

Safeguarding Adolescents in *Tahfiz* Centres: A Case Study of Sexuality and Reproductive Health (SRH) Education, Authority and Structural Risk

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ABSTRACT

Background: In Malaysia, the rapid proliferation of *tahfiz* (Qur'anic memorisation) centres has outpaced regulatory oversight, creating a significant "protection vacuum" regarding adolescent sexual and reproductive health (SRH). This study examines the implementation of SRH education within these religious residential institutions, focusing on how authority structures and living arrangements shape adolescent risk.

Methods: A qualitative case study design was employed, utilizing semi-structured interviews with 11 expert SRH trainers (N=11) from a specialised NGO. Data were analysed using reflexive thematic analysis to explore trainers' experiences and the institutional dynamics of *tahfiz* environments.

Results: Two overarching themes emerged: (1) Structural Vulnerability and the Protection Vacuum, characterized by informal governance, overcrowded dormitory arrangements that compromise privacy, and a transactional model of parental engagement; and (2) Barriers to Culturally Safe SRH Delivery, involving significant teacher awareness gaps and a systemic distrust of conventional SRH frameworks perceived as "Westernised". Findings reveal that high trust in religious authority coexists with adolescent literacy gaps, as many students struggle to differentiate between safe and unsafe touch.

Conclusion: The results underscore an urgent need for faith-aligned safeguarding policies and teacher capacity-building. For the nursing profession, the findings identify a critical role for community and school nurses as cultural brokers who can bridge the gap between religious values and adolescent health rights. Strengthening institutional collaboration and funding is essential for the sustainable protection of adolescents in religious residential settings.

Keywords: Sexual and reproductive health (SRH) education; Religious education centres; Non-governmental organization; Barriers to SRH education; Faith-based education

Article History:

Submitted: 16 February 2026

Revised: 5 May 2026

Accepted: 9 May 2026

Published: 1 June 2026

DOI: 10.31436/ijcs.v9i2.574

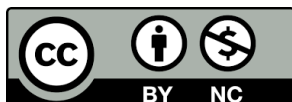
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INTRODUCTION

The involvement of non-governmental organisations (NGOs) in sexuality and reproductive health (SRH) education is a critical component of global public health, particularly in reaching communities underserved by mainstream governmental programmes. In Malaysia, the rapid proliferation of *tahfiz* centres, religious residential institutions dedicated to Qur'anic memorisation, has created a unique educational landscape. While parents traditionally view these centres as vital for moral character-building, some are utilised as informal venues for behavioural rehabilitation for children facing disciplinary challenges (1). However, this rapid growth has frequently outpaced regulatory oversight, resulting in a 'protection vacuum' where systematic supervision, counselling mechanisms, and formal safeguarding policies are often absent (2).

Adolescents in these residential settings face specific structural vulnerabilities. The combination of overcrowded dormitory arrangements and prolonged, unsupervised peer interactions can inadvertently facilitate boundary-crossing behaviours and heightened sexual risk. Furthermore, the high level of trust placed in religious authority figures, whilst culturally significant, may paradoxically hinder the early identification of abuse if students lack the literacy to differentiate between 'safe' and 'unsafe' touch.

Despite these risks, implementing standard sexual and reproductive health education remains challenging due to perceived conflicts with religious values. This has led to significant cultural resistance among teachers, who may choose to disregard SRH topics entirely to avoid 'taboo' discussions, believing such knowledge might disrupt religious focus (3). Consequently, there is an urgent need for faith-aligned SRH frameworks that are both scientifically robust and culturally sensitive (4).

This qualitative case study examines the experiences of trainers alongside the structural dynamics of the *tahfiz* environment. It explores how authority structures, institutional trust, and living arrangements shape adolescent risk and influence the delivery of health education. The findings provide critical insights for nursing practice and policy-making, aiming to bridge the gap

between religious institutional autonomy and adolescents' fundamental right to SRH protection.

METHODS

This study adopts a qualitative case study approach, integrating in-depth interviews to examine the implementation of SRH education within the *tahfiz* environment. Semi-structured interviews were conducted with trainers from ReproAlert, a program led by medical and health professionals that delivers SRH education to *tahfiz* students. The interviews aimed to explore the trainers' experiences, challenges, and perceptions regarding SRH education in these institutions.

A purposive sample of 11 trainers (N=11) from the ReproAlert program was recruited for this study. The participants consisted of medical and health professionals with extensive experience in delivering SRH education specifically to *tahfiz* students. This sample size was deemed sufficient to achieve informational power, as the participants provided diverse and recurring insights into the structural and cultural dynamics of the religious residential environment.

