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**AWARENESS, KNOWLEDGE, ATTITUDE, AND PRACTICES
TOWARDS SEXUAL AND REPRODUCTIVE HEALTH AMONG
SECONDARY SCHOOL STUDENTS IN MALAYSIA**

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Abstract:

Sexual and reproductive health matters are still taboo because it is sensitive to be discussed publicly as it opposed the norms of Malaysian people, especially among high school students. This study sought to investigate the awareness, knowledge, attitudes, and practices towards sexual and reproductive health among high school students between the ages of 13 to 17 years old in Petaling Perdana district in Selangor, Malaysia. A cross-sectional survey study was conducted among 382 secondary school students using a self-administered validated questionnaire. Descriptive and MANOVA analyses were used to analyse the data. The results showed that the level of awareness, knowledge, attitude, and practices towards sexual and reproductive health was high among all secondary school students. The MANOVA analysis yielded significant differences towards practices on gender $F(1, 380) = 16.035, p < .001$, with males ($M = 1.051$) scoring higher than females ($M = .661$), and level of education $F(4, 377) = 7.202, p < .001$, with Form 5 students ($M = 1.172$) having the highest score. The study concluded that males had better sexual practices than females and students with a higher level of education have better understanding and practices towards their sexual and reproductive health.

This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)**Keywords:**Attitude, Knowledge, Sexual Practice, Sexual and Reproductive Health,
School Student

Introduction

According to World Health Organization (2009a), sexual health refers to a person's physical, mental, and social well-being concerning sexuality. There are many ways to deliver sexual and reproductive health information, either by learning it in their schools or receiving this knowledge from parents from the time their children experience puberty. Comprehensive sexuality education (CSE) is 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 the knowledge, skills, attitudes, and values that will empower them to optimise their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their well-being and that of others and understand and ensure the protection of their rights throughout their lives (Haberland and Rogow, 2015). The United Nations Educational, Scientific and Cultural Organization's (UNESCO) International Technical Guidance on Sexuality Education emphasizes the need for CSE programs that are scientifically accurate, incremental with a spiral-curriculum approach, age-appropriate, and most importantly culturally and context-relevant (UNESCO, 2018).

Sexuality education began to receive attention from the Malaysian government in the late 1990s. Shukor and Supaat (2018) noted that sexuality education was once integrated with the school syllabus by the Ministry of Education (MOE) since 1989 for secondary schools and then extended to primary schools in 1994. Instead of a specific subject named sexuality education, MOE integrated this program into a variety of subjects such as science, biology, religious and moral studies as well as health and physical education (Mokhtar et al, 2013). When Sexuality Education was introduced from 2003 to 2005, it was found that the term "sexuality" had a negative public perception. Hence, the term Pendidikan Kesihatan Reproduksi dan Sosial (PEERS) has been used since 20 December 2006 and was placed under Physical Fitness and Health Education. Since 2011, it has been taught as an independent (Razali et al, 2017). Hand-in-hand with the Ministry of Education, the Ministry of Women, Family, and Community Development launched the ACE (Accurate, Comprehensive, Effective) Sex Education module in 2016 to complement the National Policy in Reproductive Health and Social Education (LPPKN, 2010).

Among the objectives of having sexuality education in the mainstream educational system are to increase knowledge on sexual reproductive health as well as to curb potential societal issues arising from failing to practice safe sexuality, such as baby dumping, sex outside of marriage, unwanted pregnancies, unsafe abortion, and sexual abuse. However, the statistics show an increasing number of sexual reproductive issues among adolescents. The latest Malaysian Population and Family Survey (MPFS) in 2014 (LPPKN, 2010) indicated that Malaysian adolescents have inadequate knowledge of their reproductive organs, where 55% of them are aware of the transmission of HIV/AIDS through sexual actions, and 73% know about sexually transmitted diseases (STDs) through sexual intercourse. In addition, the number of unwanted pregnancies keep increasing with an estimation of around 18,000 under-aged girls falling pregnant every year in Malaysia (LPPKN, 2010). A survey conducted by the Ministry of Health

(MOH) in 2015 found that most female youth lacked sexual reproductive health knowledge and worse, claimed to have learned about the term “sexual” from online sources instead of the school curriculum.

