

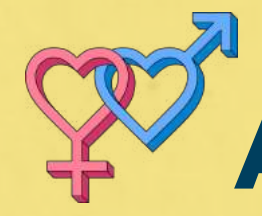
SOURCE OF SEXUAL AND REPRODUCTIVE HEALTH (SRH) INFORMATION AMONG YOUTHS IN MALAYSIA



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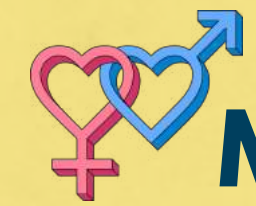
ABSTRACT

Introduction: Sexual and reproductive health (SRH) is a significant aspect of youths' growth. Despite various efforts to promote adolescents SRH, the majority of adolescents particularly in Malaysia still lack awareness and autonomy to access SRH related information and services. Hence, this study attempts to examine the range of source of information on SRH amongst youths in Malaysia. **Methods:** The respondents for the study were 5304 youths aged 13-24 comprised of 65.0% who were currently studying and 35.0% out of educational institution (school drop-out, working and unemployed youths). This cross-sectional descriptive study was carried out by National Population and Family Development Board of Malaysia (NPFDB) in 2014 using self-administered questionnaire. The range of sources related to SRH topics understudy consisted of mothers, fathers, siblings, teachers, peers and social media. Whereas the information needs on SRH were measured by various of topics i.e puberty, anatomy change during puberty, wet dream, sexual activity, pregnancy, masturbation and contraception. **Results:** A majority of respondents agreed that they sought for information on puberty topics and pregnancy to the teachers and mother as compared with other sources. While, peers and media were the second and third sources on sexual topics after teachers. However, the main sources of information on contraception were teachers and media instead of mother and father or siblings. **Conclusions:** The sources of information that the adolescents seek for information on SRH were vary by issues and topics especially on sexual intercourse and masturbation, where they will go to their friends instead of others sources. Based on the findings, it is important to educate the adolescents about SRH knowledge for their better understandings of having a good SRH status and the importance of accessed to the appropriate and accurate SRH information in reducing the major health indicators such as STIs rate, sex before married, adolescent's pregnancy, maternal and neonatal mortality.



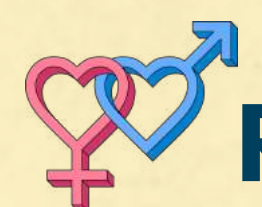
INTRODUCTION

Youths who involved in sexual risk behaviours can result in unintended health outcomes and put them at risk for HIV infection, sexually transmitted infections (STIs), unintended pregnancy and very early childbearing. Factors associated to sexual risk behaviour among youth are lack of sexual and reproductive health information and skills in negotiating sexual relationships, inaccessibility of youth-friendly sexual and reproductive health services and peer pressure (Kaestle et al., 2005). Hence, it is clearly stated that our youths need access to protective information and skills before they become sexually active (Bleakley et al., 2010 and Farideh, 2020). Previous research shows significant results on various source of sexual and reproductive health information among youth such as friends, teachers, parents, peers, religious members and media (Gombachika et al., 2013; Kamrani et al., 2011; Bleakley et al., 2009). Therefore, there is a need to know and do more to address what kind of sources utilized by young people in getting information on sexual and reproductive health, in Malaysia specifically. The purpose of this study was to identify the source of information related to sexual and reproductive health among Malaysian youths, as well as to examine the association of these sources with social demographic information.



METHODOLOGY

Data used in this study were utilized from household survey of 5304 never married youths aged between 13-24 year olds in Malaysia. The survey was conducted in 2014 by the National Population and Family Development Board (NPFDB), Malaysia. The respondents understudy covered three categories of youths, i.e. secondary school students (aged between 13 to 18 year olds), higher learning institution students (aged between 18-24 year olds) and school dropout, working and unemployed youths (aged between 13 to 24 year old). A structured questionnaire was designed as an instrument for the study. Respondents were asked to answer the questionnaire by their own (self-administered). A descriptive analysis and chi square test was employed from the data obtained.




