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Parent-adolescent communication about sexuality in Vietnam: Content, barriers and motivation

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Abstract

This study explores the extent and content of parent-adolescent communication on sexuality and factors affecting this communication in Thai Binh province, Vietnam. Data were collected using qualitative methods (in-depth interviews and focus groups). Unlike previous studies in Vietnam suggesting little communication between parents and adolescent children on sexuality, this study found quite open parent-adolescent communication on this topic. But shyness from both sides, long-lasting belief held by parents that talking about sex would encourage early sex among adolescents, and parents’ lack of knowledge on the issue, exist as barriers that restrict the depth of their conversations. However, the widely accessible mass media with stories or messages about the consequences of sexual activities; observed consequences of unprotected sex taking place in communities; parents’ using gentle words and showing care for their adolescent children; and social activities of parents and children were motivators for this communication.
**Introduction**

Parent-adolescent communication on sexuality has been a research topic of interest for at least two decades and most research has tested the association between communication and adolescents’ sexual behaviors.[1] In developed countries, research shows that parents and adolescents communicate on a wide range of sexual topics and that this communication has a positive impact on adolescents’ sexual behaviors.[2-5] Although research has described barriers to this communication,[6] little is known about factors motivating communication.

In Vietnam, little research has examined parent-adolescent communication on sexuality; therefore, the roles of parents in providing sex education to adolescents, especially in the era of HIV/AIDS are not well understood. Parents are concerned about negative effects of development on youth’s values and stress the need to provide guidance to their adolescents,[7] but talking about sexuality can be a tremendous challenge for many parents and adolescents. As appropriate parent-adolescent communication on sexuality has been shown in various contexts to lead to safer adolescent sexual behaviors,[2-5] exploring what parents and adolescents talk about with regard to sexuality and what might affect this communication will provide helpful information for developing intervention programs targeting parents and adolescents in the country.

This study examines the content of parent-adolescent communication and factors affecting that communication. Although previous studies suggested that parents and adolescents rarely communicate with each other on sexuality,[8-11] this study, conducted in 2002, found that some parents and adolescents in Thai Binh talk openly about sexual issues with their adolescent children. However, the communication exists in a context where both parents and adolescents structure communication in response to two opposing forces. On the one hand, cultural and social barriers limit the depth of the information exchanged between parents and adolescents. On the other, the advent of HIV/AIDS in conjunction with the fear of unsafe sex among adolescents promote parent-adolescent discussions on sexuality. This paper depicts how these two forces play out in terms of the
structure and content of communication between parent and youth about sexual issues in Thai Binh.
Internationally, literature has shown that parent-adolescent communication on sexuality leads to safer sexual practices among adolescents such as delayed initiation of sexual behaviors,[12] fewer sexual partners[13-15], more contraceptive use, and less unwanted pregnancies.[6, 15-17] Different findings have been made regarding the extent to which parents and adolescents communicate with each other on sexuality. A common finding is that parents and adolescents often find it uncomfortable to talk with each other about sexuality,[18] although one study found that a majority of adolescents did talk with a parent about this issue.[19]

Most of the literature on parent-adolescent communication on sexuality has been conducted in the developed world,[1-5] but in Vietnam little is known about this communication. Vietnamese literature shows that while sex education in schools can serve as a major source of information about sex and HIV/AIDS for adolescents, it is insufficient for adolescents to fully understand sexuality.[10, 11] Sometimes, sex education in school is not the best way of transferring information to adolescents since they prefer receiving information from their parents and other trusted adults.[7, 9] Despite this, the research literature suggests that parents in Vietnam rarely communicate with their adolescent children about sex and HIV/AIDS issues.[8-11] They expect teachers and community leaders to teach adolescents about HIV/AIDS prevention. But the latter think that it is the parents’ role to teach their children about sex and HIV/AIDS. [7] This ambivalence causes adolescents to seek information about sex and HIV/AIDS from their peers, pornographic movies, books and newspapers.[7, 9, 10]

In Vietnam, as in other countries, there are barriers that restrict parent-adolescent communication on sexuality. These include parents’ lack of knowledge about sexual topics, embarrassment from both parents and adolescents when discussing sexual issues,[7, 8, 20, 21] and parents’ fear that discussing sexuality will encourage their adolescent children to have early sex.[7, 11, 21] Time constraints and lack of understanding from parents toward adolescents,[7] and gender of parents and adolescents might also limit their sexual communication.[22] While these barriers provide an
important understanding of why parents and adolescents in Vietnam rarely talk about sexuality, what factors might promote communication is largely unknown.

