



## Attitudes of adolescents and parents towards premarital sex in rural Thailand: A qualitative exploration

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### ABSTRACT

**Objective:** This qualitative study aimed to explore attitudes of Thai parents and adolescents towards premarital sex.

**Study design:** Data were collected from 11 focus groups with 30 Thai parents and 36 adolescents aged 15–19 years old in rural areas of Udon Thani province, Thailand and examined using thematic analysis.

**Results:** Four themes were identified from the data: the *social judgement of girls; boys have nothing to lose; considering risks and parents as problem solvers*. All themes relate to the continuing existence of double standards concerning the social norm for premarital sex as applied to young women on one side and young men on the other.

**Conclusions:** The influence of traditional values is still very strong in rural north-eastern Thailand. The findings highlight teenagers' need for more support from their parents. The promotion of open, honest communication between parents and teens is important to overcome difficulties of social judgements and align thinking between old and new social values.

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### Introduction

Teenage pregnancy is a common occurrence around the world. According to the World Health Organisation (WHO) an estimated 14 million adolescents aged 15–19 years give birth each year, with 12.8 million of these births occurring to adolescents in developing countries. At the same time the number of adolescent abortions is now at an annual 4 million worldwide, frequently with significant and disproportionate risks from unsafe abortion practices in many parts of the world [1].

Although in Thai traditional culture premarital sex is not accepted, today's teenagers in Thailand are embarking on sexual relationships outside the boundaries of marriage. This has been attributed to the increasing influence of western ideas brought by industrialisation and urbanisation [2]. Among these teenagers condom use as a means of protection from unintended pregnancy and infection is insufficient [3] and so the proportion of teenage mothers in Thailand has increased from 10.4% to 12.4% between 2000 and 2003 [4]. In a study of female vocational students Allen et al. [5] indicate that the average age of first coitus to be 17.6 years and only that half of the females who ever had sexual intercourse report using contraceptives. Similarly, Thato et al. [6] claim that only 6.3% of teenagers report condom use every time when having sex, that 24% of sexually active participants had experienced un-

planned pregnancies, and that 7% had been treated for sexually transmitted diseases (STDs).

Parents are frequently suggested as a primary resource to discuss sexual matters with their teens to help adolescents prevent early sexual initiation [7–9]. Good communication between parents and child has been demonstrated to increase contraceptive use and to lower the number of sexual partners [10,11] as well as change the adolescents' attitudes towards teenage pregnancy [12]. Traditional Thai social and cultural norms discourage the public discussion of sexuality and view premarital sexual intercourse as unacceptable [6]. Discussing sexual topics is therefore still taboo in most Thai families. Particularly Thai women are not allowed to talk about sexual matters [13] and any teenager, who finds herself in an unintended pregnancy or suffering from a sexually transmitted infection, will find it difficult to talk with their parents, as this means exposing their loss of virginity [13]. Their parents may oppose and punish them rather than facilitate informed choice, and that may lead adolescents to feel that they have lost family support. A high level of confusion and ignorance about sexual issues has been reported among Thai parents, but their adolescent children need correct sexual information [14] and support from adults in their lives when they find difficulties [13].

### Aim of the research

This qualitative study represents one part of a larger mixed methods research project to explore the attitudes of Thai

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adolescents and parents towards parental involvement in sex education. The aim of this part of the study was to explore the attitudes of Thai parents and adolescents in relation to premarital sex.

## Methods

### Recruitment and sample

All participants were recruited from the purposeful sample of a larger and wider multi-method project. A total sample of 79 parents and 79 adolescents, 15–19 years old, was asked to complete validated questionnaire surveys within the three villages then the focus group sample were recruited. Local community health workers had informed potential participants about the study and invited them to participate. Those interested were met by the first author CS, who verbally explained the contents of the information sheet to them. All participants had opportunities to ask questions, and were free to withdraw from the study at any time. If participants agreed to take part, they were asked to give consent, either in writing or by thumbprint (if they were illiterate). Adolescent participants assented themselves, but one of their parents or guardians had to give consent before the adolescents were included in this research.

