

SEXUAL COMMUNICATION IN FAMILIES OF ADOLESCENCES IN HIGHER EDUCATION IN LAMPANG

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ABSTRACT

The objective of this study was to examine level of sexual communication and factors affecting sexual communication in families of adolescences in higher education in Lampang Province which distinguishing by sex into 7 subjects: physical changes, having partner, sexual transmitted diseases, having safe sex, family planning, use of drugs or beauty products, and understanding in gender roles. The study population sample was 390 higher-education students from 8 places; the academic year 2016, in Lampang province. The tools used to collect data in this research is Questionnaire about Sexual communication in Families of Adolescents in Higher Education in Lampang Province.

The research found that: level of sexual communication in the physical changes, transmitted sexual diseases, use of drugs or beauty products, family planning, having friends of the opposite sex, understanding in gender roles, and having safe sex is high. Factors statistically significance affecting sexual communication ($p < .05$) in families where the difference of gender, people who live with, housing conditions, activities outside school hours, pocket money students receive, having couples, sexual communication in the family, individual counseling about sex, communication method and source of information about sex.

Keywords: Sex, Communication, Adolescence, Family different

Introduction

Teenagers are the period of change from childhood to adulthood with both body and female changes, hormonal characteristics of male testosterone and female estrogen and progesterone which affect the whole body. The mental state and adaptation of adolescents are very strong. Body development affects the sexual development and sexual desire of a person that is appropriate when entered to adolescents (Kittikorn Meesub, 2011, Kasemsri Asawasri Pongthorn, 2011).

At present, the problem of premature sexual intercourse of adolescents increasingly intensified from 10% in 2001 to 40% in 2009. Premature sexual intercourse incident of adolescent teens became on average younger age. The first teenage intercourse began to the younger group from 18-19 years old to about 15-16 years old with currently at the age of 11 years (Department of Reproductive Health, Department of Health, Ministry of Health, 2010). Of the 16-19-year-old women in the 15-19 age group, about 11% of the world's childbirth (World Health Organization, 2008). Based on condom use data, teens that used condoms for the first time had a low level of condom use. These risk behaviors result in unplanned pregnancies, and Sexually transmitted diseases in adolescents and abortion are not correct. Most of the causes come from family problems and lack of knowledge in sex education. The media is provocative about sex. As well as the values and culture those are changing in the present era (Bureau of Epidemiology, Department of Disease Control, 2012).

Teens are part of a family member. Parents have a significant influence on attitudes and sexual behavior of children to be the right person and as crucial as being closer to the child. The family institution is a fundamental institution of society that plays an essential role in raising children. Besides, humanity in society also creates values, attitudes, personality traits through interactions at home. There is communication within the family between parents and children, so it is important to convey and tell stories through their own experiences, family members learn and learning to build friendship and daily life. Although the premature sexual behavior of adolescents is critical, communication within the family about the sexual behavior of teenagers was carelessness (Warangkana Ratchatawan, 2007).

At present, close ties among family members are declining because most families are single families. Parents do not have time to talk and pay attention to the children (Arpaporn Paowattana, 2009). Additionally, the context of Thai society is still within the framework of traditional male-female relationships. Due to many parents do not understand their ability to communicate with teens about sex. Some have limited knowledge whereas some feel shy to say. Moreover, some parents do not know how to start their conversation about sex. Some groups think that sex is forbidden and concealing. There should not talk or teach because it will indicate the niche for the squirrels. (Chonnitra Sangburan, 2008, Kaewtawan Sirilucknannan, 2010).

Now a day, adolescents accept the changes of modern society and want to keep pace with the times. As a result of media and technology influencing daily life, sexual orientation is a colorful thing to find, and they feel free to talk about sexuality. These differences let us know that early engagement of sexual activity and unplanned pregnancy in adolescents caused by lack of education and information about reproduction (Kamolchanok Kumsuwan, 2013).

Therefore, a possible way to solve a recent problem of teenagers begins with a family institution. Parents need to talk openly about sex with their child. It can help teenagers much more understand and be able to put things on track in real life. Additionally, teenagers should be taught in the proper manner and how to protect themselves from sexually transmitted diseases.

Importantly, they should learn about the difference in physiology of male and female as well as morality and ethics (Suriyaporn Kritscharoen and Kanchanee Pon-In, 2008)

It has been shown in the study of Miller KS. *Et al.*, 2000) that parental and adolescent intimacy correlated with a low risk of adolescent pregnancies, decrease chances of early engagement of sexual activity, limit number of partner and safe sex. Interestingly, it was found that communication between mothers and adolescents associated with the risk of adolescent pregnancies rather than a conversation between father and child. Importantly, it works better with a daughter than a son. In general, most survey researchers provide suggestions on how to communicate sexual issues between parents and early adolescence (10-15 years) because it is believed to be the risk group. In fact, middle and late adolescence are the other groups that could reflect feelings and experience of perceptions on sexual communication in the family. Besides, it could be used as information to develop patterns and methods which is appropriate for parents and child communication. Hence, we interested in sexual communication in a family of adolescent relating to physical changes including dating boyfriends/girlfriends, sexually transmitted diseases, teenage pregnancy, family planning, drugs and beauty products use, understanding of male and female role and factors affecting family sexual communication.

