

Parents' Attitudes towards Inclusion of Sexuality Education in Malaysian Schools.

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The present study examined the attitudes of Malaysian rural parents regarding sexual health education in elementary schools. Using a comprehensive list of sex education topics, parents were asked to examine which topics they believed should be taught at schools. In addition, the study also assessed the relationship between parents' demographic characteristics such as age, gender, education, and occupation and their approval of sexual health education. The respondents of the study included parents (n=211) of children registered in four selected schools in Kedah, Malaysia. The majority of them (73%) supported the inclusion of various sexual health topics in school curriculum provided the contents were in line with religious teachings. The study has generated important empirical findings regarding local community's response to school-based sexuality education. This information is needed in facilitating the development of sexual health policy at various institutional levels, and in the effective implementation of sexual health curriculum in Malaysian schools.

Keywords: sexual health education, parental attitudes, school curriculum

Introduction

The applicability of sexuality education in elementary school is still a debatable issue in the perspective of societies where Muslims are the majority. Although the Qur'an has placed so much emphasis on acquiring knowledge, and in the days of Prophet Muhammad Muslim men and women were never too shy to ask him questions including those related to private affairs such as sexual life, for Muslim parents of today, sex is a taboo subject (Athar, 1996). Brought up in a cultural environment which regards children's knowledge on sexuality as harmful, many Muslim parents today are in dilemma on whether or not sex education should be discussed at home and at school. However, in this era of sweeping social change, children do not need parents and school to educate them about sexuality. Every day they

are bombarded with substantial information on sex by the mass media and peer group (Low, Ng, Fadzil, & Ang, 2007). This trend, however, is challenging because in most cases sex education promoted by these channels is devoid of morality in the sense that in many ways it contradicts the value system practiced in Muslim societies. Therefore, the issue of introducing sexuality education in the school curriculum needs to be assessed in the context of Muslim majority countries.

In the context of Muslim majority countries, sex education is a taboo subject to be taught at schools. A recent report by New Straits Times (a Malaysian daily newspaper) indicates that Malaysia is yet to consider introducing a comprehensive sexuality education at secondary and primary schools (Sipalan & Majawat, 2009). The same report asserts that current Malaysian Education director-general indicates that the government does not have plans to introduce sex education as a subject, since the present syllabus touches

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briefly on the topic in subjects such as biology, physical education, moral and Islamic studies. However, several local surveys indicate that students do not know how to protect themselves from sexual predators, reckless behavior and sexually transmitted diseases (STD), as they obtain inadequate information about sexuality in public schools, which generally only teach basic facts about reproduction in science courses.

Sex is often a sensitive topic in Malaysia (Wong, Chin, Low, & Jaafar, 2008), where unmarried individuals can get penalized for kissing and hugging in public. However, despite the prevalence of conservative, traditional and religious values in Malaysia, adolescents involve in romantic relationship outside marriage, and many engage in unsafe sexual intercourse (Lee, 1999). In addition, research has shown that the HIV infection rate and AIDS cases are increasing rapidly among young people in Malaysia (Wong et al. 2008). Up to June 2007, a total of 29,269 HIV infections and 2974 AIDS cases were reported in Malaysians below the age of 30 years (Malaysian AIDS Council Resource Center, 2006).

In Malaysia, the Cabinet had approved the introduction of "reproductive and social health education" into the school syllabus after years of deliberation (Abas, 2006). Although the details of how the course will be implemented and when it will make its debut have not yet been announced, it is reported that 160 pages of guidelines have already been produced by the Ministries of Education and Women, Family and Community Development (Abas, 2006). These guidelines cover diverse topics on sexuality which include among other things the type of touching that is allowed, contraception, teenage crushes, the dangers of online predators, HIV/AIDS, and sexual orientation. In view of the alarming number of rape, sexual abuse of children and incest cases reported in the papers, parents have been urged to be open-minded about sex education and welcome the Ministry of Education's effort to incorporate the national guidelines on sex education into the school curriculum as a way to prevent such incidents (The Star, 2005).

However, what clearly matters in this issue is the lack of research on the applicability of sexuality education in elementary schools based on parents' perspectives. Previous research conducted on sexuality education in other countries lack the religious, moral, geographical and cultural values considered important in Malaysian Muslim majority situation. Research on

this issue illustrates three different approaches based on the nature of program. These are: a) solely sex education, b) abstinence-based sex education, and c) opposing sex education. In addition, there is another approach which combines both "sex education" and "abstinence-based sex education".

Regarding issue of the parental involvement in deciding what courses should their children be taught and at what level, Adler (1993) affirms that parents have the legitimacy of choosing what subjects to be included in the school curriculum. Spodek, Saracho, & Davis (1991) correctly affirm that "whether or not sex education is included as part of the curriculum may depend on the value orientation of the parents" (p.68). In their study of parents' attitudes towards sex education in school, McKay, Pietrusiak, & Holowaty (1998) found that "strong majority" of Canadian parents (95%) approved that sexuality education should be provided in school; while the majority of them (82%) are in favor of school-based sexual health education that begins in the elementary level. Ballantine (1997) asserts that the transmission of specific content such as sex education has been the subject of controversy in many communities because questions of responsibility and control of knowledge by family or education systems enter in.

Price, Dake, Kirchofer, & Telljohann (2003) present 1991 Gallup poll data showing that 87% parents of America approved school based sexuality education. A 1994 survey of rural parents in one of the states of America shows that 63% approved sexuality education for their children (Welshimer & Harris, 1994). McKay et al. (1998: 140) emphasized the importance of doing surveys on parents of children attending local schools as a productive and cost-effective way of measuring parents' support for sexual health education at the community level. In their view, such surveys can play an integral role in facilitating the development of sexual health education policy at various institutional levels and provide a key impetus for the development and implementation of school-based sexual health curricula. Likewise, Welshimer & Harris (1994) also stressed the need for educators to gather tangible information about the attitudes and values of the community in order to overcome the fear of controversy and strengthen local support for sexuality education.

Berne and colleagues (2000) find that in Australian context parents think their involvement

in supporting the school sexuality education is important, aiming their children to be better informed about sex-sensitive issues. However, the coverage of the broad scope of sexuality education in the curriculum is also in question, since another Australian study by Milton (2004) finds that no primary school formally has dealt with sexual orientation or identity in their sexuality education program, and still teachers at all the schools report frequent questions on this topic.

