Perspectives of Parents regarding Sexual and Reproductive Health in Early Adolescents: A Qualitative Descriptive Study

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Abstract: Families, especially parents, play an important role in promoting sexual and reproductive health among early adolescents. Thus, this qualitative descriptive study explored parents beliefs, practices and promotion of this topic with their adolescent children in urban areas of Northern Thailand. Data were collected during February 2018-February 2019 through family interviews with 28 biological parents of adolescents, aged 10-13 years, from 14 families, and analyzed using thematic analysis. Four categories emerged from data analysis.

Category 1: Parental perceptions of the growing child (four sub-categories entitled Children are not ready to know about sex, Having appropriate gender roles, Sexual growth and changes in teenagers, and Focus on good genital hygiene). *Category 2: Parenting practices to promote sexual health* (six sub-categories: Playfully monitoring teenage friendships, Warnings about negative consequences of premarital sex, Observing changes during puberty, Advising on pubertal changes, Teaching genital hygiene practices, and Raising children to act appropriately to their gender); *Category 3: Support for nurturing sexual growth* (three sub-categories of adequate knowledge about sexual health, Comfort with family communication about sex, and Raising children with love and warmth); and *Category 4: Constraints of raising a growing teenager* (two sub-categories: Being ashamed of talking about sex, and Lack of knowledge and skills about sexual health).

Our findings provide rich and essential knowledge about how to empower parents to have adequate knowledge and skills to nurture the sexual and reproductive health of their growing teenagers. Findings also contribute to enhancing the development of parental and family interventions by nurses and other health professionals, aimed at promoting sexual and reproductive health of early adolescents.

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Introduction

Early adolescents aged 10-13 years are a group relying on family help in physical, mental, and social aspects of their lives, and particularly during

the physical changes associated with the onset of puberty during which there are rapid sexual development, identity issues and the formation of sexual relationships.[1] As a result, enhancing sexual and reproductive health (SRH) is crucial among early adolescents as this can help prevent adverse outcomes such as sexually transmitted infections (STIs) like HIV/AIDS, or unintended pregnancy. These issues are public health concerns worldwide caused by risk behaviors of adolescents, including early sexual initiation, multiple sexual partners, and unprotected sexual intercourse.[2] In 2017, the National Youth Risk Behavior Surveillance (YRBS) reported that about 40% of high school students had sexual intercourse, 3.4% had sexual intercourse before the age of 13 years, and 10% had four or more sexual partners.[2] A survey on sexual behavior issues among grade 8 Thai adolescents found that 3.4% of males having sexual intercourse in 2016 had increased to 3.5% in 2017. In females, 2.9% had sexual intercourse in 2016, increasing to 3.1% in 2017.[3] Of great concern, the youngest age of teenage pregnancy was 12 years old.[4]

Family members have a key role in enhancing SRH among adolescents as they can influence and help determine adolescent behaviors[5] and especially this is the case with parents.

Parents can also share their sexual values and beliefs as part of their communication with their children.[6] Parental communication about sex with adolescents increases safer sex behavior in adolescents,[7] however, parents believe that sexual education is appropriate for older adult children rather than younger children and talking about sex was taboo.[8] Raising children with love and warmth brings about good relationships in the family and can create a good start to sex discussions between parents and children.[9,10] Also, when parents closely monitor their children's sexual behavior and friends, such behaviors reduce,[11] so parents are primary sources for educating children about sex.[6,12] To prepare adolescents to transition from childhood to adulthood, parents need to begin teaching sexual health, including changes in puberty, contraceptives, negative outcomes of sexual risk behaviors and relationship with friends.[13]

Thailand has enacted an Action Plan of The National Strategy on Prevention and Solution of Adolescent Pregnancy Problem B.E. 2560-2569 that encourages parents to have a positive attitude about sex and to be able to communicate about this with children.[14] Most previous studies have focused on parental communication and monitoring, and parenting styles, regarding sexual risk behaviors, rather than promoting SRH in early adolescents. However, most studies have focused on mothers rather than fathers, while few studies have been conducted on parental beliefs and practices related to SRH that include both mothers and fathers. Therefore, this study aimed to explore parental beliefs and practices regarding SRH in early adolescents using a qualitative approach.

