

Sexual issues: let's hear it from the Malaysian boys

Keywords

Sexual knowledge

Sexual attitudes

Adolescents

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Abstract

Background: This paper explored adolescents' sexuality with specific reference to their attitudes towards sex, safe sex, their risk-handling skills, sources of sexual information and how this information influenced their knowledge and attitudes.

Methods: This qualitative study utilized focus group methodology. Four focus groups were conducted, involving a total of 31 Malaysian adolescent boys aged between 13 and 17 years.

Results: Findings from the focus groups revealed that the concept of sex was seen within the context of marriage and sex was also viewed as synonymous with love. All the participants denied having sex. The reasons for having sex were: 'to have fun', 'part of natural urge', curiosity, tension and pressure from family, schoolwork and being away from family. Procreation and the expression of love were also noted as reasons why people have sex. Masturbation was fairly well known among the boys but was felt to have negative consequences on one's health. There was a general lack of awareness on the issue of wet dreams. There were mixed feelings with regards to sexual abstinence before marriage. Knowledge on safe sex was still vague. The boys also perceived themselves to be at risk of HIV infection, but lacked the skills for handling this issue. Sources of sexual information were mainly from male friends or through the mass media. None of their parents talked to them about sexual matters.

Conclusions: Level of awareness and knowledge on sexual issues is still lacking. Misconceptions still prevail. Sex education and research in this area is warranted. © 2007 WPMH GmbH. Published by Elsevier Ireland Ltd.

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Introduction

Adolescent sexuality is an inter-play of biological, psycho-social and cultural factors that influence the adolescent's sexual behaviour. Many studies have looked at the importance of each of these factors, and how they interact and influence one another. It has been shown that the most significant factors associated with adolescent health and well-being are related to interactions within their social and cultural environments [1].

Understanding these factors will allow us to explain high-risk sexual behaviour among adolescents, who are going through a transition period with physical, emotional and social conflicts. Adolescents and youths are more likely to have an early sexual debut, multiple sexual and casual partners, unprotected sex, experience unwanted pregnancy, and contract sexually transmitted diseases and human

immunodeficiency virus (HIV) infection [2]. Adolescents and young people have been well documented as a group with special needs in the field of sexual health and they frequently lack information and access to services [2]. They are also the least equipped with the necessary knowledge, skills and capability to handle these problems. Research in the area of male adolescents has revealed a negative and chaotic experience and a poor preparation for adulthood [3]. In particular, sexual risk-taking among adolescents is likely to continue and will perpetuate a variety of ethical and legal concerns for society as a whole, and for health-care professionals, educators, and policy makers [4].

Generally, there is a concern for adolescents around the world. For instance, results from the National Youth Risk Behaviour Surveillance Survey, United States, showed that student behaviour statistics relate to practices of

risky behaviours (e.g. use of tobacco, alcohol intake, weapons, sexual behaviour, etc) [5]. Adolescents, ranging in age from 12–17 years, were the most likely to report risky behaviour [5,6]. Furthermore, regardless of the era, adolescents and youths have engaged in activities that put them at risk and can compromise their health and well-being, in particular with regard to sexual experimentation [7].

In most adolescent health and development programmes, when compared with girls, adolescent boys have seldom been the focus. In the area of sexual and reproductive health, boys and men have been left out [3]. In fact, many of these programmes target adolescent girls, largely due to their high vulnerability to health problems. As far as sexual and reproductive health is concerned, girls are the ones who bear the burden of a pregnancy, delivery or termination. Nevertheless, boys are also vulnerable to certain problems, as they tend to take more risks and, therefore, are more often involved in risky behaviours than girls.

