

Gender Differences between Parent-Adolescent Sexual Communication and Adolescent Sexual Health Knowledge

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ABSTRACT

The main purpose of the study aimed to investigate the gender differences between parent-adolescent sexual communication and sexual health knowledge among adolescents in Kuala Lumpur, Malaysia. A sample of 425 adolescents was recruited in this study by using convenience sampling method. A self-administrated questionnaire was used as a tool for collecting the data. The questionnaires were exploratory in nature and serve as an important source of data for quantitative analysis. Results of the study revealed adolescents' family rarely practice sexual related communication in Malaysia context. Finding denoted that male adolescents tend to have higher sexual communication with their father, while female adolescents reported more often communicate with their mother about sexual related issues. Correlation analysis showed significant association between mother-adolescent sexual communication and adolescents' sexual health knowledge as reported by female adolescents. The existence of family sexual communication is significant to adolescents' sexual health knowledge to prepare themselves for healthy adult sexual lifestyle.

Key words: Parent-adolescent, Sexual Communication, Sexual Health, Knowledge, Reproductive Health Information.

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INTRODUCTION

Adolescence is a crucial period for experiencing many challenges, especially in sexuality development. At puberty stage, adolescents experience dramatically hormonal and physical changes, and it is always accompanied by a series of cognitive, emotional, and behavioral transformations (Carroll, 2007; World Health Organization, 2011). If they are lack of adequate knowledge about the changes that occur in their bodies and do not know how to manage it, adolescents will at higher risk to be involved in sexuality problems (Adekun et al., 2009). Hence, it is important for adolescents to equip themselves with adequate sexual health knowledge to cope with these kinds of challenges. Previous researchers indicated that adolescents generally have insufficient knowledge in terms of sexual and reproductive health information (Siti Nor et al., 2010;

Rahman et al., 2011). Parents have to play a powerful and unique role by providing accurate sexual knowledge for adolescents to prepare themselves towards sexually healthy adults. However, in Malaysia, sexuality matters are still considered as taboo due to the cultural constraint. Therefore, most of the Malaysia parents were less likely to practice sexual communication with their children in family context (Low et al., 2007).

The rate of adolescents' health problems related to the lack of understanding in sexuality and reproductive is increasing alarmingly. Adolescents' sexuality problems such as premarital sexual behavior, unwanted pregnancies, unsafe abortions, and baby dumping have become issues that need to be highlighted (Low, 2006, 2009; Dawi, 2007). Having healthy and accurate sexual health knowledge is essential to solve the sexual related

problems among adolescents. However, sexual discussion are still forbidden in Malaysia. Hence, it is a vital for this study to be carried out to focus on the parent-adolescent sexual communication and adolescent's sexual health knowledge. Specifically, this study aimed: (1) To determine the adolescents' sexual health knowledge. (2) To compare the gender differences in parent-adolescent sexual communication (father-adolescent sexual communication, mother-adolescent sexual communication) and (3) To determine the associations between parent-adolescent sexual communication and sexual health knowledge according to gender.

PREVIOUS RESEARCH

Previous studies indicated that parent-adolescent sexual communication is important in improving adolescents' resistance to sexual pressure from peer, delays sexual initiation (Nagamatsu et al., 2008; Cui et al., 2004), reduce sexual risk-taking and HIV/AIDs infection (Bastien et al., 2011). Parents should be the major socializing agent in promoting adolescents' healthy sexual knowledge (Wong, 2012; Dawi, 2007). In family context, the likelihood of sexual communication between adolescents and both of their parents was still relatively low (Kamrani et al., 2011; Soon-Aun, 2010; Wamoyi et al., 2010). Previous research found that is a gender different in sexual communication between parents and adolescents. Generally, most of the females tend to discuss more sexual related topics with their mother than males, while males tend to discuss with their father as compared to females (Kamrani et al., 2011; Allen, 2012; Tobey et al., 2011; Musa et al., 2008). Still, the sexual communication was primarily delivered by mother (Kamrani et al., 2011; Wamoyi et al., 2010; Allen, 2012; Tobey et al., 2011). However, there were still some inconsistent results reported. For example, Jiunn-Horng et al. (2010) indicated that there was no significant gender difference on adolescents' sexual communication with parents. Male and female almost have similar amount of communication with their parents.