Review of Literature

Early adolescence is a period of transitions in terms of biological, cognitive, and social characteristics. This is the beginning of changes in sexual development, including puberty and sexual maturation.[1] Early adolescence is also the time when adolescents develop sexual attitudes and norms that shape sexual behaviors.[15] Such changes and adjustments are essential for sexual health which needs to be promoted.[1] SRH is a state of physical, psychological, and social well-being and is related to one's reproductive system to maintain SRH well-being.[16] SRH has been studied concerning physical changes, gender roles, peer relations, sexual feeling and control, sexual values and sexual intercourse, preventing sexual risk behaviors, and sexual and reproductive rights.[17] Family can be an important protective influence on an adolescent's behaviors and attitudes by acting as health educators in promoting SRH.[5] And family plays a crucial role in forming children's behaviors through child-raising and communication between parents and children,[18] but parents need to begin talking with their children about sexuality-related topics in early adolescence.[15]

Previous studies about child-rearing have mostly emphasized parental monitoring,[19] which is associated with delayed sexual intercourse and using condoms and contraceptives to prevent STIs and pregnancy.[19] One strategy is for parents to check the web browser history to monitor their child's sexual risk behaviors.[20] In the literature parent-adolescent communication has been highlighted.[21,22] For example, studies have found that while parents discussed with their children about body changes and puberty,[9,10,23] and menstruation,[9,23] they discussed less about sexual content,[10,20] condom use,[9,10] and masturbation.[9] Mothers tend to talk more about sex with their daughter than fathers.[21] For parents, having knowledge about the topic helps communication with their children about sex,[22] but on the other hand, parents are still embarrassed to talk about sex,[10,24] have insufficient accurate knowledge about sexual health,[21,24] and feel discomfort to talk about sex.[22] They often perceive their children are still too young to talk about sex, and some consider that doing this can encourage children to engage in sexual experiments.[21,22]

In Thailand, most studies on the topic have also focused on parental monitoring and parenting style related to sexual risk behaviors.[12,25] Parents describe having no time to monitor their children and their uninvolved parenting styles have been associated with adolescent sexual behaviors.[12,25] Moreover, parents having knowledge about sexual risk are more comfortable in communicating about this with their children.[26] Parents often believe that children are too young to talk about sex, and that sex is a sensitive issue,[25] as well as an embarrassment to discuss within a family.[25,27] Parents may lack knowledge and skills about sex,[25] believe that talking about sex could encourage children to try sexual intercourse,[25] or expect that their children had learnt about sexual issues at school.[27,28]

Therefore, it is considered necessary to explore what parents believe and how they practice regarding SRH in early adolescents using a qualitative approach. This approach helps the researcher gain a deeper insight into the parents' thoughts, perceptions, and experiences related to SRH in early adolescents.

Study aim

To explore what parents believe and how they practice regarding SRH in early adolescents.

Methods

Study design

The qualitative descriptive approach was employed to achieve the aim of study because this approach generally focuses on studying the phenomenon of interest in its natural state.[29] Further, qualitative description is a very pragmatic approach that helps to uncover the facts of a phenomenon, without the need to focus deeply on meaning as in other qualitative approaches such as phenomenology.

Study setting and participants

This study was conducted in urban areas of Chiang Mai, Thailand, from February 2018 to February 2019. Purposive selection was used to recruit participants based on the inclusion criteria of being biological parents of adolescents aged 10-13 years, being able to read and write the Thai language, having Thai nationality, and being willing to share their knowledge and experiences. The sample size, in keeping with the qualitative paradigm, was ultimately determined by the ability to obtain rich information to answer the research questions and to reach data saturation.

Ethical considerations

Approval was given by the Research Ethics Committee of the Faculty of Nursing at Chiang Mai University (Study code: EXP123-2017). All participants were informed about the purpose of the research, methods, potential risks and benefits, and assured that their participant rights would be protected throughout. Participants had opportunities to ask questions, to refuse questions, and could withdraw study participation at any time. All participants signed a consent form before participation and permitted audio-recording of interviews.

Data collection

Data were collected by the principal investigator (PI) who had received skills training in qualitative

data collection and analysis. The PI sent the flyers to school administrators in a municipal area for distribution to parents. Parents from two families contacted the PI after receiving the flyers, so a snowball technique to recruit more participants was undertaken. Arrangements were made for interviews at a convenient time and place. During these, the PI encouraged the husband and wife dynamics and interactions for the mutual sharing of their experiences and helped to link their ideas. Interview times ranged from 90-120 minutes and interviews were conducted until no new information was forthcoming. An interview guide was developed by the PI as a tool to obtain rich data to understand broader family dynamics informed by the perspectives of members in the same family. The guide consisted of open-ended questions was based on the literature and included: "*How do you as parents help each other raise children entering adolescence?*" and "*What do you as parents think is the support that helps raise children entering adolescence regarding sexual and reproductive health*?" and "*Why do you think this*?"

