

# Effort of NGO in Promoting Comprehensive Sexuality Education to Improve Quality of Life among Local and Refugee Communities

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## ABSTRACT

Federation of Reproductive Health Association, Malaysia (FRHAM) is a pioneer Non-governmental Organization (NGO) in disseminating the knowledge and services of sexual reproductive health in Malaysia. A qualitative case study research design was employed to explore the roles of FRHAM in promoting Comprehensive Sexuality Education (CSE) for the well-being of locals and refugees' communities. In-depth interviews were conducted with the staffs of FRHAM to inquire about their effort in delivering their services. The interviews were recorded, transcribed, coded and emergent themes were identified. FRHAM had played a part as educator, service provider, advocate and actively involved in improving the quality of life among the refugee community. The organization had developed modules for CSE and conducted programs for dissemination of knowledge. They also collaborated with local governmental agencies and other NGOs to promote awareness and utilization of services among the communities. Nevertheless, promoting CSE had experienced many challenges in Malaysia. The perceptions of Malaysian viewing sexuality education as taboos, cultural factors, the reluctance of educators in delivering, and the low visibility of FRHAM are the barriers encountered by FRHAM in promoting CSE. FRHAM recommended including parents, teachers and other stakeholders in the promotion of CSE and acknowledging CSE as an official subject to be implemented in schools. The information from this study may encourage more partnerships between the stakeholders, policy makers and NGOs for providing high quality CSE and sexual reproductive health services.

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## 1. INTRODUCTION

Family Planning was brought to the Federation of Malaya by two pioneers, Ms. Margaret Sanger, the Founder of the International Planned Parenthood Federation (IPPF) and Ms. Edith Howe in 1935. Federation of Reproductive Health Associations, Malaysia (FRHAM) was established in 1958 and it is a federation of 13 States Member Associations. FRHAM is a Non-Governmental Organization (NGO) with the aim of educating, promoting and supporting Malaysians in family planning, sexual reproductive health and responsible parenthood. World Bank had defined Non-governmental organizations as 'private organizations that pursue activities to relieve suffering, promote the interest of the poor, protect the environment, provide basic social services or undertake community development [1]. Their contributions towards the development of the communities are acknowledged, and they are imperative partners of many governments. FRHAM was

formerly known as Federation of Family Planning Association, Malaysia (FFPAM), and changes its name on 2009 with the focus on sexual reproductive health over family planning. In 2005, FRHAM was first accredited by IPPF and reaccredited in 2012. IPPF is a global service provider and a leading advocate of Sexual and Reproductive Health (SRH) and rights for all. It provides SRH care services around the world and fights for sexual right. The organization is required to meet 10 fundamental principles and 49 separate standards to gain the accreditation of IPPF [2]. With the vision of giving access to all people in Malaysia with the information on SRH and rights, the organization had been actively providing the information, services and organizing talks, campaigns related to SRH for the marginalized and underserved people. The priorities of FRHAM are represented by 5A's which are Access, Adolescent, Advocacy, AIDS/ HIV and Abortion. In 2015, one more A – Ageing was included due to the increase of older people substantially in Malaysia.

The organization had provided access for SRH services to marginalized and underserved groups such as the disadvantaged youths, people living with HIV, the refugees, the sex workers, the high-risk group of partners and spouses of injecting drug users, and so on. By the end of 2015, FRHAM, together with the Community Clinic Extension Family Planning (COMCEFP) networks of 13 State Member Associations had served about 56,573 clients. The organization also provided contraceptive services such as oral pills, condom, injectable, implant and intra-uterine contraceptive devices to clients of all age. Besides that, a total of 19,955 of SRH-relating testing were conducted which 3,782 services were reported for HIV, 3,852 services for Sexually Transmitted Infections (STIs) and 12,248 for Pap Smear and 72 for andropause [3]. To improve the quality of life among the refugees, the organization also provides access to the utilisation of SRH services, held programs to disseminate the information and education to sensitize the refugee communities. According to the statistics of United Nation High Commissioner for Refugees (UNHCR), there are 152,429 refugees and asylum seekers registered with UNHCR Malaysia at the end of November 2017. Among them, 89% are from Myanmar and 11% are from 60 other countries.

