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## **Communication about Sex-Reproductive Health Issues with Adolescents: A Taboo among Malaysian Parents?**

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### **Abstract**

Young people need to establish their identity and develop the ability to make their own decisions and plan for their future life. This establishment is an important process which is facilitated by good communication with parents and family, especially regarding problem-solving skills. Through open communication they can express their ideas freely, which then leads to family satisfaction and lessen conflict. Parent-child communication would heighten family cohesion, contentment, psychological well-being and at the same time thwart detrimental life consequences for adolescents. Research has also revealed that family environment and communication is in fact a predictive factor for risky behaviour in young people around the world. Thus, effective communication is imperative in promoting good family functioning. Many parents are still reluctant to discuss sex-related issues with their children openly. Parents found that such talks are hard to initiate. This study has two-pronged objectives, first, to examine sexuality and reproductive health that adolescents communicate to their parents and second, is to explore adolescents' views on communication with parents on matters related to the topics. The population of this study was lower secondary school students who came from four different zones in Peninsular Malaysia and East Malaysia. Quantitative data was collected from 504 respondents from urban, semi urban and rural geographical school locations for study via multistage

stratified sampling procedure. This survey employed two sets of constructs from the Highly At-Risk Behaviours Questionnaire (a questionnaire to gauge adolescents highly at-risk behaviours) - HARBQ. Descriptive (means, standard deviation and percentages) and inferential statistical analyses in this study revealed several interesting findings. Interestingly Malaysian teens were found rarely discussed issue related to sex and reproductive health with their parents. Ironically, they were open for discussion about these matters with their parents as long as would not turn them down. The respondents were also found positive in that they could communicate with their parents on matters related sexual and reproductive health issues. Findings from this study provide crucial information which may help improvise existing interventions and communication of knowledge and skills on reproductive health to adolescents especially by parents. Counsellors could use the information to provide effective treatment; intervention and preventive plan for teenagers to enable them to cope with the issues and in reducing unwanted consequences that may arise in the future.

**Keywords:** Communication, reproductive health, sexuality, psychological well-being, intervention, at-risk behaviours

## Introduction

The present generation of young people is approaching half of the world population. Statistically, about 1.2 billion young people between the ages of 10 and 19, or 18% of the world population are alive across the world today and majority of them are adolescents. In Malaysia, this age group make up 19.2% of the total population (WHO, Western Pacific Region, 2009). Thus, the population of adolescents that we have today could be the largest cohort ever and they *“represent a tremendous asset for our future, and we must not miss the opportunity to empower them and help them flourish* (Nasser, 2011, pg. 58). They are Generation Y (15 to 32 years old) and Generation Z (0 to 14 years old) who grew up with technology, so being connected and tech savvy; crave for attention, feedback and guidance; open-minded and want to be included and involved in many life activities.

Neither young children nor adults, adolescents need help and support for services that respond to their distinctive needs, challenges and aspirations for the future because, developmentally, as they go through the transition from childhood to adulthood, adolescents will go through the “storm and stress” period i.e. experiencing intense physical, psychological, emotional and economic changes. Most importantly they also experience remarkable changes and challenges in sexuality development. At the same time, these young people are at risk of adverse reproductive health outcomes. Changes in social culture resulting from globalization, and the breaking down of traditions are likely to cause the adolescents to be sexually active before

marriage compared to their parents' generation (Kamrani, Syed Yahya, Hamzah & Ahmad, 2011). Sexually active adolescents of both sexes are increasingly at high risk of unintended pregnancy, unsafe abortions, maternal health complications as well as contracting and transmitting sexually transmitted diseases (STDs), including HIV/AIDS. Many adolescents and their peers are typically poorly informed on how to protect themselves and the inadequate information makes them more vulnerable. Their vulnerability to this phenomenon is also due to the lack of skills in negotiating sexual relationship (Low, 2009). Although reports have shown that adolescents' fertility rates have fallen, still, 20,000 girls under age 18 give birth in developing countries every day. Every year, there are 70,000 adolescent deaths from complications of pregnancy and childbirth (UNFPA, 2014).

So, will adolescents seek advice or opinion from their parents if they have questions regarding sex and reproductive health matters? In Malaysia, like many Asian societies where traditional and conservative minds prevail, issues relating to sexual and reproductive health are often highly sensitive or taboo and considered impolite to discuss openly (Okwun, Siraj & Okwun, 2012). Within family, many parents are reluctant to discuss anything about sex-related issues with their children and they found such talks as inappropriate and hard to initiate. Many adults feel hesitant to communicate openly in the presence of children. Malaysian adolescents also do not talk about subjects related to reproductive health and sexuality with their parents except probably after puberty whereby they experience menarche. Due to the sensitivities of the issues and limitations of the communication, adolescents have inadequate information, guidance and support in managing their sexual and reproductive health issues.

