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Comprehensive Sexuality Education for Malaysian Adolescents: How Far Have We Come?

The State of the Region Report on

Sexual and Reproductive Health

and Rights: International Conference on

Population and Development (ICPD+25)

Federation of Reproductive Health Associations, Malaysia

NATIONAL REPORT

Comprehensive Sexuality Education for Malaysian Adolescents: How Far Have We Come?

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GLOSSARY OF ACRONYMS

AADK	National Anti-Drugs Agency
AIDS	Acquired Immunodeficiency Syndrome
APPC	Asian and Pacific Population Conference
ARROW	Asian-Pacific Resource and Research Centre for Women
ASRHR	Adolescent Sexual and Reproductive Health and Rights
AWAM	All Women's Action Society
CSE	Comprehensive Sexuality Education
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPR	Contraceptive Prevalence Rate
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DOSM	Department of Statistics Malaysia
ECOSOC	United Nations Economic and Social Council
ESCAP	Economic and Social Commission for Asia and the Pacific
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
FRHAM	Federation of Reproductive Health Associations, Malaysia
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GGGI	Global Gender Gap Index
GOs	Governmental Organisations
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Surveillance Survey
ICPD	International Conference on Population and Development
IDIs	In-depth Interviews
IPPF	International Planned Parenthood Federation
ITGSE	International Technical Guidance on Sexuality Education
LFPR	Labour Force Participation Rate
LGBT	Lesbian, Gay, Bisexual and Transgender
MAs	Member Associations
MAC	Malaysian AIDS Council
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
MMR	Maternal Mortality Rate
MSM	Men who have sex with men
MWFCD	Ministry of Women, Family and Community Development
MGGI	Malaysian Gender Gap Index
NEP	New Economic Policy
NCWO	National Council of Women's Organizations Malaysia
NGOs	Non-Governmental Organisations
NPASRH	National Policies on Adolescent Sexual and Reproductive Health

NPFDB	National Population and Family Development Board
NSPEA	National Strategic Plan on Ending AIDS
NSP	National Strategic Plan
NUTP	National Union of the Teaching Profession Malaysia
PDRM	Royal Malaysia Police
PEERS	Reproductive Health and Social Education
PEKERTI	National Policy on Reproductive Health and Social Education
PLHIV	People Living with HIV
POA	Programme of Action
RHAM	Reproductive Health of Adolescents Module
RRAAM	Reproductive Rights Advocacy Alliance Malaysia
SCAN	Suspected Child Abuse and Neglect
SDGs	Sustainable Development Goals
SE	Sexuality Education
SIS	Sisters in Islam
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering and Mathematics
STIs	Sexually Transmitted Infections
SW	Sex Workers
TB	Tuberculosis
TG	Transgender
TOP	Termination of Pregnancy
UHC	Universal Health Coverage
UKM	National University of Malaysia
UN	United Nations
UNESCO	United Nation Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAO	Women's Aid Organization
WHO	World Health Organization

ABSTRACT

Despite making up a large percentage of population in developing countries, adolescents have limited choices regarding their sexual and reproductive health. Comprehensive Sexuality Education (CSE) can help reduce unintended pregnancies and transmission rates for sexually transmitted infections (STIs), which in turn can improve health outcomes and help keep girls in schools. Based on specific criteria, the author reviewed the development and delivery of CSE in Malaysia, identified existing gaps towards effective implementation and recommended interventions needed to make the existing sexuality programmes more inclusive, comprehensive and engaging for the Malaysian adolescents. This study was carried out via a strategic desk review, 14 Focus Group Discussions (FGDs) involving 104 adolescents and 29 parents/teachers, and 4 In-depth Interviews (IDIs) with key informants from various ministries/agencies. The results from the desk review, FGDs and IDIs found that despite the milestones achieved by Malaysia in the area of sexual reproductive health, adolescents and CSE, there were still a multitude of issues surrounding adolescents today like teenage pregnancies, sexual violence, child grooming and sexual grooming that need to be better addressed. A curriculum that is based on abstinence instead of informed-choice, the lack of parental and family support, compounded by lack of a robust monitoring and evaluation mechanism, untrained teachers and the lack of political willpower have also decelerated the progress of CSE. In conclusion, the implementation of CSE in Malaysia has been dampened by several gaps and challenges that exist within the country. In order to achieve the Sustainable Development Goals (SDGs) set specifically on Sexual and Reproductive Health (SRH), quality education and gender equality and to meet the priority actions identified in the International Conference on Population and Development (ICPD) Programme of Action (POA), effective measures must be taken to meet the needs of adolescents in Malaysia and create a more inclusive healthcare and education system for the young population of this country. This study proposes that comprehensive curriculum, support system, coverage of beneficiaries, policies, M&E mechanisms and strategic collaboration are put in place in order to mend the gap and preserve the principle of SDG which is "leaving no one behind".

Keywords: SRH, adolescents, CSE, inclusiveness, SDG, ICPD

1. INTRODUCTION

1.1. Overview

Malaysia, an upper-middle income country[1], is a federation comprising 13 states and three federal territories. Malaysia's population stands at 32.4 million in the second quarter of 2018.[2] This is an increase of 0.4 million as compared to 2017. Malaysia's population has increased by 12.9 million over a period of 30 years and is expected to reach 41.5 million by 2040.[3] The annual population growth rate, however, is projected to decrease from 1.8% in 2010 to 0.8% in 2040.[4] In 2017, life expectancy at birth in Malaysia was 72.7 years for male and 77.4 years for female. Specifically, life expectancy gap between male and female at the age of 15 was 4.7 years while at the age of 65, the gap stood at 2.1 years.[5]

The sex ratio in 2010 was 106 males for every 100 females and this was projected to increase to 108 males in 2020 and remain unchanged until 2040.[6] Meanwhile, the young population (0-14 years old) and the working age population (15-64 years old) both comprise 7.71 million and 22.58 million respectively in 2018.[7] Young people under the age of 25 make up about a third of the country's population. The percentage of old age is projected to increase significantly alongside the dependency ratio. The latter is projected to increase almost three-fold, from 7.4 (2010) to 21.7 (2040).[8] In 2018, 4.34 persons among the young and old age members of the population are supported by 100 individuals in the working age population (15-64) years.[9]

In 2016, the total fertility rate per woman within the age of 15-49 was at 1.9 babies.[10] The crude birth rate stood at 16.1 per 1,000 population and the crude death rate stood at 5.1

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[1] The World Bank, "The World Bank in Malaysia", http://www.worldbank.org/en/country/malaysia, accessed December 21, 2018

[2] Department of Statistics Malaysia, "Current Population Estimates, Malaysia, 2017-2018,", published July 2018, accessed October 11, 2018, https://www.dosm.gov.my/v1/index.php?r=column/

[3] Ibid.

[4] Ibid.

[5] Department of Statistics Malaysia, "Abridged Life Tables, Malaysia, 2015-2017", published July 2017, accessed October 12, 2018 https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=dkdvKzZ0K1NiemEwNlJteDBSUGorQT09

[6] Department of Statistics Malaysia, "Current Population Estimates"

[7] Ibid.

[8] Ibid.

[9] Ibid.

[10] Ibid.

per 1,000 population.[11] In the same year, 5.2 stillbirth per 1,000 births were reported.[12] Child mortality rate (involving infants and children aged below five years old) were at 8.1 deaths per 1,000 live births. Meanwhile, the maternal mortality rate (MMR) which is determined at every 100,000 live births, indicated a decline from year 2000 (58 maternal deaths per 100,000 live births) to 40 maternal deaths per 100,000 live births in 2015 in Malaysia.[13] In 2016, the MMR rate showed a further decline, indicating an improvement in maternal health and possibly the removal of certain barriers that had posed limitation for women to access quality maternal health services.

In relation to the proportion of births attended by skilled health personnel, a slight increase was reported, namely from 96.6% in year 2000 to 99.0% in year 2014.[14] This is a critical strategy for reducing maternal morbidity and mortality, through which experts agree that the risk of stillbirth or death due to intrapartum-related complications can be reduced by about 20% with the presence of a skilled birth attendant.[15] Basic emergency obstetric care and comprehensive emergency obstetric care are available in Malaysia. Pregnant women are referred to maternal and child healthcare clinics for antenatal check-ups. If there are complications during the antenatal or pre-delivery stages, the women will be referred to secondary or tertiary healthcare facilities.[16] On the other hand, the prevalence of anaemia in women aged 15-49, disaggregated by age and pregnancy status reported an increase between 2010 and 2016, after a decline in 2000. Specifically, anaemia among non-pregnant women reported a prevalence of 27.2% in 2000, 21.5% in 2010 and 24.4% in 2016, compared to pregnant women with a prevalence of 36.2% in 2000, 33.5% in 2010 and 37.1% in 2016. Meanwhile, women of reproductive age indicated a prevalence of 27.7% in 2000, 21.9% in 2010 and 24.9% in 2016.[17]

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[11] Ibid.
[12] Ibid.
[13] World Health Organization, "Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division", accessed January 29, 2019,
[14] UN Statistic Division, "SDG Indicator", accessed January 29, 2019, https://unstats.un.org/SDGs/indicators/database/
[15] UNICEF, "Delivery Care", published June 2018, accessed January 29, 2019, https://data.unicef.org/topic/maternal-health/delivery-care/
[16] Ministry of Health, "Garis Panduan Perawatan Ibu Postnatal di Hospital," 2010, accessed January 27, 2019,
http://fh.moh.gov.my/v3/index.php/ms/component/jdownloads/finish/16- kesihatan-ibu/116-garis-panduan-posnatal- di-hospital/0
[17] World Health Organization, "Global health Observatory Indicator Views", 2016, accessed January 26, 2019,
http://apps.who.int/gho/data/node.imr.PREVANEMIA?lang=en

Malaysia is a country with a health system and health status that commensurate with its level of development. The Eleventh Malaysia Plan (2016-2020) identifies health as a key component of the plan's major thrust—improving well-being for all.[18] Malaysia generally does not receive significant bilateral aid for health, with the exception of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Although there is no United Nations (UN) Development Assistance Framework for Malaysia, it was proposed that a UN strategic partnership framework for 2017-2021 is developed in order to support the implementation of SDGs and the Eleventh Malaysia Plan 2016-2020.[19] This led to the formation of two UN theme groups on gender and human rights development, and a working group on communication.[20]

1.2. Malaysian Adolescents, their Vulnerabilities and the Importance of Comprehensive Sexuality Education

1.2.1. Adolescents and their Sexual and Reproductive Health

There are more young people in the world today than ever before. The world is now home to the largest generation of young people who consist of vastly diverse group of individuals. Approximately, 1.8 billion people are between 18 and 25 years old, an age where the majority of people become sexually active.[21] The UN, for statistical purposes, defines adolescents as persons between the ages of 10 and 19 and youths between the age of 15 and 24.[22] Likewise, the World Health Organization (WHO) defines adolescents as those between the ages of 10 and 19, with specific health and developmental needs and rights.[23] The great majority of adolescents are, therefore, included in the age-based definition of the 'child', adopted by the Convention on the Rights of the Child (CRC) as a person under the

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[18] World Health Organization, "World Health Statistics 2017: Monitoring Health for the SDGs", 2017, accessed October 11, 2018, http://www.who.int/gho/publications/world_health_statistics/2017/en/

[19] World Health Organization, "Country Cooperation Strategy 2016-2020", http://www.who.int/gho/maternal_health/reproductive_health/adolescent_fertility/en/

[20] Ibid.

[21] United Nations Population Fund, "The Power of 1.8 Billion", November 2014, accessed October 11, 2018, https://eeca.unfpa.org/en/news/power-18-billion

[22] United Nations, "Definition of Youth", accessed October 11, 2018, https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf

[23] World Health Organization, "Sixty-Forth World Health Assembly: Resolution WHA 64.28: Youth and Health Risks", accessed October 11, 2018, http://apps.who.int/gb/ebwha/pdf_files/wha64-rec1/a64_rec1-en.pdf

age of 18 years old.[24] Some 1.2 billion adolescents aged between 10 and 19 years old make up about 16% of the world's population.[25] More than half of all adolescents live in Asia.[26]

The phase between childhood and adulthood is growing larger and more distinct with the early onset of puberty. Being at the second decade of their lives, adolescents experience enormous physical, psychological and social changes. Many become sexually active before the age of 15, and 42% of them live in poverty.[27] Every year, globally, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant in regions of developing nations.[28] Although the global adolescent birth rate has declined from 65 births per 1000 women in 1990 to 44 births per 1000 girls aged 15-19 years in 2018,[29] the global population of adolescents continues to grow. As such, projections indicate that the number of adolescent pregnancies will increase globally by 2030.[30]

Nine out of ten births to girls aged 15-19 occur within marriage, making child marriage a main contributing factor to adolescent pregnancy.[31] When a girl becomes pregnant, her future changes and usually, for the worse. Options that are once available for her would either become unattainable or harder to achieve. Therefore, it is pertinent to avoid pregnancy amongst girls (intended and unintended) in order to provide them the opportunities for a brighter future. Adolescence is not only a period of vulnerability, but also an age of opportunity, particularly for girls.[32] Despite making up a large percentage of population in developing countries, adolescents often have limited choices regarding their sexual and reproductive health and rights (SRHR). Namely, they lack information, skills and services necessary to make informed choices.[33] Malaysia, however, is one of the countries

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[24] World Health Organization, "Recognizing Adolescence", 2014, accessed October 11, 2018, http://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html

[25] UNICEF, "Some 1.2 Billion Adolescents Aged 10-19 Years Today Make up 16 per cent of the World's Population", April 2016, accessed October 11, 2018, https://data.unicef.org/topic/adolescents/demographics/

[26] Ibid.

[27] International Planned Parenthood Federation, "Youth", accessed October 11, 2018, www.ippf.org/our-priorities/youth

[28] Darroch et al., "Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents", 2014, accessed October 11, 2018, https://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents

[29] World Health Organization, "Global Health Observatory (GHO) Data: Adolescent Birth Rate", 2018, accessed October 11, 2018, http://www.who.int/gho/maternal_health/reproductive_health/adolescent_fertility/en/

[30] United Nations Population Fund, "Adolescent Pregnancy: A Review of the Evidence", 2013, accessed October 11, 2018, https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf

[31] Darroch et al., "Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents",

[32] UNICEF, "The State of the World's Children: Adolescence An Age of Opportunity," 2011, accessed October 11, 2018, https://www.unicef.org/sowc2011/

[33] Akbari-Kamrani, "Assessment of School-Based Sexual and Reproductive Health Education in Secondary Schools in Klang-Valley, Malaysia", *Unpublished doctoral dissertation*, 2011, University Putra Malaysia.

that places adolescent health and well-being on the national agenda, given that the proportion of citizens aged 15-24 years old reaches nearly 20% of the total population.[34] Effective CSE can help reduce unintended pregnancies and transmission rates for STIs, which in turn, can improve health outcomes and help keep girls in school.[35]

1.2.2. Sexual Violence Against Children

Child sexual abuse is a widespread problem. Worldwide, around 15 million adolescent girls aged 15 to 19 have experienced forced sex in their lifetime.[36] Boys are also at risk, although a global estimate is unavailable. This horrific crime is one of the most unsettling among the violations of children's rights and although children of every age are susceptible, adolescence is a period of pronounced vulnerability, especially for girls.[37] The term 'sexual violence' is often used as an umbrella term to cover all types of sexual victimisation.[38] In Malaysia, a recent report by the Ministry of Women, Family and Community Development (MWFCD) revealed that a total of 50,658 cases of rape, incest, molestation, sexual harassment and domestic violence were recorded from 2013 to May 2018.[39] The Ministry also recorded a total of 3,439 reported sex crimes and domestic violence cases from January to May 2018.[40] The report revealed that the states of Selangor, Johor and Kedah recorded the highest cases of sexual offences in all categories for the past five years (2013-2018), with mostly women and children being the victims.

Approximately 7,309 rape cases, 1,200 incest cases and 3,478 molest cases involved victims below 18 years.[41] Child sexual offence cases remained high in the country, with an average of about 5 cases per day and 104 new born babies were reported being dumped in 2016.[42]

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[34] Mohamad Mokhtar et al., "Bridging the Gap: Malaysian Youths and the Pedagogy of School-Based Sexual Health Education", accessed November 30, 2018, https://www.sciencedirect.com/science/article/pii/S1877042813024828
[35] Edwards, "UN Issues More Progressive Guidelines on Sex Education", *Devex,* January 25, 2018, accessed October 11, 2018, https://www.devex.com/news/un-issues-more-progressive-guidelines-on-sex-education-91893
[36] UNICEF, "Sexual Violence", November 2017, accessed October 11, 2018, https://data.unicef.org/topic/child-protection/violence/sexual-violence/
[37] Ibid.
[38] UNICEF, "Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse", January 28, 2016, accessed October 11, 2018, http://www.unicef.org/protection/files/Terminology_guidelines_396922-E.pdf
[39] Bunyan, "50,000 Sex Crimes, Domestic Violence Cases since 2013", *Malay Mail,* July 23, 2018, accessed October 11, 2018, https://www.malaymail.com/s/1655182/50000-sex-crimes-domestic-violence-cases-since-2013
[40] Ibid.
[41] Ibid.
[42] Mmiwil and Teoh, "Sex Education Is a Must", *New Straits Times,* April 12, 2017, accessed October 11, 2018, https://www.nst.com.my/news/nation/2017/04/229703/sex-education-must

Although official and reliable data on exploitation of children in prostitution is difficult to find, in 2011, the Child Rights International Network and child rights activists reported an average of 150 children being coerced yearly.[43] All these are indicative that there is much more to be done for our adolescents in terms of education, protection and policy development. An effective CSE in place would be able to equip adolescents with the knowledge, skills, values and attitudes of living a healthy, safe, responsible and informed lifestyle.

1.2.3. Sexuality Education

SE is more than the instruction of the anatomy and the physiology of biological sex and reproduction of children and adolescents.[44] Fostering healthy sexuality is a key developmental milestone for all children and adolescents that depends on acquiring information and forming attitudes, beliefs and values about consent, sexual orientation, gender identity, relationships and intimacy.[45] Hence, each child and adolescent needs to receive a thorough education about sexuality to ultimately understand the practice of healthy sexual behaviour.[46] In the United States, it has been demonstrated that SE interventions can prevent or reduce the risk of adolescent pregnancy, HIV and STIs among children.[47] School-based SRH education is one of the most important and effective ways to help young people manage their SRH.[48] It is an ideal place to disseminate this vital information to a larger audience, as school enrolments around the globe have increased annually, especially among females.[49]

In Malaysia, programmes for adolescents require a socially acceptable approach. In its effort to provide young people with the essential knowledge and skills for making informed decisions on preventing negative health outcomes, various studies were carried out since

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[43] Child Rights International Network, "Malaysia: Haven for Child Prostitution", February 21, 2011, accessed January 10, 2017, https://www.crin.org/en/library/news-archive/malaysia-haven-child-prostitution
[44] Breuner and Mattson, "Sexuality Education for Children and Adolescents", *Pediatrics*, 132(2) (2011), https://www.ncbi.nlm.nih.gov/pubmed/27432844
[45] Swartzendruber and Zenilman, "A National Strategy to Improve Sexual Health", *Journal of the American Medical Association*, 304(9) (2010): 1005-1006, https://www.ncbi.nlm.nih.gov/pubmed/20810379
[46] Ibid.
[47] Breuner and Mattson, "Sexuality Education for Children and Adolescents"
[48] Rosen, Murray, and Moreland, "Sexuality Education in Schools: The International Experience and Implications for Nigeria", *National Stakeholders Meeting on Adolescent Sexuality and Reproductive Health Education* (2003), http://www.policyproject.com/pubs/workingpapers/wps-12.pd
[49] Mohamad Mokhtar et al., "Bridging the Gap: Malaysian Youths and the Pedagogy of School-Based Sexual Health Education"

the early 1990s.[50] [51] Although the term 'sexuality education' is not used in the context of teaching and learning within the government school system, a version of it was already introduced by the Ministry of Education (MOE) in secondary schools in 1989 and was further extended to primary schools in 1994, specifically through Health Education curriculum. Changes and updates were made to the curriculum content and from 2006 onwards, the curriculum was known as the 'Reproductive Health and Social Education' (PEERS).[52] PEERS covers various topics regarding sexual and reproductive health issues and it is integrated into subjects like Science, Biology, religious and moral education, physical education, among others.[53] The curriculum is covered throughout Year 1 to Form 5.

Despite its implementation in the school setting, a 2011 study by the National University of Malaysia (UKM) comparing PEERS against The United Nations Educational, Scientific and Cultural Organization (UNESCO)'s Comprehensive Sexuality Guidelines indicated that "90% of the respondents agreed that sex education had not been taught in Malaysian schools and the information given by most teachers is vague".[54] A 2013 study by Mazlin et al. involving 1,850 respondents who were former students of PEERS found that the respondents' recall and topic coverage were highest for human anatomy and general biological functions.[55] The areas of human relationship, negotiation skills and biological topics like masturbation were reported to have very limited coverage.[56] Therefore, although components of SE is being integrated within the school system, there is a gap in its content and presentation and this needs to be improved in order to provide a complete and effective CSE to our adolescents.

1.2.4. Comprehensive Sexuality Education

The International Planned Parenthood Federation (IPPF) defines CSE as *"Education about all matters relating to sexuality and its expression. It covers the same topics as SE but also includes issues such as relationships, attitudes towards sexuality, sexual roles, gender relations and the social pressures to be sexually active"*. The IPPF Framework for CSE states

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[50] Ibid.
[51] Ibid.
[52] Ministry of Education, "Perlaksanaan Pendidikan Kesihatan Reproduktif Dan Sosial (PEERS) Melalui Kurikulum Pendidikan Kesihatan"
[53] Mohamad Mokhtar et al., "Bridging the Gap: Malaysian Youths and the Pedagogy of School-Based Sexual Health Education"
[54] Teo, "Getting the Message Across", *The Star,* September 27, 2017, accessed October 11, 2018,
https://www.thestar.com.my/opinion/letters/2017/09/27/getting-the-message-across/
[55] Mohamad Mokhtar et al., "Bridging the Gap: Malaysian Youths and the Pedagogy of School-Based Sexual Health Education."
[56] Ibid.

that CSE should seek to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality, physically and emotionally, individually and in relationships.[57] Its approach includes an emphasis on sexual expression, sexual fulfilment and pleasure. IPPF believes that all young people have a right to be informed about their sexuality and their SRH and are also entitled to make their own choices and determine their ideals, as embodied in CSE.[58]

CSE receives strong support in the international discourse and is corroborated by a relatively robust evidence-based data.[59] There are many studies that provide strong evidence on CSE's role in helping young people delay sexual debut, improve contraceptive use as well as reduce the number of sexual partners, unintended pregnancies and STIs.[60] The most widely-cited guidance document is UNESCO's 2009 International Technical Guidance on Sexuality Education (ITGSE), a review which considered 87 studies and consulted with global experts. A more progressive and updated guidelines on sex education, namely the revised ITGSE was released by UNESCO earlier this year.[61] The guideline was developed to assist education, health and other relevant authorities in the design, delivery and evaluation of school-based and out-of-school CSE programmes and materials, particularly for stakeholders working on quality education, sexual and reproductive health, adolescent health and/or gender equality.[62]

The ITGSE 2018, which consists of eight concepts ((i) relationships, (ii) values, rights, culture and sexuality, (iii) understanding gender, (iv) violence and staying safe, (v) skills for health and well-being, (vi) the human body and development, (vii) sexuality and sexual behaviour, and (viii) sexual and reproductive health) defines CSE as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. CSE is an education delivered in formal and non-formal settings that is

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[57] IPPF, "IPPF Framework for Comprehensive Sexuality Education,", accessed November 30, 2018, https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf

[58] Ibid.

[59] Browne, "Comprehensive Sexuality Education," May 21, 2015, accessed October 11, 2018, http://www.gsdrc.org/wp-content/uploads/2015/09/HDQ1226.pdf

[60] Boonstra, "Advancing Sexuality Education in Developing Countries: Evidence and Implications", *Guttmacher Policy Review,* 13, no. 3 (2001), accessed October 11, 2018, https://www.guttmacher.org/sites/default/files/pdfs/pubs/gpr/14/3/gpr140317.pdf

[61] Edwards, "UN Issues More Progressive Guidelines on Sex Education"

[62] Sipalan, "Report: Malaysian Youths Fourth Most Active Internet Users", The Malay Mail, October 5, 2013, accessed October 13, 2018, https://www.malaymail.com/s/541403/report-malaysian-youths-fourth-most-active-internet-users-globally

scientifically accurate, incremental, age-based and developmentally appropriate, curriculum-based and comprehensive, based on human rights approach and gender equality, culturally relevant and context appropriate, transformative and is able to develop life skills needed to support healthy choices.[63]

ARROW believes that CSE should empower young people to fully achieve and enjoy their well-being.[64] ARROW endorses, explains and elaborates the seven basic components of CSE which are outlined by IPPF: (i) gender, (ii) SRH and HIV, (iii) sexual citizenship rights, (iv) pleasure, (v) freedom from violence, (vi) diversity, and (vii) relationships[65] and takes into account the eight concepts outlined in the ITSGE 2018. In line with the IPPF framework, it believes that the aim of CSE is to enable young people gain accurate information on SRHR, develop life skills like critical thinking, decision making and empathy as well as to nurture positive attitudes and values like respect for self and others and open-mindedness.[66] The approach to CSE should affirm young people's sexuality and be sex-positive, practical and based on the realities of young people's lives and informed consent as the foundation for all decision-making processes. Since CSE provides comprehensive information about SRH services, it must be linked with youth-friendly SRH services and become an effective referral system.[67] CSE should be based on the principle of equity, engender non-discriminatory values and be made accessible for all, including young people with disabilities through innovative approaches and models of education.[68]

School-based SRH education is one of the most important and effective ways to help young people manage their reproductive health.[69] CSE is a rights-based and gender-focused

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[63] Ibid.
[64] Shahbaz, "Comprehensive Sexuality Education (CSE) in Asia: A Regional Brief", accessed November 30, 2018, https://arrow.org.my/wp-content/uploads/2018/03/ARROW-RP-CSE-AP-WEB.pdf
[65] Singh, "The Essence of an Innovative Programme for Young People in South East Asia: A Position Paper on Comprehensive Sexuality Education (Including Youth-Friendly Services), Meaningful Youth Participation and Rights-Based Approaches in Programming", accessed November 30, 2018, https://arrow.org.my/wp-content/uploads/2015/04/Programme-for-Young-People_Position-Paper_2012.pdf
[66] IPPF, "IPPF Framework for Comprehensive Sexuality Education", accessed November 30, 2018, https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf
[67] Singh, "The Essence of an Innovative Programme for Young People in South East Asia: A Position Paper on Comprehensive Sexuality Education (Including Youth-Friendly Services), Meaningful Youth Participation and Rights-Based Approaches in Programming"
[68] Ibid.
[69] Rosen, Murray, and Moreland, "Sexuality Education in Schools: The International Experience and Implications for Nigeria", *National Stakeholders Meeting on Adolescent Sexuality and Reproductive Health Education* (2003), http://www.policyproject.com/pubs/workingpapers/wps-12.pd

approach to SE, both in and out-of-school.[70] It promotes the fundamental principles of a young person's right to education about their bodies, relationships and sexuality and provides a full range of knowledge, skills, attitudes and values in making informed decisions about his/her health and sexuality.[71] It is taught over several years and includes scientifically accurate information about contraception, childbirth and STIs.[72] It also addresses human rights, gender equality and threats such as discrimination and sexual abuse and helps young people explore and nurture positive values regarding their SRH.[73] In a world where HIV and AIDS, STIs, unintended pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to young people's well-being, it plays a central role to prepare them for a safe, productive, and fulfilling lives.[74] Despite its wide coverage, CSE stresses in providing age-appropriate information, consistent with the evolving capacities of young people.[75]

1.3. Malaysia and the International Conference on Population and Development

CSE is rooted in UN agreements, particularly the 1994 ICPD POA adopted by 179 member-states, including Malaysia. The 1994 ICPD, which was held in Cairo, was the turning point in the international discussions on population. It occurred at a defining moment in the history of international cooperation.[76] Despite the earlier world conferences on population which focused on the population growth in developing countries, the Cairo conference enlarged the scope of policy discussions to address social development beyond family planning.[77]

The Cairo POA defined reproductive health for the first time in an international policy document. The definition states "*that reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system.*"[78] In the POA, reproductive health implies "*that*

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[70] United Nations Population Fund, "Comprehensive Sexuality Education", accessed October 12, 2018, https://www.unfpa.org/comprehensive-sexuality-education
[71] International Planned Parenthood Federation, "Comprehensive Sexuality Education", accessed October 12, 2018, http://www/ippf.org/resources/cse-report
[72] UNFPA, "Comprehensive Sexuality Education"
[73] Ibid.
[74] UNESCO, "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach," 2018, http://unesdoc.unesco.org/images/0026/002607/260770e.pdf
[75] UNFPA, "Comprehensive Sexuality Education"
[76] Population Reference Bureau, "What Was Cairo? The Promise and Reality of ICPD", 2004, https://www.prb.org/whatwascairothepromiseandrealityoficpd/
[77] Ibid.
[78] Ibid.

people should be able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide it, when and how often to do so." The right of men and women to be informed and have access to safe, effective, affordable and acceptable method of family planning of their choice was also made implicit in the POA.[79] The implementation of the Program of Action was to be guided by a comprehensive definition of reproductive health which includes sexual health.[80] This definition goes beyond traditional notions of healthcare as preventing illness and death and promotes a more holistic vision of a healthy individual.[81]

Some of the key actions pertaining to reproductive health and rights that were outlined in the 1994 POA include *"to strive to make reproductive health accessible to all individuals of appropriate age"* and *"to develop innovative programmes to make reproductive health information, counselling and services for adolescents through schools, youth organisations and wherever they congregate".*[82] It called on governmental organisations (GOs), non-governmental organisations (NGOs) and youth groups *"to be involved in the promotion of better reproductive health and to remove unnecessary legal, medical, clinical and regulatory barriers to information and access to family planning services and methods".*[83] It also explicitly urged governments to provide age appropriate SE to promote the well-being of in- and out-of-school adolescents and specified key features of such education.[84] Upon ICPD+5's reinforcement on the call for CSE to be part of the promotion of adolescents' well-being and the enhancement of gender equality, equity and responsible sexual behaviour, the Commission on Population and Development provided its endorsement for it. The Commission approved resolutions that called upon governments to provide young people with CSE (including gender equality and human rights) to enable them to deal positively and responsibly with their sexuality.[85] [86] Two decades has passed since ICPD saw efforts to clarify the definition of CSE and to implement, evaluate and improve the quality of programmes.[87]

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[79] United Nations Population Fund, "Program of Action: Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994", September 1994, https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf
[80] Ibid.
[81] Population Reference Bureau, "What was Cairo?"
[82] United Nations Population Fund, "Program of Action"
[83] Ibid.
[84] Ibid.
[85] Ibid.

