

## ORIGINAL ARTICLE

# SOURCE OF INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AMONG SECONDARY SCHOOLS' GIRLS IN THE KLANG VALLEY

Kamrani MA<sup>1</sup>, Sharifah Zainiyah S Y<sup>1</sup>, Hamzah A<sup>2</sup>, Ahmad Z<sup>3</sup>

<sup>1</sup>Department of Community Health, Faculty of Medicine and Health Sciences, UPM

<sup>2</sup>Faculty of Educational Studies, UPM

<sup>3</sup>Department of Family Medicine, Faculty of Medicine and Health Sciences, UPM

## ABSTRACT

Adolescents are known to obtain information regarding sexual and reproductive health from a variety of sources and not just during formal lessons in schools. This cross-sectional descriptive study was carried out to determine the source of information on sexual and reproductive health among Form four secondary schools girls in the Klang Valley as well as parents' relationship profile. A total of 520 secondary school girls were recruited for the study. In this study, the source of information on puberty and sexual topics were categorized as follows: first level of importance - mothers, second level of importance - siblings, third level of importance - fathers, fourth level of importance - friends, fifth level of importance - teachers and sixth level of importance - books/internet. A majority of respondents agreed that their mothers were the first level of importance they sought for information on puberty (74.8%) and sexual topics (53.8%). Thirty nine point three percent (39.3%) of respondents reported it was very easy to have a dialogue with their mothers while only 10.0% of the respondents said it was very easy to have a dialogue with their fathers. While this was the case, only 6.3% of the respondents reported discussing sex-related matter with their mothers.

**Key words:** sexual and reproductive health education, source of information, adolescents

## INTRODUCTION

Young people are more likely to be sexually active before marriage compared to their parents' generation due to changes in social culture resulting from globalization, and the breaking down of traditions. These result in increasing urbanization, migratory workers, and changing opportunities for employment and education<sup>1</sup>. As most acts of premarital sexual intercourse are unprotected, sexually active adolescents are increasingly at risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS, and subsequently leading to unwanted pregnancy and abortion<sup>2</sup>. Factors that lead to risky sexual and reproductive health behavior among adolescents are the lack of sexual and reproductive health information and skills in negotiating sexual relationships, inaccessibility of youth-friendly sexual and reproductive health services and peer pressure<sup>2</sup>. Malaysia, while developing industrially, is experiencing a population age structure characterized by the "youth bulge" and the

"demographic bonus"<sup>3</sup>. It is evident that in Malaysia, sex is still considered a sensitive topic<sup>4</sup>. Due to the sensitivity of this issue as well as the cultural and religious realities of the country, adolescents receive inadequate education, guidance and services on reproductive health<sup>4,5</sup>. Malaysian adolescents often do not discuss subjects relating to reproductive health and sexuality with anyone except about puberty changes. Therefore, there is a deep and unmet need for a reliable and open source of information amongst adolescents<sup>3</sup>. The purpose of this study was to determine the source of information concerning sexual and reproductive health among female secondary school students in Klang-Valley, Malaysia as well as to look at the parents relationship profile.

## METHODOLOGY

The purpose of this study was to determine the sexual and reproductive health knowledge, attitude and source of information among secondary school

girls in the Klang Valley. Subsequently, this study examined the perspective of science teachers and current curriculum towards school-based sexual and reproductive health education in secondary schools in the Klang Valley. In order to understand more about students' and teachers' perception on sexual and reproductive health education programme, both qualitative and quantitative tools were used to collect data. They were in the form of questionnaires and in-depth interviews. The intention for the use of different sources of data is for triangulation.

This study was conducted in the Klang-Valley, an area in Malaysia comprising of Kuala Lumpur and its suburbs, and the adjoining cities and towns in the state of Selangor. A stratified random sampling method was used for selection of schools. National secondary schools were grouped based on their states; Selangor, Kuala Lumpur and Putrajaya. Four schools in Kuala Lumpur, five schools in Selangor and one school in Putrajaya were randomly selected.

Bartlett et al (2001) sample size table and Cochran's (1977) sample size formula were used to estimate the sample size leading to the study being carried out among 520 Form 4 female students in ten randomly selected secondary schools. Female students in the selected schools participated with informed consent signed by their parents.

