

**Original Article**

## **Sexuality Means “Sex”: Opinions of Parents on Sexuality Education in Malaysia**

**Fatimah Sham**

Lecturer, Faculty of Health Science & Maternofetal and Embryology Research Group, Puncak Alam Campus, University of Technology, MARA (UiTM), Malaysia

**Wan Nur Atiqah Wan Mohd Zaidi**

Lecturer, Faculty of Health Science, Puncak Alam Campus, University of Technology, MARA (UiTM), Malaysia

**Zariq Nadia Zahari**

Lecturer, Faculty of Health Science, Puncak Alam Campus, University of Technology, MARA (UiTM), Malaysia

**Ajau Danis,**

Lecturer, Basics Science Department, Faculty of Health Science, Puncak Alam Campus, University of Technology, MARA (UiTM), Malaysia

**Salmi Razali**

Lecturer, Department of Psychiatry & Maternofetal and Embryology Research Group, Faculty of Medicine, Sungai Buloh Campus, University of Technology, MARA (UiTM), Malaysia

**Corresponding Author:** Fatimah Sham, Puncak Alam Campus, University of Technology MARA (UiTM), Puncak alam, 42300 Kuala Selangor Selangor, Malaysia    Email: sham.fatimah2018@gmail.com

---

### **Abstract**

**Background:** Malaysia has implemented sexuality education as part of its mainstream school curriculum since about half a decade ago. However, the controversy and lack of knowledge on sexuality education among the public continue despite evidence that comprehensive sexuality education may effectively promote sexual health.

**Objective:** Aims of this study was to explore the understanding and perspectives of parents on sexuality education in Malaysia.

**Methods:** A qualitative study was conducted among eight parents (four mothers and four fathers) aged between 33 and 53 years old. All participants gave informed consent. Semi-structured interviews were conducted, audiotaped and transcribed. All quotes were encoded using Qualitative Data Analysis (QDA) Miner program and data was analysed using a thematic analysis.

**Results:** Four themes emerged from the analyses; i) misunderstanding of the meaning of terms, ii) attitude of parents towards sexuality education, iii) accessible structural support in sexuality education, and iv) strategies and approaches. Most parents we interviewed have misunderstood the concept of sex that the construct was believed to be exclusive for sexual intercourse. The misconception was further reinforced by the lack of knowledge on sexuality among parents themselves, the needs to conform to sociocultural expectations, poorly trained educators, and various other hurdles to accessing services related to enhancing sexuality education. Hence, parents suggested measures to enhance their knowledge on sexuality, equipped and trained educators at school and implementation of a comprehensive sexuality education which is acceptable to multicultural Malaysians.

**Conclusion:** Parents lack understanding of sexuality education, hence positive and comprehensive approaches to teaching about sexuality are required.

**Keywords:** sex, sexual, sexuality, parents, sexuality education

---

## Introduction

“Sex” is referring to the biological characteristics that define humans as female or male while ‘sexual’ means a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity as according to World Health Organization (WHO, 2019). WHO also defined ‘sexuality’ as a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. As teenagers grow they make decisions about relationships, sexuality, and sexual behaviour (Alexander, Jemmott, Teitelman, & D'antonio, 2015). The decisions can impact their health and well-being. Teenagers have the right to lead healthy lives, and society has the responsibility to prepare them by providing sexuality health education that gives them the tools they need to make healthy decisions. Sexuality education is more than on anatomy and the physiology of biological sex and reproduction. It covers healthy sexual development, gender identity, interpersonal relationships, affection, sexual development, intimacy, and body image for all adolescents, including adolescents with disabilities, chronic health conditions, and other special needs (Breuner & Mattson, 2016; Martino et al., 2008). According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), the aims are to provide children and young people with knowledge, skills, attitudes and values that will help empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (UNESCO, 2018).

The pregnancy rate among Malaysian teenagers is alarming - with around 18,000 teenage pregnancies recorded in 2014, the Health Ministry revealed.

