

FAMILY HEALTH

“Empowering young girls through Education to prevent engagement in risky sexual activities for better sexual and reproductive health”.

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As a child, my parents have always prioritized my education above others. Apart from encouraging me to enhance my IQ and problem-solving skills, they also taught me how to be responsible with my own thoughts, emotions, and relationship with people. Growing up in a house environment surrounded by a community sharing a common norm and values the same belief is a blessing. Education has given me the confidence, awareness and ability to make decisions to experiment safely throughout my growth as a person.



Girls represent a significant demographic in the world’s population. They are key agents for social change and global development and education is essential to prepare them for a safe and healthy change to adulthood for future global development.¹ Thus, leveraging on girl’s education to facilitate this transition is an investment.¹

“The ability to read, write, and analyze; the confidence to stand up and demand justice and equality; the qualifications and connections to get your foot in the door and take your seat at the table — all of that starts with EDUCATION.”
—Michelle Obama

Adolescence is a critical phase for both boys and girls but more so to girls. Girls generally go through their biological and social changes in a shorter time than boys.¹ They reach puberty at a younger age and experience sexual maturation earlier. Because of that, girls would have less proper sexual information about themselves making them easily targeted and influenced. This issue of lack of proper health knowledge makes girls vulnerable to high-risk behaviours such as sexual activities.¹ Their engagement in risky sexual activities leads to health problems such as unwanted teenage pregnancy and child marriage.

At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years (WHO 2020)



Adolescence pregnancy is a global family health issue arising across the board, be it in high, middle, or low-income countries.² It is reported an estimation of 21 million girls became pregnant annually and at least 10 million cases of unintended pregnancies appear each year among adolescent aged 15-19 years old.² Around the world, teenage pregnancy is commonly a result of lack of education opportunities.²

The Situation in Malaysia

Locally, around 14 in every 1,000 underage girls in Malaysia get pregnant every year, which adds up to an average of 18,000 girls per year.³

This issue then extends to snowballing consequences as pregnant teenagers face higher risks of antenatal health issues and birth complications due to poor health literacy as well as rejections, stigma by peers, family and society. Teenage pregnancy in turn leads to girls dropping out of school and jeopardizing their future education and employment opportunities.²

EDUCATION MATTERS

Education is one of the ingredients for a more positive shift from adolescence to adulthood and better health for young girls. When girls are exposed to the right and quality education, they will acquire the relevant information and skills, and decision-making abilities as well as can enhance their aspirations, all of which will contribute to their capacity to plan for their future and overall health.⁴

Education includes not only the subject-matter of knowledge and problem-solving skills but also awareness of one's own emotion and others and how to control it.⁴ These are all essential for personal control to allow and encourage oneself to cultivate healthy lifestyle and for **behaviour change**. Therefore, it is an element of health.

Studies have found strong evidence of a dose response between education attainment and various health-related risk and protective behaviours among US adults.⁴ Analysis of a survey of adults between 1990 and 2000 indicates that the prevalence of several health risk behaviours is generally higher among those with fewer than nine years of education and then begins to decline among those who have between nine to twelve years of education and continues to decline with subsequent additional years of education. This corresponds to the recognized importance of high school completion for subsequent health.^{4,8}



Recognizing the evidence of education as a positive determinant of health among young girls, hence public health intervention and strategies are advised to invest and focus on this aspect. As a suggestion, one behaviour change is to ensure that girls go to school and remain in school to complete their education. The aim is to empower girls by giving them access to health education so that they can make the best health choices for themselves.

A **multidisciplinary approach** with cooperation from multilevel stakeholders is essential to deal with this issue. The upstream and downstream factors must be tackled both ways.

Firstly, each family institution plays a primary role to facilitate this behavioural change. The mimetic pressure centralized in a household that practices a belief will shape the behaviour of its occupants as well.⁵ Parents that value and express the importance and benefits of education will facilitate children or young girls to value education the same, as individuals navigate through the institutional environments. The community also should be encouraging and support norms which favours girls' education and not limit their prospects to domestic chores or marrying them at an early age.⁶ Research must be carried out to identify the perceptions of a population towards education attainment and barriers of a community that devalue girl's education.

Community mobilization is crucial to also support both government and non-governmental organization programs that promote livelihood programs and awareness campaigns for girls to attend school. In addition, among the strategies to assist parents from the low-income population with financial constraints to send children to school are to provide subsidies on schoolbooks and school supplies or borrowing of textbooks. Another approach is to provide incentives to motivate girls on school attendance and completion.

Further, government policymakers and academicians should take regulatory measures by making revisions and improving the education curriculum to introduce useful and acceptable health education information inclusive of health-related risk behaviours in the school syllabus. The law to mandate high school completion for students is also worth exploring on account of scientific evidence from studies done, which has proven effective to improve health.



In parallel with tackling risky sexual behaviours by empowering girls' education, other strategies include making reproductive health services accessible in a non-judgmental and confidential setting and conduct risk reduction programs periodically to educate on protective health behaviours.

One of the most vital threats to engagement in sexual activities with limited understanding is the potential mediator effect of sexual contents portrayed in the social medias and the extent of its influence on adolescents in general. Unlike the past decades, young girls are now more exposed to the unrestricted sexual contents of social media. They contain a great deal of sexual contents and little discussion of emotions, responsibilities associated with sexual activities and negative consequences resulting from it such as teenage pregnancy that are likely to occur due to potential early sexual debut.⁷ Given the immense access to digital online platforms and the time adolescents spend on their smartphones, which can influence teenagers to experiment the wrong way, a lot of research attention on digital media is needed for policymakers to implement interventions.⁷ In this regard, parents should also play an active role in supervising and restricting their daughters' exposure to the internet.

In a nutshell, evidence has shown education is indeed a domain of public health action in seeding behavioural change and as a means towards health equity. It is important to note, a collective, multimodal action is required to make certain this positive behavioural change. With an integrated and congruent effort, strategies can be refined, and change can be accelerated. Investing in girls' education to empower them to avoid risky sexual activities and health consequences of child marriages or teenage pregnancies can facilitate and unleash the capabilities of our young girls to transform their lives and the world around them.



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