

The copyright © of this thesis belongs to its rightful author and/or other copyright owner. Copies can be accessed and downloaded for non-commercial or learning purposes without any charge and permission. The thesis cannot be reproduced or quoted as a whole without the permission from its rightful owner. No alteration or changes in format is allowed without permission from its rightful owner.



**THE RELATIONSHIP BETWEEN FAMILY COMMUNICATION
AND MALAY TEENAGERS' PERCEPTION OF TEENAGE
PREGNANCY, SEXUALITY AND SEX EDUCATION**



FARAH NABILAH BINTI MOHAMMAD ANUAR

**MASTER OF ARTS (SOCIAL WORK)
UNIVERSITI UTARA MALAYSIA
2018**



Awang Had Salleh
Graduate School
of Arts And Sciences

Universiti Utara Malaysia

PERAKUAN KERJA TESIS / DISERTASI
(*Certification of thesis / dissertation*)

Kami, yang bertandatangan, memperakukan bahawa
(*We, the undersigned, certify that*)

FARAH NABILAH MOHAMMAD ANUAR

calon untuk Ijazah
(*candidate for the degree of*)

MASTER OF ARTS (SOCIAL WORK)

telah mengemukakan tesis / disertasi yang bertajuk:
(*has presented his/her thesis / dissertation of the following title*):

**"THE RELATIONSHIP BETWEEN FAMILY COMMUNICATION AND MALAY TEENAGERS'
PERCEPTION OF TEENAGE PREGNANCY, SEXUALITY AND SEX EDUCATION"**

seperti yang tercatat di muka surat tajuk dan kulit tesis / disertasi.
(*as it appears on the title page and front cover of the thesis / dissertation*).

Bahawa tesis/disertasi tersebut boleh diterima dari segi bentuk serta kandungan dan meliputi bidang ilmu dengan memuaskan, sebagaimana yang ditunjukkan oleh calon dalam ujian lisan yang diadakan pada : **21 Mac 2018**.

*That the said thesis/dissertation is acceptable in form and content and displays a satisfactory knowledge of the field of study as demonstrated by the candidate through an oral examination held on:
March 21, 2018.*

Pengerusi Viva:
(*Chairman for VIVA*)

Dr. Nadiyah Elias

Tandatangan
(*Signature*)

Pemeriksa Luar:
(*External Examiner*)

Assoc. Prof. Dr. Haris Abd Wahab

Tandatangan
(*Signature*)

Pemeriksa Dalam:
(*Internal Examiner*)

Dr. Zarina Mat Saad

Tandatangan
(*Signature*)

Nama Penyelia/Penyelia-penyaia: Dr. Azlin Hilma Hillaluddin
(*Name of Supervisor/Supervisors*)

Tandatangan
(*Signature*)

Nama Penyelia/Penyelia-penyaia: Dr. Chan Cheong Chong
(*Name of Supervisor/Supervisors*)

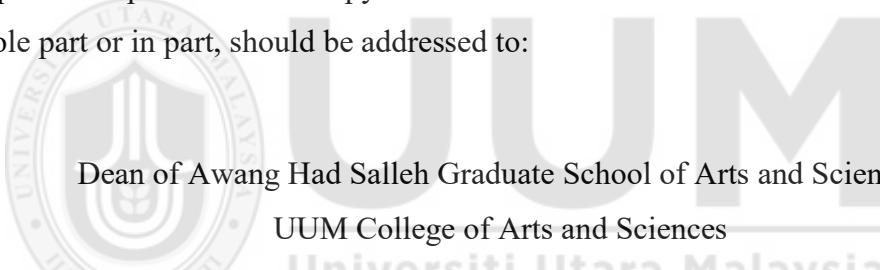
Tandatangan
(*Signature*)

Tarikh:
(*Date*) **March 21 2018**

Permission to Use

In presenting this thesis in fulfilment of the requirements for a postgraduate degree from Universiti Utara Malaysia, I agree that the Universiti Library may make it freely available for inspection. I further agree that permission for the copying of this thesis in any manner, in whole or in part, for scholarly purpose may be granted by my supervisor(s) or, in their absence, by the Dean of Awang Had Salleh Graduate School of Arts and Sciences. It is understood that any copying or publication or any use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to Universiti Utara Malaysia for any scholarly use which may be made of any material from my thesis.

Requests for permission to copy or to make other use of materials in this thesis, in whole part or in part, should be addressed to:



Dean of Awang Had Salleh Graduate School of Arts and Sciences

UUM College of Arts and Sciences

Universiti Utara Malaysia

06010 UUM Sintok

Abstrak

Masalah seksual di kalangan remaja telah menjadi salah satu isu utama yang dibahaskan di kalangan masyarakat Malaysia. Peningkatan bilangan remaja yang hamil sebelum berkahwin dianggap sebagai perkara yang memalukan bagi rakyat Malaysia. Kajian terdahulu mendapati bahawa komunikasi antara kanak-kanak dan ibu bapa boleh mempengaruhi persepsi remaja terhadap idea seksualiti. Sehubungan dengan itu, kajian ini dijalankan dalam kalangan remaja di Alor Setar, Kedah untuk mengkaji persepsi mereka terhadap seksualiti, kehamilan remaja dan komunikasi keluarga mereka mengenai seksualiti. Terdapat 132 peserta berbangsa Melayu telah dipilih untuk kajian ini yang berumur di antara 13 hingga 17 tahun. Secara khususnya, 82 orang dipilih daripada pelajar Sekolah Menengah St Michael, manakala 50 peserta yang lain dipilih daripada pelajar yang tinggal di rumah anak-anak yatim di Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR). Hasil kajian keseluruhan menunjukkan bahawa majoriti peserta mempunyai persepsi yang lebih konservatif berkaitan seksualiti serta kehamilan remaja, dan mempunyai komunikasi terbuka yang sederhana dengan keluarga mereka mengenai seksualiti. Analisis lanjut mendapati peserta anak yatim mempunyai persepsi yang lebih konservatif terhadap seksualiti dan kehamilan remaja jika dibandingkan dengan peserta yang bukan anak yatim. Hasil analisis keseluruhan juga menunjukkan bahawa komunikasi keluarga tidak mempunyai hubungan yang signifikan dengan persepsi seksualiti. Walaubagaimanapun, peserta sekolah harian yang mempunyai ibu bapa yang lebih terbuka untuk berkomunikasi mengenai isu seksualiti didapati mempunyai persepsi yang lebih konservatif mengenai seksualiti dan kehamilan remaja. Selain itu, didapati peserta perempuan mempunyai persepsi seksualiti dan kehamilan remaja yang lebih konservatif berbanding peserta lelaki. Perbincangan berpusat kepada kepentingan pengaruh ibu bapa dalam mempromosikan perkembangan remaja yang positif, terutamanya dalam mendapatkan pengetahuan seksual yang sesuai dan mengurangkan tingkah laku seksual yang berisiko di kalangan remaja. Kepentingan pendidikan seks di sekolah turut dibincangkan.

Kata Kunci: Seksualiti remaja, Komunikasi keluarga, Tingkah laku seksual

Abstract

Sexual problem among youths has become one of the major issues being debated amongst Malaysian society. The increasing number of teenagers who get pregnant before getting married is considered a disgrace by the Malaysian public. Previous studies have found that communication between children and their parents may affect teenagers' perception of the idea of sexuality. Therefore, this study was conducted among teenagers in Alor Setar, Kedah to examine their perception of sexuality, teenage pregnancy and their family communication regarding sexuality. There were 132 Malay participants selected for this study, with ages ranging from 13 to 17 years old. Specifically, 82 participants were selected from students attending Sekolah Menengah Kebangsaan St Michael, and 50 participants from students living in an orphanage at Rumah Anak-Anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR). Overall results show that majority of the participants had a conservative-inclined perception of sexuality as well as teenage pregnancy, and a moderate open communication with their family regarding sexuality. Further analysis reveals that the orphan participants presented with a more conservative perception of sexuality and teenage pregnancy when compared to the non-orphan participants. The overall result also shows that family communication does not have any significant relationship with perception of sexuality. However, daily school participants with parents who communicated more openly about sexuality issues will have a more conservative perception of sexuality and teenage pregnancy. In addition, girls were found to have a more conservative perception of both issues than boys. Discussion centres upon the importance of parental influence on promoting positive youth development, especially in obtaining appropriate sexual knowledge and reducing risky sexual behaviour among teenagers. The importance of sex education in school is also discussed.

Universiti Utara Malaysia

Keywords: Teenage sexuality, Family communication, Sexual behaviour

Acknowledgement

To begin with, I would like to thank both of my supervisors, Dr.Azlin Hilma binti Hillaluddin as well as co-supervisor Dr Chan Cheong Chong for their guidance throughout the completion of this thesis from 2014. Even though it is quite a long journey for me to complete this research but the experience that I gained were worthwhile and meaningful since I have met many people from different backgrounds. Furthermore, I would like to express my gratitude to all the teachers and students at Sekolah Menengah Kebangsaan St Michael for assisting me during the collection of data and highest gratitude to the principal, Mr Ooi Beng Huat AMK, BKM, PJK for giving me an opportunity to conduct my research at the school.

Other than that, I would like to thank all the staffs and also the students who stayed at Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR) for participating in my research. My highest gratitude to Dato' Haji Salim Abdul Hamid, the president for Pertubuhan Kebajikan Islam Malaysia (PERKIM) Kedah for giving me support and advise for my research whilst I was at DATAR. I am very grateful for being able to collect the data in a very short period following their full support and I am able to gather all the data with ease. And not to forget, my family members especially my husband, Mohd Shafiq Irsyaduddin bin Ismail, my father, Mohammad Anuar bin Ismail and my mother, Sabiroh binti Mohd Saad, for always being there for me when I really need a moral support to complete my research since I am also working full time. Last but not least, I really hope my research outcome will contribute to the researcher on sexuality subject in Malaysia and more particularly towards the improvement of existing sexuality education.

Table of Contents

Permission to use.....	ii
Abstrak.....	iii
Abstract.....	iv
Acknowledgement.....	v
Table of Contents.....	vi
List of Tables.....	x
List of Figures.....	xi
List of Abbreviations.....	xii

CHAPTER ONE : INTRODUCTION.....1

1.0 Introduction.....	1
1.1 Background of the Study.....	1
1.2 Statement of the Problem.....	2
1.3 Research Questions.....	5
1.4 Objectives of the Study.....	6
1.5 Hypotheses.....	6
1.6 Conceptual Framework.....	7
1.7 Significance of the Study.....	7
1.8 Conceptual and Operational Terms.....	8
1.8.1 Teenagers.....	8
1.8.2 Sexuality.....	9
1.8.3 Teenage Pregnancy	10
1.8.4 Pregnancy Prevention.....	11
1.8.5 Sex Education.....	12
1.8.6 Gender.....	13
1.8.7 Family Structure.....	13
1.8.8 Perception.....	14
1.9 Conclusion	14

CHAPTER TWO : LITERATURE REVIEW.....16

2.0 Introduction.....	16
2.1 Teenagers and Pregnancy	16

2.2 Knowledge on Sexuality and Pregnancy Prevention.....	22
2.3 Family Communication	27
2.3.1 Family Communication and Family Structure.....	31
2.4 Gender	32
2.5 Sex Education in School Curriculum.....	36
2.6 Conclusion.....	42
 CHAPTER THREE : RESEARCH METHODOLOGY.....	44
3.0 Introduction	44
3.1 Research Design.....	44
3.2 Location of Research.....	45
3.3 Sampling	46
3.4 Research Instruments.....	47
3.4.1 Part 1 Demographic Profile	48
3.4.2 Part 2 Perception of Teenage Pregnancy.....	48
3.4.3 Part 3 Perception of Sexuality.....	49
3.4.4 Part 4 Perception of Family Communication.....	50
3.4.5 Part 5 Sex Education.....	50
3.5 Validity and Reliability.....	51
3.5.1 Content Validity.....	52
3.6 Pilot Study.....	53
3.6.1 Pilot Test 1.....	54
3.6.2 Pilot Test 2	54
3.6.3 Pilot Test 3.....	55
3.7 Data Collection.....	57
3.8 Data Analysis.....	57
3.8.1 Descriptive Statistics.....	58
3.8.2 The Independent Sample t-Test.....	59
3.8.3 Correlation Analysis	59
3.9 Ethical and Legal Consideration.....	60
3.10 Conclusion.....	60

CHAPTER FOUR : RESULTS.....	61
4.0 Introduction.....	61
4.1 Demographic Profile	61
4.1.1 Gender.....	61
4.1.2 Institution.....	62
4.2 Teenage Pregnancy.....	62
4.2.1 Descriptive Statistics of Teenagers' Perception of Teenage Pregnancy.....	62
4.3 Sexuality.....	63
4.3.1 Descriptive Statistics of Youth's Perception of Sexuality.....	63
4.4 Family Communication	65
4.4.1 Descriptive Statistics of Family Communication	65
4.5 Correlation Analysis.....	66
4.5.1Correlations Analysis between Youth's Perception of Teenage Pregnancy and Family Communication	66
4.5.2Correlation between Youth's Perception of Sexuality and Family Communication	67
4.6 Independent Samples t-Test	67
4.6.1Independent Samples t-Test of Teenage Pregnancy and Gender....	67
4.6.2 Independent Samples t-Test of Sexuality and Gender.....	68
4.6.3 Independent Samples t-Test of Family Communication and Gender	69
4.7 Data Analyses for Sex Education.....	70
4.7.1 Question 1: What subject in school that teaches you about sexuality knowledge (reproduction, marriage, sexual activity and etc)..	70
4.7.2 Question 2: I am going to ask you about certain things that you may have learned or might be included in sex education programs in schools...	71
4.7.3 Question 3: What other topics regarding sexuality would you like to know and should be included in the school curriculum?	76
4.8 Summary of the Results.....	77
4.8.1 Descriptive Statistic Analysis.....	77
4.8.2 Correlation Analysis.....	78

4.8.3 Independent Samples t-Test.....	78
4.8.4 Summary of Research Hypotheses.....	78
4.8.5 Questionnaires on Sex Education Analysis.....	79
CHAPTER FIVE : DISCUSSION.....	80
5.0 Introduction.....	80
5.1 Discussion.....	80
5.1.1 Perception of Teenage Pregnancy, Sexuality and Family Communication.....	81
5.1.2 Perception of Family Communication regarding Sexuality and Teenage Pregnancy.....	83
5.1.3 Perception of Gender regarding Sexuality and Teenage Pregnancy	84
5.1.4 Current efforts of Teaching Sexuality in Schools.....	85
5.2 Implications to Social Work Practice and Policies related to Adolescents.....	87
5.3 Discussion about the Limitation of the Study.....	89
5.4 Recommendations for Future Research.....	90
5.5 Conclusion.....	92
REFERENCES.....	93
APPENDICES.....	105
Appendix A Survey Questionnaires in Malay Language Version.....	106
Appendix B Survey Questionnaires in English Language Version.....	118

List of Tables

Table 3.1	Total Score for Teenagers' Perception of Teenage Pregnancy	49
Table 3.2	Total Score for Teenagers' Perception of Sexuality.....	49
Table 3.3	Total Score for Teenagers' Perception of Family Communication.....	50
Table 3.4	The Items Removed in Pilot Test 3.....	56
Table 3.5	The Final Instrument.....	56
Table 4.1	Gender of Participants.....	61
Table 4.2	Participants of Each Schools.....	62
Table 4.3	Descriptive Statistics of Youth's Perception of Teenage Pregnancy	63
Table 4.4	Descriptive Statistics of Youth's Perception of Sexuality.....	64
Table 4.5	Descriptive Statistics of Family Communication.....	65
Table 4.6	Correlation between Teenage Pregnancy and Family Communication for Daily School Participants.....	66
Table 4.7	Correlation between Sexuality and Family Communication for Daily School Participants.....	67
Table 4.8	Independent Samples t-Test of Teenage Pregnancy and Gender....	68
Table 4.9	Independent Samples t-Test of Sexuality and Gender.....	69
Table 4.10	Independent Samples t-Test of Family Communication and Gender.....	70
Table 4.11	What subject in school that teaches you about sexuality knowledge (reproduction, marriage, sexual activity and etc)?.....	71
Table 4.12	Question: I am going to ask you about certain things that you may have learned or might be included in sex education programs in schools.....	75
Table 4.13	Question: What other topics regarding sexuality would you like to know and should be included in the school curriculum?.....	77
Table 4.14	Summary of the Hypotheses.....	79

List of Figures

Figure 1.1 Conceptual Framework.....	7
--------------------------------------	---



List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
DATAR	Darul Aitam Tunku Abdul Rahman
DV	Dependent Variables
FHE	Family Health Education
HIV	Human Immunodeficiency Virus
IV	Independent Variables
LPPKN	Lembaga Penduduk dan Pembangunan Keluarga Negara
LSU	Louisiana State University
MOE	Ministry of Education
NPFDB	National Population and Family Development Board
PAHO	Pan American Health Organisation
PEERS	Reproductive and Social Health Education
PERKID	Pertubuhan Kebajikan Darul Islah Malaysia
PERKIM	Pertubuhan Kebajikan Islam Malaysia
PPD	Pejabat Pendidikan Daerah
SMK	Sekolah Menengah Kebangsaan
SPSS	Statistical Package for the Social Science
STIs	Sexually Transmitted Infections
UKM	Universiti Kebangsaan Malaysia
UNFPA	United Nation Population Fund
UNICEF	United Nation Children's Fund
UPM	Universiti Putra Malaysia
US	United States
USM	Universiti Sains Malaysia
UUM	Universiti Utara Malaysia
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter begins with an introduction of the background of the study followed by the statement of the problem, research questions, hypotheses, and operational terms. This chapter also explains briefly the objective and significance of the study.

1.1 Background of the Study

Sexual problems have become one of the major issues experienced by young people in Malaysian. These problems are a common phenomenon that does not only occur in Malaysia, but also worldwide especially in developing countries (Mpanza, 2010). The proportion of 15-24 year-old youngsters has reached nearly 20 per cent of the total population in Malaysia, making adolescent health and well-being an important national agenda (Mokhtar, Rosenthal, Hocking & Satar, 2013). For instance, the increasing number of teenagers who get pregnant before marriage or out-of-wedlock is often perceived as a problem to society and has become a central theme to media and researchers (Kamrani, Syed Yahya, Ahmad & Hamzah, 2011). According to World Health Organization (WHO), teenage pregnancy involves young girls aged from 15 to 19 years old (WHO, 2014). In relation to this issue, teenage pregnancy is considered a social problem in many societies in the world (Bonell, 2004; Macleod, 2011). In Malaysia, people's perception of teenage pregnancy is often associated with teenage pregnancy due to the issue of baby dumping (Noordin, Zakaria, Mohamed Sawal, Hj Hussin & Ngah, 2012).

Furthermore, complication during pregnancy and childbirth has become the second cause of death of teenagers globally (WHO, 2014). Based on the statistics released by the Social Welfare Department, 100 cases of abandoned babies are recorded each year with an average of 83 illegitimate infants being born in Malaysia daily (Talib, Mamat, Ibrahim & Mohamad 2012; Low, 2009). What is worse is when babies who are dumped or abandoned may end up dead since the mothers or couples are now willing to kill the babies (Talib et al., 2012). In addition, according to Vasudevan (2013), sexual problems among youth could be attributed to the changes experienced by them during puberty because their emotions are not too stable at this stage and they can easily be influenced by anything they experience in their lives.

1.2 Statement of the Problem

In Malaysia, teenage pregnancy is reported to be on the rise each year based on the statistics released by the Ministry of Health's Teen Pregnancy Statistics Manual Report (Nik Abdul Rashid, 2014; Yee, 2010). The statistics released by the Department of Social Welfare Malaysia show that cases of pregnant unmarried young girls teenage pregnancy continue to rise each year (Noordin et al., 2012; Yee, 2010). In fact, 18,847 cases were reported in 2012 as compared to 18, 652 cases in 2011 (Nik Abdul Rashid, 2014).Therefore, this clearly shows that sexual problem among our youngster are getting serious. Many teenagers are pregnant despite the fact that they are still young and might not understand pregnancy and the consequences of being pregnant at ayoung age.

The research conducted by Low (2009) found that the youngest age of first sexual intercourse among the youths in Malaysia is 9-10 years old. Similarly, Hillaluddin and Mat Saad (2013) in their research on pregnant unmarried adolescents found that the youngest age of the first

sexual intercourse among their research participants was 11 years old. This raises questions whether young primary school girls understand the consequences of having sex.

However, despite the seriousness of pregnancy issues amongst our youngsters, information about reproductive and sexual health is still considered limited in our country as compared to other countries as reported in the research conducted by Sulaiman, Othman, Razali and Hassan (2013). Information about reproductive and sexual health is very important for teenagers to understand in order to prevent sexual problem at early stage.

Several past studies discussed this issue in more detail (AbRahman, Ibrahim, Salleh, Ismail & Ali, 2011; Low, 2009). The research conducted by AbRahman et al., (2011) was aimed at assessing knowledge about sexual and reproductive health amongst secondary school students in Kelantan. They found that the participants lacked knowledge regarding the important aspects of sexual and reproductive health. Thus, the researchers pointed out the need to strengthen sexual and reproductive health education in Malaysia and the outcome of this research is in line with the statement by Sulaiman, Othman, Razali and Hassan (2013) regarding the issue of limited information about reproductive and sexual health in Malaysia.

In order to enhance the knowledge of sexual and reproductive health, sexual education has been proposed to educate teenagers about the idea of sexuality. For instance, the Education Director-General, Tan Sri Dr Khair Mohamad Yusof, stated that an open and informed sexual education is important to be taught at school since the current content of the Reproductive and Social Health Education (PEERS)- sexual education- has not been updated and does not represent the teenagers of today (Aziz, 2016). Besides, due to the issue of the lack of knowledge about sexual and reproductive health among our young teenagers as mentioned in

previous research, there is a need to strengthen the sexual education programs in schools (AbRahman et al., (2011). Given the situation, the current research seeks to examine the existing contents of sexual education syllabus in schools based on adolescents' perception. Sexual education is very important to be taught to the young people in Malaysia as one of the ways to prevent the increasing number of unintended pregnancies amongst teenagers.

On February 1, 2015, the Minister of Women, Family and Community Development Dato' Sri Rohani Abdul Karim, made an announcement regarding the module of sexual education that will be implemented in 2016 in order to enhance the knowledge about sexual and reproductive health amongst young male teenagers aged 16 years old and above (The Star, 2015). This new module of sexual education is considered as the current effort by the government to educate young teenagers about sexual and reproductive health since no national sexual education has been implemented in the school curriculum. Teenagers' perception about topics or contents of the sexual education is incredibly crucial to identify the knowledge gap that exists and the information about sexuality that they require.

For this research, researcher also attempted to investigate the effect of family structure and the effect of gender on sexual and reproductive health since the research on these two topics are also minimal. A search on the topic of the influence of family structure on Malaysian teenagers' perception of sexuality, or pregnancy found very few published works on this matter (AbRahman et al., (2011). According to the research conducted by Kuate Defo and Tsala Dimbuene (2012), family structure has a significant impact on a youngster's sexual behaviour in which the degree of parent-child closeness or the levels of parental involvement can make the child adhere to socially acceptable behaviours. The researcher also revealed that the children who lived in two-parent families were found to have a lower risk of problematic

behaviours and lower rates of sexual debut as compared to the children who lived with the single parent (Kuate Defo & TsalaDimbuene, 2012).

Accordingly, it is also found that family structure is important to the development of sexual behaviour of the young teenagers. For this particular research, the effect of family structure is one of the important elements to be studied in more details because the participants who are involved in this study come from two different family structures – living with two-parent families and living with single-parent families. Therefore, this research sought to investigate the youth's perspectives of the topic of teenage pregnancy and sexuality, as well as to investigate the current educational efforts to teach sexuality to youths in schools, and the influence of family structure on youth perception of teenage pregnancy, sexuality and sex education. This is to address the scarcity of research on teenage pregnancy and sexuality (Sulaiman et al., 2013).