Although the existing research in Vietnam, much of which was conducted several years ago, suggests little communication between parents and their children on sexuality, the social context in Vietnam is dramatically changing with more adolescents becoming sexually active while not being fully prepared to engage in sexual activity.[7] Through various campaigns, especially in the era of HIV, parents are aware of the dangers that their children face from unsafe sex and the importance of providing sex education to their adolescent children. Therefore, there is now added urgency for parents and their children to discuss sexual issues.

In short, parent-adolescent communication on sexuality in Vietnam has not been thoroughly studied with regard to the extent and content of the communication and factors that affect this communication. Therefore, this current study aims to fill this gap in the Vietnamese literature, and to provide information for developing interventions aimed at promoting parent-adolescent communication on sexuality in the country.
Methodology

The study fieldwork was conducted in Thai Binh province of Vietnam over one and a half months (From mid December 2002 to the end of January 2003) in two high schools (Tay Thuy Anh in the rural area, and Le Quy Don in the town) and two communes (Thuy Son commune in the rural area, and Phuc Khanh commune in the town). A total of forty-five in-depth interviews and seven focus groups (each consisting of 12 participants) were conducted over this period. Out of 45 in-depth interviews, 23 were conducted with high school students (both males and females), 20 with parents with adolescents at high school (10 fathers and 10 mothers), and 2 male key informants (one in each of the selected communes). Four out of 7 focus groups were conducted with high school students (2 with females, and 2 with males) and 3 with parents (1 in Thuy Son commune, 2 in Phuc Khanh commune). The parents selected from these communes had at least one adolescent studying either at Thuy Son high school or at Le Quy Don high school.

Using a stratified purposeful selection method,[23] the researcher together with school administrators selected the study participants from school rosters for in-depth interviews and focus groups based on prior selection criteria in which geographic areas, grade levels (grade 10, 11, and 12 equivalent to ages 16, 17, and 18), and parents’ occupations (farmers, officials, and others) were taken into account. The two key informants were selected based on their experience working as representatives of their communities as recommended by the school administrators. Both key informants have been working as respected commune youth union leaders for more than 10 years, thus they were believed to be able to provide extensive information and to serve as local insiders to cross-check information provided by the other participants living in their localities.

As sexuality and HIV are sensitive issues, qualitative methods (i.e., in-depth interviews and focus groups) were employed to collect the data. Individual opinions, attitudes, beliefs, and experiences in parent-adolescent communication about sexuality and HIV were sought from in-depth interviews while information related to norms and values about the topics were gained from focus groups. Open-ended questions and
probing techniques were used for both in-depth interviews and focus groups. While participants in parent focus groups included both fathers and mothers, the student focus groups were conducted separately for females and males. Actual data collection began after three pilot in-depth interviews (2 female students and 1 mother in the town) and 1 focus group with 10 town parents.

The principal researcher, together with a local co-investigator (who was trained by the researcher in in-depth interviewing and focus group facilitating skills and ethical issues before the fieldwork began), conducted all 45 in-depth interviews and 7 focus groups using the interview and focus group guides (for students, parents, and key informants). Both the researcher and the co-investigator attended the seven focus groups to facilitate discussion. However, they separately conducted in-depth interviews. The researcher (a male) interviewed all male students and fathers selected for in-depth interviews, and one town mother. Likewise, the local co-investigator (a female) interviewed all female students and mothers.

