

Risk and Protective Factors Affecting Adolescents' Sexual and Reproductive Health in Sabah and Sarawak

Research Team

Sarawak Team

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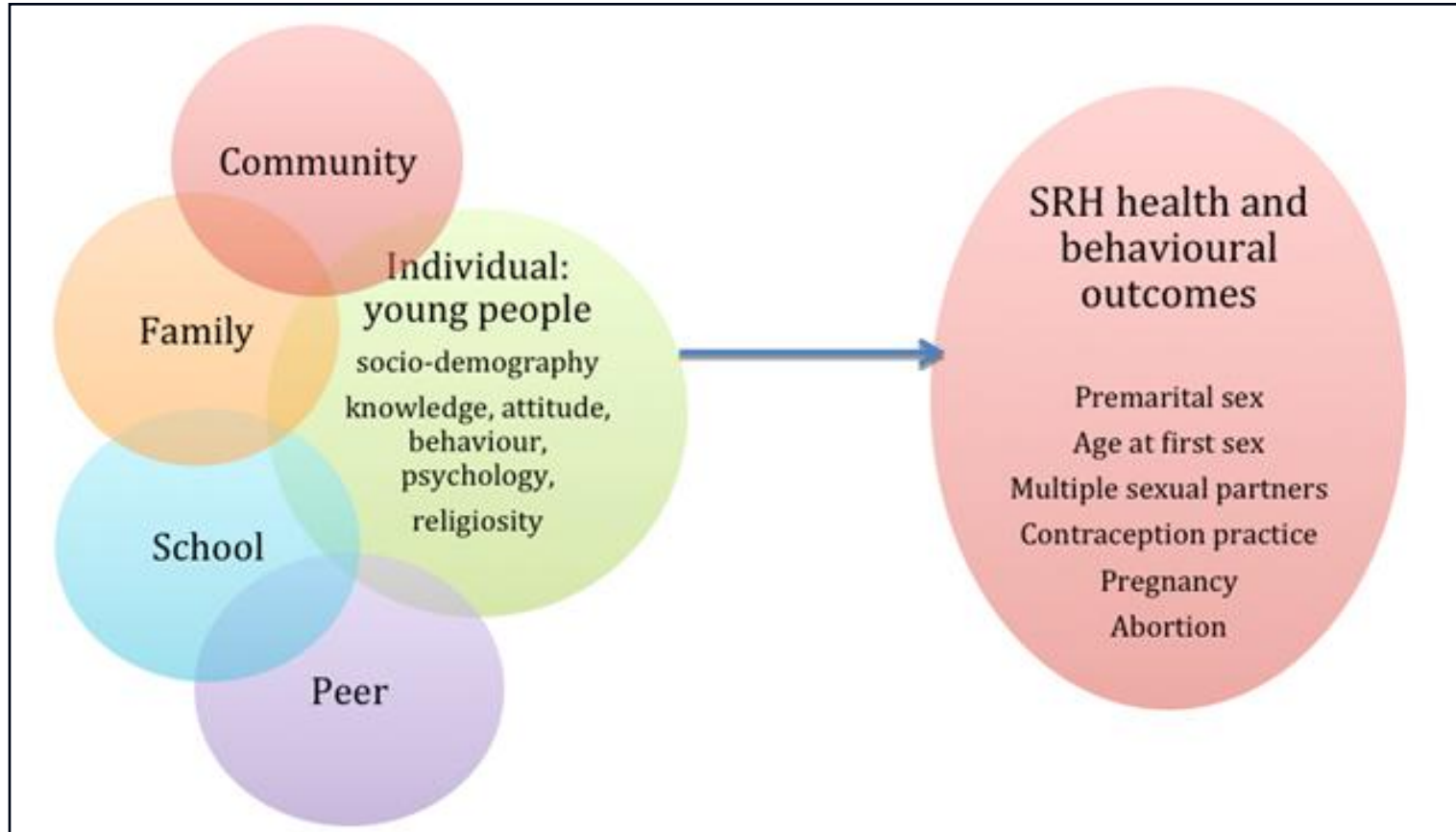
General Objective

- To identify the risk and protective factors that influence adolescents' SRH in Sabah and Sarawak.

Specific Objectives

1. To determine the prevalence of SRH activities among adolescents,
2. To identify risk factors related to SRH of adolescents,
3. To identify protective factors related to SRH of adolescents and,
4. To suggest recommendations deriving from the research findings for policy development.

Conceptual Framework



Methodology

- Two Approaches
 - ➔ Qualitative
 - Focus Group Discussions (FGDs)
 - In-Depth Interviews (IDIs)
 - ➔ Quantitative
 - Survey

Qualitative Study

- Aim – exploratory towards the development of the questionnaire for the quantitative study
- Adopted purposive sampling and snowball approach.
- Interview guide, semi-structured

Target respondents	Background
Group A	Adolescents (13-24 years old) in school, university or college and those who were not studying.
Group B	Adolescents (19-24 years old) in rehabilitation centres/shelter homes and unmarried pregnant women.
Group C	Key informants (wardens, counsellors/principals of rehabilitation centres/shelter homes).