The sample of focus groups consisted of 30 Thai parents and 36 adolescents, 15–19 years old, living in three rural villages in Udon Thani province, Thailand. The setting was selected as it was faced with problems that were typical for rural Thailand. Although the countrywide overall STI-prevalence has fallen from 7.85 per 1000 population in 1986 to 0.17 per 1000 population in 2006 [15], the representation of young people in the STI patient group is high. In 2008 52% of all STIs diagnosed locally had occurred in adolescents. At the same time nearly 20% of all babies were born to teenage parents [16].

The selection criteria were:

- (1) Participants lived in the research area and were able to communicate well in Thai or the local (Isan) language.
- (2) Adolescents were 15–19 years old.

### Data collection and instruments

Eleven focus groups were conducted between December 2008 and February 2009. The focus group approach has previously been employed to provide effective insights into the views of adolescents on sexual health issues [17]. The focus groups consisted of either parents or adolescents; all but one parent group were mixed sex group. This was to enable them to share their perspectives on fathers' or mothers' role related to sexual issues concerning their adolescent children. Focus groups for adolescents were conducted in single sex groups. This was done to enable them to feel less reluctant to state their perspectives on sensitive issues. Each focus group included 5–7 participants and lasted for approximately 70–90 min (see Appendix A).

Vuttanont et al. [13] had used story vignettes with focus groups of teenagers in urban areas to explore their attitudes to sexual risk and contraception. In order to stimulate discussion this study also used structured vignette stories, but as its participants included both parents and teens from rural areas of Thailand Vuttanont et al.'s scenarios were modified to take into account the different, i.e. rural, context. Furthermore, 'negative' outcomes resulting from unprotected intercourse and an exploration of how to resolve the problems of unintended pregnancy were included (see vignette Appendix B).

The focus group facilitator (CS) told the vignette story in short sections, frequently stopping to ask the group to share their ideas

at each point. An observer attended each group as a note-taker, but did not join in or interfere while the focus groups were in process. The facilitator and note-taker discussed each focus group in-depth afterwards to ensure a shared view of the interaction. As intended, using the vignettes enabled the participants to voice their opinions without telling their own stories, helping them to feel more comfortable to state their perspectives on sensitive issues.

Skilled facilitation created an atmosphere in which all participants were encouraged and comfortable to talk about the issues raised within the vignettes. Although the focus was initially on the characters in the vignettes rather than their own lives many participants felt secure enough to share aspects of their own lives and experience. This freedom to contribute was noticeable across all groups including the mixed parents group.

### Data analysis

We followed accepted procedures for qualitative data analysis [18,19] to analyse qualitative data in five steps to establish key themes. These were:

- (1) *Preparing and exploring the data for analysis*: the audio-taped focus groups were transcribed verbatim in Thai and translated into English by CS. Informal member checks took place at the end of each focus group [20] when CS summarised the main points of discussion and asked participants to verify that the researcher had interpreted their responses accurately. The process of translating included CS (who is bilingual) reading through the Thai transcripts line-by-line, translating them word-for-word into English and providing a detailed definition of the local words or slang used by participants. To ensure the accuracy of the translated data, translation checks were carried out by three English and Thai speaking academics. One was a native English speaker who is an expert in Thai language who reviewed and checked the correctness of all transcripts before two English speaking Thai academic health professionals also checked the translations for correctness. Following discussion a few English words were revised and changed.
- (2) *Coding*: all data were analysed and coded by CS with a code name that was closest to the data. The process of coding included that CS read through data line-by-line and reduced it into one or two phrases assigning codes of meaning. Two coders independently coded the same transcript repeating the process. They then met to compare and discuss differences in their coding and problems with coding structure. As the coding proceeded, codes and definitions were clarified, new codes were added as analysis progressed, and new understanding developed.
- (3) *Data display*: the data were displayed in a thematic map to understanding the flow, location and connection of events and identifying emerging themes (See Fig. 1).
- (4) *Themes and categories*: based on thematic analysis, a manual technique was used to establish key themes. All authors clarified themes in relation to the coded extracts, refined the specifics of each theme and gave clear definitions and names for each theme. All authors met regularly to consider and clarify these themes (debriefing by peers) [20] and discuss any coding issues. Together the authors chose extracts to support the themes selected to present the findings.
- (5) *Representing the data analysis*: verbatim quotes were used to present the findings in order to show a clear link to the original data.