Local studies have looked at the knowledge and sexual behaviours of adolescents and youths [8,9]. In a local study by Zulkifli & Wong, a discrepancy between high knowledge score and safe sexual practices was found [10]. In their survey, conducted in 1993 among 520 adolescents, although both male and female respondents might have high knowledge score of HIV/AIDS, the majority still did not use condoms during sexual intercourse and most of them did not perceive themselves to be at risk. This concurred with the findings from overseas where there is a failure among young men to use contraception or engage in safe sex. Elsewhere, a survey of 1915 college students showed that only 10% used condoms consistently [11]. A study on the reproductive health of adolescents (aged 13–19) revealed that 40% of the respondents had begun dating from the ages of 13–15. By 13–18 years, 84% had started holding hands, 85% kissing and necking, and 83% petting. In the household survey, 1% admitted to having had sexual intercourse, while 24% confirmed they had sexual experience in a media survey [12]. Another study carried out nationwide in Malaysia in 1996 among 30,233 secondary level students (aged 13–18) revealed that 1.8% engaged in sexual activities [13]. Of these, 63.2% were heterosexual, 19.9% homosexual (male and male), 6.2% lesbian, and 8.4% had sex with both male and

female sex workers. The prevalence of sexual intercourse seemed to be lower than that found by other studies overseas. For example, in the National Youth Risk Behaviour Surveillance Survey, United States, carried out in 2003, it was found that 46.7% of high school students had ever had sexual intercourse; males (48%) seemed to be more sexually active than females (45.3%) and a higher proportion of boys (10.4%) than girls (4.2%) initiated sexual intercourse before age 13 years [5]. Furthermore, in another US study, it was found that approximately one in five teenagers engaged in risky sexual behaviour before their 15th birthday [14]. However, the low prevalence of self-reported sexual activity in Malaysia could be due to under-reporting because sexuality is still a taboo subject here; there is a tendency for adolescent boys to deny having had any sexual activity previously.

In another earlier study carried out by the National Family Planning and Population Board of Malaysia, the most commonly used contraceptive method was condom, followed by the pill and withdrawal method [13]. Among Malaysian adolescents aged 14–15, 50% have read pornographic materials, 44% have seen pornographic images from magazines or videos, and some have done so as early as the age of nine [13].

All these studies so far have provided useful information on adolescents' knowledge about sex, safe sex and sexually transmitted diseases, as well as their sexual practices. However, there is still a dearth of information regarding their attitudes towards sex, safe sex and the influences of various information sources on their sexuality. This missing link is important for us to understand the motivating factors behind their sexual behaviour. This is also crucial for the policy makers to plan for relevant sex education programmes, as well as effective intervention strategies to curb the rising incidence of teenage pregnancies and sexually transmitted diseases. In Malaysia, education programmes pertaining to adolescent health, and sexual health in particular, are rather scanty. The Ministry of Education Malaysia endorses a Family Health Education Programme, but the teachers are seldom equipped or comfortable in teaching the subject. The Ministry of Health Malaysia and the National Population and Family Planning Board (NPPFB) mainly focus on adolescent

health and development. Other non-governmental organisations such as the Federation of Family Planning Associations, Malaysia (FFPAM) have a sex education programme.

Therefore, this study aimed to explore adolescent sexuality, in particular looking at their attitudes towards sex, safe sex, their risk-handling skills and how various information sources influenced their knowledge and attitudes.

Methods

The researchers decided to use a qualitative methodology to answer the research questions and the reasons were twofold. Firstly, due to the lack of research, the attitudes of adolescents towards sexual issues in Malaysia remain largely unknown. It would be presumptive to carry out quantitative research without first exploring the range of possible responses. Focus group methodology was chosen as it allows the respondents to explain, clarify, and defend their opinions. This would provide an insight and a deeper understanding of the complex issue of sexuality.

Adolescent boys were invited to participate in the focus group discussions (FGDs). The boys were secondary schools students selected from urban schools and tuition centres in Klang Valley, an urban area in Malaysia. This was done through personal contacts and the snowballing method. Four focus groups, consisting of 31 adolescent boys of various ethnic origins, were conducted. The boys were grouped according to their age: Form 2 and 3 (lower secondary students) and Form 4 and 5 (upper secondary students). Most of the participants in each focus group were acquainted with each other. The information gathered in this study would only represent the views of urban adolescents at the secondary education level and should not be generalised to all adolescents in Malaysia.

