

Research Article

Why Thai parents do not discuss sex with their children: a qualitative study

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Abstract

This qualitative article explores the attitudes of Thai adolescents and parents concerning the barriers that prevent parents providing sex education to their adolescent children. Focus groups were conducted with 30 parents and 36 adolescents in rural north-eastern Thailand and were analyzed by using thematic analysis. The results showed that most Thai parents have not taught their children about sex education issues. Five themes emerged in relation to the limitations in providing sex education in Thai families. These were: restrictions imposed by traditional Thai culture; sex education is not a parental duty; parental limitations; the generation gap; and better not bring it up. We conclude that the core values in Thai society restrict the discussion of sex, resulting in youth missing the opportunity to acquire the knowledge that is needed about sexual issues from their family. This article provides evidence of how parents' knowledge and perceptions are linked to their ability and willingness to discuss sexual matters with their teenagers. Therefore, future sex education policies could be greatly enhanced by empowering parents to take part in the sex education of their teenage children.

Key words

barriers, communication, family, limitations, sex education, Thailand, thematic analysis.

INTRODUCTION

Sex education remains a sensitive and controversial issue worldwide. Parents can be a primary source of information for their children and good communication between parents and children results in increased contraceptive use and a lower number of sexual partners (Huebner & Howell, 2003), as well as negative attitudes to early pregnancy in teenagers (Jaccard *et al.*, 2003).

Teenagers still find it difficult to talk with their parents about sexual matters. Similarly, limitations in relation to parental confidence, knowledge, and communication skills, as well as embarrassment, create difficulties in talking about sex in families (Trinh *et al.*, 2009). Schools are the accepted environment for the sex education of Thai pupils (Smith *et al.*, 2003), but their focus on anatomy and sexually transmitted diseases neglects issues such as sexual development, the building of adult relationships, and gender roles (Nimkannon, 2006). Adolescents need factual information and support from adults to help them make informed decisions about becoming sexually active (Vuttanont *et al.*, 2006). However, only a minority of adolescents (19.5% in Bangkok) actually benefits from any parental sex education (Ruangkanchanasetr *et al.*, 2005).

The Thai government has emphasized its intention to raise public awareness about the importance of sex education in the family context. However, Thai policy in relation to

parental involvement in sex education remains unclear, while parents, teachers, and service providers still feel reluctant, and lack the necessary skills, to address sexual matters (UNFPA, 2005). Thai social and cultural norms traditionally have discouraged the public discussion of sexuality and view premarital sexual intercourse as unacceptable (Thato *et al.*, 2003). Teenagers who are unintentionally pregnant or suffering from a STI will find it difficult to talk with parents, who uphold traditional gender double standards and often believe that their teenagers are unlikely to need sex information (Tangmunkongvorakul *et al.*, 2005). Furthermore, a high level of confusion and ignorance about sexual issues among Thai parents persists (Thianthai, 2004).

The reasons for the absence of most Thai parents from the sex education of their teenagers are still only poorly understood, especially in relation to the rural population. There is also a need to understand the relevant attitudes of both parents and teenagers towards sex education.

AIM

The purpose of this study was to explore the attitudes of Thai adolescents and parents towards parents providing sex education to their adolescent children.

METHOD**Recruitment and sample**

Thirty parents and 36 adolescents (aged 15–18 years) from rural villages in Udon Thani Province (north-eastern

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Thailand) were recruited. Local community health workers invited the potential participants to participate and the first author (C. S.) met those who were interested, explaining the study to them. All the participants were asked to give consent in writing or by thumbprint if illiterate. The adolescent participants gave consent themselves, but required the consent of one of their parents or guardians in writing or by thumbprint in order to be included.

Sociocultural background of the families in Udon Thani

Udon Thani has a population of ~1.5 million people. Of these, 16.25% are adolescent. Of the total population, 73% live in rural areas, 77% work in agriculture, 99.4% of the population are Buddhist, and the average age of marriage is 22 years for women and 26 years for men (UNESCO, 2000).

Udon Thani Province was selected because of its high prevalence of sexually transmitted infections (STIs) in young people, with 52% of all STIs and 30.4% of all abortions occurring in teenagers. In the three villages, the prevalence of post-partum teenagers is 28% of all post-partum women (Udon Thani Provincial Health Office, 2008, unpubl. data).