Data were collected using a structured questionnaire in Bahasa Melayu. The questionnaire consisted of five parts which were part A: Demography, part B: Source of information on sexual and reproductive health, part C: Knowledge of sexual and reproductive health, part D: Attitude about sexual and reproductive health and part E: Perception of health centres. Fourteen questions were included in part B. It covered puberty, sexual relationship, school-based sexual and reproductive health education and communication with parents. The content of the standardized instrument were thoroughly examined and evaluated. Content examination was essential in order to determine if the questions included were understandable and appropriate for Malaysian students and their culture. The reliability (internal consistency) source of information was tested using Cronbach's alpha reliability coefficients. Cronbach's alpha coefficient was 0.88, which was greater than 0.7,

an adequate level of internal consistency of instruments.

Since the respondents of the study were Form 4 students from schools, approval to conduct the study was also obtained from the Educational Planning and Research Division (EPRD), Ministry of Education. Instructions were given to the respondents on how to fill the questionnaires. In order to ensure optimum response, respondents were assured that the information gathered would be treated confidentially by strong emphasis on the anonymity of questionnaire responses. During the filling up of questionnaires, respondents were allowed to ask the researcher questions.

The Statistical Package for Social Sciences (SPSS) version 17 was used for data analysis. Descriptive statistics was used to describe the source of information among the respondents. Comparisons among groups were made using appropriate inferential tests such as Student's t-test; Chi squared test, and ANOVA. The statistical significance level used was  $<0.05$ . Statistical significance is the differences between groups tested using  $\chi^2$  test.

#### **Ethical approval**

This study obtained the approval from Ministry of Education and the Ethics Committee of the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia. Informed consents from parents were obtained as respondents were all 16 years of age.

## **RESULTS**

### **Source of information on puberty**

In this section, the levels of importance of obtaining the sources of information on puberty were categorized as first level of importance: mothers, second level of importance: siblings, third level of importance: fathers, fourth level of importance: friends, fifth level of importance: teachers and finally, sixth level of importance was book/internet. The respondents agreed to the level of importance as source of information on puberty as follows: seventy four point eight percent (74.8%) agreed that mothers were the first level of importance, sisters/brothers as a second level of importance (31.5%), fathers as third level of importance (32.3%), friends as fourth level of

importance (57.3%), and teacher as a fifth level of importance (27.5%). Forty eight point one percent (48.1%) of the respondents agreed that books and

internet were the sixth level of importance in obtaining information on puberty (Figure 1).

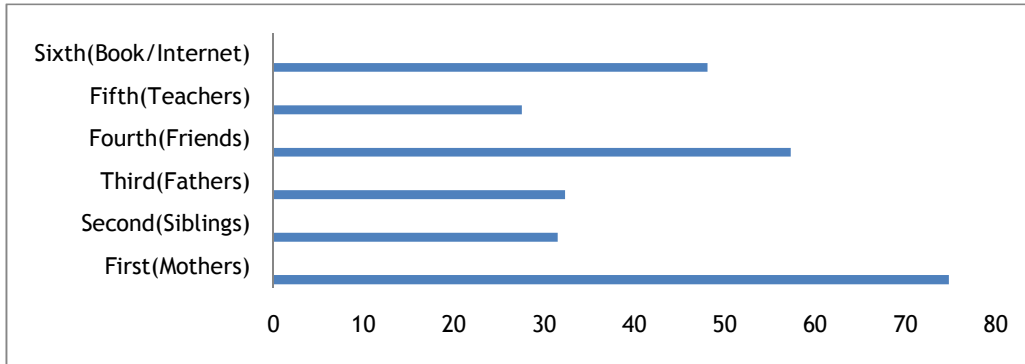


Figure 1. Percentages for sources of information on puberty based on importance

**Source of information on sexual topics**

Again in this section, the levels of importance of obtaining the source of information on sexual topics were categorized as first level of importance: mothers, second level of importance: siblings, third level of importance: fathers, fourth level of importance: friends, fifth level of importance: teachers and finally, sixth level of importance was book/internet. Fifty three point eight percent (53.8%) of the respondents agreed that the first

level of importance of obtaining information on sexual topics were from their mothers, 33.5% of respondents agreed sibling were second level of importance, 52.3% agreed friends were third level of importance, fathers fourth (31.5%), and teachers fifth (34.8%). Sixty point eight percent (60.8%) of respondents agreed that book/internets were the sixth level of importance in getting information on sexual topics (Figure 2).

