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Parent-Teen Communication about Sex in Urban Thai Families

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Abstract

This study describes sexual communication among Thai parents and their teens and identifies variables related to communication about sex in urban Thai families. Data were derived from 420 families whose teenage children ages 13 – 14 were randomly selected using the probability proportional to size technique. Interviews were conducted with one parent and one teenage child in each family. In-depth interviews were also conducted in 30 parents and teens drawn from the same 420 families. Results showed that parents were most likely to talk with their teens about body changes and dating; however, less discussion about sex-related issues, birth control and HIV/AIDS occurred. More daughters than sons reported frequent discussions with their parents about sex. Parents who believed their teens had been involved in sexual activity were more likely to talk about HIV/AIDS and the difficulty of teenagers having babies, instead of talking about sexual intercourse or when to start having sex. Multiple regression analysis indicated that sex of the child (girls), parental religiosity and parental perception of teen sexual activity were significant predictors of increased sexual communication in Thai families. The findings suggest a need for approaches designed to facilitate communication skills about sex-related issues among Thai parents.

Introduction

Profound changes in Thai economic and social systems present new challenges for teenagers. One of remarkable challenges has been a substantial rise in teenage sexual activity and high rates of risky sexual behavior, including sex with multiple partners and inconsistent condom use (Liu et al., 2006; National AIDS for Prevention and Alleviation Committee, 2010). Previous Thai studies including epidemiological reports over the last

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decade have suggested that sexually active adolescents have an increased risk of HIV infection and other sexual transmitted infections (van Griensven et al., 2001; Thato et al., 2003; World Health Organization, 2006; Whitehead et al., 2008; Celentano et al., 2008) as well as increased rates of unplanned teenage pregnancy and abortion (Thato et al., 2003; Allen et al., 2003; Manopaiboon et al., 2003). Designing and delivering interventions for young Thai teens, especially before the onset of sexual risk-taking behaviors, are crucial and deserving of concerted effort.

Communication concerning sexual matters between parents and teens serves as a protective factor that influences teens' sexual behaviours. Parents are expected to provide accurate information about sex and to foster positive sexual values, including responsible sexual decision-making for their teenage children. While several previous studies have examined the importance of sexual communication between parents and teens in other settings, very little is known about sexual communication in Thailand. The majority of studies have been conducted in the western countries, which found that increases in parent-teen communication about sex is associated with the delay of sexual initiation, increased condom use and more effective contraception use (Aspy et al., 2007; Dilorio, Kelly and Hockenberry-Eaton, 1999; Lieberman, 2006; Miller, Kotchick, Dorsey, Forehand and Ham, 1998; Whitaker, Miller, May and Levin, 1999; Atienzo et al., 2009; Hadley et al., 2009). However, some studies have yielded contradictory results or not found a consistent relationship between parent-teen communication and risky sexual behaviours (Chia - Chen Chen and Thompson, 2007; Whitaker and Miller, 2000), including a few instances where talking with one's teen about sex and birth control was associated with greater likelihood that the teen was sexually active (Jaccard, Dittus and Gordon, 1996; Widner, 1997).

One possible explanation for these conflicting findings may be due to whether the parent – teen communication occurs before or after teen's engagement in sexual activity. In this regard, some evidence suggests that a mother may increase her sex-related communication after her daughter has already initiated sexual intercourse (Inazu and Fox, 1980) or once she perceives that her child's friends are sexually active (Miller and Whitaker, 2001). Thus, initiating or increasing communication about sex between parent and child may further depend on a parent's perception that the child is ready for, or in need of information about sexuality (Eisenberg, Bearinger and Resnick, 2006).

Another explanation of these inconsistent findings relates to the quality of sexual communication which is more relevant in reducing sexual risk behavior than other dimensions of the communication. Specifically, the positive influence of parent - child communication about sexuality on teen sexual behavior only occurs when the communication style is considered to be open, friendly, and comfortable (Dutra, Miller and Forehand, 1999; East, 1996; Miller, Norton, Fan and Christopherson, 1998; Whitaker, Miller, May and Levin, 1999). Many researchers also suggest that a relationship where the parent and child are close, combined with open, positive, and frequent parent-child communication about sex, is associated with adolescents' abstinence, postponing sexual debut, having fewer sexual partners, and engaging in more consistent contraceptive use (Barnett, Papini and Gbur, 1991; Gupta, Weiss and Mane, 1996; Karofsky, Zeng, and Kosovok, 2000; Miller and Whitaker, 2001; Romer et al., 1999). Thus, a satisfying parent-child relationship and responsive parents appear to create an environment for open and clear communication between parents and teens, which in turn will contribute to positive teen sexual behaviors.