The deputy minister attributed it to the high number of cases in teenage pregnancies were the lack of awareness among these adolescents on proper family planning and no proper guidance from their elders (The Sun Daily, 2015). In addition to these social problems include baby dumping or abandonment which has been stagnant

since 2008 to 2013 with 90 cases each year (The Sun Daily, 2015). In Southeast Asia, child marriage, early unions and teen pregnancy continue to rise in some countries and are not falling rapidly enough in others. While adolescent birth rates have declined globally, they have remained generally stagnant or even increased in Southeast Asia, with wide-ranging variations between countries. The average adolescent birth rate in the region according to the United Nations Population Fund is 47 births per 1000 females aged 15 to 19, higher than the average of 35 in South Asia and close to the global average of 50 (UNFPA, 2018).

Comprehensive sexuality education (CSE) is defined by the guidance as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. CSE aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and understand and ensure the protection of their rights throughout their lives (UNESCO, 2018). In spite of the controversy of sex education, studies conducted indicate that sex education does not encourage sexual activity and in fact, promotes abstinence and offers adolescents with the knowledge and skills related to responsible sexual behaviour (Syairah, Mutalip, & Mohamed, 2012). Being informed sufficiently regarding sexuality is the rights of all children. Majority were not received adequate and proper knowledge on sexuality, leaving them uninformed while making decisions and making them susceptible to abuses, sexually transmitted diseases (STDs) and unintended pregnancy (Shahbaz, 2018).

## Methods

**Study design and sample:** This study is a qualitative research that investigating the understanding and perspectives of parents on sexuality education in Malaysia. We carried out interviews face-to-face with eight parents (four mothers and four fathers) aged between 33 and 53 years old. The participants were chosen purposely for their rich experiences as a parent.

**Procedure and interview guideline:** After informed consent were given, in order to put the

participants at ease, at the beginning, each of them was asked to talk about ordinary routine life activities. Then, demographic data were documented. The session continued with gentle prompts encouraged them to describe regarding their experiences including:

- “Could you please share with us your understanding of sexuality education?”
- “Does parent responsible to educate his/her children on sexuality? If ‘yes’, what is the responsibility of parents towards sexual education to their children?”
- “What are the challenges in the delivery of sexual education?”
- “In your opinion, what are strategies and approaches to strengthen sexual education?”

We used open-ended questions to allow the participants to tell about their opinion. The participants were encouraged to give elaboration if their accounts were brief and not well understood by the researchers. For example, "Just now you were saying that...could you please elaborate more? The interviews were audiotaped, transcribed verbatim and later given to the participants for verification.

**Data analysis:** Analysis began by making sure all identifying details were disguised in or deleted from transcripts and pseudonyms were used. We used thematic analysis to analyse the transcripts. The process involved repetitive reading and careful line-by-line analysis on the manuscripts. Each sentence was coded, then similar codes were grouped together to be the emergent themes that have similar messages. The articles were re-read for further evidence of other emergent themes. We continued the process until there was no more theme. Discussions were done between team members over any disagreement of the themes or content. Final read of articles was done to ensure that the main theme had represented the overall information given by the participants.

All authors discussed every aspect of the analysis and resolved any differences. We used Qualitative Data Analysis (QDA) Miner program to assist with the analysis. The research was approved by the Medical and Research Ethics Committee of Universiti Teknologi MARA, Malaysia; 600-IRMI

(5/1/6); REC/471/18. All participants gave informed consent.

## Results

**Background of the participants:** A total of eight parents consisted of four mothers and four fathers, aged between 33 to 53 years old were interviewed in this study. Six of them working as government servants, one high school teacher and a businesswoman. The level of education among parents are varying from SPM to degree holder. Seven parents were married and one of them is a single mother. The participants have one to seven children. Three of them have children aged 15-19 years old and the remaining have infant and school-aged children.

**Themes:** Four themes emerged from the analyses; i) misunderstanding of the meaning of terms, ii) attitude of parents towards sexuality education, iii) accessible structural support in sexuality education, and iv) strategies and approaches.

**Misunderstanding of the meaning of terms:** All of the parents stated that sex means intimate relationship between male and female. They explained that sex can be sexual intercourse between man and woman and sex between the same gender but they believed only sex after marriage is allowed in Islam. One of the parents who is a radiologist described that,

*“[sex education is teaching] sex or intimate relationship between male and female, husband and wife but it can be towards natural tendency or transgressive.”* (Translated, Mr M, 33).