At the ICPD's 2012 Global Youth Forum, young people specifically called on governments to create enabling environments and policies to ensure that they have access to CSE in formal and non-formal settings, namely by reducing barriers and allocating adequate budgets.[88] Their efforts have been joined by communities, parents, faith leaders and key stakeholders. The General Assembly, in a special session at the 20th anniversary of the Cairo Conference, called upon countries to fulfil the commitments they had made and address the widening inequalities and emerging challenges.

The ICPD Beyond 2014 Global Review Report[89] (formally known as the *Framework of Actions* for the follow-up to the POA of the ICPD) was coordinated by the United Nations Population Fund (UNFPA) and mandated by the General Assembly through Resolution 65/234 on 22 December 2010.[90] In the resolution, the Assembly emphasised the need for Governments to recommit themselves at the highest political level to achieving the goals and objectives of the ICPD POA. Accordingly, it convened for a special session during its 69th session to assess the status of the implementation of the POA.[91] Suggestions were put forward for governments to ensure an equitable access to quality SRH information and services for young people aged 10-14 years old. This information should include social value of gender equality and requires action outside the health system to change social norms and create empowering community resources. CSE for the in- and out-of-school young people was seen to be integral to the achievement of the goals and objectives of ICPD. The Assembly called upon UNFPA, its member states and all other relevant parties to undertake an operational review of the implementation of the POA and submit it through a report to the Commission on Population and Development at its 47th session.[92]

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[86] United Nations, "Resolution 2009/1."
[87] Haberland and Rogow, "Sexuality Education: Emerging Trends in Evidence and Practice", *Journal of Adolescent Health* 56, No. 1 (2015): 15-21, https://www.sciencedirect.com/science/article/pii/S1054139X14003450
[88] UNESCO, "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach", 2018, http://unesdoc.unesco.org/images/0026/002607/260770e.pdf
[89] United Nations, "Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development", 2014, https://www.unfpa.org/publications/framework-actions-follow-programme-action-international-conference-population-and
[90] UNESCAP, "Documents for the Sixth Asian and Pacific Population Conference", 2013, https://www.unescap.org/official-documents/asia-pacific-population-conference/session/6
[91] Ibid.
[92] Ibid.

The report focused on prioritising the rights of young people in terms of education, SRH and decent work as evidence-based guidance on realising the unfinished agenda of ICPD.[93] The Secretary-General's Report summarised that *"protecting and fulfilling the human rights of young people and investing in their quality education, effective livelihood skills, access to SRH services and information, including CSE, are necessary for the development of their resilience and create the conditions under which they can achieve their full potential"*. It acknowledged that young people aged 10-24 are central to the development agenda of the following two decades.

The ICPD Beyond 2014 Global Report (Item 65) indicated that the largest generation of adolescents ever in history was entering sexual and reproductive life and their access to information, education and services was essential in achieving the goals of the ICPD POA. It suggested that *"governments should remove legal, regulatory and social barriers to SRH information, education and services for adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality"*.[94] Item 68 of the same report also noted that most adolescents and youth do not yet have access to CSE, despite the repeated intergovernmental agreements to provide it, the support from the UN system and the considerable project-level experience in many countries as well as research showing its effectiveness.[95]

Based on the evidences obtained from the past years, the findings and conclusions made in the operational review of the status of the implementation of the ICPD POA highlighted the importance of safeguarding the rights of young people and investing in quality education for them. Decent employment opportunities, effective livelihood skills and access to SRH and CSE strengthen young people's resilience and create conditions under which they can achieve their full potential.[96] In recent years, international agencies like the UNFPA and UNESCO, alongside researchers and practitioners, have, as part of promoting CSE, reiterated

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[93] United Nations, "Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development", 2014, https://www.unfpa.org/publications/framework-actions-follow-programme-action-international-conference-population-and
[94] Ibid.
[95] Ibid.
[96] United Nations Population Fund, "Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development". 2014, https://www.unfpa.org/publications/framework-actions-follow-programme-action-international-conference-population-and

the call for emphasising social context within the programme. This includes gender and rights.[97] The ICPD POA affirms the importance of SRH as a precondition for women's empowerment.[98] It calls for attention to the ways in which investing in women and youth, particularly in their SRH, can impact environmental sustainability and population dynamic.[99] The ICPD Beyond 2014 report provides specific recommendations on steps member states can take to realise the unfinished agenda of Cairo.[100]

Resolution 2012/1 on adolescents and youth,[101] which is an assessment of the ICPD POA by the Commission on Population and Development for 2012, took note of the reports of the Secretary-General on adolescents and youth[102] and on the monitoring of population programmes by focusing on adolescents and youth[103]; it *"called upon Governments, with the full involvement of young people, with the support of the international committee, to give full attention to meeting the reproductive health service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way in their sexuality"* (26).

However, Resolution 2014/1[104], which is an assessment of the implementation of the ICPD POA by the Commission on Population and Development for 2014, expressed the concern that in spite of the progress made towards achieving the full implementation of the POA and in achieving the Millennium Development Goals (MDGs), considerable gaps still exist. Therefore, it "*urges Governments, the international community and all other relevant stakeholders to give particular attention to the shortfall of the implementation of the*

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[97] Haberland and Rogow, "Sexuality Education: Emerging Trends in Evidence and Practice," Journal of Adolescent Health 56, No. 1 (2015): 15-21, 10.1016/j.jadohealth.2014.08.013
[98] United Nations Population Fund, "Program of Action: Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994", September 1994, https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf
[99] Ibid.
[100] United Nations Population Fund, "International Conference on Population and Development", accessed October 12, 2018, https://www.unfpa.org/icpd
[101] United Nations, "Resolution 2012/1." 2012, http://www.un.org/en/development/desa/population/pdf/commission/2012/country/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf
[102] United Nations, "Adolescents and Youth: Report of the Secretary-General", April 2012, http://undocs.org/E/CN.9/2012/4
[103] United Nations, "Monitoring of Population Programs, Focusing on Adolescents and Youth: Report of the Secretary-General", April 2012, http://undocs.org/E/CN.9/2012/5
[104] United Nations, "Resolution 2014/1", 2014, http://www.un.org/en/development/desa/population/commission/resolutions/index.shtml

Programme of Action. This includes the elimination of preventable maternal morbidity and mortality through strengthening health systems, equitable and universal access to quality, integrated and comprehensive sexual and reproductive health services, and by ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health, including evidence-based comprehensive education on human sexuality, and promotion, respect, protection and fulfilment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights, and by addressing the persistence of discriminatory laws and the unfair discriminatory applications of laws" (11).

The Asian and Pacific Population Conference (APPC)—a regional development arm of the UN which serves as the main economic and social development centre for the UN in Asia and the Pacific—has been organised by the UN Economic and Social Commission on Asia and Pacific (ESCAP) every 10 years for the past five decades.[105] It plays a critical role in setting the agenda for population and development policies in the region and provides vital forum for forging and strengthening partnerships across the region.[106] In the 6th APPC which was held in Bangkok (16-20 September 2013), a comprehensive Asian and Pacific Ministerial Declaration on Population and Development was adopted to reassert key principles of the ICPD POA and to stress the member states' responsibility to protect human rights and address the root cause of poverty.[107]

The overall success of population programmes implemented by member and associate members of the Commission was acknowledged, particularly in the areas of increased access to SRH services and reduced maternal and child mortality.[108] Nevertheless, despite the considerable progress made in the region, the challenges from multiple and overlapping forms of inequality, disempowerment and discrimination was noted; likewise, the impact they create on public health, laws and practices on consensual adult sexual behaviours and relationships was acknowledged.[109] In relation to adolescent health, SRH and child health,

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[105] UNESCAP, "Documents for the Sixth Asian and Pacific Population Conference", 2013, https://www.unescap.org/official-documents/asia-pacific-population-conference/session/6
[106] Ibid.
[107] Ibid.
[108] Ibid.
[109] Ibid.

the declaration recognised the need to implement policies and programmes that fully respect all internationally recognised human rights.[110]

The 6th APPC ICPD Review (2013) noted that *"evidence-based comprehensive sexuality education and life skills, which are consistent with evolving capacities and are age appropriate, are essential for adolescents and young people to be able to make responsible and informed decisions and exercise their right to control all aspects of their sexuality, protect themselves from unintended pregnancy, unsafe abortion, HIV and STIs, to promote values of tolerance, mutual respect and non-violence in relationships and to plan their lives"* (59*).* The supportive roles and responsibilities of parents, teachers and peer educators were also recognised. Apart from that, the review also called for actions to *"prioritize the provision of free education for girls at all levels, access to sexual and reproductive health information and services and efforts to eliminate early and forced marriage"* (113) and to *"promote evidence-based innovative communication technologies and approaches to increase access to sexual and reproductive health information and services, including for young people, the poor and most vulnerable"* (122). Item 146 of the Declaration calls on priority actions to *"design, ensure sufficient resources and implement comprehensive sexuality education programmes that are consistent with evolving capacities and are age appropriate, and provide accurate information on human sexuality, gender equality, human rights, relationships and sexual and reproductive health, while recognising the role and responsibilities of parents"*.

Overall, the Declaration reaffirmed member states' commitment to the implementation of the ICPD POA as well as the key actions for the further implementation of the recommendations arising from their subsequent reviews.[111] By doing so, they thereby committed to address the remaining implementation gaps and the new emerging challenges and opportunities in the nexus between population and sustainable development.[112] Adolescents and young people must be able to participate in decision-making, including the planning, implementing, monitoring and evaluation of policies and programmes, remove

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[110] Ibid.
[111] Ibid.
[112] Ibid.

obstacles that limit their full contribution to society and promote and support youth associations and volunteer groups.[113]

In conclusion, the ICPD POA, in its review conferences and resolution references, recognises the challenges faced by the international community, including the impact of financial and economic crises and accordingly noted the specific development challenges and barriers faced in the development agendas, including those related to population and development.[114] It also acknowledges that the full implementation of the ICPD POA as well as the key actions for its further realisation and recommendations arising from its subsequent reviews is integrally linked to global efforts. The freedom and ability to make informed and responsible decisions empower individuals, and to achieve this, professional groups such as teachers, healthcare providers and law enforcement personnel need the necessary training to enhance their understanding of the human rights-based, gender-sensitive and -responsive, non-discriminatory approaches to all individuals.[115] It also recognises that the implementation of the ICPD POA requires the establishment of a common ground, with full respect of the various background of the member states' government. Hence, multi-sectoral approaches must be used in order to meet its aims.

Since the adoption of this POA, the UN ESCAP has supported regional reviews and follow-ups, in partnership with UNFPA. The member states who adopted the Declaration requested at the 6th APPC that ESCAP and UNFPA conduct a regional intergovernmental review meeting to monitor the implementation of the POA, the key actions for its further implementation and examine the present declaration in 2018, in preparation for the 7th APPC in 2023.[116] In response, ESCAP and UNFPA organised a Mid-term Review of the Ministerial Declaration in Bangkok from 26-28 November 2018.[117] The Regional Synthesis of National Progress Reports presented at the Mid-Term Review summarised the need for a more focused advocacy of CSE and building capacities of parents, educators, health-care

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[113] Ibid.
[114] Ibid.
[115] Ibid.
[116] UNESCAP, "Mid-Term Review of the Asian and Pacific Declaration on Population and Development", 2018, https://www.unescap.org/intergovernmental-meetings/MTR-APPC
[117] Ibid.

providers and policymakers on the rights of all young people of diverse needs and status, to ensure a universal access to sexual and reproductive health and services.[118]

1.4. Malaysia and the Millennium Development Goals (MDGs)

The ICPD principles and benchmarks informed the MDGs, especially MDG5.[119] The UN MDGs comprise eight goals set by the 189 UN member states in September 2000 and were agreed to be achieved by the year 2015.[120] The UN Millennium Declaration, which was signed at the September Global Summit held at the UN headquarters in New York, witnessed 149 international leaders in attendance commit to combating disease, hunger, poverty, illiteracy, discrimination against women and environmental degradation.[121] The MDGs were derived from this declaration, and each has specific targets and indicators. The MDGs are inter-dependent; all the MDGs influence health and likewise, health influences all the MDGs, and this includes gender equality.[122]

Figure 1 outlines the 8 MDGs identified:[123]

Figure 1 The 8 Millennium Development Goals (MDGs)

Since 2000, the MDGs served as a shared framework for establishing global actions and cooperation on development and made enormous progress in achieving them. Global poverty continued to decline, more children than ever attended school, child deaths

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[118] UNFPA, "Regional Synthesis of National Progress Reports-Midterm Review of the Asian and Pacific Declaration on Population and Development", 26-28 November 2018, Bangkok, Thailand
[119] United Nations Population Fund, "International Conference on Population and Development", https://www.unfpa.org/icpd
[120] United Nations, "MDG Monitor", accessed October 12, 2018, http://www.mdgmonitor.org/millennium-development-goals/
[121] Ibid.
[122] World Health Organization, "Millennium Development Goals", accessed October 12, 2018, http://www.who.int/topics/millennium_development_goals/about/en/
[123] Ibid.

dropped dramatically, access to safe drinking water was expanded and targeted investment in fighting malaria, AIDS and tuberculosis saved millions.[124] In 1990, Malaysia, set for itself an ambitious vision to achieve high income and advanced statues by 2020. Table 1 details the relevant MDGs in Malaysia and their outcomes:[125]

Table 1 Millennium Development Goals and outcomes in Malaysia

Goal	MGD	Outcome
Goal 2: Achieve universal primary education	Ensure that all boys and girls complete a full course of primary schooling	A near universal, at 97.9%, attainment of primary education and 90% secondary education completion rates for boys and girls
Goal 3: Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education, preferably by 2005 and at all levels by 2015.	Achievement of the targets, with the exception of political representation of women
Goal 4: Reduce child mortality	Reduce the mortality rate among children under five by two thirds	Malaysia's under-five and infant mortality rates were close to the corresponding average rates of 6.0 and 5.0 per 1,000 live births
Goal 5: Improve maternal health	Reduce MMR by three quarters Achieve the universal access to reproductive health by 2015	A relatively low MMR (22.2 in 2012) and significant increases in the proportion of safe deliveries and antenatal coverage
Goal 6: Combat HIV/AIDS, malaria and other diseases	Halt and begin to reverse the spread of HIV/AIDS Halt and begin to reverse the incidence of malaria and other major diseases	Succeeded in halting and reversing the spread of HIV/AIDS and lowering HIV notification rate to 1.6 per 100,000 population by 2015; attained the highest decline in malaria cases in all of Asia and the Pacific

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[124] UNDP, "Malaysia Millennium Development Goals 2015 Report", 2015,
http://www.my.undp.org/content/malaysia/en/home/library/mdg/malaysia-millennium-development-goals-2015-report-.html
[125] Ibid.

The MDGs were built upon the broadest possible consensus.[126] Although it does not outline CSE for young people specifically, it broadly reflects ICPD's consensus and both are central for the formulation of the post-2015 agenda. MDG 5 focused on maternal health, including sexual and reproductive health. However, as evidenced by the testimonies made in the 2011 Mali Call to Action, the 2011 International Conference Declaration on AIDS and STIs in Africa, the 2012 Bali Global Youth Forum Declaration and the 2014 Colombo Declaration on Youth, young people have progressively begun to demand their right to SRHR education.[127] In chorus, the political momentum led many governments to scale up the delivery of CSE and to seek guidance on best practices.[128] However, there was a gap between the global and regional policies in place and the actual monitoring on the ground.[129] At the national level, there were existing issues and barriers that hindered the implementation of CSE in Malaysia which have not been explored deeply in published data.[130] This study hence, hopes to provide insights to the country's progress thus far in implementing CSE in Malaysia in adhering to the suggestions proposed in ICPD+20 as well as the review conferences and resolution references made in 2013 at the Sixth APPC and Resolution 2014/1 by the Commission on Population and Development. The MDGs were later succeeded by the SDG.

1.5. Malaysia and Sustainable Development Goals (SDGs)

Figure 2 The 17 Sustainable Development Goals (SDGs)

Malaysia began its sustainable development journey since the 1970s when the New Economic Policy (NEP) was introduced to eradicate poverty and restructure societal

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[126] United Nations, "Sustainable Development Goals", accessed October 12, 2018, https://www.un.org/sustainabledevelopment/

[127] UNESCO, "Comprehensive Sexuality Education: A Global Review", 2015, http://unesdoc.unesco.org/images/0023/002357/235707e.pdf

[128] Ibid.

[129] Ibid.

[130] Khalaf et al., "Sexuality Education in Malaysia: Perceived Issues and Barriers by Professionals", *Asia-Pacific Journal of Public Health* 26, No. 4 (2014): 358-366, 10.1177/1010539513517258

imbalance.[131] All the subsequent five-year Malaysia development plans underscored the elements of SDGs. The SDGs are a call for action by all countries—poor, rich and middle income—to promote prosperity while protecting the planet.[132] The SDGs comprises a set of 17 goals with 169 associated targets to be achieved by 2030. It set out on an ambitious vision to end poverty and improve health, education, food safety, nutrition and food availability. The goals promise more peaceful and inclusive societies and its implementation reflects an integrated approach in recognising connections across the goals.[133] Many of the challenges and targets identified in the SDGs are reflected in the 11th Malaysia Plan 2016-2020.[134] The following outlined the 17 SDGs:

To embrace and implement the 17 SDGs in a systematic and memorable manner, Malaysia has engaged in initiatives to establish a multi-stakeholder and participatory governance structure and has held two national SDGs symposiums, conducted studies on data readiness and gap analysis and undertook a mapping exercise involving non-government and civil society organisations and the private sector.[135]

Table 2 displays a list of goals and specific targets outlined in the SDGs that are relevant to SRHR and CSE of adolescents.[136]

Table 2 Sustainable Development Goals (SDGs) and global targets

Goal(s)	Global Target(s)
Goal 3: Good health and well-being	• By 2030, reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births • By 2030, end AIDS epidemic

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131 United Nations, "Sustainable Development Knowledge Platform Malaysia Voluntary National Review", 2017, https://sustainabledevelopment.un.org/memberstates/malaysia
132 United Nations, "Sustainable Development Goals", accessed October 12, 2018, https://www.un.org/sustainabledevelopment/
133 World Health Organization, "World Health Statistics 2017: Monitoring Health for the SDGs", 2017, http://www.who.int/gho/publications/world_health_statistics/2017/en/
134 Ministry of Finance Malaysia, "Eleventh Malaysia Plan", 2016, http://epu.gov.my/en/rmk/eleventh-malaysia-plan-2016-2020
135 United Nations, "Sustainable Development Knowledge Platform Malaysia Voluntary National Review", 2017, accessed October 12, 2018, https://sustainabledevelopment.un.org/memberstates/malaysia
136 United Nations, "Envision2030 Goal 3: Good Health and Well-Being", accessed October 12, 2018, https://www.un.org/development/desa/disabilities/envision2030-goal3.html

	• By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education and the integration of reproductive health into national strategies and programmes • By 2030, achieve universal health coverage (UHC)
Global 4: Quality education	• By 2030, ensure all learners acquire the knowledge and skills needed to promote sustainable development, including, among others human rights and gender equality • Build and upgrade education facilities that are child disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
Goal 5: Gender equality	• End all forms of discrimination against women and girls everywhere • Eliminate all forms of violence against all women and girls in the public and private spheres • Eliminate all harmful practices, such as child, early and forced marriages and female genital mutilation (FGM) • Ensure a universal access to SRHR, as agreed in the ICPD POA, the Beijing Platform for Action and the outcome documents of their review conferences • Enhance the use of enabling technology, in particular information and communication technologies, to promote the empowerment of women • Adopt and strengthen sound policies and enforceable legislations for the promotion of gender equality and empowerment of all women and girls at all levels

Malaysia's 2030 Agenda is ambitious, universal and more holistic than its predecessor.[137] It has in place the implementing mechanisms for the SDGs with sustainable development initiatives aligned with the 11th Malaysia Plan. It sets out the priorities and plans of action for implementation. The SDGs will have to be prioritised according to national, subnational and local development needs, and be fully integrated into development policies, plans and strategies for effective implementation.[138] The key challenge now is to move the SDGs away from being aspirational at the international level and to ground them in action at the national level.[139] Achieving the SDGs requires partnership of governments, the private sector, civil society and citizens. Malaysia has made significant progress in the adoption of the UN SDGs under the National Development Agenda.[140]

To implement the ambitious 2030 Agenda, there will be a need to mobilise resources for development at an unprecedented scale. Although challenges may exist, the SDGs also present huge opportunities, particularly because of it inclusive nature in providing people from all around the world, including young people, the opportunity to share their concerns and ideas about the future they want to be reflected in this new agenda.[141] There is a realisation that in order to fulfil the 2030 Agenda[142] for a more peaceful, sustainable and prosperous world, young people must take the lead.[143] About 700 million young people or 60% of the global population aged between 15 and 24 live in Asia and the Pacific.[144] It is significant to note that a third of the 169 SDG targets highlight the role of young people and the importance of their empowerment, participation and well-being.[145]

The importance placed on the inclusion of young people in attaining the SDGs indicates the need to encourage the young to be well informed about their well-being and to empower

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[137] Gyles-McDonnough, "Operationalizing the 2030 Agenda for Sustainable Development", UN Resident Coordinator for Malaysia and UNDP Resident Representative for Malaysia, Singapore and Brunei Darussalam, February 23, 2016.

[138] Ibid.

[139] Ibid.

[140] "Malaysia Makes Good Progress in Adopting UN Global Goals", The Star, May 9, 2018, accessed October 12, 2018, https://www.thestar.com.my/business/business-news/2018/05/09/msia-makes-good-progress-in-adopting-un-global-goals/

[141] Gyles-McDonnough, "Operationalizing the 2030 Agenda for Sustainable Development"

[142] United Nations, "Youth 2030", accessed October 12, 2018, https://www.un.org/youthenvoy/youth-un/

[143] United Nations, "United Nations Youth", accessed October 12, 2018, https://www.un.org/development/desa/youth/

[144] United Nations, "UN and SDGs: A Handbook for Youth", March 2017, https://www.unescap.org/resources/un-and-SDGs-handbook-youth

[145] UNDP, "Fast Facts: Youth as Partners for the Implementation of the SDGs", January 2017, http://www.undp.org/content/undp/en/home/librarypage/results/fast_facts/fast-facts--youth-as-partners-for-the-implementation-of-the-SDGs.html

them to bring about change, both globally and locally. Access to CSE and SRH services will enable them to make informed choices and create a future filled with possibilities. Therefore, allowing them to participate in meaningful engagements towards achieving the goals that were set by them and for them in the SDGs is a positive move towards creating a peaceful, sustainable and prosperous world, one which is built on the principle of 'leaving no one behind'.

This report provides an overview on the status of implementation of CSE for Malaysian adolescents based on the elements and approaches outlined by the IPPF Framework and elaborated by ARROW and WHRAP-SEA, together with the eight concepts outlined in the ITGSE 2018. The specific priority actions established in ICPD POA, review conferences and resolution references as well as the goals relating to young people and their SRHR in the SDGs are also discussed. The report further reviews the current curriculum, laws and policies on the status of CSE in the country and identify gaps and limitations that may exist within the system. Based on this review and the qualitative study carried out, realistic and youth-engaging recommendations are proposed to advocate policy, programmatic and structural changes to take place within the education system specifically, and throughout the country, generally. With these intentions in mind, the research/monitoring project has outlined the following objectives:

General objectives:

(i)   To review the development and delivery of CSE in Malaysia

(ii)   To identify gaps that may exist towards an effective implementation of CSE in Malaysia

(iii)   To recommend interventions needed to make the existing sexuality programmes more inclusive, comprehensive and engaging for Malaysian adolescents

Specific objectives:

The following are objectives designed specifically for the FGDs and IDIs:

Methodology	Target group	Objectives
Focus Group Discussions	In- and out-of-school adolescents (15-19 years) (they include young people from government-run juvenile rehabilitation centres and a halfway home for pregnant girls)	To explore the views and experiences of adolescents regarding the implementation of CSE in schools
	Parents and Teachers	To explore the views and experiences of parents and teachers regarding the implementation of CSE in schools
In-depth Interviews	Key stakeholders from relevant ministries and agencies	To attain key stakeholders' perspectives on the progress of CSE in Malaysia

2. METHODOLOGY

The Country Research/Monitoring Report on CSE in Malaysia took into consideration the key areas of priorities and actions identified at the various international conferences and review conferences, starting with the ICPD POA, Resolution 2012/1 and Resolution 2014/1 by the Commission on Population and Development as well as the Sixth APPC ICPD Review. The report also noted on the targets of the MDGs and SDGs by stating goals related to SRHR and adolescents as well as the access to evidence-based CSE and life skills as part of the objective to empower and engage young people as movers of the sustainable goals. Key actions involving the multi-sectoral cooperation between government, civil societies, non-governmental agencies and other key stakeholders were also taken into consideration. The supportive roles and responsibilities of parents as well as teachers and peer educators were also highlighted periodically in the conference resolution references and therefore, included in the methodology of this study. A mixed methodological approach was used for this study to obtain information from the key stakeholders identified in the priority and action areas for SRHR and young people of the POA as well as in the conference resolution references, MDGs and SDGs. The methodological approaches were divided into the following phases to gather information from the identified sources:

2.1. Phase I: Systematic Desk Review

A systematic desk review was carried out to gauge the local and international standings, goals, efforts and priority actions with regards to adolescents' SRHR and the implementation of CSE for in- and out-of-school adolescents in Malaysia. The review was aimed at presenting information (including data) from different literatures and summarising findings. The review further sought to reveals gaps in the research and areas of concern. The researcher conducted a desk review of documents at both global and country level, guided by the seven elements underlined in the IPPF Framework for CSE which was further elaborated by ARROW and the ITGSE 2018 commissioned by UNESCO in partnership with other UN partners. The revised edition of the ITGSE provides an updated set of key concepts,

topics and learning objectives in view of the new considerations that have emerged since the first version of the guidelines which was published in 2009. The revised ITGSE outlines eight key concepts: (i) relationships, (ii) values, rights, culture and sexuality, (iii) understanding gender, (iv) violence and staying safe, (v) skills for health and well-being, (vi) the human body and development, (vii) sexuality and sexual behaviour, and (viii) sexual and reproductive health.[146]

The study also reviewed other relevant documents such as research studies, journals, surveys, reports and articles. The references were searched using key words like 'adolescents', 'young people', 'SRHRs', 'CSE', 'ICPD', 'MDGs' and 'SDGs'. Various UN agency documents, government and civil society documents were also reviewed. The report also included up-to-date national and global data, where available. The following are some of the key sources used in this report:

- IPPF Framework for CSE
- ITGSE 2018
- ICDP POA 1994 and resolution references to the document
- Report of the Sixth APPC ICDP Review 2013
- ICPD Beyond 2014 Global Report
- World Health Statistics 2018: Monitoring Health for the SDGs, 2018
- Malaysia Millennium Development Goals Report 2015
- Malaysia SDG Report
- National Surveys from the Department of Statistics, Malaysia
- Global School-based Student Health Survey Malaysia 2012's fact sheet
- Malaysian Youth Sexual and Reproductive Health Survey 2015

The review also noted the availability of information in guidance documents, scientific literature, databases, case studies and reports that contribute to the implementation of CSE in Malaysia.

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[146] UNESCO, "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach"

2.2. Phase II: Qualitative Study

Given the purpose of this research, as well as the fact that the content and scale of CSE in Malaysia has not been fully reviewed, a qualitative research was applied as part of the methodological approaches. Qualitative research seeks to grasp and interpret local meanings in a more in-depth manner and produce knowledge that contributes to a better understanding of a phenomenon studied. It also tends to seek patterns but accommodates and explores difference and tends to be theory generating and inductive.[147]

Qualitative study was used in this research to enable the researcher to access views, experiences, thoughts and feelings of the research participants on the implementation of CSE in Malaysia. This enabled the development of an understanding of the meaning that people ascribe to their experiences[148] and helped clarify the taboo topic of SE in Malaysia. In other words, it seeks to convey *why* people have thoughts and feelings that might affect the way they behave.[149] The two different qualitative approaches that were used were FGDs and IDIs.

2.2.1. Ethical consideration

The study was approved by ARROW as part of the ICPD+25 Country Research/Monitoring Activity and the findings of this study are to be included in the Country Report. The following were the ethical considerations for the different qualitative study approaches:

i. Focus Group Discussions (FGDs)

During the FGDs, participants were read a brief description of the study and its objective before obtaining their verbal consent. All FGDs were held at the school/centre/home setting of the respondents and no audio or video recording was done out of respect for the informants' privacy. Participants were assured that they are in a safe space and that privacy and confidentiality will be maintained throughout the session and thereafter in the final reporting. The researcher maintained a respectful, non-judgmental tone and did not try to

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[147] Braun and Clarke, *Successful Qualitative Research: A Practical Guide For Beginners*.
[148] Austin and Sutton, "Qualitative Research: Data Collection, Analysis, and Management", 2015, *The Canadian Journal of Hospital Pharmacy* 68, No. 3 (2015), 226-231, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4485510/
[149] Ibid.

teach them things. Each session took approximately 45 minutes and ended punctually, out of respect for the participants' time.

ii.   In-depth Interviews (IDIs)

The IDIs were carried out using semi-structured, open-ended questions. The stakeholders were read a brief description of the study and its objective prior to acquiring their verbal consent. Procedures for the interview was laid out and clearly explained to the informants before the interview process. All IDIs were held at the preferred location of the informants and no audio or video recording was done, in compliance with the informants' request. The researcher maintained a respectful, non-judgmental tone and assured the participants that their confidentiality will be preserved i.e. informants are not to be named.