Although parent – teen communication about sex is to a great extent, focused on reducing sexual risk behaviors or promoting responsible and safe sex among teenagers, talking about sex is not a simple task. Furthermore, it is not a common practice of parents in the Thai

social context. Despite the widespread availability of media containing depictions of sexual matters, as well as an emerging attitude of greater acceptance of westernization among urban Thai families, open discussions about sex are still hindered by cultural taboos and ensuing secrecy. The difficulty and discomfort many Thai parents experience when discussing about sex is supported by a few locally conducted studies. For example, a study conducted by the Family Health Division of the Department of Health in Thailand assessed the readiness to provide information about sexual matters of 701 parents from 16 provinces (Thailand Ministry of Public Health, 1995). The results showed that 76.5 per cent of parents reported ability to give advice on sexual health (such as body changes) to female adolescents; however, only ten per cent of those reported the ability to advise on birth control. Another study by Kaewkamol (1996) revealed that parents felt reluctant and embarrassed when talking about sex with their children, especially with family members of the opposite sex.

With regard to gender differences, several studies across the region including China, have found that mothers play a more significant role in sexual communication than fathers and that girls receive more communication than boys (Rosenthal, Senserrick and Feldman, 2001; Jaccard and Dittus, 1993; Raffaelli, Bogenschneider and Flood, 1998; Schouten, van den Puttelle, Pasmans and Meeuwesen, 2007; Atienzo et al., 2009; Wang et al., 2007; Zhang et al., 2007). Similarly, two other studies suggest that communication may be more productive for daughters as compared to sons, and this may further depend on whether the communication between parent and teen is with the same-sex or opposite sex (Dilorio et al., 1999; McNeely et al., 2002). Thus, gender could be a potential factor that affects all aspects of parent-child communication about sex (Kirby, 1999; Romer et al., 1999).

Apart from sex or gender, other individual characteristics such as age of the child, parental religiosity and family structure are associated with sexual communication in family. There is evidence to suggest that religiously active parents are less likely to talk to their teenage children about sex and birth control but are more likely to talk about the morality of adolescent sex (Regnerus, 2005) and negative consequences of sex (Swain, Ackerman and Ackerman, 2006). The studies also revealed the influence of parental religiosity on parent-child communication about sex and birth control are outweighed by the effects of certain family characteristics. For instance, parents talk to their teens about sex and birth control more often when they believe their children have had sex and parents talk with girls and older teens more often than with boys and younger teens. In addition, single-parents are more likely than two-parent families to discuss sex and birth control with their teenage children (Regnerus, 2005).

Although a large number of international studies have examined the impact of family factors, including parent - child communication on adolescent sexual risk behavior, relatively few studies have examined characteristics of parents who talk to their teens about sex. There is also little research that examines family contextual variables (i.e. one versus two parent families, social class, presence of siblings, etc), and how they affect the parent-child sexual communication. In Thailand, research to examine the impact of parent-teen communication about sex on teen sexual risk behavior and research to explore how individual characteristics and family context could affect parent-teen sexual communication are both limited. Subsequently, there is presently insufficient data to understand the role of Thai parents in sexual education and their role remains poorly understood.

This study examines sexual communication among Thai parents and their teens and identifies variables related to parent-teen communication about sex in urban Thai families. We hypothesize that Thai parents will be more likely to communicate about sex with teenage girls and if they have a close relationship with their teens. Parents who believe their

teens are involved in sexual activity will be more likely to talk about sex, compared to those who do not believe that their teens are sexually active. The study also investigates whether parent individual characteristics (i.e. age, sex, education, religiosity and parenting styles) as well as family structure (such as social class, single parent family and one child family) will be associated with communication about sex in Thai families.

