

A FRAMEWORK FOR PARENTAL ENGAGEMENT IN
ADOLESCENT SEXUAL AND REPRODUCTIVE
HEALTH EDUCATION: A MALAYSIAN PERSPECTIVE

BY

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ABSTRACT

Introduction: Sexual and Reproductive Health (SRH) education in Malaysia remains a sensitive and complex issue due to the nation's diverse religious beliefs, cultural norms, and societal stigmas. Parents are critical in shaping adolescents' SRH knowledge, yet many face challenges due to insufficient knowledge, skills, and confidence. This study aims to explore these challenges and develop a culturally sensitive SRH education framework tailored to Malaysian families. **Materials and methods:** A three-phase methodology was employed. Phase 1 consisted of qualitative interviews with 31 parents (9 fathers, 22 mothers) from diverse academic and socioeconomic backgrounds. Participants were recruited through non-governmental organisations (NGOs), religious institutions, parenting workshops, and snowballing methods in six states. Phase 2 involved a critical discourse analysis of two key resources: the government's *Cakna Diri* module and the self-help book *Berbual-bual dengan Anak Tentang Seksualiti*. Phase 3 focused on developing and validating a culturally sensitive SRH framework. Thirteen experts, including religious scholars, healthcare professionals, and child advocates, evaluated the framework using the Fuzzy Delphi Method. **Results:** Phase 1 identified three key themes: (1) The Influence of Religion and Culture in SRH Education, (2) Parents' Attitudes and Practices in Delivering SRH Education, and (3) Issues and Challenges in SRH Education Among Parents. Phase 2 highlighted content gaps and delivery issues in the *Cakna Diri* module, recommending improvements such as clearer objectives, practical adult learning principles, and coverage of topics like internet safety, masturbation, and pornography. Analysis of *Berbual-bual dengan Anak Tentang Seksualiti* provided additional insights for framework refinement. Phase 3 concluded in the validation of a culturally sensitive SRH framework. Of 36 proposed criteria, 34 achieved high consensus (0.831–0.967). Rejected elements included men-cantered approaches ($d=0.587$) and framing repentance as a primary focus ($d=0.241$). **Conclusion:** This study highlights the critical role of religion, culture, and systemic challenges in shaping SRH education in Malaysia. The validated framework empowers parents with practical, culturally appropriate strategies and promotes collaboration among schools, parents, and healthcare providers, offering a path to improve SRH education and adolescent well-being.

ملخص البحث

المقدمة: تُعدّ التنقيف في الصحة الجنسية والإنجابية (SRH) في ماليزيا قضية حساسة ومعقدة بسبب التنوع الديني والثقافي والوصم المجتمعي الذي يميز البلاد. وعلى الرغم من المبادرات التي تقودها الحكومة، مثل البرامج المدرسية والوحدات الخاصة بتنقيف الوالدين، إلا أن هناك فجوات مستمرة في إيصال المحتوى ومشاركة الوالدين. يُعتبر الوالدان أساسيين في تشكيل معرفة المراهقين بالصحة الجنسية والإنجابية، لكن الكثير منهم يواجهون تحديات بسبب نقص المعرفة والمهارات والثقة. تهدف هذه الدراسة إلى استكشاف هذه التحديات وتطوير إطار تنقيفي للصحة الجنسية والإنجابية يُراعي الخصوصية الثقافية للأسرة الماليزية. **المواد والأساليب:** تم استخدام منهجية من ثلاث مراحل. تضمنت المرحلة الأولى مقابلات نوعية مع 31 من الوالدين (9 آباء و22 أمًا) من خلفيات أكاديمية واجتماعية واقتصادية متنوعة. تم تجنيد المشاركين من خلال المنظمات غير الحكومية والمؤسسات الدينية وورش العمل الخاصة بتنقيف الوالدين، وكذلك من خلال طريقة "كرة الثلج" في ست ولايات. شملت المرحلة الثانية تحليلًا نقديًا لاثنتين من الموارد الرئيسية: وحدة *Cakna Diri* الحكومية وكتاب المساعدة الذاتية *Berbual-bual dengan Anak Tentang Seksualiti*. ركزت المرحلة الثالثة على تطوير واعتماد إطار تنقيفي للصحة الجنسية والإنجابية يُراعي الخصوصية الثقافية. قام 13 خبيرًا، بما في ذلك علماء دين ومتخصصون في الرعاية الصحية ومدافعون عن حقوق الطفل، بتقييم الإطار باستخدام طريقة *Fuzzy Delphi*. **النتائج:** حددت المرحلة الأولى ثلاثة مواضيع رئيسية: (1) تأثير الدين والثقافة على التنقيف في الصحة الجنسية والإنجابية، (2) مواقف وممارسات الوالدين في تقديم التنقيف في الصحة الجنسية والإنجابية، (3) القضايا والتحديات في التنقيف في الصحة الجنسية والإنجابية بين الوالدين. أثرت القيم الدينية والثقافية بشكل كبير على مواقف الوالدين، مما أدى إلى شعورهم بعدم الارتياح تجاه الموضوعات الحساسة. أدرك الوالدان وجود فجوات في التنقيف المدرسي بالصحة الجنسية والإنجابية، لكنهم أظهروا استعدادًا محدودًا للعمل كمعلمين رئيسيين بسبب ضيق الوقت ونقص المهارات والوصم المجتمعي. سلطت المرحلة الثانية الضوء على فجوات في محتوى وحدة *Cakna Diri* وقضايا في إيصالها، مع التوصية بتحسينات مثل تحديد أهداف واضحة، وتطبيق مبادئ تعليم الكبار العملية، وتغطية موضوعات مثل أمان الإنترنت، والاستمناء، والمواد الإباحية. قدم تحليل كتاب *Berbual-bual dengan Anak Tentang Seksualiti* رؤى إضافية لتحسين الإطار. اختتمت المرحلة الثالثة باعتماد إطار تنقيفي للصحة الجنسية والإنجابية يُراعي الخصوصية الثقافية. من بين 36 معيارًا مقترحًا، حصل 34 معيارًا على توافق عالٍ (0.831–0.967). تضمنت العناصر المرفوضة نهجًا يركز على الرجال ($d=0.587$) والتركيز على التوبة كهدف أساسي ($d=0.241$). **الخاتمة:** تُبرز هذه الدراسة الدور الحاسم للدين والثقافة والتحديات المنهجية في تشكيل التنقيف في الصحة الجنسية والإنجابية في ماليزيا. يُشدد الإطار المعتمد على تمكين الوالدين بالمعرفة العملية والإستراتيجيات الملائمة ثقافيًا، وتعزيز التعاون بين المدارس والوالدين ومقدمي الرعاية الصحية. تقدم هذه النتائج مسارًا لتحسين التنقيف في الصحة الجنسية والإنجابية، ومعالجة المحرمات المجتمعية، وتحسين رفاهية المراهقين.

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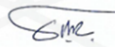
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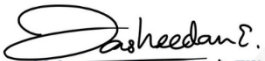


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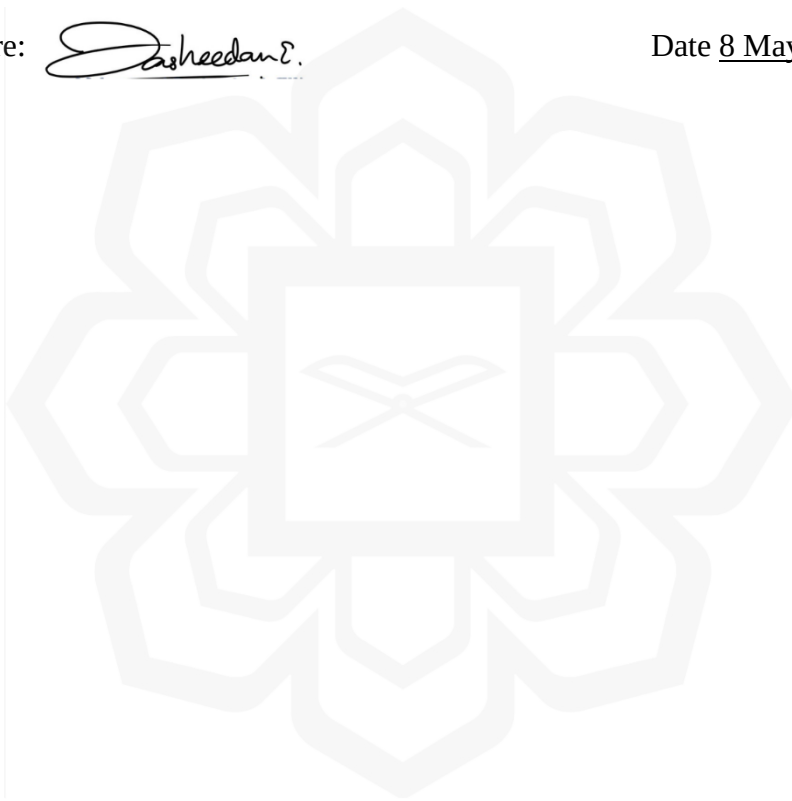
DECLARATION

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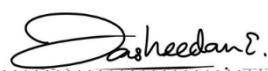
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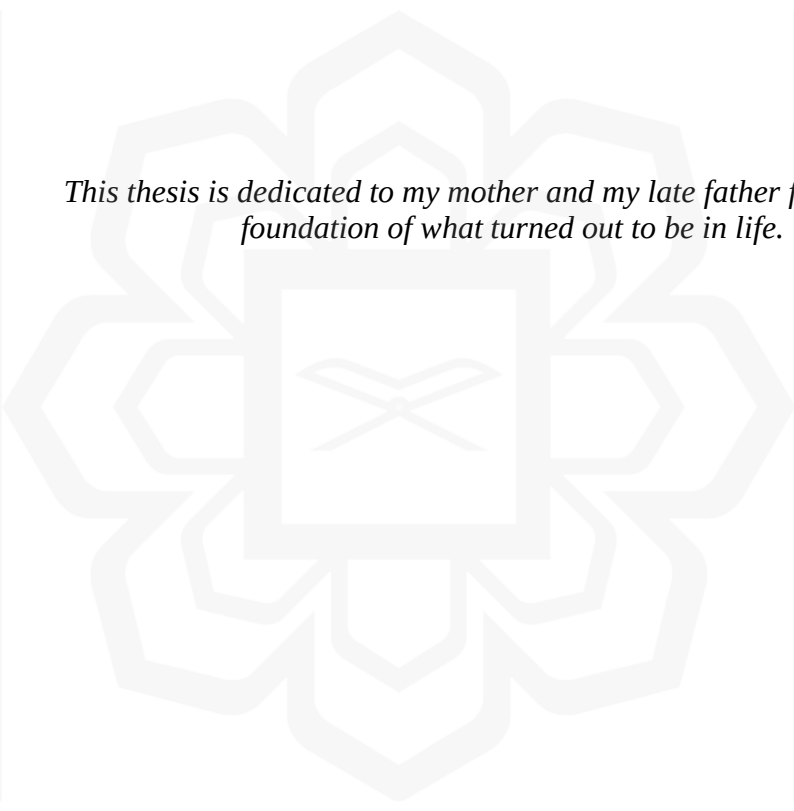

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*This thesis is dedicated to my mother and my late father for laying the
foundation of what turned out to be in life.*

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LIST OF ABBREVIATIONS

B40	Bottom 40
BBDATS	<i>Berbual-bual dengan Anak tentang Seksualiti</i>
BKM	<i>Biro Keluarga dan Masyarakat</i>
CDA	Critical Discourse Analysis
CD	Compact Disc
CSE	Comprehensive Sexuality Education
DKN	<i>Dasar Keluarga Negara</i>
FDM	Fuzzy Delphi Method
FELDA	Federal Land Development Authority
FOFM	Focus on the Family
FRHAM	Federation of Reproductive Health Associations
HIV	Human Immunodeficiency Virus
I-Medik	<i>Ikatan Pengamal Perubatan dan Kesihatan Muslim Malaysia</i>
IP	Internet Protocol
IPPF	International Planned Parenthood Federation
ISBN	International Standard Book Number
ISMA	<i>Ikatan Muslimin Malaysia</i>
ITGSE	International Technical Guidance of Sexuality Education
JAKIM	<i>Jabatan Kemajuan Islam Malaysia</i>
JKM	<i>Jabatan Kebajikan Malaysia</i>
JPNIN	<i>Jabatan Perpaduan Negara dan Integrasi Nasional</i>
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
LPPKN	<i>Lembaga Pembangunan Penduduk dan Keluarga Negara</i>
MCH	Maternal and Child Health Clinics
MOE	Ministry of Education
MOH	Ministry of Health
NAHPOA	National Adolescent Health Plan of Action
NGO	Non-Governmental Organisation
NKEA	National Key Economic Area
PEERS	<i>Pendidikan Kesihatan Reproduktif dan Sosial</i>
PEKERTI	<i>Dasar dan Pelan Tindakan Pendidikan Kesihatan Reproduktif dan Sosial Kebangsaan</i>

PROSPERO	The International Prospective Register of Systematic Reviews
RSE	Relationship and Sex Education
SDG	Sustainable Development Goal
SERAT	Sexuality Education Review and Assessment Tool
SPIDER	Sample, the Phenomenon of Interest, Design, Evaluation and Research Type
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UKM	<i>Universiti Kebangsaan Malaysia</i>
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNESCO	United Nation Education
UNIMAS	<i>Universiti Malaysia Sarawak</i>
VPN	Virtual Private Network
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

This chapter provides an overview of global principles and national policies concerning sexual and reproductive health (SRH) for adolescents. It explores into the key components of SRH provision in Malaysia, highlighting initiatives such as the Adolescent Health Action Plan led by the Ministry of Health (MOH), school-based SRH programs implemented by the Ministry of Education (MOE), and the Adolescent SRH Action Plan spearheaded by the Ministry of Women, Family, and Community Development through the National Population and Family Development Board (LPPKN). Additionally, it examines the significant contributions of non-governmental organizations to advancing SRH education and services for adolescents. This chapter also discusses the importance of parental roles in communicating and imparting SRH information to their adolescent by highlighting some public health concerns related to sexual health problems among Malaysian adolescents. This chapter also elucidates the problem, research questions, research objectives and the significance of conducting the study.

1.1.1 Global Context of SRH Education

SRH education is a wide-ranging term and has different interpretations for different communities and organisations. It comes in different labels, including Comprehensive Sexual Education (CSE), Holistic Sexuality Education, Life and Living Skills, Relationship and Sex Education (RSE), and Family and Life Education. Many international and educational institutions use the term comprehensive sexuality education (CSE) (Khan et al., 2020). The United Nations Population Fund (2018), define SRH education as...

A right-based and gender-focused approach to sexuality education whether in school or out of school. It is taught over several years, providing age-appropriate information consistent with the evolving capacities of young people. Comprehensive sexuality education includes scientifically accurate information about human development, anatomy and reproductive health, as well as information about contraception, childbirth and sexuality infections (STIs), including the human immunodeficiency virus (HIV).

The World Health Organisation (WHO) categorises SRH education programmes into three categories. First, program which focuses primarily or exclusively recommending for abstinence from sexual intercourse before marriage. Second, comprehensive programmes, which include abstinence as an option, but also cover contraception and safe sex practices. Third, programmes which include the component in the second category, but also put them into a wider perspective of personal and sexual growth and development, sexual rights, and the right to education (UNESCO, 2020). Globally, UNESCO has coordinated the delivery of SRH education through the International Technical Guidance on Sexuality Education (ITGSE), providing a reference framework to ensure that more adolescents receive accurate SRH information based on human rights principles (UNESCO, 2018).

1.1.2 The National Adolescent Health Plan of Action by Ministry of Health

Realising the needs for adolescents' health issues, in 1995, the Family Health Development Division, MOH had taken the initiative to provide health care and services for the adolescents through the establishment of the Adolescent Health Unit. In 2001, the National Adolescent Health Policy was developed and launched. Consequently, the National Health Plan of Action 2006-2020 was finalised and distributed to relevant agencies.

The National Adolescent Health Plan of Action (NAHPOA) comprises seven strategies as stipulated in the National Adolescent Health Policy. The seven strategies include health promotion, accessible and appropriate health care services, human resource development, adolescent health information system, research and development, strategic alliance with related agencies and legislation (Ministry of Health, 2012). Under each strategy, activities planned focus on five areas of adolescent health. Table 1.1 illustrates the five areas that are being given priority.

Table 1.1 Priority Area - The National Plan of Action for Adolescent Health Programme

Area	Priority Area
Area 1	Nutritional Health
Area 2	Sexual and Reproductive Health
Area 3	Mental Health
Area 4	High Risk Behaviour
Area 5	Physical Health

In 2013, the MOH reviewed the NAHPOA Programme 2006–2020 and to outline priorities for SRH services to address adolescent sexual health (Ministry of Health Malaysia, 2015). The priority areas for SRH services included the following: (1) Teenage pregnancies, with the expected outcome of an annual reduction in teenage pregnancies and a reduction in the age-specific fertility rate (ASFR), with a target to reduce the rate to below 14/1000; (2) STI/HIV, SRH and family planning and its expected outcomes, to increase knowledge about STI/HIV prevention, SRH and family planning among adolescents regardless of their marital status.

In addition to the nationwide plan of action for adolescents, the MOH provides SRH treatment through its primary healthcare facilities, guided by the National Guideline on the Management of Adolescent Sexual and Reproductive Health Problems at Primary Healthcare Facilities (MOH, 2015). This guideline takes into consideration the legal and ethical rights, as well as sociocultural and religious point of view.

The areas covered are management of teenage pregnancy and request for abortion, management of abuse, STIs and contraceptive services (*Bahagian Pembangunan Kesihatan Keluarga*, 2012). Each facility covers a different type of provider, target group, type of SRH information and treatment, use of modules and the services that are offered at different locations and times. Government health clinics are managed by the Family Health Development Division of the MOH and provide services such as maternal, perinatal, neonatal and child healthcare, school and adolescent healthcare, adult healthcare, geriatric healthcare and healthcare for people with disabilities (MOH, 2015). The school health teams working under the MOH play a role

that complements the MOE regarding SRH education, through the provision of an outreach programme in schools.

The provision of SRH services for adolescents emphasises the importance of parental or guardian involvement, particularly regarding consent. According to the Guidelines for Handling Adolescent Sexual and Reproductive Health Issues, adolescents aged 18 years and below seeking SRH treatment at government health clinics must obtain parental consent for the treatment and procedures to be conducted. (*Bahagian Pembangunan Kesihatan Keluarga*, 2012). Parental consent is mandatory to be obtained if it involves invasive procedure (for example termination of pregnancy). However, if any non-invasive procedure to the adolescent needs to be carried out, the health care provider is encouraged to obtain parent's written consent, as it is in line with the professional conduct and ethics as medical professional (*Bahagian Pembangunan Kesihatan Keluarga*, 2012).

1.2 ROLE OF PARENTS IN PROVIDING SRH EDUCATION

Undeniably, parents possess the greatest influence on their children's behaviours and sexual identity formation (Khan et al., 2020). Parent-adolescent communication is defined as a fundamental process through which parents convey ideas, values, beliefs, expectations, information, and knowledge to their children (UNESCO, 2021). It has received considerable attention as one factor that could positively impact adolescent sexual development.

1.2.1 Imparted Cultural and Religious-based Values

In SRH related communication, parents play roles in imparted cultural and religious-based values including the importance to uphold virginity, family honour and adherence to traditional gender roles within the family structure (Sham et al., 2020). Parents also play their role by supporting their child's level of comfort in discussing SRH-related issues. These values shape children's perceptions of sexuality, relationships, and moral responsibilities. In many cultures, SRH education in Malaysia is deeply intertwined with religious teachings that emphasize modesty, self-restraint, and moral accountability (Rahman, 2020). For instance, in Islamic teachings, discussions on sexuality often centre on the concepts of "*haya*" (modesty) and "*zina*" (prohibition of

premarital sex), reinforcing the significance of chastity and family values (Khan et al., 2020). Similarly, in conservative cultural settings, discussions about SRH tend to be framed within marriage and reproductive responsibilities rather than individual autonomy.

1.2.2 Maintaining Open Dialogue about SRH Education

In order to strengthen SRH education provided by the school, parents can improve their child's understanding by maintaining an open dialogue about school-based SRH program. Hence, adequate and effective SRH from the parents plays a great role in preventing serious negative consequences related to sexual such as premarital sex, sexual grooming, and cyber paedophilia. Studies have shown that when adolescents especially girls communicate to their parent about sexual behaviours, they are more likely to engage in safe sexual behaviours, including abstinence and protective behaviours that prevent pregnancy and STIs (D. Bekele et al., 2022).

Many parents, influenced by conservative cultural norms, find it challenging to talk about topics related to SRH with their children. The fear that such discussions may encourage promiscuity, combined with the traditional emphasis on modesty and abstinence, contributes to this reluctance (Mustafa et al., 2022). However, some studies suggest that younger generations, particularly urban and educated parents, are becoming more open to discussing SRH topics with their children in a guided and age-appropriate manner (Hasmadi et al., 2022).

Efforts from government agencies like the National Population and Family Development Board (LPPKN) and non-governmental organizations (NGOs) have introduced initiatives to encourage SRH education within families (LPPKN, 2019). School-based SRH programs, such as those under the Reproductive and Social Health Education (PEERS) curriculum, aim to provide students with knowledge on reproductive health, relationships, and personal safety.

1.2.3 Communicate Openly and Give Accurate Advice on SRH

Most cases of child sexual abuse occur within the victim's close and familiar circle. However, the primary reason for the prevalence of such incidents is the lack of exposure to personal physical safety education among children. Parents play a crucial role as

agents in conveying this information to their children. According to Jin, Chen, and Yu (2019), parents are the most effective educators at home, as they can teach their children about personal safety by helping them distinguish between safe and unsafe touches.

In order for parent-adolescent SRH communication to be effective, parents need to be able to communicate openly with and give accurate advice about SRH to their adolescent as they become more sexually aware and active. Parents additionally assume a pivotal role in overseeing their children's online activities. Research indicates that a notable proportion of adolescent pregnancies stem from initial engagements in sexual interactions facilitated by social media or online applications (Nagata et al., 2024).

1.3 SRH ISSUES AMONG ADOLESCENTS IN MALAYSIA

Although adolescent sexual behaviour contributes to various issues in SRH, recent developments in a borderless world and the pervasive influence of sexual content through media and online platforms present a new socio-cultural threat to society (Allison et al., 2024). Our adolescents are not only faced with the long-standing threat of HIV/AIDS, but also need to be vigilant against phenomena such as sexual grooming, sexual abuse, pornography, and paedophilia.

1.3.1 Current Trends in HIV/AIDS Infections and Sexual Behaviour Among Adolescents

The Global Summary HIV Epidemic Report indicates that 150,000 adolescents aged 10–19 were newly infected with HIV, while more than 1.7 million adolescents are currently living with the virus (Ministry of Health, 2023). Additionally, adolescents aged 15–24 represent the age group with the highest incidence of STI worldwide. In Malaysia, the HIV incidence among adolescents aged 13–19 was reported at 2.4 cases per 100,000 population in 2021, with a steady increase observed over the past decade.

The report also highlights that in 2022, 7.6% of Malaysian adolescents reported engaging in sexual activity, an increase from 7.3% in 2017. Among those who were sexually active, 32.8% had initiated sexual activity before the age of 14, and 10.65% reported having at least two sexual partners (Ministry of Health, 2023).

Table 1.2 Sexual behaviours among adolescents' trend in Malaysia

	NHMS 2012	NMHS 2017	NMHS 2022
Ever had sex	8.3%	7.3%	7.6%
Current having sex	-	5.4%	5.7%

The young adult group aged 20–29 years constitutes the largest proportion of individuals infected with HIV, accounting for 42% of cases, according to the Global AIDS Monitoring – Malaysia Report (2023). Meanwhile, the adolescent group is not exempt from HIV infections, representing 4% of the total cases. The rise in HIV cases among young adults is possibly attributed to increased sexual activity. This highlights the critical importance of effective SRH education in equipping adolescents aged 10–19 with accurate and comprehensive knowledge, essential skills, and strong resilience to navigate the complex challenges related to sexual health.

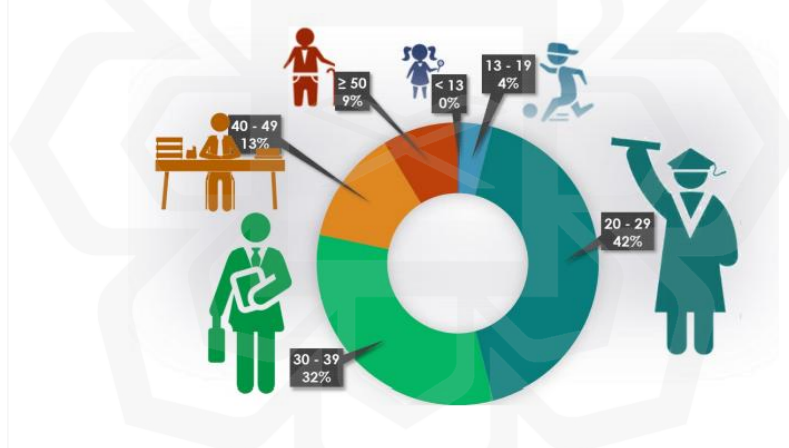


Figure 1.1 Distribution of Reported HIV cases by age group, Malaysia 2022 (Global AIDS Monitoring: Country Progress Report – Malaysia 2023)

1.3.2 Teenage Pregnancy in Malaysia

A report by the Ministry of Health in 2023 revealed that a total of 44,263 teenage pregnancy cases were reported from 2019 to 2023. Of these, 39% (an increase from 37% during the 2017–2022 period), equivalent to 17,646 cases, involved out-of-wedlock pregnancies. The report also identified the five Malaysian states with the highest number of teenage pregnancy cases: Sarawak (4,869 cases), Johor (1,883 cases), Selangor (1,768 cases), Sabah (1,501 cases), and Perak (1,151 cases) (Ministry of Women, Family and Community Development, 2021) (The Star, 2024).

The increase in teenage pregnancies cannot be taken lightly due to the various implications associated with out-of-wedlock adolescent pregnancies. These include infant abandonment, maternal mortality during childbirth, unsafe abortions, mental health issues for the adolescent, social justice concerns for illegitimate children, and many others. Therefore, the establishment of strong family structures is crucial in addressing this serious issue.

1.3.3 Sexual Abuse, Sexual Grooming and Online Sexual Exploitation

Between 2018 and November 2023, a total of 18,326 cases of child sexual crimes were reported to the Malaysian police (The Malay Mail, 2024). Among these, the most prevalent crime was rape, accounting for 8,411 cases, followed by physical sexual assault on children, with 6,357 cases (Figure 1.2). Incest constituted 1,679 reported cases, indicating the occurrence of abuse within familial relationships, while sodomy accounted for 792 cases. Other notable categories included outrage of modesty (413 cases), non-physical sexual assault on children (322 cases), and sexual harassment (179 cases) (The Star, 2024).

Additionally, 92 cases involved child sexual abuse material (previously referred to as “child pornography”), and 81 cases were related to child grooming. These statistics emphasise the extensive and multifaceted nature of sexual crimes against children in Malaysia, emphasising the urgent need for targeted interventions to address these issues comprehensively.

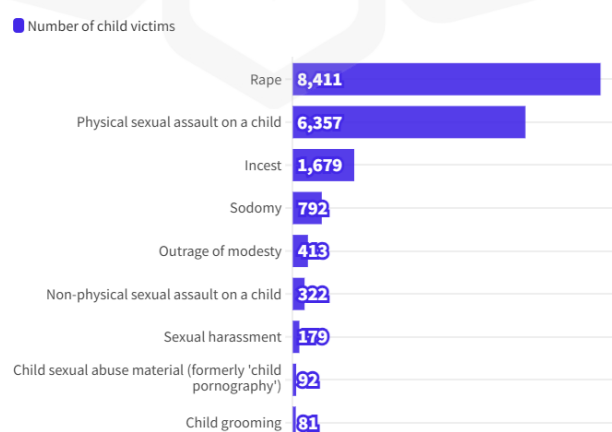


Figure 1.2 Total number of child victims in sexual crime cases reported to Royal Malaysia Police’s (PDRM) D11 unit’s statistics provided to Malay Mail

1.4 SRH EDUCATION IN MALAYSIA

In Malaysia, various organisations play crucial roles in providing SRH education to individuals and communities. These organisations encompass SRH programs, such as those implemented by the LPPKN, as well as initiatives undertaken by the Ministry of Health with a focus on preventive measures. In addition, numerous non-governmental organisations (NGOs) contribute substantially to promoting SRH and providing essential education.

1.4.1 Malaysia National Population and Family Development Board (LPPKN)

Efforts to broaden SRH education were initiated in 2006 through the development of the National Guidelines on Reproductive and Social Health Education. This initiative was led by a technical working group chaired by the MOE and supported by the LPPKN. Malaysia implements its commitment to SRH through the National Policy and Plan of Action for Reproductive Health and Social Education (referred to as *Dasar dan Pelan Tindakan Pendidikan Kesihatan Reproduksi dan Sosial Kebangsaan* or PEKERTI). PEKERTI is a policy, plan of action and programme (Ghani & Awin, 2020). The LPPKN introduced PEKERTI in the year 2009 following a Cabinet decision (Ghani & Awin, 2020). The recent amendments to the PEKERTI Policy and Action Plan for 2022–2025 align with current needs to ensure that individuals, families, and communities in Malaysia are consistently equipped with accurate and appropriate information regarding SRH rights (*Kementerian Pembangunan Wanita Keluarga dan Masyarakat*, 2022)

In order to achieve the objectives enlisted in PEKERTI, LPPKN launched their module called *Cakna Diri* module and published in two version: adolescents' version and parents' version. The parents' version aims to improve parents' understanding in adolescent's psychology, biology, physical and social development aspects. The Parent's Edition of the *Cakna Diri* module has been created to supplement the existing module designed for teenagers.

The module aims to achieve several objectives, including increasing parents' understanding of adolescent physiological, biological, physical, and social development, improving their knowledge and skills related to adolescent SRH, and providing them with the tools to enhance their relationship with their teen. The module

is only given to parents by a trained LPPKN facilitator, making it inaccessible for self-learning.

1.4.2 School-based SRH

As the term “sexuality” was perceived negatively, SRH education module was renamed Reproductive Health and Social Education, or *Pendidikan Kesihatan Reproduktif dan Sosial* (PEERS). Since 2011, it has been delivered as part of the health education subject, which has three components, namely PEERS (75%), diet (15%) and first aid (10%). PEERS aims to equip students to make responsible decisions about their SRH by including topics like reproductive health, substance abuse, emotion management, family, relationships, diseases and safety (Kheng, 2021).

The MOE has also implemented PEERS since 1989 in secondary schools and since 1994 in primary schools, primarily through the health education subject. Additionally, PEERS is integrated across the curriculum in subjects such as *Bahasa Malaysia* (Malay Language), science, biology, and Islamic studies (*Jemaah Nazir Kementerian Pendidikan Malaysia*, 2019). Arguably, a study of SRH education on schools across Malaysia found that there was no formal teaching of SRH education in a classroom environment (Sham et al., 2020). The teachers were reported felt uncomfortable with delivering SRH-related content due to lacking of skills, support, school leadership and commitment (Fazli Khalaf et al., 2014).

1.4.3 Non-governmental Organization (NGO) involvement in SRH Education

The involvement of NGOs in community empowerment activities is undeniable. Through NGOs, individuals can drive change and empowerment without being overly constrained by governmental bureaucracy and policies. They complement the efforts of the government, particularly in areas where there are gaps in resources, expertise, and access. In the field of SRH education, the role of NGOs is crucial, as they operate based on genuine awareness of pressing issues and voluntary commitment, rather than working within the formal constraints of government sectors aimed at achieving specific targets.

NGO provide a broad spectrum of services related to SRH education, such as offering educational resources, counselling, advocacy, and community-based

interventions. They also collaborate with schools, healthcare providers, and other community organisations to foster healthy sexual behaviours, while mitigating the risks of unintended pregnancies, STIs, and other negative sexual health outcomes. This section also examines several prominent national NGOs in Malaysia that play a pivotal role in delivering SRH education. These NGOs have had a notable impact on the field, with their programs distinguished by their scale and visibility.

1.4.3.1 *Focus on the Family*

Focus on the Family Malaysia (FOFM) is a non-profit organisation established in 1997 with the mission of supporting the healthy development of families. The organisation is dedicated to nurturing, supporting, and protecting traditional values and the institution of the family. Their structured and targeted family-strengthening initiatives benefit approximately 2,000 households annually, while 2,800 parents receive family education, and 5,800 adolescents are engaged through their programs each year (Focus on the Family, 2023).

Through their “No Apologies” program, FOFM provides abstinence-based SRH education to adolescents, focusing on character development and fostering healthy social relationships. Recognising the importance of communication in the parent-child relationship, FOFM also trains parents on how to effectively communicate with their adolescent children about SRH, further enhancing the impact of their programs.

1.4.3.2 *Ikatan Pengamal Perubatan dan Kesihatan Malaysia (I-MEDIK)*

Another NGO who works in educating adolescents and parents with regards to SRH is I-Medik. I-Medik is an abbreviation for *Ikatan Pengamal Perubatan dan Kesihatan Muslim Malaysia*. To date, they have been delivered more than 100 SRH talks under the “Say No to Zina” brand to more than 7000 students nationwide since 2010 (I-Medik, 2021). The talk proposed abstinence as the main measures to curb pre-marital sex, strengthened with the message to control adolescent’s sexual desire and Islamic-guided socialisation boundary. In 2021, I-Medik produced ReproAlert! - a syllabus for SRH education from an Islamic perspective.

The timely establishment of ReproAlert! is more culturally acceptable as compared to CSE which has been opposed by many social activist and family-based

movement due to the recognition and advocacy on extra-marital sexual intercourse and diversity in sexual orientation. More meaningful, the syllabus is not only based on Islamic values, medical point-of-view, technology, and social and human rights – it was also a product from an in-depth discussion from multidisciplinary consultants, medical doctors, social activist, educational experts and local educational institution member (I-Medik, 2021). The development of ReproAlert! was based on the gap in the existing SRH education syllabus whereby it was non-Islamic and far from the familial and moral value shared by Islam and other religion in Malaysia.

1.4.3.3 *Biro Keluarga dan Masyarakat ISMA (BKM-ISMA)*

Biro Keluarga dan Masyarakat (Family and Community Bureau) (BKM) is one of the main bureaus under the parent NGO - Malaysia Muslim Solidarity (ISMA), a moderate Muslim non-governmental organisation in Malaysia. Focusing on the issues pertaining to parenthood and younger generation empowerment, BKM-ISMA has been on the ground of empowering family institution for more than 20 years. One of the well-known programs established by BKM-ISMA is “*Syurga Keluarga Kita*” (Our Heavenly Family) whereby exemplary parents will share their practical tips in nurturing healthy and all-rounded child to the new parents. They also organising parenting workshop to equip parents with various sexual-related misconduct among children and adolescents. The program likely includes workshops and training sessions on topics such as child development, effective communication with children, positive discipline, and other skills necessary for successful parenting. The program is likely designed to provide support and education to new parents as they navigate the challenges of raising a child. Additionally, the program also features guest speakers or experienced parents who have successfully raised their children. BKM-ISMA now has 44 branches across the main cities and towns in Malaysia with the headquarter currently located in Bangi district, Selangor.

1.4.3.4 *Federation of Reproductive Health Associations Malaysia (FRHAM)*

Among the prominent NGO in educating the society on SRH is Federation of Reproductive Health Associations, Malaysia (FRHAM). FRHAM is an NGO with the aim of educating, promoting and supporting Malaysians in family planning, SRH and responsible parenthood (Yeo, Lee, & Handayani, 2018). Their contribution towards the

development of the communities is acknowledged, and they are imperative partners of many governments. FRHAM was formerly known as Federation of Family Planning Association, Malaysia (FFPAM), and changed its name in 2009 with the focus on SRH over family planning.

In 2005, FRHAM was the first accredited by International Planned Parenthood Federation (IPPF) and reaccredited in 2012. With the vision of giving access to all people in Malaysia with the information on SRH and rights, the organisation had been actively providing the information, services and organising talks, campaigns related to SRH for the marginalised and underserved people. The priorities of FRHAM are represented by 5A's which are Access, Adolescent, Advocacy, AIDS/ HIV and Abortion (Yeo et al., 2018). FRHAM collaborated with the United Nations High Commissioner for Refugees (UNHCR) to conduct trainers' workshop for young refugees by using the CSE modules developed by the organization. The Reproductive Health of Adolescents Module (RHAM) is a guide for the educators in the promotion of CSE and adolescents' holistic development.

In Malaysia, there is a low visibility of NGOs in promoting SRH education even though they have employed the use of social networks such as Facebook, Instagram and web page to gain their prominence, but results are not as good as expected (Yeo et al., 2018). The visibility of NGO is a crucial element for them to engage more people to understand their work and create awareness among the people.

1.5 LEGAL AND POLICY FRAMEWORK ON SRH IN MALAYSIA

Islam, Malaysia's official religion, is followed by about three-fifths of the population. Islam is one of the most important factors distinguishing a Malay from a non-Malay, and, by law, all Malays are Muslim (Mohamad, 2010). Malaysia is often described to have a 'dual' and parallel legal system, implementing both *Syariah* law and secular civil law. *Syariah* refers to the sacred Islamic laws that govern all aspects of a Muslim's life. However, in Malaysia, its application is predominantly limited to matters concerning Muslim family affairs while civil law covers all other matters (Zubli et al., 2021). Under civil law, the inauguration of the latest law that specifically safeguarding children from sexual offences are considered as an initiative to prioritise protection to this vulnerable group.

There are two significant acts specifically designed to protect children in Malaysia, each with a different scope of authority. The Child Act 2001 is a comprehensive law aimed at safeguarding the protection, welfare, and rehabilitation of children in Malaysia. This Act covers a broad range of issues, including child abuse, neglect, abandonment, and the legal process concerning children in conflict with the law (Loganathan et al., 2022). While the Child Act 2001 primarily focuses on the protection, welfare, and rights of children in Malaysia, it lacks comprehensive provisions on sexual and reproductive health (SRH).

Meanwhile, the Sexual Offences Against Children Act 2017 (also known as Act 792) was enacted by the Parliament of Malaysia in July 2017 to address specific sexual offences against children and prescribe their punishments, supplementing existing laws. The act also aims to ensure the effective administration of justice for children and related matters (Cooray et al., 2020). To this end, Act 792 includes provisions that, among others, presume the competency of child witnesses in giving evidence (Sexual Offences against Children Act, 2017). This Act introduced harsher penalties for perpetrators, defined new offenses such as child grooming, and included provisions for the protection of child victims during legal proceedings.

On the other hand, *Syariah* laws in Malaysia apply in the family laws in respect of marriage, divorce, custody and guardianship, maintenance of children, matrimonial properties, and alimony (Baharuddin et al., 2021). Sexual-related wrongdoing is also enforced in *Syariah* law, enacted in Part IV, section 20 until Section 29 – Offences relating to decency, which includes incest, prostitution, *muncikari* (someone who facilitates or manages prostitution by acting as an intermediary between clients and sex workers), sexual intercourse out of wedlock, an act preparatory to sexual intercourse out of wedlock, sodomy (*liwat*), lesbian sexual relations (*musahaqah*), close proximity (*khalwat*), male person posing as woman and indecent acts in public sphere (Razali et al., 2017)

Any kind of sexual activity among Muslims outside marriage is illegal under *Syariah* law (Putra et al., 2023). Individuals who are found in close proximity to, in a compromising position with, or even in a secluded location with a person of the opposite sex can face a penalty of up to three years in prison and a fine of RM 5000 or six strokes of the cane (Junaidi & Samudin, 2022). Homosexual or same-sex sexual activity is also

illegal in Malaysia under both Islamic and civil law. This is because LGBTQ rights are not recognised in Malaysia (Putra et al., 2023). Under civil law, same-sex sexual activity can attract a punishment in the form of a fine and a prison sentence of up to 20 years. In addition, Muslim citizens might also be charged in an Islamic Court. The punishments in this area are aimed at deterring offenders and setting an example to others to prevent any further involvement in premarital sex and homosexual activity.

1.6 ISLAMIC PERSPECTIVES ON SRH EDUCATION WITHIN SOCIO-CULTURAL DYNAMICS

It is mandatory for all Muslims to follow the Islamic teachings, which are not only confined to rituals and prayers, in their daily lives. Islam provides guidance in all spheres of daily activities, lifestyle and practices, including the establishment of specific rules relating to sexuality. Needless to say, appropriate and healthy sexuality education is crucial for a happy life. Islam has provided an adequate framework within which to enjoy this blessing from Allah. Khan et al. (2020) strongly emphasised in their book “Sexual Education from An Islamic Perspective”, if exercised within the framework given in the Qur’an and Sunnah, sexuality is a source of emotional satisfaction, enjoyment and procreation, resultantly helping in sustaining and enhancing the healthy population of Muslim Ummah.

Islamic SRH education should be taught at home at the beginning of age. Athar (2018) suggested that the belief in the Creator should be well established, before giving education about anatomy and physiology of the reproductive system. The curriculum should be tailored according to the age of the child and classes be held separately (Athar, 2018). Mustafa et al. (2022) supported the principles of Islamic SRH with the emphasis on seven core areas; strengthening of the tawhid, ibadah and moral (*akhlaq*), the practice of re-spirituality, the integration of the principle of *Al-Daruriyyah al-Khams*, the virtue of parenting education, the preservation of seven parts of the body, the sanctity of mind (*al-‘aql*) and adolescents’ socialization and relationship.

However, the controversial nature of SRH education of adolescents is not the consequence of Islamic doctrine but rather the result of cultural sexual taboos. The gap that exists between Islamic ideology, as expressed by the Quran and Hadith, and the

culture of silence based on customs and traditions is misinterpreted as grounded in Islam.

1.7 PROBLEM STATEMENT

Based on the previously mentioned SRH issues among adolescents, Malaysian youth are in an alarming state, with trends that are increasingly concerning. This situation is closely tied to the nation's future, as adolescents represent the core leadership of tomorrow. In addressing this issue, families, as the nucleus of society, must play a pivotal role. It is important for parents to recognise the vulnerability of their children to poor sexual health outcomes and to educate them early in life about SRH literacy. However, in countries with strong cultural and religious influence, parents often feel embarrassed discussing SRH topics with their children, which impedes their ability to communicate about SRH topics.

In Malaysia, where there is a multireligious and multicultural society, a unified approach to SRH education may be challenging due to the diverse sociocultural values of the population. SRH education is addressed through various national policies; however, sociocultural and religious dynamics often influence the scope and delivery of such education, creating challenges in meeting the diverse needs of adolescents. CSE has been rejected by many, including religious stakeholders, leading to difficulties in delivering important SRH topics to prevent sexual crimes against adolescents. The content of education remains a topic of debate in many countries due to cultural and religious obligations. Despite efforts by schools, government agencies, and NGOs (as discussed in the previous section) to equip parents with SRH knowledge and practices, many parents still miss or delay guiding their children toward healthy sexuality (Azira et al., 2020; D. Bekele et al., 2022; May Thet Nu et al., 2018).

Barriers to engaging with parents include their inability to attend workshops due to other commitments, lack of time or motivation, perceived embarrassment, or underestimations of the value of SRH in general. It is crucial for parents to participate in program development to ensure that each program is relevant and effective for them. When parents do not receive quality and accurate information from authorised personnel or trainers, the quality and motivation to deliver SRH education to their adolescent is affected. Despite the availability of numerous modules and reference

materials on SRH education, there is a lack of understanding about parents' experiences in delivering SRH education to their children.

Additionally, there has been no assessment of the acceptance of these reference materials by parents. This study aims to explore and gain insight into the views and practices of Malaysian parents on their experience in delivering SRH education to their adolescent. The findings of this study could inform the development of effective, culturally accepted and relevant SRH education materials for parents and facilitate their involvement in their children's SRH status.

1.8 RESEARCH QUESTIONS AND OBJECTIVES

1.8.1 Research Questions

The research questions of the study are;

- i. What are parents' perspectives and experiences in providing SRH education to their adolescents?
- ii. How do religious and cultural beliefs influence the delivery of SRH education to adolescents?
- iii. How can existing educational resources be effectively used by parents to deliver SRH education to adolescents?
- iv. What are the essential components of a culturally sensitive SRH education framework for adolescents, and how can it be validated?

1.8.2 Research Objectives

1.8.2.1 General Objectives

To develop a culturally sensitive SRH education framework from the perspectives of Malaysian parents.

1.8.2.2 Specific Objectives

The objectives of the study are:

- i. To explore parental perspectives and experiences in the provision of SRH education to their adolescents.
- ii. To explore the impact of religious and cultural beliefs on the delivery of SRH education to adolescents.
- iii. To examine how existing educational resources can be effectively applied by parents in delivering SRH education to adolescents.
- iv. To develop and validate the culturally sensitive SRH education framework for adolescents.

1.9 SIGNIFICANCE OF THE STUDY

Exploring parents' views and practices regarding SRH education is highly significant as it supports them in navigating this sensitive and crucial aspect of child-rearing more confidently and effectively. By understanding their perspectives, this research can improve their communication skills with their children on this topic, fostering open and comfortable conversations. This enables parents to provide accurate information and guidance, empowering adolescents to make informed decisions about their SRH. Well-informed parents play a crucial role in creating a safe and supportive environment, reducing risks such as unintended pregnancies, STIs, and sexual violence. When parents are equipped with proper education and training, adolescents are more likely to trust them for advice, promoting stronger relationships and better SRH outcomes.

The increasing demand for adolescent access to SRH information and improved parenting skills highlights the need for community-based teaching approaches. These initiatives ensure parents are well-prepared to educate their children, thus reducing adolescents' reliance on peers or unreliable online sources for sexual health information. Community programs also foster stronger relationships between parents and children by providing platforms for parents to learn and practice effective communication strategies. This contributes to a supportive social environment, encouraging healthy sexual behaviours and reducing the prevalence of negative outcomes such as teenage pregnancies and STIs within the community.

Government agencies and NGOs can use the findings of this study to design evidence-based and targeted interventions that meet the specific needs of their audiences. NGOs, in particular, can leverage this research to advocate for policies and

programs that enhance SRH education, securing funding and building strategic partnerships. These findings also provide NGOs with tools and methods to monitor and improve their programs, ensuring they remain relevant and impactful. Additionally, healthcare providers can benefit from these insights by tailoring their SRH education programs to address gaps in parents' knowledge and practices, leading to better health outcomes for adolescents.

This study aligns with several national and global agendas, including the *Dasar Keluarga Negara* (DKN), which emphasizes empowering family roles in fostering good values as a foundation for community development. It supports Sustainable Development Goal (SDG) 3, particularly SDG 3.7, which advocates for universal access to SRH care services. Furthermore, it contributes to Malaysia's National Key Economic Area (NKEA 9: Healthcare), focusing on protecting health and preventing diseases. This study aligns with the PEKERTI 2022–2025 framework, specifically under Thrust 3: Human Capital and Other Resources for SRHE, with a focus on Strategic Step 1: Developing human capital in the field of SRHE within the community. By addressing these objectives, the study helps strengthen Malaysia's commitment to advancing public health and well-being.

1.10 CONCEPTUAL AND OPERATIONAL DEFINITION

1.10.1 Sexuality and Reproductive Health Education

A curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (UNESCO, 2021). In this study, SRH education refers to the guidance and information provided by parents to adolescents about sexual health, relationships, and reproductive matters.

1.10.2 Parent

Adults responsible for a child's development and protection, which may include biological, adoptive, or foster caregivers (UNICEF Report on the State of the World's

Children, 2021). In this study, "parent" refers to a mother, father, or legal guardian who is a Malaysian citizen and is responsible for providing SRH education to their child or a dependent under their care.

1.10.3 Adolescent

The World Health Organization defined adolescence as being between the ages of 10 to 19 years and this can be further subdivided into 3 groups that is early (10-14 years), middle (15-17 years) and late adolescence (18-19 years) (NAHPOA, 2015). In this study, "adolescent" refers to individuals aged 10–19 years who are the children or dependents under the care of a parent or legal guardian.

1.10.4 Cultural

Broad definitions include any socially definable group with its own set of values, behaviours, and beliefs. Accordingly, cultural groups could include groups based on shared identities such as ethnicity, religious, gender, sexual orientation, and socioeconomic class (American Psychological Association, 2023). In this study, "culture" refers to the values, behaviours, and beliefs held by parents, rooted in their traditions and customs, which influence how they deliver SRH education to their children.

1.10.5 Views

"Views" refer to the beliefs, attitudes, and perceptions that individuals hold regarding a particular subject, shaped by personal experiences, cultural background, and societal norms (Ajzen, 1991). In this study, views refer to the personal beliefs, opinions, perceptions, and interpretations held by parents regarding the content, appropriateness, importance, and delivery of sexuality and reproductive health (SRH) education to adolescents.

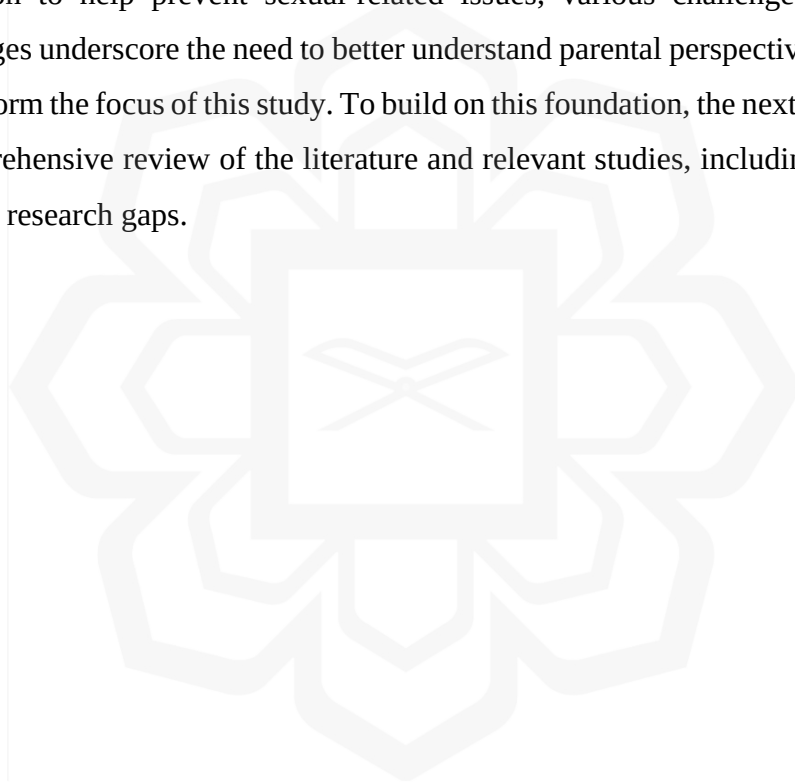
1.10.6 Practices

"Practice" refers to the application of knowledge, beliefs, and skills in real-life contexts, shaped by cultural, social, and institutional factors (Eraut, 2004; Billett, 2011). In this study, "practice" refers to the actual behaviours and methods parents in Malaysia use to

deliver SRH education to their adolescent children. This includes how frequently they engage in discussions, what topics they choose to address, and which strategies they use (e.g., direct communication, storytelling, or avoidance).

1.11 SUMMARY

This chapter has outlined key aspects of sexuality education in both global and Malaysian contexts, highlighting how these influence the delivery of SRH education and services to adolescents in Malaysia. While governmental agencies, NGOs, and parents have the potential to provide adolescents with accurate and relevant SRH education to help prevent sexual-related issues, various challenges persist. These challenges underscore the need to better understand parental perspectives and practices, which form the focus of this study. To build on this foundation, the next chapter presents a comprehensive review of the literature and relevant studies, including an analysis of existing research gaps.



CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents the conceptual framework used to guide the process of study as well as the findings of a review that examined parental views, knowledge and practices in delivering SRH education to their adolescents. It includes the review aim and question, review types, search strategy and results, followed by an assessment of the quality of the included studies and the summary of the review findings. Finally, the gaps identified in the existing literature are discussed.

2.2 BRONFENBRENNER'S ECOLOGICAL MODEL OF CHILD DEVELOPMENT

Bronfenbrenner's ecological systems theory views child development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate settings of family and school to broad cultural values, laws, and customs (Vizcarrondo Oppenheimer et al., 2017). The theory emphasises that an individual is shaped by the various contexts or systems in which they interact, including their family, school, peer group, community, and society at large.

Bronfenbrenner conceptualised human development as occurring within a set of nested ecological systems, each embedded within the next:

- **Microsystem:** This innermost layer consists of the immediate environments with which the child has direct interaction, such as parents, siblings, teachers, early childhood education (ECE) settings, schools, and peers. These individuals and settings both influence and are influenced by the child through ongoing interactions.

- **Mesosystem:** Known as the system of microsystems, this level represents the interconnections between various microsystems. For example, the collaboration and communication between parents and ECE providers significantly shape a young child's development.
- **Exosystem:** This layer includes broader social systems that do not involve the child directly but still affect their development. Examples include parental workplaces, work schedules, support networks, and community services, all of which indirectly influence the child's experiences and well-being.
- **Macrosystem:** The outermost layer reflects the wider socio-cultural context, encompassing legal systems, cultural norms, societal values, and overarching principles. It also includes structural aspects such as ECE infrastructure and the availability of economic and social support for families in various life circumstances.
- **Chronosystem:** This dimension incorporates the element of time, referring to both the life course (e.g., changes in family structure or parental employment) and broader historical or societal shifts that impact a child's development over time.

Bronfenbrenner's Ecological Systems Theory can be utilised in SRH education by considering the multiple levels of influence on a young person's sexual development and behaviour. In the context of SRH education, this means that researcher should take a holistic approach and consider the different systems that impact young people's sexual development. For instance, at microsystem level, this refers to the immediate environment in which the adolescent interacts, such as the family, school, and peer group.

As such, researcher should consider how these different systems shape a young person's attitudes, beliefs, and behaviours around sex, relationships, and gender roles. Further, at mesosystem level, it emphasises the interactions between the different microsystems, such as the relationship between the family and school, or the peer group and community. Macrosystem refers to the larger cultural and societal values and beliefs that shape attitudes towards sexuality. Researcher should consider how these values and beliefs impact young people's sexual development and behaviour. By taking a multi-level approach and considering the various systems that impact young people's sexuality, educators can provide a more comprehensive and effective SRH education

that considers the complex factors that shape a young person's sexual development and behaviour.

The Bronfenbrenner's Ecological Model of Child Development will help to shapes this study by enhancing the understanding of the existing problems, identifying research questions, identifying variables, method of data collection, analysis and interpretation, as well as integration of the newly developed culturally-sensitive SRH education framework. This ensures that the study and its findings are consistent with the theoretical foundations and contribute to the existing body of knowledge.

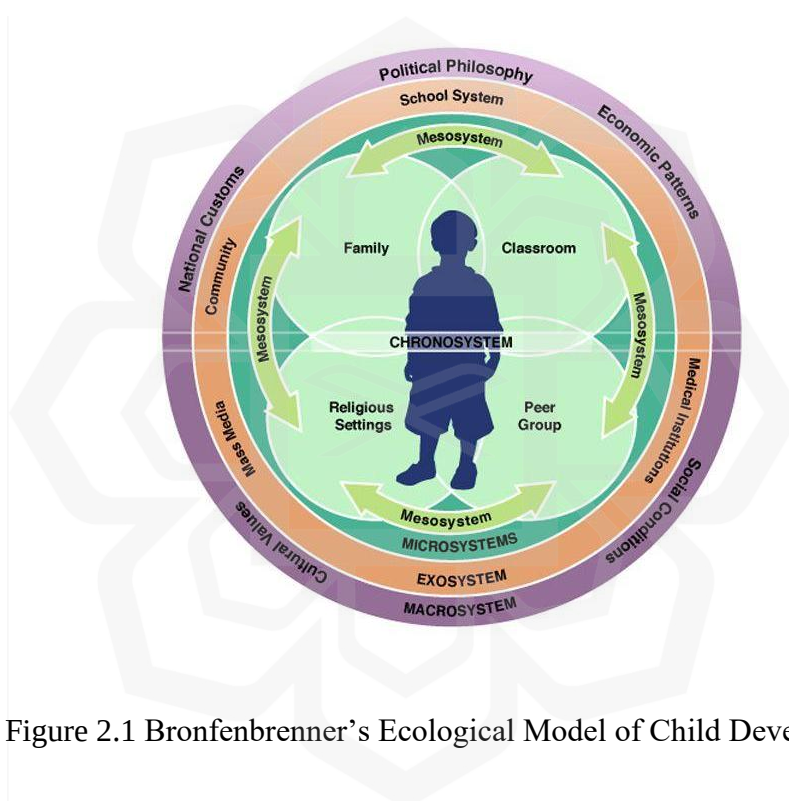


Figure 2.1 Bronfenbrenner's Ecological Model of Child Development

2.3 REVIEW OBJECTIVE

The objective of this review is to gain insight into the SRH information and education that adolescents received from their parents. Since this topic sits within a wider literature related to adolescents' SRH education, the review aims to identify literature related to parental views, knowledge, practice and factors influencing the communication of SRH among parents at home setting, both local and internationally.

2.4 REVIEW QUESTION

The review question is “What are the parents’ experiences and perspectives on delivering SRH education to their adolescents in different countries and cultures?”

2.5 REVIEW TYPE

This systematic review was conducted in accordance with the guideline from Centre for Reviews and Dissemination (2010), to search for, select, appraise, and retrieve the relevant studies. Thematic synthesis, as a systematic approach to the synthesis of the literature, was also applied to present the review findings.

2.6 SEARCH STRATEGY

For this review, this study was used the SPIDER (Sample, the Phenomenon of Interest, Design, Evaluation and Research type) search tool developed by Cooke et al. (2012) since this tool enabled a focus on ‘Phenomenon of Interest’ (the PI of SPIDER) and targeted all ‘Research types’ (qualitative, quantitative and mixed methods). The SPIDER search tool was used as an alternative to the PICO (Population, Intervention, Comparison and Outcome) tool, as PICO tool is widely used for quantitative studies and provides less optimal search strategies for qualitative studies.

The keywords used for this review were informed by the review question, to ensure that the results were relevant to the research topics. The keywords and synonyms as shown in Table 2.1 were entered into the electronic databases EBSCO-CINAHL, Scopus, ScienceDirect, Taylor and Francis Online, ProQuest, Oxford Academic and Wiley Open Access. These electronic databases were chosen based on their wholeness of coverage and subject areas. For instance, EBSCO-CINAHL is a database that covers wide-ranging topics for nursing allied health sciences. Scopus delivers publications in the field of science, technology, medicine, social science and arts and humanities. The Boolean operators ‘AND’ and ‘OR’ were used in order to combine keywords (Jukna, 2013). The operator ‘AND’ was used to look for articles that included all of the identified keywords, while ‘OR’ was used for articles that included any of the identified keywords. The search protocol has been registered to PROSPERO on 26 January 2023 (ID CRD42023391354) (APPENDIX 7).

Table 2.1 Keyword used for literature searching process

Keywords used based on the SPIDER Framework	Databases	Number of articles
<u>Sample/Population</u> parent*, father, mother, guardian	- EBSCO CINAHL - Scopus	49 691
<u>Phenomena of Interest</u> Adolescen*, child*, youth, young people, teen* sexual* and reproductive health information, sexual* and reproductive education, sex education, sexual* and reproductive communication	- ScienceDirect - Taylor and Francis Online - Oxford Academic - ProQuest	432 223 184 56
<u>Designs</u> qualitative, quantitative, interview, focus group, case stud*, observation, intervention* stud* questionnaire*, survey*		
<u>Evaluation</u> Knowledge, practice, attitude, perspective, perception, beliefs, cultur*, experiences		
<u>Research type</u> qualitative, quantitative, mixed method, interventional, pre-/post test		

2.7 INCLUSION CRITERIA

The primary search process was limited to English language peer-reviewed articles published between 2016 and December 2024. Research published in English tends to be more accessible and widely cited on an international scale, enhancing the relevance and comparability of findings. By prioritizing English-language literature, the study gains access to research with greater global visibility and academic influence, which is especially valuable for internationally relevant topics such as public health and education (Liu, 2017).

The year 2016 onwards considered as important as Malaysia's internet penetration rate is 70.4% with the youth aged between 13 to 24 make up a huge percentage of 50.8% (Mohamad et al., 2019). Hence, the significant coverage of the internet in the country would differently influence adolescents' behaviour and parenting style (Özgür, 2016). It was expected that limiting the search to within a specific time frame would focus the search and enable the retrieval of up-to-date articles that were relevant to the review question (Ajimotokan, 2022).

2.8 EXCLUSION CRITERIA

The exclusion criteria for the literature search include studies with irrelevant titles that do not relate to SRH communication. Studies focused on SRH communication for children with disabilities, such as autism, will be excluded as they target a different group. Research that provides SRH education to children outside the appropriate age range will also be excluded. Additionally, study protocols and other types of documents that do not present completed findings will be excluded. These criteria help keep the search focused on relevant and useful studies.

As a result, there were 1,113 duplicate articles and articles without full text. After reading the full text of the 552 remaining articles, 494 articles with irrelevant titles were excluded. In addition, 20 articles were further excluded because did not meet the inclusion criteria. The researcher also avoids including systematic reviews within this review because it can lead to duplication of evidence, inconsistencies in methodology, and amplification of biases from prior reviews. Additionally, combining systematic reviews with primary studies complicates analyses and obscures nuanced insights (Chandler et al., 2019).

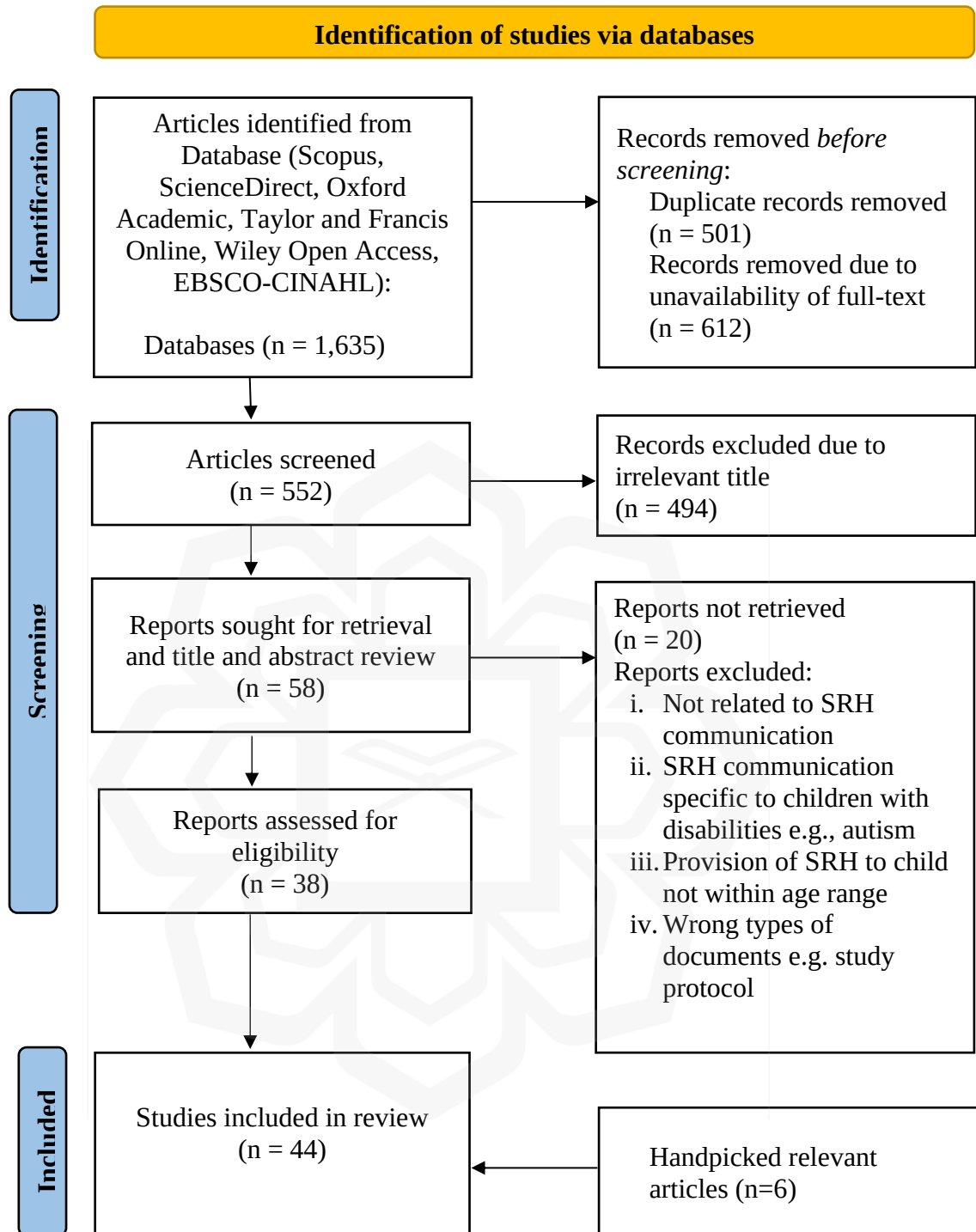


Figure 2.2 PRISMA Flow Diagram

2.9 SEARCH RESULTS

A total of 1,635 articles were identified across various databases as follows: 49 from EBSCO-CINAHL, 691 from Scopus, 223 from Taylor & Francis Online, 432 from ScienceDirect, 56 from ProQuest, and 184 from Oxford Academic. The research articles were then exported to EndNote reference management software to remove duplicates and to organise the articles based on databases and study type.

2.10 STUDIES INCLUDED FOR REVIEW

A total of 38 articles were shortlisted for analysis after passing the eligibility screening stage. Additionally, the researcher included six handpicked articles from Google Scholar based on their relevance and quality, despite not appearing in the systematic search results. Handpicking can complement systematic searches by identifying key references from citations, expert recommendations, or seminal works is supported in the literature on systematic reviews and literature search strategies (Booth et al., 2021). This brought the total number of articles analysed to 44 (APPENDIX 1).

More than half of the included studies were quantitative studies (n=27). The remainder were qualitative studies (n=17). The included studies mostly published within the year 2020 until 2024 (n=37) while the rest were published in 2019 and below. Most of the studies were conducted in Asia (n=27), 11 from Africa and the Europe and six from United States of America and Mexico. Out of the 44 studies, two studies from Malaysia were included in this review; Azira et al. (2020) and Sham et al. (2020).

2.10.1 Quantitative Studies

Twenty-seven articles from the primary identified from the reference lists of relevant articles were eventually deemed eligible for the review. The included studies varied in all dimensions including their study settings, participants, research designs, findings and outcomes.

Further analysis of the included studies found that, 23 studies' participants were parents (both father or mother alone, or father alone) included one study specific to parents to male adolescent; Babayanzad Ahari et al. (2020). Six studies focusing on mothers of adolescent only (Adelson et al., 2017; Bui, 2020b; Jin, 2021; Majdpour et

al., 2021; Mataraarachchi et al., 2023; May Thet Nu et al., 2018), including two studies specific to mothers of female adolescent; Mataraarachchi et al. (2023) and Adelson et al. (2017).

In addition, there were eight studies involving both adolescents and their parents; May Thet Nu et al. (2018), Ziaei et al. (2020), Babayanzad Ahari et al. (2020), Emiliya Adelson et al. (2017), Vildan Apaydın Cırık (2019), Chinyere Ojiugo Mbachu et al. (2020), Meseret Shiferaw and Bernard (2020), including one study recruiting parents and their adolescents as dyad participant; Lourdes and Pamela (2016). Only one study was found including the caregivers as participants; C. O. Mbachu et al. (2020).

2.10.2 Qualitative Studies

There were 17 qualitative studies included in this review. Qualitative studies allow researchers to explore deeper insight into real world problems and provide a detailed understanding of the complexity of the topics being studied (Tenny et al., 2022). All 17 qualitative studies had clear aims and provided a clear description of the study settings, which was critical to aid understanding of the parents' experiences, knowledge, practice and perspective with regards to the sufficiency and quality of SRH information provided to their adolescents. Furthermore, the contextual information provided in the articles were helpful for the reader to understand the socio-cultural and religious influences that affect the quality of SRH provided by parents.

Out of 17 qualitative studies included in this review, 12 studies were using in-depth interview; Babayanzad et al. (2020), Parker et al. (2018), Bui (2020), Lourdes and Pamela (2016), Abubakar et al. (2016), Mavhandu-Mudzusi and Mhlongo (2021), Sham et al. (2020), Maas et al. (2023), Dawson et al. (2024), Fernandes et al. (2024), Allison et al. (2024), and Gerchow et al. (2024). Four studies were employing combination of observation, in-depth interview and focus group discussion; Rouhparvar et al. (2022); Suborna et al. (2020), Chinyere Ojiugo Mbachu et al. (2020), Yibrehu and Mbwele (2020), and Chinyere Ojiugo Mbachu et al. (2020). Only one study was using focus group discussion as their research approach; Emiliya Adelson et al. (2017).

2.11 QUALITY ASSESSMENT OF INCLUDED STUDIES

Once the studies determined to be included in the literature review, their quality must be examined during the step of quality assessment (Aromataris & Pearson, 2014). Proper evaluation of the included studies is important to remove lesser-quality studies that might produce risk of error and bias in the findings of the review (Palmatier et al., 2018). Thus, quality assessment of the included studies was corroborated to examine the methodological rigour prior to the final review. The eligibility of the included studies was examined using Mixed Method Appraisal Tool (Hong et al., 2018).

The MMAT assesses the quality of qualitative, quantitative, and mixed methods studies. It focuses on methodological criteria and includes five core quality criteria for each of the following five categories of study designs: (a) qualitative, (b) randomized controlled, (c) non-randomized, (d) quantitative descriptive, and (e) mixed methods (Hong et al., 2018). First, titles and abstracts of records had been screened by two experts (main supervisor and co-supervisor I) working independently who coded each record as “yes” (i.e., include), “no” (i.e., exclude) or “maybe” (i.e., for discussion). Disputes had been resolved via discussion with a third expert (co-supervisor II), and reasons for exclusion will be summarized. Only article with at least three “yes” out of five criteria will be selected in systematic review. Finally, 44 studies were included in the review.

2.12 DATA EXTRACTION

The included literatures were then extracted, and the findings were tabulated in the table (APPENDIX 1). Title, research aim and method, recruitment strategies, data collection and analysis, the key findings that were found significant to the review question, conclusion, strength, limitations, and the summed scores were summarized in the Table 2.2. In general, the review was looking to the experiences of parents, including their knowledge, attitudes and sources in delivering SRH education to their adolescent.

Table 2.2 Issues discussed by parents in the studies

Experiences and views explored	Studies
1. Parents' level of knowledge related to SRH	(Apaydin Cirik, Aksoy, & Bulut, 2022; D. Bekele et al., 2022; Sham et al., 2020; Suborna Camellia & Willy Jansen, 2020), (Singh et al., 2023)
2. Provision of SRH to adolescent (agree or disagree)	(Azira et al., 2020; Daniel Bekele, Abdi Deksis, Wondu Abera, & Getu Megersa, 2022a; Emiliya Adelson et al., 2017; Klu et al., 2022; May Thet Nu et al., 2018; (Vaishnavi et al., 2020)
3. Parents' view on who is responsible person/party to provide SRH to adolescent	Cameron et al. (2020a), Gerchow et al. (2024), (Yuodeshko, 2023)
4. Factors facilitating parents' practice and motivation in delivering SRH	Babayanzad et al. (2020); Bui, 2020; Coffelt (2017)
5. Factors hindering parents' practice and motivation in delivering SRH	(Azira et al., 2020; Babayanzad et al. (2020); D. Bekele et al., 2022; Bui, 2020; Jin, 2021; Suborna Camellia & Willy Jansen, 2020; Ballal et al., 2019; Cameron et al., 2020; Lourdes & Pamela, 2016; Mavhandu-Mudzusi & Mhlono, 2021; Meseret Shiferaw & Bernard, 2020; Banunnah (2018), Fernandes et al. (2024), Dawson et al. (2024)
6. Sources and accessibility of information with regards to SRH	Babayanzad et al. (2020), Apaydin Cirik et al., (2022); Azira et al., (2020); Emiliya Adelson et al., (2017)
7. Parents' practice in delivering SRH (including what, when, and where)	(Apaydin Cirik et al., 2022; D. Bekele et al., 2022; Bui, 2020; Dent & Maloney, 2017; Evans, Widman, Kamke, & Stewart, 2020; Ezenwaka et al., 2020; May Thet Nu et al., 2018; Sham et al., 2020), Allison et al. (2024), Melese et al. (2024), (Mataraarachchi et al., 2023), Aliyu and Aransiola (2023)
8. Parents' experience (feeling/emotion/attitude) when providing SRH to their adolescent	(Ballal et al., 2019; Daniel Bekele et al., 2022a; Bui, 2020; Lourdes & Pamela, 2016; Mavhandu-Mudzusi & Mhlono, 2021; Meseret Shiferaw & Bernard, 2020; Orji, Arinze-Onyia, & Obionu, 2019), (Hubble et al., 2024), (Mataraarachchi et al., 2023), Abdissa and Sileshi (2023), (Maas et al., 2023)

2.13 SYNTHESIS OF THE REVIEW FINDING

There are specific established approaches for conducting a synthesis of the findings of a literature review, such as meta-analysis for quantitative and meta-ethnography or meta-study for qualitative research (Ermel et al., 2021). In this review, this study applied thematic synthesis as this is a suitable method for the synthesis of a review's findings that are derived from various research designs such as qualitative, quantitative and mixed methods (Peterson, 2017).

The analysis started by comparing and contrasting the key textual findings from the data extraction table and deducing interpretations and conclusions based on the identification of recurring themes within this body of work. Five main themes were developed which corresponded to the review questions concerning parents' experiences of perceptions in delivering SRH education to their adolescent.

2.13.1 Parents' Level of Knowledge Related to SRH

Recent studies have consistently demonstrated that a significant proportion of parents possess substantial knowledge regarding SRH topics. Study by Azira et al., (2020) reported that many parents (79.5%, n =200) know accurately on puberty, pregnancy and STIs. This result indicates that the parents were having good knowledge either from the internet, books, teachers, parents or other sources. Similarly, the results of previous studies in Ghana and Rwanda showed that 60% and 70% of the parents have good knowledge on SRH education respectively (Elizabeth et al., 2017). Previous study conducted in China recorded a similar finding where more than half (58.5%) of parents answered correctly for the question of reproductive knowledge and a majority of parents (65.3%) were knowledgeable for HIV/AIDS questions (Liu et al., 2011). Two studies by Apaydin Cirik et al. (2022) and Daniel Bekele et al. (2022b) found that parents have a good level of knowledge on SRH respectively 79.5% and 72%.

However, the level of knowledge was found unsatisfactory in a study by Orji et al. (2019) among 400 parents in Nigeria, where they found more than half of them (57.5%) had poor knowledge related to SRH. Another, previous study in Accra Metropolis, Ghana, also recorded that the source of SRH information from their own parents was very low, 3.1% (Elizabeth et al., 2017).

The significant differences observed between countries in the levels of knowledge about SRH are likely influenced by varying sociocultural contexts, the availability of resources for parents to explore SRH, and differences in survey questions and surveillance techniques. These factors emphasise the urgent need for a thorough exploration of contemporary parental perspectives and views on SRH in Malaysia. Greater knowledge related to SRH would remarkably influence parents' attitude in terms of agreement, belief and approval of certain sexual behaviour even though they may possess different school of thought and perspective of SRH.

2.13.2 Parent's Attitudes on SRH Education

A review of existing literature highlights varying parental attitudes toward adolescent access to SRH education, particularly in digital formats. Malaysian parents believed that providing SRH education to their children will help them to recognize and protect themselves from sexual abuse (82%) and also protecting their children from unmarried and unprotected sexual intercourse which may lead to unwanted pregnancy (79%) (Azira et al., 2020). Similarly, previous studies in Iran reported that, 70-80% of the parents agreed SRH education protects children from risky sexual behaviours (Ganji et al., 2018; Rahmani et al., 2018).

A research by Hubble et al. (2024) shows that parents, on average, are comfortable with adolescents learning about body anatomy at younger ages, typically between 9–12 years to 12–15 years, while virtual content on relationships and sex is deemed more appropriate for older school ages, between 12–15 years to 15–18 years. Hubble et al. (2024) concluded that, factors influencing these perspectives include European ethnicity, liberal sociosexual attitudes, lower levels of religiosity, and higher educational attainment, which are associated with greater approval of adolescents' exposure to digital SRH education at younger ages.

Different attitude showed by parents towards SRH education may denoted by several possible conditions. The broad topics in SRH education which ranged from puberty to contraception, could be one of the reasons why parent act differently. Questions that being asked in the quantitative study through questionnaire might appear as general agreement on the provision of SRH education, without the provision of specific information as being discussed in qualitative in-depth interview. For example,

a question from a study by Azira et al. (2020) was asking whether parents “discuss with your child about sexual issues”, were expecting response of “yes” or “no” only, without prompting in details what type of sexual relationship is expected to be discussed.