Data Analysis

The interview data were analyzed using the data analysis technique described by Creswell.[30] Firstly, the recordings were listened to, then transcribed verbatim by the PI, who then read the transcriptions repeatedly to try to understand the meaning of the information. Initial coding was then undertaken of concepts and phrases, then interpretive codes were applied and then codes were extracted, grouped and labeled as a small number of categories. The data were interpreted and linked to the information gained from the literature review. All steps of data analysis process were discussed with the PI's dissertation advisory team until consensus was reached.

Rigor and Trustworthiness

To ensure the rigor and trustworthiness in the study, the strategies of trustworthiness conducted by Lincoln and Guba were applied.[31] In terms of credibility, the research information was verified by peer debriefing and member checking using four families. Transferability was achieved through thick description. Dependability was approved by the advisory committee and reviewed by a group of external experts. Confirmability was enabled by using audit trial derived from verbatim transcriptions and interpretations, and findings were verified by the research team.

Findings

There were 28 biological parents of adolescents aged 10-13 years from 14 families. Most participants were between 40-45 years (mean = 43.7), had a bachelor's degree as the highest education (n=16), and worked as a government official (n=8). Within the 14 families, most had 13-year-old adolescents (**Table 1**).

Findings were divided into four categories as described below and in **Table 2**:

Table 1 Demographic characteristics of the parents and early adolescents

Demographic data	Parents (n = 28)		Demographic data	Children (n = 14)	
	Mother (n = 14)	Father (n = 14)		Girl (n = 6)	Boy (n = 8)
Age (Mean 43.7)			**Age (Mean 12.29)**		
≥ 39	1	0	10	2	0
40 – 45	10	10	11	2	0
46 – 50	3	3	12	0	2
≤ 51	0	1	13	2	6
Education			**Education**		
High vocational certificate	1	2	Grade 4	1	0
Bachelor degree	9	7	Grade 5	2	0

Table 1 Demographic characteristics of the parents and early adolescents (Cont.)

Demographic data	Parents (n = 28)		Demographic data	Children (n = 14)	
	Mother (n = 14)	Father (n = 14)		Girl (n = 6)	Boy (n = 8)
Master degree	4	3	Grade 6	1	1
Doctoral degree	0	2	Grade 7	1	4
Occupation			Grade 8	1	3
Government official	6	2			
Self-employed	3	5			
Teacher	2	3			
Company employee	2	3			
State enterprise employee	0	1			
Employee	1	0			

Table 2: Categories and sub-categories arising from the data

Categories	Sub-categories
1. Parental perceptions of the growing child	Children are not ready to know about sex
	Having appropriate gender roles
	Sexual growth and changes in teenagers
	Focus on good genital hygiene
2. Parenting practices to promote sexual health	Playfully monitoring teenage friendships
	Warnings about the negative consequences of premarital sex
	Observing changes during puberty
	Advising on pubertal changes
	Teaching genital hygiene practices
	Raising children to act appropriately to their gender
3. Support for nurturing sexual growth	Having adequate knowledge about sexual health
	Comfort with family communication about sex
	Raising children with love and warmth
4. Constraints of raising a growing teenager	Being ashamed of talking about sex
	Lack of knowledge and skills about sexual health

Category 1: Parental perceptions of the growing child

Parents believed that if children were in early adolescence, they were not yet ready to know about sex. At the same time, they believed that as the children grew up, they must behave appropriately based on gender. They would have physical changes, and need to pay special attention to genital hygiene.

Sub-category 1.1: Children are not ready to know about sex. Some families, parents believed that children were too young and they did not understand what sex was. They perceived that children needed to be older and interested in the opposite sex before they began discussing sex with them:

> Mom7: *"She is still not ready to learn about sex. I plan to wait until she is 13 or 14 because she is still a child."*
>
> Dad7: *"I feel the same as her mother that she is still a child. She can learn when she is 13 or 14 years old."* (Parents, 10-year-old daughter)

Mom14: *"He's still a child; there is no need to talk about the prevention of sexual intercourse. This should start in grade 11 or 12. If he starts having a girlfriend, I'll have to start talking about prevention."*

Dad14: *"He's only about 13, which is still young. There should be a discussion of sexual prevention when he gets older."* (Parents, 13-year-old son)

Sub-category 1.2: Having appropriate gender roles. Some parents perceived that when children entered adolescence, there were certain characteristics and behaviors Thai women and men needed to display to their gender roles. For daughters, they must not have premature experiences [ching suk kon ham - ชิงสุกก่อนห่าม] and must preserve purity [rak nuan sanguan tua - รักนวลสงวนตัว]. For sons, they must be a gentleman and honor women.