Methods

The sample

The data for this analysis were gathered as part of the baseline survey of Thai Family Matter Project, conducted in April - June 2007, targeting urban communities in 7 districts of Bangkok Metropolis (Miller et. al, 2009; Chamrathirong et al., 2009; Rhucharoenpornpanich et al., 2009). Respondents were recruited from 420 families whose children were 13 – 14 years of age and living with either parents or guardians. At the first stage of data collection, we divided the Bangkok Metropolis into three areas: inner, middle, and outer areas. The research team then selected seven districts from 50 districts of the three areas, using the probability proportional to size technique (PPS). From each district, 35 study blocks (of households) were randomly selected by the National Statistical Office using the PPS technique, resulting in a total of 245 blocks. As a result, 30,471 households were identified across the seven districts. The households were then enumerated to identify target families living with 13 or 14 year-old children (N=957). Of these 957 households, 762 (79.6%) were willing to participate. Approximately 66 households were randomly selected in each of the seven districts to be interviewed, yielding the total 420 completed interviews with teens and their parents (or 60 households per district). Parents' data were collected from either the father or mother using a structured interview questionnaire. A self-administered questionnaire using the Audio-Computer-Assisted Self-Interview (ACASI) methodology was used to collect data from children. For this analysis, data were extracted from child reports on sexual communication with parents, perceived parental closeness and pre-sexual behaviors. Data extracted from parent questionnaires were parenting styles, parental spirituality and perception of child's engagement in sexual activity.

In-depth interviews were also conducted with 30 Thai parents (24 mothers and 6 fathers), 16 male adolescents and 14 female adolescents. Parents and adolescents were purposively recruited from same 420 families who completed the surveys. These interviews were used to highlight or further elucidate our quantitative findings.

Measures

Demographics and family contexts—Basic demographic information was obtained from the teen and the participating parent. Parents were asked about their age, gender, marital status, education and household income. Teens were also asked about their age, gender and siblings. The family contextual variables, such as single - versus two- parent family, one-versus more than 1 child family, as well as social class (interaction between parents' education and household income) were generated from those demographic information and were also included in the analysis.

Parent - child communication (teen reports)—This outcome variable was derived from teen reports on parent - teen communication about nine sex – related topics. Teens were asked about communication on a series of items using the stem: “How many times have you talked to your parents about.....?”. Specific topics included: dating or going out with a boy or girl, how your body changes when you grow up or get older, what sexual intercourse is, not having sex until you're ready or until you're older, condoms or birth control pills, HIV/AIDS or other sexually transmitted diseases, difficulties of teenagers

having babies, how important it is to maintain one's virginity (for girls) and how important it is for a boy not to get a girl pregnant (for boys). Response options for each item varied from "1 = never" to "4 = a lot". Cronbach's alpha for the nine-item scale was .91. Higher scores indicate higher perceived levels of communication with parents.

Perceived parental closeness—Parental closeness was measured using questions from the Adolescent Health Study (Harris, et al., 2003). Teens answered four questions, indicating both how close they felt to each parent and how much they thought their parent cared for them. Responses were measured on a 4-point scale ranging from "not at all" to "very much." The four items were averaged to create a closeness scale (Cronbach's alpha = .66).

Pre-sexual behaviors—The questions assessing pre-sexual behaviors among teens asked whether they had ever engaged in any of the following behaviors: holding hands, hugging, kissing on the cheek, lips, or mouth, touching breasts (for boys) or allowing breasts to be touched (for girls) or allowing touching of the private parts below the waist. The respondents answered on a 4-point scale ranging from "1 = not at all" to "4 = many times".

Parenting style—Parenting style was assessed using questions adapted from the Parenting Styles and Dimensions Questionnaire (Robinson et al., 2001). Parents answered how frequently they exhibited certain parenting behaviors, using a 4 - point scale ranging from "never" to "most of the time—almost daily." The 36 items measured three types of parenting style: *permissive*, *authoritarian*, and *authoritative parenting*. Permissive parenting style was measured in five items (Cronbach's alpha = .64) which asked the parent to rate the frequency with which he/she exhibited each of the five behaviors within an indulgent dimension (for example: "states punishments to the child and does not actually do them"). Three dimensions (physical coercion, verbal hostility, and non-reasoning/punitive) measured authoritarian parenting style (alpha = .82), with four questions each. Additionally, authoritative parenting was also measured on three dimensions (connection, regulation, and autonomy), using four questions each (alpha=.86). For example, "explains consequences of behavior to child," was a behavior measured in the regulation dimension.