RESULTS

Characteristics of the Respondents

About two-third of the respondents were currently studying (65.0%) and 35.0% out of educational institution (school dropout, working and unemployed youths). The mean age of the respondents was 17.4 year olds with almost equal ratio by sex. About one quarter of the respondents aged between 13 to 15 year olds and almost 40.0% of respondents aged between 16 to 19 year olds, and the rest (27.1%) aged between 20 to 24 year olds. According to the locality, majority of respondents (66.6%) were from urban area and the rest (33.4%) were from rural area. With respect to ethnicity, more than two third of respondents were Bumiputera (79.5%), followed by Chinese (11.7%), Indian (7.8%) and others (1.0%). According to level of education, majority of the respondents having upper secondary qualification and only 2.0 percent with lower secondary.

Table 1 : Socio-demographic Characteristics of the Respondents

Characteristics	Total (n)	Percentage (%)	Mean (SD)
STUDYING STATUS			
• Yes	3446	65.0%	
• No	1858	35.0%	
AGE GROUP			
• 13 - 15	1852	24.9	17.4 (3.25)
• 16 - 19	2016	38.0	
• 20 - 24	1436	27.1	
GENDER			
• Male	2708	51.1	
• Female	2596	48.9	
LOCALITY			
• Urban	3534	66.6	
• Rural	1770	33.4	
ETHNICITY			
• Bumiputera	4219	79.5	
• Chinese	620	11.7	
• Indian	412	7.8	
• Others	53	1.0	
LEVEL OF EDUCATION			
• Lower Secondary	105	2.0	
• Upper Secondary	4191	79.0	
• Tertiary	1008	19.0	



Source of Information on Puberty

In this section, the topics on puberty were categorized to three topics i.e. puberty, anatomy change during puberty and wet dream. Overall, respondents preferred to be sought for information on puberty to teachers (51.3%) and mother (45.1%). While, the respondents' preferences of the source of information on anatomy change during puberty were mothers (64.9%) as well as teachers (43.9%). With regards of information on wet dream, one-third of the respondents reported that they gained the information to the teachers. However, only 6.2 percent of the respondents reported that their source was from father.