Tape recorders were used to record the information provided in each interview and focus group. Any new issue arising from each interview or focus group was noted, verified, or adjusted later in the interviewing process. All tapes were coded appropriately for case identification and data analysis but without respondents’ names on them to ensure the confidentiality of the participants. The recorded tapes were transcribed by one experienced local staff member. However, the researcher himself listened to the tapes again while reading through the transcription to make sure that there was no transcription or typing errors that might affect the quality of later data analysis. Each in-depth interview and focus group lasted for at least 45 and at most 90 minutes, resulting in a total of around 55 hours of taped interviews.

All study participants were asked to provide, at the beginning of the interview or focus group, an agreement to participate in the study by reading and signing an informed consent form (for in-depth interviews), and providing verbal agreement (for focus groups). For high school students, informed consent was sent to, and approved by, their parents before in-depth interviews or focus groups began. This study and the informed consent procedures were approved by the University of North Carolina, School of Public Health Institutional Review Board and the lead author was a graduate student.
All in-depth interviews and focus groups with students occurred in a private room at school to avoid interference from their teachers or their parents during these occasions. Focus groups with parents were held at their own village to ensure maximum convenience for their participation.

The transcribed data from all in-depths and focus groups were first transferred into Microsoft Excel for coding and then to SAS Version 8.2 for analysis and text retrieving. In general, cross-case studies were performed, followed by interpretation of individual case analysis for typical and deviated phenomenon. This process eventually resulted in major themes and patterns of how study participants thought of and constructed parent-adolescent communication about sexuality and HIV. Finally, these findings are illustrated with specific quotes (either from in-depth interviews or from focus groups).
Findings

Extent of parent-adolescent communication about sexuality

Parents in the study openly discussed sexual issues with their adolescent children. Most parents directly communicated (i.e., providing explanations, asking questions, sharing their own stories, warning of risks, and advising on safe sex behaviors) with their adolescent children on topics such as male-female sexual relationships, virginity, pregnancy, abortion, condom use, and HIV/AIDS. However, masturbation and homosexuality or other sex orientations were not mentioned in any in-depth interviews or focus groups. The following quote is a typical example illustrating how a father shared his story with his daughter, warned her of the risk of getting infected with HIV in association with sexual activities, and advised her of a safe practice to prevent HIV infection. The story was told by a rural 17 year-old female student in an in-depth interview:

Recently, people talk much more about HIV because in my commune there was a man with HIV. Then his wife was infected and committed a suicide with insecticide. My parents said that “you should be careful when playing around. Probably you do not have such character [having sex] but if you are careless like letting blood from the patients touch your body, then you get infected.” Besides, my parents said that “to avoid risks you should go for testing for HIV before having premarital sex so that your future will be bright”.

There is a wide range of contexts in which parent-adolescent sexual conversations take place. Most parents and adolescents said their talks happened whenever they have free time (i.e., in Saturday or Sunday evenings), or during meals, or when a child was helping a parent to prepare food or selling goods, or even during the moments a parent and an adolescent child are preparing to go to sleep. In other words, parent-adolescent communication on sexuality is a reality in a mutual relationship between parents and adolescents.
However, the data suggest that their sexual conversations still lack “in-depth” information. This is indicated by the fact that parents and adolescents simply use concrete examples to talk with each other about sexual activities, risky situations (i.e., rape or sexual harassment), and consequences regarding sexual activities such as unwanted pregnancies, abortions, and HIV infection. But they almost never talked about how to use specific measures (i.e., using condoms or negotiating for safe sex with sexual partners) to help protect adolescents from such risks.

Only two parents (one medical doctor, and one a commune official who has regularly been exposed to HIV prevention training programs), mentioned condom use to their adolescent children as a protective measure against pregnancy and HIV infection with their adolescents. However, they stopped at naming the method, and did not discuss how to use them.