Ethical approval was obtained from the XX Institutional Research Ethics Committee (IREC), with informed consent secured from all participants. Confidentiality and anonymity were rigorously upheld throughout the study. All interviews were recorded with consent and transcribed within 48 hours of the interview sessions. The transcripts were repeatedly reviewed to enhance understanding and gain insights, followed by a thematic analysis based on the approach outlined by Braun and Clarke (2023) (5).

To ensure the rigor of the findings, the research team followed the six-phase approach of Reflexive Thematic Analysis (RTA) as defined by Braun and Clarke (2023) (5). This process moved beyond mere description to an interpretive engagement with the data. Phase one involved prolonged immersion through repeated reading of the 11 trainer transcripts. In the subsequent phases, initial codes were generated and clustered into candidate themes that captured the latent meaning of 'institutional trust' and 'structural risk'. Throughout this process, the researchers maintained a reflexive journal to document how their own professional backgrounds as nurse educator and their personal

perspectives on faith-based education influenced the interpretation of the 'protection vacuum' described by participants.

Ethical Approval

The IIUM Research Ethics Committee approved the study, which adhered to the principles of the Declaration of Helsinki. Participants received an information letter beforehand and consented to participate. They were informed that participation was voluntary and that they

could withdraw at any time without providing a reason. Transcriptions were anonymized and stored following ethical research guidelines, and interview recordings were deleted after transcription.

RESULTS

This study explores the findings through lived experiences, the barriers to SRH education in *tahfiz* institutions, and the challenges faced by NGO (Table 1).

Table 1: Summary of Initial Codes, Sub-Themes, and Overarching Themes Identified in the Analysis

| Initial Codes | Sub-Themes | Overarching Themes |
|--|---------------------------------|--|
| Lack of trained counselors; family-run isolation; no reporting systems | Informal Governance & Oversight | Structural Vulnerability & the Protection Vacuum |
| Overcrowded beds; no personal space; constant peer proximity | Physical Environment Risks | Structural Vulnerability & the Protection Vacuum |
| Fear of Western values; taboo topics; preference for faith-aligned modules | Religious-Cultural Resistance | Barriers to Culturally Safe SRH Delivery |
| Inability to define unsafe touch; elder/teacher trust; literacy gaps | Misplaced Trust & Literacy Gaps | Barriers to Culturally Safe SRH Delivery |

Theme 1: Structural Vulnerability and the Protection Vacuum

Subtheme 1.1 Informal Governance and the Absence of Systematic Supervision

Within this qualitative case study, insights from a participant revealed structural and governance related dynamics shaping the operation of privately run *tahfiz* institutions. Drawing on experience across multiple centres in different states, the participant described how the rapid expansion of *tahfiz* schools, largely driven by support from government agencies, NGOs, private donors, and local communities, has not been matched by consistent regulatory oversight.

The participant highlighted a distinction between these institutions and government funded schools under the Ministry of Education Malaysia, noting that the latter are typically supported by formal systems such as trained counsellors and structured student support mechanisms. In contrast, many *tahfiz* institutions were described as operating independently, often managed by families or small community committees. This autonomy, while reflecting strong community initiative, was associated with informal organisational structures and relatively closed environments.

These findings suggest that the interplay between rapid institutional growth, limited resources, and informal governance may shape both the educational environment and the accessibility of support systems for students within *tahfiz* settings.

“Unlike public schools under the Ministry of Education, which have trained counselors and clear policies, many tahfiz schools run independently. Some are basically family-run and operate in isolation. This makes it harder to ensure students’ well-being because they don’t always have a proper system to report problems or get support.”

(Participant A)

This lack of formal oversight and support systems can leave students vulnerable, particularly in areas related to mental health, personal safety, and sexual and reproductive health (SRH). The participant emphasised that many *tahfiz* institutions do not have designated personnel trained to handle sensitive issues or to provide confidential counseling. As a result, students facing challenges may feel isolated or afraid to speak out. Furthermore, the cultural sensitivities surrounding topics like sexuality often lead to minimal or no formal education in this area, leaving gaps in knowledge and increasing the

risk of misinformation. These factors highlight the urgent need for structured guidance, capacity building for teachers, and the development of culturally appropriate support frameworks within *tahfiz* settings.

