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Do Thai parents really know about the sexual risk taking of their children? A qualitative study in Bangkok

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Abstract

This qualitative study explores the perceptions of parents and adolescents toward sexual risk-taking behaviors. In-depth interviews were conducted with 30 parents and 30 adolescents (aged 13–14 years) in Bangkok, and were analyzed by using coding and thematic analysis. The results showed that although parents generally believed that Thai teens begin to have sex at an early age and engage in sexual risk-taking behaviors, they trusted that their teens would follow parental guidance and rules and not engage in sexual activity at this age. Most of the Thai teens in the present study reported that their parents were not really aware of their sexual behaviors because of their tendency to keep their sexual stories secret for fear of being scolded, blamed, and punished. The teens also reported that they wanted their parents to listen, give them warmth and more freedom, and be more in touch with their activities. Parents expressed their need for knowledge and skills so that they could help guide their adolescent children to avoid sexual risk-taking behaviors. A family intervention specifically aimed at empowering Thai urban parents is needed.

Keywords

family; qualitative study; sexual risk taking; Thai urban parent; Thailand

INTRODUCTION

Thailand is recognized for making remarkable progress in reducing the prevalence of HIV and other sexually-transmitted infections (STI) (Hanenberg *et al.*, 1994; Mason *et al.*, 1998; Nelson *et al.*, 2002), and for increasing condom use by sex workers (Nelson *et al.*, 2002). However, there are warning signs that the AIDS epidemic continues to evolve, particularly among the new generation of youth and adolescents who are becoming sexually active, but have less exposure to HIV-prevention programs. Data from the 2008 behavioral surveillance survey indicated that the knowledge score about protecting oneself from HIV indicators was low (<50% for students) (National AIDS Prevention and Alleviation Committee, 2010).

CONTRIBUTIONS

Study Design: WF, PKC, BAM, KAA, AC, OR, MJR, WC, HFB.

Data Collection and Analysis: WF, PKC, BAM, AC, OR and WC.

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Furthermore, data from the Department of Disease Control within the Ministry of Public Health showed there was an increasing trend from 2000 to 2007 in the prevalence of adolescent STI among 15–24 year olds (National AIDS Prevention and Alleviation Committee, 2010). An increased risk of HIV infection among adolescents was attributed to having more sexually-permissive attitudes toward premarital sex, paying for sex, and having a “gig” (a friend accorded sexual benefits or a casual lover) (Sabaiying, 2009). Additionally, there was a lack of both awareness and skills related to condom use. Between 1999 and 2002, researchers found an increased number of main and casual partners, a decreased consistency in condom use among females, and an increased prevalence of Chlamydia infection among both male and female vocational students (aged 15–21 years) (Whitehead *et al.*, 2008).

Thai parents expect their adolescents’ teachers and healthcare providers to provide sex education to their children (Pansak, 2001). Although parental involvement in sex education has been emphasized by the Thai Government, strategies to realize these goals remain unclear. Parents, teachers, and service providers are reluctant, and have limited skills, to address sexuality issues (UNFPA, 2005). Barriers to parent–child communication about sex include restrictions imposed by traditional Thai values, parental lack of confidence in discussing sexual matters, differences in sexual attitudes, and parental concerns about developmental appropriateness (teens being too young) (Sridawruang *et al.*, 2010). Adolescents are less likely to confide in their parents about sexual pressures, due to their parents’ traditional viewpoints regarding sexuality (Vuttanont *et al.*, 2006). Parents are also reluctant to talk about sex with their children, particularly those of the opposite sex (Kaewkamol, 1996). However, if parents thought teens were already sexually active, they indicated that they were more likely to talk about bodily changes, dating, HIV/AIDS, and pregnancy (Rhucharoenpornpanich *et al.*, 2011).

The purpose of this study was to explore the perceptions of Thai early adolescents and parents toward sexual risk-taking behaviors, and describe the differences and similarities in the views expressed by these two groups.