Parental Spirituality—Parental spirituality was measured by questions relating to both beliefs and practices. Spiritual beliefs were measured using four questions that asked the parents about their belief in (1) the importance of spiritual or religious, (2) the help of religious prays or meditation, (3) reincarnation and (4) Karma. Spiritual practices were measured by four questions that assessed the frequency of the following behaviors:(1) regular religious pray and meditation, (2) religious pray and meditation when life is stressful, (3) practice of Tamboon (religious donation) and/ or Saibart (offering food to monks), and (4) the observation of the Five Precepts (abstaining from killing, stealing, sexual misconduct, telling lies, and substance use). Response options for each item varied from "1 = not at all" to "4 = a lot of the time".

Parent's perception on child's engagement in sexual activity—This was measured by asking one question to the parents. The question was "how likely do you think that your child is already having sex?". Response option for the parents varied from "1 = very unlikely to "4 = very likely".

In-depth interviews—Our in-depth interview guide was based upon the instrument used in a study on assessing risk and protective factors for older teens, conducted with mothers, fathers, and teens in the United. In this study, parents were asked in more details about their perspectives and perceptions on teens' sexual behaviors and conversations with their teens

about sex. While teens were asked about their perceptions on family norms and parents' attitudes, as well as their feeling when discussed on sexual matters with their parents.

Analysis

Quantitative analyses were performed using SPSS for Windows, Release 15.0. Descriptive statistics, including frequencies, were conducted to provide information about sexual communication between parents and teens by sexual topics. For bivariate analyses, respondents were dichotomized into those who reported talking about the topics "a few times" or "a lot of time" and those who reported talking about the topic "once or twice" or "never". The differences in sexual communication by teens' gender, parents' perception of teen engagement in sexual activity and the selected family contextual variables were tested using Chi-square test. Multiple regression analysis was used to examine the relationship between sexual communication between parents and teens and each independent variable taking into account individual characteristics and family contextual variables.

Results

Characteristics and family context of study sample

Almost all of the parental respondents (85 %) were mothers, with an average of 41 years. When looking at highest level of schooling completed, one-half of the parents attained primary school (4 – 6 years), 37 % completed secondary and high school, and the remaining 13% earned a diploma or higher education. Slightly over half (52 %) of their household incomes were less than 20,000 baht (approximately \$600) per month, which is in the low income range for Bangkok families. One-fifth earned 20,000 – 40,000 baht (\$600 – \$1,200), which represents middle income families. The rest of families (26 %) earned more than 40,000 baht per month, representing upper incomes. Among respondent children, the child's gender was nearly equal in number (49 % male and 51 % female).

In terms of family context, approximately one - fifth (19 %) of parents reported having one child. Seventeen percent identified themselves as single parents (6.7 % separated, 6.2 % divorced, 4.5 % widowed). Approximately 20 per cent of the parents reported that it was "likely or very likely" that their child had ever engaged in sexual activity.

Parent-child communication about sexual topics- based on teen reports of parent/child communications

According to teens, the two topics that parents are most likely to discuss are dating/going out with boy/girl friends or body changes when growing up (see Table 1). Most of the sexual topics are not discussed between most parents and teens. Half or more of teens report that parents have never talked to them about what sexual intercourse is, about not having sex until older, about condoms/birth control pills, about HIV/AIDS/STIs, and for boys, about how important it is to not get girls pregnant. For girls, about two thirds of them had had at least one conversation with a parent about the importance of staying a virgin.

Our qualitative interviews with teens provided further insight into these parent – teen communication patterns. Youth indicated that they were comfortable talking to their parents about having a boy/girlfriend but they reported that they can not talk to their parents about having sex. Although teens report that they do not necessarily want to keep secrets about having a boyfriend / girlfriend, they also report that they do not want to answer many questions if their parents did learn that they have boyfriends/girlfriends. The following excerpts describe this dilemma:

"Sometime my mother wants to talk to me about this topic.

I feel comfortable to tell her that I have a girlfriend. But I cannot talk about having sex.”

“I must talk to my father. I don’t want him to ask me many questions after my father have caught me that I have a girlfriend.”

Youths feel uncomfortable discussing boyfriends/girlfriends with their parents and feel embarrassed or afraid to talk to their parents about having sex. They also discuss fear of having different opinions. The following examples reflect these perspectives:

“I felt uncomfortable to talk because our opinions may be different.”

“I do not dare to tell her. I do not know why I cannot tell her.”

“No, because I feel embarrassed.”