Another inconsistent result was reported by Ojo et al. (2011) where fathers were two times more likely to have sexual communication with their children than mother did. Based on Dimbuene and Defo (2011), family environment, which included sexual communication between parents and children, had a positive relationship with accurate HIV knowledge. Somers and Paulson (2000) also reported that parental communication was important in predicting adolescents' sexual and reproductive health knowledge. As supported by Bronfenbrenner's Ecological Theory (1994), parents are acting as microsystems that have most significant influences on adolescents' development. Therefore,

parents should have a paramount significance role in determining the accurate sexual health knowledge among adolescents. In brief, research about sexual communication with parents is still lacking in Malaysia. Most of the researchers who study about parent-adolescents sexual communication tend to merely link it with the adolescents attitudes and behavior, instead of focusing on sexual health knowledge. Hence, it is important to fill in the gap by investigating the gender differences between parent-adolescent sexual communication and adolescent's sexual knowledge.

METHODOLOGY

This study adopted the quantitative research approach, with correlational research design to investigate the gender differences between parent-adolescent sexual communication and adolescent's sexual health knowledge. A total number of 425 adolescents in public were selected by using convenience sampling method (male, n=142; female, n= 283). Those who were participated in this study aged between 15 to 17 years old, from Kuala Lumpur, Malaysia. Their consent were first asked before participate in this study. The questionnaires consisted of personal and family background information, assessment on parent-adolescent sexual communication for both father and mother, and assessment on adolescents' sexual health knowledge.

The frequency of sexual communication between adolescents and their parents were measured by the Parent-Teen Sexual Risk Communication Scale (PTSRC-III) (Hutchinson, 2007). PTSRC-III Scale includes two separate scales to assess adolescents' communication with their father and mother, respectively. Each scale consists of eight items, and the response categories were scored from 1 (none/ never) to 5 (everything/ all the times). The total scores ranged from 8 to 40 for sexual communication with each parent. The higher score on PTSRC-III indicates to the more sexual communication between parent and adolescent.

The adolescents' sexual health knowledge was assessed by Sexual Knowledge Scale (Siti Nor et al., 2009). This scale consists of six subscales concerning about reproductive knowledge, such as function of sexual reproduction organs, puberty, pregnancy, contraception, sexually transmitted disease and infection, and abortion. The response categories are true, false and not sure. One score will be given for the correct answer, while no score will be given for wrong answer and those who respond not sure for the item. The total scores range from 0 points (no item correct) to 38 points (all items correct). The higher score on sexual knowledge scale indicates the higher level of sexual health knowledge. All analyses were conducted by using Statistical Package for

Table 1. Distribution of parent-adolescent sexual communication in general (N = 425).

Items	Father-Adolescent sexual communication		Mother-Adolescent sexual communication	
	Mean	SD	Mean	SD
Contraception	1.318	0.677	1.977	1.073
Sexual Transmitted Diseases (STDs)	1.353	0.661	1.861	0.933
HIV/AIDS	1.562	0.828	2.125	1.028
Ways to protect yourself from getting HIV/AIDS	1.506	0.861	2.141	1.136
Condom	1.169	0.536	1.301	0.640
Avoiding having sex before marriage	1.464	1.028	1.831	1.181
Peer pressure to have sex	1.287	0.702	1.525	0.919
How to handle sexual pressure?	1.438	0.853	1.880	1.106
Total Score	11.097	4.352	14.640	5.499

Note: *SD* = Standard Deviation.

Table 2. Distribution of parent-adolescent sexual communication between male (n = 142) and female (n = 283).

Items	Father-Adolescent sexual communication				Mother-Adolescent sexual communication			
	Male		Female		Male		Female	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Contraception	1.409	0.764	1.272	0.625	1.64	0.894	2.145	1.116
Sexual Transmitted Diseases (STDs)	1.465	0.731	1.297	0.616	1.585	0.844	2.000	0.945
HIV/AIDS	1.627	0.919	1.530	0.782	1.902	0.992	2.237	1.030
Ways to protect yourself from getting HIV/AIDS	1.606	0.891	1.456	0.843	1.824	0.962	2.000	1.184
Condom	1.296	0.661	1.106	0.449	1.239	0.558	1.332	0.676
Avoiding having sex before marriage	1.536	1.177	1.428	0.944	1.732	1.078	1.880	1.119
Peer pressure to have sex	1.303	0.674	1.280	0.717	1.359	0.688	1.608	1.006
How to handle sexual pressure?	1.437	0.812	1.438	0.875	1.725	0.998	1.958	1.151
Total Score	11.676	4.583	10.806	4.209	13.007	4.621	15.459	5.725

Note: *SD* = Standard Deviation.