2.2.2.   Study design and setting

The study design is purposive as the participants were selected because they either fall in the age group targeted or are 'information rich' and illuminative. They offer useful manifestations of the phenomenon of interest and the sampling is done based on their insights on CSE.

i.   Focus Group Discussions
a. In- and out-of-school adolescents

A qualitative design employing FGDs were chosen to explore the views and experiences of the in- and out-of-school adolescents from three different states in Malaysia. The FGD participants consisted of in- and out-of-school adolescents (15-19 years) from urban and rural settings of the states of Perak, Kuala Lumpur and Johor. These states were identified to represent the North, South and Central regions of Peninsular Malaysia. In addition, the states that were selected to be part of the FGD stood out in adolescent related crimes. Johor, for example, reported the highest number of child rape cases in Malaysia between 2010 and May 2017. Likewise, Kuala Lumpur, being the capital city and the centre of all activities, exposes young people to all sorts of risky sexual behaviour.

In addition, the FGD that was held for adolescents in a vocational centre in Kuala Lumpur also included young people from the rural areas of Sabah and Sarawak, thereby covering a larger segment of young people. Apart from that, in order to attain views and experiences of young people with high-risk sexual behaviours, three government-run juvenile rehabilitation centres and one halfway home for pregnant girls in Kuala Lumpur were also included in the study. Focus groups sessions took place between April 2018 and June 2018 and the 'voices' of 104 adolescents were documented.

b. Parents and teachers

The goal of the FGD sessions with parents and teachers is to select cases that are likely to be 'information-rich' with respect to the purpose of the study. Therefore, teachers of Science, Health Education and Moral/Islamic Studies subjects were selected from the identified schools. FGDs for parents and teachers were also held in the same states: Perak, Kuala Lumpur and Johor. In order to maintain privacy and confidentiality, all FGDs were held either in a quiet classroom or in the counselling room of the schools. The FGDs took place between April 2018 and June 2018 and the views and experiences of 29 parents and teachers were documented.

ii. In-depth Interviews

In-depth Interviews were held with key stakeholders from relevant ministries and agencies to explore their perspectives on the implementation of CSE in Malaysia. The IDIs with related personnel from the various agencies provided context to the data gathered from the desk review and offered a more comprehensive and accurate picture of the situation at hand. IDIs were held at the preferred locations of the informants, mostly at the main office of the ministries and agencies. It provided additional details to the information attained from other data collection methods. The IDIs were carried out using structured questions. All sessions took place between April 2018 and June 2018.

2.2.3. Study sample

Purposive sampling was used to identify the samples in this FGD. The following study samples were recruited for the qualitative study based on the following selection criteria:

i.   **Focus Group Discussions**

a. **In- and out-of-school adolescents**

The FGD participants for the in- and out-of-school adolescents were recruited based on the following inclusion criteria: (i) adolescents aged 15-19 years, (ii) have undergone some form of SE, and (iii) from the states of Perak, Kuala Lumpur or Johor. A total of 66 in- and out-of-school adolescents, consisting of boys (N=37) and girls (N=29) were included in these sessions. All sessions were either held in the school setting or at the centres that assisted with the gathering of participants for the purpose of this study, particularly those from the rural setting.

Young people from government-run juvenile rehabilitation centres and the halfway home for pregnant girls

The government-run juvenile rehabilitation centres and the halfway home in Kuala Lumpur that were identified were mainly those providing protections to young girls who are undergoing unintended pregnancies due to coercion, persuasion or violence. This group of adolescents were included in this study to compare their views and experiences on CSE based on their present predicament against the earlier group of adolescents. The inclusion criteria include: (i) aged between 15-19 years old, (ii) living at the identified centres or home, and (iii) pregnant or have been through a pregnancy. A total of 4 FGDs were held involving 38 young people from the facilities. To ensure the safety and privacy of the participants, the FGD sessions were held at the respective centres and the home.

b. **Parents and teachers**

Parents and teachers who were selected as part of the FGD sessions were chosen because they were 'information-rich'. Many of the teachers taught either the subjects of Science, Biology or Health Education. The following were some of the inclusion criteria for the teachers: (i) residing and teaching in the states of Perak, Kuala Lumpur or Johor, and (ii) teaching either Science, Health Education, Biology, Moral/Islamic Studies and/or a school counsellor. The criterion for the parents were: (i) parent of a child (children) between 15 to 19 years old, (ii) may or may not have heard of SRHR, and (iii) from the states of Perak, Kuala

Lumpur or Johor. A total of 29 parents and teachers were included in these sessions. All FGD sessions were held at the school setting.

ii.   In-depth Interviews

In-depth interviews were carried out with a total of 4 key stakeholders who represent the Ministry of Health (MOH), the Ministry of Education (MOE), the National Population of Family and Development Board (NPFDB) and the National Union of the Teaching Profession Malaysia (NUTP). The stakeholders/key informants that were interviewed were senior officers to ensure that the information gathered on the identified ministries and agencies were accurate and updated. The interview took place at the respective agencies to ensure that participants felt comfortable and not threatened when giving their opinions.

2.2.4. Sample size

The following table summarises the sample size of the FGDs based on the category of participants, the number of FGDs carried out and the number of participants for each category.

Table 3 Category of participants, total number of FGDs and total number of participants for FGDs carried out in the States of Perak, Kuala Lumpur and Johor

CATEGORY OF PARTICIPANTS	TOTAL NUMBER OF FGDS	TOTAL NUMBER OF PARTICIPANTS
IN- AND OUT-OF-SCHOOL ADOLESCENTS	7	66
GOVERNMENT-RUN JUVENILE CENTRES	3	29
HALFWAY HOME FOR PREGNANT GIRLS	1	9
TEACHERS/PARENTS	3	29

In summary, the total number of participants for in- and out-of-school adolescents from the states of Perak, Kuala Lumpur and Johor was 66 (Boys=37, Girls=29), while the young people from 3 government-run juvenile rehabilitation centres (Perak, Melaka and Kuala Lumpur)

and a halfway home for pregnant girls in Kuala Lumpur was 38 (all girls). Meanwhile, teachers and parents from the states of Perak, Kuala Lumpur and Johor was 29 (Teachers=14, Parents=15). In total, 14 FGDs were carried out in this research with the total participation of 104 adolescents and 29 teachers and parents.

Due to the small number of FGD and IDI participants, the researcher ensured that adequate and quality data was collected to support the study. During the interview process, the researcher began to get a feel of the participants' views and experiences regarding the implementation of CSE in Malaysia and thought of questions that could be pursued in subsequent FGDs and IDIs. One participant's narrative informed the next and the researcher continued to interview until no new information was obtained; that is, when data saturation was reached.

2.2.5. Study Instrument

The study instruments were developed based on the methodology of this qualitative study and the specific objectives outlined for each method and group of participants. The following are the study instruments developed for the purpose of this report:

i.   Study Instrument for Focus Group Discussions

Based on the specific objectives of the FGDs, two sets of questions were formed for in- and out-of-school adolescents and parents and teachers, respectively. The semi-structured interview questions (Appendix 1 and 2) covered 3 themes, respectively.

The FGD questions for adolescents covered the following themes and topics:

Themes	Topics for question
Perception, views and experiences on CSE in Malaysia	Understanding of CSE Source of information Topics covered Relevancy of topics covered Methods of learning

	Challenges faced
	Information difficult to obtain
	Importance of CSE for adolescents
Awareness on availability of and accessibility to SRH information and services	Awareness on accesibility to SRH information
	Visits to healthcare centres; opinion on services rendered and the decision to return
Values and attitudes on gender, sexuality and the Lesbian, Gay, Bisexual and Transgender (LGBT) community	Opinion on sexuality
	Understanding of gender and the importance of this topic in CSE
	Opinion regarding reformation of LGBT

The FGD questions for parents and teachers covered the following themes and topics:

Themes	Topics for questions
Perception, views and experiences on CSE in Malaysia	Understanding of CSE
	Source of information for adolescents
	Topics covered and time allocated
	Methods of teaching used
	Best source of information (person)
	Sufficiency of present syllabus
	Relevancy of present syllabus
	Role of school in CSE
Teacher's training background and assistance needed	Training received and number of training hours
	Sufficiency of training, assistance and support received
	Training, assistance and support lacking and needed

Values and attitudes on gender, sexuality and the LGBT community	Opinion on sexuality
	Understanding of gender and the importance of this topic in CSE
	Opinion regarding reformation of LGBT

ii. Study Instrument for In-depth Interviews

Based on the specific objectives of the IDIs, a set of semi-structured, open-ended interview questions were developed. The interview questions covered similar themes that were pertinent in attaining key informants' perspective on the progress of CSE implementation in Malaysia. Prior to the interview questions, a informed consent was read to the informants to seek their verbal consent (Appendix 3). The semi-structured interview questions (Appendix 4-7) were developed based on the following issues that needed to be explored:

- Views on the implementation of CSE in Malaysia and its progress thus far
- Important roles played by the ministry/agency (being interviewed) towards the implementation of CSE in Malaysia
- Existing gaps that may hinder the progress and implementation of CSE in Malaysia
- Recommendations in moving forward towards implementing CSE in Malaysia

Using these issues as a guideline, the interview questions for IDIs were drafted and structured for each key informant. Additional questions (field-related) were added as part of the main interview questions. Probing and prompting were done throughout the sessions to ensure that sufficient information was gathered to meet the objective of the IDIs.

2.2.6. Data collection

The data for the qualitative study was gathered via: (i) focus group discussions with in- and out-of-school adolescents, parents and teachers, and (ii) in-depth interviews with key stakeholders. The following describes the data collection for each method applied:

i. Focus Group Discussions

The FGDs were conducted until data saturation was achieved. In this study, data saturation was achieved after conducting a total of 14 FGDs: adolescents (N=11 FGDs) and

parents/teachers (N=3 FGDs). The number of participants in each FGD was between 7 and 10 participants. The sessions were held either in quiet classrooms or counselling rooms at the respective schools and centres. This was to observe the privacy and confidentiality of participants and create a comfortable and familiar setting for the session to take place. Prior to the sessions, a verbal informed consent was obtained from each participant. Participants were assured that their sharing at the FGDs would be anonymous and confidential. No personal information was shared or collected during the session. The discussions were focused on their views and experiences pertaining to CSE implementation in Malaysia, particularly within the school system. Participants were asked to share their views, understanding and experiences on the topic based on the semi-structure interview questions. The researcher used follow-up questions as well as prompting and probing techniques to obtain information.

Handwritten notes were taken during the FGD sessions and the researcher had a direct contact with the participants and showed emphatic neutrality during the sessions by showing openness, sensitivity, respect, awareness and responsiveness during the discussion. Lengthy pauses and other non-verbal gestures were also noted. Each FGD session lasted between 45 minutes to 60 minutes. The researcher facilitated the discussion and a research assistant made handwritten notes of the sessions. The qualitative method of data collection enabled the researcher to generate rich, detailed data that left the participant's perspectives intact and provided multiple contexts for understanding the topic being studied. At the end of each FGD, the participants were given a t-shirt as a token of appreciation for their participation.

ii.   In-Depth Interviews

A total of 4 IDIs were carried out with key informants (stakeholders) from MOH, MOE, NPFDB and NUTP. The interviews were held at their respective offices to ensure privacy and comfort when answering the questions. Prior to the sessions, the researcher provided a brief explanation on the study and the purpose of the IDI. The reason behind the selection of participants for the IDI was also shared in order to create openness during the interview. A verbal informed consent was obtained from each participant. Participants were assured

that their sharing would be anonymous and confidential and no personal information was shared or collected during the session. The discussions were focused on the implementation of CSE in Malaysia, both for in- and out-of-school youths as well as other segments of the society such as teachers and parents. The IDI hoped to obtain key informants' perspectives on the progress of CSE in Malaysia using a set of interview questions, consisting of open-ended questions. The researcher used follow-up questions as well as prompting and probing techniques to obtain information. Handwritten notes were taken during the IDI sessions and each session lasted between 45 minutes to 60 minutes. The researcher led the IDI and a research assistant made handwritten notes of the sessions. No audio or visual recording was permitted. This method is useful in obtaining personal opinions that informants may not be comfortable sharing in the presence of other people.

2.2.7. Data analysis and management

All sharing during the FGDs and IDIs sessions were taken via handwritten notes, and they were analysed, categorised and compared with the analysis of previous discussions. The analysis continuum consists of raw data, descriptive statements and interpretation. The process of data analysis began during the data collection by generating rich data during the facilitation of the sessions, comparing them with the observational notes and writing summary notes immediately after a discussion/interview. This was followed by the familiarisation with the data to further shape the subsequent sessions until data saturation is reached or new information is uncovered. Next, a thematic framework arising from the texts was identified, upon which categories were developed.

Descriptive statements were formed, and an analysis was carried out on the data under the questioning route. Indexing, highlighting, sorting out quotes and making comparisons both within and between categories were carried out. The interpretation of the data depended on the theoretical standpoint taken by researchers. The present study's researcher takes a holistic perspective when analysing the data and tries to understand the subject matter related to CSE based on the information gathered from the desk reviews. A phenomenological approach was also adopted to understand how the participants felt about the implementation of CSE in Malaysia and to see the experience and views from

their perspective. Once all the notes were completed, the coding process began to identify topics, issues, similarities and differences that were revealed through the participants' narratives and as interpreted by the researcher. The coding process was followed by theming to present the findings in a coherent and meaningful way.

3. FINDINGS OF DESK REVIEW

3.1. Sexual and Reproductive Health and Rights (SRHR) in Malaysia

Governments around the world recognise that sexual and reproductive health and rights, women's empowerment and gender equality are cornerstones of development programmes. Sadly, millions of women and men in developing countries continue to experience the lack of access to information and services they need in SRH. The IPPF Charter on Sexual and Reproductive Rights identifies a broad range of sexual and reproductive health issues that fall within the scope of twelve basic human rights sourced from four international human rights treaties and ratified by a range of countries worldwide, including Malaysia.[150] The right to SRH implies that "*people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy and they are able to regulate their fertility without adverse consequences*".[151] It provides a framework within which sexual and reproductive well-being can be achieved.[152]

The landmark ICPD in 1994 placed people's rights at the heart of development and affirmed SRH as a fundamental human right; it emphasised that empowering women and girls is key to ensuring the well-being of individuals, families, nations and our world.[153] The ICPD and subsequent intergovernmental meetings established global consensus on the importance of universal access to SRH and protection of reproductive rights.[154] With the ICPD POA in place,

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[150] IPPF, "IPPF Charter on Sexual and Reproductive Rights Guidelines", 2003, https://www.ippf.org/sites/default/files/ippf_charter_on_sexual_and_reproductive_rights_guidlines.pdf
[151] Ibid.
[152] IPPF, "Resources", accessed October 12, 2018, www.ippf.org.resources
[153] United Nations Population Fund, "Program of Action: Adopted at the International Conference on Population and Development", Cairo, 5-13 September 1994
[154] UNFPA, "ICPD Beyond 2014 Expert Group Meeting on Women's Health: Rights, Empowerment and Social Determinants", 2014, https://www.unfpa.org/sites/default/files/event-pdf/womens_health_english.pdf

governments set out an ambitious agenda to deliver inclusive, equitable and sustainable global development.[155]

Despite all the progress made during the MDG era, major challenges will need to be addressed to reduce maternal and child mortality, improve nutrition, combat communicable diseases such as HIV and AIDS, tuberculosis (TB) and malaria. In many countries, weak health systems remain an obstacle to progress and it leads to shortages in coverage of even the most basic health services.[156] During the period of 2000-2015, the MDGs focused on programmes tailored to specific health conditions, mainly in relation to maternal and child health and communicable diseases, whereas less attention was given to the performance of whole health systems.[157] This resulted in the neglect and oversight of the potential benefits of doing so. The SDGs remedy this situation by emphasising the crucial need for UHC[158] with an explicit focus on health in SDG3.[159] Other related SDGs that bring to attention the key concerns related to the present study include *"to ensure inclusive and equitable quality education and promote life learning opportunities for all"* (SDG4) and *"to achieve gender equality and empower all women and girls"* (SDG5). These goals can be realised through an all-in-one approach, that is to provide CSE to adolescents, particularly girls and empower them to make informed, healthy and responsible choices for their future. Only by outlining specific goals for our adolescents will we be able to take the necessary actions to ensure that the goals are met, and young people can become part of the sustainable development process.

The total health expenditure in Malaysia accounted for 4.55% in 2015,[160] while neighbouring countries such as Cambodia and Vietnam's healthcare spending reached 5.7% and 7.1% of their respective Gross Domestic Product (GDP). Malaysia is still very far behind in reaching

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[155] United Nations Population Fund, "Program of Action: Adopted at the International Conference on Population and Development", Cairo, 5-13 September 1994
[156] United Nations, "World Health Statistics 2018: Monitoring Health for the SDGs", 2018, http://www.who.int/gho/publications/world_health_statistics/2018/en/
[157] World Health Organization, "World Health Statistics 2017: Monitoring Health for the SDGs", 2017, http://www.who.int/gho/publications/world_health_statistics/2017/en/
[158] Ibid.
[159] United Nations, "World Health Statistics 2018: Monitoring Health for the SDGs",
[160] Ministry of Health Malaysia, "Health Facts", 2017, http://www.moh.gov.my/images/gallery/publications/HEALTH%20FACTS%202017.pdf

the 7% (of GDP) recommendation by WHO.[161] The total fertility rate of the country in 2016 was below the replacement level. Specifically, the total fertility rate per woman aged 19-49 was 1.9 babies in 2016, a decrease from 2.0 babies in 2015. The decline may be due to an increasing number of Malaysian women delaying marriage and having fewer children to pursue higher education and career advancement.[162] The Contraceptive Prevalence Rate (CPR) for the year 2014 indicate 52.2% usage of any method and 34.3% usage of any modern method, with those aged 40-44 years indicating the highest percentage of use and those aged 15-19 years indicating the lowest percentage of use.[163] Apart from wanting children, the second highest reason for stopping contraceptive use in Peninsular Malaysia was due to side-effects.

Compared to other countries in the Western Pacific Region, Malaysia has relatively high coverage of essential health services (70%). [164] Despite a relatively high out-of-pocket spending as a percentage of current health expenditures (36%), the population is at low risk of experiencing financial hardship. The UHC index indicated gaps in these areas of concern:

- family planning,
- prevalence of raised blood pressure,
- prevention and control of infectious diseases, specifically HIV treatment, and
- TB detection and treatment (although it is lower than the national target).

The following discussion provides a quick look on the issues surrounding SRHR in Malaysia based on health indicators, national policies and laws. The outcome of the monitoring progress of the MDGs and SDGs is also discussed. This will guide and direct future discussions (and researches) on possible areas (and population groups) where performance may be low to foster policy dialogues and make use of a multi-sectoral approach in meeting the target goals of the relevant SDGs.

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[161] Tan, "Government Urged to Allocate 7% of GDP for Healthcare", *The Star,* November 14, 2017, accessed October 12, 2018, https://www.thestar.com.my/news/nation/2017/11/14/govt-urged-to-allocate-7-of-gdp-for-healthcare/
[162] RRAAM, "Abortion", accessed October 12, 2018, https://www.rraam.org/questions/pregnant-not-sure-what-to-do/abortion/
[163] FRHAM, "Malaysia Country Profile on Universal Access to Sexual & Reproductive Health", accessed January 26, 2019, http://www.frham.org.my/pdf/publication/Country%20Profile_SRR%20final.pdf
[164] WHO, "Global Health Observatory Database", accessed January 1, 2019, https://www.who.int/gho/en/

3.1.1. Abortion in Malaysia

In Malaysia, the Penal Code Amendment Act (1989) allows a medical practitioner registered under the 1971 Medical Act (meaning all doctors practicing legally in this country) to "*terminate the pregnancy on a woman if such medical practitioner is of the opinion, formed in good faith, that the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to the mental and physical health of the pregnant woman greater than if the pregnancy were terminated*" (Section 312, Penal Code).

Although termination of pregnancy (TOP) or abortion is legal in Malaysia, the law is nevertheless limited. As such, the decision to terminate is left solely in the hands of the doctor and only in the above circumstance. Moreover, adolescents below 18 years will need the parental consent to seek such services; failing which penalties will be imposed on the person seeking abortion, the provider and the person assisting.[165] Abortion services at private clinics and hospitals is costly (medical abortion costs between RM500 - RM900, surgical abortion between RM950 - RM4,500),[166] and this situation may force young people to seek back street abortions which sometimes may lead to complications and death. In 2002, MOH reported that 9 out of 33,759 induced abortions resulted in deaths nationwide, based on hospital admissions.[167]

In 2012, MOH issued a guideline on TOP for hospitals as a strategy to reduce maternal mortality and morbidity.[168] However a survey carried out by the Reproductive Rights Advocacy Alliance Malaysia (RRAAM) found that only 57% of the doctors and nurses surveyed knew that abortion is legal in certain circumstances.[169] This finding is worrying as it suggests that healthcare facilities may not be able to provide accurate and complete information to clients who may seek abortion services from them.

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[165] Low et al, "Access to Safe Legal Abortion in Malaysia: Women's Insights and Health Sector Response", published on 2014, accessed on January 29, 2019, DOI: 10.1177/1010539514562275

[166] Safe Abortion Planned Parenthood, "Abortion Cost in Malaysia", accessed October 12, 2018, http://safeparenthood.org/abortion-cost-in-malaysia/

[167] RRAAM, "Abortion Statistics", accessed October 12, 2018, https://www.rraam.org/resources/statistics/

[168] Ministry of Health Malaysia, "Guidelines On Termination Of Pregnancy (TOP) For Hospitals In The Ministry Of Health", September 2012, http://www.moh.gov.my/images/gallery/Garispanduan/Guideline%20On%20TOP%20for%20Hospitals%20in%20MOH.pdf

[169] RRAAM, "Survey Findings of Knowledge and Attitudes of Doctors and Nurses on Abortion by the Reproductive Rights Advocacy Alliance Malaysia", [*Unpublished*], 2007.

3.1.2. Key players of SRH in Malaysia

In the area of Sexual and Reproductive Health in Malaysia, the NPFDB, a government entity under the purview of the MWFCD, advises the government on matters relating to policies and programmes on population, family development and human reproduction.[170] In addition, the Board also plans, implements and coordinates programmes and activities in the matter of interest. Apart from that, NPFDB is also responsible in disseminating information and providing training for trainers in the areas of population. The Board also provides other ministries with data and social support. Their SRH services, although still limited within race and religious boundaries of the country, has evolved and expanded throughout the years. NPFDB also reaches out to schools via their National Policy on Reproductive Health and Social Education (PEKERTI) @ School programmes to support the existing SE by MOE. They work in collaboration with various GOs and NGOs in ensuring programmes and services reach the community at large.[171]

The leading NGO of the country in the area of Sexual and Reproductive Health is the Federation of Reproductive Health Associations, Malaysia (FRHAM). It is a Federation of 13 State Member Associations (MAs) which was established in 1958 with the aim of educating, promoting and supporting Malaysians in family planning, SRHR and responsible parenthood.[172] The Federation is a member of the IPPF. Through its state MAs, the Federation provides information on SRHR and SRH services in the form of counselling, contraception, safe abortion care, STI/RTIs, HIV, gynaecology, prenatal care and gender-based violence.[173] The Federation strongly advocates for rights-based, gender-focus and informed-choice CSE. Modules such as the Reproductive Health of Adolescents Module (RHAM) and Life's Journey were developed for this purpose. The federation believes in meaningful youth participation and adopts youth-friendly services and youth-led projects in their programmes. They also carry out women empowerment programmes as part of their projects.

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[170] Ministry of Women Family and Community Development, "Lembaga Penduduk Dan Pembangunan Keluarga Negara", accessed November 30, 2018, http://www.lppkn.gov.my/index.php/en/features/objektif-lppkn.html

[171] Ibid.

[172] FRHAM, "FRHAM - Who We Are", accessed November 30, 2018,http://www.frham.org.my/index.php?who-we-are

[173] FRHAM, "FRHAM - Our Services", accessed November 30, 2018, http://www.frham.org.my/index.php?our-services-1

Other organisations that may directly or indirectly contribute towards the progress and development of SRHR in Malaysia, particularly in areas like GBV and HIV include All Women's Action Society (AWAM), Women's Aid Organisation (WAO), National Council of Women's Organisations Malaysia (NCWO), RRAAM and Malaysian AIDS Council (MAC).

3.2. Gender Equality in Malaysia

3.2.1. Economic Participation of Women in Malaysia

Gender parity is fundamental to whether and how economies and societies thrive.[174] The Global Gender Gap Index (GGGI) was first introduced by the World Economic Forum in 2006 as a framework for capturing the magnitude of gender-based disparities and tracking their progress over time. The Global Gender Gap Report benchmarks 144 countries on their progress towards gender parity across four thematic dimensions: economic participation and opportunity, educational attainment, health and survival and political empowerment. In 2017, Malaysia ranked 104 in the world, with a total score of 0.670 (1.00 indicates gender disparity and 0.00 indicates the worst inequality).[175] Table 4 outlines the country score for all four sub-indexes based on the global rankings in 2017.

Table 4 Global Gender Gap Index Rankings and Score, Malaysia, 2017

Sub-Indexes	Rank	Score
Economic participation and opportunity	87	0.654
Educational attainment	77	0.991
Health and survival	53	0.977
Political empowerment	133	0.058

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[174] World Economic Forum, "The Global Gender Gap Report", accessed November 30, 2018, https://www.weforum.org/reports/the-global-gender-gap-report-2017
[175] Ibid.

The Malaysia Gender Gap Index (MGGI) is produced based on the methodology of the GGGI, taking into account the latest data published by the Department of Statistics, Malaysia (DOSM) as well as other ministries and agencies in Malaysia.[176] Based on the total number of Malaysia's population in 2017, the MGGI stood at 0.697 with a gap of 0.303. In terms of economic participation and opportunities, the Labour Force Participation Rate (LFPR) for men is still higher than women (80.1%: men, 54.7%: women) with only 22% of women participating as legislators, senior officials and managers.[177] Beginning 2019, the Malaysian government will be giving individual tax exemptions of up to 12 months to women who return to work.[178] This move, which is to be supervised by Talent Corporation Malaysia Berhad (TalentCorp), seeks to encourage more women to return to the workforce. As women make up half of Malaysia's population and almost half of the national workforce, their return to the workforce may increase the GDP of the country to between RM6 billion and RM9 billion.[179]

With reference to educational attainment, the difference in literacy rate for men and women between 15-64 years is 1.0 percentage points, despite a higher enrolment rate among girls at all stages of education.[180] [181]Although the statistics show progress, the participation of girls in science, technology, engineering and mathematics (STEM) in Malaysia is significantly lower than that of boys.[182] Girls in Malaysia need to be encouraged to pursue STEM fields, while teachers and programmes need to be more gender inclusive and sensitive.

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[176] Department of Statistics Malaysia, "Statistics on Women Empowerment in Selected Domains, Malaysia," accessed November 30, 2018, https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=SGMzVDh0cVUwK0t6SGN6UzhwN1dmdz09
[177] Ibid
[178] BERNAMA, "Women Who Return to Work in 2019 to Get Tax Exemption", *FMT News,* November 26, 2018, accessed November 30, 2018, https://www.freemalaysiatoday.com/category/nation/2018/11/26/women-who-return-to-work-in-2019-to-get-tax-exemptions/
[179] Ibid.
[180] Department of Statistics Malaysia, "Abridged Life Tables, Malaysia, 2015-2017", 2017, https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=dkdvKzZ0K1NiemEwNlJteDBSUGorQT09
[181] Department of Statistics Malaysia, "Statistics on Women Empowerment in Selected Domains, Malaysia", accessed November 30, 2018, https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=SGMzVDh0cVUwK0t6SGN6UzhwN1dmdz09s
[182] Chin, "Fewer Women Opt for STEM", *The Star,* July 23, 2017, accessed November 30, 2018, https://www.thestar.com.my/news/nation/2017/07/23/fewer-women-opt-for-stem-malaysia-records-low-female-enrolment-in-science-stream/

Women make up 62% of the total enrolment at institutions of higher learning, 48.1% at polytechnics and 41.7% at community colleges (New Straits Times, April 4 2018, "Empowering Women in Higher Education").[183] Meanwhile, at the end of 2017, 49.4% of female graduates have started their own business—generating income and creating job opportunities for others.[184] Although there is no restriction for women in the academia and the professional fields, many high-ranking posts are still held by men, leaving women out of the decision-making process.[185]

In terms of health and survival, women are expected to live 4.9 years longer than men, with a life expectancy at birth of 77.2 years. 937 baby girls are born for every 1,000 baby boys.[186] In the area of political empowerment, 11% of elected parliamentary seats positions in 2018 were occupied by women while 8.6% out of the 37 ministerial were held by women.[187]

3.2.2. Malaysia and International Conventions

Malaysia is a member of the UN Human Rights Council. It is a signatory to the following conventions, albeit with reservations:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Convention on the Rights of the Child (CRC)
- Convention on the Rights of Persons with Disabilities (CRPD)

The Malaysian government had made reservations to certain articles of CEDAW and did not consider itself bound by these provisions, which includes the rights of women relating to marriage and family relations. The reservations cover:

- Transmission of citizenship from Malaysian mothers to children born overseas
- Polygamy
- Child marriage

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[183] Ibid.
[184] Ibid.
[185] Ibid.
[186] Ibid.
[187] Ibid.

- Guardianship and custody

- Religious conversion of the children when a spouse converts to Islam

A few objections were made to the state party's reservations and declarations. In 2006, the CEDAW committee recommended Malaysia to incorporate the definition of both 'direct' and 'indirect' discrimination into the Federal Constitution and other appropriate national legislations. However, discrimination has only been defined in Common Law. In 2010, the Malaysian government removed three of its reservations to the UN CEDAW. This move addresses discrimination against women in public life, child marriage and stereotyping of women and girls. The appointment of two female *Syariah* court judges was also in line with the removal of Article 7 (b) of CEDAW, which requires governments to enable women's participation in the formulation and implementation of government policy. There is still a need to amend the civil and the Islamic Family Laws to set the minimum age to marry at 18, with no exceptions, and the right of Malaysian women to confer citizenship on children born overseas.