FRHAM had worked hand-in-hand with its state Member Associations, Durex Malaysia, AIESEC and Women's Aids Organization to provide comprehensive and high-quality educational program. The programs concerning SRH and HIV, boy-girl relationship, sexual-harassment and unplanned pregnancy issues were held for the adolescents in national and private schools, tertiary education institutions, shelter and welfare homes. Currently, Malaysia has no plans to introduce Comprehensive and Sexuality Education (CSE) as a specific subject in schools. The knowledge of sexuality is taught in schools through Health Reproduction and Social Education (PEERS) studies and across a variety of subjects such as Health Education, Science, Biology, Islamic Studies and Moral Education. However, Ministry of Education Malaysia encouraged NGOs to conduct awareness programs among the students to raise their awareness on how to protect themselves [4]. FRHAM also engaged the young people through the training workshops to prepare them as the peer educators for capacity building. FRHAM collaborated with UNHCR to conduct trainers' workshop for young refugees by using the CSE modules developed by the organization. The Reproductive Health of Adolescents Module (RHAM) is a guide for the educators in the promotion of CSE and adolescents' holistic development. CSE is defined as "A curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity, develop respectful social and sexual relationships; consider how their choices affect their well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. [5]" CSE is found to have positive outcomes in increasing adolescents' knowledge and improving their attitudes related to SRH and behaviours [6].

For advocacy, FRHAM and its state member associations partnered and collaborated with governmental and other NGOs to promote SRH concerns. The organization had carried out policy dialogues on increasing access to reproductive rights. FRHAM was invited to play a role on various National Population and Family development Board (LPPKN) and Ministry of Health (MOH) committees regarding reproductive health and family planning. LPPKN also involved FRHAM staffs in conducting workshops under PEKERTI@SEKOLAH and PEKERTI@IPGM. The organization advocates CSE through media, exhibitions, campaigns and talks. FRHAM and its state member associations also conducted outreach programs on HIV and AIDS to raise awareness and sensitization to targeted population and public. Services such as HIV/ AIDS testing also provided in the clinics which collaborated with the state member associations. Moreover, FRHAM makes available of affordable abortion-related services with particular attention to young women, underserved and marginalized groups. When the organization received telephone calls and cases related to abortion, they will provide pre- and post-abortion counselling, and referral to a specialist of choice for further management. FRHAM also worked with United Nations Population Funds (UNFPA) to coordinate studies regarding abortion and the findings were disseminated in a seminar attended by representatives from government organizations, NGOs and universities [7].

Nevertheless, CSE is still a taboo in Malaysia. Previous studies had indicated that people in Malaysia are lacking of knowledge in sexuality education [8]. The knowledge of sexually transmitted diseases (STDs) among the adolescent in Malaysia is at a worrying status. They are deprived of knowledge to keep themselves and their partners safe from STDs and moreover, rural youths had less sexual awareness compared to urban youths [9]. Lack of the knowledge in SRH can lead to social problems such as premarital sexual intercourse, transferral of STDs, unwanted and unsafe pregnancies and abortion, maternal mortality, baby dumping, HIV/ AIDS and so on. The issues mentioned above impacted an individual's physical and mental health critically, and also implicated the long-term well-being of the individual, their families and even their communities [10]. In recent years, sexuality education had started to gain the interest of the people. However, there are not many studies on the contributions and the challenges faced by NGO in advocacy of CSE and provision of SRH services were found. Therefore, the purpose of this study is to explore the role of FRHAM, an NGO's efforts in promoting and implementing of CSE for local and refugee community in Malaysia. Furthermore, this paper also highlighted the challenges faced by FRHAM and recommendations for advocacy of CSE in Malaysia setting.

## 2. RESEARCH METHOD

Qualitative research method was employed to study the roles of FRHAM in advocating CSE among the communities in Malaysia. The researcher had applied case study research design to facilitate the exploration of FRHAM's roles and challenges they encountered in implementation of CSE and provision of SRH services. Yin suggested case study research design can used in a study when: (a) the aim of the researcher is to answer "how" and "why" questions; (b) cannot manipulate the participants' behaviours involved in the study; (c) to cover the contextual conditions that relevant to the phenomenon and (d) the boundaries are not clear between the phenomenon and the context [11]. Qualitative data were collected through in-depth interviews and analysis of documents and published report of FRHAM. In-depth interviews are useful qualitative research technique to explore an issue in-depth. Rich and detailed information about the perspectives and behaviours of the respondents can be generated through in-depth interviews [12]. The researcher approached the organization and obtained the approval for conducting a study on the site. The participants involved in this study were the staffs from FRHAM who were recruited via purposive sampling method. The researcher explained the purpose of the study and obtained informed consent from the participants before the interviews. The interview guide and informed consent form were validated by educational psychology expert. The topics included FRHAM's roles in implementing CSE, current activities, and the challenges confronted by the organization. The process of interviews was recorded, and coded thematically.