The importance of the student's knowledge, attitude, and awareness towards their sexual reproductive health is very crucial because most of the time, most of them are unmarried and their involvement in premarital sexual intercourse may lead towards unwanted pregnancies and sexually transmitted diseases due to the lack of knowledge on how safe sex and contraception. A study of the “Global School-based Student Health Survey” was conducted by the Ministry of Health in 2012 to identify whether Malaysian adolescents were having sexual intercourse at this age. The results of the survey showed that of the adolescents who already had sexual intercourse, 50.4% of the participants had sexual intercourse for the first time before the age of 14 whereas another result showed only 32.2 % used a condom when they had sex last time. In 2017, the National Health and Morbidity Survey (Institute for Public Health, 2017) on adolescent health found that 7.3% of adolescents aged 13 to 17 years old had experienced sexual intercourse. Compared to the 2012 survey, the percentage of adolescents who had used a condom in their last intercourse had dropped to 12.7% (Institute for Public Health, 2017).

Research on sexual reproductive health in Malaysia showed that adolescents continued to have poor knowledge regarding sexual reproductive health, with 75% reporting that they are uncomfortable to seek healthcare services for sexual reproductive matters such as dysmenorrhea (Othman et al, 2019). Another study among East Malaysian adolescents showed that knowledge regarding abortion laws, that individuals with STD could still look healthy, and pregnancy risk through unprotected sex was poor (Awang et al, 2014). A study among secondary school students in Kuantan, Pahang determined that upper secondary school students and smokers had better knowledge of sexual reproductive health, and only 58.4% had good knowledge of this topic (Ismail and Minhat, 2019). Among teachers, studies have shown that the implementation of sexual reproductive health education has been hampered by a lack of training among teachers and inadequate teaching and learning resources (Eshak and Zain, 2019).

Due to the culturally taboo topic, information on sexuality education is scarce particularly in the local context among high school students. The current study was designed to fill the gap in the literature to gain the level of awareness, knowledge, attitude, and practices towards sexual and reproductive health, and to further investigate the differences between gender, race, and level of education among Malaysian secondary school students.

Literature Review

History of Sexual Reproductive Education in Malaysia

Sexuality education began to receive attention from the Malaysian government in the late 1990s. Shukor and Supaat (2018) noted that sexuality education was once integrated with the school syllabus by the Ministry of Education (MOE) since 1989 for secondary schools and then extended to primary schools in 1994. Instead of a specific subject named sexuality education, MOE integrated this program into a variety of subjects such as science, biology, religious and moral studies as well as health and physical education (Mokhtar et al, 2013). When Sexuality Education was introduced from 2003 to 2005, it was found that the term “sexuality” had a negative public perception. Hence, the term Pendidikan Kesihatan Reproduksi dan Sosial

(PEERS) has been used since 20 December 2006 and was placed under Physical Fitness and Health Education. Since 2011, it has been taught as an independent (Razali et al, 2017). Hand-in-hand with the Ministry of Education, the Ministry of Women, Family, and Community Development launched the ACE (Accurate, Comprehensive, Effective) Sex Education module in 2016 to complement the National Policy in Reproductive Health and Social Education (LPPKN, 2017).

Objectives of Sexual Reproductive Education

Among the objectives of having sexuality education in the mainstream educational system are to increase knowledge on sexual reproductive health as well as to curb potential societal issues arising from failing to practice safe sexuality, such as baby dumping, sex outside of marriage, unwanted pregnancies, unsafe abortion, and sexual abuse. However, the statistics show an increasing number of sexual reproductive issues among adolescents. The latest Malaysian Population and Family Survey (MPFS) in 2014 (LPPKN, 2017) indicated that Malaysian adolescents have inadequate knowledge of their reproductive organs, where 55% of them are aware of the transmission of HIV/AIDS through sexual actions, and 73% know about sexually transmitted diseases (STDs) through sexual intercourse. In addition, the number of unwanted pregnancies keep increasing with an estimation of around 18,000 under-aged girls falling pregnant every year in Malaysia (LPPKN, 2017). A survey conducted by the Ministry of Health (MOH) in 2015 found that most female youth lacked sexual reproductive health knowledge and worse, claimed to have learned about the term “sexual” from online sources instead of the school curriculum.