Article 8(2) of the Federal Constitution prohibits discrimination on the basis of gender.[188] In 2016, MWFCD announced that a gender equality act is being drafted. WAO recently reminded the government to set a timeline for the act to show their firm commitment in enacting the law as women in the private sector will continue to suffer in silence due to the delay. As part of their efforts to urge the public to speak up against gender discrimination and support the gender equality act, WAO had recently launched the 'Invisible Women' campaign.[189] In a recent Constructive Dialogue with CEDAW Committee at its 69th session in Geneva, Switzerland, the Committee expressed its concern that women's human rights, especially those of Muslim women, has regressed.[190] Malaysia has also maintained its reservations on the following articles:

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[188] Government of Malaysia, "Federal Constitution Revised 1 November 2010", 2010, http://www.agc.gov.my/agcportal/uploads/files/Publications/FC/Federal%20Consti%20(BI%20text).pdf

[189] WAO, "Set Timeline for Gender Equality Act: WAO", *The Sun Daily,* March 9, 2018, accessed October 12, 2018, http://www.thesundaily.my/news/2018/03/10/set-timeline-gender-equality-act-wao

[190] Comango, "Malaysia's Cedaw Review: Stem the Regression of Women's Rights — Comango", *The Malay Mail,* February 26, 2018, accessed October 12, 2018, https://www.malaymail.com/s/1585851/malaysias-cedaw-review-stem-the-regression-of-womens-rights-rizal-rozhan

- Articles 9(2): women and men should have equal rights with regard to the nationality of children

- Articles 16(1) (a) (c) (f) and (g): rights of women on marriage, divorce and over their children

In addition, Malaysia has also failed to ratify the Optional Protocol of CEDAW to allow Malaysian women whose rights were violated to communicate directly with CEDAW committee for adjudication. There is also a lack of a legal framework to fully incorporate equality and non-discrimination in Malaysian law. With the spread of the #MeToo movement both globally and in Malaysia, more and more Malaysians are prompted to speak up about their experiences of being sexually harassed or assaulted.[191] Many civil society groups are now calling for a sexual harassment act to be enacted to protect Malaysians.

The Human Resource Ministry's Code of Practice for the Prevention and Eradication of Sexual Harassment at the Workplace was introduced almost 20 years ago but it is not widely implemented. There is a need for both legal reform and cultural change to ensure sexual harassment is properly addressed in this country.[192] Other matters that appalled the CEDAW Committee were that Muslim children born less than 6 months of marriage could not bear their father's names, attacks against women human rights defenders such as Sisters in Islam (SIS), issues on FGM, whipping, polygamy and unequal inheritance.

Refusal by the Malaysian government to criminalise marital rape or even acknowledge that sex without consent between husband and wife is rape, indicates that the government is failing to protect women who are raped by their spouses. At present, marital rape is not considered a criminal offence and is only punishable under Section 375A of the Penal Code which only makes it an offence for a husband to cause the wife or any other person harm or fear of death in order to have sexual intercourse with his wife.[193] In 2017, the Domestic Violence (Amendment) Bill 2017 was passed containing provisions to enhance procedures in

[191] Liow, "#MeToo Goes Global but Is Malaysia Ready for It?" *The Malaysian Insight*, February 5, 2018, accessed October 12, 2018, https://www.themalaysianinsight.com/s/36205

[192] Brown, "Groups Call for Sexual Harassment Act," *The Star,* January 27, 2018, accessed October 12, 2018, https://www.thestar.com.my/news/nation/2018/01/27/groups-call-for-sexual-harassment-act-there-is-a-real-need-for-legal-reform-and-change/

[193] WAO, "Women's Aid Organisation", accessed October 12, 2018, www.wao.org.my/news/FAQs

granting Emergency Protection Orders (EPO) and expand the definition of domestic violence in the principal act, the Domestic Violence Act 1994.[194] The amendment Act, however, did not include marital rape in the definition of domestic violence.[195]

Following the prevalence of the issue, recommendations have been put forth to Malaysia at the 3rd Universal Periodic Review by the UN Human Rights Council in November 2018. These include:

- Take effective measures to ensure that civil law and Syariah law are in full compliance with the provisions of the Convention on the Elimination of All Forms of Discrimination against Women at the local, state and federal levels

- Take necessary measures to protect LGBTI persons, in law and in practice, against any form of violence, harassment or discrimination and ensure the full enjoyment of all their fundamental human rights and freedoms

- Take steps to harmonise laws and policies on nationality to ensure equal rights are given to Malaysian women and men in all situations

- Expand its existing economic empowerment programmes to cover more groups of vulnerable women, such as single mothers and indigenous women

- Continue guaranteeing access to healthcare services in line with the Sustainable Development Goal 3.7

- Undertake further measures to realise UHC

- Continue efforts in eradicating AIDS by increasing access to free-of-charge first and affordable second line anti-retroviral treatment

- Adopt gender equality legislation to reduce inequalities between men and women

- Continue efforts to effectively protect women and children from human rights violations, including gender-based violence, child marriage, and child labour

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[194]Soo, "Dewan Negara passes Domestic Violence (Amendment) Bill 2017 and Private Employment Agencies (Amendment) Bill 2017", *The New Straits Times,* August 14, 2017, accessed December 19, 2018 https://www.nst.com.my/news/government-public-policy/2017/08/267800/dewan-negara-passes-domestic-violence-amendment-bill

[195] Human Rights Watch, "Human Rights Watch Submission to the Committee on the Elimination of Discrimination against Women Concerning Malaysia", 2017, https://www.hrw.org/news/2017/05/24/human-rights-watch-submission-committee-elimination-discrimination-against-women

- Implement anti-bullying campaigns in schools to address all forms of bullying, including those based on actual or perceived sexual orientation, gender identity or gender expression

- Promote and protect the rights of women and children, with a particular attention to the fight against child, early and forced marriages

- Update the current PEERS syllabus to include inter alia education on health and respectful family life and interpersonal relationships, human rights, violence and gender-based violence, consent and bodily integrity, in line with UN's technical guidelines on education

- Continue efforts to increase family planning and reproductive health services in both urban and rural areas

- Strengthen efforts to reduce maternal mortality, through improved access to maternal healthcare services

- Take effective measures to ensure that unmarried women and vulnerable groups have access to sexual and reproductive healthcare in government health centres

- Ensure that all migrant workers and their families have access to medical services, including sexual and reproductive health[196]

Malaysia, in their Press Release of the Combined Third to Fifth Periodic Reports on CEDAW, however, maintained its reservations to the remaining articles of the Convention on the basis that the provisions are not in line with the Federal Constitution, Islamic Law and national policies. The government assured the CEDAW Committee of its firm commitment towards gender equality and women empowerment, which is said to be reflected through the National Women Policy and Women Empowerment 2018.[197] But various national policies on women have been formulated in the past with many of their goals unachieved. It is timely, now, with the rebirth of Malaysia and the change of government, that the policies in place for women are looked into seriously and realistic and measurable goals are set.

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[196] Universal Periodic Review 31, *Human Rights Council,* November 12, 2018
[197] Goh, "2018 Women Empowerment Year: Enabling Women to Give Their Best", *The Star,* December 20, 2017, accessed October 12, 2018, 2018
https://www.star2.com/people/2017/12/20/2018-women-empowerment-year/#RTx5cTl9Y4O67W0R.99

3.2.3. Criminalisation of Transgender Identities

Malaysia is one of few countries in the world in which a Muslim transgender person can be arrested for wearing clothes deemed inconsistent to their assigned sex. Many have been convicted under these laws and in June 2014; the Islamic Religious Department officials arrested 16 transwomen and 1 child at a wedding in the state of Negeri Sembilan, sentencing the women to seven days in prison.[198] In June 2015, officials from the Religious Department in Kelantan arrested nine transwomen at a private birthday party. In some cases, the transwomen who were arrested have been beaten or extorted for money and sex during arrests.[199]

Recent incidences have raised concerns among rights groups that the climate for the country's LGBT community is deteriorating further. In August 2018, several incidences involving the LGBT community and a surge in homophobic and transphobic comments on social media have raised concerns amongst various parties. The most recent case is the caning of a lesbian couple in the state of Terengganu, a Muslim majority state. The couple, each received six strokes of the *rotan* after pleading guilty under Section 30 of the Syariah Criminal Code Enactment (Takzir) (Terengganu) 2001, read with Section 59(1) of the same Enactment to *musahaqah* (sex between two women). Subsequently, there was an overwhelming public condemnation towards the LGBT community. Many believe that the punishment must be carried out to serve as a lesson to other same-sex couples.[200] Justice for Sisters, a grassroots campaign organised by concerned members of the public to raise awareness on issues surrounding violence and persecution against the '*Mak Nyah*' (a Malay vernacular term for transwomen) community in Malaysia, believe that Malaysia had a tolerant attitude towards transgender people until the early 1980s, when a council of

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[198] Human Rights Watch, "Malaysia: End Arrests of Transgender Women", 2014, accessed October 12, 2018, https://www.hrw.org/news/2014/06/23/malaysia-end-arrests-transgender-women
[199] Human Rights Watch, "Malaysia: Transgender People Under Threat", 2014, accessed October 12, 2018, https://www.hrw.org/news/2014/09/24/malaysia-transgender-people-under-threat
[200] Abdullah, "Kelantan Women Welcome Caning of Lesbian Couple", *New Straits Times,* September 4, 2018, accessed October 12, 2018, https://www.nst.com.my/news/nation/2018/09/408170/kelantan-women-welcome-caning-lesbian-couple

Muslim leaders issued a religious verdict against gender reassignment surgery for Muslims.[201]

3.3. Scenario of Adolescents Sexual and Reproductive Health and Rights in Malaysia

Due to the early onset of puberty and delayed age of marriage, young people are exposed to a longer period of active sexual life without being legally married. As most acts of premarital sexual intercourse are unprotected, sexually active adolescents are increasingly contracting and transmitting STIs (including HIV) and are subsequently being confronted with unwanted pregnancies and abortion.[202] There seems to be an upward trend toward high-risk sexual behaviours amongst young people in Malaysia. Reports have revealed that 43% of all new HIV infections in Malaysia occur between people aged 13-29 years old.[203] The rate of teenage pregnancies and the number of abandoned babies seem to be increasing as well.

The ICPD POA highlighted the need to address ASRHR issues, providing access to CSE and SRH services to young people. This includes topics like unwanted pregnancy, unsafe abortion and STIs, including HIV and AIDS through the promotion of responsible and healthy reproductive and sexual behaviour.[204] Although more efforts are now in place to address these issues, there is still much to be done.

Moving forward, the development programmes for young people will now be implemented through the SDGs. The recent Youth Forum, convened by the UN Economic and Social Council (ECOSOC), revolved around the theme 'The role of youth in building sustainable and resilient urban and rural communities' and how youth can engage in the implementation of the 2030 Agenda for Sustainable Development. Through the 'My World' Survey, almost 10

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[201] Beh, "A Brutal Assault and Rising Fear in Malaysia's LGBT Community", *Thomson Reuters Foundation*, August 24, 2018, accessed October 12, 2018, https://www.reuters.com/article/us-malaysia-lgbt/a-brutal-assault-and-rising-fear-in-malaysias-lgbt-community-idUSKCN1L9009

[202] Kaestle et al., "Young Age at First Sexual Intercourse and Sexually Transmitted Infections in Adolescents and Young Adults", *American Journal of Epidemiology* 161, No. 8 (2005): 774-80, 10.1093/aje/kwi095

[203] Malaysian AIDS Council, "Overview of the HIV & AIDS Epidemic in Malaysia", 2018, accessed October 12, 2018, www.mac.org.my/v3/resources/hiv-statistics

[204] United Nations, "World Health Statistics 2018: Monitoring Health for the SDGs", 2018, accessed October 12, 2018, http://www.who.int/gho/publications/world_health_statistics/2018/en/

million young people made their voices heard during the UN system-wide discussions on the landmark 17 SDGs. The importance of youth engagement to implement SDGs by member states in their national plans is in line with the concept of 'leaving no one behind'. ECOSOC President, Marie Chatardová used the platform to remind young people that the landmark frameworks, including 2030 Agenda, already recognise them as key partners in efforts to build a better future. She highlighted that *"Young people can no longer be dismissed as the rebel fighters, the terrorists and the disenfranchised. They are the innovators, the solution-finders, the social and environmental entrepreneurs"*.[205]

The importance of engaging youth participation in carrying out the SDGs is recognised at international platforms. It is therefore, timely that the Malaysian government offers the same respect, belief and confidence in engaging our young people to be part of the country's development, not just at the stage of implementation but right from the start. However, to have meaningful engagements with the young population in the country, there needs to be an understanding on the current scenario surrounding young people and provide them the support to use their issues and bring about change, both at the local and international platforms. The following are some of the issues surrounding adolescents in Malaysia.

3.3.1. Teenage pregnancy in Malaysia

A review on teenage pregnancy research in Malaysia which was carried out based on 31 articles summarised that 19,000 births to teenage mothers were recorded each year between 2009 and 2011.[206] Adolescent fertility rate (births per 1,000 women aged 15-19) in Malaysia was reported at 13.36 births in 2016, according to the World Bank collection of development indicators which was compiled from officially recognised sources.[207] On

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[205] United Nations, "Without young people, Global Goals will not be achieved, UN forum told", published 2018, accessed January 12, 2019, https://www.un.org/sustainabledevelopment/blog/2018/01/without-young-people-global-goals-will-not-achieved-un-forum-told/

[206] Suan, Ismail, and Ghazali, "A Review of Teenage Pregnancy Research in Malaysia", *Medical Journal of Malaysia* 70, No. 4, 214-9, http://www.e-mjm.org/2015/v70n4/teenage-pregnancy.pdf

[207] World Bank, "Adolescent Fertility Rate", 2016, accessed October 13, 2018, https://data.worldbank.org/indicator/sp.ado.tfrt

average, 18,000 teenagers in Malaysia get pregnant each year, with an average of 1,500 cases a month.[208]

The Global School-based Student Health Survey carried out by MOH in 2012 involving students in Form 1-5 indicated that 50.4% of students had sexual intercourse for the first time before the age of 14 years. Amongst those, only 32.2% used a condom the last time they had a sexual intercourse.[209] This data reveals the truth on early exposure to sex without protection against unwanted pregnancies and STIs amongst young people. Despite the early sexual encounters amongst teens, the disturbing part is the lack of sexual and reproductive health knowledge among them.[210] A nationwide survey of 1,071 Malaysian youths (aged between 18 and 29 years) from public and private universities revealed that 35% of the respondents did not believe that a woman can get pregnant during the first sexual engagement.[211] Some did not even know they can get pregnant from sex. The survey entitled "Malaysian Youth Sexual and Reproductive Health Survey" was conducted by Perspective Strategies on behalf of Durex Malaysia between June and October 2016.[212] The responses gathered from the survey indicated the lack of knowledge amongst Malaysian adolescents on their sexual and reproductive health and the desperate need for the implementation of CSE for in- and out-of-school adolescents in order to provide accurate, complete and consistent information regarding their SRHR.

3.3.2. Adolescents and HIV/AIDS and other STIs

The latest data on HIV transmission in Malaysia[213] reported that out of the total HIV transmission by age group in 2016, 43% of those affected were between 12-29 years old. From 1986-2016, there was a total of 1,131 reported HIV cases in children (<13), with 15 new infection cases in 2016. Out of the 93,089 people living with HIV (PLHIV) (1986-2016),

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208 "Subra: 50 Teenagers Get Pregnant Daily", *The Star,* October 29, 2015, accessed October 13, 2018, https://www.thestar.com.my/news/nation/2015/10/29/teenage-pregnancy-50-cases-a-day/
209 Centers for Disease Control and Prevention and WHO, "Global School-Based Student Health Survey: Malaysia", 2012, https://www.cdc.gov/gshs/countries/westpacific/malaysia.htm
210 Ibid.
211 Fadzil, "Young Malaysians Have Poor Understanding of Reproductive Health, Says Survey", *The Star*, May 13, 2016, accessed October 13, 2018, https://www.thestar.com.my/news/nation/2016/05/13/youths-making-bad-sexual-choices-young-msians-have-poor-understanding-of-reproductive-health-says-su/
212 Anthony, "Do Young Malaysians Know Enough about Sex? Survey Says, NO", *The Star,* May 22, 2016, accessed October 13, 2018, https://www.star2.com/family/relationships/2016/05/22/do-young-malaysians-really-know-enough-about-sex-survey/
213 Malaysian AIDS Council, "Overview of the HIV & AIDS Epidemic in Malaysia", 2018, accessed October 13, 2018, www.mac.org.my/v3/resources/hiv-statistics

12,578 were women and girls. This comprised almost 14% of the total number of HIV cases. In 2016, 413 new HIV cases were reported involving women and girls. The profile of the Malaysian HIV epidemic has progressively shifted from predominantly male to an increasing share of females. The proportion of female/male has shifted from the ratio of 1:99 in 1990 to 1:4 in 2013.

The Malaysian Youth SRH Survey carried out in 2016 found that while 79% of young Malaysians were aware of STIs, many were unaware of any other STIs apart from HIV.[214] Young people, including street children are among key populations who are vulnerable, at high risk of HIV exposure and may be subjected to sexual exploitation, trafficking, stigma and discrimination. The Integrated Biological and Behavioural Surveillance Survey (IBBS) 2014 revealed that only 40.8% of young people between 15-24 years could correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission.[215]

As a response to this, all HIV responses in the country were/are guided by series of strategic plans, starting with the National Plan of Action 1988, reviewed Plan of Action 1998, the National Strategic Plan (NSP) 2006-2010 and NSP 2011-2015. The NSP 2011-2015 Mid Term Review, conducted midway through the implementation of the NSP 2011-2015, reported that the gap in having accurate knowledge among the young general population and key populations about HIV and AIDS is alarming, especially the gap in knowing the risks of transmission and what they need to do to protect themselves and others. The NSP for Ending AIDS 2016-2030 outlined some of the key activities and programmatic target in the prevention of HIV transmission and care among children, adolescent and young people. The following activities and their programmatic targets shown in this report is interesting to note, namely in ensuring accountability at the end of 2030.[216]

[214] DUREX Malaysia, Ministry of Women, and Perspective Strategies, "Malaysian Youth Sexual and Reproductive Health Survey", 2015, https://www.durex.com.my/youth-survey/
[215] Ministry of Health Malaysia, "Integrated Biological and Behavioral Survey", 2014, http://www.moh.gov.my/index.php/file_manager/dl_item/554756755a584a69615852686269039459584276636d46754c305a70626d467358314a6c634739796446394a516b4a54587a49774d5452665245646c626d5276636e4e6c5a4335775a47593d
[216] Ministry of Health Malaysia, "National Strategic Plan for Ending AIDS 2016-2030", 2016, http://www.moh.gov.my/images/gallery/Report/MalaysiaNSPEA2016-20302.3(Final_27Nov)_printed version.pdf

3.3.2.1. Prevention of HIV Transmission and Care among Children, Adolescent and Young People

The National Strategic Plan on Ending AIDS (NSPEA) 2016-2030,[217] in its document, features the aim to enhance the delivery of curriculum and co-curriculum related to HIV education and awareness in school with on-going capacity building among teachers who teach subjects related to HIV and/or is in charge for related co-curriculum with a number of programmatic targets. They include a minimum of two state-level training per year with District Health Office, echo training at schools in the districts, a coverage of at least 70% of schools in the states participating in the training and pocket information for trained teachers on CSE.[218]

The plan states that such curriculum already exists in schools, with primary schools addressing topics on personal and family health and secondary schools focusing on family health and sexuality model.[219] The expansion of the Young Doctor's Club is still in process and primary school students are the main target of this prevention programme. The plan also suggests conducting weekly school programme and social ethics programme as well as reading health education material during assembly and carrying out social media campaigns to reach out to online users via the '*Info Sihat*' and 'MyHealth' Apps as well as slots on popular TV programmes.[220] Interactive games were other key activities suggested under the NSPEA.

The NSPEA 2016-2030, in line with the rights-based approach, also listed the provision of a safe space for young men who have sex with men (MSM)/transgender (TG)/sex workers (SW) (male and female) to discuss healthy behaviours and HIV.[221] One of the key activities is training of school counsellors in HIV/STIs and sexuality to support students from key populations. The training is to be carried out by identified technical experts from MOH. A review of HIV/STI testing barrier for adolescents which received feedback from the community pertaining to the need to test on minors were outlined in the NSPEA. A regular

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[217] Ibid.
[218] Ibid.
[219] Ibid.
[220] Ibid.
[221] Ibid.

need assessment (once every 2 years) was proposed as the programmatic target for youths at risk.[222]

Although the activities and the programmatic targets outlined in the NSPEA seem comprehensive, they may not be realistic, attainable or measurable. Namely, on-going capacity building training programmes for teachers, 70% coverage of schools in the states trained and pocket information on CSE for trained teachers are among plans that will be hard to achieve, unless financial support and specific activities are designed to meet these targets. A proper unifying plan is required for monitoring, evaluating and establishing realistic indicators to this end.

3.3.3. Child Marriages in Malaysia

Child marriage in Malaysia affects both girls and boys in urban and rural areas. It is a practice that transcends ethnic and religious groups. Malaysia ratified the CRC in 1995 to uphold its commitment to the protection and welfare of its children. The country's ratification contained a number of reservations to the provisions of the CRC in the country. In 2006, the Committee on the Rights of the Child recognised Malaysian government's serious attempts to comply with the CRC, particularly through the enactment of the Child Act in 2001 and provided some of the following recommendations in its Concluding Observations to Malaysia in 2007:

- Review and abolish Malaysia's reservations to the CRC
- Review Malaysia's dual legal system

In early 2013, a national debate took place when a 40 year-old man raped a 13 year-old girl and then took her as his second wife.[223] Fast forward to 2018, a new controversy surrounding the marriage of an 11 year-old child to a 41 year-old man has come to light.[224] This has brought into focus the immediate need to end child marriages in Malaysia.

[222] Ibid.
[223] "Child Marriage Case Draws Attention in Malaysia", *Girls Not Bride,* May 24, 2013, accessed October 12, 2018, https://www.girlsnotbrides.org/child-marriage-case-draws-attention-in-malaysia/
[224] Jayne, "Hannah Yeoh: 15,000 Child Marriage Took Place in Malaysia Within the Last Decade", *SAYS,* July 30, 2018, accessed October 13, 2018, https://says.com/my/news/there-are-15-000-child-marriage-cases-within-the-past-10-years

Recent findings by the MWFCD (2007-2017) revealed that about 15,000 child marriages have been recorded within the past 10 years in Malaysia. It was also revealed that 10,000 underage marriages were Muslim while 4,999 were non-Muslim. Deputy Minister of the MWFCD, YB Hannah Yeoh, reported that the ministry wants to understand why underage marriages are so prevalent in Malaysia.[225] Child marriage prevalence is captured in the percentage of women (20-24 years old) who were married or in union before they were 18 years old.[226] Child marriage in Malaysia is largely driven by tradition and culture and is accepted as a traditional practice by many sections of society. In 2010, a UN report showed that over 82,000 married women in the country were girls between the age of 15 and 19.[227]

A working paper for the United Nations Children's Fund (UNICEF) Malaysia on child marriage in the country which was based on interviews and analysis of Syariah court files found that the factors that place children at risk include the following: low household income which strongly correlates to children dropping out of the school system, poor understanding of SRH issues and lack of effective interventions for parents.[228]

Despite removing its reservation to Article 16(2) of CEDAW concerning child marriage, this change has not been codified in the law to bring the age of marriage to 18 years for boys and girls. Marriage laws for non-Muslims is straightforward as it follows the Law Reform (Marriage and Divorce) Act 1976 and applies to any non-Muslim in any state across Malaysia. The parliament can amend certain points of this law, if needed, and if passed, they will apply across the board.

In the case of Muslims, the provisions are less straightforward as the Islamic Family Law is enacted by the state. The 'base model' for the laws that would govern Muslim marriages was developed in 1984 in the form of the Islamic Family Law (Federal Territories) Act 1984. However, the Federal Constitution also gave each state the power to change and selectively enforce certain sections of this 'base model', as needed. Each state's State Legislative Assembly will adjust certain points in the law to fit social and/or religious requirements of

[225] Ibid.
[226] "For Every Child - Digital Safety", *UNICEF,* 2018, accessed October 13, 2018, https://www.unicef.org/sowc2017/index_101887.html
[227] "Child Marriage Case Draws Attention in Malaysia"
[228] "Four Main Motivators of Child Marriage Identified in Malaysia", *The Sun Daily,* July 19, 2018, accessed October 13, 2018, http://www.thesundaily.my/news/2018/07/20/four-main-motivators-child-marriage-identified-malaysia

the Muslims in their state; hence, different versions of the law may be found throughout the country.[229]

The following is a quick comparison of the legal minimum age of marriage under respective legal systems in Malaysia, as reported in the National Report on Child Marriage.[230]

Table 5 Comparison of the Legal Minimum Age of Marriage under Respective Legal Systems in Malaysia

Legal System	Minimum Age for Marriage (years)		Exception	
	Male	Female	Male	Female
Islamic Law	18 (Section 8 IFLA)	16 (Section 8 IFLA)	Syariah Courts may grant its written permission under certain circumstances (Section and IFLA)	
Civil Law	18 (Parental consent required for those under 21) (Section 10 LRA)		NIL	The Chief Minister of various states may grant licence to authorise the solemnisation of marriage for those between the ages of 16 and 18. (Section 10 LRA)
Customary Law	18 (Adat Iban 1993)		A parent/legal guardian may give their written consent for underage marriages (Adat Iban 1993/Iban customary practice)	

(Source: Islamic Family Law Act (IFLA), Law Reform Act (LRA) and Adat Iban)

Therefore, the practice of child marriage in Malaysia enjoys a status of legality, with the registration of marriages involving those below 18 sanctioned explicitly and given exceptions under Islamic and civil laws. In other words, it is riddled with exceptions. Despite

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[229] Ahmed, "Is Child Marriage Actually Legal in Malaysia?", 2018, accessed October 13, 2018, https://asklegal.my/p/adults-marry-children-minor-underage-marriage-malaysia-law
[230] Lai et al., "National Report: Malaysia, Child Marriage: Its Relationship with Religion, Culture and Patriarchy", accessed December 14, 2018, https://arrow.org.my/publication/national-report-malaysia-child-marriage/

the alarming number of cases of child marriage and the issues surrounding child grooming in Malaysia, the data is only the tip of the iceberg. There is a need to study these issues and put forward evidence-based findings in order to advocate for a safer country for our children and push for law reforms and a clear CSE policy. Civil societies and child advocates must push forward and demand the newly elected government to make real the Harapan Manifesto 4, *"to ensure the legal system protects women's rights and dignity"*, which includes introducing a law to set 18 as the minimum age of marriage. The law, in line with international standards, must be amended to set a minimum age for marriage to 18 for all legal frameworks, including civil, Muslim and native customary law marriages, without exceptions. On September 5, the Selangor assembly passed the amendment which, among others, increases the minimum age limit for Muslims from 16 to 18. [231]

3.3.4. Child Sexual Abuse

Child sexual abuse is *"the involvement of a child in a sexual activity that he or she does not fully comprehend, is unable to give informed consent to, for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society"*.[232] This includes coercion to engage in any sexual activity, the use of a child in prostitution or other sexual practices and the exploitative use of children in pornographic performances and materials.[233]

News of the rape of a 15-year-old girl by a 19-year-old boy at his uncle's house after luring her to join him and his relatives for dinner or the heinous actions of a father dubbed as "Monster Dad" who faces a total of 626 charges related to sexual offences committed on his own daughter equally sent the nation into an outrage.[234] [235] The news of a mother pimping out her 14-year-old daughter to pay off her debt also horrified the country.[236] The horrific

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[231] Hussin, "From 16 to 18: Selangor passes statutory amendments to raise minimum age for Muslims to marry", *News Straits Times,* September 5, 2018, accessed October 13, 2018, https://www.nst.com.my/news/government-public-policy/2018/09/408681/16-18-selangor-passes-statutory-amendments-raise

[232] UNICEF and Ministry of Women, "Child Protection System in Malaysia", 2013, https://www.unicef.org/malaysia/Unicef_Child_protection_Oct_13_R7_(1).pdf

[233] Ibid.

[234] Timbuong, "Police Arrest Student over Rape of 15-Year-Old", *The Star,* August 3, 2017, accessed October 13, 2018, https://www.thestar.com.my/news/nation/2017/08/03/police-arrest-student-over-rape-of-15-year-old/

[235] Chin, "Learning to Be Safety-Savvy Online", *The Star,* October 8, 2017, accessed October 13, 2018, https://www.thestar.com.my/news/education/2017/10/08/learning-to-be-safetysavvy-online/

[236] Ibid.

revelation of a volunteer, Richard Huckle and his collection comprising over 20,000 pornographic photographs of estimated 200 children from disadvantaged communities shocked Malaysia and the world. This problem is not isolated to Malaysia. A study conducted on 22 countries in 2009 exposed that 7.9% men and 19.7% women experienced sexual abuse before the age of 18.[237] Table 6 shows data involving child victims, mostly girls, recorded by the MWFCD between 2010 and May 2017.

Cases				
Rape	Molestation	Incest	Unnatural sex	Total
13,272	6,014	1,796	1,052	22,134

Table 6 Cases of Child Sexual Abuse, 2010-2017

(Source: SAYS, 28 July 2017)

Efforts were taken to address abuse cases against children in the form of the Child Act 2001 amendment and introduction of Child Sexual Offences Act. A Special Child Sexual Crimes Court was also launched on 22 June 2017 to handle sexual crimes against children. The Special Court hears cases that occur in Kuala Lumpur but there are plans in the pipeline to set it up at all states in stages. The Special Court hopes to provide a sense of security to the victims as they will be separated during court proceedings.[238]

Other initiatives include the introduction of Suspected Child Abuse and Neglect (SCAN) team and *Talian Nur* Hotline (to assist abused children to access advice and report abuse) and Nur Alert (launched in January 2011), a hotline to report whenever a child under the age of 12 is missing. MWFCD also organised various advocacy programmes, with the cooperation of agencies and NGOs.

Despite the number of efforts taken by the ministry and various parties, the number of child sex abuse cases in Malaysia is still high, leaving Malaysians more and more concerned for

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[237] Pereda et al., "The Prevalence of Child Sexual Abuse in Community and Student Samples: A Meta-Analysis", *Child Psychology Review* 29, No. 4 (2009), 328-38, 10.1016/j.cpr.2009.02.007
[238] Ram, "Malaysia Now Has A Special Court To Handle Sexual Crimes Against Children", *SAYS,* June 23, 2017, accessed October 13, 2018, https://says.com/my/news/there-s-now-a-special-court-to-handle-child-sexual-crimes

the safety of their children. Consolidated, comprehensive and age-appropriate SE is needed in order to educate and empower adolescents and the community to create a safe space for the young in our country. Children must be equipped with knowledge and skills to take care of themselves and each other.