**Traditionally held double standards concerning young Thai women and men**  
Acknowledged by participants

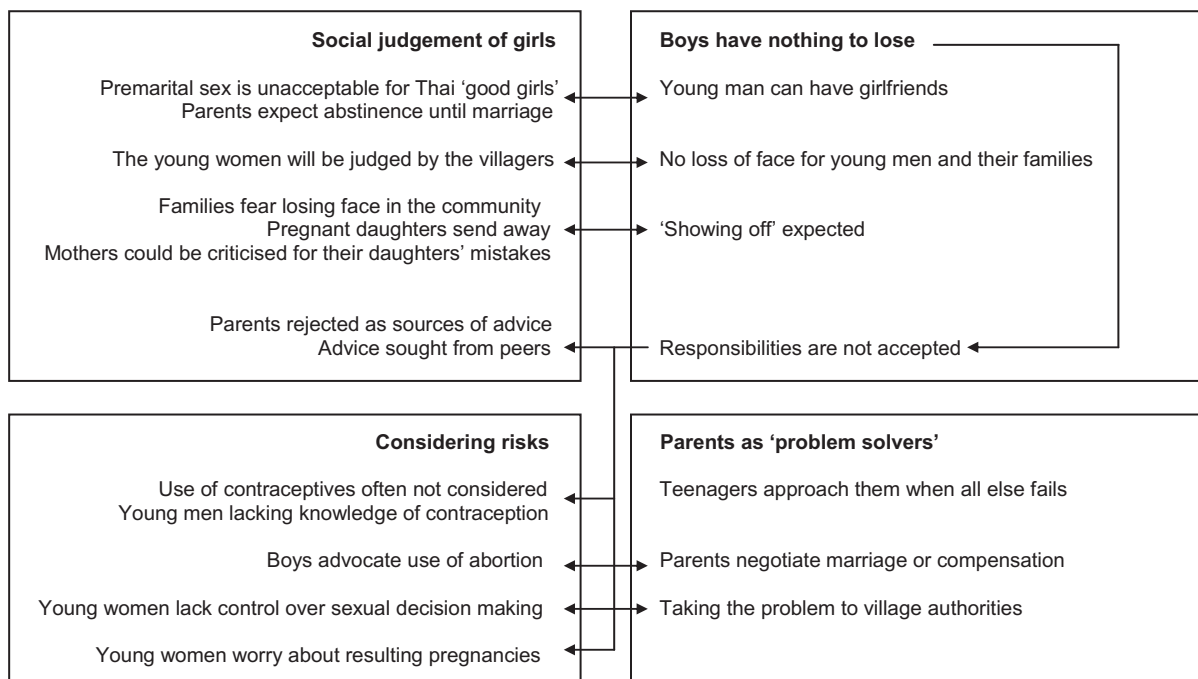


Fig. 1. Thematic map.

### Ethical issues

The study took place with full consideration for the rights of human subjects. All data produced for this study was anonymised. By their very nature anonymity is not achievable in focus groups, but ground rules for these groups were agreed in terms of respecting each other's views and asking participants not to discuss the focus group's or individuals' views outside. Each study participant was given a code number for identification purposes and pseudonyms were used in the report of the findings. The note-taker identified participants by number only. The Ethics Committee of the Faculty of Health, University of East Anglia (UK), and the Provincial Health Department, Udon Thani, (Thailand) had approved the research protocol. All participants had given informed consent, had opportunities to ask any questions, and were free to withdraw from the study at any time.

### Results

The findings of this study are presented around four overarching themes: social judgement of girls; boys have nothing to lose; considering risks; and parents as problem solvers. Taken together they highlight the still existing double standards concerning young Thai women and men.

#### Theme 1: Social judgement of girls

Across all the focus groups a strong theme emerged about the way in which the behaviour of young people is judged by the society in which they live. The judgements society made on girls' behaviour was perceived by parents as being more important than those made about boys.

