

EDITORIAL**Mindful Sexual and Reproductive Health of Adolescents****Siti Hazariah Abdul Hamid^{1*} & Bisha Fathamah Uzir²**¹Kulliyah of Nursing & ²Kulliyah of Pharmacy, International Islamic University Malaysia, Pahang, Malaysia. Email: shazariah@iiu.edu.my

The establishment of sheltered homes and cases of baby abandonment among unmarried adolescents indicate the consequences of unintended pregnancy are a serious issue in Malaysia. It is important to understanding the impact of culture and religion and the resulting tension between guidelines and beliefs led to many adolescents in Malaysia are in receipt of sub-optimal sexual health education. This also has potentially impact on adolescents' acceptability and accessibility about their ability to use such services in Malaysia. In preparing adolescents for optimum sexual health and to avoid stigma and discrimination following unprotected sex, the caretakers and adults should be aware of accurate sexual health education as their responsibility and of the need for them to manage their own conflicts about fulfilling their role.

Many countries have begun to recognise that empowering women and girls is the most cost-effective and efficient means of health promotion in a society imbued with strong cultural and religious influences (1-4). Prior studies have noted that the concept of 'gender consciousness', as developed by Paulo Freire (1970), is particularly beneficial in relation to realising empowerment in SRH education programmes. The process of 'conscientisation' has been translated as the capacity of individuals to reflect on the social conditions that support and frame gender inequality in order to promoting personal growth and awareness and thus change gender role prescription. This may also apply to Malaysian adolescents who may also benefit from raised awareness of these issues enabling them ultimately to identify and challenge the social and cultural expectations that act to suppress their sexual health and wellbeing.

Policies could actively promote the dissemination of information and access to services to promote the SRH of young people, as well as attempting to combat the underlying social inequity that can inhibit young people's access to information and essential services support (5,6). Therefore, more significant efforts for example by having an independent evaluation of the educational material to ensure there are clear objectives for and

interpretations of sexual health services provision that are in line with the national recommendation. Moreover, the content of sexual health education needs to in line with human rights and gender-equitable norms that central for improving the provision of sexual health services to adolescents. It also might be useful for the government to strengthen its collaboration other relevant agency in order to revise the strategies targeting a reduction in unintended teenage pregnancy in Malaysia.

Healthcare professional, parents and adolescents should be involved in preparing or designing such guidelines in order that they can develop a sense of ownership and a commitment to delivering them well. There is a lack of involvement of adolescents in preparing the content of educational material related to sexual health. Sexual health information should also reflect sexual diversity (e.g : LGBTQ issues, adolescents with long term condition and disabilities) not only focusing solely on heterosexual sexual relationships (7,8). These adolescents need to be considered as part of the programme or material development to ensure that each programme is both relevant and effective. In this way, healthcare professional, parents and caretakers become aware of the adolescents' sexual health needs and mindful of the purpose of education to raise their awareness of the prevention of STIs/HIV, unintended pregnancy and the experience of sexual violence.

The Malaysian government has the authority and responsibility to address the importance of sexual and reproductive health education and health prevention for adolescents, and particularly those who are unmarried. The government should address the fact that young people are becoming sexually active and are at high risk of morbidity and mortality related to unintended teenage pregnancy, which leads to baby abandonment in Malaysia. The government should strive for greater openness about sexual health matters instead of considering conservative thinking within society that assumes sex education equates to encouraging adolescents to have sex.

The recent study has revealed how cultural norms perpetuate a 'moral' approach in the provision of

sexual health services to adolescents, and that most of the caretakers involved have not been adequately trained to reflect upon the impact of such cultural norms on the health and wellbeing of young people (8). This limit both their confidence and competence related to the provision of sexual health information. There are also the organisational barriers in terms of the insufficient training for the caretakers in the area of comprehensive sexual health to unmarried adolescents. The healthcare professionals including caretakers require opportunities for professional development to prepare them to work competently, sensitively and respectfully in the area of adolescents' sexual health needs, particularly with regard to safer sex and contraception and in order to avoid discriminating against unmarried sexually active adolescents. In doing so, they have the potential to act as a cultural change agent.

Sexual health education should address the socio-cultural and gender norms that impact negatively on girls in terms of hidden pregnancy, forced marriage due to maintaining honour, early marriage and early pregnancy. Different expectations with regard to gender norms render adolescent females more vulnerable and disadvantaged. Adolescents requiring information and counselling probably need to be empowered to question the rigid gender or social norms to a greater degree than they require the health services. In other words, sexual health information should seek to challenge the social norms that suppress their knowledge and access to health services rather than reinforce gender stereotypes and inequalities. The importance of education and knowledge can be seen in the literature to be the key factor in terms of empowering individuals with regard to their sexual health and practical skills such as interpersonal communication, decision-making abilities, critical thinking and the ability to negotiate when faced with unwanted sexual activity (9,10).

Future study in this area should include unmarried adolescent boys and girls as participants as this may yield a benefit in terms of understanding what they need to know about their sexual health, their experience of access to sexual health information and services and their reaction to that experience. This would provide a broader picture of the actual situation concerning sexual health information in Malaysia. The present study has highlighted about gender inequalities, which inform by the Malaysia cultural and religious beliefs that appear to affect the sexual health information that adolescents receive from healthcare professionals. Hence, further research could be undertaken to explore the implication of such gender inequality from the perspectives of adolescents themselves. This is because the promotion of gender-equitable norms needs to commence with the naming or identifying

of negative gender norms in order to challenge and change them through the building of norms that value males and females equally (11).

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