Ethical issues and trustworthiness

All the published data was made anonymous. Anonymity is not achievable within focus groups, but ground rules were agreed on, in terms of respecting each other's views and confidentiality. Research approval for the study was given by the Faculty of Health Ethics Committee, University of East Anglia (Norwich, UK) and the Provincial Health Department, Udon Thani (Thailand). All the participants took part voluntarily and had opportunities to ask questions before giving informed consent. They were free to withdraw from the study at any time.

To ensure rigor, the principles of trustworthiness of Lincoln and Guba (1985) were applied. Credibility was enhanced by informal member-checking at the end of each focus group, verifying the accurate interpretation of the responses by the researcher, and transferability was enabled by providing thick descriptions to enable the reader to decide whether or not the participants and their circumstances were comparable to their own setting. Fair representation of the data and rigorous translation checks increased dependability and the provision of a clear audit trail showed that all the findings were derived directly from the data, providing confirmability.

Data collection and instruments

Eleven focus groups were conducted between December 2008 and February 2009. This approach previously had been used effectively to provide insights into the views of adolescents on sexual health issues (Hyde *et al.*, 2005). In order to stimulate discussion and to enable the participants to speak more freely, a structured vignette story was used (Appendix I). It was designed by Vuttanont *et al.* (2006) to explore

the attitudes of Thai teenagers in urban areas to sexual risk and contraception. However, as this study took place in rural Thailand, the scenario was modified to take into account the rural context and was extended to explore unplanned pregnancy and approaches to problem-solving.

All but one parent group were single-sex groups. The facilitator for all the groups (C. S.) had previous experience of using focus groups for health promotion activity. The vignette story was told in short sections, stopping frequently, with the initiation of group discussion and the sharing of ideas at each point. This allowed the participants to voice their opinions without telling their own stories, enabling them to more comfortably state their perspectives. Each focus group included five-to-seven participants and lasted ≤ 90 min.

Data analysis

Thematic analysis was used to establish the key themes from the data (Braun & Clarke, 2006). All the focus group discussions were audio-recorded, transcribed verbatim, and translated into English by C. S. The correctness of all the translations was verified by two Thai bilingual academics. All the data was analyzed by C. S., but all the authors met regularly to consider and clarify the themes. Any coding issues were discussed and, together, the authors chose extracts to support the themes that were selected to present the findings.

RESULTS

Demographic characteristics of the participants

Eighteen male and 18 female teenagers were recruited. All lived in the same household as their parents. Eleven were studying at ninth grade. While four had left education, two planned to study at undergraduate level after completing high school.

Thirty parents, aged 30–58 years, were recruited, with equal numbers of both sexes. Most were educated to primary school level. Only one father held a bachelor degree. Most of the parents worked as farmers and 10% were employed by a variety of businesses. All the participants were Buddhist.

Identified themes

Five themes were identified from the data. These reflect the parents' and teenagers' attitudes and highlight the still-existing limitations and barriers that prevent parents from becoming an integral part of the provision of sex education in Thai families.

Restrictions imposed by traditional Thai culture

Most of the parents had not taught their children about sex education issues, nor had they spoken openly with their children about sex, feeling embarrassed to bring up the subject with their children:

It is difficult to start discussing sex because I feel embarrassed to speak about this and do not know how to begin (P4N-mother).

My parents have never talked [about] this subject directly. They feel embarrassed to begin speaking about this issue (P1D-boy).

The parents felt that Thai society made it virtually impossible for them to discuss sex openly with their teenage children and that sexual matters were taboo subjects:

If I brought up the subject to discuss with others, I would be looked down on as an impolite person (P2D-mother).

Some suggested that, if it became known that they spoke about sex-related issues with their children, they would appear strange to the other villagers:

[Here], not even one family . . . teaches their children about sex. They might think it will be just too different if our family begins [it] (P3D-father).

It is harder for my parents to talk about sex with me, when other families have never discussed this (P4D-girl).

However, the pattern was not consistent. Some parents believed that sex education should be the responsibility of parents, but they admitted that it would be difficult for them to lead the conversation and answer any of their children's questions:

It might be possible to teach my children but I fear that, if my children ask questions, I would not be able to answer them. If I talked about it in-depth, it would become too obscene (P2D-mother).

Therefore, it is no surprise that the parents often used prevention strategies. Forbidding sex and other restrictions were used to prevent girls from becoming involved in sex:

I only tell my daughters: "Do not have sexual relations while a student." I forbid it as inappropriate behavior and unacceptable for a Thai "good" girl (P2MIX-mother).

My parents taught me that a woman should be a virgin and carefully preserve the status. If I were involved sexually, I would be like "cooked rice left to spoil" (P7N-girl).