Seven fathers and 10 mothers emphasised an expectation towards daughters to preserve their virginity until marriage. There was a strong perception that if a female teen loses her virginity before marriage, the villagers will gossip about her. This was

associated, particularly in the parental view, as depreciation of personal worth. In the opinion held by one father it is

'... harder to look after a daughter than a son. Neighbours will gossip and look down to her if she has premarital sex. Having a daughter takes as much care as having a public toilet in the front yard.'<sup>1</sup> (P3N, father)

The loss of virginity was highlighted not only to be a major change in the life of a female teen, but also to represent a marked social change because she has lost much of her value in Thai society.

'I would compare a girl who has lost her virginity without being married to a pot of cooked rice which will quickly spoil, unlike uncooked rice which could be kept on the shelf for a long time.' (P2N, father)

'She has made a major mistake of her life.' (P1MIX, mother)

Accordingly, a female teen would be made to feel guilty, ashamed and embarrassed about losing her virginity before marriage. In the words of one teenage girl describing the girl (Mali) used in the scenario.

'Mali is fearful that her parents would know that she has had sex with her boyfriend and she is no longer considered a good girl for her parents and others in the community. She feels guilty towards her parents.' (P4D, girl)

Another girl elaborated on this theme by asserting the difference in the villagers' minds about the same behaviour displayed by young men and women.

'... our villagers have different views of these two individuals. If a boy has many girlfriends and like to be a 'trick man', villagers will accept it. However, if a girl has many boyfriends, our villag-

<sup>1</sup> Thai proverb: Me Look Saw Muan Me Suam Yoo Na Ban (มีลูกสาวก็เหมือนมีสวมอยู่หน้าบ้าน). Meaning: premarital sex of girls depreciates the family's worth.

ers will look down on her and criticise her. It is unfair for a girl.' (P1NC, girl)

The resulting parental concerns affect the relationships between adolescents and their parents. Two girls discussed their fashion choices, which parents perceived as signals to attract men.

'I wear shorts because they are convenient and trendy, but my parents believe that I am simply trying to attract the attention of boys and that I have not been considerate and are disobedient to them.' (P4N, girl)

Eleven parents and 18 teens of both sexes reported that a sexually active girl often tries to hint about her experience of sex, telling her parents only about some parts of the whole situation. A father said (referring again to the girl in the scenario who finds herself pregnant).

'Mali wants to test the reaction of her parents before she tells them the whole story. She tests the water before jumping in.'<sup>2</sup> (P5D, father)

Where adolescents do not perceive that they will get the support they need, they will turn to more sympathetic peers for advice. Eleven parents and 14 teens of both sexes indicated that a female teen would be more inclined to seek advice from her close female friends because they will understand her more than her parents do.

'Mali would get advice from female friends whom she can trust because youths often share their problems with close friends and rarely consult with parents first.' (P2D, father)

In addition, a mother of a female teen expressed the belief that a mother will be criticised by villagers as well as her daughter, thinking that the mother had not taught her daughter how to behave properly.

'When you look at an elephant, you would look at the tail,<sup>3</sup> and when you look at a female teen, you would consider the mother' (P2N, mother)

Five parents and four teens made it clear that gossip is quite common in a village. They agreed that if a girl has had sexual relations, she would feel fearful that villagers will know about her situation and show disapproval by looking down upon her and her family.

'It is very hard for me and villagers to accept premarital sex of a girl. A girl knows well that her neighbours will gossip, criticise, and look down upon her, if she has sex with her boyfriend before marriage. This is a reason why I have to forbid my daughter having premarital sex.' (P2N, father)

But this village talk will not reach the family directly.

'I think a girl's parents will be the last ones to know about the problem while their villagers all know about it already. But in the same way the villagers are afraid to tell about this situation to the girl's parents because they might be fined in the village council of elders for slanderous talk.' (P5N, father)

Nevertheless, it exists and the social pressures on the family were expressed by one mother who suggested that parents would sometimes resort to sending their daughter away to live with family members in a distant place to avoid the watchful eyes of villagers. Young women who became pregnant will be seen as 'improper' role models in their villages.

