

DEVELOPMENT OF A MODEL FOR PARENT-ADOLESCENT DAUGHTER COMMUNICATION ABOUT SEXUALITY

Supit Siriarunrat¹, Punyarat Lapvongwatana¹, Arporn Powwattana¹
and Prasit Leerapan²

¹Department of Public Health Nursing, ²Department of Health Education and Behavioral Science, Faculty of Public Health, Mahidol University, Bangkok, Thailand

Abstract. This study aimed to develop a model for parent-adolescent daughter communication about sexuality (PDCS). The subjects were 18 mother-daughter pairs. The females were 12-13 years old studying in the 7th grade of a secondary school in Bangkok. The model had 3 parts: 1) the process of PDCS development, 2) the essential components, characteristics and patterns of PDCS and 3) the impact of the program. The model was examined using both quantitative (paired *t*-test) and qualitative (content analysis) methods. The inputs, assessing the guardian and adolescent female factors, included sexuality knowledge, understanding of the daughter's sexual development, attitudes regarding talking about sexuality, perceptions regarding communication and the maternal-daughter relationship, and uncomfortable feelings and confidence in ability to talk about sexuality. The processes included: 1) raising awareness and enhancing positive attitudes about PDCS, 2) establishing sexual knowledge and development, 3) establishing a maternal-daughter relationship and 4) training in reciprocal PDCS skills. The output was modification of maternal and daughter communication skills that occurred during the shared discussion and reflection process. The outcomes reflected 4 aspects: feelings toward PDCS, characteristics of PDCS, sexual knowledge, and maternal-daughter relationship. The model was successful in guardian implementation and networking were established on their own with the cooperation of both subjects in accordance with their likenesses, abilities, and competencies. There was little assistance needed from the researcher or teacher to support self reliance with the PDCS.

Key words: guardian-adolescent female, model sexuality communication tactics

INTRODUCTION

Adolescent sexual risk behavior in

Correspondence: Dr Punyarat Lapvongwatana, Department of Public Health Nursing, Faculty of Public Health, Mahidol University, Bangkok 10400, Thailand.

Tel: 66 (0) 2354 8542, 2354 8545 ext 3404; Fax: 66 (0) 2354 8542

E-mail: phplv@mahidol.ac.th

Thailand is emerging as a crucial health and social problem. The average age of first intercourse has decreased to the very young age of 11 years old, with a median of 14.5 years old in 7th -12th graders in Bangkok (Ruangkanchanasetr *et al*, 2005). Early timing of sexual initiation is important since the younger the age of first intercourse, the higher the risk of exposure to sexually transmitted infections (STIs)

and unwanted pregnancy. Early intercourse is not always voluntary. These sexual experiences are usually unplanned and unprotected (Moore *et al*, 2006). A report by the Bureau of Reproductive Health for 2001-2009 showed incident rate of adolescent pregnancies increased from 10% to 40%; 34.9% of them were caused by unsafe sex with first sexual intercourse (Anonymous, 2009). There is a growing proportion of females infected with HIV/AIDS, particularly young women 15-24 years old. The male:female HIV prevalence ratio in 2001 was 1.09:1.65 (UNFPA, 2005), at the same time, condom use in 11th graders was only 23.3% in males and 18.4% in females (Institute for Population and Social Research and Thai Health Promotion Foundation, 2005). Risky sexual behavior in Thai adolescents urgently needs to be addressed, especially among females.

Fongkaew (1997) suggested prevention of adolescent sexual problems should include 3 aspects: the individual, family, and community. However, interventions conducted in Thailand frequently focus on the individual level. Family and peer influences strongly relate to a young person's sexual behavior (Moore *et al*, 2006). Family variables, such as good parent-child relationships, parental support, parental supervision and monitoring, and parent-child communication, are empirically supported as protective factors for delaying the initiation of sexual behavior and the practice of safe sex (DiIorio *et al*, 1999; DiClemente *et al*, 2001; Miller *et al*, 2001; Woodward *et al*, 2001; Hutchinson, 2002; Markham *et al*, 2003; Lederman *et al*, 2004; Rose *et al*, 2005). Therefore, family influences are key proximal determinants, since they are likely to be more useful for intervention (Hampton *et al*, 2005). Unfortunately, family based approaches to ado-

lescent sexual behavior are rarely emphasized in Thailand.