Subtheme 1.2 Environmental Risk: Dormitory Overcrowding and Lack of Privacy

Within this qualitative case study, participants described how financial limitations shape the safety and supervision structures within *tahfiz* institutions. Accounts consistently pointed to a shortage of trained personnel to monitor students, alongside the absence of clear and accessible reporting mechanisms for those experiencing difficulties. Participants also noted that opportunities for structured outdoor or recreational activities were limited, further concentrating students within confined spaces.

Living arrangements emerged as a critical concern. Participants described dormitory settings characterised by overcrowding, minimal privacy, and prolonged peer interaction without consistent adult supervision. Such conditions were perceived to contribute to the blurring of personal boundaries, where close physical proximity and restricted personal space may normalise behaviours that cross physical and emotional limits.

Participants further reflected that extended confinement within the same peer group may foster forms of intimacy that are not developmentally appropriate. This included both mutually initiated interactions and situations involving pressure or coercion. The lack of supervision and absence of trusted reporting pathways were seen as compounding these risks, as concerning behaviours may remain hidden or unaddressed. These findings suggest that resource constraints, coupled with dormitory based living arrangements and limited institutional safeguards, may create an environment where student safety and wellbeing are vulnerable to compromise.

“Sometimes the dorm rooms are overcrowded. The beds are so close together, and there's no sense of personal space. When students are confined with the same roommates for too long without outdoor activities, we start to worry... unwanted issues may arise.”

(Participant B)

Compounding these environmental risks is the fact that many teachers themselves have limited awareness and training regarding SRH education, which hinders their ability to identify, prevent, or respond effectively to such issues within the institution.

Subtheme 1.3 The Transactional Nature of Parental Engagement

Within this qualitative case study, participants identified limited parental involvement as a recurring concern affecting students' wellbeing in boarding based educational settings, including *tahfiz* institutions. Participants observed that some parents maintain a largely transactional relationship with the institution, focusing on fee payment and periodic collection of their children during school holidays, with minimal engagement in their children's emotional or social experiences.

Participants further reflected that, in certain cases, enrolment in *tahfiz* institutions is perceived by parents as a form of moral intervention, where responsibility for behavioural and personal development is delegated almost entirely to the institution. This pattern of disengagement was described as reducing opportunities for consistent parental guidance and emotional support.

From the participants' perspectives, the absence of active parental involvement may contribute to the formation of unhealthy peer norms within the institution. Without reinforcement of values and behaviours from the home environment, students may rely more heavily on peer influence, which can increase the risk of negative behavioural patterns that may affect not only individual students but also the wider institutional environment.

“I think some parents see tahfiz institutions as a place to ‘fix’ their children, especially if they were having discipline issues before. They assume that once their child is here, it's entirely the school's responsibility to shape their character. But education, especially religious education, requires continuous support from parents as well.”

(Participant C)

This limited parental involvement presents a significant challenge to the holistic development and well-being of students. Without active engagement and support from parents, efforts made by *tahfiz* institutions

may be undermined, as consistent reinforcement of values and guidance at home is crucial. Encouraging stronger parent–school partnerships can help bridge this gap, ensuring that students receive continuous moral and emotional support both within and outside the institution. Ultimately, fostering shared responsibility between parents and teachers is essential for nurturing well-rounded individuals grounded in faith and positive cultural values.

Theme 2. Barriers to Culturally Safe SRH Education Delivery

Subtheme 2.1 Institutional Resistance and Teacher Awareness Gaps

The participants’ observations indicate that many teachers, including those in *tahfiz* institutions, have limited awareness, knowledge, and skills regarding SRH issues. Some teachers believe that children and adolescents can acquire such knowledge independently. Most of the teachers recruited at these centres come from religious and *tahfiz* educational backgrounds. While their expertise in religious studies is highly valued, this has led to noticeable gaps in the delivery of SRH education. The absence of teacher with formal training or specialised knowledge in these areas means that important topics related to students’ physical development, personal safety, and emotional wellbeing may not be adequately addressed. This situation highlights the need for collaborative efforts with professionals who possess both subject-matter expertise and cultural sensitivity, to ensure that students receive accurate and age-appropriate information within a framework that aligns with religious and moral values (6).

Some teachers also choose to disregard SRH education, believing that engaging with the topic may expose them to unhealthy and taboo elements (7,8). This lack of guidance, particularly in boarding school settings, can lead to negative consequences as students seek answers through potentially harmful means.