<sup>2</sup> Thai proverb: 'Yon Hin Tham Tang' (โยนหินตามทาง). Meaning: throws a stone ask the way.

<sup>3</sup> Thai proverb: 'Doo Chang Hai Doo Hang Doo Nang Hai Doo Ma' (ดูช้างให้ดูหาง ดูนางให้ดูแม่). Meaning: the life style of the mother shows the character of the daughter.

'If my daughter became pregnant, I would ask for help from my relatives in another village to look after her until she has had the baby. It is impossible for her to live in our village while she is pregnant because our villagers will gossip, criticise, and look down on us.' (P1D, mother)

Twenty-eight parents and 30 adolescent participants acknowledged the existence of the double standard. However, while most parents agreed with the standard, there was not the same level of consensus among teenagers.

While the parents' actions normally rigorously uphold the village standard in order to protect their children, some parents' remarks about 'flexibility' suggest a deeper level of understanding. A father said,

'Mali's parents when suspicious of their daughter would then become very strict and this result in the child to become under even more stress and lead to personal conflict. The parent-child harmony would become strained as though the musical strings of a musical instrument that might be strained beyond the point of musical resonance resulting disharmony.'<sup>4</sup> (P2D, father)

The discussions in the focus groups revealed a great concern among parents for the respect in which they were held by their neighbours. If they have a daughter who is perceived to be misbehaving the girl will be judged but the family will also lose face. The importance of control of children by Thai parents in rural areas is still great. This does place heavy strains on the relationship with their parents for adolescents as they are growing up and trying to find their own way. Girls in particular have to be seen to conform and this places them in a difficult situation where they want to assert themselves as adults but also to be dutiful daughters.

#### Theme 2: Boys have nothing to lose

Boys, however, are not put under the same degree of pressure. Commonly, when a male teen is involved in sexual activity with a female teen, society is accepting of them, considering it a normal experience for a young man.

'A man is the one who gains advantage of a girl. Somchai (the boy in the scenario) would not feel anxious about anything.' (P3D, boy)

'Somchai has nothing to lose because it is quite normal for a man to have premarital sex.' (P1NC, girl)

The extent of the acceptance is reflected in the statements by eight parents and 10 teens of both sexes who stated that a sexually active male teen would be likely to show off with his sexual experiences. Their statements assert that 'Somchai would tell'

'... his friends about his relationship with Mali because he wants to brag to his friend and has nothing to lose.' (P1N, mother)

'... others that he has already experienced sex because he wants to show his pride as a mature man.' (P4D, boy)

Pride in sexual achievements does, however, by no means equate with accepting any responsibility or consequences. Participants in all groups made reference to the behaviour pattern of a male teen who can deny his part in the relationship or not take any responsibility. In the following extracts, the parents discuss the actions the boy (Somchai) might take when he discovers his girlfriend (Mali) is pregnant.

<sup>4</sup> Thai saying: 'Dern Tang Sai Klang' (เดินทางสายกลาง). Meaning: travel medium; the parents could restore a family balance by allowing her heartstrings to be relaxed.

'Somchai should immediately try to be distanced from Mali and not allow her to contact him and not respond to her requests for assistance taking responsibility.' (P2D, father)

'Somchai would refuse and not take responsibility by passing the burden on to someone else or simply ignore the situation.' (P1N, mother)

They also expressed a general belief that a boy's family does not have to be too worried about their son having sexual intercourse with a young woman because the reputation of the man's family will not suffer. The one-sidedness becomes even clearer when considering in common practice that if the young man does not intend to get married, his family can instead take responsibility symbolically by paying a lump sum of money as a punishment for the offence, terminating the relationship.