For most parents, sexual abstinence seems to be the only way for their adolescent children to avoid pregnancy, abortion and HIV, and the best way to avoid early sex is to avoid love at high school age. High school adolescents are expected to stop at a “transparent friendship” with opposite-sex friends to help each other in study, and if beyond this limitation, to keep “the first feeling of life” [love at adolescent age] in mind, but not let it affect their education. For parents, adolescent love at this age will lead to a waste of time, and result in poor academic achievement, and a bad reputation. Parents do not think that their adolescents have ever had sexual activities, and thus do not talk with their adolescents about using condoms and do not specifically teach them how to say “no sex” with their partners. Some parents only told their daughters that “Some boys nowadays eat meals before the bell rings”---meaning that boys have sex before marriage--, and asked them to keep a certain distance with male friends to avoid sex. As a rural mother in an in-depth interview told her daughter:

When you are getting to know him, keep a long distance. Do not be so close to him because nowadays boys "eat meals before the bell rings". You have to keep an intact body. If not, we will get bad reputation. Thankfully, none of my daughters has such kind of bad things." [a rural mother in an in-depth interview]
The results suggest that parent-adolescent sexual communication is somewhat different for female and for male adolescents. Specifically, a common sexual conversation between parents (mostly mothers) with a daughter is more likely to involve a story, advice, or a lesson learned about a female adolescent who had early sex, lost her virginity, got pregnant or had an abortion resulting in negative consequences, including a bad reputation, occurring afterward. If not, they might talk with each other about female adolescents who were raped or sexually harassed due to their imprudent behaviors or dangerous situations like going out alone, or late at night. For male adolescents, a sexual conversation is much simpler, mainly involving a parent advising them not to be in love and not to have sex early, or not to do harm to a female adolescent through sexual activities like making them pregnant. The following example represents what a majority of parents advises their sons. In one interview, a rural father shared with me his conversation with his son about sex. His son initiated the conversation by telling him about a pregnant student. The father then capitalized on this opportunity to talk about sex issues, involving potential consequences of unprotected sex. The father said:

My second child told me that in his class there was a female student who became pregnant due to some reasons. She was waiting for a decision from the school board about stopping school. I took advantage of it and furthered the talk by asking that “If this were in your case, what it would be like?” He said “I am a boy, that would never happen”. I furthered, if you made a girl pregnant, what would you do. Then he replied “That would never happen to me. Now I am still young. I have to study”.

The two-way conversation in the above example is not a common phenomenon in this study since most parents often initiated a conversation then unilaterally talked to their adolescent children. However, whenever this mutual pattern exists, the parent-adolescent relationship seems to be very close, which sometimes makes a firm basis for their friendly conversations on sexuality.

**Barriers to parent-adolescent sexual communication**
While a majority of parents directly talk with their adolescents about sexual issues, up to half of the in-depth interview participants reported that at least one parent never talked about these issues with their adolescent children. For many of these parents, the belief of “Ve duong cho huou chay” { Drawing a way for the deer to run, or in this context, encouraging their children to have early sex}, shyness, and lack of knowledge on sexuality are major causes for their silence.

Some parents felt that their children were too young to learn about sexual issues or too immature to have sex. They were afraid that talking with their children about these issues would cause them to have early sex. Therefore, they tend to observe and hold their intention to talk about these issues until an appropriate point in time. As a town mother said in an in-depth interview:

“I see that he is still afraid of female friends. He does not think yet of sex. He is still studying. He has no girlfriend. Then we do not talk about sex with him…I will talk with him about this when he reaches his 11 grade [Now he is at grade 10]”.

This hesitance, sometimes intensified with the firmly rooted shyness felt by parents, created an unnecessary barrier between them and their adolescent children which limits open mutual dialogues on sexuality. Some fathers found it too difficult to talk with their daughters while some mothers encountered the same insurmountable obstacle in communicating with their sons about sex issues. As revealed by a rural father: “Frankly speaking, it is easy to talk with my sons, but it is very difficult to talk with my daughter. Talking about gender, sex, and HIV with my daughter is the job of her mother.”