1.3 Research Questions

The main question that the research sought to examine was “What are teenagers’ perceptions of the issue of teenage pregnancy and the knowledge of sexuality?”

To be more specific, this research also sought to investigate;

- i. What are teenagers’ perceptions of the issue of teenage pregnancy, sexuality and family communication regarding sexuality?
- ii. Are teenagers’ perceptions of the issues of teenage pregnancy and sexuality related to family communication?
- iii. Do teenagers’ perceptions of the issues of teenage pregnancy and sexuality differ based on gender?

- iv. What are teenagers' perceptions of the current efforts by the school to teach sexuality to teenagers?

1.4 Objectives of the Study

Objectives of the research are as follows:

- i. To investigate teenagers' perceptions of the issue of teenage pregnancy, knowledge of sexuality and family communication regarding sexuality.
- ii. To investigate whether teenagers' perceptions of the issues of teenage pregnancy and sexuality are related to family communication.
- iii. To investigate whether teenagers' perceptions of the issues of teenage pregnancy and sexuality differ based on gender.
- iv. To explore the current efforts by the school to teach sexuality to teenagers.

1.5 Hypotheses

- i. Perception of teenage pregnancy differs based on family communication.
- ii. Perception of sexuality differs based on family communication.
- iii. Perception of teenage pregnancy differs based on gender.
- iv. Perception of sexuality differs based on gender.

1.6 Conceptual Framework

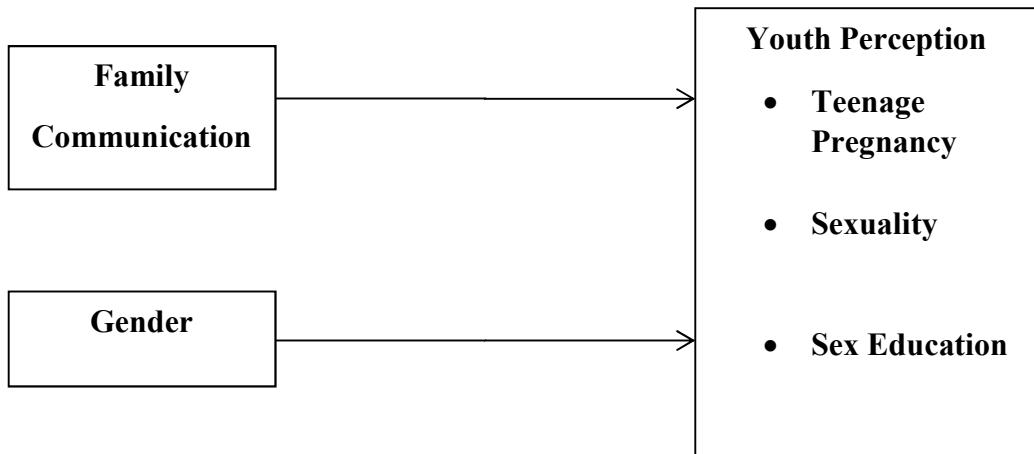


Figure 1.1 Conceptual Framework.

The above research framework was the main reference or guideline that was used by researchers to design the proposed research process. For this research, the Independent Variables (IV) are 'Family Communication' and 'Gender' whereas the Dependent Variables (DV) was youth perceptions of 'Teenage Pregnancy', 'Sexuality' and 'Sex Education'. Each concept is discussed further in Chapter two.

1.7 Significance of the Study

Primarily, it was expected that the research outcomes would provide new insight about the topic since the proposed research would specifically focus on teenagers' perceptions. Hence, the teenagers were given an opportunity to voice out their perceptions of the issue of teenage pregnancy, sexuality and sex education. Besides that, the research could also increase awareness about the issue of teenage pregnancy, sexuality and sex education among the teenagers. The teenagers' voices on the topics of sexual and reproductive health are very important especially to assist the policy makers for the implementation of new policies to prevent or to tackle the sexual problems in our country. The outcomes of this study would

also become a good reference for Sekolah Menengah Kebangsaan St Michael and Darul Aitam Tunku Abdul Rahman (DATAR) as well as give a picture about the perceptions that their students have when discussing about sexuality topics. From this research, it is also expected that the researcher could obtain important information regarding what the teenagers want to learn about sexuality topics. The knowledge gap that exists from the research findings could also help the teenagers to gain sufficient information regarding sexual education. Most importantly, the teenagers' perceptions of these two topics would also be useful for the Ministry of Education (MOE) to improve the current content of the sexual education syllabus and provide new insights about sexuality to the syllabus in the school curriculum.

1.8 Conceptual and Operational Terms

1.8.1 Teenagers

The term “teenagers” is defined as youths or adolescents interchangeably in the literature. In Malaysia, more than 5.5 million young people were recorded in 2010 and they were in the age group of 10 to 19 years old (Suan, Ismail & Ghazali, 2015). In the Western culture, youth is defined as a life phase that is commonly seen as socially significant and psychologically complex (Kehily, 2007). The term “youth” suggests a more social orientation, a concern for young people as a socially constituted group and an interest in the ways in which young people are positioned and defined within society (Kehily, 2007, p.13). Generally, “youth” tends to be seen as a problem or often associated with negative images (Roche, Tucker, Thomson & Flynn, 2004).

According to the World Health Organization (2011), youth is defined as young people aged between 10 to 24 years old. In the International Year of Youth in 2010, the number of young people represented one quarter of the world's population with 1822 million young people (10–24 years of age) recorded (World Health Organization, 2011). Besides, adolescents are often seen as not completely mature, irresponsible and undeserving of full respect as adults until a much later age (Brown, Larson and Saraswathi, 2002). Young people or teenagers, in this study, refer to secondary school students aged between 13 and 17 years old from SMK St Michael Alor Setar and Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR).

1.8.2 Sexuality

The word sexuality offers a broad definition. According to Ilkkaracan and Jolly (2007), sexuality is commonly connected with the word sex, sexual orientation, gender identity and role, reproduction, eroticism, pleasure and intimacy. Other than that, the word sexuality is also associated with the *culture* in which sexuality represents culture's religion, attitudes, taboos and experience (Harper & Proctor, 2008; Ilkkaracan& Jolly, 2007). According to the social constructionist theory, sexuality is socially constructed, that is, shaped, controlled and subject to social, economic and political developments and circumstances (Roche, Tucker, Thomson & Flynn, 2004). Based on the definition provided by social constructionists, sexuality is influenced by society as well as the development experienced by society.

The word sexuality was defined differently in the past. According to Harper and Proctor (2008) the cultural definition of Sexuality is changing across time. Historically, French philosopher Michael Foucault has had a profound impact on the study of sexuality since the 1980s (Rahman & Jackson, 2010). Foucault argued that the history of sexuality requires an

understanding of how various types of knowledge have come to dominate our ways of thinking about human gender and sexuality (Rahman & Jackson, 2010). During Foucault's time, sexuality was still considered as a private matter and should not be discussed publicly.

In the twenty-first century, on the other hand, the media and the Internet serve new vehicles for sexual experience and thus, sexuality has become more public (Herdt & Howe, 2007). Nowadays, people can access about sexuality matter in the Internet and sexuality is no longer considered as a private matter. The definition of sexuality expands when sexuality is not only associated with sex but also gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (Herdt & Howe, 2007).

Sexuality for young people appears increasingly complex and is difficult to control in our society nowadays since many sexual problems involve our young people (Roche, Tucker, Thomson & Flynn, 2004). For this research, the definition of sexuality provided by Herdt and Howe (2007) seemed to be the most relevant since the definition describes the current society.

1.8.3 Teenage pregnancy

A topic of greater interest to our young teenagers as well as to the society in Malaysia is teenage pregnancy. Teenage pregnancy is a phenomenon that involves a female young teenager who becomes pregnant at the age of 19 years or even younger (Suan, Ismail & Ghazali, 2015). In the research conducted by Quinlivan and Condon (2005), pregnant women aged less than 20 years old were defined as teenage mother.

In the research conducted by Macleod (2003), teenage pregnancy is an obstruction in a girl's journey to adulthood in which her physical is already in adult shape whereas her psychological mind may not be that of an adult. According to the research, teenage pregnancy is associated with young girls who are on the road of becoming adults; however, they have become pregnant before they become adults. The studies on teenage pregnancy usually focused on the mother rather than the father (Quinlivan & Condon, 2005). The top five countries with the highest recorded number of teenage pregnancies include three Muslim-majority countries which are Bangladesh, Indonesia and Pakistan (Hutchinson & O'Leary, 2016). In fact, according to the research conducted by Suan, Ismail and Ghazali (2015), an increasing number of teenagers have become pregnant in recent decades.

1.8.4 Pregnancy prevention

There is a connection between sexuality and pregnancy in our culture. According to the World Health Organization (2004), pregnancy prevention is considered as one of the most important health-care issue in twenty-first century. In fact, one of the sources for the fear of pregnancy has been associated with unwed motherhood (Lips, 2005). "Unwed mothers" usually would refer to youngsters who become pregnant before marriage.

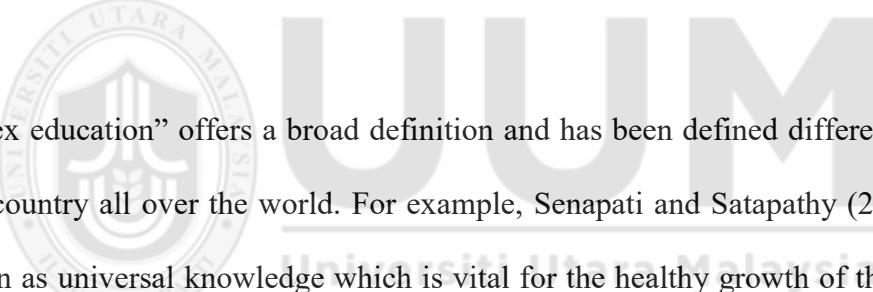
Despite the availability of effective methods of birth control, it seemed that not all sexually active adolescents use them consistently (Lips, 2015). Without pregnancy prevention, there are some negative consequences of unintended pregnancy among teenagers such as increased levels of morbidity and mortality, sexually transmitted infections (STIs) and unsafe abortions (World Health Organization, 2004). Pregnancy prevention is one of the important ways to reduce or minimise sexual problem among our young teenagers. Therefore, teenagers are

required to have a sound knowledge of pregnancy prevention especially regarding contraception methods.

1.8.5 Sex Education

There is an increasing concern for young people today to learn about sexuality through sex learning or sex education. Historically, sex education was introduced in the United States with the aim of resolving the problems of venereal diseases, prostitution and sexual degeneracy as well as changing adolescent's sexual attitudes and behaviour (Macleod, 2011).

Sex education is not a new concept for the Western world (Senapati & Satapathy, 2007). Therefore, sex education is introduced to teach young people about proper sexual morality, attitudes and behaviour.



The term “sex education” offers a broad definition and has been defined differently in every culture and country all over the world. For example, Senapati and Satapathy (2007) defined sex education as universal knowledge which is vital for the healthy growth of the society. In Malaysia, on the other hand, the researchers defined “sex education” as the education that covers all aspects of sexuality and also includes information about reproduction (Jaafar & Lee, 2008).

Roche et al. (2004) stated that sex education is traditionally secondary to all other forms of education inside and outside schools. Many young people learn about sex outside of school, and frequently outside of family as well as talking with friends and finding sexually explicit materials from the media (Roche et al, 2004). In Chapter 2, many arguments were raised regarding the implementation of sexual education in our school curriculum in Malaysia. For

this research, the definition of sexual education provided by Jaafar and Lee (2008) was relevant.

1.8.6 Gender

According to the World Health Organization (WHO) (2015), “gender” is a term constructed by society regarding the appropriate roles, behaviours and attributes for males and females. Another definition of gender that originates from the sociological perspectives is “the social division between men and women; masculinity and femininity are thus understood as social attributes rather than natural ones” (Rahman & Jackson, 2010, p.18). Gender is also considered as a critical concept where gender is understood as a matter of culture rather than as a simple matter of biology (Rahman & Jackson, 2010). The definition of gender is broad and is often associated with the society which, Dutta (2013, p.5) defined as those social, cultural, and psychological traits linked to males and females through particular social contexts. For this research, gender focussed on the differences between young males’ and females’ perceptions specifically of the issue of teenage pregnancy and sexuality.

1.8.7 Family structure

Based on the understanding of sociology of family, family is the premier institution for the socialization of children and adult intimate relationship (Hammond, 2010). According to the research conducted by Hammond (2010), family structure that existed a century ago was not nearly as common as today. Many of the studies that focussed on family structure often included some measure of family structure as two-parents, blended, single-parent, etc (Weiger, 2008). For this research, family structure would refer to the living arrangement of

the teenagers in which some of the respondents lived with two-parent' families and some of them lived with single-parent families.

1.8.8 Perception

The term “perception” offers broad definition. From psychological perspective, perception can be defined as the selection, organization and interpretation of sensory input in which perception involves organizing and translating sensory input into something meaningful (Weiten, 2015). From sociological perspective, on the other hand, the definition of perception is related to “social perception”. According to Teiford (2008), social perception is the process in which we use available information to form impressions of other people and to access what they are like. Social perception is also the way in which we make sense of our social world (Rosenberg, 2015). Summarily, perception is how humans interpret the things that they see in their social world and how they form impressions and attitudes about other people. Perception is also inherently subjective and always a matter of interpretation (Weiten, 2013). For this particular research, the researcher intended to investigate the way teenagers interpret social situations especially on the research topics of teenage pregnancy, sexuality and sex education. Social perception is very important to teenagers since their perception will impact their behaviour. Therefore, it is important to measure the teenagers’ perception on the research topic to understand how they perceive the issues.

1.9 Conclusion

Summarily, Chapter 1 provided the important elements for this research which were guidelines to the researchers. For the background of the study and statement of the problem, the researcher explained the overview of this research and the issue that exists regarding the

main topic of teenage pregnancy and sexuality. The objectives and significances of the study, showed the main concern or aim of this research and the reason for this research. The hypotheses of this research demonstrated the expected outcomes of the researcher. Then, the research framework illustrated the Independent and Dependent Variables. The conceptual and operational terms that provided the explanation about all the definition and terms used throughout this research were included.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This part of paper presents an overview of the research concepts, past studies that are related to the research topic and also the concepts that become the framework for the whole research, namely teenage pregnancy and sexuality. At the end of this chapter, a summary for the literature review as well as the research framework is presented.

2.1 Teenagers and Pregnancy

To begin, the term ‘adolescence’ can be best defined as a period of transition from the dependence of childhood to adulthood’s independence and an awareness of our interdependence as members of a community (United Nations Educational, Scientific and Cultural Organization, 2014). Besides that, adolescence is a period of torturous self-consciousness characterised by awakening sexual drives and rapid growth of the body (Ryckman, 2004, p.183). During this period of transition, teenagers could get involved in social problems related to sex since most of them would have reached the age of puberty (Coutinho, Favas & Duarte, 2015).

Other than that, adolescence has been defined in more detail in psychological studies. The first example is Jean Piaget (1896-1980), a Swiss Scientist that proposed the four major periods or stages of cognitive development to explain the transition period from childhood to adolescence (Bjorklund, 2012; Leman, Bremner, Parke & Gauvain, 2012; Shaffer & Kipp, 2014). For this particular research, the most relevant stage of cognitive development was

formal operations which take place at the age of 11 to 12 years and beyond, making this the final stage of cognitive development (Shaffer & Kipp, 2014).

However, according to Kail and Cavanaugh (2011), the ages listed (11 to 12 years and beyond) are only approximate since some teenagers move through the periods more rapidly than other children do. In fact, the stages cannot be skipped and children have to go through the first three stages in sequence before reaching the final stage of cognitive development—formal operations. Formal operation is the cognitive development stage to explain the experience of children before they become adolescents (Slater & Bremner, 2011). According to Piaget, at this stage, children are able to think more rationally and systematically about abstract concepts and hypothetical events. Furthermore, Piaget stated that formal operation thinkers now have the ability to solve problems using many possibilities and solutions (Crain, 2011; Leman, Bremner, Parke & Gauvain, 2012). In fact, at this stage, children seem to be able to think in increasingly more complex ways.

Ironically, not all formal operational thinkers will end up forming a stable identity because teenagers who fail at this stage will become more confused and display rebellious anger towards their parents or even towards the government (Bjorklund, 2012; Shaffer & Kipp, 2014). Therefore, this statement can explain the reasons for teenagers having difficulty to communicate with their parents especially regarding sexual matters which result in them displaying rebellious anger towards their parents. This is since they are probably getting confused with all the information they have from other sources. Research by Leman, Bremner, Parke and Gauvain (2012) found that not all formal operational thinking is typically used by adults in daily life. In fact, some people do not even think critically and consider all the possibilities before making decisions or solving problems. Summarily, during the final

stage of cognitive development as introduced by Piaget, children are expected to be able to think more rationally and systematically, as well as be able to consider all the possibilities during decision-making or problem-solving when they are adolescents.

Other than Piaget's theory of cognitive development is Erikson's Psychoanalytic Ego Psychology introduced by Eri Homburger Erikson (1902-1994) (Ryckman, 2004; Schultz & Schultz, 2013). According to Erikson, there are eight stages of ego development to explain the role of ego in personality functioning (Ryckman, 2004). For this particular research, the fifth stage of ego development named "*Adolescence: Identity versus Role Confusion*" or "*Identity cohesion versus role confusion: The identity crisis*" was used to best explain the development of teenagers since the participants selected for this research were within 13 to 17 years old (Ryckman, 2004; Schultz & Schultz, 2013). According to Ryckman (2004), the fifth stage of ego development by Erikson usually occurs from age 13 through 19 years old in which identity crisis and a growing sense of self-identity are normative at this period. The research shows that teenagers at the age of 13 to 17 years old are experiencing identity crisis in developing their self-identity. This stage is very important because teenagers are trying to figure out the kind of persons they want to be in society.

Another research conducted by Schultz and Schultz (2013) defined adolescence as a stage at which we must resolve the crisis of basic ego identity. More specifically, the term "ego identity" is defined as the self- image formed during adolescence that integrates our ideas of what we are and what we want to be (Crain, 2011; Schultz& Schultz, 2013; 168). Referring to Erikson's ego development theory, teenagers who are able to meet or resolve the crisis of identity at this stage will be able to have healthy development. However, teenagers who are

still having identity crisis after this period is seen to exhibit a confusion of roles and could develop negative identity (Schultz & Schultz, 2013).

In summary, the fifth stage of the ego development theory by Erikson shows that teenagers will usually experience “identity crisis” when they are 13 to 19 years old. During this period, teenagers usually will have inner conflicts on what they want to be either to become good teenagers with a positive identity (for example; strong and confident) or bad teenagers with attitude problems (for example; involved in social problems like truancy, drug addiction, free sex and teenage pregnancy). During this period, parents (or family members) and members of society (teachers and neighbours) are considered as important agents in their lives and are responsible to assist them so that they can become good healthy developed teenagers.

In addition to psychological theories to describe the development of adolescents’ identity, according to Vasudevan (2013), the hormonal changes during puberty experienced by teenagers may also cause them to face great conflicts between fulfilling their sexual desire and adhering to societal rules. Besides, teenagers are also described as “emotionally unstable with poor decision-making skills” (Ashford, Lecroy & Lortie, 2001). They often do something without thinking about the consequences of their actions. At this stage, teenagers often break many rules in society and may become more rebellious and aggressive. According to Kinsey’s research in the United States, the trend for premarital sex among youngsters began early in the decade following the First World War (Shamsul & Sukimi Fauzi, 2006). Another case study conducted at the Youth Rehabilitation Centre in Kuala Lumpur found that teenagers begin to be involved in sexually-related social problems as early as 12 years old (Vasudevan, 2013). Furthermore, any sex activity involving even young

married people is somehow often perceived as unacceptable in many societies (Smith & Kippax, 2005).

In Malaysia, one of the major social issues involving young teenagers is the issue of teenage pregnancy. In fact, the phenomenon of teenage pregnancy has also been considered as a major social problem in many countries around the world that need to be addressed and need to be avoided because of the undesired effects on the development of youth (Hoggart, 2012). For example, according to the United Nation Population Fund (UNFPA), the occurrence of teenage pregnancy has violated the rights of female teenagers and led to life-threatening consequences in terms of sexual and reproductive health (Loaiza & Liang, 2013). Historically, the term 'teenage pregnancy' was first identified in the early 1960s and the term only became popular in the United States in the 1970s when teenage pregnancy emerged as a social problem (Macleod, 2003; Phoenix, 1991). The term 'teenage pregnancy' is defined as a 'teenager or under aged girl (usually within the ages of 13-19) becoming pregnant' by the World Health Organisation (as cited in Hayward, 2011). Based on the definition, young girls have become the main focus when discussing the issue of teenage pregnancy rather than young boys.

Most of the studies on teenage pregnancy are frequently focused on young girls' conditions probably due to the fact that young girls are the ones who will be the most disadvantaged as a result of being mothers at a very young age. According to the research conducted by Saim, Dufaker, Eriksson and Ghazinour (2013) at the Malaysian Shelter Homes for unwed teenagers, some families are reluctant to contact the girls since they are perceived as wrongdoers by being pregnant. Female teenagers are usually stigmatised by society when they get pregnant before marriage. Other than that, Macleod (2003) stated that teenage

pregnancy is considered as an obstacle in a girl's journey to become an adult when she has to become a mother while she may not be psychologically and physiologically ready for that role. In fact, teenagers are twice more likely to die from pregnancy or childbirth complication than women who get pregnant in their 20s (A.Ghani, Abdullah, Syed Akil & Nordin, 2014). From the previous research, female teenagers are found to be most disadvantaged when it comes to the teenage pregnancy phenomenon.

There are also a few factors that contribute to the high occurrence of teenage pregnancy among teenagers in our country. According to the United Nations Children's Fund (UNICEF) Malaysia (2008), teenage pregnancy is associated with lower educational levels, higher rates of poverty of the family, negative adolescent sexual behaviour, peer pressure, incorrect use of contraception and sexual abuse in family. However, the most prevalent factor that contributes to risky sexual behaviour among our young teenagers is the lack of information about sexual and reproductive health (Low, 2009). A study by Siti Nor, Wong Fui-Ping, Rozumah, Mariani & Rumaya (2010) on the influence of gender, race, age and personal belief on adolescents' sexual knowledge found a relatively low level of sexual knowledge among the adolescents. The respondents for this research were school-age adolescents. Studies have suggested that teenagers with high levels of sexual knowledge have fewer tendencies to get involved in risky sexual behaviour or to practice unsafe sexual relationships (Ryan & Manlove, 2007). Besides, according to the United Nations Children's Fund (UNICEF, 2008), the society in Malaysia disapproves premarital marriage and this is the reason for our young teenagers having limited or no access to sexual and reproduction health information. Therefore, there is a need for researchers to investigate the level of knowledge among teenagers especially their knowledge of sexuality. The number of unintended pregnancy cases

in our country can be minimized or reduced more effectively when teenagers have sufficient knowledge of sexuality, sexual and reproductive health.

In the United States, for example, many studies have been conducted to tackle the issue of teenage pregnancy in the country because the US has continuously recorded the highest rate of teenage pregnancy cases among developed countries in the world (Smith & Colman, 2012; United Nations Statistics Division, 2006). Even though Malaysia is not among the countries with the highest rate of teenage pregnancy, there is an immediate need for the government or other related bodies to reduce the increasing rate of teenage pregnancy.