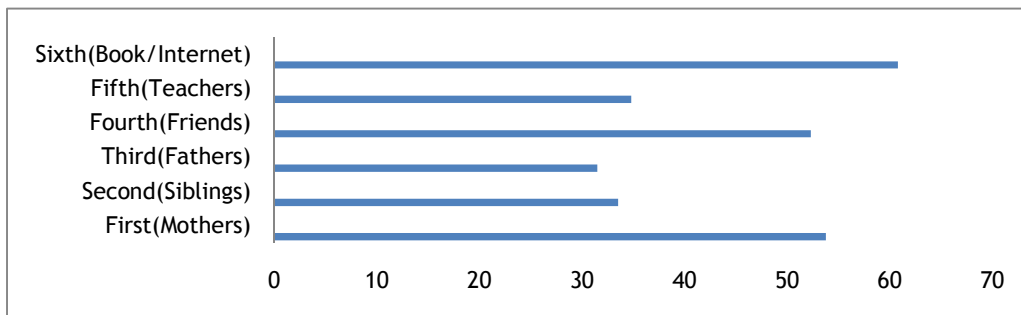


Figure 2. Percentages for sources of information on sexual topics based on importance

**Ease of communication with parents**

Thirty nine point five percent (39.5%) of respondents reported of ease of communication with mothers (Figure 3). On the other hand, Figure

4 showed that only ten percent (10%) of respondents found it easy to communicate with their fathers about important topics.

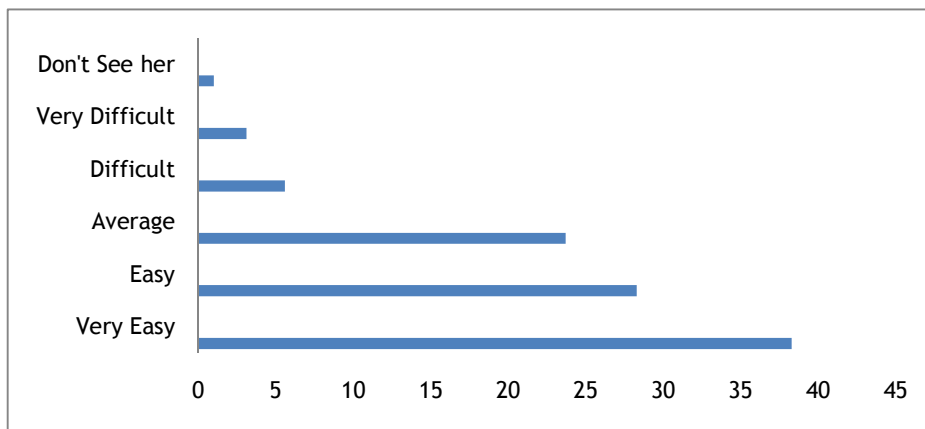


Figure 3. Percentages of ease of dialogue between respondents and mothers

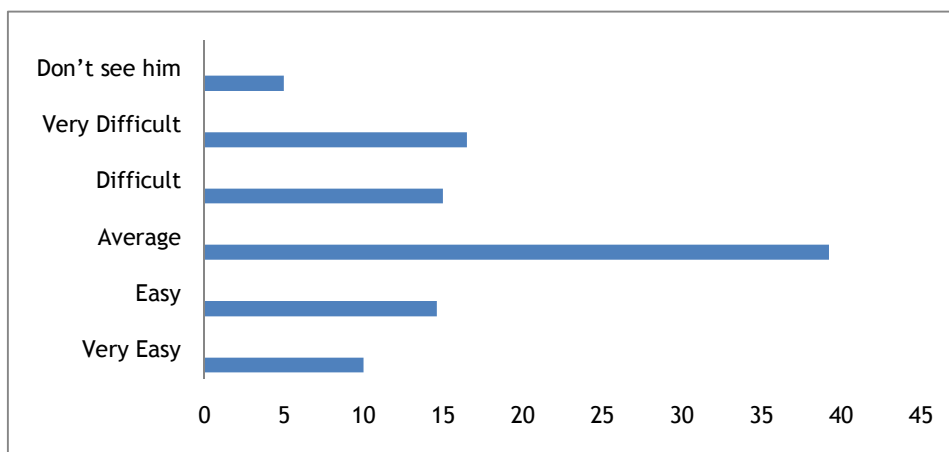
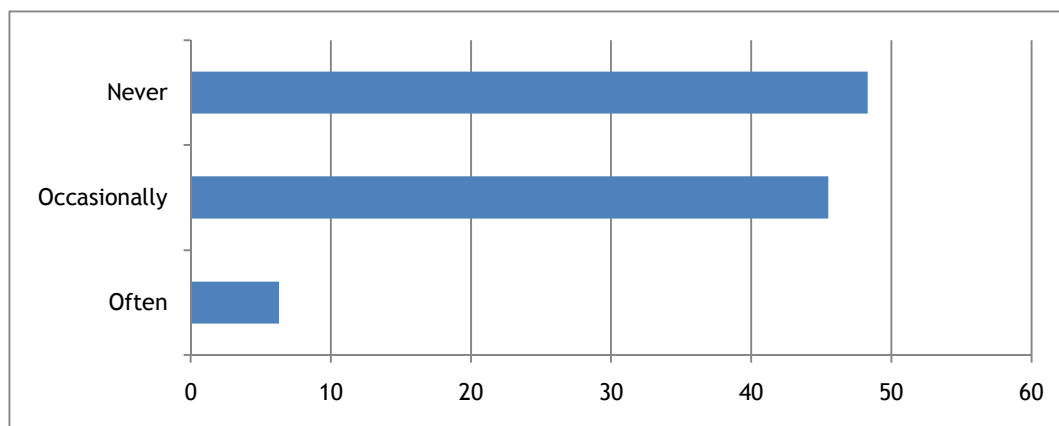