The researchers designed a FGD guide based on literature reviews and discussion. Written consent was obtained from all participants and their parents before the interviews, and they were assured of strict confidentiality. Prior to the FGD, all participants filled in forms concerning their socio-demographic data. The researchers facilitated all the FGDs based on the semi-structured FGD guideline. The FGDs

were conducted in a mixture of both Malay and English within the group. This allowed the participants to interact in a language that they were proficient in. These interviews were audio-taped and checked independently by the researchers. The contents of the interviews were used as the data to generate themes and concepts. The researchers analysed the interviews by comparing the data thoroughly and repeatedly, and the themes and concepts identified were discussed further among the researchers. We resolved any disagreement by discussion and consensus.

Results

Socio-demographic characteristics of participants

Thirty-one adolescent boys aged between 13 and 17 years took part in four FGDs. The mean age was 14.8 years ($SD \pm 1.30$ years). In terms of ethnicity, there were eight Malays, 11 Chinese and 12 Indians. With regard to religion, eight were Muslims, nine were Buddhists, two were Christians and 12 were Hindus. The majority of their father's occupations were either in the professional, senior officer and managerial category (22.6%) or in the production and related work category (22.6%). The rest were businessmen (16.1%), unemployed (12.9%), technicians (12.9%) and involved in sales and service work (12.9%). As for their mothers' occupation, the majority of them were housewives (61.3%), followed by 19.4% in technical work, 9.7% in production and related work, 6.5% in clerical and related work and only 3.2% in the professional, senior officers and managerial category.

Boys' opinions about sex, safe sex and information sources

None of the boys discussed their past or existing relationships or sexual experiences. However, the boys volunteered their friends' experiences and shared their thoughts about these sexual behaviours. This finding is not unexpected because it is difficult for the participants to share personal sexual experiences in the local context due to embarrassment and confidentiality issues. Nevertheless, the information provided managed to capture their attitudes towards adolescent sexuality

in general. Further individual in-depth interviews would be more appropriate to study their personal sexuality.

Understanding of sexual issues

Sex was described by the boys as a relationship between husband and wife, man and woman. When probed for homosexual relationships most were aware of different sexual orientations. Some were vague in their descriptions of sex saying 'if two persons were doing something in the room', while another participant was able to give a precise description of sexual intercourse, using the term 'bersetubuh' ('Intercourse' in Malay). Sex was referred to as penetration, and not just kissing, hugging, or petting. They recognised that there were different levels of intimacy. Some of the boys described sex as 'love'.

All of the boys were aware of masturbation, but some were shy to use the term during the discussion. Most, especially the younger boys, said that they had not tried it. One boy mentioned openly that this was against the rules of Islam (*'haram'*) and should not be done. Masturbation was also felt to affect one's health, drain one's energy and have a negative effect on the brain. Some felt it was normal because it did not harm other people. On further probing, some participants felt that teenagers indulged in masturbation because it was fun and when they did not have girlfriends. They felt that instead of masturbating, they should date girls whom they can 'kiss and hug' to satisfy their sexual desire.

There was a general lack of awareness about wet dreams among the boys, reflecting the different level of knowledge they had about this issue. It could also be explained by their lack of familiarity with the term 'wet dreams'.

In general, the boys were aware of sex, albeit with some differences in their definitions and knowledge. The younger boys seemed to have less knowledge compared to the older ones.

Perceptions of sex

No one in the focus group talked about their own sexual experiences. Most denied having sex or kept quiet when the question was raised. However, they readily shared their friends' sexual experiences. One boy felt that 'it is bad for them, bad for the family' to have sex during adolescence. Some could accept it, stating it was 'normal' and 'OK'. But they were clear that,

whatever it was, sex would happen only between two consenting individuals who were in love. Another boy felt that, although he said no to sex, he was curious and would want to try it after hearing so much about the 'fun' of having sex. Some participants mentioned that they would not want to engage in sex now because it was a 'big responsibility'. They were also aware of one-night stands, but they did not think they would do it.

When asked about the reason for having sex, some felt that it was due to natural urges, curiosity and 'for the fun of it', while others felt it could be due to tension from family, school-work, and being away from the family. Other reasons included having sex for procreation and as an expression of love.