In addition, the inconsistency of attitude observed from several studies may be perpetuated from different stream of understandings on SRH and the modalities used in the teaching. Parents from the liberal belief of society such as United States America (USA) were observed to be more “open” in discussing SRH including the matter of contraception and abortion, whilst it was viewed as against the religion value in the more Islamic or Judeo-Christian group.

Nevertheless, many parents agreed that they were the children’s first educator (Azira et al., 2020). This was supported by previous studies conducted in Western and African countries where parents were the best and the right source of providing SRH education to the children (Esan & Bayajidda, 2021). Nevertheless, some of the parents reported that they feel embarrassed and uncomfortable to speak with their children about SRH (Adelson et al., 2017; Horanieh et al., 2019; Sham et al., 2020; Suborna et al., 2020).

2.13.3 Issues Discussed in Parent-adolescent Communication on SRH

According to a large sample study conducted in USA by Evans et al. (2020) among parents of adolescent aged 13-17 years old, the most frequently discussed topics by all parents were dating or romantic relationships (94.2%), pregnancy (83.5%), and abstinence or delaying sexual intercourse (81.2%). Similarly, in a study by D. Bekele et al. (2022) among parents of adolescent aged 10-19 years old, the major topics of the discussions were about STIs/HIV/AIDS (90.2%), abstinence (74.2%), and early marriage (63.89%).

A study from Sri Lanka by Pathirana (2023), reported that common topics discussed between the mothers and daughters included issues related to menstruation (88.4%, n = 701) and maintaining personal boundaries (94%, n = 718), whereas less discussed topics included homosexuality (21%, n = 166), and preventing unwanted pregnancy (38.6%, n = 305). Similarly, Yuodeshko (2023) stated that topics such as the safe use of cell phones, computers, the Internet, and social media; psychological pressure and violence; peer bullying; dealing with peers; sources of help; and themes

like relationships, love, friendship, parenting, and family were deemed appropriate for younger age groups. The study also highlighted that parental support for school-based SRH education is shaped by various influencing factors.

In a local study by Azira et al., (2020) parents with adolescent age 9-12 years old, teaching about physical changes and boundaries of interaction between men and women were the reported to be the main topic delivered by parents (93.5%) in their SRH discussion, while discussion on sexual relationships was found as the most frequent among parents with adolescent aged 13-18 years old (84%). This phenomenon strongly reflects the sociocultural norms of each context. In more conservative and layered communication cultures, such as those in many Asian countries, there is a greater comfort in discussing topics related to growth, puberty, and the management of relationships between genders. In contrast, there is less openness towards addressing socially sensitive subjects, such as sexual relations and contraception.

Indeed, in a country where Muslim are the majorities such as Saudi Arabia, the advice on harm reduction was clearly contentious and some believe that adherence to religious teaching was sufficient to prevent young people to from engaging in ‘illicit’ sexual activities (Banunnah, 2018). The importance of education and knowledge can be seen in the literature to be the key factor in terms of empowering individuals regarding their SRH and practical skills such as interpersonal communication, decision-making abilities, critical thinking, and the ability to negotiate when faced with unwanted sexual activity (Mori et al., 2017).

The discrepancy of common topics discussed among parents in USA, Ethiopia, South Africa and Malaysia may be due to different socioeconomic status, cultural differences, adolescents’ age range, and accessibility to SRH information. Similarly, aspects such as gender development, online safety issues, and sexual grooming remain underreported in appraised scholarly articles. Related to this, the exploration of views is still lacking in Malaysia context study and it is urgently needs to be highlighted in order to formulate a religiously and culturally accepted SRH education.

2.13.4 Lack of Parental Provision of SRH

Parent’s access to SRH information should begin as early as possible and take a relevant approach to teaching about SRH by providing scientifically accurate, realistic and non-

judgemental information (Caffe et al., 2017; Patton & Temmerman, 2016). The provision aimed at improving adolescents' knowledge, promoting self-awareness, facilitating the social skills to allow them to make safer choices (Chandra-Mouli & Patel, 2017). This in turn promotes adolescents' ability to make informed decisions, negotiation skills regarding SRH and they know where to seek help if necessary (WHO, 2018).

Several studies were conducted to examine whether the parents provide SRH education to their adolescent and the reasons behind their action (to provide or not). Many studies show that the proportion of parents who provide SRH education to their adolescent were very low (Apaydin Cirik et al., 2022; Daniel Bekele et al., 2022a; Bui, 2020; Cameron et al., 2020; Ezenwaka et al., 2020; Klu et al., 2022; May Thet Nu et al., 2018; Meseret Shiferaw & Bernard, 2020; Suborna Camellia & Willy Jansen, 2020). For example, Apaydin Cirik et al. (2022) revealed that half of the mothers ($n=34$) in their study were not discussing on SRH to their daughters. Daniel Bekele et al. (2022a) also reported that 80% ($n=277$) of parents in their study did not talk on SRH matters to their adolescents. Earlier, another study in Myanmar by May Thet Nu et al. (2018) found that only 2.7% ($n=2$) from 112 parents in their study discuss on SRH topics with their adolescent.

The low proportion of parental provision in SRH in many quantitative studies could possibly be explained with the exploratory studies. For instance, Ballal et al. (2019) revealed that the parents believed that the children will learn on SRH by their own curiosity. Thus, parents remain silent to share information related to SRH to their children (Suborna Camellia & Willy Jansen, 2020). In addition, parents' previous family upbringing also plays an important role in determining whether they will initiate conversation related to SRH with their children (Sham et al., 2020).

Parents who lacked exposure to SRH education during their own upbringing may find it challenging to discuss the topic with their children. Growing up in environments where such conversations were absent, these parents often feel unprepared to reshare this knowledge. Additionally, some parents may experience anxiety, fearing that they lack both accurate information and the appropriate amount of detail to provide effectively. A few studies described communicating SRH information to their children as an uncomfortable experience (Ballal et al., 2019), feeling shy or

embarrass (Bui, 2020; Mavhandu-Mudzusi & Mhlongo, 2021; Meseret Shiferaw & Bernard, 2020), afraid of being intimidated by their children better knowledge (Lourdes & Pamela, 2016) and fearful experience (Mavhandu-Mudzusi & Mhlongo, 2021). This indicates that adults including parents require opportunities for skills development to prepare them to be competent, sensitive, and respectful in adolescents' sexual health.

In many studies, the parents also described delivering SRH education to young adults as a culturally unacceptable practice (Ali Khani, Moradi, Asiyeh, Kiyani, & Pooyan Afzali, 2022; Apaydin Cirik et al., 2022; Azira et al., 2020; Daniel Bekele et al., 2022a; Ezenwaka et al., 2020; Majdpour et al., 2021; Meseret Shiferaw & Bernard, 2020; Sham et al., 2020; Suborna Camellia & Willy Jansen, 2020; Zahra Rouhparvar et al., 2022). Previous research highlights that cultural norms perpetuate a 'moral' approach in the delivering of SRH education to adolescents in Malaysian context (Abdul Hamid & Fallon, 2022). This limits their confidence and competence in effectively delivering SRH education to the adolescents.

Another important reasons that need to be highlighted from previous studies were parents believed that delivering SRH education to their children will perpetuate early sexual practices and promiscuity (Daniel Bekele et al., 2022a; Jin, 2021; Mavhandu-Mudzusi & Mhlongo, 2021; Meseret Shiferaw & Bernard, 2020). Delivering SRH education at a young age was believed to initiate unnecessary curiosity and will lead to sexual experimentation. Other than that, few parents' also claim that they have inadequate chance or time for the provision of SRH education to their adolescent (Daniel Bekele, Abdi Deksis, Wondu Abera, & Getu Megersa, 2022b; Meseret Shiferaw & Bernard, 2020; Sham et al., 2020). As such, greater accessibility and support is needed to empower parents in delivering their SRH education.

Dawson et al. (2024) reported that, when addressing the issue of pornography in SRH education, the primary barrier for parents in discussing this topic with their children was a lack of practical skills. Many parents expressed hesitancy, citing uncertainty about how to define pornography or how to approach the subject in an age-appropriate manner. Furthermore, fathers were significantly less likely to perceive such discussions about pornography as socially acceptable.

2.13.5 Accessibility and Support for Parent to Deliver SRH Information

The ability to deliver good quality SRH education is very much depends on the accessibility to accurate and appropriate reference or information material. A study from Dent and Maloney (2017) found that parents need support for content, including basic anatomy and basic information about safer sex practices and contraception. As such, assistance in developing skills and providing adequate and easy to access information is viewed as important to equip parents in teaching SRH. Esan and Bayajidda (2021) found that in their study, 20 out of 30 parents were not aware of youth friendly services in their community. As a result, parents felt that delivering SRH education to their adolescent was a difficult (Bui, 2020), uncoordinated and haphazard job (Mavhandu-Mudzusi & Mhlongo, 2021).

Among parents asked their suggestions of SRH education with their adolescents, the majority of parents recommended that adolescents should get adequate information on SRH issues at school 95.4%, through mass media 87%, at home 13.8% and 15% at religious areas (Daniel Bekele et al., 2022a).

2.12.6 Regional Differences in SRH Education

SRH education varies significantly across regions due to cultural, religious, and political influences. In Malaysia, SRH education is shaped by Islamic teachings, with a focus on abstinence and reproductive health (Sham et al., 2020). The government provides SRH education in schools, but the curriculum is often conservative, emphasizing moral values and reproductive health, while issues like contraception and LGBTQ+ rights are not widely discussed (Hazariah et al., 2021).

In other Asian countries, the approach to SRH education is diverse. In nations like Singapore and South Korea, SRH education is more open and scientific, addressing topics like contraception, sexual orientation, and gender equality (Awaru, 2020; Song, 2022; UNESCO, 2021). However, in countries such as Indonesia and the Philippines, cultural and religious factors often limit discussions on sexual matters, focusing more on reproductive health and avoiding topics like LGBTQ+ rights (Awaru, 2020).

In the Middle East, SRH education is heavily influenced by Islamic beliefs, which promote modesty and marriage. Education often centres on reproductive health, family

planning, and the moral aspects of sexuality, with limited discussion on topics like premarital sex, contraception, and sexual orientation (Babayanzad et al., 2020; Banunnah, 2018; Horanieh et al., 2022).

In contrast, Western countries generally provide a more comprehensive and inclusive approach to SRH education. Programs in countries like the U.S. and those in Europe cover a wide range of topics, including consent, sexual rights, sexual orientation, and gender identity, with an emphasis on gender equality and preventing sexual violence (Adelson et al., 2017; Dent & Maloney, 2017; Evans et al., 2022; Lourdes & Pamela, 2016)

A Malaysian-specific culturally-sensitive SRH framework could incorporate the country's rich cultural and religious values while addressing emerging issues such as gender identity, sexual violence, and adolescent sexual health. By developing a localized framework, Malaysia could foster more open conversations about SRH, and provide comprehensive education that equips adolescents with the knowledge and skills needed to make informed decisions.

2.14 THE GAPS IDENTIFIED IN THE LITERATURE

Previous studies have contributed to the body of SRH education incrementally. Research answers questions of interest to other researchers, builds on prior work, and fills a gap in knowledge or perhaps looks at an issue in a new way (Forsyth, 2021). However, all the studies elucidated that there were inconsistencies in defining SRH and topics that should be covered in the parent-adolescent discussion, which give rise to diverse parents' attitudes toward it. Aspects like gender development, online safety, and sexual grooming are underreported in scholarly articles, with limited exploration in the Malaysian context. This highlights a significant gap in the literature regarding comprehensive SRH education that encompasses these critical areas.

Methodologically, most of the studies related to parents' knowledge, attitude and practices delivering SRH education with their children were quantitative approaches. Previous studies for instance, Azira et al. (2020), Visany Vongsavanh et al. (2020), and D. Bekele et al. (2022) suggested to further explore on the qualitative aspects of parents' experience in delivering SRH. Furthermore, Chamchan et al. (2020) and Jin (2021)

proposed future studies should consider to include parents from broad sociodemographic background spectrum and employ multi-site sampling strategy.

On top of that, currently, there is no study has undertaken a critical evaluation of the language, acceptability and accessibility of the existing SRH education materials. The researcher considers the exploration of SRH education materials crucial to examining perspectives that complement the broader ecosystem of SRH education, as many studies primarily focus on the views and knowledge of parents and adolescents. These gaps highlight a significant lack of knowledge, highlighting the urgent need to identify culturally relevant elements and criteria that align with the Malaysian context.

2.15 CONCLUSION

Previous studies have enhanced our understanding of SRH education, particularly regarding parents' knowledge, perspectives, attitudes, and the topics they address in communication with their adolescents. This chapter has also identified inconsistencies between quantitative and qualitative findings, as well as contextual differences in SRH education across geographical regions. Many studies revealed that parents seek greater support and access to reliable SRH information to better guide their adolescents. Following a thorough analysis of the literature, key research gaps have been identified. To address these gaps, the next chapter outlines the research methodology adopted in this study.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

Research methodology describes the systematic steps a researcher takes to tackle the research problem (Kapoor, 2022). This chapter begins by outlining the philosophical underpinning, and research design, which are the framework or strategy used by the researcher as a guide for gathering and interpreting data. The discussion on the recruitment process, research setting, the inclusion and exclusion criteria, the sampling method and sample size, study instrument, ethical consideration, data collection procedure, data analysis method, and limitations are then further elaborated in this chapter.

This chapter also delineates the study design and justifies the choices made for this qualitative study. It includes details on the study settings, the process of accessing and recruiting participants, qualitative interviewing, and the approach to data analysis for interviews. Additionally, ethical considerations are discussed. The chapter also incorporates a description of the critique of the educational material, which forms an integral part of the data collection process and contributes to methodological rigor (Creswell, 2013).

3.2 PHILOSOPHICAL UNDERPINNING: PRAGMATISM

Research philosophies provide theories about the nature of the reality that is being investigated in research (ontology) and about how knowledge of this reality is produced and justified (epistemology) (Mauthner, 2020). This study employed pragmatism philosophical approach. Pragmatism is a philosophical approach that emphasizes the practical consequences of ideas and beliefs. It holds that the meaning or value of a concept or theory is based on its usefulness in practice, rather than its inherent truth or validity.

In the context of SRH education research, a pragmatist approach may focus on developing practical solutions to improve SRH education outcomes. In this research, a pragmatist approach could involve conducting a document analysis to identify gaps in current SRH education references, then developing and implementing a new guideline that incorporates evidence-based practices and is tailored to the specific needs of the target population. This approach could also involve ongoing evaluation from the expert and refinement of the guideline to ensure that it is effective and meeting the needs of the participants.

In contrast, other epistemological stances may not align as effectively with the objectives of the study. For example, positivism stance relies heavily on observable, measurable phenomena and often emphasizes quantitative methods (Coleman, 2019). While valuable for certain types of research, positivism may not adequately capture the nuanced cultural and contextual factors essential for developing a culturally sensitive SRH framework.

Interpretivism may focus more on understanding the subjective experiences and meanings associated with SRH education, which may not always lead to practical solutions or interventions (Pham, 2018). While interpretivism approach can be useful in exploring the lived experiences of individuals and groups in relation to sexuality education, it may not always provide clear guidance for addressing the practical challenges associated with promoting positive sexual health outcomes.

Critical realism stance acknowledges the existence of an objective reality while recognizing the influence of social structures and human agency. Although it offers a balanced perspective, critical realism might not prioritize the practical application of research findings to the same extent as pragmatism (Kaliyamurthi, 2021).

3.3 RESEARCH DESIGN

Generic qualitative inquiry is a study that aims to provide a broad understanding of human experiences and social processes (Creswell, 2013). This approach offers flexibility in the research design and methodologies employed. The purpose and objectives of this qualitative research were directed at developing an in-depth understanding and interpretation of the complex phenomena related to parents' views and practices in delivering SRH education to their adolescent children in Malaysia. The

researcher sought to comprehend and present the perspectives of Malaysian parents and their experiences in educating their teenage children about SRH.

These psychological and perceptual phenomena cannot be measured statistically, necessitating the use of qualitative methods. Detail can be achieved by scrutinizing the context, dealing with complexity, and paying attention to the specific meaning and situation through probing questions (Creswell, 2013). Meanwhile, the approach also provided flexibility in terms of research design and the questioning skills used to acquire new information, adapt to actual experiences, and adjust to unexpected situations (Creswell, 2013).

In some instances, more specialized approaches such as ethnography, case studies, grounded theory, or phenomenology may not be suitable due to specific research needs or constraints (Percy et al., 2015). Ethnography is unsuitable as it requires prolonged cultural immersion, which is impractical for studying private parental discussions on sexuality education (Camellia et al., 2021). Similarly, case studies focus on specific instances, limiting broader applicability. Likewise, grounded theory prioritizes theory development rather than exploring existing practices (Creswell, 2013). Moreover, phenomenology captures lived experiences but overlooks practical teaching methods.

This study is conducted in three phases to develop a culturally-sensitive SRH education framework. Phase 1 involves qualitative interviews with parents to explore their experiences and perspectives on SRH education. Phase 2 consists of document analysis of existing SRH education materials to assess their cultural relevance and effectiveness. In Phase 3, the study will develop and validate a culturally-sensitive SRH education framework based on findings from the first two phases.

3.3.1 Phase 1: Qualitative Interviewing

To explore the research questions and objectives of this study, the researcher conducted in-depth qualitative interviews to understand the family environments of the participants. Qualitative interviewing is a method that allows for the collection of rich and detailed data on parents' experiences and views, helping to clarify several issues related to the delivery of SRH education. The engagement between the researcher and parents during these interviews aimed to explore how parents communicate about SRH

with their children, including their style of answering questions, skills in providing explanations, and specific practices related to SRH education.

Qualitative interviews also aim to capture the contextual factors influencing parents' practices and experiences, such as socioeconomic status, religion, culture, and societal norms (Creswell, 2013). This is particularly important in research related to sensitive topics like SRH education, where religious beliefs and values play a significant role.

Data collection through qualitative interviews provides flexibility to the researcher, allowing them to explore new issues that may arise during interviews with parents (Percy et al., 2015). For instance, the researcher identified a cultural factor contributing to the high rate of teenage pregnancies among the Iban ethnic group, namely the practice of customary marriage. Consequently, the researcher sought to gain a comprehensive understanding of customary marriage by engaging with several participants from the indigenous community in Sarawak. Similarly, while interviewing parents with children at Taman Seri Puteri, the researcher discovered an unintended issue that was not initially targeted for questioning, such as the relapse of illicit sexual behaviour after the adolescent's rehabilitation at the institution.

Moreover, qualitative interviews provide participants with the opportunity to reflect on their experiences, potentially leading to new and authentic insights that significantly enhance our understanding of SRH education issues (Messner et al., 2017). The use of follow-up interview questions such as “How did your child respond to your answer?” or “Why do you feel that religious strictness is crucial in curbing sexual issues?” encourages participants to engage in deeper thought processes, allowing them to express their opinions more clearly. These follow-up questions also help the researcher navigate the process of seeking additional information, and the iterative refinement of questions can be conducted, as explained in section 3.3.1.8 (Castillo-Montoya, 2016) on the interview protocol refinement process.

However, the researcher must remain mindful of certain factors that could be influenced by power dynamics between the researcher and the participants. As someone newly acquainted with the participants, parents may have reservations about providing truthful answers, possibly giving responses aimed at pleasing the researcher, which may not reflect their true views. For example, regarding the issue of parents acting as role

models for their children, parents might present themselves in a positive light when, in fact, there may be areas that need improvement. According to Vaivio (2012), researchers can normalise the challenges and imperfections, so parents feel they are not alone in their struggles with SRH education. Instead of asking direct questions like “Do you think you have become a good role model for your children?”, the question could be reframed as “Many parents find it challenging to be the best role model for their children; could you share an experience you've had in this regard?”.

3.3.1.1 Study Setting

This study included parents of adolescents from various states and platforms across Malaysia, namely;

1. *Biro Keluarga dan Masyarakat* (BKM) in few branches across Malaysia (Sarawak, Sabah, Perak, Selangor, Pahang)
2. Local churches in Kuching and Samarahan, Sarawak
3. Moral rehabilitation centre, Taman Seri Puteri, Kuching, Sarawak.

This approach aimed to ensure that the perspectives and experiences of parents from diverse religious and ethnic backgrounds were addressed to better understand the Malaysian context.

3.3.1.2 Process of Gaining Access

Gaining access to BKM-ISMA and the church for participant recruitment required a strategic approach to establish trust and obtain formal permission. This process involved identifying key gatekeepers, engaging in preliminary discussions, and securing institutional approval.

3.3.1.3 BKM-ISMA

BKM-ISMA operates a network of 44 branches strategically located across major cities and towns in Malaysia, with its central headquarters in the Bangi district of Selangor. In this study, the researcher obtained representatives from branches in Sarawak (Kuching and Kota Samarahan), Sabah (Kota Kinabalu), Selangor (Klang, Hulu Selangor, Puncak Alam, Kota Damansara, and Bangi), Kuala Lumpur, Pahang (Kuantan), and Perak (Sitiawan and Manjung).

The initiation of access acquisition transpired subsequent to the researcher's participation in a parenting workshop organised by BKM-ISMA. Following the workshop, the researcher proactively engaged with one of the panellists, who held the position of chairperson within an NGO dedicated to providing guidance to parents and families. Contact details, including a telephone number and email address, were procured from the panellist for further communication. Subsequently, the researcher extended an invitation to collaborate with the aforementioned NGO, given its extensive coverage across all states in Malaysia and the substantial pool of potential parents available for interview under the guidance of branch leaders.

A formal communication, in the form of an official application letter (APPENDIX 11) accompanied by a Participant Information Sheet and Consent Form, was sent to convey the researcher's intent to establish collaboration. The selection of participants from these states was facilitated by representatives from a non-governmental organisation, specifically BKM-ISMA.

3.3.1.4 The Church

This research also reached out to church leaders and the parent community within the church. The researcher invited parents from a church in Kota Samarahan who voluntarily shared their views and experiences in providing SRH education to their adolescents. St. Francis Church in Kota Samarahan is a Roman Catholic church. In addition to Sunday mass gatherings, the church organises family-related seminars, which are integrated with Bible studies. They also host camps focused on social and relationship topics for both male and female adolescents from nearby districts.

For the church parent community, the researcher directly contacted the head priest of the church to express interest in collaboration for this study. A face-to-face meeting was held to discuss the data collection process. Copies of the research approval letter from the Kulliyah of Nursing and the IIUM Research Ethics Committee, a brief proposal, and the interview questions were provided and explained to the head priest.

3.3.1.5 The Moral Rehabilitation Centre (Taman Seri Puteri)

To initiate the process of data collection, formal access was sought from the chairman of the Moral Rehabilitation Centre, Taman Seri Puteri. An official letter outlining the

purpose and scope of the research was submitted, detailing the study's aim to explore parental views, cultural influences, and practices related to sexuality and reproductive health (SRH) education.

A meeting was then arranged to explain the research objectives, ethical considerations, and how the anonymity and confidentiality of both the institution and participants would be maintained. Upon receiving verbal and written consent from the chairman, permission was granted to approach selected parents affiliated with the centre. The chairman played a key role in facilitating initial contact, either by distributing information sheets or introducing the researcher to potential participants, in accordance with institutional protocols. This step ensured respectful and ethically sound engagement with a sensitive population.

3.3.1.6 Sampling and Recruitment

This study utilized purposive sampling and snowball recruitment. In the purposive phase, the researcher engaged with parents recommended by BKM-ISMA, churches, and parental workshop participants. Subsequently, additional parents were identified through referrals from initial parents and invited to participate in interviews.

The established inclusion criteria for the selection of parents included in the Phase 1 of study are as follows:

1. having a child aged between 10 and 19 years
2. possessing the ability to articulate their views and experiences
3. being proficient in both Malay (including Sarawak Malay language) and English.

The exclusion criteria for Phase 1 parents in this study include:

1. parents with a history of child abuse or neglect,
2. those with a history of legal issues related to their children, such as custody disputes.
3. parents of children with disabilities or chronic illnesses that may affect their ability to engage in discussions about SRH education with their child will be excluded from participation such as

neurodevelopmental disorder and severe mental health conditions, chronic neurological illnesses.

These criteria aim to ensure that the study focuses on a relevant and manageable participant group.

Purposive Sampling

A consultation was held with the supervisor to determine the most suitable NGO for collaboration as a recruitment platform in the research project. Following deliberations, BKM-ISMA was identified as the appropriate choice based on its demonstrated collaborative values, nationwide presence, over a decade of involvement in parental programs, and possession of a substantial network of parents. Notably, BKM-ISMA's capacity to efficiently select and propose potential parents within a limited timeframe was considered crucial for achieving a robust sample within the research timeframe.

Subsequently, the researcher has initiated contact with the Chairman of BKM-ISMA through both email and WhatsApp communication channels. The organisation expressed a willingness to collaborate and extended the offer to coordinate with branch chairpersons to propose a maximum of three suitable candidates for interviews at the headquarters.

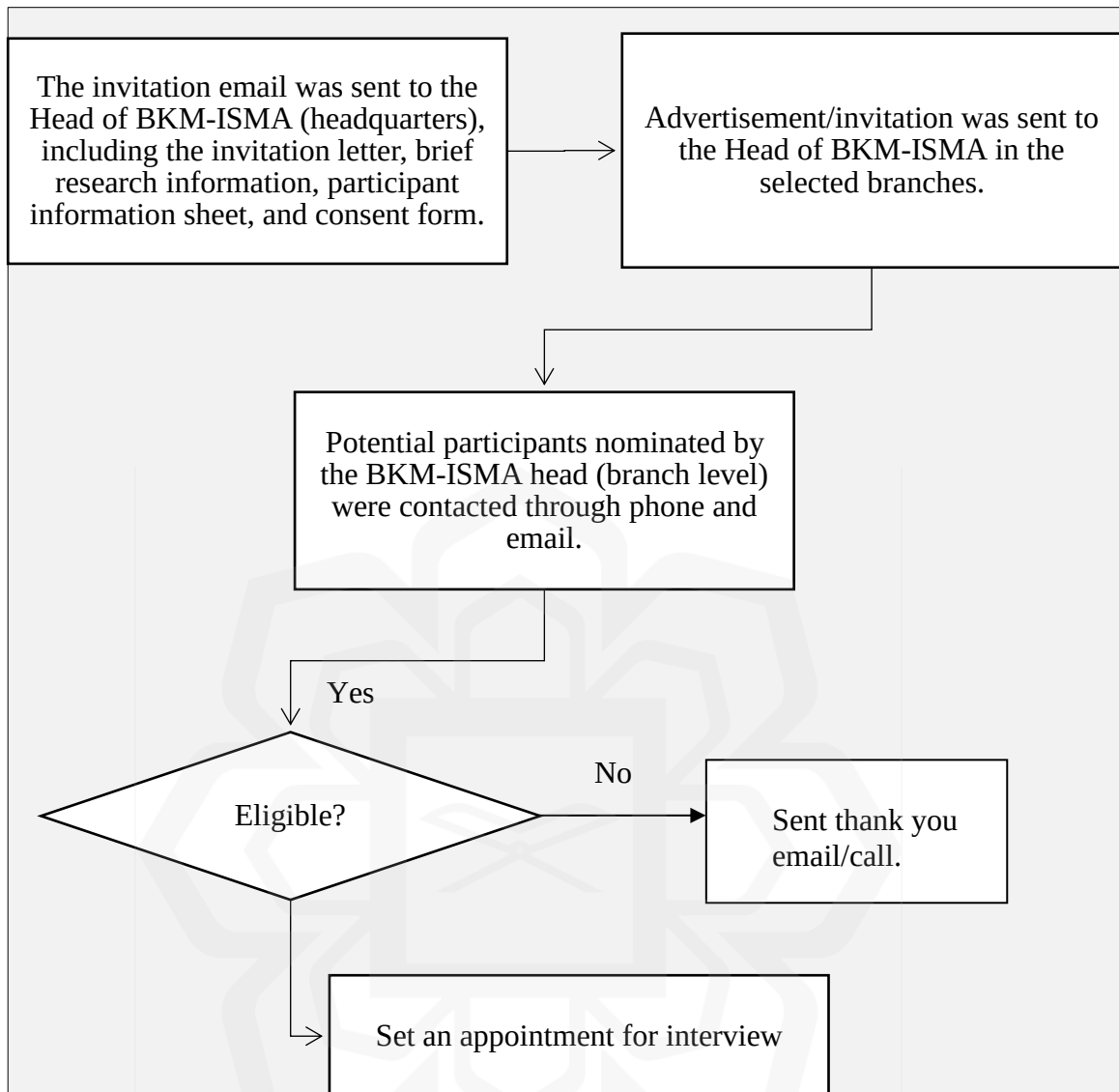


Figure 3.1: Participant recruitment flow chart (BKM-ISMA)

Snowballing Sampling

Employing the snowball sampling technique, the researcher systematically queried primary parents, sourced through the BKM-ISMA, to ascertain whether they were acquainted with parents meeting the stipulated inclusion criteria for prospective interviews. The efficacy of this approach was particularly pronounced when parents could identify individuals of distinction renowned for their expertise in adolescent education. Noteworthy among these were esteemed parents who are frequently sought to deliver parenting talks, a community of Christian mothers, and a Buddhist mothers. This strategic selection process is deemed beneficial to enhance the variation of our parent pool, thereby enriching the study with multiple perspectives.

Furthermore, as a result of the researcher's proactive engagement in community initiatives focused on SRH education, a consequential connection was forged with the chairperson of the Trustee Board of Visitors of Taman Seri Puteri Kuching, who concurrently participated in the aforementioned workshop. This established connection played a pivotal role in expediting access to interviews with six parents from Taman Seri Puteri Kuching.

An enclosed diagram illustrates the snowball sampling recruitment flow, clarifying its iterative process and participant connections.

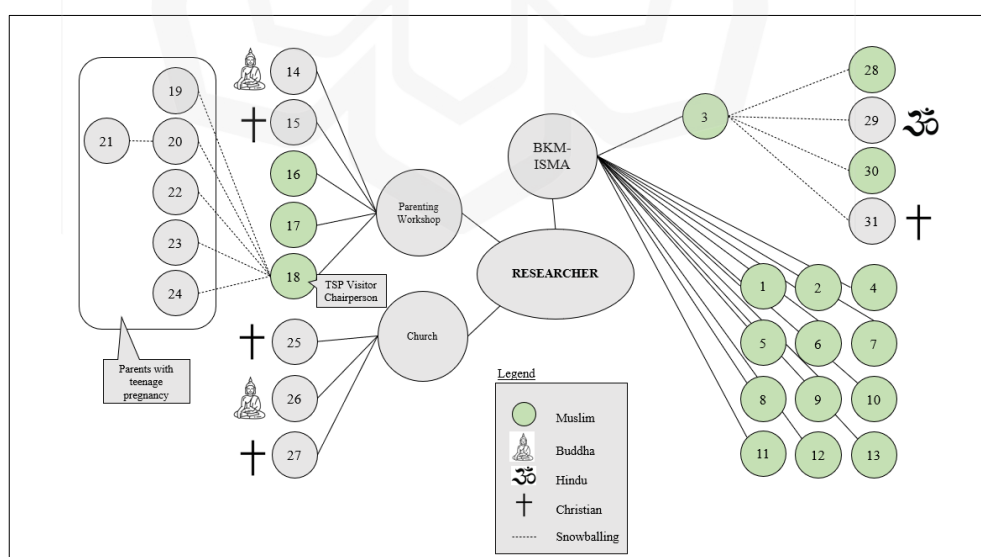


Figure 3.2 Sampling Diagram

3.3.1.7 Sample Size

The sample size required for a qualitative study is determined by the point at which data saturation is achieved (Morse, 2015b). While there is no specific formula to calculate the ideal sample size in qualitative research, it is generally recommended to have 20 to 30 participants to ensure the emergence of meaningful themes and provide appropriate interpretations of the phenomenon under investigation (Creswell, 2013). For this study, 22 mothers and nine fathers (APPENDIX 18) were recruited from various states in Malaysia through multiple platforms, including NGOs, workshop participants, and snowball sampling, resulting in a total sample size of 31 participants for Phase I.

3.3.1.8 The Interview Guide

The interview guide (APPENDIX 6) explored Malaysian parents' experiences in communicating SRH information to adolescents, examining links with educational backgrounds, beliefs, and cultural influences. An organized format is crucial to prevent less-experienced researchers from overlooking or overemphasizing specific factors, ensuring a thorough accomplishment of research objectives (Chauhan, 2022).

The following section demonstrates the application of the Interview Protocol Refinement (IPR) framework by Castillo-Montoya (2016) in developing SRH interview protocol. The researcher identified key themes and objectives, designed culturally-sensitive interview questions, and reflected on data collection processes. This approach ensured a focused and respectful exploration of parental perspectives, practices, and needs in SRH education.

3.3.1.9 Interview Protocol Refinement Process

Refining an interview protocol involves four key steps (Castillo-Montoya, 2016). These include aligning interview questions with research questions to ensure coherence and relevance in data collection, constructing an inquiry-based conversation to foster engagement and deeper insights from participants, and receiving feedback on interview protocols to refine clarity and effectiveness through expert or peer review. Finally, conducting a pilot test allows researchers to evaluate and adjust the protocol before full implementation. This process enhances the reliability and validity of qualitative research interviews.

Step 1: Aligning Interview Questions with Research Questions

The researcher scrutinised the formulated questions, identifying and addressing any potential gaps. They have the flexibility to supplement the protocol by incorporating pertinent questions aligned with their research objectives. The questions are arranged in a matrix, and researchers assess them for gaps. The interview protocol initiated with introductory questions, inquiring about background details like demographic information (residential area, occupation), the number and ages of children, and the family setting. Subsequently, open-ended questions explored the participants' general perspectives on SRH education.

The introductory questions play a crucial role in establishing rapport and ensuring parent comfort for the subsequent discussion. The researcher reiterated the parents' experiences in providing SRH education to their adolescents as examples to encourage parents to elaborate on their thoughts. This approach helps the researcher gain deeper insight and understanding of the parents' perceptions. The same strategy is used to explore both positive and negative experiences, linking each factor to how it influenced and affected their parenting journey.

Step 2: Constructing an Inquiry-based Conversation

The initial interview questions, initially formulated in an academic style, underwent a subsequent refinement process to transform them into a conversational script suitable for everyday language. Commencing with a straightforward query designed for universal understanding, the interview strategically aimed to instil confidence, alleviate anxiety, and foster rapport with the participant. Following this introductory phase, the researcher gradually transitioned into more intricate and sensitive questions as the dialogue progressed. This thoughtful approach allowed for a smoother and more comfortable progression, ensuring participants felt at ease before engaging with more complex aspects of the interview.

For parents with lower educational and literacy levels, it is essential to employ accessible language and offer additional explanations for certain terms. Parents with lower literacy levels also needed further clarification on formal terminology and the objectives of the interview questions. For instance, when asked, “Did you encounter any difficulty during your communication about menstruation with your daughter?”

some parents did not understand the term "menstruation." Following pilot testing, the question was modified to, "Did you ever find it difficult to explain to your daughter about "period"?"

Step 3: Receiving Feedback on Interview Protocols

Following the formulation of interview questions, the researcher audibly reviewed each question to identify any sentence structure issues or spelling errors. Subsequently, the draft underwent evaluation by two expert panels with extensive experience in qualitative research, particularly in the relevant field of study. These experts assessed the protocol overall structure, writing style, word choice, and the overall ease of understanding.

The review process utilised the Activity Checklist for Close Reading of the Interview Protocol (Castillo-Montoya, 2016), comprising 15 items. The expert panel, consisting of three experienced academics in qualitative research utilizing interview methods, evaluated each question by indicating "yes" or "no" based on clarity, simplicity, and answerability. They were also encouraged to provide additional feedback beyond the checklist and to consider the perspective of parents when assessing the questions. This thorough review applied to both English and Malay versions. Despite ethical approval, the researcher scrutinised the questions for potential ethical concerns.

Step 4: Pilot Test the Interview Protocol

A pilot test for the interview was conducted among parents who attended the researcher's workshop on parenting and sexuality. These parents were selected as they closely matched the actual target population, ensuring the interview questions were relevant and appropriately structured. However, pilot participants were excluded from the main study to prevent the researcher from obtaining responses influenced by prematurely developed interview questions. By engaging parents with similar characteristics to the intended parents, the pilot test helped refine question clarity, cultural sensitivity, and overall flow.

3.3.1.10 *Conduct of the Interview*

The interviews were carried out in multiple languages, namely Malay, Sarawak Malay, and English, according to the preferences of the participants. The duration of each interview ranged from approximately 45 to 120 minutes. The predominant language used during the interviews was Malay, with eight sessions conducted in Sarawak Malay and four in English, specifically tailored for non-Malay participants.

The interview locations varied to accommodate the diverse circumstances of the participants. For working parents, interviews were conducted at their workplace during lunch hours. Housewives were typically interviewed at their homes after lunch, considering their morning commitments to household chores. However, certain participants preferred alternative venues due to perceive discomfort in their homes. In such cases, arrangements were made for interviews in restaurants, with scheduling mindful of non-peak hours to facilitate uninterrupted conversations.

Conducting interviews with the parents proved to be a relatively seamless process, as they exhibited a good level of education and familiarity with the terminology used in SRH education. However, challenges arose when engaging with parents with daughters in Taman Seri Puteri, where the parents displayed a lack of understanding, even of fundamental terms such as "sexual" or "reproductive," hindering the progression of the interview process. For instance, when posing the question "Do you think SRH education is important for your child?" they faced difficulty understanding the terms "sexuality" and "reproductive."

To address this, the question was adjusted to a more straightforward version: "Do you believe teaching your child about their body changes, including their private parts, is important?" This modification aimed to enhance comprehension and ensure that the inquiry resonated more effectively with parents of varying educational backgrounds. The researcher recognised that some sensitive issues might affect parents' comfort in providing information during the interviews, particularly when discussing sensitive topics. Therefore, flexibility was provided, allowing parents to choose the mode of communication that they felt most comfortable with, whether face-to-face or through an online platform. Also, given the researcher's origin in Sarawak and the geographical diversity of the parents from Peninsular Malaysia, meticulous planning of the interview timings and locations was undertaken.

Coordination discussions with participants included the option of scheduling interviews during the researcher's travels to Peninsular Malaysia for conferences or other professional commitments. In instances where participants encountered difficulties in setting face-to-face meetings or expressed reluctance, particularly in cases involving sensitive or private topics, the researcher opted for virtual interviews using the Google Meet application.

Female participants were also allowed to have their husbands accompany them during the interview, provided it did not disrupt the process. They were given the freedom to choose the location where they could be interviewed (for those interviewed in person). Most participants opted for open spaces such as quiet cafes or their office space. Some participants requested to be interviewed in their homes due to constraints such as caring for young children or lack of transportation.

Demographic information, including details such as participants' age, occupation, marital status, race, religion, and the number and ages of their children, was collected and documented at the outset of each individual interview. These details were systematically recorded using a pre-established Google Form (APPENDIX 5). The interviews were conducted in an informal manner, fostering a natural and comfortable atmosphere to encourage participants to express their opinions and share their experiences.

The researcher conducted the interviews in person to facilitate the identification of non-verbal cues such as facial expressions and body language, thereby enhancing the understanding of participant sentiments. This approach also allowed the researcher to respond appropriately, employing gestures like nodding, maintaining eye contact, and smiling, to encourage participants to articulate their perspectives. Notably, each interview was audio-recorded with the explicit permission of the respective participant.

The interviews proceeded smoothly, affording researcher a growing proficiency in the art of conducting interviews. Commencing each session, a concerted effort was made to establish rapport, particularly with employed participants, by inquiring about their daily schedules and work environments. Subsequently, the conversation naturally transitioned to discussions about their children. In an intentional effort to ease any tension, participants were invited to share the nicknames of their children. This

approach often elicited smiles or laughter, thereby fostering a more relaxed atmosphere conducive to the interview process.

Upon gauging the participant's comfort and ease, the researcher seamlessly shifted to the core interview questions. These inquiries adhered to a predetermined set of guiding topics established before the interview session. However, the interview trajectory did not strictly adhere to the pre-planned sequence, as the researcher found it necessary to address issues raised by the participants during the course of the conversation. This adaptive approach ensured that the interview remained responsive to the specific concerns and perspectives articulated by the participants.

3.3.1.11 *Fields Notes and Memo Writing from the Interviews*

Field notes and memos serve as written records directed both to and for the researcher (Phillippi & Lauderdale, 2018). Field notes, which document observational data generated during fieldwork (Montgomery & Bailey, 2007), however it should not disrupt the flow of the conversation or distract either the researcher or the participant as recommended by Phillippi and Lauderdale (2018). Subsequent to each interview, the researcher dedicated time to capture immediate feelings and experiences during the interview by recording a voice note with 3-5 minutes for each interview. The researcher usually recorded when he was far away from the parent. This reflection encompassed aspects such as the physical environment and subtle non-verbal behaviours exhibited by participants during the interview, which may not be apparent in the transcription. An example of the field note is provided in APPENDIX 17.

Memos play a crucial role in ensuring quality in theme development or theory formation (Mohajan & Mohajan, 2022). Memo writing enables researchers to stimulate, articulate, explore, and question these interpretations as they engage with the data (Ng et al., 2018). The researcher employed voice recording as a memo technique, acknowledging its effectiveness in capturing events and emotional responses. Ideas that emerged during the analysis process were also recorded, thus facilitating the transition from coding to the drafting of the initial transcript. This approach was recommended by Stocker and Close (2013).

As part of the study, the researcher observed various aspects of the home environment, including children's activities (if any), the overall comfort of the

household, the presence of neighbour, as well as the cleanliness and organization of the living space and rooms. The researcher felt that these factors could influence and provide insights into how parent-child interactions occur within the home.

For instance, one participant, a shop assistant, was interviewed at her workplace (a grocery store) while she was working. The researcher sat on a stool next to the store shelves while customers were shopping. The open and non-private setting made it difficult to ask sensitive questions. However, since the participant was quite open and unreserved in sharing information that the researcher considered sensitive, the interview proceeded smoothly. In most cases, the researcher found that a calm environment in a closed cafe, with few customers and a relaxed atmosphere, provided participants with the comfort to express their views freely.

3.3.1.12 *The Transcribing Process*

The audio recordings were securely stored in an encrypted cloud drive to facilitate subsequent transcription and analysis procedures. Each recording underwent scrutiny at three junctures: the opening, main body, and closure, with particular emphasis on verifying recording quality. Transcription of the interviews occurred promptly within 48 hours of the respective sessions. This expeditious transcription process served the dual purpose of enhancing recall of interview content, aligning with field notes and voice memos, and mitigating the accumulation of unprocessed audio recordings. An example of the interview transcription is provided in APPENDIX 15.

Utilising headphones for enhanced auditory clarity, the researcher transcribed the interviews on Google Docs, chosen for its data security, flexibility, and compatibility across different devices. Following Silverman (2008) transcription guidelines, the process involved the use of ellipses for pauses (...), notation of expressions such as 'laughs,' 'coughs,' 'sighs,' and 'smiles,' as well as flagging unclear words using square brackets and question marks. Capitalisation and hyphenation were employed to signify strong emphasis, exemplified in phrases like 'It is s-o- SAD,' 'It is FORBIDDEN,' and 'STILL.' These transcription conventions, aligned with Silverman's framework, contributed to a nuanced representation of the interview dynamics, as adapted from Atkinson and Heritage (1999).

Ensuring accuracy, the researcher conducted repetitive listens, cross-referencing with field notes when uncertainties arose. In the case of Malay Sarawak Language audio recordings, direct translation was undertaken during transcription. Concurrently, the researcher initiated the process of data familiarisation and memo-writing, laying the groundwork for thematic development during subsequent analysis.

3.3.1.13 *The Translating Process*

Malay was the primary language used during the interviews with parents, followed by Sarawak Malay and English. During the analysis process, the researcher retained the original Malay language in the transcripts to preserve the original meaning and maintain the parent's perspective (Van Nes et al., 2010). Additionally, the language used in the interviews is closely tied to cultural and ethnic expressions, and translating it into another language could alter or lose implicit meanings, expressions, and context-specific nuances (Temple & Young, 2004). Preserving the original language helps maintain these elements, leading to a richer and more authentic analysis.

However, the researcher translated the quotes used as evidence and to establish trustworthiness during the thesis write-up phase. This was done to make the thesis accessible to a broader audience in English, including international and high-impact journals, which predominantly use English. The translation was carried out with care to ensure that the quotes accurately reflect their original meaning and remain true to the original context. To ensure the process is conducted systematically, the researcher sent several translated transcript samples to a reviewer who is fluent in both languages.

The researcher requested the reviewer to compare the Malay and English versions and provide feedback on the accuracy of meaning, depth of interpretation, and preservation of the original context. This technique is supported by (Santos Jr et al., 2015), who noted that this approach is less resource-intensive than full dual translation while still offering a valuable check on the translator's work.

For words and phrases that are difficult to translate, the original Malay language will be included alongside the English text. This process is also documented in the rigor section (Section 3.5.5 Rigour of the Research) to demonstrate transparency and awareness that there is a risk of the translated text losing or deviating from the original meaning.

3.3.1.14 *Data Analysis for Interview*

The researcher applied the steps of thematic analysis to understand complex issues by identifying, analysing, and reporting patterns (themes) of SRH communication from the perspective of parents. The six phases of thematic analysis, as outlined by (Braun & Clarke, 2023) were followed.

Phase 1: Data Familiarisation

In this phase, the researcher read through the interview transcripts at least twice to fully immerse in and comprehend the participants' perspectives. The researcher noted initial ideas and connected them back to the interview context. During the first reading of all transcripts, the researcher focused on gaining a holistic understanding of potential patterns that could be developed into themes in the subsequent phases.

Phase 2: Generating Initial Codes

This phase began during the transcription work. The researcher meticulously read and reread the transcriptions line by line on a computer. Using Atlas.TI software, segments of text within the transcripts were labelled and coded to capture their essence before being classified under relevant themes.

In this phase, the researcher repeatedly labelled certain quotes, with some being assigned two appropriate codes (APPENDIX 16). When this occurred, the researcher carefully re-examined the context in which the discussion of the code took place. Understanding the implicit meaning and connecting it to the participants' intent influenced the final placement of the quotes within the appropriate themes.

Table 3.2: Examples of data extraction and applied initial codes

Data extraction	Initial codes applied
<i>If you're liberal, it's not a problem for you. But if you're like me, and you're attached to the church, we're conservative. Because gender ideology concern identity, who you are. And in Christianity, our identity is in Christ, in Jesus. If you can't accept that, then you need to find your own path to where your identity lies.</i>	Christian identity vs. gender ideology

<i>There are things that need to be filtered and adjusted according to our values or norms, Malaysians, right? If we have to follow the UK, we have to talk about various genders, besides she and he, right? But in Malaysia, we don't just blindly copy like that. Surely, we don't want to teach LGBT to young, vulnerable children, right?</i>	Cultural adaptation and resistance to Western gender norms
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<i>Certainly, it's evil. I'd describe it as a set of guidelines, rules, and regulations. I'm sure you're familiar with the Ten Commandments, aren't you? One of the principles is that you should not commit adultery. But adultery pertains to marriage, doesn't it? Then there's another aspect, which is sexual immorality. So, premarital sex constitutes sexual immorality.</i>	Religious morality and sexual ethics
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<i>From a religious perspective, we have always known that premarital sex is against our religion. However, as humans, we have our own limits and capabilities. There may be some who, for whatever reason, have engaged in premarital sex. We can't judge them either. However, religious leaders should guide them, providing the right perspective on why such actions are wrong.</i>	Balancing religious teaching with empathy and guidance
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Phase 3: Searching for Themes

In this phase, the identified codes were grouped into broader themes or subthemes. This process ensured that the codes were correctly categorised into groups that could be linked to the main research questions. At times, a code could stand alone as a theme without needing to be expanded into a broader group (theme). The code groups were named based on their shared characteristics. During this phase, the researcher began assigning initial themes to these groups of codes (APPENDIX 16).

Table 3.3: Code, subtheme and theme

Code	Subtheme	Theme
Christian identity vs. gender ideology	Religious identity and moral values	The influence of religion and culture in sexual and reproductive health education
Religious morality and sexual ethics		
Cultural adaptation and resistance to Western gender norms	Cultural adaptation and guidance	
Balancing religious teaching with empathy and guidance		

Phase 4: Reviewing Themes

In Phase 4, the researcher begins generating reports based on the initial codes and the groups of codes that have been formed. The coded quotes are re-examined to determine which code group (theme) they belong to. Confusion may arise if the researcher uses the same code for different quotes. In such cases, the researcher reviews the quote and assigns a new code based on a more appropriate code group. The groups of themes are then reassessed to determine whether they effectively address the research questions. Some theme groups may be merged if the quotes generated through Atlas.TI are isolated or too few.

Phase 5: Determine Significance of Themes

This phase involved reviewing, defining, and naming the themes, with these processes occurring simultaneously. The themes were evaluated to ensure they accurately represented the meaning of the text. Relationships between themes and subthemes were mapped out, and the verification of themes was carried out with the assistance of the supervisory team.

Phase 6: Reporting of Findings

In the final phase, the writing-up process commenced. A detailed outline was drafted based on the thematic map and the content of the tables before discussions with the

supervisory team. Interesting and relevant extracts were selected to support the analytical writing, with the goal of presenting a cohesive interpretation of the data.

The analysis is reviewed to ensure that it addresses the research questions. The identified themes are written narratively and presented alongside relevant quotes to provide contextual understanding for the reader. These themes are presented in Chapter Four (Findings), with a subsequent discussion in Chapter Seven (Discussion).

3.3.1.15 Data Saturation

Although there are various opinions on how data reaches saturation, the researcher aligns with the perspective that data saturation is achieved under specific conditions: no new data, no new themes, no new codes, and the research's replicability (Guest et al., 2020). Guest et al. (2020) further posits that data saturation can be objectively identified by assuming that if a code has been repeated six times during the interview process, it has achieved the desired level of saturation.

Table 3.4 outlines the initial codes assigned to interview quotes. While some initial codes, such as "Buddhism perspective," appear only three times, they eventually contribute to a larger theme, with the corresponding subtheme achieving at least six occurrences within the same theme. Additionally, the researcher includes a Sankey Diagram provided in APPENDIX 19 to illustrate the coding trends. Some of the selected code group (initial subtheme) is as illustrated in Figure 3.3.

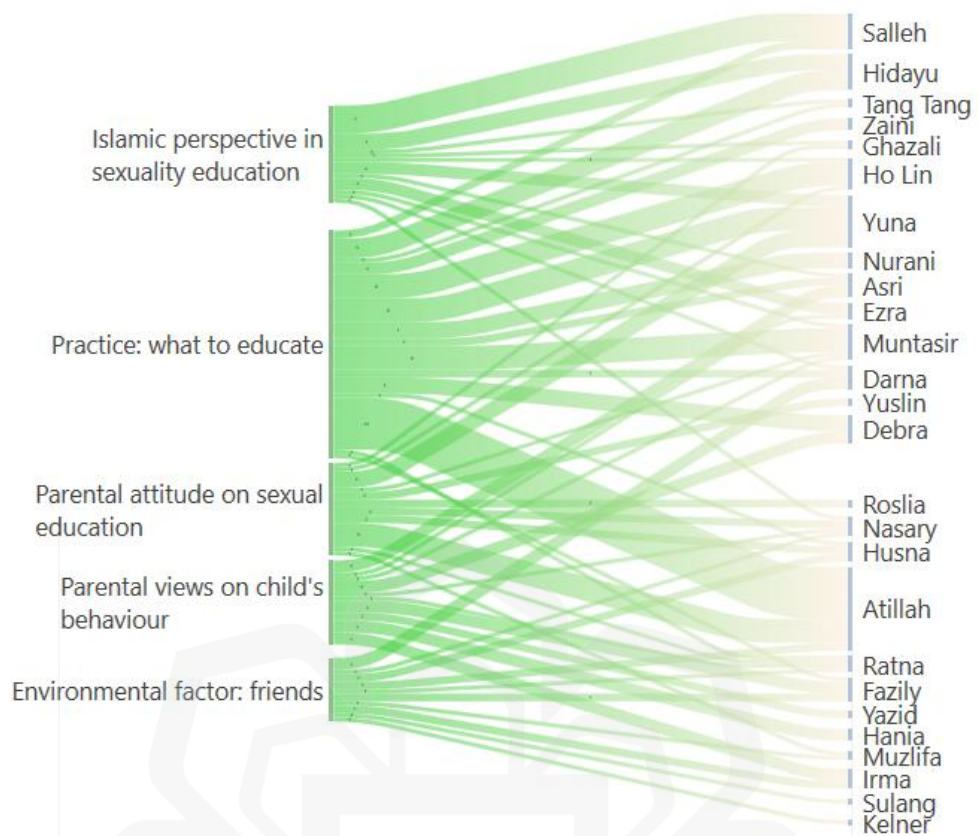


Figure 3.3 Code distribution in qualitative data analysis (generated using Atlas.TI software)

Table 3.4 Code frequency in qualitative interview data

Codes	Frequency
Abortion: opinions, religious and moral perspective	9
Abstinence: opinion	6
Buddhism perspective	3
Religion perspective: Christian principles, laws, regulations'	22
Contraceptive: practice, opinion	15
Cultural aspect: influence, effect, regulations	9
Environmental factor: friends, siblings, relative	19
Environmental factor: observation, opinion	20
Cultural aspect: influence, effect, regulations	11
Experience with problematic child	12
Experience: child hitting puberty	13
Experience: child question, queries, communication	18
Gender affirmation: view, technique	17
Islamic perspective in SRH education	24
Knowledge: known, unknown, aware, unaware	4
LGBT: view, acceptance, experience	14
Parent practice: parenting, interaction, communication	5
Parental attitude on SRH education	23
Parental attitude towards SRH issues	8
Parental needs: training, reference, support	5
Smartphone: practice, challenges, implication	9

3.3.2 Phase 2: Document Analysis

This section introduces the educational material developed by the LPPKN, followed by a detailed discussion on the application of Critical Discourse Analysis (CDA) principles in critiquing this material. Additionally, the section introduces the book *Berbual-bual dengan Anak tentang Seksualiti* (BBDATS), published by *Karya Bestari*, and applies book review methodology to evaluate its content. Both the *Cakna Diri* module and the BBDATS book have been granted permission for use in this research (APPENDIX 12 & 13),

3.3.2.1 *Cakna Diri* Module

The *Cakna Diri* module is an educational resource used by LPPKN to train parents in delivering SRH education to their adolescent children. This module was developed by LPPKN officers in collaboration with the MOE, MOH, *Jabatan Kemajuan Islam Malaysia* (JAKIM), and various NGOs through a series of *Cakna Diri* Module Development Workshops for Parents held in 2011. It was then disseminated to LPPKN facilitators nationwide through Coaching Training Workshops, which began in 2012.

The implementation of the module at the state level is guided by the Main Work Targets (SKU) set each year. In each state, LPPKN collaborates with government agencies, private organisations, and relevant NGOs, such as the Department of Social Welfare (JKM), *Rukun Tetangga* (Neighbourhood watch), and the Department of National Unity and Integration (JPNIN), to deliver the module to the target group, which is parents.

3.3.2.1.1 Acquisition of *Cakna Diri* Module

This module came to the researcher's attention during a training of trainers' session for SRH education. In this session, the researcher met one of the participants, a medical doctor working at LPPKN. The medical officer informed the researcher that LPPKN had developed a special module for parents to deliver SRH education to their teenage children. The researcher then contacted the Director-General of LPPKN to request a copy of the module, which was only available in hardcopy at the LPPKN Headquarters in Kuala Lumpur, Malaysia. Ultimately, the *Cakna Diri* module was obtained with the assistance of Dr. WB, a Senior Assistant Director responsible for the Reproductive Health Unit, Human Reproduction Division, LPPKN.

3.3.2.1.2 Critical Discourse Analysis

CDA is a technique used to develop more refined methods and theories to explain the relationship between language, power, and ideology present within a text or image (David Machin, 2012). CDA assumes that power relations are discursive. In other words, power is transmitted and practiced through discourse (Fairclough, 2010). For instance, in the development and discussion surrounding SRH education within the *Cakna Diri* module, the role and opinions of parents are often marginalised, with only those holding expert positions being involved in the decision-making process.

Although there is no fixed structure for critically evaluating a text or image, many authors developing CDA methods share the view that language plays a reciprocal role in the formation of society, while society simultaneously shapes language (Machin, 2012). David Machin (2012) also emphasizes the role of visual modality, such as images, graphics, and diagrams, in conveying messages and ideologies – elements that have gained attention in CDA analysis. Consequently, CDA has been adapted and extended by scholars, incorporating visual elements into the analysis. For example, Leeuwen (2008) developed Multimodal Critical Discourse Analysis (MCDA), which examines how images, graphics, and visual structures contribute to meaning-making, in addition to linguistic elements.

For a better understanding of the module content, the researcher printed them out for review and annotation on paper. The module was read multiple times to grasp the objectives and key elements it contains. The researcher also examined the images and symbolism used in the presentation slides. For comparison, the module slides presentation slides were reviewed and analysed using the guidelines outlined in "Training Matters: Operational Guidance for Training Sexuality Educators," developed by the Federal Centre for Health Education and the WHO Collaborating Centre.

The researcher also made notes in the margins of the handout and evaluated the discourses used, questioning the appropriateness of the materials, images, and text used by the module to reinforce the discourse it aims to convey. Following this, the researcher extracted the discourses present throughout the module, such as the cognitive, physical, and emotional development of adolescents, explanations of infectious diseases, discussions on the dangers of abortion, and the management of adolescent impulses. The researcher also examined the evidence presented by the module developers to support the arguments discussed textually.

The researcher assessed the accuracy, appropriateness, and clarity of the photographs included in the module, considering whether they effectively conveyed understanding to participants. The researcher repeatedly reviewed the textual elements used to explain or discuss specific discourses, evaluating whether these elements were easy for trainers to communicate and for program participants to understand. Additionally, the researcher scrutinised the diagrams used in the module, including

mind maps, concept maps, and the messages conveyed through typography, graphics such as arrows, boxes, or colours that indicate certain meanings.

During the review of the *Cakna Diri* module, the researcher also identified topics or discourses on SRH that might not have been included. The researcher considered and documented the reasons for such omissions by the module developers. As the research progressed, it became evident that interviewing module developers is essential for a comprehensive critique of the module. Initially, the research focused on analysing the module's content and gathering user perspectives. However, during the critical appraisal process, the need to understand the rationale behind the module's design, objectives, and content choices emerged as a crucial factor in ensuring a balanced and well-informed evaluation. Understanding the developers' perspective provides insights into the theoretical foundations, learning objectives, and intended application of the module. According to Patton (2015) , qualitative research benefits from exploring both the intended and actual implementation of an intervention to provide a holistic evaluation.

3.3.2.2 Book Review of *Berbual-bual dengan Anak tentang Seksualiti*

The book *Berbual-bual dengan Anak tentang Seksualiti* is a self-help book published by *Karya Bestari Sdn Bhd* in 2023, specifically designed to assist parents in effectively delivering SRH education to their children. Authored by Wan Nur Syakira binti Wan Musa, a local writer who has also published other educational books for children, such as *Sirah Nabi Yusuf*, this book is distributed through major bookstores in Malaysia, including Popular Bookstore and MPH Bookstore, and is available in main cities nationwide. It is also available through online purchasing platforms such as Shopee and Karangkraf online bookstore. In early 2024, the book received a national book grant to supply it to rural libraries across the country, thereby expanding its reach to a broader audience of parents.

3.3.2.2.1 Selection of the book

The researcher selected *Berbual-bual dengan Anak tentang Seksualiti* (BBDATS) by Wan Nur Syakira Wan Musa for several reasons. Firstly, at the commencement of researcher's study, there is a notable scarcity of resources that provide comprehensive technical guidance on effectively communicating about sexuality with children. While

numerous books touch upon the topic of SRH education, few offer practical strategies and guidance tailored specifically to parents seeking to engage in these conversations with their children (Ismail & Hamid, 2016).

Furthermore, Wan Nur Syakira's book stands out for its unique focus on integrating Islamic perspectives into the discussion of SRH. In a predominantly Muslim country like Malaysia, where cultural and religious norms heavily influence societal attitudes towards sexuality, this integration is particularly significant. By addressing the needs of Muslim families and respecting their cultural and religious sensitivities, BBDATS fills a crucial gap in the available literature on SRH education.

3.3.2.2.2 Book Review Process

The book review process was conducted utilizing a book appraisal worksheet and the guidelines proposed by Alexander D Lee et al. (2010). These guidelines were developed through their comprehensive literature review, which synthesized several existing frameworks for performing book reviews.

In the first step of appraising the book, the researcher examined the author's qualifications and prior contributions in the field of SRH education. The researcher contacted the author via email to obtain information about the author's background, insights, and challenges faced during the book's writing process. The book was thoroughly reviewed, including the cover design, preface, and a chapter-by-chapter examination of its content. The content sections were analysed to observe the organisation of topics and how they flow according to their respective themes.

The researcher also attempted to understand, through the author's writing techniques, how the author positioned themselves in the narrative of the book's content. In this regard, the researcher gathered relevant information about the author, including the number and ages of the author's children. This was crucial to determine whether the writing was influenced by personal experiences in parenting.

Subsequently, the researcher examined the technical features employed by the author in producing the book. The content was reviewed, and technical elements used by the author were noted. Among the features observed were the use of Quranic verses, hadith, dialogue, applications, graphical boxes, step-by-step guides, and checklists for practical matters and areas requiring extra emphasis for the readers.

The researcher also analysed the uniqueness of the book and checked for discussions involving current issues. Additionally, the researcher considered both the strengths and weaknesses present in the book.

The use of the book review method in this research aims to identify the available guidelines within our community setting and to examine how these influence SRH education literacy among parents. Although the book review is not a primary approach in most research fields, it serves as an important exploratory method for assessing relevant works (Jesson et al., 2011). This approach allows for the appreciation of contributions by parents and scholars who engage with these issues. The reviewed books will be utilised to strengthen the discussion and acknowledge their contributions to the broader body of knowledge. Resnik (2018) stated that, this approach aligns with the principles of transparency and academic ethics, emphasizing the obligation to share essential sources that contribute to a deeper understanding of a given topic. In this book review method, the researcher will utilise the Book Appraisal Worksheet developed by Alexander D. Lee et al. (2010) after conducting a systematic review of various book review methods available in the field of research.

3.3.3 Phase 3: Development of Culturally-sensitive SRH Education Framework

This study also employs a quantitative method as a supplementary approach to validate the criteria for a culturally sensitive SRH education framework. The criteria being validated are key elements shortlisted from qualitative interviews and CDA of the *Cakna Diri* module. Creswell (2013) notes that researchers often seek to validate their findings through additional methods such as member checking, triangulation, or validation techniques. In this context, the Fuzzy Delphi Method has been employed as an external validation tool for qualitative data, without diverting the primary focus from the qualitative research approach, as suggested by Flick (2018).

3.3.3.1 Aim And Context of SRH Education Framework

The SRH education framework is developed with the aim of ensuring that elements such as content, strategies, and approaches in SRH education respect and align with cultural norms and are sensitive to religious values. This is crucial to ensure that SRH education is relevant to the situation, acceptable to the general population in Malaysia,

and effective in its delivery. A well-structured framework builds trust and acceptance among program participants and helps overcome cultural barriers that hinder the dissemination of SRH information. Ultimately, it aims to foster a healthy and safe community in terms of SRH outcomes.

This method incorporates fuzzy set theory, which has been integrated with the classic Delphi method. Criterion assessment is conducted using a Likert scale, which is distributed to an expert panel for evaluation. Each Likert scale rating selected by an expert is converted to a fuzzy scale through fuzzy numbering, represented by binary terms (0, 1). This fuzzy numbering approach yields three values: the minimum, the most reasonable, and the maximum value, from which experts can make selections.

The flowchart in Figure 3.4 illustrates the process of utilizing the FDM to validate the criteria for a culturally-sensitive SRH education framework. If consensus is achieved, the feedback from the expert group is translated for integration into the framework. This systematic approach ensures the inclusion of expert opinions and consensus in developing a culturally-relevant framework.

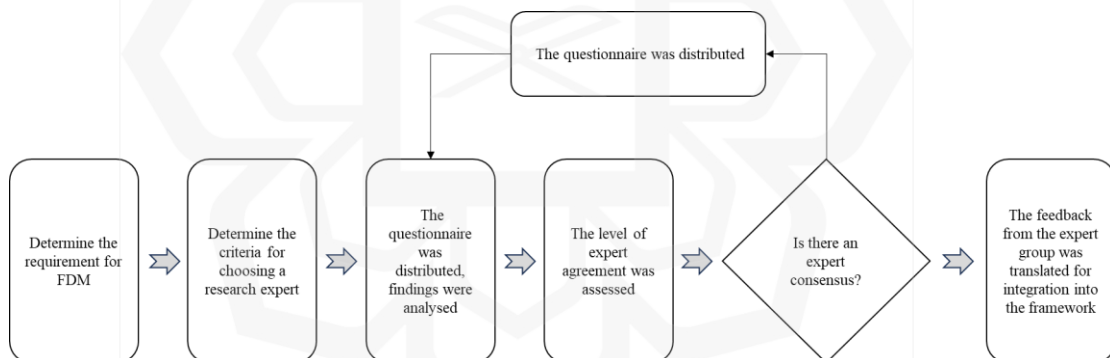


Figure 3.4 Flowchart of the FDM for validating the criteria of a culturally-sensitive SRH education framework

The development of a Culturally-Sensitive SRH Education Framework aimed at identifying the key elements of sexuality education that are culturally appropriate and aligned with the religious principles of Malaysian society. The development of this framework is crucial as a reference for SRH education providers. By considering the criteria outlined in this framework, it is expected to enhance community acceptance of SRH education and better meet the needs of parents.

3.3.3.2 Framework Development

The Culturally-Sensitive SRH Education Framework was developed by identifying key elements highlighted by participants during the interviews conducted in Phase 1 – the qualitative interview phase. These key elements were identified based on participants' responses when discussing their expectations of the module, cultural barriers to parents accepting SRH education, factors that facilitate parents' acceptance of SRH education, and the elements needed by parents to enhance their understanding and skills in delivering SRH education to their adolescents.

3.3.3.3 Expert Evaluation Using Fuzzy Delphi Method

The researcher employed the Fuzzy Delphi Method to assess criteria based on the objective of this section, to achieve expert consensus on the essential criteria for an SRH education framework in Malaysia (Jamil & Azeez, 2014). The rationale for choosing the Fuzzy Delphi technique over the traditional Delphi method was its efficiency in saving time and costs in managing question sets (Jamil & Azeez, 2014).

A minimum sample size of 10 experts was deemed necessary in Fuzzy Delphi studies to ensure high uniformity among experts (Saffie et al., 2016). Consequently, this study involved 13 expert panellists selected using purposive sampling (APPENDIX 14). Eleven of the experts were Muslim, while the remaining two were non-Muslim. They were a professor in Islamic Studies, specialist doctors in family medicine, public health specialists, psychiatrist, paediatrician, medical experts with extensive experience in SRH, a priest with experience in adolescent social relationships, and a child advocate involved in cases of child abuse.

The selection of experts (Table 6.1) from different fields is crucial for examining these criteria from diverse perspectives and enriching the discussion to ensure a comprehensive approach to SRH education. All invited experts met the following criteria: 1) possessing at least a bachelor's degree, and 2) having worked in their respective fields for a minimum of five years. These selection criteria align with (Jamil & Azeez, 2014) recommendation that expertise in a field is typically attained after five years of experience.

Table 3.5 Panel of experts

Panel of expert	Field of expertise
1) Dr. RZ	He is a child and adolescent psychiatrist and a lecturer at a public university. He is actively involved in parenting courses and has extensive experience in publishing books on parenting.
2) Prof. Dr. IMS	He is a Professor in Fatwa Studies, Usul Fiqh, Contemporary Fiqh, and the Fiqh of Halal. Actively involved in research and programs related to the LGBT community in Malaysia.
3) Dr. AM	He is a Family Medicine Specialist actively involved in sexual education and reproductive health programs with parents. He frequently advocates community about SRH education from an Islamic human rights perspective. Highest qualification: Doctor of Philosophy
4) Dr. SNA	She is a Family Health Doctor at LPPKN. Actively involved in SRH education programs for families and adolescents through Teen@CAFE.
5) Dr. MAA	He specializes in spirituality and health in nursing, actively engaging in research and education related to the integration of spiritual and religious aspects in healthcare.
6) Dr. AA	She is a paediatrician and medical lecturer, serving as the lead author for an SRH module integrating religious principles in SRH education. She has written books on parenting and SRH education for children using a children's literature approach.
7) Dr. MDS	He is a public health medical doctor actively involved in SRH research and education activities with urban communities.
8) Dr. EMJ	She is a public health specialist specializing in family and SRH. She focuses on empowering community leaders to engage in SRH education activities.
9) Dr. PNH	She is a family medicine specialist who actively advocates for healthy relationships among teenagers and supports parents through parenting programs in her community.
10) Dr. AHZ	He is a maternal and child health medical doctor actively involved in SRH education activities with suburban communities.

11) Revd. KAJ	He is a divinity and theology expert, serving as a vicar or priest in-charge at a church. He is actively engaged in social advocacy activities for youth.
12) NS	He is an experienced health educator with extensive experience in providing sexual and reproductive health education to adolescent boys, particularly in metropolitan Kuala Lumpur.
13) AI	She is a child advocate who operates a center for children's activities. She is actively involved in managing issues concerning children requiring advocacy within the community.

The assessment process involved a single-round expert view survey utilising a structured assessment form (rating priority exercise) to validate and assess the relevance of each criterion group and criteria identified through qualitative interviews and document analysis. The Google Form was distributed via email to expert panels. Clear assessment context and instructions were provided alongside the form.

Expert panels were also handed with a comment sheet attached to the email to facilitate written feedback and suggestions on each specified criterion. They were invited to propose new criteria not included in the list for researcher consideration. The expert panels were assigned a 14-day period to complete and return the form. On the 12th day, reminders were emailed to those who had not yet submitted their assessments and opinions.

3.3.3.4 Steps in FDM Analysis

In the application of the Fuzzy Delphi Technique for a study, there are specific steps that must be followed to ensure the study is considered empirical. The sequence of steps to be followed is as follows:

Step 1:

The initial step, which involves the expert selection process, centres on choosing the appropriate experts for the study. Jones and Twiss (1978) recommend that the ideal number of experts should range from 10 to 50, while Adler and Ziglio (1996) suggest 10 to 15 experts when there is a high level of consistency among them. In this study, 13 experts were appointed to evaluate the criteria.

Step 2:

The second step, known as the linguistic selection process, utilizes a Fuzzy Scale – a 7-point scale based on the Likert Scale – to assess the level of agreement among experts. The Fuzzy Scale assigns fuzzy values to each Likert scale point, ranging from 0 to 1, to quantify the degree of agreement or disagreement. The researcher transferred the identified criteria into a Google Form to facilitate structured data collection and expert evaluation.

Table 3.6 Fuzzy Scale

Level of Agreement	Fuzzy Scale			Likert Scale
Strongly Agree	0.9	1	1	7
Very Agree	0.7	0.9	1	6
Agree	0.5	0.7	0.9	5
Fair	0.3	0.5	0.7	4
Disagree	0.1	0.3	0.5	3
Very Disagree	0	0.1	0.3	2
Strongly disagree	0	0	0.1	1

Step 3:

In the third step, the researcher inputs the Likert Scale values for each item into the item space, converting them into fuzzy scale values. This standardizes the way expert opinions are incorporated into the FDM framework. The experts were given a period of 14 days to thoroughly review and evaluate the provided criteria, ensuring sufficient time for careful assessment and constructive feedback.

Step 4:

The fourth step involves calculating the fuzzy average values (m_1 , m_2 , m_3) from the fuzzy scale, which reflect the consensus among experts for each item. A triangular fuzzy number is composed of three values: m_1 , m_2 , and m_3 , representing the minimum, most plausible, and maximum values, respectively. Figure 1 illustrates these values within the triangular fuzzy number. The values in a triangular fuzzy number, like other fuzzy

numbers, range from 0 to 1. However, for the Fuzzy calculation, the researcher utilized the FDM software developed using Microsoft Excel. The obtained rankings were then transferred into this Excel-based FDM formula for further analysis.

Step 5:

The fifth step is the process of determining the threshold value ' d ,' which is used to determine whether an item is accepted or rejected based on the level of agreement among experts. In this analysis, the researcher set the threshold value at 0.2. This threshold ensures that the selected criteria or factors reflect a reasonable level of expert agreement while allowing for some variation in opinions (Aishah et al., 2024).

Step 6:

The researcher carried out the sixth step by assigning the number of experts to the red boxes based on the total number of experts in the study, facilitating the visualization of expert agreement levels. In the Microsoft Excel software, the researcher set the total number of experts as 13 to ensure accurate representation in the analysis.

Step 7:

The researcher carried out the seventh step by determining the percentage of agreement for each item and overall items, providing a quantitative measure of expert consensus.

Step 8:

The researcher conducted the fuzzy evaluation process in the eighth step, determining scores (ranking/priority) for each item based on the level of agreement among experts. Items that did not meet the conditions set by the FDM were rejected, as indicated by values and cells appearing in red in the table.

Step 9:

Finally, the ninth step involved the researcher presenting the results of data analysis in a table, with displayed values and cells appearing in red indicating non-compliance with the conditions set by the Fuzzy Delphi Method. This suggested that expert agreement rejected those elements, providing a clear summary of the consensus reached by the expert panel.

3.3.3.5 Calculation of Triangular Fuzzy Numbers

The data analysis is based on the calculation of Triangular Fuzzy Numbers, with the goal of determining the Threshold (d) value. As noted by Thomaidis et al. (2006), identifying the Threshold (d) value is crucial for achieving consensus among experts. To obtain expert agreement for each criterion, the first condition that must be met is that the Threshold (d) value does not exceed 0.2, as this indicates that agreement has been reached (Cheng & Lin, 2002). The vertex method is applied to calculate the distance between the rij averages (Cheng & Lin, 2002). The distance between each Fuzzy number $m = (m1, m2, m3)$ and $n = (n1, n2, n3)$ is calculated using the following formula:

$$d(\tilde{m}, \tilde{n}) = \sqrt{\frac{1}{3} [(m1 - n1)^2 + (m2 - n2)^2 + (m3 - n3)^2]}$$

The percentage of expert agreement determines that the overall consensus should exceed 75.0% for each criterion. If this threshold is not met, a second round of evaluation is required (Chu & Kamal, 2008). However, in this study, a second round was not necessary as the expert evaluation results were deemed satisfactory.

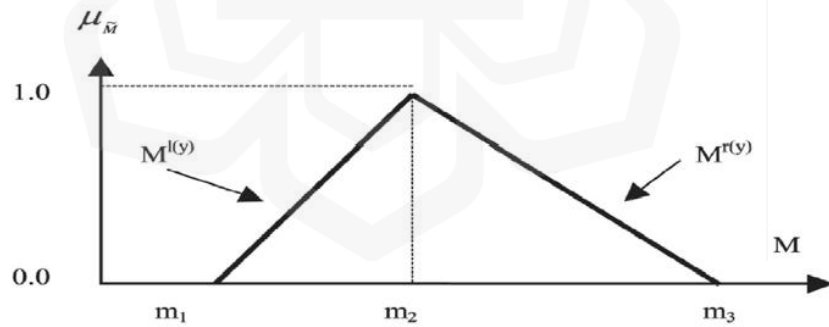


Figure 3.4 Schematic diagram of FDM threshold. Adapted from (Jamil & Azeez, 2014)

This analysis aims to obtain the Fuzzy score (A) value. For the Fuzzy score (A) to be considered valid, it must be greater than or equal to the median value (α -cut value) of 0.5 (Tang & Wu, 2010). This indicates that the element has been accepted by expert consensus. Additionally, the Fuzzy score (A) can be used to determine ranking and

priority, as noted by the experts. The formula used to calculate the Fuzzy score (A) is $A_{max} = 1/4 * (a_1 + 2a_m + a_2)$. The α -cut value, which represents the median between '0' and '1', is calculated as $\alpha\text{-cut} = (0 + 1)/2 = 0.5$. If the resulting Fuzzy score (A) is less than the α -cut value of 0.5, the criterion is rejected, as it does not reflect expert agreement. According to (Bodjanova, 2006), the α -cut value should exceed 0.5.

3.3.4 Ethical Considerations

Ethical considerations played a crucial role in ensuring the protection of human subjects, fostering trust, maintaining the integrity of the research, preventing misconduct, and addressing emerging challenges (Baker, 2020). Before the study commenced, approval for ethical considerations was sought from the IIUM-Kulliyyah of Nursing Postgraduate and Research Committee IIUM/313/14/3/1 dated 26 October 2022 (APPENDIX 8) and the International Islamic University Malaysia Research Ethics Committee (IIUM-REC) IIUM/504/14/11/2/IREC 2022-228 on 9 January 2023 (APPENDIX 9).