Figure 4. Percentages of ease of dialogue between respondents and fathers

**Discussion on sex-related matter with mother**

Discussion about sex related matters were also surveyed. Almost half (48.3%) reported never

discussing sex related matters while only 6.3% of the respondents reported discussing it often with their mothers (Figure 5).



**Figure 5. Percentages of discussing sex-related matter with mother**

## DISCUSSION

Adolescents are known to obtain sexual and reproductive health information from a variety of sources and not just during formal lessons. The present research established that mothers were the primary source of information on topics relating to puberty. Additionally, respondents in the current study referred to their mothers as first and most important source of sexual topics.

This information is supported by the results of other studies. Azman (2005) concluded that mothers were also the primary source of information about puberty and sexual topics among Malaysian secondary school students. Evidence from several developing and developed countries suggested that most adolescents seek help from their family<sup>7</sup>.

Furthermore, reports from Perrin and Dejoy (2003) found that schools fell second only to parents as the source of information about sexuality. Also, the study done by Tegegn et al. (2008) showed that 40.3% of adolescents obtained information about Reproductive Health Services from their parents or close relatives. These results also supported other findings that adolescents seek health related information most often from their mothers or from health care professionals.

Although parents are a key source of information, the finding of this study reflected that most

respondents were not too comfortable discussing sexual matters with their mothers. This finding was in line with that of Azman's (2005) study. In the study of Onwuezobe and Ekanem (2009)<sup>10</sup>, there was evidence that parents were the primary source of sex related information for their children. However, many adolescents did not feel comfortable discussing issues pertaining to their sexual feelings with their parents or other family members. Consistent with this study, the Central Statistical Agency (2005)<sup>11</sup> reported that adolescents may also experience resistance or even hostility and negativity from adults when young people attempt to obtain the Reproductive Health information and services they needed. They therefore may be at increased risk of sexually transmitted infections (STIs), HIV, unintended pregnancies, and other health consequences. Policy makers and program designers should continue to explore methods on how to increase parental involvement to meet the needs of adolescents.

Parents are a major influence on their children's lives, and therefore adolescents are more likely to respond to sexual and reproductive health programs which include support from their homes and family. Although parents want what is best for their children, some of them feel that they do not have the skills or sufficient knowledge about sexual and reproductive health to communicate effectively about these issues with their children<sup>12</sup>. Adolescents are increasingly interested in discussing health-related issues but are not

receiving adequate counsel. One significant barrier to discussing sensitive topics with their parents is the feeling of embarrassment or discomfort. Subsequently parents may feel inadequate or embarrassed to discuss these topics with their children, or may simply disapprove of young people expressing an interest in Reproductive Health issues<sup>12</sup>. The general reluctance to involve parents and teachers might be a sign of the rapidly deteriorating family environment, especially for boys<sup>12</sup>. This issue should be addressed immediately since parent-child relationship is one of the major determinants of adolescent health and risky behavior<sup>13,14</sup>.

Moreover, not all parents are equally knowledgeable about sexuality or feel comfortable discussing it with their children<sup>12</sup>. Schools can provide consistent and medically accurate information that many students do not receive at home<sup>8</sup>. Also, the school environment and the school ethos would support and reflect the positive messages about sex and relationships that are offered in the sex education lessons<sup>15</sup>. This suggestion seems compatible with the opinions of a high proportion of adolescents who advocated peer groups and school teachers as sources of information for Reproductive Health services<sup>9</sup>.