Much has been reiterated about the restriction of parent-adolescent communication about sexuality issues but the situation could be different with the parents of the present teenage generation. Although school-based programs appear to be practical choices for sexual and reproductive health education, there is a profound need to explore on the extent of the openness of the adolescents in Malaysian secondary. Another crucial issue is to understand the views of these adolescents about their parents' openness to talk or discuss sexuality and reproductive health matters. More importantly, in the perspective of the present study, the alarming rate of underage pregnancies revealed by National Population and Family Development Board (NPFDB, Malaysia), involving 1,048 teen cases between January and March 2013 (the Malay Mail, January 14, 2014) served as a "wake-up call" on the importance of parents role in educating their children at home.

In line with the awareness and concerns, the purpose of this research was to seek the view of the adolescents about topics that they talk to their parents and their thoughts about parents' reaction if they discuss issues related to sexuality and reproductive health. Their openness in terms of communicating sexuality and reproductive health issues with their parents was also examined. The findings would highlight if the topic

under study is still a barrier between adolescents and parents. The statistical data would be used to determine if communication on the topics related to the issues is still considered a taboo. Stratified clustered sampling procedure was applied in five zones throughout Malaysia. Data were examined via descriptive and inferential statistics. The outcomes are relevant to relevant parties for further interventions.

### **Problem Statement and Justifications**

In Malaysia, the phenomenon of premarital sexual activity has been increasing over the years (IPH, 2008). Unwed pregnancy and baby dumping are also on the rise in Malaysia. Although researchers might claim that Malaysian statistics are not reliable due to under reporting of the pregnancy and the outcomes, a study conducted on 14 tertiary hospitals in Malaysia, Clinical Research Center (CRC), Ministry of Health, Malaysia reported that there are increasing incidences of unwed pregnancies throughout Malaysia especially in the younger age group between 10-20 years old (Ruhaizan, Ravichandran, Rozima, Karalasingam, Soelar, Sa'at, Baharum, 2013). They are in the age range of adolescence and engaging in early sexual activity places them at risk. Although the statistics are worrisome, prevention and protection against at-risk behavior especially involving unhealthy sexual behavior can still be done for the young people. They must be given adequate sexual and reproductive health knowledge.

Studies show that most of the sexual and reproductive health knowledge acquired by Malaysian students was from teachers, friends, parents and media. For instance, in Kelantan, Malaysia it was found that the main source (64%) of sexual information was friends (Ab. Rahman, Ab. Rahman, Ibrahim, Salleh, Ismail, Ali, Wan Muda, Ishak & Ahmad, 2011). Nevertheless, adolescents who are curious on sexual topic may adopt the value and trust the sources from mass media especially internet to avoid the embarrassment of discussing the topic with adult (Yaacob, Wong, Baharuddin, Mansor, Juhari, & Abu Talib, 2010).). A study in Kelantan revealed that the main source (64%) of sexual information was friends (Ab. Rahman, Ab. Rahman, Ibrahim, Salleh, Ismail, Ali, Wan Muda, Ishak & Ahmad, 2011). Malaysian adolescent boys (n = 31) aged between 13 and 17 years involved in a qualitative study reported that their sources of sexual information were mainly from male friends or through the mass media (Low, Ng, Fadzil, & Ang (2007). Nonetheless, information from these sources might not be correct and may deceive adolescents' understanding about an appropriate sexuality and reproduction health. As the role of school and teachers in delivering related information, in Malaysia, sexuality education is embedded across other subjects like Science, Additional Science, Biology, Islamic Education, Moral Education (Chan & Jaafar, 2009) and not taught as an independent subject in school. Majority of parents (73%) of rural elementary school children supported the inclusion of various sexual health topics in school curriculum provided the contents were in line with religious teachings (Makol-Abdul, Nurullah, Imam & A. Rahman, 2010). Scholars viewed that since education begins from home, parents can play a vital

role to reduce adolescent risk behaviours while encouraging healthy sexual development (Martino, Elliott, Corona, Kanouse, & Schuster, 2008). It is obvious that the level of awareness and knowledge on sexual issues is still lacking but adolescent boys claimed that their parents did not talk to them about sexual matters (Low, Ng, Fadzil, & Ang (2007).