Objectives

- 1) To study the level of sexual communication in families of adolescent classified by gender.
- 2) To investigate factors affecting sexual communication in Family of teens in higher education

Hypothesis of research

Whether Sex affect the level of sexual communication in Family

Variables of study

Gender and sexual communication in family

Method

This quantitative research studied: 1) the level of family communication among adolescents in higher education, and 2) factors affecting family communication of late adolescents. The researchers conducted a detailed study on research methodology and presented them in chronological order. The population used in this study was 16,443 students studying in 8 higher education institutions in Lampang province (data at 29 November 2016).

The sample was 390 students enrolled in higher education institutions in Lampang province for the academic year 2016 those selected by using Stratified Random Sampling.

The research instrument was a questionnaire consisting of three parts including 1) general information queries, 2) Sexual Communication in family Questionnaire and 3) open-ended questionnaire. The questionnaire has been assessed the content validity with the acceptable content validity index which was greater than or equal to 0.5, and the verification of Content Confidence (Reliability) using Cronbach's Alpha coefficient was 0.90. Data has been collected by distributing a questionnaire to eight colleges and university institutions in Lampang

province consisting of Boromarajonani College of Nursing, Lampang, Thammasat University, Lampang Rajabhat University, Suan Dusit, Rajabhat University, Nation University, Intertech Lampang College, Lanna Rajamangala University of Technology and Lampang College of Physical Education.

Data then has been analyzed using a computer program as follows. General information; sex, age, living conditions, people living with, hobbies, monthly income, having a couple, sources of sexual knowledge, sexual counseling, sexual communication with parents, has been presented by percentage. The level of sexual communication in the family was performed by using mean and standard deviation. The correlation between population characteristics and level of sex communication in the family was shown in the distribution of cross-tabulated data with a chi-squared correlation test.

Results

The study on "Sexual Communication in the Family of Late Adolescents in Higher Education in Lampang Province" is quantitative research. The result was divided into three parts as follows:

1. General Information

The population of this study was 388 (94.63%) with the majority of respondents was female (60.6%). The average age was 20.57 years. 38.1% lived with their parents and 42.8% living with their partners. In term of monthly income, most students (43.6%) have 7,501-10,000 baht per month whereas some of them (4.4%) had more than 10,000 Baht. There were no married couples (48.7%). While 57.5% of adolescents had sex communication in their family, 42.5% of them never talk to their parents about sex. Interestingly, only 1.0 %of teenagers speak directly with their parents about sex and 70.1% of adolescents preferred to communicate by phone and social media. In term of source of information, we found that 29.9% of adolescents received information from their parents and 44.1% from the social media and internet

2. Family Communication Level

It was found that the topic related to changes of the body, sexually transmitted diseases, use of drugs and beauty products, family planning, opposite-sex friends, understanding the role of male and female and safe sex was at high level.

3. Factors Affecting Family Communication

Different gender has a different effect at a high level of sexual communication in the family. Regarding drug use and beauty products, female students communicated with their family more than male. However, the level of sexual communication relating to sexually transmitted diseases in the male group was higher than that of the female. There was no statistically significant difference in the level of sexual communication in family related to the changes of the body, family planning, having a lover, understanding of male-female roles, safe sex.

Discussion

1. Factors affecting family communication related physical changes

The study found that sexual communication in families related to physical changes was not significantly different between male and female. This finding is inconsistent with the study of Chavarit Dangson, 2008, which found that gender had the same effect on sexual communication in the family. This result possibly linked with the closed relationship in the family, sexual attitude and sexual communication of parents. Likewise, the study of Raffaelli M. Green, 2003 found that males have a less sexual discussion than females. Also, physical development of males is slower. Hence, the child male thought that sex education should begin when they turn a teenager or older than 15 years. In contrast, the female child has physical development faster. Importantly, sexuality was a direct consequence of menstruation. However, the above research was conducted in elementary school students whereas our study focused on late adolescences. Sexual intercourse was also included in the topic of physical changes. This topic has been communicated from the early stages of childhood to adolescence under closed observation, explanation and guidance of parents.