METHODS

Recruitment and sample

A total of 420 families, with adolescents aged 13–14 years, residing with either parents or guardians, and living in seven districts of the Bangkok metropolis, were randomly selected to participate in an interview for a larger study (Chamrathirong *et al.*, 2009; Rhucharoenpornpanich *et al.*, 2010). From these families, we then randomly selected 30 parents and 30 adolescents from a total of 60 families to participate in in-depth interviews.

Ethical issues and trustworthiness

All the parents were asked to give written consent for their own participation. Adolescent participants were asked to assent to participate, and their parents were asked for written consent for their teens to participate in the study. All participants had opportunities to ask questions before giving informed consent, and voluntarily agreed to share their opinions. They were informed that they were free to withdraw from the study at any time. Confidentiality was achieved through the process of data collection and analysis, by not connecting participant names to data files. The Pacific Institute for Research and Evaluation Institutional Review Board (IRB) approved the study protocol.

The principles of trustworthiness were applied to ensure issues of rigor (Lincoln & Guba, 1985). Credibility was enhanced by debriefing among authors to verify accurate interpretation of all interview data. A clear audit trail showed that all findings were derived

directly from the data to ensure confirmability and fair representation of the data. Furthermore, rigorous translation checks increased dependability.

Data collection and instruments

In-depth interview guides were developed, based on a risk and protective model framework, and were adapted in partnership with the Thai and US research teams to be culturally sensitive to Thai families. The questions analyzed in this paper are found in Appendix 1. Each interview ranged from 1.5 to 2 h. Interviews were conducted in private at each informant's home by one of four trained interviewers, all of whom passed IRB human subject certification.

Data analysis

Coding and thematic analyses were used to derive the key themes from the data (Miles and Huberman, 1994). All interviews were audio-recorded, transcribed verbatim, and translated into English by a Thai bilingual academic. All translation was verified by the primary author and another Thai bilingual academic. Themes from the data were initially identified by the primary author, and subsequently verified by two co-authors for coding consistency, emergence of main themes, and extraction of statements to support the themes. Initially, the researchers analyzed the parent and youth interviews separately, and found that the major themes were parallel.

RESULTS

Sixteen male and 14 female teenagers, aged 13–14 years, were recruited to the study. Almost all were ethnic Thais. Their family income ranged from less than 10 000 baht to more than 40 000 baht per month. Most of the parents of the selected teenagers had received either a primary or secondary education, although almost half had only progressed to grade six.

Thirty parents, aged 30–54 years, were recruited to the study. Twenty four were females and six were males. Almost all were ethnic Thais. Among this group of parents, there was considerable variation in monthly family incomes. Most were educated to primary or secondary school level, although a little more than two-thirds had only progressed to grade six.

Four themes emerged from the interviews, which reflect both parents' and adolescents' responses: (i) perception of adolescents' sexual activity; (ii) parental knowledge about their own teen's sexual behaviors; (iii) parental disapproval of sexual behavior for their teen; and (iv) parental needs for knowledge and skills about teens' sexual behavior.

Perception of adolescents' sexual activity

Many of the parents believed that Thai teens began sexual activity at an early age, had multiple sexual partners, and did not use measures to prevent pregnancy or STI. They also highlighted that teens thought having boyfriends/girlfriends made them look attractive and smart. Some felt Thai teens were permissive and curious about having sex.

In my opinion, I think "having many sex partners" and "not using protection" are sexual risks among adolescents. (ID.8 mother)

If a girl has many boyfriends...this means she's good looking and smart....Teens always do as their friends have done. (ID.6 mother)

In my opinion, I think curiosity about having sex and following their friends could lead to sexual risk taking. (ID.16 father)

The parents attributed this trend of increased sexual behaviors to the influence of peers and the media. They also believed other risk factors, such as being alone with boyfriends/girlfriends, watching sexualized media, and using alcohol, might lead to sexual risk taking.