The boys also voiced the opinion that drugs such as Ecstasy could cloud their mind and lead them to casual sex. One of them cited sex for money as a reason for people to engage in sex, but felt that it was only women who would have sex for money. A few were sympathetic towards these individuals, while others felt that one should 'let them be' because they chose their lives and there were other jobs they could do besides becoming a sex worker.

As to how they felt about sexual abstinence and premarital sex, most felt that sex should be deferred until marriage. As one boy put it, sex was a responsibility. The group also felt that society would not encourage such behaviour, saying that, '*...only teenagers that have something wrong will engage in sex*'. Another participant noted that it was against the law for teenagers to have sex, while another commented that their parents would rather they studied. It was 'bad' and 'embarrassing' to have sex before marriage. One further participant said that '*pre-marital sex only happened in the west and in Malaysia, most youth would only go as far as touching!*'

However, there were other boys who felt differently, saying that '*because they love each other and they know they are going to get married, then, they can have sex*'. One boy felt that it was good to '*gain some sexual experience*' before marriage.

Thus, there were mixed feelings pertaining to sexual abstinence until marriage.

Understanding and perception of safe sex

When asked about the understanding of the phrase 'safe sex', some boys had heard of the

term. However, when 'condom' was mentioned by one of the boys, all laughed and said that they knew about it. This reflected the unfamiliarity with the words 'safe sex' among some of the participants. Safe sex was equated with avoiding pregnancy, and a number did not link it with the prevention of sexually transmitted diseases (STDs). Only one boy mentioned safe sex meant having one sex partner.

Condom use was cited by most as the method they were familiar with. Some even cited its use to '*prevent (cervical) cancer*'. They knew that they could buy them '*everywhere*', including sundry shops, clinics and hospitals. When probed, they felt that they would buy one if the need arose, but would feel rather shy, especially if they were to buy one from a girl.

The withdrawal method was also mentioned as the other option for safe sex. Other methods that were mentioned in the focus groups included oral contraceptive pills, spermicide, rhythm method ('*counting the dates*'), female condoms and vasectomy. When probed further, many were unsure how these methods could prevent pregnancy and STDs, and the way to use them.

Although none shared their sexual experiences on practicing safe sex, general views on safe sex were noted. Those who had friends who were sexually active felt that they were not practising safe sex. Others preferred the withdrawal method because they felt it was safe, cheap and would have avoided the embarrassment of purchasing contraceptives over the counter. Dual protection, such as condom and rhythm method, or male and female condoms were also suggested.

When challenged with the issue of teenage pregnancy, some would leave their partners and return to their hometown to avoid the responsibilities. Abortion was suggested as an alternative solution. They had learnt about abortion from television programmes, books and, less often, newspapers. They would go to either private or general hospitals for the abortion. Marriage was the other option. However, when the issue of marriage was raised, all laughed and said that they would not marry their partners at this young age.

Perceptions of risk and skills to handle risk

The boys perceived themselves to be at risk of HIV infection, although none admitted to

having sex. They felt that teenagers tend to have free sex and take drugs, hence they are more likely to acquire HIV infection. When asked about their response if the opportunity arose or if their friends were using peer pressure to make them conform, most said they would just say no, while some would lie that they had had sex before. They felt that engaging in sex would cause more harm than actually being bullied or insulted. However, the boys could not give a definite strategy for rejecting sex. This might suggest that either they lack the skill to handle this issue, or that they might be sexually active but were not ready to share their experiences.

Sources of information pertaining to sexuality

The boys' first exposures to sexual information were mainly from their male friends, either from their schools or outside. They also learned about sex by themselves through VCDs (Video Compact Disks), the internet, newspapers, books and magazines. Others first learned about sex from their teachers during science classes, but '*not in detail*'. The majority learned about it when they were in lower secondary school, while a few learned about it in primary school.

The boys reported that none of their parents talked to them about sex. All participants laughed when the researchers suggested parents as a source of sex information, implying parental guidance in this matter was perceived to be very unlikely. One boy learned about sex by overhearing his parents talking about it, but there was no direct discussion. The boys also felt that parents and school teachers should talk to them about sex. However, it was unanimous that they would feel uncomfortable talking to them about these issues.