Importance of Student's Knowledge, Attitude, and Awareness

The importance of the student's knowledge, attitude, and awareness towards their sexual reproductive health is very crucial because most of the time, most of them are unmarried and their involvement in premarital sexual intercourse may lead towards unwanted pregnancies and sexually transmitted diseases due to the lack of knowledge on how safe sex and contraception. A study of the “Global School-based Student Health Survey” was conducted by the Ministry of Health in 2012 to identify whether Malaysian adolescents were having sexual intercourse at this age. The results of the survey showed that of the adolescents who already had sexual intercourse, 50.4% of the participants had sexual intercourse for the first time before the age of 14 whereas another result showed only 32.2 % used a condom when they had sex last time. In 2017, the National Health and Morbidity Survey (Institute for Public Health, 2017a) on adolescent health found that 7.3% of adolescents aged 13 to 17 years old had experienced sexual intercourse. Compared to the 2012 survey, the percentage of adolescents who had used a condom in their last intercourse had dropped to 12.7% (Institute for Public Health, 2017b).

Methodology

Research Design

A cross-sectional survey study was conducted in the Selangor state involving Petaling Perdana districts between September 2020 to February 2021 with a total population of 68,220 secondary school students (Ministry of Education Malaysia, 2020).

Sampling and Participants

Stratified random sampling took place, and a sample size of 382 was calculated with a 5 % attrition effect from 10 different schools was selected as respondents, each with (n = 38)

randomly representing Petaling Perdana district in Selangor state, Malaysia based on Krejcie and Morgan Sampling Method (1970). The criteria for inclusion were Malaysian high school students under MOE, and ages ranging from 13 to 17 years old.

Instruments

The employed instruments were a questionnaire derived from two studies which are “A Study on Risk and Protective Factors Affecting Adolescents’ Sexual and Reproductive Health in Peninsular Malaysia by National Population and Family Planning Board” (Hassan and Sapri, 2013), and “A Study on Risk and Protective Factors Affecting Adolescents’ Sexual and Reproductive Health in Sabah and Sarawak” (Hassan, 2016). The questionnaire consists of four sections, starting with demographics followed by awareness (7 items), knowledge (15 items), attitude (5 items), and lastly practices (4 items) on sexual and reproductive health. The face and content validity of the questionnaire had been assessed with a panel of three experts. (MM, SM, MH) associated with the content and language. The value of validity index (S-CVI) obtained for all items in the questionnaire is 1.00 (greater than 0.78) which is acceptable.

Data Collection Procedure

The awareness, knowledge, attitude, and practices on sexual and reproductive health were assessed using an online platform via a google form. A short URL link was copied and sent to the respective schools. With the head teachers’ assistance, the questionnaire was distributed through an invitation sent to all students’ mobile phones. All students were given two weeks to complete the questionnaire. The respective headteachers of each selected class from the schools were reminded twice to ensure all students completed the questionnaire within the time frame given.

Ethical Considerations

Due to the sensitive nature of this topic and the need for sharing personal beliefs and values, approval from the university’s scientific and ethical review committee was obtained before the research was conducted. Informed consent was obtained from every respondent. The researcher did not know any of the secondary school students. Confidentiality was maintained at all stages of the study. The Faculty Ethical Committee reviewed and approved this study following the Helsinki procedures with ethical number 500-FP (PT .23/4).

Data Analysis

Data were analyzed using IBM SPSS version 27. Descriptive statistics were reported which included frequencies, mean and standard deviation describing participants’ demographic characteristics, and responses on awareness, knowledge, attitude, and practices on sexual and reproductive health. A Multiple Analysis of Variance (MANOVA) test was calculated to determine the differences in gender, race, and level of education among secondary school students’ level of awareness, knowledge, attitude, and practices on sexual and reproductive health. The alpha level for statistical significance was set at $p \leq .05$.