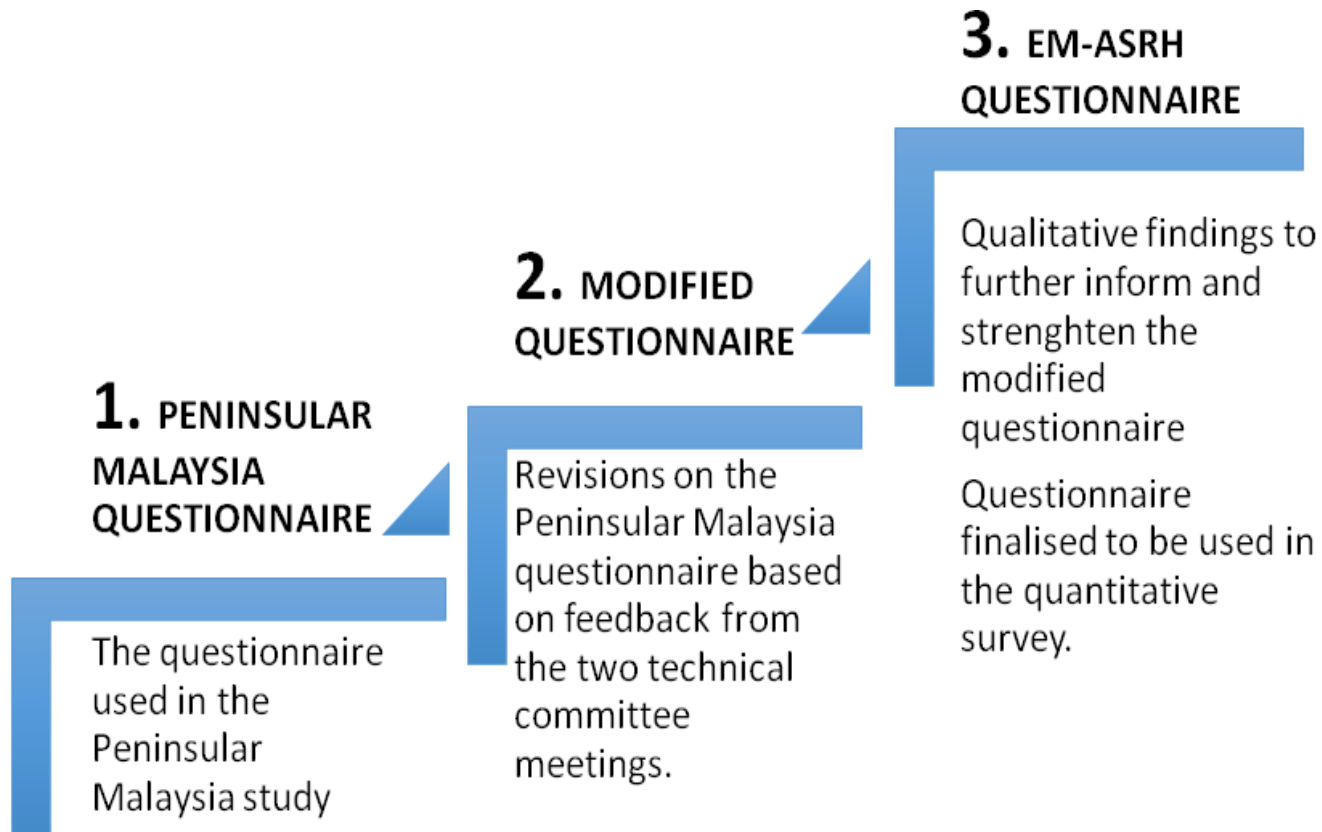
Qualitative Study

Respondent group	Gender	Sabah FGD	Sarawak FGD
Group A			
Adolescents (13-24 years old) in school, university or college and those who were not studying.	Male	3	2
	Female	3	2
No. of respondents		41	31
		IDI	IDI
Group B			
Adolescents (19-24 years old) in rehabilitation centres/shelter homes and unmarried pregnant women.	Male	4	2
	Female	8	2
No. of respondents		12	4
		IDI	IDI
Group C			
Key informants (wardens, counsellors/principals of rehabilitation centres/shelter homes).	Male	2	1
	Female	2	3
No. of respondents		4	4

Sabah & Sarawak Qualitative Findings

Statement	Sabah	Sarawak
Meaning of sexuality	<ul style="list-style-type: none"> • A person's attraction to another person which not necessarily of the opposite gender. • A form of gender identity, being comfortable and confident in one's own gender. 	<ul style="list-style-type: none"> • A relationship between male and female basically in terms of physical and emotional involvement regardless of whether such relationship was legitimate or not. • Such relationship could have a positive outcome that led to forming a family.
Sources of information about SRH	<ul style="list-style-type: none"> • Media - Internet, television and social media. 	<ul style="list-style-type: none"> • Media - Internet, social media.
Barriers in getting SRH knowledge	<ul style="list-style-type: none"> • Difficult to discuss matters related to sex with parents or teachers. • They were told to be too young to discuss. • It was forbidden in their culture. 	<ul style="list-style-type: none"> • A forbidden act and it was against their religion and cultural practice.
Risk factors	<ul style="list-style-type: none"> • Curiosity, friends, about self, easy access, family, lack of knowledge, influence from the media and school and substance abuse. 	<ul style="list-style-type: none"> • Curiosity, lack of religious knowledge, engage in substance abuse, family, friends, school, source of unhealthy sexual information

The development of the EM-ASRH questionnaire



Quantitative Study

- Survey ~ structured questionnaire
- Respondent selection

Target respondents	Sampling Procedure
<p>Group 1– School respondents Adolescents (13-19 years old) who were studying Form 1 to Form 6 (secondary co-ed school) Number of schools needed = 18 per state</p>	<p>Multistage sampling procedure Schools were selected based on places School → Form → Class → Respondents</p>
<p>Group 2 – University respondents Adolescents (19-24 years old) who were in higher education institutions (colleges and universities)</p>	<p>Random sampling IPTA/IPTS → Faculty → Core Course → Respondents</p>
<p>Group 3 – Non-studying respondents Adolescents (13-24 years old) who were not studying (those who dropped out of school, not schooling, working or unemployed)</p>	<p>Purposive sampling and snowball approach Urban and Rural</p>

Total Respondents

Group	Sabah	Sarawak	Total
School	1396	1462	2858
University	219	249	468
Non-studying	97	121	218

Ethical considerations

- Ministry of Education Malaysia
- Sabah & Sarawak State Education Department
- UM, UMS, UNIMAS
- Department of Social Welfare
- Written informed consent from respondents
- Written informed consent from parents or guardians of school respondents

Survey Questionnaire

Section A	Respondents' information	6 questions
Section B	SRH knowledge, attitudes and practice	18 questions
Section C	Risky lifestyle behaviours	1 question
Section D	Adolescent psychology	6 questions
Section E	Family attachment, involvement and management practice	2 questions
Section F	Peer risky behaviours	1 question
Section G	School attachment, commitment towards education and school environment	1 questions
Section H	Neighbourhood and community environment	2 questions
Section I	Sources of SRH information	2 questions
Section J	Recommendations for prevention of premarital sex	1 questions
Section K	Socio-demographic information	18 questions