Parent-adolescent daughter communication about sexuality (PDCS) has been recommended by several scholars to delay first sexual intercourse, promote safe-sex, limit unwanted pregnancies and decreased the number of sexual partners in young people (Jaccard *et al*, 1998; DiIorio *et al*, 1999; Jaccard and Dittus, 2000; Somers and Paulson, 2000; Whitaker and Miller, 2000; Crosby *et al*, 2003; Hutchinson *et al*, 2003). Riesch *et al* (2006) founded parent-child communication processes are a key mechanism to reduce health-risk behavior in middle childhood. Through communication between parents and adolescents, parents can shape young people's attitudes and behaviors and help them to develop sexual well-being.

Although parent-adolescent communication about sexuality has proved to be an important means of decreasing adolescent sexual risk behavior, it is not easy for parents to engage in such communication. Societal attitudes are conservative and the topic of adolescent sexuality is a sensitive one among adolescents, parents and health care providers (Tangmunkongvorakul and Bhuttarowas, 2005). Talking about sex is a cultural taboo. Most Thai people think about the word "sex" in a narrow way, meaning "making love". This makes it more difficult for parent-adolescent sexual communication to occur (Ekacha, 2002). Thai parents sternly preach to their daughters about virginity and rigidly condemn premarital sex. Thai girls have been taught since childhood to *Ruk-Nuan-Sa-Nguan-Tua*, meaning to take pride in being "untouched" and "sexually reserved". Female sexual intimacy, knowledge, and skills are viewed as ungraceful and a sign of impurity (Wongsuphap,

1994). Women who know a lot about sexuality, such as how to use contraception and how to manage sexual desire, are viewed as "bad" girls and are blamed for having sexual experiences (Khanato, 1998).

Conceptual framework

Because of this cultural burden, communication about sexuality is not common in Thai families; parents need to overcome these barriers. Interpersonal communication theory (DeVito, 1992) is used as a framework for guiding research to discover the important components of parent-adolescent daughter communication about sexuality. Parent-adolescent daughter sexuality communication is an interactive process in which parents act to convey sexual messages, attitudes, values, and opinions to their recipient daughter through auditory or visual channels. Adolescent daughters also send messages to parents to give feedback. Through this interactive process of communication, parents and adolescents share their thoughts, feelings, and beliefs with each other to promote better understanding of each other. In order to help parents become better communicators about sexuality, this study aimed to develop parent-adolescent daughter communication about sexuality (PDCS) to promote healthy sexual behavior in the adolescent daughters.

MATERIALS AND METHODS

Research design

The action research processes was composed of 5 phases: 1) exploring characteristics of the participants, 2) assessing the precondition, 3) planning the program, 4) implementing the program, and 5) modifying behavior.

Setting and participants

This research took place in a second-

ary school in urban Bangkok. A purposive sample was taken based on a registry book of pregnant women at the 42nd Bangkok Health Center during October 2005-September 2006. There was a 19.7% incidence rate of adolescent pregnancy among 14-19 year olds.

Participants were guardians and their 7th grade adolescent females, age 12-13 years old, who lived together in this target community. There were 32 guardian-adolescent female pairs enrolled in the assessment phase of the study, each of whom signed consent forms for this study. In the end, only 18 parent-daughter pairs (56.3%) participated in all phases of the study. The reasons for attrition were the study was inconvenient for the parent work schedule and relocation of home residence.