Thus, one of the ways in which this outcome can be achieved is through parent-adolescent communication. Researchers have revealed that adolescents, who communicated regularly with their parents about sex, sexuality, and development issues, are more likely to have open and closer relationships with them. The young people are also more likely to talk with their parents in the future about sex-related issues than adolescents who rarely had such communication with their parents (Martino et. al, 2008). Studies in developed countries have revealed that adolescents who talk with their parents about sexuality are less likely compared to their peers to get involved in sexual risk behaviours, and more likely to delay first intercourse (Kaljee, Green, Lerdboon, Riel, Van Pam, Tho, Ha, Minh, Li, Chen, & Stanton, 2011). Nonetheless, few studies in developing countries have examined parent-child communication about sex. A study in India reported that only one third of the girls were told about menstruation by their mothers but only one fourth were explained the reason (Kotecha, Patel, Baxi, Mazumdar, Misra, Modi, & Diwanji, 2009). Talking about sexuality can be a tremendous challenge for many parents and adolescents and if it happens at all, usually consists of parents advising their unmarried children not to have sex (Trinh, 2004). However in his study, he found that parents in Vietnam openly discussed sexual issues with their adolescent children. "Most parents directly communicated (i.e., providing explanations, asking questions, sharing their own stories, warning of risks, and advising on safe sex behaviours) with their adolescent children on topics such as male-female sexual relationships, virginity, pregnancy, abortion, condom use, and HIV/AIDS" (Trinh, 2004, pg. 11). In Eastern Eutophia, nonetheless, parents believed that informing adolescents about sex and teaching them how to protect themselves would make them sexually active (Ayalew, Mengisite & Semahegn, 2014)

It is evident that in Malaysia, sex is still considered a sensitive topic. 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. Malaysian adolescents often do not discuss subjects relating to reproductive health and sexuality with anyone except about puberty changes. In other words, topics related to sex and reproductive health is still forbidden or rather a taboo in family. Therefore, there is a deep and unmet need for a reliable and open source of information amongst adolescents.

Despite the sensitivity of such discussion in family, would there be a probability of certain sex and reproductive health-related matters or concerns that Malaysian adolescents discussed with their parents? What were the opinions of these young

peoples' about their parents, if ever they communicate with them on issues and concern about sexual and reproductive health talk about issues of their concerns. The findings could also provide crucial information if the intervention strategies should be focused on the adolescents or on educating the parents on better approach to deliver of knowledge and skills on reproductive health matters to adolescents. Counselors and individuals or organizations working with adolescents could use the information to provide effective treatments, crisis interventions and preventive plans for adolescents so they can cope with the issues and in reducing unwanted consequences that may arise in the future such as teens unwed pregnancy, abortion, contracting and transmitting STDs and HIV/AIDS and other unhealthy habits related to sexual and reproductive health issues.

### **Objectives**

- I. To examine the scopes of sex and reproductive health issues that adolescents discuss with their parents.
- II. To explore adolescents' views on communication with parents about sex and reproductive health issues.

### **Research Questions**

This study sought to answer the following questions:

- What are the scopes of sex and reproductive health issues that adolescents discuss with their parents?
- What are the adolescents' views on communication with parents about sex and reproductive health issues?

### **Research Methodology**

#### **Population**

The targeted population the study intends to generalize its findings are Lower Secondary School students in Malaysia. This population included all Form Two students in Lower Secondary Schools in the northern, central, southern, and eastern zones of Peninsular Malaysia and also the Sabah and Sarawak zones. The total enrolment of secondary school students from West and East Malaysia was about 2.3 million and approximately 1.4 million of them were in lower secondary levels (Ministry of Education Malaysia, 2013). Multistage sampling procedure was adopted in selecting the participants for this study. The sample was representative in terms of school location (both rural and urban schools), minority and at risk students (remote area, *orang asli*/aborigines and students with special needs).

#### **Determining Adequate Sample Size**

Representative sampling enables the researcher to generalize and make claims of knowledge about the population (Gay & Airasian, 2006). Based on Krejcie & Morgan (1970) if the total population is 1,000,000, hence the sample size recommended is

384 respondents. However due to students' diversity in this country, problem related to form's completion and the return rate, this study has identified randomly 60 schools throughout Malaysia, and has selected 1,500 lower secondary school students who were in Form students One, Two and Three respectively, to participate in this study.

### **Sampling Procedures and Data Collection**

Quantitative data was collected based on the stratified multistage sampling procedure. This procedure is based on grouping units into subpopulations called strata and using hierarchical structure of units within each stratum (Jain & Hausman, 2006). In stratified sampling, a random sample is drawn from all the strata and the primary goal of stratification is homogeneity. Based on the multistage sampling method, the cluster sampling was done in stages, which involved selection of clusters within clusters (Gay & Airasian, 2003; Neuman, 1997). This sampling procedure in essence is a way to reduce the population by reducing it up to smaller groups, which then can be the subject of random sampling.

In the first stage, the states in Malaysia was classified randomly as the following: Northern states (Perlis, Kedah and Pualau Pinang); Central states (Perak, Selangor and Wilayah Persekutuan Kuala Lumpur); Southern states (Negeri Sembilan, Melaka and Johor); Eastern states (Kelantan, Terengganu and Pahang) and East Malaysian states (Sabah and Sarawak). Data was collected from several zones. In the second stage, the lower secondary schools was assigned according to zones. In the third stage, 60 schools were randomly drawn from these zones and 2,500 students were identified. Finally 25 boys and 25 girls were selected from each school to participate in this study.