Results

A total of 382 questionnaires were distributed, with a total return of 382 giving a response rate of 100%. Based on Table 1, most respondents were female ($n = 224$; 58.6%), with 158 (41.4%) males. The majority of the respondents were 323 (84.6%) from Malay, 31 (8.1%) from Indian, 27 (7.1%) from Chinese, and 1 (0.3%) from other ethnicities. There were five level of

education, with 142 (37.2%) form 4, 99 (25.9%) form 5, 91 (23.8%) form 3, 30 (7.9%) form 2 and 20 (5.2%) form 1 students, respective.

Table 1: Characteristics Of Respondents

Demographics	No of Sample (n)	Percentage
Gender	Male	158
	Female	224
Race	Malay	323
	Chinese	27
	Indian	31
	Others	1
	Level of Education	Form 1
	Form 2	30
	Form 3	91
	Form 4	142
	Form 5	99

Based on Table 2, 300 (78.5%) students were aware of the period cycle. Merely half of the students were aware of the concept of HIV and AIDS diseases (58.6%), the function and usage of a condom (58.6%), the concept of a wet dream (56.3%), the similarities and differences between birth control (56%) and contraceptive pills (57.6%), respectively. However, 214 (56%) students were not aware of the concept of abortion services, especially in Malaysia country. The third part of the questionnaire examined the level of sexual and reproductive health knowledge among all students. Merely all students were able to answer questions one to twelve correctly.

This shows that the students had an excellent understanding of the concept of pregnancy (>84%), including healthy sexual practice (>90%), the concept of contraceptives (84%), legal implications on abortion (89%), and sexual practice on an underage girl in Malaysia (93.7%). Nevertheless, the students failed to answer correctly on the last three items. Insufficient knowledge on the concept of STDs and the menstrual cycle could be a valid reason for the incorrect answers. The final part of the questionnaire examined the practices on sexual and reproductive health. More than half of the students have not watched (58.4%) and read (64.1%) materials associated with pornographic. However, 16 (4.2%) of the students have experienced sexual intercourse, and 2 (.5%) of students were pregnant before.

Table 2: Awareness, Knowledge & Practices Scores On Sexual And Reproductive Health

Items	N	Yes N (%)	No N (%)
Awareness			
1) Period Cycle	382	300 (78.5%)	82 (21.5%)
2) HIV & AIDS diseases		224 (58.6%)	158 (41.4%)
3) Condom		224 (58.6%)	158 (41.4%)
4) Wet Dream		215 (56.3%)	167 (43.7%)
5) Birth Control Pills		214 (56.0 %)	168 (44.0%)

6)	Abortion Services	168 (44.0 %)	214 (56.0%)
7)	Contraceptive Pills	220 (57.6 %)	162 (42.4%)
Knowledge			
1)	Pregnancy can be prevented by using condoms.	382	353 (92.4%) 29 (7.6%)
2)	Pregnancy can be avoided by using birth control pills.	232 (84.6%)	59 (15.4%)
3)	Pregnancy can be prevented by not having sexual intercourse.	362 (94.8%)	20 (5.2%)
4)	A woman will not get pregnant if she had sex once.	37 (9.7%)	345 (90.3%)
5)	Multiple partners lead to sexually transmitted diseases (STDs).	353 (92.4%)	29 (7.6%)
6)	Abortion without any relevant reason unless causing self-harm is illegal in Malaysia.	340 (89.0%)	42 (11.0%)
7)	HIV and AIDS disease can be infected during sexual intercourse.	367 (96.1%)	15 (3.9%)
8)	A woman cannot get pregnant during her period.	311 (81.4%)	31 (18.6%)
9)	A woman could get pregnant if she had sexual intercourse.	360 (94.2%)	22 (5.8%)
10)	Underage pregnancy is risky.	351 (91.9%)	31 (8.1%)
11)	Having sexual intercourse with a girl aged below 16 years is a rape crime in Malaysia despite consensual sex.	358 (93.7%)	24 (6.3%)
12)	A woman can get pregnant by kissing a man.	19 (5.0%)	363 (95.0%)
13)	A woman cannot get pregnant if she had sex two weeks before her period cycle.	79 (20.7%)	303 (79.3%)
14)	People with sexually transmitted diseases may look like normal healthy people.	187 (49.0%)	195 (51.0%)
15)	Sex between men and women who have never been to menstruation cannot lead to pregnancy.	242 (63.4%)	140 (36.6%)
Practices			
1)	I have watch pornographic videos.	382	159 (41.6%) 223 (58.4%)
2)	I have read pornographic materials.	137 (35.9%)	245 (64.1%)
3)	I have experienced sexual intercourse before.	16 (4.2%)	366 (95.8%)
4)	I have been pregnant before.	2 (.5%)	380 (99.5%)