3.3.5. Child Sexual Grooming

Internet, mobile phones and social media have changed young people's access to information. Globally, one in three Internet users is a child.[239] Malaysia has the fourth highest percentage of digital natives in the world.[240] Grooming involves the building of trust with a child for the purposes of sexual abuse or exploitation. This can happen either online or offline. It is difficult to detect because the child may not even know that he/she is being groomed. A 2016 global online poll by UNICEF involving more than 10,000 18-year-olds in 25 countries found that:[241]

- *Eight out of ten 18-year-olds believe that young people are in danger of being sexually abused or taken advantage of online.*
- *More than five out of ten think friends participate in risky behaviours while using the internet.*
- *59% of adolescents think that meeting new people online is either somewhat or very important to them.*
- *Only 36% respondents strongly believe they can tell when people are lying about who they are online.*
- *But nearly 90% of adolescent boys and girls in the US and UK believe they can avoid danger.*

As part of its efforts in working to protect children online, UNICEF calls for multi-sectoral cooperation between government, ICT companies, parents, the school system and young people themselves. The inclusion of digital safety within the school syllabus and building the

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[239] "UNICEF Launches Poll and #ReplyforAll Campaign on Internet Safety for Adolescents", *United Nations,* June 7, 2016, accessed October 13, 2018, https://news.un.org/en/story/2016/06/531402-unicef-launches-poll-and-replyforall-campaign-internet-safety-adolescents
[240] Sipalan, "Report: Malaysian Youths Fourth Most Active Internet Users", *The Malay Mail*, October 5, 2013, accessed October 13, 2018, https://www.malaymail.com/s/541403/report-malaysian-youths-fourth-most-active-internet-users-globally
[241] Braun and Clarke, "Successful Qualitative Research: A Practical Guide For Beginners", 2013, https://uk.sagepub.com/en-gb/asi/successful-qualitative-research/book233059

capacity of teachers and parents to learn about social tools and online platforms are the ultimate way forward in preventing online sexual grooming. The UNICEF, in partnership with The Star's R.A.G.E, Digi Telecommunication and Women: Girls have organised programmes in conjunction with the #ReplyforAll-MY campaign to discuss the issue and learn how to prevent the abuse online. This campaign was launched in collaboration with Predator in MyPhone, both with the intention of calling for new laws for the implementation of CSE in Malaysia.[242] The #ReplyforAll campaign, which is part of the global End Violence Against Children initiatives, puts adolescents as messengers and advocates to keep them safe online.

Parental role in eliminating sexual grooming does not only depend on their knowledge and ability to use chat apps. Talking to children about exploitation requires understanding and knowledge about the subject matter (sex). It is also important to note that sex predators are not just lurking online. Child sexual grooming also happens offline. In the recent case of child marriage, the 41 year-old alleged to have married the underage girl was investigated for sexual grooming, an offence under the Sexual Offences Against Children Act 2017.[243] This Act came into being on April 4 2017 to protect anyone below the age of 18 from sexual abuse, which covers child pornography, sexual grooming, physical and non-physical assaults as well as abuse of the position of trust and credibility.[244]

3.3.6. National Policies on Adolescents Sexual and Reproductive Health

At the national level, MOH developed the National Adolescent Health Policy in 2001 and the National Adolescent Health Plan of Action 2006-2020 in 2007.[245] The activities identified in the National Adolescent Health Plan of Action, which is a collection of inputs from various government and non-government agencies involved in adolescent programmes, seek to operationalise the seven strategies stated in the National Adolescent Health Policy.[246] The

[242] Stanley, "Continuing to Protect Our Children", *The Star,* April 14, 2017, accessed October 12, 2018, https://www.thestar.com.my/metro/views/2017/04/14/continuing-to-protect-our-children-new-law-on-sexual-offences-one-of-many-ways-to-prevent-abuse-of-u/

[243] "Sexual Grooming Element Investigated in Case of Man Marrying Child: DPM", *The Sun Daily,* July 2, 2018, accessed October 13, 2018, http://www.thesundaily.my/news/2018/07/02/sexual-grooming-element-investigated-case-man-marrying-child-dpm

[244] Stanley, "Continuing to Protect Our Children"

[245] Hwei Mian, "Country Profile on Universal Access to Sexual and Reproductive Health: Malaysia", 2018, *ARROW,* http://www.thesundaily.my/news/2018/07/02/sexual-grooming-element-investigated-case-man-marrying-child-dpm

[246] Ministry of Health Malaysia, "National Adolescent Health Plan of Action", 2015, http://fh.moh.gov.my/v3/index.php/component/jdownloads/send/21-sektor-kesihatan-remaja/345-nahpoa-2015-2020-print?option=com_jdownloads

five priority areas outlined in the Plan of Action includes SRH. Between 2002 and 2005, the strengthening of adolescent health services took place.[247] Public healthcare facilities, which normally do not provide contraceptive services to unmarried young people took initiatives in advocating the provision of SRH services for adolescents, regardless of their marital status.[248] In 2009, PEKERTI was introduced to further enhance the country's efforts and pave the way for increased access to reproductive health education, information and services for adolescents and youth, stressing on positive values as well as responsible behaviour.[249] PEKERTI is a national policy to increase the knowledge on SRH among all Malaysians and to encourage them to have a positive attitude towards reproductive and social services.[250]

At the 45th session of the Commission on Population and Development in New York (24 April 2012), the Malaysian representative stated that Malaysia provides universal access to healthcare services, including sexual and reproductive health services, to all adolescents in all primary and secondary healthcare facilities nationwide.[251] Although the Adolescent Health Policy states that SRH services, including family planning, were meant to be made available to all without discrimination, such services were generally not available in government hospitals, more so for unmarried women.[252] However, in recent years, MOH has been taking initiatives in advocating the provision of SRH services for adolescents, regardless of their marital status. The Guideline on Managing Adolescents Sexual and Reproductive Health Issues in Health Clinics which underscored youth friendly services was established in 2012.[253] However, the actual implementation of the guidelines depends heavily on healthcare providers.

In the same year, Malaysia began to provide universal access to healthcare services, including SRH to all adolescents in primary, secondary and tertiary healthcare facilities nationwide. Despite having the services in place, the unmet needs still exist as the

[247] Ibid.
[248] Ibid.
[249] FRHAM, RRAAM, and The Sexual Initiative, "Joint Stakeholder Submission on SRHR in Malaysia for the 17th Session of the Universal Periodic Review", 2013, http://www.sexualrightsinitiative.com/wp-content/uploads/UPR-Submission-by-FRHAM-RRAAM-SRI-final.doc
[250] Hwei Mian, "Country Profile on Universal Access to Sexual and Reproductive Health: Malaysia"
[251] FRHAM, RRAAM, and The Sexual Initiative, "Joint Stakeholder Submission on SRHR in Malaysia for the 17th Session of the Universal Periodic Review"
[252] Ibid.
[253] Hwei Mian, "Country Profile on Universal Access to Sexual and Reproductive Health: Malaysia"

adolescents were not aware of the services available to them.[254] Fast forward to 2018, although the services are still made available to our young people, many are still unaware or afraid to access them for the fear of being stigmatised or discriminated. Therefore, the implementation of CSE is important to draw the attention of adolescents towards the SRH services that are available to them in Malaysia and to empower them to seek such services.

3.4. Conclusion of Review

The review on the key trends and current scenario of SRHR in Malaysia, particularly for women, girls and adolescents serve as an indicator of the milestones achieved and the road ahead in addressing its concerns. There are many persisting issues surrounding adolescents in Malaysia such as teenage pregnancy, sexual abuse, child marriage and sexual grooming since the inception of the landmark ICPD in 1994. The priority actions of the ICPD POA, review conferences and resolution references provide a guideline on the direction of ASRHR in the country. The sustainable goals set under the SGDs which refer specifically to SRH, quality education and gender equality need to be met with a meaningful participation of young people. The National Adolescent Health Policy (2001), the National Adolescent Health, Plan of Action (2006-2020) and the Guideline on Managing Adolescents Sexual and Reproductive Health Issues in Health Clinics need to be revisited and enforced to ensure that they fulfil the unmet needs of adolescents in Malaysia and create a more inclusive healthcare system for the young population of this country.

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[254] Ibid.

4. RESULTS OF QUALITATIVE STUDY

4.1. Focus Group Discussions with Adolescents

A total of 14 FGDs were conducted with 104 adolescents. The FGD participants were ethnically homogenous. The adolescents were from 15 to 19 years old from schools, learning centres, juvenile rehabilitation centres and a halfway home for pregnant girls. The majority of the adolescent participants were girls (64%), with adolescents from centres/home making up 57% of the total number of female participants. For the purpose of discussing the results of the FGDs with adolescents, this group of participants is divided into: (i) Urban (ii) Rural and (ii) Centres/Home. The following are the results of the FGDs.

Poor understanding of CSE and PEERS

All three groups of adolescents showed a lack of understanding on the term 'CSE' and 'PEERS'. None of the participants have ever heard the terms being used, either inside or outside the school settings or at the centres/home. The term 'comprehensive' was new to them and all participants were unaware of its meaning. However, when probed further, they recognised SE as topics that are covered under subjects like Science, Health Education, Biology and Moral/Islamic Education in schools. The topics that were identified by a few participants from all three groups include 'reproductive system', 'reproductive organs', 'pregnancy', 'relationships' and 'good touch and bad touch'.

"We learnt about our reproductive organs and pregnancy"

(Male, 16)

"The Health Education teacher taught us about "good and bad touch" or also known as safe/unsafe touch"

(Female, 15)

"It teaches us about having children".

(Female, 16)

Poor recall of topic coverage

Many participants, particularly those from the rural setting paused for a long period of time before confirming on the topics related to SE that were taught in school. The participants vaguely recalled learning about the human anatomy and the reproductive organs and systems. Most participants recalled that the topics were very science-based, and they did not feel that there contain life-long lessons. Participants had very low recall on topics such as social and negotiation skills as well as healthy relationships. Many also did not remember being taught about masturbation, menstruation and safe sex.

"Our Science teacher taught us about reproductive organs and system. I vaguely remember studying this topic in school in Form 3. It was just one chapter, I believe".

(Male, 17)

"I know we learnt it in school, but I can't remember what the topics were anymore".

(Female, 18)

Abstinence-only Sex Education

Many of the participants shared that they were taught mostly about the risks involved in having pre-marital sex and the importance of abstinence. Only two participants mentioned that topics like 'contraceptive methods' were taught as part of the school syllabus. However, they expressed that the topic was not well covered as there were questions that were left unanswered by the teachers. Only one participant from the urban group mentioned that topics like 'safe sex' and 'consent' were taught in schools.

"We were interested to learn about the various side effects of contraceptives, but our teachers could not explain further".

(Female, 17)

Ignorance towards ASRHR needs

Many of the participants from the rural and centre/home groups were ignorant about their own SRHR needs and issues. Although many of them were unaware of the topics covered under SE, the vast majority felt that the existing curriculum was relevant and sufficient. Their statements contradicted each other and indicated the lack of understanding and ignorance towards their own SRHR. Long pauses were noted in this group of participants and after much probing, it was discovered that they were not aware of the knowledge they lacked. Ignorance towards their own SRHR needs may lead these groups of disadvantaged adolescents to practice high-risk sexual behaviours, as found in the case of the pregnant girls.

"The information given in school is relevant and sufficient. I don't think I need to learn anything more about sexuality".

(Female, 15 years old)

Misconception about SE

Several participants felt that CSE is only important for specific groups of adolescents such as those from the LGBT community, those who are sexually active and rape victims. The participants believed this because they did not fall into any of these categories of adolescents, and thus, SE will not be beneficial to them.

"Information about sex and sexuality is only important and relevant to the LGBT group, those who are sexually active and perhaps rape victims. Young people like me who are not sexually active do not really need such information".

(Female, 17 years old)

SRH knowledge alone is not sufficient

Several participants from the centres/home shared that they had prior knowledge of safe sex and use of contraceptive methods before their pregnancy. However, in the heat of the moment, these young girls admitted to ignoring all that they knew and 'giving in to lust'. When asked if they would engage in unprotected sex again in the future, they honestly

declared that they may repeat their actions due to lust. The participants felt that all the SRH knowledge that they have gained either in school or from older friends/boyfriends would not have prevented them from engaging in unprotected sex.

"I know how to use condoms and why I should use it, but I was too drawn in by lust".

(Female, 16 years)

"Even with the information I have on safe sex, I might still have unprotected sex".

(Female, 16 years)

Technology in the world of adolescent SRHR

Participants from all three groups agreed that social media and messaging apps were their main source of obtaining information on sex and sexuality. Facebook, Instagram, WeChat, Snapchat and YouTube were the main platforms identified by all three groups. Korean sex videos and sites like Bigo Live (live streaming) and Redtube (Porn site) were named as the 'go-to' sites by adolescents from the urban and centres/home. Participants from the rural setting mainly used Facebook, WeChat and Instagram as their source of information. All participants, with the exception of the adolescents from centres/home stated that they had easy access to these sites as all of them have devices that can be used for this purpose. Many of the participants from the urban and centres/home groups also shared that they obtained visual information on sexual acts via videos shared by peers, boyfriends or older friends.

"We can search for everything online"

(Male, 15)

"The bad thing about being here (in the centre) is that we no longer have access to these sites"

(Female, 16)

Apart from the online sites that were identified, all participants also shared that they were active on messaging apps like WeChat and Snapchat. Participants from the centres/homes

shared that many of them have been added (at some point in life) to chat groups that were administered and participated by unknown adults. These groups were created for the sole purpose of discussing sex and sexual matters and sharing explicit videos of the act. However, none of the participants who were part of these group chats admitted to meeting with any members of the groups.

Need for information on STIs and early signs of pregnancy

Many of the participants in the urban and centre/home groups identified topics on STIs and early signs of pregnancy as an important aspect of CSE. The participants felt that such information is pertinent to the development of young people and they should be made aware of the early signs and symptoms of STIs and pregnancy. Visual aids were suggested as part of the teaching methods, particularly for topics like STIs. Participants felt that they needed to have a visual understanding of how STIs look like in order to make the necessary deductions of their condition (if any). At the moment, the topic of STIs is covered very briefly in the curriculum and participants expressed their disappointment in not being able to discuss the topic further with the relevant teachers during class. It was shared that teachers either ask them to speak to their parents or look for further information online.

"We need to know about the different STIs and see how it looks like"

(Male, 17 years)

The participants from centres/homes felt that there should be enough information given to adolescents regarding pregnancy; including early signs and changes during pregnancy. The participants shared that many of them were unaware of their pregnancy and only noted a change much later.

"I was not aware that I was pregnant until much later. We were never taught on the early signs of pregnancy"

(Female, 16 years)

Contradicting roles played by parents: SRHR educator vs. moral police

Adolescents from the urban and centre/home groups both identified parents and the society at large as their main obstacles in obtaining CSE. Parents were either lacking in knowledge, uncomfortable to discuss the topic of sexuality or hinge on their own religious and cultural values when talking to the adolescents. Participants also expressed the difficulty in bridging the topic of sex with their parents and often times, they were left to seek for information on their own, either online or from older friends. Parents, along with subject experts, were identified by urban and centre/home groups as their preferred source of information regarding their sexuality. Adolescents from the rural setting expressed that teachers and experts are their preferred source of information.

"I would ask my mother questions about vaginal discharge and my urges to have sex, but it would always go unanswered".

(Female, 15)

"I can't talk to my father about sex and my sexuality. He might think I am sexually active"

(Male, 16)

Sex as a taboo topic for girls

Many of the girl participants shared that it was difficult to obtain SRHR information from parents and family members. Both parties shun questions about sexuality, when asked, with the excuse that the girls are either too young to learn about their sexuality or that it is just a subject for boys. Therefore, many of the girl participants had to explore their sexuality either on their own or through the internet when they felt that they could go online without being detected. This is because they felt that their parents and the society at large may view it as shameful for a girl to ask about her sexuality or that it would immediately indicate that she is already sexually active.

"I'd love for my parents to talk to me about the topic of sex, but they always say that I am either too young or that girls don't need to know".

(Female, 17 years)

"I had so many questions about my sexuality for my mother. I wish that she was open to discussing them with me. I think she was just afraid of what the neighbours might think if they found out that I was curious about sex. So eventually I gave up asking her questions".

(Female, 16)

CSE creates possibilities, changes lives

In addition to the interview questions that were asked to the adolescents from the urban and rural settings, participants from the centres/homes were also asked if CSE could have made a difference in their lives and changed their future. The vast majority of the participants agreed that they would have led a different lifestyle and would probably still be in school or working if they had been given a comprehensive education on sexuality, one that includes knowledge and skills. With such knowledge and skills, the participants felt that they would have taken better care of themselves and made healthier and more responsible choices.

"If I had obtained CSE in school or from my parents, I would definitely not be here today"

(Female, 17 years)

CSE has a ripple effect

Many of the participants, particularly girls, shared that they believe CSE is very important for all adolescents. They also want to be well-informed about their SRHR in order to share the information with their family members and friends of the same age group. The participants from centres/homes stated that if they had such knowledge, they would work towards preventing other girls from ending up like them.

"It's important for us to learn more about ourselves and our sexuality so that we can explain matters to the younger ones in our family"

(Female, 15 years)

Knowledge on accessibility to SRH information and services

Although many of the participants from the urban and centres/home groups were aware of how to access SRHR information, the vast majority of them did not know how to access its services. With the exception of the pregnant girls who go for their regular check-ups, most participants were unaware of specific places they can go to seek medical advice and treatment (if necessary) relating to their SRH. Participants from the rural setting indicated a lack of awareness on both the availability of and accessibility to SRH information and services.

"I know where to go for information but don't know anywhere specific to seek SRH services"

(Female, 17 years)

Misconception about accessibility to SRH services

Several participants, particularly those from the rural setting shared that knowledge on accessibility to SRH services is not important as they may never require such services. Many assumed that SRH services are only meant for adolescents who are either sexually active, pregnant or those who seek abortion. Therefore, as they do not fall into any of these groups of adolescents, such services are not relevant to them and their well-being.

"Those clinics are only for kids who are sexually active or are pregnant and want to abort their babies"

(Male, 16 years)

Fear of discrimination

Many of the pregnant girls expressed their fear of discrimination, both by society as well as healthcare service providers, either during check-ups, delivery or post-pregnancy. Several

participants shared that service providers have questioned them about their past and given them advices regarding their future, leaving them feeling bad about themselves.

"I am most afraid of giving birth and being scolded by the nurses".

(Female, 16 years)

Views on sexuality differ with experience

The vast majority of urban participants viewed sexuality in a positive light. Many accepted it as a natural aspect of human beings and despite its sensitivity, they believed that it needs to be discussed. Participants from the rural setting pointed out that sexuality is a sensitive topic and usually leads to pregnancy. Participants from centres/home, on the other hand, expressed a morbid view on sexuality. They connected it to rape and incest and believed that it can only be viewed as positive in the context of marriage. They also acknowledged that it is a sensitive topic, especially amongst the religious. Several participants from the rural setting believed that indecent dressing also leads to rape.

"Sexuality depends on people's point of view"

(Male, 15 years)

"Sex is only positive in marriage"

(Female, 16 years)

Description of gender based on sexual organs

The vast majority of participants felt that gender is merely being 'female' or 'male'. Only several participants from the urban setting identified gender roles to this topic. However, all agreed that the present curriculum needs to provide a wider coverage on the topic of 'gender'. Many maintained that at present, they were only taught about the biological difference between male and female and assumed that gender referred to the same.

Varying views on LGBT

Although all participants agreed that the topic of 'LGBT' should be expanded in the existing curriculum, several participants felt that the inclusion of this topic should be specifically to 'reform' LGBT adolescents. This view was popular amongst the rural adolescents, with some referring to them using derogative terms like '*kunyit*'. However, many others felt that their sexual choices should be respected and understood. Therefore, they felt that the inclusion of this topic within the school syllabus should be meant to create understanding, tolerance and respect.

"It is their choice and we should respect them"

(Female, 17 years)

4.2. Results from FGDs – Parents and Teachers

A total of three FGDs were carried out with 29 parents/teachers. The parents and teachers who took part in the FGDs were selected purposively because they were "information-rich". The parents had children within the age group that was being studied and the teachers taught related subjects such as Science, Health Education, Biology, Moral/Islamic studies. The groups were also ethnically homogenous. The following are the results from the FGDs with parents and teachers.

PEERS viewed as SE

Most of the teacher respondents were slightly confused with the term CSE but understood the elements involved and referred it to PEERS. The term 'comprehensive' was new to them and only several teachers understood its meaning. They stated that SE was integrated into subjects like Science, Health Education, Biology and Moral/Islamic Education. The topics that were identified by a few participants from all three groups were 'contraceptive methods', 'safe and unsafe sex', 'reproductive system', 'reproductive organs', 'pregnancy', 'relationships between opposite sex' and 'good touch and bad touch'. The teachers also claimed that only 10%-20% of the entire syllabus is allocated to SE in a year.

"It is known as PEERS in school. Teachers who teach relevant subjects will know of this term".

(Health Education teacher, Johor)

A need for SE to be more comprehensive

All participants agreed that there is an expansion and improvement to the PEERS curriculum each year. However, they also believe that more needs to be done to make it more comprehensive to meet the needs of adolescents. The participants believed that adolescents are way advanced in their knowledge of sexuality and are more informed about sex and their sexuality. In view of this, parents and teachers believe that they need to be better informed and equipped to address the issues and questions that may be raised by the adolescents, both from in- and out-of-school settings.

"We need to keep up with our young people"

(Parent of a 15-year-old, Kuala Lumpur)

Morality of CSE

Several teachers and parents felt that CSE should include topics of value and morality to ensure that the adolescents make good life choices regarding their SRHR. These participants felt that since it is a taboo topic and highly sensitive, adolescents should not be merely given scientific information about sex and sexuality. They felt that the information given must be culturally sensitive and is in line with the values of the society, taking into account cultural and religious background.

"Everything should be based on morality; especially a sensitive topic like CSE"

(Moral teacher, Johor)

"We need our kids to make good choices based on good values."

(Parent of a 16-year-old, Perak)

Abstinence-only Sex Education

Many of the teachers felt that CSE which is proposed to be taught in schools has to take into account the cultural and religious background of the society. Therefore, it was felt that abstinence-only, value-based SE is most appropriate to be taught in schools. Teachers

shared that sex in the context of marriage was presently being taught and the relevant values were highlighted in Moral and Islamic Studies.

"Students are taught about family values and the importance of avoiding sex before marriage"

(School counsellor, Perak)

Fear-based Sex Education

The teachers shared that the present curriculum highlights the negative outcome of sex in order to instil fear in the hearts of the adolescents. Fear of teenage pregnancy, STIs, HIV, abortion and maternal mortality is outlined in the curriculum in order to prevent adolescents from engaging in pre-marital, unprotected sex. This fear-based approach is hoped to enable adolescents to make healthier, safer choices which would ensure a better future for them and their family.

Acknowledging the power of technology in the world of adolescents

All participants agreed that social media and messaging apps are the main source of obtaining information on sex and sexuality for adolescents. Several teachers stated that 70% of what adolescents learn about sexuality is found from social media and only 30% is learnt from school. Parents and teachers believed that there are unlimited resources online for adolescents to learn about their SRHR.

"Everything is out there for them. What can we teach them?"

(Parent of a 14-year-old, Kuala Lumpur)

Fear of accusations and misinterpretations

The teacher participants confirmed that the present teaching method is limited to classroom-style. Apart from the lack of resources, the teachers also fear that the use of other teaching methods (e.g. videos) may lead to misinterpretation and worse still, accusations of sexual harassment. Many of the teachers shared that they were already being labelled as "sex teachers" and fear the repercussions of this. Parents, however, felt that a more interesting approach needs to be used to engage young people on topics regarding their sexuality. They are concerned about their children's development and feel

that schools and teachers can do more to impart SRH knowledge and skills to the adolescents.

"I am afraid to use other methods of teaching as it may be interpreted wrongly. Teachers like us cannot be too careful these days."

(Health Education teacher, Kuala Lumpur)

Reconciling the roles of teachers/schools and parents

Parents and teachers have opposing views on the roles they play in providing CSE to young people. In the state of Kuala Lumpur, parents who were interviewed felt that teachers should be the main educator of CSE whereas teachers felt the opposite. Participants in Johor, however, agreed that teachers are the main source of information, given the number of hours spent in schools. However, they felt that parental involvement is crucial and necessary in addressing relevant issues pertaining to ASRH. All participants agreed that schools play an important role in providing the knowledge and skills on CSE, particularly the counselling teachers. Several teachers described themselves as 'toothless' in the implementation of CSE in schools.

"Teachers should be the main source of information as it is already in the syllabus and the kids spend so much time in school."

(Parent of a 16-year-old, Kuala Lumpur)

"Parental involvement is important. We can teach in school, but children will need to take further discussion with their parents at home."

(Science teacher, Kuala Lumpur)

Lack of training lead to fear of imparting knowledge

Many of the teacher respondents shared that they did not receive enough (or any) training with regards to PEERS. The lack of training led to the teachers feeling uncomfortable to teach the various topics identified under PEERS. Most of the teachers do not have additional resources to teach the subject matter and therefore, had to seek information on their own; this triggers in them the fear of being misquoted or misinterpreted. Although many modules

are available for use, teachers still felt that they lack knowledge and skills to address the questions presented by their student.

"We look for things on our own"

(Health Education teacher, Kuala Lumpur)

Experts to teach CSE subjects

The vast majority of the participants felt that experts on the subject matter need to be included into the school system to address SRHR topics. Both parents and teachers felt that the information obtained from subject experts will be more accurate, precise and complete. The experts are believed to be more equipped to answer questions posed by the adolescents and provide a better explanation to any queries they may have. The participants also believed that experts would be more comfortable to address the topics surrounding CSE.

"Experts will be able to answer the questions posed by our adolescents because it is their area of expertise".

(Parent of a 16-year-old, Johor)

Traditional views on sexuality

Participants from all three states felt that sexuality is a natural instinct between male and female. They felt that it is still a somewhat sensitive topic and must be addressed within the cultural context. Participants believed that sexuality is not limited to physical behaviour, but it also involves mental and emotional growth.

"It is a relationship between a male and female that has come to age"

(Parent of a 15-year-old, Perak)

Gender is determined by sexual organs

All participants concurred that gender merely refers to 'female' or 'male' and it is determined by sexual organs. All participants agreed that the present curriculum needs to provide a wider coverage on the topic of 'gender'. Some participants, mainly teachers, expressed that this topic needs to be included into the curriculum to avoid confusions

amongst adolescents regarding their sexual orientation and thus, eliminate the 'LGBT condition'. The 'LGBT condition' was noted to exist due the confusion in terms of gender.

Varying views on LGBT

Although all participants agreed that the topic of 'LGBT' should be expanded in the existing curriculum, several teachers shared that it has to be done in order to either (i) identify LGBT students for 'special counselling', (ii) identify LGBT students to be referred to religious bodies and special health facilities, or for (iii) 'rehabilitation' and 'transformation' purposes. The other group of participants, mostly parents, believed that LGBT is something that cannot be changed and therefore, teaching acceptance of diversity amongst adolescents is important.

> *"It is good to include this topic so that we can identify them for special programmes".*
>
> (Teacher, Johor)

> *"As parents, we have to accept our children as they are. So, I feel that it is important to teach other kids to do the same".*
>
> (Parent of a 15-year-old, Perak)

4.3. Results from In-depth Interviews

The following outlines discussions with key informants from MOE, MOH, NPFDB and NUTP.

Not CSE but Reproductive Health and Social Education (PEERS)

As a whole, all key informants agreed that the implementation of sex education has progressed far since its early introduction in secondary schools in 1989. MOE reiterated that it does NOT use the term CSE but PEERS instead, which is based on the cognitive development of adolescents. Key informants from the NPFDB and MOH also acknowledged the importance of the use of terms based on the religious and cultural climate in Malaysia. PEERS is felt to be more acceptable than the term CSE, which includes the word 'sexuality', which is still possibly viewed as taboo within the society.

PEERS is perceived as well-received, comprehensive and relevant

In the perspective of MOE, PEERS is indeed very comprehensive and relevant. Although it faced many obstacles during implementation, the key informant from MOE felt that people are now more accepting of this subject matter, including the religious bodies. The content of this curriculum is said to be reviewed and updated from time-to-time to ensure that it is relevant for the current adolescents. Key informants from NUTP acknowledged the significance of the curriculum and stated that with the issues surrounding young people today, the implementation of CSE is very important in the school setting.

"PEERS is considered well-received by the public because we have not received any complaints thus far"

(Key informant – MOE)

Diluted training programmes for teachers

In the IDIs with MOE and NUTP, the issue of the lack of training for teachers of subjects related to SE were raised. A disparity in the views expressed by both parties was noted. MOE stated that sufficient training programmes were held for the relevant teachers to ensure that they are comfortable to teach the topics in schools. The key informant from NUTP, on the other hand, shared that many teachers still felt uneasy with broaching the subjects of SE in schools. NUTP also mentioned that teachers have not received sufficient training on the subject matter; particularly at the ground level and feel that they are not fully equipped to teach it.

"Teachers still feel uncomfortable to teach subjects related to SE because they feel like they have not received sufficient training. Training is probably done at national and perhaps even at state level, but it gets diluted upon reaching the district level."

(Key Informant – NUTP)

Abstinence-only education vs. informed choice

All key informants agreed that the PEERS curriculum and all other programmes carried out by NPFDB and MOH are abstinence-only programmes which are believed to be suitable to

the Malaysian culture. The key informant from NPFDB stated that their programmes in schools are carried out with the general assumption that all the students are not sexually active. NPFDB organises specific programmes for targeted groups with high-risk sexual behaviours such as shelter homes where information on safe sex is believed to be needed. The key informant from NUTP, however, acknowledges the fact that young people become sexually active at a younger age now and therefore, a CSE is needed to meet their needs.