Relationships for teen, family characteristics and parental discussions about sex

To determine whether the teen’s gender or teen’s sexual activity influenced parental communications regarding sex, bivariate comparisons were examined. As shown in Table 2, several significant differences were evident in parental communications based upon teen gender and parental perceptions regarding teen sexual activity. For gender, the result showed that daughters, when compared to sons, were significantly more likely to report greater frequency of talking about sexual topics with parents “a few time/ and a lot of time” in almost aspects of sexual communication (exception was talking about condom /birth control and HIV/AIDS and STIs).

When compared to parents who do not believe their teens are sexually active, parents who believed their teens were sexual activity to be less likely to talk about “sexual intercourse” and “when to start having sex”, but were more likely to talk about HIV/AIDS and STIs, as well as the difficulty of teenagers having babies.

Results from qualitative data collected from parents also indicate that most of the parents emphasized a number of reasons why discussions about sexual activity were not warranted, including that: their teens are still young and need to concentrate on their studies; they are expected to delay sexual involvement; and they should wait for the right time or until they are mature enough. Parents of daughters indicate that they would teach their daughters to love themselves, to think about their future, and to avoid meeting with “bad” guys who could definitely lead them to make mistakes. They also pointed out to their daughters the negative consequences of having boyfriends and engaging in premarital sex, including the risk of sexually transmitted infections including HIV pregnancy. In case of the father with a teen daughter, the discussion is left for the wife/mother to have because he does not know how to talk about sex with his daughter. Relevant parent comments included:

“I warned her not to meet with bad guys, with many examples such as teenage pregnancy, which is incorrect behavior. I always tell her not to hang out with guys who lead her to make mistakes”

“My daughters are teens already. They have menstrual cycles already. This is not an appropriate time to have a boyfriend. They should study hard instead. I taught my kids to love themselves. I want them to love their own life”

“I also teach her that if you have boyfriend, it’s all right but she has to take care of herself because she is a woman. If she is so deeply involved and is unable to get over that guy, she will lose her future”

In contrast, parents of sons revealed that they did not prohibit them from having sexual relationships and gaining sexual information such as from pornographic books. However,

they would emphasize that their sons protect themselves from HIV/STI infection and from getting their girlfriends pregnant. The following excerpts provide this perspective:

“Yes, if you want to have sexual intercourse, you must know how to protect yourself from AIDS. Also have to learn more about that woman before having sexual intercourse.”

“I told him that if he has sex with a girl and made the girl pregnant, her parents may blame him and both will damage their futures.”

“Yes. Since my son likes to read porn books, although I allow him to read it, I do not want him to be addicted. In the future, if he wants to have sex with someone, I teach him to use condoms in order to prevent diseases such as AIDS.”

Other family variables were examined to determine whether parental communications (as reported by teen) varied by family characteristics. Quantitative data analysis also indicated that family structure (i.e., single parent families vs. two parent families and one child vs. multiple children in home) showed fewer differences in parental communication and are not shown in the table. The study found that single parent families when compared to two parent families were significantly more likely to discuss two topics related to their teen’s sexual behavior: ‘when to start having sex’ and ‘the difficulty of teenagers having babies’ (28.8 % vs. 17.8 %, 39.1 % vs. 29.2 %, respectively). However, there was no significant difference in parental communications on sexual topics based upon size of family (i.e., one vs. more than one child).

Relationship of parental communication and independent variables: Multi - variate analyses

Using multiple regression analysis and controlling for parent, teen, and family characteristics (i.e. sex and age of teen, parental age and education, one - versus two parent families, one - child versus multiple - children families and social class), we examine the relative contribution of parental closeness, spiritual beliefs and practices, parenting styles, and parents’ perception about teen’s engagement in sexual activity, and adolescent pre-sexual behaviors. The dependent variable in this analysis was the composite score of communication about sex between parent and child.

Results from multiple regression analyses (Table 3) indicated the significant predictors of parent - child communication were sex of the child, intensity of parent spiritual practices, and parents’ perception of teen’s engagement in sexual activity ($p < .001$, $p < .05$, $p < .05$, respectively). Parental conversations about sexual topics are significantly and positively related to having a female teen, which shows the strongest relationship even when controlling for teen sexual behaviors. Parent reports of more spiritual practices are significantly and negatively related to parental communication about sexual topics. Higher levels of parental spirituality practices were related to lower levels of discussion about sex. Higher levels of parental perception of teen sexual behaviors significantly increased the level of parental communications. Based upon teen reports, greater levels of teen pre-sexual behaviors is marginally significant in predicting increased levels of parental communication. Parental closeness trends towards significance in relationship to greater levels of parental communication about sexual topics as well.

