

**Sri Lankan parents' attitudes towards adolescent
reproductive and sexual health education needs:
*A qualitative study***

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Abstract

Introduction: Adolescents have unique reproductive health needs when compared to adults, and the behaviours adopted in adolescence have serious implications for their later well being. Serious gaps have been found in providing sexual and reproductive health information to adolescents in Sri Lanka.

Objective: To explore the attitudes of Sri Lankan parents' towards adolescent reproductive and sexual health education, to identify current parental practices of imparting reproductive and sexual health information to their children and to identify perceived barriers parents face in discussing sexual and reproductive health issues with their children.

Methods: A qualitative study conducted using focus groups discussions in Kurunegala, Kandy, Gampaha and Colombo districts among 71 parents having an adolescent child.

Results: All parents said that it was essential to provide reproductive and sexual health education to adolescents, mainly to deter them from engaging in any precocious sexual activity and to protect children from various threats posed by society, such as sexually transmitted diseases and child sexual abuse. Generally most parents were reluctant to directly discuss reproductive and sexual health issues with their children due to cultural taboos and resultant feelings of shyness and embarrassment. However, mothers, to some extent, discussed reproductive and sexual health matters with their children, often with their daughters and sometimes even with sons. However, some parents expressed lack of knowledge to do so. Parents also indirectly educated their children on sexual and reproductive health topics by providing them with books to read. Many parents considered school and teachers to be the best source of reproductive and sexual health information for their children. Doctors too were considered by parents to be a reliable source of reproductive and sexual health information.

Conclusion: Parents considered adolescent reproductive and sexual health education as essential to protect and deter children from engaging in any precocious sexual activity. However, most parents were reluctant to openly discuss reproductive and sexual health topics with their children. In general, parents preferred outside sources, people other than themselves, such as teachers and doctors to provide their children with reproductive and sexual health information.

Introduction

Adolescents have unique reproductive health needs when compared to adults, and the behaviours adopted in adolescence have serious implications for their later well being. Unfortunately, in many parts of the world, reproductive health needs of adolescents are often poorly understood or neglected (WHO 2006) especially in South Asian countries such as Sri Lanka (WHO 2003).

About 22% of Sri Lanka's population of 19.3 million consists of adolescents (UNICEF 2006). A recent national survey has indicated that knowledge regarding sexual and reproductive health matters such as sexually transmitted diseases (STD's), contraceptive use etc. among this Sri Lankan adolescent population is poor (UNICEF 2004). A qualitative study, using informant-generated questions reported that the informational needs of Sri Lankan teenage students regarding sexual and reproductive health matters are very high (Thalagala and Gunawardana 2006).

Parents have been found to be influential sources of information and advice for children in studies conducted in many countries (John Hopkins Center for Communication Programs cited in Mturi, 2001). In many South- Asian countries, the family has a strong influence on adolescents (Masilamani 2003). In a national survey, the majority of school going adolescents in Sri Lanka perceived their families as intimate and close (60%) and considered the family as refuge (52%) for a problem (UNICEF 2004). A large proportion was proud of their families. For a significant proportion, their hero was a family member. Mothers were identified as the most trusted and liked personal confidantes of adolescents irrespective of age, sex or socio-economic status. 76% of school going adolescents in this survey indicated a parent as the most trusted person at home, with 61% opting for the mother and 15% for the father. Hence if utilized properly, family members, particularly parents, can be an invaluable source of reproductive and sexual health information for Sri Lankan adolescents.

Yet in South Asian countries like Sri Lanka, there are cultural taboos for discussing sexual matters. As a result, adolescents are usually embarrassed at the prospect of discussing sexual and reproductive health issues with parents, and adults are reluctant to address these issues, often believing that discussing these issues would seem as condoning premarital sex (WHO 2003). Such barriers have important implications for adolescent reproductive health education programmes. Therefore, it is important to explore the difficulties parents face when discussing sexual and reproductive health issues with their children.

Masilamani (2003) points out that as gatekeepers, parents, families and teachers would have a strong influence on adolescents' behaviour. Together, they comprise the social environment in which adolescents make decisions (Masilamani 2003). Therefore, any adolescent reproductive health education programme will have to win over parents as well as other gatekeepers. Hence, it is important to explore the attitudes of parents towards adolescent sexual and reproductive health issues.

This study was carried out to explore the attitudes of Sri Lankan parents' towards adolescent reproductive and sexual health education, to identify current parental practices of imparting reproductive and sexual health information to their children and to identify perceived barriers parents face in discussing sexual and reproductive health issues with their children.