3.3.4.1 Informed Consent

The potential participants were sufficiently briefed on the research process, ensuring their understanding of the details outlined in the participant information sheet (APPENDIX 3). They were informed that participation was voluntary. The participant information sheet was provided in two language versions: English and Malay. Before the interviews, participants were reminded of their right to withdraw from the study at any point during the interview without facing negative consequences. Moreover, consent for audio recording was obtained from the participants.

3.3.4.2 Confidentiality and Anonymity

Throughout the study, all information regarding participants was rigorously maintained with the strictest confidentiality measures, ensuring complete anonymity and preventing identification. As a result:

1. Participants' names were omitted from all documents.

2. Participants' names used in interview excerpts (in Chapter 4: Findings) were replaced with pseudonyms that have no direct connection to their original names.
3. The recruitment process assured participants' anonymity and confidentiality. Their agreement to participate was not disclosed, and interview sessions were scheduled at their convenience and in accordance with their preferences.
4. Interview data received a unique code number known solely to the researcher.
5. Interviews were audio-recorded using an encrypted digital recorder. All digital recordings, along with personal information, were stored on a computer, encrypted with a password, and accessible only to the researcher.
6. Recordings were fully transcribed by the researcher in a private, quiet room using headphones to prevent potential eavesdropping by others.
7. The recordings, consent forms, field notes, reflective diary, and any printed copies of participant information were secured in a locked storage location with exclusive access restricted to the researcher.
8. Digital recordings and original data were systematically deleted upon the completion of the study.

3.3.4.3 Cultural and Religious Sensitivity

As part of ethical considerations, this study emphasizes cultural and religious sensitivity in engaging Malaysian parents on the topic of sexuality education. Recognizing the sensitivity of the subject, especially among mothers, the researcher ensured a respectful physical distance during face-to-face interviews to promote comfort and openness. Mothers who felt uneasy being interviewed by a researcher of the opposite gender were given the option to be accompanied by their spouse or to choose an online interview instead of a physical meeting. Additionally, appropriate and respectful terminology was used throughout the interviews. For example, using “sexual intercourse” rather than “sex” to maintain professionalism and cultural appropriateness. These measures were designed to uphold the dignity of participants while fostering a safe and respectful environment for open discussion.

3.3.5 Rigour of the Research

3.3.5.1 Credibility

Credibility relates to how intense and authentic the description of the phenomena is (Daniel, 2019). It deals with the question of ‘how congruent are the findings with reality?’ (Clark et al., 2023). Several steps were considered to ensure the credibility of the study such as the process of conducting interviews, data analysis and the influence of researcher, participants or situation to the process.

Multiple Data Sources

The researcher engaged in interviews with parents representing diverse socioeconomic backgrounds and varying degrees of exposure to parenting sexuality. This included parents who served as referrals for others and those with children admitted to shelter homes or moral rehabilitative centres (specifically, Taman Seri Puteri). The study also involved interviews with parents possessing a background in psychology, teacher who involve in school-based SRH, healthcare personnels and those working as child advocate. Consideration was given to participants with both a limited number of children (1-3 children) and an expanded family size (7-10 children).

Interviewing module and book developers during document analysis is crucial because it allows researchers to understand the intent, theoretical foundations, and practical choices behind the material. According to (Bowen, 2009), such interviews add "contextual richness" by shedding light on decisions made during content development, clarifying interpretations, and providing details that might not be evident from documents alone. These insights make document analysis more accurate and meaningful, especially when assessing materials designed for educational or organizational purposes.

Triangulation, a concept grounded in qualitative research, operates on the premise that no single method can completely resolve issues of competing explanations (Patton, 1999). Patton advocated for the use of multiple methods in data collection and analysis, positing that each method unveils a distinct facet of reality. The integration of findings from interviews with multiple parental perspectives, coupled with the critique of SRH educational material, served to confirm and fortify the study's conclusions.

This convergence of findings from diverse data sources contributes to a nuanced and expansive comprehension of the social practices under examination (Rouse & Harrison, 2015). It also presents opportunities for profound insight that intertwines the investigative approach with the study's thematic focus (Walther et al., 2017).

Peer Debriefing

Given the distance supervisory arrangement, wherein the researcher resided in Kuching, Sarawak, consistent communication with the supervisory team was maintained through emails, WhatsApp discussions, and Zoom meetings during both the data collection and data analysis phases. Nevertheless, there were occasions when face-to-face meetings with the supervisor occurred, such as when jointly attending conferences or during the student's residency in the Kuantan Campus. This approach proved essential in ensuring the data collection phase remained on course, allowing for a qualitative reassessment of interview skills, and facilitating discussions on current findings to recalibrate the overall research project process.

To enhance the robustness of the research, the researcher regularly shared interview transcriptions with the supervisory team for evaluation. Additionally, early analysis results were shared to confirm the accuracy of coding, subthemes, and themes. At various points in time, the researcher and his supervisors review and refine the interview guide to improve questions based on insights gained from each session.

The development of questions is also considered in planning for subsequent interview sessions. For example, if a question related to Christian principles arises during an interview, it will be considered for further exploration with Christian parents in future interviews. Patton (1999) classified peer debriefing as a form of triangulation involving multiple analysts, serving to mitigate potential biases through the input of an independent reviewer (Amin et al., 2020). This approach not only offers direct access to the data but also safeguards the reliability and validity of the obtained findings.

Prolonged Engagement

The researcher spent nearly six months in the data collection process, spanning from August 2023 to February 2024. This extended period of involvement fostered familiarity with the research setting and facilitated the establishment of trust, particularly with the gatekeeper of participants from Taman Seri Puteri. This prolonged

engagement not only strengthened the researcher's understanding of the study's scope but also enabled the gatekeeper to provide further clarification to prospective participants, ultimately securing their agreement, as recommended by (Morse, 2015a).

Regular bilateral update sessions were conducted with the gatekeeper, where she reported any new parents sending their children to Taman Seri Puteri. Simultaneously, the researcher shared updates on the number of parents engaged for interviews. Additionally, the researcher cultivated sustained communication with the head of BKM-ISMA to gain a comprehensive understanding of parenting topics, particularly their general perspectives on SRH education.

Strategic engagement with a group of researchers who had conducted studies on SRH further enriched the researcher's insights (Barber & Walczak, 2009). For instance, one researcher focused on the role of teachers in delivering SRH education in primary schools, while another explored the impact of game-based SRH education, specifically targeting male adolescents.

The researcher actively contributed to SRH education for parents in Kuching and Samarahan, leveraging workshops to interact with parents and familiarise himself with common issues arising in SRH education. This engagement deepened the researcher's understanding of the realities of SRH education, facilitating a more nuanced approach to the data collection process. Seizing opportunities for professional development, the researcher attended an SRH trainer session organised by the ReproAlert team, gaining insights into their approach, particularly emphasising abstinence as a foundational aspect of education.

The researcher also attended a Christian-based parenting sexuality program held by an NGO named Focus to Family to understand current issues and interact with the program facilitators regarding the SRH education modules they offer to parents. In addition, the researcher participated in a national health symposium at Universiti Sains Islam Malaysia (USIM), focusing on SRH issues to comprehend global contemporary challenges, including Malaysia's progress in gender and sexuality issues. The researcher took advantage of this platform to present preliminary research findings, seeking feedback and opinions from expert judges during the oral presentation. He also presented his findings at the 2nd International Nursing Students Conference, Sarawak where he won first place in the oral research presentation. He also delivered a

presentation on the CDA of the *Cakna Diri* module at the IIUM Postgraduate Colloquium 2024.

Concerning the interview process, the researcher allocated approximately 60 to 90 minutes for each participant. These extended sessions aimed to build rapport, fostering an environment conducive to participants expressing themselves more freely during the interviews.

Deviant Case Analysis

Most parents interviewed adhere to religious values and show compliance with societal norms. This includes their view that premarital sex is prohibited both in religion and our culture. Similarly, they reject the increasing discussions on gender fluidity and LGBTQ+ ideologies. During the interview sessions, while most parents strongly opposed these behaviours, there was one mother who was open to the issue. She stated that she had no problem with someone openly practicing homosexuality, as long as the individual remained a "good" person, such as by respecting their parents.

Although this view differed from that of the researcher, the researcher accepted it openly, seeing it as a valuable opportunity to gain a more comprehensive understanding of the issue. Similarly, in cases where parents were reluctant to use the proper terms for genitalia, the researcher took the opportunity to understand the context of these parents more openly.

3.3.5.2 Reflexivity

Reflexivity, involving the critical examination of the researcher's preconceptions and reactions while closely monitoring their interaction with the participant's account and actions, played a pivotal role in this study (Quah, 2018). As an indispensable tool, the researcher actively immersed himself in the phenomenon under investigation. Throughout the study, instances of self-reflection surfaced, exploring the researcher's own actions, emotional responses, and internal conflicts encountered during the research journey. Embracing a self-critical stance towards the research process and the researcher's roles, relationships, and assumptions was paramount, contributing to the heightened credibility and dependability of the study.

In the specific context of sexual education research, reflexivity held heightened importance due to the sensitive nature of topics encompassing sexuality, gender, and identity (Rodríguez-Dorans, 2018). For instance, during interviews with parents discussing intimate aspects of their child's sexual education, the researcher found that their own cultural background and personal beliefs influenced their perceptions. This awareness prompted the researcher to critically reflect on these biases, ensuring a more nuanced understanding of the participants' experiences.

4.1.1.1.1 Pre-research Stage

As a healthcare professional involved in several SRH education teams, the researcher feels it is essential to deeply understand the fundamental problems, available solutions, and existing challenges within the realm of SRH education.

Since undergraduate studies, the researcher has actively participated with NGOs that support adolescents, including university youths. Together with the SRH education team, the researcher frequently visited schools to deliver SRH education talks, branded as “Say No to Zina,” an SRH education activity based on sexual abstinence. During interactions with students in schools, several issues among adolescents and teachers were identified. Among them, male adolescents are exposed to pornography at an early age, and reports of male and female students engaging in illicit relationships have become increasingly common.

The researcher also has personal beliefs regarding SRH issues, particularly concerning premarital sex. It is indeed challenging for the researcher to understand the root causes of this issue solely by examining parents' communication skills in SRH education. Referring to Bronfenbrenner's ecological theory discussed in Chapter 1, the researcher briefly explained that an adolescent's growth is influenced by various factors, including their peer environment, strong global media influences, and even government policies that impact sexuality issues (for instance, Malaysia Ministry of Health policies in addressing STD infections, particularly HIV/AIDS).

At the initial stage of the study, the researcher strongly believed that parents face challenges in communicating with their children and have limited access to SRH educational materials. As the first educational institution, family play a crucial role in preparing their children for the challenging environment outside the home. The researcher's confidence in this challenging situation was further reinforced by peers

(who are also parents) and his colleagues expressing their struggles in communicating with their children, who are of similar age to the researcher's own children.

Although the researcher has long been involved with NGOs conducting SRH education activities, initially, the researcher had very little exposure to educational programs focused on parents, if any at all. Therefore, one of the motivations for pursuing this study is the researcher's desire to explore the SRH education ecosystem more comprehensively; to identify the stakeholders, what resources are available, the authoritative bodies, and the extent to which this ecosystem has developed.

Armed with a high level of curiosity and the preconceptions formed during previous engagements with NGO SRH education teams, the researcher began to seek and gather information as mentioned above. The researcher discovered that the main players in the SRH education realm include the Ministry of Women, Family, and Community Development through the National Population and Family Development Board (LPPKN), the Ministry of Health, the Ministry of Education, the Ministry of Welfare, and various other NGOs involved. The researcher began to search for and review key guidelines produced at both international and national levels, modules developed by government agencies, modules created by NGOs, SRH education books including those from abroad such as "Sexuality Education from an Islamic Perspective" by Muhammad Rasool, self-help publications related to sexuality education, and websites focused on SRH education. In order to assess the extent to which the body of knowledge encompasses subfields within the SRH education ecosystem, the researcher commenced a systematic literature review, as described in the previous chapter.

From the literature review, it is understood that the main challenges in delivering SRH education to adolescents are the skills required to provide explanations and the ability to answer questions related to SRH from their children. Additionally, due to media globalisation, today's parents, who were previously educated in a closed manner by their own parents, face a dilemma in explaining sensitive issues that were never taught to them. According to the literature review, although they strongly agree on the importance of SRH education, they lack the skills to communicate it effectively. Therefore, this research aims to explore deeper the challenging experiences of Malaysian parents in delivering SRH education.

4.1.1.1.2 Data Collection Stage

During data collection activities, particularly in interview sessions, the researcher frequently engages in self-awareness regarding their own religious affiliation and beliefs. The researcher is conscious of the Islamic principles they have understood through readings and references to Islamic scholars. When interviewing Christian parents, the researcher positions himself as a curious learner about their religious knowledge, avoiding any prejudice or scepticism towards the principles they uphold.

In this context, the researcher neither disputes nor opposes the religious principles of the participants, nor offers personal opinions that might undermine their beliefs. Instead, the researcher maintains a positive and appreciative attitude towards the arguments and perspectives provided by Christian or Buddhist parents. Even when internally surprised or astonished by some of their views, the researcher controls these emotions to avoid causing discomfort to the parents. For example, at one point, the researcher asked about the acceptability of using contraceptives among Christians.

Interestingly, the Christian parents not only disapproved of contraceptive use in extramarital sexual relations (which is also forbidden), but also viewed the use of contraceptives within lawful marriage as contradictory to the concept of procreation or the natural order of human life. The researcher took note of this significant finding but refrained from overtly displaying shock to the Christian parents. In a separate interview, the researcher was notably surprised by several unique practices among Buddhist practitioners. For instance, it was mentioned that close family members of the deceased are prohibited from engaging in sexual activity with their spouses for 30 days following a death. Although this information was conveyed in a light-hearted manner by the participant, the researcher believes that this cultural practice likely has specific justifications among its adherents.

The researcher also transparently explains some of their own beliefs and principles to both Muslim and non-Muslim parents regarding SRH education, including the belief that premarital sex and homosexuality are forbidden. Despite this, the researcher openly accepts and does not judge any views expressed by the parents on these issues. Recognising the diverse backgrounds of the parents involved in the interview process, the researcher makes necessary preparations, including adjusting the interview questions to better capture the nuances of each participant's perspective. For

example, questions for parents of children in Taman Seri Puteri are modified to use simpler language compared to those for the general parent population.

After each interview session, the researcher records a voice note about the course of the interview. The researcher prefers using a voice note application over writing because it allows for quicker documentation of events and helps avoid missing any important moments. Additionally, the researcher feels that voice notes can better capture their emotions immediately after completing the interview session.

Discussing familial issues can be emotionally charged. Engaging in a brief consultation with supervisors to anticipate potential emotional challenges proved to be invaluable for the researcher's mental and spiritual preparedness. For instance, interviewing parents with children at Taman Seri Puteri often entailed extended sessions wherein they shared the history of their child's involvement in sexual activities and recounted their experiences with admitting their child to Taman Seri Puteri. In such instances, the researcher needed to listen attentively, capturing key points to effectively connect with subsequent interview questions.

Parents with children at Taman Seri Puteri tended to become emotional when sharing experiences related to handling challenging situations involving their children and reflecting on sentimental moments together. The researcher recognised the importance of allowing these parents the time and space to express their sadness and frustration, providing necessary moral support. Instances of participants expressing anger, particularly when recalling difficult situations such as quarrels with their children, were handled with care. The researcher allowed sufficient time for the participants to articulate their feelings and provided a space for them to regain composure.

Notably, an intriguing aspect emerged when the researcher reminded participants that the hardships they faced were perceived as tests from a higher power. This reminder often facilitated a rapid cooling down of emotions, enabling participants to resume the interview with a composed demeanour. Participants with lower levels of education struggled to comprehend terms such as "*pendidikan seksualiti*," causing the researcher to encounter difficulty in posing subsequent questions. Certain participants exhibited significant discomfort, evident in their facial expressions, when discussing sensitive topics like using the actual names for genital parts or using terms like "sexual

intercourse" or "masturbation." Instead, they preferred substituting these terms with more discreet phrases such as "this thing" or "that thing."

4.1.1.1.3 Data Analysis Stage (Qualitative Interview)

Practical examples abound, such as instances where cultural nuances affected the interpretation of responses. For instance, discussing sexual education in the context of religious values required a careful approach to avoid misinterpretation. The researcher's reflexivity allowed him to navigate these complexities, ensuring that the research process remained sensitive, ethical, and respectful to all participants. This reflexive process was not a one-time consideration but was consistently applied throughout the entire research journey, influencing data collection, analysis, interpretation, and the final writing stages.

In reflecting on the researcher's position as a Muslim, it is evident that their religious beliefs significantly shape their understanding and approach to SRH education. Islam provides a comprehensive foundation for these regulations, explicitly prohibiting pre-marital sex. This belief influenced the inquiry, as the researcher sought to understand if other religions also disapprove of pre-marital sex through primary interviews with parents. The topic of contraceptive use posed a particular challenge. It was difficult to ask parents of adolescents in Taman Seri Puteri, if they advise their children to use contraceptives like condoms, knowing that pre-marital sex contradicts basic Islamic principles.

Nevertheless, the researcher sought to understand the perspectives of parents of pregnant adolescents. It was discovered that, despite knowing their children engage in sexual activities outside parental control, these parents held conservative religious views and did not accept pre-marital sex. The researcher empathised with their disappointment in failing to prevent their children from engaging in such behaviours. Similarly, discussing abortion was daunting, as it conflicts with religious teachings unless it meets specific conditions. The researcher hesitated to ask parents about this, fearing it might cause discomfort. This reflexivity underscores the intersection of the researcher's religious beliefs with their research, shaping both their approach and interpretation of the findings.

As a Sarawakian, the researcher feels a responsibility to understand this issue because the state of Sarawak has the second highest rate of teenage pregnancy in

Malaysia, after Sabah. The researcher motivated to uncover what is happening within the Sarawakian community. At the beginning of the research, it was acknowledged that the researcher lacked specific information regarding the prevalence of teenage pregnancy in Sarawak, such as the ethnic groups involved, the regions affected, and how these young individuals become involved in pre-marital sex. This information only became apparent during the data collection phase, when the researcher learned that a particular ethnic group in Sarawak significantly contributes to the statistics. Recognising this fact, the researcher approached subsequent parents from the Iban community with caution, to avoid causing offense or discomfort that might hinder the progress of the interview.

In the data analysis phase, reflexivity is highly emphasised, including acknowledging how data interpretation is influenced by the researcher's perspective. For example, during the data analysis process, the researcher specifically coded the views expressed by parents whose daughters were admitted to Taman Seri Puteri Kuching, particularly regarding the phenomenon of their daughters losing family ties and living with other men (not their lawful husbands). The researcher revisited excerpts from these parents to understand the circumstances and efforts they had made to prevent such incidents. This was to identify the context of the participants' views, ensuring they are accurately represented when integrated into themes or subthemes.

The researcher also referred to memos and field notes to maintain the contextual understanding of these excerpts. In another instance, the researcher cross-examines the obtained data with external colleagues who possess a deeper understanding of issues less familiar to the researcher. For example, regarding the prohibition of contraceptive use by Christians, the researcher reviews the quotes and seeks confirmation from a colleague well-versed in the intricacies of Christianity. This is important to avoid conflating religious views originating from the researcher's own faith with the issue at hand.

4.1.1.1.4 Data Analysis Stage (Document Analysis)

The *Cakna Diri* module was difficult to obtain; first of all, when the researcher visited the LPPKN Kuching Branch, he wanted to request this module from the office staff but were told that it cannot be given out to just anyone. Initially, the researcher wondered why it was so difficult to share a module that could be used by others for mutual benefit.

Considering that many parents in the interview sessions had never even heard of this module, the researcher thought that perhaps this difficulty in accessing it contributed to its lack of recognition - it is too exclusive to be widely used. Even taking photos of the module with a personal phone was not allowed.

However, the researcher was informed by the LPPKN officer that the module could only be given to individuals who had attended a training session on its use to avoid any misinterpretation of the content. The staff also explained that Train-the-Trainer (ToT) sessions for branch trainers of this module are rarely conducted by the central training providers (based in Kuala Lumpur), reinforcing the researcher's initial perception that this module has implementation issues. When examining the content of the module, the researcher feels that there is a problem with the intended outcome for parents in the creation of this module.

The information provided for data analysis in this module is overly informative. Although it is specifically designed for parents as a guide to educating adolescents aged 10 to 19, there is no section in the book that teaches parents the skills to communicate SRH-related information to their children. Additionally, the module overly includes facts about the drawbacks and negative effects resulting from sexual and social misconduct (such as the dangers of abortion and STDs), the researcher feels that the connotation conveyed in the book is not comprehensive enough to encompass the positive and constructive motivations that should exist to guide parents.

4.1.1.1.5 Different gender working on sensitive topic

In certain situations, interviewing female parents proved to be challenging, primarily due to the sensitivity of the topics under discussion. In response to this sensitivity, some female participants requested the presence of their spouses during the interviews. While the spouses did not actively engage in the interview process, their role resembled that of a chaperone – remaining present nearby without disrupting the proceedings. Similarly, when extending invitations to interview female parents at their homes, it was stipulated that the husband must also be present in the house. This precautionary measure was crucial to mitigate any potential untoward incidents, given the researcher's limited familiarity with the participants.

Given the potential for female participants to express emotions during the interviews, the researcher upholds professionalism and maintains appropriate

boundaries by steering participants' emotional responses into a focused and factual conversation. This approach not only aligns with Islamic teachings but also contributes to creating a research environment that upholds ethical standards and cultural sensitivities.

3.3.5.3 Dependability

Dependability, in the context of this study, refers to the capacity for other researchers to reconstruct or replicate the investigation using comparable processes of data collection and analysis (Korstjens & Moser, 2018). While akin to reliability in quantitative research, it does not guarantee identical findings from other researchers. To enhance the dependability of this study, transparency was prioritised in reporting the intricacies of each step undertaken during both data collection and data analysis processes (Maher et al., 2018). In this study, every methodological decision, participant selection, and research setting were meticulously recorded in the meeting minutes with the supervisor. Similarly, any changes and developments in the interview guide, as well as new topics deemed relevant to the study, were documented using an audit trail, which included techniques such as track changes, different font colours for latest updates, and annotations. This transparency facilitates the potential for other researchers to conduct a similar study within a comparable context.

To ensure dependability in this qualitative exploration of Malaysian parents' perspectives on sexuality education, peer debriefing and regular consultation were employed throughout the research process. Peer debriefing sessions with experienced qualitative researchers facilitated critical reflection on coding decisions, emerging themes, and potential researcher biases. Regular consultations with academic supervisors provided ongoing methodological guidance and validation of analytic processes. These strategies enhanced the consistency and transparency of data interpretation, ensuring that findings were grounded in participants' narratives and not unduly influenced by the researcher's assumptions. The use of these techniques supports the rigour and credibility of the study's qualitative approach.

3.3.5.4 Confirmability

The researcher explicitly elucidated their personal motivations and inclinations that underlay the decisions made and methods adopted, aiming to minimise bias in the study (Maher et al., 2018). In this study, a detailed account of the steps taken for data analysis was provided, demonstrating how the findings were constructed to closely align with the perspectives and contextual nuances of the participants. The researcher also employed a peer debriefing strategy, engaging with an expert in the field, who also served as the supervisor, to review interpretations and findings, thereby minimizing researcher bias.

3.3.5.5 Transferability

Transferability, a surrogate for generalisability in qualitative research (Ahmed & Muhammad, 2018), was addressed through the inclusion of contextual information by the researcher. This encompassed socio-cultural factors, religious beliefs, a detailed description of the study settings, and background information about the participants. In this study, a detailed description of the sampling context, such as the criteria for participant selection, is provided transparently.

In the first phase (qualitative interviews), the criteria for parents' eligibility to participate in the study were clearly stated. Similarly, in the second phase (document analysis), the reasons for selecting the books and modules were explicitly outlined, along with the techniques used for conducting the analysis. Such comprehensive details enabled other researchers to assess similarities and differences, thereby informing the transferability of anticipated research findings to their respective research contexts (Maher et al., 2018).

3.4 SUMMARY

This chapter has detailed the methodological approach across the three phases of the study, including participant recruitment, data collection, and analysis procedures. It also discussed strategies to ensure research rigor, personal researcher reflections, and ethical considerations. The following chapters present the study's findings: Chapter Four reports on the qualitative interviews conducted with parents, while Chapter Five offers a critical analysis of relevant educational materials.

CHAPTER FOUR

FINDING (PHASE 1: QUALITATIVE INTERVIEWS)

4.1 INTRODUCTION

This chapter presents the findings from Phase 1 of the research, which involved qualitative interviews with parents. The discussion is organised around three major themes: (1) the influence of religion and culture on SRH education, (2) parents' attitudes and practices in delivering SRH education, and (3) the challenges and barriers faced by parents in providing SRH education.

These overarching themes offer a comprehensive understanding of the current landscape, allowing for a deeper evaluation of the challenges, effectiveness, and support needed to enhance parents' ability to deliver SRH education to their adolescents. Additionally, the chapter provides valuable insights from Malaysian parents on contemporary SRH education issues in the context of globalisation.

4.2 PARTICIPANTS' CHARACTERISTIC

Table 4.1 presents the demographic characteristics of the participants in this study. A total of 31 participants were involved, consisting of 10 males and 21 females. The highest academic qualifications varied, with 4 participants holding a PhD, 6 with a Master's degree, 7 with a Bachelor's degree, 4 with a Diploma/STPM, and 10 with SPM. The majority of participants were aged between 30-39 years (15 participants), followed by 9 in the 40-49 age group, 5 in the 50-59 range, and 2 in the 60-69 category.

Regarding the number of children aged 10-19 years old, 10 participants had one child, another 10 had two children, 9 had three children, while only 1 participant had five or more children. Household income was categorized according to the Malaysia Income Classification 2023, with 4 participants earning above RM10,960, 16 participants falling within the RM6,339 - RM10,959 range, and 11 participants earning below RM6,338.

In terms of ethnicity, the majority were Malay (20 participants), followed by Sarawakian Bumiputera (7 participants), Chinese (3 participants), and Indian (1 participant). The religious affiliation of the participants showed that 23 identified as Muslim, 5 as Christian, 2 as Buddhist, and 1 as Hindu. Lastly, interviews were conducted in two modes: 22 participants were interviewed face-to-face, while 9 participated in online interviews.



Table 4.1 Summary of Participants' Characteristic

Participants' characteristic	Frequency
Gender	
Male	10
Female	21
Highest academic qualification	
PhD	4
Master	6
Degree	7
Diploma/STPM	4
SPM	10
Age range	
30 – 39	15
40 – 49	9
50 – 59	5
60 – 69	2
Number of child 10-19 years old	
1	10
2	10
3	9
4	0
5	1
More than 5	1
Household income (Malaysia Income Classification, 2023)	
>10, 960	4
6,339 – 10, 959	16
<6,338	11
Race	
Malay	20
Sarawakian Bumiputera	7
Chinese	3
Indian	1
Religion	
Islam	23
Christian	5
Buddhism	2
Hindu	1
Interview mode	
Face to face	22
Online	9

4.3 THEME 1: THE INFLUENCE OF RELIGION AND CULTURE IN SRH EDUCATION

Understanding the influence of religion and culture is essential to grasp how these factors shape the intricacies of SRH education that parents convey to their adolescents in Malaysia. This theme begins by exploring religion's role as both a source of guidance and support in delivering SRH education, while also examining how religion and culture contribute to the formation of gender roles and identity.

Table 4.2 Theme, Subthemes and Categories

Theme: The Influence of Religion and Culture in SRH Education	
Subthemes	Categories
Integrating Religious Doctrine & Cultural Practices in SRH Education in Malaysia	• Religious as the foundation of Life • Adherence to Christian Value • Non-adoption of SRH Educational Content • The Role of Religious Institution in Dissemination of SRH Education • The Impact of Customary Marriage Practices in Sarawak
Religion & Culture Shape Gender Roles & Identity	• The Role of Religion in Constructing Gender • Influence of Church Leadership • Gender Segregation in Religious Setting • The Role of Religion in Reinforcing Communication Techniques

4.3.1 Integrating Religious Doctrine and Cultural Practices in SRH Education in Malaysia

There is a profound interconnection between SRH education and religious laws. SRH education in Malaysia is firmly rooted in religious principles, serving as its foundational basis. The religious values of Malaysians play a significant role in governing various aspects of their lives, including the implementation of SRH education. These principles are deeply embedded in how SRH education is structured and delivered. It is also worth to note that, cultural influences also play a crucial role in shaping and modifying the delivery of SRH education, demonstrating the relationship between religious doctrine and cultural practices.

4.3.1.1 Religion as the Foundation of Life

According to Muslim parents, religion serves as the foundation for initial education at home, including etiquette and morals, modesty and social interaction, cultivating a sense of shame, marital relationships, and much more. Every guideline established by the religion must be adhered to in order to ensure divine blessings within the family. In Islam, the role of a father is crucial in guiding his family to adhere to religious principles, which ultimately serves to protect himself and his family members from the fires of hell. If these religiously based guidelines are not followed, the family will lose divine blessings and live under God's displeasure (Al-Quran 66:6). This point was articulated at the beginning of the conversation with Mr. Salleh, a father of ten children and a leader of a religious institution at a public university. He repeatedly emphasised the importance of religion as the foundation of life, including in the content and methods of delivering SRH education to his children.

Starting from the foundation of our life beliefs, religious faith will be the basis, the path in educating our children in education. Like me, as a lecturer in higher education, there's a foundation of education too. It's impossible for us to leave that (religious principles) behind, unless we become someone else. And that foundation also manifests in our relationships with the community, with neighbours. So, when it comes to forming a family, when we have a religious foundation, whether we like it or not, in educating and raising children, all methods, principles formulated by our religion must be followed... (Mr. Salleh)

From the explanation provided by Mr. Salleh, it is evident that there are religious regulations that must be adhered to in every aspect of life. The researcher also notices that the use of the phrase "become someone else" can be interpreted as a situation where a Muslim adopts an identity different from their own faith, thus escaping the religious laws that govern their life, including how they conduct social activities. Similarly, Christian and Hindu teachings serve as the basis for the family education including the acceptance of "progressive" education in SRH, which relying heavily on the principles and laws established within their respective religions. Another participant, Mr. Kelner, a father and also a church minister, also mentioned the transformation into a someone else identity in his discussion on the concept of human identity as Jesus. In Christianity, it is believed that one's identity is granted by God, rather than being defined by societal opinions or personal feelings.

If you're liberal, it's not a problem for you. But if you're like me, and you're attached to the church, we're conservative. Because gender ideology concern identity, who you are. And in Christianity, our identity is in Christ, in Jesus. If you can't accept that, then you need to find your own path to where your identity lies. (Mr. Kelner)

4.3.1.2 Adherence to Christian Values

Many Christian participants in this study reiterated that their lives are governed by the Ten Commandments. According to Christian beliefs, the Ten Commandments are the fundamental rules that a Christian should adhere to, as they outline what is pleasing and displeasing to Jesus. These commandments are crucial as a standard for living, determining whether one's life is blessed or not.

Although the Ten Commandments explicitly mention the sin of adultery, the Bible also condemns other forms of sexual immorality, including fornication, homosexuality, and bestiality, as sins that prevent individuals from entering the Kingdom of Heaven unless they repent (Glorian, 2024). These fundamental principles shape lifestyles and regulations, including the application of SRH education, as what being mentioned by Mr. Kelner.

Sometimes, some Christians focus too much on the Ten Commandments, to the extent that they overlook other aspects. The commandments say not to commit adultery, but the Bible also mentions sexual morality and various other things, strange things, like fornication and homosexuality, which is also prohibited. The Bible also states that if you are homosexual, you cannot go to heaven. So, these things must be emphasized. (Mr. Kelner)

Therefore, it is not surprising that religious conservatives in Islam, Christianity, Buddhism, and Hinduism reject certain approaches proposed for inclusion in the CSE modules. It must be considered that harm-reduction measures such as safe-sex practices and safe abortions outside the context of religiously recognised marriage are challenging for parents in Malaysia to accept.

4.3.1.3 Non-adoption of SRH Educational Content

The non-adoption of educational content and curriculum by most of the Malaysian parents emerged as a pivotal concern within multireligious and multicultural settings. Parents, irrespective of their religious, ethnic, or educational backgrounds, may not

readily embrace certain aspects of SRH education. This reluctance is particularly pronounced regarding topics such as premarital sexual practices, abortion, and the use of contraceptives to prevent STD transmission among unmarried partners, as well as same-sex practices. This sentiment is evident in the statements provided by participants, as articulated by Mr. Salleh.

Therefore, we need to reconsider why sexual education is necessary in our society, especially since Islamic society is not like the West, which legitimizes pre-marital sex. I think, discussing condom issues is permissible, but only for married individuals. However, the West does not see it that way. Their sexual education aims to provide a "legal" pathway for things that are contradictory to Islam. In Malaysia, not only in Islamic society but also in other religious communities, such matters are considered offenses. (Mr. Salleh)

Based on the conversation with Mr. Salleh, the rejection of SRH education is attributed to its definition, which tends to focus on elements that contradict religious beliefs. However, it is important to understand that SRH education encompasses a broader range of topics that are more extensive and relevant today, such as education on SRH safety and the reinforcement of measures to prevent adolescents from engaging in premarital sex. From the phrase "...their sexual education aims to provide a 'legal' pathway for things that are contradictory to Islam," the researcher believes that the pronoun "their" refers to a group of SRH educators oriented towards human rights. Similarly, Mr. Asri echoes this sentiment, suggesting that due to the Western-centric underpinnings of SRH education, which prioritise humanism, it may not resonate with Malaysians who adhere to conservative beliefs and societal norms rooted in family values and propriety, which are often grounded in their respective religious traditions.

There are things that need to be filtered and adjusted according to our values or norms, Malaysians, right? If we have to follow the UK, we have to talk about various genders, besides she and he, right? But in Malaysia, we don't just blindly copy like that. Surely, we don't want to teach LGBT to young, vulnerable children, right? (Mr. Asri)

Based on the interview, all the Muslim fathers, including Mr. Salleh, Mr. Asri, and Mr. Zaini, expressed their disagreement with the inclusion of certain topics in the local SRH education. Specifically, they opposed the discussion of premarital sex, abortion for non-health reasons, contraceptive use for unmarried couples, acceptance of homosexual ideology, seeking sexual self-pleasure and the concept of gender fluidity

and its role. Their primary concern was that these topics conflict with their religious beliefs and values, which they believe should be upheld in educational settings.

The rejection of the ideas in SRH education is highly contradictory to the fundamental principles of major religions in Malaysia. For instance, Muslim participants mentioned that their religion (Islam) strictly prohibits *zina* (pre-marital sex), and even approaching *zina* (activities that stimulate sexual instincts unlawfully) is prohibited and classified as a major sin. Similarly, Christian participants in the study reject the concept of pre-marital sex because it is listed as one of the grave sins violating The Ten Commandments. Mr. Kelner also stated that premarital sex is considered evil, categorized as sexual immorality in The Ten Commandments.

Certainly, it's evil. I'd describe it as a set of guidelines, rules, and regulations. I'm sure you're familiar with the Ten Commandments, aren't you? One of the principles is that you should not commit adultery. But adultery pertains to marriage, doesn't it? Then there's another aspect, which is sexual immorality. So, premarital sex constitutes sexual immorality. (Mr. Kelner)

The same sentiment was expressed by Mdm. Sandy, a devout Christian mother who adheres strictly to the teachings of her church. She stated that engaging in premarital sex leaves a lasting mark on a person and results in feelings of guilt that can echo throughout their life. Despite this, humans have their weaknesses, and some may struggle to control their emotions and end up engaging in such behaviour.

From a religious perspective, we have always known that premarital sex is against our religion. However, as humans, we have our own limits and capabilities. There may be some who, for whatever reason, have engaged in premarital sex. We can't judge them either. However, religious leaders should guide them, providing the right perspective on why such actions are wrong. In our religion, our conscience will always speak to us. With religious teachings, we know it is wrong. Our hearts will always tell us that what we are doing is wrong, and we will feel guilty. (Mdm. Sandy)

4.3.1.4 The Role of Religious Institution in the Dissemination of SRH Education

Some Muslim participants noted that the role of religious institutions such as mosques in disseminating SRH education entails is still considered minimal. As an institution that is highly prevalent and closely integrated with the community, the mosque plays a significant role in educating society. Most of the Muslim participants in the study

reported that, although the legal principles regarding issues of sexuality (such as adultery, premarital sex, and homosexuality) are clearly stated in the Quran and Hadith, the skills needed to convey and explain contemporary sexual issues are not extensively discussed. This issue is compounded by widespread misunderstandings within the Muslim community about the scope of SRH education. The role of religious institution in addressing these misconceptions is crucial for disseminating accurate and comprehensive SRH information in modern society.

We all know that in Islam, zina is haram, and watching inappropriate content is also haram. But as parents, linking these prohibitions to religion when talking to our kids can be quite challenging. We want to learn communication skills to handle these conversations better. Hopefully, the mosque can invite someone who can help us with this, right? (Mdm. Yusma)

On the other hand, Christian participants mentioned that there are several workshops related to parenting and communication regarding SRH education organized by their churches. This program includes workshops on managing relationship between men and women, as well as workshops to improve communication between fathers and sons, and mothers and daughters. Religion as a source of support in SRH education can also be observed in Buddhist teachings. To understand this situation, the researcher interviewed Mdm. Ho Ting, a Buddhist mother of a teenage son who regularly attends religious lectures at her temple.

By participating in the teachings at our temple, I appreciate that my temple offers numerous classes based on divine messages. All the teachings they convey are correct, and fortunately, my son also attends these classes. This makes it easier for me to guide my children in the future, as they receive proper instruction from religious leaders. (Mdm. Ho Ting)

From interviews with several parents of different religions, we identified that other religious institutions, such as Christian and Buddhist, hold workshops or seminars on parenting related to SRH education. However, it is less commonly heard from Muslim parents regarding this issue, despite the fact that we had a large number of Muslim parent participants in this study. The issue likely stems from a lack of awareness about the existence of SRH education, which also includes topics that warrant parents' attention, such as child safety from sexual predators.

Because teenagers are quite open and exposed to matters related to sexuality, in our church, they are indeed taught about boys-girls' relationships. There are workshops for them. Sometimes they organize youth camps. During that time,

we are still friends, but they are indeed taught about boys-girls' relationships. Additionally, there is also marriage counselling. (Mdm. Sandy)

Based on the explanation provided by Mdm. Sandy, parents in Malaysia are generally aware that teenagers in the country are now more open and exposed to elements related to sexuality. It can be interpreted that Malaysian parents do not have many options other than to accept this phenomenon and learn methods to manage the situation to prevent unwanted outcomes for their children. Additionally, Mr. Kelner emphasised the importance of organising SRH education as a form of social support that the church should provide during his interview.

For the Christian Ibans, I believe the church needs to address this issue, from the altar. If it's not addressed in the church setting, by the Christian community, then there's a lack of communication. As a Pastor, if I don't talk about sexuality, premarital sex, then there's no communication. So, it needs to be discussed, it needs to be taught. (Mr. Kelner)

Mr. Kelner explained that in Christianity, the church institution plays a crucial role in connecting the community to information related to SRH. He also emphasised that if this matter (SRH) is not discussed in the church, there will hence be a gap in SRH information within the Iban Christian community. He also expressed his concern about the rising incidence of teenage pregnancy among the Bumiputera community in Sarawak, particularly among Iban girls.

4.3.1.5 The Impact of Customary Marriage Practices in Sarawak

Sarawak recorded a significant 32 percent increase in the number of underage pregnant teenagers in 2023, with 2,026 cases compared to 1,536 the previous year (Chua & Kentigern, 2024). This statistic also shows that the Kapit division has the highest number, at 13.03 percent, with the Iban ethnic group accounting for half of the total cases. However, this high percentage among the Iban is closely related to the customary marriage system practiced by the Iban community (Panting et al., 2019).

As additional information, the Sarawak community recognises three legally valid marriage systems: civil, shariah, and customary marriage laws. In customary marriage culture, there is no minimum age requirement, unlike the civil and shariah systems, which set the minimum age for marriage at 18 years. Consequently, it is not

surprising, according to Mr. Kelner, that Sarawak has a relatively high rate of teenage pregnancy compared to other states (Faudzi et al., 2020).

We know that almost half of the Iban population are Christians, while the other half are Pagans or follow other beliefs. I cannot speak for the Pagans. Regarding Iban culture, any age is considered appropriate for having children. For example, my own grandmother was about 14 when she married my late grandfather and had two children. Once a girl has reached menarche, she is considered ready. For the Christian Ibans, I believe the church needs to address this issue from the altar. (Mr. Kelner)

This issue was also highlighted by Ms. Debra in her interview. She mentioned that some Iban communities in remote areas still practice the tradition of "mengayau," where during certain festive seasons, young men approach women to express their interest in pairing up with them. Ms. Debra also noted that the practice of drinking alcohol and socialising freely among them may contribute to casual sexual activities and consequently, teenage pregnancies.

You know, some people, usually the Iban, still practice what we call "mengayau" – a time when young men seek out women and then pair up with them. It may be rare, but it still happens, especially during festive seasons. In the rural areas, you can also see that drinking "tuak" (a traditional alcoholic beverage) is still quite common. When an out-of-wedlock pregnancy occurs, they often have to save face by getting married according to their customs. (Mdm. Debra)

Customary law plays a crucial role in shaping social behaviour so that it is accepted by family and community institutions, thereby preventing conflicts and promoting unity. In rural communities, the authority to uphold customary law is vested in the "penghulu" (local chief), who also holds the power to solemnise marriages according to these laws.

What often happens is that when a teenage girl becomes pregnant out of wedlock, the "penghulu" will use his authority to validate the marriage between the underage boy and girl to preserve the parents' honour. However, if they wish to register the couple under civil law, the boy would be charged with statutory rape for having relations with a minor. Therefore, they use the customary marriage method to "certify" the marriage and avoid imprisonment. This issue was highlighted by Mdm. Sandy.

Yes, traditional marriages still happen. It's really about protecting the woman's honour and saving the man's reputation, right? I personally don't agree with it. When these customary marriages take place, it seems like it makes it easier for teenagers to engage in casual relationships. The path seems easy and readily

available, don't you think? Maybe that's why teenage pregnancy rates in Sarawak are soaring. (Mdm. Sandy)

4.3.2 Religion and Culture Shape Gender Roles and Identity

Religion and culture shape gender roles and identity, influencing societal expectations and behaviours. These impacts extend to structures like gender segregation and norms, while shifts in church leadership affect the acceptance of non-binary concepts. The following sections explore how religion constructs gender roles, gender representation in church leadership, and the effects of gender segregation in religious settings.

4.3.2.1 The Role of Religion in Constructing Gender

Among the advantages highlighted by Muslim parents is that their religious principles greatly assist in shaping the physical, gender roles, and identity of their children according to biological sex. According to Mr. Salleh, boys should be educated with the ability to take on greater responsibilities than girls. This includes educating them that one day they (boys) will be someone who provides sustenance for those under their care. Therefore, according to Mr. Salleh, they need to be emotionally and physically prepared to shoulder the responsibility as leaders and protectors of women.

Just like with my son. He's been interested in a girl since university, and he's only 22. I told him that if he's really serious, he needs to truly understand and be aware of what it means to be ready and willing to take on the responsibilities of life together. If he's sure about that, then go ahead. (Mr. Salleh)

Through his statement, it is also understood that Mr. Salleh explained the significant role of a man within a family. He is the head of the household, the primary educator, the one who bears the family's burdens, and the one who holds complete responsibility.

Mr. Remmy also mentioned that in Christianity, the Bible explains the role of men as leaders of women, similar to how Christ is the head of their church.

Of course, it's the same in Christianity. The Bible says that men are created to take care of women. We've been given strength, and that's just how it is. (Mr. Remmy)

This point was expressed by the participants to their children when the researcher asked whether religion plays a role in shaping their children's gender identities.

One of the widely discussed aspects of a woman's education in religion is the requirement for women to dress appropriately and modestly. For example, Islam mandates that women must observe the boundaries of their *aurat* to protect their dignity. Girls are expected to dress modestly, even in the presence of family members. This is an example of how gender identity is constructed by religious values. The researcher recalls the words of Mdm. Atilla:

I always remind Khadijah (my daughter), Khadijah is growing up... as a girl, Khadijah must maintain the boundaries of her aurat. Don't make your father feel uncomfortable with how you dress at home. Khadijah is not a child anymore. (Mdm. Atilla)

A similar advice was given by Mdm. Ratna, who shared the guidance she provides to her children when they return home from boarding school during the holidays:

I told them... Kak Uda, Kak Anjang... your brother is at home. If you need to shower, bring your clothes into the bathroom and change there. Also, don't wear shorts in the house. Show some respect to your brother. (Mdm. Ratna)

These pieces of advice highlight the role of religion in shaping a child's identity, especially for girls. Girls are expected to be more modest at home, particularly in the presence of their male siblings. If these practices are not taken seriously, they can create opportunities for undesirable incidents, such as sexual harassment by family members or incest. The role of religion in shaping the behaviour and interactions of girls, boys, and even siblings with one another is essential and should be clearly integrated into SRH education.

Christian parents also reported that in the past, adherence to dress codes among their followers was strictly observed. They wore modest clothing when attending church services. However, modern trends have led many to adopt tighter and more revealing attire, even when attending religious services. This issue was addressed by Mrs. Debra.

I'm surprised by how revealing the kids' clothes are these days, even when they're going to church! They don't know that back in the day, our moms made us wear modest clothes. Haha... [laughing]... (Mdm. Debra)

4.3.2.2 Influence of Church Leadership

One aspect that caught the researcher's attention, as an outsider unfamiliar with the gender processes within church administration, is whether all priests are male, whether

they are abstain from marriage, and whether there are female priests. The researcher's discussion with Mr. Kelner on this matter proved to be quite enlightening. Mr. Kelner stated that the role of the priest was originally reserved for men because they were seen as leaders. However, in recent times, the spiritual administration of the church has also begun to involve women. The researcher was struck by how this shift in gender roles relates to the fluidity and adaptability of the church.

There is a verse in the Bible that says Christianity is a priesthood for all people. It doesn't say that only men can be priests; it should be men and women. Every Christian is part of the priesthood of the nation. So, when women became priests, they brought their own perspectives—more open and compassionate. Unlike men, who can be very strict and see things in black and white, women often see the grey areas. I'm not saying that women are wrong, but they have a kinder heart. With more women in ministry, the church became more accepting. As a result, LGBTQ+ individuals felt more welcomed and loved. Women in the ministry not only accepted the people but also the ideology of LGBTQ+, which the orthodox church strictly refutes. (Mr. Kelner)

Mr. Kelner's statement that “With more women in ministry, the church becomes more accepting...” illustrates that female leadership in the church brings a more open and empathetic perspective, fostering a culture of acceptance and love. This shift has significantly impacted the church's stance towards LGBTQ+ individuals, including those undergoing identity and gender affirmation processes. The increase in women in church administration has broken down traditional barriers and stereotypes often associated with male clergy, who are perceived to be less accepting of LGBTQ+ ideologies.

4.3.2.3 Gender Segregation in Religious Setting

In Islam, there is a significant degree of gender separation in many activities. For example, in acts of worship such as “*solat*” (prayer), there is a marked gender segregation that contributes to the social conditioning of gender affirmation among adolescents. From an early age, children are taught and understand that males and females congregate separately in the mosque.

When a young boy is brought to the mosque for worship, he naturally learns through experience that he will sit with his father due to this religion-based gender segregation. Many parents agree that Islam instils the importance of gender segregation

early on and its role in the gender affirmative process for adolescents. This is exemplified by the explanations of Mdm. Hidayu.

As a Muslim, I've always seen how we've separated the interactions between men and women. If we truly follow our religion, you can see this difference even in the mosque. I really encourage my husband to take our son to the mosque because that's where he first learns about his gender (Mdm. Hidayu)

Similarly, the regulations regarding attire in Islam have contributed to the construction of gender roles and identity among adolescents, provided these guidelines are properly adhered to. All the Muslim parents interviewed for this study agreed with these dress codes and implicitly recognised them as a method of shaping gender identity according to Islamic principles. This was emphasised by Mdm. Dayana.

Islam has long taught that men and women have different roles and dress codes. For men, clothing should cover from the waist to the knees, while women's clothing, including the hijab, should cover from the shoulders to the feet. That's the difference between men and women, and I've been teaching my children this from a young age. I just don't understand the phrase you used earlier, "gender affirmation." ... (Mdm. Dayana)

4.3.2.4 The Role of Religion in Reinforcing Communication Techniques

In the discussion about communication techniques, the use of statements regarding the consequences of committing mistakes in this world was very apparent among the interviewed participants. This can be seen with the use of concepts of reward and punishment among Muslim parents and the concept of violating The Ten Commandments among Christian parents.

I always remind them, if they do something forbidden by religion like free sex, Allah knows... the angels record the deeds. We will sin and Allah will punish our disobedience with torment in hell later... (Mdm. Husni)

The use of the term "torment in hell..." indicates that in Islam, there is a concept of retribution involving heaven and hell. The concept of torment in hell is crucial as a reminder of the afterlife, where the inhabitants of hell will endure severe punishments in various forms. Referring to the Quran, the holy book of Islam, the word "hell," or "al-Nar" in Arabic, is mentioned 126 times. This frequent reference demonstrates that the Quran employs the depiction of severe retribution as a faith reminder, which can be seen as employing "scare tactics."

Mdm. Pavma also supplemented that within Hinduism teachings, there exist 28 codes of human misconduct in the world, encompassing the repercussions of suffering awaiting them in subsequent life cycles. She conveyed her intention to utilise these cautions, known as the *Garuda Purana*, in shaping the character development of her children.

Why did you do that? Like people say, the blazing fire in hell, will fry you in hot oil. It's there. Like people say, Garuda Purana. That's why I say, our religion teaches us, we need to teach. Like when I go to the temple, they will give lectures, I will let my child listen. I also listen. (Mdm. Pavma)

Similarly, with Mdm. Ho Ting, who is a Buddhist, she also employs the tales of retribution received by followers of the Buddhist teachings by explaining the concept of karma to her child. These parents elucidate that such a concept greatly aids in fortifying one's character based on religious teachings.

Yes, as far as I know, Buddhists have three beliefs. Firstly, if you do something bad, it will come back to you. Secondly, if you do something bad, it will affect your next generation. And thirdly, at the end of your life, if you create bad karma, you will not have a good rebirth in your next life. (Mdm. Ho Ting)

The researchers aim to explore deeper and engage with the parents participating in this study, examining the notion that the use of scare tactics may only induce fear and be effective for a short duration. According to Mr. Salleh, issuing warnings about the consequences of certain behaviours is not contrary to the methods of child-rearing as outlined in religious teachings. In fact, a significant portion of divine discourse in religious texts employs the method of issuing warnings.

The human soul needs to be provoked, but at the same time, it needs to be treated gently and persuaded. That's why in Islam, when talking about the truth, it's not just about sharing good news, but also warnings (scare tactics). If you do good, there's a reward, either in this world or the hereafter. But if you don't, it's a mistake and there are consequences. We need to instil this in them. If it's only encouragement without warnings, it wouldn't work. All laws in the world, including in the West, have warnings and punishments. Why? Because they believe that without these, people would live without rules. (Mr. Salleh)

However, in the evolving context of open communication between children and parents on SRH issues, Mdm. Ratna suggests that the use of scare tactics should be combined with logical explanations and scientifically proven effects to create a positive preventive impact on children. Incorporating logical consequences alongside the

religious teachings of afterlife retribution will strengthen the piety and faith of adolescents.

It's true that we tell them about the religious consequences they might face, like sin ("dosa"), reward ("pahala"), and punishment in hell. However, it's also important for us as mothers to understand the visible and logical effects, the scientific aspects if there are any... (Mdm. Ratna)

4.4 THEME 2: PARENTS' ATTITUDES AND PRACTICES IN DELIVERING SRH EDUCATION

In the realm of SRH education, parents play a pivotal role in shaping their adolescent's understanding and attitudes. This chapter explores into the complexities of parental involvement in SRH education, beginning with the common assumptions parents make about their child's SRH knowledge. It explores how prepared parents feel to tackle such sensitive topics, and the importance of proactive participation and engagement in fostering a supportive learning environment, the timing of these educational and the quality of openness in discussing SRH matters. Additionally, this chapter also highlights the disparities in addressing puberty between male and female children. Through these subthemes, the researcher aims to unravel the complexities and highlights the significance of parental attitude and practices in delivering comprehensive SRH education.

Table 4.3 Theme, Subtheme and Categories

Theme: Parents' Attitudes and Practices in Delivering SRH Education	
Subthemes	Categories
Parental Expectations and Planning for SRH Education	• Assumption of Child Knowledge • Parental Preparedness for SRH Education • Parental Strategies for Enhancing Knowledge and Skills in SRH Education
Participation and Engagement with Their Adolescent	• Timing of SRH Education • Primary Educators • Exemplary Role Modelling • Parental Guidance and Adolescence Relationship • The Quality of Openness in Discussing Issues of Sexuality with Children • Navigating Difficult Situation
Gender-Based Issues in SRH Communication	• Lack of SRH Communication with Sons • Gender-based Preference in SRH Communication

4.4.1 Parental Expectations and Planning for SRH Education

Parental expectations and planning are crucial in shaping SRH education for children. The researcher found that parents with clear expectations and structured plans were more likely to engage in meaningful discussions. Acquiring knowledge and using appropriate strategies foster a supportive environment, promoting a comprehensive understanding of SRH among children.

4.4.1.1 Assumptions of Child Knowledge

Most parents are aware of the teaching related to sexuality topics in schools. Some of them also know how this subject is implemented in schools. Perhaps because of this, they believe that their children have mastered the knowledge and are emotionally, cognitively, and physically ready for the phase of adolescence, understanding the consequences and effects of unrestricted social relationships. As a result, some parents feel that there is no need to discuss sexual matters with their children.

I just assume that she understands. Sometimes she watches TV shows, those kinds of stories, so she understands. My husband and I haven't explained it in detail. We've told her to be careful with the opposite gender, but we haven't directly talked to her about getting pregnant. There hasn't been a direct conversation. I think she knows, and she learns about it in school. (Mdm. Alya)

I'm sure he knows, maybe he's even smarter than me... because I think he's learned a lot at school, so I'm not too worried about this... (Mdm. Jojo)

The assumption that children already understand these topics leads some parents to delegate the responsibility of educating their children about sexuality entirely to teachers. Consequently, parents do not prepare themselves to master this knowledge and are unable to reinforce the understanding their children have gained at school. They can only affirm what is taught at school and fear providing explanations that might differ from what has already been presented in the educational setting. An example of this can be seen in the case of Mdm. Rosnah.

My child has asked questions about this topic because they also learn about it at school. At home, they tend to ask about everything they've learned. Sometimes, it can be quite surprising, and I don't always know how to respond. I'm worried that what I say might not align with what they learn at school since teachers are very knowledgeable about these topics. However, I try to reinforce that what the teacher has explained is accurate. (Mdm. Rosnah)

The perception that teachers are knowledgeable about SRH education can be seen through Mdm. Rosnah's statement, which positions school teachers as a reliable and trustworthy source of reference. This situation indicates that parents rely on teachers and, consequently, do not take it upon themselves to prepare to deliver SRH education to their children.

4.1.1.1 Parental Preparedness for SRH Education

According to Mr. Asri, he stated that parents' willingness to provide SRH education is crucial. Parents who are not prepared to address sexual issues, either in a planned and agenda-driven manner, or who fail to respond to spontaneous questions from their children, will create doubt and mistrust in them. Mdm. Ratna said that when teenagers start doubting their parents' abilities, they will look for answers and explanations more quickly from other sources like the internet or their friends.

That's how it is. So, when we're in the classroom, when we want to discuss topics like this, we need to plan how we're going to talk to the students. Everything needs to be planned. Even with our own children, we need to quickly think about it. Because we want to find the right words. The suitable intonation, appropriate views, and opinions. That's how I see it. (Mr. Asri)

Well, when we want to educate our children about human sexuality, our knowledge is crucial. Let's not be doubtful ourselves. Because children can see it from our reactions. They naturally will know. Your explanation is a conclusion to their curiosity. Children will say, "oh okay, that makes sense." Sometimes when we explain wrongly, they will question us, "what are you talking about? I don't understand what you are talking about." That's what we don't want. If the explanation is correct, they will change their way of thinking... (Mdm. Ratna)

Mr. Asri's view that "we want to find the right words" indicates that parents face difficulties in expressing what they should to their children about SRH. Parents need to think and generate sentences or scripts to ensure their children understand and that the answers given are safe and age-appropriate. Similarly, in terms of intonation, parents need to stabilise their emotions so that they can use a calm tone and simple, comprehensible language. Thus, this may take time for some parents. Therefore, training in communication skills is crucial to be provided to them.

From a psychological perspective, Mdm. Ratna added that the way we react to children's questions is crucial to their acceptance. According to her, children need answers to close the gap of their curiosity. They can sense from our body language

whether we are giving a truthful answer or just pretending to know. Here, parents need to be honest with their children if they require time to answer their questions.

4.4.1.2 Parental Strategies for Enhancing Knowledge and Skills in SRH Education

Being a parent in this era of information overload is not easy. Parents need to be equipped with the necessary knowledge and skills to guide their children with accurate information about SRH. Interviews with parents revealed several methods they use to acquire this knowledge and enhance their abilities to address these issues. These methods include reading books, consulting websites, and discussing with friends. Additionally, some parents attend workshops and seminars on parenting and communication skills.

a) Reading books

Although not many book titles were mentioned by the parents in this interview, they still tend to refer to books as reliable choices in understanding issues of sexuality. Among the book titles repeatedly mentioned by Muslim participants is "*Tarbiyatul Aulad*" authored by Sheikh Abdullah Nasih Ulwan. Among those who choose to read books are Mr. Muntasir, Mr. Zaini, Mr. Asri, Ms. Nasary, Ms. Yusra, and Ms. Hidayah. They mentioned that the book covers all aspects of children's education, including SRH education. Mr. Zaini, for instance, acquired the book immediately upon marriage and intending to have children. For him, it is the primary reference book for parents in child education.

My first reading material, there's a book, the book "Tarbiyatul Aulad", this is my reference and my wife's, which teaches about sexuality education. This book also touches a bit on sexuality. Before intending to get married, I bought this book. The second one is, I read through social media, there are some people, maybe influencers, who talk about sexuality education. These issues, safe sex education. (Mr. Zaini)

However, Mr. Muntasir stated that although the content of the book is excellent from an Islamic perspective, he added that the increasingly complex global environment and the emergence of new issues today necessitate parents to refer to more contemporary reference books that align with the basic principles of their religion.

That book (Tarbiyatul Aulad) is good for me. Because the book discusses child education from all angles from childhood to adulthood. However, perhaps for improvement, we cannot just refer to that book alone. Because times have

changed, the issues discussed and the challenges faced by parents have also changed. We need a more updated reference. (Mr. Muntasir)

Additionally, Mdm. Yusma mentioned that she also frequently refers to the book "*Berbual-bual dengan Anak Tentang Seksualiti*" by Wan Nur Syakira. For her, the book extensively discusses technical aspects of communication and explains current issues in sexuality to children.

Actually, the information about sperm, ovum, and to further explain about menstruation earlier, I got it from Wan Nur Syakira's book. She has a parenting book, and I have read it. The book is good, with many practical steps along with scripts. So, we just need to pick and use them. There are many other books, but they are more about sharing information rather than practical steps. I recommend parents to have this book. (Mdm. Yusma)

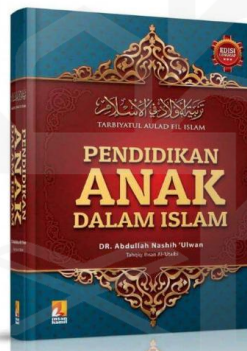


Figure 4.1 Tarbiyatul Aulad fil Islam (*Pendidikan Anak Dalam Islam*) Book

It is interesting to note that Christian parents also mentioned several books, including "Child Guidance" by Ellen G. White, "14 Gospel Principles That Can Radically Change Your Family" by Paul David Tripp, "The Parenting Book" by Nicky & Sila Lee, and several e-books. Generally speaking, it can be said that Christian parents have a larger collection of reference books related to sexuality.

Christian participants mentioned that within Christianity, there are references available for child education issues. Mdm. Tang Tang informed that there are several books recommended by the church, whether in the form of e-books or physical manuscripts, which parents can refer to in SRH education. She added that among the renowned authors in this educational series is Ellen G. White.

You know that in Christian, we have a book, a guide, sort of like a manual on how to teach a child in our spiritual life, or a method for us as mothers to teach

a child. This includes sexuality education. So, when my girl was five years old, six years old, like that, then I started to teach her about sexuality education, especially because the book requires us to teach about nature first. For example, like how trees bear fruit, or how cats have kittens, I teach them through nature first. (Mdm. Tang Tang)



Figure 4.2 The Parenting Book

Due to the limited number of Buddhist and Hindu participants, the examination of the reference materials they possess may not be comprehensive and representative. However, they also indicated that they primarily read articles produced by their respective temple and basic scriptures in their religion. A notable similarity among parents across religions is their frequent use of technological applications such as Google to search for up-to-date information on sexuality-related topics such as anatomy and physiological processes of the body.

However, during interviews with parents whose children were involved in teenage pregnancies, researchers observed that the parents had low formal educational attainment. It is possible that they may have limited literacy and lacking in the skills of delivering SRH education.

b) Alternative resources or reference

In cases where parents cannot find answers that fully satisfy them from the internet or books, some turn to their close friends for advice. They often look for guidance from their friends who have child with good moral character, academic excellence, and strong religious background. In this situation, we can observe the importance of a family,

especially parents, to have strong networks and community relationships between one family and another.

The term "Qudwah family" is often used to describe the characteristics of a family that meet certain criteria, including parents who have good personalities, children with good morals and excellent academic backgrounds, contributing to the community and being able to serve as role models for other families within their community. Additionally, some parents consult their family doctors to discuss their children's sexual development as communicated by Mdm. Nasary in her conversation.

I often consult with older friends or doctors, asking about things like puberty. I have many friends whom I see as good at educating children, "qudwah family". All their children excel academically and have good manners. I meet up with them to chat about family matters and children, including the topic of children's sexual development. For me, that's a real example. (Mdm. Nasary)

Several parents also utilize technological resources such as images available on Google to aid in explaining the anatomy of the reproductive system. Mrs. Alya, for instance, adopts an approach of showing pictures available on the internet to help her child understand. Considering the sensitivity and embarrassment of exposing actual photo images, Mdm. Nurani and Mdm. Ho Ting prefer to use illustrated images to show to their children. Mdm. Ho Ting also frequently discusses with her child using excerpts from articles and newspaper clippings obtained from her place of worship.

I usually don't rely on books much. Sometimes, when my kid brings home their school lessons in Health Education, there are a few topics about this subject (Sexuality Education). So, when my son hands me the book, I'll say, "Oh, this looks interesting, let's take a look," and then I'll use the school book. Occasionally, in newspapers, there are articles discussing sexual education, and I'll use those too. Sometimes I just show them to my kids without any particular intention, but sometimes it's because the topic comes up naturally. (Mdm. Ho Ting)

c) Attending seminars and workshops

Not many parents express the opportunity they have to attend workshops or seminars related to parenting, especially concerning sexuality. This issue may be attributed to the lack of SRH educational programs specifically designed for parents. At the national level, LPPKN, as the authoritative body on this matter, does organise SRH programs specifically for parents and even has a dedicated module, the *Cakna Diri* module, to guide parents. However, according to one of the *Cakna Diri* module trainers in the

researcher's locality, there are indeed constraints in organising SRH programs using this module.

Ideally, we should run the Cakna Diri program once a year in each state LPPKN. But we've had some problems, like waiting for training calls from the central office, which we've been waiting on for a long time. Getting parents to come is also really tough... we need to work with government agencies to get an audience. (Mdm. Fiona, SRH trainer from LPPKN)

However, there are parents who state that they have attended parenting workshops, for instance organized by the NGO. However, they claim that the workshop did not meet the skills objectives that they expected. These parents expected a workshop on how to skilfully communicating SRH education to children, but from the comments provided, this workshop was more of an introduction to children's sexual development knowledge.

I once attended a workshop. Yes, I think the workshop on that matter is good, but I feel that the workshop needs to include skills in teaching sessions because there is only input (lecture) session. For example, when they (organizer) want to talk about sexuality education from a religious perspective, there should be a slot to explain about that matter, and the speaker must also able to demonstrate the skills to talk about sexuality even from the religion perspective to the children. (Mdm. Debra)

It is intriguing to note about the interview session that none of the participants have ever heard of the availability of references provided by the LPPKN titled Accurate, Comprehensive, Effective Module or *Cakna Diri* Module. They all mentioned that this is the first time they have heard of the module titles. According to records, the module was launched as early as 2015.

Oh, self-awareness (Cakna Diri) module? Never heard of it. (Mdm. Husni)

Since *Cakna Diri* module is an official module developed by the authorities managing SRH education issues in Malaysia, the researcher intends to explore this module in more detail. An analysis and critique of this module are included in Chapter Five: Discourse Analysis of Sexual and Reproductive Health Education Module and Book for Parent. In conclusion, it can be said that the interviewed parents demonstrate a strong initiative to enhance their knowledge and skills in conveying SRH education to their children. This preparation is essential for their practical involvement in providing SRH education to their children.

4.4.2 Participation and Engagement with Their Adolescent

Most parents reported that they do not have properly scheduled time to impart SRH education to their children and prefer spontaneous moments of questioning from their children. However, for a father who is also a teacher, Mr. Asri, he understands that the task of teaching, including issues related to sexuality, requires systematic planning. While there are indeed spontaneous moments that require quick and satisfying responses (indicating the child's readiness to understand something), parents need to be proactive in planning specific topics and delivering them in a comfortable and effective manner.

That's why communication, the form of our communication, our tone when speaking to children, even students, it all needs to be planned out. That's how it is, so when in the classroom, when we want to discuss topics like this, we need to plan how we're going to talk to the students. Everything needs planning. (Mr. Asri)

4.4.2.1 Timing of SRH Education

In discussions about the appropriate timing for providing SRH education to their adolescents, two temporal aspects emerged in the conversations between researchers and parents: the optimal period for educating and the opportune moments that can be utilized to teach children about SRH.

a. Optimal phase within the adolescent developmental period

Parents should seize this opportunity to provide explanations confidently and clearly so that they can construct understanding based on accurate information. Mr. Salleh opines that the phase of educating children about sexuality should commence prior to their adolescence, before they enter the puberty process. He asserts that if children have already undergone puberty, the process of shaping attitudes and behaviours, including sexual discipline, becomes increasingly challenging. He also commented on the role of Satan in tempting humans as soon as they reach the age of puberty. This marks the beginning of accountability for sins and rewards for the children of Adam.

That's why Islam emphasizes the period of puberty as the most critical time for nurturing and educating children. But many don't understand this. According to Imam al-Dahlawi's writings, the time for nurturing children is actually not long, it's before they reach puberty. During that time, Allah has already given 100% right to educate. Once they reach puberty, it needs to be shared with others. Allah has promised the right to corrupt or tempt them to the devil. When they reach puberty,

it becomes difficult to teach them. Humans who have completed their development become difficult to influence, requiring abundant knowledge to shape their attitudes. During their early stages, they're still empty, so whatever parents give them, that's the truth for them. (Mr. Salleh)

In Mr. Salleh's statement, there is an emphasis on the religious or spiritual aspect that is intriguing to discuss. The phrase “humans who have completed their development become difficult to influence, requiring abundant knowledge to shape their attitudes” is closely related to the concept of internalisation of behaviour in social influence theory. This theory explains that changing deeply ingrained attitudes and behaviours requires strong and credible information that aligns with an individual's internal values and targets (Dinara Davlembayeva, 2024).

b. The appropriate timing for sexual education at home

The topic of the appropriate timing for teaching children about SRH education at home is one that personally interests the researcher. This is because the topic is highly practical and beneficial, serving as an example for the researcher in educating their own children, as well as being useful for SRH education sessions conducted in community settings.

Some of the parents in this interview were able to detail the moments they used to interact with their children about SRH. There were several instances where parents described their teachable moments teaching SRH to their adolescents.

- i. **Media Exposure:** Most parents interviewed mentioned that the most common time they use to teach SRH to their children is during media exposure. For instance, when parents watch television or encounter scenes that depict elements of sexuality or romance, they remind their children to guard their gaze (by closing their eyes) to avoid seeing those scenes. As expressed by Mdm. Debra;

This happens spontaneously, mostly when we are watching TV together and there's a kissing scene, for example. I will ask the kids to close their eyes, and they will ask me if the scene is over, like, "Is it over, Mama?" [laughs] That's about all I can teach them. However, I don't explain anything further after that. (Mdm. Debra)

- ii. **Relaxed moments at home or in the car:** Some parents utilise relaxed moments at home or car to communicate with their adolescent children. For instance, fathers like Mr. Muntasir take advantage of the time when driving

their sons to school to discuss SRH safety. He seizes this opportunity because, in the car, he has more control over his children. He also mentions that the morning before entering class is the most suitable time to have conversations with his children.

The morning, before the kids go to school, is the best time. They're still fresh and can absorb important information right before they meet their friends. These discussions are important so that if they find themselves in certain situations, they can immediately report back to us. (Mr. Muntasir)

- iii. **Question from adolescent:** Some parents also mentioned that the moments they use to talk about SRH with their children are when their children ask about their bodily developments and social relationships. As shared by Mdm. Yusma;

For me, the best time is when my child asks questions. I use that moment to explain further, beyond what they asked. For example, if they hear the word "rape" on the news and ask what it means, I take that opportunity to explain. The only problem is whether we are prepared to answer those questions or not. (Mdm. Yusma)

- iv. **Life events:** Some parents use significant life events to explain SRH education to their children, especially those related to the adverse effects of engaging in uncontrolled social activities. As shared by Mdm. Atilla, she often discusses cases she encounters and handles as a child advocate.

So, after they started school and encountered cases like these, I began to gradually expose my children to what we learn, such as areas of the body that shouldn't be touched, safe touches, and unsafe touches. During that time, it was my daughter Maryam who received a lot of this exposure. I would use her as an example, explaining why it's important to maintain proper boundaries and not let others touch her without permission, even a doctor must ask first. When we see and experience these things, it becomes easier to communicate them to our children. I've noticed that we need to talk to our children regularly, even if it's not for long, but we need to repeat it often. (Mdm. Atilla)

Using real-life experiences and tangible examples can produce profound awareness in an individual, especially when it involves traumatic life events.

- v. **Educational material:** For Mdm. Ho Ting, who regularly attends lectures at her temple, she often brings home and reads religious articles she obtains with her child. Bringing educational material is also practiced by Mdm. Sandy and

Mdm. Alya. Using educational material allows these parents to provide guided SRH education and enables them to explain the facts contained in these materials in a structured manner. This was shared by Mdm. Ho Ting.

I am very fortunate and lucky. I regularly attend teachings at my Buddhist Temple in Pending, Kuching. They provide articles for us to bring home, and I use those articles to explain SRH to my children. Sometimes, I also come across news or articles in the newspaper, and I will call my child and explain SRH to them. (Mdm. Ho Ting)

- vi. Personal experience:** The researcher feels that, for mothers, these teaching modalities are most frequently used to share information with their daughters. Many mothers share their experiences about their first menstruation with their daughters. Additionally, one mother interviewed by the researcher recounted being sexually harassed, which has made her very fearful that something bad might happen to her daughter.

Actually, I also have a dark experience of being harassed by someone. It left me very traumatized, and it took time for me to move past it. I experienced it and was traumatized, but I slowly recovered. I don't want that to happen to my daughter. So, I explained to her how it could happen (Mdm. Nasary)

4.4.2.2 Primary Educators

The majority of participants assert that parents are the primary and foremost individuals who should act as educators in delivering SRH education to their children, preceding any other sources including educational institutions. According to Mr. Asri, a father who is also a teacher, he mentioned that although he is a teacher, he acknowledges the role as a father is more crucial and indispensable when addressing aspects of SRH education. As parents, they have a better understanding of their children's development, fewer constraints in terms of shame boundaries based on religious regulations.

There is also a debate about who should provide SRH education to daughters and sons. Through interviews conducted by the researcher, most parents tend to agree that SRH education should be given based on the same gender, i.e., mothers to daughters and fathers to sons. This is because mothers have experienced growing up and going through puberty themselves, and similarly, fathers have personally gone through male puberty.

Due to these personal experiences, the participants unanimously agreed that the task of educating about SRH is more appropriate when done according to gender. In general, parents agree that the task of educating teenagers about SRH should involve two main processes: setting themselves as role models to be emulated and providing guidance along with maintaining a close relationship with their children.

4.4.2.3 Exemplary Role Modelling

Being a positive role model is a fundamental component of parental education within the home environment. Parents who exhibit exemplary behaviour are afforded greater respect and compliance from their children. This principle extends to the domain of SRH education and reproductive health. For instance, as highlighted by Mdm. Nasary, the conduct and demeanour displayed by parents, such as upholding dignity and modesty within the privacy of their own home, serve as instructive lessons on the importance of modesty even within familial settings.

Everyday behaviours including dressing, bathing practices, and employing appropriate language during interpersonal communication serve as moral teachings imparted by parents to their children. She believes that through such actions, parents play a vital role in instilling values and shaping ethical conduct, thereby contributing significantly to their children's holistic development.

In our home, it's up to us to set the example. For instance, when we're watching TV, if we forbid scenes of kissing but then watch them ourselves, that's not right. So, we need to practice what we preach. The same goes for our speech; we need to be mindful. Don't use vulgar language in front of the children. When we scroll through our phones, all sorts of things can pop up. Our dignity as parents needs to be upheld. That's what builds trust and sets an example. (Mdm. Nasary)

Mr. Asmadi also elucidated that exemplary behaviour in worship needs to be exemplified to children. How we adhere to Allah's commands in terms of prayer, morality, Quran recitation, and interactions with non-mahrams, all constitute direct and effective education in establishing a healthy environment for children to grow up in.

And then in terms of external aspects or exemplars... those are our acts of worship, our rituals, our prayers. Because they become symbols. Because we teach them about the religion of Islam. We teach them the framework of the religion, the sins and rewards that Allah SWT informs us about, His commands and prohibitions, for us, right? But if we don't demonstrate our sincerity in

obeying the commands of Allah SWT, there's no point. They won't understand the true meaning of words, by praying, reciting Quran, all that, unless we are serious in our own religion, setting an example for them as well. (Mr. Asri)

Setting a good example and first practicing what they preach to their children is a crucial passive element in education according to Mdm. Nasary and Mr. Asri. It is also a form of leadership and a way to influence others, particularly in the context of SRH education for children. The failure of parents to demonstrate proper role modelling will undermine any verbal instructions given to them. This is due to the loss of respect and trust from the children towards their parents. This passive education also needs to be complemented with active education, which involves providing direct guidance and mentoring through a healthy parent-child relationship.

4.4.2.4 Parental Guidance and Adolescent Relationship

Many participants in this study shared their experiences in handling their adolescents' romantic relationships or affection toward friends of the opposite sex. They all agreed that the role of parents in SRH education extends beyond teaching anatomy and physiological changes. More importantly, during adolescence, it involves guiding the maturity of their emotional and feeling control. Most parents claimed that the most challenging part of education is during the ages of 10 to 14, when their children begin to think about having special feelings, desiring to be someone special to someone else, and engaging in romantic relationships with individuals of the opposite sex.

Parents need to take this development seriously, as mature sexual development for adolescents also encompasses emotional aspects, which ultimately influence how they interact emotionally with those around them. Hence, it is important for parents to handle this situation wisely by clearly explaining their child's reasoning without harming their emotions. Mdm. Pavma shared her experience when her daughter expressed her desire to have a boyfriend. Mdm. Pavma demonstrated her love and affection for her daughter by clearly outlining the responsibilities and potential consequences her daughter would face if she entered the uncertain world of teenage romance. Despite this, she still acknowledged and respected her daughter's desire for a romantic relationship.

I told her like this... "It's not that I don't trust you. At your age, it's natural to want a boyfriend. You're like a princess, and yes, you are a princess. I will pamper you, but there are limits. If you want to have a boyfriend, that's okay. But remember, do you really need to be in a relationship at this age? Who provides you with money

for food? Your parents. Right now, you get mood swings just from arguments with friends. Do you think you won't argue if you have a boyfriend? What if someone else tries to steal him from you? Is it really appropriate to be in a relationship at this age? Remember, it's not wrong to love someone. But do you think you can focus on your studies and family? If a guy truly likes you, he will wait until after you finish your exams. If he's still around then, we can continue from there.” (Mdm. Pavma)

It is intriguing to observe the communication technique employed by Mdm. Pavma in her discussions with her daughter. She begins with reassuring phrases like “you’re like a princess” and “I will pamper you,” fostering a warm and caring atmosphere. However, she promptly establishes boundaries with terms such as “limits,” “appropriate,” and “wrong,” which convey parental guidance and authority. These examples illustrate openness in discussing issues of sexuality, contributing to the creation of a safe and supportive environment for such conversations.