“Yes, one challenge is that many teachers feel uncomfortable discussing these topics, either due to cultural sensitivities or a belief that such discussions might encourage inappropriate behavior. However, this mindset can leave students vulnerable, as they lack a trusted

source for accurate and age-appropriate information.”

(Participant D)

Subtheme 2.2 The Search for Faith-Aligned, Scientifically Robust Partners

One of the key insights that emerged during the interview session with the participant was that teachers at *tahfiz* centre are actively seeking organisations or agencies that can deliver SRH education to their students. However, they face difficulties in identifying suitable bodies, as they are concerned that invited agencies may promote a SRH education framework rooted in Western values which is not compatible with Eastern cultural norms, particularly in the context of *tahfiz* students.

“Many tahfiz teachers actually want to address sexuality-related issues, but they don’t know who to invite. They’re worried that the agencies they bring in might use Western approaches that aren’t suitable for the cultural and religious background of tahfiz students.”

(Participant C)

According to participants who have engaged directly with *tahfiz* teachers during SRH education programs, many *tahfiz* students lack basic awareness and the skills needed to identify and respond to sexual harassment. For example, some students are unable to differentiate between safe and unsafe touch and are unaware of their right to refuse being seen, touched, or coerced into touching another person’s body.

These observations highlight the urgent need for age-appropriate and cognitively aligned SRH education, delivered in a culturally sensitive manner and sustained through continuous engagement. Culturally appropriate SRH education are therefore essential not only to align with the religious and moral values of the *tahfiz* environment, but also to ensure that students are equipped with the knowledge and confidence to protect themselves from harm.

“From what I’ve seen, many of them don’t really understand what sexual harassment is. Some don’t even know the difference between safe and unsafe touch. They think any touch from an elder or teacher is normal, and they rarely question it.”

(Participant E)

This gap in understanding not only increases students' vulnerability but also limits their ability to seek help or report incidents. Participants noted that teachers themselves often lack sufficient training and comfort to address these sensitive topics, which further compounds the issue. Without proper guidance, both teachers and students may inadvertently perpetuate silence around sexual harassment. Therefore, comprehensive training programs for *tahfiz* teachers are crucial to empower them with the skills to recognise, prevent, and respond appropriately to such concerns.

DISCUSSION

The findings of this study highlight critical barriers to SRH education within *tahfiz* institutions and the broader challenges faced by NGOs such as *Ikatan Pengamal Perubatan dan Kesihatan Muslim Malaysia (I-Medik)* in delivering effective SRH education through the *ReproAlert!* program. These findings contribute to understanding the gaps in SRH education and provide insights into the role of NGOs in addressing these issues.

The challenges identified in this study align with previous research on SRH education in faith-based schools. Studies have consistently highlighted those religious educational institutions often lack systematic monitoring and trained personnel to address SRH concerns effectively (9-12). The absence of structured counseling services and the hesitancy of teachers to discuss SRH issues due to cultural sensitivities further compound these challenges (7). Participants' experience reinforces these findings, demonstrating that many teachers in *tahfiz* institutions lack the necessary awareness and training to handle SRH topics appropriately. For some individuals, exposure to taboo topics such as genital parts may disrupt students' memorisation of the Qur'an and reduce their concentration (13).

The lack of systematic supervision and counseling in *tahfiz* institutions underscores the need for structured policies that ensure students' well-being (11,14). Unlike public schools, where counseling services are mandated, many privately-run *tahfiz* schools operate in isolation, creating an environment where students struggle to report concerns (15). This finding suggests that a collaborative effort between government bodies, NGOs, and religious institutions is necessary to bridge

this gap (16). Similarly, the limited awareness among students regarding sexual harassment highlights the pressing need for early, age-appropriate interventions (17). Without proper guidance, students remain vulnerable to abuse and misinformation, which can have long-term consequences on their psychological and emotional well-being.

To address the risks associated with dormitory arrangements in *tahfiz* institutions, it is crucial to implement structural and policy improvements that promote students' safety, privacy, and well-being. Studies have shown that inadequate living conditions can contribute to psychological distress and increase vulnerability to unhealthy interactions (13,18,19). Therefore, improvements in dormitory design and student management should be prioritized. To address these concerns, several improvements should be considered. First, optimising dormitory space through structural modifications, such as the use of bunk beds with partitions, designated study and rest areas, and improved ventilation, can enhance students' comfort and privacy (20,21).