Ethical considerations

The study was approved by the Ethics Committee of the Faculty of Graduate Studies, Mahidol University (MU 2007-137). Participants were protected according to the rights of human subjects in research. The researcher asked permission from the school administrator to carry out the study by identifying young women who met eligibility criteria in the student registration book. After obtaining the young women's names and addresses, the researcher explained to them the purpose and process of the study and their right to decline participation in the study at any time without any negative academic or other consequences. Then, the researcher met with her parents in their home and repeatedly explained the study and the protection of the rights of human subjects as had been done with the adolescent females.

Research instruments

The research instruments were composed of 2 main parts: 1) a self-administered questionnaire used for identifying

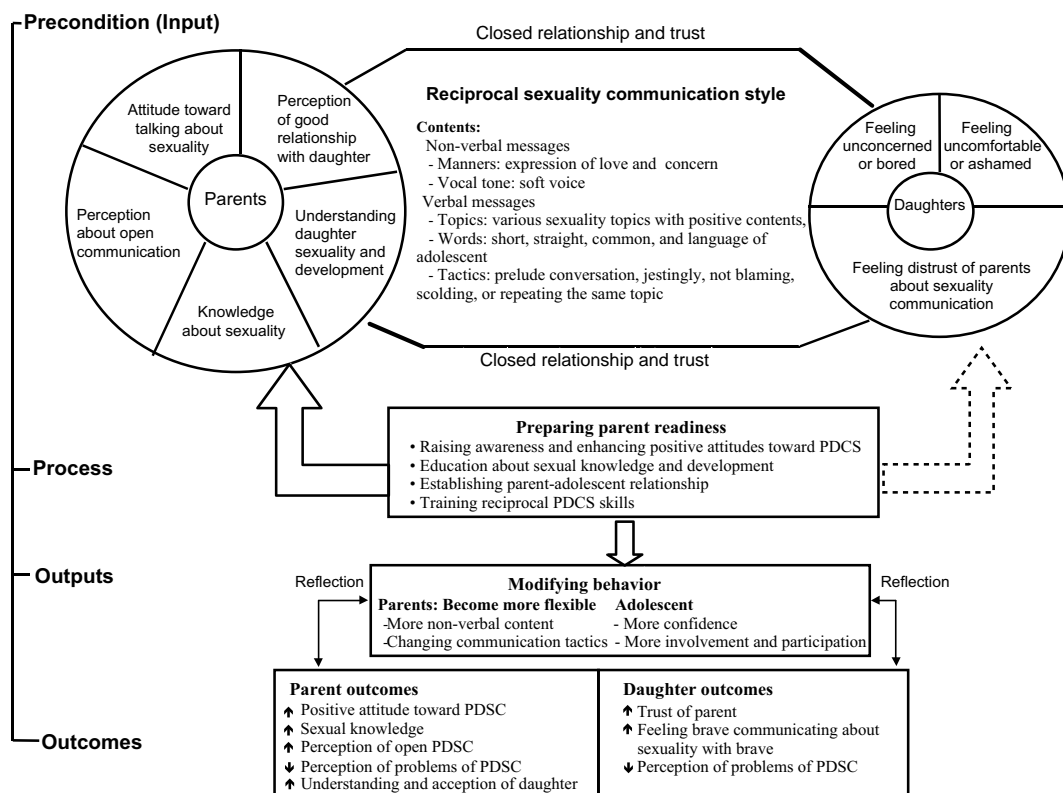


Fig 1—Parent-adolescent female model of sexuality communication.

factors associated with PDCS and to evaluate outcomes of the promotion program, and 2) the semi-structured guidelines used for individual in-depth interviews and focus group discussions (FGDs) with 6-7 adolescent females in each group which explored the problems of PDCS. The self-administrated questionnaires included 5 parts: 1) socio-demographic information, 2) 34 true-false items questioning sexuality knowledge, 3) 27 items regarding perceptions about PDCS, 4) 12 items regarding attitudes toward PDCS, and 5) 18 items about parent-adolescent daughter relationships. The semi-structured guidelines and open-ended questions examined: 1) what their feelings and opinions about PDCS were, 2) what sexual topics should

they discuss, 3) how and when they previously discussed sexuality issues together, 4) what problems/or obstacles were there in communication, and 5) how to reduce those obstacles.

