

SEXUALITY AND REPRODUCTIVE HEALTH EDUCATION TO PRIMARY SCHOOL CHILDREN: PERCEIVED BARRIERS BY MALAYSIAN PARENTS

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ABSTRACT--Education on sexuality and reproductive health is an important topic that should be exposed to children at an early age as a prevention from exploitive or risky sexual activity that may lead to health and social problems. In doing so, parents are considered as the most ideal agents of socialization to introduce children to this topic. However, parents in Malaysia especially find it difficult to communicate sexuality and reproductive issues that are considered taboo in society. Therefore, the aim of this study was to explore the experience of parents in communicating this topic to elementary school-age children (6 to 12 years). This study was conducted using qualitative research approach. Specifically, phenomenology approach was selected as a means of obtaining information and analyzing data. Eight (8) participants with children age ranged from 6 to 12-year-old were involved in this study. The results show there are barriers for parents to be effective informational agents on sexuality and reproductive health topic. Internal and external factors are identified as parents' main obstacles in communicating such information to children. Strategies and suggestions for helping parents to play a more effective role in addressing sexuality and reproductive topics to children are also discussed at the end of this article.

Keywords--sex education, reproductive health, psychosocial barrier, elementary school, parents

I INTRODUCTION

Malaysian younger generation needs to be equipped with the right information on sexuality and reproductive health. Sexuality and reproductive health encompass a broad range of aspects including information about anatomy and physiology, puberty, pregnancy and sexual transmitted diseases such as HIV/AIDS. It also addresses issues such as human development, relationship, personal skills, sexual behavior, sexual health, society and culture. Sexuality and reproductive health education should be made available to children to help them understand their sexuality and protect them from many social and health related risks including unwanted pregnancies, sexually transmitted diseases and sexual exploitation (Subhi, Abu Bakar, Ahmad, Hoesni, Ibrahim & Mohamad, 2012; Nen, Ibrahim, Hoesni, Abdul Rahman, 2012). Sexuality and reproductive health education should be a lifelong process but parents are often unprepared or unwilling to provide such information to young children or to discuss the

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matters with them. An open discussion by parents on this topic has not been comprehensive in Malaysia. It is closely related to the values and culture of the community which is still influenced by conservative thinking and religious belief (Mustapa et al. 2018). The level of knowledge on sexuality and reproductive health in Malaysia is still low. For example, a study by Mustapa and colleagues (2015) found that the knowledge on sex, contraceptives and sexually transmitted diseases among adolescents and adults remains low. The paradigm shift for the majority of parents is rather slow, contradict by the rapid access to sexual content that younger generation have received through the media and the internet. Most young people including children and adolescents in Malaysia have smartphones and better internet access. The use of gadgets and internet access makes it easier for children to obtain sexually explicit information without control. Wong and colleagues (2008) conducted study on 1075 Malaysian adolescents and youth and confirmed that majority of adolescents and youth relied on the mass media for HIV / AIDS-related information. The mass media and the internet have had a profound effect on the younger generation's attitude towards sexual activity (Ngo, Ross & Ratliff, 2008).

Parents' knowledge on sexuality and reproductive health issue that remains low is alarming given the relatively serious social and sexual related problems in Malaysia. Lee, Chen, Lee & Kaur (2006) found that there was an increase in sexual activity among adolescents in Malaysia with the mean average first-time sex being 15 years old. Similarly, the number of cases of teenage pregnancies in Malaysia shows a troubling fact. For example, a study by Zulkifli and Low (2000) on 468 adolescents aged 15-21 found 13% admitted to having sex (vaginal, oral, anal). Male adolescents are more likely to have sex than girls. In addition, 72% admitted not to use any contraceptives when having sex. Parents' closed-mindedness or reluctance to introduce this topic to children can create unexpected risks including addiction to pornography, becoming a victim of pedophilia and sexual exploitation. Sexuality and reproductive health education should be introduced as early as possible to children. Several arguments have been put forward to support this view.

Coakley et al (2017), for example, suggested that parents should start a topic on children's sexual health before adolescence and become sexually active. This is true given that parents are still a major source of children especially when they are young. A study by Kamrani, Sharifah Zainiyah, Hamzah and Ahmad (2011) on 520 high school girls showed that mothers are a major source of information on sexual and reproductive health followed by siblings, fathers, friends, schoolteachers and books/internet. Brofenbrenner's (1979) bioecological theory views parents as the agent of socialization especially in influencing children's development where children are still dependent on parents to understand, explore and learn social skills.

