

## BREAKING A TABOO

## Sex education can combat dangers of online pornography

**T**HE increasing number of rapes among teenagers in Kelantan, as reported by this newspaper on Sept 5, is worrying.

Most of the victims were underaged girls between 13 and 16. Some were consensual encounters, but classified as rape because the age of consent is 16.

Rape, adultery, sexual promiscuity and other similar activities are symptoms that our community is unwell.

These activities are not normal, and we have to stop them before they get out of control. In Islam, these behaviours are considered major sins.

All parties should monitor such trends, including parents, educators and other relevant agencies.

I believe that watching online pornography could be one of the factors that contribute to this wild phenomenon.

A survey by Malaysians Against Pornography in 2018 found that 80 per cent of children aged 10 to



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17 have watched pornography intentionally.

This statistic should not be taken lightly. Easy access to the Internet, especially among students, may expose them to pornography.

Studies found that viewing online pornography was associated with increased sexual violence and clouded mental function.

Experts believe that children and youth are more vulnerable than adults because they can easily access pornographic sites and are eventually addicted to them.

Spending hours watching pornography will change people's minds about how they view women and sex.

Allowing children to use the Internet to access learning materials without guidance, especially from parents, is risky.

They can stumble on sites that promote sexual behaviours or pique their interest.

Research on pornography indicates that people's tendency to access and consume online pornography increased twofold during the Covid-19 pandemic.

Living in isolation, feeling lonely and being stressed may cause some of us to watch pornography.

One study reported that 46 to 74 per cent of men and 16 to 41 per cent of women from developed countries are considered active pornographic users.

Getting sex education from pornography is very troubling. Studies show that teenagers may accept, learn and copy be-

haviours shown online.

They may also become addicted to pornography and are likely to become sexually aggressive. However, in our country, discussing sex education remains a taboo.

It is time to introduce sex education programmes for teens in school and outside the school setting.

We have to do it mainstream to prevent our young from ruining themselves.

In Islam, there are guidelines for sex education.

According to the late professor Malik Badri, a well-known scholar in Islamic psychology, the Quran and hadith mention and teach children and us about sex education in a beautiful manner.

There will be no shame and guilt about sex practised within the limits of Islamic morality.

Parents should first be educated about the potential danger of the Internet or social media.

I suggest that parents and students, especially those underage, be given guidance on Internet use to prevent unwanted exposure to pornography.

There is software that can filter access, but there are ways to bypass it. There are do's and don'ts when it comes to using the Internet.

Allowing young children to use the Internet, viewing movies on YouTube or other social media platforms without adult supervision is risky.

We are indirectly exposing our young to a dangerous world.

The Internet is like a knife. It can be a tool for good or self-destruction.

It is time the authorities look into this issue seriously and take action.

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## ARTIFICIAL INTELLIGENCE

## By embracing tech, health workers remain relevant

**T**HE Fourth Industrial (IR 4.0) has brought unprecedented changes to work.

A 2018 Deloitte report characterised the Fourth Industrial Revolution as "a mixture of hope and doubt". IR 4.0 technologies have caused the loss of millions of jobs and widened income and socio-economic disparities.

On a positive note, a McKinsey report this year noted that 94 per cent of companies it surveyed said that IR 4.0 technologies have helped them to keep their operations running during the pandemic.

Fifty-six per cent said these technologies had been critical in responding to the crisis.

The ubiquitous use of computer technologies in numerous sectors — such as the Internet of things, robotics, augmented and virtual reality, cloud computing, nanotechnology, and artificial intelligence (AI) — has changed the way we live and work.

And these technologies have created opportunities for sustainability and improvement in the health sector. It is estimated that 60 per cent of activities in the health sector involve information exchange capable of automation.

In healthcare, we witness the positive impact of technologies,



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such as high-fidelity-simulated manikin, mobile patient-vital-signs monitoring, humanoid robot providing nursing procedures, portable ECG with a smartphone, portable handheld ultrasound and medical drones.

It is still early to assess the long-term impact of these technologies on the health sector and its workers. Notwithstanding, here are five strategies to prepare healthcare workers to be more resilient against the onslaught of these disruptive technologies:

**FIRST**, they should engage in lifelong learning, and grab the opportunity for continual professional development to update their knowledge, skills and competencies in their fields of specialisation.

To remain relevant in a digital environment, they should master and adapt the technology for patient care. Healthcare workers

should be in control rather than let technology make patients mere objects.

The application of technology is more important than the technology itself;

**SECOND**, healthcare workers should redefine their roles in the light of technological development. They should ensure that the technology is geared to the needs of patients, instead of patients being made to fit the technology.

They must apply the healthcare philosophy that health service is the ultimate expression of caring. They should practise person-centred care and ensure that the technology keep patients at the centre of the healthcare ecosystem;

**THIRD**, healthcare workers must train themselves to multi-task. They must be T-sharp health workers. This means that they should have broad skill sets and a specialisation in at least one field.

In short, they must be a jack of all trades and master of one to carry out diversified roles in health-service delivery;

**FOURTH**, healthcare personnel should plan the care of patients with the aid of AI. Using AI to complement human interventions will ensure better patient



An emergency medical technician in Louisville, Kentucky, in the United States, using a laptop to keep track of calls he has to respond to. AFP PIC

care as AI cannot replace or outperform the human touch.

Combining AI with knowledge, experience and critical-thinking skills of the health worker would result in better clinical decision-making and improved patient care; and,

**LASTLY**, compassion and empathy must be at the heart of patient care. Unlike machines, health workers can react to unpredictable emotional situations.

Receiving medical care is a very emotional experience. A machine cannot comprehend these subtle aspects of humanity.

To be relevant in a technological world, healthcare workers can leave the more routine and repetitive tasks to machines

while they attend to more complex issues.

Health workers should become involved in the development of technology to ensure that it is patient centric.

There is a need to incorporate technology and machine learning in healthcare curriculums. Machine technologies can never replace clinical practice.

So, health workers need not fear their job security. If health workers are willing to grow professionally and keep pace with technology, they will always remain relevant.

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