crucial component of a preventive health care program, there was a great deal of concern regarding the content of education due to sociocultural and religious constraints.

**Accountability: School-Based (Curriculum-Based) Sexuality Education Is Not Easily Accomplished in Malaysia**

Respondents believed that the Ministry of Education will encounter difficulties in training teachers, changing text books, and incorporating the subject in school curriculum, because the school system has adapted to an established procedure that may resist changing.

It might be very difficult because the teachers adapted to kind of things for many years. Our school system is based on examination and it is very pressurized on both teachers and students. And the teachers are not equipped. (Official of the Ministry of Education)

On the other hand, school teachers as sexuality educators may delimitate the distribution of accurate information due to existing traditional style of teacher–student relationship in Malaysian schools.

When it comes to the integrity of real teaching about understanding of sexuality on relationship, on sex, safe sex, and sexual responsibility aspects, this is the part that even teachers shy away from. They are only able to teach in sciences or in what we call living skills, life skills, but the real rash text of the sexuality education is not taught. Teachers are very conservative and very shy about teaching this aspect, so the educator should be someone else out of school, such as nurses. (Official of an international organization for family planning and reproductive health)

Many respondents insisted that the Ministry of Education should work hand in hand with NGOs and the health care system and appoint professional sexuality educators and consultants in schools to guarantee the progress of the program.

**Strategies: Abstinence-Only Policy Does Not Work**

According to the respondents, current presumption on sexuality education in Malaysia is based on abstinence and avoidance of premarital sexual contact. There are serious concerns that sexuality education might increase the premarital sexual behaviors among children and adolescents. Such concerns about sexuality education may decrease the effectiveness of the program by neglecting a considerable proportion of adolescents and young people who have already engaged in premarital relationships.

I think, generally, premarital sex is on the rise, it is definitely more prevalent, and there is evidence in research. Life style of the people change as we get modernized, and this one is very easily coming in without family, parents and society realizing it. Premarital sex is definitely very frequent among young people, so we should face the reality and teach them based on their current needs not just superficial education. (Researcher of sexual health and official of a NGO for HIV/AIDS)
Another respondent believed that access to accurate information is a right for young people, and the education content must provide all needed information.

In reality, we can’t rely on abstinence; you can say there are religious and cultural counts on things. But everybody has the rights to choose, so you must give a range of information, a range of method, a range of ways for them to choose, then from the education, they will choose the right choice. This is neglected when preparing the material for education. (Faculty member and consultant to sexuality education program)

According to the respondents, there is a lack of awareness of proper perspective on sexuality education among policy makers. While there is evidence of sexual activity among adolescents and young people in published reports, policy makers still insist on abstinence-only sexuality education.

Community Unawareness: Lack of Community Involvement in Sexuality Education

According to the respondents, parents and families do not place importance on children’s sexual development. They do not understand their children’s sexual needs or the need to educate them. Respondents believed that there is a big gap between parents and health providers’ views on sexuality education. Generally, Malaysian parents lack an awareness of their children’s sexual behaviors and do not consider them as sexual beings and, therefore, do not share effective cooperation with policy makers in sexuality education program.

This is the biggest gap that we have in this country. Parents don’t understand the sexual needs of children and adolescents; they don’t want to know about the sexual behavior of their children and don’t talk to them about sex. They put the responsibility on schools, health care system, and . . . (Official from the Ministry of Women, Family and Community Development)

Sexuality issues are regarded as negative matters in Malaysian society. Media and public discourses mostly broadcast the criminal and illegal aspects of sexuality. Sexuality education and sexual and reproductive health are not the area of interest of public media, so they do not play effective role in informing community about the importance of such issues.

The media should give proper information to the public. But sometimes when they carry news on all these things [sexual matters] become very negative. It is a negative think to the society. So, when something is portrayed as so negative, all normal people don’t want to know about it. (A youth group worker)

The respondents agreed that broad change in public attitudes toward sexuality and reproductive health behaviors of youth is a prerequisite to providing them with desperately needed sexual and reproductive health services.