From 1,500 questionnaires posted to respective school through 'snail mail', 1,120 were returned. However, 504 data were analysed for this research purposes due to some inevitable problems like some schools also involved the upper forms student as respondents. The remaining data was utilized for other purposes. The number of schools met the targeted 95% of the confidence interval. Several respondent's demographic variables were identified namely; age, gender, mother tongue, religions, home address, type of home, parents' marital statuses, siblings, stay with siblings, stay with grandparents, marital status, frequency of communicating with mom, frequency of communicating with dad, raised by both parents, closer to either parent.

The response rate is equivalent to 74.7%. According to Diem (2003) 50-60% of response rate is often considered an acceptable return rate for survey research. Babbie (1989) proposed that at least 50% of response rate is adequate, 60% of response rate is considered good and response rate of 70% is considered as very good. This allows the researchers to proceed with the data analysis.



**Methodology**  
**Instrumentation**

Two instruments have been developed and they are: Highly At-Risk Behaviors Questionnaire (a questionnaire to gauge adolescents highly at-risk behaviors)-HARBQ. For the purpose of this study, only data from two constructs of Parent-Adolescent Communication Patterns were analysed, which were (i) Parent-adolescent discussion on puberty, reproductive, and sexuality issues; and (ii) Adolescents’ opinion about Parent-adolescent reproductive health, and sexuality issues communication pattern

**Pilot Study**

A pilot study was conducted on 81 Form Two respondents from a secondary school in the Klang Valley in November 2012. Eleven items (16 through 26) in Section B (patterns of adolescents-parents communication on puberty, reproductive, and sexuality issues) used a Likert scale 0 (never), 1 (rarely), 2 (occasionally), 3 (quite frequent) and 4 (very frequent); while 16 items (45 through 60) which asked about parent-child reproductive health, and sexuality issues communication pattern used different Likert scales Likert scale of 1(strongly disagree) through 5 (strongly agree). The two constructs yielded astounding reliability estimates. Table 1 tabulates the individual reliability estimates of each construct measured with rather high alpha values of 0.955and 0.919 respectively.

**Table 1: Pilot study (Internal Reliability Estimates of Constructs)**

	Parent-Adolescent Communication Patterns	Items	Reliability Estimates ( $\alpha$ )
1.	Scopes of parent-adolescent discussion on puberty, reproductive, and sexuality issues	16 through 24 (9 items)	.967
2.	Adolescents’ views on parent-adolescent reproductive health, and sexuality issues communication pattern	45 through 60 (16 items)	.898

**Data Analysis and Results**

Analyses of data for this study are summarized in the table below.

**Table 2: Data Analysis**

No.	Research Question	Statistical Analysis
1.	What are the scopes of sex and reproductive health issues that adolescents discuss with their parents?	Descriptive (Means, Standard Deviations), Percentages.
2.	What are adolescents’ views on communication with parents about sex and reproductive health issues?	Descriptive (Means, Standard Deviations), Percentages.



### Demographic characteristics of respondents

Forty six percents (n = 232) were males while the rest (n = 272) were females. On the background, majority of the respondents were from urban schools (75.6%) while the remaining were from rural schools (24.4%).As of age, of 504 respondents, eighty one (16.1%) were 13, 193 (38.3%) were 14 and 230 (45.6%) were 15 years old respectively. Table 3 tabulates the age range, gender and school locations of the respondents who completed the entire questionnaire from the two constructs. These breakdowns were basically based on the number of completed items found in the questionnaires.

**Table 3: Respondents Demographic Background**

Age	Location	Gender		Total
		Male	Female	
13	Urban	15	19	34
	Rural	15	32	47
	Total	30	51	81
14	Urban	79	57	136
	Rural	15	42	57
	Total	94	99	193
15	Urban	97	114	211
	Rural	11	8	19
	Total	108	122	230

### Findings

Findings of this study are presented according to the research questions as follows:

#### **RQ1: What are the scopes of reproductive health issues that adolescents discuss with their parents?**

Descriptive statistics namely frequency counts, percentages, means and standard deviations were employed in making sense of the data analysed. Table 4 tabulates the findings related to parent-child communication on reproductive health.

Nine items on communication issues related to reproductive health were asked in the survey. All issues were hardly discussed by the respondents with their parents. Approximately 76% to 90% of the respondents claimed that they had never and rarely discussed the issue related to (in descending order) pregnancy abstinence (89.9%), abortion (89.4%), sexual transmitted diseases (88.9%), fertilization

(88.8%), prostitution (88.4%), pregnancy (86.7%), followed by discussions on menstruation (78.7%) and sexual relationship (76.0%).

Although more than half of the respondents (43.6%) claimed that they had either never or rarely discussed homosexuality-related issue, 33% reported that they had discussed (quite, and very frequent) with their parents about it. As compared to eight other scopes, for an unclear reason, as shown in the table, less than 80% adolescents responded to item “discussion about homosexuality” These findings showed that of the nine issues adolescents and parents actually had a rather open discussion on topic related to homosexuality.

