

# Sexual Activities of Malaysian Adolescents

S N Zulkifli, ScD

W Y Low, PhD

K Yusof, FRCOG

*Social Obstetrics and Gynaecology Unit,  
Faculty of Medicine, University of Malaya, 59100 Kuala Lumpur*

## Summary

This paper examines data on the sexual activities of 1,200 Malaysian adolescents aged 15-21 years based on a probability household sampled survey carried out in Kuala Lumpur in 1986. Sexual behaviours like premarital sexual intercourse, contraceptive usage and masturbation were presented. Of the 1,181 unmarried respondents, 9% (105) reported having had sexual intercourse; males were significantly more experienced compared to females. Older age groups were also found to be more sexually active than the younger ones. Among those who had experience dating (n=521), 20% (105) have experienced sexual intercourse, 44% (228) have kissed and necked, and 35% (183) have experienced petting, while 24% (130) have had no physical intimacies. Poor use of contraception was also revealed. The most commonly used were condoms, oral contraceptives and withdrawal. With regard to masturbation, males begin this practice relatively earlier than females. Almost half of those who indulged in masturbation were worried by the act, especially the females. Implications of the findings are discussed.

**Key Words:** Sexual behaviour, Adolescents, Dating, Premarital sex, Contraception, Masturbation

## Introduction

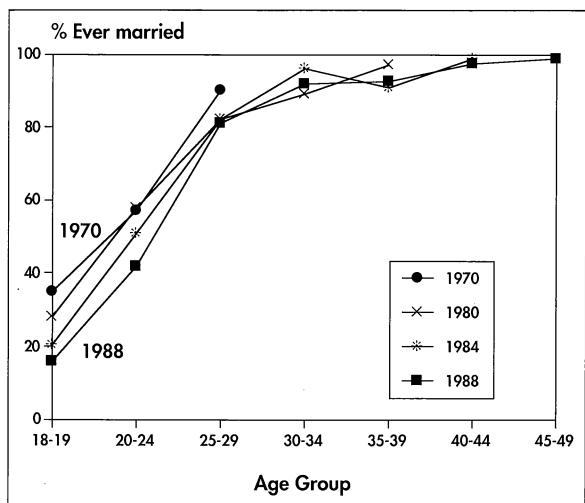
The field of sexuality is a very much under-researched area. While there is limited data on adolescent sexuality, other indicators of social change such as substance abuse, alcohol consumption and cigarette smoking, which are known to be highly correlated with increased adolescent sexual activity<sup>1</sup> are already recognized problems in Malaysia, particularly substance abuse.

All societies enforce rules on sexuality to control reproduction. The recognition of sexuality and sexual identity is part of one's self-image, i.e. it is an important developmental process towards becoming a psychologically well-adjusted individual with adequate interpersonal skills. Children should grow up with the capacity to care for and love others; critical ingredients of human happiness and emotional satisfaction. Too

much control may retard this aspect of personal development and cause problems in future. For example, young girls brought up strictly to believe that "sex is dirty" may suffer from sexual dysfunctions. At the same time, we do not want teenagers to act freely upon their new discovery of sexual desire.

Adolescent sexuality and fertility are not new phenomena in Malaysia. Traditionally, women marry early and begin reproducing early. Although adolescent childbearing is still evident in many developing countries, including rural areas of Malaysia, the context has now changed. There has been a continual decline in young marriages. Based on the Second Malaysian Family Life Survey (1988-1989), the decline has been greatest among the youngest age group (18-19 years) falling from 36% in 1970 to 12% in 1988<sup>2</sup>. However, there is hardly any change for women aged 30-34 years, indicating that most Malaysian women still do

marry, but at a later age. Figure 1 shows changes in the percentage of women ever-married by age group from 1970 to 1988<sup>3</sup>. This demographic trend towards later marriage results in a longer period after the onset of sexual maturity, wherein premarital sexual activities can occur. Apart from concerns by some quarters regarding moral decay and religious prohibitions, this has implications for adolescent pregnancies outside of marriage and its health and social consequences.



**Fig. 1: Proportion of women who have ever married by age group**

Source: Mohd. Tom K. (1993). Marriage trends among Peninsular Malaysian women. In: *Proceedings of the Seminar on the Second Malaysian Family Life Survey, Kuala Lumpur, Malaysia*. California: Rand Corporation. Page 8.

The purpose of this paper is thus to examine the sexual scenario of Malaysian adolescents based on a survey carried out in 1986<sup>4</sup>.