Teenagers are having sex at an early age...staying with the opposite sex privately, for example, staying at their houses...seeing movies or doing karaoke. (ID.29 mother)

Media, such as pornographic books or CDs, and the Internet. When children see them, they may follow what they have seen. (ID.7 mother)

Alcohol, because it can make us lose control and have sex without full awareness of the situation. (ID.19 mother)

Similar to their parents, teens believed sexual activity and risk taking were common among their peers. Teens also reported individual needs and peer influences as important to teens' decisions about sexual activity:

They might hear stories from another, and then both of them want to try what they have learned from others....Touching and kissing are normal in teenagers if they are alone. Sometimes sex might happen. (ID.19 girl)

Teens reported that activities that led youth to engage in sex were those providing them with a chance to be alone with each other and express closeness and physical intimacy toward each other (e.g. touching, hand-holding, hugging, and kissing). Most early initiation of sexual intercourse was unplanned. Opportunities were more likely to arise in the boy's, rather than the girl's, home. Special occasions provided unique risk situations. They believed their peers were more agreeable to having sex during special events (e.g. New Year's, Valentine's, and birthdays), to express love for their boyfriends/girlfriends, as well as strengthen their relationships.

A boy begs a girl for her telephone number. They introduce themselves...after making friends, sometimes they go for a date...are physically close in touch....If they have a chance, they will have sex....Their parents aren't home. They have sex at the boy's house....They haven't planned (to). (ID.4 boy)

They tell each other they like each other...special events such as Valentine's Day and the New Year celebration offer reasons for giving flowers and necklaces as presents...kissing and hugging...having sex also. (ID.2 girl)

Within this context of special occasions and emerging closeness, girls saw progression to sexual intercourse as a way of maintaining closeness.

Let the other person know how you feel, ask for her/his mobile phone number, take a walk, and travel together...giving a doll or flowers on birthdays...and having sex. A girl believes if she has sex with a boyfriend, he will love her more and more, and will not leave her. (ID.19 girl)

Additionally, youth informants stated that factors leading their peers engaging in sexual risk-taking behaviors were curiosity, hearing about sex from one another, spending time alone together, and pornographic media. Physical stimulation, such as touching each other, hugging, and kissing, could also lead young people to want a more intimate sexual relationship. Most sexual behaviors among youth were likely to occur when parents were unaware of teenage risk.

They will let their friends know they have a boyfriend...will show their friends they can find someone who likes them. This is what they call 'to trend' (to be popular). (ID.2 girl)

The boy might play a sex video. He wants his girl to want to have sex. Parents don't know because they go to work....They don't look after their children closely. That offers the chance to let their kids have sex. (ID.26 girl)

They kiss and touch each other...have sex at their house....They have not planned (to) before....Their parents don't know, because they keep it secret. (ID 28 boy)

Parental knowledge about their own teens' sexual behaviors

Although parents believed Thai teens in general began having sex at an early age, they trusted their teens would follow their guidance and rules to not engage in sexual activity at this age. Their perception was that their teen(s) stayed home and were honest about their activities. They said they did not notice any improper behavior, such as coming home late or going out with boyfriends/girlfriends.

I told him it is not time to have a girlfriend now. I believe he never engages in any sexual activities, because he does not go anywhere. He doesn't have this kind of behavior. (ID.16 father)

My wife will talk with her, because I don't know what to talk about with her....I will warn her sometimes about drugs and sex. She is not stubborn and she is obedient....She will tell the truth, not lie. (ID. 20 father)

However, there were two different situations where parents thought their sons might be engaging in sexual risk-taking:

He likes to read porn books. He has become addicted...I lectured him...he did not respond (verbally)...he (just) smiled slightly. (ID.17 mother)

He told me it was his friend's birthday and there were some girlfriends there. His friends drank some beer while his parents were not home. (ID.3 father)