Unfortunately, the hesitance and shyness from parents are sometimes the main reason leading to a lack of understanding between parents and adolescents. Because of this, while a majority of students stated the necessity to talk with their parents about sex, and HIV, some see a distance between parents and adolescents in this type of communication. For them, it is better to talk with friends than with parents. As a rural male student (grade 10) shared: “In our society, parents forbid children so much. Therefore, we may talk with our close friends about feelings with friends of opposite sex. If I talked with our parents about love, I am sure our parents would reproach me of it as I
Some adolescents also feel shy to talk openly with their parents on this sensitive issue. When asked, 12 adolescents in in-depth interviews (both males and females) expressed their embarrassment and lack of confidence to talk with their parents on sexuality. This phenomenon was also observed in 4 focus groups with students. Because of this, some students “...only dare to talk with my parents about HIV infection through mother to a baby, but not to through sexual activity.” [In-depth interview with a town male student]

Parents’ lack of knowledge about sex and HIV often limits the richness in communication with their adolescents about these topics. Both parents and adolescents agree that parents need to be knowledgeable about sex and HIV to have an informed conversation with their adolescents. This was stated in about one fifth of the interviews and most of the focus groups. As a town mother said “I have little knowledge about HIV. So our talk about HIV with my children was just limited. We need to know more about HIV to prevent our children from getting it”. Often, this lack of knowledge does not fulfill adolescents’ needs for information, as a rural male student said in an in-depth interview:

“My parents also listened to mass education programs about HIV. But they did not fully understand this issue. So they could not share with me all what I need to understand about this disease… They never talked about how to practice safe sex because they did not have knowledge about this, and did not deeply understand it”.

Harmonious parent-adolescent relationship as a catalyst motivating communication

The quality of the parent-adolescent relationship plays an extremely important role in provoking and reinforcing sexual communication between them. When there is a good parent-adolescent relationship, parents not only play the role of a teacher who explains to their adolescents what they do not know and ask them what they need to know in order to communicate with them better, but they also play the role of a friend who is willing to share with them their life experience, warn them of dangerous situations, and advise them what to do in relation with gender, sex and HIV issues. Sometimes, embedded in all of these roles is a deeply woven emotional thread that brings
parents and adolescents together, building in adolescents a firm trust and strength that motivates adolescents to actively participate in communication on sexuality with their parents. The following example illustrates a typical harmonious parent-adolescent relationship and how it helps motivate parent-adolescent communication. The story occurred in a focus group with rural female students in which a daughter, in grade 10, proudly talked about her mother who was a teacher of literature:

I never talked with my father. But my mother is very emotional and understanding. If I do not tell my mother something, she knows it by just looking at me…. She often said: “feel free to share with me because I had gone through your stage. I taught many students some of whom surely did not study in the class, just wrote letters for boyfriends. I know you do not have such an act, but you might think of something like that in your mind.” Then I told her the truth that I had a feeling about him [her male classmate], but I respect him and that feeling would follow me all my life. Now he does not know about my feeling. My mother told me to try to keep this feeling and see it as a motive to study hard… Talking with my mother is my happiness.

In some families where such a parent-adolescent relationship does not exist, adolescents prefer their parents’ to use gentle words instead of showing anger, seriousness or forbidding acts. Many students in this study (both in in-depth interviews and in focus groups with students) expressed their wish that they could openly talk with their parents on sexuality if their parents better understood them. As reported by a town male student in a focus group: "We have just entered the puberty stage. So our academic results decreased. When my parents came to a parents’ meeting and knew about that, they reproached me. I think my parents should explain gently. It would be better." Some adolescents really want to talk with their parents, but they end up with saying nothing because their parents are too serious: “My father is very serious. I never talk with him about my friendship with male friends. He is in the army. I think it is necessary to talk with my father, though.” [A rural female student in an in-depth interview]
Seeing communication methods as important, some parents and adolescents recommended strategies to improve their communication methods through social activities. As a town female student suggested: “For example, in women’s meetings, mothers should talk more about parent-adolescent communication. They may use video tapes or movies to share ideas of how to communicate with children.” Some parents also agree with this recommendation. A town mother said: “In neighborhoods, women can meet and share their own methods to communicate with their children. They can learn from one another that way.” Some parents recommended sports or any convenient moments involving both parents and adolescents as a means to bring them together and motivate mutual talks. As a rural father said: “We can talk while playing the badminton too…this is good both for health and for parent-adolescent relationship…”