Discussion

Our findings reveal that Thai parents do talk with their teenage children about certain sexual topics, such as physical and sexual development. The study found a substantial proportion of adolescents reporting frequent discussions with their parents about ‘body changes’ and ‘dating’. However, sexual communication about sensitive topics, i.e. sexual intercourse,

condom and birth controls, and HIV or AIDS and STIs, are not common in most Thai families. These findings suggest a need for approaches designed to facilitate communication skills about sensitive sexual issues for the Thai parents talking with their teens about maintaining healthy lifestyles as they mature and develop sexual relationships.

The second finding was consistent with prior studies, confirming that parents of teenage girls are most likely to engage in parent – child communication about sexual topics. More daughters than sons reported discussing all aspects of sexual topics with their parents. As shown in Table 2, the analyses also reveal that gender differences influenced the topics that parents think should be discussed with their adolescents. For example, parents talked to their daughters and endorsed the inclusion of sensitive topics such as sexual intercourse, sexual consequence (difficulty of having babies), and sexual values (the important to stay virgin). These findings suggest that parents are focused more on pregnancy as a risk for their teens and less on sexually transmitted diseases, which is an important health topic for both male and female teens.

As suggested in previous research, a combination of parent-teen closeness and open and frequent talking about sex between parent and child is associated with positive sexual health in adolescents (Barnett et al., 1991; Gupta et al., 1996; Karofsky et al., 2000; Miller and Whitaker, 2001; Romer et al., 1999). Thus, communication and family connectedness are logically related because parents' values are most effectively transmitted when they have close relationship. Not surprisingly, the third finding indicates a trend towards this parent-child close relationship and greater level of sexual communication. However, parenting style (neither authoritarian, permissive, nor authoritative) parents is not associated with parent-child communication about sex.

Our study indicated that parents' perception of child engagement in sexual activity and child's pre-sexual behaviors are significantly predictive of higher levels of sexual communication. This suggests that parents may be waiting to talk to their children about sexuality until they believe the child engage in sexual behaviors.

It is possible that some parents believe that talking to their teens about sex might encourage early sexual activity (Jaccad et al., 2000). However, waiting until teens getting older to begin sex discussion is also risky. Although the majority of Thai teens do not have sex until at least 16 (Chamrathirong and Rhucharoenpornpanich, 2007), our data confirmed that approximately 3 % of teens aged 13 – 14 years already had sex (Rhucharoenpornpanich et al, 2009). This finding suggests a need for intervention programs designed to encourage parent/teen communication about sex and increase parent awareness of the fact that teens might feel pressure to have early sex in order to create an environment where teens can and do make safe and healthy choices. In addition, talking about sex early helps to establish a communicative relationship with the teen that will continue as they age. A national survey of parents and children ages 10 – 15 in the United States showed that children in families that talk early and openly about tough issues, especially sex, are more likely to turn to their parents when they are faced with a difficult situation (Kaiser Family Foundation and Children Now, 1999).

The final finding was that parents who are more actively practicing their spiritual beliefs are less likely to talk to their teens about sexual topics. Given that Buddhism is the predominant religion in Thailand, this finding indicates a need to investigate whether following the precepts of Buddhism is perceived by parents as providing a sufficient example of moral living, negating the need for specific conversations on sexual topics. Parents may frequently talk about morality, rather than sexual discussion, as reported in another study of parental practices, religion, and communication about sexual topics to teens in Regnerus (2005).

Further, they may believe in good karma, which gives them reason to be optimistic and believe that the positive things will return to them and their families. Thus, their children would be protected by good karma from any kind of risks, including sexual risks, without them taking any specific preventive action. Further research needs to be conducted in this area in order that we might develop a better understanding how exactly the role of Buddhism influences the effectiveness or ineffectiveness of family sexual communication.

Our findings have implications for both public health policy and intervention programs designed to advocate for and train families in active parent-child communication about sex. Given the increasing influences of the media on teens, and the exposure to opportunities for sexual risk behaviors, Thai parents should be encouraged to conduct open discussions about sexuality with their children when they are young, prior to sexual initiation. Family-based intervention programs should address known barriers to communication, such as embarrassment when parents and children discuss sexual topics, as well as parental concerns that talking about sex encourages early sexual activity. Parents should also be taught how to talk with their children about sensitive issues such as sexual intercourse, condom and birth control and HIV/AIDS or STIs – topics which were found to be less often discussed in Thai families.