Social Sciences (SPSS). Descriptive analysis and inferential statistical analysis (Independent sample T-test, Pearson correlation) were used to interpret and examine the data. A level of $p < 0.05$ was used to determine statistical significance in all the analysis.

RESULTS AND DISCUSSION

Results of the Gender Differences in Parent-Adolescent Sexual Communication

The overall distribution of parent-adolescent sexual communication was showed in Table 1. Generally, the topic about HIV/AIDS was the most frequent to be discussed between parent and their adolescent. The mean score of communication between father-adolescents on HIV/AIDS was 1.562 ($SD = 0.828$), while the mean score of communication between mother-

adolescents on HIV/AIDS was 2.125 ($SD = 1.028$). Whereas, parents seldom discuss topic about condom with their adolescents. The mean score of communication between father-adolescents on condom was 1.169 ($SD = 0.536$), while the mean score of communication between mother-adolescents on condom was 1.301 ($SD = 0.640$). Based on the total mean score as depicted in Table 1, the sexual communication between mother and adolescents ($M = 14.640$, $SD = 5.499$) and sexual communication between father and adolescents ($M = 11.907$, $SD = 4.352$) are still insufficient in overall. In sum, most of the families in Malaysia seldom practice sexual communication with their adolescents.

The distribution of parent-adolescent sexual communication between male and female was depicted in Table 2. Topic about HIV/AIDS is still the most popular topic discussed between both father and mother with their adolescents for both genders. Particularly, the mean score for males on communication about HIV/AIDS with

Table 3. Gender differences in parent-adolescent sexual communication between male (n = 142) female (n= 283).

Variables	Male	Female	<i>t</i>	<i>t</i>
	Mean	Mean		
Father-Adolescent sexual communication	11.6761	10.8057	2.043	2.043
Mother-Adolescent sexual communication	13.0070	15.4594	-4.753	-4.753

Table 4. Associations between parent-adolescent sexual communication and sexual knowledge according to gender.

Variables	Sexual Knowledge	p
	Pearson correlation (r)	
General (N = 425)		
Father-Adolescent sexual communication	0.032	0.509
Mother Adolescent sexual communication	0.076	0.118
Male (n = 142)		
Father-Adolescent sexual communication	0.045	0.592
Mother-Adolescent sexual communication	0.050	0.557
Female (n = 283)		
Father-Adolescent sexual communication	0.012	0.846
Mother-Adolescent sexual communication	0.117	0.049

their fathers and mothers were 1.627 ($SD = 0.919$) and 1.901 ($SD = 0.991$), respectively. For females, the mean score on communication about HIV/AIDS with their fathers (Mean=1.530, $SD = 0.782$) and mother (Mean=2.237, $SD = 1.030$). However, topic on the usage of condom is the most seldom to be discussed between parents and their adolescents. This situation happened for both genders. The mean score for males on communication about condom with their fathers and mother were 1.296 ($SD = 0.661$) and 1.2394 ($SD = 0.558$), respectively. The mean score for females on communication about HIV/AIDS with their fathers and mother were 1.106 ($SD = 0.449$) and 1.332 ($SD = 0.676$), respectively. In general, based on the total mean score for both father-adolescent sexual communications (male, $M = 11.67$, $SD = 4.583$; female, $M = 10.806$, $SD = 4.209$) and mother-adolescent sexual communication (male, $M = 13.007$, $SD = 4.621$; female, $M = 15.459$, $SD = 5.725$), the frequency of sexual communication between parents and adolescents with both gender were insufficient. These results are consistent with the previous findings conducted by Kamrani et al. (2011), Soon-Aun (2010) Wamoyi et al. (2010). Hence, the results have increasingly proven that Malaysia's parents, especially the father seldom discuss sexual related information with adolescents.

