Intern paper: Sex education

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Executive Summary

- Lack of sex education in Malaysia has long been a problem. This paper explores how the youth of the nation have been negatively impacted by it.

- The unwillingness to implement sex education in Malaysia emanates from the generally conservative and religious attitude of the government and nation.

- Upon identifying the macro challenges of implementing sex education and analysing the consequences of not doing so, we consider the systems of other countries such as the United States and those in Western Europe.

- We make the following proposals to implement comprehensive sex education:
  - Introduce compulsory comprehensive sex education as an independent subject within the national school syllabus;
  - Establish structured content for teaching, ensuring that broad issues are covered including sexual consent and contraceptive usage;
  - Provide teachers with formal training to enable them to teach in an informative and unbiased manner; and
  - Encourage cooperation between parents and schools to communicate about safe sexual practices (e.g. through national campaigns and compulsory programmes).

- Comprehensive sex education is the first step that the Malaysian government must take in order to curb the rife instances of unwanted teenage pregnancies, sexually transmitted diseases, and baby dumping. Thereafter, strong political will and determination along with public support is needed to truly solve the social problems of our youth.
1.0 Introduction

1.1 Malaysia faces significant social, political, and economic problems regarding the consequences of lack of sex education, as displayed by the high rates of unwanted teenage pregnancies, sexually transmitted diseases (STDs), and baby dumping.

1.2 In view of such failures, this paper aims to explore:

(a) The inadequacy of sex education in Malaysia;

(b) The main obstacles hindering effectiveness of sex education; and

(c) Ideas for implementation.

1.3 This paper will reference models from other countries including the United States (U.S.) and those in Western Europe, by comparing and analysing their sex education systems and the degree to which these are successful and beneficial to teenagers.

1.4 The ideas raised in this paper are not necessarily complete, but do provide tangible means of improving the sexual education of our youth. In many ways, the low implementation costs of introducing a nationally mandated sex education programme will pay for itself through savings from treatment of STDs, unwanted pregnancies, baby banks, and orphanages.

1.5 Although this paper may criticise the conservative nature of the government, it still acknowledges that there are many individuals and organisations—both within the government and nation—who are working ceaselessly to achieve comprehensive sex education for the overall welfare of Malaysian youth. By no means does this paper intend to diminish the work of these individuals and organisations.

2.0 Inadequacy of sex education in Malaysia

2.1 The Ministry of Health’s Fifth Malaysian Population and Family Survey
2014 found that 4.8% of teenagers\(^1\) aged between 13 and 24 years have had sex—2.3% of 13–17-year-olds, and 8.3% of 18–24-year-olds.\(^2\)

2.2 This rate of sexual activity does not correlate positively with general knowledge and awareness associated with concepts of safe sex, consent, and sexuality. Among teenagers who have had sex, 64.9% have not used contraceptives.\(^3\) In fact, the contraceptive prevalence rate\(^4\) in Malaysia has not significantly increased over the 30 years from 26.0% in 1974 to 33.9% in 2004.\(^5\)

2.3 While this paper does not assert a position on the morality of sex out of wedlock, it certainly does not disregard the existence of sexual activity amongst youth and strives to promote the importance of providing accurate and sufficient information.

2.4 The urgency for sex education policy is demonstrated by these statistics:

(a) Around 18,000 teenage pregnancies were recorded in 2014;\(^6\)

(b) 1 in 4 new reported cases of HIV in 2009 were amongst 13–29-year-olds;\(^7\)

(c) 111 baby dumping cases in 2015, and a total of 568 cases from 2011 to June 2016;\(^8\) and

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\(^1\) The Ministry of Health uses the term “teenager” (remaja) to mean those aged 13–24 years.


\(^3\) Ministry of Health Malaysia.

\(^4\) Contraceptive prevalence rate is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually measured for married women between the ages of 15 and 49 years only.


\(^7\) UNICEF Malaysia, *Protecting Adolescents At Risk*, 2011, [https://www.unicef.org/malaysia/Brief_-_Protecting_Adolescents_At_Risk.pdf](https://www.unicef.org/malaysia/Brief_-_Protecting_Adolescents_At_Risk.pdf).

\(^8\) Parlimen Malaysia, *Pemberitahuan Pertanyaan Bagi Jawapan Bukan Lisan Mesyuarat Ketiga, Dewan Rakyat, Penggal Keempat, Parlimen Ketiga Belas, Majlis Mesyuarat Dewan Rakyat—Soalan No. 527*, 2016,
(d) The adolescent fertility rate was at 6 births per 1,000 women aged 15–19 years in 2013.⁹

2.5 Such figures are testament to the unyielding nature of the government to recognize the impracticality of abstinence-only notions, and their subsequent unwillingness to supply the youth with the necessary guidance and resources to make informed decisions about safe sex. Promulgating fear and abstinence-only programmes is no longer enough to prevent the inevitable.