## 3. RESULTS AND ANALYSIS

Based on the analysis of the interviews, three broad themes were emerged: 1) the roles played by FRHAM, 2) the barriers experienced by FRHAM and 3) the recommendations from FRHAM in promoting and implementing CSE in Malaysia. Subthemes under the themes also identified and reported.

### 3.1. The Roles of FRHAM

#### 3.1.1. FRHAM as educator

In Malaysia, teenage pregnancies had become a serious issue to the nation. Based on the statistics of live births among adolescent girls, there is increasing number of reported cases from 16,207 in year 2007 to 18,040 in year 2011. Besides that, the adolescents also unaware about the availability of SRH services for pregnancy and abortion, STIs, sexual violence and contraceptives in health clinics [13]. To create awareness among the adolescents, FRHAM had developed CSE modules to provide comprehensive and high-quality knowledge about SRH. When the organization conducted outreach program in the underserved and rural regions such as welfare home, refugees' camps, Orang Asli (indigenous people) villages and fisherman villages, FRHAM will disseminate the knowledge of CSE to them and train the representatives of the communities to become the healthcare workers. Besides this, FRHAM also delivered programs, talks, and exhibitions in primary and secondary schools, universities and public places to raise the awareness of people regarding the significance of CSE and SRH. *"We introduced them good touch and bad touch, we engaged them in activities such as body mapping, we also used Kaka and Tata (dolls) to teach CSE."* The staff also mentioned that without dissemination of the CSE knowledge among the communities, the services provided would be 'pointless' and bring minimal impact on their quality of life. The previous study also indicated that inadequate knowledge of SRH could lead to low utilisation of SRH services [14],[15].

### 3.1.2. FRHAM as Service Provider

During the interview, the staff mentioned that FRHAM brought service to those who are unable to have the access with no or minimal charges through outreach program and mobile clinics. Family planning and SRH services such as contraceptives, health screening, STIs testing, Pap Smears and AIDS/ HIV services were provided to Orang Asli, the migrants, the refugees, the people living in welfare home, the people in fisherman villages with emphasized in 5 states which included Sabah, Sarawak, Penang, Melaka, and Terengganu. Before determining the need for conducting the program in specific state, the state member associations are required to conduct assessment studies, find out the factors that influence the uptake of the SRH services. The staff also said that they provided referral services for the patients who need counselling and other services. *“I always emphasis to my staffs that we should build a strong network with other NGOs and even, governmental agencies, so that if we encounter patients with problems that require attention, you can refer the patients to the appropriate places.”*

### 3.1.3. FRHAM and refugee

According to Malaysian Law (the Federal Constitution of 1957 and the Malaysian Immigration Act 1959/63), Malaysia does not provide a legal right for refugee to remain in the country [16]. Therefore, the refugees are at risk of exploitation, arrest and detention. Although the refugees are generally not at risk of deportation, but they are not allowed to work in the formal sector of economy, and experienced difficulties in accessing healthcare and education [17]. Refugees especially girls and women are more susceptible to forced marriage, sexual slavery and forms of gender-based violence due to their powerlessness. They had less access to education and reproductive healthcare, that can put them at a higher risk for HIV/AIDS, unwanted pregnancy and unsafe abortions that could lead to maternal deaths [18]. McMichael and Gifford [19] found that the young refugee had little knowledge about sexual health and STIs apart from HIV/AIDS. From the interview, the senior staff mentioned that Rohingya are culturally getting marry at young age, and the men had the final words in the matter of getting children. *“It is not practical for them (the refugee) to have many children as they have no job and money...moreover, if their wives have health problems due to unsafe pregnancy, it is expensive for them (for getting healthcare services)!”* Child marriage is common among Rohingya and some of the girls marry even earlier due to poverty and insecurity [20]. Therefore, FRHAM had taken actions in providing access of SRH services to the refugees. The organization also involved the Ustaz (religious leader) among the community in the training of CSE and family planning. They are trained to be the healthcare workers so that they can disseminate the information in the community. Then, the staffs from FRHAM monitored the session of delivering conducted by the Ustaz to ensure the exactitude of the information. FRHAM also prepared videos regarding CSE and SRH services in Rohingya languages to deepen their understanding towards the significance of CSE and SRH for their well-being.