Examples of young women becoming pregnant while still a student were used to scare teenagers into "avoiding improper behavior":

I use the time while watching television together to explain the examples of girls who end up pregnant while still being a student. My daughters will fear pregnancy and will be careful and not get involved in those undesirable things (P3D-father).

For young men, the picture differed. The parents regularly warned their sons to use condoms when having sex to prevent unplanned pregnancy:

I speak only [about] how to prevent problems by using a condom, but do not seriously talk about abstinence. If he wants to have sex with a girl, he needs to prepare himself for prevention of pregnancy (P1MIX-mother).

Contraception was acceptable for married women and the parents talked to their daughters about birth control methods only in the context of marriage:

My daughter does not yet need to use pills for birth control. Pills will be useful for her in the future after she got [sic] married, but not now (P4MN-mother).

My mother told me: "If a man refuses to use a condom, a girl needs to refuse to have sex." She told me I have to wait. Later, when I am married, a condom will be useful for me (P4GN-girl).

Sex education is not a parental duty

Many of the parents asserted that they did not need to teach sex-related subjects to their children because it was not their duty:

I think almost 100% of Thai families do not ever mention sex education. We do not need to talk about this subject with our children (P3D-father).

This was reflected in the experiences of the teenagers of both sexes, who expressed clearly that their parents were not interested in sex-related issues and did not give any importance to this subject:

My parents have never talked about sexual issues that [sic] they do not consider this important enough. So, they do not see a reason to discuss it (P5N-boy).

Many of the participants believed that sex education should be taught in schools. The parents and teenagers highlighted that they appreciated the knowledge of teachers and the sex education resources that are provided by schools:

Teachers have to teach our children about this subject. I think schools have many books and other sources for our children to search on the issue. Parents do not need to provide them with further knowledge (P6D-mother).

Teachers are better than parents because when someone has a problem and needs help, they can approach teachers, who are better prepared to answer questions (P7N-girl).

However, limitations in the teachers' and schools' sex education teaching were noted:

The information I have acquired from my teachers is not enough because . . . they have not considered what students need at different levels (P6D-boy).

Teachers should not be involved in the teaching of sex education if they have not studied the subject matter directly (P4N-mother).

With the parents normally refusing to touch upon the subject and schools not always living up to expectations, the teenagers of both sexes turned to the Internet and trusted their peers for advice:

I often find information from the Internet. If I want to search about birth control, it is very easy to access by searching “pill” on Google website (P6D-girl).

We learn from our friends who have had experiences and they tell us about it. They have useful information and . . . we can believe them because they do not judge us if we ask, unlike our parents who might scold us (P4N-girl).

Parental limitations

The parents recognized that, due to a lack of knowledge, they did not know how to lead the discussion. Most admitted insufficient confidence to answer the questions of their children:

I have a niece who asked me to buy birth control pills and when I asked what for, she told me it was to make her hair long. It was the same when my daughter said pills would make her thin. I had to believe her because I did not have the opportunity to study as much as her (P1D-mother).

This difficulty was confirmed by the teenagers, who expressed clearly that their parents lacked knowledge in the subject of sex-related issues. The adolescents reported that their parents were unable to answer or responded with expressions of their ignorance:

When I ask [sic] my father about the effectiveness of a condom, he said: “No, no, I don’t know. Why do you ask me about this, please stop thinking about this” (P2N-boy).

The parents and teenagers also highlighted that many of the parents were peasant rice farmers who struggled to provide funds to maintain their family, leaving them little time to talk about sex with their children:

I have to work from early morning to evening to earn enough money to provide for my family. I have no time to talk about sexual issues with my children (P1MIX-father).

My parents must spend their time working in rice fields. They return home when it is dark and we have a little time to discuss things in general and never talked [sic] about sex-related issues (P2NC-girl).

Finally, some parents worked in different provinces and left their children with older relatives, who struggle even more with the subject:

My parents leave me with my grandmother because they must work away from home. My grandmother does not teach me about this subject because she has no sex-related knowledge from her school (P3D-girl).

Generation gap

The parents and teenagers of both sexes often had different attitudes regarding sexual matters. The parents highlighted

how they had difficulties discussing sex with their teenagers because of the fragility of their confidence, fearing that their teenagers might regard their views as old-fashioned:

Parents do not teach sex education to children because they are not interested in listening to us and believe we are “million-year-old turtles” (P4MIX-father).

I tried to teach my daughter about pregnancy prevention but she looked at me as interfering in her life and she told me she already knows the subject well (P1N-mother).