4.4.2.5 The Quality of Openness in Discussing Issues of Sexuality with Children

Although the literature review suggests that discussions about sexuality are taboo in society, through interviews with the parents participating in this study, the majority consider discussing issues of sexuality with their children to be extremely important. This is because parents have been exposed to various cases of child abuse and the increasingly complex dynamics of sexuality ideology disseminated through social media. Parents need to delve into this issue as quickly as possible because their children may outpace them in the world of open access. The quality of openness is crucial for parents to possess as it demonstrates their willingness to accept an issue or problem without immediately judging and hindering their children's ability to explore and understand an issue.

However, this openness according to Mr. Asri, does not imply that children can speak freely without boundaries. What is desired from the characteristic of open communication between parents and children is that parents can train their children to express the changes happening within them in controlled and guided situations. Parents, as mature educators, should be ready to listen to their children's stories and respond with an open mind.

But when talking about that topic, you have to be careful. Because it's not a topic that everyone can freely discuss, and it's also more important in my view. How do we cultivate openness? This openness isn't about children speaking freely as they please, but rather about them knowing how to express or share matters involving

their personal changes, asking about their own development, their reproductive health, in a civilized manner. Not just speaking out without regard. They ask, but in a civilized manner. So that they feel comfortable discussing anything with us. We don't openly discuss everything with our children; instead, we aim to demonstrate and cultivate openness with them. We want them to understand that, no matter how difficult things may seem out there, they can always come back to us. (Mr. Asri)

As highlighted by Mr. Asri, fathers need to teach their children to be open in asking questions or sharing doubts, yet this openness must be guided to ask questions in an appropriate manner. Terms such as "feel comfortable" and "come back to us" emphasize the role of parents in fostering a sense of trust and openness in parent-child communication. During the interview with Mr. Kelner, he mentioned that one of the key attitudes he emphasized while raising his son was to always encourage him to ask questions whenever he had any.

When he was at the age where he could understand, I started talking about it. Around primary 4, 5, and 6. Because I believe that is the time they can form their opinions. One of the things we were intentional about from a young age was always telling him to ask questions. Never be shy to ask questions. Respect your teachers, but if you have a question, they will teach you. If you are too shy to ask, you'll end up lost. So, we encouraged him to ask... (Mr. Kelner)

Mr. Kelner reinforced the idea that not asking questions can lead to confusion or being misinformed, so they consistently encouraged the child to be inquisitive. By encouraging their child to ask questions, parents support a learning culture where curiosity is valued and intellectual development is nurtured. Furthermore, parents believe that by encouraging their children to ask questions, they will gain access to accurate and comprehensive information about puberty. This approach helps bridge the gap where, traditionally, discussions about puberty may have been more focused on one gender compared to the other.

4.4.2.6 Navigating Difficult Situation

In some instances, parents find themselves trapped in providing appropriate answers to their children. Typically, two situations arise: either the parents do not know the answers to their children's questions, or in other cases, they are concerned that the responses given may have negative consequences for their children. In this research, we also aim to understand how parents navigate difficult situations like these. The evolution of discussions surrounding contemporary issues in sexuality poses challenges for parents on how they should navigate situations that may conflict with religious regulations.

For instance, parents face the dilemma of how to explain to their children the appropriate responses when encountering or interacting with transgender individuals. Most Islamic parents engaged in these interviews expressed the viewpoint that transgender individuals should still be respected as individuals, despite their actions conflicting with religious regulations. Mr. Zaini shared his perspective on this matter.

Maybe he has seen transvestites somewhere, men who behave like women. Sometimes he questions how we should interact with them. So, we emphasize that such behaviour is wrong, it shouldn't be done, and so on. But we teach him to still respect them as individuals. We can't behave and speak disrespectfully or rudely; we just tell him that those actions are wrong. (Mr. Zaini)

However, there are parents like Mr. Salleh who hold a rather firm stance on this issue. Mr. Salleh believes that society should distance themselves from the transgender community based on his understanding of the Prophet's hadith, which advises Muslims to steer clear of this group so that they may repent from their actions. Although this view may be isolated, if it is grounded in the Islamic religious tenets, which constitute the majority population's belief system in Malaysia, it warrants re-evaluation due to its significant position within the framework of sexuality education for children.

Oh... for that, we need to follow what the Prophet Muhammad said, we should distance ourselves from this group as a lesson. They need to acknowledge their mistakes and repent. If we continue to accommodate them, they will become worse. But that's how society is today... they are very accommodating to them. (Mr. Salleh)

As previously explained, one of the factors that puts parents in a challenging position when communicating about sexuality is the potential negative outcomes, such as sexual experimentation. However, Mr. Asri mentioned that this depends on various factors, including the approach used, the age and developmental stage of the child, and the context in which SRH communication occurs. Therefore, he emphasized the importance of highlighting the adverse effects of sexual activities, including those related to religious beliefs, personal dignity, health, and other aspects.

I also feel that talking about sexuality with children might lead them to engage in such activities. However, I think it depends on their age, maturity, and how effectively we can convey the negative consequences of such actions, including concepts of what is considered forbidden or sinful. (Mr. Asri)

4.4.3 Gender-Based Issues in SRH Communication

A notable divergence exists in the degree of readiness, engagement, and parental involvement provided to children based on gender. This research reveals a gap in fathers' willingness to discuss SRH issues, particularly puberty, with their sons compared to the more active involvement of mothers with their daughters. Similarly, there is a tendency for communication preferences to be influenced by the child's gender.

4.4.3.1 Lack of SRH communication with Sons

Researcher note that mothers tend to allocate greater focus to the adolescent journey of their daughters compared to their sons. Indeed, the maturation process of boys is often enveloped in a profound sense of discomfort, to the extent that even broaching the topic of puberty and nocturnal emissions with their sons can evoke considerable embarrassment, as being informed by Mdm. Nasary;

There was one time when he was still little. I saw him wake up with a “sarong”. When he woke up in the morning, my son complained to me that his penis was erect. I felt very embarrassed and couldn’t respond. I asked my husband to explain, but my husband just said it’s a normal thing for boys. That’s all. (Mdm. Nasary)

This incident was also reported by Mdm. Husni, who commented on her observations of her son and husband when her son was approaching puberty.

With his dad, he really doesn't talk about his puberty experiences. None at all. Maybe he's embarrassed. I'm also embarrassed to ask him anything about wet dreams or such... but I can see the physical changes, his voice cracking... (Mdm. Husni)

According to the interviewed fathers, one reason for the lack of SRH communication between them and their sons is that boys experience fewer noticeable physical changes compared to girls, who undergo more drastic physical transformations such as changes in body size and breast development. This leads fathers to perceive the matter as less urgent, as informed by Mr. Zaini;

I focus more on SRH education with my daughter. To me, she’s more vulnerable compared to my son. That said, I don’t mean that my son doesn’t need guidance—he does. It’s just that he’s more independent and there aren’t as many issues. (Mr. Zaini)

Mr. Salleh also mentioned that daughters in a family are particularly vulnerable. If any of these adolescents become involved in secret relationships, the daughter is likely to face greater difficulties, as she would be the one who could become pregnant and bear the consequences of such actions.

I told the girl's family that if anything happens between our children, it's your family that will face the embarrassment and trouble, not my son. So, if there are no objections, I think it would be best to move forward with their relationship in a proper and formal manner [smiling]. (Mr. Salleh)

4.4.3.2 Gender-based Preference in SRH Communication

In this research, there is a consensus among parents that mothers should educate daughters and fathers should educate sons, due to their differing experiences. This concern was shared by Mr. Asri, who expressed that one of his main fears as a father is when his daughter starts menstruating. He acknowledges that he will immediately delegate the task of guiding his daughter to her mother.

One of my fears as a father regarding my children's sexual and reproductive health is when my daughter gets her period. It's like, oh no, when that time comes, she feels like she can't talk about it. We don't know what she's feeling. And how to talk about it, that's where her mom comes in. Based on her mom's experience, when her daughter reaches grade three, her mom informs her about menstruation and how it works... (Mr. Asri)

The phrase “that’s where her mom comes in” indicate the reliance on maternal wisdom and past experience in educating the daughter in SRH. This situation also happening in Mr. Ezra’s situation.

... if there's anything related to that matter (puberty), I will ask my wife to handle it. Because I'm afraid due to the gender difference. Because she's a girl. If she were a boy, I wouldn't mind. Because when it comes to sexual matters, she's a bit reserved. I will ask my wife to teach step by step. My wife also says, "It's you, who should teach her, because you're her father," but I insist that it's her mother who should teach her. After all, she's a girl. (Mr. Ezra)

In Mr. Ezra's family situation, it is evident that not only is the father embarrassed to provide SRH education to his daughter, but his daughter also feels uncomfortable discussing her own condition with her father, especially when she wants to share about the puberty process, she is experiencing. However, some fathers disagree with the notion that the role of education falls solely on them. One father mentioned that it depends on who is closer to the children. In his situation, he noted that his sons are closer to their mother, making it more feasible for her to discuss sexuality with them.

I don't know much about sexuality myself. My wife handles that, and I'm more comfortable with it that way. (Mr. Muntasir)

4.5 THEME 3: ISSUES AND CHALLENGES IN SRH EDUCATION AMONG PARENTS

In this section, the researcher will present another crucial theme in understanding the issues of SRH education in Malaysia, specifically focusing on the current issues and challenges faced by parents. In this rapidly changing world, an abundance of information is available, yet it is not necessarily accurate or understood by parents. Similarly, the sensitivity of SRH educational content raises the likelihood of it aligning with our cultural and religious norms. This section will highlight the researcher's findings on the barriers to SRH education faced by the parents. Furthermore, the researcher will discuss issues of sexuality, such as pornography, masturbation, and the influence of technology and media on adolescent development.

Table 4.4 Themes, Subthemes and Categories

Theme: Issues and Challenges in SRH Education Among Parents	
Subthemes	Categories
Barriers to Learn SRH	• Limited Time Availability to Attend Parental Course • Lack of Comfort and Confidence
Parents' Perspective on School-Based SRH Education	• Societal Expectation Regarding School-Based SRH Education • Insufficiencies in School-Based SRH Education
Need for Training and Resources in SRH Education	• Skills Development for SRH Education • Availability of Sexual Development Resources at Maternal and Child Health Clinic
Social and Environmental Influence on SRH Education	• Influential Social Circle of the Child • Impact of Technology and Media on SRH Knowledge
Concern about Pornography and Masturbation	• The Dynamic Threats of Pornography to Adolescent • Addressing the Issues of Masturbation

4.5.1 Barriers to Learn SRH

Several barriers have been identified as contributing to a situation where parents lack sufficient skills to convey information related to SRH to their adolescents, despite, as presented in the previous chapter, parents having a positive attitude towards SRH education.

4.5.1.1 Limited time Availability to Attend Parental Courses

Some participants expressed frustration over their inability to find time to attend any courses offered to parents to enhance their understanding and skills in discussing sexuality with their children. Mdm. Muna articulated that, as a working mother, a substantial portion of her time is dedicated to her professional responsibilities outside the home. Consequently, she returns home fatigued. Not only is there no time to attend parenting programs or workshops, but the time spent with her children is also limited and of poor quality. Although Mdm. Muna acknowledges the importance of SRH education today, due to time and energy constraints, she is forced to compromise on her understanding and skills as a mother.

Because I don't have a suitable way to teach her. Secondly, I work, I'm tired. I return home around noon. I leave around four or five in the morning. I feel like I don't have time for her. When I come home, I ask about her homework. So, I don't have time to teach. I hope that if there are other opportunities, I can teach my child more. I will seize the opportunity. (Mdm. Muna)

During the interview with Mdm. Muna, she was working even though it was the weekend. She mentioned that as a single mother, she has to work late into the night to provide for herself and her child. On the day she was interviewed, she worked from 7:00 AM until 9:00 PM, and this has been her routine for six days a week.

A similar opinion was expressed by some parents whose children are in Taman Seri Puteri due to involvement in sexual issues. These parents come from socioeconomically disadvantaged backgrounds and often face marital problems such as divorce from their spouses.

Table 4.5 Socioeconomic status of parents whose daughter are in Taman Seri Puteri Kuching

Parent	Marital status and history	Occupation	Income level
Mdm. Muna	Divorced, single mother	Shop assistant	B40
Mdm. Fazily	Divorced, single mother. Another daughter also staying with a man without legal marital relationship.	Clinic assistant	B40
Mdm. Hadia	Married, husband not working. Another daughter also staying with a man without legal marital relationship.	Housewife	B40
Mr. Ezra	Remarried, previous wife was caught having affair with other man. Another daughter also staying with a man without legal marital relationship.	Fisherman	B40
Mdm. Irma	Married	Hawker	B40
Mdm. Sulong	Married	Cleaner	B40

In agreement with Ms. Muna, Mr. Ezra also shared a similar issue. As a fisherman whose life on land is uncertain, he delegates the responsibility of educating his children to his new wife and his mother. He mentioned that he lacks the time and skills to address matters like sexual education with his adolescents. Moreover, because his children are daughters, he feels unable to provide adequate guidance like a mother could.

However, Mrs. Atilla, a mother who volunteer herself as child advocator, pointed out that today, there are various ways for parents to make time to attend courses and acquire knowledge related to SRH education. These include online platforms and readily available information on the internet. She highlighted that the real challenge faced by parents is their own attitudes and self-motivation to obtain information regarding SRH education.

Perhaps because us Malays, our thinking is too closed minded, we have many books. Television, radio, there's information there, if someone says the information didn't reach us, it's not true. Actually, it's more about not wanting to know. If we're too closed, for example, don't want to talk about other people's shameful matters, then our children won't know. Our children won't know the

consequences of doing something. As parents, we have to make them understand that we have to keep those stories about others. (Mdm. Atilla)

An intriguing finding emerged after completing the interview process: the researcher identified three parents from Taman Seri Puteri, each with two children involved in social issues related to sexual promiscuity. This highlights a special need to identify the underlying causes and understand their views on the acceptance of cohabitation without legal ties in their locality. In addition, the parents whose children are in Taman Seri Puteri all come from B40 families. This situation may be due to financial desperation to sustain their lives, which in turn reduces the time available for family interactions, especially with their children.

4.5.1.2 Lack of Comfort and Confidence

Although the issue of SRH education is increasingly embraced by our society today, there remains a minority of participants who indicate discomfort in discussing sexual matters, particularly between parents and children of opposite genders. For example, Ms. Nasary felt confused in explaining the meaning of rape to their children as they watched the news on the television screen. She conveyed uncertainty regarding the appropriate terminology to elucidate the concept of rape and whether her child was ready to comprehend such matters.

My son ever asked, what is rape? Sometimes I don't know what to answer, I just say men together with women. Then the child will answer "after that, Umi?". Sometimes I just have to say that a man puts his penis in a woman's vagina, because he is eleven years old, sometimes I get confused, do I have to say that? (Mdm. Nasary)

The discomfort in discussing SRH matters stems from parents' inability to handle their children's curiosity effectively. Parents often wonder if it is appropriate to discuss such topics and, if so, how much sexual knowledge should be conveyed to their children. This discomfort is also driven by parents' fear that their children might experiment with or explore the topics discussed with them.

Mdm. Ho Ting also shared that she could only respond by stating that her child's actions (masturbation) contradicted religious teachings and what was written in the articles she obtained from the temple. She felt embarrassed to discuss the matter and

was unable to provide a clear scientific explanation of the health implications to her child.

One day, I caught him doing that (masturbation). I was surprised, and I informed him that what he was doing was wrong. You know, sometimes they love to massage that thing (masturbation)... I could only quote words from the temple article, and I couldn't find any health effects if he did that. (Mdm. Ho Ting)

Through the explanation given by Ms. Ho Ting, she reprimanded her child in a state of shock, without any psychological preparation to help her child receive the information well. The shock and anger she expressed towards her child created a sense of distance between them, thus hindering the effective delivery of SRH education. Furthermore, her child may experience intense feelings of embarrassment when facing her mother due to her actions. These findings indicate that parents need workshops on communication skills to discuss sexuality with their children. This is essential for building trust, fostering open communication, and ensuring that accurate information is conveyed to their children

4.5.2 Parents' Perspective on School-Based SRH Education

Parents highlighted gaps in the curriculum, expressing concerns about inadequate coverage of essential SRH topics. Additionally, they discussed the broader expectation that schools should take greater responsibility in delivering comprehensive SRH education to better equip adolescents with the necessary knowledge and skills.

4.5.2.1 Insufficiencies in School-Based SRH Education

Mothers participating in this interview acknowledged their awareness of the existence of SRH education elements in the schools where their children study. This is because when asked how they discuss these issues at home, they stated that they initiate communication by inquiring about what child's teachers teach at school. However, the majority of parents complained that certain issues related to the delivery of SRH education in schools could be improved.

An example of this can be seen in the case of Mdm. Rosnah. stated that the SRH education provided in schools is insufficient because it only covers basic aspects without addressing the consequences and impacts, such as teenage pregnancy, that students may face if they become involved in social problems.

At school, they only teach the basics. Similarly, we only teach the basics, like in Islam, you cannot socialize freely between males and females. If we don't explain the consequences, it won't have much impact. Just telling them isn't enough; I can do that at home too. They need to understand the reasons behind certain religious commandments. We should provide examples and show real news stories of events happening around us. (Mdm. Rosnah)

The use of the word "basic" indicates that there is an insufficiency of information provided by the school to students. This could occur for several reasons. First, it is possible that the learning context in schools is not suitable for in-depth explanation of certain topics, as these topics might be more appropriate for private discussions and may be limited to a few individuals only. Secondly, it is also possible that teachers do not have the advantage of addressing these topics comprehensively, which could stem from a lack of experience in educating children, such as in the case of single or unmarried teachers.

4.5.2.2 Societal Expectation Regarding School-based SRH Education

Our society still holds the belief that SRH education should begin at home, with parents being the initiators and primary individuals to impart this education to their children. However, in many situations, as described by parents in this study, they face challenges in terms of discussing sexuality with their children. Therefore, they expect schools, as educational institutions, to also incorporate SRH education into the curriculum. At the same time, they hope that schools can effectively implement SRH education, including segregating male and female students in separate sessions and ensuring that teachers teaching this subject have undergone sufficient training. Some also request that teachers teaching the subject should ideally be married individuals.

For me, when it comes to teaching students, I prefer a teacher who is already married and has children. Because they have more knowledge and experience compared to unmarried teachers. As a mother, they have that responsibility. When you have children, it's very different from being single. You know you have a role. When they teach, they will see all of them as their own children. (Mdm. Pavma)

In response to the request from many parents, the researcher purposively conducted an interview with a father who is also a teacher involved in the provision of SRH education at his school to better understand the school's situation. Mr. Asri, one of the participants and father of three children, teaches Physical and Health Education

(*Pendidikan Jasmani dan Kesehatan*) at a primary school in Selangor. He mentioned that although some teachers are sent by the school to attend training of trainer's sessions organized by the subject committee unit, these trainings are still insufficient. In the conversation, he also acknowledged that it is indeed challenging for the school to send married teachers, as requested by the parents involved in the interview.

In my view, in schools, physical education (anatomy of the body) is indeed taught. The instruction for the lesson is supervised by the head of the department or committee. The head of the Physical Education and Health (Pendidikan Jasmani dan Kesehatan) committee attends courses or workshops where they receive briefings and reminders about teaching this topic. Schools also organize internal courses or training sessions for teachers, during which they receive explanations and reminded to teach this topic. This helps provide some guidance on how to approach teaching this topic. However, it's not enough because not all teachers are available or willing to take on this lesson, especially those who are married. (Mr. Asri)

The phrase "...not all teachers are available or willing to take this lesson," as expressed by Mr. Asri, indicates that not all teachers have the capability to deliver SRH education. This is likely due to the perception that the subject is taboo and possibly a lack of communication skills necessary to effectively address questions from their students. In this case, it can also be understood that there are indeed parents who still feel unprepared and anxious in handling students' questions and reactions.

My child attends a girls' school. Most of the teachers are female. For me, when it comes to teaching students, I prefer teachers who are married and have children. Because they have more knowledge and experience compared to unmarried teachers. As a mother, they have that responsibility. When you have children, it's very different compared to being single. You know your role. When they teach, they will treat all students as their own children. When we teach, we have to teach as a mother, we have to be open. (Mdm. Pavma)

This was acknowledged by one of the interview participants, a father and also a teacher who experienced the challenges recognized by the school's teachers regarding SRH education. They admitted to feeling awkward in delivering certain topics in sexuality education. For this reason, Mdm. Pavma suggested that the educators delivering the content should preferably be married individuals rather than single. She also proposed that teachers teaching this subject should receive adequate training before imparting it to their students in school. The perspective presented by Mdm. Pavma reveals a tendency to prefer teachers who are married and have children, based on the

belief that these teachers possess distinct knowledge and experience. However, Mr. Asri stated that being a married teacher does not necessarily confer an advantage or ensure the possession of the appropriate skills for delivering SRH education, as this is highly dependent on the individual's own qualities and competencies.

There are indeed lead teachers appointed to become trainers at the school. After attending the course, they need to share their knowledge with several other appointed teachers to teach the students. All the materials and content are available; it's just a matter of how teachers adapt the content into what, the topics given, in teaching sexuality and sexual relationships to the students. Some teachers shared that it's awkward and quite challenging for the kids to learn about those topics. It's difficult for teachers to convey the subject and challenging to make them truly understand the topic from an educational perspective, even though they are married teachers. (Mr. Asri)

From the teacher's perspective, it is understood that being a married teacher with children does not necessarily guarantee the ability to easily and effectively deliver SRH topics. The phrase "it's just a matter of how teachers adapt the content into what, the topics given..." suggests to the researcher that this is the most critical point in delivering SRH education in schools. Although the teaching materials are provided, the ability and technical skills in delivering SRH education require a more structured examination.

The researcher aims to explore the experiences of parents with children in a moral rehabilitation center in Kuching to understand their views on the SRH education provided in schools. These parents were introduced to the researchers by Mdm. Atilla, who attended one of the SRH education workshops conducted by the researchers on the 23rd of May 2023 in University Malaysia Sarawak (UNIMAS). Mdm. Atilla is the chairperson of the visitor board of a moral rehabilitation centre for girls in Kuching and also a child advocate. She introduced the researcher to several parents she knew with children in the shelter. Some of these parents expressed that the SRH education provided in schools is indeed insufficient.

4.5.3 Need for Training and Resources in SRH Education

This study found that parents emphasized the importance of skills development to enhance their ability to educate adolescents on SRH topics. Additionally, they highlighted the need for accessible sexual development resources at maternal and child

health clinics to support their role in SRH education, in addition to the regular child health services already available.

4.5.3.1 Skills Development for SRH Education

Although parents acknowledge the crucial importance of imparting SRH education to their children, many still express the need for further training, particularly in communication skills related to SRH education. Broadly, parents possess a solid grasp of foundational concepts such as anatomy and the physiological changes during adolescence, enabling them to effectively communicate these to their children.

However, when confronted with contemporary issues in SRH education, parents often find themselves lacking the necessary skills and knowledge, necessitating additional training. For instance, parents require proficiency in articulating the health implications of non-penetrative sexual activities, such as viewing pornography and engaging in masturbation. Moreover, parents encounter challenges in elucidating the reasons behind phenomena like same-sex attraction or unconventional sexual desires, which lie beyond conventional human norms.

I attended a parenting workshop on sexuality once... But it was just the usual program, talking about hormones, sexual organs; they didn't teach practical ways to handle when a child asks questions, what to answer. It wasn't practical; it was just knowledge I could read in a book. You need to know that today there are various issues. Masturbation, pornography, homosexuality... there are various situations that require skills and techniques to answer questions correctly and thoroughly need to be learned... (Mdm. Yusma)

4.5.3.2 Provision of Sexual Development Resources at Maternal and Child Health Clinics

In response to the growing need for comprehensive support and guidance regarding the sexual development of children, a collaborative effort has been proposed by concerned parents, including Mdm. Yusra, Mdm. Nasary, and Mr. Muntasir (they are not parents with a medical background). This initiative aims to facilitate the dissemination of accurate and age-appropriate information on SRH education within the familiar and trusted setting of maternal and child health clinics. By providing SRH education resources at these clinics, parents will find it easier to seek advice from knowledgeable and trustworthy individuals.

Nurses and family medicine specialists can also assess whether their children have reached sexual development milestones according to normal parameters. Additionally, healthcare providers can educate parents about early warning signs if their children become victims of sexual abuse. They can also indicate if their child's personal development does not align with their biological gender.

It would be great if we could take our kids to maternal and child health clinics and have sexual education included in monitoring their development, wouldn't it? At these clinics, they could teach parents how to introduce sexual organs using the right language. Because in all my life, having three kids, I've never received any sexual education knowledge from doctors, even though it's closely related to healthcare, I think. It would be helpful if they had a checklist about sexual development, what's normal, what's not... don't you think? (Mdm. Yusma)

The researcher feels that this proposal is very promising. Considering the current services provided at Maternal and Child Health Clinics (MCH) clinics provide a range of essential services for children. This includes regular check-ups to monitor child's health and development, vaccinations to prevent diseases, and support for early childhood development. Clinics also screen for autism at 18 months, assess and address malnutrition, and offer special programs for children with special needs. They also track child mortality rates under five years to help reduce these incidents (*Unit Kesehatan Keluarga*, 2023).

4.5.4 Social and Environmental Influence on SRH Education

Social and environmental factors significantly shape parental approaches to SRH education. Cultural norms, religious beliefs, peer influence, and media exposure impact parents' willingness and confidence in discussing SRH topics. The researcher found that these external influences affect how parents perceive, interpret, and communicate SRH information to their children.

4.5.4.1 Influential Social Circle of the Child

The social environment of adolescent children emerges as a significant issue discussed by participants in this interview. Nearly all parents expressed concern about the influence of peers in their children's lives. According to Mdm. Ratna, children are no longer "owned by parents" once they go out to meet their close friends. In fact, their close friends often determine their identity, especially if these friends possess strong

characters and are influential. Therefore, she argues that it is crucial for parents to become the best friends of their children while they are at home.

When children leave home, they're no longer just your children; they become members of society, students to others, peers to other children. Sometimes, when parents face issues like their children being depressed, they often ask themselves, "What did I do wrong?" You've done your best. But within the school, their powerful influence comes from their peers. (Mdm. Ratna)

This sentiment is also concurred by several parents whose children have been involved in sexual activities, as documented in this study. They note significant changes in their children's attitudes when they begin interacting with peers during the adolescent phase.

During primary school, her friends were okay. But when she got to secondary school, she started hanging out with different friends. Actually, during secondary school, her teacher informed me that she was associating with someone who caused trouble. I advised her, had serious talks with her, but she still continued to behave in the same way. (Mdm. Fazily)

It was easy to take care of him when he was little. He didn't have many tantrums, wasn't naughty. But since he started having friends, it's been hard to manage... we can't really blame anyone, right? He seems easily influenced because his thinking isn't broad. (Mdm. Sulang)

From the perspectives and experiences of parents obtained through this research, it is evident that peer influence and pressure have a significant impact on children, including in psychosocial aspects.

What is even more concerning is that, according to reports from most parents with children at Taman Seri Puteri, those involved in sexual activities at a young age are also engaged in drug abuse, particularly ecstasy. Parents have expressed their concerns not only about their children becoming increasingly distant but also about their impaired judgment and mental state due to stimulant drug use, as reported by Mdm. Fazily.

If she has already taken it, she doesn't care about any advice I give. All she knows is that she has to satisfy his desires. She got all of this from the same friends who encouraged her to have sex. We were really heartbroken when we found out he ended up like that... (Mdm. Fazily)

4.5.4.2 Understanding Technology and Media Influence

Parents also expressed their awareness of the influence of media that subtly showcases provocative and sexually stimulating images. They noted that this could be the

beginning of exposure to pornographic culture if not controlled early on. Stimulating advertisements spark curiosity about matters that are typically considered indecent such as sexually stimulating videos. Several parents share similar concerns about the overt elements subtly broadcasted in our media, Mr. Asri for example.

Yes, it does happen sometimes. When he watches shorts and reels, there are certain things he chooses to view. If it happens, it's usually right in front of us. Once, there was a perfume advertisement, a Western one, where the woman seemed almost undressed. He was taken aback and watched the scene with great curiosity. But if it's in front of us, he'll quickly change it. However, we don't know what happens when he's behind our backs, whether he skips it or not. (Mr. Asri)

The influence of technology in today's life, including the family ecosystem, is profoundly felt. Supervising the power and effects of technology poses significant challenges for parents because there is room for both accurate and inaccurate information to reach every family member, including information related to sexuality. There are various responses regarding how parents regulate their children's smartphone usage. However, most parents share that they have no issues in limiting their children's smartphone usage.

But it was only this year that I gave her a phone, and that too for sharing with the other siblings. I only give her the phone when we go out of the house. For example, when we all go out to eat, you know, it gets boring during meals, so I give her the phone. But at home, in my room, I don't allow it. I keep it away. The phone stays in the living room only. But that phone isn't just for her personal use. She needs to understand this rule. (Mdm. Dayana)

Taking Mdm. Yuzi as an example, she allocates only three hours of smartphone usage for her teenage son, and this is only allowed during weekends and within her supervision radar. Similarly, regarding the accessed websites, most parents mention that they will check their internet browsing history to inspect if any ethical violations have occurred while using the internet. Some parents also utilize the Google Family Link application to prevent access to inappropriate materials.

I allocate time for them from 10 am to 7 pm. During that period, it's only for two hours. For example, if the kids start playing with the phone at 10 and finish at 12, it means their time for using the phone is up. So, between 10 am and 7 pm, they have to manage those two hours wisely; once it's over, they can't use the phone anymore. There's also an attempt to violate usage etiquette. Sometimes they want to install a game, right? With Family Link, we can control it; for inappropriate games, they need permission from us. Like now, there's this game

Roblox, right? I do have restrictions on it. Through the "family link" on the phone, that's how I control it. Within a week, I allocate two hours for phone use. (Mdm. Yuzi)

Slightly isolated, Mdm. Sandy and Mdm. Pavma, on the other hand, does not impose restrictions on the types of access made by her child. She believes that if we restrict children's freedom to browse the internet, they will become more curious and more easily prone to things we prohibit. However, this freedom only comes after parents have placed their trust in them.

No, I don't. Like I mentioned earlier, the more you try to control them, the more they'll explore. Because I trust them, I give them the freedom to choose. But I advise them on what's good and what's not. The choice is theirs. (Mdm. Sandy)

I don't have any restrictions. They will see what's good. They have opinions, they know what's good. If we restrict, they'll want to do it even more. We give them the opportunity; we give them only three hours a day. I allow it on Saturdays and Sundays. After that, they can browse Facebook or YouTube. I will check because it's my phone. So far, they've only watched TikTok, with songs, dancing. (Mdm. Pavma)

4.5.5 Concern about Pornography and Masturbation among Children

Pornography and masturbation are not new issues in SRH education. This is evidenced by a study conducted by Universiti Kebangsaan Malaysia (UKM) in 2021, which revealed that 75 percent of adolescents have viewed pornography (Berita Harian, 2023). According to Professor Dr. Nor Azimah, students who watch explicit videos are more likely to engage in promiscuous sexual activities upon advancing to higher levels of education.

4.5.5.1 The Dynamic Threats of Pornography to Adolescent

The parents participating in this interview expressed their concerns regarding the threat of pornography and masturbation among their young children. Mr. Muntasir highlighted the rapid advancement of internet technology and the widespread access to smartphones among teenagers today, which increases the risk of children being exposed to pornographic material. He emphasized that no matter how strict parents are in controlling their children's access to pornography, children are still vulnerable to dangerous pornographic content when they are with their peers at school.

Because nowadays there are many changes, many parents take this matter lightly, ... so it's actually dangerous because I've seen many parents easily giving smartphones to their children, even at a young age, without any control over internet access. So, things like this can expose children to inappropriate things. We do take care of our children. But what about their friends at school? The risk remains, so what should we do? (Mr. Muntasir)

This concern was acknowledged by Mrs. Atilla, a mother, who is also a child advocate regularly visiting schools and delivering lectures on children's health. She expressed concern about what is happening among children, particularly regarding phone usage and access to the internet. This issue arose when Mdm. Atilla conducted an SRH education session with male adolescents at a school.

When I visit the school, these boys readily share their browsing history with me. They're really honest. I asked them to try telling me what their friend asked them to search on the internet. I had no intention of watching, but my friend told me to type, for example, "sex". I typed it, and then these strange pictures came up. This is the reality among school children today. Many parents I spoke to face-to-face were surprised, some even in denial. (Mdm. Atilla)

What Mdm. Atilla experienced highlights how easily children can access pornographic material online without understanding the harmful consequences of such actions. This also indicates that the current internet system in Malaysia lacks sufficient filtering mechanisms to prevent exposure to inappropriate content. These observations underscore the urgent need for a more robust digital monitoring system to control access to such material.

Mr. Kelner shared his experience upon discovering his child browsing pornographic websites. By narrating his personal experience, elucidating how his own life had been adversely affected by pornography, he conveyed the repercussions of pornography to his child.

I told to him like this, "you know, there's something I want you to understand. It's about pornography. It can really mess with your head and your life. See, when you watch it, you might start thinking you're some kind of expert at sex. But that's not real. It's just fantasy. And it's not healthy. Plus, sex is meant to be something special you share with someone you care about. It's not just for you alone. Remember what the Bible says about it. So, promise me you'll stay away from pornography. It might seem harmless, but it can actually be really dangerous. Trust me, I've been there". (Mr. Kelner)

Ms. Sandy also holds her own opinion regarding the issue of pornography. She associates the purpose of pornography, one of which is the profit motive of irresponsible production entities, and this practice evidently exploits women and children. If we also take a look, we have compromised in this crime. Referring to The Guardian website, an article by Naughton (2018) reports that the pornography industry generates approximately \$97 billion USD in revenue, surpassing the profits of major national companies.

Madam also discussed this with my children. I said, if possible, do not watch this, all these things. Because it is not good. We must, when you watch, you are agreeing to things that are not good. In this situation, women have been exploited. If we look, young boys, men have been exploited. In things like this. Because some of them use this as a business. Men and women are exploited by a few people. So, that is very sad. (Mdm. Sandy)

Mr. Kelner also noted that adolescents nowadays have a much better grasp of technology compared to their parents. The misuse of anti-blocking methods complicates efforts to monitor internet access for these young individuals. Despite the existence of applications designed to block Internet Protocol (IP) addresses, they can still circumvent these measures by accessing content discreetly through internet shortcuts using servers located abroad or utilizing Virtual Private Networks (VPNs) accessible on certain internet browsers.

I also explained to my son that it's too early for him to be exposed to pornography. The best option is to use Google Family controls for monitoring, but my son, being quite clever, downloaded Opera, which has a built-in VPN. I was surprised and asked him what he was doing. I'm not sure if he fully understands. My goal in raising my son is to prevent situations like this from arising. (Mr. Kelner)

In addressing this issue, it is evident that Mr. Kelner's proactive measure of installing parental controls for his son was indeed a commendable step; however, it was still circumvented by his child. While Mr. Kelner's actions were appropriate and necessary, other parents suggest that, alongside preventive measures, it is crucial to engage in open dialogue with their children about their expectations. Furthermore, parents should emphasize the negative effects of pornography. This indicates a potential gap among parents, many of whom are hesitant or uncomfortable discussing such topics, most likely due to their lack of understanding of the logical consequences.

Therefore, evidence-based and scientific information is essential to assist parents in effectively explaining these matters to their children.

Exactly, sometimes I'm at a loss for words when trying to explain the logical and scientific consequences to my kids. I've read that it (pornography) can damage the brain, but that might not be entirely accurate. I need to do more reading. (Mr. Muntasir)

4.5.5.2 Addressing the Issues of Masturbation

In the context of SRH education within Malaysia's cultural and religious framework, masturbation is still considered an act that contravenes Islamic law. Even within Christianity, masturbation is classified as sexual immorality and is deemed sinful. This is why some parents in this study reject the content of comprehensive sexuality education, whether they are Christian or Muslim, as stated by Mr. Kelner.

Masturbation isn't explicitly mentioned in the Bible, but don't forget there's the term "sexual immorality." Masturbation is considered sexual immorality because it involves losing self-control due to strong desires. (Mr. Kelner)

However, according to the technical guidance advocated by International Technical Guidance for Sexuality Education (ITGSE), masturbation is regarded as an acceptable way to satisfy sexual desires, provided it is done in private (UNESCO, 2018).

Mrs. Ratna, a mother and also a psychologist shared her experience when handling her daughter. She said, children have actually started to have sexual senses since childhood. It just that it has not reached that stage penetrative sex. It is just an experience with pleasure on the private part. Even so, she advises, if children are found to be doing such things, parents should stop it immediately before it slides into adolescence and adulthood.

Just stopping (masturbation) is not enough; they need to be educated. We need to talk about what they are going through. When a girl reaches 4 or 5 years old, if she gets her hands on the hose, she will spend a long time washing her private parts. That's when she discovers pleasure. If you don't stop it, they will proceed to masturbation. When it comes to masturbation, you have to stop it. And most importantly, you have to explain that it's wrong according to religion. It may feel pleasurable, but you have to wash and then stop. You can't do this. This is what we call onanism or masturbation. It's shameful. Allah sees. (Mdm. Ratna)

When examining Mdm. Ratna's approach of reminding her child that Allah is observing their actions, this method is employed to induce a sense of guilt and enhance self-accountability. Psychologically, this practice serves as a form of reminder that brings the individual closer to the concept of an “being observed by the God”, reinforcing the awareness of divine surveillance.

Mr. Kelner also contributed his insights on this matter. He shared his experiences discussing this issue with his son. He elucidated that this demonstrates a self-centred disposition, which is inherently detrimental to oneself.

Sex is not for you alone. It must be shared with someone, and someone is the partner. Which is who you are married to. And to pleasure yourself alone is selfish. In the Bible says, you cannot be selfish. You must think about other people. When you pleasure yourself then you are thinking about yourself. Then you are wrong. (Mr. Kelner)

Mdm. Ho Ting also shared her experience of her son asking whether masturbation is permissible.

Sometimes young people, they like to massage (masturbate) or do things like that. I tell them, "Actually, this isn't good because we have studies and religious teachings about it." There are many articles that discuss the side effects. There are real stories about people who have gone through these procedures and ended up with negative side effects, affecting their health and family life. (Mdm. Ho Ting)

From Mdm. Ho Ting's response, it can be concluded that she was not fully prepared to answer her adolescent son's question. She only mentioned that the act has side effects, but did not clearly specify what those side effects were. She also indicated that the behaviour is contrary to religious teachings, as it is perceived to be inconsistent with the concept of personal purity and the control of one's desires.

4.6 SUMMARY

Findings show that many Malaysian parents hold conservative, religion-based views on SRH education. While church-led workshops support parental involvement, Islamic institutions are less active in practical training. Cultural norms, especially among the Iban in Sarawak, contribute to teenage pregnancy. Parents often assume schools handle SRH education, affecting their own engagement, which is shaped by timing, roles, and

communication quality. Barriers such as low socioeconomic status, discomfort, and lack of confidence further hinder discussions. These findings highlight the need to review existing SRH materials, which will be critically examined in the next chapter.



CHAPTER FIVE

FINDING (PHASE 2: DISCOURSE ANALYSIS OF SEXUAL AND REPRODUCTIVE HEALTH EDUCATION MODULE AND BOOK FOR PARENT)

5.1 INTRODUCTION

In this chapter, the researcher analyses two SRH educational resources: the *Cakna Diri* module and the book *Berbual-bual dengan Anak Tentang Seksualiti* (BBDATS). The *Cakna Diri* module, developed by LPPKN, is specifically designed for parents of adolescents aged 13 to 19 years. It is the only SRH educational module produced by LPPKN, a governmental agency responsible for advising on policies and programs related to population, family development, and human reproduction. Meanwhile, BBDATS is a self-help parenting book published by Karya Bestari, focusing on strengthening parent-adolescent communication skills in sexuality education. By examining both resources, this study aims to assess their effectiveness in enhancing parents' ability to provide SRH education, identify their strengths and limitations, and determine key elements that should be integrated into the development of a culturally sensitive SRH education framework in Malaysia.

5.2 Critical Discourse Analysis of *Cakna Diri* Module

The *Cakna Diri* module comprehensively covers parenting sexuality, with a primary focus on adolescents aged 13-19, aligning with the dynamic phase of puberty. It comes in the form of A4-sized book-bound slides intended for trainers. Included in this book is a compact disc (CD) containing the presentation slides that will be used to teach parents about the module. The slides emphasise a proactive and morally grounded parenting approach tailored to address the challenges of adolescence effectively. The module highlights the significant influence of cultural values, religion, education, beliefs, and media in shaping the understanding of sexuality.

5.2.1 Implementation of The Module

This module is designed in an interactive format, utilizing various learning methods such as role-playing, skits, group work, and discussions to engage participants. The module aims to provide parents with knowledge related to reproductive and social health education to prevent adolescents from engaging in risky behaviours. It encourages parents to adopt an open attitude when discussing SRH education with their teenagers. Additionally, it imparts reproductive and social health education knowledge and skills to both parents and adolescents, fostering open communication between parents and teenagers regarding adolescent sexuality.

The *Cakna Diri* module is implemented by State LPPKN based on annual Key Performance Targets (KPT). State-level LPPKN units collaborate with government agencies, private entities, and NGOs including *Jabatan Kebajikan Masyarakat* (JKM), Federal Land Development Authority (FELDA), and *Jabatan Perpaduan Negara dan Integrasi Nasional* (JPNIN) to deliver the program to parents. Conducted through workshops, camps, and lectures, the initiative has received positive responses. Between 2014 and 2020, 24 programs were held, reaching 1,440 parents from *Projek Perumahan Rakyat* (PPR) areas, rural and coastal communities, government agencies, and residents' associations.

5.2.2 Title and Visual Representation of the Slides Cover

The choice of the title *Cakna Diri* phrase reflects an emphasis on the adolescent's self-awareness. However, it is not explicitly clear which aspect of the self is being referred to, making this an example of a hedging lexical choice (David Machin, 2012). Using indirect book title often to avoid definitive or absolute statements. According to Mdm. AB, Senior Assistant Director at the LPPKN and the person in charge of this module, the name *Cakna Diri* was chosen to evoke concern and awareness in everyone, including parents, regarding the development of adolescents.

We chose the name "Cakna Diri" because "cakna" means "to know" or "to care." The idea is to encourage everyone, especially parents, to be aware of and care about the importance of empowering adolescents with the right knowledge, attitudes, and skills to make informed choices about their sexual and reproductive health. The name not only reflects the purpose of the module but was also chosen to reduce sensitivity and misconceptions about sexual and

reproductive health education, particularly among parents who still see this topic as taboo. (Mdm. AB)

According to David Machin (2012), the ambiguity may be intentional, allowing for a broad interpretation that could encompass emotional, physical, or psychological aspects of self-concern related to sexuality. The use of a silhouette image featuring women, men, kids, and a baby suggests a representation of a complete and happy family (Figure 5.1). The woman throwing the baby into the air is a visual symbol commonly associated with joy, playfulness, and a positive family environment. The visual representation of a happy family may serve as a framing strategy to convey positive values associated with healthy family dynamics. The inclusion of diverse family members (women, men, and children) serves as an example of using contextual clues to reflect inclusivity and a broad understanding of family structures.

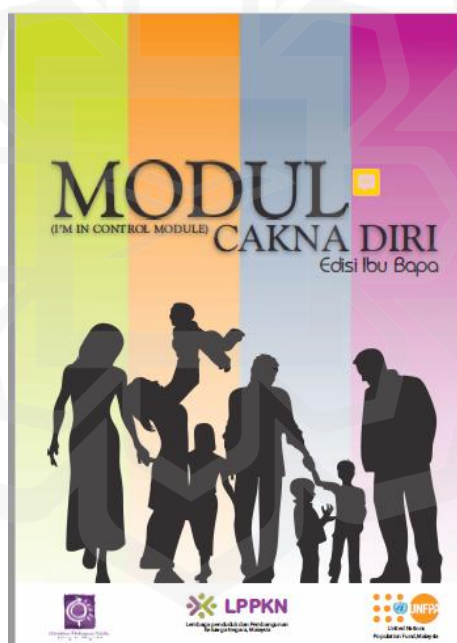


Figure 5.1 Title of the SRH Educational Module

The inclusion of the term "secondary sex" in the discourse (Figure 5.2) raises concerns about its comprehensibility to all parents. The researcher suggests the necessity for a footnote explanation to enhance clarity and ensure a more inclusive understanding among the diverse parent audience. This consideration prompts reflection on the potential impact of specialized terminology on the effectiveness of communication within the parenting context.

Slide 1.1

PERKEMBANGAN FIZIKAL REMAJA

LELAKI	PEREMPUAN
• Ketinggian meningkat (sehingga 21 tahun)	• Ketinggian meningkat (sehingga 18 tahun)
• Saiz badan berubah	• Saiz badan berubah
• Bidang dada melebar	• Pertumbuhan payu dara
• Perkembangan otot	• Pinggang meramping
• Suara garau	• Punggung melebar
• Misai, bulu ketiak, bulu tundun, bulu roma, jerawat dll	• Bulu ketiak dan bulu tundun, bulu roma, jerawat
• Perubahan seks sekunder	• Perubahan organ seks sekunder
• Permulaan proses baligh (Mimpi basah)	• Permulaan proses baligh (Haid pertama)

MODUL
KESEHATAN
CANAKA DIRI

Figure 5.2 Adolescent physical development based on gender

The inclusion of a diagram illustrating the physical development of both male and female adolescents is connected to the preceding slides (Slide No. 2, focusing on growth milestones). Creating a diagram that combines both slides and includes labelled milestones for each section would enhance clarity and comprehension. The depiction of unclothed male and female illustration is a good choice rather than using actual photograph which might be sensitive to Malaysian culture. Notably, the absence of age labels on the human bodies could be addressed by incorporating age indicators, aiding parents in estimating anticipated changes based on age.

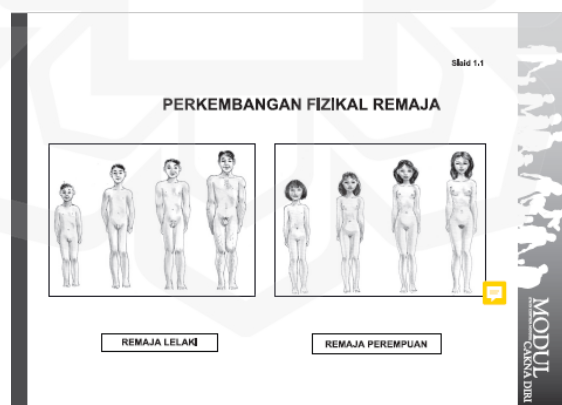


Figure 5.3 Adolescent physical development

5.2.3 The Discourse on Adolescent Cognitive and Emotional Development

Through examination of the slides, it is evident that this module attempts to explain to parents that adolescents also undergo cognitive and emotional changes. The explanations are presented in bullet points to illustrate the experiences that adolescents may go through.

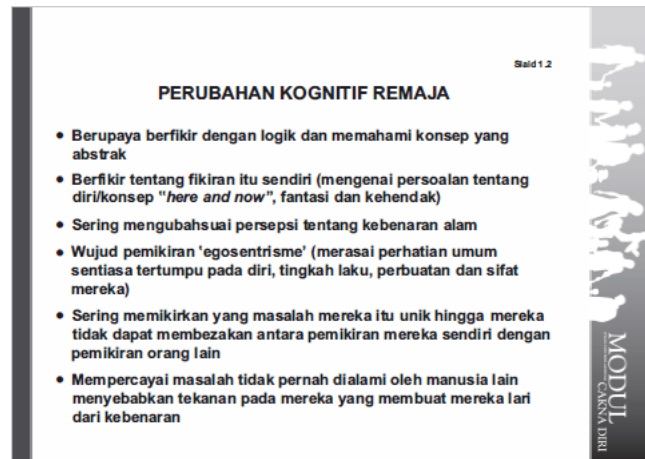


Figure 5.4 Adolescent Cognitive Changes

The mention of logical thinking and understanding abstract concepts highlights the cognitive development of adolescents. In the context of SRH education, this supports the need for comprehensive and age-appropriate curriculum that goes beyond basic biological information. It emphasises the importance of addressing complex topics such as consent, relationships, and identity in a way that aligns with adolescents' evolving cognitive abilities.

“Berupaya berfikir dengan logik dan memahami konsep yang abstrak”

The text highlights egocentric thinking and the perception of unique problems. In the context of SRH education, this could be interpreted as a reflection of the need for personalized and individualized approaches to address diverse sexual experiences and concerns among adolescents. It emphasises the importance of recognizing and respecting the uniqueness of each individual's sexual development and understanding. This aspect suggests a malleability in how adolescents perceive truths. In SRH education, this could be seen as an opportunity to deal with the emotional and orientation faced by teenagers with the proper guidance from religion.

“Wujud pemikiran egosentrisme” (merasai perhatian umum sentiasa tertumpu pada diri, tingkah laku, perbuatan dan sifat mereka).

Next, this module slide (Figure 5.5) explains the expected complex emotional changes that occur within adolescents. Based on the CDA approach, the text employs

framing techniques to highlight the complex emotional changes experienced by adolescents and their susceptibility to peer influence (David Machin, 2012).

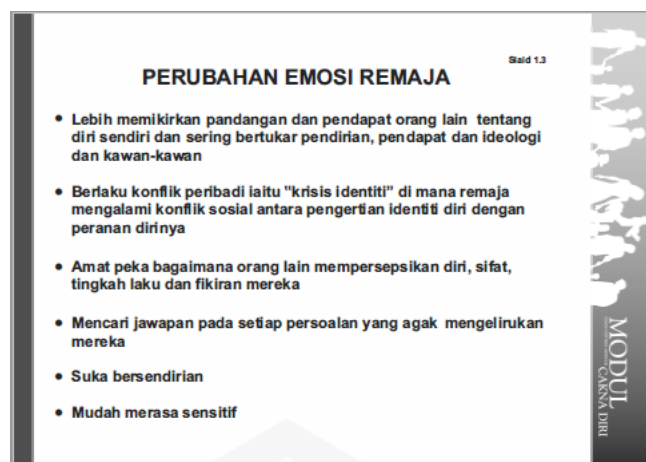


Figure 5.5 Adolescent Emotional Changes

The text emphasises adolescents' tendency to be influenced by their peers, adapting their opinions and ideologies. In the context of SRH education within a parenting module, this stresses the need for parents to be aware of the peer environment's impact on their children's perspectives on relationships, gender roles, and sexual behaviours. Parents may need to navigate conversations about healthy peer relationships and provide guidance on critical thinking regarding societal norms.

“Lebih memikirkan pandangan dan pendapat orang lain tentang diri sendiri dan sering bertukar pendirian, pendapat dan ideologi dan kawan-kawan”

The mention of a "*krisis identiti*" or identity crisis highlights a crucial aspect of adolescence. In the parenting context of SRH education, this suggests the importance of parents fostering a supportive environment for their children to explore and affirm their original identities, including their sexual orientation and gender identity.

The text notes heightened sensitivity to how others perceive oneself. In the parenting module, this emphasises the role of parents in creating a positive and accepting atmosphere at home. Parents can contribute to their child's emotional well-being by promoting a healthy self-image and addressing any concerns or insecurities related to sexuality with empathy and understanding.

Adolescents are described as seeking answers to perplexing questions. In the context of a parenting module for SRH education, parents play a vital role as a reliable

source of information. Open communication channels between parents and adolescents can provide a platform for discussing questions related to sexuality, relationships, and personal development.

”Mencari jawapan pada setiap persoalan yang agak mengelirukan mereka”

The inclination towards solitude suggests a need for personal space during this emotional phase. In the parenting module, this highlights the importance of parents respecting their children's privacy while remaining available for discussions when needed. Creating an environment where adolescents feel comfortable expressing themselves fosters a healthy parent-child relationship.

“Suka bersendirian”

The CDA analysis of the text within the parenting module for SRH education (Figure 5.6) frames a discourse that encourages parents to play an active and supportive role in fostering positive body image, self-perception, and interpersonal relationships. The discourse emphasises the development of responsible decision-making and independence, positioning parents as influential guides in their children's journey towards a healthy understanding of sexuality and relationships. As a recommendation, it would be advantageous for the developer to integrate practical measures, such as dialogues or coaching scripts, to facilitate parents in proficiently fulfilling their roles.

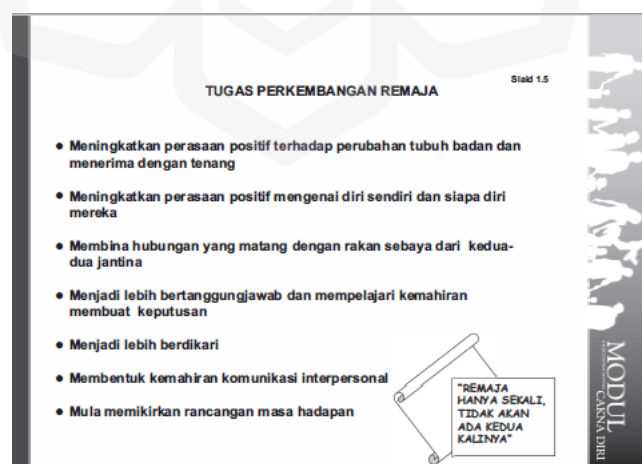


Figure 5.6 Adolescent Developmental Role

5.2.4 Defining Sexuality and The Spread of STD

The presence of a wondering graphic (Figure 5.7) may symbolize curiosity and contemplation. In the context of SRH education, this could represent the individual's journey of self-discovery and questioning about sexuality, fostering an environment of inquiry and openness. The visual representation analysis of the described images suggests a comprehensive approach to SRH education. The images contribute to discourses on curiosity, human development, biological aspects, body awareness, diverse relationships, and emotional intimacy. These visuals collectively support a holistic understanding of sexuality within an educational context, fostering open and informed discussions.



Figure 5.7 “What is Sexuality?”

In this text, sexuality is described as a normal aspect of every adolescent's developmental process. Sexuality is a lifelong process that begins at birth and continues until the end of life. This statement is crucial as it implies that SRH education starts from the first day of life, not just when children reach puberty. Although SRH education is a lifelong learning process, the topics presented to the children vary according to their age range. In addition, providing the correct definition is essential in conveying the perception that SRH education is not solely focused on how to have sex. However, as explained in this slide (Figure 5.7), it is important to understand that sexuality encompasses various aspects, including feelings, emotions, thoughts, behaviours as a male or female, sexual quality, and sexual orientation.

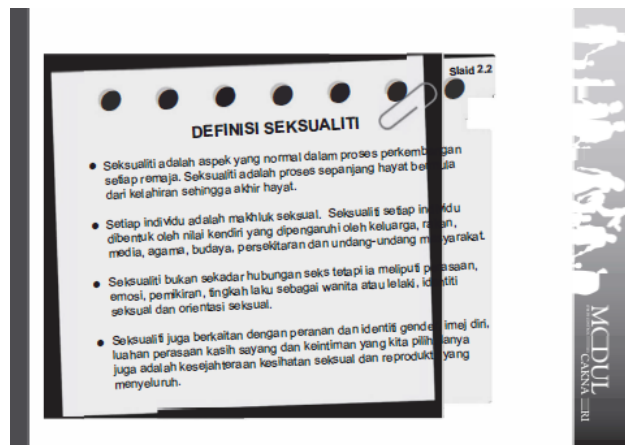


Figure 5.8 Definition of Sexuality

Integrating questions about STIs and HIV/AIDS into a sexuality parenting module holds significant importance in fostering comprehensive education, risk reduction, and real-world preparedness. By addressing these topics, the module contributes to know how the STI spread and what are the signs and symptoms. The significance lies in creating a space for open and age-appropriate discussions, ultimately equipping individuals with the necessary knowledge and skills to navigate and maintain a healthy approach to their sexual well-being.

TINGKAH LAKU BERISIKO YANG MENGUNDANG HIV

TIADA RISIKO	RISIKO RENDAH	RISIKO TINGGI
• Ujut • Ciuman (Dry kissing) • Menjauhi seks • Merancang bersendirian • Berpelukan • Menderma darah • Mengekalkan hubungan dengan pasangan yang sama yang tiada HIV serta tidak mengambil dadah secara suntikan	• Menggunakan semula jarum yang telah dicuci dengan peluntur • Menerima pemindahan darah pada masa kini di Malaysia • French Kiss • Menggunakan kondom lateks secara tidak betul setiap masa • Saling merancang antara pasangan (mutual masturbation)	• Seks faraj tanpa perlindungan • Mengadakan hubungan seksual menggunakan kondom dan pelincir berasaskan minyak • Menggunakan kondom yang sama bertulang kali • Seks dubur • Berkongsi jarum untuk suntikan dadah, steroid atau vitamin • Berkongsi jarum untuk bertatu atau bertindik • Menggunakan semula jarum yang telah dicuci dengan air • Mencuci tumpahan darah tanpa memakai sarung tangan • Penyusuan oleh ibu yang dijangkit • Seks oral tanpa perlindungan

Figure 5.9 Risky Behaviour

Presenting a jumbled list of behaviours and activities for parents to distinguish between those that can and cannot cause HIV/AIDS infection is important in a parenting

workshop for several reasons (Figure 5.9). It fosters an interactive and engaging learning experience, prompting participants to actively think about and evaluate potential risk factors. This approach encourages critical thinking and ensures that parents comprehend the nuances of HIV/AIDS transmission, contributing to a more informed and responsible parenting approach. The goal is to create an interactive and educational platform that equips parents with accurate information and practical skills for addressing HIV/AIDS-related concerns with their children.

In the given text (Figure 5.10), the shaded box with the bold message "*Ibu Bapa Perlu Bertanggungjawab Dalam Sebarang Tingkahlaku Seksual Anak-Anak*" (Parents Must Take Responsibility for Any Sexual Behaviour of Children) appears to be a rhetoric device aimed at conveying a particular societal expectation (David Machin, 2012). The use of "*Ibu Bapa*" (parents) implies a shared responsibility between both mothers and fathers. The bold emphasis suggests an authoritative tone, indicating a directive or imperative for parents to take action. The message implies a societal norm that parents bear a responsibility for their children's sexual behaviour. This aligns with traditional views of parental roles in guiding and shaping the behaviour of their offspring.

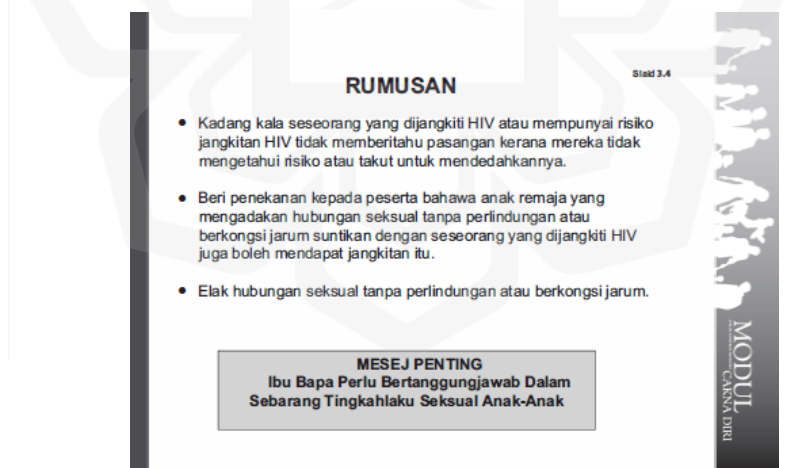


Figure 5.10 Conclusion

The analysis of the presentation slide on Chlamydia, genital warts and gonorrhoea infection reveals several positive elements (Figure 5.11-5.13). The use of scientifically accurate language, effective representation, audience-centric design, cultural sensitivity, ethical considerations, and an empowering portrayal collectively

contribute to a well-rounded and educational approach to raising awareness about Chlamydia infection (Fairclough, 2010). These positive elements ensure that the discourse surrounding the topic remains informative, respectful, and inclusive.

Upon closer examination, it has been observed that the presentation includes a photo of a red eye without a clear caption indicating its association with gonorrhoea. This lack of contextual information may introduce ambiguity and hinder the overall clarity of the presentation (Leeuwen, 2001). To enhance the educational impact and maintain transparency, it is recommended to include a concise and informative caption clarifying the relationship between the red eye and its connection to gonorrhoea. This interplay with verbal discourse will facilitate a clearer understanding of the information.

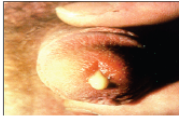
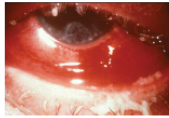


Figure 5.11 Sexually Transmitted Disease I

PENYAKIT JANGKITAN SEKSUAL

PENYAKIT JANGKITAN SEKSUAL

GONOREA

- Penyakit Gonorea disebabkan oleh bakteri *Neisseria gonorrhoea*
- Ia juga boleh merebak dari ibu ke bayi semasa proses kelahiran

BAGAIMANA ANDA TAHU SESEORANG ITU MENGIDAP GONOREA?

Pada remaja perempuan >

- Remaja perempuan mungkin tidak menunjukkan sebarang gejala
- Mereka mungkin merasa sakit ketika membuang air kecil atau mengeluarkan cecair yang berwarna kuning kehijauan dari vagina / faraj
- Mereka mungkin mengalami pendarahan antara kitaran haid (intermenstrual bleeding)

Pada remaja lelaki >

Remaja lelaki lebih mudah mengesan gejala penyakit:

- Merasa sakit ketika membuang air kecil
- Mengeluarkan cecair yang berwarna kekuningan (nanah) dari salur kencing
- Gejala ini akan timbul 2 hingga 7 hari selepas terdedah kepada jangkitan dan bagi remaja perempuan gejala akan timbul lebih lambat lagi

Figure 5.12 Sexually Transmitted Disease II

PENYAKIT JANGKITAN SEKSUAL

JANGKITAN HERPES




Lepuh berair yang amat menyakitkan di sekitar mulut

Jangkitan Herpes di bahagian zakar

- Jangkitan virus yang disebabkan oleh Virus Herpes Simplex jenis 1 dan 2 (HSV 1 and 2)
- Kebanyakan disebabkan oleh HSV 2
- HSV 2 ditular melalui hubungan seks:
 - Vagina
 - Oral
 - Dubur

Sesetengah jangkitan virus ini akan kekal di dalam badan sehinggalah ia dinewak:

BAGAIMANA ANDA TAHU ANDA DIJANGKITI HERPES?

Sesetengah individu tidak menunjukkan sebarang gejala / tanda. Walau bagaimanapun sesetengah dari mereka mungkin mengalami gejala seperti :-

- Gatal atau sakit yang berlaku setelah beberapa hari terdedah kepada virus
- Kemudian menjadi vesikel dan ulser di bahagian:
 - Vagina, Punggung, Dubur, Zakar

Ular mengeluarkan cecair atau darah dan akhirnya sembuh 2 hingga 4 minggu kemudian. Iritasi ulser selang seling keluar dan sembuh dalam jangka masa yang lebih pendek

Figure 5.13 Sexually Transmitted Disease III

The use of a real photo emphasises realism, potentially making the information more relatable and memorable (David Machin, 2012). However, the lack of information on transmission may limit the educational impact, leaving questions unanswered for the audience. The absence of an explanation about transmission may leave the audience with incomplete information. To maximize educational impact, it is crucial to provide a holistic understanding of the condition, including how it spreads.

The lack of a full representation of the penis in the second photo (Figure 5.13) raises concerns about clarity. To maximize educational impact, it may be beneficial to include a more comprehensive image that clearly identifies the organ and aids in understanding herpes infection symptoms in adults. The photo of the tongue with a watery lesion serves as a visual representation of one of the signs of syphilis infection. The use of a real photo adds a level of authenticity and immediacy to the presentation (Wodak & Meyer, 2009). The watery lesion on the tongue is likely to evoke a sense of discomfort and concern, emphasising the seriousness of the symptoms associated with syphilis.

PENYAKIT JANGKITAN SEKSUAL

JANGKITAN SYPHILIS

Isi disebabkan oleh satu organisme yang dinamakan "SPIROCHETE"

BAGAIMANA ANDA TAHU ANDA MENGIDAP SYPHILIS?
SYPHILIS berlaku dalam 4 peringkat.

PERINGKAT 1
- Uter yang tidak sakit dan kemerahan pada:

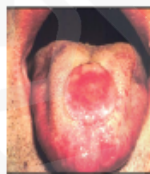
- Vagina
- Dubur
- Penis
- Mulut

PERINGKAT 2
- Jika tidak dirawat, ruam akan timbul pada bahagian badan, kedua-dua belah tapak tangan dan tapak kaki.

- Uter boleh timbul pada:

- Bibir
- Mulut
- Dubur
- Keningklang
- Vagina

Peringkat 2 boleh berlaku selama 1-2 minggu dan akan hilang walaupun tanpa rawatan.



Luputan besar yang amat menyakitkan di sekitar mulut



Jangkitan Herpes di bahagian zakar

Figure 8.14 Sexually Transmitted Disease IV

The photo of the penis (Figure 5.15), albeit not comprehensive in capturing the entire organ, suggests an attempt to visually address the manifestation of syphilis in the genital area. The partial image may be a deliberate choice to balance the need for realism with the sensitivity of the audience. The framing of the photo, particularly the decision to present only a partial image, raises questions about the intended focus. By not showing the entire organ, the presentation may be aiming to maintain a level of discretion or avoid explicit content while still indicating to the location of symptoms.



Figure 5.15 Sexually Transmitted Disease V

The use of rhetorical devices, as exemplified in the text "*WALAU BAGAIMANA PUN IA DAPAT DIKESAN MELALUI UJIAN DARAH*" (translated as "*HOWEVER, IT CAN BE DETECTED THROUGH BLOOD TEST*"), presented in all capital letters within an explanation about syphilis infection, can be analysed for various linguistic and discursive strategies. The use of all capital letters can be seen as a typographic strategy to emphasise and draw attention to a specific piece of information (Fairclough,

2010). In this case, the statement about detecting syphilis through a blood test is highlighted, possibly to emphasise the importance of this method in diagnosing the infection.



Figure 5.16 Sexually Transmitted Disease VI

The imperative tone in the sentence (Figure 5.16), marked by the use of uppercase letters and exclamation marks, indicates a directive and authoritative stance (David Machin, 2012). This suggests a power dynamic where the speaker is positioned as an authority providing guidance. The sentence reflects certain ideologies related to health and morality. The emphasis on avoiding diseases is linked to a broader societal discourse on health and well-being. Additionally, the mention of "premarital sex" frames a moral dimension, suggesting a specific social norm or value system.

The sentence is placed just below a diagram listing multiple types of STI and their symptoms. This interplay with verbal discourse suggests a direct relationship between the warning and the information presented in the diagram. It frames premarital sex as a risky behaviour associated with the transmission of diseases. The sentence may

influence readers by shaping their perceptions of premarital sex and STDs. It could contribute to the reinforcement of conservative views on sexual behaviour and morality, potentially influencing attitudes and behaviours related to sexual health.

In the given explanation, a crucial point is omitted – being unmarried is not the root cause of STDs; rather, it is the engagement in unprotected sexual intercourse that leads to these infections. Consequently, married couples need to be conscious of the potential infections they may face if they do not practice safe sex, as these infections can originate from their partners.

5.2.5 The Discussion on Rape, Abortion and Baby Dumping

The statements collectively address various aspects of reproductive health, legal implications, and societal attitudes. In Malaysia, abortion without medical reasons is presented as a criminal offense, reinforcing legal and moral norms. Forced abortion is depicted as causing detrimental health effects, contributing to a discourse on women's well-being. Teenage pregnancies are attributed to unwanted pregnancies, aligning with societal expectations and underscoring the need for comprehensive SRH education. The statement on sexual relations with minors underscores legal protections for minors, emphasizing the importance of consent.

SOALAN MENGENAI ROGOL, PENGGUGURAN DAN PEMBUANGAN BAYI

TANDAKAN (✓) PADA KOTAK YANG BERSESUAIAN			
BIL.	SOALAN	YA	TIDAK
1.	Pengguguran bayi yang dilakukan tanpa sebab perubatan adalah menjadi kesalahan jenayah di bawah undang-undang Malaysia.		
2.	Pengguguran bayi secara paksaan mengakibatkan kesan buruk seperti berlakunya pecah rahim atau tertembus dan pangkal rahim terkoyak.		
3.	Pembuangan bayi dalam kalangan remaja berlaku akibat daripada kehamilan yang tidak diingini.		
4.	Hubungan seksual dengan remaja bawah umur 16 tahun sama ada dengan kebenaran atau kerelaan gadis tersebut adalah satu kesalahan jenayah yang disebut sebagai rogol.		
5.	Mangsa perlu menjalani pemeriksaan perubatan untuk mengenal pasti kecederaan, jangkitan, kehamilan dan masalah gangguan emosi.		

Figure 5.17 Question on Rape, Abortion and Baby Dumping

Lastly, medical examinations for victims are highlighted as crucial, reflecting a concern for their well-being and aligning with societal expectations for support and protection. Educating parents on these circumstances is imperative for fostering an

informed and empathetic understanding. Comprehensive SRH education empowers parents to engage in open and supportive discussions with their children, addressing issues of reproductive health, consent, and the legal implications of various situations. This education helps parents navigate complex topics, reducing stigma, promoting healthy relationships, and contributing to the overall well-being of adolescents and young adults

The highlighted term "**ROGOL**" (rape) in red, capital letters on the infographic poster signifies a strong discourse on sexual assault awareness. The poster's content, featuring sections on "**KETAHUI FAKTANYA**" (know the facts) "*apa anda patut lakukan sekiranya dirogol,*" (what you should do if after a rape) "**JERAT ROGOL,**" (rape trap) and "**TIPS KESELAMATAN DIRI**" (safety tips) indicates a comprehensive approach to addressing sexual assault. The use of bold letters and visual elements draws attention to a critical societal issue, positioning the discourse as one that aims to educate and empower individuals (Fairclough, 2010). The depiction of a girl in a state of frustration or depression reinforces the severity and emotional impact of sexual assault, possibly emphasizing the need for support and awareness (Leeuwen, 2001). The poster reflects a discourse that encourages knowledge, self-protection, and actions against sexual assault while acknowledging the emotional toll it can take on victims.



Figure 5.18 Poster on Rape

The poster featuring the bold words "*PENGGUGURAN BAYI*" (abortion) with accompanying explanations and a real photo of an aborted foetus in a palm reflects a specific discourse on the legal, medical, and emotional aspects of abortion. The bold lettering draws attention to the gravity of the topic, framing abortion as a legal offense in Malaysia. The explanations detail the potential physical and mental health risks associated with unsafe abortion, contributing to a discourse that discourages illegal and unsafe procedures. The inclusion of a real photo of an aborted foetus adds a visceral and emotional dimension to the discourse, possibly intending to evoke strong reactions and emphasise the reality and consequences of such actions.

The discourse seems to align with a perspective that aims to deter individuals from pursuing unsafe abortion practices by highlighting the legal and health implications, as well as the potential emotional toll. However, the use of such explicit visual elements may also be perceived as a strategy to evoke specific emotional responses and shape public opinion on the topic of abortion

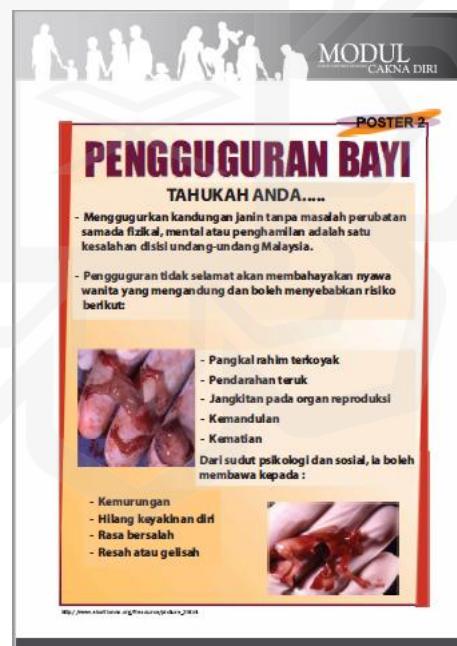


Figure 5.19 Poster on Abortion

5.2.6 Discourse Analysis of Sexual Threat Alerts and Cues among Adolescents

In the context of the "*AMARAN KUNING*" (Yellow Alert) (Figure 5.20) criteria for parents regarding teenage relationships and sexuality, power relations are evident in the

positioning of parents as authoritative figures. Parents are assigned a role of influence and responsibility in guiding their teenagers, indicating a power dynamic where parental authority is acknowledged and emphasised. The discourse assumes that parents possess the knowledge and experience to advise and intervene in their children's romantic relationships, reflecting a societal expectation that parents play a central role in shaping the attitudes and behaviours of adolescents. This power relation emphasises the significance of parental guidance in the context of cultural and societal norms surrounding sexuality and relationships in Malaysia.

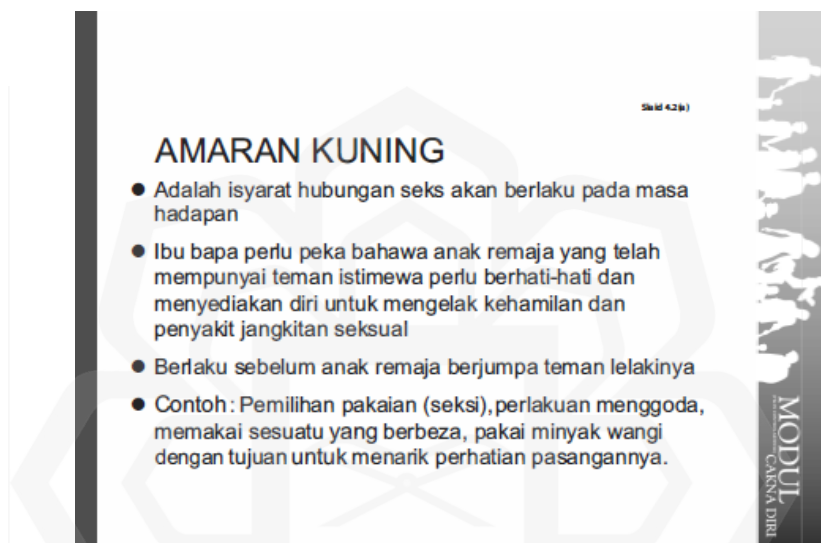


Figure 5.20 Yellow Alert

The inclusion of “*AMARAN KUNING*” (Yellow Alert) criteria in parenting sexuality in Malaysia is crucial for several reasons. Firstly, it aligns with cultural and societal norms, providing parents with a framework to navigate discussions on sex and relationships. Secondly, it empowers parents to play an active role in guiding their teenagers, fostering open communication and trust. Thirdly, by addressing issues related to premarital sex, pregnancy, and STIs, the criteria contribute to the overall well-being of adolescents, promoting responsible sexual behaviour and reducing potential risks. Lastly, it acknowledges the importance of parental involvement in shaping the attitudes and behaviours of teenagers, reflecting a broader societal discourse on family values and relationships in Malaysia.

The warnings in “*AMARAN KUNING*” (Yellow Alert) may indicate concerns about the potential for risky behaviours or situations, but they are presented with a lower

level of urgency compared to “*AMARAN KUNING*” (Yellow Alert). Parents are encouraged to be vigilant and proactive in guiding their teenagers but may have more room for open communication and education rather than immediate intervention. Examples in “*AMARAN KUNING*” (Yellow Alert) may include warnings about the potential for premarital sex, the need for caution in relationships, and the importance of parental involvement in teenagers' lives.

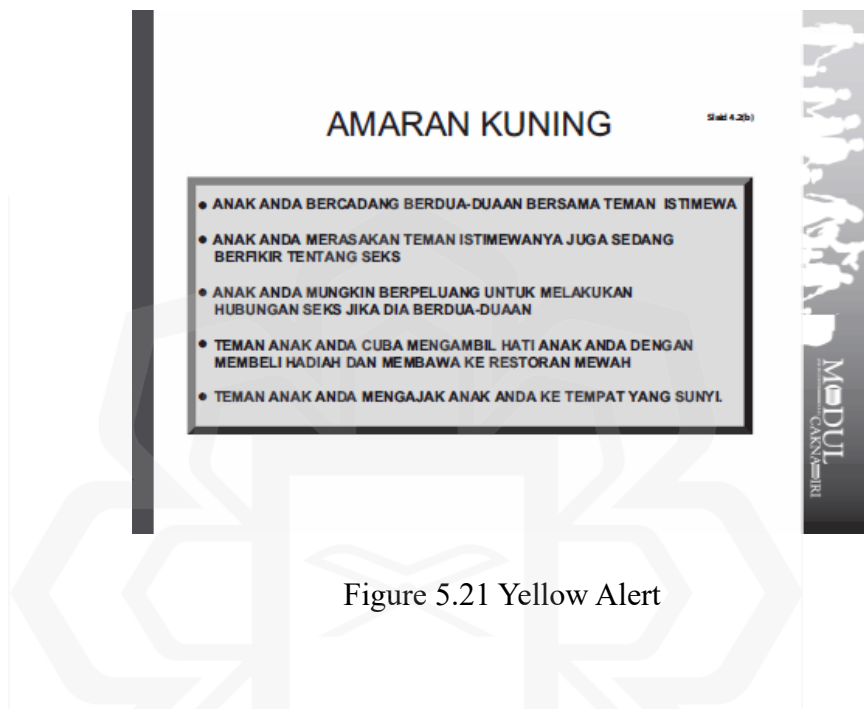


Figure 5.21 Yellow Alert

“*AMARAN MERAH*” (red warning) (Figure 5.22) addresses more serious or immediate concerns related to physical intimacy, explicit content consumption, substance abuse, and potential pressure from peers to engage in sexual activities. The warnings in “*AMARAN MERAH*” (red warning) suggest a higher level of urgency, indicating that parents may need to take more immediate and decisive actions to address or prevent certain behaviours. Parents are positioned as crucial interveners with the power to recognize, respond to, and potentially halt specific actions or situations that pose a higher risk to their teenagers' well-being. Examples in “*AMARAN MERAH*” (red warning) include warnings about increased physical intimacy, exposure to pornography, substance abuse, and the potential manipulation or pressure from peers to engage in sexual activities.