The results of independent sample T-test analysis was shown in Table 3. The results indicated that there was a significant differences in the assessment of father-adolescent sexual communication between males and females ($t = 2.043$, $p = 0.042$). Specifically, the mean difference between males and females were 11.6761 and 10.8057, respectively. This showed that males had more

frequent communication on sexual topics with their father than females did. Besides, result also found that there was a significant differences in the assessment of mother-adolescent sexual communication between males and females ($t = -4.753$, $p = 0.001$). Particularly, the mean difference between males and females were 13.0070 and 15.4594, respectively. This result indicated that females had more frequent communication on sexual topics with their mother as compared to males. Overall, current results consistent with previous research findings, in which further confirmed that parents tend to discuss more about sexual matters with their same-sex child (Namisi et al., 2009; Tobey et al., 2011; Allen, 2012). Additionally, by specifically refer to the mean scores of both gender in mother-teen sexual communication and father-teen sexual communication, mothers are more likely than father to have sexual conversation with both gender of their children (Tobey et al., 2011; Allen, 2012; Musa et al., 2008). Therefore, in Malaysia, mothers were still the main sexual educator in family context, Table 3.

Results of the Associations between Parent-Adolescent Sexual Communication and Sexual Health Knowledge According To Gender

Table 4 showed the results of correlation analysis between parent-adolescent sexual communication and adolescents' sexual knowledge. Generally, there were no significant associations between father-adolescent sexual communication ($r = 0.032$, $p = 0.509$) and mother-adolescent sexual communication ($r = 0.076$, $p = 0.118$) with adolescents' sexual health knowledge. By specifically focusing on male adolescents, the research findings manifested that there were no significant

associations between father-adolescent sexual communication ($r = 0.045$, $p = 0.592$) and mother-adolescent sexual communication ($r = 0.050$, $p = 0.557$) with males' sexual health knowledge. Furthermore, the results showed that there was also no significant association between father-adolescent sexual communication and females' sexual health knowledge ($r = 0.012$, $p = 0.846$). However, there was a significant association between mother-adolescent sexual communication and females' sexual health knowledge ($r = 0.117$, $p = 0.049$). This finding denoted that higher mother-adolescents sexual communication correspond to positive females' sexual knowledge. Although the sexual communication between father and male adolescents, father and female adolescent, and mother and male adolescent, were not related significantly with adolescents' sexual knowledge, but all of these showed positive associations. These results were indeed not limited by convenience sampling employed in this study. Convenience sampling is one of the available sampling procedures that could be employed. By this mean, sexual communication between parents and adolescents should be able to enhance adolescents' sexual health knowledge.

CONCLUSION AND RECOMMENDATIONS

Adolescents' sexuality problem is a serious social issue that happening in many countries. There is a relative paucity in the data on research that focus on adolescents' sexuality within Malaysia context. In order to fill in the gap in Malaysia context, this study investigated the gender differences between parent-adolescent sexual communication and adolescent's sexual knowledge. As the findings on this is supported by the previous study (Kamrani et al., 2011) that has given some insights on why it happen in such a way, this study is therefore greatly important in Malaysian context sociologically and psychologically. Based on the findings, the frequency of sexual communication between both parents and adolescents with both gender were still not satisfied. In the context of this country, sexuality matters are still considered as taboo due to mainly the cultural constraint (Low et al., 2007). Hence, parents still need to pay more attention and put more effort to help their adolescents to gain more knowledge, especially for father. In sexual communication, females have more conversation with their mother compared to males, while males generally discussed more with their father than females did. Besides, the results of this study also indirectly showed that both of the males and females were more prefer mother than father to discuss sexual related information in family context.

In the context of the Malaysian society, openness to discussion for sexual related topic has been focused

towards mother. Thus, mothers were the trusted person on sexual related matters in family context as compared with father. In term of association, there is only positively significant association between mother-adolescent sexual communication and females' sexual knowledge was found. In fact, both of the parents should act as primary educator in transmitting accurate healthy sexual knowledge for their adolescents. However, due to the cultural constraint particularly in the context of Asian culture, most parents are still lack of necessary knowledge and communication skills to discuss sexual related information with their adolescents (Jerman and Constantine, 2010; Bastien et al., 2011). Hence, to successfully transmit the accurately sexuality information for adolescents, parents ought to overcome barriers to have more quality communication to talk to their adolescents. However there were some limitations in this study that might contribute to this finding. Further studies on sexual communication and adolescent sexual health knowledge in different context therefore are needed. Deeper investigation and further researches should be conducted to truly understand the gender differences in factors that may influence parent-adolescent sexual communication. Researchers can investigate the quality of parent-teen sexual communication and also the style of their communication. Qualitative approach, in-depth interview could be used to investigate the perspective of Malaysian's parents on sexual communication and the obstacles they are facing now.

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