The misunderstanding according to the participants occurred as a result of lack of exposure to sexuality education among parents themselves. All of the parents agreed that they never received enough sexuality education since young. They only learnt a little bit from science class and religious class while the parents never taught or never discussed about sexuality education at home. A father was an Assistant Science Officer commented,

*“Back then there was no sexuality education been taught in our school. What we learnt a little bit from a science teacher, religious person but there was no specific sexuality education subject. I think sex education should become an official subject so that we can learn more detail.”* (Translated, Mr S, 40)

The participants said that from what they had learnt about sexuality education before was not enough. Through reading, it was noted that the information is not only focusing on sex education from the perspective of the science but also on the religion point of view. Participants were able to gain more knowledge regarding sex education by reading articles and videos that are available online. One of the participants said,

*“Sometimes I ask people or friends, but the information is not enough, so I search on the internet. Internet provides many articles that discuss sex education”* (Translated, Madam H, 33)

**Attitude of parents towards sexuality education:**

Participants were aware that they were lacking the knowledge on sexuality but did realize the importance of sexuality education for their children. The parents mentioned that they need to equip themselves with the right knowledge before sharing and teaching their children about the subject. A father commented that;

*“As a father, I believed that it is important to impart sex education knowledge to children as this will make them to understand the sexual notion better. As the children grows into the teenager, they will learn about the term sex and then they will have the natural attraction to sexual stuff. As a father, I must be prepared to share the knowledge, but at the same time, I need to equip myself with sufficient reading.”* (Translated, Mr S, 40)

All participants believed that family especially parents play a pivotal role in giving proper education to their children. Since, children tend to ask a lot of questions and get curious when it comes to sex education. So, parents used the many type of medium to gain the right knowledge before sharing the information with their children such as to read book or magazine and use internet as their source of information such as by watching videos or reading articles available online.

It is depending on the children’s preference on who should deliver sexuality education either mother or father so that sexuality education could be apprehended. 7 out of 8 participants stated that the mother is the best person to educate since the mother is closer and tend to be more comfortable with their children. But, the role of father was undeniable. A father stated that;

*“If the child is a girl, most of the time, the mother will be the one that would share about sexual health. But as for my children, they like to ask me (his father). They didn’t ask their mother about the “sex education” thingy that much.”* (Translated, Mr S, 40)

**Accessible structural support in sexuality education:**

Two out of the participants said that parents who are too busy have limited time to sit together with the children and lack of control can result in much freedom received by the children. The broken family also a contributing factor to lack of love and attention among the children. A mother further explained that,

*“Problems in the family such as broken family and strict parenting would make the child felt like there’s no one wants to hear her/him, so she/he find another person which is her/his friend to pour the feelings. But if the friends she/he met bring good influences, it’s okay but we afraid if the influences are bad, that makes the child acts wild.”* (Translated, Madam D, 53)

Besides from family/parents’ support, school also plays important role in delivering sexuality education. One of the fathers also suggested that the teacher who teaches the subject should not be embarrassed when talking about sexuality education. Because if so, the students would not completely understand the contents, thus, they would go home and ask their parents where the parents also might have inadequate knowledge about the topic. It will then result in insufficient information received by the students. It is also important for the teacher to fully inform about the contents of sexuality education. A father commented that,

*“When delivering sexuality education, the teacher would also feel embarrassed, there’s topic that difficult to be delivered directly. Sometimes, the children would go home and ask their parents because they did not understand what had been taught during class.”* (Translated, Mr S, 40)

A few of the participants commented that the government is not playing their role as they are supposed to. A participant further explained that the government had been planning to make sexuality education as an official subject since back

then but nothing has been implemented. A father said that,

*“If the Ministry of Education suggested to make sexuality education as an official subject in school, what is the preparation to make sure teachers are qualified to teach the subject. If the teachers still feeling embarrass, how they’re going to teach?”* (Translated, Mr M, 33)

Apart from that, a participant explained that there was no cooperation between agencies that responsible to establish sex education. That was why each program that was held not clearly seen the effectiveness.

*“The organization that accountable to implement sexuality education such as school, Health Ministry and NGOs did not work together which they altogether working towards the same objective, often in close vicinity but not sharing information. Maybe if they are working hand in hand, the outcome would be different.”* (Translated, Mr H, 34)

**Strategies and approaches:** The participants were suggesting a few strategies to improve sexual education in Malaysia. According to them, all stakeholders from multiple levels need to work together in the planning and implementation sexual education in Malaysia. One of the participants described,

*“Ministry of health, education, religious departments, NGO and other parties play important role to improve sexual education in Malaysia. They must go hand in hand.”* (Translated, Aiman, 33)

Other from that, all parents agree that school also plays an important role to deliver sex education. They suggested that the teacher who delivers sex education need to have certificate and expert regarding it. Sex education needs to be stand-alone subject.