## Methods

Briefly, a survey on the knowledge, attitudes and practices related to sex was carried out using a three-stage probability (housing type, living quarters, 15-21 years old adolescents) sample of households in the Federal Territory of Kuala Lumpur. A total of 1,200 respondents aged between 15-21 years old were randomly sampled. Data were collected by face-to-face interview and self-administration using a structured

questionnaire. Areas covered in the questionnaire were the socio-demographic profile, knowledge and/or attitudes towards marriage and childbearing, virginity, premarital sex, pregnancy, contraception, abortion, and experiences with dating, masturbation, physical intimacies and sexual intercourse. This paper is focused on respondents' sexual behaviours, such as premarital sexual intercourse, contraceptive usage and masturbation, and its implications.

## Results

The background profiles of the survey respondents are summarized in Table 1. The majority were students at the time of the survey (62.3%, n=748).

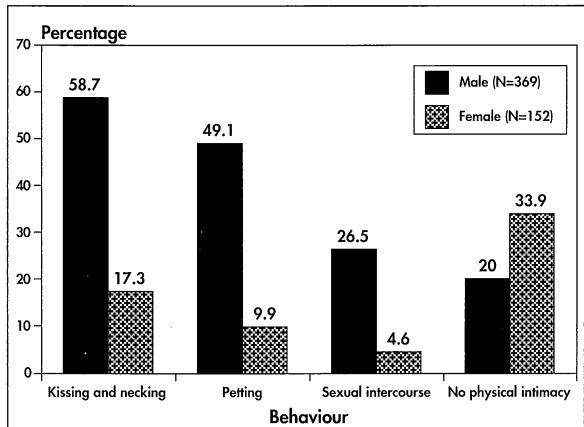
**Table I**  
**Background profile of respondents**

Characteristic	N	Distribution
Age (years)	mean mode	17.6 16
Sex	male female	792 408
Ethnicity	Malay Chinese Indian Others	470 499 215 16
Religion	Islam Buddhism Hinduism Christianity Others	473 386 172 87 82
Education	none primary secondary tertiary others	9 48 1128 11 4
Marital status	unmarried married	1181 19
Student status	students non-students	748 452

Among the 1,200 adolescents aged 15-21 years in this survey, 1,181 (98.4%) were never-married. The following results are based on these unmarried respondents.

### Sexual activities

Of the total of 1,181 unmarried respondents aged 15-21 years old and among those who have dated, 20% (105) reported having had sexual intercourse. By gender, significantly more of the boys (26%, n=98) than the girls (5%, n=7) had sexual intercourse ( $\chi^2=43.26$ ,  $p\leq 0.001$ ). This finding supports the general assumption of boys being more aggressive sexually, by nature and certainly by nurture. It also supports the lower social pressure on boys to remain virgins until marriage or the greater tolerance to premarital sexual experimentation among boys than girls. Experience with sexual intercourse also increased with age from 15% of adolescents at 15-16 years to 23.2% at 17-19 years and 32.8% at 20-21 years of age. This may perhaps reflect the attitude that one becomes more liberal as age increases.



**Fig. 2: Distribution of behaviour performed during dating by sex**

The relatively low rate of sexual activity among the sample was probably due to the fact that a large proportion (55%, n=644) was not involved in dating practices. Thus, there was no sexual activity because of lack of opportunity. Considering the 369 boys and 152 girls who do go or have been out dating, Figure 2 shows that 20% (n=105) have experienced sexual intercourse, another 44% (228) have kissed and necked

and 35% (n=183) have experienced petting. Only 24% (n=130) have had no physical intimacies at all; again varying by sex (boys 20% (n=75); girls 36% (n=55)) and age.

In addition, among those who dated, a substantially higher proportion of non-students than students have been sexually active, in terms of kissing/necking, petting and sexual intercourse. Only 35% (46) of non-students compared to 65% (84) of current students have not had any physical intimacy ( $\chi^2=0.35$ , ns). Conversely, 62% (65) of non-students compared to 38% (40) of students have had sexual intercourse ( $\chi^2=17.6$ ,  $p\leq 0.001$ ). This is partly a function of age since non-students tend to be slightly older and one would assume that they are more exposed to the outside world as compared to students.