Sexual education and reproductive health help provide knowledge about sex and personal safety. Parents in Malaysia have a relatively positive view of sexual health topics in the school curriculum. A study by Makol-Abdul, Nurullah, Iman and Rahman (2009) on rural parents' attitudes toward sex education in primary schools found that the majority of parents support the topic of sexual health in the school curriculum. In other words, parents accept school as an agent to disseminate information on sexual topics and reproductive health. No specific research findings have been found regarding parental readiness to be the primary agent of providing sexual information and reproductive health to children in Malaysia. However, a study abroad shows that there are some issues that are

hindering parents as the main agent of educating children on this topic. These include perception that children are too young to be exposed to sexually explicit topics (Heller & Johnson 2010) sexual topics as unnecessary for young children (Meschke & Dettmer (2012), past parenting experiences (Walker 2004), worrying about reactions, criticism and perceptions (Stone, Ingham & Gibbins, 2013), fear of breaking local norms (Davies & Robinson, 2010) in addition to time constraints for working parents (Kamangu, John & Nyakoki, 2017). Motivated by the important role of parents as agents in sexual health education, therefore, this study focuses on parents' perceptions on this matter. This study aimed to look at issues and barriers that hinder parents from playing effective roles for their children aged 6-12 years.

MATERIALS AND METHODS

2.1 Research Design & Data Collection

This study used a qualitative approach to study the phenomenon. Specifically, phenomenology approach was used to examine parents' experiences in teaching sexuality and reproductive health to children age between 6 and 12 years. Rozmi Ismail (2016) defines a qualitative approach as a research method that focuses on the descriptive, inductive and fundamental construction of theory in providing interpretations in understanding the problems of the individual being studied. Willig (2001) describes a qualitative approach aimed at describing and explaining the issues or experiences of the individual being studied rather than for the purpose of forecasting. Phenomenology was particularly suited for this study as it focuses on describing what all participants have in common as they experience a phenomenon (Creswell, 2013). Phenomenology approach is popular in social and health sciences including psychology, sociology, nursing and education (Giorgi, 2009; Borgatta & Borgatta, 1992; Niesqiadomy, 1993; van Manen, 1990). Meanwhile, semi-structured interviews were chosen as the primary data collection method. Semi-structured interview is a qualitative strategy in which the researcher asks participants a series of predetermined but open-ended questions (Crabtree & Miller, 1999). Semi-structured interview is flexible as it allows informants to freely share their experiences but within the context of the topic chosen by the researcher. Interview questions were formulated in accordance with the issues, objectives of the study and the literature review.

2.2 Research Participants

Purposive sampling was used in the study. All participants were married and had at least one child within age of 6 to 12 years. All participants in the study were Malaysian citizens. A total of 8 participants were interviewed in this study which consisted of 4 men and 4 women. The main criteria to be eligible to participate in the study were: (1) have at least one child between 6 and 12 years old, and (2) is a Malaysian citizen.

2.3 Research Location

The study was conducted in Klang Valley which encompasses big cities such as Kuala Lumpur, Putrajaya and several Selangor state cities. The population in the Klang Valley is estimated to exceed 8 million.

2.4 Interview Process & Protocol

Interview procedures were carefully plan before the interview process begins. Interview process was conducted according to the guidelines suggested by Jacob and Furgeson (2012) and Cresswell (2013) as follows: (1) identifying study participants, (2) setting types of interview (3) developing interview protocols (4) building rapport and informed consent (5) specify the date, time, and place of the interview (6) conduct the interview session according to the interview protocol, and (7) provide interview transcripts. Interview questions were developed in accordance with the research objectives. The interview protocol consisted of three (3) main sections: (1) introductory questions, (2) key questions and (3) closing questions. The introductory questions consisted of questions related to the participants' background as well as general views on sexual topics and reproductive health. The main questions focused on the openness of the study participants discussing the topic with the children, the obstacles and challenges they faced in engaging the child in the discussion of the topic. The closing section provided the participants with the opportunity to express their views, suggestions and hopes on the topics covered in this study.