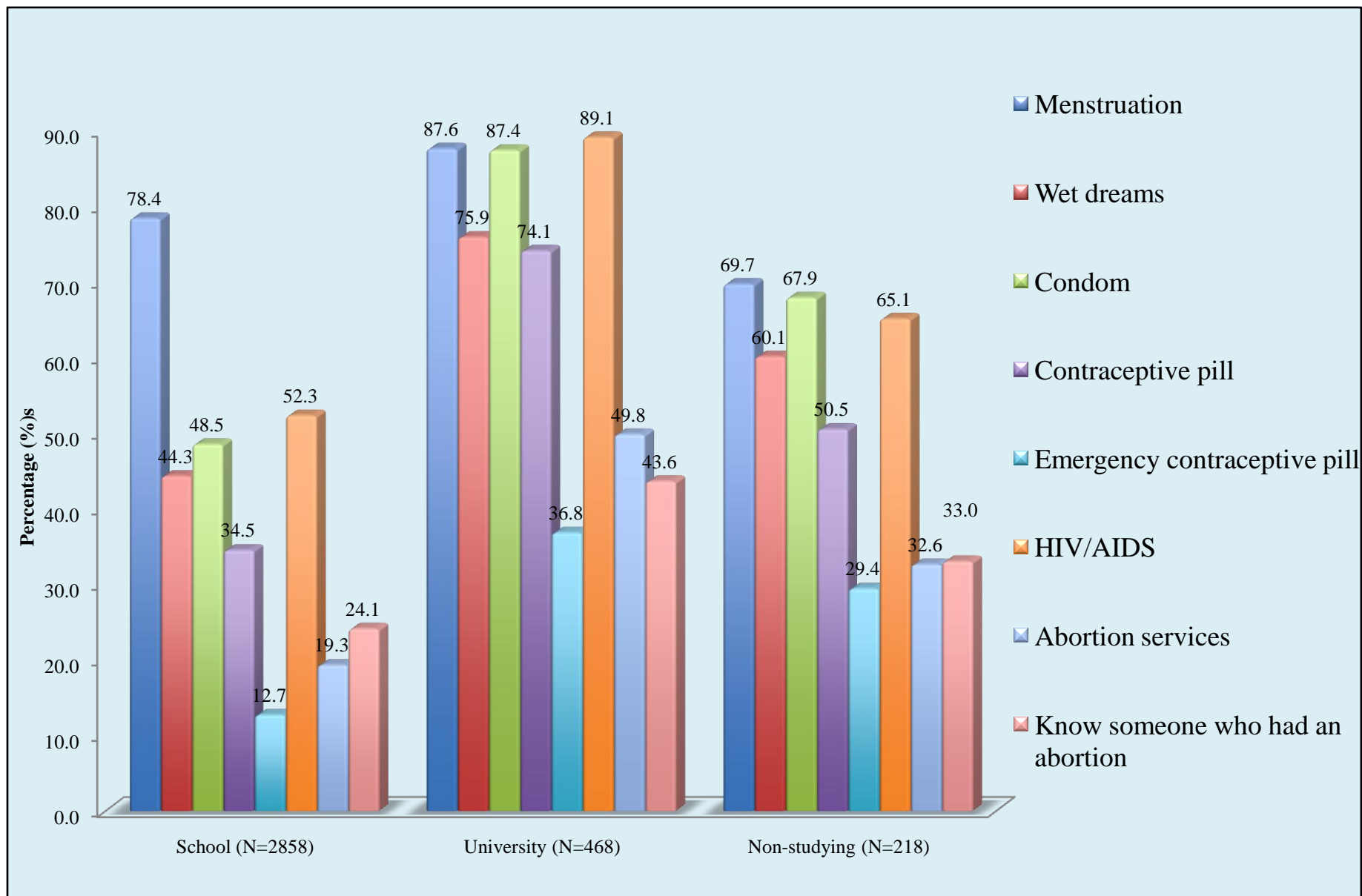
- Pilot study was conducted to test the questionnaires and feasibility of the study.

Data Analysis

- Descriptive analyses were performed to obtain the frequencies, means and percentages for all the variables according to the respondent groups and state.
- Chi-square tests were conducted to examine associations between selected variables.
- Logistic regression analyses were performed to determine the risk and protective factors of premarital sex.

Findings

Awareness on various aspects of SRH



Knowledge of SRH

Knowledge SRH (12 statements)	Respondents who had correct answers		
	School	University	Non-studying
Number of respondents	2858	468	218
	%	%	%
The most effective method to prevent pregnancy is by abstinence (T)	65.7	87.0	73.8
A woman cannot get pregnant if she had sex only once (F)	29.1	68.2	50.9
Exchanging sex partners expose one to diseases (STDs) (T)	57.8	94.9	76.1
People with sexually transmitted disease (STD) may look like a normal healthy person (T)	15.6	59.2	44.5
Abortion cannot be carried out for any reasons under the laws of Malaysia (F)	8.0	16.0	15.1
HIV and AIDS can be transmitted through sexual intercourse (T)	71.6	95.7	75.2
Having sexual intercourse with a woman who is having her period would not lead to pregnancy (T)	30.0	51.3	40.4
A woman can get pregnant if she had sexual intercourse with a man (T)	73.7	92.7	73.4
Underage pregnancy remains risky even when there are no health problems (T)	47.4	72.2	59.2
Having sexual intercourse with a girl aged below 16 years is a rape crime in Malaysia despite consensual sex (T)	55.9	78.4	72.0
A woman can get pregnant if kissing a man (F)	65.7	94.7	79.4
A woman cannot get pregnant if she had sexual intercourse two weeks prior to her next period (F)	15.8	38.5	27.1

Respondents with high knowledge of SRH

Variable	Respondents with high knowledge of SRH (No. of correct answers ≥ 7 out of 12 items)		
	School	University	Non-studying
No of respondents	2858	468	218
Total, n (%)	1059 (37.1)	398 (85.0)	140 (64.2)