In contrast, the teenagers revealed that most parents were not really aware of their teens' sexual behaviors, because they felt teens in general kept their sexual activity secret. A lack of connectedness to parents was offered as one explanation. The teenagers believed some of their peers sometimes plan in advance to engage in sexual activities in the home in order to prevent their parents from discovering that they are having sex:

Their parents don't know. They don't look after their children closely....They don't give their children time, but only money. (ID.2 girl)

They plan in advance, because they know their parents will not be home. (ID.3 girl)

Participating teens mentioned that, in some families, sexual activity was rarely discussed, and that many teens therefore did not speak with their parents about their sexual activity because of a fear that they would be punished:

My parents would be very angry, give me a big punishment, and kick me out of my home. (ID.16 girl)

I think they (the parents) know, but say nothing. (ID.6 boy)

While most teenagers did not share information about sexual experiences with their parents, they might share information with their close friends. Some teenagers, however, chose to keep their sexual relationships secret even from their close friends:

They will let their friends know they have a boyfriend...will show their friends they can find someone who likes them. This is what they call 'to trend' (to be popular). (ID.2 girl)

Keep it secret...I do not tell my close friends because they might tell my parents... my parents might not allow me to have a boyfriend. (ID.24 boy)

Parental disapproval of sexual behavior for their teens

Many parents conveyed strong messages about their disapproval of sexual activity for their teenagers. They wanted their teens to be abstinent, because they were still too young. They were also concerned about teens damaging their future, due to negative consequences that might occur, such as contracting HIV or becoming pregnant. They emphasized to their daughters the importance of keeping their virginity, and advised them to avoid adolescent boys who could “lead them to make mistakes”. Studying was viewed by parents as an alternative to having a boyfriend, and was emphasized. They believed that their teens would listen and act in accordance with parental instructions:

I told her it's not time to have boyfriends. She should focus on her studies. She should think about her future....I believed she listened to me....I watched her behavior and actions. (ID.12 mother)

I try to warn him that he's still young. He has to wait until he is old enough....I believe he has never engaged in activities that could end up with having sex....I know from his behavior, if he did something, he would not behave normally. (ID.4 father)

Some parents conveyed a strong message by using the example of negative consequences:

I warn her not to meet with bad guys, using many examples, such as teenage pregnancy....I think she listens and understands what I have said, and she has told me she does exactly what I have said. (ID.26 mother)

The teenagers also perceived that their parents had a major influence on their sexual behavior. Parents were likely to prohibit them from having sexual relations, especially females. Parents provided examples of negative consequences to reinforce this abstinence message, such as having sex might cause pregnancy, which could result in having to leave school, and boyfriends might not take responsibility for the child; they might contract a sexually-transmitted disease; or they might be punished by their parents. The teenagers reported they were expected to have sexual relations only after graduation or after marriage:

My parents have a major influence on all of these. It is not a good thing to do prematurely. It may cause pregnancy, and girls have to stop going to school. When a girl gets pregnant, the guy may not take responsibility for anything. (ID.1 girl)

My father will hit me, I can guarantee this. He told me I should not try this. It's not a good thing until I graduate from university. (ID3 girl)

However, some teenagers reported their parents had never talked about sex or set any rules about sexual behavior. They asserted that they could make their own decisions:

My parents don't set any rules about my sexual behavior. (ID.23 boy)

I can make my own decisions regarding sexual behavior. (ID.22 boy)

Parental needs for knowledge and skills about teens' sexual risk behaviors

Most of the parents wanted to know more about HIV/AIDS/STI, unplanned pregnancy, and the developmental stages of teenagers, as well as some preventive measures that could prevent their teens from engaging in sexually-risky behaviors:

I want knowledge about issues related to HIV/AIDS/STI, unplanned pregnancy, preventative methods, and using condoms. (ID.18 father)

Understanding the needs and wants of teenagers is important. (ID.29 mother)

Furthermore, they also needed skills in initiating conversations, improving listening capabilities, and being better observers of teen behaviors:

I need warning skills, listening skills, speaking skills, and how to observe children's behavior. (ID.13 mother)

I want skills about how to talk with my child, how to remind him of dangers, listening skills, and how to observe my child's behavior. (ID 20 father)

It was no surprise that the teenagers also thought parents should know how to help them avoid risky behaviors. They mentioned issues of connectedness and warmth, such as spending time together, taking better care of them, not leaving them alone, and asking about problems:

They should take better care of their son/daughter and not allow him/her to go out often. They should have more time to do activities together, which all members of the family can join in. For example, going to a picnic at a public park (ID.25 girl)

Parents should stay close to their teens. They should look after their children closely....When teaching them, parents should be rational. (ID. 27 boy)

Teens wanted parents to teach them about activities that might lead to sexual encounters, such as drinking, drug use, and being alone with boyfriends/girlfriends. Teens thought parents could use their experiences as examples to teach and warn their teens about negative consequences:

They can warn their children about having sex, because it's risky and might lead to AIDS. They always have to watch out about drugs. They may tell their children that drugs are not good, and always warn them. (ID.8 boy)

Parents should teach their children that drugs are not good, people who become addicted to drugs...it destroys their lives. Alcohol is also not good. It's illegal, and it's useless. We still cannot be responsible for our lives, so we shouldn't have sex now. We had better study. ((ID.12 girl)

Furthermore, they expressed the need to be heard, the desire not to be forced into a particular action, and to have rational discussions with parents. All of this occurred in a framework of needing parents to stay connected with them and their lives. Parents should be engaged in, but not exert too much control over, teens' lives:

Do not force them in everything, give them more freedom to do and think whatever they want... know whether their son/daughter is a drug addict, where they go/ travel, and when they escape from the house. (ID.17 girl)

Parents should observe their children's behavior. If they change their lifestyle, something must have occurred. Parents should know the reason why their children have problems....Parents should know about children's friends and their boyfriend's/girlfriend's behavior. (ID.30 boy)

DISCUSSION

Participating parents and teenagers believed that Thai teens are sexually active, and that high-risk sexual behavior is widespread. They perceived that early sexual activity is encouraged by peers and promoted in the media. However, parents tended to underestimate the sexual risk behaviors of their own teens, as is shown in US studies (Mollborn & Everett, 2010). They felt that their teens were too young to engage in sexual issues, which is consistent with another Thai study (Sridawruang *et al.*, 2010). Parents believed they had

conveyed a strong message about sexual abstinence, and provided rules, which their teens were expected to follow. Strict parental control is central to parental roles in Asian cultures (Chao & Tseng, 2002).

In contrast, teenagers reported that they maintain secrets about their sexual activities to avoid disappointing their parents or disrupting family harmony, consistent with other Thai studies (Thongpriwan & McElmurry, 2006; Vuttanont *et al.*, 2006). They also communicated that they hid sexual behaviors to avoid parental punishment. This is consistent with findings from US studies, which suggest that parental control that is perceived as “excessive or coercive” might actually lead to negative outcomes (Miller *et al.*, 2001).

Our qualitative findings also suggest that Thai parents communicated a need for developmentally-appropriate strategies for talking to their teens about sexual behaviors and their consequences. A US study by Fisher (1986) indicated that parents who have more accurate information about reproduction and contraception tend to communicate about sex with their children. Family-based programs that provide parents with skills to engage in discussions around risk behaviors and reduce parental discomfort have been noted in both US and international studies (Hollander, 2000; Yu, 2007), yet little work has been done with non-Caucasian or non-Western populations (Yu, 2007; Rosati *et al.*, 2011).