2.2 Knowledge on Sexuality and Pregnancy Prevention

Different fields of study define the term “sexuality” differently. Sexuality is also a central aspect of being human through life (Foluso & Odu, 2010). The concept of sexuality or human sexuality is mostly based on the works of the famous American sexologist, Alfred Charles Kinsey. Human sexuality is not only related to a simple biological matter but also can be defined according to socio-cultural or historical constructs (Shamsul & Sukimi, 2006). In most of his studies, Kinsey often focused on the effects of human sexuality on the process of institutions (Vasudevan, 2013). The term “institution” as identified by Kinsey could refer to the family and school institutions. Meanwhile, the World Health Organization (WHO) has defined sexuality as the main aspect of being human that includes “sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment/love and reproduction” (Low, 2009, p.3). From the sociological perspective, sexuality is considered a social outcome that society needs to learn to achieve; the same way we do in our relationship with other people such as in love and friendship (Wilson, 2003).

The term ‘sexual behaviour’ is actually a synonym of the term ‘sexual activity’ as defined by the World Health Organisation (WHO) and the Pan American Health Organisation (PAHO) in which these two terms have been defined as behaviour that seeks eroticism (Ridner, Topp & Frost, 2007). Sexual activity is usually associated with pornographic viewing, masturbation, low level of religiosity, anti-social behaviour, history of abuse (such as smoking, alcohol and drugs) and risky behaviours (Awaluddin, Ahmad, Saleh, Aris & Kasim, 2015). In fact, young teenagers often engage in risky sexual behaviour without understanding the relationship between contraception and sexual intercourse and this situation can cause many negative outcomes to the development of youth (Macleod, 2003). Besides, according to Simbar, Tehrani and Hashemi (2005) more than half the world’s youths are starting to engage in sexual activity during their adolescent years

In addition, as stated earlier, low level religiosity also seems to have a great influence on social practice concerning sexuality (Awaluddin et al., 2015). In the Malaysian context, since a majority of Malaysians are Muslims, Islam, for instance, has guidance in dealing with changes in human sexuality (Abdulssalam, 2006). There are also a few chapters in the Quran such as al-Baqarah and al-‘Ahzab which contain many verses regarding the concept of gender as well as sexuality (Abdulssalam, 2006). For Muslims, the Quran is the main guideline in life and they would refer to the Quran to learn about human sexuality. Premarital sex is absolutely forbidden in Islam and the person who commits the offence of ‘zina’ (sexual intercourse without being validly married to each other) could be punished (A.Ghani et al., 2014).; Wong, 2012). In Malaysia, the social stigma attached to premarital sex may be very strong among our young teenagers and this stigma may have unfortunately contributed to teenagers abandoning or even killing their illegitimate newborns since the teenagers fear the punishment for the offence of ‘zina’ (Wong, 2012). Furthermore, social stigma has a great

influence on a teenager's life and may eventually contribute to the increasing number of baby dumping cases in our country. When there is a social stigma attached to premarital sex, teenagers are more likely to feel ashamed and guilty for their wrongdoings. Thus, they could result in hiding their wrongdoings (refer to unintended pregnancy) from society including killing their illegitimate newborns.

Ironically, not many teenagers would refer to the Quran. A research conducted by the National Population and Family Development Board (NPFDB), for example, revealed an alarming result whereby 80 per cent of Malaysian teenagers aged 13 to 18 have been exposed to pornographic materials such as magazines and videos in their teenage years (Vasudevan, 2013). Noordin et al., (2012) suggested that young people may not think of the consequences of having unsafe sexual relations because they are easily influenced by pornographic materials. In fact, the exposure to sexually explicit material among young teenagers is reported to be on the rise (Flood, 2007). Therefore, the arguments presented by Flood (2007), Noordin et al. (2012) and Vasudevan (2013) would explain the reason for young teenagers getting involved in various sexual problems such as premarital sexual intercourse and unwanted pregnancies since they may not think about the consequences of their actions.

The high rate of teenage pregnancy may be due to the lack of understanding about pregnancy prevention. According to the Youth Sexuality Survey, 90 % (46 cases) of female school students admitted not taking any contraceptive measures when they had sexual intercourse (Low, 2009). The survey also found that 70 % of male school students did not take any contraceptives before they had sexual intercourse (Low, 2009). Similarly, a study by Hillaluddin, Mat Saad & Marzuki (2013) found that more than 70 % of pregnant girls in their

study did not use any contraceptive methods when having sex. They also found that half of their participants tried abortion when they discovered they were pregnant.

Thus, it is not surprising to see the rising rate of teenage pregnancy in our country as most teenagers who are involved in sexual activities are not taking any precautions before involving in sex. Another example is a cross-sectional survey on the risk and protective factors of premarital sexual behaviour among rural female adolescents in Peninsular Malaysia where the findings show that sexual activities among Malaysian adolescents have increased in the past two decades as a result of significant societal changes (Ahmadian, Hanina, Hamsan, Abdullah & Samah, 2014). Therefore, there is a need for educational intervention to provide sufficient information about pregnancy prevention to young teenagers especially through pregnancy prevention programs in schools.

The pregnancy prevention programs are evidently effective in helping young teenagers to become more responsible in sexual activities, delaying the initiation of sexual intercourse, reducing the incidence of unplanned pregnancies and increasing the effective use of contraceptives (Schinke, 2008). Besides that, Ahmadian et al. (2014) stated that youngsters with a less conservative attitude are more likely to be sexually experienced than those who have a conservative attitude. Teenagers with conservative attitude are less likelihood to be involved or engaging in any sexual activities because they are well-informed regarding sex matters. The World Health Organisation (WHO) (2004) also suggested that having good knowledge about the effective use of contraceptive measures will increase the likelihood of sexually active teenagers using them. The problem of unplanned or unwanted pregnancy usually happens among sexually-active teenagers who do not have sufficient knowledge on

the use of contraceptives. Therefore, if the teenagers are provided with sufficient knowledge on pregnancy prevention, the incidence of unplanned or unwanted pregnancy can be reduced.

As compared to America and other Western countries, sexuality and pregnancy prevention education considered as taboo subject matter to be taught in Malaysian schools because many parties (especially parents) may argue that this education could encourage their children to have sexual intercourse at an early age (Jaafar & Lee, 2008). In Malaysia, pregnancy prevention among young teenagers encourages and focuses more on abstinence rather than teaching the youth the use of contraceptives. For example, based on the study conducted by Talib et al (2013), the main reason for the issue of illicit sex that leads to unintended pregnancy is the lack of information on the reproductive system and also on how to prevent from getting pregnant. Therefore, information regarding pregnancy prevention is very important to prevent unintended pregnancy among the youngsters.

The United Nations Children's Fund of Malaysia (UNICEF) (2009) suggested that teen pregnancy prevention programs should include the message about abstinence to encourage teenagers to think more wisely before engaging in any unsafe sexual activity. However, in a qualitative study, conducted by Khalaf, Low, Khoei and Ghorbani (2014), utilizing in-depth interviews with 15 professionals working in the field of sexuality and reproductive health, the researchers argued that relying solely on abstinence and avoidance of premarital sexual contact is insufficient because it will exclude young people who have already engaged in premarital sexual relationships. Accordingly, young people who have already engaged in premarital sex are often neglected since sex education is considered as a taboo subject in Malaysia.

2.3 Family Communication

In Malaysia, although sex education is not taught formally in schools as yet, it may be received informally elsewhere such as in the form of conversations with parents, friends, and religious leaders (Jaafar & Lee, 2008). This is because the family or more specifically parents are also one of the common sources of information whom teenagers will more likely refer to when they have questions about sex or sexuality (AbRahman et al., 2011) and family has considerable influence on their children's sexual pathways (Mpanza 2010). Furthermore, family also plays an important role in the development of identity, positive self-image, social competence, life satisfaction as well as psychological well-being of the teenagers (Alavi, Neri, Ibrahim, Akhir & Mohamed, 2010). Based on the findings of a cross-sectional survey on the risk and protective factors of premarital sexual behavior among rural female adolescents in Peninsular Malaysia, sexual attitudes and behaviours among teenagers are learned from their parents, friends, school and the community (Wel, Bogt & Raaijmakers (2002); Ahmadian et al., 2014). Following that, parents have an important role to educate their children about sexuality matter since they have more influence in their children's life. In fact, parents should know well about their own children than any other person.

Several past studies have investigated the effect of family or trusted adults on youth's perception of the topic of sexuality. Research conducted by Omar, Mustaffa and Nordin (2007) involving teenagers in a Malaysian boarding school found that family communication is important in shaping adolescents' attitudes. There are a few aspects that may influence the effectiveness of communication between parents and the children such as the intimacy of family members (especially between the children and their parents), the degree of individuality within the family (especially regarding how much conversation the children have with their parents) and also factors external to the family unit (especially friends, work

and other concerns of the family unit) (Omar, Mustaffa & Nordin, 2007). In fact, it was also found that insufficient social guidance provided by the parents might lead them to various uncontrolled social problems (Alavi et al., 2010).

In relation to this, family communication may also contribute to curb teenage out-of-wedlock pregnancy as well as prevent it from worsening into a chronic social issue. For example, a study conducted by a group of researchers from Universiti Kebangsaan Malaysia (UKM) utilized a survey study of 50 respondents from two adolescent shelter homes in Malaysia, namely Raudhatus Sakinah and, Pertubuhan Kebajikan Darul Islah Malaysia (PERKID). The results showed that the family is found to be more effective in curbing this social ill if education begins early at home (Hamjah, Rasit, Samuri, Sham & Ismail, 2014). From the research, it was found that, family involvement in communicating sexual matters with the children is very important since parents spend more time with the children at home as compared to teachers at school. Teachers have larger number of students at school to focus on and it is difficult to ensure that each of the children will have good understanding about sexuality matters when the subjects are being taught in the class. Therefore, teachers may not be fully responsible for educating children about sexual knowledge since parents' involvement is more crucial for the positive development of children.

The same study by Hamjah et al. (2014), found that the absence of closeness or the poor relationship between adolescents and parents could cause adolescents not to refer or share problems with the parents. In fact, parents who are too preoccupied with work cause adolescents to feel neglected and thus, by being too busy parents are forced to trust adolescents in their activities outside home without realizing that the freedom given endangers the welfare of the adolescents and exposes them to the social ill of free mixing that

is unmonitored by parents (Hamjah et al, 2014). Thus, parents should spend more time with the children so that their children can communicate well with them and at the same time allow them to protect their children from the impacts of negative moral issues (especially premarital sexual activity and unsafe sex practices).

Other than that, teenagers are found to be more expressive and responsive to the persons who have positive attitudes and are easy to communicate (Urry, Nelson & Padilla-Walker, 2011). A study conducted by Omar, Mustaffa and Nordin (2015) also revealed that open communication and close parent-adolescent relationships will reduce children's delinquent behaviours. On the other hand, a study using Canadian statistics data, suggested that significantly high proportions of boys who had poor relationships with their parents were more likely to have sex at very young age (i.e. 15 years) (Community Action, 2005). In line with that, a study conducted by Hamjah et al. (2001) found that parents need to be good examples to their children. Good examples by the parents need to be demonstrated in the moral education of their children. This matter was also emphasized in a study by Abd. Razak and Nik Hussain (2007) regarding the method of educating children by parents behaving as exemplary role models. From these previous studies, it is found that adult or parental attitude and the relationship between children and their parents could also have a significant influence on teenagers' sexual behaviour. This is important because the character and personality of children in the future depends very much on moral education by parents at home (Hamjah et al., 2014). Other than parental attitude, the findings from the research conducted by Omar, Mustaffa and Nordin (2007) demonstrated that the Islamic approach in the family communication process could enhance relationships among family members. For this research, all the participants were Muslims and thus the Islamic approach was seen to enhance the effectiveness of communication between the children and parents.

Acknowledging the impact of parental communication is essential in understanding adolescents' positive development, since not all parents are prepared to respond to this need satisfactorily (AbRahman et al., 2011). In fact, adolescents who report a sense of connection to parents and family are more likely to delay having sexual intercourse (Mpanza, 2010). However, most parents may not be able to discuss sex-related topics with their children (Siti Nor et al, 2010). For example, a study by researchers from Universiti Putra Malaysia (UPM) showed that even though more than 90% of Malaysian girls said they found it easy talking to their mothers, almost half never discussed sex with them (AbRahman et al., 2011). From the previous research, it clearly shows that some parents may assume that their children are unlikely to engage in sexual relationships while some may also fear that knowledge of sex will encourage their children to participate in premarital sexual relations (AbRahman et al., 2011). This argument is in line with the argument presented by Khalaf et al. (2014) who reported that Malaysian parents lack awareness of their children's sexual behaviours which could be due to the assumption that their children are not involved in any sexual activities.

To ensure that parents are well prepared to become 'sex educators' at home, parents should be equipped with sufficient knowledge on sexual and reproductive health so that teenagers would not rely on other sources without proper guidance. For example, Mathtech, Inc. implemented a model programme to assist parents in educating their preschool to adolescent children about sex. In the programme, several areas were highlighted where parents needed help such as the aspects of feelings about sexuality, attitudes and values, and communication skills (Abdullah et al, 2014). Other than that, a research conducted by Nordin, Wahab and Yunus (2012) also reveals that extension programs need a broad perspective, including strategies that develop family strengths and enhance parenting skills, and provide information about reproduction and contraceptive service in order to respond to the young unwed

pregnancy issue. Overall, it is very plausible that parents' and teachers' influences could have promoted positive youth development especially in obtaining appropriate sexual knowledge and reducing risky sexual behaviour among teenagers.

2.3.1 Family Communication and Family Structure

Furthermore, there are also a few studies that demonstrate the effect of family arrangement or structure on youth's perception of sexuality. A study conducted by Stammers (2002), for example, highlighted that young people in the United Kingdom aged 14 to 17 years who lived in a two-parent family were less likely to have sexual intercourse than young people who lived in any other family arrangement. In contrast, young teenagers who came from single parent families were more likely to be involved in risky sexual behaviour. Similarly, Omar, Hasim, Muhammad, Jaafar and Hashim (2010) revealed in their study that teenagers who were raised by single parents were often associated with teenage pregnancy cases. A previous empirical study conducted by Kuate Defo and Tsala Dimbuene (2012) on the influence of family structure on the timing of first sex among unmarried young teenagers aged 12 to 24 years old in Cameroon, Africa, revealed that teenagers who lived in a two-parent family are less likely to have their first sex early as compared to teenagers who lived in a single-parent family. Based on the outcomes from previous research, family arrangement could also become one of the factors that contribute to the way teenagers perceive about sexuality matters. Teenagers who lived in two-parent families are more able to communicate well with their parents as compared to teenagers who live in single parent families.

In addition to the previous argument on the influence of family structure on youth perception of sexuality, teenagers who come from single-parent families as a result of parental death

may also be involved in negative outcomes such as risky sexual behaviour due to the experience of the traumatic and stressful event that had happened in their lives even though they were still young (Thurman et al., 2006). In fact, Kuate Defo and Tsala Dimbuene (2012) suggested that orphans may be vulnerable to have sexual intercourse during their teenage years since they lack close supervision (especially from their parents) as well as the lack of love and affection at home as compared to the teenagers who are living with their two parents. From the research, lack of attention and love from a father or mother figure in family may affect the teenagers' sexual behaviour. An empirical study conducted in Zimbabwe by Birdthistle, Floyda, Machingura, Mudziwapai, Gregsan and Glynn (2008) has added to the previous argument on the influence of family structure to youth's sexuality. They found that maternal and double orphans were found to initiate first sex at an earlier age. Therefore, based on the literature, there is a need to study Malaysian teenagers who are orphans and living in the orphanage. Therefore, the findings from previous literature are important specifically to investigate the effect of family structure on their perception of the teenage pregnancy issue and knowledge of sexuality and to compare their perception of teenagers who are non-orphans.

2.4 Gender

Other than the family, gender could also have a significant influence on youth's perception of the topic of teenage pregnancy and sexuality. To begin, 'gender' can be defined in two ways in which gender refers to the social differences, and relations between men and women which are learned among societies and cultures (AbRahman et al., 2011; Abdulssalam, 2006; Simbar, Tehrani & Hashemi, 2005). According to the World Health Organization (2015), 'gender' is a term that is socially constructed regarding the appropriate roles, behaviours and attributes for males and females. On the other hand, on the biological level, men and women

are distinguished by the presence of a Y-chromosome in the male cells and its absence in female cells (Sultana & Sohaimi, 2011). From the literature, the definition of gender as a social construct seems to be the most relevant for this research since the researcher wanted to investigate whether there is any difference on how female teenagers perceive about sexuality matters as compared to male teenagers. Few empirical studies conducted in our country as well as in other countries demonstrated the influence of gender on the way our young teenagers understand (AbRahman et al., 2011; Simbar, Tehrani & Hashemi, 2005).

In our country, a cross-sectional study conducted by a group of researchers from Universiti Sains Malaysia (USM) found females to have better knowledge about sexual health as compared to males (AbRahman et al., 2011). Males were found to be informative when it comes to the usage of condoms as a method of contraception. Similarly, a study conducted by Simbar, Tehrani and Hashemi (2005) on reproductive health knowledge, attitudes and practices of youth in the Islamic Republic of Iran found that female students were more informative as compared to male students when they were asked about contraceptives. Males, on the other hand, had better understanding when it came to knowledge of STIs/HIV/AIDS. These two researches show that female teenagers have better knowledge about sexual and reproductive health than male teenagers while both female and male teenagers were found to be well-informed about different aspects of sexual health information.

Besides, some may argue that female teenagers also need to enhance their sexual knowledge in order to prevent unintended pregnancy (A.Ghani et al., 2014). This is because the proportion of girls having sexual intercourse before marriage was higher in number in contrast to boys (Liu, Kilmarx, Jenkins, Manopaiboon & Mock, 2006). In most cases, girls became pregnant because they wanted to prove their love to their boyfriends while boys were

involved in sexual activities just to have fun (Abdullah et al, 2014). The research findings show that our female teenagers might have more information regarding sexuality and reproductive health. However, they are found to be lacking in awareness about the negative consequences on getting pregnant at a young age. Therefore, there is an urgent need to enhance the knowledge about pregnancy in sexual education among teenagers as well as to increase the awareness about the negative consequences of getting pregnant.

In Malaysian culture, there are also beliefs which teach females to dress appropriately and act responsibly (Jahanfar, Lye & Rampal, 2009). Besides that, some may argue that shyness is also a stereotype among Malay girls (Ahmadian et al., 2014). At the same time, in the Islamic context, females need to cover their hair and other parts of their body to limit sexual attraction (Abdulssalam, 2006). For example, in the Quran (24:31), it is stated “that they should not display their beauty and ornaments except what (must ordinarily) appear thereof,” (Abdulssalam, (2006). There are a few verses in the Quran that mention women because in most situation attention is normally directed to women due to their powerful sexual appeal (Abdulssalam, 2006).

Furthermore, research also found that unprotected sexual behaviour can cause a series of harmful physical, emotional and social outcomes, especially to girls compared to boys (Jejeebhoy & Bott, 2005). In fact, females are generally at a higher risk of sexual victimization compared with males in Malaysia (Choo, Dunne, Marret, Fleming & Wong, 2014). Even though sexual attitude, feeling, attractiveness and excitement are all natural to human beings, Islam promotes modest, humane, disciplined and contained sexual behaviour in both men and women (Abdulssalam, (2006). All the verses in the Quran emphasise the need to guard the sexual parts in order to prevent unlawful sexual relationship since Islam

lays severe equal punishment for adultery and fornication for both sexes (24:4) as Islam normalises and institutionalises the sexual drive in man and woman through marriage (Abdulssalam, 2006).

When dealing with teenage pregnancies, attention is often focused on girls disregarding boys, as if they do not experience unplanned fatherhood as being problematic (Mpanza, 2010). Accordingly, Lee, Chen, Lee and Kaur (2006) suggested there is a need to enhance knowledge among male teenagers too, since they are also prevalent in premarital sexual activity. Besides, in many Asian cultures, reproductive health decision-making is based upon male authority and power (Wong, 2012). Following that, Asian women are expected to understand the male dominant decision-making in sexual and reproductive health matter which puts women at a disadvantage. Ironically, these gender stereotypes of submissive females and powerful males have made it impossible for women to refuse unwanted or unprotected sex (Wong, 2012).

A review of the literature also shows that boys are more likely to be sexually experienced than girls in Malaysia. Based on the research conducted in selected schools in Penang Island which employed the convenience sampling technique, it was found that sexual activity was significantly associated to gender, with males being more sexually active compared to females (Sulaiman, Ahmadi & Anwar, 2010). In the meantime, Dato' Seri Rohani Abdul Karim from the Ministry of Women, Family and Community Development made an announcement in February 2015 about the module for sexual education that would be implemented in 2016 in order to enhance the knowledge about sexual and reproductive health among young male teenagers (Portal My Wanita, 2015). Therefore, it may be beneficial to teach men to reject the ideology of traditional masculinity for the benefit of both males and

females (Wong, 2012). Although youth perception of teenage pregnancy and sexuality is found to differ based on gender, there is a need for us to improve the knowledge on sexual and reproductive health among our young teenagers through sex education regardless of their gender so that we can minimize the negative effect of premarital sexual activity in our country.

2.5 Sex Education in the School Curriculum

In line with having sufficient knowledge on sexuality and pregnancy prevention, an effective and comprehensive sex education could reduce sexual risky behaviour among teenagers (Khalaf et al., 2014). After the family, school-based sex education programs are the main methods by which adolescents received information about sex-related issues or more specifically, sexual and reproductive health matters (Kirby, Short, Collins, Rugg, Kolbe & Howard, 1994). A study shows that the general aim of having school-based sex education is to provide youths with essential knowledge and skills for making informed decisions on preventing negative health outcomes (Mokhtar et al., 2013). In fact, clarification on sensitive issues via teachers seems easily attainable, and having sex education in school also provides an opportunity to disseminate information to a larger audience (Mokhtar et al., 2013). Thus, school-based sex education in schools could be one of the most effective methods in educating our youngsters. In this research, researcher also wanted to examine youth perception about the current sexual education topics and explore the topics that the teenagers wish to learn more in the future.

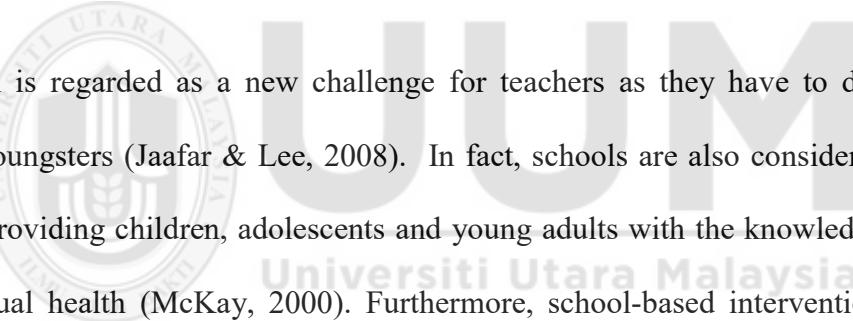
To begin, according to Jaafar and Lee (2008), “sex education” is defined as the education that covers all aspects of sexuality and also includes information about reproduction. Other than that, sex education could be defined as a process of providing information, skill and services

that enable people to adopt safe sexual behaviours and about developing young people's skills so that they could make informed choices and act on these choices (Foluso & Odu, 2010). Vasudevan (2013) proposed that sex education should start as soon as possible since sexual problems among teenagers are becoming more and more serious. In Malaysia, the school is seen as being important to provide sex education since most children and teenagers attend school (AbRahman et al., 2011). In this respect, the Ministry of Education (MOE) introduced sex education to school-going young teenagers through a structured program named Family Health Education (FHE) (Low, 2009). The elements of FHE taught in secondary schools through Physical and Health Education, Science, Additional Science, Biology, Moral and Islamic Education since 1989. The elements of FHE have also been introduced to primary schools through Physical and Health Education since 1994 (Low, 2009). Therefore, it appears that there have been attempts at introducing educational inputs regarding sexuality to children in schools. However, more specific subjects on sex education are still lacking. At this stage, the children are only being introduced to minimal introduction about sexuality matters.