**Table 4: Scopes of Reproductive Health Issues Adolescents Discussed with Their Parents**

Item	Issues	Never (%)	Rarely (%)	Occasionally (%)	Quite frequent	Very frequent	Mean	SD
16	Discussion on pregnancy	384 (76.2)	53 (10.5)	25 (5.0)	9 (1.8)	9 (1.0)	.31	.746
17	Discussion on fertilization	411 (81.5)	37 (7.3)	13 (2.6)	6 (1.2)	4 (0.8)	.20	.630
18	Discussion on sex relationship	334 (66.3)	49 (9.7)	35 (6.9)	18 (3.6)	37 (7.3)	.68	1.165
19	Discussion on menses	347 (68.8)	50 (9.9)	23 (4.6)	19 (3.8)	30 (6.0)	.58	1.569
20	Discussion on sexual transferred diseases	406 (80.6)	42 (8.3)	17 (3.4)	3 (0.6)	5 (1.0)	.22	.641
21	Discussion on pregnancy abstinence	412 (81.7)	41 (8.1)	10 (2.0)	8 (1.6)	2 (0.4)	.20	.594

22	Discussion on abortion	416 (82.5%)	35 (6.9)	16 (3.2)	4 (0.8)	3 (0.6)	.19	.592
23	Discussion on prostitution	411 (81.5%)	35 (6.9)	11 (2.2)	6 (1.2)	5 (1.0)	.23	.747
24	Discussion on homosexuality	183 (36.3%)	37 (7.3)	11 (2.2)	72 (14.3)	94 (18.7)	2.24	2.202

**RQ2. What are the Adolescents’ Views on Communication about Sex and Reproductive Health Issues with Their Parents?**

There were mixed findings with regards to adolescents’ views on communication about sex and reproductive health issues with their parents. As demonstrated in the table above, majority of the respondents were in disagreement (strongly disagreed and agree) with six statements. In descending orders: “I will only arouse suspicions on my parents’ part if I ask sexual matters to them” (97.4%); “I am too ashamed to discuss sexual matters with my parents” (95.2%); “It is too difficult to find the right time and place to discuss sexual matters with my parents” (88.4%); “My parents are just too busy to discuss sexual matters with me” (87.1%); “My parents would be angry if I try to discuss sexual matters with them” (85.9%); and “My parents would be asking too many personal questions if I try to discuss sexual matters with them” (84.1%). Nonetheless the percentage of respondents that were uncertain of their opinions related to the subject matter range from moderate to moderately high. For example, they were uncertain if their parents would nag in case they try and ask questions related to sex (60.3%) and if their parents were dishonest when discussing about sexual matters with them (49.7%).

Although 49.6% of the respondents were uncertain if there was a need for them to ask any sexual-related questions to their parents as they had knowledge about the issues, about 30% disagree on the statement. On a positive note, some seemed to agree that to certain extent, they need to communicate about this issue with their parents. Despite nearing half of the respondents (45.2%) were uncertain if their parents were not too old to discuss sexual matters with them, 37% reported that they disagreed with the statement. About 44% of the respondents also disagree that their parents have little knowledge about sexual matters and slightly less than that (40.2%) were uncertain about the matter. Like almost equally distributed, 34.3% of the respondents had the opinion that their parents would not turn them down if they asked about the sex-related matters; 34.6% were uncertain and 30.4% agree (strongly agree and agree) their parents would refuse to answer such questions.

The following Table 5 tabulates the findings on adolescents' views on communication about sex and reproductive health issues with parents

**Table 5: Adolescents' Views on Communication about Sex & Reproductive Health Issues with Parents**

Items	Issues	Strongly disagree (%)	Disagree (%)	Uncertain (%)	Agree	Strongly agree	Mean	SD
45	I am too ashamed to discuss sexual matters with my parents	464 (92.0)	16 (3.2)	7 (1.4)	6 (1.2)	4 (0.8)	1.10	.447
46	My parents refused to answer any sexual related questions	76 (12.9)	126 (21.4)	204 (34.6)	96 (16.3)	83 (14.1)	1.13	.568
47	My parents would nag if I try and ask questions related to sex	61 (10.4)	86 (14.6)	355 (60.3)	51 (8.7)	28 (4.8)	1.47	1.037
48	There is no need for me to ask any sexual related questions to my parents as I already knew about them	91 (15.4)	98 (16.6)	292 (49.6)	63 (10.7)	39 (6.6)	1.14	.550
49	My parents have little knowledge about sexual matters	123 (20.9)	137 (23.3)	237 (40.2)	59 (10)	27 (4.6)	1.25	.539
50	My parents were dishonest when discussing about sexual matters with me	98 (16.6)	78 (13.2)	293 (49.7)	67 (11.4)	43 (7.3)	1.11	.363