Figure 5.22 Red Alert

In essence, while both “*AMARAN KUNING*” (yellow warning) and “*AMARAN MERAH*” (red warning) emphasise the importance of parental guidance, the latter addresses more urgent and potentially harmful situations, requiring parents to be more proactive and assertive in their roles as protectors and educators. The distinctions between the two reflect a nuanced approach to parental involvement in guiding teenagers through the complexities of relationships and sexual development.

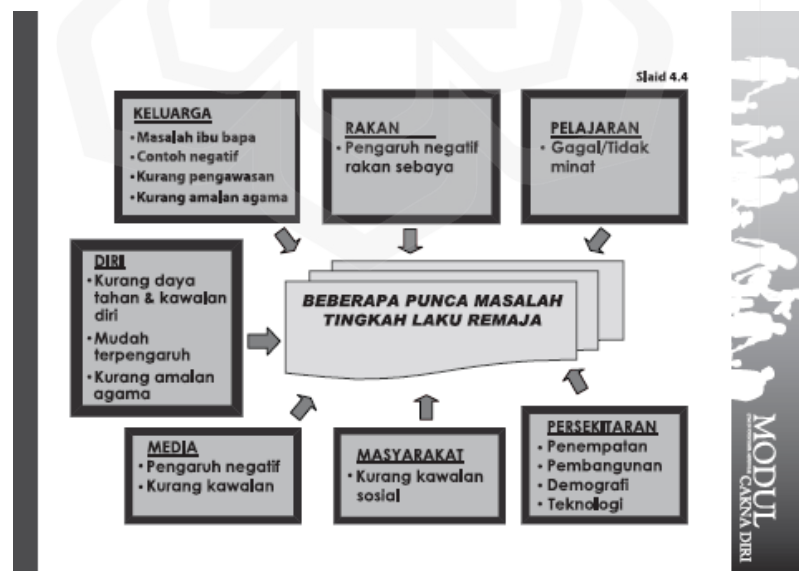


Figure 5.23 Contributing Factors to Adolescent's Behavioural Problem

Simplifying a mind map by removing examples serves to enhance clarity, focus on core concepts, and reduce cognitive load (Erdem, 2017). This approach allows for a

more generalized framework, making the information accessible to a broader audience and encouraging critical thinking. By eliminating specific instances, the mind map becomes adaptable to various contexts and learning environments, facilitating user-friendly communication (Erdem, 2017).

The streamlined presentation is particularly beneficial for time efficiency and ensures that the audience can grasp fundamental ideas without being overwhelmed by details, promoting a more straightforward and effective conveyance of information. The five factors presented in Figure 5.24 depicts parents & family, teachers & school, society, media, and peers – highlight the various social and environmental elements that contribute to shaping the behaviour of teenagers. These factors work together in influencing the decisions and actions of adolescents, emphasising the importance of guidance from multiple sources in a young person's life.

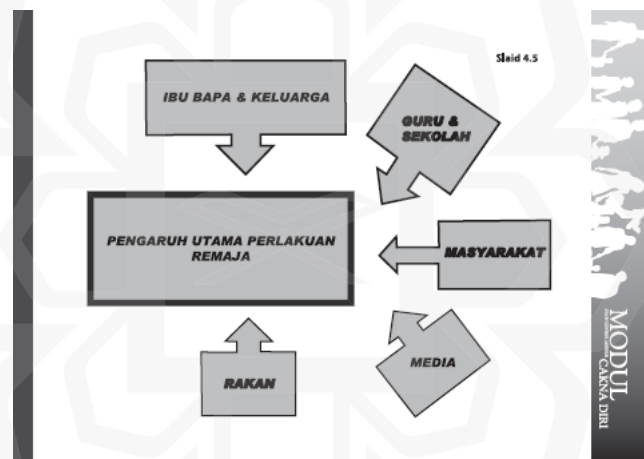


Figure 5.24 Factors Influencing Adolescent's Behaviour

Figure 5.25 illustrating parents as filters for shielding their children from negative elements and fostering positive attributes reflects a particular discourse on parental roles and influence. It signifies a power dynamic wherein parents are positioned as gatekeepers and educators, filtering out harmful influences from peers and channelling positive values to their children. The discourse assumes that parents have the ability to shape their children's character and protect them from societal risks. While the diagram emphasises positive outcomes, it also reflects an implicit acknowledgment of potential external threats. The use of metaphoric terms like "filter" suggests a level of control and authority, aligning with societal expectations of parental responsibility in

guiding their children toward resilience, knowledge, piety, and positive values. However, it may oversimplify the complexities of external influences and the challenges parents face, possibly reinforcing a prescriptive view of parental roles in shaping their children's character.

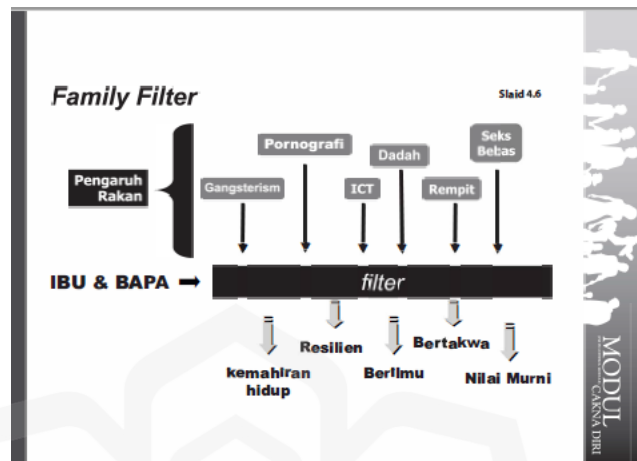


Figure 5.25 Family Filter

The advice provided for addressing adolescent desires in the described slides (Figure 5.26) reflects a discourse emphasising parental guidance within a cultural and moral framework. Parents are positioned as mentors, tasked with helping adolescents understand and channel their lust and desire positively. The guidance highlights the importance of preserving purity, aligning activities with moral values, and promoting internal self-control. It advocates for parental awareness of their children's activities, open communication about positive and negative influences, and the establishment of rules to guide adolescent behaviour. The discourse emphasises a proactive and morally grounded approach to parenting during the challenges of adolescence.

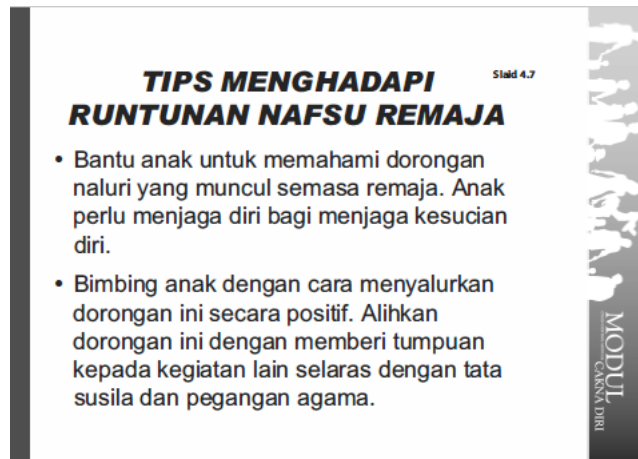


Figure 5.26 Tips on Managing Adolescent's Lust and Desire

5.2.7 Suggestions for Improving Presentation Quality and Deliverability

Evaluation on the *Cakna Diri* module for parents, employing critical discourse analysis, provides insights into several proposed points of SRH education for parents in Malaysia. Through this study, several areas for improvement can also be identified.

1. The module lacks a learning objective statement at the beginning of the presentation. A learning objective statement is crucial for course participants to understand the objectives and learning outcomes of the workshop using the module. It is possible that these learning objectives were generally explained before the presentation began.
2. There are several incomplete slides that may be confusing to understand. For instance, slides concerning children's developmental milestones do not include estimated age ranges on the diagrams provided. Similarly, some images related to STDs are unclear and lack explanations regarding the transmission methods of these diseases after ocular infection.
3. Since this SRH education module is specifically tailored for parents as adult learners, it is crucial for them to adopt principles aligned with adult learning methodologies. Among those explained in the technical guidance provided by UNESCO (2018) is that adult learning should be practical in nature. This is because training programs of this nature are usually optional for them. Therefore, their training needs to be practical and goal-oriented. The content of this module should include case studies and practical examples that enable them

to understand how specific skills significantly impact their delivery of SRH to their children.

4. Furthermore, the module lacks coverage on essential aspects, including elucidating the role of parents in setting examples to their children. Additionally, it omits discussions on pertinent contemporary concerns such as managing children's exposure to gadgets, addressing masturbation, homosexuality, and handling issues related to pornography. While these omissions are acknowledged, it is anticipated that subsequent modules or continuations of the program will address these topics comprehensively in the future.

In summary, the *Cakna Diri* module extensively covers parenting sexuality, emphasizing the crucial phase of puberty. The module advocates for a proactive and ethically grounded parenting approach, recognizing the impact of cultural values, religion, education, beliefs, and media on SRH education. The content aligns with prevalent societal attitudes in Malaysia, emphasising morality and religious values.

However, there is a notable gap, as the module overlooks essential topics for parents with younger adolescents, such as safeguarding against child sexual abuse and addressing contemporary concerns like gadget use, masturbation, and pornography. Acknowledging these omissions, future modules are anticipated to provide a more comprehensive and inclusive sexuality education program.

5.3 REVIEW OF BOOK ON SRH EDUCATION

The researcher reviewed the book "*Berbual-bual dengan Anak tentang Seksualiti (BBDATS)*" by Wan Nur Syakira Wan Musa, providing an analysis of its content, purpose, and relevance. The review of BBDATS is crucially relevant to the process of developing a culturally-sensitive SRH education framework in Malaysia. Reviewing the book also allows for benchmarking her best practice and recommendations against the empirical findings from qualitative interviews with parents. The integration of Islamic perspectives in this book is essential for addressing the needs of the predominantly Muslim population in Malaysia, ensuring the framework respects cultural and religious norms while promoting effective SRH education.

5.3.1 Specification of The Book

BBDATS published by Karya Bestari Sdn. Bhd. in Shah Alam, Selangor and can be found in most local bookstores as well as online platforms like Shopee. The International Standard Book Number (ISBN) for this publication is 978-967-86-1020-9. BBDATS is a vital resource in the parenting genre, designed to assist parents in navigating conversations about sexuality with their children. Wan Nur Syakira, a fulltime housewife with a Bachelor's Degree in Fiqh and *Usul Fiqh* from the University of Yarmouk, Jordan, and a Master's Degree in Fiqh and *Usul Fiqh* from the International Islamic University Malaysia, combines her academic expertise and personal experience as a mother of two to offer practical advice and guidance.

The primary aim of the book is to equip parents with the skills and confidence needed to discuss sexuality openly and effectively. By doing so, it seeks to create an environment of trust and openness within the family, ensuring children receive accurate and value-based information. This section will examine how Wan Nur Syakira addresses this often-sensitive subject, bridging the communication gap between parents and children, and promoting healthier and more informed discussions about sexuality.

The book commences with an exploration of sexuality from an Islamic perspective. The subtitle “*Tip bila dan bagaimana memberi pendidikan seksualiti kepada anak*” (Tip on when and how to provide sexual education to children), phrased as a question, is designed to pique the readers' curiosity. Although the book's title does not explicitly suggest an Islamic framework, the author introduces an Islamic framework in the first chapter.

Furthermore, the author empathetically positions herself within the context of many parents, addressing the misconception that there is no SRH education in Islam. This approach humbly validates readers' preconceptions on the topic, fostering a sense of shared understanding rather than assuming a position of superior preconceived knowledge.

5.3.2 Book Achievements and Format

BBDATS achieved significant success, selling 1500 copies in its first printing across Malaysia. On 10th of May 2024, the book was awarded the *Dana Pembelian Terus dari*

Perustakaan Negara Malaysia (Direct Purchase Grant from the National Library of Malaysia), further expanding its popularity among parents. Wan Nur Syakira's interest in writing parenting books that integrate Islamic values is evident in this well-received work.

The book is presented in a soft cover format, A5 in size, with full-coloured pages, making it visually appealing and engaging for readers. The thoughtful design and quality presentation underscore the book's importance as a resource for parents seeking to address sexuality with their children in an informed and value-centric manner.



Figure 5.27 *Berbual-bual dengan Anak Tentang Seksualiti* Book

5.3.3 Contents

This book contains 18 engaging chapters. Some chapter titles are presented using question techniques in specific situations, sparking curiosity to delve deeper into the topics. The 18 chapters in this book cover five dimensions of SRH education: biological, intellectual, emotional, social, and spiritual. The following is the list of the chapters in this book:

Table 5.1 Content of *Berbual-bual dengan Anak tentang Seksualiti* Book

Chapter	Title
1	<i>Pendidikan seksualiti bukan daripada Islam?</i> (Is Sexual Education Not from Islam?)
2	Connection before correction
3	<i>Kenapa tanya soalan begitu?</i> (Why Ask Such a Question?)
4	<i>Boleh ke cium bibir anak?</i> (Is It Appropriate to Kiss a Child on the Lips?)
5	<i>Jujur dengan nama alat sulit</i> (Being Honest About Private Parts)
6	<i>Malu azimat berharga</i> (Modesty as a Valuable Trait)
7	<i>Kenapa lepas nikah dapat anak?</i> (Why Do Couples Have Children After Marriage?)
8	<i>Bahaya soft pornography kepada anak</i> (The Dangers of Pornography for Children)
9	<i>Gajet "tangan kedua" mendidik anak</i> (The Role of Gadgets in Children's Education)
10	<i>Jangan lengah asingkan tempat tidur</i> (Do Not Delay Separating Sleeping Arrangements)
11	Toilet training <i>pun ada kaitan dengan pendidikan seksualiti</i> (Toilet Training Is Also Related to Sexual Education)
12	<i>Adik-beradik mandi bersama?</i> (Is It Appropriate for Siblings to Bathe Together?)
13	<i>Normalkah anak suka bermain dengat zakar?</i> (Is It Normal for a Child to Enjoy Playing with Penis?)
14	<i>Kenapa ummi tak solat?</i> (Why Does Ummy Not Pray?)
15	<i>Santuni anak lelaki melalui fasa akil baligh</i> (Guiding Boys Through Puberty)
16	<i>LGBT ancaman anak generasi kini</i> (LGBT as a Threat to Today's Generation)
17	Child sexual grooming is real
18	<i>Apa yang perlu dibuat jika anak terjebak dengan pornografi/seksual?</i> (What Should Be Done if a Child Is Involved with Pornography/Sexual Content?)

5.3.4 Technical Features

5.3.4.1 Usage of Quranic Verses

Integrating religious texts provides a culturally and spiritually relevant context, enhancing the credibility and acceptance of the content among Muslim readers. The author extensively utilizes verses from the Quran that coincide with the messages being

conveyed. Among the selected verses presented by the author at the beginning of the book is about the characteristics of a believer, taken from *Surah Al-Mukminun*. This verse narrates the criteria of inhabitants of paradise and its relation to the practice of preserving one's dignity.

In page 73, the author also employs Quranic verses while elucidating the concept and process of human creation. As we know, the creation of humans is a crucial topic when discussing reproduction. Similarly, when the author relates to verse 222 in *Surah Al-Baqarah*, which narrates the menstrual cycle of women and the prohibition for a husband to engage in intercourse with his wife during her menstruation due to cleanliness factors. This illustrates that Islam has provided fundamental guidelines for this SRH education.

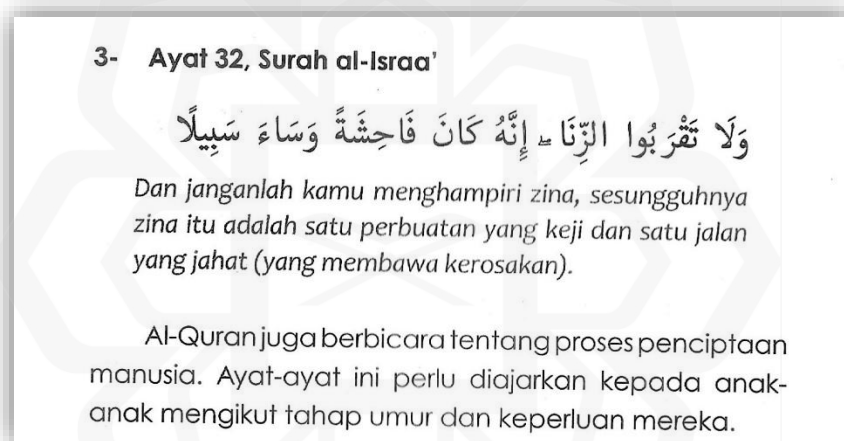


Figure 5.28 Example of Al-Quran verse

5.3.4.2 Usage of Hadith (Prophet Muhammad's words)

The use of *hadith* is prevalent throughout this book. Hadith, which are the recorded sayings and actions of Prophet Muhammad (PBUH), play a significant role in the text. The author references a hadith on page nine when initiating the discussion on the feeling of love. This *hadith* is used to explain physical touch in understanding children's love languages. On page 53, the author relates a *hadith* about modesty when beginning the discussion on feelings of shame. On pages 96 and 122, the author cites a *hadith* regarding one of the main principles in sexual education: the separation of children's sleeping places from their parents and the prohibition of sharing the same blanket.

Additionally, on page 125, the author discusses a *hadith* that addresses the concept and benefits of circumcision.

- Islam menyarankan untuk mengasingkan tempat tidur. Dalam sebuah hadis, Rasulullah SAW bersabda:

مُرُوا أَوْلَادَكُمْ بِالصَّلَاةِ وَهُمْ أَبْنَاءُ سَبْعِ سِنِينَ، وَاضْرِبُوهُمْ عَلَيْهَا، وَهُمْ أَبْنَاءُ عَشْرِ وَفَرِّقُوا بَيْنَهُمْ فِي الْمَضَاجِعِ

Perintahkan anak-anak kamu untuk menunaikan solat ketika mereka berusia tujuh tahun, dan pukullah mereka ketika mereka berusia sepuluh tahun, dan pisahkan tempat tidur di antara mereka. (Hadis riwayat Ahmad dan Abu Daud)

Figure 5.29 Example of *Hadith*

5.3.4.3 Usage of Dialog

One of the intriguing elements highlighted by the author in this book is the use of dialogue. This technique is particularly effective for a technical book, as it allows parents to directly apply the information. From pages 60 to 71, the author employs dialogue between a child and a mother to discuss the birthing process. Similarly, on pages 120 and 121, dialogue is used to guide parents on how to respond when their son inquiries about his erections.

On page 127, dialogue is again utilized to explain to parents how to educate their sons about genital care. Likewise, pages 133 and 134 employ dialogue to elucidate the menstrual process experienced by women. It is evident that the use of dialogue is prominent when addressing the subject of genitals, a topic that is infrequently discussed by parents. By presenting practical dialogues, the book provides parents with a model for effectively communicating with their children.

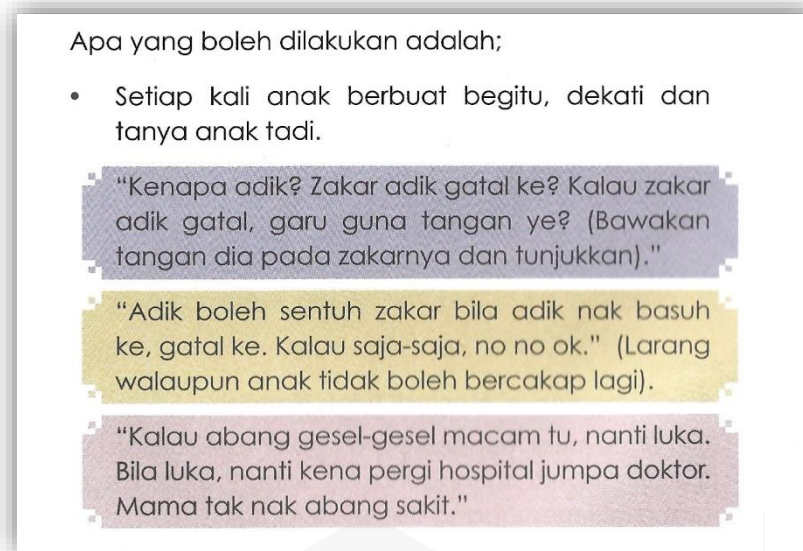


Figure 5.30 Example of Dialog

5.3.4.4 Usage of Step-by-Step Guides

Although limited in number, the use of step-by-step guides in this book is highly effective for elucidating specific processes. These guides offer clear, actionable instructions, making it easier for readers to implement the advice in real-life situations. For instance, the author employs a step-by-step technique to explain how to set screen time limits for children's use of phones and iPads on pages 92 and 93.

In the same page, the author also provides steps on how to block access to the Roblox application for children. In researcher's opinion, this technique is excellent and should be expanded to include settings for other applications that could negatively impact children's mental development. Other topics that could be expanded include how to block certain websites from being accessed by parents, as well as step-by-step guides on using Google's Family Link application.

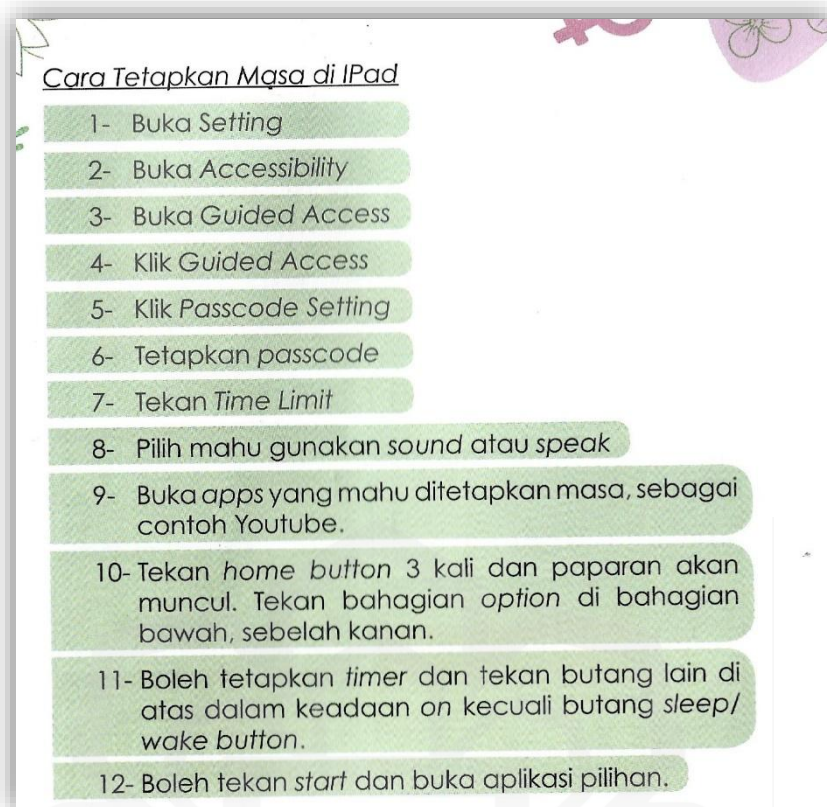


Figure 5.31 Example of Step-by-step Guide

5.3.4.5 Usage of Checklists to Emphasise Important Issues

In this book, the author employs checklists to emphasise important points that parents need to be aware of when discussing sexuality with their children. For instance, on page 138, a checklist is used to explain the preparations parents should make for their daughters' experiences during menstruation. Towards the end of the book, on pages 176 to 178, checklists are also utilized to summarise topics related to sexuality that need to be discussed with children according to their age groups. Checklists highlight key points and ensure that readers do not overlook critical information, thereby aiding in comprehension and retention.



Figure 5.32 Example of Checklist

5.3.4.6 Usage of Tips to Provide Extra Points

Tips offer additional insights and practical advice, enriching the reader's understanding and providing useful, real-world applications. The use of tips is evident on page 99, where the author provides suggestions on how to separate children's sleeping arrangements. On page 135, the author offers tips on how to discuss puberty (menstruation) with children. However, the graphic layout used fails to distinguish these tips from the surrounding text.

It is recommended that the author utilise a different graphic layout to separate the tips from the rest of the text. On page 148, the author highlights tips on how to communicate with children about establishing their gender identity according to their biological sex and encouraging them to love themselves as created by Allah SWT. On page 159, the author provides tips on how to prevent children from becoming victims of sexual grooming.

5.3.4.7 Usage of Question and Answer

The use of question and answer (Q&A) sections in this book provides a refreshing perspective by effectively highlighting the real-world aspects of parenting. Several Q&A sections are utilised by the author throughout the book. For instance, on page 36, the author addresses a parent's question about whether it is appropriate to kiss their child on the lips (Figure 5.33). On page 65, a Q&A section explains why a couple might have children after marriage. Additionally, on page 115, there is a Q&A that discusses whether it is permissible for children to bathe together. The inclusion of Q&A sections aligns well with the topics discussed and presents examples of common questions parents might have.

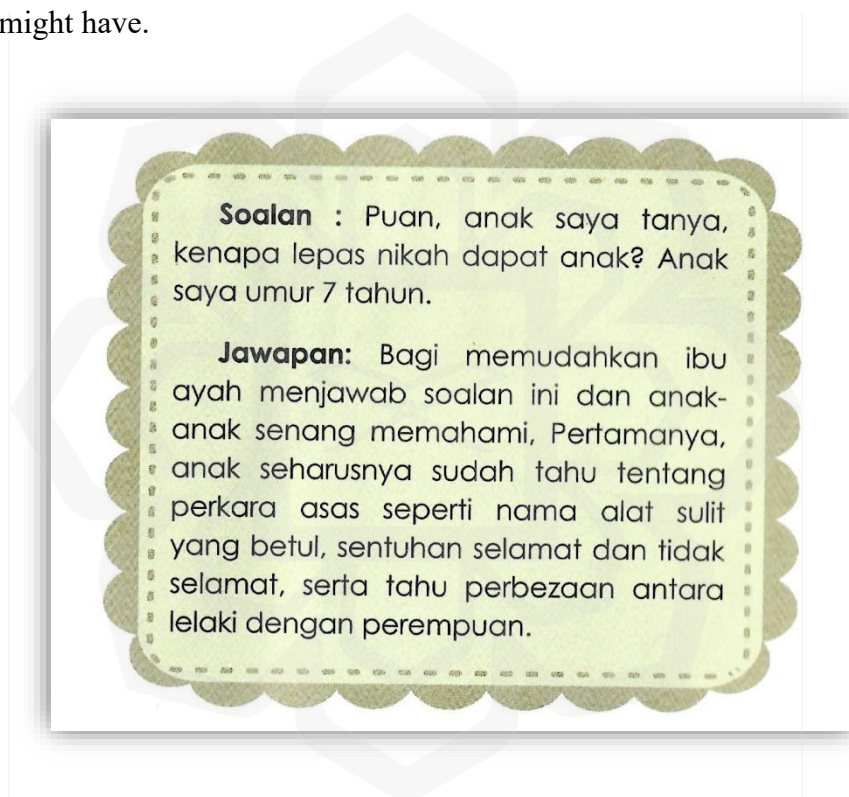


Figure 5.33 Example of Question and Answer

5.3.4.8 Usage of Highlights in Graphic Boxes

The BBDATS book is generous with its use of graphics. One instance where the author employs this method is in explaining key points that readers need to know. For example, on page 25, graphics are used to illustrate the characteristics of effective communication. On page 28, the author outlines the traits of parents who foster a healthy sexual environment for their children. Similarly, on page 41, the author uses

graphics (Figure 5.34) to explain inappropriate jokes that children should avoid when interacting with their peers. Highlighted sections draw attention to essential information, making it easier for readers to identify and focus on key points.

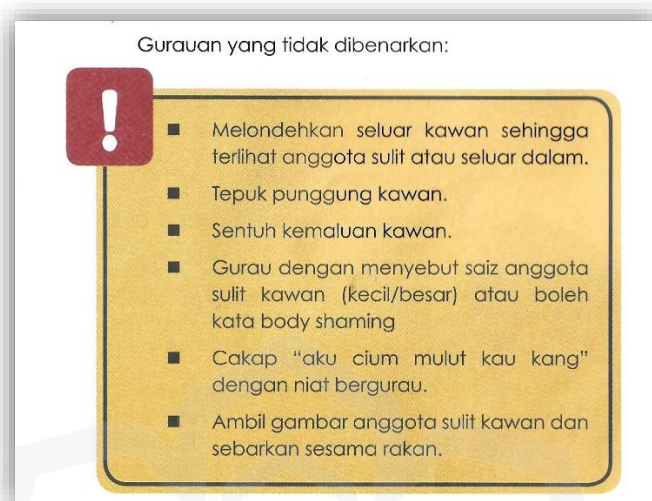


Figure 5.34 Example of Highlights in Graphic Box

5.3.4.9 Usage of QR Codes for Further References

Given that a single book may not be sufficient to cover all the interesting topics comprehensively, the author utilised QR code technology to connect readers with external resources. Readers can simply scan the included QR codes to access additional reading material on their smartphones. Several supplementary references are provided by the author. For instance, on page 67, there is an additional note on the pregnancy process. Similarly, on page 142, the author explains the effects of pornography, and on page 148, a QR code offers additional notes on reinforcing children's gender identity. QR codes provide easy access to additional resources and further reading, allowing readers to deepen their understanding and continue learning beyond the book.

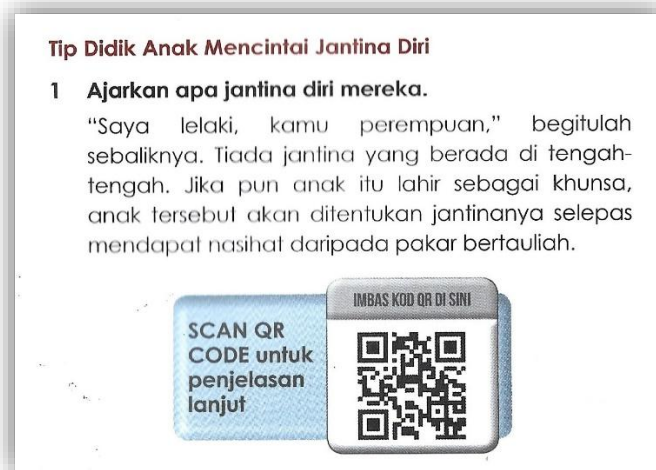


Figure 5.35 Example of QR Codes

5.3.5 The Uniqueness of the Book

One of the unique aspects of this book is the author's ability to address sensitive and difficult topics with a relaxed and approachable narrative style. Additionally, its content is dense yet practical, making each page highly worthwhile for readers to peruse. This book is particularly beneficial for parents who are beginning to build confidence in communicating with their children aged 12 and under. In a context where there are few books in Malaysia that tackle these issues technically for a Muslim readership, this book stands out. Furthermore, the book is unique in providing clear boundaries for discussing sexuality with children.

5.3.6 Discussion of Current Issues

This book also successfully addresses contemporary issues related to sexuality as a knowledge preparation for parents to face current ideological challenges. Among the current topics discussed in this book are issues regarding transgender and LGBT ideologies, identity and gender reinforcement, the phenomenon of homosexuality in schools, pornography, and child sexual grooming. Examining each issue from the perspective of Islamic religion is crucial to ensure that parental educational behaviours are in line with cultural norms and religious guidelines.

5.3.7 Usefulness to the Intended Readership

The BBDATS book has successfully provided knowledge and practical guidance to parents on how they should communicate with their children about issues of sexuality. By employing various methods and approaches in writing, the author effectively addresses these issues and offers practical solutions that can be implemented by parents. In summary, this book meets the needs of readers who urgently require guidance on sexuality parenting while still adhering to their religious and cultural values and beliefs.

5.3.8 Value for Price

This book is priced at RM28.00 (Peninsular Malaysia) and RM31.00 (Sabah and Sarawak). Given the quality of content and printing provided, this book is actually quite affordable, if not undervalued, considering the knowledge it imparts. It is highly worthwhile to own, whether for parents, teachers, or community volunteers engaged in raising awareness among parents and the community about the importance of SRH education.

5.3.9 Weakness and Recommendation

Despite its strengths, there are some areas where BBDATS could be improved. This suggestion could be implemented by the author or the publishing company for future editions of the book.

- i. In terms of page layout, this book could be improved by enhancing the running titles on each page, which would facilitate readers in linking their current reading to specific chapter titles.
- ii. Additionally, in Chapter 16, the author only provides examples for some of the tips on how to teach children to love their gender identity. It would be beneficial to include examples for all points, particularly on how to communicate the unique qualities and virtues of being male or female.
- iii. Furthermore, when discussing the increasing HIV infection rates, the author could enhance the presentation by including graphs depicting current trends in HIV transmission methods. This would provide readers with a clearer understanding of the current situation.

5.4 Strengths and Weakness of The Module and Book

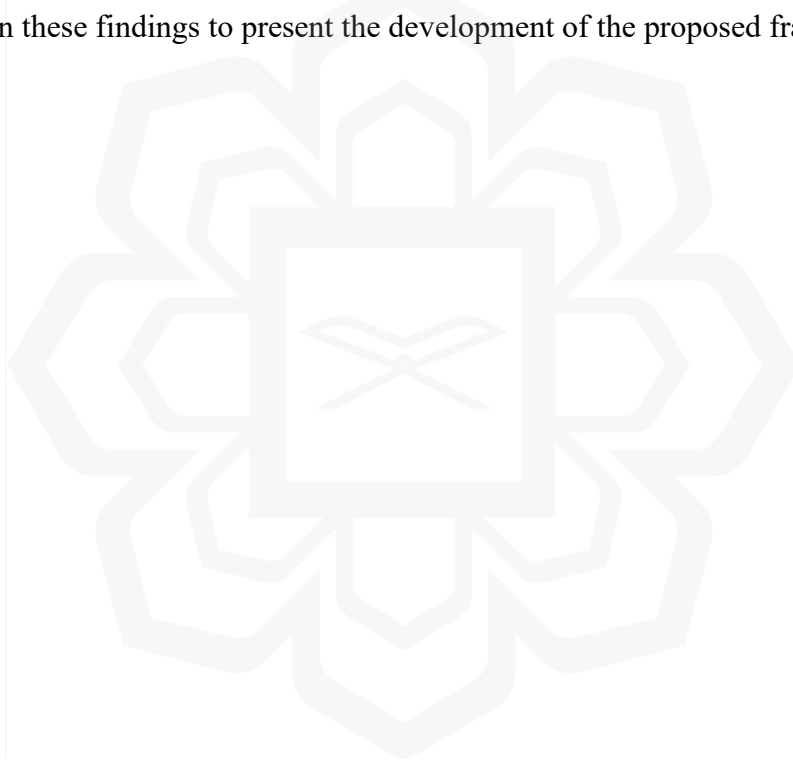
Following the evaluation of both SRH-related reference materials, it was found that each source has its own strengths and limitations. Table 5.2 outlines the strengths and weaknesses of both educational materials to inform and enhance future publications.

Table 5.2 Strengths and weakness of the module and book

	<i>Cakna Diri</i> Module	BBDATS
Strength	• Comprehensive content aligned with religious and cultural principles and values • Designed with consideration of parents' perspectives • Informative and educational • Includes practical skills, such as early warning assessment for children • Utilizes real-life images	• Easily accessible with a reader-friendly book size • Practical and relevant to parenting practices • Utilizes dialogue-based content to facilitate parental emulation • Contains numerous appropriate images for sharing with children • Content aligns with religious principles, cultural values, and local norms
Weakness	• The module lacks clear learning objectives, which are important to guide participants on what to expect and learn from the workshop. • Some slides are incomplete or unclear, such as missing age references in child development charts and lack of explanation on STD transmission. • The module should align with adult learning principles by including practical, goal-oriented content like case studies to support parents' learning needs. • Key topics are missing, such as parental role modelling, gadget exposure, masturbation, homosexuality, and pornography—these should be included in future modules.	• Data presentation elements can be further improved (e.g., use of pie charts) • Incorporate more examples using communication scripts • Include a running title on each page for easier reference by readers

5.5 Conclusion

In conclusion, the review of two SRH educational resources has offered valuable insights into their content, purpose, and cultural relevance. This analysis is instrumental in informing the development of a culturally sensitive SRH education framework in Malaysia. By aligning the strengths and limitations of these materials with findings from parental interviews, we can identify best practices and improve delivery strategies. The inclusion of Islamic perspectives ensures the framework aligns with Malaysia's cultural and religious values while promoting comprehensive SRH education. The next chapter builds on these findings to present the development of the proposed framework.



CHAPTER SIX

SEXUAL AND REPRODUCTIVE HEALTH EDUCATION

FRAMEWORK DEVELOPMENT AND VALIDATION

6.1 INTRODUCTION

In this chapter, the researcher will outline the process of developing and validating a SRH education framework. This SRH education framework is designed to serve as a foundational guide for any organization aiming to implement SRH education within communities in Malaysia. The chapter will also describe the selection process and shortlisting of key elements, and how these elements are validated through the Fuzzy Delphi Method. At the end of this chapter, the researcher integrates the developed framework with Bronfenbrenner's socio-ecological theory of child development. This validation process is crucial to ensure that the ranked criteria are appropriate within the context of SRH in Malaysia.

6.2 IDENTIFIED CRITERIA

These criteria were identified through qualitative interviews with 31 parents and document analysis of the *Cakna Diri* module by LPPKN. Thematic analysis was applied during the qualitative interviews, resulting in the compilation of criteria. The criteria were reviewed for clarity and comprehensibility. The development process is detailed below, with Tables 6.1 and 6.2 outlining the initial criteria before expert evaluation.

A total of four dimensions and 36 criteria emerged from this process, categorized as follows: (1) religion as a source of support (eight criteria), (2) educational content (12 criteria), (3) cultural norms and societal expectations (13 criteria), and (4) needs (three criteria). After adapting the criteria from the qualitative interviews and document analysis, the questionnaire was reviewed by three reviewers for feedback before being sent to the panel of experts. Modifications were then made based on their input. The preliminary criteria are listed in Table 6.5.

Table 6.1 Framework Criteria from Interview's Findings

Theme	Subtheme	Categories	Quotes	Framework criteria	Criteria no.
The influence of religion and culture in SRH education	integrating religious doctrine and cultural practices in SRH education in Malaysia	Religion as the foundation of life	<i>So, when it comes to forming a family, when we have a religious foundation, whether we like it or not, in educating and raising children, all methods, principles formulated by our religion must be followed...</i> (Mr. Salleh)	SRHE should include measures to prevent various sources that trigger lust and desire.	A1
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Adherence to Christian values	<i>The commandments say not to commit adultery, but the Bible also mentions sexual morality and various other things, strange things, like fornication and homosexuality, which is also prohibited. The Bible also states that if you are homosexual, you cannot go to heaven. So, these things must be emphasized.</i> (Mr. Kelner)	The SRHE module should emphasize that pre-marital sex contradicts religious principles.	A2
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	The role of religious institution in the dissemination of SRH education	<i>We can't judge them either. However, religious leaders should guide them, providing the right perspective on why such actions are wrong. In our religion, our conscience will always speak to us. With religious teachings, we know it is wrong. Our hearts will always tell us that what we are doing is wrong, and we will feel guilty.</i> (Mdm. Sandy)	Religious leaders are expected to provide guidance and clarification on moral issues.	A3
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	The role of religious institution in	<i>Because teenagers are quite open and exposed to matters related to sexuality, in our church, they are indeed taught about boys-girls'</i>	Encouraging attendance at premarital courses	A4

culture in SRH education	practices in SRH education in Malaysia	the dissemination of SRH education	<i>relationships. There are workshops for them. Sometimes they organize youth camps. (Mdm. Sandy)</i>	organized by religious institutions	
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	The role of religious institution in the dissemination of SRH education	<i>By participating in the teachings at our temple, I appreciate that my temple offers numerous classes based on divine messages. All the teachings they convey are correct, and fortunately, my son also attends these classes. This makes it easier for me to guide my children in the future, as they receive proper instruction from religious leaders. (Mdm. Ho Ting)</i>	Encouraging participation in parental workshops organized by religious institutions	A5
Issues and challenges in SRH education among parents	Participation and engagement with their adolescent	Navigating difficult situation	<i>Oh... for that, we need to follow what the Prophet Muhammad said, we should distance ourselves from this group as a lesson. They need to acknowledge their mistakes and repent. If we continue to accommodate them, they will become worse. But that's how society is today... they are very accommodating to them. (Mr. Salleh)</i>	Encouraging those who have strayed to seek repentance	A6
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Religion as the foundation of life	<i>And that foundation also manifests in our relationships with the community, with neighbours. So, when it comes to forming a family, when we have a religious foundation, whether we like it or not, in educating and raising children, all methods, principles formulated by our religion must be followed... (Mr. Salleh)</i>	Strengthening the fundamental practices of being a Muslim/religious person	A7

The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Religion as the foundation of life	<i>Kids these days grow up in a lot of confusion, not knowing who to follow. They watch K-Pop and want to imitate K-Pop; they watch dramas and want to follow them too. This confusion needs to be corrected with proper religious guidance... (Mdm. Nasary)</i>	Help adolescents deal with their emotional confusion and orientation through proper guidance from their religion.	A8
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Religion as the foundation of life	<i>Starting from the foundation of our life beliefs, religious faith will be the basis, the path in educating our children in education. Like me, as a lecturer in higher education, there's a foundation of education too. It's impossible for us to leave that (religious principles) behind, unless we become someone else. (Mr. Salleh)</i>	Islamic/religious principles as the foundation and primary guideline	B1
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Non-adoption of SRH educational content/parental perspective	<i>Therefore, we need to reconsider why sexual education is necessary in our society, especially since Islamic society is not like the West, which legitimizes pre-marital sex. I think, discussing condom issues is permissible, but only for married individuals. (Mr. Salleh)</i>	Contraceptives should only be used by married couples and rape victims.	B2
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Adherence to Christian values	<i>Sometimes, some Christians focus too much on the Ten Commandments, to the extent that they overlook other aspects. The commandments say not to commit adultery, but the Bible also mentions sexual morality and various other things, strange things, like fornication and homosexuality, which is also prohibited. The Bible also states that if you are homosexual,</i>	Liberal teachings, including homosexuality, are not endorsed	B3

			<i>you cannot go to heaven. So, these things must be emphasized.</i> (Mr. Kelner)		
Issues and challenges in SRH education among parents	Pornography exposure and masturbation issue among children	The dynamic threats of pornography	<i>Remember what the Bible says about it. So, promise me you'll stay away from pornography. It might seem harmless, but it can actually be really dangerous.</i> (Mdm. Sandy)	Pornography is not accepted as a form of sexual pleasure	B4
Issues and challenges in SRH education among parents	Pornography exposure and masturbation issue among children	Addressing the issues of masturbation	<i>Sex is not for you alone. It must be shared with someone, and someone is the partner. Which is who you are married to. And to pleasure yourself alone is selfish. In the Bible says, you cannot be selfish. You must think about other people. When you pleasure yourself then you are thinking about yourself. Then you are wrong.</i> (Mr. Kelner)	Masturbation is not endorsed as a self-pleasure activity	B5
The influence of religion and culture in SRH education	Integrating religious doctrine and cultural practices in SRH education in Malaysia	Religion as the foundation of life	<i>That's why there's a discussion from the perspective of health-related Islamic jurisprudence. It covers when and for what reasons abortion is permitted. In cases of adultery, abortion is not allowed in Islam, as it's not the child's fault but the parents' responsibility.</i> (Mr. Salleh)	Abortion is only legal to save the life of the mother or in cases where their physical or mental health is at risk, for the first 120 days (approximately 4 months) of gestation.	B6
Parents' attitudes and practices in delivering SRH education	Gender-based issues in SRH communication	Lack of SRH communication with sons	<i>Ultimately, men are often the ones who initiate and lead to sexual acts or even adultery. While there may be attraction from women, it's usually men who decide how they pursue it.</i>	Emphasizing men as the focal point for SRH education	C1

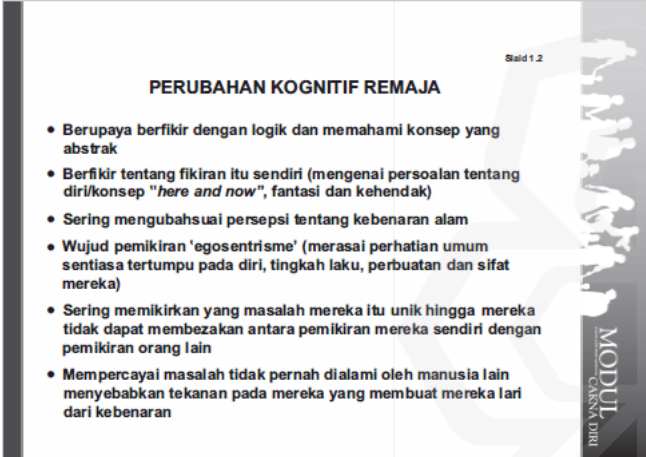
		compared to daughter	<i>That's why sexuality education needs to focus on men. (Mr. Salleh)</i>		
The influence of religion and culture in SRH education	Religion and culture shape gender roles and identity	The role of religion in constructing gender	<i>I always remind Khadijah (my daughter), Khadijah is growing up... as a girl, Khadijah must maintain the boundaries of her aurat. Don't make your father feel uncomfortable with how you dress at home. Khadijah is not a child anymore. (Mdm. Atilla)</i>	Maintaining appropriate boundaries between boys and girls in interactions	C2
Issues and challenges in SRH education among parents	Participation and engagement with their adolescent	Exemplary role modelling	<i>So, we need to practice what we preach. The same goes for our speech; we need to be mindful. Don't use vulgar language in front of the children. When we scroll through our phones, all sorts of things can pop up. Our dignity as parents needs to be upheld. (Mdm. Nasary)</i>	Upholding the principles of modesty, honour and dignity	C3
Issues and challenges in SRH education among parents	Participation and engagement with their adolescent	Primary educators	<i>No matter how we look at it, even as teachers, we have to acknowledge that parents are the first teachers of their children. So, when it comes to sexuality or related topics, the first people who should introduce these concepts are the parents. (Mr. Asri)</i>	Recognizing parents as the primary educators for SRH education	C4
Issues and challenges in SRH education among parents	Parents' perspective: insufficiencies in school-based SRH education	Societal expectation regarding school-based SRH education	<i>We should follow that approach. So, if you separate them, the girls can start asking questions. It's just that the boys also ask questions, but we often feel embarrassed to explain things properly. Especially when there</i>	Implementing the separation of boys and girls in school-based SRH education	C5

			<i>are adult men around at the time. (Mdm. Ratna)</i>		
Issues and challenges in SRH education among parents	Parents' perspective: insufficiencies in school-based SRH education	Societal expectation regarding school-based SRH education	<i>For me, if I were to choose a teacher to educate students, I would prefer someone who is married and has children. This is because they have more knowledge and experience compared to someone who is unmarried. As a mother, she carries that responsibility. (Mdm. Pavma)</i>	Ensuring school-based SRH education is delivered by well-trained, same-sex, married trainers	C6
Parents' attitudes and practices in delivering SRH education	Parental preparedness for SRH education		<i>Everything needs to be planned. Even with our own children, we need to quickly think about it. Because we want to find the right words. The suitable intonation, appropriate views, and opinions. That's how I see it. (Mr. Asri)</i>	Using modules that are appropriate for the adolescent age group	C7
Issues and challenges in SRH education among parents	Pornography exposure and masturbation issue among children	The dynamic threats of pornography	<i>Exactly, sometimes I'm at a loss for words when trying to explain the logical and scientific consequences to my kids. I've read that it (pornography) can damage the brain, but that might not be entirely accurate. I need to do more reading. (Mr. Muntasir)</i>	Parents need accurate information and reliable resources on SRH education.	D1
Parents' attitudes and practices in delivering SRH education	Participation and engagement with their adolescent		<i>That's why communication, the form of our communication, our tone when speaking to children, even students, it all needs to be planned out. That's how it is, so when in the classroom, when we want to discuss topics like this, we need to plan how we're going to talk to</i>	Parents need training in communication skills to effectively discuss SRH education with their adolescents.	D2

the students. Everything needs planning. (Mr. Asri)

Issues and challenges in SRH education among parents	Pornography exposure and masturbation issue among children	The dynamic threats of pornography	<i>The best option is to use Google Family controls for monitoring, but my son, being quite clever, downloaded Opera, which has a built-in VPN. I was surprised and asked him what he was doing. I'm not sure if he fully understands. My goal in raising my son is to prevent situations like this from arising. (Mr. Kelner)</i>	Parents need training in technology and media literacy to effectively monitor and guide their children's use of technology.	D3
Issues and challenges in SRH education among parents	Training on skills to deliver SRH education	Provision of sexual development resources at material and child health clinics	<i>..., they could teach parents how to introduce sexual organs using the right language. Because in all my life, having three kids, I've never received any sexual education knowledge from doctors... (Mdm. Yusma)</i>	Use simple language in SRH education materials and avoid medical jargon.	B7

Table 6.2 Framework Criteria from Critical Discourse Analysis of *Cakna Diri* Module

Slides number	Content	Underlying notion	Framework criteria	Criteria code
1.2	 PERUBAHAN KOGNITIF REMAJA • Berupaya berfikir dengan logik dan memahami konsep yang abstrak • Berfikir tentang fikiran itu sendiri (mengenai persoalan tentang diri/konsep "<i>here and now</i>", fantasi dan kehendak) • Sering mengubahsui persepsi tentang kebenaran alam • Wujud pemikiran 'egosentrisme' (merasai perhatian umum sentiasa tertumpu pada diri, tingkah laku, perbuatan dan sifat mereka) • Sering memikirkan yang masalah mereka itu unik hingga mereka tidak dapat membezakan antara pemikiran mereka sendiri dengan pemikiran orang lain • Mempercayai masalah tidak pernah dialami oleh manusia lain menyebabkan tekanan pada mereka yang membuat mereka lari dari kebenaran	It emphasizes the importance of recognizing and respecting the uniqueness of each individual's sexual development and understanding. This aspect suggests a malleability in how adolescents perceive truths.	Help adolescents deal with their emotional confusion and orientation through proper guidance from their religion.	A8

1.1

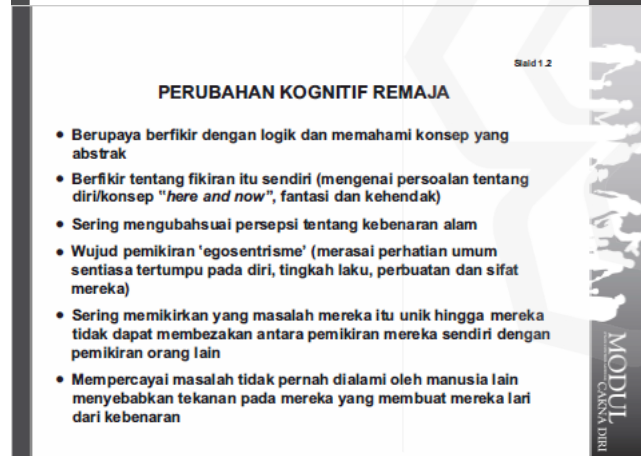


The depiction of unclothed male and female graphics is a good choice rather than using actual photograph which might be sensitive to Malaysian culture.

Using graphic to illustrate the anatomy of sexual organs

B8

1.2



It emphasizes the importance of recognizing and respecting the uniqueness of each individual's sexual development and understanding.

SRH education should encourage a more inclusive and understanding environment where diverse experiences are acknowledged and discussed

B9

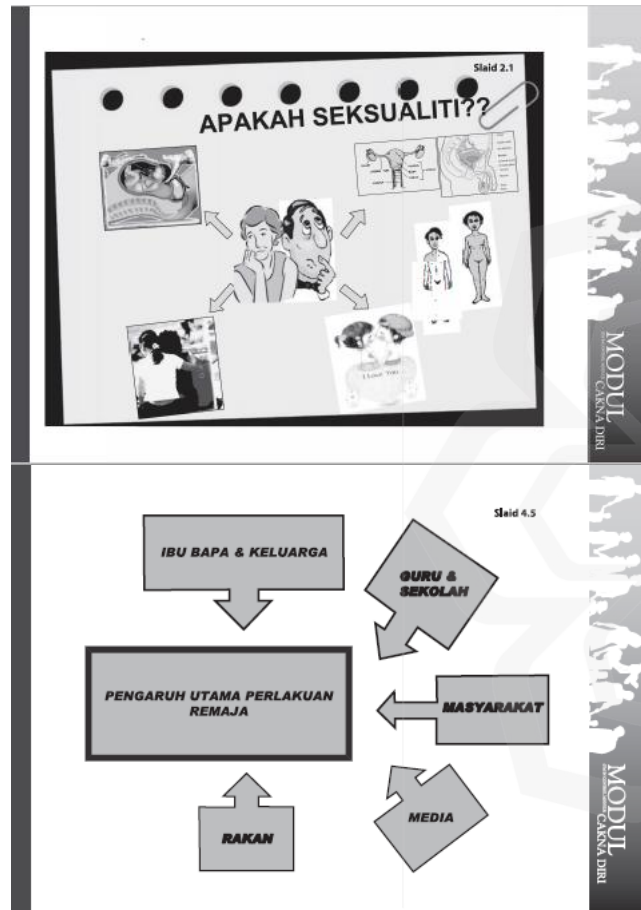
2.1

The visual representation analysis of the described images suggests a comprehensive approach to sexuality education.

Holistic approach that considers not only the physical but also the emotional well-being of adolescents.

B10

4.5



The images contribute to discourses on curiosity, human development, biological aspects, body awareness, diverse relationships, and emotional intimacy.

The five factors presented in Figure 5.24 depicts parents & family, teachers & school, society, media, and peers—highlight the various social and environmental elements that contribute to shaping the behaviour of teenagers.

The need for parents to be aware of the peer environment's impact on their children's perspectives on relationships, gender roles, and sexual behaviours

B11

1.3

Slaid 1.3

PERUBAHAN EMOSI REMAJA

- Lebih memikirkan pandangan dan pendapat orang lain tentang diri sendiri dan sering bertukar pendirian, pendapat dan ideologi dan kawan-kawan
- Berlaku konflik peribadi iaitu "krisis identiti" di mana remaja mengalami konflik sosial antara pengertian identiti diri dengan peranan dirinya
- Amat peka bagaimana orang lain mempersepsikan diri, sifat, tingkah laku dan fikiran mereka
- Mencari jawapan pada setiap persoalan yang agak mengelirukan mereka
- Suka bersendirian
- Mudah merasa sensitif

MODUL CANSA DIRI

The mention of a "krisis identiti" or identity crisis highlights a crucial aspect of adolescence.

Parents foster a supportive environment for their children to explore and affirm their identity based on their biological sexual and gender identity

C8

1.3

Slaid 1.3

PERUBAHAN EMOSI REMAJA

- Lebih memikirkan pandangan dan pendapat orang lain tentang diri sendiri dan sering bertukar pendirian, pendapat dan ideologi dan kawan-kawan
- Berlaku konflik peribadi iaitu "krisis identiti" di mana remaja mengalami konflik sosial antara pengertian identiti diri dengan peranan dirinya
- Amat peka bagaimana orang lain mempersepsikan diri, sifat, tingkah laku dan fikiran mereka
- Mencari jawapan pada setiap persoalan yang agak mengelirukan mereka
- Suka bersendirian
- Mudah merasa sensitif

MODUL CANSA DIRI

"Mencari jawapan pada setiap persoalan yang agak mengelirukan mereka"

Parents play a vital role as a reliable source of information

C9

Adolescents are described as seeking answers to perplexing questions.

1.3

Slaid 1.3

PERUBAHAN EMOSI REMAJA

- Lebih memikirkan pandangan dan pendapat orang lain tentang diri sendiri dan sering bertukar pendirian, pendapat dan ideologi dan kawan-kawan
- Berlaku konflik peribadi iaitu "krisis identiti" di mana remaja mengalami konflik sosial antara pengertian identiti diri dengan peranan dirinya
- Amat peka bagaimana orang lain mempersepsikan diri, sifat, tingkah laku dan fikiran mereka
- Mencari jawapan pada setiap persoalan yang agak mengelirukan mereka
- Suka bersendirian
- Mudah merasa sensitif

MODUL
CANSAS DIRI

"Suka bersendirian"

The inclination towards solitude suggests a need for personal space during this emotional phase.

Parents respecting their children's privacy while remaining available for discussions when needed

C10

4.2(b)

AMARAN KUNING

Slaid 4.2(b)

- ANAK ANDA BERCADANG BERDUA-DUAAN BERSAMA TEMAN ISTIMEWA
- ANAK ANDA MERASAKAN TEMAN ISTIMEWANYA JUGA SEDANG BERFIKIR TENTANG SEKS
- ANAK ANDA MUNGKIN BERPELUANG UNTUK MELAKUKAN HUBUNGAN SEKS JIKA DIA BERDUA-DUAAN
- TEMAN ANAK ANDA CUBA MENGAMBIL HATI ANAK ANDA DENGAN MEMBELI HADIAH DAN MEMBAWA KE RESTORAN MEWAH
- TEMAN ANAK ANDA MENGAJAK ANAK ANDA KE TEMPAT YANG SUNYI

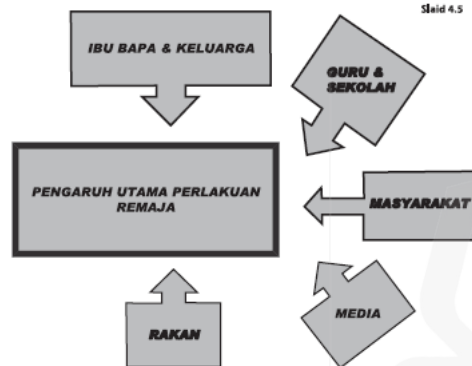
MODUL
CANSAS DIRI

The warnings in AMARAN KUNING may indicate concerns about the potential for risky behaviours or situations,

Parents to be more proactive and assertive in their roles as protectors and educators

C11

4.5



The five factors presented in Figure 5.24 depicts parents & family, teachers & school, society, media, and peers—highlight the various social and environmental elements that contribute to shaping the behaviour of teenagers.

Recognizes the roles of family, peers, education, self, media, society and environment

C12

4.7

Slide 4.7

TIPS MENGHADAPI RUNTUNAN NAFSU REMAJA

- Bantu anak untuk memahami dorongan naluri yang muncul semasa remaja. Anak perlu menjaga diri bagi menjaga kesucian diri.
- Bimbing anak dengan cara menyalurkan dorongan ini secara positif. Alihkan dorongan ini dengan memberi tumpuan kepada kegiatan lain selaras dengan tata susila dan pegangan agama.

The advice provided for addressing adolescent desires in the described slides reflects a discourse emphasizing parental guidance within a cultural and moral framework. Parents are positioned as mentors, tasked with helping adolescents understand and channel their lust and desire positively.

Preserving purity, aligning with activities and moral values, and promoting internal self-control.

C13

Table 6.3 Identified criteria through qualitative interview and document analysis

Dimension	Criteria code	Criteria	Source
Religion as a source of support	A1	SRHE should include measures to prevent various sources that trigger lust and desire.	QI
	A2	The SRHE module should emphasize that pre-marital sex contradicts religious principles.	QI
	A3	Religious leaders are expected to provide guidance and clarification on moral issues.	QI
	A4	Encouraging attendance at premarital courses organized by religious institutions	QI
	A5	Encouraging participation in parental workshops organized by religious institutions	QI
	A6	Encouraging those who have strayed to seek repentance	QI
	A7	Strengthening the fundamental practices of being a Muslim	QI
	A8	Help adolescents deal with their emotional confusion and orientation through proper guidance from their religion.	CDA
Educational content	B1	Islamic principles as the foundation and primary guideline	QI
	B2	Contraceptives should only be used by married couples and rape victims.	QI
	B3	Liberal teachings, including homosexuality, are not endorsed	QI
	B4	Pornography is not accepted as a form of sexual pleasure	QI
	B5	Masturbation is not endorsed as a self-pleasure activity	QI
	B6	Abortion is only legal to save the life of the mother or in cases where their physical or mental health is at risk, for the first 120 days (approximately 4 months) of gestation.	QI
	B7	Use simple language in SRH education materials and avoid medical jargon.	CDA
	B8	Using graphic to illustrate the anatomy of sexual organs	CDA
	B9	SRH education should encourage a more inclusive and understanding environment where diverse experiences are acknowledged and discussed	CDA
	B10	Holistic approach that considers not only the physical but also the emotional well-being of adolescents.	CDA
	B11	The need for parents to be aware of the peer environment's impact on their children's	CDA

		perspectives on relationships, gender roles, and sexual behaviours	
	B12	Parent promote a healthy self-image and addressing any concerns or insecurities related to sexuality with empathy and understanding.	CDA
Cultural norm and societal expectation	C1	Emphasizing men as the focal point for SRH education	QI
	C2	Maintaining appropriate boundaries between boys and girls in interactions	QI
	C3	Upholding the principles of modesty, honour and dignity	QI
	C4	Recognizing parents as the primary educators for SRH education	QI
	C5	Implementing the separation of boys and girls in school-based SRH education	QI
	C6	Ensuring school-based SRH education is delivered by well-trained, same-sex, married trainers	QI
	C7	Using modules that are appropriate for the adolescent age group	QI
	C8	Parents foster a supportive environment for their children to explore and affirm their identity based on their biological sexual and gender identity	CDA
	C9	Parents play a vital role as a reliable source of information	CDA
	C10	Parents respecting their children's privacy while remaining available for discussions when needed	CDA
	C11	Parents to be more proactive and assertive in their roles as protectors and educators	CDA
	C12	Recognizes the roles of family, peers, education, self, media, society and environment	CDA
	C13	Preserving purity, aligning with activities and moral values, and promoting internal self-control.	CDA
Needs	D1	Parents need accurate information and reliable resources on SRH education.	QI
	D2	Parents need training in communication skills to effectively discuss SRH education with their adolescents.	QI
	D3	Parents need training in technology and media literacy to effectively monitor and guide their children's use of technology.	QI

Note: QI = Qualitative interview, CDA = Critical Discourse Analysis

6.3 FINDINGS

The evaluation of the criteria for the development of the SRH framework across four dimensions – Religion as a Source of Support, Educational Content, Cultural Norms and Societal Expectations, and Needs – reveals significant insights after analysis using FDM and complemented with subjective written evaluations.

6.3.1 FDM Analysis

For Dimension 1: Religion as a Source of Support, criteria were evaluated using Triangular Fuzzy Numbers and a defuzzification process. The criteria with the highest defuzzified scores and consensus thresholds were accepted and ranked accordingly. The top criteria were Criterion 5 (0.951), Criterion 7 (0.938), and Criterion 1 (0.931). Criterion 6 was rejected due to a threshold value of more than 0.2 (0.241).

In Dimension 2: Educational Content, all criteria were accepted, with the highest-ranked being Criterion 10 (0.959) and Criteria 9, 11, and 12 (all at 0.944). The lowest-scoring accepted criteria were Criterion 2 (0.779) and Criterion 5 (0.831), indicating areas that might need more attention for content improvement.

In Dimension 3: Cultural Norms and Societal Expectations included criteria evaluated for their influence on SRH. Most criteria were accepted, with the top-ranked being Criteria 12 and 13 (both at 0.967) and Criteria 3 and 7 (both at 0.951). Criterion 1 was the only criterion rejected, scoring significantly lower (0.467), and a threshold value of 0.587).

For Dimension 4: Needs, all criteria were highly accepted, with the highest scores indicating strong consensus on their importance. Criteria 1 and 2 both scored 0.944, while Criterion 3 scored 0.915, reflecting the critical needs for the SRH framework.

Table 6.4 Dimension 1: Religion as a source of support

Criteria	Triangular Fuzzy Numbers		Defuzzification Process Condition				Consensus Threshold value, d	Acceptance Expert panellists' consensus	Ranking
	Threshold value, d	Expert panellists' consensus	$m1$	$m2$	$m3$	Fuzzy (A)			
1	0.096	92%	0.854	0.962	0.977	0.931	ACCEPTED	0.931	3
2	0.178	92%	0.831	0.931	0.946	0.903	ACCEPTED	0.903	7
3	0.091	92%	0.823	0.954	0.992	0.923	ACCEPTED	0.923	4
4	0.076	100%	0.808	0.954	1.000	0.921	ACCEPTED	0.921	6
5	0.040	100%	0.869	0.985	1.000	0.951	ACCEPTED	0.951	1
6	0.241	85%	0.769	0.885	0.923	0.859	REJECTED		
7	0.071	92%	0.854	0.969	0.992	0.938	ACCEPTED	0.938	2
8	0.091	92%	0.823	0.954	0.992	0.923	ACCEPTED	0.923	4

Table 6.5 Dimension 2: Educational content

Criteria	Triangular Fuzzy Numbers		Defuzzification Process Condition				Consensus Threshold value, d	Acceptance Expert panellists' consensus	Ranking
	Threshold value, d	Expert panellists' consensus	$m1$	$m2$	$m3$	Fuzzy (A)			
1	0.124	92%	0.792	0.931	0.977	0.900	ACCEPTED	0.900	8
2	0.146	85%	0.608	0.792	0.938	0.779	ACCEPTED	0.779	12
3	0.105	85%	0.746	0.908	0.985	0.879	ACCEPTED	0.879	10
4	0.145	85%	0.808	0.931	0.969	0.903	ACCEPTED	0.903	7
5	0.169	92%	0.685	0.854	0.954	0.831	ACCEPTED	0.831	11
6	0.095	92%	0.808	0.946	0.992	0.915	ACCEPTED	0.915	6
7	0.111	85%	0.823	0.946	0.985	0.918	ACCEPTED	0.918	5
8	0.113	85%	0.762	0.915	0.985	0.887	ACCEPTED	0.887	9
9	0.054	100%	0.854	0.977	1.000	0.944	ACCEPTED	0.944	2
10	0.022	100%	0.885	0.992	1.000	0.959	ACCEPTED	0.959	1
11	0.054	100%	0.854	0.977	1.000	0.944	ACCEPTED	0.944	2
12	0.054	100%	0.854	0.977	1.000	0.944	ACCEPTED	0.944	2

Table 6.6 Dimension 3: Cultural norms and societal expectation criteria evaluation

Criteria	Triangular Fuzzy Numbers		Defuzzification Process Condition				Consensus Threshold value, d	Acceptance Expert panellists' consensus	Ranking
	Threshold value, d	Expert panellists' consensus	$m1$	$m2$	$m3$	Fuzzy (A)			
1	0.587	8%	0.362	0.462	0.577	0.467	REJECTED		
2	0.071	92%	0.854	0.969	0.992	0.938	ACCEPTED	0.938	6
3	0.040	100%	0.869	0.985	1.000	0.951	ACCEPTED	0.951	4
4	0.082	92%	0.838	0.962	0.992	0.931	ACCEPTED	0.931	7
5	0.183	85%	0.777	0.908	0.954	0.879	ACCEPTED	0.879	11
6	0.159	77%	0.623	0.800	0.938	0.787	ACCEPTED	0.787	12
7	0.040	100%	0.869	0.985	1.000	0.951	ACCEPTED	0.951	3
8	0.117	92%	0.823	0.946	0.977	0.915	ACCEPTED	0.915	9
9	0.108	92%	0.838	0.954	0.977	0.923	ACCEPTED	0.923	8
10	0.139	77%	0.762	0.908	0.977	0.882	ACCEPTED	0.882	10
11	0.054	100%	0.854	0.977	1.000	0.944	ACCEPTED	0.944	5
12	0.000	100%	0.900	1.000	1.000	0.967	ACCEPTED	0.967	1
13	0.000	100%	0.900	1.000	1.000	0.967	ACCEPTED	0.967	1

Table 6.7 Dimension 4: Needs

Criteria	Triangular Fuzzy Numbers		Defuzzification Process Condition				Consensus Threshold value, d	Acceptance Expert panellists' consensus	Ranking
	Threshold value, d	Expert panellists' consensus	$m1$	$m2$	$m3$	Fuzzy (A)			
C1	0.054	100%	0.854	0.977	1.000	0.944	ACCEPTED	0.944	1
C2	0.054	100%	0.854	0.977	1.000	0.944	ACCEPTED	0.944	1
C3	0.095	92%	0.808	0.946	0.992	0.915	ACCEPTED	0.915	3

6.3.2 Dimension Rank

After analysing the criteria and ranking them, the dimensions were also ranked based on their defuzzification scores to determine which rankings were prioritized according to expert panel consensus. Both Dimensions 1 and 3 have the highest average scores, making them equally the top-ranked dimensions, followed by Dimension 2 and then Dimension 4.

6.3.3 Subjective Written Evaluations

In addition to the evaluation forms using the FDM as the primary evaluation method, this development and validation Framework process also obtains subjective feedback from expert panels. This aims to gather opinions and insights from the experts on sentence structures, beyond the parametric evaluation that mainly considers the suitability of the criteria for inclusion in and forming the SRH education framework. Moreover, these written comments are also crucial for clarifying their thoughts and any ambiguities regarding the criteria, which will help to improve these criteria further. Examples of comments from the expert panel are illustrated in Table 6.10.

Table 6.8 Example of comments from a panel expert

Criteria code	Comments
A2	<i>Atheism is becoming more common among young people, even those who grew up as Muslims. They often follow moral rules, karma, or societal norms instead. So, if we only talk about religious principles, we might leave out a lot of people. Maybe we should include "moral principles" too.</i>
A8	<i>For medical personnel, it's important to consider the negative health and mental effects of unresolved gender confusion and orientation issues.</i>
B2	<i>In married couples, contraception is a part of family planning. Education about contraception and fertility should be included in all pre-marriage counselling, regardless of religion or ethnicity. In cases of rape, contraceptives are used to prevent unwanted pregnancies from a traumatic experience. These situations have different emotional impacts and should be addressed separately. In sexual and reproductive health (SRH), contraceptive education should be tailored to each situation, like for sex workers and rape victims.</i>

B7	<i>I don't agree with avoiding medical terms entirely. Some medical terms are necessary. Using overly simple terms can sometimes create confusion. For example, using terms like "bird" or "nonoi" to refer to the penis can be misleading. It might be better to use appropriate language that is both medically accurate and culturally sensitive.</i>
B11	<i>The impact on the community is important, not just education at home.</i>
C1	<i>I don't understand. Why? What's the difference between focal point and non-focal point?</i>
C10	<i>Do people under 18 have a right to privacy? Maybe we should rephrase the criteria to say "privacy."</i>

We also received feedback from one of the expert panellists, highlighting the need to emphasise issues related to extramarital sex as a *Syariah* criminal offense and sodomy as a civil offense. This can provide parents with knowledge about these matters. Additionally, the roles of friends, teachers, and other parties aside from parents in SRH should also be addressed.

Comments from experts on the feedback sheets are meticulously reviewed. Recommendations from the expert panellists are carefully summarized and noted for key points and improvement suggestions. Following this, a meeting is convened with supervisors to discuss the feedback from the expert panel and deliberate on their recommendations. Upon agreeing on the proposed recommendations, these changes are integrated to finalize the definitive criteria for the framework of SRH education in Malaysia.