> *"We go into schools and run programmes based on the assumption that the students practice abstinence. We have other programmes for targeted groups."*

> (Key informant-NPFDB)

CSE centred towards adolescents with high risk sexual behaviour

All key informants, with the exception of NUTP, stated the importance of CSE for only young people with high-risk sexual behaviour because of their chosen lifestyles. The key informant from MOE shared about a dedicated unit in schools called *Pusat Pengurusan Sekolah Harian*, which looks at programmes for young people with high-risk behaviours. This unit is formed in collaboration with Royal Malaysia Police (PDRM) and National Anti-Drugs Agency (AADK). The NPFDB also often organises programmes for young people at shelter homes and the government-run juvenile rehabilitation centres.

> *"We carry out talks at least once every few months for young people at the juvenile centres."*

> (Key Informant – NPFDB)

A non-comprehensive SE in Malaysia

A key informant felt that there is nothing comprehensive about the SE implemented in Malaysia; both in terms of reach and content. The informant agreed that abstinence-only education is not sufficient to address the SRHR needs of young people today. In terms of reach, the informant also mentioned that the existing programmes may not reach all groups of young people, particularly those in the rural setting and those who have fallen out of the school system.

"How can we call it comprehensive if it doesn't cover all topics and doesn't reach all groups of young people?"

(Key informant – MOH)

Championing the cause

All key informants agreed that a multi-sectoral approach is needed to ensure the effective implementation of CSE for in- and out-of-schools adolescents. All key informants, with the exception of NUTP, also talked about the various modules that have been developed and used by their respective ministries/agencies in providing SE to young people and other groups of population. The key informant from NPFDB noted that modules such as *Modul Cakna Diri* (adolescents and parents edition) and SRH Module for Boys (16-24) were developed and used during their SE programmes.

The key informant from MOH shared that through its Health Education Department, modules such as Adolescent Secret and Adolescent Searching for Love, were used in their SE programmes. MOH also noted that they reach young people through their PROSTAR programmes in schools. Overall, all the respective ministries/agencies interviewed are contributing towards the implementation of SE in Malaysia. However, there was an acknowledgment that there is a need for one agency to consolidate the efforts made by various agencies and champion the cause on CSE implementation in Malaysia. That being said, while all key informants agreed that this must be done, nobody volunteered to carry out this task.

"We carry out talks at least once every few months for young people at the juvenile centres."

(Key Informant – NPFDB)

"The problem with CSE in Malaysia is that there is no agency (at the moment) willing to champion the cause"

(Key Informant – MOH)

Overall, the IDIs with key informants brought up common themes and issues that are pertinent to the implementation of CSE for adolescents in Malaysia.

5. DISCUSSION

The following chapter discusses the findings of the focus group discussions and possible explanations for the results.

Table 7 Summary of Findings of Focus Group Discussions

i. FGDS WITH ADOLESCENTS	
ISSUES	**FINDINGS**
Poor understanding of CSE, PEERS and their fundamental elements	The participants had poor understanding of the term 'comprehensive' in SE. The elements of CSE that were identified were also not holistic. While subjects such as reproductive system and pregnancy were mainly noted, key elements like gender, sexual rights, pleasure, diversity and even HIV were not identified. Most of the topics that were identified were on the human anatomy and biological functions. This differs from the IPPF's Youth Policy which states that CSE should help young people acquire the skills to negotiate relationships and engage in safer sexual practices, including whether and when to engage in sexual intercourse.[255]
Poor recall of topic coverage	The long pauses noted when this question was asked indicated that the participants could not recall the topics that were covered in the curriculum. The participants' recall and topic coverage was highest for reproductive organs and biological functions. Many also mentioned the topic of pregnancy. Most did not remember being taught non-biological topics. The study is unable to determine the possible reasons as to why their recall was poor in certain areas. However, based on past literature, it can be predicted that the results were possibly due to cognitive immaturity[256], variance in terms of teaching methodology[257] or reluctance to teach.[258]

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[255] Ibid.
[256] Stuart-Smith, "Teenage Sex", *BMJ,* 312(7028) (1996), https://www.ncbi.nlm.nih.gov/pubmed/8601098
[257] Buston, "Implementation of a Teacher-Delivered Sex Education Programme: Obstacles and Facilitating Factors", *Health Education Research*, 17(1) (2002), https://www.ncbi.nlm.nih.gov/pubmed/11888044

	For cognitive immaturity, the low recall may be associated with the incapability of comprehension and information retention of the subject matter that was taught in schools.[259] Varying teaching methods and the integration of SE topics into various subjects may also have an impact in the recall of topic coverage. This might lead to the chances of them being unable to identify the correct topics that fall under the SE and PEERS curriculum. This finding is parallel to the research findings of Maslin et. al, in which it was observed that the recall of topic coverage was limited to human anatomy.[260]
Abstinence-only sex education	Most adolescents in this study reported the use of the classic approach by teachers in teaching SE topics which focused on abstinence and avoidance of premarital sex. The existing curriculum for SE which is known as PEERS—although has evolved in terms of its key elements—have remained as an abstinence-based curriculum. The reason for such lop-sided sex education might be due to the existing curriculum which is based on serious concerns that SE might increase premarital sexual behaviours among children and adolescents.[261] Despite the controversy surrounding SE, various studies indicate that it does not encourage sexual activity; in fact, it encourages abstinence and provides adolescents with the knowledge and skills related to responsible sexual behaviour.[262] [263] The issue of content in SE has been subject to a great deal of debates all over the world due to cultural and religious obligations.[264] However, in Malaysia, the issues continue to be at an impasse.[265] A 2014 qualitative study by Zahra

[258] Cohen, Byers, and Sears, "Factors Affecting Canadian Teachers' Willingness to Teach Sexual Health Education", *Sex Education,* 12(3) (2012), https://www.tandfonline.com/doi/abs/10.1080/14681811.2011.615606
[259] Stuart-Smith, "Teenage Sex"
[260] Mohamad Mokhtar et al., "Bridging the Gap: Malaysian Youths and the Pedagogy of School-Based Sexual Health Education"
[261] Khalaf et al., "Sexuality Education in Malaysia: Perceived Issues and Barriers by Professionals"
[262] Grunseit and Kippax, "Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update", Global, 1997. Accessed December 4, 2018. https://www.popline.org/node/279539
[263] Kirby, "Sexuality and Sex Education at Home and School", *Adolescent Medicine,* 10(2) (1999), 195-209, https://www.ncbi.nlm.nih.gov/pubmed/10370704
[264] UNESCO, "Review of Policies and Strategies to Implement and Scale Up Sexuality Education in Asia and the Pacific", Bangkok: UNESCO, 2012. Accessed December 12, 2018. http://unesdoc.unesco.org/images/0021/002150/215091e.pdf
[265] Ibid.

	et. al involving 15 key professionals working in the field of SRH in Malaysia found that the key informants emphasised providing accurate information for children and adolescents.[266] The abstinence-only SE that is said to be implemented in Malaysian schools might limit the exchange of accurate information, become ineffective in reducing sexual risk-taking behaviours[267] and threaten the fundamental human rights to health information.[268] A five-year study mandated by the U.S Congress has established that abstinence-only-until marriage programmes are not effective.[269] In addition, according to the UN Special Rapporteur report on the right to education, abstinence-only programmes marginalise young people who are already engaged in sexual relationships and such programmes do not foster informed and responsible decision-making.[270]

The abstinence-only SE goes against the seven elements of CSE introduced in the IPPF Framework which focuses on providing a rights-based framework with the knowledge and skills that will enable young people to make informed decisions about sex and sexual behaviour. The elements also include pleasure, violence, diversity, sexual rights and sexual citizenship—topics which are not introduced or discussed in the existing curriculum/programmes.[271] The existing curriculum is also far removed from ARROW and WHRAP-SEA's approach to CSE which reiterates and emphasises on young people's entitlement to human sexuality and pleasure.[272] |
| **Misconception about CSE** | WHO's comprehensive definition of human sexuality as "*a natural part of human development through every phase of life and includes physical,* |

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[266] Khalaf et al., "Sexuality Education in Malaysia: Perceived Issues and Barriers by Professionals"

[267] Kohler, Manhart, and Lafferty, "Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy", *Journal of Adolescent Health*, 42(4) (2008), 344-351, https://www.jahonline.org/article/S1054-139X(07)00426-0/abstract

[268] McKeon, "Effective Sex Education", Washington, 2006. Accessed December 4, 2018. https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fssexcur.pdf

[269] Trenholm et al., "Impact of Four Title V, Section 510 Abstinence Education Programs", Washington, 2007. Accessed December 4, 2018. https://aspe.hhs.gov/report/impacts-four-title-v-section-510-abstinence-education-programs

[270] Advocates for Youth, "Myths and Facts about Comprehensive Sex Education"

[271] Ibid

[272] ARROW, "What Does Comprehensive Sexuality Education, Including Access to Youth-friendly SRH Services Mean to Us: Elaboration of Key Principles and WHRAP-SEA Position", published on 2012.

	psychological and social components" opposes the misconception that CSE is only for those who are from the LGBT community, those who are sexually active or rape victims. Many adolescents from the rural groups who felt that the topic of SRHR is of no relevance to them are embarrassed to access such information. This is similar to the findings of another study carried out in Nepal to determine the barriers to sexual health services for young people in the country.[273] This is because every young person will one day have life-changing decisions to make about their SRH and CSE will enable them to protect their health, well-being and dignity.[274] Research shows that most adolescents lack the knowledge required to make these decisions responsibly, leaving them vulnerable to coercion, STIs and unintended pregnancy.[275] IPPF's Youth Policy also states that *"whether sexually active or not, and irrespective of sexual orientation, young people should be given the information to enable them to feel comfortable and confident about their bodies and their sexuality."*[276] The findings of this research indicated that the concept of CSE is misunderstood by the participants as information that is only required by certain groups of adolescents, thereby differing from IPPF's Youth Policy.
SRH knowledge alone is not sufficient	Research has repeatedly found that sex education which provides accurate, complete and developmentally appropriate information on human sexuality, including risk-reduction strategies and contraception helps young people take steps to protect their health such as delaying sex, using condoms or contraceptives, and being monogamous.[277] Although the importance of knowledge on SRHR cannot be denied, knowledge alone is insufficient. Adolescents must be equipped with the skills, attitude and values to make

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[273] Regmi et al., "Barriers to Sexual Health Services for Young People in Nepal", *Journal of Health, Population and Nutrition*, 28(6) (2010), 619-627, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995031/

[274] UNFPA, "Comprehensive Sexuality Education", UNFPA, NA. Accessed December 4, 2018, https://www.unfpa.org/comprehensive-sexuality-education

[275] Ibid.

[276] Ibid.

[277] Alford et al., "Science & Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections", Washington, 2000, accessed December 4, 2018, https://eric.ed.gov/?id=ED582011

	healthy decisions. It goes beyond information and includes helping young people to explore and nurture positive values regarding their SRH, develop self-esteem and life skills that encourage critical, clear communication, responsible decision-making and respectful behaviour. These are elements that can only be found with the implementation of a comprehensive sex education.
Technology in the world of adolescent SRHR	The FGD sessions confirmed the major role played by social media in providing adolescents access to information regarding their sexuality. Dependency on social media exposes young people to the danger of online sexual grooming and exploitation, bullying, shaming and ostracism. While the internet has opened a world of exploration for children, it has also made it easier for bullies, sex offenders, trafficker and abusers to find their victims. As a country with one of the highest proportions of "digital natives" (15-24 years old) in the world, Malaysia faces a growing challenge for parents, teacher, policy-makers and the justice system to keep pace with the increasing risks children face online.[278]
	More and more adolescents are also going into chat groups like WeChat and SnapChat. In 2013, Facebook's Chief Financial Officer confirmed that the number of teenagers claiming to be active on Facebook has dropped to 56% in the third quarter of 2013 from 76% in the first quarter, a trend that was later corroborated by GlobalWebIndex. The decline was due to their inclination to move to mobile chat services like WeChat and photo-sharing apps like Instagram and Snapchat.[279] Another study revealed that text messaging has become the preferred method of communication and teenagers enjoy being able to have conversation with someone without speaking to them directly.[280]

[278] "For Every Child - Digital Safety"
[279] Olson, "Here's Where Teens Are Going Instead of Facebook"
[280] "Teenagers 'Prefer Texting to Talking'"

Need for information on STIs and early signs of pregnancy	The FGD sessions with adolescents revealed that many adolescents are interested to know more about STIs and pregnancy. Despite being outlined in the IPPF Framework for CSE[281] (Element 2: Sexual and Reproductive Health and HIV) and the ITGSE[282] 2018 (Key Concept 8: Sexual and Reproductive Health (Understanding, Recognising and Reducing the Risk of STIs, Including HIV)), a Malaysian Youth Sexual and Reproductive Health Survey[283] indicated that while 79% of young Malaysians are aware of STIs, their knowledge and understanding are limited. In addition, many are unaware of any other STIs, apart from HIV. A report by MOH revealed that STI rates have doubled in the past decade, with syphilis infection doubling from 2.99 cases per 100,000 people in 2011 to 6.5 in 2017.[284] The Malaysian Youth Sexual and Reproductive Health Survey also indicated low levels of knowledge on pregnancy. 1 of 10 young Malaysians said that washing a female's vagina (douching) with liquid after sex and another 42% believed that withdrawal (pulling-out before ejaculation) were effective methods to prevent pregnancy.[285] With the number of teenage pregnancies growing in the country, and with the recent deaths that have happened,[286] it is pertinent and urgent that young people, particularly girls are not just taught of the biological happenings that lead to pregnancy. They should also be equipped with information on bodily changes that may happen and skills to manage and seek support if pregnancy occurs.
Lack of parental role	Both the desk review and the findings of the FGDs indicated that adolescents preferred to receive information regarding their sexuality from their parents (after experts). However, many of the FGD respondents felt that their parents were not comfortable to answer their questions or felt that it was a

[281] Ibid.

[282] Ibid.

[283] DUREX Malaysia, Ministry of Women, and Perspective Strategies, "Malaysian Youth Sexual and Reproductive Health Survey"

[284] Kaler, "Malaysia Needs Sex Education", *The Star,* April 30, 2018, accessed December 4, 2018, https://www.rage.com.my/sexeducation/

[285] DUREX Malaysia, Ministry of Women, and Perspective Strategies, "Malaysian Youth Sexual and Reproductive Health Survey"

[286] Ismail, "Teen Had Complained of Stomachache, Constipation before Being Found Dead after Giving Birth", *New Straits Times,* October 15, 2018, accessed December 4, 2018, https://www.nst.com.my/news/crime-courts/2018/10/421504/teen-had-complained-stomachache-constipation-being-found-dead-after

taboo topic to be discussed even between them. This was shared mostly by the female adolescents, particularly the pregnant girls.

Studies have shown that adolescents who reported feeling connected to parents and their family were more likely to delay initiating sexual intercourse.[287] Studies have also shown that a healthy and open relationship between parents and their children lead to them making better choices in regards to their sexual activities.[288] Therefore, there is a need for parents to participate and play a bigger role during the developing years of their child(ren) in order to have an open communication regarding all matters pertaining to their children's lives. The ITGSE 2018[289] also introduces the topic "Families" under Key Concept 1: Relationships and the Roles Families Play in the Growth of an Adolescent, which indicates its importance in the implementation of CSE. The seven elements in the IPPF Framework for CSE also include relationships, covering relationships with family members.

Sex as a taboo topic for girls	Sex is generally a culturally and religiously taboo topic in the country, more so for adolescents and even more for girls. However, it is very important for girls to be well-informed about their SRHR and the choices that are available to them. This is stated in the IPPF's Youth Policy, which spells out that *"information should be accessible to children and young people of all ages in accordance with their evolving capacities."*[290] Failure to equip them with such knowledge may lead to adolescents making a decision they should not have to: whether to raise the baby and bear the stigma of being an unwed mother in an Asian society, or put her child up for adoption.[291] Very young adolescents are in the critical formative years when the expectation to

[287] Saewyc et al., "Sexual Intercourse, Abuse and Pregnancy among Adolescent Women: Does Sexual Orientation Make a Difference?", 1999, accessed December 4, 2018, https://www.guttmacher.org/journals/psrh/1999/05/sexual-intercourse-abuse-and-pregnancy-among-adolescent-women-does-sexual

[288] World Health Organization, "Social Determinants of Health and Well-Being among Young People"

[289] Ibid.

[290] Ibid.

[291] Kaler, "Malaysia Needs Sex Education"

	adhere to gender roles and norms begin to intensify. There are also agents in reinforcing or shifting these norms through their own interactions.[292] Given that adolescence is a critical point of gender socialisation, it presents an opportunity to address harmful gender attitudes and behaviours before they become entrenched.[293] This can only be done by openly discussing the topic of SRHR with our adolescent boys and girls.
CSE creates possibilities, changes lives and creates a ripple effect	There is evidence about the importance of SE in terms of preventing unintended pregnancy and pregnancy at an early age.[294] Awareness about the importance of SE in terms of increasing gender equality and reducing gender-based violence is growing, along with its critical role in contributing to young people's development and evolving capacities.[295] SE operates at a broader social level, with the potential to change social norms by influencing adults, the social environment and the subsequent generations of young people.[296] The UN Convention on the Rights of the Child states that children and young people have the right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant towards others (Article 29).[297]
Poor knowledge and misconception about accessibility	Access to information, education and services is central in the promotion of adolescent SRHR. The lack of knowledge on the accessibility to SRHR information and services among the participants, apart from the pregnant girls from the centres, are similar to the findings of another study which

[292] Institute for Reproductive Health, "Reaching Very Young Adolescents (VYAs): Advancing Program, Research and Evaluation Practices", 2010, accessed December 4, 2018, http://irh.org/wp-content/uploads/2013/04/IRH_VYA_Technical_Consultation_2010_Meeting_Report_FINAL.pdf

[293] Kågesten et al., "Understanding Factors That Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review", *PLoS One,* 11(6) (2016), https://www.ncbi.nlm.nih.gov/pubmed/27341206

[294] World Health Organization, "WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries", 2011, accessed December 4, 2018, http://www.who.int/immunization/hpv/target/preventing_early_pregnancy_and_poor_reproductive_outcomes_who_2006.pdf

[295] Rogow and Haberland, "Sexuality and Relationships Education: Toward a Social Studies Approach", *Sex Education,* 5(4) (2005), 333-344, https://www.popcouncil.org/research/sexuality-and-relationships-education-toward-a-social-studies-approach

[296] UNESCO, "Comprehensive Sexuality Education: The Challenges of Scaling Up", 2014, accessed December 4, 2018, http://unesdoc.unesco.org/images/0022/002277/227781e.pdf

[297] Ibid.

to SRHR information and services	reported that only young people who were either pregnant, HIV positive or school truants had more access compared to other adolescents.[298] The participants in this study, particularly those from the rural groups also felt that it was not important to have knowledge on the accessibility to SRHR services. They even felt embarrassed at the idea of having to access such services due to the misconception attached to it. These findings are parallel with another research carried out in Nepal which revealed that rural young people are more likely to be embarrassed accessing such services since there is fear of stigmatisation from local people in the rural areas.[299] This goes against the goals of the key concepts, topics and learning objectives of CSE, which is to equip children and young people with the knowledge, attitude and skills that will empower them to realise their health, well-being and dignity, consider the well-being of others affected by their choices, understand and act upon their rights and respect the rights of other.[300]
Fear of discrimination and stigmatisation by healthcare service providers	Complications in pregnancy and childbirth are the second killer of adolescent girls in developing countries.[301] To improve health outcomes of adolescents, the global health community must address SRH issues. However, adolescents all around the world, including Malaysia, still face barriers to accessing SRH services and information. Reducing the barriers require a fresh look at the issue through a different lens: stigma and discrimination.[302] In health facilities, stigma manifests through shaming, scolding and excessive questioning by healthcare providers, and the fear of stigma itself can be as powerful as the actual real-life experiences of stigma and discrimination,[303] as in the case of the pregnant girls in this study. This finding indicates that Article 24 of The UN Convention on the Rights of the Child, which states that

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[298] Ngilangwa et al., "Accessibility to Sexual and Reproductive Health and Rights Education among Marginalized Youth in Selected Districts of Tanzania", *The Pan African Medical Journal*, 25(2) (2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5390065/

[299] Regmi et al., "Barriers to Sexual Health Services for Young People in Nepal"

[300] Ibid.

[301] USAID, "Held Back by Fear: How Stigma and Discrimination Keep Adolescents from Accessing Sexual and Reproductive Health Information and Services", Washington, 2016, accessed December 4, 2018, http://www.healthpolicyplus.com/ns/pubs/2112-3193_TanzaniaHeldBackbyFearFinal.pdf

[302] Ibid.

[303] Ibid.

	children and young people have the right to enjoy the highest attainable health, access to health facilities and access to information which will allow them to make informed decisions about their health (Article 17), including family planning (Article 24), has not truly been reached.[304]
Varying views on sexuality and LGBT	Since its inception, WHO has defined health as involving physical, mental and social well-being.[305] The consequences of sex may play a role in each of these three dimensions. Sexual behaviour has consequences for social well-being, particularly relationships with sexual partners; perceived interpersonal consequences of sex could promote or impede the establishment of intimacy, an important component of healthy sexual relationships.[306] This may explain some of the morbid views on sexuality that were given by the participants from the centres/home. These views may be attributed to their past experiences with sex and its consequences (i.e. pregnancy). The acceptance towards the LGBT community varies amongst the participants. Many who are open to this group of young people personally know someone who is an LGBT. They feel that more awareness needs to be created in order to encourage acceptance and inclusiveness. Studies, too, show that people who personally know someone who is an LGBTQ are more likely to support his/her rights for equality. [307] Topics like "sexual orientation", "diversity" and "gender" are part of the seven essential elements of the IPPF Framework for CSE and the eight key concepts of the ITGSE 2018. Therefore, the inclusion of these topics in CSE curriculum and programmes are vital in order to meet its intended objectives and create a more inclusive generation of young people.

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[304] Ibid.

[305] World Health Organization, "Constitution of WHO: Principles", 1946, accessed December 4, 2018, https://www.who.int/about/mission/en/

[306] Firestone, Firestone, and Catlett, "Sex and Love in Intimate Relationships", *American Psychological Association,* 2006, accessed December 4, 2018, http://psycnet.apa.org/record/2005-11561-000

[307] Harris Poll, "Accellerating Acceptance", 2017, accessed December 4, 2018, https://www.glaad.org/files/aa/2017_GLAAD_Accelerating_Acceptance.pdf

Poor understanding of the term 'gender'	The lack of topics on diversity, gender and empowerment also shifts the attention away from CSE's gender focused approach. The FGDs found that adolescents were not familiar with the concept of gender and merely described it as 'male' and 'female'. During the early to mid-adolescence period, young people's understanding of gender is quite rigid and stereotyped and at times may be influenced by friends and family.[308] This finding indicates that the key elements in the IPPF Framework for CSE (Key Element 1: Gender) and the Key Concept 3: Understanding Gender of the ITGSE 2018 are not fulfilled in the implementation of CSE in the country.

ii. FGDS WITH PARENTS/TEACHERS	
PEERS viewed as SE	The topics that were identified by the teachers as part of the PEERS curriculum with elements of SE are similar to the topics identified under PEERS in a review on seventy-nine published articles entitled *Are Malaysians ready for comprehensive sexuality education*?.[309] Therefore, there is an indication that PEERS does not only focus on topics of anatomy and biology, but also includes other topics like "healthy relationship" and "safe/unsafe touch".
A need for existing SE to be more comprehensive	The findings of this study are similar to other articles on the need for more to be done to make the existing SE/PEERS more comprehensive to meet the needs of Malaysian adolescents. We need to progress from the elementary teaching of physical development and sexual reproduction biology lessons to comprehensive age-appropriate SE that also addresses body rights, STIs,

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[308] Oswalt, "The Development of Gender Identity", NA, accessed December 4, 2018, https://www.mentalhelp.net/articles/the-development-of-gender-identity/

[309] Razali et al., "Are Malaysians Ready for Comprehensive Sexuality Education?", *Journal of Advanced Research in Social and Behavioural Sciences,* 9(1) (2017), 14-28, http://www.myjurnal.my/public/article-view.php?id=117963

	contraception information, consent, respect, responsibility and relationship.[310]
Morality of CSE and abstinence-only SE	The way a teacher teaches sexual health is as important as the information itself, and students are better able to succeed with a positive sense of self when schools are inclusive, welcoming, caring, respectful and safe.[311] When an educator imposes his/her personal values and religious beliefs into the various SE topics, adolescents who are already engaging in sexual relationships may feel like an outcast. The same applies when abstinence-only SE is being taught to adolescents in the school system. When this happens, the line of communication and the comprehensive information on SE that is supposed to be discussed in the classroom setting would have been shut down, causing miscommunication and misinterpretation of the subject matter. Teaching youngsters that abstinence is the best policy may serve the moral concerns about adolescence sexuality but sadly puts them at great risk for sexual problems and increased chances of engaging in unsafe sex.[312] Therefore, it is only logical for the IPPF Framework for CSE to assert that regardless who deliver the information, they should ideally be accessible, non-judgemental and have no personal agenda that they want to impose.
Fear-based SE	For years, SE provided for Malaysian adolescents has focused on encouraging young people to refrain from sex by raising fear towards unplanned pregnancies, abortion and STIs. Unfortunately, this fear-based SE has not been able to reverse the number of teenage pregnancies, sexual crimes or STIs among the young people of Malaysia. When adolescents cannot get answers to their questions and interest in sex, they go to the easily accessible resource, namely online porn,[313] and therein lies the problem.

[310] Ibid.

[311] Teachingsexualhealth.ca, "Your Values", NA, accessed December 4, 2018, http://www.myjurnal.my/public/article-view.php?id=117963

[312] Ley, "Repairing the Damage of Abstinence-Based Sex Education", 2016, accessed December 4, 2018, https://www.psychologytoday.com/us/blog/women-who-stray/201608/repairing-the-damage-abstinence-based-sex-education

[313] Ibid.

Acknowledging the power of technology in the world of adolescent SRHR	Teachers and parents acknowledged the power of technology in influencing the SRHR of adolescents. When educators and experts talk about the state of sex education in 2017, they keep returning to the concept of responsibility and this refers to being able to address more issues of mental health, navigating online safely and handling issues of anxiety and depression relating to friendships or romantic relationships. [314] The ITGSE also acknowledges the impact of technology and includes this element as part of Key Concept 4: Violence and Staying Safe. Under this key concept, the safe use of information and communication technologies is addressed. Corresponding to this, educators today must also recognise the different issues that are faced by adolescents due to the advancement of technology and find ways to address them.
Fear of accusations and misinterpretations	Many of the teachers, particularly male teachers who participated in the FGD sessions expressed their worries and concerns on being labelled as 'sex teachers'. A prevalent misconception on SE is that it encourages young people to have sex. On the contrary, numerous studies, including a comprehensive study by WHO have demonstrated that sex education programmes do not increase sexual activity or lead youth to engage in sex at an early age. This is in line with an unpublished report which revealed that most sexually experienced teens—at the ratio of 46% males and 33% females—did not receive formal education about contraception before they had their first sexual encounter.[315] Other evaluations of CSE programmes have shown that it can reduce frequency of sexual intercourse and the number of sexual partners as well as

[314] Hawkins, "When Sex Education Meets Technology", *LI Herald,* December 11, 2017, accessed December 4, 2018, http://liherald.com/stories/when-sex-education-meets-technology,98305

[315] Mohd Mutalip and Mohamed, "Sexual Education in Malaysia: Accepted or Rejected?"

	help young people use condoms and/or contraception more consistently.[316] The misconceptions held by the community at large prevent the implementation of CSE, particularly in more religious communities.
Reconciling the roles of teachers/schools and parents	There is a universal feeling that the sex education being taught at home, in the school or elsewhere is neither adequate nor is the right kind. Many parents would rather leave the responsibility of teaching SE to schools because their own parents struggled to talk to them, or due to the fear that talking about sex will encourage a child to experiment with sex too early.[317] However, parents become over-protective once schools take over the task of providing SE to their children. When schools make an effort to involve parents in the learning process, many are reluctant to participate as they are too embarrassed about it or think it is not important enough.[318] A local study[319] found that although parents entrusted the school with the education of their children, they do consider the subject of sex as off-limits and therefore expect teachers to be conservative on this matter. The Parent-Teacher Association, on the other hand, complained about the teachers teaching too much and out of syllabus.

The findings of this study also indicate that both parties feel like the other party has a bigger role to play in the implementation of CSE for adolescents. However, what is needed here is to be able to work together and find a way to provide a holistic and comprehensive SE with a strong support system for in- and out-of-school adolescents. |
| **Lack of trained teachers and the need of experts** | Although MOE and NPFDB had conducted various trainings for teachers to provide RH education in schools, the trainings were not sufficient, both in terms of content, length and reach. There is also a lack of continuity, |

[316] Advocates for Youth, "Myths and Facts about Comprehensive Sex Education"

[317] Kesterton, "Sex Education: What Role Should Parents Play?", *The Guardian,* May 30, 2012, accessed December 4, 2018, https://www.theguardian.com/society/2012/may/30/sex-education-parents-role

[318] Ibid.

[319] Akbari Kamrani and Yahya, "Bringing X, Y, Z Generations Together to Facilitate School-Based Sexual and Reproductive Health Education", *Global Journal of Health Science,* 8(9) (2016), 132-138, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5064091/

monitoring and willpower by the various parties involved. A study by Johari (2012) found that out of 380 respondents aged 20-23 years old, only 5% stated that their teachers taught SE clearly in schools.[320] Delivering SE confidently and effectively is very important. The mode of delivery and the preparedness of the teacher also play a significant role in determining the success of the modules. Teachers are also faced with limited teaching resources.[321]

Unfortunately, the trainings, which started off as Training of Trainers at the national level and later the state level, did not reach the district level in entirety, as planned. This leaves the rural adolescents lacking in terms of knowledge and skills related to SE. The loopholes in the system, which may be due to the lack of political will, funds and resources must be addressed in order to meet the needs of disadvantaged youths.

Although the topics covered under PEERS have a wider coverage, it is far from being comprehensive both in terms of content and reach. As there is no legal compulsion to make elements of SE compulsory within the school system and part of the examination syllabus, the prospect of it being side-lined by the school teachers because they may be uncomfortable to teach the topics or not equipped with enough information is very real.

In the meantime, both the teachers and parents noted that they would be more comfortable if subject experts carried out the relevant SE topics in schools.