Based on the table 3, this is the fourth part of the questionnaire which examined the attitudes of students towards sexual and reproductive health. The majority agreed that women should avoid sexual intercourse before marriage as this action is deemed to be a serious social problem (89%) and could possibly reduce their level of confidence and dignity (83.2%) as a woman. Interestingly, this statement contradicts for men as half of the students (47.6%) were unsure or

disagree if sexual intercourse before marriage should be considered as a social problem and subsequently reduces their confidence. Nevertheless, the majority disagree (60.2%) that hugs, and kisses are permissible despite no sexual intercourse to involve. Lastly, a majority agreed (66%) that abortion is a serious act of misconduct and should be avoided despite getting pregnant before marriage.

Table 3: Attitude Scores On Sexual And Reproductive Health

Items	Strongly Disagree & Agree (%)	Unsure (%)	Agree & Strongly Agree (%)	Mean	Std. Deviation
Sexual intercourse before marriage is a serious social problem.	19 (5.0%)	23 (6.0%)	340 (89.0%)	4.63	.866
A woman will lose her confidence and dignity if she had sex before marriage.	25 (6.5%)	39 (10.2%)	318 (83.2%)	4.42	1.016
A man will lose his confidence and dignity if he had sex before marriage.	80 (20.9%)	102 (26.7%)	200 (52.4%)	3.61	1.341
Hugs and kisses can be considered if sexual intercourse is avoidable.	230 (60.2%)	58 (15.2%)	94 (24.6%)	2.34	1.472
Abortion can be done if partners had sex before marriage.	252 (66.0%)	78 (20.4%)	52 (13.6%)	2.04	1.325

A multivariate analysis of variance (MANOVA) was used to examine the differences in awareness, knowledge, attitude, and practices on sexual and reproductive health among the Malaysian secondary schools' students' age, gender, and level of education. Before conducting the MANOVA, the data were examined using IBM SPSS version 27 to ensure all its underlying assumptions were met. Univariate normality was assessed with Shapiro-Wilk tests and boxplots and could be assumed. Additionally, no multivariate outliers were found in the data, supporting the assumption of multivariate normality. Correlation between the dependent variables was not excessive, indicating that multicollinearity was not of concern. Furthermore, the relationship that did exist between the dependent variables was roughly linear. Finally, Box's M was non-significant at $\alpha = .001$, indicating that homogeneity of variance-covariance matrices could be assumed.

Table 4: Multivariate Tests Of Awareness, Knowledge, Attitude, And Practices Towards Gender, And Level Of Education

Variable	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	
Gender	Pillai's Trace	.062	6.209b	4.000	377.000	<.001	.062
	Wilks' Lambda	.938	6.209b	4.000	377.000	<.001	.062
	Hotelling's Trace	.066	6.209b	4.000	377.000	<.001	.062

Level of Education	Roy's Largest Root	.066	6.209b	4.000	377.000	<.001	.062
	Pillai's Trace	.101	2.430	16.000	1508.000	.001	.025
	Wilks' Lambda	.901	2.471	16.000	1143.226	.001	.026
	Hotelling's Trace	.107	2.501	16.000	1490.000	.001	.026
	Roy's Largest Root	.085	7.977c	4.000	377.000	<.001	.078