By doing this, the student becomes more focus on that subject. The contents of the education need to appropriate with the students’ age. One of the fathers explained that;

*“At school, students are taught based on their age. I think school is the best place for formal education. This is because at school students are divided according to their age and generally on the*

*same level. So, the knowledge given is appropriate for their age. If sexual education becomes an official subject is better.”* (Translated, Mr H, 34)

All participants expected that sexuality education need to be continuous from young until marriage and become parent. This is because sexuality education is not to encourage people to do sexual intercourse but to prepare in their sexual lives. One of the participants stated that,

*“Sexual education is one of the natures in life. That is why it needs to be continuous.”* (Translated, Haryati, 42).

### Discussion

This study revealed a serious misunderstanding of sex education among parents that it teaches children, teenagers and young people of how to perform sexual intercourse and matters related only to sexual intercourse. A study by Elizabeth et al. (2018) stated that, teaching of sexuality education to children is generally seen as familiarizing them to early sexual intercourse and, subsequently, pregnancies. Culture, thus, accounts for this misunderstanding and intolerance for sexuality education. Nevertheless, based on studies around the world, sexuality education programs have been proved to not increase sexual practices; instead, some programs are effective in reducing teenage sexuality activity (Khalaf, Low, Merghati-Khoei, & Ghorbani, 2014).

The parents realize that they are lacking in sexual knowledge but not denying the importance of sexual education. All of the parents agreed that they never received enough sexuality education since young. Thus, to initiate conversations with their children about the facts of life may be difficult for some parents because they did not grow up in a setting where the subject was discussed while some parents may be anxious that they neither know the right answers nor proper amount of information to propose (Elizabeth et al., 2018).

In this study findings, most of the participants had limited knowledge about sexuality education. From what they had been learnt since young was about the anatomy and physiology of the human being. Most parents feel uncomfortable and embarrassed to talk openly with their children about sexuality because they believe they are incapable to provide quality and tolerable sexuality information due to

their lack of knowledge about human sexuality or recognized their inability to explain what they do know (Lukolo and Van Dyk, 2014). Contrary to the study by Almeida and Lourdes (2009) found that despite the difficulties for the parents to talk to their children regarding sexuality, they are at their children's disposal to talk about it and believe that having an open conversation with their children can be a helpful source.

According to the participants, because sexuality education was attributed to teaching sexual intercourse, various emotional (such as feeling embarrassed, having fun, feeling secretive, anxiety) presented when talking about it. A research suggested that some parents are hesitant to discuss sexual information with their children, because of the discomfiture it might cause their children, the challenges in determining the right time and place, and the difficulty in explaining ideas plainly (Coffelt, 2010). These various emotional reactions resulting from talking about sexuality cause ineffective communication between parents and children. The participants stated that they were lacking knowledge regarding sexual education but were aware of the importance of sexual education to their children and themselves. Ubaidur et al. (2006) in their study reported a lack of knowledge among parents on basic aspects of adolescent reproductive and sexuality health issues in Bangladesh. However, the participants acknowledged the role of parents to educate their children regarding sexual health since they are the closest person with the children. This finding of the theme is in line with the view of Akande and Akande (2007) who observed that parents seem to be one of the earliest and most important influences on children's sexual development and socialization. The children preference of who should deliver sexual education either mother or father is important. Most of the participants stated that the mother was the one who should educate the children, but it was undeniable that the father also plays pivotal roles. A study by Grusec (2011) explains that in families, the role of mothers was more pronounced than those of other members, and adolescents learn healthy behaviours through maternal guidance. Same with a study conducted in Tehran, mothers stated that sexual education should be provided to girls and parents, especially mothers (Abolghasemi et al, 2010).