### Contraception

Of special relevance from a reproductive health perspective was that only 37% (39) of sexually active teenagers used any form of birth control, even though a majority of teenagers knew about or could name methods of birth control, especially the oral contraceptive pill (cited by 70%, n=864) and to a lesser extent the condom (48%, n=573). By far, the most common method used was the condom (51%, n=20), followed by oral contraceptives (18%, n=7) and withdrawal (15%, n=6). Among those who did not use any form of contraceptives (63%, n=66), about half explained that sex was not much fun with contraceptives or they found contraceptives too difficult to use (Figure 3). Perhaps another barrier to contraceptive usage could be the fear of being discovered by their family.

### Masturbation

More males started masturbating relatively early, i.e., at a mean age of 14.4 years compared to their female counterparts at 15.5 years on average ( $t=0.48$ ,  $df=654$ , ns). This supports the notion that males develop sexual feelings at an earlier stage and that masturbation is a much more common practice for males than for females (Figure 4).

Based on the psycho-sexual development of adolescents,

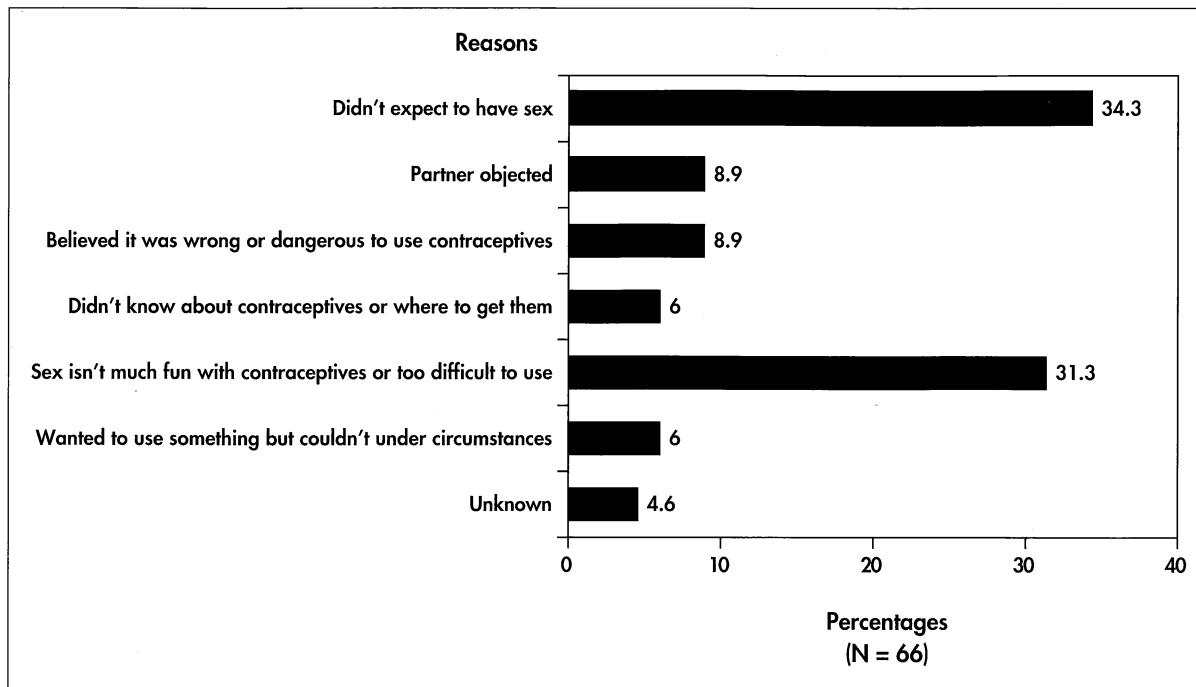


Fig. 3: Reasons for not using contraceptives among adolescents who have had sexual intercourse