Data collection and data analysis

The quantitative data were collected from guardians at home and from adolescent females at school. There was a 100% response rate during the assessment phase (32 pairs) and for the outcome evaluation phase there were 18 pairs. Each questionnaire took 40-60 minutes to complete. Quantitative data were analyzed by descriptive statistics and a paired *t*-test. Qualitative data were analyzed by content analysis.

RESULTS

The results of this study are presented in 3 parts: 1) the process of PDCS development, 2) the essential components and characteristics of PDCS, and 3) the impact of PDCS (Fig 1).

The process of PDCS development

The process of PDCS development included 5 phases as written below.

Phase 1: Exploring characteristics of the participants

This first phase was aimed to explore characteristics of the guardians and adolescents. The socio-demographic characteristics of the guardians and adolescent females are presented in Table 1. The participants were comprised of 20 mothers, 6 fathers, 2 older sisters, 2 aunts, 1 grandmother, and 1 uncle. The guardians' average age was 43.0 years (SD = 8.394) and the adolescent females was 12.6 years (SD =.506). More than half the guardians (65.5%) had at least a secondary education. About half (53.1%) had intermediate family monthly incomes (THB 10,000-30,000) and their occupations included merchants and traders (34.4%), employees (25.0%), laborers (25.0%), and housekeepers (15.6%). Most of the adolescent females (56.2%) were 13 years old. Fifty-three point one percent lived in a nuclear family and 18.8% in a single guardian family. Most adolescent females stated they had good family relationships (46.9%), with only 12.5% claiming conflict or poor family relationships. Other participants in the study included a senior school counselor/teacher, a school administrator, and an adolescent psychosocial counselor.

Phase 2: Assessing guardian and adolescent female knowledge and perceptions

Assessment was carried out by quantitative and qualitative approaches to iden-

Table 1
Guardian and adolescent female socio-demographic characteristics (n=32).

Socio-demographic characteristics	Frequency	Percent
Guardian age (years)		
<35	4	12.5
35-50	22	68.8
>50	6	18.7
Adolescent female age (years)		
12	14	43.8
13	18	56.2
Marital status of guardian		
Married	21	65.5
Separated	7	21.9
Single	2	6.3
Widow	2	6.3
Education of guardian		
Primary school	14	43.8
Secondary school	7	21.9
Certificated	6	18.7
≥Bachelor's degree	5	15.6
Occupation of guardian		
Employee	8	25.0
Laborer	8	25.0
Merchant	7	21.9
Housekeeper	5	15.6
Business	4	12.5
Family monthly income (Baht)		
5,000-10,000	11	34.4
10,001-20,000	10	31.2
20,001-30,000	7	21.9
> 30,000	4	12.5
Family type		
Nuclear family	17	53.1
Extended family	6	18.8
Single guardian family	6	18.8
Living with cousins without parents	3	9.3
Guardian perception of family relationship		
Good	23	71.9
Fair	9	28.1
Conflict/Poor	0	0.0
Adolescent female perception of family relationship		
Good	15	46.9
Fair	13	40.6
Conflict/Poor	4	12.5

tify what encouraged or inhibited sexuality communication in Thai culture. The integrated guardians and adolescent female results are outlined below.

Sexual knowledge. Both guardians and adolescent females had low knowledge about ovulation, the safe period to avoid pregnancy, abortion, masturbation, and differences in world views between males and females about sexual relationships. Guardians had a better knowledge about sexuality, the physiological changes of sexual development, friends and relationships and sexual health than adolescent females.