Respondents with high knowledge of SRH by state

State	School	University	Non-studying
No of respondents	1396	219	97
Sabah, n (%)	624 (44.7)	189 (86.3)	77 (79.4)
No of respondents	1462	249	121
Sarawak, n (%)	435 (29.8)	209 (83.9)	63 (52.1)
Chi-square, χ^2	68.39**	0.51	17.48**

****p \leq 0.01**

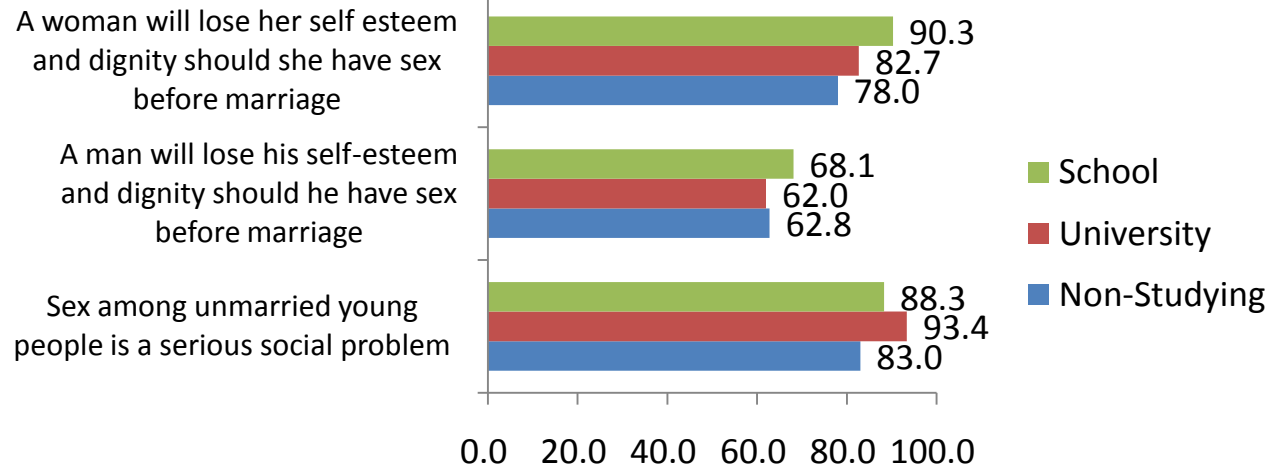
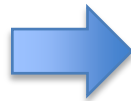
Sources of information about sex

School	University	Non-studying
(%)	(%)	(%)
Friend/peer	Friend/peer	Friend/peer
Handphone/ iPad	Teacher	Handphone/ iPad
TV	Search engines	Search engines
Teacher	Handphone/iPad	TV
Magazine	Facebook/Twitter/ Friendster/tagged	Magazine