Furthermore, in the context of England, Westwood and Mullan (2007) find that teachers have had inadequate sexual health knowledge to efficiently teach sexually transmitted infections or emergency contraception, although their general sexual health knowledge appeared to be good; which suggests that teachers require sufficient specialist knowledge in sexual health to contribute to current recommendations for sex and relationships education in secondary schools. Likewise, Forrester (2009) suggests that it is now widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

Wilson (1991) suggests holding family orientation meeting to share materials and information about healthy sexuality development in young children. Lively & Lively (1991) argue that healthy sexuality is fostered most effectively by those who view children's sexuality as part of who children are, their basic identity, rather than what they do. Here the authors suggest that children's sexuality should be promoted as a natural procedure for their development and growth. Couchenour & Chrisman (1996) assert that respectfully sharing information and concerns can help assure that families and caregivers promote children's healthy development. Kehily & Nayak (2000) argue to promote sex education because it "may discourage the exploration of adolescent sexuality where cautionary messages find significance with parental warnings" (p. 154). They also recommend conducting single-sex classes to address certain issues which may not be suitable for them at that level.

In addition, Kehily & Nayak (2000) suggest that children should learn that their sexual experiences are pleasurable, because sex education promotes only "a productive discourse" ignoring "other kinds of sexual behavior or activity" (p. 145). They also provided data that

young people reported using films, books, and magazines as cultural resources for learning about sexuality as information from those sources are regarded as "more personal" and seemingly more relevant to their needs. Although there may be some consensus as to whether sex education should be offered in schools, there is a great debate about what such programs should include (McKay et al., 1998). D'Oyen's (1996: 3) remarks in this regard is important:

With few exceptions, sex education in schools has become a series of lessons in how to use condoms, get abortions, and avoid diseases; the prevailing attitude seems to be "young people are going to have sex anyway, so we should just help them do it in a safe way"; and a moral perspective is hardly ever given, and if it is, there are no references to pleasing Allah.

However, in Malaysian societal perspective, recent research reveals some fascinating as well as shocking findings. Wong and colleagues (2008) surveyed a total of 1,075 Malaysian young adult aged 15-24 years, and found that HIV/AIDS knowledge among the respondents was moderate, with a mean knowledge score of 20.1 out of 32 points. The gaps in knowledge relating to HIV/AIDS are also evident in other Muslim countries in Asia (Ali, Ali, Waheed, & Memon, 2006; Farid-ul-Hasnain, Johansson, & Krantz, 2009; Ganczak, Barss, Alfaresi, Almazrouei, Muraddad, & Al-Maskari, 2007; Hossain, Kabir, & Ferdous, 2007). In addition, consistent with findings in the other Muslim countries (e.g., Tavoosi, Zaferani, Enzevaei, Tajik, & Ahmadinezhad, 2004), the majority of young people in Malaysia appeared to depend on the public media (television, newspapers, and radio) as their primary source of HIV/AIDS information (Wong et al. 2008).

The incidence of adolescents engaging in sexual intercourse also increases with age in Malaysia (Lee, Chen, Lee, & Kaur, 2006). Lee, Chen, Lee, and Kaur (2006) report that the mean age at first sexual intercourse is 15 years among secondary school students aged 12 to 19. They conclude that although the incidence of sexual intercourse among Malaysian adolescents is relatively low compared to developed countries, certain groups of adolescents tend to be at higher risk of engaging in sexual intercourse. New Straits

Times reports that teenagers as young as 14 go to clinic who are suffering from STD as a result of unprotected sex (Darshni, 2006). What is more startling is that most sexual encounters among the youth are unsafe, with no protection against STDs and unwanted pregnancy (World Health Organization, 2007). Therefore, it is a fact that young people are at greater risk of acquiring STDs, particularly HIV/AIDS, than other age groups (Wong et al. 2008). The young people are becoming more promiscuous because of foreign influence, the media, and the internet (Lim & Kui, 2006). In a recent survey, boys as young as nine years old said they have experience of having sex (Lim & Kui, 2006).

The youngest girl who said she was sexually active was 11 years old. But when they were asked about where the babies come from, 40 percent of them did not have a clue, and a lot of young people have no idea about the dangers of unprotected sex (Lim & Kui, 2006). In addition, "rape" is a frequent news-item in Malaysian newspapers, where the stepfather is usually the perpetrator (Lin, 2006; Nais, 2006).

In Malaysian context, the growing incidence of premarital sex is seen as an issue of concern from religious viewpoint, and yet, premarital sex that happens without young people being equipped with the knowledge and skills to safely negotiate sexual relations embodies a threat to their health (Bennett, 2007). In addition, the absence of comprehensive sex education for youth augments both the dangers that they will have unsafe sex and the possibility that they will have premarital sex without being sufficiently informed of the likely consequences (Bennett, 2007).

In a Malaysian sample of 468 unmarried adolescents aged 15-21 years, Zulkifli and Low (2000) found that about 13% of respondents reported experience with sexual intercourse in response to the question "Have you ever had sexual intercourse (vaginal, oral, anal) with a male or female?" with boys (18.18%) being more likely to be sexually experienced than girls (7.11%). In addition, 72% of adolescents did not use any contraception at first intercourse (76% of boys, 61% of girls).

However, at present comprehensive sexuality education is often completely absent from both primary and secondary school curricula in Malaysia. The schools that teach biology as a subject often provide a single lesson on reproductive physiology, generally in the second year of high school, which is generally book-based

with no opportunity for questions or discussion (Bennett, 2007). Therefore, in reality of the present situation the implementation of sex education in schools must be speeded up to tackle the problems related to promiscuity and unwanted pregnancies among young people (Lim & Kui, 2006).

The present study is primarily designed to assess the Malaysian rural parents' attitudes towards the inclusion of sexuality education in the elementary school curriculum. Using a comprehensive list of sexual health topics, parents were asked to examine which topics they believed should be taught in schools and to indicate at what grade levels these topics should be introduced. In addition, the study also has examined the relationship between parents' demographic characteristics such as age, gender, education, and occupation with their attitude towards sex education in elementary schools.

