Point of View

Parent-adolescent sexual communication in Asia: point of view and implications for future interventions

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Background

In Asian societies, where traditions, values and norms play a significant role in bringing up and educating children, conversations about sexuality have always remained veiled in secrecy and silence. Adolescence is a period of transformation in an individual's life where questions about identity, relationships, and sexuality emerge. During this time, the role of a parent as a primary source of sexual information is of importance. However, South Asian culture often grapples with taboos surrounding sex education, hence an open discussion about intimate topics is discouraged.

The pattern of parent-adolescent sexual communication in South Asia

It is seen that most male and female adolescents in Asia are not comfortable when discussing sexual health matters with their parents and family (1). For adolescent boys, it is awkward to have such discussions with their fathers, while for girls, it is embarrassing to have sexual conversations with their parents (2). Therefore, many adolescents prefer magazines and peers as sources of sexual health information rather than parents (3). At the same time, studies indicate that adolescents are willing to hear their parents' opinions about sex and get sexual information from them (2, 4). A study that was carried out in Chittagong, Bangladesh found that 67.8% of the adolescents had a positive attitude towards openly discussing sexual and reproductive health (SRH) issues with their mother, elder sister, friends and relatives (5). It is also found that for a majority of Asian adolescent girls, mother is a primary source of reproductive health information (4-5). In contrast to girls, adolescent boys do not want to share their sexual problems with either parents or teachers. They would turn to their friends for minor sexual matters, while they prefer to keep significant issues to themselves (6-7). Moreover, a study conducted in Badulla District, Sri Lanka, indicated that adolescents were more comfortable discussing their private matters with their mothers than with fathers. The same study found that girls were more likely to turn to their parents when faced with any life problem than boys (7). All these indicate a significant gender difference in the pattern of sex communication between parents and adolescents in Asia. This gender difference in sexual communication is also evident in other parts of the world (8). It is shown that a lower percentage of both male and female adolescents were likely to communicate with fathers. At the same time, sex communication with mothers was more likely among

females than males (3). It is also shown that sexual communication with mothers was more likely among the adolescents who reported good quality of general communication with mothers and among those who reported having intimate relationships (3). Furthermore, studies done so far indicate that most of this sexual communication between Asian parents and their adolescent children is limited to less sensitive topics like menstrual problems, pubertal changes, or sexual abuse prevention (3-4). Not many parents were discussing the pregnancy and delivery process, safe sex practices or sexually transmitted infections either as a result of their poor awareness or poor skills in delivering the information to children (9).

The studies confirm a significant difference in SRH topics discussed between mother and daughter across ethnicities. In her research carried out in Bangladesh, Zakaria pointed out that Hindu students were more likely to have engaged in sexual communication with mothers than Muslim students (10). In addition, some studies have shown that mothers who had good media use, such as reading newspapers or watching television seemed to have a good mother-daughter relationship, regular and comfortable communication with each other and reported high levels of sexual and reproductive health communication with their children (3). Moreover, mother-daughter pairs with good relationship status, regular general communication and comfortable communication with each other were more likely to have communicated sexual and reproductive health topics (5). However, in contrast to the above finding, a study conducted in Sri Lanka reported that even though 88% of the schooling adolescents in Sri Lanka reported having a good parent-child relationship, only 34% reported having sexual communication with parents (11). Nonetheless, sex communication with the father was not significantly associated with any of the above factors.

Barriers to parent-adolescent sexual discussion

Studies have revealed that both parents and adolescents face numerous barriers when discussing sex-related matters with each other. Religious beliefs and the belief that 'talking about sex is not appropriate before marriage' were pointed out as reasons for not communicating sexual health matters between parents and adolescents (1). Moreover, both the girls and boys feared that merely asking sex-related questions would provoke unnecessary suspicion among their parents (2). Parents too were embarrassed to talk to their children about sexual health topics. Furthermore, Asian parents as well as children thought it was not appropriate to discuss sex before marriage. Parents also felt that having such discussions would negatively affect the sexual behaviours of the children, while some parents doubted their capacity to share sexual health knowledge with their children; hence, they passed the responsibility to doctors or other healthcare workers. Nonetheless, many adolescents had been directly or indirectly advised by their parents not to engage in sex before marriage. Adolescents recognised the negative attitudes of parents, teachers and society as a barrier to seeking reproductive health services. Moreover, Asian parents' attitude towards adolescents and treating them as little children is a barrier to sexual discussion between two parties (6). In addition, shyness and embarrassment were pointed out as barriers to parent-adolescent sexual communication. Some parents expressed reluctance to communicate this subject with children due to their lack of knowledge (12). Many parents considered SRH education as an approach to encourage their children to abstain from sex. They preferred outside sources like teachers, doctors or books to provide sexual health information to their children (12).

Another study conducted in Sri Lanka pointed out that although a majority of adolescent girls wanted to share their sexual health concerns with their mothers, they were reluctant due to cultural barriers, fear of their mother's perception and lack of confidence and encouragement from mother's side (4). Additionally, a qualitative study that was carried out among mothers of adolescent girls indicated that although

mothers perceived their role as primary sex educators of their children, a notable barrier was the lack of confidence in their knowledge and skill (9).

Way Forward

By creating a safe space for dialogue, Asian parents can play a pivotal role in providing accurate sexual health information to their children according to his or her individuality and religious and family values. Implementation of parent awareness and skill-building sessions to communicate sexual health matters with children is a requirement in the setting. Existing literature on adolescent and parent perception of open sexual communication with each other and interventions that have been conducted so far need to be looked into.

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