'Somchai's parents only wait for the girl's parents approach them to resolve the problem. However, the boy's family would be at an advantage over the girl's family.' (P6MIX, father)

'The boy's parents may pay a fine to the girl's family and try to keep their children from meeting again.' (P3NC, girl)

The two themes taken together demonstrate the existence of a very strong double standard within the rural society in which the study took place. Traditional values still hold sway and place a great deal of emphasis on expectations that girls will conform to the very high standards of moral behaviours while a blind eye is shown to boys. Parents do, to a large extent, collude to ensure that this tradition is maintained by demonstrating a more relaxed attitude to the behaviour of boys. The example of the fine imposed by the village hierarchy does show that boys who misbehave face some sanction but the family do not lose face in the same way as that of the girl because the payment mitigates.

### Theme 3: Considering risks

Nineteen parents and 15 teens highlighted that teenagers often embark on a sexual relationships without considering the use of contraceptives.

'I think youths aged fifteen to sixteen years old would all know something about condoms. However, they are not even thinking about the need to have a condom because youth aged fifteen to sixteen are too young and want to try everything without thinking of the consequences and risks.' (P3D, father)

'Mali may not think about the use of a condom, because she may have passed the point to consider anything.'<sup>5</sup> (P4D, girl)

The perception of two boy participants was that female teens might have less control over sexual decision-making due to unequal power relations between boys and girls.

'Mali may allow Somchai to take advantage of her, although Somchai has no condoms because she felt fearful if she rejects his advances, she will then face the disapproval by him.' (P5NC, boy)

'Even though Somchai does not have a condom, Mali will allow him to have sex with her. ...' (P6N, boy)

This last quotation also demonstrates that despite a considerable health promotion effort in Thailand not all boys were clear about the likelihood of pregnancy or sexually transmitted diseases. The quotation continues

'...Mali may think that having sex just one time would not lead to any problems.' (P6N, boy)

Participants in all groups expressed clearly, that a female teen likely would be very worried about a resulting pregnancy, especially when she has found that she has missed a menstrual period after having unprotected sex.

'Mali probably feels depressed when thinking about the negative effects of unprotected intercourse. She feels fearful of abandonment by the boy as well as the fear of pregnancy, sexual transmitted diseases and AIDS.' (P2D, mother)

'Not only is she afraid that her parents know about it, but also that they would curse her and she is fearful that Somchai will not take responsibility.' (P1D, boy)

Given the social stigma, the lack of support and the power imbalance between the sexes it does not surprise that parents and teens expressed their fear that if a girl became pregnant, the boy would take her to have illegal abortion. Abortion is illegal in Thailand so the teenagers are displaying even more risk taking behaviour in considering this option. The data show that the male teen would ask his friends and older acquaintances who have past experience in acquiring an abortion (P1D, boy). Participants discussed the procurement of an abortifacient, a herbal medication preparation called *Khapliat* (ขี้ปลิง, which means 'forced menstruation').

'Mali may buy liquid oral abortion medicine first and if that does not succeed for an abortion, she may then consult her parents about what to do.' (P4D, father)

'Somchai may get advice from his friends who have had experienced taking a girl to clinic for abortion. Then, he and Mali will resolve their problem by having an abortion in one of the illegal clinics.' (P1D, boy)

Whilst it is not unusual to find that young people take risks with contraception the position of girls is again quite different in this society. They are placed in an invidious position because of their sense of duty and trust. They go from being under the control of their parents to being controlled by their boyfriend. In placing their trust in the male in the relationship they put themselves at undue risk. This power imbalance is obvious throughout the data even to the point at which girls will trust the boyfriend to find the abortifacient medication to end a pregnancy. If the boy fails to live up to the trust that is placed in them then the girls will finally turn to their parents to solve the problem of an unplanned pregnancy.

### Theme 4: Parents as problem solvers

The importance of the family in dealing with any consequences of the teenager's sexual encounters was already made clear indirectly in the quotations above. Teens of both sexes highlighted that they would seek help from their parents when they discover that they are not able to resolve the problem by themselves and have no other way to deal with the situation of unwanted pregnancy.

'Mali will resolve the problem by having an abortion first. Her parents will know only when she cannot find a way to resolve the problem after an abortion is not successful and her belly has enlarged revealing pregnancy.' (P4D, boy)

'If Mali was indeed pregnant, her parents would eventually find out, and if she was not, they would never hear anything.' (P3D, girl)

A strong theme among parents highlighted that a female teen's parents would approach a boy's parents to 'take responsibility' traditionally meaning marriage, if the pregnancy continued.