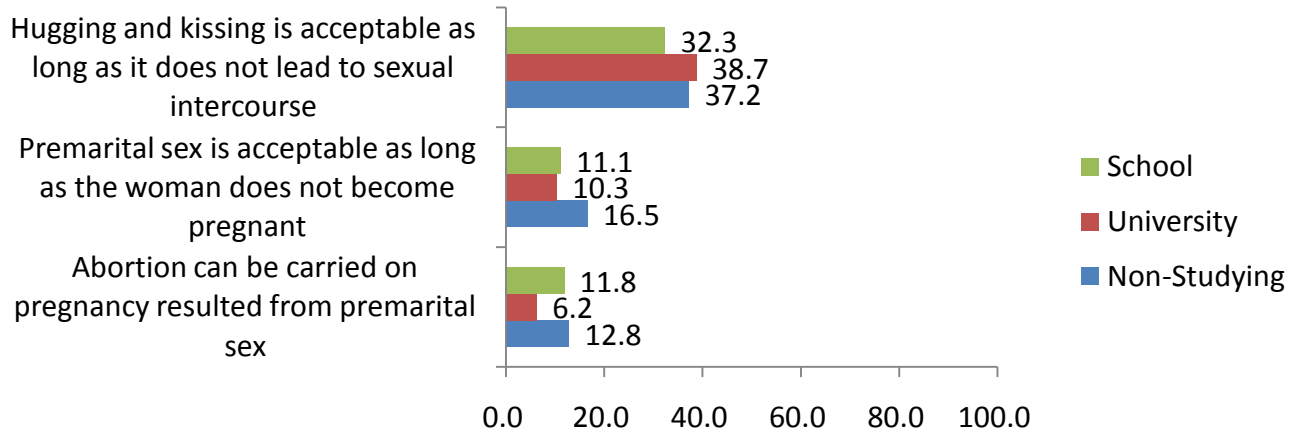


Attitudes towards various aspects of SRH

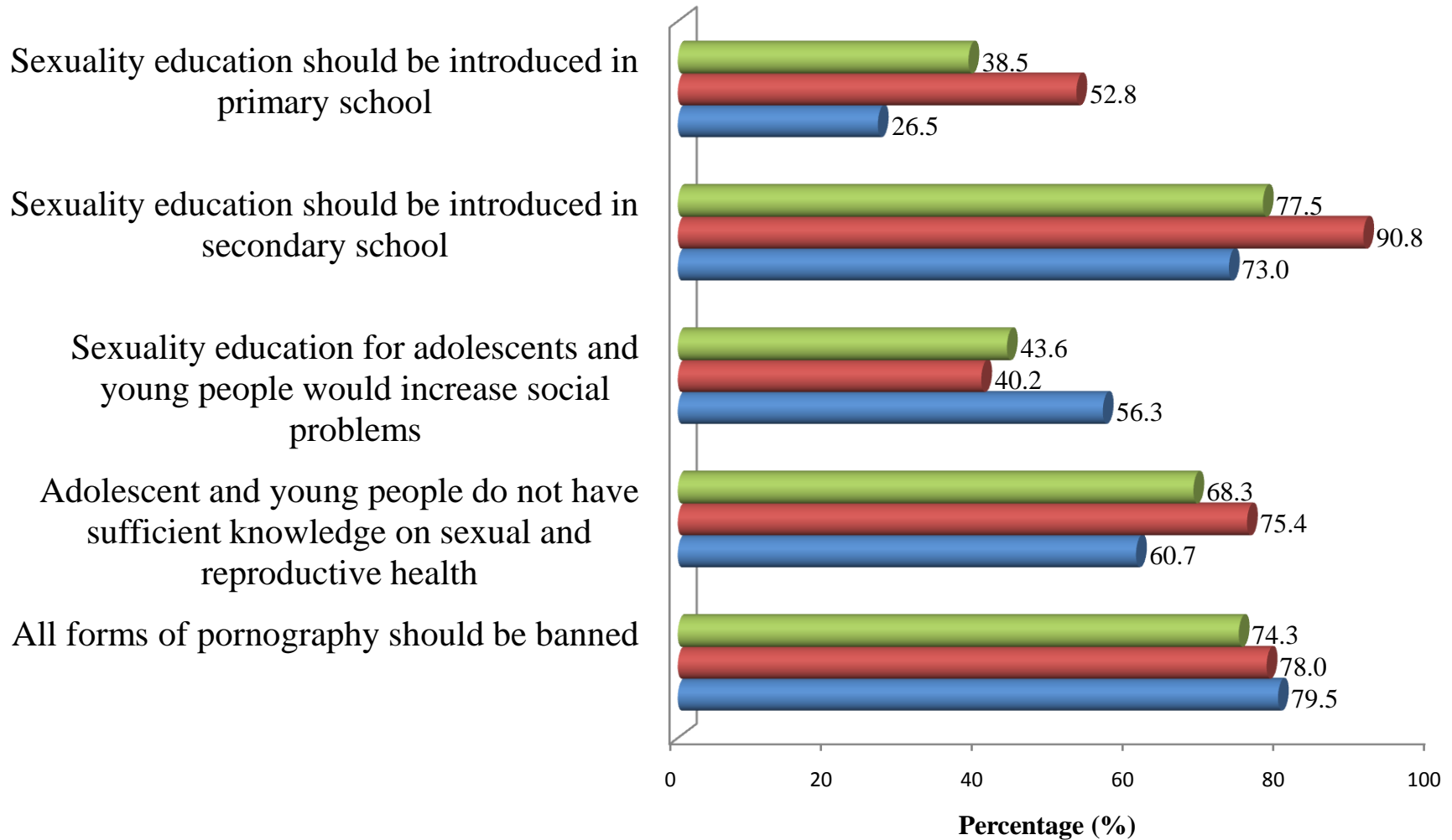
Attitude
against
premarital
sex



Attitude
for
premarital
sex

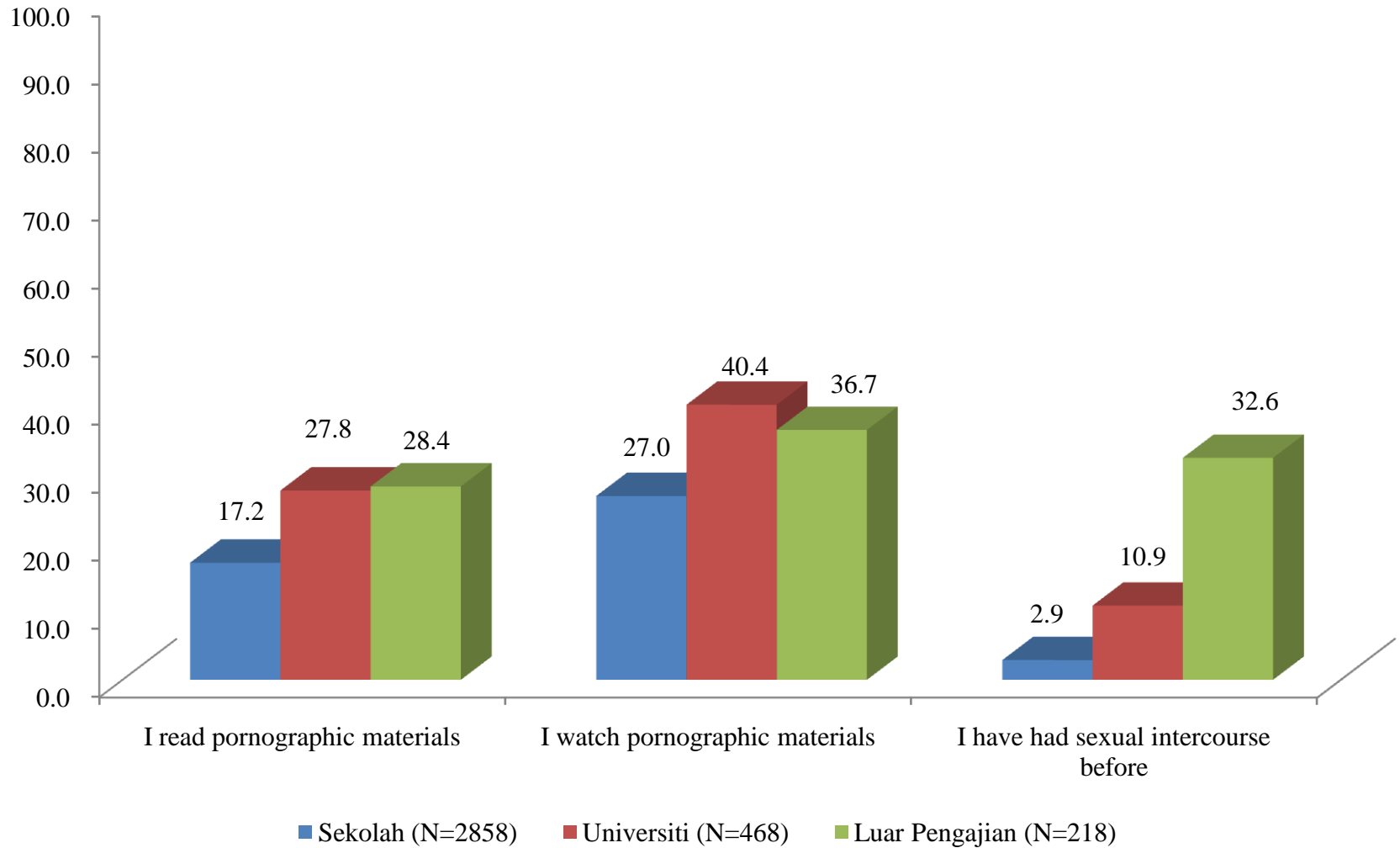


Attitude towards sexuality education



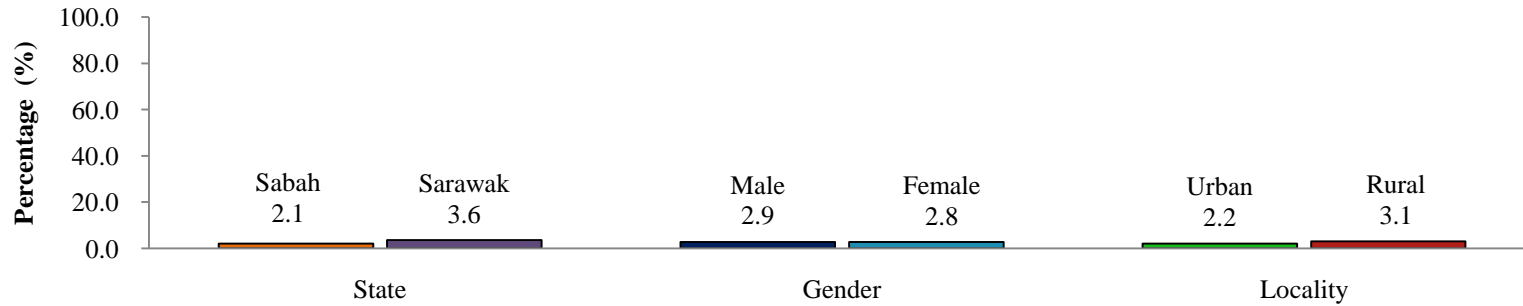
■ Non-studying (N=218) ■ University (N=468) ■ School (N=2858)

Sexual reproductive health practices

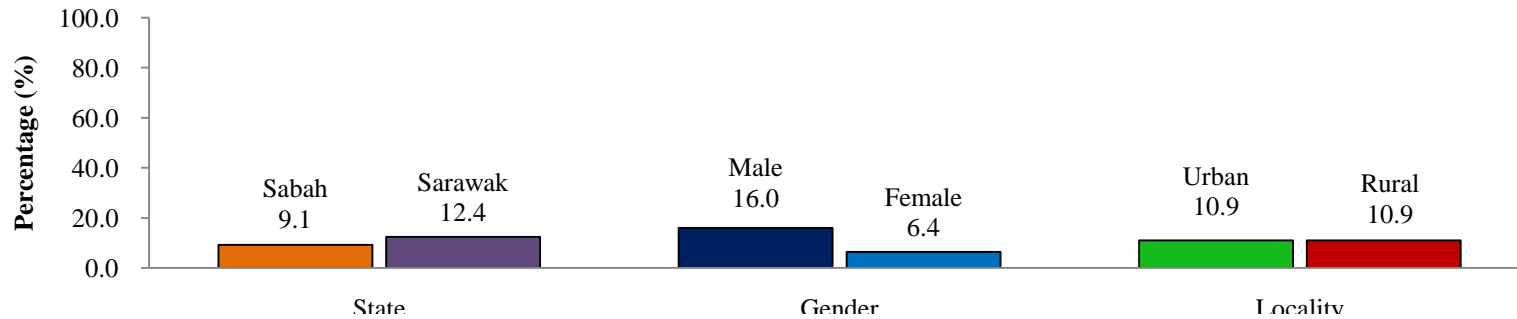


Overall Prevalence of premarital sex

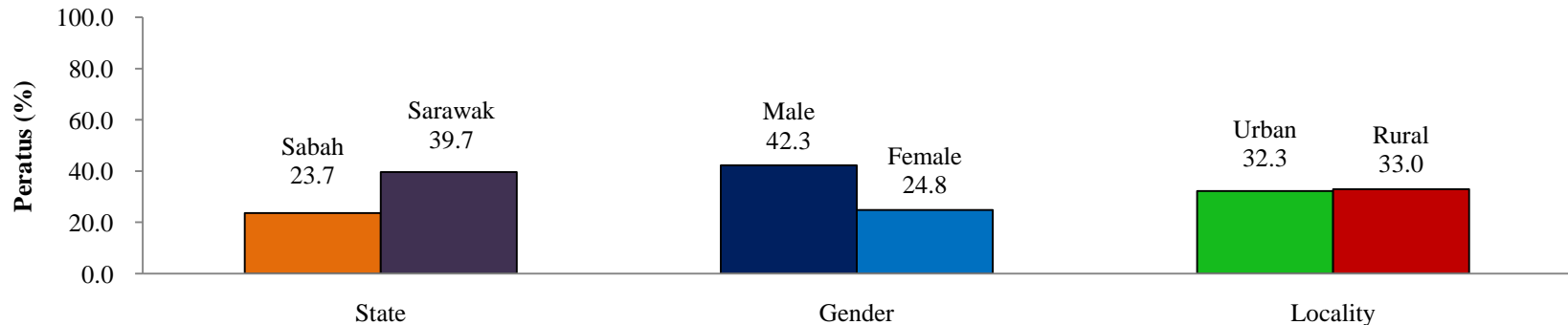
School



University



Non-studying



Respondents who have had sexual intercourse							
Experiences with first sex		School		University		Non-studying	
		n	%	n	%	n	%
Number of responses		82		51		71	
Nature of sexual engagement	Voluntary	53	64.6	31	60.8	47	66.2
	Pressure from partner	13	15.9	4	7.8	11	15.5
	Coercion (rape/incest)	7	8.5	2	3.9	1	1.4
	Others	9	11.0	14	27.5	12	16.9
Reason for sexual engagement	Watching/reading pornographic materials	18	22.0	2	3.9	5	7.0
	Feeling high resulted from drug/alcohol	5	6.1	2	3.9	4	5.7
	Normal situation (consensual/spontaneous)	53	64.6	37	72.6	51	71.8
	Other situation	6	7.3	10	19.6	11	15.5