Table 6.9 Dimension and criteria ranking

Dimension	Criteria	Code	Rank
Religion as a source of support (Average score: 0.953)	SRHE should include measures to prevent various sources that trigger lust and desire.	A1	15
	The SRHE module should emphasize that pre-marital sex contradicts religious principles.	A2	25
	Religious leaders are expected to provide guidance and clarification on moral issues.	A3	18
	SRH providers should advocate for marriage candidates to attend premarital courses facilitated by religious institutions.	A4	20
	SRH providers should recommend that parents engage in parenting workshops organized by religious institutions*	A5	5
	SRH provider should encouraging those who have strayed to seek repentance **	A6	35
	SRH providers should reinforce the core practices of being a Muslim.	A7	13
	Help adolescents deal with their emotional confusion and orientation through proper guidance from their religion.	A8	19
Educational content (Average score 0.948)	Islamic principles as the foundation and primary guideline	B1	27
	Contraceptives should only be used by married couples and rape victims.	B2	34
	Liberal teachings, including those related to homosexuality, are not endorsed.	B3	31
	Pornography is not accepted as a form of sexual pleasure	B4	26
	Masturbation is not endorsed as a self-pleasure activity	B5	32
	Abortion is only legal to save the life of the mother or in cases where their physical or mental health is at risk, for the first 120 days (approximately 4 months) of gestation.	B6	23
	Use simple language in SRH education materials and avoid medical jargon.	B7	21
	Using graphic to illustrate the anatomy of sexual organs	B8	28
	SRH education should encourage a more inclusive and understanding environment where diverse experiences are acknowledged and discussed*	B9	7
	Holistic approach that considers not only the physical but also the emotional well-being of adolescents*	B10	3
	The need for parents to be aware of the peer environment's impact on their children's perspectives on relationships, gender roles, and sexual behaviours*	B11	8
	Parent promote a healthy self-image and addressing any concerns or insecurities related to sexuality with empathy and understanding*	B12	9

Cultural norm and societal expectation (Average 0.953)	Emphasizing men as the focal point for SRH education**	C1	36
	Maintaining appropriate boundaries between boys and girls in interactions	C2	14
	Upholding the principles of modesty, honour and dignity*	C3	6
	Recognizing parents as the primary educators for SRH education	C4	16
	Implementing the separation of boys and girls in school-based SRH education	C5	30
	Ensuring school-based SRH education is delivered by well-trained, same-sex, married trainers	C6	33
	Using modules that are appropriate for the adolescent age group*	C7	4
	Parents foster a supportive environment for their children to explore and affirm their identity based on their biological sexual and gender identity	C8	22
	Parents play a vital role as a reliable source of information	C9	17
	Parents respecting their children's privacy while remaining available for discussions when needed	C10	29
	Parents to be more proactive and assertive in their roles as protectors and educators*	C11	10
	Recognizes the roles of family, peers, education, self, media, society and environment*	C12	1
	Preserving purity, aligning with activities and moral values, and promoting internal self-control*	C13	2
Needs (Average score 0.944)	Parents need accurate information and reliable resources on SRH education.	D1	11
	Parents need training in communication skills to effectively discuss SRH education with their adolescents.	D2	12
	Parents need training in technology and media literacy to effectively monitor and guide their children's use of technology.	D3	24

Note: *10-top ranked criteria, **rejected criteria

6.3.4 Final Criteria for Sexual and Reproductive Health Education Framework

Based on the results of the FDM analysis and the subjective comments from experts, the final list of dimension and criteria for the SRH education framework in Malaysia, ranked according to their importance, is as follows:

CRITERIA FOR SEXUAL AND REPRODUCTIVE HEALTH EDUCATION FRAMEWORK

Religion as a Source of Support

- SRH providers should recommend that parents engage in parenting workshops organized by religious institutions. (Rank 5)
- SRH providers should reinforce the core practices of being a Muslim. (Rank 13)
- SRHE should include measures to prevent various sources that trigger lust and desire. (Rank 15)
- Religious leaders are expected to provide guidance and clarification on moral issues. (Rank 18)
- Help adolescents deal with their emotional confusion and orientation through proper guidance from their religion. (Rank 19)
- SRH providers should advocate for marriage candidates to attend premarital courses facilitated by religious institutions. (Rank 20)
- The SRHE module should emphasize that pre-marital sex contradicts religious principles. (Rank 25)

Cultural Norm and Societal Expectation

- Recognizes the roles of family, peers, education, self, media, society, and environment. (Rank 1)
- Preserving purity, aligning with activities and moral values, and promoting internal self-control. (Rank 2)
- Upholding the principles of modesty, honour and dignity. (Rank 6)
- Using modules that are appropriate for the adolescent age group. (Rank 4)
- Parents to be more proactive and assertive in their roles as protectors and educators. (Rank 10)
- Recognizing parents as the primary educators for SRH education. (Rank 16)

- Parents play a vital role as a reliable source of information. (Rank 17)
- Maintaining appropriate boundaries between boys and girls in interactions. (Rank 14)
- Parents foster a supportive environment for their children to explore and affirm their identity based on their biological sexual and gender identity. (Rank 22)
- Parents respecting their children's privacy while remaining available for discussions when needed. (Rank 29)
- Implementing the separation of boys and girls in school-based SRH education. (Rank 30)
- Ensuring school-based SRH education is delivered by well-trained, same-sex, married trainers. (Rank 33)

Educational Content

- Holistic approach that considers not only the physical but also the emotional well-being of adolescents. (Rank 3)
- SRH education should encourage a more inclusive and understanding environment where diverse experiences are acknowledged and discussed. (Rank 7)
- The need for parents to be aware of the peer environment's impact on their children's perspectives on relationships, gender roles, and sexual behaviours. (Rank 8)
- Parents promote a healthy self-image and addressing any concerns or insecurities related to sexuality with empathy and understanding. (Rank 9)
- Use simple language in SRH education materials and avoid medical jargon. (Rank 21)
- Abortion is only legal to save the life of the mother or in cases where their physical or mental health is at risk, for the first 120 days (approximately 4 months) of gestation. (Rank 23)
- Islamic principles as the foundation and primary guideline. (Rank 27)
- Using graphics to illustrate the anatomy of sexual organs. (Rank 28)
- Pornography is not accepted as a form of sexual pleasure. (Rank 26)
- Liberal teachings, including those related to homosexuality, are not endorsed. (Rank 31)

- Masturbation is not endorsed as a self-pleasure activity. (Rank 32)
- Contraceptives should only be used by married couples and rape victims. (Rank 34)

Needs

- Parents need accurate information and reliable resources on SRH education. (Rank 11)
- Parents need training in communication skills to effectively discuss SRH education with their adolescents. (Rank 12)
- Parents need training in technology and media literacy to effectively monitor and guide their children's use of technology. (Rank 24)

6.3.5 Integration of Framework with Bronfenbrenner's Ecological Theory of Child Development

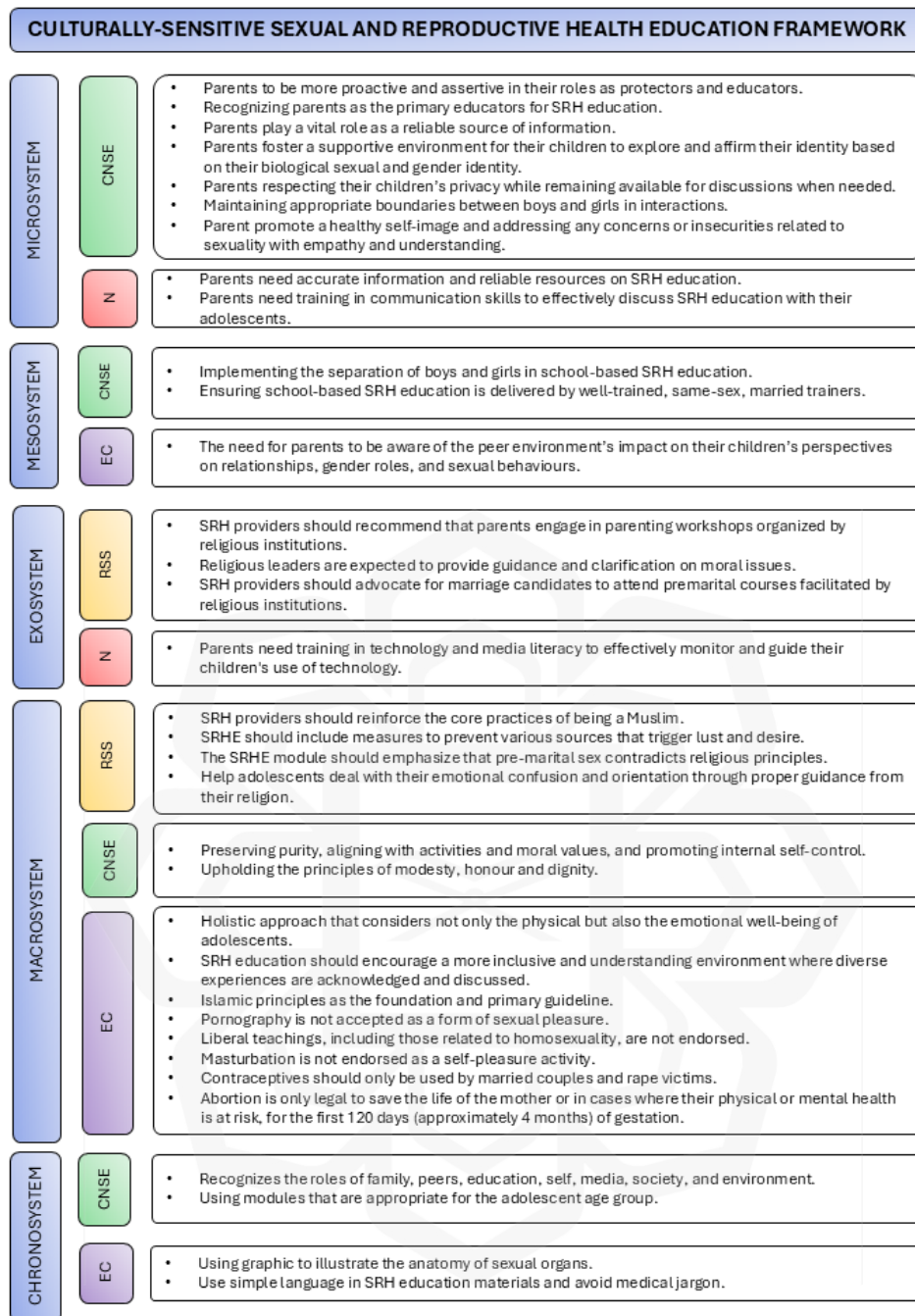
According to Bronfenbrenner's Ecological Child Development Model, a child's development should be examined through five interrelated layers: Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem. Each of these layers represents different environmental influences that shape a child's growth and development, ranging from immediate relationships and settings (Microsystem) to broader societal and cultural influences (Macrosystem) and the dimension of time (Chronosystem).

In this study, the criteria assessed are systematically categorized according to their corresponding layers within Bronfenbrenner's model. Each criterion derived from the FDM analysis is carefully examined and mapped onto the most relevant level within Bronfenbrenner's Ecological Systems Theory. This involves analysing the context in which the criterion exerts its influence on parental roles in sexuality education. Each criterion generated from the Fuzzy Delphi Method is carefully aligned with a specific level of Bronfenbrenner's Ecological Systems Theory, based on the context in which it influences parental involvement in sexuality education. For example, the criterion "Parents play a vital role as a reliable source of information" is situated within the microsystem, as it reflects direct, daily interactions between parents and their children that shape knowledge and values about sexual and reproductive health. The criterion "Implementing the separation of boys and girls in school-based SRH education" fits

within the mesosystem, as it represents structured practices and interactions between home and educational settings that influence how sexuality education is received and contextualized. Lastly, the belief that “Pornography is not accepted as a form of sexual pleasure” is placed within the macrosystem, as it reflects deeply embedded cultural and religious norms upheld by society at large. This step ensures that each criterion is not only validated through expert consensus but also theoretically positioned within a broader ecological context, enhancing the conceptual depth and cultural sensitivity of the study framework.

By organizing the findings in this manner, readers can better understand how different factors interact within each ecological layer and influence child development. This structured approach enhances clarity and facilitates a more comprehensive interpretation of the results.

Bronfenbrenner's Ecological Theory of Child Development provides a comprehensive framework for examining the issue of SRH education. Anfara Jr and Mertz (2014) noted that a theory serves to guide the development and direction of research and aids in explaining its findings. In line with this, the researcher has integrated the criteria, which were shortlisted and validated by 13 experts based on their rankings, into categories aligned with Bronfenbrenner's ecological levels. Culturally-sensitive SRH Education Framework (Figure) was developed by the researcher to illustrate the integration of Bronfenbrenner's Ecological Theory of Child Development with the 34 criteria of the Culturally-sensitive SRH Education Framework derived from this study.



Note: **CNSE**=Cultural Norm & Societal Expectation, **N**=Need, **EC**=Educational Content, **RSS**=Religion as a Source of Support
(Elin MR, Hazariah AMS, Arifin SRM, Hasan H (2025))

Figure 6.1 Culturally-sensitive Sexual and Reproductive Health Education Framework

6.4 CONCLUSION

This chapter presented the development of a culturally sensitive SRH education framework for Malaysia, shaped by expert consensus through the Fuzzy Delphi Method. The experts' agreement on four key dimensions and 34 criteria underscores the

framework's relevance and contextual suitability. Their input extends the findings from earlier qualitative interviews and document analysis, reinforcing the need for a uniquely Malaysian approach to SRH education, one that addresses local challenges such as sexual misconduct and reproductive health issues, rather than relying on external models. Building on this foundation, the next chapter discusses the main findings of the study in greater depth, connecting them to existing literature and highlighting their broader implications.



CHAPTER SEVEN

DISCUSSION AND FINAL CONCLUSION

7.1 INTRODUCTION

This discussion chapter provides an overview of the research, reaffirming its rationale and significance. It critically analyses and interprets the main findings within the broader context of existing literature to understand the factors contributing to these outcomes in Malaysia. Additionally, the chapter offers recommendations for policy, practice, and future research. The strengths and limitations of the study are also addressed, culminating in a final summary.

7.2 SYNTHESIS OF THE KEY FINDINGS

This research had added to the body of knowledge through seven key findings as follows:

1. This research demonstrates how religious beliefs and cultural norms influence parents' attitudes toward SRH education. Muslim, Christian, Hindu, and Buddhist parents share similar views on issues like pre-marital sex, abortion, and homosexuality. Although aware of harm reduction-based SRH education for issues like teenage pregnancy and HIV/AIDS, they reject such programs due to conflicts with their religious principles. The research also found that Muslim parents see mosque institutions as a trusted agent of change for SRH education, while churches and Buddhist temples have already implemented programs targeting both parents and adolescents.
2. This research finds that parents perceive their adolescents to have sufficient SRH knowledge from school, which influences their readiness to act as primary guides. However, they identify shortcomings in school-based SRH education, such as untrained teachers, lack of gender-sensitive approaches, and teacher attitudes that cause discomfort and discourage student engagement.

3. This research highlights the critical need for early foundational SRH education, ideally initiated before puberty – a pivotal stage for self-identity formation. Parents recognise the significant role of peer groups and external influences, particularly through smartphones, in shaping their children's behaviours and personalities. Among parents of adolescents in Taman Seri Puteri, many observed a decline in behaviour upon their children's transition to secondary school, attributing this to increased exposure to external pressures facilitated by technology. These challenges are compounded by parents' limited technological literacy, which leaves them struggling to manage issues such as gadget addiction and exposure to harmful content like pornography, as their children often demonstrate more advanced proficiency in using smartphone applications.
4. This research highlights that parents advocate for gender-specific approaches to SRH education, with fathers addressing topics with their sons and mothers engaging with their daughters. However, they also recognise the value of cross-gender roles in fostering a well-rounded sense of identity in their children. Parents emphasise the importance of role modelling and open communication in SRH education, believing that demonstrating adherence to religious teachings plays a crucial role in shaping their children's development.
5. This research identifies significant challenges parents face in engaging in effective SRH discussion with their children, including a lack of time, skills, and confidence. Working parents, in particular, struggle to allocate time for meaningful communication. Although most parents possess basic knowledge of SRH concepts – such as safe and unsafe touch, bodily changes, and reproduction – they often find it difficult to explain sensitive topics like "rape" and "sexual intercourse," leading to discomfort when such questions arise.
6. This research highlights several strategies to enhance the delivery and effectiveness of the *Cakna Diri* module. Key recommendations include clearly defining the module's objectives, refining ambiguous content, and incorporating adult learning principles that emphasise practicality. Enhancements could also include addressing critical topics such as managing internet access through gadgets, discussing masturbation, and combating the risks of pornography. To further inform these improvements, the study examined *Berbual-bual dengan Anak tentang Seksualiti* by Wan Nur Syakira, assessing its values and approach.

to SRH education. This analysis provided a valuable benchmark for developing a more comprehensive and effective SRH education framework.

7. This research provides a comprehensive understanding of the SRH education landscape in Malaysia, considering the country's cultural context. It aims to inform the design of SRH educational activities that align with local cultural norms. Thirteen experts, including religious scholars, family medicine specialists, academic nurses, public health experts, and child advocates, evaluated the proposed criteria using the Fuzzy Delphi Method. The diverse panel approved 34 out of the 36 shortlisted criteria.

7.3 DISCUSSION OF THE FINDINGS

This section investigates into the key messages that emerged from the research findings, providing an in-depth discussion and analysis. These insights will be critically examined in light of existing literature, highlighting areas of alignment, divergence, and potential contributions to the broader body of knowledge.

7.3.1 The Role of Religious Beliefs and Cultural Norms in Shaping Parents' Attitudes and Acceptance toward SRH

This research highlights how religious beliefs and cultural values shape parents' attitudes towards SRH education. Muslim, Christian, Hindu, and Buddhist parents hold similar views on issues such as pre-marital sex, abortion, and homosexuality. Based on the findings from interviews with parents, a key agenda emphasised by parents regarding their adolescent children is to preserve their honour and dignity by avoiding premarital sex. Considering cultural norms and religious laws, this objective is pursued by preventing overly liberal cross-gender social interactions that may lead to sexual attraction.

This approach is clearly distinct from the recommendations provided by International Technical Guidance for Sexuality Education (ITGSE) which encourages children to develop mutual respect in social and sexual relationships (UNESCO, 2018). The guideline specifically stated that its goal is to promote the development of mutual respect in social and sexual relationships. It further outlines its aim to teach children skills for respecting others and maintaining healthy relationships with romantic and

sexual partners. However, in Islam, there is no concept that children require sexual partners (Rassool et al., 2020), and engaging in sexual relationships may expose them to risks from predators. Similarly, regarding safe sex practices, Malaysian parents do not recognise their children's ability to use contraceptive methods since premarital sex itself is not permitted (Muhammad et al., 2023).

The non-adoption of educational content and curriculum is highlighted by the researcher due to the inclusion of liberal teachings such as acceptance of pre-marital sex, homosexuality, abortion, and masturbation. This resistance is particularly strong in conservative or religious communities. This finding aligns with studies conducted by Hendriks et al. (2024) who stated that religious parents in Singapore reject components of CSE related to sexual pleasure, the disclosure of information on masturbation, and pornography to their children. Similarly, Awaru (2020) noted in his research that parents in Indonesia oppose CSE due to content promoting safe sex practices for children.

Sanjakdar (2022), through a CDA of media expressing the views of British Muslim parents, reports a rejection of the idea of CSE. Sanjakdar (2022) argues for a stronger focus on Islamic perspectives to reduce negative responses and address religious diversity in school-based SRH education, aligning with the researcher's findings that incorporating religious perspectives can promote acceptance within conservative communities. Mukoro (2017) critique of CSE, highlighting its insensitivity to the cultural norms of Nigeria's multi-ethnic society, also demonstrates that CSE conflicts with traditional values, even within non-Muslim communities.

In contrast, Cameron et al. (2020a) report that parents in the southern states of the USA, despite the region's reputation as the conservative "Bible Belt" (Frey et al., 2021) generally regard SRH education as essential and reject abstinence-only programs, believing SRH education should be taught without religious influence. Similarly, Goldfarb and Lieberman (2021) have demonstrated strong support for comprehensive, positive, and inclusive sex education over the past 30 years. These studies indicate significant backing for inclusive SRH education despite resistance in certain communities. Understanding this distinction is crucial for stakeholders, including government agencies and NGOs, who aim to engage parents in SRH education campaigns, particularly in conservative societies with strong religious principles and cultural values.

To facilitate the acceptance of SRH education in institutions that maintain strong Islamic lifestyles, such as those in Malaysia, a re-interpretation of what constitutes "comprehensive" education is necessary. The belief that Islam does not address SRH issues is inaccurate. Islamic teachings explicitly cover aspects of sexuality through various jurisprudence (*fiqh*) discussions. As noted by the renowned Al-Azhar scholar, Sheikh `Abdul-Majeed Subh (2024),

Those who think that sex education is not allowed in Islam are completely wrong. The books of Islamic jurisprudence expose several topics promoting sexual awareness, including discussion of menstruation, childbirth bleeding, pregnancy, delivery, rules of sexual intercourse, rules of marriage, taking a bath (ghusl) after sexual intercourse, rules related to ejaculation of sperm during intercourse and intercourse without ejaculation, and rules related to the punishment for committing adultery or fornication.

Islam provides a holistic approach to SRH education, focusing on helping adolescents achieve balance in their intellectual, physical, and emotional development. It emphasises not only knowledge about SRH but also moral guidance, encouraging responsible behaviour in line with Islamic principles (Athar, 2018). This approach aims to nurture well-rounded individuals who understand their bodies, emotions, and responsibilities within the framework of Islamic values (Khan et al., 2020). However, one key challenge facing contemporary Muslim scholars in addressing SRH education is the lack of research and the scarcity of high-quality literature that provides comprehensive guidance grounded in the Qur'an, Hadith, and Islamic scholarship (Rassool et al., 2020). This gap limits their ability to offer the right type of information on the subject (Rassool et al., 2020)

7.3.2 Religious Institution as Potential Collaborator in SRH Education

The research also reveals that parents regard mosque institutions as a trusted source for SRH education, owing to the institution's significant trust and credibility within the community. This finding aligns with the report by Abdullah et al. (2020), which highlights that mosques are potential venues for hosting HIV prevention talks. Mosques are regarded as trusted institutions within the community, making them ideal locations for delivering health education.

In contemporary contexts, sermons in mosques commonly emphasise five key areas: *tasawuf* (Islamic mysticism), *fiqh* (Islamic jurisprudence), *akidah* (creed), *akhlak* (ethics), and current issues (Norani & Abdullah, 2020). The role of mosques in promoting SRH education remains limited, prompting a closer examination of why their focus is largely confined to these topics. A research by Williams et al. (2017) highlights how mosque organisations can contribute to shaping healthy adolescent sexuality. The research identifies three strategies through which mosques can play a role: preventing cross-gender interactions, promoting self-restraint supplemented by peer surveillance, and encouraging class-based disengagement (Williams et al., 2017).

This phenomenon can be understood from several perspectives. Firstly, discussing topics related to intimate areas is often challenging within the mosque community. Speakers may discuss topics like ritual impurity, hygiene, managing desires, gender interactions, and home ethics, but sensitive issues like STI, child abuse, and pornography dangers need the expertise of professionals like doctors, nurses, and health educators. Unlike religious preacher (*ustaz* and *ustazah*), who regularly have platforms in mosques and *suraus* (small prayer hall) to deliver lectures, medical and health practitioners need to find creative ways to use mosques as centres for SRH education – such as organising mosque-based health carnivals or youth and women's development programs. In this regard, Muslims could potentially look to the efforts of the church, which has successfully educated many young women about SRH through its initiatives (Lindberg & Kantor, 2022).

However, the success of these efforts heavily depends on the awareness and initiative of the mosque committees themselves. Committees that are highly aware of contemporary issues are more likely to collaborate with medical and health practitioners to organise SRH education programs. In this context, it is essential for medical and health practitioners, whether from government agencies or NGOs with a deep understanding of contemporary sexual issues, to take the initiative in proposing SRH education programs for parents, utilising the facilities and influence that mosques provide.

Proposals for SRH education should emphasise to the Muslim community that this education is a necessary requirement for every individual (Ihwani et al., 2017). With the trust that mosques hold and the knowledge possessed by healthcare professionals,

these two elements can be synergised to promote healthy sexual behaviour among adolescents, as highlighted by Putra and Erniyati (2022), although some have reported that parents are reluctant to attend these programs due to the stigma associated with being perceived as inadequate in addressing sexual education issues, this perception hinders their participation (Grigoropoulos, 2022).

A different approach may be observed in Christian institutions. In most Christian communities, churches have adapted to modern social norms regarding relationships between adolescent boys and girls. Churches tend to focus on guiding adolescents and youths through relationships with an emphasis on maintaining moral boundaries and avoid sexual transgression, while allowing necessary interactions as preparation for the process of marriage (Focus on the Family, 2023). In contrast, Islamic teachings place greater emphasis on the segregation of males and females in many aspects, modesty, and the avoidance of interactions that could lead to immoral behaviour, with marriage being viewed as the primary context for relationships (Muhammad Aftab Khan, 2020). This reflects the cultural and religious values that shape how each institution perceives the role of relationships in adolescent development.

7.3.3 Misconception and Lack of Exposure About SRH Education

Interviews with parents revealed that parents especially those with lower levels of education often hold misconceptions about SRH education, with some reporting that they had never encountered the concept before. For example, parents from this research still perceive SRH education as being narrowly focused on teaching sexual practices, rather than encompassing broader themes such as health and sexual safety. This aligns with the findings of Sham et al. (2020), who reported that parents in her research associated SRH education solely with intimate relationships between men and women. Sham et al. (2020) further explained that these parents had limited or no exposure to comprehensive information on the subject.

This research also reveals that parents perceived their adolescents acquire adequate SRH knowledge through school, which shapes their readiness to take on the role of primary guides. Vanwesenbeeck (2020) explained in her research that this issue arises from cultural assumptions, where parents believe that schools are the primary institutions responsible for teaching all subjects, including SRH education. Similarly,

Santelli et al. (2021) stated that parents assume their children are fully educated in SRH. Santelli et al. (2021) explained that this situation happens because schools fail to clearly communicate the scope and content of their SRH education programs to parents.

Parents also highlight several gaps in school-based SRH education, including untrained teachers, a lack of gender-sensitive approaches, and teacher attitudes that create discomfort and discourage student participation. These findings align research by Rahman (2020) which suggest that school-based SRH education fail to meet its objective due to no segregation between male and female students. However, this approach poses challenges, as it would require a greater number of instructors for the sessions. To alleviate the burden on teachers, schools could collaborate with NGOs or individuals who are credible in delivering SRH education.

Additionally, schools might consider organising group learning sessions based on age groups, such as grades one to three, four to six, forms one to three, and forms four to five/six (Hasmadi et al., 2022). Nevertheless, the practice of ‘one-off’ learning sessions in schools will not guarantee comprehension or the effectiveness of SRH education unless it is reinforced by continuous education provided by the students' parents (Permatasari et al., 2019). Despite criticisms that current school-based SRH education does not meet parental expectations, the contributions of teachers in guiding students on SRH education should be appreciated.

7.3.4 Gender-Specific Approaches and the Importance of Role Modelling in SRH Education

This research highlights that parents generally prefer gender-specific approaches SRH education, with fathers taking on the responsibility of discussing these topics with their sons, while mothers guide their daughters. This aligns with the findings of Donenberg et al. (2020), Bui (2020a) and Teppasom et al. (2021), who emphasise that parents often feel more comfortable addressing gender-specific issues with children of the same gender. Despite this preference, parents also recognize the value of cross-gender roles in fostering a more well-rounded understanding of SRH. They acknowledge that involving both fathers and mothers in discussions with children, regardless of gender, can help children develop a balanced sense of identity and learn about diverse perspectives (Scull et al., 2022).

Although emphasis is placed on gender-specific SRH education by mothers or fathers, Scull et al. (2022) reported that mothers are more actively engaged in discussions about SRH with their children compared to fathers. Furthermore, both mothers and fathers tend to communicate less about SRH with sons than with daughters (Rouhparvar et al., 2022). This raises concerns about the continued neglect of sons in SRH communication.

Parents stress the significance of close parent-child relationship, role modelling and open communication in SRH education, believing that demonstrating adherence to religious teachings is essential in shaping their children's development. Adolescents who have a strong bond with their parents will feel emotionally fulfilled, experience love and trust, and receive adequate attention (Malacane & Beckmeyer, 2016). Conversely, those who lack a close emotional connection with their parents may feel deprived of affection, experience emotional instability, and become rebellious, often seeking attention from others (Hun Ha & So-Hyun, 2016).

A strong parent-child bond is vital for fostering open, transparent communication, which is crucial when discussing sensitive and private issues related to SRH (Abubakar et al., 2016). In his book *Tarbiyatul Aulad*, Abdullah Nasih Ulwan details the stages and forms of interaction between parents and children, emphasising the importance of this connection (Zulaiha et al., 2019).

7.3.5 The Timing and Influences of SRH Education

This research reveals that many parents believe foundational SRH education should start before puberty, a critical period when self-identity begins to form. Parents explained that during this phase, children start recognizing their identity, including gender and sexual development. They also emphasised the importance of early education, as children's minds are still clear and unpolluted by confusion that may arise in early adolescence. This belief aligns with Erikson's psychosocial development theory (1950), which stresses the importance of developing competence and self-esteem between ages 6-12 (Erikson, 1950). Additionally, Piaget's cognitive development theory (1952) indicates that children at age seven enter the concrete operational stage, marking a key moment for cognitive and identity development (Piaget, 1952).

Parents also recognize the strong influence of peer groups in shaping their children's personalities. Among parents of adolescents at Taman Seri Puteri, many observed a decline in their children's behaviour after transitioning to secondary school, attributing this change to heightened exposure to external influences, particularly through smartphone use. Studies indicate that the early adolescent period (ages 10-14) is a significant phase for psychological development.

The transition to secondary school can trigger stress and anxiety as students attempt to explore a new environment, establish relationships with new and diverse peer groups, and navigate various social dynamics, including self-concept and social behaviours (Evans et al., 2018). This explanation aligns closely with the concept of self-transformation outlined in the *Cakna Diri* module, which highlights the importance of addressing these developmental changes in guiding adolescents. Such a transition period is critical for shaping their identity and social interactions, further supporting the need for targeted educational approaches in sexual and reproductive health (SRH) during this time.

While the early adolescent period (ages 10-14) is often considered significant for psychological development, the stress and anxiety resulting from the transition to secondary school may not always be as detrimental as some studies suggest. For instance, some scholars argue that the period of early adolescence can be characterized by resilience and adaptability rather than just stress. According to research by Jindal-Snape et al. (2020), many adolescents demonstrate the capacity to navigate these changes without severe psychological distress, as they develop coping mechanisms and greater self-efficacy.

7.3.6 Challenges in Parental Engagement with SRH Education: Time, Skills, and Sensitivity

This research identifies key challenges parents encounter in having effective SRH discussions with their children, including a lack of time, skills, and confidence. Working parents, in particular, face difficulties finding time for meaningful communication. For example, among parents whose children attend Taman Seri Puteri, participants reported that due to the high cost of living, they are compelled to work to ensure a steady income to support their families. As a result of being tied to work

commitments, they struggle to spend quality time with their children, including engaging in discussions about sexuality (Butler et al., 2020).

To address this issue, agencies or NGOs could offer more flexible SRH education formats, such as mobile applications or conducting SRH education programs for parents via online seminars. In Malaysia, parenting workshops, especially those related to sexuality issues, are still limited (Focus on the Family, 2023). Most talks and workshops on sexuality issues are targeted at adolescents and youth, despite the recognition that parents play a key role as primary guides who can provide SRH education continuously, authoritatively, and in a more comfortable setting for discussion (Liu et al., 2017; Yeo et al., 2018).

This limitation may also be attributed to a lack of awareness among parents themselves, who might not fully realize their critical role in SRH education, which in turn reduces the demand for parenting workshops (Fine & McClelland, 2023). Moreover, many SRH education programs are focused on school-aged adolescents due to the belief that educating this group will lead to more immediate impact. However, the long-term effectiveness of these programs may not be as sustained as the ongoing guidance that parents can provide at home (Permatasari et al., 2019).

The researcher has discovered that the majority of parents approach SRH education in an unplanned manner, meaning they typically wait for their children to ask questions about sexuality before addressing the topic, as also reported by Zahra et al. (2022). This reactive method often arises when children encounter something they do not fully understand – whether from media, peers, or their own observations – prompting parents to provide explanations on the spot. This situation can be explained by a research conducted by Astle et al. (2022), which found that self-efficacy was the most consistent and significant factor associated with parents' increased intentions to discuss a range of SRH topics. This was followed closely by parents' belief that sex education is their responsibility. The unstructured nature of these discussions means parents are often caught off guard, yet the exchange is shaped by the child's immediate curiosity and level of comprehension.

The findings highlight that both unplanned discussions and planned approaches play crucial roles in SRH education. In unplanned discussions, the parent-child interaction is often spontaneous, allowing the child to take the lead in exploring areas

of concern or confusion. This can foster a more open environment where children feel comfortable asking sensitive questions, thus promoting a more dynamic form of learning (Bhan et al., 2019). In contrast, planned approaches offer parents the opportunity to introduce key concepts and information in a more structured way, ensuring that important SRH topics are covered comprehensively and in a developmentally appropriate manner.

However, regardless of the method - whether unplanned or planned - the most critical factor identified by researchers is parents' readiness to engage in these conversations. Even in structured sessions, where parents intend to guide the discussion around specific SRH topics, adolescents often ask questions that are unrelated to the main subject being discussed. This presents a challenge for parents, as they need to be adaptable and equipped with enough knowledge to handle a wide range of inquiries (Yibrehu & Mbwele, 2020). Moreover, such moments provide opportunities to address peripheral or unexpected topics, creating a teachable moment that might otherwise be missed.

Thus, the research emphasises the importance of preparing parents not only for planned SRH education but also for the spontaneous, unplanned discussions that arise. This preparedness involves not only factual knowledge but also the ability to navigate sensitive issues with cultural and emotional sensitivity, as suggested by Thiessen et al. (2021). For SRH education to be truly effective, parents must be equipped with strategies to answer questions confidently and accurately, even when caught off guard (Mullis et al., 2021). By fostering both structured teaching and a readiness to seize unplanned moments, parents can ensure that their children receive holistic and well-rounded SRH education that meets their needs at various stages of development. While most parents have a basic understanding of SRH concepts - such as safe and unsafe touch, bodily changes, and reproduction - Silverio et al. (2022) mentioned that, they often struggle to explain sensitive topics like "rape" and "sexual intercourse," resulting in discomfort when these subjects arise.

Additionally, the researcher notes the importance of contextual and cultural factors in shaping these discussions. In conservative societies, for instance, parents may feel uncomfortable initiating planned SRH discussions, relying more heavily on unplanned exchanges when children raise the subject themselves (Al Zaabi et al., 2022;

Silverio et al., 2022) . These spontaneous moments may be more culturally acceptable, as they allow parents to respond to the child's level of understanding without appearing to introduce sensitive topics prematurely. As a result, unplanned discussions can serve as a natural entry point for SRH education, particularly in contexts where open discussion of sexuality is less common.

7.3.7 Improving Technological Literacy to Address the Impact of Pornography and Gadget Addiction

This research highlights the urgent need to improve technological literacy to mitigate the negative impacts of pornography and gadget addiction among adolescents. Similar recommendations were made by Chang et al. (2019), who found that parents with low technological literacy are more likely to have children addicted to gadgets. Parents reported that their children had greater proficiency in using smartphone applications, leaving them feeling uncertain and unable to effectively manage their children's screen time. Accessibility and early exposure to inappropriate content on the internet pose significant challenges in modern parenting (Hornor, 2020).

The development of adolescents with healthy SRH cannot be achieved through SRH education alone; it also requires robust efforts from those responsible for safeguarding the nation's cyberspace. Despite the availability of various monitoring and blocking methods to restrict children's access to these websites, the creation of shortcuts to bypass such controls undermines parents' efforts. Vertongen et al. (2022) noted that they considered blanket external controls, such as blocking their Virtual Private Network (VPN) or using parental controls, to be "ineffective" or "impossible," given that they could easily switch to a different VPN, use mobile data, incognito apps, or similar alternatives.

The limitations of filtering mechanisms, insufficient regulation, outdated technology, and weak enforcement have created gaps in preventing access to inappropriate websites (Sadiqui & Rachid, 2022). The existence of virtual bypass systems, such as VPNs, has further enabled children and adolescents to access these sites. In this regard, Malaysia could take inspiration from countries like North Korea and Iran which have implemented absolute bans on accessing pornographic websites, including VPNs (Comparitech, 2021).

Transparent communication and monitoring between parents and children have proven effective in overseeing access to such content (Budiarti et al., 2023). Parents should consistently remind their children that their online activities are being monitored through surveillance applications and that they are also being watched by God. They also expressed concern about preventing their children from being exposed to inappropriate sexual content, which aligns with recommendation from Abdullah Nasih Ulwan (Zulaiha et al., 2019). According to Ulwan, preventing children from sexual influences requires close parental observation of their activities, both within and outside the home. Instilling religious reminders is crucial in helping adolescents feel a sense of shame and fear, deterring them from engaging in activities that are prohibited by their faith.

7.3.8 Improving the Delivery of SRH Education: Recommendations for *Cakna Diri* Module and Resource Evaluation

This research presents several recommendations for enhancing the delivery of the *Cakna Diri* module. These suggestions include clearly defining the module's objectives, correcting any misleading information, and incorporating practical adult learning elements. Additionally, the module could be strengthened by discussing topics such as controlling internet access, addressing masturbation, and combating the dangers of pornography.

However, the implementation of the *Cakna Diri* module faces several challenges. This challenge is exacerbated by the centralised implementation system of the SRH education modules, which relies heavily on policies from the central office in Kuala Lumpur before being disseminated to the branches through SRH trainers. The LPPKN, through its branches in major cities across Malaysia, is evidently unable to shoulder the burden of educating the entire Malaysian population on its own.

Due to the uniform implementation strategies and key performance indicators at the branch level, the *Cakna Diri* module often struggles to achieve its objectives optimally. For instance, in a region as socio-demographically diverse, Ahi and Rahman (2023) suggested that the educational objectives and topics that need to be addressed will naturally vary based on the specific issues faced by the local community. SRH education for parents in Kuala Lumpur, for instance, would differ substantially from

that provided to parents in Belaga, a remote area in Sarawak where the Iban tribe resides in longhouses. The challenges highlighted by the LPPKN officer align with the findings of a systematic review by Wiafe et al. (2021), which revealed that adolescents in rural areas exhibit different risky sexual behaviours compared to their urban counterparts.

Given the differences in sociocultural contexts and challenges, SRH education at the branch level should include background research of the locality to ensure that it more effectively meets the educational objectives. This aligns with Ko et al. (2019), who emphasised that SRH providers should develop SRH educational materials that align with local cultural norms. Expanding the number of trainers could also be expedited by implementing collaborative strategies with NGO activists or government medical doctors. This would reduce the reliance on LPPKN officers and enable the *Cakna Diri* trainers to reach the target groups more effectively.

Moreover, parents' ability to attend these courses may be hindered by logistical and time constraints. Parents often need to adjust their schedules to attend these programs, which might interfere with their working hours and, consequently, their income, particularly for those earning a daily wage. Therefore, offering the *Cakna Diri* module online could provide greater flexibility, allowing parents to access the content at their convenience and revisit it through recorded videos, as also suggested by Feroz et al. (2021).

Through the CDA process we conducted, it became evident that SRH has adapted its presentation and content to align with the cultural sensitivities of Malaysia while addressing key aspects of SRH education. However, the *Cakna Diri* module must adapt to the rapid developments in SRH education, particularly in addressing emerging ideologies that may conflict with religious principles and cultural values, consistent with recommendations by Astle et al. (2021). Continuously updating educational content to remain relevant in the current context necessitates an efficient research team and information management system.

As recommended in the conclusion of the CDA in Chapter Five, the SRH education module for parents should be more technical in nature, focusing on skills such as effective communication in delivering SRH education to children, answering questions, breaking down complex topics into easily understandable subtopics, using metaphors and analogies, and normalising the discussion of SRH topics (Agyei et al., 2023).

Mastery of these micro-skills can help parents create a more trusting and open environment, facilitating easier communication with adolescents about SRH. This is consistent with the findings of Waliyanti et al. (2024).

7.3.9 Understanding the SRH Education Landscape in Malaysia: Expert Evaluation and Framework Development

This research offers a thorough understanding of the SRH education landscape in Malaysia, taking into account the country's cultural context. It seeks to guide the design of SRH educational activities that align with local cultural norms. Thirteen experts, including religious scholars, family medicine specialists, academic nurses, public health professionals, and child advocates, evaluated the proposed criteria using the Fuzzy Delphi Method. The diverse panel successfully validated 34 out of the 36 shortlisted criteria.

The development of this culturally sensitive SRH framework is in its initial stages and remains open to ongoing evaluation and validation processes. These processes considered potential shifts in socio-cultural contexts, technological and media advancements, policy and legislative changes, public health challenges, societal acceptance, and emerging empirical research. The continuous development of this framework allows for dynamic implications and recommendations, which are outlined in the recommendation section.

Research by Widman et al. (2020) emphasises the importance of pilot-testing the SRH education framework in diverse societal settings to assess its suitability within multi-ethnic and multi-religious communities. Studies in countries with similar demographic profiles to Malaysia, such as Indonesia and Brunei, emphasised the need to balance global SRH education standards with local cultural practices. For instance, Mukoro (2017) reported that SRH programs adapted to local cultures were more successful and widely accepted by the community, while SRH education emphasising individual freedom and comprehensive sexuality education (CSE) faced more resistance from conservative societies (Yeo et al., 2018).

The top-ranked criterion in the framework development, "recognizing the roles of family, peers, education, self, media, society, and environment," reflects the multifaceted influences on adolescents' SRH outcomes. All experts expressed strong

agreement with this criterion, indicating that educating adolescents about SRH requires involvement from various stakeholders. The second-ranked criterion, "preserving purity, aligning with moral values, and promoting internal self-control," is crucial to highlight within the framework as it represents the conservative nature of Malaysian society, where religion and culture continue to play a significant role in shaping behaviours, particularly those related to sexuality.

The rejection of "Emphasising Men as the Focal Point for SRH Education" likely reflects a shift towards inclusive and gender-balanced SRH education. While addressing male-specific issues like rising HIV infections among men and male-on-male assault is pragmatic, it must align with public health principles promoting equality and inclusivity. A clearer explanation of this criterion to evaluators may resolve its rejection. Similarly, excluding the criterion of "Encouraging Repentance" highlights the importance of inclusivity and avoiding stigma in SRH education. While repentance holds value in religious communities, an inclusive framework should prioritize health, well-being, and non-judgmental support for all individuals.

7.4 Strengths of the Research

One of the key strengths of this research lies in its qualitative approach, which examines parents with various background, crucial to the SRH education ecosystem in Malaysia. This research was conducted with a larger sample size compared to several studies in Malaysia, such as those by Azira et al. (2020), Sham et al. (2020) and Kamaludin et al. (2022). The research involved 31 parents from diverse backgrounds, including different religions and ethnicities, as well as those with children at moral rehabilitation centres like Taman Seri Puteri.

This diversity enriches the research's perspectives, particularly through input from mother who works as a psychologist, a mother who works as a child advocate, a father who work as physical education teacher, and several religious leaders. From a broader perspective, this research also included parents of adolescents residing in shelter homes, most of whom come from low-income and low-education backgrounds. The research benefits from comprehensive data gathered from multiple viewpoints.

Additionally, the strength of this research is reinforced by its use of CDA to dissect SRH education module content and identify existing gaps. The critical discourse

analysis applied to the *Cakna Diri* module is crucial as it allows us to understand the main content that serves as SRH educational modalities for parents and its positive and negative impacts on them. Additionally, we can gain insights into the background of the development of the *Cakna Diri* module, its implementation, and the challenges it faces in reaching the intended target group. This understanding is enriched through supplementary interviews conducted with the module supervisors and several SRH education officers from LPPKN.

Furthermore, the researcher's experience as an SRH educator, who has long worked with both parents and adolescents and has a particular advantage in gathering data from fathers, adds another layer of depth. This research also outlines criteria for developing SRH education frameworks that are culturally and religiously sensitive, providing valuable guidance for individuals, agencies, and organisations seeking to implement SRH education within the community.

The findings of this research and the documentation of this thesis have the potential to serve as a valuable reference for various parties, including government agencies and NGOs that aim to engage parents in their sexuality education campaigns. This is particularly important when considering the conservative nature of society, which is still deeply rooted in religious principles and cultural values.

7.5 LIMITATIONS OF THE RESEARCH

While this research provides valuable insights into SRH education, several limitations must be acknowledged. Firstly, there is an imbalance in the number of parents, with only nine fathers participating compared to a larger number of mothers. This discrepancy could skew the findings, as the perspectives of fathers are underrepresented. In the early stages of this research, the researcher recognized the low number of fathers involved and actively prioritized interviewing them. However, due to the limited number of fathers listed compared to mothers, the researcher employed snowball sampling to identify additional fathers through the initial cohort provided by the NGO. Despite these efforts, not all referred fathers agreed to participate in the interview. Given the same gender, the researcher made further attempts to engage with the fathers to ensure that critical data from a father's perspective were not overlooked. Although the number of fathers in the study was limited, the information they provided

was highly valuable. This was largely due to the researcher's male identity, which contributed to a more comfortable interview process.

Secondly, while the research employed CDA to critique SRH education documents, the method may have limitations in capturing the full scope of issues, as it focuses primarily on textual analysis and may not account for broader contextual factors. Therefore, the researcher also gathered information through interviews with the developers of the module to gain an understanding of how the module has functioned in empowering parents to deliver SRH education to their adolescents.

Additionally, many parents in the research exhibited conservative viewpoints, which could reflect social desirability bias rather than a diverse range of opinions. The lack of opposing perspectives limits the research's ability to provide a comprehensive view of the SRH education landscape. Including parents with differing viewpoints would offer a more rounded understanding of the issues at hand. Further interviews with a broader spectrum of parents could address this gap and enrich the findings.

The method used to determine criteria, specifically the FDM, was relatively simplistic and overly sensitive to scoring differences. The FDM is widely utilized in framework development and research, making it highly relevant to this research (Marzukhi et al., 2023). When applied in qualitative research, FDM facilitates the systematic refinement and validation of expert opinions by achieving consensus. This method integrates Delphi technique (a structured process of collecting and distilling knowledge from a panel of experts) with fuzzy logic (which allows for degrees of agreement rather than strict binary choices) (Saffie et al., 2016).

This approach may have led to criteria that are less robust and more susceptible to fluctuation. Future research should consider assembling a panel of experts to discuss and agree upon criteria collectively, ensuring a more rigorous and stable evaluation process. Despite these limitations, the participation of parents in this research is commendable. Their involvement provides crucial insights into SRH education, and their contributions are invaluable in shaping future frameworks that are sensitive to cultural and religious contexts.

7.6 THE ORIGINAL CONTRIBUTION OF THE RESEARCH

The rise in child sexual abuse cases over recent years indicates that our society is facing a worsening social issue. This research has delved deeper into the views of parents, including the challenges they face and their practices in delivering SRH education to their adolescent children. It has provided further insights into the role of religion and its influence on the effectiveness and style of parental SRH education delivery. The research highlights a conflict between international SRH education guidelines, which have yet to be adopted or are not accepted as sensitive to the religious and cultural values of Malaysian society. For some parents, this has led to the rejection of the entire SRH content, despite the critical need for parents to understand topics such as sexual grooming and harassment.

The research also gathered valuable findings from parents on how to enhance the effectiveness of school-based SRH education. It identified elements, principles, and facilities within the religious context that can be leveraged to deliver SRH education more effectively. The intersection between the *maqasid shariah* in Islam and the objectives of SRH education is crucial in raising awareness within society about the importance of this education in today's context. The findings of this study reveal that *Syariah*-aligned SRH education is closely related to the objectives outlined by *Maqasid Syariah*, namely:

1. **Preservation of religion (*hifz ad-din*):** This involves emphasizing that Islamic laws are immutable and cannot be compromised, particularly when prioritizing activities to prevent immoral behaviour and safeguard the moral fabric of society.
2. **Protection of life (*hifz an-nafs*):** In the context of SRH education, this refers to preventing the loss of life due to dangerous STIs through appropriate education and awareness.
3. **Safeguarding lineage and individual dignity (*hifz an-nas*):** Shariah-compliant SRH education helps preserve reproductive integrity and upholds the family's role, ensuring moral boundaries are maintained.
4. **Preservation of wealth (*hifz al-mal*):** It prevents individuals from wasting resources or falling into traps associated with free sex and online exploitation, which often have financial implications.

5. **Control of desires and intellectual well-being (*hifz al-aql*):** SRH education curbs harmful addictions, such as pornography and sexual dependency, promoting mental health and ensuring a balanced, well-functioning intellect.

This research also presents unique academic critiques of the *Cakna Diri* module used by LPPKN in their SRH education for parents. The critique of such documents successfully identifies the ideologies, linguistic power, and graphics used to influence parents. The researcher also gained pioneering insights into the challenges faced by module developers and trainers, linking these challenges to a critical analysis of the module itself. Additionally, the research introduced the first book written in the practical context of parents communicating about SRH with their children, through a review of the book *Berbual-bual dengan Anak tentang Seksualiti*.

Moreover, the researcher successfully outlined criteria that are essential for developing a culturally sensitive SRH education framework in Malaysia. These criteria are crucial as guidelines for schools, NGOs, or government agencies in designing sexuality education programs that respect the religious and cultural values in Sarawak.

7.7 RECOMMENDATION FOR POLICY, HEALTHCARE PRACTICE, AND FURTHER RESEARCH

7.7.1 Policy and Guideline

Several recommendations can be made to the relevant parties based on the researcher's in-depth exploration of the issue. These include:

1. **National Population and Family Development Board (LPPKN):** As an entity responsible for SRH education in Malaysia, LPPKN should enhance its existing modules, both in terms of content and delivery. The implementation mechanism for courses or training for parents can be improved in terms of quantity (increasing the number of parenting sexuality courses) and quality (shifting the approach from mere factual sharing to empowering parents in communicating SRH to their adolescents). To effectively disseminate research findings to LPPKN, a multi-faceted approach is essential. First, developing a policy brief with concise, evidence-based recommendations can ensure accessibility for policymakers. This should be complemented by stakeholder meetings and

roundtable discussions, where findings are presented in an interactive format to encourage dialogue. Additionally, submitting formal reports and executive summaries to LPPKN leadership can provide a structured overview of key insights.

2. **Ministry of Education:** Improvements should be made in the delivery of SRH education in schools by equipping SRH educators with better skills and a deeper understanding of current issues in the field of SRH. Additionally, the delivery of education can be enhanced by segregating male and female students, creating a more comfortable environment for them to ask questions. To enhance the integration of research findings into policy and curriculum development, active engagement with key stakeholders within the Ministry of Education Malaysia (MOE) is recommended. Establishing direct communication with MOE officials, particularly those responsible for curriculum planning and adolescent health education, is crucial in facilitating discussions on evidence-based improvements to SRH education. Such engagement allows for the presentation of research findings in a manner that aligns with the ministry's strategic goals and policy frameworks.
3. **Department of Social Welfare:** The effectiveness of programs implemented in moral rehabilitation centres should be re-evaluated by considering interventions that need to be undertaken before adolescents are discharged back into their families and communities. A more comprehensive assessment of the adolescent's environment upon returning to the community should also be prioritized. In addition to integrating research findings into mainstream education, targeted interventions should be developed for vulnerable populations, particularly residents of Taman Seri Puteri, a moral rehabilitation shelter home for girls. Given the unique social and psychological challenges faced by these adolescents, it is essential to tailor SRH education programs to their specific needs. Collaboration with shelter administrators, social workers, and educators within Taman Seri Puteri can facilitate the design of a structured, trauma-informed SRH curriculum that is both culturally sensitive and responsive to the lived experiences of these girls.

7.7.2 Healthcare practice

Ministry of Health: The Ministry of Health Malaysia should reassess its direction and initiatives to ensure that SRH education and interventions related to STIs align with religious guidelines and respect cultural values. Harmonising the health sector with religious principles will not only enhance the positive image of the Ministry but also foster better acceptance within Malaysia's religious and conservative society.

Engaging with healthcare professionals, including school health teams, adolescent-friendly clinics (*Klinik Kesihatan Remaja*), and public health officers, is essential for translating research findings into practical implementation. Additionally, presenting findings in workshops, roundtable discussions, or policy forums organized by the Ministry of Health (MOH) offers an opportunity to directly communicate with decision-makers and practitioners. These platforms facilitate knowledge exchange, encourage collaboration, and support the development of evidence-based policies that enhance adolescent healthcare services.

7.7.3 Social and Civil Society

The findings from this research can contribute to a deeper understanding of the current situation regarding SRH education in our country, particularly the challenges faced not only by parents but also by SRH providers themselves. By identifying these challenges, we can take appropriate intervention measures to address them. The researcher sees several recommendations that can be made to social and civil society, including;

- i. Enhancing the approach to knowledge dissemination for parents, including the establishment of more parenting sexuality courses, with a focus on practical techniques for effective communication in discussing SRH issues with adolescents. Specialised courses tailored to mothers and fathers, addressing gender-specific needs of their children, should also be developed. Additionally, emphasis should be placed on technological literacy to help parents monitor their adolescents' online activities more effectively.
- ii. Improving accessibility to SRH educational content that is practical and includes discussions on current SRH issues. Parenting sexuality guidebooks, particularly culturally-sensitive educational materials, should be widely distributed within community libraries, mosques, *suraus*, and other places of worship.

- iii. Providing training to volunteers from NGOs, civil society, community organisations, community leaders, and the public who have shown interest in SRH issues. This training should focus on equipping them with the skills to deliver SRH education to adolescents based on a culturally-sensitive framework that has been developed.

7.7.4 Religious Institution

As an institution trusted by the community, a religious institution should seize this opportunity effectively. The researcher suggests that religious institutions should develop more proactive and preventive programs and make use of their facilities (such as mosques and training premises) for knowledge dissemination. However, these institutions will require collaboration in terms of ideas and implementation due to differing backgrounds in health and communication. Therefore, this collaborative initiative needs to be supported and driven by NGOs or government bodies that understand the current situation in the field of SRH.

7.7.5 Impact on Sustainable Development Goals (SDGs)

This research on sexual and reproductive health (SRH) education among parents directly impacts the achievement of SDG 3 (Good Health and Well-Being) by addressing the need for improved access to accurate SRH information through family-centred approaches, particularly within the Malaysian setting. By exploring parents' experiences and practices, the study aims to reduce adolescent health risks such as teenage pregnancy, sexually transmitted infections (STIs), and unsafe behaviours. In the context of Sarawak, the research further highlights the unique cultural and social dynamics of the region, ensuring that SRH education is tailored to its multicultural and multireligious communities. Additionally, it impacts SDG 4 (Quality Education) by enhancing the role of parents in delivering culturally sensitive and age-appropriate SRH education. This empowers families across Malaysia, including those in Sarawak, to equip adolescents with essential knowledge and life skills, promoting informed decision-making, healthier lifestyles, and greater gender equality in education and well-being.

7.7.6 Future Research

There are various areas that need to be considered for the implementation of research to contribute to and complement information related to SRH education specifically and adolescent health generally. Recommendations for future research are proposed, taking into account constraints and potential factors that could impact the field. These include:

- i. Exploratory research into the experiences, perspectives, challenges, and effectiveness of SRH education programs in schools. This should include a detailed examination of the experiences of teachers who are involved in delivering SRH topics in the classroom, as well as those tasked with coordinating other teachers to teach this subject. Observational studies or ethnographic research on teaching methods in the classroom could be considered as a complement to the primary method of in-depth interviews.
- ii. Exploratory research into module developers to understand the challenges and ideologies underpinning SRH education approaches in Malaysia. This research is essential for authorities and stakeholders to synergize research expertise with the needs of module developers, ensuring that the implementation of these modules is more effective and widespread.
- iii. Extensive and quantitative research to examine the validity and reliability of culturally-sensitive SRH education frameworks developed by this research. This is crucial for assessing whether the formulated criteria are appropriate and align with the implementation framework of SRH education in Malaysia.
- iv. Regarding the diversity of the research population, SRH education research could be extended to exemplary parents known in Malaysia and recommended by the public for their success in educating their children in both character development and academics. This could enhance understanding of their attitudes and best practices in providing SRH education to their children.

7.8 CONCLUSION

In conclusion, this research has significantly advanced the understanding of parental involvement in delivering SRH education within the Malaysian context, particularly in

relation to religious and cultural sensitivities. By analysing parents' perspectives, this research successfully addressed all the outlined research objectives. It highlighted the challenges faced by parents, the strategies they employ, and the pivotal influence of religious beliefs in shaping the effectiveness of SRH education. The findings highlight the tension between international SRH guidelines and local cultural and religious values, which, in some cases, has led to the rejection of essential SRH content by parents, especially on sensitive topics such as sexual grooming and harassment. To address these challenges, parents should actively engage in SRH discussions with their children, ensuring that they are informed about both religious principles and essential SRH topics. Parents need to adopt a proactive approach, recognising that avoiding or rejecting SRH education leaves children vulnerable to misinformation and exploitation. By integrating religious and cultural values into these conversations, parents can guide their children in understanding critical issues like consent, sexual boundaries, and the risks of sexual exploitation in a way that aligns with their beliefs.

Healthcare professionals, particularly nurses, play an equally important role in supporting SRH education. Nurses and other healthcare providers should be equipped with culturally-sensitive training, ensuring that their SRH advice and educational efforts respect the religious and cultural context of the families they serve. Additionally, healthcare professionals should work closely with schools and community organizations to provide accurate, accessible, and culturally appropriate SRH resources to parents and adolescents. By collaborating with religious leaders and educators, nurses can promote SRH education in a way that aligns with community values, while ensuring that key topics are communicated effectively. Ultimately, this research offers a valuable academic contribution by bridging the gap between international SRH education standards and the local religious and cultural context. It provides clear guidelines for parents, healthcare professionals, and educators to promote SRH education that is both effective and culturally appropriate, ensuring that children and adolescents are equipped with the knowledge and understanding they need to navigate their SRH safely and responsibly.

REFERENCES

- Abdissa, D., & Sileshi, W. (2023). Parent-young communication on sexual and reproductive health issues and its associated factors: experience of students in Agaro Town, Ethiopia [Article]. *Reproductive Health*, 20(1), Article 11. <https://doi.org/10.1186/s12978-022-01553-0>
- Abdullah, S., Arthur, P., & Patel, R. (2020). Sex Education in the Mosque: An HIV Prevention Initiative for Muslim Adolescents. *Journal of the Association of Nurses in AIDS Care*, 31(6), 693-700.
- Abubakar, M., Kotoh, A. M., Rexford Kofi Oduro, A., & Ankomah, A. (2016). Factors associated with parental communication with young people about sexual and reproductive health. *Health Education*, 116(6), 595-610. <https://doi.org/https://doi.org/10.1108/HE-09-2015-0025>
- Adelson, E., Maitra, S., & Nastasi, B. K. (2017). Informing sexual health intervention development in India: Perspectives of daughters, mothers, and service providers in Mumbai. *International Journal of School & Educational Psychology*, 5(3), 167-177. <https://doi.org/10.1080/21683603.2016.1276814>
- Adler, M., & Ziglio, E. (1996). *Gazing Into the Oracle: The Delphi Method and Its Application to Social Policy and Public Health*. Jessica Kingsley Publishers. <https://books.google.com.my/books?id=jo1Z1JZIrKIC>
- Agyei, F. B., Kaura, D. K., & Bell, J. D. (2023). Exploring the culturally sensitive sexual and reproductive health information communication skill needs of parents in Ghana. *African Journal of Primary Health Care & Family Medicine*, 15(1), 4101.
- Ahi, G. G., & Rahman, M. M. (2023). Issues Regarding Adolescents Sexual and Reproductive Health in Sarawak: An Overview. *Journal of Borneo-Kalimantan*. Vol, 9, 1.
- Ahmed, A., & Muhammad, M. (2018). Rigour in Qualitative Research: Is there a Panacea to it?
- Aishah, R., Khairizah, K., Tengku Putri Norishah Tengku, S., & Mohd Ridhuan Mohd, J. (2024, 2024/01/25). An Analysis of the Fuzzy Delphi Method (FDM) for Developing Effective Parental Guidelines in Teaching Practical Solah at Home for 6-Year-Old Children. Proceedings of the 4th International Conference on Communication, Language, Education and Social Sciences (CLESS 2023),
- Ajimotokan, H. (2022). Use of Libraries, Literature Search and Review. In (pp. 23-33). https://doi.org/10.1007/978-3-031-13109-7_3
- Al Zaabi, O., Heffernan, M. E., Holroyd, E., & Jackson, M. (2022). Parent-adolescent communication about sexual and reproductive health including HIV and STIs in Oman. *Sex Education*, 22(5), 611-627. <https://doi.org/10.1080/14681811.2021.1980719>
- Ali Khani, J., Moradi, A., Asiyeh, Y., Kiyani, A., & Pooyan Afzali, H. (2022). The effect of educational intervention based on theory of planned behavior on mothers' skills in sexual care of children. *BMC public health*, 22, 1-10. <https://doi.org/https://doi.org/10.1186/s12889-022-14162-0>
- Aliyu, T. K., & Aransiola, J. O. (2023). Parent-Adolescent Communication About Reproductive Health Issues in Nigeria [Article]. *SAGE Open*, 13(2). <https://doi.org/10.1177/21582440231166607>
- Allison, K., Dawson, R. M., Messias, D. K. H., Culley, J. M., & Brown, N. (2024). Early Adolescent Online Sexual Risks on Smartphones and Social Media:

- Parental Awareness and Protective Practices [Article]. *Journal of Early Adolescence*, 44(7), 882-908. <https://doi.org/10.1177/02724316231212560>
- Amin, M. E. K., Nørgaard, L. S., Cavaco, A. M., Witry, M. J., Hillman, L., Cernasev, A., & Desselle, S. P. (2020). Establishing trustworthiness and authenticity in qualitative pharmacy research. *Research in Social and Administrative Pharmacy*, 16(10), 1472-1482.
- Anfara Jr, V. A., & Mertz, N. T. (2014). *Theoretical frameworks in qualitative research*. Sage publications.
- Apaydin Cirik, V., Aksoy, B., & Bulut, E. (2022). Attitudes of parents in the role of a father in Turkey toward child sex education and their sexual communication with their children [Article]. *Journal of Pediatric Nursing*. <https://doi.org/10.1016/j.pedn.2022.12.014>
- Aromataris, E., & Pearson, A. (2014). The Systematic Review. *The American journal of nursing*, 114, 47-55. <https://doi.org/10.1097/01.NAJ.0000444496.24228.2c>
- Astle, S., McAllister, P., Emanuels, S., Rogers, J., Toews, M., & Yazedjian, A. (2021). College students' suggestions for improving sex education in schools beyond 'blah blah blah condoms and STDs'. *Sex Education*, 21(1), 91-105.
- Astle, S., Toews, M., Topham, G., & Vennum, A. (2022). To Talk or Not to Talk: An Analysis of Parents' Intentions to Talk with Children About Different Sexual Topics Using the Theory of Planned Behavior. *Sexuality Research & Social Policy: Journal of NSRC*, 19(2), 705-721. <https://doi.org/10.1007/s13178-021-00587-6>
- Athar, S. (2018). Sex Education: An Islamic Perspective [Book chapter]. <https://www.islamicity.org/2191/sex-education-an-islamic-perspective#Curriculum for Islamic Sex Education>
- Atkinson, J. M., & Heritage, J. (1999). Transcript notation-structures of social action: Studies in conversation analysis. *Phasiology*, 13(4-5), 243-249.
- Awaru, A. O. T. (2020). The Social Construction of Parents' Sexual Education in Bugis-Makassar Families [article]. *Society*, 8(1), 175-190. <https://doi.org/10.33019/society.v8i1.170>
- Azira, N., Abdullah, F., Muda, S., Mohd Zain, N., Hazariah, S., & Abdul Hamid, S. (2020). The role of parents in providing sexuality education to their The role of parents in providing sexuality education to their children children. *Makara Journal of Health Research*, 24, 157-163. <https://doi.org/10.7454/msk.v24i3.1235>
- Babayanzad Ahari, S., Behboodi Moghadam, Z., Azin, S. A., & Maasoumi, R. (2020). Concerns and educational needs of Iranian parents regarding the sexual health of their male adolescents: a qualitative study. *Reproductive Health*, 17(1), 1-9. <https://doi.org/10.1186/s12978-020-0883-6>
- Babayanzad, A. S., Behboodi, M. Z., Azin, S. A., & Maasoumi, R. (2020). Concerns and educational needs of Iranian parents regarding the sexual health of their male adolescents: A qualitative study [Article]. *Reproductive Health*, 17(1), Article 24. <https://doi.org/10.1186/s12978-020-0883-6>
- Bahagian Pembangunan Kesihatan Keluarga. (2012). *Garis Panduan Pengendalian Masalah Kesihatan Seksual dan Reproduksi Remaja di Klinik Kesihatan*. (Kementerian Kesihatan Malaysia)
- Baharuddin, A., Mahmod, Z., & Buang, A. H. (2021). Penguatkuasaan dan Pelaksanaan Penghakiman Mahkamah Syariah: Kajian di Bahagian Sokongan Keluarga Jabatan Kehakiman Syariah Malaysia (Seksyen Sarawak) Terhadap Hak Wanita

- dan Kanak-Kanak. *Journal of Islamic, Social, Economics and Development*, 6(39).
- Ballal, V., Thapar, R., Sandepudi, B., Narayan, A., Devaraj, M., Jayarajan, S. M., Kumar, N., Unnikrishnan, B., & Mithra, P. (2022). Sexuality education – do our children need it? Perspective of parents from coastal South India. *Sex Education*, 22(3), 379-392. <https://doi.org/10.1080/14681811.2020.1843011>
- Banunnah, A. (2018). Sex Education in the Kingdom of Saudi Arabia: An Examination of How Sex Education Can be Implemented in Early Childhood Education.
- Barber, J. P., & Walczak, K. K. (2009). Conscience and critic: Peer debriefing strategies in grounded theory research. Annual Meeting of the American Educational Research Association, San Diego, CA,
- Bekele, D., Deksisa, A., Abera, W., & Megersa, G. (2022a). Parental communication on sexual and reproductive health issues to their adolescents and affecting factors at Asella town, Ethiopia: a community-based, cross-sectional study. *Reproductive Health*, 19(1), 114. <https://doi.org/10.1186/s12978-022-01408-8>
- Bekele, D., Deksisa, A., Abera, W., & Megersa, G. (2022b). Parental communication on sexual and reproductive health issues to their adolescents and affecting factors at Asella town, Ethiopia: a community-based, cross-sectional study. *Reproductive Health*, 19(1), 1-9. <https://doi.org/10.1186/s12978-022-01408-8>
- Bekele, D., Deksisa, A., Abera, W., & Megersa, G. (2022). Parental communication on sexual and reproductive health issues to their adolescents and affecting factors at Asella town, Ethiopia: a community-based, cross-sectional study [Article]. *Reproductive Health*, 19(1), Article 114. <https://doi.org/10.1186/s12978-022-01408-8>
- Berita Harian. (2023). 75 peratus remaja Malaysia tonton video, gambar lucah - Kajian UKM. Berita Harian. Retrieved 29 July 2024 from <https://www.bharian.com.my/berita/nasional/2023/07/1125523/75-peratus-remaja-malaysia-tonton-video-gambar-lucah-kajian-ukm>
- Bhan, N., Gautsch, L., McDougal, L., Lapsansky, C., Obregon, R., & Raj, A. (2019). Effects of Parent–Child Relationships on Child Marriage of Girls in Ethiopia, India, Peru, and Vietnam: Evidence From a Prospective Cohort. *Journal of Adolescent Health*, 65(4), 498-506. <https://doi.org/https://doi.org/10.1016/j.jadohealth.2019.05.002>
- Bodjanova, S. (2006). Median alpha-levels of a fuzzy number. *Fuzzy Sets and Systems*, 157(7), 879-891. <https://doi.org/https://doi.org/10.1016/j.fss.2005.10.015>
- Booth, A., James, M.-S., Clowes, M., & Sutton, A. (2021). Systematic approaches to a successful literature review.
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative research journal*, 9(2), 27-40.
- Braun, V., & Clarke, V. (2023). Thematic Analysis. In (pp. 1-7). https://doi.org/10.1007/978-3-319-69909-7_3470-2
- Budiarti, A., Pujianti, A., Chabibah, C., & Ernawati, D. (2023). INFLUENCE OF FAMILY MONITORING AND SEXUAL COMMUNICATION IN ADOLESCENT CYBERSEX BEHAVIOR. *INTERNATIONAL JOURNAL OF NURSING AND MIDWIFERY SCIENCE (IJNMS)*, 7(1), 103-109.
- Bui, T. H. (2020a). ‘Being a good girl’: mother-daughter sexual communication in contemporary Vietnam. *Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2020.1742383>
- Bui, T. H. (2020b). ‘Being a good girl’: mother-daughter sexual communication in contemporary Vietnam. *Culture, Health & Sexuality*, 22(7), 794-807.

- Butler, J., Gregg, L., Calam, R., & Wittkowski, A. (2020). Parents' perceptions and experiences of parenting programmes: A systematic review and metasynthesis of the qualitative literature. *Clinical Child and Family Psychology Review*, 23(2), 176-204. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7192883/pdf/10567_2019_Article_307.pdf
- Camellia, S., Rommes, E., & Jansen, W. (2021). Beyond the talking imperative: The value of silence on sexuality in youth-parent relations in Bangladesh. *Global Public Health*, 16(5), 775-787. <https://doi.org/10.1080/17441692.2020.1751862>
- Cameron, A., Smith, E., Mercer, N., & Sundstrom, B. (2020a). 'It is our duty:' understanding parents' perspectives on reproductive and sexual health education. *Sexuality, Society and Learning*. <https://doi.org/https://doi.org/10.1080/14681811.2019.1704720>
- Cameron, A., Smith, E., Mercer, N., & Sundstrom, B. (2020b). 'It is our duty:' understanding parents' perspectives on reproductive and sexual health education. *Sex Education*, 20(5), 535-551. <https://doi.org/10.1080/14681811.2019.1704720>
- Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *Qualitative Report*, 21(5).
- Chamchan, Apipornchaisakul, & Soparat. (2020). Improving parent's skills and practices in talking with their children about sex: a quasi-experimental evaluation of social marketing activities in Thailand. *Journal of Human Behavior in the Social Environment*. <https://doi.org/https://doi.org/10.1080/10911359.2020.1835776>
- Chamchan, C., Apipornchaisakul, K., & Soparat, O. (2021). Improving parent's skills and practices in talking with their children about sex: A quasi-experimental evaluation of social marketing activities in Thailand. *Journal of Human Behavior in the Social Environment*, 31(8), 991-1007. <https://doi.org/10.1080/10911359.2020.1835776>
- Chandler, J., Cumpston, M., Li, T., Page, M. J., & Welch, V. (2019). Cochrane handbook for systematic reviews of interventions. Hoboken: Wiley.
- Chang, F.-C., Chiu, C.-H., Chen, P.-H., Chiang, J.-T., Miao, N.-F., Chuang, H.-Y., & Liu, S. (2019). Children's use of mobile devices, smartphone addiction and parental mediation in Taiwan. *Computers in Human Behavior*, 93, 25-32. <https://doi.org/https://doi.org/10.1016/j.chb.2018.11.048>
- Chauhan, R. S. (2022). Unstructured interviews: are they really all that bad? *Human Resource Development International*, 25(4), 474-487. <https://doi.org/10.1080/13678868.2019.1603019>
- Cheng, C.-H., & Lin, Y. (2002). Evaluating the best main battle tank using fuzzy decision theory with linguistic criteria evaluation. *European Journal of Operational Research*, 142(1), 174-186. [https://doi.org/https://doi.org/10.1016/S0377-2217\(01\)00280-6](https://doi.org/https://doi.org/10.1016/S0377-2217(01)00280-6)
- Chu, S.-C., & Kamal, S. (2008). The Effect of Perceived Blogger Credibility and Argument Quality on Message Elaboration and Brand Attitudes. *Journal of Interactive Advertising*, 8(2), 26-37. <https://doi.org/10.1080/15252019.2008.10722140>
- Chua, S., & Kentigern. (2024). *Fatimah: State records 32 pct increase in teenage pregnancy cases in 2023 compared to 2022.*

- <https://www.theborneopost.com/2024/01/16/fatimah-state-records-32-pct-increase-in-teenage-pregnancy-cases-in-2023-compared-to-2022/>
- Clark, W. R., Clark, L. A., Williams, R. I., & Raffo, D. M. (2023). Using a systematic literature review to clarify ambiguous construct definitions: identifying a leader credibility definitional model. *Management Review Quarterly*. <https://doi.org/10.1007/s11301-023-00378-w>
- Coffelt, T. A. (2017). Deciding to reveal sexual information and sexuality education in mother-daughter relationships. *Sex Education*, 17(5), 571-587. <https://doi.org/10.1080/14681811.2017.1326377>
- Coleman, P. (2019). An examination of positivist and critical realist philosophical approaches to nursing research. *International Journal of Caring Sciences*, 12(2), 1218-1224.
- Comparitech. (2021). *Internet Censorship 2021: A Global Map of Internet Restrictions*. <https://labourcentralasia.org/en/news/internet-censorship-2021-a-global-map-of-internet-restrictions/?f=int>
- Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: the SPIDER tool for qualitative evidence synthesis. *Qualitative Health Research*, 22, 1435-1443. <https://doi.org/10.1177/1049732312452938>
- Cooray, M., Jamaluddin, S. Z., & Tahir, Z. (2020). Violence and Sexual Offences against Children in Malaysia: Searching for the Right Approach. *International Journal of Business and Society*, 21(S1), 152-164.
- Creswell, J. W. (2013). *QUALITATIVE INQUIRY & RESEARCH DESIGN: Choosing Among Five Approaches*. SAGE Publications Ltd.
- Daniel, B. (2019). Using the TACT Framework to Learn the Principles of Rigour in Qualitative Research. *Electronic Journal of Business Research Methods*, 17. <https://doi.org/10.34190/JBRM.17.3.002>
- David Machin, A. M. (2012). *How to Do Critical Discourse Analysis*. SAGE Publication Ltd.
- Dawson, K., Gabhainn, S. N., Friday, R., & MacNeela, P. (2024). Barriers and recommendations for parent-child conversations about pornography. *Frontiers in Sociology*, 9, 1349549.
- Dent, L., & Maloney, P. (2017). Evangelical Christian parents' attitudes towards abstinence-based sex education: 'I want my kids to have great sex!'. *Sex Education*, 17(2), 149-164. <https://doi.org/10.1080/14681811.2016.1256281>
- Dinara Davlembayeva, S. P. (2024). Social Influence Theory: A Review. In *Theoryhub Book* (3rd ed.). <https://open.ncl.ac.uk>
- Donenberg, G. R., Kendall, A. D., Emerson, E., Fletcher, F. E., Bray, B. C., & McCabe, K. (2020). IMARA: a mother-daughter group randomized controlled trial to reduce sexually transmitted infections in Black/African-American adolescents. *PLoS ONE*, 15(11), e0239650.
- Elizabeth, A. B., Agbemaflle, I., & Adanu, R. M. K. (2017). Effects of parents training on parents knowledge and attitudes about adolescent sexuality in Accra Metropolis, Ghana. *Reproductive Health*, 14. <https://doi.org/https://doi.org/10.1186/s12978-017-0363-9>
- Emiliya Adelson, Shubhada Maitra, & Bonnie K. Nastasi. (2017). Informing sexual health intervention development in India: Perspectives of daughters, mothers, and service providers in Mumbai. *International Journal of School & Educational Psychology*. <https://doi.org/10.1080/21683603.2016.1276814>
- Erdem, A. (2017). Mind Maps as a Lifelong Learning Tool. *Universal Journal of Educational Research*, 5(n12A), 1-7.

- Erikson, E. (1950). *The Theory of Psychosocial Development*. [https://socialsci.libretexts.org/Sandboxes/admin/Individual and Family Development Health and Well-being \(Lang\)/02%3A Theories/2.04%3A Psychosocial Theory- Erikson](https://socialsci.libretexts.org/Sandboxes/admin/Individual%20and%20Family%20Development%20Health%20and%20Well-being%20(Lang)/02%3A%20Theories/2.04%3A%20Psychosocial%20Theory-Erikson)
- Ermel, A. P., Lacerda, D., Morandi, M., & Gauss, L. (2021). Literature Synthesis. In (pp. 59-84). https://doi.org/10.1007/978-3-030-75722-9_5
- Esan, D. T., & Bayajidda, K. K. (2021). The perception of parents of high school students about adolescent sexual and reproductive needs in Nigeria: A qualitative study. *Public Health in Practice*, 2, 100080. <https://doi.org/https://doi.org/10.1016/j.puhip.2021.100080>
- Evans, D., Borriello, G. A., & Field, A. P. (2018). A Review of the Academic and Psychological Impact of the Transition to Secondary Education [Review]. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.01482>
- Evans, E. A., Delorme, E., Cyr, K. D., & Geissler, K. H. (2022). The Massachusetts public health data warehouse and the opioid epidemic: A qualitative study of perceived strengths and limitations for advancing research. *Preventive Medicine Reports*, 28, 101847. <https://doi.org/https://doi.org/10.1016/j.pmedr.2022.101847>
- Evans, R., Widman, L., Kamke, K., & Stewart, J. L. (2020). Gender Differences in Parents' Communication With Their Adolescent Children about Sexual Risk and Sex-Positive Topics. *The Journal of Sex Research*, 57(2), 177-188. <https://doi.org/10.1080/00224499.2019.1661345>
- Ezenwaka, U., Mbachu, C., Ezumah, N., Eze, I., Agu, C., Agu, I., & Onwujekwe, O. (2020). Exploring factors constraining utilization of contraceptive services among adolescents in Southeast Nigeria: An application of the socio-ecological model [Article]. *BMC public health*, 20(1), Article 1162. <https://doi.org/10.1186/s12889-020-09276-2>
- Fairclough, N. (2010). *Critical Discourse Analysis - The Critical Studies of Language*. Routledge.
- Faudzi, N. M., Nor, A. M., & Sumari, M. (2020). Mother-Child Relationship and Education on Sexuality. 10, 787-796. <https://doi.org/10.6007/IJARBSS/v10-i3/7092>
- Fazli Khalaf, Z., Low, W. Y., Khoei, E., & Ghorbani, B. (2014). Sexuality Education in Malaysia: Perceived Issues and Barriers by Professionals. *Asia-Pacific journal of public health / Asia-Pacific Academic Consortium for Public Health*. <https://doi.org/10.1177/1010539513517258>
- Fernandes, D., Kemigisha, E., Achen, D., Akatukwasa, C., Ruzaaza, G. N., Coene, G., Delobelle, P., Nyakato, V. N., & Michielsen, K. (2024). Process evaluation of a parent-child communication intervention for adolescent sexual and reproductive health in Uganda [Article]. *BMC public health*, 24(1), 319. <https://doi.org/10.1186/s12889-023-17513-7>
- Feroz, A. S., Ali, N. A., Khoja, A., Asad, A., & Saleem, S. (2021). Using mobile phones to improve young people sexual and reproductive health in low and middle-income countries: a systematic review to identify barriers, facilitators, and range of mHealth solutions. *Reproductive Health*, 18(1), 1-13. <https://doi.org/10.1186/s12978-020-01059-7>
- Fine, M., & McClelland, S. I. (2023). Sexuality education and desire: Still missing after all these years. In *The critical pedagogy reader* (pp. 291-323). Routledge.
- Flick, U. (2018). Managing quality in qualitative research.
- Focus on the Family. (2023). *Partnership Report 2023*.