<sup>5</sup> Thai proverb: Loei Tam Loei (เลือนตามเลือน). Meaning: to let bygone by bygone.

'Mali's parents may feel embarrassed to meet directly with the boy's family and feel losing face in their community where they live. They will ask for help from their relatives to approach the boy's family to take responsibility.' (P4N, mother)

'If Mali's parents are sure that their daughter is pregnant, they will approach the boy's family to take responsibility for their girl.' (P4D, boy)

However, two parents elaborated that if the young man's family takes the position of denial and refuses to take responsibility, the young woman's family would go to meet the persons in authority in the village to find a suitable resolution.

'If a boy's parents do not responded as expected, such as ignorance to get married with a girl, the girl's parents will therefore approach the authorities at the local police station to record their complaint.' (P1N, mothers)

## Discussion

The perceptions displayed by the participants in relation to premarital sex between adolescent men and women in this rural location highlight a situation of gender inequality. The reputation of a girl and her family within the village society is dependent on her remaining a virgin until marriage. The data confirmed that Thai traditional culture remains a major influencing factor among Thai rural people and this includes a deeply held acceptance of and adherence to double standards concerning sexual behaviour [2]. This double standard is acknowledged and accepted across the generations as the data clearly demonstrates acceptance of this as a social norm by both adolescents and parents. The finding that parents are concerned with the views of their neighbours and fellow villagers is consistent with Liu et al. [21] who indicated that people living in Thai rural villages take considerable interest in the lives of their neighbours and are often aware of relationships among teens. At the same time, Thai village society considers sexual activity of male teens as 'normal', even allowing young men to avoid taking responsibility for any resulting pregnancies.

The adolescents showed another form of double standard by wanting to behave in a more modern way and expressing the view that parents should accept that children have relationships whilst at the same time conforming to the traditional norm of viewing girls who have sexual relationships as loose and colluding with the view that it is acceptable for boys to have sexual relationships. These findings corroborate previous studies, that showed premarital sex to be accepted and allowed for Thai male teens by parents and others [3,13,21].

The data also demonstrated that teens who were involved in sexual activities, did not consider the ramifications of the risks involved in unprotected sexual relations such as unwanted pregnancy, abortion, or sexual transmitted disease. While Thato et al. [6] did not comment on this issue directly, they stated that Thai adolescents had little and at times confused information about the potential outcomes of unprotected intercourse. In addition, they argue that in Thai culture, having sex without condoms might also be a show of trust with partners. According to Warakamin et al. [22] the most important reason for not using contraception given by women who had undergone induced abortion was not expecting to become pregnant (61.6%). In rural areas the contraception unit is regarded by the public as a service for married people (usually women), which means that teens of both sexes feel unable to approach professionals for contraception [6].

Our findings suggest that female teens may have little control over sexual decision-making. They may be unable to negotiate condom use due to unequal power relations between boys and girls. According to Tangmunkongvorakul et al. [3] this power imbalance

between male and female teens in sexual relations makes it much more difficult for girls to negotiate safe sex.

The study highlighted that when teens, particularly girls, have problems such as pregnancy outside of marriage, they will try to resolve the problem themselves first and ask for help from parents only after the problem has developed beyond their ability to cope. This is also consistent with findings by Tangmunkongvorakul et al., that Thai parents often show disappointment if their daughters have premarital sex, that female teens are fearful of disapproval by their parents and are therefore unlikely to seek help with their parents when they have negative outcomes caused from sexual relations [3].

Overall, the results of this study support previous studies in other countries which found that teenagers still find it difficult to talk with their parents about sex-related issues [23–25]. Parents still have difficulties talking about sex with their children and some do not know how to lead a discussion about sex [9,23]. They are often embarrassed discussing sexual matters with their children and have limited support to deal with this role [13,26].