Research Questions

Due to lack of enough previous empirical evidence about parental attitude towards inclusion of sex education in school curriculum in Malaysia, this exploratory study focused on the following questions:

1. do the parents approve inclusion of a set of lessons on sexuality education in elementary school?
2. At what grade level will the parents approve beginning of teaching of sexuality education?
3. Is there any age difference in terms of parents' average attitude towards inclusion of sexuality education in elementary school curriculum?
4. Does attitude towards sexuality education reflect gender difference?
5. Does attitude towards inclusion of sexuality education in school curriculum reflect education level differences among parents?
6. Do the parents in different occupations differ in terms of their average attitude towards sexuality education?

Method

Sample

In this cross-sectional study, a total of 211 respondents from four villages in Kedah (Malaysia) participated voluntarily. The majority (55%) of them were female. 43.6% of the respondents were aged between 40-49 years, 34.6 % were

between 30-39 years old, 5.2% were under 30 years, and 16.6% were over the age of 49 years. In terms of level of education, 33.2 % of the respondents obtained SRP certificate (i.e., primary education), 27% completed between standard 3 and standard 6 (i.e., primary education), and 23.2% completed SPM and STPM (i.e., secondary school certificate). Very few obtained a university degree (5.2%) and a diploma (4.3%). The remaining respondents (6.2%) had no education at all. Most of the respondents were laborers (39.3%), followed by housewives (38.9%), and 9.0% were teachers. Very few of the respondents (12.8%) were involved in other types of occupation.

Measures

The participants responded to a 3-point Likert type questionnaire as agree (1), unsure (2), or disagree (3). The two page survey instrument was a pilot studied modified Malay version of the questionnaire used in earlier studies (see McKay et al., 1998; Welshimer & Harris, 1994). The questionnaire consisted of 23-items, each item representing a topic relevant to sexual education. It assessed parental attitude towards inclusion of these topics for sexuality education in elementary school curriculum. The scores on this scale range from 23 to 72 with theoretical midpoint being 46. Smaller scores on this scale indicate favorable attitude towards sexuality education. For the present sample, Cronbach's Alpha coefficient was highly significant ($\alpha = 0.90$, $p = .0005$). In addition to the questionnaire measure, respondents' attitude towards sexuality education was also assessed through a general question: "Should the school include a set of lessons on sexuality education?" Another general question asked for parental opinion about the education level at which sex education should begin: "At what grade level should sex education first be taught?" The questionnaire also asked for demographic characteristics such as age, gender, level of education and occupation of the respondents. Semi-structured interviews were conducted to gather some qualitative data so as to supplement quantitative findings.

Procedure

The survey was conducted in December 2006 in four villages in Kedah, Malaysia. Two hundred and eleven parents of school children enrolled at four elementary schools in the Baling District were surveyed. These parents were randomly selected

from the list of parents identified with the help of the village headmen. Data were collected using the supervised self-administered questionnaire. It was translated into Bahasa Malaysia and retranslated back to English to ensure precision of translation into Bahasa Malaysia. The questionnaire was group administered in five sessions involving groups of 89, 58, 37, 18, and 9 parents. During these sessions, one of the researchers explained certain questions or terms used in the questionnaire to the respondents to ensure that they understood it before filling it out. Participation in the study was voluntary, and the questionnaire responses were anonymous. To ensure confidentiality of answers, no discussions were allowed throughout the completion of the survey. In addition, semi-structured interviews were conducted with a group of parents from the study sample.

Results

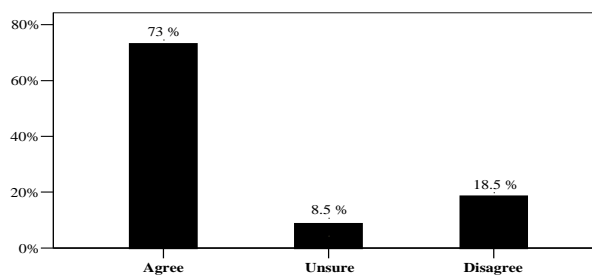
We used SPSS 13.0 for quantitative data analysis, which included computation of percentages, mean scores, standard deviations, χ^2 -test, t-test, and F-test. Qualitative data were analyzed by identifying main themes in the interview data.

A. Parents' Attitudes toward Sexuality Education

Majority of the parents (73%) supported inclusion of a set of lessons on sexuality education in school curriculum (see Figure 1). Some parents (8.5%) were unsure about the issue. However, 18.5% of the parents disagreed with the idea of introducing sex education at school level.

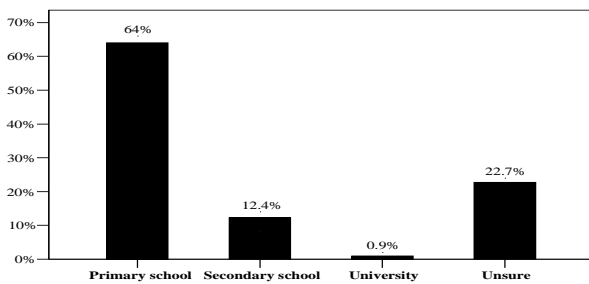
Figure 1.

Percentage of parents agreeing/disagreeing with the statement, "Should the school include a set of lessons on sexuality education?" (n = 211)



Percentages of parents agreeing with the idea of first beginning to impart sex education at the elementary, secondary, and university levels were 64%, 12.4%, and 0.9% respectively (see figure 2). However, 22.7% of the parents were unsure as to what grade their children should be given sex education. Parents who were unsure were mostly illiterate.

Figure 2. "At what grade level should sex education first be taught?" (n = 211)



Results summarized in Table 1 indicate parental willingness for inclusion of various sex education topics in school curriculum. Considerably higher percentage of parents supported inclusion of sexuality education in school curriculum. Of the 23 topics on sexuality education, "Islamic view on sexuality" has the highest approval (96.7%), followed by "values of sexual abstinence until marriage" (92.9%), and "physical and social changes associated with puberty and adolescence" (91.9%). Similarly high percentages of parents supporting the issue were high on "positive communication with family" and "parenting responsibility" (91.5%). However, "birth control" has mixed results with 45.2% agreeing and 42.4% disagreeing with the item. Some parents did not favor inclusion of such topics as "teenage pregnancy" (27.6%), "premarital sex" (26.2%), "natural family planning" (25.7%), "prostitution" (23.7%), "reproduction and child birth" (21.8%), and "divorce" (20.9%). A small percentage of parents remained unsure about inclusion of topics like "birth control" (12.4%), "natural family planning", "alternative to abortion" (11% each) and "teen parenting" (10%).