### 3.1.4. FRHAM as advocate

FRHAM had taken roles in advocacy for SRH rights and CSE in Malaysia. NGOs have always been the frontline in promoting new ideas and encourage governments agencies to implement them. NGOs represent the ‘voice of the people’ at all levels – local, national and international [21]. The staff indicated during the interview, FRHAM had been invited to attend various governmental meetings and member of committees to provide the perspectives from the NGOs’ aspect. *“They (the governmental agencies) need us, because we reach out the communities more than them.”* As compared to government, the flexibility structures of many NGOs have allowed them to formulate, implement and evaluate innovative programmes directed at the need of specific populations and communities even for the programmes that could be too controversial for government to work on it [22]. The previous study also showed that with the robust collaboration between the government and NGO can scale up a social development program such as CSE to national level successfully through a carefully negotiated partnership [23].

## 3.2. The Barriers Experienced by FRHAM

### 3.2.1. Comprehensive Sexuality Education is perceived as taboo

The respondents mentioned that parents in Malaysia are still viewing CSE as a taboo. Some parents are worried that the exposure of CSE might lead their children to sex-experimentation and earlier sexual debuts. Some of them think that the children will learn the knowledge related to sexuality by themselves when they grow up so it is not necessary to teach them during their school years. The findings are similar to a prior study that indicated that Malaysia as a Muslim majority country, CSE is still a controversial subject to be taught in school. The government do not intend to make it a standalone subject as the current syllabus touches briefly about SRH knowledge in other subjects such as Science, Biology, Physical Education, Moral Studies and Islamic Studies. Rahimah et al. [24] also pointed out that the parents are concerns about the negative consequences of implementation of sex education in elementary schools as the children are not

mature enough to understand sexuality. FRHAM also revealed that the application process in order to get permission to conduct programs related to CSE in schools is tedious and difficult. Thus, it could be an obstacle for NGOs to disseminate the CSE and SRH knowledge to the students.

### 3.2.2. Cultural factors

Malaysia is a multiracial country and each race or community have their own cultural background that could influence their acceptance towards CSE and SRH services. The Orang Asli is the indigenous minority people in Malaysia. Their geographical distribution, unique socio-cultures and multi-dialects may refrain them from the access to public health interventions, CSE and SRH services compared to what is available and accessible to general populations. Based on the same study, Orang Asli have a fair knowledge about HIV/AIDS but they also have misconceptions towards the transmission of HIV/AIDS and sources of information [25]. It is reported that most of the Orang Asli had not received a proper education, this is similar to the finding of this study. Based on the information from FRHAM staff, they met Orang Asli who were unwilling to send their children to school due to bully and discrimination. *"The Orang Asli girl did not attend school, because her father told her that the people in the school are bad guys."* the interviewee said. Past literature supported that Orang Asli showed deep dissatisfaction due to neglect of their children in school and they also experienced physical and verbal abuses from their schoolmates [26]. Without proper education, Orang Asli could have limited access to the CSE and SRH services. For refugee especially Rohingya community, child marriage is still one of their traditions. Nevertheless, the FRHAM staff emphasized that teen pregnancy could cause maternal death and other health risks due to the girls are not ready physically for pregnancy. World Health Organization (WHO) also indicated that the leading cause of death for girls aged 15 to 19 globally is the complications during pregnancy and childbirth [27]. Poverty, lack of education and employment are the factors that contributed to adolescent pregnancies especially among the marginalized population [28]. Besides that, there are many Muslim in Malaysia have the misconceptions that contraception is not permissible in the context of Islam. Similar findings in Pakistan also revealed that the married women are not using contraception even though they want to space or limit their births due to religious reasons [29]. They have misconceptions about the permissibility of family planning in Islam due to inability to collate and interpret precisely the various verses of Quran that related to family responsibility and well-being [30].