Mom11: *"She must not have ching suk kon ham. Our daughter must not have sexual relationships. She must rak nuan sanguan tua and not let anyone touch her body."*

Dad11: *"She shouldn't have a boyfriend and any sexual relationships while studying."*

(Parents, 10-year-old daughter)

Mom1: *"Men and women shouldn't touch hands, bodies, hug, or kiss. A man must be a gentleman; he must honor and take care of women."*

Dad1: *"Men must honor women; don't act rude, offend, touch their bodies, and do anything that damages them."* (Parents, 13-year-old son)

Sub-category 1.3: Sexual growth and changes in teenagers. Most parents perceived sexual growth in teenagers as biological, physical, and sexual development in both females and males. For females, breasts start to grow, hips widened, and menstruation begins. For males, the penis starts to develop, and there are a noticeable Adam's apple and changes in the voice:

Mom11: *"About sexual growth and the transition from childhood to adolescence, the changes in women are that they have larger breasts, hips widen, and menstruation."*

Dad11: *"It's the body change. For men, their voice changes; for women, they start to have larger breasts and menstruation."* (Parents, 10-year-old daughter)

Mom1: *"Both men and women have physical changes related to sex. Women start to have menstruation and men start to ejaculate semen. Men have voice changes and pubic hair starts to grow"*

Dad1: *"Men have changes in voice, body and height. They have an Adam's apple, moustache, hairy legs, and body odor."* (Parents, 13 year-old son)

Sub-category 1.4: Focus on good genital hygiene. Parents felt that it was important that early adolescents need to pay attention to genital hygiene to prevent infections, for example:

Mom10: *"Our genitals need to be cleaned and washed thoroughly, otherwise they will become itchy and can cause various diseases."* (Mother, 11-year-old daughter)

Dad7: *"We go over cleanliness for the whole body. However, if our child is a teenager, we will specifically teach her about cleaning the genital."* (Father, 10-year-old daughter)

Category 2: Parenting practices to promote sexual health

Parents had a duty to promote sexual health through various methods such as playful teasing to monitor teenage friendships, warnings of the negative consequences of premarital sex, observing and giving advice for children about sexual health when entering

early adolescence, as well as teaching them how to clean the genitals. Parents also tried to raise children appropriately according to gender.

Sub-category 2.1: Playfully monitoring teenage friendships. Most parents wanted to monitor and observe their children's behavior by using methods such as playful teasing about their opposite-sex friends to see the reactions of their children, checking their child's web browsing history, and observing their behavior when using a smartphone.

> Mom12: *"I playfully tease her. For example, when I walk past her and see her smartphone lying there, I say, "Are you talking to your boyfriend?" I say it playfully. I'm afraid of people talking to her online* (which) *will lead her to risky behaviors."*

> Dad12: *"I look on her phone screen. If I see she is sitting chatting, sometimes I keep an eye on her. I'm monitoring her on what she is talking about and who she is talking to. There is a browsing history, and she uses my account, so I can see everything."* (Parents, 13-year-old daughter)

> Mom2: *"I don't forbid him to be interested in opposite-sex friends. I playfully tease him to see if he feels shy, but he doesn't feel anything."*

> *Dad2: "I playfully ask him if he likes someone. He must react somehow, but nothing happens."* (Parents, 13-year-old son)

Sub-category 2.2: Warnings about the negative consequences of premarital sex. Half of the parents pointed out the negative effects of premarital sex for their young adolescents, such as lack of consistent education, career opportunities, and having the responsibility to raise children. Parents also used examples from dramas or news to warn their children:

> Mom7: *"I warn her that she has to study first. If girls get pregnant, they do not finish school, and they will have no work. What she can see is that people who don't finish school have the burden of taking care of a baby."*

> Dad7: *"I warn her based on dramas as well. If she gets pregnant then she leaves school."* (Parents, 10-year-old daughter)

> Mom2: *"When my son and I watch the news about a pregnant woman together, I warn him immediately. I say that having sex with a girlfriend without being ready effects both in losing opportunities to study."*

> Dad2: *"I take our experience as an example to warn our son. Children must finish school first, work and get married. If they have sex and unintended pregnancy, they lose their future."* (Parents, 13-year-old son)

Sub-category 2.3: Observing changes during puberty. Around half of the parents mentioned that they secretly observed their children without them knowing because they felt that they should know about their sexual growth. Examples of this included observed changes about how a daughter carried their body which alerted parents to breast growth. For sons, parents noticed the growing and erecting penis in the morning as well as behavior changes, or the wearing of underwear at bedtime to prevent visible morning erection of their penis.