Table 1. Parents Agreeing (%) with Inclusion of Various Topics on Sexuality Education in School Curriculum (n = 211)

Topics	Agree	Unsure	Disagree
1. The reproductive parts of male and female bodies and their functions	79.6%	03.8%	16.6%
2. Sexually transmitted diseases	89.1%	06.2%	04.7%
3. Values of sexual abstinence until marriage	92.9%	04.7%	02.4%
4. Physical and social changes associated with puberty and adolescence	91.9%	04.7%	03.4%
5. Positive communication with family	91.5%	02.8%	05.7%
6. Positive friendships	90.0%	03.8%	06.2%
7. Healthy intimate relationships	83.8%	05.7%	10.5%
8. Birth control	45.2%	12.4%	42.4%
9. Teenage pregnancy	65.7%	06.7%	27.6%
10. Reproduction and child birth	69.2%	09.0%	21.8%
11. Pre-marital sex	70.5%	03.3%	26.2%
12. Family/ individual values and moral beliefs on sexuality	87.2%	07.6%	05.2%
13. Teen parenting	72.0%	10.0%	18.0%
14. Alternative to abortion	70.5%	11.0%	18.5%
15. Rape	79.1%	03.3%	17.6%
16. Sexual abuse of children	85.3%	04.3%	10.4%
17. Divorce	74.4%	04.7%	20.9%
18. Natural family planning	63.3%	11.0%	25.7%
19. Prostitution	73.9%	02.4%	23.7%
20. Sexual orientation/ identity	85.8%	06.6%	07.6%
21. Sexual decision making	79.5%	08.1%	12.4%
22. Parenting responsibilities	91.5%	03.8%	04.7%
23. Islamic view on sexuality	96.7%	01.9%	01.4%

B. Effects of Age, Sex, Level of Education and Occupation of Responding Parents on Opinions about Sexual Health Education

Frequency (percentage) of parents in different age groups showing their willingness for inclusion of sexuality education in school curriculum appears in Table 2. A two-way contingency table analysis was conducted to evaluate which age group parents were more supportive of inclusion of lessons on sex education in school curriculum.

The two variables were age of parents with four levels (below 30, 30–39, 40–49, and above 49) and their willingness to include lessons on sexuality education with three levels (agree, unsure, disagree). Age and willingness were found to be significantly related, Pearson $\chi^2(6, n = 211) = 16.31, p = .012$. Parents aged 30–39 years were more supportive of inclusion of lessons on sexuality education in the school curriculum as compared to other age group parents.

Table 2.

Frequency (%) of parents agreeing with inclusion of lessons on sexuality education in school curriculum by age.

Age	Agree <i>f</i> (%)	Unsure <i>f</i> (%)	Disagree <i>f</i> (%)	Tot. <i>f</i> (%)
< 30	11 (5.2)	0 (0.0)	0 (0.0)	11 (5.2)
30 – 39	55 (26.1)	11 (5.2)	7 (3.3)	73 (34.6)
40 – 49	62 (29.4)	6 (2.8)	24 (11.4)	92 (43.6)
> 49	26 (12.3)	1 (0.5)	08 (03.8)	35 (16.6)
Totals	154 (73.0)	18 (8.5)	19 (18.5)	211 (100.0)

$\chi^2(6) = 16.31, P = .012$

Tables 3 and 4 show mean attitude scores of different age groups of parents on sexuality education and results of one-way analysis of variance. The mean attitude scores on sexuality education are close to each other (31.32 to 33.03). A one way analysis of variance was conducted to evaluate the relationship between age of parents and their attitude towards inclusion of sexuality education in school curriculum. The independent variable age included four levels: below 30, 30–39, 40–49, and above 49. The dependent variable was the attitude towards sexuality education. The ANOVA was not significant, $F(3, 207) = .38, p = .77$, indicating that the four age groups of parents did not differ significantly in terms of their average attitude towards sexuality education (see Table 4). Follow-up tests were not required as the overall difference in mean attitude scores on sexuality education among the four age groups was not significant.

Table 3.

Mean Attitude Scores and Standard deviations on Sexuality Education by Age of Parents

Age	n	M	SD
< 30	11	32,00	7,55
30 – 39	73	33,03	7,93
40 – 49	92	31,91	8,48
> 49	35	31,32	11,01

Table 4.

One Way Analysis of Variance for Age of Parents

Source of Variance	Sum of Square	df	Mean Square	F	p
Between Groups	85.86	3	28.62	.38	.77
Within Groups	15763.49	207	76.15		
Total	15849.35	210			

Table 5 shows the mean attitude scores on sexuality education of male and females respondents. An independent-sample t-test was conducted to evaluate the hypothesis that the male and female respondents differ in terms of their mean attitude on sexuality education. The test was significant, $t(209) = 2.66, p = .008$. The result supported the hypothesis of gender difference in sexuality education attitude. As compared to men ($M = 33.94, SD = 9.79$), women ($M = 30.79, SD = 7.42$) reported significantly higher positive attitude towards inclusion of sexuality education in school curriculum.

Table 5.
Mean Attitude Scores and Standard Deviations on Sexuality Education by Gender of Parents

Gender	n	M	SD	t	p
Male	95	33.94	9.79	2.66	.008
Female	116	30.79	7.42		

Mean scores on attitude towards sexuality education and one-way analysis of variance for parents with different educational background appear in Tables 6 and 7. A one way analysis of variance was conducted to evaluate the relationship between education level of parents and their attitude towards inclusion of sexuality education in school curriculum. The independent variable, education level, included seven levels: SRP, SPM, Standard 3–6, STPM, Diploma, University degree, and no education. The dependent variable was the attitude towards sexuality education. The ANOVA was significant, $F(6, 204) = 2.41, p = .029$, which revealed that there was an overall significant difference in the mean attitude scores on sexuality education of parents with different education background (see Table 7). In follow-up tests, the Tukey HSD indicated that a significant difference existed between parents with university education ($M = 34.90, SD = 9.39$) and Standard 3-6 ($M = 29.10, SD = 7.75$), less educated parents being more positive about inclusion of sexuality education in school curriculum.