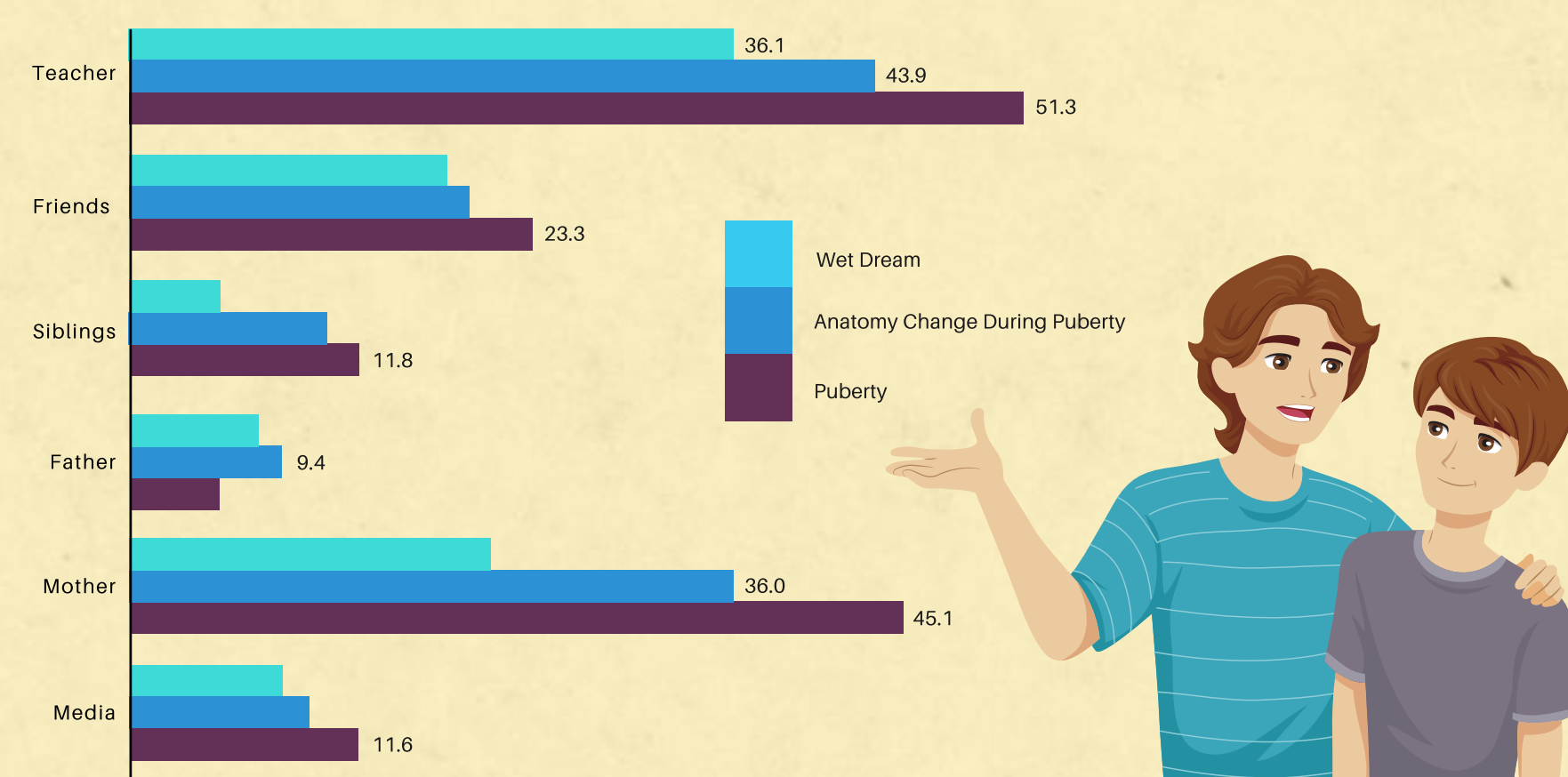


Figure 1 Percentages for Sources of Information on Puberty Topics

Source of Information on Sexual Topics

In this area, there are two categories on sexual topics which are masturbation and sexual intercourse. Overall, respondents preferred to seek for information of masturbation from friends (29.7%) and teacher (16.7%). While, the respondent's preferences of the source of information on sexual intercourse were teacher (37.8%) as well as friends (28.8%). It can be seen that getting information on both masturbation and sexual intercourse considerably less from siblings and father.