> Mom12: *"I notice when she walks, she likes to bend forward like she doesn't want others to see her breasts, and she hunches her shoulders. When she wears a T-shirt, her nipples are visible. She starts to have nipples."*

> Dad12: *"We can see from the outside. There will be a time when breasts start to grow."* (Parents, 13-year-old daughter)

> Mom2: *"I roll up his sleeves to look at his armpits and check if there is odor or hair. I try*

to observe pubic hair when he takes off his underwear and put it in a separate cloth basket. One day he woke up in the morning, I saw he noticed his penis had become erect. He started wearing underwear before bedtime."

Dad2: *"I notice that his penis is erect when he wakes up in the morning."* (Parents, 13-year-old son)

Sub-category 2.4: Advising on pubertal changes. Most parents explained that they provided information about physical changes that were natural when children enter adolescence. For daughters, mothers gave advice mainly about using sanitary napkins when having a menstrual period and on wearing an undershirt when breasts began to develop. For sons, father advised them about the changes in their penis.

Mom12: *"I told her that menstruation is normal for female, and she doesn't have to be shy because everyone has it. Sanitary napkins must be prepared first in the bag. When menstruation is heavy, you need to clean the genitals before changing sanitary napkins. You should use appropriate napkins for day and night...I tell her to wear an undershirt since her breasts still do not grow."*

Dad12: *"I tell her to wear an undershirt because her breasts are enlarged."* (Parents, 13-year-old daughter)

Mom8: *"He started having erections in the morning. I told him that wet dreams are like when we pee in bed; it's natural. I told him to wear underwear, not to let it be erect. Your father was like this in the past."*

Dad8: *"He has an erection when he wakes up. Then he bends his body. I ask if he has a wet dream. I told him that it's a boy's nature and he should wear underwear before going to bed to prevent the erection of penis."* (Parents, 13-year-old son)

Sub-category 2.5: Teaching genital hygiene practices. Parents taught their same-sex children how to clean genitals by relating to their own experiences, i.e., mothers taught daughters how to clean their labia while fathers taught sons how to clean their penis when taking a bath. Then parents let them do by themselves to make sure that they could clean their genitalia properly. They emphasized maintaining good female and male genital hygiene to prevent infections.

Mom10: *"This is because I'm a woman. I know how to clean the area. I said she must wash it with soap, rub gently on the sides of labia, and wash thoroughly. I help her clean first, and after teaching, I let her wash by herself. I wash for her again because I'm afraid that she can't wash it thoroughly."*

Dad10: *"Her mother has already taught her."*

(Parents, 11-year-old daughter)

Mom9: *"I don't teach because I think that it's a men's matter. I tell his father to teach our son because the father is a man who understands how to clean. So, I let his father do the job."*

Dad9: *"I said that he has to clean it every day. I teach him that when showering, he must wash the area where the foreskin is because it is a hidden spot. If we don't clean it, germs will accumulate. After teaching, I wash it for him and let him do it as well...wash and then wipe until it dries."* (Parents, 13-year-old son)

Sub-category 2.6: Raising children to act appropriately to their gender. Most parents mentioned that raising children to appropriately look female and male included raising a child according to the gender roles of femininity and masculinity.

Feminine role. Parents described the feminine role as the physical characteristics of a woman and having the role model of a mother. Parenting by using

color classification to indicate gender was pink belongings. In addition, activities that promoted femininity were such as playing dolls and role-playing as a mother.

> Mom11: *"She sees us as a model; women are like moms. Women have vaginas, breasts, and this is a characteristic of women. When I clean the floor of our house, I let her help me. I tell her that it is the duty of women…I bought a dress and braided her hair like a princess. I created a color symbol that pink belongs to women. Within her group of friends, they roleplay as mothers and children."*

> Dad11: *"Her friends are girls from kindergarten. These girls are always together. They have Hello Kitty dolls."* (Parents, 10-year-old daughter)

Masculine role. Most parents raised boys to be masculine using fathers as a role model. The boys were encouraged to do masculine activities, such as playing with toys or contact sports, and to be a gentleman by helping their mother carry things.

> Mom1: *"Father will show him how to be a man. For exercise, they do father-son activities together."*

> Dad1: *"The oldest son imitates his father, and the youngest copies both the father and brother. He takes care of himself in a way, such as shaving his mustache and beard. When we arrive home, he comes down to open the gate for us. Children must help carry mothers' belongings. I act as an example and teach them. They observe us and use as a role model."* (Parents, 13 year-old son)

Category 3: Support for nurturing sexual growth

For half the families, parents described that receiving support to raise children about sexual growth included having adequate knowledge about sexual health, comfort with family communication about sex, and raising children with love and warmth.