Table 6.
Mean Attitude Scores and Standard Deviations on Sexuality Education by Education level of Parents ($n = 211$)

Education	n	M	SD
SRP	70	33.18	8.60
SPM	49	34.19	9.18
Standard 3–6	57	29.10	7.75
STPM	2	26.50	2.12
Diploma	9	34.33	7.36
University degree	11	34.90	9.39
No Education	13	30.23	8.99

Table 7.
One Way Analysis of Variance for Education of Parents

Source of Variance	Sum of Square	df	Mean Square	F	p
Between Groups	1048.35	6	174.73	2.41	.029
Within Groups	14801.00	204	72.55		
Total	15849.35	210			

Tables 8 and 9 present mean scores on attitude towards sexuality education and one-way analysis of variance for five occupational groups of the parents. The results revealed an overall significant difference in the sexuality education attitude scores of the parents of different occupational groups, $F(4,206) = 6.53, p < .0005$. The Tukey HSD indicated that parents in business expressed significantly more favorable attitude towards inclusion of sexuality education in school curriculum than parents in administrative ($p < .02$) and teaching ($p < .01$) professions. Secondly, house wives reported to be significantly more positive about inclusion of sexuality education in school curriculum than parents in teaching ($p < .002$) and administrative ($p < .007$) jobs. Laborers did not differ significantly in their attitude towards sexuality education at school with other occupation groups. There was absence of significant difference between the sexuality education attitudes of parents in administrative and teaching jobs.

Table 8.
Mean Scores and Standard Deviations on Attitude on Sexuality Education by Occupation of Parents

Occupation	n	M	SD
Business	11	27.64	04.46
Laborer	83	33.06	08.58
Administrative	16	37.38	10.30
Teacher	19	37.59	11.86
Housewife	82	29.70	06.76
Total	211	32.20	08.69

Table 9.
One Way Analysis of Variance for Occupation of Parents

Source of Variance	Sum of Square	df	Mean Square	F	p
Between Groups	1784.525	4	446.13	6.53	.0005
Within Groups	14064.829	206	68.28		
Total	15849.353	210			

C. Themes from Interviews with Parents Regarding School-based Sexual Education

The parents, among the survey respondents, who willingly agreed to participate in the interviews were asked to provide their opinion or general comments about the inclusion of sexuality education in elementary schools. Four key themes emerged from the content analysis of the views that the parents expressed during the interviews.

Theme 1: Sexuality Education is Beneficial for Children

The parents interviewed agreed that schools should include sex education in their curriculum in order to educate pupils regarding the elements of sexuality. Several parents expressed their views regarding this issue as follows:

Mother 1: "I agree that sex education should be introduced in elementary schools because there are cases where even family members rape girls, and these kids do not understand how to deal with the problem. They have phobia after being raped by family members. Nowadays, many kids understand the case of sexual abuse through mass media, friends and others. In school pupils should be taught how to deal with sexual abuse".

Father 1: "It is suitable to teach sex education in elementary school. It should be taught in elementary school."

Father 2: "Elementary school children should be taught the basic teachings such as friendship and the danger of sex."

Father 3: "Children should be taught and understand their responsibilities. They should know with whom they can go out."

Mother 2: "I agree on introducing sex education in elementary school in order to provide knowledge to the kids."

Mother 3: "It is good to teach sex education in school. This can help the pupils to open their minds and help them to be mature. They will understand what is good and what is bad, and to save them from terrible consequences."

Mother 4: "All topics stated in the questionnaire should be taught in elementary school level in the village as well as in the town because some of the sex related cases (problems) happened in these areas."

Theme 2: Sex Education Should be Religious in Content

Majority of the parents agreed that sex education should be introduced in elementary school with a caution that the content should be based on religious teachings. One parent (father) stated that sex education is not something new for Muslims. Two parents disagreed to sex education because of their fear that teachers will teach children about sex which is contradictory to the teachings of Islam.

Theme 3: Negative Consequences of Sex Education in Elementary School

Although the majority of the parents agreed to the inclusion of sex education in the elementary school curriculum, many of the parents interviewed expressed their concern on the negative consequences of this type of education for elementary school children who are not matured enough to understand sexuality. The following statements reflect this concern:

Father 4: "I am afraid kids will try to engage in sex. It is too early to teach them about sex education in elementary school. It is a sensitive topic for children."

Father 5: "I disagree with sex education for elementary school children because it is not suitable for their age. This will encourage kids to have sex."

Mother 5: "Sex education will create curiosity about sex among school children. It is difficult to teach them because they will not understand it. It is enough to teach them some basic aspects of male and female relationship."

Mother 6: "I do not want these pupils think of intimate relationship; they will not pay attention to lessons (but rather will try it). It is too early for them. Let them know by themselves. It is not good."

Mother 7: "Too early to be taught in school level, students are immature at elementary school level. It is suitable to teach in secondary schools. I am afraid kids may try this because they are curious about it. It is dangerous to teach them."

Mother 8: "It is good to tell the pupils about sex relationship based on their ability of understanding, such topics as pregnancy. But the details should be taught only in secondary school. Now there is curriculum for that."

Father 6: "Children should not know about pregnancy because children do not understand the meaning of it. It is too early to be taught in school level. It depends on the topics discussed and the value orientation."

Theme 4: Knowledgeable Teachers with Religious Orientation

Some parents mentioned that sex education teachers should be knowledgeable with Islamic teaching. Otherwise, they will teach something to children which is contradictory to Islam. They indicated that they want teachers who would impart good messages to their children.

Mother 9: "I disagree with sex education because I am afraid that teachers will teach children about sex which is contradictory to the teachings of Islam."

Discussion

This study had three purposes. The first purpose was to determine the percentage of rural parents supporting inclusion of a set of lessons on sexuality education in elementary school. The second purpose was to identify the grade level at which rural parents would like their children to begin receiving sex education. The third purpose was to explore whether age, gender, education level and occupation of parents have any link with their attitude towards sexuality education of their children.

With regard to first objective of this study the data indicated that the majority of rural parents

approve sex education at the elementary level. Overall, seventy three percent of the parents favored inclusion of a set of lessons on sexuality education in elementary school. This result corroborated those of previous studies with western samples (Eisenberg, Bernat, Bearinger, & Resnick, 2008; McKay et al., 1998; Price et al., 2003; Welshimer & Harris, 1994). In their recent study, Eisenberg and colleagues (2008) found that 89.3% of parents supported teaching about both abstinence and contraception (comprehensive sexuality education) and support was high across all demographic categories of parents.