When asked about the best time to learn about sex, it was voiced that sex education should start in Standard six (age 12) or Form one (age 13). But they stressed that it should be a continuous process, learning more details as they grew older.

When the issue of pornography was raised, there were different reactions from the boys. They agreed that pornography was easily available, either in the form of photographs, magazines, Internet, videos or VCDs. Their first encounters with pornography were when they entered secondary school and it was mainly

through friends, especially older schoolmates. They had the opportunity to exchange information when they mixed with friends after school.

The boys also felt that information or knowledge about sex was sufficient and that they had acquired enough information at this stage. One quoted the saying '*teach now, something will happen later*', and felt that they would probably need more information after they left school or when they got married. One felt that it did not matter to him because he did not need the information at the moment. Another boy (aged 17, the oldest in the group) admitted that he wanted more information, but did not elaborate. However, there was one participant who reiterated, '*Everybody knows, no need to wait until Form 4 or Form 5*'.

Discussion

The boys in this study did not discuss their personal sexual experiences, but focused mainly on their attitudes towards adolescent sexuality in general. Although this limited the depth of discussion, it has shed some light on their views on sexual issues, especially pertaining to their perceptions of safe sex and sources of sexual information. The boys' opinions conformed to social norms, where sex is viewed as a taboo for adolescents and sex is also seen within the context of a marriage. Sex is also perceived as synonymous with love. Furthermore, a few interesting issues emerged from the FGDs, such as the boys' perceptions of different protective methods, risk-handling skills with respect to sexual opportunity and teenage pregnancy, over-reliance on their friends for information and opportunistic acquisition of sexual information.

The level of awareness and information pertaining to sex varied between the boys in this study. Significant gaps in knowledge still existed in terms of sexual health terminologies, sexual behaviours, and safe sex. Masturbation was generally felt to be taboo, and it was not discussed openly during the interviews. There were still some unnecessary worries about the negative health impact associated with masturbation. In one national study it was shown that adolescent boys began masturbating at a mean age of 13.7 years and that two-thirds had ever masturbated [13]. This

figure is comparable to that in other developed countries [15]. In most religions, masturbation is not allowed. This conflict between religious beliefs and their actual behaviour, which is the natural behaviour relating to one's biological and developmental changes, may cause unnecessary guilt. Thus, it would be appropriate to demystify some of these misconceptions, as masturbation among adolescents is a healthy and common form of self-discovery.

In this study, knowledge of wet dreams was scanty. The majority of the male respondents in one national study experienced their first nocturnal emission at a mean age of 13.8 years [8]. Since all participants were above the age of 13 years, one would presume that most of the boys who took part in this study would have gone through this experience. Unfortunately, they were not aware of this when asked. This could either be due to their lack of experience, or ignorance of this natural pubertal experience. This unawareness would again result in unnecessary fear, worry and guilt. All these negative experiences could be avoided through timely and appropriate sex education and guidance.

Adolescence and young adulthood represent a time of high risk for unintended pregnancies and sexually transmitted infections [16,17]. When it comes to safe sex, however, the boys were more concerned about the prevention of pregnancy than STDs. Studies have revealed similar attitudes among adolescents in many countries. This is worrying as among young people, the incidence of STDs [18] as well as teenage pregnancies [16], is on the rise. This lack of perception of risk could be due to many factors such as poor knowledge and having a regular sexual partner. This may lead them to make decisions based on pregnancy avoidance, rather than reducing the risk of STDs.

Although the boys were aware of using condoms and pills as preventive measures, they were unclear of the techniques and mechanisms behind these methods. Moreover, the withdrawal method was the preferred choice for some because it was perceived to be safe, free and could avoid the embarrassment due to having to purchase condoms. These misconceptions are most likely to be due to misinformation from their sources, which are mainly their same-age peers, or