2.6 There is a potent call for comprehensive sex education. In a survey conducted among 152 Malaysian 18-year-olds, 77.6% of respondents agreed that sex education should be incorporated with core school subjects. ¹⁰

2.7 While existing Biology, Islamic Studies, and Moral Studies touch on the matter of sex education, they are far too limited in their scope and detail to be considered effective. Out of 1,071 Malaysian youths aged 18–29 years surveyed between June and October 2015: ¹¹

(a) 82% believed that rape occurs due to the perpetrator’s uncontrolled urges;

(b) 56% believed that attractive women wearing tight, revealing clothes are more likely to be raped; and

(c) 10% would rather not sit next to a HIV-positive person in their university or workplace.

2.8 There is palpable concern that the limited sex education we provide in our


¹⁰ Siti Syairah Mohd Mutalip and Ruzianisra Mohamed, ‘Sexual Education In Malaysia: Accepted Or Rejected?’, Iranian J Publ Health, vol. 41, no. 7, p. 36.

schools is not only unhelpful, but is also fostering erroneous and highly damaging sentiments that exacerbate social stereotypes and stigmas. It is then the duty of the government to ensure that the sex education programmes are taught precisely and satisfy the needs of the youth, who are directly impacted by such issues.

3.0 Main obstacles hindering effective sex education in Malaysia

3.1 In 2016, Deputy Education Minister Chong Sin Woon said that sex education will not be taught in schools as students are already bogged down with too many subjects. In contrast, primary school teacher Jessica Yong argued, ‘There’s barely any time for children to absorb the material that’s being mixed in with Moral Studies or Physical Education. ... It should be a separate subject!’ It is precisely this reluctance of the government to view sex education as a serious, consequential subject that perpetuates the ignorance surrounding sex and results in the worsening of the aforementioned social issues.

3.2 According to Loke Yim Pheng (former secretary general of the National Union of the Teaching Profession), a survey run by the Education Ministry among teachers found that the majority did not want to teach sex education. To Loke, ‘The problem is that some of them are very conservative, so it’s hard to shift their way of thinking.’ Such is the reasoning of Jelutong High School Moral Studies teacher See Bee Khim, who believes that it is not essential to teach sex education as it may backfire and actually encourage students to have sex at a young age.

3.3 Amplified by the fear of legal repercussions should teachers say or teach the wrong thing, many believe that the role of teaching children sex

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14 Ibid.
16 Venner-Pack.
education should be left solely to parents. Although it is of utmost significance that parents open the communication channel on the topic of safe sex, it must be a joint effort between educators, parents, and schools. As parents are more likely to impose their own morals and values in their discussion of sex education, it is imperative that teachers are formally trained to provide the necessary information without their own judgement affecting their teaching. Ultimately, the goal is to equip children with the ability to take control of their own bodies and lives in a healthy and responsible manner. Similarly, school counsellor Khairul Irwan postulates that ‘early exposure in the proper context is better for prevention.’

3.4 Nevertheless, there has been an increasing demand for sex education in Malaysia. In an interview with R.AGE, Women, Family and Community Development Minister Dato’ Sri Rohani Abdul Karim pledged to improve sex education for children, including programmes about knowing one’s own body and making the right decisions in the event of an unwanted pregnancy. Due to the thoroughly sensitive nature of sex education in Malaysia, Rohani has admitted that it would not be called “sex education.” While Deputy Education Minister Dato’ P. Kamalanathan supported the need for sex education, he warned that the process of examining content of the syllabus would be incredibly difficult due to the varying definitions of what is considered “acceptable” for children to learn about.

4.0 Ideas for implementation: The United States

4.1 The U.S. has spent more than US$1.5 billion since 1997 on abstinence-only sex education programmes, which have proven to be vastly ineffective. This is reflected by the fact that:

(a) 82% of the 614,000 U.S. teenage pregnancies in 2010 were

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17 Ibid.
18 Ibid.
unplanned;\textsuperscript{20} and

(b) Almost four in 10 American millennials reported that the sex education they received was neither relevant nor helpful, according to a 2015 survey.\textsuperscript{21}

4.2 To rectify the shortfalls of these abstinence-only programs, the passage of the Teach Safe Relationships Act 2015 made it mandatory to include curriculum about sexual consent, emotional safety, and domestic violence in sex education programmes at middle- and high-school levels.

4.3 The California Healthy Youth Act 2016 then required all Californian schools to teach comprehensive sex education to their students at least once in middle school and once in high school.

4.4 Research on the National Survey of Family Growth revealed that teenagers aged between 15 and 19 years who received comprehensive sex education were 50\% less likely to experience pregnancy than those who received abstinence-only sex education.\textsuperscript{22}

4.5 The U.S. sex education program is by no means flawless, but the positive outcome they have witnessed, supported by active government action within the area, is encouraging. Malaysia, too, could introduce such rudimentary sex education policies in an attempt to reduce the drastic rates of social illnesses amongst our youth.