Traditional views on sexuality and gender	All the participants had a holistic view on sexuality which includes mental and emotional growth. However, there was lack of understanding amongst the participants on the concept of 'gender'. The poor understanding amongst the adults, particularly teachers, probably had an effect on their

[320] Talib et al., "Analysis on Sex Education in Schools Across Malaysia"
[321] Akbari Kamrani and Yahya, "Bringing X, Y, Z Generations Together to Facilitate School-Based Sexual and Reproductive Health Education"

	teaching of the subject matter. This is an area of further research that may be carried out in detail to address the lack of gender and empowerment elements in CSE. A local study on gender equality and infanticide found evidence that the higher the gender inequality index, the higher the rates on infanticide.[322] Therefore, although the topic of gender and empowerment is a key element in the implementation of CSE, as outlined in the IPPF Framework for CSE and the ITGSE 2018, there is still a lack of understanding, awareness and information on 'gender' in the curriculum of the CSE programmes for in- and out-of-school adolescents.
Varying views on LGBT	The study noted the concerns of the teachers regarding the LGBT group among young people within the school system. The suggestions given by a few teachers in 'seeking help' for these young people imply discrimination and plans of stigmatising them within the school system. Teachers can do a lot to influence the climate in schools and ensure classrooms are places where all students feel safe and welcome.

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[322] Razali et al., "Infanticide and Illegal Infant Abandonment in Malaysia"

6. CONCLUSION & RECOMMENDATIONS

Based on the desk review, the study highlights some of the issues facing adolescents today and proposes the following plans of action:

ASRHR
- Engage meaningful youth participation in carrying out SDGs
- Recognise the need to increase understanding on the current issues of adolescents and YP

Teenage Pregnancy
Adopt and implement Promising Prevention Strategies (UNICEF)
- Implement CSE
- Youth development programmes and accesible contraceptive services
- Increase parental support via parenting programmes

HIV, AIDS and STIs
NSPEA 2015-2030
- The activities and programmatic targets need to be realistic, measurable and achieveable
- A proper unifying plan is needed for effective implementation, monitoring and evaluation

Child Marriage
- Review and abolish Malaysia's reservation to the CRC
- Review Malaysia's dual legal system
- Set a minimum age for marriage at 18 for all children
- Evidence-based findings are needed to call for law reforms

Child Sexual Abuse
- A consolidated, comprehensive and age appropriate SE is needed
- The young must be taught and empowered to take care of themselves through personal safety programmes

Child Sexual Grooming
- Multi-sectoral collaborations are needed to keep children safe online and offline
- Increase parental roles and open communication with YP regarding their sexuality
- Create a safe space for YP to seek information on their SRHR and discuss sensitive topics of interest

Based on the findings of the field study, a few recommendations for the implementation of CSE for in- and out-of-school adolescents in Malaysia are outlined. The recommendations are based on the theme 'comprehensive' and the discussion that follows is based on the elements stated in Figure 3, which are further detailed in Table 8.
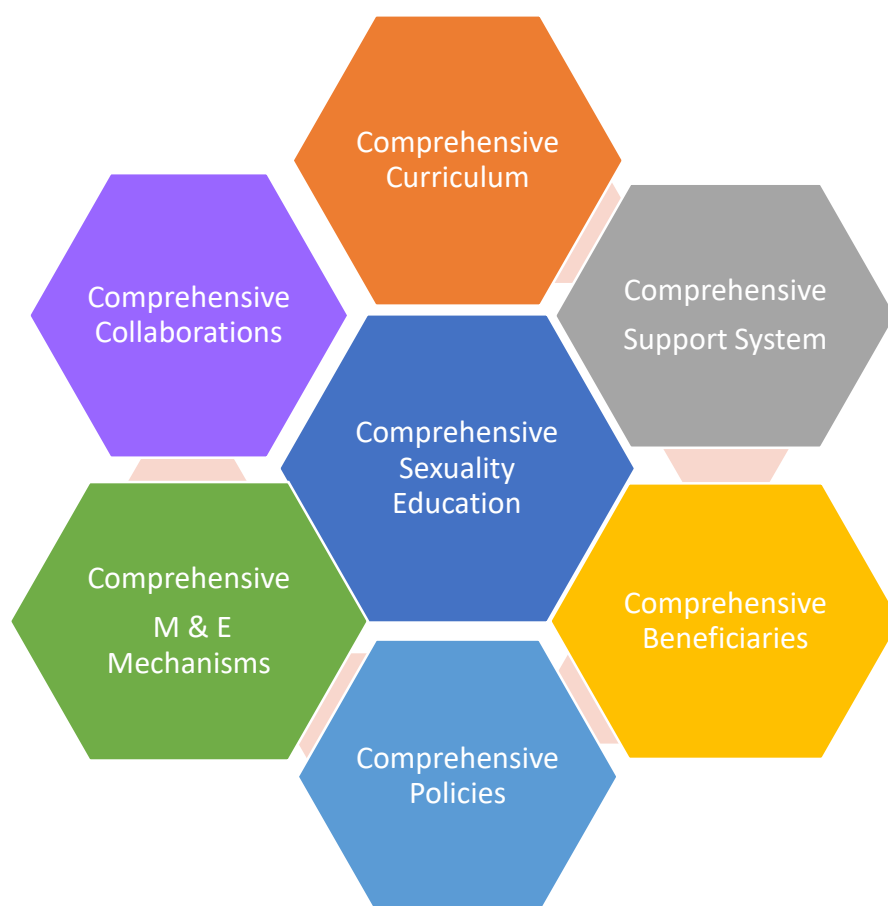

Figure 3 Recommendations for CSE Implementation

Table 8 Recommendations for CSE Implementation

RECOMMENDATIONS	DETAILS	EXPECTED OUTCOMES	INDICATORS	PROPOSED LEADING MINISTRY/AGENCY
1. Comprehensive Curriculum				
A CSE Curriculum that is based on the IPPF Framework for CSE and the eight key concepts in the ITGSE 2018	Because of its evolving nature, the existing PEERS curriculum must be expanded to include the 7 elements identified in the IPPF Framework for CSE and the eight key concepts in the ITGSE 2018.	A stand-alone subject or a curriculum that is taught as part of other subjects with the following key elements in place: Gender, SRH and HIV, sexual rights and sexual citizenship, pleasure, violence, diversity and relationship The curriculum must be rights-based and gender focused. Young people must be engaged in the development process and seen as 'partners and collaborators' of this curriculum.	A CSE curriculum	MOE

RECOMMENDATIONS	DETAILS	EXPECTED OUTCOMES	INDICATORS	PROPOSED LEADING MINISTRY/AGENCY
2. Comprehensive Support System				
Parent/Family involvement	This is to ensure that the information being taught at schools can be reinforced in the family home. Through such programmes, parents/guardians/caretakers may be introduced to the topics that will be taught to the adolescents in school and participate further via homework and assignments. Parents will be able to understand the lesson plan and be encouraged to speak to their children regarding SE.	(i) Increase parent and family engagement in providing CSE to young people (ii) Encourage healthy parent-child(ren) relationship and communication (iii) Increase school-parent connectedness	Development of programmes/information bank Number of schools carrying out the programmes	MWFCD/NPFDB

RECOMMENDATIONS	DETAILS	EXPECTED OUTCOMES	INDICATORS	PROPOSED LEADING MINISTRY/AGENCY
3. Comprehensive beneficiaries				
Ensuring that programmes reach the ground level – schools in districts etc.	The number of schools participating in the PEKERTI @ Schools program had to be reduced this year due to budget constraints. The government should place importance in the activities that will change the lives of our young people and invest in programmes that are far reaching. MOE must also ensure that teachers at the district level also acquire CSE trainings to facilitate their delivery of the curriculum.	No one gets left behind	Number of schools implementing CSE at national, state and district level	MOE
4. Comprehensive policies				
Strengthen laws, policies and frameworks on CSE Create a sustainable, comprehensive and inclusive SE for young people in Malaysia	Laws, policies and frameworks need to be strengthened Youth leaders should be engaged in this process as a learning platform to understand the causes that are being championed and the implications of these reforms	Policy reforms that may influence and change the lives of Malaysian adolescents.	Increase the age of marriage to 18 Elimination of the dual system	MWFCD

RECOMMENDATIONS	DETAILS	EXPECTED OUTCOMES	INDICATORS	PROPOSED LEADING MINISTRY/AGENCY
5. Comprehensive M&E Mechanisms				
Implementation of a more robust monitoring mechanism	A more robust CSE monitoring mechanism is needed within the education system, right from the training of trainers at the national level to the teaching of the curriculum in schools. Pending the implementation of this mechanism, the best strategy would be to ensure that CSE is taught to make it examinable in its entirety, if not as a standalone subject, then as part of other subjects. Teachers and students will take the subject more seriously when they are examined.	A more robust CSE M&E mechanism	MOE: Number of trainings (per year) completed at National, State and District level. Number of young people's participation at each level of monitoring. Schools/teachers: Number of teaching hours and topics completed	MOE
	A dedicated team at both national and state levels could facilitate the creation and implementation of CSE-specific indicators.	Team at national, state and district level	Number of students reached	
	A team of young people can	Team at national, state		

RECOMMENDATIONS	DETAILS	EXPECTED OUTCOMES	INDICATORS	PROPOSED LEADING MINISTRY/AGENCY
	also be formed to participate in M&E activities at national, state and district levels. This is to ensure representation and meaningful participation of young people in this programme at all levels.	and district levels		

6.   Comprehensive collaborations

RECOMMENDATIONS	DETAILS	EXPECTED OUTCOMES	INDICATORS	PROPOSED LEADING MINISTRY/AGENCY
Multi-disciplinary efforts	Collaboration efforts need to take place to ensure proper implementation of CSE in the country. Policy makers, educationists, health professionals, social activists, NGOs and GOs (including young people) will need to work together to make CSE a success in this country.	Full implementation of rights-based, informed choice CSE for young people A curriculum that practices meaningful youth participation	Either revision of the existing PEERS curriculum or the development of a new curriculum based on the IPPF Framework for CSE and the ITGSE 2018 Inclusion of YP at all levels	MWFCD/MOE

The implementation of CSE in Malaysia has been restricted by several gaps and challenges that exist within the country. A curriculum that is based on abstinence instead of informed-choice, the lack of parental and family support compounded by the lack of a robust M&E mechanism, untrained teachers and the lack of political willpower have decelerated the progress of CSE in the country. Based on the findings of the desk review and the qualitative study, the report recommends the following key actions to government agencies, policy-makers, UN agencies, civil society and other stakeholders in the country:

I.   **Increase and support efforts to widen the coverage of the existing CSE curriculum/programmes**
   a. SE that is currently made available in schools is focused on abstinence, with an emphasis on girls protecting their sexual organs
   b. Review and revise the existing curriculum on a periodic basis to ensure it is consistent with the current knowledge needs of adolescents
   c. Prioritise the inclusion of quality, confidential, inclusive and non-judgemental CSE curriculum, programmes and services
   d. Ensure that the existing curriculum includes the seven essential elements identified in the IPPF Framework for CSE and the eight concepts in the ITGSE 2018
   e. Ensure that the curriculum is rights-based, gender-focused and inclusive in its content
   f. Ensure that the curriculum includes information on how to access SRH services

II. **Invest in conducting a more robust monitoring and evaluation mechanism**
   a. Invest in conducting on-going monitoring and evaluation activities at national, state and district levels to ensure consistent and effective implementation of CSE programmes
   b. Include young people at all stages of monitoring and evaluation
   c. Invest in periodic research and data collection initiatives to take stock of the progress made and to identify room for improvement

III. **Create an enabling support system for adolescents to access CSE**

    a. Ensure training programmes are carried out for all teachers, caretakers and other stakeholders who will be directly involved in the implementation of CSE for in- and out-of-school adolescents

    b. Introduce sensitisation programmes for all parents, teachers, caretakers and community members to accept, understand and support the implementation of CSE for adolescents and to reduce stigmatisation and discrimination

    c. Establish an up-to-date 'information bank' for parents, teachers, caretakers and community members to increase their knowledge on CSE and its elements

    d. Invest in sensitisation programmes on ASRH for healthcare service providers and other front-line workers to increase their knowledge and skills in providing non-judgemental, complete and confidential services and information to adolescents

    e. Explore the use of technology and social media to increase outreach to all groups of adolescents

    f. Strengthen and prioritise laws, policies and other relevant policy frameworks that address adolescent SRHR, which is a fundamental human right of adolescents

IV. **Ensure adequate resource allocation for effective implementation of CSE programmes**

    a. Ensure adequate budget and monetary resources are allocated to advocate, implement and upscale the implementation of CSE programmes and curriculum at all levels

    b. Ensure adequate budget and human resources are allocated to the training of teachers at all levels

    c. Ensure adequate budget and human resources are allocated to the on-going monitoring and evaluation activities carried out at all levels

V. **Strengthen multi-disciplinary collaborations and efforts**

    a. Strengthen multi-disciplinary collaboration and efforts to ensure effective implementation of CSE in the country

b. Strengthen cross-sectoral coordination to ensure laws, policies and frameworks that address CSE are effectively implemented

VI. **Include/increase youth participation at all stages of advocacy, development, implementation, monitoring and evaluation of CSE programmes**

   a. Create platforms for young people to share their ideas and provide input for the development of policies, programmes and curriculums related to CSE

   b. Create opportunities for young people to advocate the implementation of CSE at state, national and international platforms

   c. Create meaningful engagement and participation of young people in the implementation, monitoring and evaluation of CSE programmes at national, state and district levels

In conclusion, Malaysia is changing. The new coalition government promised a 'Malaysia Baharu' (New Malaysia) after six decades of being governed by the same ruling party. With the first female deputy prime minister in service and eight other female ministers in the cabinet, Malaysia hopes to see positive changes happen. Several studies conducted in countries like United States, Australia, Canada, Germany and New Zealand have shown that women representatives in parliament bring positive impact.[323] Women legislators are more likely to support important issues that have been side-lined for years i.e. women's rights as well as bills that address issues like health, environment, human rights and family.[324] The ICPD POA is remarkable in its recognition that reproductive health and rights, as well as women's empowerment and gender equality are cornerstones of population and development programmes. Malaysia has advanced in these areas, but there is a long road ahead in setting out an ambitious agenda to deliver inclusive, equitable and sustainable goal development.

The recommendations hope to consolidate multi-sectoral efforts in bringing about the desired change to the existing CSE programme and services and meet young people's needs and priorities. If we do not meet young people's call for good quality CSE, the SDGs we have

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[323] Brown, "Time for Women to Rise Up."
[324] Ibid.

set for 2030 will not be achieved and the commitment that has been made to 'leave no one behind' cannot be kept. This report hopes to contribute in providing data-based evidences to the overall study on CSE in Malaysia.

7. Bibliography

Abdullah, Sharifah Mahsinah. "Kelantan Women Welcome Caning of Lesbian Couple." *New Straits Times*, September 4, 2018. https://www.nst.com.my/news/nation/2018/09/408170/kelantan-women-welcome-caning-lesbian-couple.

Advocates for Youth. "Myths and Facts about Comprehensive Sex Education," 2011. http://www.advocatesforyouth.org/storage/advfy/documents/cse-myths-and-facts.pdf.

Ahmed, Amsyar. "Is Child Marriage Actually Legal in Malaysia?," 2018. https://asklegal.my/p/adults-marry-children-minor-underage-marriage-malaysia-law.

Akbari-Kamrani, M. "Assessment of School-Based Sexual and Reproductive Health Education in Secondary Schools in Klang-Valley, Malaysia," n.d.

Akbari Kamrani, Mahnaz, and Sharifah Syed Yahya. "Bringing X, Y, Z Generations Together to Facilitate School-Based Sexual and Reproductive Health Education." *Global Journal of Health Science* 8, no. 9 (2016): 132–38. https://doi.org/10.5539/gjhs.v8n9p132.

Alford, Sue, Emily Bridges, Tanya Gonzalez, Laura Davis, and Debra Hauser. "Science & Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections." *Advocates for Youth*, 2003.

Anthony, Adeline. "Do Young Malaysians Know Enough about Sex? Survey Says, NO." *The Star*, May 22, 2016. https://www.star2.com/family/relationships/2016/05/22/do-young-malaysians-really-know-enough-about-sex-survey/.

ARROW. "What Does Comprehensive Sexuality Education, Including Access to Youth-friendly SRH Services Mean to Us: Elaboration of Key Principles and WHRAP-SEA Position." published on 2012.

Austin, Zubin, and Jane Sutton. "Qualitative Research: Data Collection, Analysis, and Management." *The Canadian Journal of Hospital Pharmacy* 68, no. 3 (2015): 226–31.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4485510/.

Beh, Lih Yi. "A Brutal Assault and Rising Fear in Malaysia's LGBT Community." *Thomson Reuters Foundation*, August 24, 2018. https://www.reuters.com/article/us-malaysia-lgbt/a-brutal-assault-and-rising-fear-in-malaysias-lgbt-community-idUSKCN1L9009.

BERNAMA. "Women Who Return to Work in 2019 to Get Tax Exemption." *FMT News*, November 26, 2018. https://www.freemalaysiatoday.com/category/nation/2018/11/26/women-who-return-to-work-in-2019-to-get-tax-exemptions/.

Boonstra, Heather D. "Advancing Sexuality Education in Developing Countries: Evidence and Implications." *Guttmacher Policy Review*, 2011.

Braun, and Clarke. *Successful Qualitative Research: A Practical Guide For Beginners*. *SAGE Publishing*. Publising, 2013. https://uk.sagepub.com/en-gb/asi/successful-qualitative-research/book233059.

Breuner, Cora C, and Gerri Mattson. "Sexuality Education for Children and Adolescents." *PEDIATRICS*, 2016. https://doi.org/10.1542/peds.2016-1348.

Brown, Victoria. "Groups Call for Sexual Harassment Act." *The Star*, January 27, 2018. https://www.thestar.com.my/news/nation/2018/01/27/groups-call-for-sexual-harassment-act-there-is-a-real-need-for-legal-reform-and-change/.

———. "Time for Women to Rise Up." *The Star*, May 27, 2018. https://www.thestar.com.my/news/nation/2018/05/27/time-for-women-to-rise-up-in-this-new-political-era-malaysia-should-make-more-history-by-appointing/.

Browne, Evie. "Comprehensive Sexuality Education." Department for International Development of UK Government, 2015. http://www.gsdrc.org/wp-content/uploads/2015/09/HDQ1226.pdf.

Bunyan, John. "50,000 Sex Crimes, Domestic Violence Cases since 2013." *The Malay Mail*, July 23, 2018. https://www.malaymail.com/s/1655182/50000-sex-crimes-domestic-violence-cases-since-2013.

Buston, K. "Implementation of a Teacher-Delivered Sex Education Programme: Obstacles and Facilitating Factors." *Health Education Research* 17, no. 1 (2002): 59–72. https://doi.org/10.1093/her/17.1.59.

Centers for Disease Control and Prevention, and WHO. "Global School-Based Student Health Survey: Malaysia," 2012. https://www.cdc.gov/gshs/countries/westpacific/malaysia.htm.

"Child Marriage Case Draws Attention in Malaysia." *Girls Not Brides*, May 24, 2013. https://www.girlsnotbrides.org/child-marriage-case-draws-attention-in-malaysia/.

Child Rights International Network. "Malaysia: Haven for Child Prostitution." ECPAT International, 2018.
https://www.crin.org/en/library/news-archive/malaysia-haven-child-prostitution.

Chin, Christina. "Fewer Women Opt for STEM." *The Star*. July 23, 2017.
https://www.thestar.com.my/news/nation/2017/07/23/fewer-women-opt-for-stem-malaysia-records-low-female-enrolment-in-science-stream/.

———. "Learning to Be Safety-Savvy Online." *The Star*, October 8, 2017.
https://www.thestar.com.my/news/education/2017/10/08/learning-to-be-safetysavvy-online/.

Cohen, Jacqueline N., E. Sandra Byers, and Heather A. Sears. "Factors Affecting Canadian Teachers' Willingness to Teach Sexual Health Education." *Sex Education* 12, no. 3 (2012): 299–316.
https://doi.org/10.1080/14681811.2011.615606.

Comango. "Malaysia's Cedaw Review: Stem the Regression of Women's Rights — Comango." *The Malay Mail*, February 26, 2018. https://www.malaymail.com/s/1585851/malaysias-cedaw-review-stem-the-regression-of-womens-rights-rizal-rozhan.

Darroch, Jacqueline E., Vanessa Woog, Akinrinola Bankole, and Lori S. Ashford. "Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents," 2014.
https://www.guttmacher.org/report/adding-it-meeting-contraceptive-needs-of-adolescents.

Department of Statistics Malaysia. "Abridged Life Tables, Malaysia, 2015-2017," 2017.
https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=dkdvKzZ0K1NiemEwNlJteDBSUGorQT09.

———. "Current Population Estimates, Malaysia, 2017-2018," 2018.
https://www.dosm.gov.my/v1/index.php?r=column/cthemeByCat&cat=155&bul_id=c1pqTnFjb29HSnNYNUpiTmNWZHArdz09&menu_id=L0pheU43NWJwRWVSZklWdzQ4TlhUUT09.

———. "Statistics on Women Empowerment in Selected Domains, Malaysia," 2018.
https://www.dosm.gov.my/v1/index.php?r=column/pdfPrev&id=SGMzVDh0cVUwK0t6SGN6UzhwN1dmdz09.

DUREX Malaysia, Family and Community Development Ministry of Women, and Perspective Strategies. "Malaysian Youth Sexual and Reproductive Health Survey." Kuala Lumpur, 2015.
https://www.durex.com.my/youth-survey/.

Edwards, Sophie. "UN Issues More Progressive Guidelines on Sex Education." *Devex*, January 25, 2018.
https://www.devex.com/news/un-issues-more-progressive-guidelines-on-sex-education-91893.

Fadzil, Firdaous. "Young Malaysians Have Poor Understanding of Reproductive Health, Says Survey." *The Star*, May 13, 2016. https://www.thestar.com.my/news/nation/2016/05/13/youths-making-bad-sexual-choices-young-msians-have-poor-understanding-of-reproductive-health-says-su/.

Firestone, R W, L A Firestone, and J Catlett. "Sex and Love in Intimate Relationships." *American Psychological Association*, 2006. http://psycnet.apa.org/record/2005-11561-000.

"For Every Child - Digital Safety." UNICEF, 2017. https://www.unicef.org/sowc2017/index_101887.html.

"Four Main Motivators of Child Marriage Identified in Malaysia." *The Sun Daily*, July 19, 2018. http://www.thesundaily.my/news/2018/07/20/four-main-motivators-child-marriage-identified-malaysia.

FRHAM. "FRHAM - Our Services," 2017. http://www.frham.org.my/index.php?our-services-1.

———. "FRHAM - Who We Are." FRHAM, 2017.

———. "Malaysia Country Profile on Universal Access to Sexual & Reproductive Health." accessed January 26, 2019, http://www.frham.org.my/pdf/publication/Country%20Profile_SRR%20final.pdf

FRHAM, RRAAM, and The Sexual Initiative. "Joint Stakeholder Submission on SRHR in Malaysia for the 17th Session of the Universal Periodic Review," 2013. http://www.sexualrightsinitiative.com/wp-content/uploads/UPR-Submission-by-FRHAM-RRAAM-SRI-final.doc.

Geneva: World Health Organization. "Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division", 2015. http://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.pdf;jsessionid=C5FCCAD FE7C31C3FE0EE5A5161166956?sequence=1

Goh, Melody. "2018 Women Empowerment Year: Enabling Women to Give Their Best." *The Star*, December 20, 2017. https://www.star2.com/people/2017/12/20/2018-women-empowerment-year/.

Government of Malaysia. "Federal Constitution Revised 1 November 2010," 2010. http://www.agc.gov.my/agcportal/uploads/files/Publications/FC/Federal Consti (BI text).pdf.

Grunseit, A, and S Kippax. "Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update." *Joint United Nations Programme on HIV/AIDS*, 1997. https://doi.org/10.1016/j.resmic.2007.11.009.

Gyles-McDonnough, Michelle. "Operationalizing the 2030 Agenda for Sustainable Development." In *SDG Symposium*, 2016.

Haberland, Nicole, and Deborah Rogow. "Sexuality Education: Emerging Trends in Evidence and Practice."

Journal of Adolescent Health 56, no. 1 (2015): 15–21. https://doi.org/10.1016/j.jadohealth.2014.08.013.

Harris Poll. "Accellerating Acceptance," 2017.
https://www.glaad.org/files/aa/2017_GLAAD_Accelerating_Acceptance.pdf.

Hawkins, Erik. "When Sex Education Meets Technology." *LI Herald*, 2017. http://liherald.com/stories/when-
sex-education-meets-technology,98305.

Hussin, "From 16 to 18: Selangor passes statutory amendments to raise minimum age for Muslims to marry"
News Straits Times, 2018, https://www.nst.com.my/news/government-public-
policy/2018/09/408681/16-18-selangor-passes-statutory-amendments-raise

Human Rights Watch. "Malaysia: End Arrests of Transgender Women," 2014.
https://www.hrw.org/news/2014/06/23/malaysia-end-arrests-transgender-women.

———. "Malaysia: Human Rights Watch Submission to the Committee on the Elimination of Discrimination
against Women Concerning Malaysia." *Asia News Monitor*, 2017.
https://www.hrw.org/news/2017/05/24/human-rights-watch-submission-committee-elimination-
discrimination-against-women.

———. "Malaysia: Transgender People Under Threat," 2014.
https://www.hrw.org/news/2014/09/24/malaysia-transgender-people-under-threat.

Hwei Mian, Lim. "Country Profile on Universal Access to Sexual and Reproductive Health: Malaysia," 2015.
https://arrow.org.my/wp-content/uploads/2015/04/Country-Profile-SRH-Malaysia.pdf.

Institute for Reproductive Health. "Reaching Very Young Adolescents (VYAs): Advancing Program, Research
and Evaluation Practices." Washington, 2010. http://irh.org/wp-
content/uploads/2013/04/IRH_VYA_Technical_Consultation_2010_Meeting_Report_FINAL.pdf.

International Planned Parenthood Federation. "Comprehensive Sexuality Education." Accessed October 12,
2018. http://www/ippf.org/resources/cse-report.

———. "Youth," n.d. www.ippf.org/our-priorities/youth.

IPPF. "IPPF Charter on Sexual and Reproductive Rights Guidelines." London, 2003.
https://www.ippf.org/sites/default/files/ippf_charter_on_sexual_and_reproductive_rights_guidlines.pdf.

———. "IPPF Framework for Comprehensive Sexuality Education," 2010.
https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf.

———. "Resources." Accessed October 12, 2018. www.ippf.org.resources.

Ismail, Shaarani. "Teen Had Complained of Stomachache, Constipation before Being Found Dead after Giving Birth." *New Straits Times*. October 15, 2018. https://www.nst.com.my/news/crime-courts/2018/10/421504/teen-had-complained-stomachache-constipation-being-found-dead-after.

Jayne, Tamara. "Hannah Yeoh: 15,000 Child Marriage Took Place in Malaysia Within the Last Decade." *SAYS*, July 30, 2018. https://says.com/my/news/there-are-15-000-child-marriage-cases-within-the-past-10-years.

Kaestle, Christine E., Carolyn T. Halpern, William C. Miller, and Carol A. Ford. "Young Age at First Sexual Intercourse and Sexually Transmitted Infections in Adolescents and Young Adults." *American Journal of Epidemiology* 161, no. 8 (2005): 774–80. https://doi.org/10.1093/aje/kwi095.

Kågesten, Anna, Susannah Gibbs, Robert Wm Blum, Caroline Moreau, Venkatraman Chandra-Mouli, Ann Herbert, and Avni Amin. "Understanding Factors That Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review." *PLoS ONE* 11, no. 6 (2016). https://doi.org/10.1371/journal.pone.0157805.

Kaler, Satpal. "Malaysia Needs Sex Education." *The Star*, April 30, 2018. https://www.rage.com.my/sexeducation/.

Kesterton, D. "Sex Education: What Role Should Parents Play?" *The Guardian*, May 2012. https://www.theguardian.com/society/2012/may/30/sex-education-parents-role.

Khalaf, Zahra Fazli, Wah Yun Low, Effat Merghati-Khoei, and Behzad Ghorbani. "Sexuality Education in Malaysia: Perceived Issues and Barriers by Professionals." *Asia-Pacific Journal of Public Health* 26, no. 4 (2014): 358–66. https://doi.org/10.1177/1010539513517258.

Kirby, D. "Sexuality and Sex Education at Home and School." *Adolescent Medicine* 10, no. 2 (1999): 195–209. https://www.ncbi.nlm.nih.gov/pubmed/10370704.

Kohler, Pamela K., Lisa E. Manhart, and William E. Lafferty. "Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." *Journal of Adolescent Health* 42, no. 4 (2008): 344–51. https://doi.org/10.1016/j.jadohealth.2007.08.026.

Ley, D J. "Repairing the Damage of Abstinence-Based Sex Education," August 2016. https://www.psychologytoday.com/us/blog/women-who-stray/201608/repairing-the-damage-abstinence-based-sex-education.

Liow, Sze Xian. "#MeToo Goes Global but Is Malaysia Ready for It?" *The Malaysian Insight*, February 5, 2018. https://www.themalaysianinsight.com/s/36205.

Low et al. " Access to Safe Legal Abortion in Malaysia: Women's Insights and Health Sector Response." *Asia-Pacific Journal of Public Health,* (2014): 1-5. DOI: 10.1177/1010539514562275

Malaysian AIDS Council. "Overview of the HIV & AIDS Epidemic in Malaysia," 2018. www.mac.org.my/v3/resources/hiv-statistics.

McKeon, B. "Effective Sex Education." Washington, 2006. https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fssexcur.pdf.

Ministry of Education. "Perlaksanaan Pendidikan Kesihatan Reproduktif Dan Sosial (PEERS) Melalui Kurikulum Pendidikan Kesihatan." Putrajaya, Malaysia, 2011.

Ministry of Finance Malaysia. "Eleventh Malaysia Plan," 2016. http://epu.gov.my/en/rmk/eleventh-malaysia-plan-2016-2020.

Ministry of Health Malaysia. "Garis panduaan Perawatan Ibu Postnatal di Hospital," 2010. http://fh.moh.gov.my/v3/index.php/ms/component/jdownloads/finish/16- kesihatan-ibu/116-garis-panduan-posnatal- di-hospital/0

"Guidelines On Termination Of Pregnancy (TOP) For Hospitals In The Ministry Of Health," 2012. http://www.moh.gov.my/images/gallery/Garispanduan/Guideline On TOP for Hospitals in MOH.pdf.