Parents are the primary sources from which children obtain norms and values. From this study findings, two out of the participants said that parents who are too busy have limited time to sit together with the children causing less effective communication with their children while lack of control will result in much freedom received by the children to be engaged in sexual risk behaviour. Previous study by Lukolo and Van Dyk (2014) suggested that if parents can influence their children's attitudes towards sexuality, it is probable that this passes through the transmission of attitudes and values. Thus, these explained why children who can talk to their parents about sexuality are less likely to involve in sexual activity and are more responsible in their approaches to sexual activity.

School also plays important role in delivering sexuality education. One of the fathers suggested that the teacher who teaches the subject should not be embarrassed when talking about sexuality education. Because if so, the students would not completely understand the contents. It is also important for the teacher to fully inform about the contents of sexuality education. Ellis (2016) in her study highlighted that health teachers taught fewer topics than they believed should be taught because they lacked training along with the administrators' possible terror of community response, then led to less information being delivered to the students, regardless of the students' wish to hear it. Therefore, schools need to work towards a genuinely collaborative and open approach with parents about their sexual health curricula at all stages of primary and secondary school. The findings of this study described the need for coordination between those agencies so that the successfulness and the effectiveness of the programs are observed. There is a lack of coordination between central government, local government and NGO efforts make the implementation of sexuality education programs remains weak (Sarah C. et al., 2018). In addition, program evaluation is important to get a good outcome. The research study by Sarah C. et al. (2018) also found monitoring the quality and comprehensiveness of teaching on CSE was done infrequently, hence lack of impact evaluation to determine the effect of CSE on student outcomes. To conclude, the deficiency of programs evaluation

gives no guarantee of the successfulness of the programs.

All participants suggested ways to improve sexual education in Malaysia are by all stakeholders play an important role to achieve this goal. The need to change the community mindset is a major thing to do before implementing other intervention. This is because most people in the community negatively thought sex education was teaching how to perform sexual intercourse while reality brings more advantages than disadvantages. Finding from Khalaf et al. (2014) stated that sexuality issues are regarded as negative matters in Malaysian society. From this study, participants were aware of the important role of the school to administer sexual education to their children and they suggested that sexual education should be one of the subjects that standalone and teacher need to have proper training and expertise about this subject. UNESCO (2018) stated that teachers who are responsible for the delivery of sex education require training on the specific skills needed to address sexuality accurately and clearly, as well as the use of active, participatory learning methods. To improve the quality of sex education taught in schools are by making available standards, curricula, programs and classroom resources that are developmentally, culturally, and age-appropriate and based on best practices (Sorace, 2010).

**Conclusion:** In conclusion, despite the fact that previous studies found that talking about sexuality is a taboo subject, in this study, the participants think that sexual education should be discussed with the children. This is to ensure the children not exposed to imprecise information on sexual and reproductive health. However, the parents expressed that they also need to have proper knowledge before starting to distribute such information to their children. Barriers that are also believed to impair the implementation of sexuality education in Malaysia include peer pressure, mass media, educators' preparedness and poor multidisciplinary collaboration.

**Declaration:** This research was carried out in accordance with the regulations of Universiti Teknologi MARA (UiTM), Malaysia. Thank for UiTM Research Ethics Committee, Faculty of Health Sciences upon approval of this research with reference no. 600-IRMI (5/1/6). REC/472/18.

**Acknowledgments:** Authors would like to acknowledge to Universiti Teknologi MARA, to all the professionals especially to the respondents for supporting this study. This research is partly sponsored by Grant from Universiti Teknologi MARA600-IRMI/Dana KCM 5/3/LESTARI (108/2017) and 600-IRMI/DANA 5/3/BESTARI (P) (007/2018).