On the contrary, this study found that teachers were considered as less important sources of information. Similarly, Pokharel (2006)<sup>16</sup> found a generally poor level of communication between teacher and student. The survey findings gave some indication of the lack of connection between teachers and students when material from the reproductive health chapter was covered in class. These results could be due to the inappropriate teaching methods employed. It is apparent that the school-based sexuality education programs can offer adolescents the opportunity to learn and teachers are in the position to impart this information. Among the available sources of information, books and the internet were considered the less important sources.

## CONCLUSION

In this study, the source of information on puberty and sexual topics were categorized as follows: first

level of importance - mothers, second level of importance - siblings, third level of importance - fathers, fourth level of importance - friends, fifth level of importance - teachers and sixth level of importance - books/internet. A majority of respondents agreed that their mothers were the first level of importance they sought information on puberty (74.8%) and sexual topics.(53.8%). Thirty nine point three percent (39.3%) of respondents reported it was very easy to have a dialogue with their mothers while only 10.0% of the respondents said it was very easy to have a dialogue with their fathers. While this was the case, only 6.3% of the respondents reported discussing sex-related matter with their mothers.

## ACKNOWLEDGMENTS

Our sincere appreciation to the secondary school girls and their parents who gave them consent to participate in this study.

## REFERENCES

1. Acharya DR, Van Teijlingen ER, Simkhada P. Opportunities and challenges in school-based sex and sexual health education in Nepal. *Kathmandu University Medical Journal* 2009; **7**(4): 445-453.
2. Kaestle CE, Halpern CT, Miller WC et al. Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *American Journal of Epidemiology* 2005; **161**(8): 774-780.
3. Anwar M, Sulaiman SAS, Ahmadi K et al. Awareness of school students on sexually transmitted infections (STIs) and their sexual behavior: a cross-sectional study conducted in Pulau Pinang, Malaysia. *BMC Public Health* 2010; **10**: 47.
4. Low WY. Adolescent health: what are the issues and are we doing enough? *Singapore Medical Journal* 2006; **47**(6): 453-5.
5. Lee LK, Chen PCY, Lee KK et al. Premarital sexual intercourse among adolescents in

- Malaysia: a cross-sectional Malaysian school survey. *Singapore Medical Journal* 2006; **47(6)**: 476-481.
6. Azman A. A survey of adolescent knowledge, attitudes, and behaviors regarding sexuality in Malaysia. New York University, School of Social Work: New York, 2005
  7. Suneth A, Thilini A, Piyaseeli UKD. Adolescents perception of reproductive health care services in Sri Lanka. *BMC Health Services Research* 2008; **8**: 98.
  8. Perrin KK, DeJoy SB. Abstinence-only education: how we got here and where we're going. *J Public Health Policy* 2003; **24**: 445-59.
  9. Tegegn A, Gelaw Y. Reproductive health knowledge and attitude among adolescents: a community based study in Jimma Town, Southwest Ethiopia. *Ethiopian Journal of Health Development* 2008; **22**: 243-251.
  10. Onwuezobe IA, Ekanem EE. The attitude of teachers to sexuality education in a populous local government area in Lagos, Nigeria. *Pak J Med Sci* 2009; **25(6)**: 934-937.
  11. Central Statistical Agency (CSA) & ORC Macro. Ethiopia Demographic and Health Survey, 2005. Central Statistical Agency (CSA) & ORC Macro: Addis Ababa and Calverton, 2006.
  12. Sidawruang C, Pfeil M, Crozier K. Why parents do not discuss sex with their children: a qualitative study. *Nursing and Health Sciences* 2010; **12**: 437-443.
  13. Ackard DM, Neumark-Sztainer D, Story M et al. Parent-child connectedness and behavioral and emotional health among adolescents. *American Journal of Preventive Medicine* 2006; **30(1)**: 59-66.
  14. Devore ER, Ginsburg KR. The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics* 2005; **17(4)**: 460.
  15. Man JHN. Sex education programme in a Catholic boys' school [dissertation]. Hong Kong: The University of Hong Kong; 2006).
  16. Pokharel S, Kulczycki A, Shakya S. School-based sex education in Western Nepal: uncomfortable for both teachers and students. *Reproductive Health Matters* 2006; **14(28)**: 156-161.