Understanding sexual development. Guardians tried to keep up to date regarding sexual knowledge, adolescent sexual behavior, and the effect of puberty on sexual development. Some guardians stated sexual curiosity is a part of adolescent development since girls develop earlier.

Attitudes toward talking about sexuality. Even though both guardians and adolescent females believed talking about sexuality would help the adolescents to gain knowledge about sexuality, they felt unsure about whether talking about sexuality was a positive or a negative behavior. The guardians felt communication about sexuality might be a two-edged sword, with adolescents being introduced to the issue too soon. However, the adolescent were more positive about discussing condom use than their parents.

Perceptions of open communication. Both guardian and adolescent females had positive perceptions about being good listeners and about guardians being resource persons, but adolescent females had negative perceptions, held back some information, avoided some topics, and did not directly refer to sexuality. They perceived

there were more problems in starting communication about sexuality since guardians felt unsure and adolescent females were afraid to ask questions.

Perceptions of relationships. Guardians had positive feelings about understanding, respect, trust, and quality of verbal communication, but were less positive about alienation and isolation than the adolescent females. Guardians expressed having better relationships with their adolescents than the adolescents did in return. The adolescent females expressed confidence in relying on themselves in dealing with solving problems rather than opening up to their guardians.

Feeling uncomfortable with talking about sexuality. Some adolescent females felt uncomfortable communicating about sexuality with their guardians because of distrust, perceived lack of concern on the part of their guardians or because they felt this violated their privacy. Some guardians and adolescent females felt talking about sexual drives and outlets were lewd issues and might arouse the adolescent's sexual curiosity. Guardians felt less uncomfortable talking about friends and love, social and culture matters, personal skills including maintaining healthy opposite sex relationships, norms in manners and expressions toward opposite sex friends, avoiding risky sexual situations, and refusing to be alone with a member of the opposite sex.

Feeling confident communicating about sexuality with parents. Both guardians and adolescents expressed communication about sexuality should occur in the atmosphere of a close relationship. The adolescent females revealed they felt the communication would be fulfilling if their guardians would show understanding, trust, and acceptance within a close relationship.

Phase 3. Planning the program (process)

This phase was to plan for the development of a PDCS program, which consisted of confirming problems regarding "how to communicate about sexuality," and constructing a plan of action. The researcher and the senior school counselor/teacher acted as moderators to motivate guardians and adolescents to be active participants with all strategies and interventions.

Phase 4. Implementing the program

The strategies used to enhance guardian readiness for implementing the process included: 1) raising awareness and enhancing positive attitudes toward PDCS, 2) education regarding adolescent physiological and psychological sexual development, contraception, condom use, sexual desire, masturbation, and sexually transmitted diseases, including AIDS, 3) establishing guardian-adolescent female relationships, and 4) training in reciprocal PDCS skills. The discussed issues included: 1) evidence of adolescent sexual risk behaviors: a decrease in average age of first sexual intercourse, an increase in the rate of unintended pregnancy, abortion, unsafe sex behavior, and HIV infections, 2) parent roles to reduce risky adolescent sexual behavior, 3) the importance of PDCS, and 4) perspectives and needs of adolescents and parents in the PDCS. This preparation was done by giving information (an informal conference, handbooks, documents and a quiz), holding an open-minded seminar, having group discussions and having games (ice-breaking, relaxation, recreation, and role play). Finally, guardians were trained by giving formal education about the principles of interpersonal communication and conflict solving dialogs, then the researcher arranged sessions for the guardians to have

real practice with the adolescent females and vice versa.

Phase 5. Modifying behavior (output)

Modification of both guardian and adolescent female behavior was evident in the shared discussion and reflection process. Guardians reflected on their past experiences as adolescents. This allowed them to better understand the adolescents' needs and feelings, become more flexible, use more non-verbal messages, and start changing their communication tactics. The adolescent females became more open-minded and learned to be effective listeners; they became more involved, engaged, and participated with more confidence.