Percentage of parents supporting inclusion of such sex education lessons as "Islamic view on sexuality", "values of sexual abstinence until marriage", "physical and social changes associated with puberty and adolescence", "positive communication with family", and "parenting responsibility" is remarkably high (96.7%, 92.9%, 91.9%, 91.5%, and 91.5% respectively). However, quite a good number of parents are apprehensive about inclusion of "teenage pregnancy" (27.6%), "premarital sex" (26.2%), "natural family planning" (25.7%), "prostitution" (23.7%), "reproduction and child birth" (21.8%), and "divorce" (20.9%) as topics of sex education at elementary school. Another source of concern for the parents is the topic of "birth control", which has been approved by only forty five percent of the parents.

The importance of beginning of sex education at early stage seems to be well understood by the parents of school going children. Seventy three percent of the parents approved of beginning sex education at elementary level. This result is also supported by previous research findings (e.g. Price et al., 2003; Welshimer & Harris, 1994). However, about one fourth of the parents are not decisive as to at what grade level their children should begin to receive sex education. Combining the findings with regard to the first two objectives of the study we can say that Malaysian rural parents have now recognized the need of sex education of their school going children at an early stage. This awareness on the part of rural Malaysian parents might have resulted due to frequent appearance of a number of reports about sex related health problems and sexual crimes in local newspapers and electronic media.

In terms of the age of parents, middle age groups (30-39 years and 40-49 years) show more support (55.5% in total) for inclusion of a set of lessons in sexuality education in school

curriculum. As compared to these parents, the older and younger parents are much smaller in percentage (17.5% in total) to support the idea of sex education. However, the four age groups of parents do not differ significantly in terms of their average attitude scores on inclusion of a set of lessons on sexuality education in school curriculum. Furthermore, the obtained average attitude scores of all the four groups of parents are much below the theoretical average score on the sexuality scale, which again imply that the rural parents, in general, do support sexuality education for their elementary school-going children.

On the average, as compared to their male counterparts, female parents ($M = 30.79$, $SD = 7.42$) reported to be more supportive of sexuality education for school going children. However, the male respondents are also supportive of sexuality education of school going children as their obtained average attitude score on sexuality education is much below the theoretical average on the sexuality questionnaire ($M = 33.94$, $SD = 9.79$). Thus, we can safely say that both sexes do believe that their school going children should receive sexuality education. The present findings are in line with the scenario of today's Malaysian culture, wherein both men and women are moving shoulder to shoulder in every walk of life. The slight difference in their supportive attitude looks logical because most of the victims of reported sexual abuse are unfortunately females.

As regard to the question of link between education level of the parents and their attitude towards sexuality education in school there is overall significant difference among parents with different educational background. The significant difference in attitude towards sexuality exists between parents with education level SPM ($M = 34.19$, $SD = 9.18$) and Standard 3-6 ($M = 29.10$, $SD = 7.75$). The other education groups are equally supportive of sexuality education of their children at school. As the sample did not include parents of diverse educational background, the finding showing effect of education on parental attitude towards sexuality education does not carry much weight. In general, however, it is expected that with a group of parents with diverse educational background, the more educated parents would be more supportive of the issue at hand than their less educated counterparts.

The present findings show that parents in all occupational groups indicate positive attitude towards sexuality education of their children at

school. This is evident from their obtained average attitude scores on sexuality education ($M = 27.64$ to 37.59), which are much below theoretical average on the sexuality scale. In terms of differential effect of occupation on sexuality attitude, however, parents in business indicate more favourable attitude about sexuality education ($M = 27.64$, $SD = 4.46$) than those in administrative ($M = 37.38$, $SD = 10.30$) and teaching ($M = 37.59$, $SD = 11.86$) jobs. Other occupation groups do not differ in terms of their attitude about sexuality education. It seems logical that the lack of education of the respondents corresponds to absence of large diversity in their occupations. As a consequence, the present findings concerning link between variables of education and occupation and attitude about sexuality education are somewhat similar.

To supplement the findings resulting from analysis of quantitative data, we conducted content analysis of qualitative data obtained through semi-structured interviews from some of the parents of the study sample. Themes that emerged from this analysis suggest that most parents would like to see sex education curriculum begin earlier and be more Islamic in content. However, some of them are concerned with the dangers of introducing it at the elementary level. The parents also wish that the teachers involved in sexuality education in schools should possess adequate knowledge of the subject and be more Islamic in personal orientation.

In Malaysian context, sexuality education is predicted to be most attuned with their learning preferences and cultural environment, which include single-sex classes, teachers of the same sex, teachers who are particularly well-trained in effective conveying of sex education, and opportunities for peer-education activities that involve problem-solving and interactive styles of learning (Bennett, 2007). There is also general consensus among Muslim teachers and parents that sex education should be commensurate with age, maturity and physical development (Bennett, 2007). In addition, there is a prevalent concern that the images and material used in sex education should respect religious notions of modesty by illustrating human bodies and reproductive physiology in a way that does not comprise crude or personalized images (Sanjakdar, 2004). In a study conducted in rural areas of the USA, Jordan, Price, and Fitzgerald (2000) found that 94% of 374 parents had discussed sex with their offspring. However, in

Malaysian context, parents are unwilling to talk to their children about sexuality due to embarrassments. Therefore, they would like schools to develop a comprehensive curriculum to address the issue.

Wendy Luttrell (2003) has asserted that "... sex education is highly fragmented, often focusing solely on health-related behaviors and risks" (p. 141). Therefore, sexuality education in Malaysia should be comprehensive and all-encompassing, and can follow Kirby's (2002) recommendations. Kirby (2002) has suggested several school-based sexual health intervention programs to be effective: (a) the use of multi-dimensional, age-appropriate teaching methods and culturally specific behavioral goals, (b) effective training for the teachers, (c) a theoretically grounded approach, including theories of social learning, social influence and/or reasoned action, (d) a focus on reducing specific risk behaviors that lead to unintended pregnancy and HIV infection, (e) opportunities to practice communication and negotiation skills necessary for sexual limit setting, negotiating contraception use, (f) interactive exercises to communicate health risks and how to avoid these, and (g) discussion and activities that address pressures related to adolescent sexual behavior. Finally, a comprehensive school-based sexuality education that addresses the socio-cultural, biological, psychological, and spiritual dimensions should be part of the curriculum in school, and should be appropriate to the age, maturity level, cultural background, and respect the diversities of values and beliefs in the society (Low, 2009).