The teenagers in our study expressed a desire for closeness and warmth from parents, yet also sought greater autonomy in decision-making. They indicated that they wanted their parents to listen, provide warmth, and allow more freedom, but also to be aware of their activities. Studies on emotional tone found that open and receptive communication about sex was related to lower levels of sexual risk behavior (Dutra *et al.*, 1999), while dominant, contentious, and dramatic parenting communication styles were associated with more risky sexual behavior. Parent–child connectedness (support, closeness, and warmth) has been found to be associated with sexual delay (Miller *et al.*, 2001; Sieving *et al.*, 2000; Kao *et al.*, 2010). Studies suggest that parents need to establish and maintain trust prior to adolescence to help delay sexual initiation (Kao *et al.*, 2010).

Our findings, which suggest that teens want parents to be involved in their lives regarding sexual behaviors, are not surprising. Thai parents need to find ways to maintain rules regarding relationships with the opposite sex in a manner that upholds a high perception of the legitimacy of parental authority. Adolescents indicate that parental connectedness and a willingness to listen to teenage problems and concerns are a way for this to occur.

Limitations of the study

This study was conducted with Thai families living in the Bangkok metropolis, so it cannot fully capture the cultural diversity across Thailand, particularly in rural areas. The participants might not have been comfortable sharing their views and disclosing their personal and family information because of the strong taboos that exist in the Thai culture concerning open discussion of sexual behaviors. Therefore, parents and adolescents might have responded in accordance with societal expectations. However, the research team tried to minimize this potential problem by using skilled interviewers.

Implications for practice and research

This current research demonstrates the impact of discordance in parent–adolescent communications about sexual risk taking in Thai urban families in Bangkok. Prevention efforts should focus on parent–adolescent relationship building and strengthening parents’ skills in order to encourage positive, open dialogue about sexual issues. This would conform to the Thai Government’s initiative supporting parental roles in sexuality education. A

proactive role on the part of nurses in strengthening parents' skills in sexuality education is critical. This could contribute to advancement of family nursing practice and research.

Conclusion

This research has highlighted some key findings related to, and offered suggestions about, how Thai urban parents might make a difference in preventing sexual risk taking among their teenagers. Parents are not sufficiently aware of their teens' sexual risk behaviors, because they believe they have communicated clear expectations to shield their teenagers from engaging in risky sexual behaviors. However, teenagers report that parents are not really aware of their sexual behaviors, because teens keep them secret to avoid punishment and negative emotional repercussions. Parents also express their need for increased knowledge and skills to guide their teenagers and prevent their teenagers from prematurely engaging in sexual activities. Teenagers express a need for parents to listen, provide emotional support, and increase autonomy. These new insights provide potentially important directions for future family interventions necessary to empower parents to play a critical role in preventing sexually risky behaviors among their teenage children.

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APPENDIX 1

Examples of questions in teen interview guide

- a. Family norms (e.g. What do your parents think about experimenting with sex? How did your parents communicate about the rules regarding your having sex?)

- b. Boyfriends and girlfriends (e.g. Do your parents know if you have a boyfriend or girlfriend? What should teens do to keep themselves safe if they decide to have sex?)
- c. Sexual opportunities (e.g. Have you been alone with a boy or girl? Are these times alone planned or do they just happen?)
- d. Family bonding (e.g. Do you feel comfortable talking to your parents about girlfriends/boyfriends or sexual situations?)
- e. Intervention (e.g. If you were to give advice to parents about what they could do to help their son/daughter avoid risky behaviors, such as drug and alcohol use and sexual activity, what would you say?)

Examples of questions in parent interview guide

- a. Management style/disciplinary practices/conflict (e.g. what strategies do you use to make clear that you are parent? How well do you know who your teenager hangs out with?)
- b. Sexual activity (e.g. Have you ever talked to your son/daughter about sexual risk taking?)
- c. If no, what are some of the reasons that have prevented you from having a discussion with him/her? If yes, how did you communicate to your teen? To your knowledge, has your son/daughter ever engaged in any activities that could end up with having sex?)
- d. Intervention (e.g. What kind of knowledge would you need to have to prevent your teen from sexual risk taking? What skills would be helpful for you to approach your teen about not engaging in sexual risk behavior?)