Essential components, characteristics and PDCS patterns

PDCS includes 5 components: 1) promoting prevention of risky adolescent sexual behavior by communication through many methods, such as talking, teaching, and discussing; 2) inclusion of sexual issues into conservative values; 3) opening up to useful knowledge and good advice; 4) viewing sexuality as a normal issue by reducing feelings of ambivalence, the idea of being too young to know, unconcern, shame and embarrassment, distrust, and violation of privacy; and 5) enhancing guardian-adolescent/relationships by promoting closeness, trust, understanding, and acceptance in relationships. The characteristics of PDCS included 3 patterns: 1) initiation of sexuality communication, 2) sexuality communication tactics, and 3) sexuality content. The initiation of sexuality communication is more easily started if the parents provide an opportunity for initiation by creating a prelude conversation. The parents should be prepared to practice sexuality communication tactics, such as humor, half serious prying, warning or forbidding via examples or

Table 2
Comparison of perceptions before and after PDCS.

Variables	Guardian group			Adolescent female group		
	Before PDCS	After PDCS	<i>p</i> -value	Before PDCS	After PDCS	<i>p</i> -value
	Mean±SD	Mean±SD		Mean±SD	Mean±SD	
Sexual knowledge	25.39±2.17	26.83±3.13	0.029	20.61±5.74	23.33±4.38	0.050
Attitudes about sexual communication ^a	44.47±4.01	48.40±2.59	<0.001	45.44±4.97	45.94±6.77	0.783
Perceptions about open sexual communication	48.83±4.95	51.11±5.30	0.007	46.56±8.39	47.72±7.53	0.573
Perceptions about poor sexual communication	45.22± 6.83	49.94± 5.55	0.001	41.83±9.93	45.78±8.39	0.044
Relationships between guardian and adolescents	113.83±10.18	114.67±9.64	0.686	92.33±16.39	96.78±18.01	0.225

^aThe sample size was 15 in the guardian group. Three cases were removed in order to give normal distribution of this variable.

related events, experiencing and learning from situations in the media, indirect talking by storytelling, friendly and gentle approaches, avoiding serious forbidding and blaming, not complaining, talking in a straight forward manner, negotiation, flexibility, talking using an adolescent vocabulary, and avoiding finding fault. Guardian should give both nonverbal and verbal messages. For nonverbal messages, the expression of love and concern helps to open up communication. Messages should be conveyed with a soft tone to increase the adolescent's intention to listen. Tactics which created negative feeling in adolescents included blaming with angry feelings, complaining, repeating, talking lengthily, talking nosily, talking suspiciously, and negative talk. Adolescents preferred common, useful, friendly, short, straight forward talk. The sexual content of conversations mostly involved advice about withholding sexual intercourse with the opposite sex, awareness of sexual risks, *ruk-naun-sa-nguan-tau* (keeping virginity,

do not stay close with men, and do not let men touch your body), negative consequences of premarital sex, revealing clothing, condom use, and personal hygiene.

Impact of the program (outcomes)

The impact of the program was measured using quantitative and qualitative approaches. These involved 18 pairs of parent-daughters who completed the whole program, in 4 aspects: feelings toward PDCS, characteristics of PDCS, sexual knowledge and guardian-adolescent relationships. The quantitative outcomes of the paired *t*-test showed after implementing the program, the parents had a significantly increased sexual knowledge ($t=2.38$, $df=17$, p -value =.029), positive attitudes toward PDCS ($t=4.61$, $df=14$, p -value<.001), perceptions of open communication regarding sexuality ($t=3.04$, $df=17$, p -value=0.007), and decreased perceptions of problems of PDCS ($t=3.81$, $df=17$, p -value=.001); while the daughters felt there were significantly