- Forsyth, A. (2021). What Is a Contribution in Planning Research? *Journal of the American Planning Association*, 87(3), 309-310.
<https://doi.org/10.1080/01944363.2021.1925063>
- Frey, J. J., Hall, W. J., Goldbach, J. T., & Lanier, P. (2021). "Here in the Bible Belt, It's Predominantly Negative": Sexual Identity Stigma in the American South, 50 Years After Stonewall [Original Research]. *Frontiers in Psychology*, 12.
<https://doi.org/10.3389/fpsyg.2021.804064>
- Ganji, J., Emamian, M. H., Maasoumi, R., Keramat, A., & Khoei, E. (2018). Sexual Health Education at Home: Attitude and Practice of Iranian Parents. *Iranian Journal of Public Health*, 47, 146-147.
https://doi.org/https://doi.org/10.4103/jnms.jnms_45_20
- Gerchow, L., Lanier, Y., Fayard, A. L., & Squires, A. (2024). A comprehensive view of adolescent sexual health and family planning from the perspective of Black and Hispanic adolescent mothers in New York city [Article]. *SSM - Qualitative Research in Health*, 6, Article 100460.
<https://doi.org/10.1016/j.ssmqr.2024.100460>
- Ghani, F., & Awin, N. (2020). Sexuality Education across selected Muslim countries: A review to inform Malaysia's 2020-24 National Reproductive Health and Social Education Plan of Action. *United Nations University International Institute for Global Health (UNU-IIGH)*.
https://collections.unu.edu/eserv/UNU:7886/IIGH_Report_-_SRHE_PEKERTI_-_Desk_Review_2020-11-30.pdf
- Glorian. (2024). What is Fornication? https://glorian.org/connect/blog/what-is-fornication?cmp_id=12948461729&adg_id=123411246855&kwd=define%20sexual%20immorality%20in%20the%20bible&device=c&gad_source=1&gclid=Cj0KCQjw4MSzBhC8ARIsAPFOuyWCGyKwgGRGQ8uQ5E4MztZcMZWf-rmpir3HE9lXgOYYyP5omkTfMcQaAonzEALw_wcB
- Goldfarb, E. S., & Lieberman, L. D. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*, 68(1), 13-27.
<https://doi.org/https://doi.org/10.1016/j.jadohealth.2020.07.036>
- Grigoropoulos, I. (2022). Towards a greater integration of 'spicier' sexuality into mainstream society? Social-psychological and socio-cultural predictors of attitudes towards BDSM. *Sexuality & Culture*, 26(6), 2253-2273.
<https://doi.org/10.1007/s12119-022-09996-0>
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLoS ONE*, 15(5), e0232076.
- Hasmadi, I. H. A., Muazzam, N. S. M., Lee, N. N. B. M. N., Samat, F., & Muda, T. E. A. T. (2022). Perspektif Ibu Bapa terhadap Pendidikan Awal Seksual kepada Kanak-kanak. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(7), e001638-e001638.
- Hazariah, A. H. S., Fallon, D., & Callery, P. (2021). An Overview of Adolescents Sexual and Reproductive Health Services Provision in Malaysia. *Comprehensive Child and Adolescent Nursing*, 44(2), 144-160.
<https://doi.org/10.1080/24694193.2020.1756983>
- Hendriks, J., Francis, N., Saltis, H., Marson, K., Walsh, J., Lawton, N., & Burns, S. (2024). Parental opposition to comprehensive sexuality education in Australia: associations with religiosity and school sector. *Frontiers in Psychology*, 15, 1391197.
- Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F. K., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F. E., Nicolau, B., O'Cathain, A., Rousseau, M. C.,

- Vedel, I., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Educ. Inf.*, 34, 285-291.
- Horanieh, N., Macdowall, W., & Wellings, K. (2019). Abstinence versus harm reduction approaches to sexual health education: views of key stakeholders in Saudi Arabia. *Sex Education*. <https://doi.org/DOI:10.1080/14681811.2019.1669150>
- Horanieh, N., Wellings, K., & Macdowall, W. (2022). Barriers and Facilitators for Formulation and Implementation of a Sex Education Programme in Saudi Arabia: Stakeholders' Perspective. *Sexuality Research & Social Policy: Journal of NSRC*, 19(4), 1561-1571. <https://doi.org/10.1007/s13178-021-00678-4>
- Honor, G. (2020). Online Sexual Solicitation of Children and Adolescents. *Journal of Pediatric Health Care*, 34(6), 610-618. <https://doi.org/https://doi.org/10.1016/j.pedhc.2020.05.008>
- Hubble, T. R., Carbone, L., Vandenbosch, L., Toelen, J., & De Coninck, D. (2024). Exploring European Parents' Attitudes Towards the Age Appropriateness of Digital Sexuality Education for Adolescents [Article]. *American Journal of Sexuality Education*. <https://doi.org/10.1080/15546128.2024.2415304>
- Hun Ha, C., & So-Hyun, M. (2016). Association of Sexual Maturation and Parent-Child Communication on Maturity Fears in Elementary School Girls [article]. *Child Health Nursing Research*, 22(2), 137-144. <https://doi.org/10.4094/chnr.2016.22.2.137>
- Ihwani, S. S., Muhtar, A., Jaafar, N., Muhammad, N. A. F., & Rashed, Z. N. (2017). Sex education: an overview from quranic approach. *Journal of Quran Sunnah Education & Special Needs*, 1(2).
- Inthaphatha, S., Isin-Xiong, L., Louangpradith, V., Xiong, V., Xaitengcha, V., Phengsavanh, A., Nishino, K., Hamajima, N., & Yamamoto, E. (2023). Period shaming behavior among male students in Luang Prabang Province, Lao People's Democratic Republic: A cross-sectional study [Article]. *PLoS ONE*, 18(7 July), Article e0288145. <https://doi.org/10.1371/journal.pone.0288145>
- Jamil, M. R. M., & Azeez, S. S. M. I. K. (2014). KOMPETENSI GURU TERHADAP PENGURUSAN PENGAJARAN DAN PEMBELAJARAN: SUATU PENDEKATAN TEKNIK FUZZY DELPHI. *JURNAL KEPIMPINAN PENDIDIKAN*, 1(3). <https://ejournal.um.edu.my/index.php/JUPIDI/article/view/8303>
- Jemaah Nazir Kementerian Pendidikan Malaysia. (2019). Diterbitkan oleh Jemaah Nazir Kementerian Pendidikan Malaysia Aras 3-6, Blok E15, Kompleks Kerajaan Parcel E Pusat Pentadbiran Kerajaan Persekutuan.
- Jesson, J., Lacey, F. M., & Matheson, L. (2011). Doing your literature review: Traditional and systematic techniques.
- Jin, X. (2021). The Characteristics and Relationship of Parental Sexual Knowledge and Sex Education Attitude to Young Children. *Scientific Research Publishing*. <https://doi.org/https://doi.org/10.4236/ce.2021.129153>
- Jones, H., & Twiss, B. C. (1978). *Forecasting Technology for Planning Decisions*. PBI. <https://books.google.com.my/books?id=p9ASAQAAMAAJ>
- Jukna, S. (2013). *Complexity of Linear Boolean Operators*. <https://doi.org/10.1561/9781601987273>
- Junaidi, A., & Samudin, S. A. (2022). Penetapan Hukuman bagi Kesalahan Jenayah Syariah di Malaysia: Analisis Perbandingan Mengikut Undang-undang dan Fiqh

- [Penalty for Syariah Criminal Offenses in Malaysia: A Comparative Analysis by Law and Fiqh]. *Jurnal Islam dan Masyarakat Kontemporari*, 23(2), 324-346.
- Kaliyamurthi, B. (2021). Critical Comparison of the Strengths and Weaknesses of Positivism and Interpretivism as Two Approaches to the Study of Politics. *Journal of Political Sciences & Public Affairs*.
- Kamaludin, N. N., Muhamad, R., Yudin, Z. M., & Zakaria, R. (2022). Barriers and Concerns in Providing Sex Education among Children with Intellectual Disabilities: Experiences from Malay Mothers [Article]. *International Journal of Environmental Research and Public Health*, 19(3), Article 1070. <https://doi.org/10.3390/ijerph19031070>
- Kapoor, R. (2022). *Research methodology and Methods*.
- Kementerian Pembangunan Wanita Keluarga dan Masyarakat. (2022). *Dasar dan Pelan Tindakan Pendidikan Kesihatan Reproduktif dan Sosial Kebangsaan (PEKERTI) 2022-2025*. Putrajaya Retrieved from <https://anyflip.com/iovct/igel/basic>
- Khan, P., Rassool, P. D. G. H., & Mabud, S. (2020). *Sexuality Education from an Islamic Perspective*.
- Kheng, K. S. (2021). Empower teachers to teach sexuality education [Newspaper article]. *The Sun*. <https://www.thesundaily.my/home/empower-teachers-to-teach-sexuality-education-MI7846718>
- Klu, D., Agordoh, P., Azagba, C., Acquah, E., Doegah, P., Ofosu, A., Ansah, E. K., & Gyapong, M. (2022). Determinants of communication on sexual issues between adolescents and their parents in the Adaklu district of the Volta region, Ghana: a multinomial logistic regression analysis. *Reproductive Health*, 19(1), 1-9. <https://doi.org/10.1186/s12978-022-01402-0>
- Ko, L. K., Taylor, V. M., Mohamed, F. B., Do, H. H., Gebeyaw, F. A., Ibrahim, A., Ali, A. A., & Winer, R. L. (2019). "We brought our culture here with us": A qualitative study of perceptions of HPV vaccine and vaccine uptake among East African immigrant mothers. *Papillomavirus Research*, 7, 21-25. <https://doi.org/https://doi.org/10.1016/j.pvr.2018.12.003>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Lee, A. D., Green, B. N., Johnson, C. D., & Nyquist, J. (2010). How to Write a Scholarly Book Review for Publication in a Peer-Reviewed Journal A Review of the Literature. *The Journal of Chiropractic Education*, 24(1). <https://doi.org/10.7899/1042-5055-24.1.57>
- Lee, A. D., Green, B. N., Johnson, C. D., & Nyquist, J. (2010). How to write a scholarly book review for publication in a peer-reviewed journal: a review of the literature. *Journal of Chiropractic Education*, 24(1), 57-69.
- Leeuwen, G. K. T. V. (2001). *Multimodal Discourse: The Modes and Media of Contemporary Communication*.
- Leeuwen, T. V. (2008). *Discourse and Practice: New Tools for Critical Discourse Analysis*. Oxford University Press.
- Lian, C. W., Awang, H., Thon, C. C., Yun, L. W., Ting, T. W., Kaushal, D. N., & Hassan, H. M. (2020). Factors associated with sexual engagement among schooling adolescents in Sarawak, East Malaysia. *International Journal of Child & Adolescent Health*, 13(3).

- Lindberg, L. D., & Kantor, L. M. (2022). Adolescents' Receipt of Sex Education in a Nationally Representative Sample, 2011–2019. *Journal of Adolescent Health*, 70(2), 290-297. <https://doi.org/https://doi.org/10.1016/j.jadohealth.2021.08.027>
- Liu, T., Fuller, J., Hutton, A., & Grant, J. (2017). Consequence-based communication about adolescent romantic experience between parents and adolescents: A qualitative study underpinned by social constructionism [<https://doi.org/10.1111/nhs.12335>]. *Nursing & Health Sciences*, 19(2), 176-182. <https://doi.org/https://doi.org/10.1111/nhs.12335>
- Liu, W. (2017). The changing role of non-English papers in scholarly communication: Evidence from Web of Science's three journal citation indexes. *Learned Publishing*, 30(2), 115-123.
- Loganathan, T., Chan, Z. X., Hassan, F., Ong, Z. L., & Majid, H. A. (2022). Undocumented: An examination of legal identity and education provision for children in Malaysia. *PLoS ONE*, 17(2), e0263404.
- Lourdes, M. M., & Pamela, O. (2016). ¿Confías en mí? The Impact of Latino Parent Characteristics on Discussions With Their Adolescent About Sexual Health and Pregnancy Prevention [article]. *SAGE Open*, 6. <https://doi.org/10.1177/2158244015622245>
- LPPKN. (2019). Modul Cakna diri (I'm In Control) Edisi Ibu Bapa. <https://www.lppkn.gov.my/lppkngateway/frontend/web/index.php?r=portal/article-accordion&menu=116&id=NTliZmxwVDlxUmNqVXJjY1J2cjd3dz09#1165>
- Maas, M. K., LaBrenz, C. A., Cary, K. M., Buenabad, N. A., & Parra-Cardona, J. R. (2023). Gender, romantic relationships and sexual health in Mexico: Parents' experiences of discussion with their children [Article]. *Culture, Health and Sexuality*, 25(6), 762-775. <https://doi.org/10.1080/13691058.2022.2097740>
- Maher, C., Hadfield, M., Hutchings, M., & de Eyto, A. (2018). Ensuring Rigor in Qualitative Data Analysis: A Design Research Approach to Coding Combining NVivo With Traditional Material Methods. *International Journal of Qualitative Methods*, 17(1), 1609406918786362. <https://doi.org/10.1177/1609406918786362>
- Majdpour, M., Shams, M., Parhizkar, S., Mousavizadeh, A., Rahimi, Z., Maleki, M., & Shariatnia, S. (2021). Indirect Sexuality Education to Adolescent Girls Through Empowering Their Mothers [Article]. *International Journal of High Risk Behaviors and Addiction*, 10(3), Article e108767. <https://doi.org/10.5812/IJHRBA.108767>
- Malacane, M., & Beckmeyer, J. J. (2016). A Review of Parent-Based Barriers to Parent–Adolescent Communication about Sex and Sexuality: Implications for Sex and Family Educators [Article]. *American Journal of Sexuality Education*, 11(1), 27-40. <https://doi.org/10.1080/15546128.2016.1146187>
- Marzukhi, H., Jamil, M. R. M., Yunus, M. M., & Hameed, L. B. M. (2023). Fuzzy Delphi Method (FDM) for developing components of the Smallholders Awareness Training (SAT) Model. *ANP Journal of Social Science and Humanities*, 4(1), 12-22.
- Masresha, S. A., & Alen, G. D. (2021). Parent-adolescent communication on sexual and reproductive health among school adolescents of Woldia town, Ethiopia by the year 2019. *Health Education (0965-4283)*, 121(2), 150-160. <https://doi.org/10.1108/HE-07-2020-0053>
- Mataraarachchi, D., Buddhika Mahesh, P. K., Pathirana, T. E. A., Ariyadasa, G., Wijemanne, C., Gunatilake, I., Nupahewa, I., Gunasoma, A., & Vithana, P. V.

- S. C. (2023). Mother's perceptions and concerns over sharing sexual and reproductive health information with their adolescent daughters- A qualitative study among mothers of adolescent girls aged 14–19 years in the developing world, Sri Lanka [Article]. *BMC Women's Health*, 23(1), Article 223. <https://doi.org/10.1186/s12905-023-02369-1>
- Mavhandu-Mudzusi, A. H., & Mhlongo, B. G. (2021). Adolescents' sexual education: Parental involvement in a rural area in Kwazulu-Natal, South Africa [Article]. *Africa Journal of Nursing and Midwifery*, 23(1), 1-15. <https://doi.org/10.25159/2520-5293/8031>
- May Thet Nu, N., Yu Mon, S., × Pa Pa, S., Moe, K., Saw, T. N., Hamajima, N., & Hla Hla, W. (2018). Barriers between mothers and their adolescent daughters with regards to sexual and reproductive health communication in Taunggyi Township, Myanmar: What factors play important roles? *PLoS ONE*, 13(12). <https://doi.org/https://doi.org/10.1371/journal.pone.0208849>
- Mbachu, C. O., Agu, I. C., Eze, I., Agu, C., Ezenwaka, U., Ezumah, N., & Onwujekwe, O. (2020). Exploring issues in caregivers and parent communication of sexual and reproductive health matters with adolescents in Ebonyi state, Nigeria. *BMC public health*, 20(1), 1-10. <https://doi.org/10.1186/s12889-019-8058-5>
- Mbachu, C. O., Agu, I. C., Eze, I., Agu, C., Ezenwaka, U., Ezumah, N., & Onwujekwe, O. (2020). Exploring issues in caregivers and parent communication of sexual and reproductive health matters with adolescents in Ebonyi state, Nigeria [Article]. *BMC public health*, 20(1), Article 77. <https://doi.org/10.1186/s12889-019-8058-5>
- Melese, M., Esubalew, D., Siyoum, T. M., Worku, Y. B., Azanaw, J., & Mengistie, B. A. (2024). Parent–adolescent communication on sexual and reproductive health issues and associated factors among secondary public-school students in Gondar town, northwest Ethiopia: an institution based cross-sectional study [Article]. *Frontiers in Public Health*, 12, Article 1342027. <https://doi.org/10.3389/fpubh.2024.1342027>
- Meseret Shiferaw, Y., & Bernard, M. (2020). Parent - adolescent communication on sexual and reproductive health: the qualitative evidences from parents and students of Addis Ababa, Ethiopia [article]. *Reproductive Health*, 17(1), 1-9. <https://doi.org/10.1186/s12978-020-00927-6>
- Messner, M., Moll, J., & Strömsten, T. (2017). Credibility and authenticity in qualitative accounting research. In *The Routledge companion to qualitative accounting research methods* (pp. 432-444). Routledge.
- Ministry of Health. (2012). *National Adolescent Health Plan of Action 2015-2020*. Malaysia: Ministry of Health Retrieved from http://fh.moh.gov.my/v3/index.php/component/jdownloads/send/21-sektor-kesihatan-remaja/345-nahpoa-2015-2020-print?option=com_jdownloads
- Ministry of Health. (2023). *2023 Global AIDS Monitoring - Country Progress Report - Malaysia*. Malaysia Retrieved from https://www.moh.gov.my/moh/resources/Penerbitan/Laporan/Umum/Laporan_Global_AIDS_Monitoring_2023.pdf
- MOH. (2015). *NATIONAL ADOLESCENT HEALTH Plan Of Action*. <https://fh.moh.gov.my/v3/index.php/component/jdownloads/send/21-sektor-kesihatan-remaja/345-nahpoa-2015-2020-print?Itemid=0>
- Mohajan, D., & Mohajan, H. (2022). Memo writing procedures in grounded theory research methodology.

- Mohamad, M. (2010). Making majority, undoing family: law, religion and the Islamization of the state in Malaysia. *Economy and Society*, 39(3), 360-384.
- Mohamad, M. M., Latif, N. A., Rahman, S. N. S. A., Mubarak, M. F. M., Mahmud, S. H., Misnal, M. F. I., Kasiren, M. Y., Zulkapli, N. Z., & Salleh, S. Z. (2019). Patterns of Internet Use among Students Universiti Teknologi Malaysia: Kolej Perdana Case Study. *Advances in Social Science, Education and Humanities Research*, 470. <http://creativecommons.org/licenses/by-nc/4.0/>
- Montgomery, P., & Bailey, P. H. (2007). Field notes and theoretical memos in grounded theory. *West J Nurs Res*, 29(1), 65-79. <https://doi.org/10.1177/0193945906292557>
- Morse, J. M. (2015a). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25(9), 1212-1222.
- Morse, J. M. (2015b). Data were saturated. In (Vol. 25, pp. 587-588): Sage Publications Sage CA: Los Angeles, CA.
- Muhammad Aftab Khan, G. H. R., Shaikh Abdul Mabud and Muhammad Ahsan. (2020). *Sexuality Education from an Islamic Perspective*. Cambridge Scholars Publishing.
- Muhammad, N. A., Jamil, T. R., Sallehudin, F. U., Samuri, M. A. A., Sutan, R., & Sudin, W. N. B. (2023). MOTHERS' VIEWS AND THEIR EXPECTED ROLES ON PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH.
- Mukoro, J. (2017). The need for culturally sensitive sexuality education in a pluralised Nigeria: But which kind? *Sex Education*, 17(5), 498-511.
- Mullis, M. D., Kastrinos, A., Wollney, E., Taylor, G., & Bylund, C. L. (2021). International barriers to parent-child communication about sexual and reproductive health topics: a qualitative systematic review. *Sex Education*, 21(4), 387-403. <https://doi.org/10.1080/14681811.2020.1807316>
- Mustafa, N., Bakar, A., Basri, M., & Usman, A. (2022). Abstinence Education and Sexual Transmitted Disease Regarding Sexuality Health and Reproductive in Malaysia. 3, 80-102.
- Nagata, J. M., Balasubramanian, P., Shim, J. E., Talebloo, J., Yen, F., Al-shoaibi, A. A., Shao, I. Y., Ganson, K. T., Testa, A., Kiss, O., & Baker, F. C. (2024). Social epidemiology of online dating in U.S. early adolescents. *BMC Research Notes*, 17(1), 145. <https://doi.org/10.1186/s13104-024-06777-w>
- NAHPOA. (2015). NATIONAL ADOLESCENT HEALTH PLAN OF ACTION.
- Naughton, J. (2018). *The growth of internet porn tells us more about ourselves than technology*. <https://www.theguardian.com/commentisfree/2018/dec/30/internet-porn-says-more-about-ourselves-than-technology>
- Ng, S. L., Baker, L., Cristancho, S., Kennedy, T. J., & Lingard, L. (2018). Qualitative research in medical education: methodologies and methods. *Understanding medical education: Evidence, theory, and practice*, 427-441.
- Norani, M. N. M., & Abdullah, W. H. (2020). Analisis Aktiviti Pengajian Keagamaan di Institusi Masjid-masjid Negeri Melaka [Analysis of Religious Studies Activities in institutions Mosques of Malacca]. *BITARA International Journal of Civilizational Studies and Human Sciences (e-ISSN: 2600-9080)*, 3(1), 119-129.
- Orji, C. J., Arinze-Onyia, S. U., & Obionu, C. N. (2019). Parental Verbal Communication and Sexual Knowledge of Senior Secondary School Students

- in South East, Nigeria [Article]. *Ethiopian journal of health sciences*, 29(4), 477-486. <https://doi.org/10.4314/ejhs.v29i4.9>
- Özgür, H. (2016). The relationship between Internet parenting styles and Internet usage of children and adolescents. *Computers in Human Behavior*, 60, 411-424. <https://doi.org/https://doi.org/10.1016/j.chb.2016.02.081>
- Palmatier, R. W., Houston, M. B., & Hulland, J. (2018). Review articles: Purpose, process, and structure. In (Vol. 46, pp. 1-5): Springer.
- Panting, A. J., Abdullah, H., Roslan, S., & Ismail, I. A. (2019). Potential Social Risk Factors for Teenage Pregnancy in Sarawak. *Pertanika Journal of Social Science and Humanities*, 27(1), 425 - 441. <http://psasir.upm.edu.my/id/eprint/67816/>
- Parker, C. J., Winston Iii, W., Simpson, T., & Brady, S. S. (2018). Community Readiness to Adopt the Communities That Care Prevention System in an Urban Setting. *American Journal of Preventive Medicine*, 55(5, Supplement 1), S59-S69. <https://doi.org/https://doi.org/10.1016/j.amepre.2018.05.022>
- Patton, M. Q. (2015). The sociological roots of utilization-focused evaluation. *The American Sociologist*, 46(4), 457-462.
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, 20(2), 76-85.
- Permatasari, E., Devy, S. R., & Hendriani, W. (2019). Parental Responsiveness of Mindest-Based Nursing on Early Sexual Education to Prevent Child Sexual Abuse. *Indian Journal of Public Health Research & Development*, 10(10).
- Peterson, B. (2017). Thematic Analysis/Interpretive Thematic Analysis. In. <https://doi.org/10.1002/9781118901731.iecrm0249>
- Pham, L. (2018). A Review of Key Paradigms: Positivism. *Interpretivism & Critical Inquiry, School of Education, The University of Adelaide*.
- Phillippi, J., & Lauderdale, J. (2018). A Guide to Field Notes for Qualitative Research: Context and Conversation. *Qualitative Health Research*, 28(3), 381-388. <https://doi.org/10.1177/1049732317697102>
- Piaget, J. (1952). *Theory of Cognitive Development*. [https://socialsci.libretexts.org/Courses/Lumen Learning/Book%3A_Child_Development_\(Lumen\)/06%3A_Module_4-Theories_\(Part_I\)/6.01%3A_Cognitive_Development-The_Theory_of_Jean_Piaget](https://socialsci.libretexts.org/Courses/Lumen Learning/Book%3A_Child_Development_(Lumen)/06%3A_Module_4-Theories_(Part_I)/6.01%3A_Cognitive_Development-The_Theory_of_Jean_Piaget)
- Putra, P., & Erniyati, Y. (2022). Sex Education in Islamic Education Perspective. *AJIS: Academic Journal of Islamic Studies*, 7, 261. <https://doi.org/10.29240/ajis.v7i2.4128>
- Putra, R. E., Irham, M., & Andriani, R. (2023). Urgensi Penanaman Nilai-Nilai Islam dalam Upaya Menangkal Isu Internasional: LGBT Pada Ikatan Remaja Masjid Sabilul Jannah. *JILPI: Jurnal Ilmiah Pengabdian dan Inovasi*, 1(4), 771-780.
- Quah, E. L. S. (2018). Emotional reflexivity and emotion work in transnational divorce biographies. *Emotion, Space and Society*, 29, 48-54. <https://doi.org/https://doi.org/10.1016/j.emospa.2018.09.001>
- Rahman, S. F. A. (2020). Memperkasa Anak-Anak Dengan Pendidikan Seksual: Satu Model Islami. *Jurnal Dunia Pengurusan*, 2(1), 1-11.
- Rahmani, A., Khoei, E., & Fallahi, A. (2018). Perceived Advantages and Disadvantages of Sex Education in Young Women: A Qualitative Study. *International Journal of High Risk Behaviors and Addiction*, In Press. <https://doi.org/10.5812/ijhrba.57221>
- Rassool, G. H., Khan, M. A., Mabud, S. A., & Ahsan, M. (2020). *Sexuality education from an Islamic perspective*. Cambridge scholars publishing.

- Razali, S., Ramli, N. A. F., Hanafia, S. S., Rahman, N. N. A., Md, K. N., Rani, M. A. M., Hassan, M. A., & Ariffin, A. F. (2017). Are Malaysians ready for comprehensive sexuality education? *Journal of Advanced Research in Social and Behavioural Sciences*(1), 14-28. https://www.akademiabaru.com/doc/ARSBSV9_N1_P14_28.pdf
- Resnik, D. B. (2018). *The ethics of research with human subjects: Protecting people, advancing science, promoting trust* (Vol. 74). Springer.
- Rodríguez-Dorans, E. (2018). Reflexivity and ethical research practice while interviewing on sexual topics. *International Journal of Social Research Methodology*, 21(6), 747-760.
- Rouhparvar, Z., Javadnoori, M., & Shahali, S. (2022). Parents' approaches to sexuality education of their adolescent boys: a qualitative study in Ahvaz, Iran. *Reproductive Health*, 19(1), 1-10. <https://doi.org/10.1186/s12978-022-01367-0>
- Rouse, E. D., & Harrison, S. H. (2015). Triangulate and expand: Using multiple sources of data for convergence and expansion to enrich inductive theorizing. In *Handbook of qualitative organizational research* (pp. 286-297). Routledge.
- Sadiqui, A., & Rachid, F. M. (2022). A Lightweight, Multi-layered Internet Filtering System. International Conference on Advanced Intelligent Systems for Sustainable Development,
- Saffie, N. A. M., Shukor, N. M., & Rasmani, K. A. (2016, 24-27 July 2016). Fuzzy delphi method: Issues and challenges. 2016 International Conference on Logistics, Informatics and Service Sciences (LISS),
- Sanjakdar, F. (2022). MAKING SENSE OF BRITISH MUSLIM PARENTS' OBJECTIONS TO 'PROGRESSIVE' SEXUALITY EDUCATION. *British Journal of Educational Studies*, 70(2), 187-216. <https://doi.org/10.1080/00071005.2021.1905770>
- Santelli, J. S., Bell, D. L., Trent, M., Klein, J. D., Grubb, L., Barondeau, J., Stager, M., & North, S. (2021). School-based Sex Education in the U.S. at a Crossroads: Taking the Right Path. *Journal of Adolescent Health*, 69(6), 886-890. <https://doi.org/10.1016/j.jadohealth.2021.09.007>
- Santos Jr, H. P., Black, A. M., & Sandelowski, M. (2015). Timing of translation in cross-language qualitative research. *Qualitative Health Research*, 25(1), 134-144.
- Scull, T. M., Carl, A. E., Keefe, E. M., & Malik, C. V. (2022). Exploring parent-gender differences in parent and adolescent reports of the frequency, quality, and content of their sexual health communication. *The Journal of Sex Research*, 59(1), 122-134. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9594984/pdf/nihms-1711113.pdf>
- Scull, T. M., Malik, C., & Keefe, E. (2020). Determining the feasibility of an online, media mediation program for parents to improve parent-child sexual health communication [Article]. *Journal of Media Literacy Education*, 12(1), 13-25. <https://doi.org/10.23860/JMLE-2020-12-1-2>
- Sexual Offences against Children Act. (2017).
- Sham, F., Zaidi, W. N. A. W. M., Zahari, Z. N., Danis, A., & Razali, S. (2020). Sexuality Means "Sex": Opinions of Parents on Sexuality Education in Malaysia. *International Journal of Caring Sciences*, 13(3), 1818-1825. <http://210.48.222.80/proxy.pac/scholarly-journals/sexuality-means-sex-opinions-parents-on-education/docview/2480362669/se-2>

- Sheikh `Abdul-Majeed Subh. (2024). *Is Sex Education Allowed?* <https://aboutislam.net/counseling/ask-the-scholar/morals-manners/sex-education-allowed/>
- Silverio, S. A., Sheen, K. S., Bramante, A., Knighting, K., Koops, T. U., Montgomery, E., November, L., Soulsby, L. K., Stevenson, J. H., Watkins, M., Easter, A., & Sandall, J. (2022). Sensitive, Challenging, and Difficult Topics: Experiences and Practical Considerations for Qualitative Researchers. *International Journal of Qualitative Methods*, 21, 16094069221124739. <https://doi.org/10.1177/16094069221124739>
- Silverman, D. (2008). *Doing qualitative research: A comprehensive guide*. Sage.
- Singh, D. R., Shrestha, S., Karki, K., Sunuwar, D. R., Khadka, D. B., Maharjan, D., Sah, L. K., Simkhada, B., & Sah, R. K. (2023). Parental knowledge and communication with their adolescent on sexual and reproductive health issues in Nepal [Article]. *PLoS ONE*, 18(7 July), Article e0289116. <https://doi.org/10.1371/journal.pone.0289116>
- Song, J. M. (2022). Female senior managers and the gender equality environment: Evidence from south Korean firms. *Pacific-Basin Finance Journal*, 75, 101838. <https://doi.org/https://doi.org/10.1016/j.pacfin.2022.101838>
- Stocker, R., & Close, H. (2013). A novel method of enhancing grounded theory memos with voice recording. *Qualitative Report*, 18(1).
- Suborna, C., Els, R., & Willy, J. (2020). Beyond the talking imperative: The value of silence on sexuality in youth-parent relations in Bangladesh. *Global Public Health*. <https://doi.org/10.1080/17441692.2020.1751862>
- Tang, C.-W., & Wu, C.-T. (2010). Obtaining a picture of undergraduate education quality: a voice from inside the university. *Higher Education*, 60(3), 269-286. <https://doi.org/10.1007/s10734-009-9299-5>
- Temple, B., & Young, A. (2004). Qualitative Research and Translation Dilemmas. *Qualitative Research*, 4(2), 161-178. <https://doi.org/10.1177/1468794104044430>
- Tenny, S., Brannan, J. M., & Brannan, G. D. (2022). Qualitative Study. In *StatPearls*. StatPearls Publishing
- Copyright © 2022, StatPearls Publishing LLC.
- Teppasom, W., Chamroonsawasdi, K., Nunthamongkolchai, S., Kittipichai, W., & Lapvongwatana, P. (2021). Challenges and obstacles of mother-daughter sexual communication among Thai rural communities: An exploratory study. *Journal of Public Health and Development*, 19(2), 28-46.
- The Star. (2024). Growing concerns over teenage pregnancies, underage marriage, says Nancy Shukri. *The Star*,. <https://www.thestar.com.my/news/nation/2024/11/10/growing-concerns-over-teenage-pregnancies-underage-marriage-says-nancy-shukri>
- Thiessen, B., Williamson, L., & Buchanan, C. M. (2021). 'Be proactive not reactive': Understanding gaps in student sexual consent education. *The Canadian Journal of Human Sexuality*, 30(3), 349. <https://login.ezlib.iium.edu.my/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgcc&AN=edsgcl.686548546&site=eds-live>
- Thomaidis, N. S., Nikitakos, N., & Dounias, G. D. (2006). The evaluation of information technology projects: A fuzzy multicriteria decision-making approach. *International Journal of Information Technology & Decision Making*, 5(01), 89-122.

- UNESCO. (2018). *International technical guidance on sexuality education*.
<https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>
- UNESCO. (2020). The status of comprehensive sexuality education in Asia and the Pacific: A summary review 2020.
<https://unesdoc.unesco.org/ark:/48223/pf0000377782/PDF/377782eng.pdf.multi>
- UNESCO. (2021). The journey towards comprehensive sexuality education: Global status report.
https://unesdoc.unesco.org/in/documentViewer.xhtml?v=2.1.196&id=p::usmarcdef_0000379607&file=/in/rest/annotationSVC/DownloadWatermarkedAttachment/attach_import_821b5e93-a17f-4d08-9cfa-9b2364bce585%3F%3D379607eng.pdf&locale=en&multi=true&ark=/ark:/48223/pf0000379607/PDF/379607eng.pdf#460_21_CSE_Report.indd%3A.101589%3A211
- Unit Kesihatan Keluarga. (2023, 19 July 2024). *Perkhidmatan Kesihatan Kanak-kanak*.
<https://jkn Selangor.moh.gov.my/pkdgombak/index.php/bahagian/23-mch>
- Vaishnavi, B., Rekha, T., Bhavya, S., Abinand, N., Manganahalli, D., Shreehari, M. J., Nithin, K., Bhaskaran, U., & Prasanna, M. (2020). Sexuality education – do our children need it? Perspective of parents from coastal South India. *Sex Education*.
<https://doi.org/https://doi.org/10.1080/14681811.2020.1843011>
- Vaivio, J. (2012). Interviews – Learning the Craft of Qualitative Research Interviewing. *European Accounting Review*, 21(1), 186-189.
<https://doi.org/10.1080/09638180.2012.675165>
- Van Nes, F., Abma, T., Jonsson, H., & Deeg, D. (2010). Language differences in qualitative research: is meaning lost in translation? *European journal of ageing*, 7, 313-316.
- Vanwesenbeeck, I. (2020). *Comprehensive Sexuality Education*. In: Oxford University Press.
- Vertongen, R., van Ommen, C., & Chamberlain, K. (2022). Adolescent Dilemmas About Viewing Pornography and Their Efforts to Resolve Them. *Journal of Adolescent Research*, 0(0), 07435584221133307.
<https://doi.org/10.1177/07435584221133307>
- Vizcarrondo Oppenheimer, M., Velez Agosto, N., & Soto, J. (2017). Bronfenbrenner's Bioecological Theory Revision.
- Vongsavanh, V., Lan, V. T. H., & Sychareun, V. (2020). Sexual and reproductive health communication between parents and high school adolescents in Vientiane Prefecture, Lao PDR [Article]. *Global Health Action*, 13(sup2), Article 1785145. <https://doi.org/10.1080/16549716.2020.1785145>
- Vongsavanh, V., Vu Thi Hoang, L., & Sychareun, V. (2020). Sexual and reproductive health communication between parents and high school adolescents in Vientiane Prefecture, Lao PDR. *Global Health Action*, 13, 58-65.
<https://doi.org/10.1080/16549716.2020.1785145>
- Waliyanti, E., Fitria, A. N., Puspita, D., & Yati, D. (2024). Increasing parenting skills and knowledge to provide sexual education for adolescents. *AIP Conference Proceedings*, 3155(1). <https://doi.org/10.1063/5.0218173>
- Walther, J., Sochacka, N. W., Benson, L. C., Bumbaco, A. E., Kellam, N., Pawley, A. L., & Phillips, C. M. (2017). Qualitative research quality: A collaborative inquiry across multiple methodological perspectives. *Journal of Engineering Education*, 106(3), 398-430.

- Wiafe, S., Mihan, A., & Davison, C. M. (2021). Neighborhood-level influences and adolescent health risk behaviors in rural and urban Sub-Saharan Africa: A systematic review. *International Journal of Environmental Research and Public Health*, 18(14), 7637.
- Widman, L., Kamke, K., Evans, R., Stewart, J., Choukas-Bradley, S., & Golin, C. E. (2020). Feasibility, acceptability, and preliminary efficacy of a brief online sexual health program for adolescents. *The Journal of Sex Research*, 57(2), 145-154.
- Williams, R. H., Irby, C. A., & Warner, R. S. (2017). "Dare to be different": How religious groups frame and enact appropriate sexuality and gender norms among young adults. In *Gender, Sex, and Sexuality among Contemporary Youth: Generation Sex* (pp. 1-22). Emerald Publishing Limited.
- Wodak, R., & Meyer, M. (2009). Critical Discourse Analysis: History, Agenda, Theory, and Methodology 1. *Methods of Critical Discourse Analysis*.
- Yeo, K. J., Lee, S. H., & Handayani, L. (2018). Effort of NGO in Promoting Comprehensive Sexuality Education to Improve Quality of Life among Local and Refugee Communities. *International Journal of Evaluation and Research in Education* 7, 17-24. <http://iaescore.com/journals/index.php/IJERE>
- Yibrehu, M. S., & Mbwele, B. (2020). Parent - adolescent communication on sexual and reproductive health: the qualitative evidences from parents and students of Addis Ababa, Ethiopia. *Reproductive Health*, 17(1), 1-9. <https://doi.org/10.1186/s12978-020-00927-6>
- Yuodeshko, V. I. (2023). School-based Sexuality Education Curricula: Are Parents Supportive? [Article]. *Population and Economics*, 7(2), 23-39. <https://doi.org/10.3897/popecon.7.e102566>
- Zahra, R., Mojgan, J., & Shadab, S. (2022). Parents' approaches to sexuality education of their adolescent boys: a qualitative study in Ahvaz, Iran. *Reproductive Health*. <https://doi.org/https://doi.org/10.1186/s12978-022-01367-0>
- Ziaei, T., Maryam Ghanbari, G., Behnampour, N., & Masumeh Rezaei, A. (2020). Effect of communication skills based group counseling on mothers' sex dialogue with their adolescent daughters. *International Journal of Adolescent Medicine and Health*, 32(3). <https://doi.org/https://doi.org/10.1515/ijamh-2017-0141>
- Zubli, Z. Q., Tajudin, A. M., Zulkifli, N., & Razz, I. A. M. (2021). DEVELOPMENT OF CONFLICT OF JURISDICTION BETWEEN CIVIL AND SYARIAH COURT. *E-BOOK OF EXTENDED ABSTRACT*, 89.
- Zulaiha, E., Djamal, N. N., & Supriyatin, T. (2019). Materi parenting education tentang pendidikan seks bagi remaja dalam Islam menurut Abdullah Nashih Ulwan. *Intizar*, 25(1), 43-54. <https://doi.org/https://doi.org/10.19109/intizar.v25i1.3795>

APPENDIX 1: SUMMARY OF INCLUDED STUDIES

No	Author & Year	Designs	Country of origin	MMAT Score
1	Adelson et al. (2017)	Qualitative	India	5/5
2	Ballal et al. (2022)	Quantitative	India	5/5
3	Bui (2020a)	Qualitative	Vietnam	5/5
4	Camellia et al. (2021)	Qualitative	Bangladesh	5/5
5	Cameron et al. (2020a)	Quantitative	USA	5/5
6	Chamchan et al. (2021)	Quantitative	Thailand	5/5
7	Coffelt (2017)	Quantitative	USA	5/5
8	Dent and Maloney (2017)	Qualitative	USA	5/5
9	Esan and Bayajidda (2021)	Qualitative	Nigeria	5/5
10	Evans et al. (2020)	Quantitative	USA	5/5
11	Ali Khani et al. (2022)	Quantitative	Iran	5/5
12	Apaydin Cirik et al. (2022)	Quantitative	Türkiye	5/5
13	Azira et al. (2020)	Quantitative	Malaysia	5/5
14	Daniel Bekele et al. (2022a)	Quantitative	Ethiopia	5/5
15	Jin (2021)	Quantitative	China	5/5

16	Klu et al. (2022)	Quantitative	Ghana	5/5
17	Lourdes and Pamela (2016)	Qualitative	USA	5/5
18	Majdpour et al. (2021)	Quantitative	Iran	5/5
19	Abubakar et al. (2016)	Quantitative	Ghana	5/5
20	Masresha and Alen (2021)	Quantitative	Ethiopia	5/5
21	Mavhandu-Mudzusi and Mhlongo (2021)	Qualitative	South Africa	5/5
22	May Thet Nu et al. (2018)	Quantitative	Myanmar	5/5
23	Ezenwaka et al. (2020)	Quantitative	Nigeria	5/5
24	Meseret Shiferaw and Bernard (2020)	Qualitative	Ethiopia	5/5
25	Orji et al. (2019)	Quantitative	Nigeria	5/5
26	Scull et al. (2020)	Quantitative	USA	5/5
27	Sham et al. (2020)	Qualitative	Malaysia	5/5
28	Chinyere Ojiugo Mbachu et al. (2020)	Quantitative	Nigeria	5/5
29	Babayanzad Ahari et al. (2020)	Qualitative	Iran	5/5
30	V. Vongsavanh et al. (2020)	Quantitative	Vietnam	5/5
31	Ziaei et al. (2020)	Quantitative	Iran	5/5
32	Banunnah (2018)	Qualitative	Saudi Arabia	5/5
33	Gerchow et al. (2024)	Qualitative	US	5/5
34	Allison et al. (2024)	Qualitative	US	5/5

35	Fernandes et al. (2024)	Qualitative	Uganda	5/5
36	Hubble et al. (2024)	Quantitative	Europe	5/5
37	Melese et al. (2024)	Quantitative	Ethiopia	5/5
38	Dawson et al. (2024)	Qualitative	Ireland	5/5
39	Mataraarachchi et al. (2023)	Quantitative	Sri Lanka	5/5
40	Abdissa and Sileshi (2023)	Quantitative	Ethiopia	5/5
41	Singh et al. (2023)	Quantitative	Nepal	5/5
42	Inthaphatha et al. (2023)	Quantitative	Laos	5/5
43	Aliyu and Aransiola (2023)	Quantitative	Nigeria	5/5
44	Yuodeshko (2023)	Quantitative	Belarus	5/5

APPENDIX 2: SUMMARY OF SYSTEMATIC LITERATURE REVIEW

Research Article 1							
Article & countries	Research aims & methodology	Recruitment strategy	Data collection methods & Data analysis	Findings	Conclusion	Strengths (rigor) & Limitation	MMAT Score
(Adelson et al., 2017) Informing sexual health intervention development in India: Perspectives of daughters, mothers, and service providers in Mumbai India	Aims: Explore sexual health from the perspectives of adolescent girls, mothers of adolescent girls, and service providers. Methodology: Focus groups and interview	Participants were recruited through a non-governmental organization, which served the target community.	Focus group discussions or individual interviews were conducted with mothers and service providers Analysis: Multistep deductive–inductive coding approach	<u>Sources of information</u> -TV, cinema, magazine, community classes - mothers were unaware of the resources available to them through NGOs, community organizations, or individual service providers. <u>Daughters and mothers discussing</u> -half of the mother - never discuss sexual health with daughters -all of the mothers interviewed supported the idea that their daughters should have access to knowledge. <u>Types of information that should be shared</u> -mother thought unnecessary to talk about SRH because they have other ways to learn (class) <u>Ways to prevent sexual risks that girls face in the community</u> -respect femininity -counseling services at school	The study findings show that mothers and daughters do not have major discrepancies in attitudes and beliefs pertaining to sexual health and gender roles, and, in fact, could probably discuss these topics with more ease than assumed. mothers were unaware of or did not utilize the resources available to them through nongovernmental organizations (NGOs), community organizations, or individual service providers	The study's strength lies in its exploration of diverse perspectives from daughters, mothers, and service providers, providing valuable insights. However, limitations include self-reporting bias and the findings' limited applicability outside of Mumbai's context.	5/5

Research Article 2							
Article & countries	Research aims & methodology	Recruitment strategy	Data collection methods & Data analysis	Findings	Conclusion	Strengths (rigor) & Limitation	MMAT Score
(Ballal et al., 2022) Sexuality education – do our children need it? Perspective of parents from coastal South India India	Aims: perceptions and practices of providing sexuality education to their children Sample size: 233 parents Methodology: cross-sectional study	using convenience sampling	Face to face interview, Analysis: -univariate, multivariate analysis, logistic regression analysis	-of 202 parents who believed sexuality education should be provided to their children, 59.9% (N = 121) provided it themselves -of 81 parents who believed in the importance of providing sexuality education but did not provide it to their children, -the most common reason was that the children would learn about the issues on their own and that they, as parents, were uncomfortable discussing it with their children.	a large proportion of parents were aware of the value of sexual education and were in favour of its inclusion in academic curriculum, not all of them were able to effectively provide it to their children.	It highlights the perspectives of parents in coastal South India, providing valuable insights into their views on sexuality education. The inclusion of 233 parents adds a robust sample size to understand parental attitudes. The study faced challenges due to cultural and religious sensitivities, which may have influenced parents' openness to discuss sexuality education. This could have led to self-reporting bias where parents may underreport or alter their responses based on perceived social acceptability.	5/5

Research Article 3					
Article & countries	(Bui, 2020b) ‘Being a good girl’: mother-daughter sexual communication in contemporary Vietnam Vietnam	Data collection methods & Data analysis	Semi-structured in-depth interview Analysis: thematic analysis, Nvivo 9.0	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
Aims: examines the ways in which certain fractions of urban educated women residing in Hanoi, Vietnam communicate with their daughters about sex and pleasure Methodology: 30 semi-structured in-depth interviews	a total of 20 women were invited for interview ten of them were invited to participate in a follow-up interview, depending on their willingness and the narrative development.	1. Almost all participants shared the belief that their parents ‘did not teach them anything’ and were generally ‘not open’ even when they were expected by their children to be so. 2. the first mention of anything to do with sex was prompted by their mothers’ knowledge of their daughters’ first menstruation and their fear of unwanted pregnancy 3. For some women, parental messages of sexual inhibition were combined with those that encouraged them to focus more on academic aspirations and to refrain from 4. For other women, parents’ sexual talk occurred only much later, when they started romantic relationships or were preparing for marriage 5. almost all of the women said that it is “necessary” and “important” to teach this to their children because “society has changed [so] rapidly” 6. almost all the women had found talking about sex with their children a “difficult” job - not the lack of sexual information they were able to impart but how their children might deal with the new information.		findings from this study show that open parent–child discussion of sex-related issues remains limited. When it does occur, it appears that mothers, for the most part, communicate with children more than fathers. Talk is often triggered by parental concern about reproductive health and hygiene, and marital happiness. Parents’ reluctance and shyness in conversing about sex acts as a barrier that prevents them from initiating and engaging in detailed conversation.	The study “‘Being a good girl’: mother-daughter sexual communication in contemporary Vietnam” by Bui (2020) has key strengths and limitations. One strength is its in-depth exploration of cultural influences on sexual communication, providing valuable insights into gender norms and societal expectations in Vietnam. However, a limitation is that the study’s focus on a specific cultural context may limit the generalizability of its findings to other regions or cultures, as it primarily reflects the experiences of Vietnamese women in particular social settings [28†source] [30†source] .

Research Article 4						
Article & countries	(Camellia et al., 2021) Beyond the talking imperative: The value of silence on sexuality in youth-parent relations in Bangladesh		Data collection methods & Data analysis	In-depth interview FGDs were conducted with similar questions to see if any additional insights came up in group conversations	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation	
Aims: investigates what silence on sexuality means to Bangladeshi young people in their relationship with parents. Methodology: ethnographic study conducted among 72 middle-class boys and girls aged between 15 and 19 years and 18 parents living in Dhaka over a year between 2016 and 2017.	some participants going to different schools were accessed through the personal networks of the first author. Then, those participants linked her with other potential participants through Facebook.	1. The findings showed a strong link between silence and access to mobile phones and the Internet. 2. Participants in general perceived Internet as a more effective source of information than parents. 3. there is silence in youth–parent relationships on sexuality and that this limits young people’s access to information about their bodies 4. Against the backdrop of a sociocultural taboo on cross-sex (mother–son) communication on SRH and lack of sufficient knowledge by mothers coupled with father’s absence from child care, it is mostly boys who encountered silence on physical changes during puberty		Findings also demonstrate that silence is multifaceted. Silence was perceived as a barrier by young people when they needed to speak about physical changes but received no answers. However, in the context of their positive experiences with sex in post-puberty, they viewed silence as productive.	Camellia (2021) presents strengths in offering a nuanced understanding of how silence around sexual topics can be culturally valuable and protective, rather than solely harmful. It challenges Western notions that prioritize open communication as universally beneficial. However, the study's limitation lies in its focus on middle-class participants from urban areas, which may not reflect the experiences of youth in rural settings or different socio-economic backgrounds	

Research Article 5					
Article & countries	(Cameron et al., 2020b) 'It is our duty:' Understanding Parents' Perspectives on Reproductive and Sexual Health Education USA		Data collection methods & Data analysis	recruited through email, webbased listservs, social media (i.e., Facebook and Twitter) and word of mouth. Analysis: thematic analysis, Qualitative data analysis software HyperRESEARCH	MMAT Score 5/5
Research aims & methodology	Recruitment strategy	Findings			Conclusion Strengths & Limitation
Aims: - Methodology: -qualitative questionnaire was developed with open-ended questions designed	-484 parents responded to a qualitative questionnaire,	- Participants viewed teaching comprehensive sex education as a public school's obligation to students - Many participants indicated that students had the right to knowledge about their bodies - Most participants believed that providing knowledge about sexual health-related topics can empower students to take control of their health - Participants understood comprehensive reproductive and sexual health education as a student's right, which could reduce rates of STIs and teen pregnancy. - parents suggested comprehensive sex education should comprise effective, scientific, evidence-based and age-appropriate material. - Many participants expressed the importance of teaching evidence-based, comprehensive sex education because it is not always taught at home. - many participants cited their personal religious views as the basis for their support of comprehensive sex education. - Some participants were frustrated by what they viewed as an encroachment of religion concerning the inclusion of sex education in schools. - participants described the impact of media and popular culture as a reason for comprehensive sex education in schools - Many participants viewed sex as an inevitability for teenagers, and abstinence-only education depended on the myth that teenagers do not engage in sexual activity. - Participants described the need to diminish the stigma surrounding sex education - Many participants advocated for comprehensive sex education in schools to correct misinformation and address the stigma around sexual health-related topics - Several participants noted the importance of teaching anatomy, including the use of scientifically accurate language, as a key component of comprehensive sex education curricula. - Participants expressed support for a variety of topics in comprehensive sex education curricula regarding individual bodily autonomy. - Another topic addressed by participants included contraception and STIs - participants discussed reducing stigma as a reason for discussing gender identity and sexual orientation - sexual orientation should not be a school topic, it should be taught by parents			Cameron (2020) highlights strengths such as exploring diverse parental attitudes towards sexual health education, which aids in understanding the demand for comprehensive curricula. However, the study's limitation includes a focus on a single geographical area (South Carolina), which may not represent broader national or cultural perspectives

Research Article 6					
Article & countries	(Chamchan et al., 2021) -Improving parent's skills and practices in talking with their children about sex: a quasi-experimental evaluation of social marketing activities in Thailand Thailand	Data collection methods & Data analysis	- Analysis: -Multiple linear regression analysis	MMAT Score	5/5
Research aims & meth.	Recruitment strategy	Findings			Strengths (rigor) & Limitation
Aims: - Methodology: -research design is a quasi-experimental study using the Coarsened Exact Matching (CEM) technique	-Thai parents or guardians with a child or youth in their care aged 7 to 18 years	1. -the social marketing activities of the campaign had a significantly positive influence on parents/guardians' knowledge and attitude skills (KAS) and practices (Practice) in talking with children about sex 2. The statistical analysis confirmed that above the line (ATL) social marketing activities improved KAS of parents/guardians exposed to the campaign (when compared with those who were not exposed) 3. The KAS and Practice scores for fathers/male guardians were lower than for mothers/female guardians, and that difference was statistically significant. 4. Having discussions about sex with their child/youth in their care increased with age of the parent/guardian and peaked for those age 40–49 years. 5. KAS and Practice scores increased with higher level of educational attainment. 6. Closeness of the adult-youth relationship and spending quality time together had a statistically significant influence on Practice scores but not for KAS scores. It is noteworthy that increased closeness between adult and youth was inversely associated with discussion of sex, while spending quality time together was positively associated with Practice 7. might be biasness of the level of knowledge, attitude skills and practice of parents in talking with children about sex assessed in this study as it was based on parent self-reports.			Strength: The quasi-experimental design effectively evaluates the impact of social marketing activities in enhancing parent-child communication about sexual health, providing practical insights for future interventions in Thailand. Limitation: The study may be limited by its focus on urban populations, which may not be fully representative of rural families, leading to potential generalizability issues

Research Article 7					
Article & countries	(Coffelt, 2017) Deciding to reveal sexual information and sexuality education in mother-daughter relationships USA	Data collection methods & Data analysis	Analysis: commentaries and in-process memos were used during early analysis, and coding and categorization were used during later analysis	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Strengths (rigor) & Limitation	
Aims: -seeks understanding of the criteria mothers and daughters enact when they decide to reveal or conceal sexual information to the other by asking how do mothers and daughters decide to reveal or conceal sexual information? Methodology: -semi-structured interview	- -Nine mothers and 18- or 19-year-old daughters	1. two of communication privacy management's criteria – motivation and the risk–benefit ratio – were particularly prevalent considerations that informed their decisions to reveal or conceal sexual information 2. First, a privacy rule was revealed by eight of the dyads in the form of 'we talk about everything but the details'. 3. Second, mothers described how their privacy rules were acquired, namely by talking about sex differently from the ways their own mothers did. The findings include excerpts from the interviews. All names are pseudonyms where M names are mothers and D names are daughters. 4. The benefits of talking about sex seemed to outweigh the risks and prompted sexual communication between them. 5. Mothers looked at sexual communication as not only educational, but also a way to convey values and attitudes about relationships involving sexual activity. 6. the findings extend previous research by revealing the existence of motivators other than sex education and influencing sexual behaviour. 7. some mothers recall the lack of sexual communication in relationships with their mothers and want to communicate differently with their daughters		(Coffelt, 2017) highlights privacy rules and motivations shaping sexual communication. Strengths include its qualitative depth and the application of communication privacy management theory, providing insights into decision-making. A limitation is its small, homogenous sample, which may limit generalizability across diverse cultural settings	

Research Article 8					
Article & countries	(Dent & Maloney, 2017) Evangelical Christian parents' attitudes towards abstinence-based sex education: 'I want my kids to have great sex!'	Data collection methods & Data analysis	ampling proceeded on the theoretical grounds, through snowball sampling Analysis: -grounded theory approach (Glaser and Strauss 1967) so that codes and thematic commonalities that could answer the research questions might inductively emerge.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
Aims: - Methodology: -interview -then, completed an index to determine their level of religiosity based on a well-tested religiosity scale (Koch and Ramirez 2010), which allowed us to quantify parents' religiosity using a 26-point scale.	-Initial parents were selected by identifying parents who attend weekly at local evangelical Christian churches (as defined by the stated church doctrine and later self-identification). -Additional parents were recruited through snowball sampling.	1. The majority of parents supported a wide range of medically accurate information for school-based sex education but, surprisingly, were strongly opposed to typical messages of abstinence. 2. Parents were quite clear that there should be overlap between what is taught in home and school. All mentioned support for content including basic anatomy (e.g. the structures of sex organs), while most of our parents also wanted basic information about safer sex practices and contraception in both places 3. Many parents noted that, should their children fail to remain abstinent, they want them to be guarded by information that would physically protect them (an area in which all agree that abstinence-based sexual education fails) 4. they felt it their responsibility as members of the community to make sure that other people's children received basic information regarding sex in school, especially since these other children might eventually be romantic partners for their children. 5. Regarding the instructional tone and methods that parents advocated in the context of both locations, parents believed that messages about sex should be informative, including age-appropriate information that accumulates over time.		what parents support' is not answered by identifying acceptable content, but rather must consider that the specific content and instruction that parents support is situated within the context of what they know about sex education, their own experiences with sex education, and their values about sex and sexuality.	The paper highlights Evangelical Christian parents' support for abstinence-based sex education, emphasizing religious values and the desire for their children to have fulfilling, responsible sex within marriage. Strengths include in-depth insight into parental perspectives. However, the study's focus on a specific religious group limits broader applicability to diverse populations. Future research should be conducted in communities with similar religious and demographic backgrounds, using a qualitative approach to determine whether abstinence-based sexual education and sex-positive attitudes are supported. Additionally, future research should be conducted to develop specific curricular changes to programmes that will directly benefit children and reflect community value

Research Article 9					
Article & countries	(Esan & Bayajidda, 2021) The perception of parents of high school students about adolescent sexual and reproductive needs in Nigeria: A qualitative study Nigeria	Data collection methods & Data analysis	- exploratory research design using a qualitative approach Analysis: - data were analyzed using content analysis approach. Descriptive statistics were used to generate participants' demographic profiles.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
Aims: - to explore the perceptions of parents of High school students on the sexual and reproductive needs of adolescents. Methodology: Qualitative	- purposive sampling technique and a total number of 30 participants were recruited in two States in Nigeria.	1. Almost all (28 of 30) of the participants had a basic understanding of the sexual and reproductive health needs of adolescents. 2. Majority (90%) stated that parents have a major role to play in counseling and educating their children on sexual and reproductive health issues and others felt is a joint responsibility of teachers and parents. 3. majority (20 of 30) of the participants are not aware of youth friendly services in their communities. 4. most of the parents preferred sex education and counseling services for the adolescents above other youth friendly services, as only a few of the participants were in support of distribution of condoms and contraceptives in schools.		The participants reported that youth friendly health care services are very effective in improving young people's health, thus they are in support of their implementation.	This study was limited to parents whose children were in secondary schools only, therefore the perceptions of parents generally could not be taken since the samples were purposely selected.

Research Article 10					
Article & countries	(Evans et al., 2020) Gender Differences in Parents' Communication With Their Adolescent Children about Sexual Risk and Sex-Positive Topics USA	Data collection methods & Data analysis	- exploratory research design using a qualitative approach Analysis: - These t-tests A one-way ANCOVA and post-hoc tests with a Bonferroni correction In addition, a 2×2 (parent gender $\times$ child gender) multivariate analysis of covariance (MANCOVA)	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
Aims: examined the frequency of parents' communication with their children about sexual risk and sex-positive topics Methodology: -All users that met our qualifications were invited to take our survey. The survey included 95 questions and took 10–12 minutes for most participants to complete (median = 10.02 min).	Participants were recruited using Amazon's Mechanical Turk (MTurk)	901 parents of an adolescent child age 13–17 years old, including 644 mothers and 257 fathers - Parents in all groups communicated more frequently about sexual risk than sex-positive topics with their children. - Only 38% discussed sexual satisfaction, 38% discussed different types of sexual practices (e.g., oral sex), and 55% discussed sexual desire. - The most frequently discussed topics by all parents were dating/romantic relationships (94.2%), pregnancy (83.5%), and abstinence/ delaying sex (81.2%). The following topics were discussed the least by all parents: talking about sexual wants/needs with a partner (33.7%), sexual satisfaction (38.1%), and different types of sexual practices/experiences (e.g., oral sex; 38.1%).		The participants reported that youth friendly health care services are very effective in improving young people's health, thus they are in support of their implementation.	A strength of this study was the recruitment of a large, national sample of parents from the United States that included over 600 mothers and 257 fathers.

Research Article 11					
Article & countries	The effect of educational intervention based on theory of planned behaviour on mothers' skills in sexual care of children (Ali Khani et al., 2022) Iran		Data collection methods & Data analysis	quasi-experimental intervention with a control group. 200 mothers of children aged 5 to 6 years in Fasa preschool were selected using a and were divided into two groups of intervention (100) and control (100). Intervention: educational intervention consisted of seven 55–60-minute sessions	MMAT Score 5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
investigates the effect of educational intervention based on the Theory of Planned Behavior (TPB)	multi-stage random sampling method	1. but after the intervention, knowledge scores from 8.33 ± 2.97 to 20.67 ± 2.84 , attitude scores from 29.80 ± 4.27 to 62.22 ± 4.34 , subjective norms from 20.12 ± 4.55 to 42.28 ± 4.20 , perceived behavioral control from 20.24 ± 4.36 to 42.88 ± 4.52 , behavioral intention from 3.24 ± 1.60 to 7.44 ± 1.59 and behavior from 2.98 ± 1.13 to 8.14 ± 1.08 in the intervention group ($p < 0.001$).		This study showed TPB constructs' Effectiveness in adopting the level of mothers' skills in the sexual care of children.	L: self-reporting answers of participants. The other limitation was lack of appropriate cooperation of mothers due to cultural limitations and modesty in sexual training.

Research Article 12					
Article & countries	The effect of educational intervention based on theory of planned behavior on mothers' skills in sexual care of children (Apaydin Cirik et al., 2022) Turkiye	Data collection methods & Data analysis	a pretest/posttest design Intervention: educational intervention consisted of seven 55–60-minute sessions	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
The aims of this study were to train parents to recognize and prevent child sexual abuse (CSA); evaluate the problems encountered by parents; and evaluate the overall effectiveness of the CSA training program. 58 children (aged 3-6 years) and 64 parents.	multi-stage random sampling method	- Children who received CSA prevention education from their parents demonstrated improved knowledge about private parts and about what they should do if they suspect sexual abuse. - The parents stated that they encountered some problems (other family members objected to the child being given such training). - Only 60.9% (n = 39) of the parents stated that they had received some form of education regarding CSA. 45% said they had received it from the internet, while 35% said they learned it from a newspaper or television. 12.5% (n = 8) of the parents stated that their child had asked them questions on sexuality and CSA. According to these parents, most of the children asked them about "sexual organs" or "the sexual organs of the opposite sex." 94.7% (n = 36) stated that they did not receive help from anyone else. - These problems included using other terms instead of shame, penis and vagina, and receiving negative feedback from other family members while singing the names of private parts 68.4% of the sampled families stated that other family members supported them 28.9% were told that their child was too small or too young for the training; in 2.6%		Children's risk of abuse may be reduced if their parents teach them about CSA correctly.	L: self-reporting answers of participants. The other limitation was lack of appropriate cooperation of mothers due to cultural limitations and modesty in sexual training. R: exploration of how individual sociodemographic and cultural values affect parents' education practice regarding CSA prevention. R: explore changes in the behavioral dimension of children's knowledge of CSA prevention. R: qualitative study would help to provide more detailed and comprehensive data on the parents' and children's experiences.

Research Article 13					
Article & countries	The role of parents in providing sexuality education to their adolescent (Azira et al., 2020) Malaysia	Data collection methods & Data analysis	self-administered questionnaire was used to conduct this cross-sectional study featuring 200 Malaysian parent Descriptive and univariate analyses	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
to examine Malaysian parents' knowledge, attitudes, and practices in providing sexuality education to their children	Convenience sampling	1. (79.5%) of the parents having good knowledge 2. 82% agreed that sexuality information helps their children recognize and avoid sexual abuse 3. (91%) of them perceived that they have good practices in providing sexuality education to their children		Malaysian parents believe that sexuality education should be provided by the parents to their children at an early age. comprehensive sexuality education program for parents consisting of sufficient information, motivation, and strategies,	L: self-reporting answers of participants. The other limitation was lack of appropriate cooperation of mothers due to cultural limitations and modesty in sexual training.

Research Article 14					
Article & countries	Parental communication on sexual and reproductive health issues to their adolescents and affecting factors at Asella town, Ethiopia: a community-based, cross-sectional study (D. Bekele et al., 2022) Ethiopia	Data collection methods & Data analysis	ross-sectional study was conducted on 347 parents.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
determine the magnitude of parent's communication with their adolescents and affecting factors in Ethiopia	Convenience sampling	- one-fifth of the parents (21.3%) had communicated with their adolescents on sexual and reproductive health issues 250(72%) of them were knowledgeable of SRH issues. 82.4%, agreed on the need of discussions with their adolescents 89.6% strongly agree to encourage adolescents to ask about SRH information 76.4% agreed abstinence of sex rather than other contraceptives - Participation of family and school in sexuality health education 4.3% of parents think that discussion about sexuality will make adolescents promiscuous and 22.8% of parents approve of the use of condoms by their adolescents. 77.5% of parents had a positive attitude towards reproductive health and its discussion - Out of parents asked about their adolescents future sexual behaviours 79.5% were worried about it and 93.4% of them did not accept premarital sex. - only 23.1% of the parents had discussed at least two components of SRH issues in the last 12 months. 77.5%, perceived it may initiate adolescent for sexual practice, culturally unacceptable 47.3%, difficult to explain 58.2%, shame/taboo 53%, lack of awareness 53.9% and lack of time/too busy 25.6%.		Parents' communication with their adolescents was very limited and associated with their marital status, attitudes and knowledge of SRH issues	L: lack of qualitative data to complement statistics from quantitative data in the form of close-ended questions. L: absence of adolescents to be interviewed in the study to understand their view R: Qualitative research should be more in-depth in relation to the SRH topics discussed between parents and adolescents and the barriers to SRH communication between parents and adolescents

Research Article 15					
Article & countries	The Characteristics and Relationship of Parental Sexual Knowledge and Sex Education Attitude to Young Children (Jin, 2021)		Data collection methods & Data analysis	Survey 1729 parents	MMAT Score 5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) &Limitation
assessing the level of knowledge and the opinions about sexual education and sexual-related issues among mothers of female teenagers aged 13–18 years old	Convenience sampling	The main finding of Jin's (2021) paper is that parents with higher levels of sexual knowledge tend to have more positive attitudes toward providing sex education to young children. This suggests that improving parents' sexual education can enhance their willingness and ability to teach their children about sexual health early on.		A school-based program should rely on parental beliefs and the family–adolescent relationship, considering that parental sexual education and school-based sexual education are not congruent	Jin's (2021) paper offers valuable insights into how parental sexual knowledge influences attitudes toward sex education for young children, emphasizing the importance of informed parenting. A key strength is its focus on early childhood education. However, the study's findings may be limited by cultural and contextual differences across regions.

Research Article 16					
Article & countries	Determinants of communication on sexual issues between adolescents and their parents in the Adaklu district of the Volta region, Ghana: a multinomial logistic regression analysis (Klu et al., 2022)		Data collection methods & Data analysis	cross-sectional household survey of 221 adolescents aged 10–19 years	MMAT Score 5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
examining the factors that predict communication on sexual issues between adolescents and their parents	Convenience sampling	1. About 65% of parents reported some level of communication on sexual issues with their adolescents. 2. Parents with higher education were 2.5 times more likely to discuss sexual matters with their children. 3. Adolescents aged 15-19 had a higher likelihood of engaging in sexual discussions compared to younger adolescents. 4. Fathers were generally less involved in such conversations compared to mothers.		Adolescent-parental communication on sexual issues in Adaklu district is very low. This situation requires more empowerment of adolescents to enable them to discuss sexual issues with their parents through increased engagement with adolescent to increase the frequency of adolescent parent communication on sexual issues in rural settings, adolescent males should be encouraged and empowered to talk to their parents on sexual matters often.	Klu's (2022) paper identifies key factors influencing parent-adolescent communication on sexual issues in Ghana, using multinomial logistic regression analysis. Its strength lies in statistical rigor and cultural specificity. However, the study's limitation is its focus on one region, limiting generalizability to other cultural or geographical contexts.

Research Article 17					
Article & countries	The Impact of Latino Parent Characteristics on Discussions With Their Adolescent About Sexual Health and Pregnancy Prevention (Lourdes & Pamela, 2016)	Data collection methods & Data analysis	21 parent–adolescent dyads (N = 42)	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
expertise, trustworthiness, and accessibility—of Latino parent–adolescent communication. We examined how these characteristics may influence communication about romantic relationships and sexual risk reduction strategies	Convenience sampling	1. most parents reported they did not have sufficient expertise to speak with their children about sexual health topics and in some cases felt intimidated by their children’s knowledge 2. this dyad reported sharing comprehensive sexual education, and both parent and child were satisfied with their level of communication. 3. no significant difference was observed between mothers’ communication skills before and after the educational intervention		Adolescent-parental communication on sexual issues in Adaklu district is very low. This situation requires more empowerment of adolescents to enable them to discuss sexual issues with their parents through increased engagement with adolescent to increase the frequency of adolescent parent communication on sexual issues in rural settings, adolescent males should be encouraged and empowered to talk to their parents on sexual matters often.	Lourdes' (2016) paper examines how Latino parent characteristics influence discussions with adolescents about sexual health and pregnancy prevention. The strength lies in its focus on an understudied population, offering culturally relevant insights. However, the study is limited by its reliance on self-reported data, which may introduce bias or inaccuracies in parental responses.

Research Article 18					
Article & countries	Indirect Sexuality Education to Adolescent Girls Through Empowering Their Mothers (Majdpour et al., 2021) Iran	Data collection methods & Data analysis	multi-stratified sampling method	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
This study aimed at developing, implementing, and evaluating a training program for mothers to educate sexuality matters to their adolescent girls in Mahshahr, Iran.	Convenience sampling	1. mothers' awareness of sexual issues significantly increased from 30.00 to 36.50 2. 15%, 30%, and 33% of these mothers had received no education about puberty, the reproductive system, or sexual relationships, respectively.		Most mothers believed that the best sexuality education resource for teaching adolescent girls is having trained mothers	L: Lack of randomization and lack of a comparison group were the major limitations of this study. Moreover, due to cultural and legal limitations, we could not include adolescent girls in the study, in which case more comprehensive results and clearer views would be obtained. As another limitation, there was no possibility of direct observation for mother-child mutual relations; thus, the assessment criterion was the adolescents' reports.

Research Article 19					
Article & countries	Factors associated with parental communication with young people about sexual and reproductive health: A cross-sectional study from the Brong Ahafo region, Ghana (Abubakar et al., 2016)	Data collection methods & Data analysis	A cross-sectional interviewer-administered survey was conducted among 790 parents hierarchical multiple regression models	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
examined parental and family contextual factors that predict parental communication with young people about sexual and reproductive health	multistage sampling technique	1. The predictors for both mothers and fathers included high socioeconomic status, family religiosity, parent discipline, perceived parent sexual knowledge, and parent trustworthiness. 2. The result suggests that higher level of sexual knowledge is significantly associated with report of higher frequency of parental communication.		The most influential predictors of mothers' communication with their children about sexual and reproductive health are perceived sexual knowledge and parent trustworthiness	L: unable to establish causality between exposure and outcome

Research Article 20					
Article & countries	Parent-adolescent communication on sexual and reproductive health among school adolescents of Woldia town, Ethiopia by the year 2019 (Masresha & Alen, 2021) Ethiopia	Data collection methods & Data analysis	School-based cross-sectional study was conducted on 368 unmarried secondary and preparatory school adolescents (15–19 years) in Woldia town.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
The purpose of this paper is to assess the magnitude of parent-adolescent communication on sexual and reproductive health (SRH) issues and its association with gender and premarital sexual practice among school adolescents of Woldia town	Convenience sampling	1. mothers' awareness of sexual issues significantly increased from 30.00 to 36.50 2. 56.3% of school adolescents had parental communication on sexual and reproductive health issues. 3. The result of this study showed that adolescents who had history of sexual intercourse were 64% less likely to communicate with parents on sexual and reproductive health issues (AOR: 0.36 95% CI: 0.20, 0.65) 4. there was no association between gender and sexual and reproductive health communication between adolescent and parent (AOR: 1.06, 95% CI: 0.64, 1.75).		Parental communication was significantly lower among adolescents who were engaged in premarital sex. To enhance SRH communication between parents and adolescents, training should be given for parents on how to discuss SRH issues with their children. Educational institutions should provide sufficient information which influences teens to talk on SRH issues with parents. Emphasis should be also given to avert premarital sexual practice in adolescents.	L: Since parents' were asked about discussion on SRH issues in their past time, recall bias might have been occurred.

Research Article 21					
Article & countries	Adolescents' Sexual Education: Parental Involvement in a Rural Area in Kwazulu-Natal, South Africa (Mavhandu-Mudzusi & Mhlongo, 2021) South Africa	Data collection methods & Data analysis	Ten parents of adolescent children were purposively selected to participate in the study, and data were collected using face-to-face, semi structured interviews. thematically using the framework for interpretative phenomenological analysis	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
explored the perceptions of parents in a rural village in the Umzinyathi	Convenience sampling	1. rural parents face challenges in providing sex education to their teenagers. 2. Sex education provided to adolescents is uncoordinated and haphazard 3. Parents have inadequate information and they are fearful and embarrassed to initiate sex talks with their teenagers.		An age-appropriate, structured, formal, culture-sensitive, community-based sexual education program aimed at empowering parents with knowledge and skills to provide contextual and age-relevant sex education to their teenage children is recommended.	L: The study was conducted in a rural setting where most fathers work away from home; the majority of the participants were therefore females.

Research Article 22					
Article & countries	Indirect Sexuality Education to Adolescent Girls Through Empowering Their Mothers (May Thet Nu et al., 2018) Myanmar	Data collection methods & Data analysis	cross-sectional study was conducted from January to December 2017 in Taunggyi Township, Southern Shan State, Myanmar 112 pairs of mothers and adolescent daughters	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
assessed the communication barriers towards SRH issues among mothers and their adolescent girls	Convenience sampling	1. More than half of both mother and adolescent girls had negative perceptions of communication on SRH issues 2. Only 2.7% of girls discussed SRH issues with their mothers more than four times in the last six months. 3. Mothers and adolescent girls communicated on SRHs was narrow, occurring infrequently and late, with only limited topics discussed.		Nearly half of the parents had negative perceptions of communication on sexual and reproductive health issues.	L: researcher asked the parents if they had SRH discussions within the last six months, thus the responses may be impeded by recall bias. all data is based on participants' self-reports. under- or over-reported SRH communication causal direction cannot be established

Research Article 23					
Article & countries	Exploring issues in caregivers and parent communication of sexual and reproductive health matters with adolescents in Ebonyi state, Nigeria (Ezenwaka et al., 2020)	Data collection methods & Data analysis	quantitative and qualitative research methods. Data were collected through, i) cluster randomized survey of 1057 adolescents aged 13–18 years ii) twelve sex-disaggregated focus group discussions with adolescents aged 13 to 18 years, and iii) eight in-depth interviews with parents and caregivers.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
examines how parents and caregivers communicate sexual and reproductive health-related matters with adolescents aged 13–18 years in Nigeria.	Convenience sampling	1. Less than half (47.9%) of adolescents in the survey reported ever discussing sex-related matters with anyone 2. Three-quarters of those who had this discussion did so with a friend/peer and this had significant correlation with sex/gender 3. Out of 1057 adolescents who participated in the survey only 4.5% had ever discussed sex-related matters with a parent and this correlated significantly with wealth index 4. sex-related discussions between parents and adolescents are sporadic, mostly triggered by unpleasant occurrences, and consist of, i) information on pubertal changes, ii) warnings against intersex relationships and premarital sex, iii) promotion of abstinence, and iv) warnings against teenage pregnancy and unsafe abortion. 5. Some parents were of the opinion that sex-related matters should not be discussed with adolescents because it could be interpreted as tolerance for sexual promiscuity 6. parents expressed that their capacity to discuss sex-related matters with adolescents is limited by lack of knowledge, and restrictive religious and cultural norms about adolescent sexuality		Communication between parents and adolescents on sexual health and reproductive-related matters rarely occurs. However, when it does, it mostly consists of strict warnings that may not protect adolescents from making unhealthy sexual and reproductive health choices.	L: Lack of randomization and lack of a comparison group were the major limitations of this study. Moreover, due to cultural and legal limitations, we could not include adolescent girls in the study, in which case more comprehensive results and clearer views would be obtained. As another limitation, there was no possibility of direct observation for mother-child mutual relations; thus, the assessment criterion was the adolescents' reports.

Research Article 24					
Article & countries	Parent - adolescent communication on sexual and reproductive health: the qualitative evidences from parents and students of Addis Ababa, Ethiopia (Meseret Shiferaw & Bernard, 2020) Ethiopia	Data collection methods & Data analysis	qualitative cross-sectional study exploring Parent - Adolescent communication practices Students aged 15–19 years were recruited for in-depth interviews and focused group discussions (FGD) parents for in-depth interviews and parents' FGD.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
The aim of the study was to assess the challenges of Parent - Adolescent communication on sexual and reproductive health practices in Addis Ababa, Ethiopia.	Convenience sampling	- Twenty students were available for in-depth interviews and all of them for FDG. - Sixteen parents were available for in-depth interviews and nine of them for parent's FGD. - The parental initiation is rare. The initial sexual activity by the adolescents triggers initiation by parents. - The communications are gender dependent, not planned and not continuous and inhibited by intergenerational cultural taboo. - A gap exists in parental knowledge on such communications. - Parents deny responsibilities to communicate with adolescent as they fear it will perpetuate early sex practices, adolescents are too young it's an embarrassment, often being busy for household income retards their wills to communicate.		Parent-Adolescent communications on sexual and reproductive health is not a common practice in Addis Ababa, Ethiopia due to taboo, cultural structures, gender domains and parental knowledge.	L: was adult female midwife nurse from whom we assume there was a barrier in freedom of sexual health communication from adolescents, especially boys.

Research Article 25					
Article & countries	Parental Verbal Communication and Sexual Knowledge of Senior Secondary School Students in South East, Nigeria (Orji et al., 2019)		Data collection methods & Data analysis	This study utilized a school based cross-sectional study design and was conducted across the six education zones of Enugu State using three-stage sampling technique. A total of 400 parents completed the interviewer administered questionnaires on their socio-demographics, sexual knowledge and parents' information on verbal communication skills.	MMAT Score 5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
This study aimed at developing, implementing, and evaluating a training program for mothers to educate sexuality matters to their adolescent girls in Mahshahr, Iran.	Convenience sampling	1. 15.5% and 8.8% of the parents were very comfortable discussing sexually related matters with their mothers and fathers only 34.8% and 16.0% of mothers and fathers were comfortable discussing such matters with the parents. 2. Less than half of the parents (42.5%) had good sexual knowledge. Verbal sexual communication between parents and parents and age above 16 years were found to be predictors of good sexual knowledge.		Poor parental verbal communication led to the poor knowledge of sexuality among the parents. Parents should be encouraged to discuss sexuality matters with their children.	This study was limited to young people who were actively enrolled and attending school. This limits the extent to which the finding can be generalized to the wider community of young people who may not be in school.