5.0 Ideas for implementation: The United Kingdom

5.1 Personal, Social and Health Education (PSHE) lessons in the United Kingdom (U.K.) include teaching sexual consent to pupils as young as 11

\textsuperscript{21} Corinne Segal, ‘Four in 10 millennials say their school’s sex ed was not helpful’, \textit{PBS}, 1 April 2015, \url{http://www.pbs.org/newshour/rundown/four-10-millennials-say-schools-sex-ed-helpful/}.  
\textsuperscript{22} Advocates for Youth, \textit{Comprehensive Sex Education: Research and Results}, 2009, \url{http://www.advocatesforyouth.org/storage/advfy/documents/fscse.pdf}. 
years’ old. These involve:

(a) Telling a classmate to stop moving closer if they feel their personal space is being invaded; and 

(b) Discussing who should ask for consent during an encounter where another person is invading your personal space.

6.0 Ideas & outcomes: Western Europe

6.1 France has a nationally-mandated sex education programme that begins when students are 13 years’ old. Parents are prohibited from withdrawing their children from the programme.

6.2 Due to this entrenched awareness of healthy sexual behaviour in the French youth, the following outcomes have been recorded:

(a) Teenage birth rate is three times lower than that of the U.S.; and

(b) HIV prevalence is 2 times lower than amongst U.S. teenagers.

6.3 In a similar vein, Germany’s longstanding comprehensive sex education programmes have produced the following results:

(a) Teenage birth rate is 3.5 times lower than in the U.S.;

(b) Teenage abortion rate is 4.5 times lower than in the U.S.; and

(c) HIV prevalence rate is 3.5 times lower than amongst U.S. teenagers.

6.4 In Sweden, sex education has been compulsory since 1955; moreover,
abortion has been free since 1975. This provides their youth with safe and accessible outlets to make sound, independent decisions about their own bodies and sexual activity.

6.5 The Dutch education system is a prime testament to the advantages of comprehensive sex education as a prevention method, as exemplified by these facts:

(a) Nine out of 10 of Dutch adolescents use contraception the first time they engage in sexual activity,\(^{27}\) and

(b) The Swedish teenage pregnancy rate is one of the world’s lowest, at 5.1 per 1,000 women aged 15–19 (six times lower than the U.S.).\(^{28}\)

6.6 The provision for such programmes and policies allows for a secure social milieu, while avoiding the deleterious effects of being uninformed or misinformed about sex.

6.7 While such European models may seem extreme for Malaysia, the government should still seek to initiate similar programmes and legislation that will work towards a more comprehensive education for teenagers regarding safe sex. In fact, the success of America’s recent shift from abstinence-only to comprehensive sex education should galvanise our government to follow suit and witness first-hand the vast advantages of such a programme.

7.0 Budget

7.1 This paper argues that the implementation of comprehensive sex education within the nationwide school curriculum will incur almost negligible additional expenses to the government. Based on the “Tak Nak” anti-smoking campaign run under the Abdullah Ahmad Badawi


\(^{28}\) Planned Parenthood.
administration from 2004, a nationwide awareness campaign may cost approximately RM18mil annually.\textsuperscript{29}

7.2 It is hoped that the effectiveness of such a campaign can lead to less money expended on treatment for STDs, unwanted pregnancies, and the running of baby banks and orphanages. Our calculations based on a Brookings study\textsuperscript{30} indicate that the cost for the government to manage unwanted pregnancies, STDs, and baby banks and orphanages, would be approximately RM1.2bil per year.\textsuperscript{31} Therefore, a nationwide awareness campaign costing a fraction of that amount would ultimately yield fiscal savings. Even more so, sex education can provide for an invaluable intangible happiness, by way of significantly reduced social problems and stigmas, and greater wellbeing of teenagers.

8.0 Conclusion

8.1 Through the rates of unwanted teenage pregnancies, STDs and general ignorance on what is considered healthy sexual behaviour, this paper sheds light on the critical yet largely hushed-up effects of lack of sexual education.

8.2 The ideas proposed in this paper are not new—they have been employed and utilised for decades by other countries. When implemented rigorously and monitored continuously, they have all proven to be exceptionally effective in creating a safe environment for our youth, along with largely minimising social illnesses amongst youth in society.

8.3 To recap, the cardinal measures include:


\textsuperscript{31} The Brookings study found that U.S. taxpayers spend about $12 billion annually on publicly financed medical care for women who experience unintended pregnancies and on infants who were conceived unintentionally. The Malaysian population at 31.1mil is about one-tenth that of the U.S. at 326.2mil. Proportionally then, and keeping dollar-to-dollar equivalence, Malaysian taxpayers would spend about RM1.2bil annually.
(a) Introducing compulsory comprehensive sex education programs as an independent subject within the national school syllabus;

(b) Establishing structured content for teaching, ensuring that broad issues are covered including contraceptive usage and consent; and

(c) Providing teachers with formal training to enable them to teach in an informative and unbiased manner.

8.4 Once comprehensive sex education is implemented, the government must remain diligent in monitoring its execution, in order to make amendments or strengthen policies when needed. This can be done by regularly conducting nationwide school surveys and charting the rates of contraceptive usage, teenage pregnancies, and STDs, among others.
9.0 References


Segal, Corinne, ‘Four in 10 millennials say their school’s sex ed was not helpful’, PBS, 1 April 2015, http://www.pbs.org/newshour/rundown/four-10-millennials-say-schools-sex-ed-helpful/.