2.5 Data Analysis

Data were analyzed using the Interpretive Phenomenological Analysis (IPA) method (Smith& Osborn, 2003) which consisted of four (4) stages of analysis that were (1) recognizing text, (2) identifying early themes, (3) categorizing themes within the same cluster; and (4) arranging the themes in the table.

RESULTS

3.1 Profile of Participants

The participants age range were between 34 and 48. All of the participants were marriedand highly educated. Five participants had an undergraduate degree, 1 had a master degree, 1 had a PhD holder and 1 had a pre university education. The majority of the participants had successful professional careers and in a professional capacity. In terms of income, 6 people had household incomes of more than RM10,000, while 2 had household income of RM8,000 and RM5,000 respectively. As for the number of children, the majority of the participants had 4 to 5 children, the rest had 2 to 3 children. All study participants had at least one (1) child age 6 to 12 years. The details are as in Table 1 below.

Table 1: Profile of Participants

No	Gender	Age (year old)	Marital Status	Level of Education	Household Income (RM)	Number of Children
1	Male	38	Married	PhD	14,000	4
2	Male	34	Married	Degree	8,000	3
3	Male	39	Married	Degree	5,000	5

4	Male	48	Married	Degree	18,000	5
5	Female	37	Married	Master's degree	10,000	2
6	Female	36	Married	Degree	14,000	4
7	Female	37	Married	Degree	14,000	5
8	Female	43	Married	STPM	15,000	4

3.2 Psychosocial Barriers

The themes of psychosocial barriers in this study are divided into two main categories: internal and external factors. The descriptions are based on these two themes.

3.2.1 Internal Factors

Internal factors refer to the perceptions and beliefs of participants towards communicating topics related to sexuality and reproductive health to their children. Internal factors identified include uncertainty about the relevance of the information given, self-doubt about one's abilities to communicate the topic, perception of age appropriate knowledge, concern about others perceptions, sexuality and Sexuality and reproductive health education are not priority.

Uncertainty about the relevance of the information given

The majority of the study participants felt uncertain about the appropriateness of the information to be passed on to their children. Participants did not completely reject the idea of parents being the primary agents of educating children on the topic but they were hindered by the uncertainty of the content relevant to the child's developmental stage. Participants reported to feel anxious about whether knowing too much will lead to culture shock and unexpected risks. As stated by two of the participants in the study:

"If I want to tell them detailed, I don't know their level of maturity, whether the content is suite them or not. How to simplify my message or what?" (Participant 5)

"What is the best way? How to get the right balance? I don't know. Giving too much details can lead to other things. If you don't tell [sexuality and reproductive health] can cause culture shock. So I am confused." (Participant 8)

Self-doubt about one's abilities to communicate the topic

Some of the participants were hesitant to initiate communication on sexuality and reproductive health with their children. The research participants were not sure how to convey the appropriate information. They felt that they lacked the ability to convey information clearly and simply. As stated by study participants 8 below:

“I read, but I don’t know how to start the conversation, how to react to it. How to start telling children. One more thing, I am very bad with my choice of words. I am afraid if I said it wrongly. I am worried if they don’t understand what I said.” (Participant 8).

Perception of age appropriate knowledge

The research participants shared similar views on children's age-appropriate exposure to topics on sexual and reproductive health. Participants raised concern that engaging in discussion on sexuality and reproductive issues will encourage curiosity to know more.

“As for me, early exposure can spark their curiosity. They would ask for more information. They are too young for such exposure. You better don’t do it.” (Participant 2).

“When they [children] know, this will just lead them to try it out. I’m afraid this kind of information encourages sexual experimentation.” (Participant 7)

Participant 2 further added that these topics are relevant for older children but not children between age 6 and 12 years.

“It feels awkward for me talking about this to my children. They are still young. I don’t mind talking about this topic to my friends, but when it comes to my little kids, hmm.” (Participant 2).

Similarly, Participant 7 and Participant 8 expressed the same view that the topic is too heavy and does not fit with the developmental stages of young children.

“This topic is only for adult. I don’t think younger children need to know about sexuality. Unnecessary, not yet. I think most parents feel the same way including me.”