51	My parents were too old to discuss sexual matters with me	118 (20)	100 (17)	266 (45.2)	57 (9.7)	36 (6.1)	1.09	.351
52	I will only arouse suspicions on my parents' part if I ask sexual matters to them	482 (95.6)	9 (1.8)	4 (0.8)	0 (0)	2 (0.4)	1.05	.283
53	It is too difficult to find the right time and place to discuss sexual matters with my parents	413 (81.9)	33 (6.5)	30 (6.0)	13 (2.6)	4 (0.8)	1.01	.147

**Table 5 (cont.): Adolescents' Views on Communication about Sex & Reproductive Health Issues with Parents**

Items	Issues	Strongly disagree (%)	Disagree (%)	Uncertain (%)	Agree	Strongly agree	Mean	SD
54	My parents are just too busy to discuss sexual matters with me	399 (79.2)	45 (8.9)	37 (7.3)	8 (1.9)	2 (0.4)	1.00	.066
55	My parents would be asking too many personal questions if I try to discuss sexual matters with them	392 (77.8)	32 (6.3)	52 (19.3)	15 (3.0)	2 (0.4)	1.00	0.66
56	My parents refused to listen to what I have to say about sex	313 (62.1)	54 (10.7)	81 (16.1)	44 (8.7)	2 (0.4)	1.74	1.059

59	I would be arguing with my parents if we were to discuss about sexual matters	296 (58.1)	74 (14.7)	91 (18.1)	27 (5.4)	2 (0.4)	1.69	.986
60	My parents are too shy to discuss sexual matters with me	298 (59.1)	54 (10.7)	90 (17.9)	47 (9.3)	4 (0.8)	1.79	1.059
61	I find it difficult to be honest with my parents about my behaviour regarding sexual matters	143 (28.4)	26 (5.2)	41 (8.1)	22 (4.4)	1 (0.2)	1.75	1.069
62	My parents would be angry if I try to discuss sexual matters with them	386 (76.6)	47 (9.3)	37 (7.3)	18 (3.6)	1 (0.2)	1.57	0.925

In sum, in many instances, there was a possibility that the respondents were quite positive they could communicate with their parents on matters related to sexual and reproductive health issues.

## Discussion

Two research questions were addressed to accomplish the respective aims of the research. With respect to sex and reproductive health scopes, descriptive analyses of the data in this study consistently revealed that Malaysian adolescents were reserved and hardly discussed culturally forbidden issues such as sex related matters and reproductive issues with their parents. Majority of the respondents in this study did not communicate issues related to fertilization, pregnancy and pregnancy abstinence, sexual relationship, abortion, STD and prostitution with their parents.

Menstruation matters which were supposed to be experienced by all female adolescents when they reach puberty were also not communicated to their parents. These encounters are in agreement with Okwun, Siraj and Okwun (2013) that Malaysian, a rather traditional and conservative nation it is considered impolite to discuss openly topics concerning sexual and reproductive health as they are normally highly sensitive or taboo. In support, literature review and research findings on sexual and reproductive health of Malaysian adolescents agreed that cultural and religious sensitivities impede collection of data on issues as premarital sex, abortion and

homosexuality (WHO, 2005 in Temple-Smith, Moore & Josenthal, 2015). Research findings from India (Kotecha, Patel, Baxi, Mazumdar, Misra, Modi & Diwanji, 2009), Vietnam (Trinh, 2004) and Africa (Ayalew, Mengisite & Semahegn, 2014) were in line with the results of the topic under study.

Nonetheless, it is interesting to mention that as compared to other scope of discussion, more than 30% of the adolescents involved in this study reported that they had conversed about homosexuality (quite, and very frequent, respectively) to their parents. Another thought-provoking issue that need to be addressed is “what are the reasons for the little openness of some adolescents to talk about it with their parents?”

“Homosexuality involves not just sexual contact with persons of the same sex but also a romantic feeling, emotional attraction, fantasies, and a sense of identity” (Temple-Smith, Moore & Rosenthal, 2015, pg. 165). Typically, the words “gay” and “lesbian” are used to refer to homosexual men and women (FamilyDoctor.org, 2010).” Unlike other scope of discussion related to adolescents biological development (e.g. mensuration, fertilization), social psychosocial issues involving both genders (e.g. sex relationship, pregnancy abstinence, STD, abortion and prostitution), homosexuality is rather a unusual issue as it involved intimate relationship among the same gender. Several significant news were highlighted by and debated on mass media between 2011 to 2013 about same-sex civil unions or marriages involving international celebrities and Malaysian living abroad in 2011 to 2013 which majority of the people in this country especially among the Muslims observed as a “deviant culture.” One main reason that could probably explain the findings was a contemporary issue that received a wide media coverage at a time when this data was collected in 2013. Regular references related to the matter in the mass media appeared to have left an impression on the public. Thus, the awareness on the subject ran high and could probably have been mentioned in family communication, in direct or indirect manner due to phenomenological factor. Section 69 (d) of the Law Reform (Marriage and Divorce) Act 1976 states that in Malaysia, “A marriage which takes place after the appointment date (March 1, 1982) shall be void if the parties are not respectively male and female” (Government of Malaysia, 2006). Since majority of the respondents in this study were Muslim (69.4%), the deterrence of homosexual behaviour is strongly emphasized in the Islamic teachings by Muslim scholars, religious teachers and parents as a strong reminder to the adolescents. It is mentioned repeatedly across the Holy Qur’an for example:

“And [We had sent] Lot when he said to his people, “Do you commit such immorality as no one has preceded you with from among the worlds? Indeed, you approach men with desire, instead of women. Rather, you are a transgressing people” (Al-Araf, 80-81); and

“Do you approach males among the worlds (165). And leave what your Lord has created for you as mates? But you are a people transgressing” (Ash-Shura, 65-166)”.



In support of the religious belief and culture especially among Muslims, parents have always considered homosexuality to be wrong and alien. In many instances, when a parent hears for the first time that someone that their children is in love with is a gay or lesbian, the feelings can range from bewilderment and confusion to fear and anger.

In addressing the second aim of this study, that is exploring the adolescents' views on communication about sex and reproductive health issues with parents, findings of this study revealed several exciting discoveries. Majority of the adolescents examined in this study indicated that they are not too ashamed to talk about sexual matters with their parents as they believed that they would not arouse suspicion and made their parents angry. They also purported that it was not too difficult to find the right time and place to talk about it with parents and refuted that their parents were too busy to address their concern about sex and reproductive health –related issues. Apart from that the adolescents also trusted that their parents would not provoke them with personal questions if they tried to ask them about the issues. They were quite positive that parents would not nag or even dishonest in the discussion or too old and have little knowledge about sexual matters.

Hence, is it really a big deal to talk to parents about sex and reproductive health issue? The answer could probably be “no” on the adolescents' part. These findings perhaps were contributed by the younger generation that got involved in this study. As the age range of the adolescents in this study was between 13 to 15 years old, they fell in the category of Generation Z (Gen-Z also known as iGen or Post-Millennials). Experts differ on when the earliest members of Gen-Z were born. Some claimed that were 1990 to 2001 babies but some researchers start this generation at the mid-1990s or from the mid-2000s to the present day (Horovitz, 2012). On the other hand some researchers addressed those who were born from the early 1980s to the early 2000s as millennial (also known as Millennial Generation).

Whether they are in the demographic cohort of Gen-Z or towards the end of Gen-Y, the more important fact is they were part of a generation that is global, social, visual and technological. As of the present time, they are the most connected, sophisticated and educated ever. Almost all information is accessible to them via one touch of the keypad buttons. They are “digital natives.” Social media platform is one of the ways to communicate with the outside world. This generation is not bothered about privacy and are willing to share intimate details about themselves. This could be a logical explanation that they do not have problems or boundaries to discuss a lot of things concerning their life including sex and reproductive health issues. Firstly, information can easily be obtained on line secondly, physical and virtual peers and friends are always out there to justify their curiosity. Based on this openness, probably they have the willingness to share their private matter even with their parents.

Are parents ready enough to talk about the matters openly? Generation gap and culture could possibly be the limitations of such private communication. Most of the parents of the respondents were of Generation X or baby boomer generation (born

between 1946 and 1964) who probably delayed parenthood. Researchers and scholars mentioned that from the Baby Boomers to Generation X, each generation has distinctive parenting styles. Baby Boomers engaged in more discussions with their children, and tried to be more nurturing than critical and they exercised parenting like everything else they did, with idealism and righteousness while Generation X exercise protective and hands-on child-raising style and they are highly involved in their children's lives (Howe, 2014).

Hence, how best can we communicate personal and private issues other than academic achievement, aspirations and educational as well as career pathways? We also put a lot of focus on adolescents' physical health, emotional well-being and mental health, but unfortunately we ignore sexual health. Despite all the education and knowledge that the parents might have personally acquired and have imparted to their children, the problem of 'teenagers and sex' continues to be a matter of concern for everyone despite the notion that ideal parenting requires that the child be guided and prepared for a mature marital relationship. Regardless of the generation which they belonged to, parents can actually benefit from the multigenerational family teams through open positive communication.