those who are slightly older. The adolescent boys in this study also lacked the skills to 'say no to sex' if the opportunity arose. In one study of 2018 adolescents, differences in self-efficacy were noted between the sexes, where girls were more likely to say no to sex (61.5%) than boys (38.5%) ($p < 0.0001$) [19]. Despite all these deficiencies, almost all of the boys felt that they had enough information at this stage, and would only seek further information if the need arose. This could pose a problem, as many studies have shown that adolescents are usually unprepared for their initial sexual encounters. Knowing this, it is crucial that we should start educating adolescents in an open, systematic and relevant manner when they are in school. This would allow broad coverage, as the majority of adolescents would still be studying at this stage. It has been acknowledged that increasing adolescents' knowledge and motivation is an important factor for improving the behavioural skills needed to minimize risks and promote sexual health [20]. Furthermore, there is increasing evidence to show that ignoring sex education and the sexual health needs of young men will result in important and wider social and health consequences [3]. Instead of receiving unreliable information from their peers, teachers and parents would have to play a bigger role in the planning, implementation and evaluation of programmes pertaining to adolescent sexual health, as well as to adolescent health in general.

The findings of this study clearly illustrate the need for sex education, which is not formally integrated into the school curriculum in Malaysia. Currently, sexual information dissemination in schools is sporadic and tends to be very biological in its approach. In a review of the literature on the sexual and reproductive health of adolescents and youths in Malaysia, it was recommended that public awareness of this issue needs to be made known. It not only emphasised the need to strengthen the sexual and reproductive health education for all ages, especially the young, but also to strengthen the sexual and reproductive health services [21]. Contrary to popular belief, a review of sex and HIV education worldwide showed that sex and HIV education neither fosters early sexual practice nor increases sexual activity. It has been shown to reduce the number of sexual partners and the frequency of sex, while

promoting safe sex and responsible sexual behaviour [22,23]. The report of the National Study on Reproductive Health and Sexuality 1994/5, concluded that 'the lack of knowledge and misinformation and misunderstanding about reproductive and sexual issues is rampant among Malaysian adolescents' and it called for programmes to improve their knowledge and equip them with the right information to guard against unplanned pregnancies, abortions and other associated problems [13]. Therefore, accurate information about adolescent sexual risk-taking behaviour trends is necessary to determine the appropriateness of health policies, to measure behaviour changes, and to evaluate progress in the health promotion activities of this high-risk group [7]. Understanding, factual information, and guidance are needed to help adolescents to make decisions about their sexual behavior: either to choose abstinence, delay their sexual involvement, or use contraception and condoms responsibly if they were to be sexually active [24]. In fact greater efficacy in the use of condoms is associated with delayed sexual debut [25].

Finally, information from this study can act as a link in bridging the gap which exists in local adolescent research. The attitudes of the boys towards sexuality in this study were conservative and the majority still viewed sex as a taboo. There were significant gaps in their knowledge about normal pubertal changes and safe sexual practices. One of the important contributing factors to their unawareness and misconceptions is the heavy influence of their peers and the lack of participation of their parents and schools.

There are a number of limitations in this study that we need to address. Firstly, due to the sensitive nature of the topic, focus group discussion may not address the 'real' attitudes and feelings of the participants, who are more likely to express the 'model answer' in a group. However, an FGD provides a unique platform for sharing of experiences, and with appropriate facilitation, it gives permission to those who are shy and less vocal to express their views. The researchers also recognised the disparate power relationships between the interviewers and the participants. The interviewers were in their thirties and forties, and one of them was a female researcher. This may have had an impact on the dynamics of the FGD, and could have influenced the participants'

response to the questions and their interactions. The researchers were consciously wary of these limitations when the data were analysed. Another limitation of this study is the scanty quotes that we have used in the results. This reflects the limited exchanges among the participants, despite sensitive probing. However, there were a lot of non-verbal communications within the group, which reflected the thoughts and attitudes of the participants towards various sexuality issues. This was captured in the researchers' notes, and was used to inform the data analysis.

This study serves as a pilot study to explore the attitudes of teenage boys towards their sexuality. Future research, using different research methods (e.g. in-depth interview, observation), is necessary to complement the issues that were raised in this study, as well as those that were not discussed during the focus groups, due to embarrassment. In addition,

more research needs to be done to explore adolescent sexuality in semi-rural or rural areas, among different socio-economic strata as well as from a gender perspective. A combination of community survey and in-depth interviews on a larger scale will provide a more holistic representation of this issue.

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