Sub-category 3.1: Having adequate knowledge about sexual health. Parents who were knowledgeable about sexual health during this transitional period could teach and advise children.

> Mom9: *"We have knowledge about preventing sex. We can educate them in the right way. It's better than forbidding them because they may try it themselves. This is the point that I have to teach."*

> Dad9: *"Adults must know about body changes, how to maintain body cleanliness. I must know these things to guide children on how to clean the body and genital. I can search for this information on the internet… ."* (Parents, 13-year-old son)

Sub-category 3.2: Comfort with family communication about sex. Some families, parents indicated that to discuss sex naturally, children should start learning about the various organs in the body. Parents should gradually add information about sex education. This would start to build a better relationship in terms of talking about sex between parents and children.

> Mom12: *"Sex is a natural thing. I must change the old way of thinking that it is not supposed to be spoken about sex because the behavior of today's teens is not the same as in the past. I need to change my views to understand and talk about sex with my daughter."*

> Dad12: *"I think I can talk about sex in the family. I want to be a modern family that does not need to be obscure about sex. I should make her feel that this is normal. I must talk often. I may start talking about it from a small point and gradually expand."* (Parents, 13-year-old daughter)

Sub-category 3.3: Raising children with love and warmth. Some families, parents expressed that raising children with love and warmth reduced the gap between parents and children, and this helped

build trust for children to be brave enough to discuss sex with parents.

> Mom5: *"It's love and understanding in the family. I mean that there should not be distance. I try to be close to my daughter and can be her counselor. Therefore, if she has anything, she should tell me."*

> Dad5: *"It's a family relationship. I mean that if we narrow the distance between children and parents, it will not be difficult to talk about sex."* (Parents, 13-year-old daughter)

Category 4: Constraints of raising a growing teenager

Family communication about sex is still a major problem for families with teenagers. Some families feel that it is embarrassing to talk about sex with them. Also, the obstacle encountered in discussing sex is a lack of parental knowledge and skills in talking about sex with children.

Sub-category 4.1: Being ashamed of talking about sex. In some families, parents were embarrassed when talking about sex with children as Thai society and culture taught them that they should not talk about sex in the family.

> Mom1: *"I'm embarrassed when talking about sexual intercourse. Our culture has taught us since we were young that sex is an embarrassing topic and we shouldn't talk about sex in family."*

> Dad1: *"I just ask him; if he doesn't answer correctly, I'll wait for him to ask. I'm too shy to ask."* (Parents, 13-year-old son)

Sub-category 4.2: Lack of knowledge and skills about sexual health. Parents indicated that a lack of knowledge and skills in talking about sex was an obstacle leading to fewer instances of communication about sex in the family. They also thought that discussing sex with children encouraged curiosity about sexual intercourse.

Do not know how to talk about sex. In some families, parents were uncertain about the content, how to find time to talk, and to start talking about sex with children.

> Mom11: *"I don't know the best way to talk and how much I should talk about sex to a child. I mean I don't know how. I haven't taught her anything about sex."*

> Dad11: *"I haven't talked about sex. I talk about it in an introductory way, about not having a boyfriend and getting pregnant." (Parents, 10-year-old daughter)*

Talking about sex encourages children to become curious. Almost half of the families, parents indicated that talking about sex with children encouraged them to try having sex.

> Mom3: *"If we open the discussion about sex first, it may encourage her to want to know or try having sex."*

> Dad3: *"I'm afraid that the more she knows about sex, the more she'll want to find out or become curious. I try not to lead her on this topic; it's better to let it be natural."* (Parents, 11-year-old daughter)

Discussion

The findings revealed how parents co-create nurturing SRH of their early adolescents. Even though parents perceived their child to be growing into a teenager, they were considered to be too young and not ready to learn about sex. This is consistent with previous studies in which parents believed that their children were too young to engage in risky sexual behaviors,[22,28] and too early to receive information about sex.[21,25] Our findings confirmed that Thai parents endorsed the sexual value of daughters not engaging in premarital sex experiences

[ching suk kon ham-ชิงสุกก่อนห่าม], and to preserve their purity [rak nuan sanguan tua-รักนวลสงวนตัว] by refusing those who wanted to touch their bodies. Thai parents believed that young girls must keep their virginity[32] and not have sexual relations before marriage.[33] Similar to Thailand, in Vietnam, parents' perception was that daughters must protect their chastity until marriage.[20] In addition, parents recognized that when children enter adolescence, they see obvious physical changes, which is congruent with a cross-cultural study in Nigeria and Kenya that parents perceived their teenagers' sexual growth from having physical changes such as menstruation in adolescent girls and voice change in adolescent boys.[23] In our study, parents perceived that genital cleanliness was important for female teenagers to pay attention to their genital hygiene to prevent STIs. This is consistent with a previous study that found genital hygiene is the main factor for preventing genital infections among female adolescents.[34]