(Participant 7)

“Children are still young, playful. So I don’t want talking to my kids about serious subjects like that. I don’t have that kind of conversation with my children.” (Participant 8)

Concern about others’ negative perceptions

Some participants expressed concern about the possibility of information children learned from them will be passed on to their peers at school. This may lead to misunderstanding and misinterpretation by other parents and schoolteachers. Others may consider their children as problematic and have a negative influence on peers, as explained by participants 5:

“I’m afraid that when I tell her, she’ll share the information with friends. Later, her friend will tell her mom. Then other moms think my child is filthy.” (Participant 5)

Sexuality and reproductive health education are not priority

The research participants argued that sexuality and reproductive health education were not important topics in family communication. For example, Participant 8 reported that although she recognized the topics have a beneficial effect, she inclined to address it as less important.

“I tend to put it as secondary. By right, it should be priority because it could lead to...but instead I put it as secondary.” (Participant 8)

Similarly, Participant 2 reported that even though he aware about sexual crimes cases that occurred in Malaysia, he believed it was unnecessary to overthinking about it as there were many other things to consider such as work, planning dailyactivities and much more.

“I have read about it but that’s just it. I didn’t go further. I have a lot of things going on in my mind. Sometimes when I watching TV, my mind wanders to something else like my works, what to do, what to eat.”(Participant 2)

3.2.2 External Factor

External factor refers to outside influences that can impact participants direct and indirectly. Usually, participants have no or limited control of these elements. These external factors might include technological changes, cultural values and working environment. Several themes have been identified under this category including children exposure to Internet, rigid family culture,

Children exposure to negative Internet content

Most parents today are concerned about the uses of the Internet among children. In Malaysia, most children use or at least have access to the Internet. Too much time on the Internet exposed children to negative internet content such as pornography. A few of participants in the study admitted having difficulty seeing their child’s online activity or filter internet access to picture and material that are obscene or harmful to minors. As shared by Participant 6 about her child being exposed to pornographic content that ‘pop up’ while he was watching innocent video online.

“Like my son, he was watching Youtube video, suddenly pornography popping out of nowhere on the screen. I have to explain about pornography to help protect him from the potential impacts of pornographic content.” (Participant 6)

Children more knowledgeable about sexual topics

Children today are considered more knowledgeable about sexual topics than previous generations. Some participants struggled keeping pace with their children’ knowledge on certain topics, as shared by Participant

“My kids know a lot. They are more advanced than us. They know something but not from us [parents]. They may get informations about sexual issues from friends and we don’t stand a change to teach them about it.” (Participant 7)

Rigid family culture and not responsive to change

Family beliefs and culture hinder participants in the study from addressing issues of sexual and reproductive health. It is taboo to talk openly about sexual and reproductive issues openly in the family and this belief is passed

down from previous generations. Participants explained that their parents never discuss or guide them about the issue.

“My parents didn’t talk about it [sexual and reproductive health]. We never got that opportunity, to sit down and talk about it. Not at all.” (Participant 1).

These beliefs and culture influence the communication patterns and child-rearing practices among the participants. These patterns were just part of family life, as shared by Participant 3.

“We get used to our family practices. We don’t talk much about sexuality and reproductive topics. We just feel that, should I or shouldn’t I?” (Participant 3)

There aren’t many stories about sex. So that is something we feel should not be discussed.” (Participant 3)

Time constraint

Many parents nowadays are busy working due to the rising cost of living and to make ends meet. Juggling busy life between work and family made it difficult for participants to communicate with their children. Most of the participants admitted that they struggle to find a quality time to spend with their children. Thus, participants tackle only the most important things and ignored others.

“We are working parents. When I returned home at night, I would spend that time to catch up with my kids. What they are up to, their activities.” (Participant 6)

DISCUSSION & CONCLUSION

Uncertainty about the appropriateness of information and the ability to convey information related to sexual and reproductive health are major barriers for most of the participants in the study. The results of this study are consistent with previous studies that showed parents were not sure how to start the discussion and when it was appropriate to discuss the topic with children. Parents have concerned about the ability to convey information to their children (Christensen, et al., 2016; Wilson, et al., 2010). Participants also had the perception that children age 6 to 12 years as too young to know about sexuality and reproductive health. Sex and reproductive health are considered serious topics and do not fit into the minds of young children who are developmentally immature. The findings of this study are supported by several previous studies that found parents perceived children too young to know about sexual and reproductive health topics, especially regarding sex, condom use and AIDS disease (Heller & Johnson, 2010; Mesche & Dettmer, 2012; Wilson, et al., 2010).