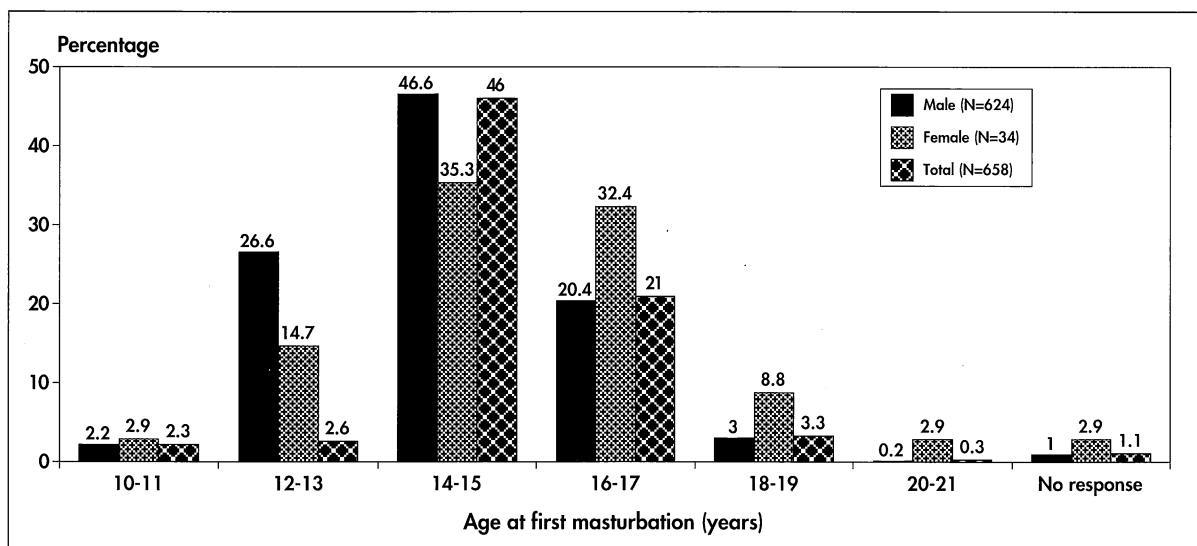
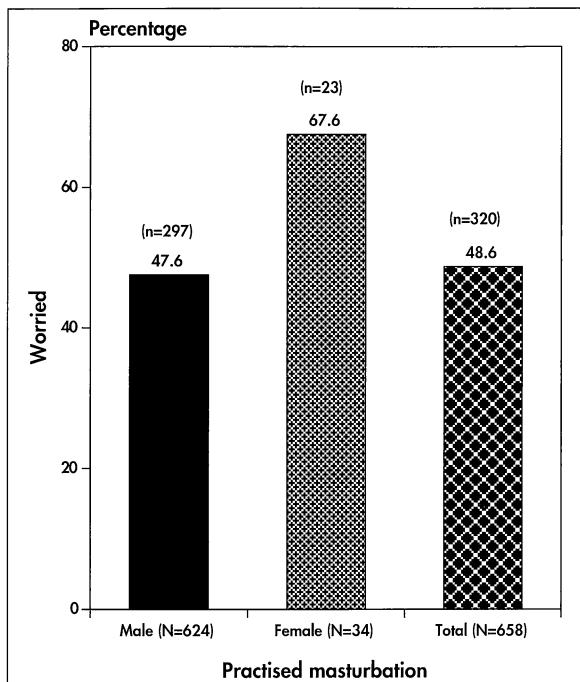


Fig. 4: First masturbation: Distribution by age and sex

sexuality arises spontaneously in boys and the drive is specifically sexual right from the beginning, and concentrated in the sex organs. Sexual impulses and fantasies are stronger in boys than in girls. The survey

revealed that almost half of those who indulged in masturbation were worried by the act. Significantly more female respondents were worried about their masturbating than were the males ( $\chi^2=6.64$ ,  $p\leq 0.01$ ).

Perhaps this feeling could be related to their attitude towards masturbation where the majority of the females (42%, n=173) felt that masturbation was immoral and sinful. Hence, more guilt feelings were generated from the practice [Figure 5].



**Fig. 5: Distribution of adolescents worried about masturbation by sex**

## Discussion

The proportion of sexually active adolescents in this urban sample was less than 10%, with a clear increase with age. However, part of the reason for the low overall rate was because about half of the sample have not started dating the opposite sex. Among those who have, only a quarter have not had any physical intimacy, more so among girls and among the younger age group.

The level of experience with sexually-related activities among these urban Malaysian teenagers was higher than findings from Taiwan<sup>5</sup>. The Taiwan study, based on a random sample of all students aged 15-21 years, reported a very low rate (about 4%) of respondents who experienced sexual intercourse (6% among boys

and 1% among girls). Their survey also showed that the proportion of ever-sexually active students was higher among boys which increased with age from 1% at age 15 years, 6% at age 18 years and to 14% at age 19 years, a finding similar to our survey. The progressive increase with age also commensurates with a progressive increase in the proportion who have a "close friend with the opposite sex". Furthermore, sexual experience was highest among students in private vocational schools (6%), especially among the boys (17%)<sup>5</sup>.