The teenagers were aware of this perception. They admitted avoiding speaking about sex with their parents, fearing complaints about their behavior:

I think speaking with my parents is difficult because my parents will be quick to criticize and complain before listening to the whole story (P7N-girl).

The teenagers also perceived themselves to be more confident than young people in the past. They were concerned that their parents might view them as stubborn and disobedient but emphasized that they would not do “anything wrong that would hurt our parents” (P3N-girl):

A girl sits on the back of a motorcycle seat with a boy. It is a regular thing. Nevertheless, our parents complain and do not accept this (P3N-girl).

I told my daughter that, when meeting boys, it must be within the bounds of propriety. She responded that I was crazy for suggesting this. Therefore, I no longer try to teach her. Children today have an aggressive attitude. They think that parents are out-of-date (P4MIX-father).

This theme demonstrates a lack of awareness between the generations, with young people feeling that their parents lack knowledge and will misunderstand them, while the parents fear that their children already know everything and regard their views as irrelevant.

Better not bring it up

Many of the parents avoided talking about sex to their teenagers. The parents asserted that their teenage children were still too young, denied that they carried out any risky behavior, and that it was not the time to educate them about sex:

I have never taught my children about this subject because my children have no risks. I think it will be better if we wait (P1N-mother).

My parents told me that sexual matters are no subject for me now. I have to wait (P4D-girl).

These views were mirrored in statements highlighting that parents avoided providing sex-related information to teenagers for fear that sex education might encourage experimentation with sex:

My parents might think, if they teach me about sex, I will have the knowledge to experiment (P3D-boy).

If parents teach about using condoms or birth control too early, their children might look for opportunities to find a chance to experiment (P2D-father).

DISCUSSION

This study highlighted the many limitations in parent–child communication about sex. Very prominently, our findings in relation to the first theme, “restrictions imposed by traditional Thai culture”, confirmed that Thai sociocultural norms still discourage the discussion of sexual issues within families (Thato *et al.*, 2003) and that premarital sex remains unacceptable, particularly for women (Vuttanont *et al.*, 2006). This caused the parents and teenagers discomfort and neither felt able to initiate discussions. Generally, most of the participating parents did not teach their children about sex education directly, often using prevention strategies instead. This is consistent with the findings in Western countries (Walker *et al.*, 2008).

The second theme, “sex education is not a parental duty”, showed that adherence to traditional values was important for the parents. However, despite wanting to ensure that their children behaved properly, they asserted that they did not have a duty to provide sex education. The young people regarded their parents’ views as old-fashioned but they were constrained by respect for their parents. They were able to voice these opinions only within the safe focus group environment with their peers and not in the presence of their parents. Avoiding awkwardness and embarrassment, both parties chose to not mention the subject at home.

In this study, schools were seen as the preferred focus of learning about sex-related issues. However, their teaching was not seen as fully satisfactory and appropriate in a number of areas. The sex education curriculum of Thai schools is currently limited and teachers are often reluctant to teach it (Liu *et al.*, 2006). This study provides further evidence of the need to update the current provisions.

The participating adolescents acquired knowledge about sex and contraception from many sources, with peers being their preferred alternative. This replicates the findings of Vuttanont *et al.* (2006), in that close friends were a more convenient resource than their parents. The Internet also allows young Thais to search sexuality-related issues and exposes them to new, more liberal views on sex, as well as to unrealistic, inappropriate, and pornographic materials. This can be harmful (Meenagh, 2003), but regulating the information that can be accessed would be difficult (Measor *et al.*, 2000) and parental awareness of the availability of sexual information online was seen to be lacking. The parents were aware that adolescents seek information from sources, such as friends and television, but they preferred and trusted schools and teachers as the best sources of information.

In relation to the third theme, “parental limitations”, many of the parents lacked confidence in their ability to discuss the subject of sex education with their children, attributing this, at least in part, to their lack of relevant knowledge and also to their low level of educational achievement. This resonates with the results of Podhisita *et al.* (2001), who found that 80% of the Thai youth in their study had parents who graduated

only at the primary education level. Higher levels of parental education have been associated with lower adolescent sexual activity, delayed sexual initiation, safer sexual practices, and lower risks of pregnancy (Santelli *et al.*, 2000). That a parental lack of knowledge about sexual issues could contribute to adolescents’ sexual health difficulties was described by Trinh *et al.* (2009), who explored parent–adolescent communication about sexual issues in Vietnam. They reported that the parents lacked knowledge about sex-related issues and were unable to provide the sexual information that was needed by their teenagers.