Parents tend to see topics of sexual and reproductive health focus mainly on sexual behavior and intimate relationships with men and women. Contrary to popular belief, sexual and reproductive health cover a broad range of topics and can be adapted to the child's developmental stages. For example, according to Kohlberg's theory of cognitive development (1966), children as young as 2-year-olds are able to distinguish between men and women. Parents can already teach children how to recognize the body including the reproductive organs. The results of the study also found that participants were concerned about other people's perceptions of themselves. This is consistent

with previous studies that indicated most parents are concerned about others' criticism (Stone, et al., 2013). They are afraid to be labelled negatively for exposing young children to sexual and reproductive health topics. This is in line with the tendency of society's norms to define children's sexual knowledge framework limited to one aspect of sexual abuse prevention (Davies & Robinson, 2010). In other words, sexual and reproductive education that goes beyond the topic of safety prevention is easily considered to be in violation of established norms. It is not surprising then that participants were more comfortable not exposing sexual and reproductive health topics to avoid negative perceptions of others.

The study participants reported concerns about children's exposure to the Internet that was difficult to control. Internet access may expose children to internet content that is not compatible with their physical, cognitive and psychological development. These concerns are indeed grounded. Sprecher, Harris & Meyer (2008) explain that individuals can easily obtain sexual information through websites, chat rooms and TV programs that contain pornographic elements. Meanwhile, family values, family practices and cultural norms within community inhibit the participants from talking to their children about sexual related issues. Participants reported that they were not exposed by their parents on the topic. The findings of the study by Abedini et al (2016) are consistent with the findings that parents do not have any communication about sexual education with parents in the past (Ballard & Gross, 2009; Jerves, et al., 2014; Wilson, et al., 2010). As Walker (2004) points out, parents are now the result of closed sex education from previous generations.

Commitment to work and family roles are challenges that need to be addressed. Most of the participants had a stable career, long term commitment and hold a prominent position in the organizations. Participants' long working hours meant limited social interaction with their children. As consequences, participants became very selective and prioritize what is most important. Strict work schedules and long working hours reduce the chances of parents interacting with their children at home (Davis, et al., 2013; Kamangu, et al., 2017; Wilson & Koo, 2010). Parents have limited time to discuss any topics with each other (Othman, et al., 2016).

The implications of this study suggest that communication on sexual and reproductive health need to be implemented before children grow up. This is because studies show that discussing the topic earlier has a better impact (Kao & Manczak, 2013; Kirby 2002). This should encourage parents to be more motivated to initiate early intervention with children between the ages of 6 and 12 (Cowan, et al., 2008). Quality and frequency of communication are important in parent-child relationships. The timing of parental talk is often related to a topic and has been found to influence children's sexual behavior (Romer, et al., 1999). Sexual topics and reproductive health should not be labeled as less important and therefore ignored by parents. On the contrary, parents need to be more comfortable and frequently raise the topic to raise awareness of the importance of knowing the topic for safety and prevention. In addition, there should be programs that provide parents with tips on how to start discussions about this topic with children as they grow older. These skills are necessary for parents to convey relevant and non-conflicting information. This is because past studies have shown that children appreciate the practical way of presenting this topic (Wamoyi, et al., 2010). The role of parents as agents of sexual education and reproductive

health needs to be strengthened. Expecting the school's official education system to address this topic may not be enough. Parents should also be prepared and willing to get more information on sexual issues and reproductive health in order to communicate more confidently with their children. Children feel more secure and appreciate parents who confidence, demonstrate openness and comfort when discussing sexual related topics (Whitaker et al. 1999).

This data is obtained through a qualitative approach. Quantitative studies are needed to gain a more holistic view of the issues and challenges facing by parents in educating primary school children on sexual and reproductive health issues. In addition, all the participants in the study had high level education, shared similar racial and socioeconomic background. It is interesting to see if similar issues are experienced by parents with a broader socioeconomic, racial and cultural background. Despite its limitations, this study provides a useful overview of current issues and challenges experience by parents in educating their children on this important topic.

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