Additionally, establishing privacy protocols, including personal storage spaces, curtains for bunk beds, and separate sleeping areas for different age groups, can contribute to students' psychological well-being (13,22). Additionally, policy reform at the institutional and governmental levels should establish clear dormitory regulations, including minimum space per student, privacy standards, and safety protocols to ensure compliance and student protection (10,23). By implementing these measures, *tahfiz* institutions can create a safer and more conducive environment, ultimately improving students' well-being and academic performance.

This case study contributes to the growing discourse on faith-based sexuality education by illustrating the complexities involved in integrating SRH topics within religious institutions. It provides empirical evidence supporting the need for a culturally sensitive, yet comprehensive, approach to SRH education that aligns with Islamic teachings while ensuring student safety (24). From a practical standpoint, the findings emphasise the importance of training teachers in SRH education. I-Medik's role in implementing training-of-trainers (ToT) programs is crucial in equipping religious teachers with the skills to address sensitive topics effectively.

Furthermore, the findings highlight the urgent need for financial and policy support to ensure that *tahfiz* institutions have the necessary resources to implement structured SRH education programs.

From a nursing perspective, these findings emphasize the necessity of Trauma-Informed Care (TIC) when engaging with religious residential institutions. The 'protection vacuum' identified in this study represents a significant social determinant of health for *tahfiz* students. School and community nurses are uniquely positioned to act as 'cultural brokers,' bridging the gap between the medical necessity of SRH and the religious requirements of the institution. Nurses can lead the implementation of 'safe touch' screening and the development of reporting pathways that respect the high-trust authority structures while ensuring student safety is not compromised by institutional autonomy. This approach aligns with the nursing mandate to protect vulnerable populations through proactive safeguarding and health literacy.

Recommendations For Future Research

To further explore the effectiveness of NGO-led SRH education programs, future studies should examine the long-term impact of interventions such as ReproAlert! on student awareness and behavior. Additionally, research should investigate how policy changes can support the integration of SRH education in religious institutions without conflicting with cultural and religious values. Exploring parental engagement strategies in SRH education within *tahfiz* institutions could also provide valuable insights into fostering a more supportive learning environment.

CONCLUSION

The implementation of SRH education within *tahfiz* institutions is a clinical and ethical necessity that currently faces a significant 'protection vacuum'. This study demonstrates that while high trust in religious authority is culturally foundational, it can inadvertently obscure structural vulnerabilities, such as overcrowded residential arrangements and a lack of formal safeguarding oversight. The findings from 11 expert trainers indicate that adolescent risk is exacerbated by a triple burden: limited teacher awareness, a transactional model of parental engagement, and a systemic distrust of conventional, 'Westernised' SRH frameworks.

NGOs like I-Medik, through programs such as ReproAlert, serve as critical cultural brokers by delivering medically robust information within a faith-aligned ethical structure. However, the sustainability of these interventions requires moving beyond isolated training sessions toward a multi-sectoral collaborative model.

LIMITATIONS AND RECOMMENDATIONS

This study employed a case study design focusing on a single non-governmental organisation (NGO), which may limit the generalisability of the findings to other organisations or educational contexts. The experiences and practices documented in this study reflect the specific organisational culture, strategies, and operational context of the NGO involved. As such, the findings should be interpreted within this contextual scope.

Future research is recommended to replicate similar studies involving other NGOs, educators, or institutions that are actively engaged in sexual and reproductive health education, particularly within boarding school settings. Expanding the scope of research across multiple organisations and educational environments would provide broader insights into the diverse strategies, challenges, and best practices in delivering sexual and reproductive health education to adolescents.

The authors acknowledge that qualitative research is a co-constructive process. The research team consists of five individuals with backgrounds in nursing, gender studies, paediatrician and family health medicine. We approached this study with a commitment to the Reproductive Justice framework, acknowledging that faith and health are deeply intertwined in the Malaysian context. Our interpretation of 'risk' and 'authority' was continuously scrutinised through peer debriefing to ensure that the findings reflect the participants' lived experiences rather than any inherent secular or institutional bias.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this paper.

FUNDING

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

ACKNOWLEDGEMENTS

The authors would like to express their appreciation to all I-Medik trainers who were involved in and contributed to this study.

AUTHOR CONTRIBUTIONS

MRE: Conceptualisation of the research design, ethical approval management, and primary author of the manuscript.

SHAH: Contribution to research design and manuscript review.

RHM: Manuscript review and intellectual input.

AA: Manuscript review and intellectual input.

AMAR: Manuscript review and intellectual input.

YA: Manuscript review and intellectual input.

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