Discussion

The professionals believed that current pace on implementation of national sexuality education for young people in Malaysia is not satisfying. There are several issues and barriers that influence the implementation of such a program.

The issue of content of education has been subject to great deal of debates in a number of countries due to cultural and religious obligations, but in the case of Malaysia, it seems that “the issue continues to be at an impasse.” According to the studies around the world, there is strong evidence that sexuality education programs do not increase sexual practices; instead, some programs have decreased the prevalence of premarital sex among young people.
According to the recent review of policies and strategies to implement sexuality education in the Asia Pacific region, “implementation of this policy has been erratic due to opposition from various parties on moral and religious grounds in Malaysia.” This review implies that there is resistance among religious groups against dissemination of information about sexual health. According to the Islamic family law in Malaysia, Ulama (religious scholars) have taken authorities to speak on sexual and reproductive health issues such as marriage, sexual behaviors, abortion, family planning, and so on. While each state has its own religious council, interpretation and implementation of Islamic laws differ from state to state, thus creating a barrier to efforts by the federal government to standardize a national policy on a sensitive issue such as sexuality education.

Providing accurate information for children and adolescents was emphasized by the key informants. The abstinence-only sexuality education that is supposed to be implemented in Malaysian schools might limit the exchange of accurate information, be ineffective in reducing sexual risk-taking behaviors, and threaten the fundamental human rights to health information. Since providing sexuality education is an issue of concern, if school teachers are not equipped or interested in the program, the school system is recommended to appoint and train health care providers (eg, nurses, midwives) for sexuality education; such a policy has been applied in sexuality education programs of some countries such as Nigeria and Chile.

The importance of parents’ involvement in sexuality education of children has been strongly emphasized in various research. The expert respondents also believed that Malaysian parents should take responsibility in sexuality education program, as they have the opportunity and ability to influence their children’s sexual behavior decisions.

NGOs have played an essential role in implementation of extracurricular sexuality education in Malaysia within the last decades. At this juncture when the national sexuality education program continues at an impasse, involving NGOs in the program and working hand in hand with policy makers would help exchange the experiences and provide an extra potential for faster actions.

This study is not without its limitations. Our sample was limited to key informants of sexuality and reproductive health in the capital city of Kuala Lumpur who had been involved in sexuality education programs within the past decades. However, they were popular activists in this field in Malaysia, and adding other informants from different areas could be helpful in providing more comprehensive data. Interviewing young people and parents could also help in identifying the gaps in sexuality health education, which would be considered as another sample for future exploration.

Conclusions
Sexuality education in Malaysia suffers from several barriers and issues that have slackened the implementation of a national program. Unawareness of the community and lack of its active involvement in sexuality education are key areas of concern. The key informants recommended campaigning to promote awareness of families, teachers, community leaders, religious authorities, and policy makers to make the desired change in public opinion surrounding sexual and reproductive health in order to help establishing a national sexuality education in Malaysia.

Appendix
Interview Guideline for Key Professionals.

1. How do you describe the sexual understanding of young people in Malaysia? (Expected gender roles in sexual relationship, expected sexual behaviors, premarital sex, rational and irrational beliefs, sexual satisfaction, multi-partnership)
2. What is the current scenario on intimate/sexual relationship of young people in Malaysia? (Probe: Dating patterns, courting behaviors, male and female differences in dating and courting norms, pattern of sexual behaviors, premarital sex, sexual initiation age, level of sexual intimacy, psychological pressure to have sex, sexual abuse, commercial sex, unsafe sex)

3. Is there any sexuality education implemented in Malaysia? What are your views on this? (Probe: What are the pros and cons of having sexuality education, when should it be done, where and by whom? And how do you think this will effect on sexual behaviors of young people in Malaysia?)

4. What are the roles of the various agencies in the sexual understanding and sexual behaviors of young people in Malaysia? (1) Family and Friends, (2) NGOs, (3) government (eg, policies and regulations), (4) school/universities (any sexuality education taught in school?), (5) religious authorities, (6) media (Internet, pornography, etc)

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