In the Malaysian context, all the information regarding sexual and reproductive health has been introduced in the program known as Reproductive Health and Social Education (PEERS) starting from 2006 onwards (Curriculum Development Centre, 2011 in Mokhtar et al., 2013). Besides that, the Ministry of Education Malaysia has also proposed sex education in schools through Science, Biology and Islamic Studies subjects (Talib et al., 2012). Even though sex education has been taught through the subjects, for example, in the science subject, the scope of the topic is said to be limited because it only concerns the development of sex organs the reproduction system and the fertilization process (Talib et al., 2012). The knowledge about sexuality seem to focus more on the scientific views or more on theories on

how the human bodies work rather than introducing to the children about sexual activities and the effects.

A study conducted by Siti Nor et al (2010) demonstrated that a group of students recorded low scores on sexual knowledge based upon what they learned in school. The researchers indicated that the respondents need continuous exposure to related curriculum so that they can get sufficient information on sexual knowledge. Likewise, Siti Nor et al. (2010) added that sexuality is an on-going process that guides sexual health development. For that reason, it is important for schools to ensure the students will continuously get proper guidance and education to attain healthy sexual development.



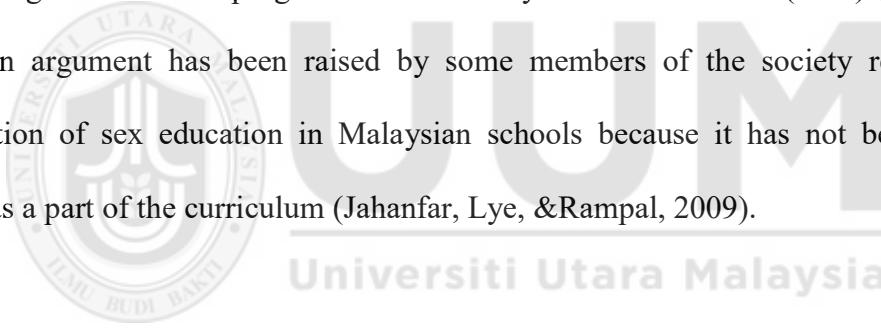
Sex education is regarded as a new challenge for teachers as they have to deal with the curiosity of youngsters (Jaafar & Lee, 2008). In fact, schools are also considered as a vital resource for providing children, adolescents and young adults with the knowledge and skills regarding sexual health (McKay, 2000). Furthermore, school-based interventions are well suited to educate youth about sexual activity since schools have the ability to reach a large number of young people in the school environment (Fonner, Armstrong, Kennedy, O'Reilly & Michael, 2014). Thus, teachers need to be well prepared to face unpredictable questions that may be asked by their students. This is because teenagers may become more curious about their sexuality and are more likely to struggle for an appropriate sexual identity (Allen, 2007). Teenagers nowadays are more curious than previous time since they are more exposed to many sources of information especially from the internet.

Another challenge is that the teaching of sexual education in schools is still debatable since the majority of the population in Malaysia are Muslims (Makol-Abdul, Nurullah, Imam &

Abd. Rahman, 2009). For example, according to Talib et al (2012), in Islamic studies the ustaz and ustazah (male and female religious teachers respectively) normally describe sex through the responsibilities of marriage among husbands and wives. Sex, in Islam, is against the concept of premarital marriage or adultery (or also known as zina in the Quran) because of the negative consequences to the family institution as well as to the individual's life (Sudan, 2015). Furthermore, the fulfilment of sexual needs in Islam must be within the lawful framework of marriage and in a responsible manner (Sudan, 2015). Islam does not prohibit sexual fulfilment but Islam only regulates human sexual behaviour. Since Islamic teaching is against the concept of premarital marriage or sexual activities outside marriage, many people would argue that Muslim teenagers are not getting appropriate information about sexual matters. The research by Sudan (2015) proposed that Muslim parents be encouraged to be more proactive and open in discussing about sexuality with their children at home so that their children will get proper guidance and appropriate information. Parents do play an important role in communicating and educating their children about sexuality matters at home since sexual education taught at home could be as equally effective as that taught in schools.

Sex education has been taught effectively in countries other than Malaysia. The most nearest example is our neighbouring country, Thailand. In a study conducted in Thailand, the school-based sexual health education program was effective in generating positive changes in sexual health knowledge and attitudes towards sexuality among junior high school students (Sommart & Sotta, 2013). Other than Thailand, countries like Spain and Nigeria have also implemented sex education in schools to reach young people. In Spain, for example, sex education was introduced by the public authorities in the 'Organic Law of Sexual Reproductive Health and Abortion' in which they were obliged to guarantee information and emotional-sexual education in the formal education system (Estivalis & Amat, 2014). The

programme promoted a vision of sexuality in terms of equality and responsibility, prevention of domestic violence, sexual assault and abuse, recognition and acceptance of sexual diversity, disease prevention and unwanted pregnancy (Estivalis & Amat, 2014). At the same time, sex education was promoted in Nigeria because they argued that young people are more likely to reach sexual maturity before they developed mental and emotional maturity, and they needed skills to deal with the consequences of their sexual activity (Foluso & Odu, 2010). Thus, sex education can protect them from the negative consequences of premarital sexual activities. In the study conducted in Nigeria, the researcher suggested that sex education should be included in the school curriculum in many states (Foluso & Odu, 2010). Similarly in Malaysia, sex education has been included in many subjects in the school syllabus through a structured program named Family Health Education (FHE) (Low, 2009). However, an argument has been raised by some members of the society regarding the implementation of sex education in Malaysian schools because it has not been formally introduced as a part of the curriculum (Jahanfar, Lye, & Rampal, 2009).



In Malaysia, many teachers may either feel embarrassed to discuss sexual matter openly or do not have the appropriate skills to teach subjects that are related to sexual education (Fisher et al., 2011; Low, 2009). The ineffectiveness of the teachers to teach sex education is also due to the lack of conviction or a sense of awkwardness among the teachers in teaching the topic (Talib et al., 2012). This is because sex is still considered as a sensitive topic or a taboo subject in our society, probably due to religious and cultural constraints (Low, 2006; Senderowitz, 1999). In fact, the ministers in the Ministry of Education, teachers, administrators, parents and religious groups stated that sex education should not be implemented since it would make the teenagers more sexually active and corrupt the minds of the teenagers and the children (Talib et al., 2012). In response to that matter, sexuality is

often regarded as a sinful subject and an inappropriate topic to discuss openly (Siti Nor et al., 2010). In Brunei Darussalam, sex education is not taught in any of the topics in the science syllabus at any level of education because it is said to be contrary to the teaching of Islam (Smith et al., 2003). The implementation of sexual education as a part of the school curriculum can be very difficult since sex is considered as sensitive topic in our society. Therefore, there is a need to implement sexual education that is more suitable to our society norm or tradition.

Other than that, the existing sex education in Malaysia only focuses on the concept of abstinence. An abstinence-only intervention promotes delaying sex until marriage and with less or no information provided about contraceptives (Fonner et al., 2014), whereas comprehensive sexual education provides information on abstinence as well as information on how to engage in safer sex and prevent pregnancies and sexually transmitted infections (STIs) (Fonner et al., 2014). From the examples given, a comprehensive sexual education seems to be more suitable to be implemented in the school syllabus so that the students can have better understanding of sex education. Therefore, this study was conducted to provide more information about youth's perceptions of the existing sexual education and to see whether there is a need for the Ministry of Education (MOE) to implement a more comprehensive, effective and formal sexual education in the school syllabus in our country.

In a study by Khalaf et al (2014) the respondents argued that the Ministry of Education would face some difficulties to train teachers because the existing school system had adapted a procedure that resisted change. In addition, the sex education curriculum in the Malaysian education system is also reported to be evolving relatively more slowly compared to the sex education curriculum in other countries (Jaafar & Lee, 2008). Therefore, research conducted

by Makol-Abdul, Nurullah, Imam and Abd Rahman (2009) suggested that sex education should be incorporated as a separate subject aside from the science subjects in schools. The suggestion seems to be relevant in our society nowadays because of the increasing sexual problem cases among our young teenagers. Besides that, when the sex education is taught as a separate subject in school, students will be able to understand sexual matters in more details and promote responsible sexual behavior (Makol-Abdul, Nurullah, Imam & Abd Rahman, 2009).

On the contrary, there are also concerns by parents that sex education might increase premarital sexual behaviours among children and adolescents (Khalaf et al., 2014). On the other hand, the lack of exposure in sex education is one of the main reasons for teenagers to involve in free sex activities (Alavi et al., 2010). For the current research, the researcher believed that it was important to investigate youths' perceptions of the current sex education to teach sexuality to our young teenagers so that the Malaysian education system may recommend some changes to the existing sex education. Besides, the researcher was also interested to investigate whether the current sex education was effective enough to provide sufficient information to children and young teenagers who are still attending school.

2.6 Conclusion

In summary, sexuality is related to puberty in which teenagers normally undergo physical, hormonal, emotional and psychological changes. Literature has also found that knowledge on sexuality contributes to teenager's behaviour regarding pregnancy whereby high knowledge will help teenagers to make healthy decisions regarding sexual behaviour especially in preventing pregnancy. Family communication is also essential in educating teenagers

regarding the issue of sexuality. In addition, a few researches found that family structure is related to family communication which, in turn, affects the timing of the initiation of sexual activities among teenagers.

Overall, it was important for the researcher to have a better understanding of the key concepts that would be used throughout the research. As presented in this chapter, the three important concepts that the researcher wishes to study are teenage pregnancy, sexuality and family communication. In addition, this research also focused on the effect of gender on the three concepts. The issue of sex education taught in school was also of interest to the researcher.



CHAPTER THREE

RESEARCH METHODS

3.0 Introduction

This chapter deals with an overview of the research design, sampling, data collection, pilot study, data analysis, and the ethical and legal considerations. At the end of this chapter, there is a summary of the research methodology process.

3.1 Research Design

For this particular research, the researcher follows positivism as a research paradigm. Positivism refers to value-free research to measure social phenomena, focusing on causality law-like generalisation and reducing phenomena to simplest elements (Wahyuni, 2012). Researches undertaken by positivists are usually conducted using quantitative research method (Wahyuni, 2012). In this research, the researcher attempts to investigate youth perception regarding sexual issues in Malaysia. Sexual issues among youth in our country have been considered as social phenomena that require attention from many parties.

The research design for this research is a quantitative survey design. The survey questions were prepared by the researcher in accordance with the purpose of this study. The survey was conducted using face-to-face delivery in which the researcher was present while the questionnaires were being completed by the participants (Gorard, 2003).

For this research, face-to-face delivery seemed efficient since this approach allows a wide response especially from those participants with a low level of literacy (Gorard, 2003). In addition, the researcher was also able to explain any difficult points if necessary. The questionnaires prepared for this study were mostly about teenagers' perception of sexuality. Since, for some people, sexuality can be too personal and a very sensitive topic to respond to,

utilizing Likert-scale questions on a 5-point scale (1-Strongly Disagree to 5-Strongly Agree) may possibly ease the respondents in responding to the questions (Creswell, 2014). At the same time, there were some open-ended questions so that respondents could provide more opinions on the research topic.

3.2 Location of Research

Two institutions were involved in this research, i.e., Sekolah Menengah Kebangsaan (SMK) St Michael and Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR) or also known as Rumah Anak-anak Yatim Darul Aitam Walmasakin. SMK St Michael is a secondary school located very near to the centre of Alor Setar. This school is a public school that is fully supported by the government and is open to all students to register (Portal Rasmi Sek Men Keb St Michael, 2015). Currently, the students come from a variety of backgrounds and socio-economic status.

The next institution was Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR), an orphanage managed by Pertubuhan Kebajikan Islam Malaysia (PERKIM) or the Muslim Welfare Organisation of Malaysia (Pertubuhan Kebajikan Islam Malaysia, 2015). In the 1990s, the institution was developed on the land owned by Al-Marhum Yang Teramat Mulia Tunku Abdul Rahman Putra Al-Haj and with his approval; the institution was established to help poor people especially the orphans. The institution was launched by the previous Prime Minister, Tun Dr. Mahathir Mohamad on January 23, 1994 (Pertubuhan Kebajikan Islam Malaysia, 2005). This orphanage is located very near SMK St Michael. All the orphans living in this orphanage come from poor families. The orphans selected may have started living in the orphanage from the young age of 9 years old. Most orphans were

“single orphans” in that they had lost only one parent. All of them studied in schools around Alor Setar.

3.3 Sampling

The purpose of sampling is to use a relatively small number of participants to find out about a much larger number of participants which is the population (Gorard, 2003). For this research, the types of sampling used were convenience sampling and cluster sampling. Convenience sampling was the first step utilized. It is defined as sampling those who are easy to locate such as friends, family, students or even classmates (Natalier, 2010). There are several reasons as to why these two institutions were selected for this study. First of all, after contacting several institutions, these two institutions expressed their interest in the researcher’s study and gave their consent to include their students as respondents. Therefore, this assisted the researcher in locating students from both institutions since the researcher had obtained the consent to include students as respondents for the researcher’s study.

The second step was utilizing cluster sampling. In cluster sampling, a cluster is defined as a group of population elements that constitutes the sampling unit; instead of a single element of the population (Ahmed, 2009). To be included as respondents in this study, the teenagers needed to fulfil the following inclusion criteria. The respondents must share similar characteristics such as similar age group, attending public school (thus, receiving the same educational training) and being Muslims. The main differences between the respondents from the two institutions were their family structure and living arrangements. It was the aim of this research to investigate whether family structure would make a difference in their knowledge and perception of teenage pregnancy, sexuality and sex education.

Besides that, the respondents were selected from SMK St Michael because the students who studied in that school came from a variety of lifestyles and family backgrounds. Moreover, students from this school ranged from those with disciplinary problems to excellent students. The respondents from Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR) were selected because the researcher wanted to investigate whether the youths who were orphans and lived away from their families would have different perceptions when asked about teenage pregnancy and sexuality compared to the youth who were living with both parents.

3.4 Research Instrument

Two types of questions were utilized; closed-ended and open-ended questions. Questions were divided into five sections namely, Section 1 (Demographic Information), Section 2 (Sexuality), Section 3 (Teenage Pregnancy), Section 4 (Family Communication) and Section 5 (Sex Education). Most of the questions in Section 1 to Section 4 were closed-ended questions. Section 5 (Sex Education) consisted of both closed-ended and open-ended questions. As mentioned earlier, questions provided for this research were rated on a 5-point Likert scale (1-Strongly Disagree to 5-Strongly Agree).

Questions for Section 2 (Sexuality) and Section 3 (Teenage Pregnancy) were developed and adapted from the Cleland (2001), Louisiana State University (LSU) School of Social Work (2014) and the National Institute of Health in the United States of America (2014) based on the surveys conducted for young people on the topic of teenage pregnancy and sexuality. Questions for Section 4 (Family Communication) were developed and adapted from Wiggins et al. (2015). The last part of the survey questions, Section 5 (Sex Education), was developed and adapted from Kennedy (2004), MRA (2005) and Khalaf et al. (2014). For Section 5, the

questions were developed and adapted from previous literature because the researcher wanted to figure out the topic on sexuality and reproductive health that the participants had already learned at school. The instruments were important since the participants in this research were able to provide their opinions about each of the topics listed in the questions as well as to find out the topic that the participants wanted to learn in the Sex Education syllabus for future purposes.

3.4.1 Part 1: Demographic Profile

The demographic profile consisted of four items which were, age, gender, the class/forms of the participants in school and with whom the participants lived

3.4.2 Part 2: Perception of Teenage Pregnancy

The teenage pregnancy section consisted of eight items on the issue of teenage pregnancy. The questions were mostly on how the participants perceived the idea of pregnancy at a very young age (as teenagers). All the questions were also rated using a 5-point Likert Scale.

The total scores of the teenagers' perception of teenage pregnancy ranged from 8 to 40 points. The scores are categorized in Table 3.1 below. The scores are categorized based on the following formula of calculation. There were eight questions in this section and five categories of opinion starting from "Strongly Disagree" (1 point) to "Strongly Agree" (5 points). The scores were also then divided into three categories namely "Liberal", "Moderate" and "Conservative".

Table 3.1

Total Score for Teenagers' Perception of Teenage Pregnancy

Overall Score	Perception
8 to 18	Liberal
19 to 29	Moderate
30 to 40	Conservative

3.4.3 Part 3: Perception of Sexuality

Questions on 'Sexuality' consisted of 13 items about perception as well as information about sexuality. The questionnaire portrayed the teenagers' perception of sexuality in their lives. Specifically, the questions are about the participants' perception regarding sexual activity. All of the questions were rated using the 5-point Likert Scale.

The total scores for teenagers' perception of sexuality ranged from 13 to 65 points. The scores are categorized in Table 3.2 below. The scores are categorized based on the following formula of calculation. There are 13 questions in this section and 5 categories of opinion starting from "Strongly Disagree" (1 point) to "Strongly Agree" (5 points). Thus, the total scores range from 13 to 65 points. (13) The scores were then divided into three categories namely "Liberal", "Moderate" and "Conservative".

Table 3.2

Total Score for Teenagers' Perception of Sexuality

Overall Scores	Perception
13 to 30	Liberal
31 to 48	Moderate
49 to 65	Conservative

3.4.4 Part 4: Perception of Family Communication

For the Family Communication part, there are 10 items about parents' involvement in sex education to demonstrate the level of communication between the participants and their parents when they had questions about sexuality. All the questions were rated using a 5-point Likert Scale.

The total scores for family communication ranged from 10 to 50 points. The scores are categorized as shown below. Three categories of perception were created namely “Liberal”, “Moderate” and “Conservative”.

Table 3.3

Total Score for Teenagers' Perception of Family Communication

Overall Score	Perception
10 – 23	Liberal
24 – 37	Moderate
38 – 50	Conservative

3.4.5 Part 5: Sex Education

In the last part of the survey questions, there are three sections. The first section consisted of open-ended questions regarding the school subjects that teach about sexuality (reproduction, marriage, sexual activity, and etc.). The participants were given three ‘blank spaces’ to write down their answers.

The second section was on the subjects that were related to sexuality that had been taught or never been taught at school. These were closed-ended questions as well as multiple choice

questions. The participants were given three options to choose from in every twelve questions. The questions were mainly about sex topics that would have the possibility of being taught in school.

The last section was on the topics that the participants wanted to include in the sex education syllabus in school. The questions were open-ended. The participants were to write down their points of view regarding the topics and the subject they thought would be appropriate to be taught or included in the school syllabus.

3.5 Validity and Reliability

The validity of the research is to “determine whether the research truly measures what it is intended to measure” (Joppe, 2000, p.1). Moreover, according to Joppe (2000), the reliability of the research is determined whether the results produced are consistent and at the same time able to represent the total population accurately.

For this research, the researcher attempted to establish validity by ensuring the questions asked during the survey were specifically on the issue of teenage pregnancy and knowledge on sexuality and not on any other unrelated topic or issue. In addition, the survey questions were developed and adapted from established questionnaires. For the reliability part, the researcher measured the reliability of the responses by using the ‘internal consistency reliability’ test. To be more specific, coefficient alpha was used to estimate the consistency of the scores from the items scored as continuous variables (e.g. strongly agree to strongly disagree) (Creswell, 2014). For this particular research, reliability was determined using the coefficient alpha value every time the pilot test was conducted. For example, when the values for coefficient alpha for the survey questions were obtained less than 0.07, the questions were

amended so that the reliability of the survey questions improved. Therefore, the researcher had to ensure the value for the coefficient alpha was more than 0.07 for every part of the questionnaire, which for this research, consisted of 3 sections (Sexuality, Teenage Pregnancy and Family Communication) that utilised the Likert scale. When the coefficient value was more than 0.07, the questions were ready to be tested in the real research. The reliability test obtained during the pilot test session was important to ensure the results produced at the end of the research were consistent and able to represent the population.

3.5.1 Content Validity

Before the real research was conducted, the survey questionnaires were checked or reviewed by experts in sexuality study. In this case, content validity was reviewed by Senior Lecturer of Social Work (the reviewer) from Universiti Utara Malaysia (UUM). According to Yaghmaie (2003), ‘content validity’ can be obtained from three sources; literatures, representativeness of the relevant populations and experts. For this particular research, the validity was established when the researcher met the expert for sexuality area of research. The expert did not give any comments about the questions. The expert only commented about the length of the questions and the researcher was asked to make amendments that are to shorten the questions and make them more precise and easily understood. This was because the participants came from different educational levels and some of them might have difficulty to understand the terms or concepts in the questionnaire. In response to the feedback received during the discussion with the expert reviewer, the researcher made some amendments to the questions especially on the length of the questions. The researcher was advised to amend the questions from the negative to the positive; for example, the term “wrong” was changed to “not wrong” in Question 4 for the Sexuality section. The original question and the latest version of the question are mentioned below.

- **Original version of question**

“It is **wrong** for unmarried boys or girls to have sexual intercourse if they love each other.”

Salah jika remaja lelaki atau perempuan yang belum berkahwin melakukan seks walaupun mereka suka antara satu sama lain.

- **Latest version of question**

“It is **not wrong** for unmarried boys or girls to have sexual intercourse if they love each other.”

Tidak salah jika remaja lelaki atau perempuan yang belum berkahwin melakukan seks walaupun mereka suka antara satu sama lain.

Therefore, to increase the validity of the research data, the questionnaires prepared by the researcher were then reviewed by the expert reviewer to ensure that all the items in the questionnaires had face validity for measuring youth's perception of the research topics.

3.6 Pilot Study

The pilot study is a way to test that the methods used in the proposed research are appropriate as well as to explore the implications of the methods used (Maxwell, 2013). In this research, three pilot studies were conducted to obtain the reliability of the research instrument. The pilot studies were conducted to see whether the questions were appropriate and easy to comprehend by the respondents in their teens.

3.6.1 Pilot Test 1

The first pilot test was conducted in Sekolah Menengah Teknik Alor Setar with the participants chosen from Form 4 students. Thirty two respondents (14 females and 18 males) were selected to complete the survey questionnaires. Initially, there were 50 questions in the instrument, i.e. 20 questions on ‘Teenage Pregnancy’, 20 questions on ‘Sexuality’ and 10 questions on ‘Family Communication’. There were also 3 questions and some open-ended question in the last part of the questionnaire.

However, the reliability test produced an alpha coefficient of less than 0.7 for the questions on Sexuality. There were a few problematic questions in which the participants had some difficulty to understand the content or the meaning of several terms in the questionnaire. In fact, there were some participants who found the questionnaire quite inappropriate or sensitive to them. As mentioned earlier, the survey was conducted using ‘face-to-face’ delivery. The researcher was able to record the participants’ responses to each question and identify which questions were difficult for the participants to answer. The research questions were then modified based on the responses received.

3.6.2 Pilot Test 2

The second pilot test was also conducted in Sekolah Menengah Teknik Alor Setar and this time, the participants were chosen from different classes. As there were a few problematic questions identified by the researcher during the previous pilot test, for this pilot test, the problematic questions were removed and replaced by more suitable questions. The number of questions was still similar to the previous pilot test. However, the result of the reliability test on the questionnaire was still similar to the previous test in which the questions showed ($\alpha <$

0.7). At this time, the researcher made some amendments to the structure and arrangement of the questionnaire because some participants could hardly comprehend the questions.

3.6.3 Pilot Test 3

After the first and second pilot tests were conducted, a short discussion session by the researcher to improve the reliability test of the questionnaires with the Senior Lecturer for School of Social Work at University Utara Malaysia (UUM) was conducted. As mentioned earlier, the reviewer suggested that the researcher simplify some of the questions so that the students who came from different educational levels could understand the questions easily.

For the final pilot test, the researcher conducted the test in Sekolah Menengah Kebangsaan Paya Kamunting. The criteria for the participants to be chosen for the third pilot test were similar to the SMK St Michael in which the participants had to come from Malay backgrounds within the age range from 13 to 17 years old so that the result from pilot test could be compared. Sekolah Menengah Kebangsaan Paya Kamunting is a day school (students do not stay in the hostel) similar to SMK St Michael and the school is located in Jitra, Kedah. At that time, only 31 questionnaires were left. It was decided that 19 questions were to be removed following the difficulty experienced by the participants to comprehend the content of the questions. The explanation above justified the reason for the questions to be reduced.