Compared to findings from some other cities in developing countries, the reported rate of sexually experienced teenagers in this survey was rather low. For example, among 2,507 youths aged 14-24 years surveyed in Banjul, The Gambia, 73% of the unmarried boys and 28% of the unmarried girls had been sexually active<sup>6</sup>. In a survey of never-married youths aged 14-25 years in Ibadan, Nigeria, 60% of the boys and 38% of the girls aged 17 years on average had ever had sexual relations<sup>7</sup>. The proportions who have ever had sex, as well as those who were still sexually active (had sex in the past month), also increased with age, and was highest among both male (91%) and female (91%) respondents who were not currently students (mean age 20-21 years). In Monrovia, Liberia, a survey of 1,488 never-married adolescents aged 14-21 years showed that 40% or more in the 14-17 years age-group and over 80% of those in the older age-group had ever had sexual relations<sup>8</sup>. Regular sexual activity was also quite common with 30% or more of the younger age-group having sex at least once a month. Finally, in a survey of 3,316 unmarried adolescents aged 12-19 years in rural and urban Kenya, 51% had ever had sexual relations (62% among boys and 39% among girls)<sup>9</sup>. In the younger 12-15 years age-group, 40% of (student and non-student) boys and 60% of non-student girls were sexually experienced. In the older age-group, 75% or more of boys and non-student girls have had sex. Girls still in school had the lowest proportion of experience with sexual relations (21% at 12-15 years and 46% at 16-19 years of age)<sup>9</sup>.

Of greater concern was the finding that only about one third of sexually experienced respondents have used any form of contraception. This was in spite of a high

level of expressed knowledge on various contraceptive methods, including condoms. In fact, condoms were the most frequently cited method used. Since the majority of sexually experienced teenagers were boys, this was not surprising. Condoms are also most easily available as they are sold over the counter without need for prescription.

A low prevalence of ever-use of contraceptives was also reported by other studies. Ever-use of contraceptives was found in about 27% among Taiwan students aged 14-21 years who have had sexual intercourse<sup>5</sup>. Among never-married respondents in Banjul who have had sexual intercourse, slightly over half of the girls and 44% of the boys (aged 14-24 years) had ever-used contraception<sup>6</sup>. Among Monrovia teenagers aged 14-17 years, over half of currently sexually active (sexual relations at least once a month) boys and girls have never used contraception<sup>8</sup>. Students were more likely to have used and to be currently using contraception, with oral contraceptives being the most common among girls and condoms among boys. Among non-students, never-users comprised over 95% in the 14-17 years age-group, except among girls with higher education (completed elementary/primary school) among whom 67% had never used contraceptives. Contraceptive ever-use increases among the 18-21 years old sexually active group among students (over 80% never-used) and female non-students with higher education (about 30% never-used)<sup>7</sup>. Similarly, only 11% of sexually active 12-19 year-old adolescents in Kenya had ever used contraceptives<sup>9</sup>. On the other hand, the majority of youths in the Ibadan survey had ever-used contraceptives, except among male non-students<sup>7</sup>.

With regards to reasons for non-use, the most common were that the respondents did not expect to have sex, and that contraceptives reduced the fun of sex or were difficult to use. It was possible that infrequent sexual activity or absence of a stable relationship partly accounted for the lower use of contraception. A major reason for non-use in other reports was lack of knowledge about contraception, including information on sources of supplies<sup>6,7,8,9</sup>. Concerns about safety of methods were also voiced<sup>7,9</sup> as were problems in obtaining contraceptives<sup>6,8,9</sup>.

In relation to autoeroticism, more boys than girls in this survey masturbated, but more girls expressed worry about it. Widespread misconceptions of masturbation leading to infertility, sexual dysfunction or mental illness may instil feelings of fear, uncertainty and guilt. It has been suggested that these negative perceptions of masturbation may contribute to sexual problems later on. Although commonly believed to be harmful, experts are now of the opinion that masturbation is harmless<sup>10,11,12</sup>. Misconceptions could be redressed by integrating this aspect into a sex educational programme or family life education and viewing it from the physiological and psychological dimensions. Contrary to popular belief, sex education is not "training for promiscuity" either for the present or for the future but aims to increase the individual's responsibility in a normal healthy sexual relationship.