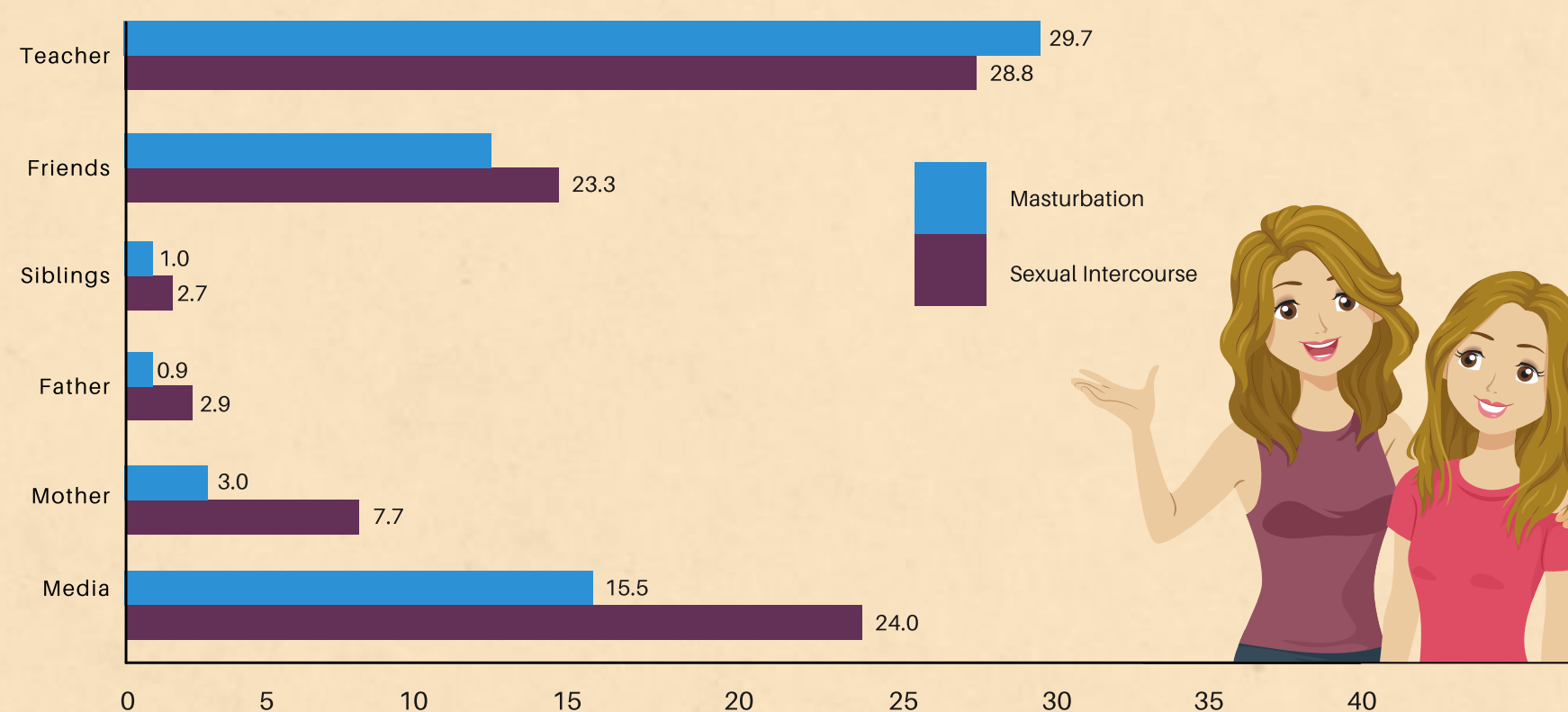


Figure 2 Percentages for Sources of Information on Sexual Topics

Source of Information on Contraception

With regards of the information on contraception. The top three sources for seeking information on contraception are teachers (29.8%), mother (16.3%) and media (18%). Only (4.7%) of the respondents who sought the information to their siblings.