Many factors probably impede parents from discussing sexual matters with their children. Among the factors was lack of sexuality information (Lefkowitz & Stoppa, 2006; German & Constantine, 2010). A review by Ayalew, Mengisite and Semahegn (2014) on studies conducted in developing countries like South America and Africa, gender of parents hinder discussions about sexuality with adolescents where boys might receive little or no information from their parents. Fathers communicate rarely over sexual matters with their children. In Ghana on the other hand, German and Constantine (2010) found that some parents viewed discussions on sexual matters with adolescents as a means that could tempt them to indulge in sexual intercourse. Other parents also viewed adolescents as too young to discuss sexual matters while others view adolescents as knowledgeable since they learn from the peers and media (Lefkowitz, Stoppa, 2006).

Like other developing countries, it is important to suggest that in Malaysia, cultural factors might also repressed parents from discussing sexual matters with teenagers since the sexual topics were considered culturally sensitive. Ayalew, Mengisite and Semahegn (2014) affirmed that parents may also restrained themselves from discussing sexual matters with their children due to cultural taboos and beliefs is in line with the findings of Okwun, Siraj and Okwun (2013). This substantiates several studies where cultural taboos have persisted and inhibit parents from discussing sexual matters with their children and the finding of present study can safely be implicated that communication on sex and reproductive issues between parents and their teenagers is still a taboo.

## **Implications of the study**

This study implicates several important sectors of the Malaysian society; namely parents-teachers' association (PTA / PIBG), NGOs working closely with adolescents, curriculum designers, counsellors and finally policy makers in Malaysia per se. The parents-teachers association is capable of organizing parenting program which focus much on how to communicate with adolescents of the 21<sup>st</sup> century. There shouldn't be any generation gap between parents and their children. Issues on pubescence, sexuality matters and reproductive health are important matters that should be handled subtly both by teachers and parents. It should no longer be perceived as a taboo by parents and teachers alike. Curriculum designers on the other hand, must consider real current issues related to adolescents' development and growth when reviewing and restructuring the existing curriculum. Thus, such curriculum may be compatible for the younger generation. Similarly, counsellors need current information from studies and identify and devise suitable interventions for the 21<sup>st</sup> century adolescents. To the current adolescents, actions are faster than words, thus, their extra energy needs to be channelled accordingly. In this context counsellors might select suitable activities which motivate adrenalin rush and are challenging for the younger generation and help them develop the right self-efficacy, self esteem, and self confidence effectively. Perhaps these attributes may prevent them from deviating. Eventually policy makers will make a huge impact on the lives of adolescents by suggesting policies that will ensure the rights of adolescents to education and by funding appropriate programmes for youth sustainability and survivability. In sum, findings from this study may help every section of the society to play their positive roles in ensuring that Malaysian adolescents are progressing positively and not digressing in any manner.

## **Recommendations for Future Research**

Future studies may focus on other issues related to adolescents. Fewer studies in Malaysia have focus on adolescents' career paths and impact of substance abuse on future lives of adolescents, and the impact of "feminine curriculum" on boys or the impact of "masculine curriculum" for girls. Perhaps these areas of studies may be ventured in the future by other researchers.

## **Limitations**

While this study has brought highlighted that the teenagers opted not to discuss sex and reproductive health issues despite promoting positive opinions that it did not really a problem to discuss the issues with their parents, there are limitations. First, as this study utilized cross-sectional design, inferences about causality cannot be explained. Secondly, this study examined the views of the teenagers only and thus, parents' opinion about the issues might be disregarded. Finally, this quantitative study provides a general view and did not look into the length and depth of discussions on difficulty in the means to deliver sexuality messages to adolescents.

Furthermore, other factors like parenting and family communication style were not considered as factors that impact sexuality communication. However, the topic under study has shed light on the views of the teenagers as well as constrictions to parent-teenagers communication about sexual and reproductive health matters.

## Conclusions

Majority of the adolescents, i.e. approximately 76% to 90% the respondents in this study claimed that they did not discuss sexual matters with their parents; hence they continue to lack information from parents which otherwise could have endowed them to discuss openly about their sexual and reproductive health needs. The adolescents' viewed that there was no problem to discuss about the sexual and reproductive health issues with their parents but still they were reluctant or did not discuss about it openly with them. The young people participated in this study were born in visual and technological era and most connected to social media. Hence, whether or not they communicate the issues with their parents probably is not that important to them as they can read them online from various websites. On parents' part, their limited access to sexuality information which could perpetuate beliefs, taboos and negative attitudes among themselves could hinder them from discussing sexual matters with adolescents. Parents might think that searching for relevant information related to sexual and reproductive health is not the main priority as they probably perceive that "the right time will come" as their children would be taught at school by science and religious education teachers. Given guidance on sex education principles, parents/caretakers could initiate or improve discussions about sexual matters with adolescents.

In sum, there is an immense need that modular-based programs are initiated by government particularly the Ministry of Women, Family and Community Malaysia in collaboration with the non-governmental organizations (NGO) to provide trainings to increase knowledge and skills of the parents and care providers with the 'challenging' tasks of providing adolescents sexual and reproductive health information with an open, friendly and non-threatening approaches to promote healthy sexual and reproductive lives.

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