Experiences with contraceptive practices

Respondents who answered the question								
Contraceptive practices			School		University		Non-studying	
			n	%	n	%	n	%
Number of responses			82		51		71	
I have used contraception			36	43.9	35	68.6	28	39.4
Type of contraceptive method used and frequency of use	Condom	All the time	8	22.2	10	28.6	7	25.0
		Sometimes	10	27.8	12	34.3	13	46.4
		Never	18	50.0	13	37.1	8	28.6
	Contraceptive pill	All the time	3	8.3	2	5.7	5	17.9
		Sometimes	9	25.0	6	17.2	2	7.1
		Never	24	66.7	27	77.1	21	75.0
	Withdrawal	All the time	15	41.7	13	37.1	15	53.6
		Sometimes	7	19.4	9	25.8	5	17.8
		Never	14	38.9	13	37.1	8	28.6

Recent sexual experiences & contraceptive practice

Respondents who have had sexual intercourse							
Sexual activity & contraceptive practice		School		University		Non-studying	
		n	%	n	%	n	%
Number of responses		82		51		71	
Number of sex partners	1 person	53	64.6	19	37.3	25	35.2
	2-4 persons	17	20.7	14	27.4	16	22.5
	≥5 persons	8	9.8	2	3.9	5	7.1
	No information	4	4.9	16	31.4	25	35.2
Have had sex in the past 3 months		24	29.3	18	35.3	32	45.1
Frequency of sexual intercourse in the past 3 months	1 time	8	33.3	3	16.7	14	43.8
	2-4 times	13	54.2	6	33.3	10	31.2
	≥5 times	3	12.5	9	50.0	8	25.0
Number of responses		82		51		71	
Condom use at last sexual intercourse (yes)		10	12.2	12	23.5	7	9.9

Respondents' involvement in risky lifestyle behaviours in the past three months

Variable	Respondents who were involved					
	School		University		Non-studying	
Number of respondents	n	%	n	%	n	%
Drug	54	1.9	6	1.3	5	2.3
Tobacco	345	12.1	45	9.6	45	20.6
Alcohol	514	18.0	104	22.2	70	32.1
Dating (couple)	908	31.8	183	39.1	90	41.3
Clubbing	147	5.1	52	11.1	43	19.7
Illegal racing	180	6.3	12	2.6	17	7.8
Loitering until late night	592	20.7	166	35.5	81	37.2

Determining risk and protective factors of sexual behaviours

Associations of premarital sex by various variables (*Chi-square test*)

Variable	School	University	Non-studying
Gender	Sig	Sig	-
Age	Sig	-	-
Parents' marital status	-	Sig	-
Knowledge of SRH	Sig	Sig	-
Attitudes against premarital sex	-	Sig	-
Attitudes for premarital sex	Sig	-	Sig
Negative self-evaluation	Sig	-	-
Cognitive inefficiency	Sig	-	-
Lack of motivation	Sig	-	-
Negative internal control	Sig	Sig	-
The strength of my religious belief is the main barrier for me to have sex before legal marriage according to my religious practice	Sig	-	-
Religion does not influence or interfere with my sexual attitude and behaviour	Sig	-	Sig
Self-Loitering until late night	Sig	-	-
Self-Drug	Sig	-	-
Self-Alcohol	Sig	Sig	-
Self-Smoking	Sig	Sig	-
Self-Dating	Sig	Sig	Sig
Self-Clubbing	Sig	Sig	-
Self-Illegal racing	Sig	-	-
Self-Read/watch porno	Sig	Sig	Sig

Variable	School	University	Non-studying
Positive family attachment	Sig	-	-
Negative family attachment	Sig	-	-
Family involvement	Sig	-	-
Negative school attachment	-	-	Sig
Poor commitment towards education	Sig	-	-
Poor neighbourhood environment	Sig	-	-
Involvement in community activities	-	-	Sig
Peer-Loitering	-	Sig	Sig
Peer-Drug	Sig	Sig	Sig
Peer-Alcohol	Sig	Sig	-
Peer-Smoking	Sig	Sig	Sig
Peer-Premarital sex	Sig	Sig	Sig
Peer-Pregnancy	Sig	Sig	-
Peer-Abortion	Sig	-	-

Risk and protective factors of premarital sexual behaviours

(Logistic Regression Analysis)

Factor		School	University	Non-studying
Age (years)	Age: 13-15 years	(reference)		
	Age: 16-17 years	Risk	-	-
	Age: 18-19 years	Risk	-	-
The strength of my religious belief is the main barrier to have sex before legal marriage	Disagree	(reference)		
	Agree	Protective	-	-
Religion does not influence sexual attitude and behaviour	Disagree	(reference)		
	Agree	-	-	Risk
Self-Read/watch pornography	No	(reference)		
	Yes	Risk	-	-
Self-Dating	No	(reference)		
	Yes	Risk	Risk	Risk
Self-Clubbing	No	(reference)		
	Yes	Risk	Risk	-
Knowledge of SRH	Low	(reference)		
	High	-	Protective	-
Negative family attachment	Low	(reference)		
	High	Risk	-	-
Peer-Drug	No	(reference)		
	Yes	-	Risk	-
Peer-Premarital sex	No	(reference)		
	Yes	Risk	Risk	Risk
Involved in community activities	No	(reference)		
	Yes	-	-	Protective

Risk and protective factors of premarital sexual behaviours in Sabah

Variable	School	University	Non-studying
Age: 18-19 years	Risk	-	-
Self-alcohol	Risk	-	-
Negative family attachment	Risk	-	-
Knowledge SRH	-	Protective	
Hours spent without parents/guardians' supervision	-	-	Protective
Peer-smoking	-	Risk	
Peer-premarital sex	-	-	Risk