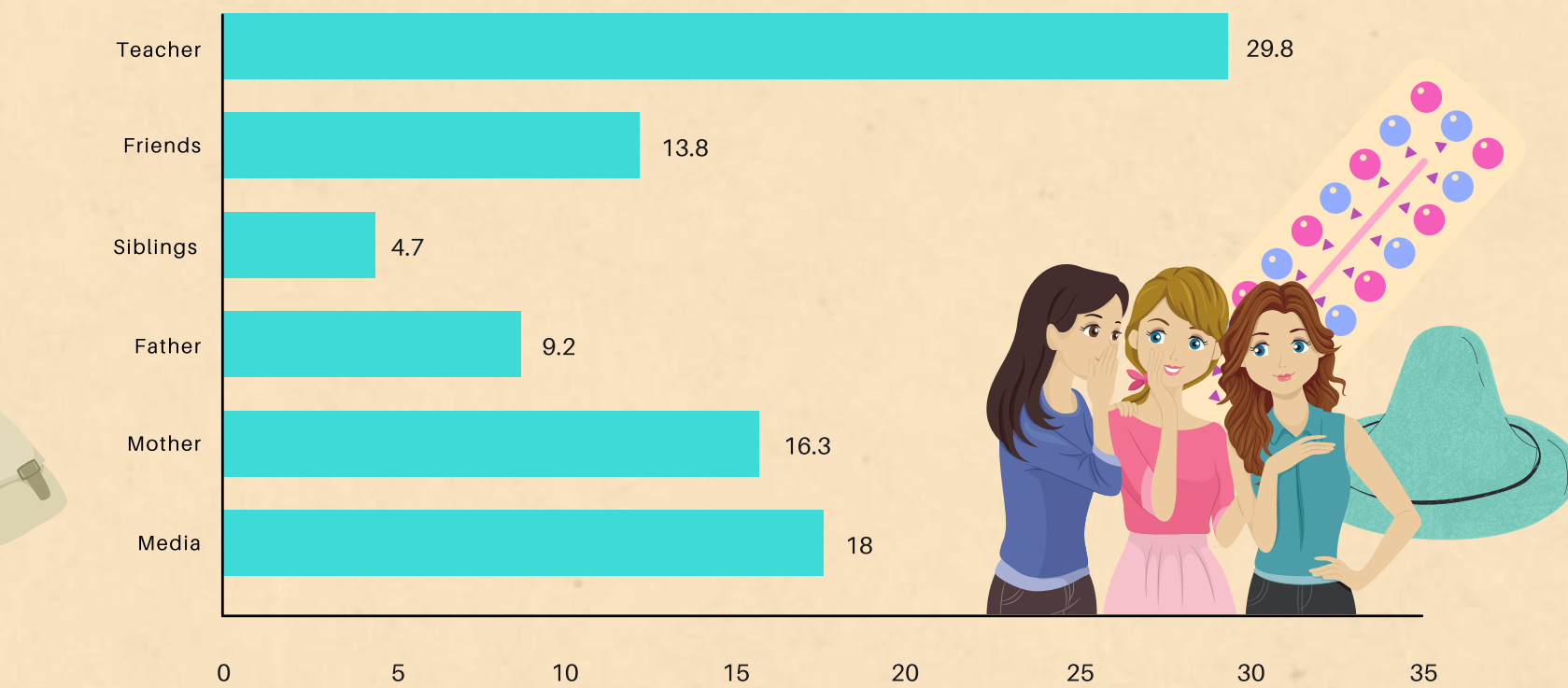


Figure 3 Percentages for Sources of Information on Contraception

Source of Information on Pregnancy

Figure 4 shows the sources of information on pregnancy. Almost half of the respondents tend to choose teacher for getting the information on pregnancy. Mother is in second rank with the percentage of (31.1%). Followed by media scored the third ranks (20.3%) and friends scored the fourth rank with the percentage of 15.5 percent. While siblings and father are the least with the percentage of 5.6% respectively.