*External catalysts for parent-adolescent sexual communication*

Often, situations that occur in daily life help parents talk easily with adolescents on sexuality. This finding was observed in at least 10 parents and 12 students in in-depth interviews, and in all 7 focus groups. “When parents experience a certain phenomenon or a small story like a high school female student who could not control herself and became pregnant, they will tell this story to their children”, said the town key informant. For example, a rural father took such an example to initiate a talk about sex and HIV issues with his daughters:

A husband of a girl studying with my daughter was diagnosed to have SIDA (AIDS). Based on this case, I told my daughters that normally if a girl gets married to a husband who doesn’t get infected with HIV she will not get infected. But if he does, then she does too because HIV is transmitted through sexual activity.

The above story seems to have naturally occurred between the parent and his daughter and stemmed from a real HIV infection and sexual activities following a HIV case happening in their community. The long-lasting cultural barriers, the shyness from both parents and adolescents, disappeared in such
communication. In other words, the HIV pandemic and the risk of getting infected with it forced parents to initiate a sexual communication with their adolescents.

Sometimes, it might not be HIV infection that helps initiate a sexual communication between a parent and an adolescent. Rather, the risk of an unwanted pregnancy, and its consequences provided the medium for their sexual conversations. The following story does not explicitly depict an actual communication between a mother and a daughter. However, the impression held by the daughter, a female town student, on images of immature mothers with abortions told by her mother, who was working in a gynecological hospital, implies an extensive communication between them. The daughter told this story in an in-depth interview:

At this age [high school age], sexual organs are not yet fully developed. If an abortion were done on a young girl, there would be lots of effects in the future. There might be some damage after she gets married. If her husband knows about her past, he would reduce his respect to her.

Stopping for a while as if she tried to remember something, she then added:

My mother sees daily some children aged only 13 who came to the hospital for an abortion. They [children] cried. When doctors asked them, they did not know anything even about themselves. They were just too young, not mature enough to be mothers. When a mother is too young, often the baby is not healthy. And the mother will not like him because this is the baby outside her wish. Even the mother did not know how to take care of herself.

The media is also identified in this study as a catalyst for communication, with at least 8 parents, and 9 students mentioning that parents and adolescents talk with each other based on messages or news from the media. This external factor was also brought up in all 4 focus groups with students and 2 focus groups with parents (1 in the rural area and the other in the town area). Messages from such media as newspapers, TV or the radio can be a good mechanism for parent-adolescent communication about these issues. For example, a town father conceded:
I often ask my children to watch TV programs about gender, sex, and HIV, like “the Temporary People” program. Or sometimes, I borrow a newspaper which has stories about a girl who was cheated by a boy… for my children to read. Then we all father, mother and the adolescent discussed together.

Sometimes, when parents see striking news on TV, they immediately talk with their adolescent children about it. As a rural father said, “While we were watching TV, we saw a stage about HIV, I told my children that HIV was transmitted through sexual activity. I said to them that when getting married, one must have sex. If a husband gets infected with HIV, his wife will get it too.”

**Social activities provide an atmosphere for parent-adolescent sexual discussion**

Social activities of parents and adolescents motivate parent-adolescent communication about sex and HIV issues. For many parents, social interactions like neighborhood meetings, or women's meetings can provide them with information, and thus motivating them to talk with adolescents about these issues. Also, some parents observe and collect information from work, and share it with their adolescents at home. As a rural father said, “I am often exposed to HIV prevention programs. Sometimes they have a drama on HIV prevention. Then I talk with my children about HIV prevention based on such programs.”

Sometimes, it is adolescents who initiate a conversation with their parents because their social activities require them to do so. As a town female student said, “Sometimes, I have some homework about HIV. My parents help me and explain to me about it while I am doing the homework. We only talk about HIV on these occasions, not in ordinary days”. Similarly, some students express a wish to have some social activities in which parents and adolescents do things together and get chance to talk with each other about sex, and HIV. For example, a town male student suggested “In order to clear out the shyness between parents and adolescents about these issues, we need to create an environment in which both parents and adolescents participate. For example, schools may have a competition that requires input from the whole family. Through such activities, family members will better understand each other and talk more with each other”. Many
parents and adolescents also agree that schools need to have extra-curricula and open forums about these issues. Communities need to have youth clubs where young people and parents can go to discuss the issues. Intermingled with such activities are contests where both parents and adolescents can participate. All of these activities are believed by parents and adolescents to remove the barriers between them, and thus would motivate open talks between them about sex, and HIV.