According to the findings about parenting practices to promote sexual health, Thai parents secretly observed breast formation of their teenage daughters and penis erection of their teenage sons. Moreover, they used playful ways to tease their children about having opposite-sex friends and observed their shy reactions instead of talking with them directly. This could be explained by that Thai parents are not easy to be open-minded and have positive views to talk about the relationships with opposite-sex friends openly. Thai parents need to understand that the society has changed rapidly, and they should be able to catch up with the lifestyle of today's adolescents.[32] This is consistent with a previous study where parents monitored their children about having opposite-sex friends by checking web browsing history.[20] Another study in Australia illustrated that parents avoid teasing their child about sexual issues because they were not confident in initiating sexual conversation with their child.[35]

Our findings revealed that parents used examples while watching news and dramas with their children to warn them about the negative consequences of having premarital sex. Previous studies have found that parents used examples from movies about unprotected sexual intercourse to warn children about the problems of unintended pregnancy associated with having sex during school age.[10,20]

Our study found that Thai parents advised their teenagers about pubertal changes as being normal, for example, of having a first menstrual period and breast growth in females and having signs of penile erection in male. The study also found that genital hygiene practice has been taught to same-sex children by their parents, similar to Flores and Barroso (2017) who reported that daughters received sexual health information from their mothers rather than fathers.[21] Sooki et al. (2016) found that mothers were the sources of information about puberty, menarche, and menstruation for their daughters.[36] In this study, mothers were concerned about genital infections so taught their daughters how to clean the genital area during menstruation. However, our findings showed that fathers were the main person who taught sons to clean the penis by focusing on cleaning hidden spots to prevent genital infections. Similarly, the Canadian Urological Association suggested parents to teach their sons, when they are mature, to clean the genitals by retracting the foreskin on their own to clean under the glans penis.[37]

This study observed that in an attempt to raise children to act appropriately based on the gender, parents raised children according to gender stereotypes, allowing children to do certain activities, toys, dress and use colors as perceived appropriate to their genders. Moreover, children learn femininity and masculinity from their parents. This is consistent with a previous study finding that parents are influential on the development of children's gender role including being a role model and encouraging activities that are different between daughters and sons.[38]

Our findings also revealed that regarding support for parents to promote sexual growth, parents needed to have the knowledge about pubertal changes, genital hygiene, as well as the prevention of risky sexual behaviors for teaching children. This finding was similar to previous studies that having the right information and skills to talk about sexual health made it easy for parents to start talking about sex with children.[22] Moreover, our findings revealed that talking about sex in family was important and parents expressed comfortable feelings to talk about sex with children. This finding is consistent with previous studies where parents considered being open-minded about sex[32] and having comfort to talk about sex could help them start talking it with children.[6,35] In addition, giving love and warmth closely helped reduce the gap and start talking about sex within the family. This finding was congruent with previous studies that asserted that providing love and warmth is a good foundation for starting to talk about sex[9,10] and promoting parent-adolescent relationships.[12]

The barrier to raise a growing teenager related to SRH among parents was being ashamed of talking about sex. This is consistent with studies in Thai culture that found parents were embarrassed to talk about sex, and especially about sensitive issues such as sexual intercourse[25,27] and using condoms[25,28] while, in other countries, parents were ashamed to talk about sex[10,24] and sexuality was considered taboo.[8,20] Parents did not know how to start talking with children about sex, and they lacked knowledge and skills about sexual health. Similar findings have been reported about this lack of parental knowledge and skills about sexual health resulting in less discussion about sex with children.[6,22] Moreover, parents misunderstood that talking about sex encouraged children to become curious, which was congruent with previous studies that parents thought that having a conversation with children about sex made them curious and want to try to have sex.[22,24,25]

Limitations

This study was conducted with parents who mostly had a high education level, and had a moderate average family income in urban communities in the north. There may be different parenting methods according to parents' education level, insufficient family income or living in a rural community which may not be transferable to other parents' group. In this study, as all participants live in one of the northern provinces, the findings do not represent other parts of Thailand in other contexts related to SRH in parenting.

Conclusions and Implications for Nursing Practice

Our findings provide rich information about parenting practices in nurturing their growing teenagers in regard to promote sexual and reproductive health. Moreover, parents need to have positive attitudes towards sexual communication, adequate knowledge and proper skills to accomplish their parenting roles. The findings could help nurses understand and raise awareness on issues related to parent-adolescent communication and empower parents to cultivate their growing teenagers about sexual health in contemporary society. In addition, early adolescence is an important period for parents to foster their child's sexual identity formation and good genital hygiene habits.