As all the underlying assumptions were supported by the data, a MANOVA was conducted. Findings showed that there was a significant effect on the gender, $F(4, 377) = 6.20, p < .001$, partial $\eta^2 = .062$, and level of education, $F(4, 377) = 7.97, p < .001$, partial $\eta^2 = .078$ on the combined dependent variable (Table 4). Analysis of the dependent variables individually showed no effects on awareness, knowledge, and attitude towards gender, race, and level of education. However, the practices variable for gender, $F(1, 380) = 16.03, p < .001$, partial $\eta^2 = .04$ and level of education, $F(4, 377) = 6.174, p < .001$, partial $\eta^2 = .07$ was statistically significant at a Bonferroni adjusted alpha level of .013. As a result, the male secondary school students' ($M = 1.05$) from form 5 ($M = 1.172$) reported significantly higher in their practices on sexual and healthy reproductive (Table 5).

Table 5: Test Of Between-Subject Effects And Estimated Marginal Means For Gender, And Level Of Education On Each Dependent Variable

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Gender	Awareness	20.079	1	20.079	3.245	.072	.008
	Knowledge	5.286	1	5.286	2.267	.133	.006
	Attitude	.009	1	.009	.029	.864	<.001
	Practice	14.086	1	14.086	16.035	.000	.040
Level of Education	Awareness	Awareness	37.859	4	9.465	1.529	.193
	Knowledge	Knowledge	5.345	4	1.336	.569	.686
	Attitude	Attitude	1.933	4	.483	1.665	.158
	Practice	Practice	24.697	4	6.174	7.202	.000
Source	Descriptive	Dependent Variable	Mean	S. D			
Gender	Male	Practice	1.051	.075			
	Female		.661	.063			
Level of Education	Form 1	Practice	.100	.207			
	Form 2		.667	.169			
	Form 3		.703	.097			

Form 4	.789	.078
Form 5	1.172	.093

Discussion

The sexual and reproductive health awareness, level of knowledge, attitude, and practices among secondary school students in Malaysia were examined. Most of the school students exhibit a moderate level of awareness on all aspects of SRH except on the menstrual cycle which is reported to be the highest. This gives the impression whereby female students in Malaysia are aware of women's health which was deemed to be critical as it links to their fertility, gynaecological, hormonal issues, and digestive disorders (Essity, 200). However, as per evidence, many of the students are not aware of the abortion services and related information available in Malaysia, consistent with another study by Awang et al. (2014). To is concerning because abortion is linked to sexual and reproductive health. In Malaysia, abortion is legal if only the fetus poses a threat to the mother's life as per Sections 31-316 of the Penal Code in Malaysia's Federal Constitutions (Law of Malaysia Act 574, 1989). Nevertheless, abortion can be performed in other countries following the World Health Organization (2019b), which protect women's and girls' human right and well-being.

As for the level of knowledge, the only questions that were not correctly answered by the majority of the students were regarding sexually transmitted diseases (STD). This was due to the appearance and presentation of STD's patient which was reported to be normal and healthy despite transmitting the pathogens. It was also confirmed that up to 90% of STDs do not manifest symptoms unless clinically observed and tested (Wagenlehner, 2006). Kidshealth (2015) agreed that there is no way to tell if a person has an STD by looking at him with their own eyes unless he has been medically tested. According to Santos-Longhurst (2020), some cases of STDs do not exhibit any symptoms at all. Lack of general knowledge of STDs would probably give the impression of incorrect answers in most of the students.

As per the demographics, most of the students in this group represented the Malay ethnic group with Islamic background as their religion. This illustrates the attitude of not permitting sexual intercourse before marriage. Furthermore, a high level of disagreement was also reported with the statement of hugging and kissing deemed to be accepted without any sexual intercourse. Since Malaysia is an Islamic country, the government strongly emphasizes the concept of "La Taqrabuzzina" which preaches people on how to control their lust while they were in a relationship with the opposite gender (Arifin, 2020). In addition, the concept of "Khulwah" which translates to an interaction between a man and a woman without any company from the women's side, is strictly prohibited in Islamic teaching (Hussein, 2017). As a result, most Muslims believe that if a man and a woman being together in a remote location is illegal, then sexual conduct between them must be the highest sin committed by the couple.