Limitations

The data of this study came from a cross-sectional survey of a sample of rural parents of four elementary schools in a district of Malaysia. Another limitation is that a representative sample was not feasible due to limited time and resources. One cannot conclude that the results obtained are representative of the rural parents of school going children in Malaysia and thus generalization of the present findings is limited. This study is also limited by its use of self-report sexuality education questionnaire. The qualitative part of this study lacks triangulation. Future research should use educationally and professionally more heterogeneous larger representative random samples of rural and urban

parents of school going children and use multiple sources of data collection.

Conclusion

Previous research shows that major lack of knowledge still prevail in terms of sexual health terminologies, sexual behaviors, and safe sex among Malaysian young adolescents, and they are also concerned with pregnancy avoidance, rather than reducing the risk of STDs (Low, Ng, Fadzil, & Ang, 2007). Therefore, sexuality education should be incorporated as a separate subject aside from biology, and implemented in the schools. The fact is that contrary to popular belief, research asserts that sex and HIV education neither fosters early sexual practice nor increases sexual activity, but rather it reduces the number of sexual partners and the frequency of sex, while promoting safe sex and responsible sexual behavior (Ross, Dick, & Ferguson, 2006). The current exploratory study makes important contributions by accumulation useful information pertaining to an unexplored area of knowledge in Malaysia. This study provides empirical findings which can be used to generate quite a good number of hypotheses for future research in the field of sexuality education of school going children. These preliminary findings can also be used as some initial food for thought by the policy makers of sexuality education at school.

Research conducted in both non-western and western settings indicates that comprehensive sexuality education delays the age of sexual initiation and reduces the incidence of unplanned premarital pregnancies and sexually transmitted infections among youth (World Health Organization, 1997). A study by Kirby, Laris, and Roller (2007) indicated that sexuality education programs have produced a delay in the onset of sexual activity. Research by Wellings and colleagues have also affirmed that around the world "school-based sex education leads to improved awareness of risk and knowledge of risk reduction strategies, increased self-effectiveness and intention to adopt safer sex behaviors, and to delay, rather than hasten, the onset of sexual activity" (2006: 12).

This evidence reinforces the argument that sexuality education can help young students to abide by the religious ideal of premarital abstinence, rather than encouraging them to have premarital sex (Bennett, 2007). In addition, research conducted in several countries have

demonstrated that comprehensive sexuality education is an effective strategy to assist young people in delaying sexual intercourse, reduce the frequency and number of sexual partners, decrease the number of forced teen marriages, reduce the rates of STIs, and increase the use of contraception (Gourlay, 1996; Halstead & Reiss, 2003; Kirby, 2002; Levine, 2002).

The acceptability of the phrase "sexuality education" in Malaysian cultural and religious context is debatable given the taboos associated with it. Hence, a comprehensive content of sexuality education taught using different name may produce a good result. However, the "reproductive and social health education" introduced by Malaysian government only encompasses the biological facts of life, and neglects meaningful discussions about emotions,

relationships, and other aspects of sexuality (teenage pregnancies, HIV/AIDS, STDs).

Therefore, there is a need to include a comprehensive sexuality education curriculum addressing all aspects of human sexuality and the harms of irresponsible sexual behavior (to be taught based on the age and gender of students).

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References

- Abas, A. (2006, December 21). Sex education gets Cabinet go-head. *New Straits Times*, p. 10.
- Adler, M. (1993). Parental choice and the enhancement of children's interests. In P. Munn (Ed.), *Parents and schools: Customers, managers or partners?* (pp. 47-64). London & New York: Routledge.
- Ali, T. S., Ali, P. A., Waheed, H., & Memon, A. A. (2006). Understanding of puberty and related health problems among female adolescents in Karachi, Pakistan. *Journal of Pakistan Medical Association*, 56 (2), 68-72.
- Athar, S. (1996). Sex education, teenage pregnancy, sex in Islam and marriage. In S. Athar (Ed.), *Sex education: An Islamic perspective* (pp. 1-20). Chicago, IL: Kazi Publications.
- Ballantine, J. H. (1997). *The sociology of education: A systematic analysis* (4th ed.). Upper Saddle River, NJ: Prentice Hall.
- Bennett, L. R. (2007). Zina and the enigma of sex education for Indonesian Muslim youth. *Sex Education*, 7 (4), 371-386.
- Berne, L., Patton, W., Milton, J., Hunt, L., Wright, S., Peppard, J., & Dodd, J. (2000). A qualitative assessment of Australian parents' perceptions of sexuality education and communication. *Journal of Sex Education and Therapy*, 25, 161-168.
- Couchenour, D. & Chrisman, K. (1996). Healthy sexuality development in young children. *Dimensions of Early Childhood*, 24 (4), 30-36.
- Darshni, S. (2006, August 18). Sex on campus: Why some of the best and brightest are flirting with AIDS. *New Straits Times*, p. 6.
- D'Oyen, F. M. (1996). *The miracle of life: A guide on Islamic family life and sex education for young people*. Markfield, Leicester: Islamic Foundation.
- Eisenberg, M. E., Bernat, D. H., Bearinger, L. H., & Resnick, M. D. (2008). Support for comprehensive sexuality education: Perspectives from parents of school-age youth. *Journal of Adolescent Health*, 42 (4), 352-359.
- Farid-ul-Hasnain, S., Johansson, E., & Krantz, G. (2009). What do young adults know about the HIV/AIDS epidemic? Findings from a population based study in Karachi, Pakistan. *BMC Infectious Diseases*, 9, 38.