Risk and protective factors of premarital sexual behaviours in Sarawak

Factors	School	University	Non-studying
Age: 16-17 years	Risk	-	-
The strength of my religious belief is the main barrier for me to have sex before legal marriage according to my religious practice: Agree	Protective	-	-
Self-Read/watch pornography: Yes	Risk	-	-
Self-Dating: Yes	Risk	Risk	Risk
Self-Clubbing: Yes	Risk	-	-
Peer-Premarital sex: Yes	Risk	Risk	-

Overall Risk and Protective Factors for Premarital Sex

INDIVIDUAL

P: The strength of my religious belief is the main barrier for me to have sex before legal marriage according to my religious practice

P: High knowledge of SRH

R: Age (older)

R: Risky lifestyle behaviours (dating, clubbing)

R: Risky lifestyle behaviour (alcohol) (Sabah)

R: Read/watch pornography

R: Religion does not influence or interfere with my sexual attitude and behaviour

FAMILY

P: Hours spent without parents' supervision ≤ 5 hours (Sabah)

R: Negative family attachment

PEER

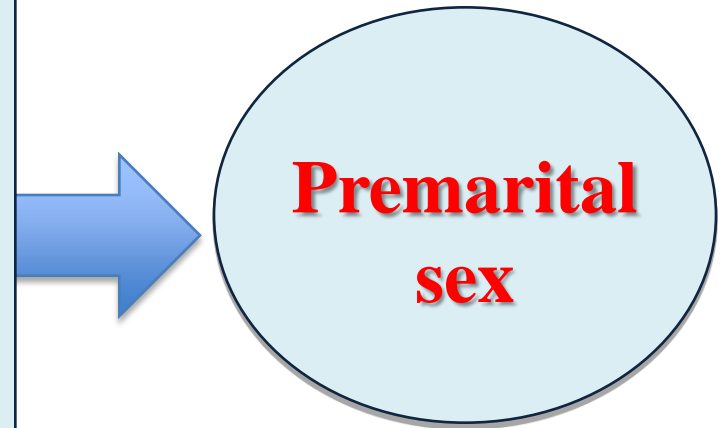
R: Having friends/peers who were smoking (Sabah)

R: Having friends/peers who had premarital sex

R: Having friends/peers who were involved in drug

COMMUNITY

P: Involvement in community activities



Recommendations based on research findings

Risk and protective factor	Recommendations
Individual	
R: Age: Being older	<ul style="list-style-type: none"> • Include age appropriate SRH topics in the school curriculum according to age group starting from primary level (standard 4 and onwards – average age of menarchy).
P: High knowledge of SRH	<ul style="list-style-type: none"> • Include age appropriate SRH topics in the school curriculum according to age group starting from primary level (standard 4 and onwards – average age of menarchy); • Organize gender-specific SRH education sessions at school, university, community level; • Emphasize specific topics such as the consequences of sex with underage girls and respect for opposite sex in seminars; • Empower girls with knowledge and skills in protecting themselves from risky sexual behaviours; • Educating boys in respecting the opposite sex in all aspects.

Recommendations based on research findings

Risk and protective factor	Recommendations
R: Read/watch pornography	<ul style="list-style-type: none">• Higher supervision among school authorities in monitoring students;• Holistic programmes for parents that encourage them to supervise and monitor their teen children appropriately;• There is a need to educate the adolescents the negative effects of pornography reading/watching.
R: Self-risky lifestyle: dating	<ul style="list-style-type: none">• Implement youth development programmes which educate the adolescents on the do's and don'ts of dating;• Holistic programmes for parents that encourage them to supervise and monitor their teen children appropriately.
R: Self-risky lifestyle: clubbing	<ul style="list-style-type: none">• Increase police spot checks on adolescents who enter clubs below the age requirement;• Stricter enforcement and punishment of adolescents to enter clubs below the age requirement;• Stricter enforcement and punishment of club owners who allow adolescents to enter clubs below the age requirement;• Holistic programmes for parents that encourage them to supervise and monitor their teen children appropriately.

Recommendations based on research findings

Risk and protective factor	Recommendations
R: Self-risky lifestyle: loitering until late night	<ul style="list-style-type: none">• Encourage participation in extra-curriculum activities in and out of schools;• Holistic programmes for parents that encourage them to supervise and monitor their teen children appropriately.
R: Self-risky lifestyle: alcohol	<ul style="list-style-type: none">• Up-scaling of alcohol prevention programs among young people;
R: Religion does not influence or interfere with my sexual attitude and behaviour	<ul style="list-style-type: none">• Implement more youth programmes or initiatives which can instill religious values related to sexuality to prevent risky sexual behaviour;• Upscaling of activities that can be participated by adolescents via religious bodies/organizations.
P: The strength of my religious belief is the main barrier for me to have sex before legal marriage according to my religious practice	

Risk & protective factor	Recommendations
Family	
P: Shorter hours spent without parents' supervision \leq 5 hours (Sabah)	<ul style="list-style-type: none"> Holistic programmes for parents that encourage them to supervise and monitor their teen children appropriately.
R: Negative family attachment	<ul style="list-style-type: none"> Conduct parent-child bonding programmes to foster closeness between parent and child.
Peer	
R: Peer-risky lifestyle: premarital sex, drug	<ul style="list-style-type: none"> Abstinence/sex, STD/HIV education programmes can change permissive values about sex and delay the initiation of sex; Implement SRH education which reinforce positive peer influence; Upscaling of promotion of healthy lifestyle activities.
R: Peer-risky lifestyle: smoking	<ul style="list-style-type: none"> Up-scaling of existing prevention of smoking programmes among young people.
Community	
P: Involvement in community activities	<ul style="list-style-type: none"> Intensify healthy youth activities such as seminars, arts, sports, service learning or other community engagement programmes such as “gotong – royong” to encourage adolescents to be involved in their communities; Community engagement programmes such as “gotong –royong” can be implemented through collaboration with government agencies, religious institutions and NGOs; Engage community leaders in certain tribes to lead efforts to prevent the cultural norm of early engagement or marriage in customary ways.

Thank you