However, in this study, for the first time, the attitudes, opinions and perceptions of parents and their teenage children have been explored side by side and in-depth by a qualitative study. This new approach has produced new information. For example, while parents favour their pregnant teenagers to maintain the pregnancy and either ask their teenagers to marry or negotiate a financial settlement between the families, their children overwhelmingly propose the use of abortions as a solution to the consequences of unprotected premarital sex. For the teenagers this may seem like the solution to the problem: they avoid their parents disapproval and their parents avoid losing face within their community.

On a more general level the perception among the teenagers of a lack of family support is also strongly apparent. The parents' fear of losing face in the community and the resulting strictness in upholding the status quo persuades teenagers to conceal their problem, attempting to solve it on their own. Only once all means of doing so have been exhausted will they seek help from their families.

## Strengths and limitations of the study

This study was conducted in only three rural villages in north-eastern regions of Thailand. Its sample was narrow in its limitation to one province but provides good representation of the teenagers and their parents and a good platform for the participants to outline their views.

The data gives a detailed in-depth view of the way families deal with issues of teenage sexuality within the context of their traditional rules and codes of conduct. It strongly demonstrates how traditional values persist in north-eastern Thailand. Applying these findings uncritically across all parts of Thai society may not be possible, because of the even stronger Western influence apparent within large cities. However, many of the issues considered resonate clearly with already existing literature. It is there therefore it is likely that the findings of this study and its implications are transferable to other rural areas in Thailand and its south-east Asian neighbours. Further research confirming this transferability, especially with a view of Thailand's southern Muslim neighbours, is required.

## Implications for practice

By providing an insight into a persisting mindset in north-eastern rural Thailand this study illuminates some of the challenges for tackling the social changes brought by industrialisation.

Young people, through their access to the media, especially television and the internet, are becoming aware of a different set of social values, which challenge deeply held traditional beliefs of their parents. Poor reproductive health outcomes are likely to be result-

ing from premarital sex among adolescents as teenagers, especially girls, would hesitate to seek advice from their parents because of the identified double standards.

Being aware of this situation will enable health and education services to adjust and optimise their public health campaigns. In particular the need of appropriate information on contraception and the lacking parent–child communication about sex should be addressed to protect teenagers from pregnancy and sexually transmitted infections (STIs).

Education also needs to focus on discouraging the use of unsafe abortion practices. Young people are clearly not aware of the consequences of these practices as they regard them as a first line of management in unplanned pregnancy. It is not only teenagers who need to be targeted with advice and guidance, but also their parents.

### Appendix A. Focus groups

Settings	Focus groups (numbers of members)				
	Parent groups			Teenager groups	
	Mothers	Fathers	Mixed sex	Boys	Girls
Setting 1	1 (n = 6)	1 (n = 6)	–	1 (n = 6)	1 (n = 7)
Setting 2	1 (n = 6)	1 (n = 6)	–	1 (n = 6)	1 (n = 6)
Setting 3	–	–	1 (n = 6)	1 (n = 6)	1 (n = 5)
Total 11 groups (n = 66)	2 (n = 12)	2 (n = 12)	1 (n = 6)	3 (n = 18)	3 (n = 18)

### Appendix B. The vignette

**Part 1: Mali** (meaning “flower”) is the same age as you/your daughter. Her parents are very strict and they tell her that she must not get a boyfriend until she has finished her secondary school

**Part 2:** Mali meets a boy, **Somchai** (meaning “handsome boy”) the same age as you/your son at school and he invites her to meet him in the evening. She goes to meet Somchai, and she suggests that they go together to the fair outside the village in the evening. He indicates that he likes her very much

**Part 3:** After the fair, they go to the park, and they begin kissing. Somchai is very keen to have sex with Mali. Later, Mali is also keen to have sex. Somchai says he has no condom. After they have had sex, Mali goes back home

**Part 4:** Mali may get pregnant because Somchai did not use a condom. Mali’s menstruation is 2 weeks late. She talks with Somchai. She needs to know, what is happening to her body

**Part 5:** Mali tells her parents, she loves Somchai but she does not tell anything more. Somchai does not talk about Mali with his parents

**Part 6:** Mali’s parents think their daughter has had sex with her boyfriend. Somchai’s parents think their son has had sex with his girlfriend

(adapted from Vuttanont et al. [13])

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