Retrieved September 28, 2009, from
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2678138>

- Forrester, S. (2009, August 06). Sex education that works. Retrieved September 28, 2009, from <http://www.avert.org/sex-education.htm>
- Ganczak, M., Barss, P., Alfaresi, F., Almazrouei, S., Muraddad, A., & Al-Maskari, F. (2007). Break the silence: HIV/AIDS Knowledge, attitudes, and educational needs among Arab university students in United Arab Emirates. *Journal of Adolescent Health, 40* (6), 572.e1-8.
- Gourlay, P. (1996). *If you think sexuality education is dangerous, try ignorance! Sexuality education: Critical factors for success*. Melbourne: Family Planning Victoria.
- Halstead, J. M., & Reiss, M. I. (2003). *Values in sex education: From principles to practice*. London: RoutledgeFalmer.
- Hossain, M. B., Kabir, A., & Ferdous, H. (2007). Knowledge of HIV and AIDS among Tertiary Students in Bangladesh. *International Quarterly of Community Health Education, 26* (3), 271-285.
- Jordan, T. R., Price, J. H., & Fitzgerald, S. (2000). Rural parents' communication with their teenagers about sexual issues. *Journal of School Health, 70* (8), 338-344.
- Kehily, M. J. & Nayak, A. (2000). Schoolgirl frictions: Young women, sex education and social experiences. In G. Walford & C. Hudson (Eds.), *Genders and sexualities in educational ethnography*, (Studies in educational ethnography, vol. 3, pp. 141-159). New York, NY: Elsevier Science/ JAI Press.
- Kirby, D. (2002). Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *The Journal of Sex Research, 39* (1), 51-57.
- Kirby, D., Laris, B. A., & Rolleri, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health, 40* (3), 206-217.
- Lee, M. H. S. (1999). *Communication and advocacy strategies: Adolescent reproductive and sexual health: Case study, Malaysia*. Bangkok: UNESCO.
- Lee, L. K., Chen, P. Y., Lee, K. K., & Kaur, J. (2006). Premarital sexual intercourse among adolescents in Malaysia: A cross-sectional Malaysian school survey. *Singapore Medical Journal, 47* (6), 476-481.
- Levine, J. (2002). *Harmful to minors: The perils of protecting children from sex*. Minneapolis, MN: University of Minnesota Press.
- Lim, J., and Kui, Y. T. (2006, August 21). Sexually speaking. *New Straits Times*, p. 6-7.
- Lin, P. K. (2006, July 20). Stepfather gets jail and rotan for attempted rape. *New Straits Times*, p. 21.
- Lively V. & Lively, E. (1991). *Sexuality development of young children*. Albany, NY: Delmar.
- Low, W. Y. (2009). Malaysian youth sexuality: Issues and challenges. *Journal of the University of Malaya Medical Centre (JUMMEC), 12* (1), 3-14.
- Low, W-Y., Ng, C-J., Fadzil, K.S., & Ang, E-S. (2007). Sexual issues: Let's hear it from the Malaysian boys. *The Journal of Men's Health & Gender, 4* (3), 283-291.
- Luttrell, W. (2003). *Pregnant bodies, fertile minds: Gender, race, and the schooling of pregnant teens*. New York: Routledge.
- Malaysian AIDS Council Resource Center. (2006). *AIDS in Malaysia*. Kuala Lumpur: Department of Public Health, Ministry of Health Malaysia.
- McKay, A., Pietrusiak, M.- A., & Holowaty, P. (1998). Parents' opinions and attitudes towards sexuality education in the schools. *The Canadian Journal of Human Sexuality, 7* (2), 139-145.
- Milton, J. (2004). Sexuality education and primary schools: Experiences and practices of mothers and teachers in four Sydney schools. *ACHPER Healthy Lifestyles Journal, 51*(4), 18-25.

- Nais, N. (2006, August 16). Rapist dad forgiven by wife, not forgiven by law. *New Straits Times*, p. 14.
- Price, J. H., Dake, J. A., Kirchofer, G., & Telljohann, S. K. (2003). Elementary school teachers' techniques of responding to student questions regarding sexuality issues. *The Journal of School Health*, 73 (1), 9-14.
- Ross, D. A., Dick, B., & Ferguson, J. (Eds.) (2006). *Preventing HIV/AIDS in young people: A systematic review of the evidence from developing countries* (WHO Technical Report Series No. 938). Geneva: World Health Organization.
- Sanjakdar, F. (2004). Developing appropriate sexual health education curriculum framework for Muslim students. In B. van Driel (Ed.), *Confronting Islamophobia in educational practice* (pp. 143-162). Sterling, Staffordshire: Trentham Books.
- Sipalan, J., & Majawat, E. (2009, August 31). Sex education as subject maybe in future, says D-G. Retrieved September 28, 2009, from http://www.nst.com.my/Current_News/NST/articles/12bees/Article/index_html
- Spodek, B., Saracho, O. N. & Davis, M. D. (1991). *Foundations of early childhood education: Teaching three-, four-, and five-year-old children* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Tavoosi, A., Zaferani, A., Enzevaei, A., Tajik, P., & Ahmadinezhad, Z. (2004). Knowledge and attitude towards HIV/AIDS among Iranian students. *BMC Public Health*, 4, 17. Retrieved September 28, 2009, from <http://www.biomedcentral.com/content/pdf/1471-2458-4-17.pdf>
- The Star Online*. (2005, December 23). Paper urges parents to support sex education. Retrieved January 8, 2009, from <http://thestar.com.my/news/story.asp?file=/2005/12/23/nation/12943035&sec=nation>
- Wellings, K., Collumbien, M., Slaymaker, E., Singh, S., Hodges, Z., Patel, D., & Bajos, N. (2006). Sexual behaviour in context: A global perspective. *The Lancet*, 368 (9548), 1706-1728.
- Welshimer, K. J., & Harris, S. E. (1994). A survey of rural parents' attitudes toward sexuality education. *The Journal of School Health*, 64 (9), 347-52.
- Westwood, J., & Mullan, B. (2007). Knowledge and attitudes of secondary school teachers regarding sexual health education in England. *Sex Education*, 7 (2), 143-159.
- Wilson, P. M. (1991). *When sex is the subject: Attitudes and answers for young children*. Santa Cruz, CA: Network.
- Wong, L.-P., Chin, C. L., Low, W.-Y., & Jaafar, N. (2008). HIV/AIDS-Related Knowledge among Malaysian Young Adults: Findings from a Nationwide Survey. *The Medscape Journal of Medicine*, 10(6), 148.
- World Health Organization. (1997). *Communicating family planning in reproductive health: Key messages for communicators*. WHO Document FRH/FPP/97.33. Geneva: WHO.
- World Health Organization. (2007). *Sexual and reproductive health of adolescents and youths in Malaysia: A review of literature and projects 2005*. Geneva: WHO.
- Zulkifli, S. N., & Low, W. Y. (2000). Sexual practices in Malaysia: Determinants of sexual intercourse among unmarried youths. *Journal of Adolescent Health*, 27 (4), 276-280.