In the final instrument, there were 13 questions on ‘Sexuality’ (7 questions were removed), 8 questions on ‘Teenage Pregnancy’ (12 questions were removed) and 10 questions on ‘Family Communication’ (no questions were removed). Most of the questions for the “Sexuality” section as well as “Teenage Pregnancy” section were removed because participants found the

questions were too sensitive, difficult to comprehend the contents or terms or difficult to provide their personal opinion either to agree or disagree. On the other hand, ‘Teenage Pregnancy’ section recorded the highest number for questions removed because the questions were repetitive and the contents were similar (such as Question 5, 6, 7 and 8). The items that were removed are in the Table 3.4 below;

Table 3.4

The Items Removed in Pilot Test 3

Section	Name of Section	Number of Items Removed
1	Sexuality	7
2	Teenage Pregnancy	12

The result on the ‘Family Communication’ section was the most reliable; thus, the researcher did not have to change the content of the questions as the reliability tests of questions were always more than 0.7. The final test demonstrated a much more reliable result when the participants were able to understand the questions easily. Table 3.5 demonstrates the final instrument after several amendments were made to the survey questions.

Table 3.5

The Final Instrument

Section	Name of Section	Number of Items	Number of Items (Final)	Alpha Value
		Removed		
1	Sexuality	7	13	0.709
2	Teenage Pregnancy	12	8	0.788
3	Family Communication	-	10	0.736

3.7 Data Collection

Before the research commenced, the selected school and the orphanage were contacted to obtain permission for the research to be conducted. Then, the approval to conduct research was sought from Pejabat Pendidikan Daerah (PPD) Kota Setar. At the same time, the approval to conduct research was sought from Pertubuhan Kebajikan Islam Malaysia (PERKIM). Then, the prospective respondents were approached in order to obtain their consent to be included in the research. Initially, the respondents were given information sheets to be signed as consent to participate in this research. The research commenced once the approval and the written consent from the respondents and all parties (schools and orphanages) involved were obtained.

3.8 Data Analysis

The analysis and interpretation of the survey data required a great deal of care from the researcher since focused survey data usually will provide an array of information from the participants. For this research, the Statistical Package for the Social Science (SPSS) was used for data management and analysis. At this stage, the data from the questionnaire forms were transferred to the software SPSS for further analysis. In addition, the hypotheses of this research were also tested during the analysis and interpretation of the survey data. Descriptive statistics (mean, median and standard deviation) were calculated to obtain a general description of the data. Finally, the data was presented in the form of statistical graphs to illustrate the survey result more clearly and effectively.

3.8.1 Descriptive Statistics

All the outcomes that are presented in the next chapter (Chapter 4: Results) were first illustrated in the form of descriptive statistics before the data were further analysed. Descriptive statistics are defined as summary patterns in the responses of cases in a sample (Vaus, 2002). For this research, the descriptive statistics were illustrated in the form of summary statistics (e.g. calculating mean, medium or standard deviation) (Phelps, Fisher & Ellis, 2007). Descriptive statistics were used to analyse the demographic profile, youth's perception of sexuality, youth's perception of teenage pregnancy and family communication.

The data outcomes for this study were also reported in Categorical Variables that consisted of two or more categories that encompassed all the observations or records made for a dataset (Kent, 2015). The categorical variable for this research referred to the category of institution in which the participants were selected, either from the day school or the orphanage (DATAR). Other than that, the other category variables were the category of perception that the participants had when they were asked about Sexuality and Teenage Pregnancy (liberal, medium and conservative) and for Family Communication (open, moderate and conservative). To present the categorical variables, the category of institution as well as the category of perception values was combined in the descriptive statistic table. The descriptive statistics table consisted of the category of institution, category of perception, mean, standard deviation, frequency (N) and per cent (%). The combination of the categorical variables in the descriptive statistic table was done to ensure all the data outcomes were well presented.

3.8.2 The Independent Samples t-Test

The independent samples t-test is used to compare the mean scores of two groups (Gorard, 2013). The test also assumes that the sample for each group has been selected at random and that each case is independent of every other (Gorard, 2013). The p-value is defined as the probability of getting a difference between samples. If it is less than the significant level chosen for the test ($p < .05$) then the null hypothesis is rejected and if it is more than the significant level ($p > .05$) then the null hypothesis is accepted (Kent, 2015). In this research, the Independent Samples t-Test were used to measure the effects between Gender and the Youth's Perception of Sexuality, Gender and Youth's Perception of Teenage Pregnancy and, and Gender and Family Communication.

3.8.3 Correlation Analysis

Correlation analysis can be defined as an analysis used to determine the relationship between two variables (Gorard, 2003). The correlation coefficient is known as Pearson's r and the value of r gives an indication for the strength of the relationship. The r has a value between -1 and +1. A value of 0 shows no relationship at all, while +1 shows that a perfect positive correlation exist between the two variables and -1 shows perfect negative correlation between the two variables (Gorard, 2003). The p-value is also calculated to determine the significance of the relationship (i.e. p should be less than 0.05) (Kent, 2015). For this research, correlation analysis was used to analyse the relationship between Family Communication and Youth's Perceptions of Sexuality, and Family Communication and Youth's Perceptions of Teenage Pregnancy.

3.9 Ethical and Legal Considerations

Firstly, since rapport building was crucial before data collection, the researcher introduced herself as a researcher and explained the purpose of the research. Before the research commenced, the participants were given sheets of information and they were required to sign the sheet if they agreed to participate in the survey without any form of coercion. The participants were also given the option to withdraw from the research at any time during data collection for no reason at all. The participants could also refuse to answer any specific questions. Two participants from SMK St Michael did not want to participate in this research because they did not understand the content and also some of the terms in the survey questions. Therefore, they were excluded from the research.

In addition, the identities of the all participants were also kept confidential. Moreover, all the survey data were recorded and saved in a personal computer belonging to the researcher and protected by a password that only the researcher knew. Therefore, all the information obtained during the research was well protected.

3.10 Conclusion

The researcher has illustrated an overview of the research methods used to address the research objectives through a quantitative survey design. The sampling process was based on the purposive sampling method. Before the research commenced, three pilot tests were conducted by the researcher to ascertain reliability and whether the survey questions were easily understood by the respondents and to determine the effectiveness of the survey questions to address the research objectives. The rights of the respondents during and after the research were also taken into consideration in the ethical and legal consideration section.

CHAPTER FOUR

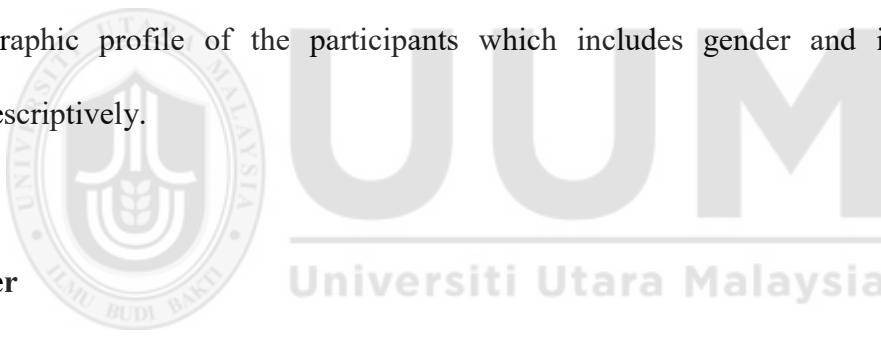
RESULTS

4.0 Introduction

The results for this research are presented in this chapter. All the research outcomes were analysed using the Statistical Package for the Social Science (SPSS) and presented in Descriptive Statistic Analysis, Analysis based on Category, Correlation Analysis and Independent Samples t-Test. At the end of this chapter, there is a summary of the overall result.

4.1 Demographic Profile

The demographic profile of the participants which includes gender and institution is presented descriptively.



4.1.1 Gender

Table 4.1 presents the gender of participants for this research. Overall, there were 49 female participants (37.1%) and 83 male participants (62.9%).

Table 4.1

Gender of Participants

Gender	Frequency (N)	Percentage (%)
Female	49	37.1
Male	83	62.9

4.1.2 Institution

Table 4.2 presents the institution of the participants of this research. There were 82 participants (62.1%) from Sekolah Menengah Kebangsaan St Michael and 50 participants (37.9%) from Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman.

Table 4.2

Participants of Each School

School	Frequency (N)	Percentage (%)
Sekolah Menengah Kebangsaan St Michael	82	62.1
Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman	50	37.9

4.2 Teenage Pregnancy

4.2.1 Descriptive Statistics of Teenagers' Perception of Teenage Pregnancy

Table 4.3 presents the participants' perception of pregnancy. Particularly, the frequency (N), percentage (%), means and standard deviations for the descriptive statistics of youths' perception of teenage pregnancy for the participants from both settings are presented. Perception was categorised as Liberal (**Scores 8 to 18**), Medium (**Scores 19 to 29**) and Conservative (**Scores 30 to 40**). The overall result shows that, a majority of the participants also had a conservative-inclined perception regarding teenage pregnancy since the frequency of participants were recorded as the highest in "Conservative" (N= 78, 59.1%) with the overall mean **30.66 (Range = 30 to 40)**. Similar to the previous finding, analysis based on

type of participants also found that the orphans had a more conservative perception of teenage pregnancy compared to the non-orphans (N=39, 78.0%). There were no orphans who fell under the “Liberal” category.

Table 4.3

Descriptive Statistics of Youth’s Perception of Teenage Pregnancy

Category of Perception		Frequency (N)	Per Cent (%)	Mean	Standard Deviation
Overall Participants	Liberal	3	2.3	30.66	5.22
	Medium	51	38.6		
	Conservative	78	59.1		
Daily School	Liberal	3	3.7	29.62	5.47
	Medium	40	48.8		
	Conservative	39	47.6		
Orphanage	Liberal	-	-	32.36	4.33
	Medium	11	22.0		
	Conservative	39	78.2		

4.3 Sexuality

4.3.1 Descriptive Statistics of Teenagers’ Perception of Sexuality

Table 4.4 presents the participants’ perception of sexuality. The frequency (N), percentage (%), means, and standard deviations for the descriptive statistics of youths’ perception of sexuality for the participants from the daily secondary school and the orphanage are presented. Perception was categorised as Liberal (**Scores 13 to 30**), Medium (**Scores 31 to**

48) and Conservative (**Scores 49 to 65**). The overall result shows that a majority of the participants had a conservative-inclined perception regarding the sexuality since the frequency of participants were recorded as the highest in “Conservative” (**N= 84, 63.6%**) with the overall mean **50.92 (Range = 13 to 65)**. Further analysis based on the type of participants found that the orphans had a more conservative perception of sexuality compared to the non-orphans (**N=42, 84.0%**) and there were no orphans who fell under the “Liberal” category.

Table 4.4

Descriptive Statistics of Youth’s Perception of Sexuality

Category of Perception		Frequency (N)	Per Cent (%)	Mean	Standard Deviation
Overall Participants	Liberal	5	3.8	50.92	10.49
	Medium	43	32.6		
	Conservative	84	63.6		
Daily School	Liberal	5	6.1	48.40	11.11
	Medium	35	42.7		
	Conservative	42	51.2		
Orphanage	Liberal	-	-	55.06	7.92
	Medium	8	16.0		
	Conservative	42	84.0		

4.4 Family Communication

4.4.1 Descriptive Statistics of Family Communication

Table 4.5 presents the teenagers' perception of family communication; in terms of frequency (N), percentage (%), means, and standard deviations. Perception was categorised as Open (**Scores 10 to 23**), Moderate (**Scores 24 to 37**) and Conservative (**Scores 38 to 50**). The overall result shows that, a majority of the participants had a moderate perception regarding family communication since the frequency of participants are recorded as the highest in "Moderate" category (N= 98, 74.2%) and with the overall mean 32.54(Range = 10 to 50).

The results for the non-orphans were quite similar to the orphans as both groups recorded the highest in the moderate categories.

Table 4.5

Descriptive Statistics of Family Communication

	Category of Perception	Frequency (N)	Per Cent (%)	Mean	Standard Deviation
Overall Participants	Open	10	7.6	32.54	7.12
	Moderate	98	74.2		
	Conservative	24	18.2		
Daily School	Open	6	7.3	32.30	7.80
	Moderate	61	74.4		
	Conservative	15	18.3		
Orphanage	Open	4	8.0	32.96	5.90
	Moderate	37	74.0		
	Conservative	9	18.0		

4.5 Correlation Analysis

4.5.1 Correlation between Teenagers' Perception of Teenage Pregnancy and Family Communication

Correlations analysis was performed on perception of teenage pregnancy and family communication. Overall, there is no significant relationship between youth's perception of teenage pregnancy and family communication, ($r = 0.14, p > .05$). However, further analysis found that a significant relationship exists between the two variables for the daily school participants ($r = 0.30, p < .01$). The positive relationship shows that the more open the communication between parents and children, the more conservative the children's perception of teenage pregnancy. Table 4.6 shows the results of the analysis. Nevertheless, no significant relationship was found in the analysis for the orphanage participants.

Table 4.6

Correlation between Teenage Pregnancy and Family Communication for Daily School Participants

	Family Communication
Perception of Teenage Pregnancy	Pearson Correlation
	Sig. (2-tailed)
	N

4.5.2 Correlations Analysis between Teenagers' Perception of Sexuality and Family Communication

Correlations analysis was performed between perception of sexuality and family communication. Overall, there is no significant relationship between the participants' perception of sexuality and family communication ($r = 0.14, p > 0.05$). However, further analysis found that a significant relationship exists between the two variables for the daily school participants ($r = 0.22, p < .05$). The positive relationship shows that the more open the communication between parents and children, the more conservative the children's perception of sexuality. Table 4.7 shows the results of the analysis. On the other hand, no significant relationship was found in the analysis for the orphanage participants.

Table 4.7

Correlation between Sexuality and Family Communication for Daily School Participants

	Family Communication
Perception of Sexuality	Pearson Correlation
	Sig. (2-tailed)
	N

4.6 Independent Samples t-Test

4.6.1 Independent Samples t-Test of Perception of Teenage Pregnancy and Gender

Table 4.8 represents the independent samples t-test conducted to figure out the effect between the perception of sexuality and gender. Based on the overall result, gender has a significant effect on the youth's perception of sexuality, $t (117) = 5.58, p < .05$. The mean value for female participants (33.51) are higher than the mean value for male participants (22.98). Further

analysis also shows that gender had a significant effect on both - the orphans, $t (80) = 2.77$, $p < .05$ and the non-orphans, $t (25) = 3.37$, $p < .05$.

Table 4.8

Independent Samples t-Test of Teenage Pregnancy and Gender

Gender		N	Mean	Standard Deviation	t	p
Teenage Pregnancy						
Overall Participants	Female	49	33.51	4.13	5.58	0.000
	Male	83	28.98	5.08		
Daily School						
	Female	17	32.76	5.62	2.77	0.007
	Male	65	28.80	5.16		
Orphanage						
	Female	32	33.91	3.11	3.37	0.002
	Male	18	29.61	4.88		

4.6.2 Independent Samples t-Test of Sexuality and Gender

Table 4.9 represents the independent samples t-test conducted to measure the effect between the youth's perception of sexuality and gender. Based on the overall result, gender has a significant effect on the youth's perception of sexuality, $t (130) = 6.99$, $p < .05$. The mean value for female participants (**57.39**) is higher than the mean value for male participants (**47.11**). Further analysis shows that gender had a significant effect both on the orphans, $t (80) = 3.51$, $p < .05$ and the non-orphans, $t (48) = 3.43$, $p < .05$.

Table 4.9

Independent Samples t-Test of Sexuality and Gender

Gender		N	Mean	Standard Deviation	t	p
Sexuality						
Overall Participants	Female	49	57.39	6.25	6.99	0.001
	Male	83	47.11	10.65		
Daily School	Female	17	56.29	7.72	3.51	0.001
	Male	65	46.34	10.97		
Orphanage	Female	32	57.97	5.36	3.43	0.002
	Male	18	49.89	9.14		

4.6.3 Independent Samples t-Test of Family Communication and Gender

Table 4.10 represents the independent samples t-test conducted to measure the effect between the family communication and gender. Based on the overall result, gender has no significant effect on family communication, $t (126) = -1.17$, $p > .05$. Further analysis based on family structure, also shows no significant effect of gender on the orphans family communication, $t (48) = -1.38$, $p > .05$ nor the non-orphans family communication, $t (80) = -0.81$, $p > .05$.

Table 4.10

Independent Samples t-Test of Family Communication and Gender

	Gender	N	Mean	Standard Deviation	T	p
Family Communication						
Overall Participants	Female	49	31.67	5.54	-1.17	0.244
	Male	83	33.05	7.90		
Daily School						
	Female	17	30.94	5.46	-0.81	0.421
	Male	65	32.66	8.30		
Orphanage						
	Female	32	32.06	5.62	-1.38	0.173
	Male	18	34.44	6.24		

4.7 Data Analyses for Sex Education

This section presents the result of data analyses on responses for sex education taught in school.

4.7.1 Subjects in school that teach about sexuality knowledge (reproduction, marriage, sexual activity and etc)

Table 4.11 presents a list of subjects that the participants reported they have learnt at school about sexuality knowledge. There are only seven (7) subjects that reportedly teach participants about sexuality knowledge, which are “Pendidikan Agama Islam” (Islamic Education), “Sains” (Science), “Pendidikan Jasmani dan Kesihatan” (Physical and Health Education), “Biologi” (Biology), “Pendidikan Sivik dan Kewarganegaraan” (Civic and Nationality Education) and “Bahasa Inggeris” (English Language)

Table 4.11

What subject in school teaches you about sexuality knowledge (reproduction, marriage, sexual activity and etc)?

List of Subjects	Translation of Subjects
1. Pendidikan Agama Islam	Islamic Education
2. Sains	Science
3. Pendidikan Jasmani dan Kesihatan	Physical and Health Education
4. Biologi	Biology
5. Pendidikan Sivik dan Kewarganegaraan	Civic and Nationality Education
6. Bahasa Inggeris	English Language

4.7.2 Aspects of sexual education in school

These are summaries of analyses of each question in the Question 2 (Sex Education) section.

The results are presented as below. At the end, there is Table 12 which summarises all the outcomes for Question 2 and the frequency (N) and percentage (%) of each category of response (“Already Taught in School”, “Not yet taught, must be included in the syllabus” and “Not Appropriate”)

The basics of how babies are made, pregnancy, and birth

The analysis shows that there were **87** respondents (**66%**) who claimed that the topic on “*The basic of how babies are made, pregnancy, and birth*” are already taught in school. There were **27** respondents (**20%**) who claimed the topic is not yet taught, must be included in the syllabus and **18** respondents (**13.6%**) who claimed the topic is not appropriate to be taught in school.

HIV/AIDS

The analysis shows that there were **83** respondents (**63%**) who claimed that the topic on “HIV/AIDS” is already taught in school. Forty-two respondents (**32%**) claimed the topic is not yet taught, must be included in the syllabus while **7** respondents (**5%**) claimed the topic is not appropriate to be taught in school.

Sexually transmitted diseases other than HIV/AIDS, such as herpes and syphilis

The analysis shows that there were **63** respondents (**48%**) who claimed that the topic on “Sexually transmitted diseases other than HIV/AIDS, such as herpes and syphilis” is already taught in school. Then, there were **55** respondents (**42%**) who claimed the topic is not yet taught, must be included in the syllabus and **14** respondents (**10%**) who claimed the topic is not appropriate to be taught in school. This question recorded the highest number of respondents who chose to answer “Not yet taught, must be included in the syllabus” (**N = 55, 42%**).

Birth control and methods of preventing pregnancy

The analysis shows that there were **81** respondents (**61%**) who claimed that the topic on “Birth control and methods of preventing pregnancy” is already taught in school. Thirty-five respondents (**27%**) claimed the topic is not yet taught, must be included in the syllabus and **16** respondents (**12%**) who claimed the topic is not appropriate to be taught in school.

How to deal with the emotional issues and consequences of being sexually active

The analysis shows that there were **58** respondents (**44%**) who claimed that the topic on “How to deal with the emotional issues and consequences of being sexually active” is already taught in school. There were **46** respondents (**35%**) who claimed the topic is not yet taught, must be included in the syllabus and **28** respondents (**21%**) who claimed the topic is not appropriate to be taught in school.

How to make responsible sexual choices

The analysis shows that there were **57** respondents (**44%**) who claimed that the topic on “How to make responsible sexual choices” is already taught in school. Meanwhile, **47** respondents (**35%**) claimed the topic is not yet taught, must be included in the syllabus and **27** respondents (**21%**) claimed the topic is not appropriate to be taught in school.

Sexual growth and development (i.e: time table for puberty, physical changes during puberty and need for family life)

The result shows that there were **96** respondents (**73%**) who claimed that the topic on “Sexual growth and development (i.e: time table for puberty, physical changes during puberty and need for family life)” is already taught in school. There were **26** respondents (**20%**) who claimed the topic not yet taught, must be included in the syllabus and **10** respondents (**7%**) who claimed the topic is not appropriate to be taught in school. Based on further analysis, this is the highest count for participants who answered ‘Already taught in school’ for this research.

Physiology of reproductive system (i.e: for girls - organ, menstruation, premenstrual syndrome and for boys - the organ, the sex drive)

The analysis shows that there were **83** respondents (**63%**) who claimed that the topic on “Physiology of reproductive system (i.e: for girls - organ, menstruation, premenstrual syndrome and for boys - the organ, the sex drive)” is already taught in school. As a comparison, there were **38** respondents (**29%**) who claimed the topic not yet taught, must be included in the syllabus and **11** respondents (**8%**) who claimed the topic is not appropriate to be taught in school.

Concept of Marriage

For this question, the analysis shows that there were **72** respondents (**54%**) who claimed that the topic on “Concept of Marriage” is already taught in school. Then, there were **47** respondents (**36%**) who claimed the topic is not yet taught, must be included in the syllabus and **13** respondents (**10%**) who claimed the topic is not appropriate to be taught in school.

Concept of Sexuality in Religion (i.e : Mention of Creation, Reproduction and Sex in The Qur'an)

The analysis shows that there were **90** respondents (**68%**) who claimed that the topic on “Concept of Sexuality in Religion (i.e: Mention of Creation, Reproduction and Sex in The Qur'an)” is already taught in school. Meanwhile, there were **31** respondents (**24%**) who claimed the topic is not yet taught, must be included in the syllabus and **11** respondents (**8%**) who claimed the topic is not appropriate to be taught in school.

Concept of Adultery (Fornication or Zina)

The analysis shows that there were **75** respondents (**57%**) who claimed that the topic on “Concept of Adultery (Fornication or Zina)” is already taught in school. In addition,

31 respondents (26%) claimed the topic is not yet taught, must be included in the syllabus and 22 respondents (17%) claimed the topic is not appropriate to be taught in school.

Table 4.12 presents the choices of answer, frequency and percent for Question 2.

Table 4.12

Question: I am going to ask you about certain things that you may have learned or might be included in sex education programs in schools. Please tick your response.