## References

- Abolghasemi N, Merghati Khooei E, Taghdisi MH. (2010). Explanation of sex education of Iranian students in view of elementary school health teacher. *Health Dep Health Res Inst J.* 2010;8(2):27–39 [in Persian]
- Akande, A. A., & Akande, T. M. (2007). Knowledge and Perception of Sexuality Education among Students of Rural Secondary School in Kwara State, Nigeria. *Nigerian Medical Practitioner*, 52(3), 55–59.
- Alexander, K. A., Jemmott, L. S., Teitelman, A. M., & D'Antonio, P. (2015). Addressing sexual health behaviour during emerging adulthood: a critical review of the literature. *Journal of clinical nursing*, 24(1-2), 4-18.
- Almeida, Hidalgo, A. C., & Lourdes, M. D. (2009, January/February). Parents experience with the sexual education of their children: Implications for nursing care. Retrieved from [http://www.scielo.br/scielo.php?pid=S010321002009000100012&script=sci\\_arttext&tlng=en](http://www.scielo.br/scielo.php?pid=S010321002009000100012&script=sci_arttext&tlng=en)
- Breuner, C. C., & Mattson, G. (2016, August 01). Sexuality Education for Children and Adolescents. Retrieved from <https://pediatrics.aappublications.org/content/138/2/e20161348>
- Coffelt, T. (2010). Is Sexual Communication Challenging Between Mothers and Daughters? *Journal of Family Communication*, 10(2), 116-130.
- Elizabeth, Isaac, Millicent, A., & Adanu R. (2018, November 01). Parents' Experiences and Sexual Topics Discussed with Adolescents in the Accra Metropolis, Ghana: A Qualitative Study. Retrieved from <https://www.hindawi.com/journals/aph/2018/5784902/>
- Ellis, K. (2016). Health Educators' Perceptions of Factors Related To The Implementation of School-Based Sexual Education.
- Grusec JE. (2011). Socialization processes in the family: social and emotional development. *Annu Rev Psychol.* 2011;62:243–69.
- Khalaf, Z. F., Low, W. Y., MerhatiKhoeei, E., & Ghorbani, B. (2014). Sexuality Education in

- Malaysia: Perceived Issues and Barriers by Professionals. *Asia-Pac. J. Public Health*, 26(4), 358-366.
- Lukolo, L. N. & Van Dyk, A. (2014, July 29). Parents' participation in the sexuality education of their children in rural Namibia: A situational analysis. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4796417/>
- Martino SC, Elliott MN, Corona R, Kanouse DE, Schuster MA. (2008). Beyond the "big talk": the roles of breadth and repetition in parent-adolescent communication about sexual topics. *Pediatrics*. 2008; 121(3). Available at: [www.pediatrics.org/cgi/content/full/121/3/e612](http://www.pediatrics.org/cgi/content/full/121/3/e612)
- Sarah C., K., Stillman, M., Awusabo-Asare, K., Sidze, E., Monzon, A. S., Motta, A., & Leong, E. (2018). Challenges to implementing national comprehensive sexuality education curricula in low- and middle-income countries: Case studies of Ghana, Kenya, Peru and Guatemala. *PLoS ONE*, 13(7), e0200513. <https://doi.org/http://dx.doi.org/10.1371/journal.pone.0200513>
- Shahbaz, S. (2018). Comprehensive Sexuality Education (CSE) in Asia: A Regional Brief. *Asian-Pacific Resource and Research Centre for Women (ARROW)*. Retrieved from <https://arrow.org.my/wp-content/uploads/2018/03/ARROW-RP-CSE-AP-WEB.pdf>
- Sorace, D. (2010). The Future of Sex Education A Strategic Framework Executive Summary. *FoSE*.
- Syairah, S., Mutalip, M., & Mohamed, R. (2012). Sexual Education In Malaysia: Accepted Or Rejected? Article in *Iranian Journal of Public Health*. *Iranian Journal Public Health*, 41(7), 34–39. Retrieved from <http://ijph.tums.ac.ir>
- TheSunDaily. (2015, September 17). Teenage pregnancy rate in Malaysia alarming: MoH. Retrieved from <https://www.thesundaily.my/archive/1555812-MSARCH329324>
- Ubaidur R, Ghafur T, Bhuiya I, Taluker N. (2006). Reproductive and sexual health education for adolescents in Bangladesh: Parent' view and opinion. *Int Q Community Health Educ*. 2006;25(4):351–65
- UNESCO. (2018). International technical guidance on sexuality education. *United Nations Educational, Scientific and Cultural Organization (UNESCO)*.
- UNESCO. (2018). Sexuality education in Malaysian students' hour of need. Retrieved from <https://bangkok.unesco.org/content/sexuality-education-malaysian-students-hour-need>
- UNFPA. (2018, April 12). Addressing the patterns of child marriage, early union and teen pregnancy in Southeast Asia: A matter of urgency. Retrieved from <https://asiapacific.unfpa.org/en/news/addressing-patterns-child-marriage-early-union-and-teen-pregnancy-southeast-asia-matter-urgency>
- WHO (2018, February 5). Defining sexual health. Retrieved from [https://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/)