In short, although not explicitly stated as a factor affecting parent-adolescent communication about sex and HIV, all of the above findings imply that parents and adolescents would be more motivated to talk with each other once those intervention activities were put in practice. In other words, social intervention activities can be a motivating factor for parent-adolescent communication about these issues.

Conclusion

One limitation of this study lies within the sample selection protocol. Although efforts were made to include adolescents and parents of different backgrounds (i.e., students’ grade levels, and parents’ occupations) and geographic areas (i.e., the rural and the town areas) a significant proportion of potential participants were left out. These include adolescents who did not go to, or dropped out, of high school. These adolescents might have family situations different from those of the recruited adolescents, and thus might have different response to the research questions. Likewise, the sample selection technique failed to identify some extreme cases such as high school students who allegedly had sex or had been pregnant, or students who abused drugs. Once again, these students might help add more in-depth into the study findings, thus providing more insight for a comprehensive intervention that addresses different family situations in an effort to prevent HIV infection among adolescents.

This study was designed to explore the extent of parent-adolescent communication on sexuality and factors that affect this communication in Vietnam. In this study, “sexuality” shaped from the respondents’ points of views and their actual experiences included male-female sexual relationship, virginity, pregnancy, abortion,
condom use and HIV/AIDS. This definition of sexuality is consistent with many other studies in the U.S.[2, 25]

Unlike previous research suggesting a lack of parent-adolescent communication on sexuality in Vietnam, this study found quite open communication on sexual issues between parents and adolescents. But shyness from both sides, long-lasting beliefs held by parents that talking about sex would lead to early sex among adolescents and parents’ lack of knowledge on the issue exist as barriers that restrict the depth of their conversations. For instance, it is quite easy for a parent and an adolescent to talk about concrete consequences of unprotected sexual activity (i.e., abortion, or HIV infection). But they often avoid talking in details about sexual behaviors such as how to use specific measures (i.e., using condoms) and how to negotiate with sexual partners for safer sex practices. Furthermore, some particular sexual aspects, widely accepted by the West, such as homosexuality, masturbation, or other sexual identities or orientations, were not mentioned at all by the respondents. This phenomenon is either because the respondents did not know about these or because they felt shy to openly talk about them. Because of this, further research may need to examine these more sensitive areas with specific operationalization of those concepts (i.e., homosexuality, bi-sexuality, masturbation, and so on).

While barriers to parent-adolescent communication on sexuality are well recorded in Vietnam’s social literature,[8, 10] the discovery of some major motivating catalysts added to the richness of the literature. Widely accessible mass media (particularly on television) with stories or messages about consequences of sexual activities were found to be the most interesting medium to provoke a parent-adolescent conversation about this topic. In addition, real consequences of unprotected sex (like abortions, bad reputation, HIV infection) and social activities of either parents or adolescents in communities or schools were often immediate triggers for such a conversation. Last but not least, parents’ using gentle words and showing care were particularly emphasized as an appropriate communication method to build up parent-adolescent relationship, and thus reinforcing their conversations on sexuality.

In short, parent-adolescent communication in Thai Binh Province, Vietnam actually exists within a context of two opposite forces. On the one hand, it is restricted by
the shyness or hesitance from both sides about discussing sexual issues. On the other hand, it seems to be more and more developed when there is a “boom” in sex-related information or real images of unprotected sex consequences on mass media, schools, or communities where they are living. For this reason, in order to promote parent-adolescent communication on sexuality, program planners should not only intervene to remove the long-lasting cultural barriers reflected in the parents’ hesitance and shyness from both sides in initiating an open talk on sexuality, but should also widely disseminate accurate and updated information about sexual issues through mass media especially television.

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