Items	Already Taught in School	Not Yet Taught, must be included in the syllabus	N (%)
	N (%)	N (%)	
2a) The basics of how babies are made, pregnancy, and birth	87 (66)	27 (20)	18 (14)
2b) HIV/AIDS	83 (63)	42 (32)	7 (5)
2c) Sexually transmitted diseases other than HIV/AIDS, such as herpes and syphilis	63 (48)	55 (42)	14 (10)
2d) Birth control and methods of preventing pregnancy	81 (61)	35 (27)	16 (12)
2e) How to deal with the emotional issues and consequences of being sexually active	58 (44)	46 (35)	28 (21)
2f) How to make responsible sexual choices	57 (44)	47 (35)	27 (21)
2g) Sexual growth and development (i.e: time table for puberty, physical changes during puberty and need for family life)	96 (73)	26 (20)	10 (7)

Table 4.12 *Continued...*

2h) Physiology of reproductive system (i.e: for girls - organ, menstruation, premenstrual syndrome and for boys - the organ, the sex drive)	83 (63)	38 (29)	11 (8)
2i) Concept of Marriage	72 (54)	47 (36)	13 (10)
2j) Concept of Sexuality in Religion (i.e : Mention of Creation, Reproduction and Sex in The Qur'an)	90 (68)	31 (24)	11 (8)
2k) Concept of Adultery (Fornication or Zina)	75 (57)	31 (26)	22 (17)

4.7.3 Other topics regarding sexuality to be included in the school curriculum.

Table 4.13 presents the list of topics regarding sexuality that the participants would like to know and should be included in the school curriculum.

Table 4.13

Question: What other topics regarding sexuality would you like to know and should be included in the school curriculum?

List of Topics	Translation of Topics
1. Akil baligh, haid dan persetubuhan	Puberty, menstruation and sexual intercourse
2. HIV, AIDS. Herpes dan Sifilis	HIV, AIDS, Herpes and Syphilis
3. Kesan perbuatan seks	Consequence of sexual activity
4. Cara-cara mencegah seks	Ways to prevent sexual activity
5. Konsep perkahwinan	Concept of marriage
6. Perkembangan dan pertumbuhan seksual	Sexual growth and development.
7. Menjaga diri, mengawal nafsu dan mengelakkan kehamilan	Self-control, controlling lust and pregnancy prevention
8. Perhubungan selepas nikah perlu ditunjukkan kepada anak atau tidak?	Whether or not to demonstrate to the children about relationship after marriage or not?
9. Sumbang mahram, seks bebas dan pengetahuan mengenai seks	Incest, free sex and knowledge about sex
10. Teknik pertahankan diri daripada dirogol	Technique to defend yourself from being raped

4.8 Summary of the Results

4.8.1 Descriptive Statistic Analysis

According to the analysis on Teenagers' Perception of Teenage Pregnancy and Sexuality, the descriptive statistics reveal that the orphans (**M = 50.92, Range = 13 to 65**) had more conservative perception of teenage pregnancy and sexuality compared to the non-orphans (**M = 30.66, Range = 30 to 40**). However, for the analysis on Family Communication, the overall result shows that for both non-orphans and orphans are quite similar, in which all the

participants have a moderate communication with their family regarding sexuality (**M = 32.54, Range = 10 to 50**).

4.8.2 Correlation Analysis

For the correlation analysis, a positive relationship was found, in which the more open the communication between the parents and children, the more conservative the children's perception of the topic of sexuality and teenage pregnancy. However, there is no significant relationship found in the correlation analysis between Family Communication and the Youth's Perception of Sexuality and Teenage Pregnancy for the orphanage's participants.

4.8.3 Independent Samples t-Test

The overall result demonstrates that Gender has a significant effect on Youth's Perception of Sexuality, $t (130) = 6.99, p < .05$, and Youth's Perception of Teenage Pregnancy, $t (117) = 5.58, p < .05$, in which girls have higher scores (i.e., more conservative perception) compared to boys.

4.8.4 Summary of research hypotheses

Table 4.14 presents a summary of all the research hypotheses. Two hypotheses relating to gender were found to be supported since significant results were obtained for the two (i.e. able to reject the null hypotheses).

Table 4.14

Summary of the Hypotheses

Hypotheses	Result
Perception of teenage pregnancy differs based on family communication	Not supported
Perception of teenage pregnancy differs based on family communication.	Supported
Perception of sexuality differs based on gender.	Not supported
Perception of sexuality differs based on gender.	Supported

4.8.5 Questionnaires on Sex Education Analysis

Finally, the analysis is conducted on the questionnaires regarding Sex Education. For Question 1 the participants reported seven subjects that teach them about sexuality in school. For Question 2 section, a majority of the participants in this research responded Question 2g as the most already taught topic in school. Meanwhile, most of the participants choose to answer “Not yet taught, and must be included in the syllabus” option for Question 2c. For the last part in Sex Education, summarily, the participants reported 10 different topics regarding sexual and reproduction health, sexually-transmitted diseases as well as some topics that the participants wanted to learn and could be included in sex education syllabus in the future.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

Chapter 5 is the final chapter for this thesis in which the discussion is regarding the result of the analyses. Specifically, the focus of discussion is on the research objectives and limitations of the research. To conclude the discussion, recommendations for social work practice and policy, and future research are also presented.

5.1 Discussion

This research is an attempt to study teenagers' voices specifically on the topic of teenage pregnancy, sexuality, and sex education. It is important to understand our youngster's needs or to listen to their voices regarding what they want to learn instead of implementing sex education based on adults' perception. This is parallel to one of the research significances, which is to give an opportunity for teenagers to voice out their opinion and to investigate their perception regarding sexuality matter. In line with this study, the research conducted by Noordin et al (2012) on the voice of youngsters on baby dumping issue also pointed out the importance of listening to teenagers' voice regarding their awareness on the consequences of free sex, knowledge on sex education, and religious belief in order to prevent the consequences of sexual problems among these youngsters. Their voices offer a guideline for the researcher to measure their level of understanding regarding the issue of teenage pregnancy and knowledge of sexuality. Their voices are very crucial for policy makers and researchers to implement a more effective formal sex education in the school syllabus.

Discussion for this chapter is upon the participants' perception of teenage pregnancy, sexuality, family communication, family structure, gender, and current efforts of teaching sexuality in school. This chapter also presents the implications of these research outcomes to social work practice and policies related to adolescents. Following the discussion on those topics, limitations of the study and recommendations for future research are also presented.

5.1.1 Perception of Teenage Pregnancy, Sexuality and Family Communication

For this research, the researcher utilised a quantitative survey design method. The overall result of this study reveals that a combined majority of the participants had a conservative-inclined perception when they were asked to respond to the issue of teenage pregnancy. In particular, more orphans reported moderate perception as compared to the daily school participants.

The teenagers with a conservative-inclined perception of teenage pregnancy are less likely to get involved in any sexual activities since they could be more informed about the negative consequences of having sex at a very young age. The finding of this research is in line with the outcome of Ahmadian et al. (2014) where youngsters with a less conservative attitude are more likely to be sexually experienced than those who have a conservative attitude. Therefore, having a conservative attitude may result in less likelihood to be involved or engaging in any sexual activities. Since teenage pregnancy is a major social problems in many countries (Hoggart, 2012), it is important that teenagers be aware of the negative consequences of their behaviour especially the effect of peer pressure (Unicef Malaysia, 2008). The fact that the orphans had more conservative responses could be due to the more controlled surrounding that they lived in compared to the daily secondary school participants

where negative peer pressure could be curbed since the orphanage is under strict disciplinary control by the management.

Similar to the results obtained for the topic of teenage pregnancy, the majority of the participants also had a conservative-inclined perception of sexuality. In a less urban society in the northern region of the country, it can be expected that the teenagers could be more conservative when discussing sexuality, especially since all of them were Muslims. As Islam is the predominant religion, Malaysia is considered as a socially conservative country as compared to countries especially in the West with regards to reproduction and sexuality (Wong, 2012). Furthermore, many traditional Muslim's families in the north may still uphold the belief that sex-related issues are taboo, and the issue of sexuality is seldom discussed openly or directly (Ahmad, Pawanteh, Rahim, Abd Rahim & Mohd, 2012; Wong, 2012). Therefore, the topic of sexuality among young people is often associated with the negative consequences of sexual problem which resulted in the participants' conservative perception regarding this issue.

Other than teenager's perception on the issue of teenage pregnancy and knowledge of sexuality, the researcher also wanted to investigate the youths' perception on family communication regarding sexuality. Family, especially parents are important in teenager's life especially when they are growing up. The outcome of this research demonstrates that family communication has a positive relationship with perception of sexuality for the daily school participants (i.e., non-orphans). A more open communication with parents can actually promote positive youth development since teenagers would be able to understand the risk of having sex at a very young age. They would feel comfortable to ask about sexuality to their parents and parents would have the opportunity to check upon their children's knowledge of

sexuality. On the contrary, teenagers who have poor relationship and poor communication with their parents are more likely to perform sex at a very young age (i.e., 15 years) (Community Action, 2005). Parents play an important role to educate their children about the concept of sexuality since parents spend more time with their children compared to other people and should know their children better than any other people.

5.1.2 Perception of Family Communication regarding Sexuality and Teenage Pregnancy

Another concern is on the minimal research attention that has been directed toward teenagers' perception of the effect of family communication and sexuality in the literature. The family or more specifically parents are one of the common sources of information that teenagers could refer to when they have questions about sex or sexuality (AbRahman et al, 2011). In addition to the participants being conservative about teenage pregnancy and sexuality, the overall finding of this research also reveals that most of the participants had moderate communication with their family regarding sexuality. From the findings, it shows that a majority of them did not have an open discussion about the topic of sexuality with their parents or family members.

Brock and Jennings' study (1993) revealed that teenagers whose parents communicated openly with them about sexuality when they were young were more likely to feel comfortable discussing sexual topics with their parents. Likewise, another research that is in line with Brock and Jenning's research outcome is the study conducted by a group of researchers from Universiti Putra Malaysia (UPM) that proposed for rural female adolescents, the better family communication and stable family structure may operate the same as positive attitude towards sexual and reproductive health against risky sexual behaviour (Ahmadian et al, 2014).

Therefore, a good and open communication with parents is important in helping teenagers make the correct decision regarding sexual behaviour, in addition to deterring many other social problems.

In relation to the topic of family communication, further analyses were also conducted to test whether the youths' perception on sexuality and teenage pregnancy would differ based on family structure. Family structure refers to the family arrangement in which the teenagers live such as, single-parent family –with mother or father, or two-parent family –with both mother and father. Previous research conducted by Kuate Defo and Tsala Dimbuene (2012) found that teenagers who lived in a two-parent family are less likely to have their first sex early as compared to teenagers who lived in a single-parent family. The current research found that for the non-orphans, more open family communication was related to more conservative perception on both sexuality and teenage pregnancy. Although family communication in general was not different for orphans and non-orphans, family structure somehow impacts family communication regarding perception of sexuality and teenage pregnancy for the participants. A more precise and insightful research could be conducted to measure other variables that could contribute to this.

5.1.3 Perception of Gender regarding Sexuality and Teenage Pregnancy

Another research objective is to investigate the effect of gender on the youth perception of sexuality and teenage pregnancy. Based on the outcome of the research, gender has a significant effect on the participants' perception of sexuality and teenage pregnancy. The girls were found to have a more conservative perception of both issues compared to boys. This could be due to the participants conforming to Malaysian society's expectation where

females are supposed to be more modest than boys (Jahanfar, Lye, & Rampal, 2009; Ahmadian et al, 2014). Whether this is a good thing (i.e. females having more conservative perception) is up for debate. It could be argued that this stand is needed because teenage girls who get pregnant after committing premarital sex are usually more burdened with negative consequences than their partner. Therefore, they may need to be conservative to prevent unintended pregnancy (A. Ghani et al., 2014).

Similar research has also found that Malaysian female participants usually scored higher in terms of sexual health knowledge (AbRahman et al, 2011). Arguably, although females are expected to act responsibly, this brings into argument that attention should not only focus on teenage girls when discussing sexuality and pregnancy issues. Despite the fact that, teenage boys should also have a sense of responsibility because unintended pregnancy usually happens when boys do not want to be responsible for the pregnancy and run away from the problem caused by them. Thus, both genders should be held responsible for their sexual behaviour and should receive similar attention when receiving intervention programs targeting sexual issues.

5.1.4 Current Efforts of Teaching Sexuality in Schools

The respondents were asked to respond to questions regarding sex education or sexuality-related subjects that are being taught in their schools. In Question 2, the participants highlighted certain topics that they might have learned or what they wanted to be included in sex education programs or subjects in schools. Although a majority seems to have answered that most topics have been taught in school, the fact that some participants responded that the topics have not been taught in school is a concern. It could either be that the participants

were really not taught, missed the classes when those issues were being taught, or the topics were skipped by the teachers due to embarrassment or feeling uncomfortable.

For example, most of the participants choose to answer Question 2g: “*Sexual growth and development (i.e: time table for puberty, physical changes during puberty and need for family life*” with “Already taught in school” option. This particular topic seems to be a familiar topic compared to the other topics in which they might have learned about this topic from their Science classes. Similar to the outcome of this research, Talib et al (2012) also highlighted some compulsory subjects that the school curriculum should include such as the physical development of a child to their adolescence, the development of the reproductive systems, sexual intercourse, pregnancy, childbirth, contraception, the relationship sex and moral values plus sex within the Islamic context.

Another finding for “Sex Education” part is Question 2c: “*Sexually transmitted diseases other than HIV/AIDS, such as herpes and syphilis*” which recorded the highest number of participants for the answer “Not yet taught, and must be included in the syllabus”. From this finding, the participants seemed to be more interested to learn about this topic compared to other topics. Therefore, this shows that the participants may feel more curious about diseases other than HIV and AIDS, and should be taught to increase their awareness about the negative consequences of unprotected sexual activities.

Other topics that received higher responses for not being taught are “*How to deal with the emotional issues and consequences of being sexually active*”, “*How to make responsible sexual choices*” and the “*Concept of marriage*”. Similarly, their responses regarding other topics to learn regarding sexuality include topics such as consequences of sex, ways to

control self and lust, and self-defence. This shows that the participants are curious about issues that are related to good sexual behaviour and this curiosity should be accommodated to assist them in making healthy decisions.

5.2 Implications to Social Work Practice and Policies related to Adolescents

In the research problem part, this study has raised up the issue regarding the problem of having a “national sex education” that will particularly teach students about sexuality matter in the school curriculum. As discussed in earlier chapters, a formal sex education in Malaysia is still lacking and has received mixed reviews and reception from the Malaysian public. However, to tackle the complex sexual related problems among teenagers, it is important that a formal sex education is being taught in schools by trained teachers who are competent and not reluctant to teach this subject. This is to ensure that they receive correct information regarding sexuality since they could have received wrong or misleading information from unreliable sources such as peers or the internet. The upsurge in the access to the internet especially through the use of gadgets among teenagers is an alarming trend since they could easily gain unrestricted access to websites such as pornography (Ahmad et al, 2012; Vasudevan, 2013).

From the findings of this research, it is recommended that the implementation of sex education in our country take into account many important elements to ensure the effectiveness of the subject. As mentioned earlier, sexuality in Malaysia is considered a ‘taboo’ topic (Wong, 2012). Many people feel ashamed and find it difficult to discuss sex openly and directly. However, despite the taboo, more teenagers are engaging in risky sexual behaviour that could jeopardise their health and possibly their future. Therefore, more culturally sensitive sex education should be implemented. Currently, only a few sexuality

topics are included in the school textbooks that do not really cover important issues such as the responsibility of the youth when it comes to sexuality, the negative effects of getting involved in sexual activities at a very young age, and how social stigma will affect their action. A formal sexual education needs to take into account many elements especially the consideration of more a culturally sensitive content, gender aspects, age appropriate contents, consequences of sexual behaviour and decision, as well as the teenagers' input on the topic of sexuality and teenage pregnancy that they want to learn. Other than that, formal sexual education should include the message about abstinence to encourage teenagers to think more wisely before engaging in any unsafe sexual activity (UNICEF) (2009). The teacher who is in charge of teaching this subject should also be trained accurately and appropriately, and are competent to teach it. Problems arise when teachers feel embarrassed and do not feel comfortable teaching the subjects. As a result, important topics could be skipped or not explained properly to the students.

In addition, school social work is relatively new in Malaysia and currently the position of a school social worker is not being offered in any school. However, in many countries around the world, school social workers have played a major role in promoting sex education programs to children in schools (Poertner & Marks, 1988). Having a school social worker could be a great asset to schools as they are trained to assess the needs of students and deliver important messages to students. School social workers should be able to deliver sex education programs that promote abstinence among students while at the same time deal with the message regarding protection and contraception for students who have already committed sex and are at risk of getting pregnant.

Other than school social workers, there are teen educators from government agencies that can deliver sex education programs or talks outside of the school environment. One example is Kafe @ Teen Adolescent Centre introduced by National Population and Family Development Board (NPFDB) or also known as Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN) by the Ministry of Women, Family and Community Development. Kafe @ Teen Adolescent Centre is the modern youth centre and youth-friendly centres which provided many services to help teenagers at the aged of 13 to 24 years old to understand about sexual and reproductive health. Many activities are carried out by this centre such as Teen Talk, Teen Chat, talks and workshops, which covers reproductive health and all the teen educators are experts on reproductive health and social education (LPPKN, 2014). Therefore, other than school social workers, schools could also invite the teen educators from LPPKN to deliver sex education programs or talks to teenagers at school.



5.3 Limitations of the Study

The first limitation for this research is that the research is conducted in only two locations (i.e., Sekolah Menengah Kebangsaan St Michael, Alor Setar and Rumah Anak-anak Yatim Darul Aitam Tunku Abdul Rahman (DATAR) in Kedah Darul Aman). For this study, the researcher used a purposive sampling method. As a result, the outcome for this research may not represent the voice of youngsters in the whole country since the research only included teenagers in Kedah.

The second limitation is only Malay students were selected from SMK St Michael to ensure homogeneity of the respondents since all of the orphans from DATAR were Malays. The respondents also received the same level of education in which they attended daily school.

Even though the respondents from DATAR were staying at the dorm provided by PERKIM, all of them were studying at daily schools around Alor Setar. The only different is that, the respondents came from different family structure or family arrangement. Since the research investigated the effect of family structure on youth perception of teenage pregnancy and sexuality, only respondents who are living with both parents are selected from SMK St Michael. This is to ensure that there two groups of respondents were comparable (i.e. orphans and non-orphans). Hence, the perception of students from other background (e.g., different ethnicity) was not possible to be measured.

In addition, this research only focused on the participants' perception regarding sexuality and teenage pregnancy, and did not measure the actual behaviour of the participants regarding those two issues. Therefore, it is important to note that what the participants say about sexuality may not be what they would actually do. Thus, further research is needed to explore this.

5.4 Recommendations for Future Research

As mentioned previously, an important aspect to measure that is not the focus of this research is the actual sexual behaviour of teenagers. Future research may focus on measuring the sexual behaviour of young people especially whether they are involved in risky sexual behaviour. A comparison between actual behaviour and perception would be an interesting issue to be measured. If there is a discrepancy between the two constructs, further exploration should be made regarding the reasons why teenagers are not behaving according to what they believe.

Other than that, in this study, teenagers' perception of family communication does not differ based on family structure. It was also found that the respondents from both locations had moderate communication when it comes to sexuality matter regardless of their family structure. Family communication is essential in guiding teenagers. The research conducted by Omar, Mustaffa and Nordin (2007) , for example, suggested that the most important duty of the parents is in guiding religious belief and moral values at early ages to prevent teenagers from involving in sex before marriage. Therefore, for future research, focus could be made upon the effect of family communication in developing teenagers' perception of sexuality matters by utilising qualitative research method (such as interviews) in order to obtain more detail about the importance of family communication.

Another important finding of this research is the input from the participants regarding sex education. There are some important topics that the participants pointed out that could be considered as their "voice" or "opinion" regarding sex education. For future research, researchers may want to focus more on sexuality topics and explore the necessity and suitability of the subjects to be taught in schools.

In addition, more research are needed in the future regarding sexual behaviour among young people in Malaysia. Researchers need to include more participants from all over Malaysia so that a comparison of young participants from all walks of life could be made. The voices of young people are very crucial for policy makers to implement a more effective sex education in the school syllabus that could potentially overcome the increasing rate of sexual problems among teenagers in Malaysia.

5.5 Conclusion

This research was an attempt to investigate teenagers' perspective on the topic of teenage pregnancy and sexuality, as well as to investigate the current educational efforts to teach sexuality to youths in schools. As a conclusion, there are a few important findings that can be highlighted from this study. The overall results show that the participants have a conservative-inclined perception regarding teenage pregnancy and sexuality. Moreover, family communication regarding sexuality was found to be moderate, which highlighted that teenagers do not feel comfortable discussing this issue with their parents or vice versa.

In addition, analysis on sexuality topics found several topics that they wanted to learn at school that could become future reference for the new syllabus of sex education. As social problems become more complex in line with the stressful demands that are placed on teenagers at home and at school, many teenagers may resort to risky behaviour as an outlet for seeking self-esteem. Therefore, a friendly approach is needed to help these young people to stay safe and healthy

REFERENCES

A.Ghani, S., Abdullah, S., Syed Akil, S.M. & Nordin, N .(2014). Muslim adolescents moral value and coping strategy among muslim female adolescent involved in premarital sex, *Procedia Social and Behavioural Sciences*, 114, 427-433. doi:10.1016/j.sbspro.2013.12.760

Abdullah, S., A. Ghani, S., Sipon,S., Akil,S.M., Noradila &Faudzi,M. (2014).Relationship between Parent and Peer Attachment with Coping Strategy among TeenagersPregnancy, *Procedia - Social and Behavioral Sciences* 114, 439 – 445. doi: 10.1016/j.sbspro.2013.12.726

Abdulssalam, A.S. (2006). Gender and Sexuality: An Islamic Perspective, *Sari* 24, 35-48. Retrieved from http://journalarticle.ukm.my/1075/1/Gender_and_Sexuality_An_Islamic_Perspective.pdf

AbRahman, A., Ab Rahman, R., Ibrahim, M.I, Salleh, H., Ismail,S.B.,Ali,S.H &Ahmad, A. (2011). Knowledge of sexual and reproductive health among adolescents attending school in Kelantan, Malaysia. *SoutheastAsian Journal*, 42 (3), 717-725. Retrieved from <http://www.tm.mahidol.ac.th/seameo/2011-42-3/28-4912.pdf>

Abstinence Plus Programs: Pre-Programs Questionnaire-Girls. (2014, January 17). Louisiana State University (LSU) School of Social Work. Retrieved from http://www.socialwork.lsu.edu/downloads/ossrd/tpp/TPP%20pre%20program%20questionnaire%20gr_ls.pdf

Ahmad, F., Pawanteh, L., A. Rahim,S., Abd. Rahim, M.H. &Mohd,R.H.(2012). Representation of Sexuality on Television: Values and Attitudes of Young Malaysian. *Asian Social Science*, 8(7).doi: 10.5539/ass.v8n7p77

Ahmad, N.,Awaluddin,S.M.,Ismail,H.Samad,R.& Abd.Rashid,N.R.N. (2014, July 28).Sexual Activity Among Malaysian School-Going Adolescents: What Are the Risk andProtective Factors?*Asia Pac J Public Health* 2014,26: 44S. Retrieved from http://aph.sagepub.com/content/26/5_suppl/44S

Ahmadian, M., Hanina, H.,Hamsan, Abdullah,H., Samah,A.A. & Noor, A.M. (2014). Risky Sexual Behavior among Rural Female Adolescents in Malaysia: A Limited Role of Protective Factors. *Global Journal of Health Science*,6(3).doi:10.5539/gjhs.v6n3p165

Ahmad, S. (2018, August 5). Methods in Sample Surveys. Retrieved from <http://ocw.jhsph.edu/courses/StatMethodsForSampleSurveys/PDFs/Lecture5.pdf>

Alavi, K., Nen,S., Ibrahim, F.,Md. Akhir,N.M, Mohamad, M.S. & Nordin,N.M. (2010). Pregnancy Out of Wedlock among Teenagers. *Journal of Social Sciences and Humanities*, 7 (1), 131-140. Retrieved from [http://pkukmweb.ukm.my/ebangi/papers/2012%20specialissues/khadijah012\(b\).pdf](http://pkukmweb.ukm.my/ebangi/papers/2012%20specialissues/khadijah012(b).pdf)

Allen, L. (2007). Denying the sexual subject: Schools' regulation of student sexuality. *British Educational Research Journal*, 33(2), 221-234. doi:10.1080/01411920701208282

Awaluddin, S.M., Ahmad,N.A., Saleh,N.M., Aris,T.,Kasim, N.M., Muhammad Sapri,N.A.& Abdul Rashid, N.R.N. (2015).Prevalence of sexual activity in older Malaysian adolescents and associated factors.*Journal of Public Health Aspects*, 2 (1).Retrieved from smaria@moh.gov.my.