Furthermore, most students agreed that a man and woman will lose their confidence and dignity if they engage in sexual intercourse before marriage because sexual intercourse among teenagers can cause emotional disturbance and negative psychological effects. Sexual permissiveness breeds feelings of worthlessness and self-disgust (Meeker, 2014). When teenagers engage in casual sexual intercourse, their intimacy decreases, causing them to feel more stressed (San Francisco Chronicle, 2007; Sina, 2012), which leads to depression and emotional distress (Coleman, 2005; K12 Academics, 2021). The students also disagree with

abortion being acceptable if a couple had sexual intercourse before marriage. Despite the termination of pregnancies is permitted under Act 574, Penal Code Section 312 as amended in 1989 (Laws of Malaysia Act 574, 1989), if the carrier endangers the mother's life, however, the legalities of abortion in Malaysia are heavily influenced by religious belief (Low et al, 2015). As a result, most Malaysians, including children, will regard abortion as murder of an innocent child, and people's respect for life will suffer as a result (BBC, 2014).

Meanwhile, most students did not engage in harmful behaviours that could jeopardize their sexual and reproductive health. In their lifetime, many of them did not watch or read porn, nor did they engage in sexual intercourse or pregnancies. Pornographic activities are a bad habit that can lead to addiction in humans. According to Pietrangelo (2019), the easy access to pornographic materials online makes it more difficult for people to stop watching them. Based on the relationship between sexual intercourse and pregnancies, unprotected sexual intercourse can result in unwanted pregnancies. Each year, approximately 14 out of every 1000 Malaysian underage girls, or 18,000 of them, become pregnant, according to evidence (Ermisch, 2003; Nagandla and Kumar, 2020; Said, 2019).

Nevertheless, as for practices, this study concludes that male students exhibit better sexual and reproductive health practices as compared to female students. In general, most male students prefer to watch and read pornographic materials. This was also supported by the fact that 60.6 % of male adolescents in secondary schools watched and read pornographic materials, as compared to 14.9 % of female adolescents (Muhammad Sapri et al, 2012). This was also since most men embrace pornographic as part of their lives and personnel usage (Carroll and Willoughby, 2017). In terms of the level of education, the risk and protective practices among teenagers revealed that a high educational level delays sexual initiation and subsequently makes them more aware of the importance of using contraception and condoms during sexual intercourse. Hence, this also supports the finding in which safe sex practices are well understood by the senior students in this research (Muula, 2011; Mmari, 2013).

In conclusion, a majority of the Malaysian secondary school students are aware of their sexual health and reproductive system. Nevertheless, emphasis was to be made on the area of legal matters including abortion systems. It is also imperative to introduce early teaching of sexual health which includes diseases and prevention as part of the curricula with a more in-depth review to engage students with the current trends of safe sexual practices. Exposing sexual and health practices should also be emphasized especially on female students to increase the awareness equally which will give a positive impact, as well as a preparation before embarking on a relationship with their partners later in life.

Limitation

One of the limitations can be found in the target group of study. The study is carried out among school students in Petaling Perdana which included students from Form 1 to Form 5. The findings would be varied if they are conducted at different schools because of a different lifestyle, socioeconomic, and other socio-demographic backgrounds.

Conclusion

Awareness, knowledge, attitude, and practices are the key aspects of determining the student's sexual and reproductive health. This study found that most of the students surveyed show a great level of awareness, an average level of sexual and reproductive knowledge, excellent

attitude and practices while maintaining their sexual and reproductive health. There is also a significant difference between gender and level of education towards practices on sexual and reproductive health, as males reported better sexual practices than females and a person with a higher level of education has better understanding and practices towards their sexual and reproductive health. In a nutshell, it has been eye-opener research as the outcome of the study will give a positive impact on the community.

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