———. "Health Facts," 2017. http://www.moh.gov.my/images/gallery/publications/HEALTH FACTS 2017.pdf.

———. "Integrated Biological and Behavioral Survey," 2014. http://www.moh.gov.my/index.php/file_manager/dl_item/554756755a584a69615852686269394d59584276636d46754c305a70626d467358314a6c634739796446639a516b4a54587a49774d5452665245646c626d5276636e4e6c5a4335775a47593d.

———. "National Adolescent Health Plan of Action," 2015. http://fh.moh.gov.my/v3/index.php/component/jdownloads/send/21-sektor-kesihatan-remaja/345-nahpoa-2015-2020-print?option=com_jdownloads.

———. "National Strategic Plan for Ending AIDS 2016-2030." Putrajaya, 2016. http://www.moh.gov.my/images/gallery/Report/MalaysiaNSPEA2016-20302.3(Final_27Nov)_printed version.pdf.

Ministry of Women Family and Community Development. "Lembaga Penduduk Dan Pembangunan Keluarga Negara," 2018. http://www.lppkn.gov.my/index.php/en/features/objektif-lppkn.html.

Mmiwil, Olivia, and Pei Ying Teoh. "Sex Education Is a Must." *New Straits Times*, April 12, 2017. https://www.nst.com.my/news/nation/2017/04/229703/sex-education-must.

Mohamad Mokhtar, Mazlin, Doreen A Rosenthal, Jane S Hocking, and Nuraliza Abdul Satar. "Bridging the Gap: Malaysian Youths and the Pedagogy of School-Based Sexual Health Education." *Procedia - Social and Behavioral Sciences* 85 (2013): 236–45. https://doi.org/https://doi.org/10.1016/j.sbspro.2013.08.355.

Mohd Mutalip, Siti Syairah, and Ruzianisra Mohamed. "Sexual Education in Malaysia: Accepted or Rejected?" *Iranian Journal of Public Health*, 2012. https://doi.org/10.1080/0305724970260306.

Ngilangwa, David Paul, Sharanya Rajesh, Mercy Kawala, Rita Mbeba, Benatus Sambili, Serafina Mkuwa, Rita Noronha, Alfred Jackson Meremo, and Josephat Nyagero. "Accessibility to Sexual and Reproductive Health and Rights Education among Marginalized Youth in Selected Districts of Tanzania." *The Pan African Medical Journal* 25, no. 2 (2016). https://doi.org/10.11604/pamj.supp.2016.25.2.10922.

Olson, Parmy. "Here's Where Teens Are Going Instead of Facebook." Forbes, 2013. https://www.forbes.com/sites/parmyolson/2013/11/12/heres-where-teens-are-going-instead-of-facebook/#6484fca46f12.

Oswalt, A. "The Development of Gender Identity," n.d. https://www.mentalhelp.net/articles/the-development-of-gender-identity/.

Pereda, Noemí, Georgina Guilera, Maria Forns, and Juana Gómez-Benito. "The Prevalence of Child Sexual Abuse in Community and Student Samples: A Meta-Analysis." *Clinical Psychology Review* 29, no. 4 (2009): 328–38. https://doi.org/10.1016/j.cpr.2009.02.007.

Population Reference Bureau. "What Was Cairo? The Promise and Reality of ICPD," 2004. https://www.prb.org/whatwascairothepromiseandrealityoficpd/.

Ram, Sadho. "Malaysia Now Has A Special Court To Handle Sexual Crimes Against Children." *SAYS*, June 23, 2017. https://says.com/my/news/there-s-now-a-special-court-to-handle-child-sexual-crimes.

Razali, S, N A F Ramli, S S Hanafia, N N Abd Rahman, K Noor Md, M A Mat Rani, M A Hassan, and A F Ariffin. "Are Malaysians Ready for Comprehensive Sexuality Education?" *Journal of Advanced Research in Social and Behavioural Sciences* 9, no. 1 (2017): 14–28. http://www.myjurnal.my/public/article-view.php?id=117963.

Razali, Salmi, Maggie Kirkman, S. Hassan Ahmad, and Jane Fisher. "Infanticide and Illegal Infant Abandonment in Malaysia." *Child Abuse and Neglect*, 2014. https://doi.org/10.1016/j.chiabu.2014.06.008.

Regmi, Pramod R., Edwin van Teijlingen, Padam Simkhada, and Dev Raj Acharya. "Barriers to Sexual Health Services for Young People in Nepal." *Journal of Health, Population and Nutrition* 28, no. 6 (2010): 619–27. https://doi.org/10.3329/jhpn.v28i6.6611.

Rogow, Deborah, and Nicole Haberland. "Sexuality and Relationships Education: Toward a Social Studies Approach." *Sex Education* 5, no. 4 (2005): 333–44. https://doi.org/10.1080/14681810500278188.

Rosen, James E, Nancy J Murray, and Scott Moreland. "Sexuality Education in Schools: The International Experience and Implications for Nigeria." *National Stakeholders Meeting on Adolescent Sexuality and Reproductive Health Education*, 2003. http://www.policyproject.com/pubs/workingpapers/wps-12.pdf.

RRAAM. "Abortion." Accessed October 12, 2018. https://www.rraam.org/questions/pregnant-not-sure-what-to-do/abortion/.

———. "Abortion Statistics." Accessed October 12, 2018. https://www.rraam.org/resources/statistics/.

———. "Survey Findings of Knowledge and Attitudes of Doctors and Nurses on Abortion by the Reproductive Rights Advocacy Alliance Malaysia," 2007.

Saewyc, E M, L H Bearinger, R W Blum, and M D Resnick. "Sexual Intercourse, Abuse and Pregnancy among Adolescent Women: Does Sexual Orientation Make a Difference?" *Family Planning Perspectives*, 1999. https://doi.org/10.2307/2991695.

Safe Abortion Planned Parenthood. "Abortion Cost in Malaysia." Accessed October 12, 2018. http://safeparenthood.org/abortion-cost-in-malaysia/.

"Sexual Grooming Element Investigated in Case of Man Marrying Child: DPM." *The Sun Daily*, July 2, 2018. http://www.thesundaily.my/news/2018/07/02/sexual-grooming-element-investigated-case-man-marrying-child-dpm.

Shahbaz, S. "Comprehensive Sexuality Education (CSE) in Asia: A Regional Brief." Kuala Lumpur, 2018. https://arrow.org.my/wp-content/uploads/2018/03/ARROW-RP-CSE-AP-WEB.pdf.

Singh, Arushi. "The Essence of an Innovative Programme for Young People in South East Asia: A Position Paper on Comprehensive Sexuality Education (Including Youth-Friendly

Programming." Kuala Lumpur, 2012. https://arrow.org.my/wp-content/uploads/2015/04/Programme-for-Young-People_Position-Paper_2012.pdf.

Sipalan, Joseph. "Report: Malaysian Youths Fourth Most Active Internet Users." *The Malay Mail*, October 5, 2013. https://www.malaymail.com/s/541403/report-malaysian-youths-fourth-most-active-internet-

users-globally.

Stanley, Sheila. "Continuing to Protect Our Children." *The Star*, April 14, 2017.
https://www.thestar.com.my/metro/views/2017/04/14/continuing-to-protect-our-children-new-law-on-sexual-offences-one-of-many-ways-to-prevent-abuse-of-u/.

Stuart-Smith, S. "Teenage Sex." *BMJ* 312, no. 7028 (1996): 390–91.
https://www.ncbi.nlm.nih.gov/pubmed/8601098.

Suan, Mohd Azri Mohd, Adibah Hanim Ismail, and Haliza Ghazali. "A Review of Teenage Pregnancy Research in Malaysia." *Medical Journal of Malaysia* 70, no. 4 (2015): 214–19. http://www.e-mjm.org/2015/v70n4/teenage-pregnancy.pdf.

"Subra: 50 Teenagers Get Pregnant Daily." *The Star*, October 29, 2015.
https://www.thestar.com.my/news/nation/2015/10/29/teenage-pregnancy-50-cases-a-day/.

Swartzendruber, Andrea, and Jonathan M Zenilman. "A National Strategy to Improve Sexual Health." *JAMA*, 2010. https://doi.org/10.1001/jama.2010.1252.

Talib, Johari, Maharam Mamat, Maznah Ibrahim, and Zulkifli Mohamad. "Analysis on Sex Education in Schools Across Malaysia." *Procedia - Social and Behavioral Sciences*, 2012.
https://doi.org/10.1016/j.sbspro.2012.09.284.

Tan, Tarrence. "Government Urged to Allocate 7% of GDP for Healthcare." *The Star*, November 14, 2017.
https://www.thestar.com.my/news/nation/2017/11/14/govt-urged-to-allocate-7-of-gdp-for-healthcare/.

Teachingsexualhealth.ca. "Your Values," n.d. https://teachingsexualhealth.ca/teachers/sexual-health-education/understanding-your-role/your-values/.

"Teenagers 'Prefer Texting to Talking.'" *The Telegraph*, April 21, 2010.
https://www.telegraph.co.uk/technology/mobile-phones/7612663/Teenagers-prefer-texting-to-talking.html.

Teo, John. "Getting the Message Across." *The Star*, September 27, 2017.
https://www.thestar.com.my/opinion/letters/2017/09/27/getting-the-message-across/.

The Star. "Malaysia Makes Good Progress in Adopting UN Global Goals," May 9, 2018.
https://www.thestar.com.my/business/business-news/2018/05/09/msia-makes-good-progress-in-adopting-un-global-goals/.

Timbuong, Jo. "Police Arrest Student over Rape of 15-Year-Old." *The Star*, August 3, 2017. https://www.thestar.com.my/news/nation/2017/08/03/police-arrest-student-over-rape-of-15-year-old/.

Trenholm, C, B Devaney, K Forstson, J Wheeler, and M Clark. "Impact of Four Title V, Section 510 Abstinence Education Programs," 2007. https://aspe.hhs.gov/report/impacts-four-title-v-section-510-abstinence-education-programs.

UN Statistic Division. "SDG Indicator," 2019. https://unstats.un.org/SDGs/indicators/database/

UNDP. "Fast Facts: Youth as Partners for the Implementation of the SDGs," 2017. http://www.undp.org/content/undp/en/home/librarypage/results/fast_facts/fast-facts--youth-as-partners-for-the-implementation-of-the-SDGs.html.

———. "Malaysia Millennium Development Goals 2015 Report," 2015. http://www.my.undp.org/content/malaysia/en/home/library/mdg/malaysia-millennium-development-goals-2015-report-.html.

UNESCAP. "Documents for the Sixth Asian and Pacific Population Conference." Bangkok, 2013. https://www.unescap.org/official-documents/asia-pacific-population-conference/session/6.

———. "Mid-Term Review of the Asian and Pacific Declaration on Population and Development." Bangkok, 2018. https://www.unescap.org/intergovernmental-meetings/MTR-APPC.

UNESCO. "Comprehensive Sexuality Education: A Global Review," 2015. http://unesdoc.unesco.org/images/0023/002357/235707e.pdf.

———. "Comprehensive Sexuality Education: The Challenges of Scaling Up." Paris, 2014. http://unesdoc.unesco.org/images/0022/002277/227781e.pdf.

———. "International Technical Guidance on Sexuality Education: An Evidence-Informed Approach." Paris, 2018. http://unesdoc.unesco.org/images/0026/002607/260770e.pdf.

———. "Review of Policies and Strategies to Implement and Scale Up Sexuality Education in Asia and the Pacific." Bangkok, 2012. http://unesdoc.unesco.org/images/0021/002150/215091e.pdf.

UNFPA. "Comprehensive Sexuality Education." Accessed December 4, 2018. https://www.unfpa.org/comprehensive-sexuality-education.

———. "ICPD Beyond 2014 Expert Group Meeting on Women's Health: Rights, Empowerment and Social Determinants." Mexico City, n.d. https://www.unfpa.org/sites/default/files/event-pdf/womens_health_english.pdf.

———. "Regional Synthesis of National Progress Reports-Midterm Review of the Asian and Pacific Declaration on Population and Development, 26-28 November 2018, Bangkok, Thailand.

UNICEF. "Delivery Care," 2018. https://data.unicef.org/topic/maternal-health/delivery-care/

———. "Sexual Violence," 2017. https://data.unicef.org/topic/child-protection/violence/sexual-violence/.

———. "Some 1.2 Billion Adolescents Aged 10-19 Years Today Make up 16 per Cent of the World's Population," 2016.

———. "Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse," 2016. http://www.unicef.org/protection/files/Terminology_guidelines_396922-E.pdf.

———. "The State of the World's Children: Adolescence An Age of Opportunity," 2011. https://www.unicef.org/sowc2011/.

"UNICEF Launches Poll and #ReplyforAll Campaign on Internet Safety for Adolescents." *UNITED NATIONS*, June 7, 2016. https://news.un.org/en/story/2016/06/531402-unicef-launches-poll-and-replyforall-campaign-internet-safety-adolescents.

UNICEF, and Ministry of Women Family and Community Development. "Child Protection System in Malaysia," 2013. https://www.unicef.org/malaysia/Unicef_Child_protection_Oct_13_R7_(1).pdf.

United Nations. "Adolescents and Youth: Report of the Secretary-General," 2012. http://undocs.org/E/CN.9/2012/4.

———. "Definition of Youth." Accessed October 11, 2018. https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf.

———. "Envision2030 Goal 3: Good Health and Well-Being." Accessed October 12, 2018. https://www.un.org/development/desa/disabilities/envision2030-goal3.html.

———. "Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development," 2014. https://www.unfpa.org/publications/framework-actions-follow-programme-action-international-conference-population-and.

———. "MDG Monitor." Accessed October 12, 2018. http://www.mdgmonitor.org/millennium-development-goals/.

———. "Monitoring of Population Programs, Focusing on Adolescents and Youth: Report of the Secretary-General," 2012. http://undocs.org/E/CN.9/2012/5.

———. "Resolution 2009/1," 2009.
http://www.un.org/en/development/desa/population/commission/pdf/42/CPD42_Res2009-1.pdf.

———. "Resolution 2012/1," 2012.
http://www.un.org/en/development/desa/population/pdf/commission/2012/country/Agenda item
8/Decisions and resolution/Resolution 2012_1_Adolescents and Youth.pdf.

———. "Resolution 2014/1," 2014.
http://www.un.org/en/development/desa/population/commission/resolutions/index.shtml.

———. "Sustainable Development Goals." Accessed October 12, 2018.
https://www.un.org/sustainabledevelopment/.

———. "Sustainable Development Knowledge Platform Malaysia Voluntary National Review," 2017.
https://sustainabledevelopment.un.org/memberstates/malaysia.

———. "UN and SDGs: A Handbook for Youth," 2017. https://www.unescap.org/resources/un-and-SDGs-
handbook-youth.

———. "United Nations Youth," 2018. https://www.un.org/development/desa/youth/.

———. "Without young people, Global Goals will not be achieved, UN forum told," published 2018, accessed
January 12, 2019, https://www.un.org/sustainabledevelopment/blog/2018/01/without-young-people-
global-goals-will-not-achieved-un-forum-told/

———. "World Health Statistics 2018: Monitoring Health for the SDGs," 2018.
http://www.who.int/gho/publications/world_health_statistics/2018/en/.

———. "Youth 2030." Accessed October 12, 2018. https://www.un.org/youthenvoy/youth-un/.

United Nations Population Fund. "Adolescent Pregnancy: A Review of the Evidence," 2013.
https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT PREGNANCY_UNFPA.pdf.

Universal Periodic Review 31, Human Right Council, 2018

———. "Comprehensive Sexuality Education." Accessed October 11, 2018.
https://www.unfpa.org/comprehensive-sexuality-education.

———. "Framework of Actions for the Follow-up to the Programme of Action of the International Conference
on Population and Development," 2014. https://www.unfpa.org/publications/framework-actions-follow-
programme-action-international-conference-population-and.

———. "International Conference on Population and Development." Accessed October 12, 2018. https://www.unfpa.org/icpd.

———. "Program of Action: Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994," 1994. https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf.

———. "The Power of 1.8 Billion," 2014. https://eeca.unfpa.org/en/news/power-18-billion.

USAID. "Held Back by Fear: How Stigma and Discrimination Keep Adolescents from Accessing Sexual and Reproductive Health Information and Services." Washington, 2016. http://www.healthpolicyplus.com/ns/pubs/2112-3193_TanzaniaHeldBackbyFearFinal.pdf.

WAO. "Set Timeline for Gender Equality Act: WAO." *The Sun Daily*, March 9, 2018. http://www.thesundaily.my/news/2018/03/10/set-timeline-gender-equality-act-wao.

———. "Women's Aid Organisation." Accessed October 12, 2018. www.wao.org.my/news/FAQs.

World Bank. "Adolescent Fertility Rate," 2016. https://data.worldbank.org/indicator/sp.ado.tfrt.

World Economic Forum. "The Global Gender Gap Report," 2017. https://www.weforum.org/reports/the-global-gender-gap-report-2017.

World Health Organization. "Constitution of WHO: Principles," 1946. https://www.who.int/about/mission/en/.

———. "Country Cooperation Strategy 2016-2020," 2017. http://iris.wpro.who.int/handle/10665.1/13565.

———. "Global Health Observatory (GHO) Data: Adolescent Birth Rate," 2018.

———. "Global health Observatory Indicator Views," 2016. http://apps.who.int/gho/data/node.imr.PREVANEMIA?lang=en

———. "Millennium Development Goals." Accessed October 12, 2018. http://www.who.int/topics/millennium_development_goals/about/en/.

———. "Recognizing Adolescence," 2014. http://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html.

———. "Sixty-Forth World Health Assembly: Resolution WHA 64.28: Youth and Health Risks," 2011.

———. "Social Determinants of Health and Well-Being among Young People," 2010. http://www.hbsc.org/publications/factsheets/Gender-english.pdf.

———. "WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents

in Developing Countries," 2011.

http://www.who.int/immunization/hpv/target/preventing_early_pregnancy_and_poor_reproductive_o

utcomes_who_2006.pdf.

———. "World Health Statistics 2017: Monitoring Health for the SDGs," 2017.

http://www.who.int/gho/publications/world_health_statistics/2017/en/.

APPENDIX

Appendix 1: Interview Guide for FGD – Adolescents

INTRODUCTION

Good morning/afternoon/evening

Firstly, thank you for allocating some time to participate in this Focus Group Discussion (FGD). We are here today on behalf of the Federation of Reproductive Health Association, Malaysia to discuss and ask some pertinent questions with regards to the topic of "Comprehensive Sexuality Education (CSE) for Malaysian Adolescents: How Far Have We Come?" The objective of this FGD is to gather the views and experiences of adolescents regarding the implementation of CSE in schools and take note of the gaps that may currently exist in the same. It is our hope that the information gathered from this discussion will contribute to the introduction and implementation of a truly comprehensive CSE either in or out of school.

For your kind information, all matters discussed and shared in this session will be treated as private and confidential. All information disclosed today is for the sole purpose of reporting and no personal details will be shared in any of our public documentation. This is a safe space to share ideas, experiences and grievances in relation to the implementation of CSE in Malaysia. We will be asking questions relevant to the topic and we hope that you will be able to share your knowledge, views and experiences as openly as you can. All answers will contribute to the report. Should there be questions that are unclear, kindly request for it to be rephrased and/or repeated if necessary. Should you feel uncomfortable answering certain questions, you have the right to state "I am uncomfortable with the question asked" and refrain from answering it.

The session will take between 45 minutes to 60 minutes. We would like to stress that this discussion is carried out with the permission and agreement of all participants. No form of threat, force or coercion is used in the process.

Thank you for your cooperation.

FGD Questions (Adolescents)

Information/Education
1. What is your understanding of the term "Comprehensive Sexuality Education"?
2. Where do you/your friends receive CSE?
3. What are the topics taught to you/your friends under CSE?
4. In your opinion, is the CSE currently provided relevant and up-to-date? What are some of the topics that may be relevant today but is currently not being addressed?
5. In your opinion, what kind of CSE programmes would best appeal to adolescents?
6. In your opinion, who would be the right person to provide CSE to adolescents?
7. What are some of the challenges faced by you/your friends in receiving CSE?
8. In your opinion, what are some of the information about sexuality that may be difficult to obtain? Why?
9. Is CSE ultimately important for adolescents?
10. Do you feel that CSE is important for YOU?
Note: Q11 is for young people from the halfway home for pregnant girls and the 3 government-run juvenile rehabilitation centres.
11. In your opinion, would proper CSE have equipped you to choose a different path in life? How? Can you provide examples?
Accessibility & Services
1. Would you/your friends know where to seek information on SRH?
2. Have you/your friends ever visited a centre/clinic providing SRH services?
a. What do you/your friends think about the services provided?
b. Would you return to that centre/clinic in the future or refer anyone else to seek information and services there?
Values and attitude of adolescents on gender and sexuality
1. What is your take on sexuality?
2. What is your understanding of gender and the importance of this topic in CSE?
3. Do you feel that topics on LGBT should be included as part of CSE?
4. In your opinion, should CSE include the element of reforming people who are LGBT?

Appendix 2: Interview Guide for FGD – Parents and Teachers

<u>INTRODUCTION</u>

Good morning/afternoon/evening

Firstly, thank you for allocating some time to participate in this Focus Group Discussion (FGD). We are here today on behalf of the Federation of Reproductive Health Association, Malaysia, to discuss and ask some pertinent questions with regards to the topic of "Comprehensive Sexuality Education (CSE) for Malaysian Adolescents: How Far Have We Come?" The objective of this FGD is to gather the views and experiences of selected teachers and parents regarding the implementation of CSE in schools and take note of the gaps that may currently exist in the same. It is our hope that the information gathered from this discussion will contribute to the introduction and implementation of a truly comprehensive CSE either in or out of school.

For your kind information, all matters discussed and shared in this session will be treated as private and confidential. All information disclosed today is for the sole purpose of reporting and no personal details will be shared in any of our public documentation. This is a safe space to share ideas, experiences and grievances in relation to the implementation of CSE in Malaysia. We will be asking questions relevant to the topic and we hope that you will be able to share your knowledge, views and experiences as openly as you can. All answers will contribute to the report. Should there be questions that are unclear, kindly request for it to be rephrased and/or repeated if necessary. Should you feel uncomfortable answering certain questions, you have the right to state "I am uncomfortable with the question asked" and refrain from answering it.

The session will take between 45 minutes to 60 minutes. We would like to stress that this discussion is carried out with the permission and agreement of all participants. No form of threat, force or coercion is used in the process.

Thank you for your cooperation.

FGD Questions (Parents/Teachers)

Implementation of CSE in the School Curriculum

1. What is your understanding of the term "Comprehensive Sexuality Education"?
2. In your opinion, where do adolescents go to obtain CSE?
3. At present, is CSE provided as a separate subject or as an integrated content in other subjects? Please state the subject/topic and how much time is currently being allocated for each session.
4. What are the methods currently used when providing CSE? Who are the teachers?
5. In your opinion, who would be the right person to provide CSE to adolescents?
6. In your opinion, are adolescents given sufficient knowledge and skills in CSE?
7. In your opinion, is CSE currently relevant and up-to-date?
8. In your opinion, do schools play an important role in the implementation of CSE?

Teacher's Background (For teachers only)

1. Have you ever been trained to provide CSE?
2. If you answered YES for Q1, please indicate the CSE topics have you been trained to teach and the total number of training hours received.

If you answered NO, please proceed to Q3

3. In your opinion, have you received sufficient support/assistance/training to provide CSE for your students? From the school head? From MOE? From parents?
4. What is the further support/assistance/training needed to ensure that you are equipped with the knowledge and skills to provide CSE in your respective schools?

Values and attitude on gender and sexuality

1. What is your take on sexuality?
2. What is your understanding of gender and the importance of this topic in CSE?
3. In your opinion, should topics on LGBT be included in the CSE?
4. In your opinion, should CSE include the element of reforming people who are LGBT?

Thank you for your contribution.

Appendix 3: In-depth Interview (IDI) Informed Consent

Good morning/afternoon/evening

My name is _____ and this is my assistant, _____.

Firstly, thank you for allocating some time to participate in this In-depth Interview (IDI). We are here today on behalf of the Federation of Reproductive Health Association, Malaysia, to discuss and ask some pertinent questions with regards to the topic of "Comprehensive Sexuality Education (CSE) for Malaysian Adolescents: How Far Have We Come?" The objective of this IDI is to attain key stakeholders' perspective on the progress of CSE in Malaysia. It is our hope that the information gathered from this discussion will contribute to the introduction and implementation of a truly comprehensive CSE either in or out-of-school.

For your kind information, all matters discussed and shared in this session will be treated as private and confidential. All information disclosed today is for the sole purpose of reporting and no personal details will be shared in any of our public documentation. This is a safe space to share ideas, experiences and grievances in relation to the implementation of CSE in Malaysia. We will be asking questions relevant to the topic and we hope that you will be able to share your knowledge, views and experiences as openly as you can. All answers will contribute to the report.

The session will take between 45 minutes to 60 minutes. We would like to stress that this discussion is carried out with the permission and agreement of all participants. No form of threat, force or coercion is used in the process. At this point, I would like to attain your verbal consent.

Thank you for your cooperation. Can we begin?

Appendix 4: IDI Questions for Key Informant – Ministry of Education

1. What are your views on the current implementation of CSE in Malaysia?

2. How is CSE/SE implemented in Malaysia? Can this be considered comprehensive?

3. In your opinion, is the existing programme/curriculum relevant and sufficient in providing CSE to the adolescents?

4. In your opinion, are Malaysians ready to accept CSE for adolescents?

5. (Other than PEERS), what other roles does MOE play in the implementation of CSE amongst adolescents in school?

6. In your opinion, are schools and their teachers comfortable and equipped to provide CSE to adolescents?

7. Is the training (on CSE/SE) received by the teachers sufficient?

8. In your opinion, who has the biggest responsibility in imparting CSE to adolescents, parents, teachers or specific teachers?

9. Are there any CSE/SE programmes for specific target groups?

10. What are some of the collaborations between MOE and other agencies that have been established in your effort to provide CSE to adolescents? (module development, training etc.)

11. In your opinion, which ministry should champion the cause of implementing CSE for adolescents in Malaysia?

12. What are the existing gaps/challenges/obstacles faced in implementing CSE in Malaysia? How do you propose to address them?

13. What is MOE's hope towards the future of CSE within the school system?

1. What are your views on the current implementation of CSE/SE in Malaysia?

2. How is CSE/SE implemented in Malaysia? Can this be considered comprehensive?

3. In your opinion, is the existing programme/curriculum relevant and sufficient in providing CSE to the adolescents?

4. Based on your experience in the medical practice, what are some of the more recent cases involving adolescents' reproductive health?

5. Is there a change in the trend of the cases compared to the years before?

6. What is the role played by MOH in the implementation of CSE amongst Malaysian adolescents?

7. What are the modules used and how often are the activities carried out?

8. What are some of the SRH services provided by MOH specifically for young people? Are they private and youth-friendly?

9. What are some of the collaborations between MOH and other agencies that have been established in your effort to provide CSE to adolescents? (module development, training etc.)

10. In your opinion, which ministry should champion the cause of implementing CSE for adolescents in Malaysia?

11. What are the existing gaps/challenges/obstacles faced in implementing CSE in Malaysia? How do you propose to address them?

12. What is MOH's hope towards the future of CSE within the school system?

1. What are your views on the current implementation of CSE/SE in Malaysia?

2. How is CSE/SE implemented in Malaysia? Can this be considered comprehensive?

3. In your opinion, is the existing programme/curriculum relevant and sufficient in providing CSE to the adolescents?

4. Based on your experience in the medical practice, what are some of the more recent cases involving adolescents' reproductive health?

5. Is there a change in the trend of the cases compared to the years before?

6. What is the role played by the NPFDB in the implementation of CSE amongst Malaysian adolescents?

7. What are the modules used and how often are the activities carried out?

8. What are some of the SRH services provided by NPFDB specifically for young people? Are they private and youth-friendly?

9. What are some of the collaborations between NPFDB and other agencies that have been established in your effort to provide CSE to adolescents? (module development, training etc.)

10. In your opinion, which ministry should champion the cause of implementing CSE for adolescents in Malaysia?

11. What are the existing gaps/challenges/obstacles faced in implementing CSE in Malaysia? How do you propose to address them?

12. What is the NPFDB's hope towards the future of CSE within the school system?

1. What are your views on the current implementation of CSE in Malaysia?

2. In your opinion, is the existing programme/curriculum relevant and sufficient in providing CSE to the adolescents? Is it sufficient to preach abstinence-only education to adolescents?

3. In your opinion, are schools and their teachers comfortable and equipped to provide CSE to adolescents?

4. Is the training provided by the NPFDB and MOE for the teachers sufficient?

5. In your opinion, are schools and their teachers comfortable and equipped to provide CSE to adolescents?

6. In your opinion, who has the biggest responsibility in imparting CSE to adolescents, parents, teachers or specific teachers?

7. Are there any CSE/SE programmes for specific target groups?

8. What are some of the collaborations between NPFDB and other agencies that have been established in your effort to provide CSE to adolescents? (module development, training etc.)

9. In your opinion, which Ministry should champion the cause of implementing CSE for adolescents in Malaysia?

10. What are the existing gaps/challenges/obstacles faced in implementing CSE in Malaysia? How do you propose to address them?

11. What is NUTP's hope towards the future of CSE within the school system?

This research is part of the State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25) monitoring initiative by ARROW. This initiative includes 13 partners and generates monitoring evidence for twenty-five years of implementation of the ICPD PoA in the respective countries for advocacy. The evidence from the report is expected to inform the Mid-term Review of the 6th Asia Pacific Population Conference (APPC) in 2018 at the regional level, the national policy dialogues in 2019 at the national level, and the ICPD+25 review in 2019 at the international level.

ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

FRHAM is the leading service-based non-profit NGO in Malaysia advocating and promoting sexual and reproductive health, including family planning and reproductive rights of women, men and young people. FRHAM provides services and information through 29 static clinics and 272 mobile points to our beneficiaries based on informed choice and no coercion. Our principles are guided by rights-based approach, non-discrimination on any basis, including sex, politics, race, religion or status, incorporating the progressive agenda of various international organisations, such as the International Planned Parenthood Federation (IPPF) whom FRHAM is an accredited member of. In 2012, FRHAM was awarded the United Nations Population Award for our work with vulnerable communities such as rural communities, sex workers, people living with HIV, refugees and young people.

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