### **Conclusions and Recommendations**

With respect to sexual behaviours, namely masturbating practices, pre-marital sex and contraceptive usage, on the whole the respondents were sexually active but rather ignorant about contraception. Concerning their masturbatory practices, slightly more than half of them indulged in it and they were also worried about it. Biologically, during the adolescence stage, they are experiencing some form of sexual impulses and fantasies and this is far more common in boys than in girls. Formerly, the practice of masturbation was said to be extremely harmful and promiscuous, however, no one has actually succeeded in demonstrating such a consequence, and experts are now of the opinion that masturbation is harmless. Horrific descriptions of it have undoubtedly caused nervous disturbances, characterized by a strong feeling of guilt, fear and revulsion. As part of a sex educational programme, one could integrate and view it from the biological and psychological dimensions.

Physical intimacies have also been observed as part of their dating behaviour. The distribution of those who were experienced in the various forms of physical intimacies was on a decreasing scale of intensity. Majority of those who dated have been involved in one way or another in some form of physical intimacies, such as kissing, petting and sexual intercourse. Males were found to be more sexually

active than females. The percentage of physical intimacies also increased directly with age of respondents. Non-student were also found to be more sexually active than students.

Physical intimacies thus seemed to be a rather common phenomenon in adolescents' dating behaviour. From this, one ought to be aware of the consequences of what these physical intimacies could lead to. As such, sex education is not "training for promiscuity" either for the present or for the future but aims to increase the individual's responsibility in a normal healthy sexual relationship.

Contraceptives were only used by a third of those who have had sexual intercourse. Condoms were the most popular method used, followed by the pill and withdrawal. The main reasons given by those who have had sex but did not use any contraceptives were that they felt that sex was not much fun with

contraceptives and many were caught unprepared as they did not expect to have sex. There has been a lack of studies on the aspects of contraception such as reasons for adopting or not adopting various contraceptive measures and for continuing or discontinuing them. As such, studies on these should be undertaken. More specific approaches, although more controversial, are sex education in schools for both sexes, in effort to increase an awareness on normal sexual behaviour amongst adolescents.

### Acknowledgements

The authors are grateful to the National Population and Family Development Board, Kuala Lumpur, and the Population Studies Unit, Faculty of Economics and Administration, University Malaya, for their financial support. Thanks to Miss Rohana Abdul Munim for typing the manuscript.

### References

1. Hoepper M. Early adolescent child-bearing: Some social implications. The Rand Paper series. California: Rand Corporation, 1977.
2. Sine J, Tey NP, Da Vanzo J (eds). Proceedings of the Seminar on the Second Malaysian Family Life Survey, Kuala Lumpur, Malaysia. California: Rand Corporation, 1993.
3. Mohd Tom K. Marriage trends among Peninsular Malaysian women. In: Sine J, Tey NP, Da Vanzo J (eds). Proceedings of The Behaviour On The Second Malaysian Family Life Survey, Kuala Lumpur, Malaysia. California: Rand Corporation, 1993: 7-19.
4. Low WY, Zulkifli SN, Yusof K. Adolescent Sexuality in Kuala Lumpur City. Population Studies Unit, Occasional Paper No. 17, Universiti Malaya, Kuala Lumpur, 1989.
5. Cernada GP, C Hang MC, Lin HS, Sun TH, Cernada CCC. Implications for adolescent sex education in Taiwan. Stud Fam Plan 1986;17(4) : 181-7.
6. Kane TT, De Buysscher R, Taylor-Thomas T, Smith T, Jeng M. Sexual activity, family life education, and contraceptive practice among young adults in Banjul, The Gambia. Stud Fam Plan 1993;24(1) : 50-61.
7. Nichols D, Ladipo OA, Paxman JM, Otolorin EO. Sexual behaviour, contraceptive practice and reproductive health among Nigerian adolescents. Stud Fam Plan 1986; 17(2) : 100-6.
8. Nichols D, Woods ET, Gates DS, Sherma J. Sexual behaviour, contraceptive practice and reproductive health among Liberian adolescents. Stud Fam Plan 1987;18(3) : 169-76.
9. Ajayi AA, Marangu LT, Miller J, Paxman JM. Adolescent sexuality and fertility in Kenya: a survey of knowledge, perceptions and practices. Stud Fam Plan 1991;22(4) : 205-16.
10. Kinsey AC, Pomeroy WB, Martin CE, Gebhard PH. Sexual behaviour in the human male.: Saunders, 1953.
11. Johnson WR. Masturbation. SIECUS study guide, no. 3. Sex Information and Education Council of the United States, 1967.
12. Semmens JP, Krantz KE. The adolescent experience: A counselling guide to student sexual behaviour. New York: Macmillan, 1970.