Ashford, J.B., Lecroy,C.W. & Lortie,L.K. (2001).Human Behaviour in the Social Environment: A Multidimensional Perspective, 2nd edition. 1-62-Chapter 5: Pregnancy, Birth and the Newborn, *Focus on Diversity: Fighting the Stereotype-Resilient Adolescent Mothers*(pp.184). Belmont,USA: Wadsworth/Thomson Learning.

Aziz, H. (2016). Its high time we take sex education seriously, Retrieved from <http://www.nst.com.my/news/2016/06/153620/its-high-time-we-take-sex-education-seriously>

Birdthistle, I.J., Floyd, S., Machingura, A., Mudziwapasi, N., Gregson, S. & Glynn, J.R. (2008). From affected to infected? Orphanhood and HIV risk among female adolescents in urban Zimbabwe. *AIDS*, 22 (6), 759-766.doi:10.1097/QAD.0b013e3282f4cac7

Bjorklund, D.F.(2012). *Children's Thinking: Cognitive Development and Individual Differences*(5thed.).USA: Wadsworth Cengage Learning.

Blum, R.W.,Goldhagen, J. & M.D. Dagger, (1980) Teenage Pregnancy in Perspective, *Clinical Pediatrics*, vol 20 (5), 335-340. doi:10.1177/000992288102000506

Bonell, C. (2004). Why is teenage pregnancy conceptualized as a social problem? A review of qualitativeresearch from the USA and UK.*Culture, Health & Sexuality*, 6(3), 255-272.doi: 10.1080/13691050310001643025.

Brown, B.B., Larson, R.W. & Saraswathi,T.S. (2002).*The World's Youth: Adolescence in Eight Regions of the Globe*.South Africa: Cambridge University Press.

Choo, W. Y., Dunne, M. P., Marret, M. J., Fleming, M., & Wong, Y. L. (2011). Victimization experiences of adolescents in Malaysia. *Journal of Adolescent Health*, 49(6), 627-634. doi:10.1016/j.jadohealth.2011.04.020

Cleland, J. (2014, January 13). Illustrative Questionnaire for interview- Surveys with Young People. World Health Organization (WHO). Retrieved from <http://www.who.int/reproductivehealth/topics/adolescence/questionnaire.pdf>

Community Action. (2005). Early sex activity found among youths, large numbers risk STDs, *Community Action*, 20(9), 3. Retrieved from <https://www.thefreelibrary.com/Early+sex+activity+found+among+youths%2c+large+numbers+risk+STDs.-a0133049598>

Coutinho, E., Favas, P. & Duarte, J. (2015). "Dating...making out... Young girls' relationships experience in the affective-sexual sphere", *Procedia Social and Behavioural Sciences*, 165, 241-250.doi: 10.1016/j.sbspro.2014.12.628

Crain, W. (2011). *Theories of Development: Concepts and Applications* (6th ed.) USA: Prentice Hall

Creswell, J.W. (2014). *Educational Research: Planning, conducting and evaluating quantitative and qualitative research* (4th ed). Harlow, UK: Pearson Education Limited.

Dutta,S. (2013).*Gender Sociology*. Wisdom Press: New Delhi.

EPIC MRA. (2015, January 30). Statewide Survey of Parents — May 2004: Questions On Sex Education. Retrieved from https://www.michigan.gov/documents/mde/SexEdSurvey_258531_7.pdf

Estivalis,M.L. & Amat, A.F. (2014) "Educating for sexual and reproductive health in an information society", *Procedia-Social and Behavioural*, 116, 3026-3029. doi: 10.1016/j.sbspro.2014.01.701

Fisher, J. (2011). Mental health aspects of sexual and reproductive health in adolescents. *International Journal of Social Psychiatry*, 57 (S1), 86-97.doi:10.1177/0020764010396697

Flood, M. (2007). Exposure to pornography among youth in Australia. *Journal of Sociology*, 43(1), 42-60.doi: 10.1177/1440783307073934

Foluso, A.F. & Odu, B.K. (2010). "Effect of sexuality education on the improvement of health status of young people in the University of Ado-Ekiti, Nigeria", *Procedia Social and Behavioural Sciences*, 5, 1009-1016. doi:10.1016/j.sbspro.2010.07.227

Fonner, V.A., Armstrong,K.S., Kennedy,C.E.,O'Reilly,K.R., Michael D. & Sweat,M.D.(2014, March). School Based Sex Education and HIV Prevention in Lowand Middle-Income Countries: A Systematic Review and Meta-Analysis.9(3).doi: 10.1371/journal.pone.0089692

Gorard. S. (2013). "Quantitative methods in Social Science: The role of numbers made easy". London (New York): Continuum Books.

Hamid, A., Azhar,M., Suratman, Shah, A. & Fauzi.M.O. (2001). Senario pendidikan moral masyarakat melayu zaman teknologi komunikasi maklumat (ICT): Trend, hala tuju dan model pendidikan moral keluarga Islam (Moral education scenario of Malay society in ICT era: Trend, direction and moral education model of muslim family). *Jurnal Teknologi*, 35(E) Dis, 45–70. doi: 10.11113/jt.v35.624

Hamjah, S.H., Rasit, R.M., Samuri,A.A., Sham, F.M., Ismail,Z. &Kusrin,Z.M., (2014, December). The Role of The Muslim Family in Dealing with Adolescent Out-of- Wedlock Pregnancy. *Mediterranean Journal of Social Sciences*,5(29). doi:10.5901/mjss.2014.v5n29p101

Hammond, R.J.(2010).*Sociology Of The Family*. Smashwords Edition: Creative Commons License of Attribution (BY). Retrieved from http://freesociologybooks.com/Sociology Of The Family/01_Changes and Definitions.php

Harper, A. & Proctor,C. (2008).*Medival Sexuality: A Casebook*. New York: Routledge.

Hayward, G. (2011). Teenage pregnancy and health implications.*International Journal of Public Health Research*, 100-102. Retrieved from http://journalarticle.ukm.my/3359/1/special%2520issue%25202011_15.pdf

Herdt, G. & Howe, C.(2007).*21st Century Sexualities: Contemporary Issues In Health, Education, And Rights*. New York : Routledge.

Herzog, T. (1996).*Research Methods and Data Analysis in the Social Science*.United States: Harper Collins College Publishers.

Hillaluddin, A.H.,Saad,Z.M. & Marzuki, N.A. (2013).*Premarital Pregnancy Experiences: Profile of Young Mothers in Women Shelters*. Paper presented at the International Conference of ASEAN Women, Bandung, Indonesia, 10-12 December 2013.Sintok: UUM Press.

Hillaluddin, A.H. & Mat Saad,Z. (2013). *Premarital Pregnancy Experiences:Profile of Young Mothers in Women Shelters*. In Proceeding of the International Conference on ASEAN Women (ICAW) 2013. Paper presented at the International Conference on ASEAN Women (ICAW) 2013, Bandung, Indonesia (pp. 1 - 8). Sintok: Universiti Utara Malaysia.

Hoggart, L. (2010). 'I'm pregnant... what am I going to do?' An examination of value judgements and moral frameworks in teenage pregnancy decision making. *Health, Risk & Society*, 14(6), 533-549.doi: 10.1080/13698575.2012.706263

Hutchinson, A.J. &O'Leary,P.J. (2016).Young mothers in Islamic contexts:Implications for social work and social development, *International Social Work 2016, Vol. 59(3)* 343–358. doi: 10.1177/0020872815626995

Ilkkaracan, P. & proctor, S. (2007). *Gender and Sexuality*, Overview Report. Institute of Development Studies, Bridge Development Gender. University of Sussex,Brighton: BRIDGE publications.

Jaafar, A. & Lee, C.S. (2008, May 27), *Design Approach of Malaysian Sexual Educational Courseware (MSE) for Secondary Schools*, Selected Papers from the WSEAS Conference in Istanbul, Turkey.

Jahanfar, S., Lye M.S. & Rampal, L. (2009 March). A randomised controlled trial of peeradult-led intervention on improvementof knowledge, attitudes and behaviour of university students regarding HIV/AIDS in Malaysia. Retrieved from <https://www.researchgate.net/publication/2421004>

Jejeebhoy, S. J.& Bott, S. (2005). Nonconsensual sexual experiences of young people in developing countries: An overview. In S. J. Jejeebhoy, I. H. Shah, Shyam Thapa (Eds.), *Sex without consent: young people in developing countries* (pp. 3-45). London: Zed Books.

Jomeen, J.& Whitfield, C. (2014, January 13). A Survey of Teenage Sexual Health: Knowledge, Behaviour and Attitudes in East Yorkshire. East Riding of Yorkshire. Retrieved from <http://www2.hull.ac.uk/fhsc/pdf/TSH%20Public%20electronic%20FINAL.pdf>

Joppe, M .(2000). The Research Process.In N. Golafshari, Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4),597-607. Retrieved from <http://www.nova.edu/ssss/QR/QR8-4/golafshani.pdf>

Kail,R.V. & Cavanaugh,J.C. (2014).*Human Development: A Life- Span View*(7thed.)USA: Cengage Learning.

Kamrani,M.A.,Syed Yahya,S.Z.,Ahmad, Z.&Hamzah,A. (2011). Source of information on sexual and reproductive health among secondary schools' girls in the Klang Valley. *Malaysian Journal of Public Health Medicine*, 11(1):29-35. Retrieved from <https://www.mjphm.org.my/mjphm/journals/Volume%2011:1/177-11-TO%20PUBLISH.pdf>

Kehily, M.J.(2007).*Understanding Youth: Perspectives, Identities and Practices*. London: Sage Publication.

Kennedy, J.F. (2015, January 30). Sex Education in America General Public/Parents Survey.National Public Radio/Kaiser Family Foundation/Kennedy School of Government. Retrieved from <http://www.npr.org/programs/morning/features/2004/jan/kaiserpoll/publicfinal.pdf>

Kent, R. (2015), “*Analysing Quantitative Data: Variable-based and Case-based Approaches to Non-experimental Datasets*”. London: Sage Publications

Khalaf, Z.F.,Low, W.Y., Khoei, E.M.& Ghorbani,B. (2014). Sexuality education in Malaysia: Perceived issues and barriers by professionals. *Asia Pacific Journal Public Health*, 26, 358-366 .doi: 10.1177/1010539513517258

Kirby, D., Short, L., Collins, J., Rugg, D., Kolbe, L., Howard, M., Miller, B., Sonenstein, F. & Zabin, L.S. (1994). School-based programs to reduce sexual risk behaviors: A review of effectiveness, *Public Health Reports*, 109, 339-360. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403498/pdf/pubhealthrep00060-0037.pdf>

Kuate Defo, B. & Tsala Dimbuene, Z. (2012). Influences of Family Structure Dynamics on Sexual Debut in Africa: Implications for Research, Practice and Policies in Reproductive Health and Social Development. *African Journal of Reproductive Health June (Special Edition)*, 16(2), 147-172. Retrieved from <https://www.ajol.info/index.php/ajrh/article/view/77844>

Lee, L.K, Chen, C.Y., Lee, K.K.& Kaur, J. (2006). Premarital sexual intercourse among adolescents in Malaysia: a cross sectional Malaysia school survey. *Singapore Med J*, 47, 476-481. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16752015>

Leman, V.P, Bremner,A., Parke,R.D. & Gauvian, M. (2012). *Developmental Psychology*.UK: McGraw-Hill Education.

Lips, H.M.(2015). *Sex & Gender: An Introduction, Chapter 2: Theoretical Perspectives on Sex and Gender* (5th ed.). New York: The McGraw-Hill Companies.

Liu, A., Kilmarx, P., Jenkins, R. A., Manopaiboon, C., Mock, P. A., Jeeyapunt, S & Van Griensven, F. (2006). Sexual initiation, substance use, and sexual behavior and knowledge among vocational students in northern Thailand. *International family planning perspectives*, 32(3), 126-135.doi: 10.1363/3212606

Loaiza, E.& Liang, M.(2013). *Adolescent Pregnancy: A Review of the Evidence*, UNFPA, New York. Retrieved from https://www.unfpa.org/sites/default/files/pubpdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf

Low, W.Y. (2006). Adolescent health: what are the issues and are we doing enough? *Singapore Medical Journal*, 47(6), 453-455. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16752011>

Low, W.Y. (2009). Malaysia youth sexuality: Issues and challenges. *The Journal of Health and Translational Medicine*, 12(1),3-14. Retrieved from <https://ejournal.um.edu.my/index.php/jummec/article/download/4610/2396/>

LPPKN. (2014). Retrieved from <http://www.lppkn.gov.my/index.php/en/reproductive-health-services/103-kafe-teen-adolescent-centre.html>

Macleod, C. (2003). Teenage pregnancy and the construction of adolescence: Scientific literature in South Africa, *Childhood*, 10(4), 419-437.doi: 10.1177/0907568203104003

Macleod, C. (2011). *Adolescence' Pregnancy and Abortion*.New York: Routledge.

Macleod, C.(2011). *Adolescence, Pregnancy and Abortion: Constructing a Threat of Degeneration*. New York, NY: Routledge.

Macleod, C.(2003), *Teenage Pregnancy and The Construction of Adolescence* Scientific literature in South Africa. London: SAGE Publications.

Makol-Abdul, P.R., Imam, S.S., Nurullah, A.S.&Rahman,S.A. (2009). Parents' Attitudes towards Inclusion of Sexuality Education in Malaysian Schools. *International Journal about Parents in Education*, 3(1), 42-56. Retrieved from <http://www.ernape.net/ejournal/index.php/ijpe/article/viewfile/84/62.html>

Maxwell, J. (2013). *Qualitative research design: An interactive approach* (3rd ed). Newbury Park, CA: Sage.

McKay, A. (2000). Common questions about sexual health education, *The Canadian Journal of Human Sexuality*, 9, 130- in Heather Weaver, Gary Smith and Susan Kippax, 2005). Retrieved from http://www.sieccan.org/pdf/she_q&a_3rd.pdf

Mokhtar, M.M., A. Rosenthal, D.S.Hocking, J. &Satar, N.A. (2013). "Bridging the Gap: Malaysian youths and the pedagogy of school-based sexual health education", *Procedia-Social and Behavioural Sciences*, 85, 236-245. doi:10.1016/j.sbspro.2013.08.355

Mpanza, N.D.& Nzima, R.D. (2010), Attitudes of educators towards teenage pregnancy, *Procedia Social and Behavioural Sciences*, 431-439.doi: 10.1016/j.sbspro.2010.07.118

Natalier, K. (2012). Chapter 2: Research Design. In M.Walter. (Ed.). *Social Research Methods*(2nd ed). Victoria, Australia: Oxford University Press.

Nik Abdul Rashid,N.R. (2014, October 8). Rise of Teen Pregnancies in Malaysia. Retrieved from <http://www.bfm.my/rise-of-teen-pregnancies-in-malaysia- dr-nik- rubiah-nik-abdul-rashid.html>

Noordin,N., Zakaria, Z., Mohamed Sawal, M.Z.H., HjHussin,Z., Ngah, K. & Nordin, J. (2012). The voice of youngsters on baby dumping issues in Malaysia. *International Journal of Trade, Economics and Finance*, 3 (1), 66-72. Retrieved from www.ijtef.org/papers/174-T10013.pdf

Nordin, N.,Wahab, R.A. &Yunus,F.W. (2012)."Psychological Well-Being of Young Unwed Pregnant Women: Implications for extension education and programs", *Procedia- Social and Behavioural Sciences*, 68, 700-709. doi: 10.1016/j.sbspro.2012.12.260

Omar, K., Hasim, S., Muhammad,N.A., Jaffar, A., Hashim, S.M. & Siraj,H.H.(2010). Adolescent pregnancy outcomes and risk factors in Malaysia. *International Journal of Gynaecology and Obstetrics*, 111, 220-223. doi: 10.1016/j.ijgo.2010.06.023

Omar, N., Mustaffa, C.S. & Nordin, M.Z.F. (2007). A Comparison of Family Communication and Institutional Communication of Boarding School Students and Juveniles in Malaysia. *Intercultural Communication Studies*, 17(3),Universiti Utara Malaysia, Malaysia. Retrieved from <http://web.uri.edu/iaics/files/06-Nuredayu-Omar-Che-Su-Mustaffa-Munif-Zariruddin-Fikri-Nordin.pdf>

Pertubuhan Kebajikan Islam Malaysia. (2015, January 28). Asrama DATAR PERKIM. Retrieved from <http://www.perkim.net.my/asrama-datar-perkim/>

Phelps,R., Fisher, K.& Ellis, A. (2007).*Organizing and Managing Your Research: A Practical Guide for Postgraduates*. London: Sage Publications.

Phoenix, A. (1991) *Young Mothers? Lust: What are know about human sexual desire* Cambridge, United Kingdom: Polity Press Regan, P.C & Berscheid, E. (1999). Thousand Oaks, CA: Sage.doi: 10.4135/9781452233727

Poertner, J. & Marks, J.(1988, October 1). Role of the School Social Worker InSex *EducationChildren& Schools*, 11(1). 21–35.Retrieved from <https://doi.org/10.1093/cs/11.1.21>

Portal MyWanita. (2015, February 4). Pendidikan Seks Untuk Remaja Lelaki Akan Dilaksanakan Tahun Depan – Menteri Pembangunan Wanita,Keluarga dan Msyarakat, YBM Dato' Sri Rohani. Retrieved from http://www.mywanita.gov.my/web/home/article_view/0/184/

Portal Rasmi Sek Men Keb St Michael Alor Setar. (2015, January 28). Sejarah. Retrieved from <http://cheerystmichael4ever.blogspot.com/p/sejarah-smksm.html>

Quinlivan, J.A.& Condon,J.(2005). Anxiety and depression in fathers in teenage pregnancy, Australian and New Zealand *Journal of Psychiatry* 39:915–920. doi: 10.1080/j.1440-1614.2005.01664.x

Rahman, M. & Jackson, S. (2010). Trouble with Nature (pg.18).*Gender and Sexuality: Sociological Approaches*. UK/USA:Polity Press.doi:10.1177/0959353511430228

Razak, A., Roshida, R., Hussain, N. &Haslinda,N. (2007).Peranan institusi keluarga dalam penjagaan bangsa bertamadun (Role of family institution in safeguarding a civilized nation).*Jurnal Kemanusiaan*, 9(Jun), 73-82. Retrieved from <http://www.management.utm.my/download/jurnal-kemanusiaan/bil-09-jun-2007/54-peranan-institusi-keluarga-dalam-penjagaan-bangsa-bertamadun/file.html>

Ridner, S.L, Topp, R., & Frost, K.L. (2007).Methodological issues in identifying sexuality for Research, *American Journal of Men's Health*, 1 (1), 87-90.doi: 10.1177/1557988306294609

Roche, J.,Tucker, S., Thomson, R.& Flynn,R. (2004) . Chapter 18: Sexuality, Tim Edwards. *Youth in Society: Contemporary Theory, Policy and Practice*(2nded.)London: Sage Publications.

Rosenberg, E.L. (2015). *Psychology: Perspectives and Connections* (3rd ed). New York, USA: McGraw Hill Education

Ryan, S, Franzetta, K.&Manlove, J. (2007). Knowledge, perception and motivations forcontraception influence on teens' contraceptive consistency. *Youth Society*, 39(2), 182-208. doi: 10.1177/0044118X06296907

Ryckman, R.M. (2004). *Theories of Personality*(8th ed.). USA: Wadsworth/Thomson Learning.

Sulaiman, S.A.,Ahmadi, K., Khan, M.&Anwar,T. (2010). *Awareness of school students on sexually transmitted infections (STIs) and their sexual behavior: a cross-sectional study*. BMC Public Health, 10:47, P1-6, Pulau Pinang, Malaysia .doi: 10.1186/1471-2458-10-47

Sa'ad, F.M., Yussoff, F., Nen,S. &Subhi,N. (2014) " The effectiveness of person-centered therapy and cognitive psychology ad-din group counseling on self-concept, depression and resilience of pregnant out-of-wedlock teenagers", *Procedia-Social and Behavioural Sciences*, 114, 927-932.doi: 10.1016/j.sbspro.2013.12.809

Saim, N.J.,Dufaker,M.,Eriksson,M. &Ghazinour,M.(2013).Listen to the Voices of Unwed Teenage Mothers in Malaysian Shelter Homes: An Explorative Study.*Global Journal of Health Science*,5(5). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4776844/>

Salter, A. & Bremner,G. (2011). *An Introduction to Developmental Psychology*(2nded.) UK: BPS Blackwell.

Siti Nor Y, Wong Fui-Ping, Rozumah B. Mariani, M, Rumaya, J.& Mansor, A.T. (2010). Factors related to sexual knowledge among Malaysian adolescents. *JurnalKemanusiaan*, 16, 21-32.Retrieved from <http://www.management.utm.my/download/jurnal-kemanusiaan/bil-16-dis-2010/424-factors-related-to-sexual-knowledge-among-malaysian-adolescents/file.html>

Schinke, S.P. (1998). Preventing teenage pregnancy.*Journal of Human Behavior in the Social Environment*, 1(1), 53-66.doi:10.1177/001872679104400706

Schultz, D.P. & Schultz,S.E. (2013). *Theories of Personality*(10th ed.).USA: Wadsworth Cengage Learning.

Senapati, T.&Satapathy,R. (2007).*Sex Education and Counselling on Sex Related Problems*. New Delhi: Sonali publications.

Senderowitz, J. (1999). *Making Reproductive Health Services Youth Friendly*. Washington, DC: Research, Program and Policy Series.

Shaffer, D.R. & Kipp, K.(2014).*Developmental Psychology Childhood & Adolescence*(9 th ed.).USA: Wadsworth Cengage Learning.