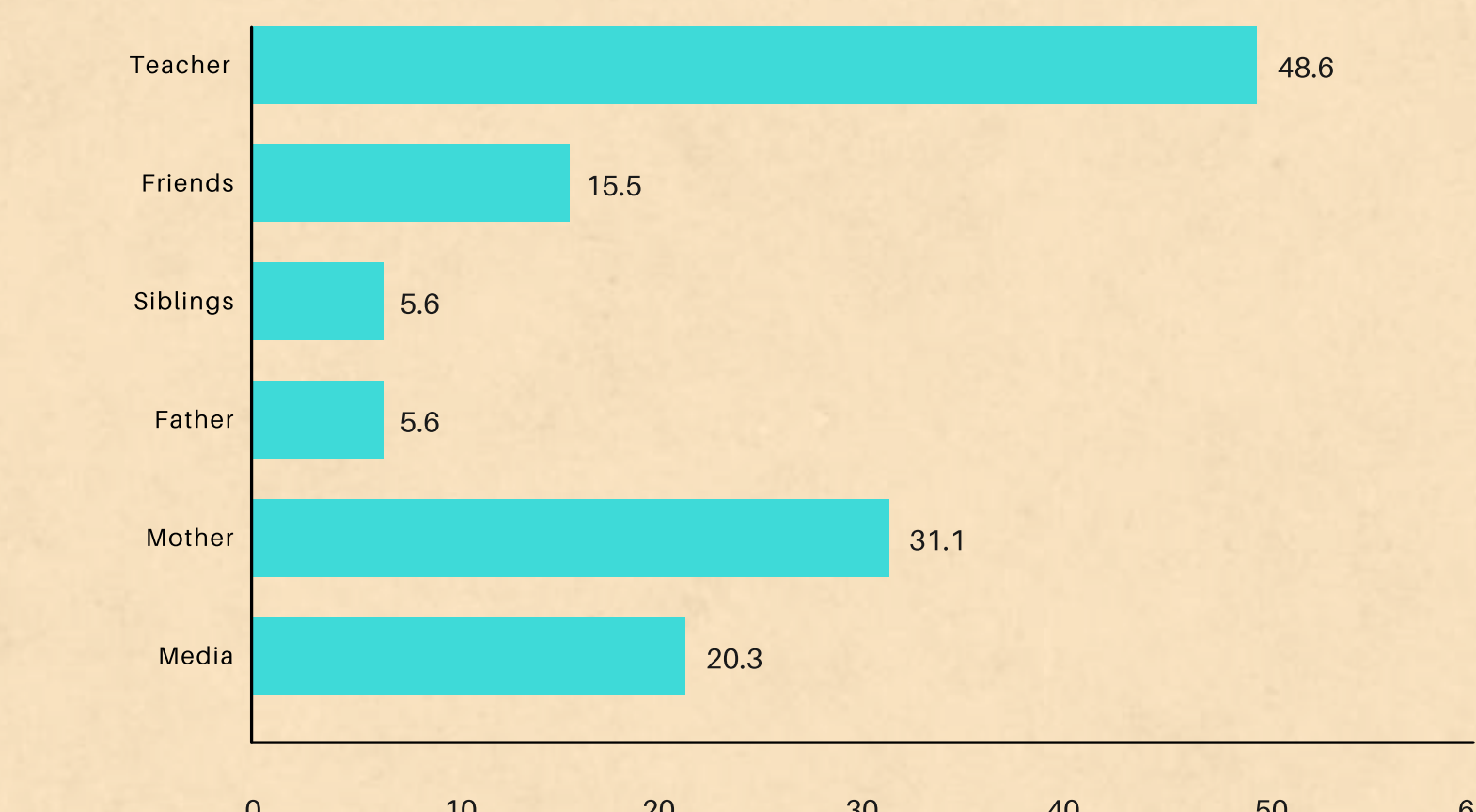


Figure 4 Percentages for Sources of Information on Pregnancy

Access to Information on SRH According to Socio Demographic Characteristics

This study also evaluated access to SRH information based on demographics characteristics. Access to SRH was scored as "yes" and "no" based on the sources of information. Overall, the higher proportion of respondents reported having access to SRH information were older age, female, Bumiputera ethnic and attained higher education level. Details are shown in Table 2.

Table 2: Chi Square Analysis of Association

Characteristics	Access to SRH Information		Test Statistics	p-Value
	Yes (n)	No (n)		
AGE GROUP				
• 13 - 15	93.7 (1736)	6.3 (116)	18.142	0.000
• 16 - 19	96.4 (1944)	3.8 (72)		
• 20 - 24	96.1 (1380)	3.9 (56)		
GENDER				
• Male	93.0 (2519)	7.0 (189)	71.353	0.000
• Female	97.9 (2541)	2.1 (55)		
LOCALITY				
• Urban	95.6 (3378)	4.46 (155)	1.109	0.292
• Rural	95.0 (1681)	5.0 (89)		
ETHNICITY				
• Bumiputera	96.3 (4064)	3.7 (155)	44.503	0.000
• Chinese	92.3 (572)	7.7 (48)		
• Indian	90.5 (373)	9.5 (39)		
• Others	96.2 (2)	3.8 (51)		
LEVEL OF EDUCATION				
• Lower Secondary	93.2 (1882)	6.8 (138)	42.095	0.000
• Upper Secondary	96.2 (2125)	3.8 (84)		
• Tertiary	98.0 (1053)	2.0 (22)		

The chi square analysis was used to measure the association between several socio demographic factors and access of SRH information. The results revealed that there were statistically significant associations between access to SRH information and most of the demographic characteristics tested for as shown in the Table 2. However, locality was not significantly associated with access to SRH information.



CONCLUSION AND RECOMMENDATION

In this study, the first two sources of information on puberty are teachers and mothers, in contrast with sexual topics. One-third of the respondents agreed that they prefer to seek sexual topics from their friends compared to their mothers and teachers. However, almost thirty percent of them seek information with their teachers besides their mothers and media with regards to contraception matters.

Despite all the initiatives to ensure that adolescents have access to SRH information, there are still challenges around the world related to the inaccuracy due to erroneous information they received from various sources and the challenges posed due to the improper accessibility to SRH information. Access to appropriate and accurate SRH information aimed at adolescents is crucial in reducing the increase in major health indicators such as STIs rate, maternal and neonatal mortality. It is important to educate the adolescents, regardless of male or female, about SRH problems, which will alert them to understand better the importance of having good SRH status. There were statistically significant associations between access to SRH information and most of the demographic characteristics tested. This data supports the importance of educating adolescents across the socio-demographic.

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