### 3.2.3. Reluctance of educators in delivery of CSE

The staffs shared their experience when conducted a CSE program in school, during the session, the parents and students were supportive towards the program, however, the teachers are worried about showing the drawing of naked men and women may have a negative impact on the children. The reluctance of teacher in teaching CSE could cause shallow implementation of the curriculum in the class, that would not be enough to equip the students with the necessary knowledge and skills. The prior study identified the factors behind the reluctance of teachers are due to socio-cultural and religious factors, lack of teacher training in the delivery of sex education and poor motivation [31].

### 3.2.4. Low visibility of FRHAM

FRHAM staff also stated that low visibility of FRHAM is a challenge of the organization in promoting CSE and SRH services. *"I think for FRHAM, our name is not strong enough. We do not have high visibility, people are unaware that we provide such services."* Even though FRHAM had employed the use of social networks such as Facebook, Instagram and Web page to gain their prominence, but the results are not as good as expected. For NGO, the visibility is a crucial element for them to engage more people to understand their work and create awareness among the people. The more support they receive, the larger impact they can make [32].

## 3.3. The recommendations of FRHAM in Promoting Comprehensive Sexuality Education

### 3.3.1. Comprehensive Sexuality Education as a standalone subject in curriculum

Acknowledgement of CSE as an official subject could be a cornerstone for Malaysia to provide high-quality CSE and SRH services. *"We have to do something to make it (CSE) an official subject as there are some freelance sex educators who are disseminating the knowledge regards sexuality in worrying way."* Teaching CSE as a standalone subject can encourage the use of non-formal teaching methodologies that would help in building students' critical thinking skills. It is easier to monitor, evaluate the effectiveness and revise the curriculum based on need if CSE is presented as a standalone subject. Besides that, a stand-alone curriculum also allows specialized teacher training that can elevate teachers' confidence and motivation in the implementation of CSE [33]. The staff also said that training for teachers is important in the delivery of quality CSE.

### 3.3.2. More collaborations among stakeholders, NGOs and government

FRHAM staffs expressed their gratitude towards the other NGOs who are also fighting for the SRH right in Malaysia. *"We are thankful that there are growing numbers of NGOs also provide CSE and SRH services. It is good to have other organization working towards the same goal. At least we know that people are supporting the work we are doing."* They believed with the collaboration of all parties, they can bring more positive impact to the people. Nevertheless, the staff also stated that NGO is acting as a complement to the government. NGO with proper management and excellent human resources can help to form government policy and aid in program development, complement and supplement government programs [34]. A healthy NGO-government relationship allows the developments of more constructive dialogue and implementation of the program to be more impactful [35]. Besides that, the staffs mentioned that CSE program should not be limited to students only, parents and public should be included in the development of their understanding to illuminate their misconceptions and myths towards CSE and SRH.

### 3.3.3. Include Comprehensive Sexuality Education in Premarital Course

In Malaysia, Muslims are compulsory to attend the premarital course before application for marriage. The premarital course was introduced by the Department of Islamic Development Malaysia (DIDM) to provide knowledge on the concept and objectives of marriage from religious aspects and also knowledge on the problem-solving skills in marital conflicts, stress, financial management and health issues [36]. Therefore, FRHAM staffs suggested that the knowledge about CSE and SRH should be included in the premarital course to prepare the future parents in family planning and play a role in communicating the knowledge about sexuality with their children.

## 4. CONCLUSION

As the leading pioneer of CSE and SRH services in Malaysia, FRHAM had made remarkable contributions for the well-being of local and refugee communities in Malaysia by providing access to accurate information related to sexuality, family planning and SRH services. The organization also negotiated with the government, local and international NGOs to advocate the SRH rights for marginalized and underserved populations. Nonetheless, FRHAM had encountered challenges such as people still perceived CSE as taboo, cultural factors, the reluctance of teachers in the delivery of the program, and low visibility of FRHAM during the implementation of CSE and delivery of SRH services. Therefore, to promote the CSE and SRH services in Malaysia, FRHAM suggested to include CSE as a standalone subject in the school curriculum, to have more collaborations with stakeholders, government, and other NGOs, and embrace the content of CSE and SRH services in the premarital course. The findings of this study might encourage more partnerships between government and NGOs as NGOs can reflect the grass-root issues of the people in the nation.

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