Research Article 26					
Article & countries	Determining the feasibility of an online, media mediation program for parents to improve parent-child sexual health communication (Scull et al., 2020)	Data collection methods & Data analysis	Pretest-posttest questionnaires Participants randomly assigned to the active control group received online access to professionally designed materials from prominent health promotion organizations (e.g., Centers for Disease Control).	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
Determining the feasibility of an online, media mediation program for parents to improve parent-child sexual health communication	Convenience sampling	1. The final sample included 56 participants (control group n = 28; intervention group n = 28). 2. at post-test, parents who received Media Aware Parent were more likely to believe that PAC about sexual health is important as compared with parents in the control group.		Most mothers believed that the best sexuality education resource for teaching adolescent girls is having trained mothers	S: This study's strengths included randomization of participants to condition. This allowed for causal inferences about the impact of the program prototype to be determined. L: knowledge, beliefs, and behaviors were assessed at pretest and four weeks after participants completed the program, while it is possible that these effects may continue to change over time.

Research Article 27					
Article & countries	Sexuality Means “Sex”: Opinions of Parents on Sexuality Education in Malaysia (Sham et al., 2020)	Data collection methods & Data analysis	A qualitative study was conducted among eight parents	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
Aims of this study was to explore the understanding and perspectives of parents on sexuality education in Malaysia..	Purposive sampling	- Four themes emerged from the analyses; i) misunderstanding of the meaning of terms, ii) attitude of parents towards sexuality education, iii) accessible structural support in sexuality education, and iv) strategies and approaches. - have misunderstood the concept of sex that the construct was believed to be exclusive for sexual intercourse. - lack of knowledge on sexuality among parents themselves, the needs to conform to sociocultural expectations, poorly trained educators, and various other hurdles to accessing services related to enhancing sexuality education. - Participants were aware that they were lacking the knowledge on sexuality but did realize the importance of sexuality education for their children. The parents mentioned that they need to equip themselves with the right knowledge before sharing and teaching their children about the subject. 7 out of 8 participants stated that the mother is the best person to educate since the mother is closer and tend to be more comfortable with their children. - Two out of the participants said that parents who are too busy have limited time to sit together with the children and lack of control can result in much freedom received by the children. The broken family also a contributing factor to lack of love and attention among the children. - A few of the participants commented that the government is not playing their role as they are supposed to. - All participants expected that sexuality education need to be continuous from young until marriage and become parent.		In conclusion, despite the fact that previous studies found that talking about sexuality is a taboo subject, in this study, the participants think that sexual education should be discussed with the children.	L: Lack of randomization and lack of a comparison group were the major limitations of this study. Moreover, due to cultural and legal limitations, we could not include adolescent girls in the study, in which case more comprehensive results and clearer views would be obtained. As another limitation, there was no possibility of direct observation for mother-child mutual relations; thus, the assessment criterion was the adolescents' reports.

Research Article 28					
Article & countries	(Chinyere Ojiugo Mbachu et al., 2020) Exploring issues in caregivers and parent communication of sexual and reproductive health matters with adolescents in Ebonyi state, Nigeria	Data collection methods & Data analysis	Univariate and bivariate analysis were performed for quantitative data, while qualitative data were analysed using thematic framework approach.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
examines how parents and caregivers communicate sexual and reproductive health-related matters with adolescents aged 13–18 years in Nigeria.	i) cluster randomized survey of 1057 adolescents aged 13–18 years, ii) twelve sex-disaggregated focus group discussions with adolescents aged 13 to 18 years, and iii) eight in-depth interviews with parents and caregivers.	Less than half (47.9%) of adolescents in the survey reported ever discussing sex-related matters with anyone. Three-quarters of those who had this discussion did so with a friend/peer and this had significant correlation with sex/gender ($p = 0.04$). Out of 1057 adolescents who participated in the survey only 4.5% had ever discussed sex-related matters with a parent and this correlated significantly with wealth index ($p = 0.003$). Findings from qualitative interviews show that sex-related discussions between parents and adolescents are sporadic, mostly triggered by unpleasant occurrences, and consist of, i) information on pubertal changes, ii) warnings against intersex relationships and premarital sex, iii) promotion of abstinence, and iv) warnings against teenage pregnancy and unsafe abortion. Some parents were of the opinion that sex-related matters should not be discussed with adolescents because it could be interpreted as tolerance for sexual promiscuity. Overall, parents expressed that their capacity to discuss sex-related matters with adolescents is limited by lack of knowledge, and restrictive religious and cultural norms about adolescent sexuality.		Communication between parents and adolescents on sexual health and reproductive-related matters rarely occurs. However, when it does, it mostly consists of strict warnings that may not protect adolescents from making unhealthy sexual and reproductive health choices. Interventions to improve parent-adolescent communication of sexual and reproductive health (SRH) should aim at improving parents' capacity to communicate sexual and reproductive health matters, and deconstructing sociocultural norms around adolescent sexual	Our study combined quantitative and qualitative methods of data collection which enabled in-depth exploration of parent-child communication. It reports data that was collected from both parents and adolescents and this enabled us tell the story from both sides of the isle. Furthermore, it exposes the gendered nature of parent-child communication (which needs further exploration), and highlights potential entry points for designing interventions.

Research Article 29					
Article & countries	(Babayanzad et al., 2020) Concerns and educational needs of Iranian parents regarding the sexual health of their male adolescents: a qualitative study	Data collection methods & Data analysis	Interviews were conducted in schools or the parents' work place for their convenience. The interviewer was a Ph.D. candidate in Sexual and Reproductive Health. All interviews were individual, face to face and done in a private room.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings	Conclusion	Strengths (rigor) & Limitation	
This qualitative study was designed based on the conventional content analysis approach. Semistructured and in-depth interviews were conducted with 16 parents of male adolescents aged 12–18 years. All interviews were audio recorded and transcribed verbatim. The data were collected through purposeful sampling and continued until data saturation.	February 2018 and August 2018. Semi-structured and in-depth interviews were used in this study.	According to the participants' comments, four main categories were extracted as follows: fear of emotional and sexual harms, quality of parent-child relationships, effect of media and cyberspace, and necessity of sexuality health education.	Overall, the qualitative design of this study provided an opportunity to discover insights and feelings of Iranian parents The findings highlighted the need for sexuality health education through cooperation with schools for offering appropriate education to the students, parents, and school staffs. The results showed that parents required training to enhance their knowledge and skills to improve their communication with their adolescents about sexuality issues. Therefore, it is necessary to design, implement, and evaluate culture-appropriate educational programs to address the parents' concern regarding adolescents' sexual health.	A potential limitation of study was a small number of participants in a single city; therefore, the results could not necessarily be generalized to other Iranian parents.	

Research Article 30					
Article & countries	(V. Vongsavanh et al., 2020) Sexual and reproductive health communication between parents and high school adolescents in Vientiane Prefecture, Lao PDR	Data collection methods & Data analysis	A multistage sampling technique was applied. SRH communication in this study was recorded as the frequency with which adolescents discussed with their parents at least four topics on SRH issues during a six-month period prior to the interview. Data were entered and analysed using Epi Data software version 6.0 and STATA software version 14.2.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
This study was to describe the situation of SRH communication, and to determine the factors associated with SRH communication between high school students and their parents in Vientiane Capital prefecture, Lao PDR	A self-administered questionnaire was implemented among a sample of 384 high school students aged 14–17 in Vientiane.	Slightly more than one-fifth of the students (21.3%) communicated with parents on SRH issues. The multivariate logistic regression model showed that being a male adolescent (AOR = 2.1; 95% CI 1.2 to 3.5), urban school locations (AOR = 0.2; 95% CI 0.1 to 0.5), a mature father (AOR = 1.7; 95% CI 1.0 to 2.9), positive attitudes towards general communication with parents (AOR = 2.2; 95% CI 1.1 to 4.2) and accessibility to multiple SRH information sources (AOR = 5.2; 95% CI 2.4 to 11.4) were significantly associated with adolescent-parent communication on SRH issues.		This study showed that student-parent communication on SRH issues was low, so policymakers should develop programs to improve SRH communication skills in all schools and encourage open discussion among family members, especially with respect to the participation of adolescent girls. The positive attitudes of students and multiple sources of SRH information were also important factors in improving SRH communication.	the sample selected only one rural and one urban school so it may not represent Lao PDR population overall. Secondly, adolescents in this study were limited to middle adolescents, aged 14 to 17. The other issue was that the responses from adolescents might be different from what their parents might really have perceived. Thirdly, our measure of sexual communication focused on several sexual risk and protective behaviors but did not assess many other topics that theorists and scholars have described as being part of sexual health such as intimacy and sexual pleasure.

Research Article 31					
Article & countries	(Ziaei et al., 2020) Effect of communication skills based group counselling on mothers' sex dialogue with their adolescent daughters	Data collection methods & Data analysis	A randomized controlled field trial was conducted on 168 couples of mothers and their daughters selected by the stratified matching method and randomly divided into two control and intervention groups. The mothers in the intervention group participated in a communication-based consultation in groups consisting of 6–12 people for 6–7 weekly sessions, each one lasting 60 min. The data collection tool was a Persian-translated questionnaire by Jaccard for sex dialogue between mother and daughter. The data were analysed using Chi-square (χ^2), ANOVA with repeated measures and modified post hoc Bonferroni tests.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) & Limitation
to determine the effect of group counseling based on communication skills on mothers through their sex dialogue with their daughters. A randomized controlled field	A randomized controlled field trial was conducted on 168 couples of mothers and their daughters selected by the stratified matching method	There was a significant difference in the mean score of mother-daughter sex dialogue 1 week after intervention between the intervention (34.48 ± 8.74) and control (40.44 ± 9.49) groups ($p = 0.001$) and 1 month after the intervention between the intervention (30.41 ± 10.07) and control (42.47 ± 9.62) groups ($p < 0.001$).		Communication skills-based group counselling on mothers' sex dialogue with their adolescent daughters play a critical role in maintaining their health and preventing social harm of girls. In order to enhance the communication skills between mothers and daughters, this counselling can be recommended to the midwives and consultant midwives and other care providers who have taken these courses in health and treatment centres, and in parent-teacher meetings in schools and offices.	lack of cooperation in licensing a sampling from school by the department of education as they believed the items in the questionnaire conflict with their educational approaches. Therefore, the sampling was conducted through health centers, which was a difficult and time-consuming task. Besides, the researcher should rely on the information provided by participants due to the study being self-report questionnaires. Moreover, due to the gender limitation, the statistical population of the study included only mothers and their daughters. Therefore, it cannot be generalized to the whole population. Therefore, it is recommended to perform a similar study on both sexes with a large statistical population.

Research Article 32					
Article & countries	(Banunnah, 2018) How should school-based sex education be provided for adolescents in Saudi Arabia? Views of stakeholders	Data collection methods & Data analysis	Thematic analysis was undertaken. Unanimity was expressed on the need for schoolbased sex education programmes.	MMAT Score	5/5
Research aims & methodology	Recruitment strategy	Findings		Conclusion	Strengths (rigor) &Limitation
This study aims to assess the views of stakeholders on the need for sex education programmes for adolescents in Saudi Arabia, suggested forms of provision, and views on the information provided in Science and Religion curricula.	Twenty-eight semistructured interviews were conducted with policy-makers, healthcare providers, teachers and religious scholars.	When asked who should deliver them, stakeholders differentiated between who should be in charge of designing the programmes and who should deliver them. Tension was evident on the role of religious scholars within these two phases of implementation. The inclusion of information that might seem to ‘encourage sinful’ premarital sexual experience was contentious. Although scientific and religious messaging strategies were viewed as non-contradictory, opinions differed as to which messaging strategy to focus on. Information in the 2013 curricula was criticised by some as inaccurate, promoting an ‘othering’ of Westerner and inciting fear. However, more recent curricula have omitted several of these criticised passages and may provide an opportunity to expand the focus on sexual health-related topics within the curriculum.		Formulating a culturally sensitive programme poses challenges, especially since Islamic religious beliefs and regulations pervade every aspect of life, hence moral messages are deemed necessary to be included alongside scientific facts in any proposed programme. In addition, designing a standalone sex education programme was perceived as difficult.	The diverse background of participants can be viewed as a strength of this study, especially since the opinions of religious scholars are rarely captured in studies in the MENA region. The personal and professional background of the first author, a young, clinically trained woman raised in Saudi Arabia, may be seen as both a strength and a weakness

Research Article 33		
Article & countries	Article summary	MMAT Score
Gerchow (2024) United States Qualitative	Within and across these arenas, adolescents lacked consistent sexual health education and contraceptive counseling and faced gendered expectations of their behaviors. Participants described parents and healthcare providers as most responsible for providing sexual health counseling yet described parents as uncomfortable or overreactive and healthcare workers as paternalistic and biased.	5/5

Research Article 34		
Article & countries	Article summary	MMAT Score
Allison (2024) United States Qualitative	Parents expressed awareness of online sexual risks on smartphones and social media and engaged in protective practices to mitigate online risks, including communication and restrictions tailored to accessed content and social connections with unknown individuals online. Professionals can support parents through education targeted to risks and protective measures associated with these online devices and platforms.	5/5

Research Article 35		
Article & countries	Article summary	MMAT Score
Fernandes (2024) Uganda Qualitative	The acceptability of the intervention was related to its community engagement, the strong rapport with delivery agents, and individual characteristics of participants. Five contextual factors influencing implementation were highlighted; (i) cultural norms, (ii) perceptions about youth SRH, (iii) poverty, (iv) Covid-19 pandemic, and (v) prior research projects in the community. When considering the intervention's mechanisms of impact, four causal pathways were identified; (i) Awareness of SRH needs helped parents overcome stigma, (ii) Parenting skills training improved SRH communication, (iii) Group learning stimulated shared parenting, and (iv) Group learning improved co-parenting.	5/5

Research Article 36		
Article & countries	Article summary	MMAT Score
Hubble (2024) Europe Quantitative	on average participants were comfortable with adolescents having access to content on body anatomy younger ages (from 9–12 years to 12–15 years), they approved virtual content on relationships and sex at older school ages (from 12–15 years to 15–18 years). European ethnicity, liberal sociosexual attitudes, lower religiosity, and higher educational attainment were associated with parents approving adolescent exposure to digital sex education at younger ages.	5/5

Research Article 37		
Article & countries	Article summary	MMAT Score
Melese (2024) Ethiopia Quantitative	The proportion of adolescents who had communicated with their parents was 37.7% (95% CI: 34.65–44.76). In a multivariable analysis at a 95% confidence interval (CI), variables such as being female (adjusted odds ratio (AOR) = 2.23; 95% CI: 1.09–7.45), belonging to grades 11–12 (AOR = 1.25; 95% CI: 1.19–6.98), living with parents/caregivers (AOR = 1.26; 95% CI: 1.07–5.66), having a positive attitude toward sexual health (AOR = 2.4; 95% CI: 1.34–7.82), having poor knowledge about SRH issues (AOR = 1.23; 95% CI: 1.04–7.81), and having good knowledge about the puberty period (AOR=1.23; 95% CI:1.04–7.89) were statistically associated with parent–adolescent communication.	5/5

Research Article 38		
Article & countries	Article summary	MMAT Score
Dawson (2024) Ireland Qualitative	Findings indicate that three overarching themes prevent parents from addressing pornography with their adolescent children, parents' practical ability to discuss pornography, their attitudes toward discussing pornography, and the perceived positive impact of addressing pornography with their adolescent children. Practical ability was most often reported as the greatest barrier to parents engaging in parent-child conversations about pornography. Most notably, parents reported hesitancy in discussing pornography because they did not know how to define pornography or how to address pornography in an age-appropriate way. Fathers were also significantly less likely to believe that talking about pornography was socially acceptable.	5/5

Research Article 39		
Article & countries	Article summary	MMAT Score
Pathirana (2023) Sri Lanka Quantitative	The majority of the parents (67.1%, n = 540) indicated a willingness to discuss SRH matters with their mothers. For 78.2% (n = 632) of the parents, the mother was the preferred source of SRH information. Common topics discussed between the mothers and daughters included issues related to menstruation (88.4%, n = 701) and maintaining personal boundaries (94%, n = 718), whereas less discussed topics included homosexuality (21%, n = 166), and preventing unwanted pregnancy (38.6%, n = 305). Cultural barriers, fear of mothers' reactions, and mothers' lack of confidence in responding to their daughter's SRH matters were the main barriers to discussing SRH topics with mothers. Adolescent girls' age, and family income level were significantly associated with mother-daughter SRH communication.	5/5

Research Article 40		
Article & countries	Article summary	MMAT Score
Buddhika (2023) Sri Lanka Qualitative	Analysis of data identified eight main themes from the FGDs. Many mothers thought that sexual and reproductive information is important to adolescent girls. They tried to keep their girl adolescents informed about Adolescent sexual and reproductive health (ASRH) issues. They preferred abstinence-only education over abstinence-plus education. Lack of skills and lack of knowledge on adolescent SRH issues was a major challenge identified by the mothers to communicate SRH matters with their children.	5/5

Research Article 41		
Article & countries	Article summary	MMAT Score
Abdissa (2023) Ethiopia Quantitative	The study finding showed that 61.3% of the participants were discussed on SRH issues with their parents. According to multivariate analysis; educational status of mother [primary education (AOR = 3.67; 95%CI = 1.93, 6.97),secondary education(AOR:2.86; 95%CI = 1.20, 6.80)],educational status of father[primary education (AOR = 5.8;95%CI = 2.8, 12.3,secondary education (AOR = 3.21; 95%CI = 1.55, 6.59)],having family size of < 5 (AOR = 6.4; 95%CI = 3.36, 12.37) and having boy/girlfriend(AOR = 1.99; 95%CI = 1.0, 3.8) were significantly associated with parent-young people communication.	5/5

Research Article 42		
Article & countries	Article summary	MMAT Score
Singh et al (2023) Nepal Quantitative	308 parents, one-third of parents were found to have correct knowledge about safe abortion, menstrual hygiene and management, modern contraceptives, prevention of sexually transmitted infections, wet dreams among male adolescents, abstaining from sexual intercourse during the fertile period, and the possibility of a male adolescent to impregnate a girl. In addition, only 40.9% of parents were found to have communicated with their adolescent children about sexual and reproductive health issues. Parents who have knowledge about puberty (aOR = 2.2, 95% CI: 1.2–3.9), belong to Bharamin/Chhetri ethnic group (aOR = 1.2, 95% CI: 1.1–2.2), self-employed (aOR: 2.4, 95% CI: 1.3–4.0), having two or more adolescent children (aOR = 2.0, 95% CI: 1.1–3.6), and whose adolescent children were staying in school hostel (aOR = 1.7, 95% CI: 1.0–3.0) were more likely to have parental communication about sexual and reproductive health with their adolescent children.	5/5

Research Article 43		
Article & countries	Article summary	MMAT Score
Inthapatha (2023) Laos Quantitative	Of all the male students, 18.8% admitted that they had shamed girls during their menstruation at least once. Of those who committed period shaming, they shamed girls some of the times (63.2%). Male students who had consumed alcohol during the last month before the data collection day (AOR = 1.83, 95% CI 1.32–2.55, P<0.001), had heard of menstruation (AOR = 1.76, 95% CI 1.27–2.44, P<0.001), and those who had attended activities/classes about sexual reproductive health (AOR = 1.90, 95% CI 1.29–2.78, P<0.01), were significantly associated with period shaming behavior.	5/5

Research Article 44		
Article & countries	Article summary	MMAT Score
Aliyu (2023) Nigeria Quantitative	Analytical techniques utilized for quantitative data included descriptive (frequency counts and percentages) and inferential (chi-square) statistics, while descriptive and interpretative analyses were adopted for qualitative data. Communication regarding SRH issues occurs in many households, but indirectly. A higher proportion of mothers discuss all SRH issues with their adolescents and better than fathers. While female adolescents engage their parents only on limited topics, the consequences of sexual behaviors are the least discussed. The chi-square values for each topic were not significant for parents and adolescents, however, only the discussion of preventive sexual practice was significant for parents (0.042) at a significant level of 0.05 and adolescents (0.000) at a significant level of 0.01.	5/5

APPENDIX 3: PARTICIPANT INFORMATION SHEET



This informed consent form is for parents (father or mother) or guardian of adolescents and invited to participate in research titled Exploring Malaysian parents' views and practices in delivering sexuality health information to their adolescents.

Name of Principle Investigator : Dr. Siti Hazariah binti Abdul Hamid
Name of institution : International Islamic University Malaysia (IIUM)
Name of Sponsor : Ministry of Higher Education (MOHE)

This Informed Consent Form has two parts:

- Participant Information Sheet (to share information about the study with you)
- Consent Form (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

Part 1: Participant Information Sheet

Introduction

I am **Mohammed Rasheedan bin Ellin**, a student from International Islamic University Malaysia (IIUM). I am doing research on parental knowledge and practices in delivering sexuality and reproductive health (SRH) to their adolescent. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or of another researcher.

Purpose of the research

Sexuality and reproductive health (SRH) issues among adolescent is one of national focus. We want to investigate parental practices and experience dealing with their children sexual health. We believe that you can help us by telling us what is your practices, barriers and resources available as your references in delivering SRH. After collecting the information, we plan to a guideline/framework for fostering parental role in delivering effective SRH information to their adolescent.

Type of Research Intervention

This research will involve your participation in an interview that will take about sixty to ninety minutes.

Participant Selection

You are being invited to take part in this research because we feel that your experience as parent (father/mother/guardian) can contribute much to our understanding and knowledge of SRH information delivery practice.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services you receive will continue and nothing will change.

Procedures

During the interview, I will sit down with you in a comfortable place at your preference location. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there.

The information recorded is confidential, and no one else except Dr. Siti Hazariah binti Abdul Hamid (main research supervisor) will access to the information documented during your interview. The entire interview will be recorded, but no-one will be identified by name on the audio recording. The audio recording will be kept in encrypted cloud storage. The information recorded is confidential, and no one else except Dr. Siti Hazariah binti Abdul Hamid will have access to the tapes. The audio recording will be destroyed after three years after study completion.

Duration

60 to 90 minutes

Risks

We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the interview if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about how to improve parental knowledge and practice in delivering SRH.

Reimbursements

You will not be provided any incentive to take part in the research. However, we will give you **RM50.00** for your valuable time.

Confidentiality

We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a **number** on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except our main supervisor, Dr. Siti Hazariah binti Abdul Hamid.

Sharing the Results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your job or job-related evaluations in any way. You may stop participating in the interview at any time that you wish without your job being

affected. I will give you an opportunity at the end of the interview/discussion to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Researcher	: Mohammed Rasheedan bin Ellin
Telephone no	: 0166007365
E-mail	: elrasheedan@gmail.com

This proposal has been reviewed and approved by IIUM Research Ethics Committee (IREC), which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IREC;

IIUM Research Ethics Committee (IREC)

Research Management Center (RMC), Kuantan Campus

Level 1, Administrative Building (OCD)

International Islamic University of Malaysia

Jalan Sultan Haji Ahmad Shah, Indera Mahkota

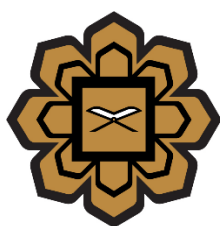
25200 Kuantan, Pahang

Tel No.: 09 - 570 4733 (Bro. Mohd A'imullah)

Tel No.: 09 - 570 4227 (Sis. Azaidatul)

Website: <http://www.iium.edu.my/centre/irec>

APPENDIX 4: CONSENT FORM



(Company No. 101067-P)

الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونِزْبَرِيَّتِيْ اِسْلَامُ اَنْتَا اِبْخَسًا مِّلِيْسِيَا

Garden of Knowledge and Virtue

Part 2: Consent Form

If you are happy to participate, please complete and sign the consent form below.

Details	Tick (/)
1. I confirm that I have read the attached information sheet on the above research and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.	
3. I understand that my data will remain confidential.	

I agree to take part in the above research project.

Name of participant: .

Identification card (I/C) or passport number: _____

Date:

Signature:

Name of researcher: .

Identification card (I/C) or passport number: _____

Date:

Signature:

APPENDIX 5: PARTICIPANT SOCIODEMOGRAPHIC CHARACTERISTIC (GOOGLE FORM)

Maklumat Sociodemografik Peserta

Kajian Kualitatif berkaitan Penyampaian Pendidikan Seksualiti dan Reproduksi oleh Ibu Bapa kepada Anak-anak (FRGS IREC 2022-228)

 [rasheedanellin@gmail.com](#) (not shared) [Switch account](#) 

Nama

Your answer 

Umur

Your answer 

Kaum/etnik

☐ Melayu

☐ Cina

☐ India

☐ Bumiputera Sarawak

☐ Bumiputera Sabah

☐ Orang Asli

Agama

☐ Islam

☐ Kristian

☐ Hindu

☐ Buddha

☐ Lain-lain

Participant Sociodemographic Characteristic (continued)

Bilangan anak yang berusia 0-5 tahun
Your answer 
Bilangan anak yang berusia 6-8 tahun
Your answer 
Bilangan anak berusia 9-12 tahun
Your answer 
Bilangan anak berusia 13-19 tahun
Your answer 
Pekerjaan
Your answer 

APPENDIX 6: INTERVIEW GUIDE

INTERVIEW GUIDE

INTRODUCTION

Thank you for giving me an opportunity to interview you. My name is Mohammed Rasheedan. I am a PhD student from International Islamic University Malaysia. I am trying to find out about Malaysian parents' views and experiences of providing sexuality and reproductive health education to their children. Before that I will

1. Explain the aim, purpose and process of interview
2. Provide informed consent – assure voluntary and can withdraw at any time
3. Explain the anonymous of the participant
4. Discuss the fact that participant can refuse to answer any question
5. Discuss that the question can be reworded if it is not clear to the participant.
6. Ask permission to record the conversation
7. Ask the participant if she/he has any question or concern before begin the interview.

OPENING

Can you tell me how old your children is?

Can you tell me how you address him or her in daily living?

Can you tell me how many children aged 10-19 do you have?

Does your child ever come to you asking something related to sexuality matters?

A. SOURCES OF SEXULITY AND REPRODUCTIVE (SRH) REFERENCE MATERIAL

Probing Question

- a. Do you have any material of SRH to refer?
- b. Where usually you obtain information related to SRH?
- c. Do you have any referral person to ask about SRH?

- d. What they find insufficient in the reference that they used to give education
 - a. Content?
 - b. Clarity/comprehend of terms used
 - c. Practicality of example, scripts/dialogs used in parent-child conversation
 - d. Sources of information for providing sexual and reproductive health (SRH) education to their children?
 - i. Internet (Facebook or social media)
 - ii. Radio
 - iii. Books or magazine
 - iv. Newspaper

B. SUPPORT

Probing Question

- a. What support that you received for providing sexual and reproductive health (SRH) education to your children?
- b. Do you ever participate in any workshop related to SRH?
 - i. Do you find it helpful?
 - ii. If never participate, why?
- c. Other than medical/health related personnel, who else you will discuss about SRH?

C. SITUATION

Probing Question

- a. When you usually provide SRH to your child/children?
 - i. When being asked by their child/children?
 - ii. If purposively/planned, when is the most suitable time?
- b. Who is the most appropriate person to provide SRH?

D. PREPARATION

Probing Question

- a. How parent prepare themselves before sharing the information?
 - i. Rehearse?
 - ii. Bringing material to show?

E. CHILD/CHILDREN RESPONSES TOWARDS SRH

Probing Question

- a. What is their reaction when you discuss with them about SRH?
- b. How they feel when sharing the information
 - i. Embarrassing?

- ii. Deliver it with full respect?
- iii. What is their child/children reaction?

F. WHAT THEY NEED TO KNOW MORE ABOUT SRH?

G. WHAT ARE THE BARRIERS TO PROVIDE SRH?

- a. Cultural?
- b. Belief?
- c. Previous experience?

H. WHAT ARE THE FACILITATING FACTORS IN GIVING SRH?

- a. Cultural?
- b. Belief?
- c. Previous experience?

I. SATISFACTION IN DELIVERING SRH

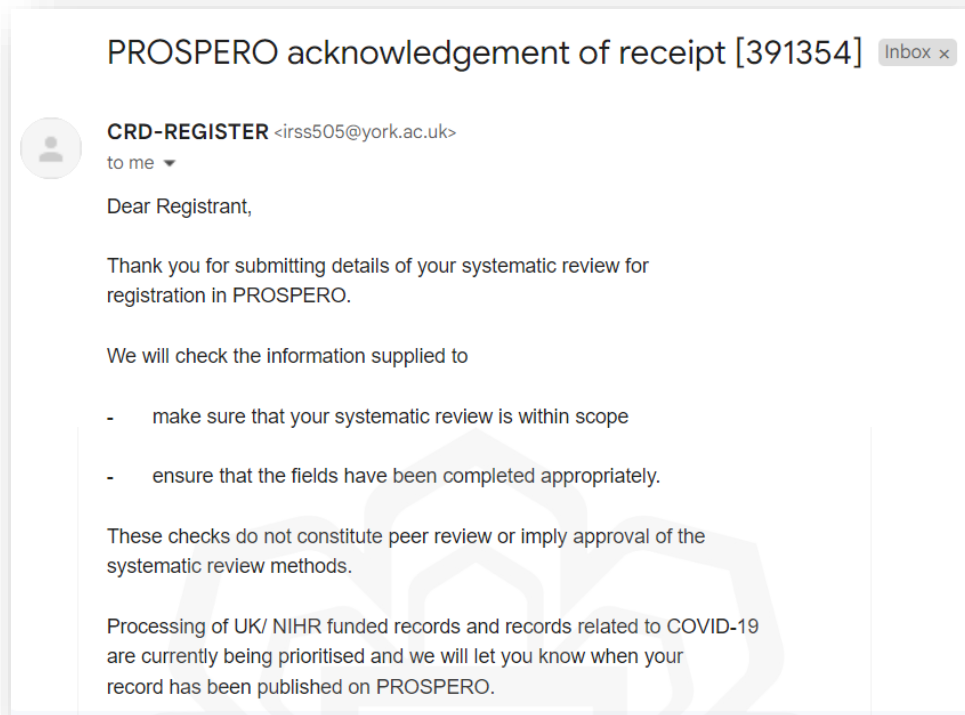
Probing Question

- a. Do you satisfied with the information given to child/children?
- b. How they can improve literacy and skills in providing SRH to their child/children?

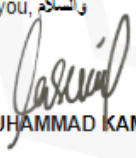
CLOSING QUESTIONS

- Is anything else you want to share or important message that I haven't covered?
- Do you have any questions or anything to clarify with me about the topic?

APPENDIX 7: PROSPERO REGISTRATION RECEIPT



APPENDIX 8: LETTER OF ETHICAL APPROVAL FROM KULLIYAH OF NURSING POSTGRADUATE AND RESEARCH

 الجامعة الإسلامية العالمية ماليزيا INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA Garden of Knowledge and Virtue		LEADING THE WAY KUALITI - AMANAH - IGBA - RAHMATAN IL-ALAMIN SUSTAINABILITY INSTITUTE OF THE YEAR
KULLIYAH OF NURSING		
Our Reference: IIUM/313/14/3/1 Date : 26 th October 2022/ 29 Rabiul Awal 1444H		
Dr. Siti Hazariah Abdul Hamid Assistant Professor Department of Special Care Nursing Kulliyah of Nursing International Islamic University Malaysia		
Dear Dr.,		
APPROVAL OF RESEARCH PROPOSAL ENTITLED "A CRITICAL ASSESSMENT OF PARENTAL KNOWLEDGE AND PRACTICES IN DELIVERING SEXUALITY HEALTH INFORMATION TO THEIR ADOLESCENTS"		
May this letter find you in the best of health.		
With reference to the above matter, kindly be informed that your research proposal entitled <i>"A critical assessment of parental knowledge and practices in delivering sexuality health information to their adolescents"</i> has been approved by the Kulliyah of Nursing Postgraduate and Research Committee (KNPGRC) No. 7/2022 dated 26 th October 2022.		
Kindly proceed with necessary action accordingly.		
Thank you, والسلام		
 DR. MUHAMMAD KAMIL CHE HASAN Dean Kulliyah of Nursing International Islamic University Malaysia		
cc	: Deputy Dean (Postgraduate & Responsible Research) Kulliyah of Nursing	
	: Filing	
 1 of 1  KULLIYAH OF NURSING (KON) International Islamic University Malaysia, Jalan Sultan Omar Shah, Bangi, Selangor Darul Makmur 43200 Kuala Lumpur (Company No: 101067-P)		

APPENDIX 9: LETTER OF ETHICAL APPROVAL FROM IIUM RESEARCH ETHIC COMMITTEE

 الجامعة الإسلامية العالمية ماليزيا INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA جامعة إسلامية عالمية ماليزيا International Islamic University Malaysia Garden of Knowledge and Virtue	LEADING THE WAY KHALIFAH · AMANAH · IGBA · RAHMATAN UL ILAHIN SUSTAINABILITY INSTITUTE OF THE YEAR RESEARCH MANAGEMENT CENTRE (RMC)
Our Ref. : IIUM/504/14/11/2/ IREC 2022-228 Date : 9 January 2023	
Asst. Prof. Dr. Siti Hazariah binti Abdul Hamid (Principal Investigator) Kulliyah of Nursing IIUM Kuantan Campus 25200 Kuantan Pahang	
Dear Asst. Prof. Dr., The IIUM Research Ethics Committee (IREC) has reviewed your study protocol as mentioned below:-	
ID NO. RESEARCH TITLE REGISTRATION DATE CO-INVESTIGATOR STUDY SITE SAMPLE SIZE ETHICAL EXPIRY DATE	: IREC 2022-228 : A critical assessment of parental knowledge and practices in delivering sexuality health information to their adolescents. : 16 Dec 2022 : Dr. Siti Roshaidai Binti Mohd Arifin Dr. Haliza Hasan : WP Kuala Lumpur, Selangor, Johor, Penang, Sabah/Sarawak : 40 : 9 January 2024
The IIUM Research Ethics Committee (IREC) operates in accordance to the Declaration of Helsinki, International Conference of Harmonization Good Clinical Practice Guidelines (ICH-GCP), Malaysia Good Clinical Practice Guidelines and Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines The following documents have been received and reviewed to the above study:-	
1. Study Proposal/Protocol: Version 1, dated 03 Nov 2022 2. Informed Consent Form (ICF) – i. Information Sheet (English) – Version 1, dated 19 Dec 2022 ii. Consent Form (English) - Version 1, dated 19 Dec 2022 3. Questionnaire - Version 1, dated 16 Dec 2022 4. Approval Letter from Kulliyah of Nursing, IIUM 5. Principal Investigator's CV	
Research Management Centre International Islamic University Malaysia, Jalan Gombak, 53100 Kuala Lumpur Telephone: (+603) 6421 5022 / 5010 Fax: (+603) 6421 4862 Email: rescentre@iium.edu.my Website: https://www.iium.edu.my/centre/rmc 	

APPENDIX 10: GANNT-CHART

Activity	Sept-Dec 2022	Jan-Feb 2023	Mar-Apr 2023	May-Jun 2023	Jul-Aug 2023	Sep-Oct 2023	Nov-Dec 2023	Jan-Feb 2024	Mar-Apr 2024	May-Jun 2024	Jul-Aug 2024	Sep-Oct 2024	Nov-Dec 2024	Jan-Feb 2025
Presentation of gap of knowledge														
Presentation of research proposal														
Application for ethical approval														
Data collection														
Critical discourse analysis														
Data transcription														
Data analysis														
Report writing														
Submission of thesis														
Presentation of thesis														

APPENDIX 11: APPOINTMENT LETTER (RESEARCH COLLABORATION)

 الجامعة الإسلامية العالمية ماليزيا INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA <i>Garden of Knowledge and Virtue</i>		LEADING THE WAY KHALIFAH - AMANAH - IQRA' - RAHMATAN LIL'ALAMIN SUSTAINABILITY INSTITUTION OF THE YEAR KULLIYAH OF NURSING
Tarikh: 17 March 2023		
Puan Asma binti Ahmad Ketua Biro Keluarga dan Masyarakat Ikatan Muslimin Malaysia (ISMA) 8-03-03A, Jalan Medan Pusat Bandar 7A Bangi Sentral, 43650 Bandar Baru Bangi Selangor Darul Ehsan 17 Mac 2023 24 Syaaban 1444H		
Puan,		
JEMPUTAN SEBAGAI RAKAN KERJASAMA PENYELIDIKAN		
Assalamualaikum warahmatullahi wabarokatuh		
Merujuk kepada perkara di atas, Kulliyah of Nursing, Universiti Islam Antarabangsa Malaysia ingin menjemput Biro Keluarga dan Masyarakat – Ikatan Muslimin Malaysia (ISMA) untuk menjadi rakan kerjasama untuk penyelidikan berkaitan kemahiran ibu bapa dalam pendidikan seksualiti.		
2. Berikut merupakan butiran penyelidikan tersebut:		
Tajuk:	Pandangan dan Amalan Mendidik Anak Remaja Berkaitan Kesihatan Kesihatan Seksual dan Reproduksi dalam Kalangan Ibu Bapa di Malaysia <i>Exploring Malaysian parents' views and practices in delivering sexuality health information to their adolescents</i>	
Penyelidik	Encik Mohammed Rasheedan bin Ellin (Pelajar Ijazah Doktor Falsafah/Pembantu Penyelidik Siswazah (GRA), Kulliyah of Nursing, Universiti Islam Antarabangsa Malaysia Kampus Kuantan) No tel: 0166007365 E-mel: elrasheedan@gmail.com	
Kaedah	Temubual secara bersemuka	
Kawasan	Face to face Interview Selangor, Pulau Pinang, Johor, Wilayah Persekutuan Kuala Lumpur, Sabah dan Sarawak	
Peserta	Ibu atau bapa yang mempunyai anak berumur 10 hingga 19 tahun	
Tempoh kajian	Mac 2023 – Mac 2024	

International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan, Pahang Darul Ma'amin (Company No: 101067-P)

Tel: +609 570 7300 Email: nursingadmin@iium.edu.my | www.iium.edu.my/kulliyah/len

KULLIYAH OF NURSING (KON)













3. Kajian ini adalah penting untuk memahami amalan dan cabaran yang dihadapi oleh ibu bapa di Malaysia dalam menyampaikan pendidikan seksualiti dan reproduktif kepada anak-anak mereka.

4. Sehubungan dengan itu, kami ingin menjemput BKM-ISMA di cawangan-cawangan yang terlibat dalam kajian ini (**Selangor, Pulau Pinang, Johor, Wilayah Persekutuan Kuala Lumpur, Sabah dan Sarawak**) untuk membantu kajian ini.

5. Sekiranya pihak Puan bersetuju dengan kerjasama ini, dimohon untuk setiap ketua BKM-ISMA daripada cawangan yang dinyatakan **mencadangkan nama ibu atau bapa beserta nombor telefon yang dirasakan sesuai mengikut kriteria** yang ditetapkan untuk dihubungi oleh pegawai penyelidik. Ketua BKM-ISMA cawangan boleh memaklumkan semula melalui BORANG CADANGAN PESERTA UNTUK TEMU BUAL PENYELIDIKAN yang dilampirkan bersama-sama surat ini.

6. Disertakan bersama-sama dengan surat jemputan ini adalah Lampiran Keterangan Kajian (*Participant Information Sheet*) dan Borang Kebenaran Mengikuti Kajian (*Consent Form*), carta alir proses temu bual penyelidikan dan poster untuk hebahan.

Segala jasa dan pertimbangan daripada pihak Puan amat dihargai dan didahului dengan ucapan terima kasih.

Yang benar,



(Dr. Siti Hazariah binti Abdul Hamid)

Penolong Profesor/Penyelidik Utama
Kulliyyah of Nursing
Universiti Islam Antarabangsa Malaysia
FRGS/1/2022/SKK06/UIAM/02/2

APPENDIX 12: REQUEST FOR PERMISSION TO USE BOOK FOR ANALYSIS

 الجامعة الإسلامية العالمية ماليزيا INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA Garden of Knowledge and Virtue		LEADING THE WAY KHALIFAH - AMANAH - IGHRAH - RAHMATAN LIL'ALAMIN	SUSTAINABILITY INSTITUTE OF THE YEAR
		KULLIYAH OF NURSING	
Our reference: IIUM/313/G/14/3/1/FRGS/1/2022/SKK06/UIAM/02/2 Date: 23 November 2023			
Kumpulan Media Karangkrif, Lot 1, Jalan Renggam 15/5, Off Persiaran Selangor, Seksyen 15, 40200 Shah Alam, Selangor Darul Ehsan.			
Dear Chief Editor., السلام عليكم ورحمة الله وبركاته			
REQUEST FOR PERMISSION TO USE "BERBUAL-BUAL DENGAN ANAK TENTANG SEKSUALITI" IN CRITICAL DISCOURSE ANALYSIS RESEARCH			
May this letter reach you in best of health by the grace of Allah S.W.T. I respectfully refer you to the above.			
2. I am writing to formally request permission to use the book titled "Berbual-bual dengan Anak tentang Seksualiti" authored by Wan Nur Syakira, published by Karya Bestari, in my research project.			
Grant no	: FRGS/1/2022/SKK06/UIAM/02/2		
Project title	: Exploring Malaysian Parents' View and Practice in Delivering Sexuality Education to Their Adolescent		
3. My research aims to conduct a critical discourse analysis on materials addressing sexual education, and I believe that "Berbual-bual dengan Anak tentang Seksualiti" serves as an invaluable resource for this purpose. The book's insights and perspectives will significantly contribute to the analysis of discourse surrounding sexual education, particularly in the context of discussions with children. I assure you that the use of the material will be limited to the scope of my research project, and it will not involve any reproduction, distribution, or public display beyond the confines of academic inquiry. The findings of the analysis will be strictly utilized for scholarly purposes and will not be exploited for commercial or non-academic endeavours.			
5. I understand the importance of respecting intellectual property rights, and I am committed to providing appropriate attribution to the source in all my research outputs. I kindly request your permission to include excerpts and quotes from "Berbual-bual dengan Anak tentang Seksualiti" in my research, and I am open to any conditions or guidelines set by Karya Bestari Publisher regarding its usage. Thank you for your time and attention to this matter. I look forward to your positive response.			
Your Sincerely,  Asst. Prof. Dr. Siti Hazariah Abdul Hamid Principle Investigator FRGS/1/2022/SKK06/UIAM/02/2			
International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan, Pahang Darul Ma'mur (Company No: 101067-P) Tel: +609 570 7300 Email: nursingadmin@iiu.edu.my www.iiu.edu.my/kulliyah/len			
			



FIRDAUS BINTI HUSSAMUDDIN
Chief Executive Director

APPENDIX 13: REQUEST FOR PERMISSION TO USE

MODUL CAKNA DIRI FOR ANALYSIS



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Garden of Knowledge and Virtue

LEADING THE WAY
KHAUFAN • AMANAH • IQRA' • RAHMATAN UL ALAMIN

SUSTAINABILITY INSTITUTE OF THE YEAR

KULLIYAH OF NURSING

Tarikh: 11 Mei 2023

Tuan Haji Abdul Shukur bin Abdullah
Ketua Pengarah
Lembaga Penduduk dan Pembangunan Keluarga Negara
Tingkat 21, Bangunan LPPKN
12B, Jalan Raja Laut, 50350 Kuala Lumpur
11 Mei 2023

Tuan,

**PERMOHONAN SEBAGAI RAKAN KERJASAMA DALAM PENYELIDIKAN BERKAITAN
SEXUAL AND REPRODUCTIVE HEALTH EDUCATION**

Assalamualaikum warahmatullahi wabarakatuh

Merujuk kepada perkara di atas, Kulliyah of Nursing, Universiti Islam Antarabangsa Malaysia ingin menyatakan hasrat untuk bekerjasama dalam penyelidikan berkaitan kemahiran ibu bapa dalam pendidikan seksualiti.

2. Berikut merupakan butiran penyelidikan tersebut:

Tajuk:	Pandangan dan Amalan Mendidik Anak Remaja Berkaitan Kesihatan Seksual dan Reproduktif dalam Kalangan Ibu Bapa di Malaysia <i>Exploring Malaysian parents' views and practices in delivering sexuality health information to their adolescents</i>
Penyelidik utama	Assistant Professor Dr. Siti Hazariah binti Abdul Hamid
Pembantu penyelidik siswazah	Encik Mohammed Rasheed bin Ellin (Pelajar Ijazah Doktor Falsafah, Kulliyah of Nursing, Universiti Islam Antarabangsa Malaysia Kampus Kuantan)
Kaedah	Temubual secara bersemuka, analisis dokumen dan pembangunan garis panduan
Kawasan	Selangor, Pulau Pinang, Johor, Wilayah Persekutuan Kuala Lumpur, Sabah dan Sarawak
Peserta	Ibu atau bapa yang mempunyai anak berumur 10 hingga 19 tahun
Tempoh kajian	Mac 2023 – Mac 2024

KULLIYAH OF NURSING (KON)
International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan, Pahang Darul Maunur
(Company No: 101067-P)

Tel: +609 570 7300 Email: nursingadmin@iium.edu.my | www.iium.edu.my/kulliyah/len



3. Kajian ini adalah selari dengan Strategi 1 dan Aktiviti 3 seperti yang termaktub di dalam PEKERTI 2022-2025, iaitu untuk menjalankan kolaborasi penyelidikan dengan pihak di peringkat kebangsaan dan antarabangsa.

4. Secara umumnya, kajian ini berbentuk kajian kualitatif yang akan menemu bual ibu bapa dari pelbagai latar belakang untuk mengetahui amalan dan pengetahuan mereka berkaitan pendidikan seksual. Sebagai tambahan, kajian ini juga akan menganalisis dokumen yang berkaitan dengan pendidikan seksual termasuk garis panduan, modul dan rujukan-rujukan khusus.

5. Kami juga sentiasa mengalu-alukan ruang kerjasama yang lebih besar dan erat daripada pihak LPPKN, baik dalam aspek sumbangsaran, bengkel, khidmat nasihat kepakaran, seminar mahupun aktiviti penyelidikan.

6. Disertakan bersama-sama dengan surat permohonan ini adalah Kertas Kerja Penyelidikan (*Research Proposal*) untuk rujukan pihak Tuan.

Segala jasa dan pertimbangan daripada pihak Tuan amat dihargai dan didahului dengan ucapan terima kasih.

Yang benar,



(Dr. Siti Hazariah binti Abdul Hamid)

Penolong Profesor/Penyelidik Utama
Kulliyah of Nursing
Universiti Islam Antarabangsa Malaysia
FRGS/1/2022/SKK06/UIAM/02/2



Mohammed Rasheedan Ellin <elrasheedan@gmail.com>

Memohon Penggunaan Modul/Slide Cakna Diri Versi (Versi Ibu Bapa)

4 messages

Mohammed Rasheedan Ellin <elrasheedan@gmail.com>

28 August 2023 at 10:03

To: shukur@lppkn.gov.my

Cc: "DR WAN NUR BAITI BINTI SUDIN (LPPKN)" <wnbaiti@lppkn.gov.my>, Siti Hazariah Abdul Hamid

<shazariah@iiium.edu.my>

Assalamualaikum wbt Ybrs Tuan

MEMOHON PENGGUNAAN MODUL/SLAID CAKNA DIRI VERSI IBU BAPA

Merujuk kepada perkara di atas, saya Mohammed Rasheedan, pembantu penyelidik siswazah daripada Kulliyyah of Nursing, International Islamic University Malaysia (IIUM), ingin memohon penggunaan Modul atau Slaid Pendidikan Seksualiti (Modul Cakna Diri) Versi Ibu Bapa.

Permohonan penggunaan modul/slaid ini adalah untuk tujuan penelitian dokumen dalam penyelidikan saya berkaitan pendidikan seksualiti dan kesihatan reproduktif ibu bapa kepada anak remaja mereka.

Untuk pengetahuan pihak Ybrs Tuan, saya pernah mengemukakan permohonan kerjasama penyelidikan kepada pihak LPPKN pada **11 Mei 2023** dan e-mal tersebut telah mendapat maklum balas daripada Ybrs Dr. Wan Nur Baiti pada **26 Jun 2023** dengan beberapa cadangan yang telah dipertimbangkan dalam kerangka penyelidikan kami yang seterusnya.

Oleh hal yang demikian, besarlah harapan pihak kami sekiranya dapat menjadikan modul atau slaid pendidikan seksualiti dan kesihatan reproduktif (Modul Cakna Diri Versi Ibu Bapa) tersebut sebagai panduan dalam penelitian dokumen dalam penyelidikan kami.

Segala kerjasama daripada pihak YBrs Tuan saya dahului dengan ucapan terima kasih.

Yang benar,

Mohammed Rasheedan bin Ellin
Pembantu Penyelidik Siswazah
International Islamic University Malaysia
Kampus Kuantan

DR WAN NUR BAITI BINTI SUDIN (LPPKN) <wnbaiti@lppkn.gov.my>

28 August 2023 at 10:11

To: Mohammed Rasheedan Ellin <elrasheedan@gmail.com>

Cc: Siti Hazariah Abdul Hamid <shazariah@iiium.edu.my>, shukur@lppkn.gov.my

Salam Tuan,

Pihak kami tiada halangan untuk berkongsi Modul Cakna Diri Ibu Bapa yang diterbitkan oleh LPPKN namun harap maaf kami tidak mempunyai soft-copy Modul tersebut. Kami boleh menyediakan sebuah naskah untuk rujukan Tuan. Tuan boleh mendapatkan naskah tersebut di Ibu Pejabat LPPKN Kuala Lumpur.

Untuk tujuan itu, Tuan boleh berhubung secara terus dengan saya di nombor telefon +60132705370.

Sekian, terima kasih.

[Quoted text hidden]

Peringatan

Pengguna Perkhidmatan MyGovUC 2.0 adalah bertanggungjawab melindungi kerahsiaan data/maklumat Rahsia Rasmi Kerajaan. Adalah diingatkan agar pengguna sentiasa peka dengan SEMUA peraturan, arahan keselamatan dan pekeliing semasa yang berkuatkuasa bagi semua pengendalian data/maklumat Rahsia Rasmi Kerajaan yang berkaitan.

Mohammed Rasheedan Ellin <elrasheedan@gmail.com>

28 August 2023 at 11:09

To: "DR WAN NUR BAITI BINTI SUDIN (LPPKN)" <wnbaiti@lppkn.gov.my>

Cc: Siti Hazariah Abdul Hamid <shazariah@iiium.edu.my>, shukur@lppkn.gov.my

<https://mail.google.com/mail/u/0/?ik=a6f3441b88&view=pt&search=all&permthid=thread-a-r-4011239509513607124&simpl=msg-a-r-21148242123...> 1/2

7/22/24, 8:52 PM

Gmail - Memohon Penggunaan Modul/Slide Cakna Diri Versi (Versi Ibu Bapa)

Waalaikumsalam wbt Dr

Alhamdulillah

Saya mengucapkan jutaan terima kasih atas kesudian pihak LPPKN berkongsi modul tersebut.

Saya akan menghubungi pihak Dr untuk tujuan pengambilan naskah tersebut.

Terima kasih Dr.

Rasheedan
[Quoted text hidden]

Mohammed Rasheedan Ellin <elrasheedan@gmail.com>
To: "DR WAN NUR BAITI BINTI SUDIN (LPPKN)" <wnbaiti@lppkn.gov.my>
Cc: Siti Hazariah Abdul Hamid <shazariah@iium.edu.my>, shukur@lppkn.gov.my

29 August 2023 at 17:33

Assalamualaikum wbt Dr

Terima kasih atas bantuan perkongsian Modul Cakna Diri Versi Ibu Bapa. Saya telah mendapat naskah tersebut dengan bantuan Encik Syaharil, hari ini.

InshaAllah modul tersebut akan digunakan untuk penelitian dokumen berkaitan SRH. Semoga kerjasama erat antara IIUM dan LPPKN akan menyumbang ke arah kesejahteraan masyarakat di negara ini.

Terima kasih.

Rasheedan
[Quoted text hidden]

APPENDIX 14: APPOINTMENT LETTER (EXPERT PANEL)

 الجامعة الإسلامية العالمية ماليزيا INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA بونسني الإسلام انتارا انجسا ملديسيا Garden of Knowledge and Virtue		LEADING THE WAY KHALIFAH - AMANAH - IGBA' - RAHMATAN LIL'ALAMIN LEADING THE WORLD	INTERNATIONAL MULTI-AWARD WINNING INSTITUTION FOR SUSTAINABILITY
		KULLIYAH OF NURSING	
Our reference: IIUM/313/G/14/3/1/FRGS/1/2022/SKK06/UIAM/02/6 Date: 1 July 2024			
PROFESSOR DR. IRWAN MOHD SUBRI Faculty of Syariah and Law Universiti Sains Islam Malaysia Bandar Baru Nilai, 71800, Nilai Negeri Sembilan, Malaysia.			
Dear Dr., ویرکات الله ورحمة عليكم السلام			
APPOINTMENT AS EXPERT PANEL FOR THE PROJECT FRGS/1/2022/SKK06/UIAM/02/2			
May this letter reach you in best of health by the grace of Allah S.W.T. I respectfully refer you to the above.			
2. I would like to appoint you as an Expert Panel on this project. The details of the appointment as follows			
Grant no	: FRGS/1/2022/SKK06/UIAM/02/2		
Project title	: Exploring Malaysian Parent's View and Practices in Delivering Sexual and Reproductive Health Education to Their Adolescent.		
Honorarium	: RM100.00		
4. The job specification is to evaluate 36 criteria in the development of a culturally-sensitive SRH education framework through the provided link.			
4. I hope you would be able to contribute to the meaningful and to ensure the smooth running of this research project.			
Thank you والسلام			
Your Sincerely, 			
Asst. Prof. Dr. Siti Hazariah Abdul Hamid Principle Investigator FRGS/1/2022/SKK06/UIAM/02/2			
International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan, Pahang Darul Makmur (Company No: 101067-P)		KULLIYAH OF NURSING (KON) Kuantan, Pahang Darul Makmur (Company No: 101067-P)	
Tel: +609 570 7300 Email: nursingadmin@iiu.edu.my https://kulliyyah.iiu.edu.my/kon/			





الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
بونتريسني انتارا اجسا بلميسنا
Garden of Knowledge and Virtue

LEADING THE WAY
KHAULIFAH • AMANAH • IQRA' • RAHMATAN LIL'ALAMIN
LEADING THE WORLD

INTERNATIONAL MULTI-AWARD WINNING
INSTITUTION FOR SUSTAINABILITY

KULLIYAH OF NURSING

Our reference: IIUM/313/G/14/3/1/FRGS/1/2022/SKK06/UIAM/02/3
Date: 1 July 2024

Dr. Rozanizam bin Zakaria
Kulliyyah of Medicine
International Islamic University Malaysia

Dear Dr., السلام عليكم ورحمة الله وبركاته

APPOINTMENT AS EXPERT PANEL FOR THE PROJECT FRGS/1/2022/SKK06/UIAM/02/2

May this letter reach you in best of health by the grace of Allah S.W.T. I respectfully refer you to the above.

2. I would like to appoint you as an **Expert Panel** on this project. The details of the appointment as follows

Grant no	: FRGS/1/2022/SKK06/UIAM/02/2
Project title	: Exploring Malaysian Parent's View and Practices in Delivering Sexual and Reproductive Health Education to Their Adolescent.
Honorarium	: RM100.00

4. The job specification is to evaluate 36 criteria in the development of a culturally-sensitive SRH education framework through the provided link.

4. I hope you would be able to contribute to the meaningful and to ensure the smooth running of this research project.

Thank you

والسلام

Your Sincerely,

Asst. Prof. Dr. Siti Hazariah Abdul Hamid
Principle Investigator
FRGS/1/2022/SKK06/UIAM/02/2



APPENDIX 15: EXAMPLE OF TRANSCRIPT

1			
2			
3			
4			
7	0:20	MRE	Saya Rasheedan, dari Universiti Islam Antarabangsa Malaysia, selaku penyelidik lah kajian tentang pendidikan seksualiti terutama sekali melibatkan ibu bapa lah, bagaimana ibu bapa menyampaikan pendidikan seksualiti ni kepada anak. Jadi sebelum itu mungkin Encik Zaini boleh menceritakan latar belakang, keluarga?
10	0:54	En. Z	Terima kasih Encik Rasheedan. Okay, saya ada empat orang anak sekarang ni berusia dua belas tahun, yang kedua lapan tahun, seterusnya perempuan lagi berusia enam tahun, dan yang terakhir berusia 3 tahun. Jadi isteri saya seorang suri rumah. Dan kami sekarang menetap di Kampung Pinang, Kota Samarahan.
13	1:37	MRE	Kalau boleh saya tahu gelaran untuk anak sulung?
16	1:45	En. Z	Anak sulung, saya panggil dia Zahra.
19	1:53	MRE	Setakat ni Zahra kalau boleh, awak <i>share</i> dia dah akil baligh ke belum?
22	2:00	En. Z	Zahra dia dah akil baligh. Dah setahun sudah. Kalau tak silap lah.
25	2:10	MRE	Okay, soalan pertama ye. Mungkin untuk membuka bicara, encik zaini mungkin boleh memberikan sedikit, pemahaman mengenai pendidikan seksual. Apa yang encik faham?
28	2:30	En. Z	Apa yang di fahami, tentang pendidikan seksualiti, dari pandangan saya, mengajar anak-anak tentang batas-batas, yang pertamanya batas-batas pergaulan antara lelaki dan perempuan, yang bukan mahram. Kemudian dari segi mungkin anggota-anggota badan. Dan kewajiban untuk menutup aurat, dan seterusnya mengajar berkaitan dengan perkara-perkara yang tidak sepatutnya, yang berkaitan dengan agama, hukum-hukum agama, perhubungan seks. Dan apa-apa yang menjurus kepada hubungan, contohnya yang membawa sebelum kata

Definition
Understanding on se...
101 Apa yang di fahami, ten...

30			orang perkahwinan, langkah-langkah pencegahan kepada tu. setakat ini belum lagi mengajar, tentang mungkin sepatutnya berkaitan dengan pendidikan seks, adalah mengajar juga mengajar kepada hubungan halal selepas perkahwinan. Tapi sekarang ni anak masih kecil, cuma setakat ni cuma menyentuh topik-topik langkah-langkah pencegahan, menjaga aurat dan menjaga pergaulan dan sentuhan.
31	4:37	MRE	Sentuhan selamat dan tidak selamat lah?
34	4:38	En. Z	Ya.
37	4:39	MRE	Oo. dari mana Encik Z dapat maklumat mengenai sentuhan selamat dan tidak selamat?
40	4:46	En. Z	Sentuhan selamat tu saya pernah lihat daripada media sosial, saya tak ingat daripada siapa, dia mengajar lah mengenai sentuhan. Dia menekankan sentuhan, bahagian mana yang boleh disentuh dan tak boleh. Walaupun melibatkan ibu bapa tu sendiri, dan adik beradik. Daripada video di media sosial, kempen kesedaran tu, saya ada kesedaran lah, dan mengajar mereka.
43	5:35	MRE	Encik rasa pendidikan seksual dan reproduktif ni sesuatu benda yang penting tak?
46	5:43	En. Z	Maksud reproduktif tu macam mana?
49	5:45	MRE	Sistem pembiakan?
52	5:47	En. Z	Sistem pembiakan? Pada usia dia lah. Hmm, bagi saya, saya secara personal untuk umur ini walaupun dia sudah haid, mungkin dia belum sesuai. Sehingga lah umur yang misal kata 15 tahun, bila pemikiran dia dah, mungkin saya akan menilai. Tapi dia kata orang, bagi saya belum cukup matang pemikirannya untuk diajar pasal organ-organ pembiakan, reproduktif, seksual. Mungkin kalau saya anggap dia sesuai, contohnya saya dah anggap dia cukup matang, umur 14,15, mungkin saya akan menyentuh perkara tu lah.
55	7:00	MRE	Jadi maksudnya betul, dalam pendidikan seksualiti, memang ada fasa

101

Parenting resources	Content: safe a
102 Sentuhan selamat...	103 Sentuhan selamat...

57			umur lah untuk kita mengajar, macam fasa umur ini apa benda, umur ini apa benda. Okay, cuma mungkin boleh tahu, ada tak rujukan-rujukan lain yang encik guna untuk baca untuk faham mengenai pendidikan seksualiti?
58	7:18	En. Z	Bahan bacaan saya yang pertama sekali lah, ada 1 buku, buku Tarbiat'ul Aulad, pertama ini, ini adalah rujukan saya dan isteri, yang ada mengajar pendidikan seksualiti ni lah. Ada juga dalam buku ni dia menyentuh. Yang kedua adalah, saya membaca melalui media sosial, ada beberapa orang, mungkin influencer yang menyentuh mengenai pendidikan seksualiti. Isu-isu ini, pendidikan seks yang selamat lah.
61	8:12	MRE	Mungkin encik boleh namakan nama-nama yang encik ingat?
64	8:18	En. Z	Ada seorang, saya tak ingat, tapi yang rambut botak tu. Siapa?
67	8:24	MRE	Fairus?
70	8:26	En. Z	Haah Fairus. Pada masa yang sama ada juga melalui portal, yang berkaitan dengan ini lah. Apa nama tu, tentang isu-isu seksual ini lah.
73	8:56	MRE	Macam mana encik melihat, perkara-perkara yang berlaku di sekeliling kita sekarang, tentang isu-isu seksualiti lah?
76	9:06	En. Z	Saya melihat sekarang ini, agak membimbangkan. Disebabkan ibu bapa terlalu terbuka, pertamanya memberi device, gajet tanpa kawalan, sehingga ada akses, mungkin ada akses-akses yang tidak bagus. Tambah lagi, cabaran luaran, terlalu banyak konten-konten dari luar negara, termasuk dalam negara sekali, banyak unsur konten lucah, terlalu banyak. waima konten lawak lucah dan sebagainya. Bagi saya membentuk cara fikir masyarakat yang tidak sihatlah. Saya pun agak khuatir dengan keterbukaan yang bagi saya tidak sihat untuk pendidikan seksual anak-anak.
79	10:16	MRE	Encik pernah berhadapan atau mendengar secara langsung tak berkaitan macam pencabulan di sekeliling?
82	10:32	En. Z	Pernah. Masa dulu sewaktu tahun 2009, waktu tu saya menjadi guru

Parenting resources
Tarbiyatul Aulad
104 Bahan bacaan sayf...

Opinion: sexuality ed...
105 Saya melihat sekarang ni, aga...

Personal experience ...
106

238	36:21	En. Z	Tentang perkara tu? Ada jugak, mungkin dia ada tengok pondan, lelaki yang berkelakuan macam perempuan. Jadi dia kadang-kadang dia mempersoalkan masa dia kecil. Jadi kita tekankan benda tu salah, benda tu tak boleh buat macam tu dan sebagainya. Tapi kita mengajar dia untuk tetap hormat sebagai seorang individu. Tak boleh kita berkelakuan dan bercakap dengan tak elok, tak hormat dan berlaku kasar, cuma kita bagitahu kepada dia, cuma kita bagitahu bahawa itu adalah perbuatan yang salah lah.
241	37:08	MRE	Mungkin soalan last lah daripada saya, berkaitan dengan model pendidikan seksualiti yang harus diguna untuk kita punya <i>environment</i> lah. Sebab barat dia mengkritik sistem pendidikan seksualiti berasaskan <i>abstinence</i> , maksudnya <i>no sex before marriage</i> , sebagai satu sistem yang gagal, untuk kes-kes seksualiti. Sebab kita kan <i>based on abstinence</i> .
244	37:38	En. Z	Bagi saya kita perlu mempertahankan pengajaran, apa tadi, <i>abstinence</i> . Dan juga kata orang, seks sebelum perkahwinan dan apa-apa dalam agama kita lah, dalam agama Islam. Dan saya tak merasakan sistem itu adalah gagal, tapi kegagalan dalam pelbagai pihak lah, yang gagal memainkan peranan <i>deliver</i> dan melaksanakan sistem ini dengan betul. Saya yakin sistem ini, bukan sistem ini gagal. Sistem ini sudah terbukti sebelum ini berjaya membangunkan umat Islam kata orang baik dan maju. Jadi bagi saya lebih kepada kegagalan daripada pelaksana itu sendiri. Daripada ibu bapak, pihak berkuasa, pendidikan dan sebagainya. Saya tetap berpendapat bahawa untuk mempertahankannya, dengan menambah baik terhadap pelaksanaan nya lah.
247	39:10	MRE	Berkait dengan isu ini, ada orang berpendapatan bahawa <i>harm reduction</i> pun <i>measures</i> , untuk mengawal HIV, kita perlu <i>distribute contraceptives</i> , contohnya guna kondom. Kepada orang-orang muda lah. Jadi apa pendapat encik?
250	39:30	En. Z	Bagi saya, saya tidak setuju. Sebab bagi saya sepatutnya yang kita tekan adalah yang berkaitan dengan pencegahan kepada perkara-perkara

Attitude: respect tow...

1031 Tentang perkara tu? Ada ...

Highlight o

1032 mungkl...

Abstinence

1033 Bagi saya kita perlu mempertahankan pe...

Abstinence: Failure o...

1034 Dan saya tak ...

Contraceptive

1035...

252			yang membawa kepada perlakuan-perlakuan seksual. Mungkin kita boleh panggil sebagai menjaga batas pergaulan, sepatutnya benda tu yang kita patut tekankan, dari segi kawalan terhadap perkara itu yang kita ambil berat. Semua kena ambil peranan lah. Apa nama tu, untuk mengawal keadaan itu tadi. Penyebaran macam benda-benda tu akan lebih mengalakkan lagi, walaupun itu adalah seks selamat, tapi masih juga dia membawa kepada zina, yang jelas bertentangan kepada agama. Langkah pencegahan awal daripada zina tadi.
253	40:50	MRE	Saya nak <i>reverse</i> sedikit dengan soalan saya tadi, U.S mengkritik Malaysia gagal dalam pendidikan seksualiti. Tapi fakta mengeluarkan, U.S. sendiri mengeluarkan fakta, <i>adolescent</i> di U.S 50 peratus daripada dorang sudah terlibat kepada <i>sex before marriage</i> . 50 peratus. While di Malaysia, 5.7 peratus. Sistem <i>abstinence</i> ini tadi lah. HIV tak payah cerita lah.
256	41:25	En. Z	Jadi di Malaysia, kes dia kurang lah berbanding peratusan dia?
259	41:31	MRE	Kurang. Walaupun dorang cakap, " <i>Arising, arising</i> ", dekat Malaysia tapi peratusan dia masih kecil, sebab kita masih berpegang dengan <i>abstinence</i> . Walaupun sesetengah pihak di <i>federation of reproductive</i> (salah satu NGO di Malaysia), dia menggalakkan contraceptive. Telah ada lah NGO yang mempromosi benda itu. Tetapi budaya kita terlalu kuat untuk menolak benda itu. Dan <i>religion</i> kita terlalu kuat untuk menolak. Jadi bagus lah. Okay saya rasa itu saja untuk temubual penyelidikan ini. Saya dengan <i>team</i> penyelidik nak ucapkan terima kasih lah kepada encik terhadap input yang diberikan. In sha Allah akan digunakan untuk garis panduan pendidikan seksualiti kebangsaan. Terima kasih, assalamualaikum.
262	42:45	En. Z	Sama-sama. waalaikumussalam.

1035

APPENDIX 16: EXAMPLES OF THEMATIC ANALYSIS (CODES AND SUBTHEMES)

The screenshot shows the 'Code Group Manager' window. It features a search bar at the top, followed by a table of code groups. Below this table are two panels: 'Codes in group:' and 'Codes not in group:'. Red arrows indicate the relationship between the code groups and the codes listed below them.

Name	Size	Created by	Created	Modified by	Modified
Experience: child hitting puberty	4	Mobile46	18/3/2024 8:42 AM	Mobile46	18/3/2024 11:06 AM
Experience: child question, queries, communication	10	Mobile46	18/3/2024 8:40 AM	Mobile46	18/3/2024 8:40 AM
Family condition: siblings, relatives	2	Mobile46	17/3/2024 11:47 AM	Mobile46	17/3/2024 11:47 AM
Gender affirmation: view, technique	7	Mobile46	17/3/2024 11:35 AM	Mobile46	17/3/2024 11:35 AM
Islamic perspective in sexuality education	15	Mobile46	18/3/2024 8:52 AM	Mobile46	18/3/2024 8:52 AM
Knowledge: known, unknown, aware, unaware	3	Mobile46	18/3/2024 9:59 AM	Mobile46	18/3/2024 9:59 AM

Codes in group:

- ☒ Concept of "malu"
- ☒ Contraception: Islamic perspective
- ☒ Contraceptive: religion perspective
- ☒ Dosa: cause and effect
- ☒ Hadas bath
- ☒ Islam as foundation to education
- ☒ Islam as principal
- ☒ Islamic perspective
- ☒ Islamic perspective and western...
- ☒ Islamic perspective: indirect
- ☒ Islamic perspective: preventive...

Codes not in group:

- ☒ Abortion
- ☒ Abortion: feeling sinful to perform
- ☒ Abortion: Islamic perspective
- ☒ Abortion: moral impact
- ☒ Abortion: opinion
- ☒ Abortion: punishment from God
- ☒ Abstinen
- ☒ Abstinence
- ☒ Abstinence: Failure of the imple...
- ☒ Acceptance on LGBT: mother's vi...
- ☒ Acknowledging gender

Subthemes/grouped codes

Codes

APPENDIX 17: EXAMPLES OF FIELD NOTES

Field Notes of Qualitative Interview 1

Interviewee: Mdm. F

Background and Setting:

I contacted Mdm. F a week before our meeting, having received her contact from Mdm. A, the chairperson of the Visitor Board at Taman Seri Puteri. Mdm. F agreed to the interview and invited me to her home. On the interview day, I parked my car a little distance away, as the road wasn't accessible to the front of her house. As I approached, I observed the neighbourhood's environment, noting aspects of hygiene and the people around.

First Impressions and Observations:

Upon entering, I noticed Mdm. F holding a young child, approximately one year old. Another child, a son who wasn't wearing a shirt, appeared to have a fever and was upset, demanding milk. Mdm. F excused herself briefly to prepare tea, which she used to make the milk.

The condition of the house reflected economic hardship; it was less than ideal, indicating that they might be facing financial challenges. When I asked about her husband, she pointed to a separated area screened by a cupboard, where he was resting.

Interview and Observations:

As we proceeded with the interview, it became evident that Mdm. F was a visibly exhausted mother. Her responses and demeanour conveyed a sense of weariness, hinting at the family's economic instability and challenges in maintaining balance. Throughout our conversation, she cradled her ailing young child and spoke about the family's daily struggles.

Mdm. F discussed her children's changing behaviour as they entered adolescence, particularly around the ages of 13-14. She described her frustration and sense of helplessness in managing one of her children, who had become increasingly difficult to control. When I inquired about her adolescent child, Mdm. F expressed a level of resignation.

She shared the efforts she had made to guide and correct her child's behaviour, but with little success. She spoke about the process of placing her child in Taman Seri Puteri and described some initial positive changes. However, after leaving Taman Seri Puteri, her child's behaviour reverted, creating a sense of disappointment and concern.

Field Notes of Qualitative Interview 2

Interviewee: Mr. Z

Background and Setting:

I contacted Mr. Z one week after receiving his contact information from BKM-ISMA. We arranged to meet at an air-conditioned coffee shop near his workplace. The coffee shop was quiet with only a few patrons, providing a comfortable environment for our conversation, especially given the sensitive topic of his experiences discussing sexuality-related development with his child.

First Impressions and Observations:

Mr. Z appeared well-informed and open, sharing his experiences and knowledge about Sexual and Reproductive Health (SRH) communication. He described the skills and knowledge he gained over time to handle this aspect of parenting, as well as the challenges he faced in fulfilling his responsibilities as a father.

Interview and Observations:

Throughout the conversation, Mr. Z displayed a strong sense of resourcefulness, knowing exactly where and how to access SRH information. His responses showed a proactive attitude toward equipping himself with the necessary knowledge to guide his child on these issues.

Mr. Z also came across as a firm individual, particularly when discussing matters related to peer influence, the risks of free mixing, and the growing threats of pornography and sexual misconduct among school students. He spoke with conviction about the importance of setting boundaries and educating his child on these critical topics.

APPENDIX 18: PARTICIPANTS OF INTERVIEW

Zone	State	Region	No	ID	Pseudonym	Age	Sampling	Status	Profession/Career	Remarks	Residential	Date of Interview	Race	Religion	Education
BORNEO	Sarawak	Kuching	1	P1	Ratna	50-59	Purposive	Completed	Professor	Married to a caucasian	City	25-Sep-23	Malay	Islam	PhD
			2	P2	Hoting	40-49	Purposive	Completed	Government servant	Good parent	City	27-Sep-23	Chinese	Buddha	Master
			3	P3	Yusma	30-39	BKM	Completed	Dental surgeon	Good parent	City	12-Sep-23	Malay	Islam	PhD
			4	P4	Ita	50-59	Snowballing	Completed	Hawker	Daughter in TSP	City	3-Oct-23	Malay	Islam	SPM
			5	P5	Fazily	30-39	Snowballing	Completed	Healthcare assistant	Daughter in TSP	City	27-Sep-23	Malay	Islam	SPM
			6	P6	Muna	30-39	Snowballing	Completed	Sales assistant	Single mother, rape victim	City	15-Jan-24	Malay	Islam	SPM
			7	P7	Husni	60-69	Purposive	Completed	Preschool teacher	Mother with effeminate son	Village	15-Jan-24	Malay	Islam	Diploma
			8	P8	Yazid	60-69	Snowballing	Completed	Pensioner	Father with tomboy daughter	Village	16-Jan-24	Malay	Islam	SPM
			9	P9	Rizzy	30-39	Snowballing	Completed	Army	Father with intellectual delay daughter	City	2-Feb-24	Ibanese	Christian	SPM
			10	P10	Sandy	40-49	Snowballing	Completed	Housewife	Good parent	City	7-Feb-24	Bidayuh	Christian	Master
		Samarahan	11	P11	Jojo	30-39	Snowballing	Completed	Government servant	Good parent	City	18-Mar-23	Chinese	Buddha	Diploma
			12	P12	Hazwani	30-39	Snowballing	Completed	Housewife	Daughter in TSP	Village	2-Oct-23	Malay	Islam	SPM
			13	P13	Debra	40-49	Purposive	Completed	Teacher	Single mother, divorcee	City	12-May-23	Bidayuh	Christian	Degree
			14	P14	Dayana	40-49	Purposive	Completed	Government servant	Good parent	City	21-Sep-23	Malay	Islam	Diploma
			15	P15	Alya	40-49	Snowballing	Completed	Teacher	Has the only daughter	City	7-Jul-23	Ibanese	Islam	Master
			16	P16	Atillah	40-49	Purposive	Completed	Housewife	Involved in Child Advocacy	City	9-Jun-23	Malay	Islam	Degree
			17	P17	Sulang	50-59	Snowballing	Completed	Cleaner	Daughter in TSP	Village	28-Dec-23	Malay	Islam	PMR
			18	P18	Ezra	50-59	Snowballing	Completed	Fisherman	Two daughters are in TSP	Village	14-Jun-23	Malay	Islam	SPM
			19	P19	Kelner	40-49	Snowballing	Completed	Priest/Reverend	Christian ministry	City	5-Feb-24	Ibanese	Christian	Master
			20	P20	Nurani	30-39	Purposive	Completed	Housewife	Two daughters twin	Village	16-Jan-24	Malay	Islam	SPM
			21	P21	Zaini	30-39	BKM	Completed	Manager	Good parent	Village	15-Sep-23	Malay	Islam	Degree
	Sabah	Kota Kinabalu	22	P22	Salleh	50-59	BKM	Completed	Lecturer	Married with two wives, 10 children	City	14-Feb-23	Lunbawang	Islam	PhD
PENINSULA	Selangor	Bangi	23	P23	Hidayu	30-39	BKM	Completed	Technologist	Good parent	City	29-Oct-23	Malay	Islam	Degree
			24	P24	Rosnah	30-39	Purposive	Completed	Housewife	Good parent	City	16-Jan-24	Malay	Islam	SPM
		Hulu Selangor	25	P25	Asri	30-39	BKM	Completed	Teacher	Teacher in PEERS	City	26-Sep-23	Malay	Islam	Degree
		Hulu Bernam	26	P26	Nasary	30-39	BKM	Completed	Housewife	Traumatic experience	City	25-Sep-23	Malay	Islam	Degree
		Selayang	27	P27	Pavma	40-49	Snowballing	Completed	Private worker	Ever meet abused child	City	18-Mar-24	Indian	Hindu	Degree
		Damansara	28	P28	Gafur	30-39	BKM	Completed	Teacher	Good parent	City	22-Sep-23	Melanau	Islam	PhD
			29	P29	Tang Tang	30-39	Purposive	Completed	Nurse officer	Good parent	City	27-Sep-23	Chinese	Christian	Master
			30	P30	Muntasir	30-39	BKM	Completed	Lecturer	Good parent	City	1-Sep-23	Malay	Islam	Master
	Perak	Sitiawan	31	P31	Yuzi	40-49	BKM	Completed	Custom Officer	Good parent	City	21-Sep-23	Malay	Islam	Diploma

APPENDIX 19: SANKEY DIAGRAM FOR SELECTED CODE GROUP AND PARENT