Future research concerning parent child communication about sex in Thailand should consider the quality of sexual communication, rather than just the content and frequency of communication, particularly since previous research suggests that the quality of parent-child communication is more relevant in reducing risky behavior than other dimensions of the communication process (Wilson and Donenberg, 2004). There is an on-going need for further research employing both quantitative and qualitative methods to capture all dimensions of parent-child communication. Specifically, the research should focus on the process and content of sexual communication, as well as the quality of parent-child communication relate to adolescents' sexual risk - taking behaviors.

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Table 1
 Percentage of Adolescents Who Reported Parental Conversation on Sexual Topics

Teens reported the amount of time that the parents talked with them about sexual topics	Never talked	Once or twice	A few times	A lot of times	N
Talk about dating/going out with boy/girl friends	19.5%	27.9%	25.3%	27.3%	386
Talk about body changes when grew up	18.4%	31.9%	27.7%	22.1%	376
Talk about what sexual intercourse is	56.7%	24.4%	10.9%	8.0%	349
Talk about not having sex until getting ready or older	57.1%	23.1%	12.0%	7.8%	359
Talk about condoms or birth control pills	71.8%	15.5%	7.3%	5.4%	355
Talk about HIV/AIDS/STIs	50.0%	28.8%	9.6%	11.0%	364
Talk about the difficulty of teenagers having babies	40.7%	28.6%	12.7%	18.1%	371
Talk about how important to stay virgin (for girls)	36.9%	28.9%	13.9%	20.3%	187
Talk about how important not to get girls pregnant (for boys)	60.6%	17.2%	8.3%	13.9%	180

Table 2

Percentage of Teens Who Reported Discussing with Parents “A Lot of Times” or “A Few Times” about Each Sexual Topic, by the Selected Independent Variables

Teens reported on the amount of the parent talking to him/her about sexual topics	Sex of the child		P-value*	Parent's perception of teen's engagement in sexual activity		P-value*
	Male	Female		Yes	No	
Talk about dating/going out with boy/girl friends	46.9%	58.5%	.015	58.9%	51.2%	.145
Talk about body changes when grew up	39.0%	60.3%	.000	50.0%	49.0%	.489
Talk about what sexual intercourse is	15.8%	21.9%	.093	11.1%	20.8%	.040
Talk about not having sex until getting ready or older	12.3%	27.2%	.000	13.7%	21.6%	.088
Talk about condoms or birth control pills	11.3%	14.0%	.269	11.0%	13.1%	.393
Talk about HIV/AIDS/STIs	20.8%	20.4%	.518	28.2%	19.4%	.074
Talk about the difficulty of teenagers having babies	25.1%	35.9%	.016	34.3%	29.6%	.263
Talk about how important to stay virgin (for girls)	na	34.2%	na	52.6%	32.1%	.066
Talk about how important not to get girls pregnant (for boys)	22.2%	na	na	28.0%	20.2%	.178

Note.

* Chi-Square Tests

Table 3

Multiple Regression Model for Variables Predicting Sexual Communication with Parents

Variable	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
Teen characteristics					
Female	0.287	0.081	0.188	3.563	.000
Age	-0.089	0.082	-0.058	-1.085	.279
Parent characteristics					
Education	-0.019	0.015	-0.097	-1.279	.202
Age	-0.009	0.007	-0.072	-1.311	.191
Mother	0.086	0.111	0.042	0.775	.439
Spirituality Practices	-0.044	0.018	-0.128	-2.438	.015
Spirituality Beliefs	-0.006	0.025	-0.013	-0.251	.802
Permissive parent	-0.164	0.105	-0.1	-1.566	.118
Authoritarian	-0.106	0.112	-0.059	-0.947	.345
Authoritative (responsive) parent	-0.009	0.091	-0.006	-0.103	.918
Family contextual variables					
Social class	0.014	0.01	0.106	1.378	.169
One child family	-0.064	0.104	-0.032	-0.614	.540
Single family	0.135	0.107	0.068	1.26	.208
Parental closeness	0.193	0.111	0.095	1.746	.082
Teen sexual behaviors					
Teen's pre-sexual behavior	0.054	0.028	0.105	1.899	.058
Parental perception on teen sexual activity	0.096	0.049	0.109	1.973	.049