2. Factors affecting family communication related sexually transmitted diseases

The study found that sexual communication in families about sexually transmitted diseases did not significantly differ in male and female students who are consistent with the research of Wanida Chaninyutthavong et al. (2014) presented that the current problem of adolescents is that teens are more likely to be distant from the family. They preferred to accumulate brand name products and consume fashionable food with friends. Teenagers also spend most of their free time playing computer games and using the internet. The sexual behavior of adolescents is more vulnerable to health problems. It also found that teenagers had high sexual activity ratios. The first time of sexual intercourse seems to start at the younger aged. Additionally, having sex before marriage and unsafe sex was the problems leading to the increase of adolescent pregnancy and abortion. In contrast, the rate of condom uses to prevent AIDS, and sexually transmitted disease was drop. Presumably, most teens tend to hang out with friends rather than family. There was little communication in the family. Most of the sexual perceptions derived from self-searching from the internet and sexual recognition originated from friends.

3. Factors affecting family communication about family planning

The study found that different genders have no different levels of sexual communication about family planning. Furthermore, males and females perceived knowledge about sex from their families, friends, and the internet, respectively. Most teenagers who live in dormitories usually have sex communication with friends. Likewise, adolescents living with their lovers typically have sex communication with a group of friends especially on the topic of family planning. It was possible that sexual communication of adolescents based on intimacy and mutual trust. Recently, communication via the internet and social media is the values of society leading to the perception about sexualities of adolescents as well as the mimicking of behaviors that adolescents and friends learn and accept each other. This may result in the poor sexual

communication and inappropriate sexual behavior which is consistent with Wanida Chaninyutthavong et al. (2014).

4. Factors affecting family communication in drug use and beauty products.

It has been shown in this study that female adolescences seemed to have statistically significant higher levels of family communication about drug uses and aesthetic products than male ($p < .05$). They usually ask a family member or search on the internet for product features before making a purchase. Moreover, most females had self-care more than males. It has been presented in the study of Kallaya Namsanguan (2006) that students need cosmetic to improve their personality, increase confidence when living with others and nourish skin. While cosmetics are popular in most female samples, male samples did not pay attention to these things.

5. Factors affecting family communication about opposite sex friends

Different genders had statistically significant difference in the level of sexual communication in family about heterosexual partners ($p < .05$) which was consistent with the research hypothesis. Teenagers are the beginning of sexual development, physical and emotional changes that prepare to be adulthood. It was the influence of sex hormones that promote sexual development, and stimulate sexual drive leading to the engagement with heterosexual partners. The social development of adolescents who do not like grouping with peers has a great influence on attitudes, interests and behaviors. Adolescence is the beginning of the same-sex relationship and subsequent sexual encounters. When adolescent males and females become interested in each other, they have relationship as a lover and focus on the role of sexuality. Therefore, it could be supposed that the advice was derived from being a friend and then developed into a lover which is not consistent with the findings reported by the Department of Reproductive Health, Ministry of Public Health, 2013 that most of mothers concerned about an affair and usually communicate with their female child in the topic related to the demeanor and awareness of the relationship with opposite gender. Parents scarcely taught their male child about using condom for protection of sexual transmitted diseases. However, this study has been conducted in students aged between 10-15 years. In the age of middle adolescents, female teenagers started to have the opposite gender friends 1 year earlier than the young male. They needed attention from the opposite gender. This behavior is a sexual instinct that does not mean only sexual desire but also the need of attention and love from the opposite gender.

6. Factors affecting family communication. Understanding Male-Female Role

The finding of this study showed that the level of sex communication relating to knowledge of male-female role did not significantly differ which is consistent with the study of Thitinun Wichairum (2002). This research presented that family plays a crucial role in placing positive attitude about sex on children by educating a male child to be a gentleman and training a female child to have a lady manner. This could be possible that teens imitate their sexual behavior from the same gender closed relatives. For example, boys are imitated from their fathers, brothers, or male relatives whereas girls imitated their mothers, sisters or female relatives. Therefore, both males and females have different levels of sex communication.

7. Factors affecting family communication. Safe sex

It also found in this study that the level of sex communication on the topic of safe sex did not differ in male and female adolescents. Nowadays, technology has improved the communication via the media resulting in the learning a wide range of information. The culture and norm of Thai society reproated sex communication. Hence, teenagers usually search information by accessing sources such as internet and television. Talking to parents about sex is embarrassing. This result was reliable to the report of Department of Reproductive Health, Ministry of Public Health, 2014 that most children usually self-educated through the Internet, followed by television, which is a source of information with audio and graphics that increased more understanding of them. Self-education, however, children cannot determine whether the information is accurate. Furthermore, learning from books is not accessible. Children still access the same source of information and inquiries from parents and teachers. For parents who their children studied in the primary and secondary school, there is limited knowledge and understanding about sexuality.

In our studies, we hypothesized that sex affects family sexual communication and we found that gender affects family sexual communication in the topic of sexually transmitted diseases and the use of drugs and beauty products. But the results were not consistent with current empirical problems. Importantly, it is not possible to describe whether gender affects sex communication in a family of late adolescents in Lampang. So we included more variables such as living conditions, hobbies, student income, having a lover, talking with parents about sex communication, sexual counseling and sexual information resources in this study.

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