fewer problems with PDCS ($t=2.18$, $df=17$, $p\text{-value}=.044$) (Table 2). Regarding the qualitative outcomes, the parents said they felt more positive toward talking, felt they better understood the various meanings of sexuality, better realized the importance of communication, and were more confident with talking about sexuality. The daughters attitudes did not change, but they felt braver to talk with their parents. Regarding the characteristics of PDCS, both learned to talk in a soft tone of voice, keep interchanges short, be in a good mood while talking, be a good listener, and avoid asking or responding invasively. They reported knowing more about safe sex, the emergency pill and its side effects and about sexually transmitted infections. The parent-daughter relationship did not change; but their understanding and trust with each other seemed to be improved.

DISCUSSION

The model illustrates four core components of solving the problems of PDCS: 1) raising awareness and enhancing positive attitudes toward PDCS, 2) providing an increasing understanding of sexual knowledge and development, 3) establishing parent-daughter relationships, and 4) training for reciprocal PDCS skills. Promoting positive parent attitudes toward sexuality and establishing healthy parent-daughter relationships are important goals family/community nurses should play close attention to before initiating any education programs. DiIorio *et al* (2003) suggested attitudes toward sexuality are an important influence. Woody (2002) found that parents having a positive attitude towards sex education tended to foster providing positive sexual information for their children.

The process of enhancing the parent-

daughter relationship is crucial for promoting sexuality communication. Learning to expression of love, understanding and trust are key factors in building a relationship. Jaccard and Dittus (2000) found the mother-adolescent relationship is an important predictor of sexual discussion.

Both parents and daughters found sexual communication training was an essential strategy to develop the program. Participatory learning increased both positive attitudes toward sexual communication and communication skills. Learning by sharing, reflection, discussion, conceptualization, and application enhances maximum performance. Discussions and reflections during reciprocal communication help both parents and daughters understand what the other person is thinking, which can promote effective parent-daughter listening, understanding, and close relationships. Suumpan (1991) found parents who communicated openly with their children and allowed expression of thoughts and opinions could build trust and relationships with their children. This relationship and trust building takes time.

In addition to verbal communication, PDCS supports non-verbal communication as a powerful strategy in sexual communication between mothers and adolescent daughters. Parents need to know how to express their concerns and use a tone of voice to show their understanding, trust, and acceptance (Hartman and Laird, 1983).

Regarding PDCS skill development, this finding shows open and receptive communication develops good parent and adolescent relationships. Not having a gap in sexual communication increases the opportunity for communication. This may improve the experiences of parents and

adolescents (DeVito, 1992). Another issue which emerged in this study was message competency; understanding between parents and adolescents is needed to determine how the adolescent is responding. This helps participants to feel certain about the messages conveyed. It confirms the parent's competency to produce a message, to convey that message, and to interpret feedback are crucial for sexual communication (DeVito, 1992).

Parental implementation was gradually established on its own with little assistance from the researcher or the teachers involved. The parents gathered in groups and assigned tasks based on their abilities. They constructed committees and arranged for places and times to meet. The adolescent group never became organized since they each had their own ways of dealing with life.

The present study was based on action research. The knowledge gained from this study may not be generalized to others. Because of the length of the study (August 2007 to June 2008), the researcher could not control the number of participants dropping out, resulting in a small number of participants in this study. However, the results may be applicable to further develop a program for promoting sexual communication between guardian and adolescent females in other families in urban areas, who have a similar contexts.

Preparation of guardians and adolescent is essential for promoting PDCS. Enhancing the guardian-adolescent relationship is carried out through improving family relationships, parental monitoring and providing opportunities for day-to-day effective communication.

In order to improve PDCS, communication contexts, experience with sexual

communication, guardian communication competency and understanding feedback should be improved, and decreasing barriers to communication must be emphasized (such as attitudes about sexual communication).

Further research evaluating the effectiveness of PDCS should be conducted with larger numbers of mothers and adolescents.

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