Podhisita *et al.* (2001) outlined that adolescents who enjoyed a good relationship with their parents, especially their mother, initiated sexual intercourse later than those with a less satisfactory relationship. This reverberates with our fourth theme, “the generation gap”, which established that the parents’ and teenagers’ views and understanding differed. In addition, many of the parents in our study worked long hours or moved to urban employment. Leaving their children behind, possibly in the care of grandparents, widened the generation gap even further.

The last theme, “better not bring it up”, described that the parents felt that their teenagers were not mature enough to deal with sexual issues and replicated similar findings by Trinh *et al.* (2009) in rural Vietnam. The parents were very concerned that their children would experiment with sex if they were provided with knowledge about sex and contraception. However, avoiding this type of sex education altogether neglected the need of the teenagers to be provided with the necessary skills to achieve healthy sexuality throughout their life.

Limitations of the study

This study was conducted in three rural villages in north-eastern Thailand; it cannot fully encompass the cultural diversity of the country. However, given the similarities between its problem areas and findings and those of the study by Trinh *et al.* (2009) in Vietnam, it appears that the overall insights that it provides could be transferred across rural areas in south-east Asia.

The structured use of a case-vignette enabled the participants to relax and actively share their views without having to disclose personal information. Nevertheless, it is possible that not all of the focus group participants felt able to contribute equally and some might have been influenced by peer pressure, feeling unable to voice opinions that countered the views of others. The skilful use of the vignette by the facilitator did prove to be important in overcoming this potential problem.

Implications for practice and research

This research explored the opinions and perceptions of both parents and teenagers about the attitudinal barriers that prohibit parents from discussing sex with their teenage children. The topics that were explored in this study have been visited before, but without using this in-depth, side-by-side approach. The limited involvement of the parents in the sex

education of their teenagers, caused by their lack of knowledge and confidence, was demonstrated. Currently, no Thai national policy or program supports a parental role in sex education. However, such a policy or program would need to provide the parents with the relevant knowledge and communication skills and empower them by boosting their confidence to provide sex education to their teenage children at home.

CONCLUSION

This study has explored and outlined the existing attitudes relating to the provision of sex education by parents in north-eastern Thailand. Continuing traditional restrictions, a lack of parental knowledge, and the belief that sex education should occur in schools emerged as the main barriers to parents providing sex education to their teenagers. However, viewing these outcomes as purely negative might be neglectful, as there are opportunities that can arise from a problematic issue. These new insights provide potentially important directions for future health education policy and for research on talking in families about sex and sexuality. Educational interventions that empower parents to address this issue with their children would require a concomitant research study to investigate their effectiveness.

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APPENDIX I

Vignette that was used in the focus groups of parents and teenagers

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 secondary school. Mali meets a boy, Somchai (meaning “handsome boy”), 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 (and they have a great time being together). After the fair, they go to the park and they begin kissing. Somchai is very keen to have sex with Mali. Mali is also keen to have sex (adapted from Vuttanont *et al.* (2006)).

Vignette	Prompt
Part 1: After they have had sex, Mali goes back home	How do you think Mali would feel? What do you think she would do? How do you think Somchai would feel? What do you think he would do? Do you think Somchai will talk openly to his parents about his relationship with Mali? Do you think Mali will talk openly to her parents about her relationship with Somchai?
Part 2a: Mali might get pregnant because Somchai did not use a condom	How do you think Mali would feel? What do you think she would do? How do you think Somchai would feel? What do you think he would do?
Part 2b: Mali’s menstruation is 2 weeks late, so she talks with Somchai; she needs to know what is happening to her body	How do you think Mali would feel? What do you think she would do? How do you think Somchai would feel? What do you think he would do?
Part 3: Somchai and Mali need to get advice from others	Whom or what are the most important sources of information for Somchai? Whom or what are the most important sources of information for Mali? Is there anyone that Mali does not talk to? Is there anyone that Mali does not like talking to? Is there anyone that Somchai does not talk to? Is there anyone that Somchai does not like talking to? Do you think that Mali talks openly to her parents? What are the reasons for her to do that? Do you think that Somchai talks openly to his parents? What are the reasons for him to do that? What are the reasons for Mali to do that?
Part 4: Mali tells her parents that she loves Somchai but she does not tell them anything more; Somchai does not talk about Mali with his parents	What are the reasons for Somchai to do that? Which aspects of sex information is Mali most in need of from her parents?