In conclusion, parental interventions need to be focused on knowledge of sexual health to reduce barriers in raising a growing teenager and strengthen parenting practices for nurturing sexual growth of children.

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มุมมองของบิดามารดาเกี่ยวกับสุขภาพทางเพศและอนามัยเจริญพันธุ์ในเด็กวัยรุ่นตอนต้น: การศึกษาเชิงคุณภาพแบบพรรณนา

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บทคัดย่อ: ครอบครัวโดยเฉพาะบิดามารดามีบทบาทสำคัญอย่างยิ่งในการส่งเสริมสุขภาพทางเพศและอนามัยเจริญพันธุ์ของเด็กวัยรุ่นตอนต้น การใช้วิธีวิจัยเชิงคุณภาพแบบพรรณนาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาความเชื่อและการปฏิบัติของบิดามารดาเกี่ยวกับสุขภาพทางเพศและอนามัยเจริญพันธุ์ในเด็กวัยรุ่นตอนต้น ในพื้นที่เขตเมืองทางภาคเหนือของประเทศไทย เก็บรวบรวมข้อมูลในช่วงเดือนกุมภาพันธ์ 2561 ถึงเดือนกุมภาพันธ์ 2562 ผ่านการสัมภาษณ์ร่วมกันทั้งบิดาและมารดาของวัยรุ่นที่มีอายุระหว่าง 10 ถึง 13 ปี จาก 14 ครอบครัว วิเคราะห์ข้อมูลเชิงคุณภาพโดยการใช้การวิเคราะห์แก่นสาระ

ผลการศึกษาสามารถจัดกลุ่มได้เป็น 4 ประเด็นหลัก ประกอบด้วย 1) การรับรู้ของบิดามารดาเกี่ยวกับการเติบโตเมื่อเข้าสู่วัยรุ่น ประกอบด้วย เด็กไม่พร้อมที่จะเรียนรู้เรื่องเพศ การวางตัวให้เหมาะสมกับบทบาททางเพศ พัฒนาการทางเพศและการเปลี่ยนแปลงเมื่อเข้าสู่วัยรุ่น และการมุ่งเน้นที่สุขอนามัยทางเพศ 2) การปฏิบัติของบิดามารดาเพื่อส่งเสริมสุขภาพทางเพศ ประกอบด้วย การใช้วิธีการหยอกล้อในการติดตามการคบเพื่อนวัยรุ่น การเตือนเกี่ยวกับผลกระทบจากการมีเพศสัมพันธ์ก่อนวัยอันควร การสังเกตการเปลี่ยนแปลงในช่วงเข้าสู่วัยรุ่น การให้คำแนะนำเกี่ยวกับการเปลี่ยนแปลงเมื่อเข้าสู่วัยรุ่น การสอนเกี่ยวกับการดูแลอวัยวะเพศ และการเลี้ยงดูที่เหมาะสมตามเพศสภาพ 3) สิ่งสนับสนุนในการส่งเสริมพัฒนาการทางเพศ ประกอบด้วย มีความรู้ที่เพียงพอเกี่ยวกับสุขภาพทางเพศ ความสะดวกใจในการพูดคุยเรื่องเพศในครอบครัว และการเลี้ยงดูเด็กด้วยความรักและความอบอุ่น และ 4) ข้อจำกัดของการเลี้ยงดูบุตรที่กำลังเข้าสู่วัยรุ่น ประกอบด้วย ความละอายในการพูดคุยเรื่องเพศ และการขาดความรู้และทักษะเกี่ยวกับสุขภาพทางเพศ

ผลการศึกษาครั้งนี้ ให้ความรู้ที่เป็นประโยชน์ต่อการสร้างเสริมพลังอำนาจให้บิดามารดามีความรู้และทักษะที่เพียงพอในการเลี้ยงดูบุตรที่กำลังเติบโตเข้าสู่วัยรุ่นในประเด็นสุขภาพทางเพศและอนามัยเจริญพันธุ์ และสามารถนำไปใช้ในการพัฒนาโปรแกรมสำหรับบิดามารดาเพื่อส่งเสริมสุขภาพทางเพศและอนามัยเจริญพันธุ์ในบุตรวัยรุ่นตอนต้น

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คำสำคัญ: วัยรุ่นตอนต้น มุมมองของบิดามารดา สุขภาพทางเพศและอนามัยเจริญพันธุ์ การศึกษาเชิงคุณภาพ ประเทศไทย

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