Shamsul, A.B. & Sukimi,M.F. (2006). Making Sense of Malay Sexuality: *An Exploration*. *Sari* 24 ,59 – 72. Retrieved from [journalarticle.ukm.my/1078/1/Making Sense of Malay Sexuality.pdf](journalarticle.ukm.my/1078/1/Making_Sense_of_Malay_Sexuality.pdf)

Simbar, M., Tehrani, F.R.& Hashemi, Z. (2005). Reproductive health knowledge, attitudes and practices of Iranian college students, *Eastern Mediterranean Health Journal*, 11 (5/6), 888-897. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16761658>

Smith, G, Kippax, S, Aggleton, P.& Tyrer, P. (2003). HIV/AIDS School-based education in selected asia-pacific countries.*Sex Education*, 3(1), 3-21. Retrieved from <https://www.popline.org/node/275764>

Smith, G. & Kippax, S. (2005, May). School-based sex education policies and indicators of sexual health among young people: a comparison of the Netherlands, France, Australia and the United States Heather, *Sex Education* Vol. 5, No. 2, pp. 171–188.doi: 10.1080/14681810500038889

Smith, K. & Colman, S. (2012). Evaluation of adolescent pregnancy prevention approaches: Design of the impact study. *PPA Evaluation Design Report, Rockville: Mathematica Policy Research* (pp.1-77). Retrieved from https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oa.../ppa_design_report.pdf

Sommart, J. & Sota, C. (2013)" The Effectiveness of a School-Based sexual health education program for junior high school students in Khon Kaen, Thailand", *Procedia-Social and Behavioural Sciences*, 91, 208-214. doi: 10.1016/j.sbspro.2013.08.419

Stammers, T. (2002), Teenage Pregnancies Are Influenced By Family Structure, *British Medical Journal*, 324(7328).UK.doi: 10.1136/bmj.324.7328.51a

Student Health Questionnaires. (2014, December 14). National Institute of Health. Retrieved from <http://caps.ucsf.edu/uploads/tools/surveys/pdf/marinschoolquest.pdf>

Suan, M.A.M , Ismail, A.H.& Ghazali, H. (2015, August) A review of teenage pregnancy research in Malaysia. *Med J Malaysia* 70(4). Retrieved from www.e-mjm.org/2015/v70n4/teenage-pregnancy.pdf

Sudan, S.A. (2015, November). Educating Children on Sexual Matters Based on the Teaching of Islam: The Role of Muslim Parents , *Journal of Education & Social Policy*, 2(5). Faculty of Education International Islamic University Malaysia. Retrieved from jespnet.com/journals/Vol_2_No_5_December_2015/14.pdf

Sulaiman, S., Othman, S., Razali, N.& Hassan, J. (2013). Obstetric and perinatal outcome in teenage pregnancies, *SAJOG*, 19 (3), 74-77.doi: 10.7196/SAJOG.679

Sultana, A.M. & Lazim,A.S. (2011). Gender Studies in Teacher Education: An Empirical Research. *Asian Social Science*, 7(12), 168-174. Retrieved from doi:10.5539/ass.v7n12p168

Talib,J., Mamat,M., Ibrahim,M.& Mohamad,Z. (2012) "Analysis on sex education in schools across Malaysia", *Procedia- Social and Behavioral Sciences*, 59, 340-348. doi: 10.1016/j.sbspro.2012.09.284

Teiford, J.B. (2008). *Social Perception: 21 st Century Issues and Challenges*. New York, USA: Nove Science Publishers.

The Star. (2015). Sex education for girls too. Retrieved from <http://www.thestar.com.my/news/education/2015/02/08/sex-education-for-girls-too/>

Thurman, T.R., Brown, L., Richter, L., Maharaj, P & Magnani, R.J. (2006). Sexual risk behavior among South African adolescents: Is orphan status a factor?. *AIDS and Behavior*, 10 (6), 627-635.doi:10.1007/s10461-006-9104-8

United Nations Children's Fund (UNICEF).(2015, January 30). *Preventing Teen Pregnancies: Strategies for Success*. Retrieved from http://www.unicef.org/malaysia/Preventing_teen_pregnancies.pdf

United Nations Educational, Scientific and Cultural Organization, (2014, June 20). *What do we mean by "youth"?*. Retrieved from http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth_definition/

United Nations Statistics Division.(2006). *Demographic yearbook 2006*. New York: Author.

Urry, S.A, Nelson, L.J. & Padilla-Walker, L.M. (2011). Mother knows best: Psychological control, child disclosure and maternal knowledge in emerging adulthood. *Journal of Family Studies*, 17, 157-173.doi:10.5172/jfs.2011.17.2.157

Wel, F.V.,Bogt,T.T. & Raaijmakers,Q.(2002). *Changes in the Parental Bond and the Well-Being of Adolescents and Young Adults*.*Adolescence*, 37(146). San Diego: Libra Publishers,Inc.

Vasudevan, H. (2013). Sexual problems among teens in Malaysia: A case study at youth rehabilitation centre in Kuala Lumpur, Malaysia. *Interdisciplinary Journal of Contemporary Research in Business*, 5 (4),85-104. Retrieved from journal-archives35.webs.com/85-104.pdf

Vaus, D.D. (2002).*Surveys in Social Research (5th ed.)*. London: Routledge, Taylor and Francis Group

Wahyuni, D. (2018, August 5). The Research Design Maze: Understanding Paradigms, Cases, Methods and Methodologies. Retrieved from <http://dro.deakin.edu.au/eserv/DU:30057483/wahyuni-researchdesignmaze-2012.pdf>

Weiger, D.J. (2008). The Concept of Family: An Analysis of Laypeople's Views of Family. *Journal of Family Issues*, 29(1), 1426-1447.doi:10.1177/0192513X08318488

Weiten, W. (2013). *Psychology: Themes and Variations* (9th ed). Belmont, USA: Wadsworth Cengage Learning.

Weiten, W. (2015). *Psychology: Themes and Variations* (10th ed). Boston, USA: Cengage Learning.

Wiggins,M., Oakley,A., Sawtell,M.,Austerberry,H., Clemens, F. & Elbourne, D. (2005, December) *Teenage Parenthood and Social Exclusion: a multi-method study*. Summary report of findings ()- Social Science Research Unit: Institute of Education University of London,1-72. Retrieved from eprints.ioe.ac.uk/3007/1/Wiggins2005TeenageParenthood.pdf

Wilson, M.L. (2003). Thought on the history of sexuality. *The William and Mary Quarterly*, 60(1), 193-196. Retrieved from https://oieahc.wm.edu/wmq/browse_toc.cfm?issue_num=60_1

Wong, L.P. (2012). *An exploration of knowledge, attitudes and behaviours of young multiethnic Muslim-majority society in Malaysia in relation to reproductive and premarital sexual practices*. BMC Public Health , 12:865, PP1-13. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-865>

World Health Organization. (2014). Adolescent Pregnancy. Retrieved from <http://www.who.int/mediacentre/factsheets/fs364/en/>

World Health Organization. (WHO). (2014). *Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries*. Geneva: WHO Publications. Retrieved from whqlibdoc.who.int/publications/2005/9241593652_eng.pdf

World Health Organization. (WHO). (2015, February 4). *What do we mean by "sex" and "gender"?*. Retrieved from <http://www.who.int/gender/whatisgender/en/>

World Health Organization. (2011, April 28). *Youth And Health Risks*. Reported by the Secretariat. Provisional agenda item 13.16 Sixty-Fourth World Health Assembly A64/25. Retrieved from apps.who.int/gb/ebwha/pdf_files/WHA64-REC1/A64_REC1-en.pdf

Yaghmaie, F. (2018, August 5). Content Validity and Its Estimation. Retrieved from <file:///C:/Users/PTKP/Downloads/870-2421-1-PB.pdf>

Yee, N.C. (2010). Teen pregnancies on the rise with 111 reported this year. Retrieved from http://www.thestar.com.my/story/?file=%2F2010%2F6%2F26%2Fnation%2F654973_3



QUESTIONNAIRES IN MALAY LANGUAGE VERSION





Tajuk Kajian:

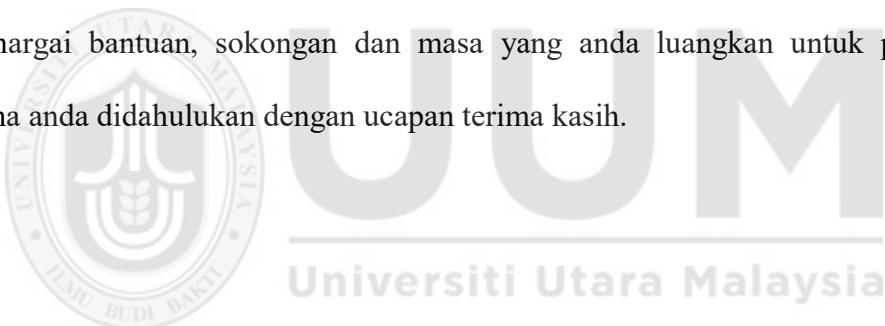
“Kajian Hubungan di Antara Komunikasi Keluarga dan Persepsi Belia Melayu Terhadap Kehamilan Remaja, Seksualiti dan Pendidikan Seks”

Universiti Utara Malaysia

Responden yang dihormati,

Saya adalah pelajar Ijazah Sarjana Sastera (Kerja Sosial) di Universiti Utara Malaysia. Saya sedang menjalankan satu penyelidikan bertajuk ***“Kajian Hubungan di Antara Komunikasi Keluarga dan Persepsi Belia Melayu Terhadap Kehamilan Remaja, Seksualiti dan Pendidikan Seks”***. Tujuan kajian saya adalah untuk mengkaji persepsi belia mengenai isu-isu berkaitan kehamilan remaja, seksualiti, dan pendidikan seks yang diterima di sekolah. Jawapan anda yang jujur adalah penting untuk kajian saya. Segala jawapan anda adalah sulit dan maklumat peribadi anda adalah dirahsiakan.

Saya menghargai bantuan, sokongan dan masa yang anda luangkan untuk penyelidikan ini. Kerjasama anda didahulukan dengan ucapan terima kasih.



Butiran maklumat prenyelidik:

Nama: Farah Nabilah binti Mohammad Anuar
Universiti: Universiti Utara Malaysia (UUM)
Program: Ijazah Sarjana Sastera (Kerja Sosial)
E-mail: farahnabilah2106@gmail.com

Profil Demografi

Arahan: Sila jawab soalan berikut. Tandakan jawapan yang sesuai.

a) Berapakah umur anda?

- 13 tahun
- 14 tahun
- 15 tahun
- 16 tahun
- 17 tahun

b) Apakah jantina anda?

- Perempuan
- Lelaki

c) Apakah kelas / tingkatan di sekolah ini?

- Tingkatan 1
- Tingkatan 2
- Tingkatan 3
- Tingkatan 4
- Tingkatan 5

d) Anda tinggal bersama siapa?

- Ibu bapa kandung
- Ibu bapa angkat
- Ibu dan bapa tiri
- Bapa dan ibu tiri
- Ibu tunggal
- Bapa tunggal
- Datuk dan nenek
- Penjaga (iaitu, ibu saudara, bapa saudara, sepupu, rakan atau kemudahan kediaman

Seksualiti

Arahan: Di bawah terdapat beberapa kenyataan tentang seksualiti . Sila bulatkan nombor yang sepadan dengan pendapat anda tentang setiap kenyataan

No	Soalan	Sangat tidak setuju	Tidak setuju	Tidak menentu	Setuju	Sangat setuju
1	Salah jika remaja lelaki atau perempuan yang belum berkahwin keluar temujanji (<i>dating</i>).	1	2	3	4	5
2	Salah jika remaja lelaki atau perempuan yang belum berkahwin melakukan seks walaupun mereka suka antara satu sama lain	1	2	3	4	5
3	Remaja perempuan harus menjaga dara / perawan sehingga mereka berkahwin	1	2	3	4	5
4	Remaja lelaki harus menjaga teruna / perawan sehingga mereka berkahwin	1	2	3	4	5
5	Tidak salah jika saya mempunyai hubungan fizikal dengan teman lelaki / wanita saya seperti berpegangan tangan , berpeluk atau bercium	1	2	3	4	5
6	Tidak salah untuk membiarkan pasangan saya menyentuh bahagian bawah pinggang saya (bahagian sulit)	1	2	3	4	5
7	Tidak salah untuk saya berimajinasi melakukan hubungan seksual dengan pasangan saya	1	2	3	4	5
8	Saya tidak boleh melakukan hubungan seks pada usia saya atau sebelum berkahwin kerana ia bertentangan dengan kepercayaan saya.	1	2	3	4	5
9	Saya tidak akan melakukan hubungan seks pada usia saya kerana ia adalah menjijikkan	1	2	3	4	5
10	Saya mempunyai keinginan untuk melakukan hubungan seks kerana saya ingin tahu apa perasaan melakukan hubungan seks pada masa ini	1	2	3	4	5
11	Saya mempunyai keinginan untuk melakukan hubungan seks kerana ada rakan-rakan saya juga melakukan hubungan seks pada masa ini	1	2	3	4	5

12	Saya mempunyai keinginan melakukan hubungan seks untuk memenuhi keinginan seksual sayapada masa ini	1	2	3	4	5
13	Saya boleh menahan diri dari melakukan hubungan seks walaupun saya mempunyai perasaan yang kuat terhadap pasangan saya (atau bakal pasangan saya).	1	2	3	4	5



Kehamilan Remaja

Arahan:

Di bawah terdapat beberapa kenyataan tentang kehamilan remaja. Sila bulatkan nombor yang sepadan dengan pendapat anda tentang setiap kenyataan

No	Soalan	Sangat Tidak Setuju	Tidak setuju	Tidak Pasti	Setuju	Sangat setuju
1	Kehamilan remaja adalah 'penyakit sosial' / 'masalah sosial' di Malaysia	1	2	3	4	5
2	Kehamilan remaja adalah pilihan yang dilakukan oleh remaja itu sendiri yang perlu dihormati	1	2	3	4	5
3	Remaja yang mempunyai anak berkemungkinan tidak menamatkan persekolahan mereka	1	2	3	4	5
4	Kedua-dua lelaki dan perempuan adalah bertanggungjawab untuk mencegah kehamilan	1	2	3	4	5
5	Remaja tidak seharusnya melakukan hubungan seks untuk mengelakkan kehamilan	1	2	3	4	5
6	Jika saya hamil atau membuatkan pasangan saya hamil, ia akan merosakkan rancangan masa depan saya	1	2	3	4	5
7	Mempunyai bayi dalam usia remaja membawa kepada kesan yang tidak baik kepada ibu dan bayi	1	2	3	4	5
8	Mengandung pada usia remaja bukanlah suatu masalah yang besar	1	2	3	4	5

Komunikasi Keluarga

Arahan:

Di bawah terdapat beberapa kenyataan tentang komunikasi keluarga. Sila bulatkan nombor yang sepadan dengan pendapat anda tentang setiap kenyataan

No	Soalan	Sangat tidak setuju	Tidak Setuju	Tidak menentu	Setuju	Sangat setuju
1	Saya boleh berbincang dengan baik dengan ibu bapa saya / penjaga mengenai hal peribadi saya	1	2	3	4	5
2	Ibu bapa / penjaga adalah sumber utama maklumat kesihatan seksual dan reproduktif untuk anak-anak mereka	1	2	3	4	5
3	Adalah mudahuntuk membincangkan hal-hal berkaitan dengan seks dengan bapa / penjaga lelaki saya.	1	2	3	4	5
4	Adalah mudahuntuk membincangkan hal-hal yang berkaitan seks dengan ibu / penjaga perempuan saya.	1	2	3	4	5
5	Saya belajar tentang seksualiti daripada ibu bapa / penjaga saya di rumah	1	2	3	4	5
6	Komunikasi yang baik dengan ibu bapa / penjaga saya membantu saya melambatkan atau menahan diri daripada melakukan aktiviti seks	1	2	3	4	5
7	Ibu bapa / penjaga saya terbuka, responsif, selesa dan yakin dalam perbincangan tentang seks.	1	2	3	4	5
8	Ibu bapa / penjaga saya dapat memberikan semua maklumat tentang seks yang anak-anak muda perlukan	1	2	3	4	5

9	Saya tidak akan melakukan hubungan seks pada usia saya kerana ibu bapa / penjaga saya akan marah	1	2	3	4	5
10	Saya tidak akan melakukan hubungan seks pada usia saya kerana ia akan membuat ibu bapa / penjaga saya malu.	1	2	3	4	5



Pendidikan Seks

Arahan: Sila jawab soalan berikut.

1) Apakah subjek di sekolah yang mengajar anda tentang pengetahuan seksualiti (reproduktif, perkahwinan, aktiviti seksual dan lain-lain)?

- i. _____
- ii. _____
- iii. _____

2) Saya akan bertanya mengenai perkara-perkara tertentu yang anda mungkin telah belajar atau mungkin dimasukkan ke dalam program pendidikan seks di sekolah. Sila tandakan jawapan anda.

a) Asas-asas kejadian bayi, kehamilan, dan kelahiran

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukanan pelajaran
- Tidak sesuai

b) HIV/AIDS

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukanan pelajaran
- Tidak sesuai

c) Penyakit jangkitan seksual selain daripada HIV / AIDS, seperti herpes dan sifilis

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukanan pelajaran
- Tidak sesuai

d) Kawalan kelahiran dan kaedah mencegah kehamilan

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukanan pelajaran
- Tidak sesuai

e) Bagaimana untuk berurusan dengan emosi dan kesan hubungan seks secara aktif

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukan pelajaran
- Tidak sesuai

f) Bagaimana untuk membuat pilihan seksual yang bertanggungjawab

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukan pelajaran
- Tidak sesuai

g)Pertumbuhan dan perkembangan seksual(iaitu : jadual waktu untuk baligh , perubahan fizikal semasa akil baligh dan keperluan hidup berkeluarga)

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukan pelajaran
- Tidak sesuai

h) Fisiologi sistem reproduktif (iaitu : untuk remaja perempuan = organ seks, haid, sindrom prahaid dan untuk remaja lelaki =organ seks, nafsu seks)

- Sudah diajar di sekolah
- Belum diajar, perlu dimasukkan ke dalam sukan pelajaran
- Tidak sesuai

i)Konsep perkahwinan

- Sudah diajar di sekolah
- Belum diajar, hendaklah dimasukkan ke dalam sukan pelajaran
- Tidak sesuai

j) Konsep seksualiti dalam Agama (iaitu : Konsep Penciptaan Manusia, Reproduktif dan Seks dalam Al-Qur'an)

- Sudah diajar di sekolah
- Belum diajar, hendaklah dimasukkan ke dalam sukan pelajaran
- Tidak sesuai

k) Konsep zina

- Sudah diajar di sekolah
- Belum diajar, hendaklah dimasukkan ke dalam sukanan pelajaran\
- Tidak sesuai

l) Peranan sebagai ibu bapa

- Sudah diajar di sekolah
- Belum diajar, hendaklah dimasukkan ke dalam sukanan pelajaran\
- Tidak sesuai

Terima kasih untuk kerjasama anda





QUESTIONNAIRES IN ENGLISH LANGUAGE VERSION



Research Title:

***“THE RELATIONSHIP BETWEEN FAMILY COMMUNICATION AND
MALAY TEENAGERS’ PERCEPTION OF TEENAGE PREGNANCY,
SEXUALITY AND SEX EDUCATION”***



Universiti Utara Malaysia

Dear respondents,

I am currently pursuing Master at Universiti Utara Malaysia (UUM) in Master of Arts (Social Work). I am conducting a research entitled "**THE RELATIONSHIP BETWEEN FAMILY COMMUNICATION AND MALAY TEENAGERS' PERCEPTION OF TEENAGE PREGNANCY, SEXUALITY AND SEX EDUCATION**". The purpose of my study is to investigate the youths' perception of the issue of teenage pregnancy, to investigate the youths' perception of the knowledge of sexuality, to investigate whether youth perception of the issues of teenage pregnancy and sexuality differ based on family structure, to investigate whether youth perception of the issues of teenage pregnancy and sexuality differ based on gender and to explore the current efforts by the school to teach sexuality to youths. Your responses, attitudes or opinions are critical for the success of my study. I would like to appreciate your assistance and support in this particular research endeavour. I also recognize the value of your time, and sincerely appreciate your efforts on my behalf. Individual responses are anonymous and all the data provided by respondents are confidential. Please feel free to answer the questionnaires.

Thank you very much for your cooperation.

Researcher contact detail:

Name: Farah Nabilah binti Mohammad Anuar
University: Universiti Utara Malaysia (UUM)
Program: Master of Arts (Social Work)
E-mail: [farahnabilah2106@gmail.com](mailto:faranabilah2106@gmail.com)

Demographic Profile

Instruction: Please answer the following questions.

a) What is your age?

- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old

b) What is your gender?

- Female
- Male

c) What class/form/year you are in now at this school

- Form 1
- Form 2
- Form 3
- Form 4
- Form 5

d) Who do you live with?

- Biological parents
- Adoptive parents
- Mother and step father
- Father and step mother
- Single parent- mother
- Single parent- father
- Grandparents
- Guardian (i.e, aunt, uncle, cousin, friend or residential facilities)



Sexuality

Instruction:

Below are some statements about sexuality. Please *circle* the number that corresponds with your opinion about each statement.

No	Questionnaires	Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	It is wrong for unmarried boys or girls to go on a date	1	2	3	4	5
2	It is wrong with unmarried boys or girls having sexual intercourse if they love each other	1	2	3	4	5
3	Girls should remain virgins until they marry	1	2	3	4	5
4	Boys should remain virgins until they marry	1	2	3	4	5
5	It is okay if you have any physical contact with your boyfriend/girlfriend such as holding hands, hugging or kissing	1	2	3	4	5
6	It is okay to let your partner touch you below your waist (private area)	1	2	3	4	5
7	It is okay to imagine having sex with your partners	1	2	3	4	5
8	I should not have sex at my age and before marriage because it is against my beliefs.	1	2	3	4	5
9	I would not have sex at my age because I think it is gross.	1	2	3	4	5
10	I would have sex now because I am curious what it is like	1	2	3	4	5
11	I would have sex now because my friends are having sex	1	2	3	4	5
12	I would have sex now to satisfy my sexual desire	1	2	3	4	5
13	I could stop myself from having sex even if I have strong feeling to my partner	1	2	3	4	5

Teenage Pregnancy

Instruction:

Below are some statements about teenage pregnancy. Please *circle* the number that corresponds with your opinion about each statement

No	Questionnaires	Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	Teenage pregnancy is a ‘social ill’/‘social problem’ in Malaysia	1	2	3	4	5
2	Teenage pregnancy is a choice make by teenagers and need to be respected.	1	2	3	4	5
3	Teenagers who get pregnant would jeopardize their education	1	2	3	4	5
4	Both males and females are responsible for preventing pregnancy	1	2	3	4	5
5	Teenagers should not involve in sex to prevent pregnancy	1	2	3	4	5
6	If I get pregnant or get my partner pregnant, it would mess up my future plans	1	2	3	4	5
7	Having a baby as a teenager might not necessarily lead to a poor outcome for the mother and baby”	1	2	3	4	5
8	Teenage pregnancy is not a big issue.	1	2	3	4	5

Family Communication

Instruction:

Below are some statements about family communication. Please *circle* the number that corresponds with your opinion about each statement.

No	Questionnaires	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1	I can have a good conversation with my parents/guardian about my personal matters	1	2	3	4	5
2	Parents/guardian are the primary source of information about sexual and reproductive health for their children	1	2	3	4	5
3	It is difficult to discuss sex-related matters with my father/male guardian.	1	2	3	4	5
4	It is difficult to discuss sex-related matters with my mother/female guardian.	1	2	3	4	5
5	I learn about sexuality from my parents at home	1	2	3	4	5
6	Good communication with my parents/guardian help me to delay or stop from committing sex activities.	1	2	3	4	5
7	My parents are open, responsive, comfortable, and confident in discussion about sex.	1	2	3	4	5
8	My parents are not able to provide all the information about sex that young people need.	1	2	3	4	5
9	I would not have sex at my age because my parents would be angry	1	2	3	4	5
10	I would not have sex at my age because it will make my parents embarrassed.	1	2	3	4	5

Sex Education

Instruction: Please answer the following questions.

1) What subject in school that teaches you about sexuality knowledge (reproduction, marriage, sexual activity and etc)?

- i.
- ii.
- iii.

2) I am going to ask you about certain things that you may have learned or might be included in sex education programs in schools. Please tick your response.

a) The basics of how babies are made, pregnancy, and birth

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

b) HIV/AIDS

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

c) Sexually transmitted diseases other than HIV/AIDS, such as herpes and syphilis

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

d) Birth control and methods of preventing pregnancy

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

e) How to deal with the emotional issues and consequences of being sexually active

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

f) How to make responsible sexual choices

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

g) Sexual growth and development (i.e: time table for puberty, physical changes during puberty and need for family life)

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

h) Physiology of reproductive system (i.e: for girls - organ, menstruation, premenstrual syndrome and for boys - the organ, the sex drive)

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

i) Concept of Marriage

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

j) Concept of Sexualityin Religion (i.e :Mention of Creation, Reproduction and Sex in The Qur'an)

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

k) Concept of Adultery (Fornication or Zina)

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

1) Role of Being a Parent

- Already taught in school
- Not yet taught, must be included in the syllabus
- Not appropriate

3) What other topics regarding sexuality would you like to know and should be included in the school curriculum?

I. _____

ii.

iii.

Thank you for your cooperation.