Methods

Study design: This study was a qualitative study.

Study setting:

The study was conducted in Sandalankawa, Polgolla, Kiribathgoda and Wellawatte representing the Kurunegala, Kandy, Gampaha and Colombo districts, respectively, representing both urban and rural areas of the country.

Study population

Parents were recruited using a convenient sampling method. All participants were volunteers. Any parent having at least one adolescent child, i.e. aged between 10 –19 years as per the WHO definition (2003) and wishing to participate in the study was invited to participate.

A total of 71 parents (38 mothers and 33 fathers) participated in the focus group discussions from all 4 districts. The parents were from middle to lower-middle socio-economic groups. The number of participants from different districts and their demographic details are given in Tables 1 and 2.



Area	Number of mothers	Number of fathers	Total number of participants
Sandalankawa (Kurunegala District)	11	09	20
Kiribathgoda (Gampaha District)	12	09	21
Polgolla (Kandy District)	09	09	18
Wellawatte (Colombo District)	06	06	12
TOTAL	38	33	71

	Age range	Mean age	Median no: of children	Age range of children
Kurunegala District				
Mothers	37 -51 yrs	45.64 yrs	03	04 - 30 yrs
Fathers	34 - 52 years	43.11 yrs	02	07 - 17 yrs
Gampaha District				
Mothers	34 - 54 yrs	44.42 yrs	02	06 - 22 yrs
Fathers	35 - 66 yrs	47.44 yrs	02	05 - 25 yrs
Kandy District				
Mothers	35 - 50 yrs	40.67 yrs	02	07 - 24 yrs
Fathers	37 - 54 yrs	45.56 yrs	02	05 - 23 yrs
Colombo District				
Mothers	42 - 54 yrs	49.00 yrs	02	07 - 29 yrs
Fathers	34 - 63 yrs	44.00 yrs	02	11 - 30 yrs

Most participants had secondary school education, with 52.11% of parents having studied up to advanced level and 42.25% having studied up to ordinary level. All participants were Sinhalese 94% were Buddhists. 78% of the participants were dealing with an adolescent for the first time.

This study used qualitative methods. Data was collected using focus group discussions (FGD).

Data Collection Tools

A pre-formulated discussion guide was used to direct the focus group discussions. The main questions posed to parents during FGD were,

1. Do you feel that adolescents (i.e. children aged between 10 – 19 years) need to be educated on reproductive and sexual health? Why?
2. At what age should we begin to impart reproductive and sexual health education to children? Why?
3. What do you consider to be the best source for providing children with correct reproductive and sexual health information? Why?
4. Have you discussed or do you plan to discuss reproductive and sexual health matters with your own children? How do you discuss it?
5. Are there any barriers to discussing these matters with your children?
6. Can we improve reproductive and sexual health knowledge among Sri Lankan adolescents? What are your suggestions?

The discussions were taped using a dictaphone.

A self-administered questionnaire in Sinhala was used to collect data on socio-demographic and other relevant details of the participants.

Data collection

Parents from Sandalankawa and Polgolla were recruited via schools in the area, namely Sandalankawa Central and Polgolla Model School. Parents from Kiribathgoda and Wellawatte were recruited through temples in the area namely Sri Sudharshanarama temple, Kiribathgoda and International Buddhist Center, Wellawatte. The discussions were conducted in relatively quiet rooms in the respective schools and temples. All focus group discussions were conducted in October and November 2007.

A research team comprising of a male and female researcher conducted the focus group discussions, with one as facilitator and the other as rapporteur. The discussions were conducted in Sinhala.

Eight focus group discussions were conducted, with two FGDs being conducted in each area. Mothers and fathers participated separately, in order to encourage discussion with minimum inhibitions.

Data analysis

Field notes from all discussions, interviews and observations as well as eight audio recorded discussions were transcribed and translated into English and classified into salient themes according to content.

Ethical considerations: Ethical approval for the study was obtained from the Ethics Committee of the Faculty of Medicine, University of Kelaniya.

Results

The key ideas identified in the focus groups are presented below as themes and sub-themes.

1.0 Attitudes towards providing reproductive and sexual health education to adolescents

1.1 To deter precocious sexual activity

One of the key questions posed during the focus group discussions was whether parents considered it necessary to provide reproductive and sexual health education to adolescents and why. All parents indicated that it was essential to teach adolescents this topic. The main aim of parents was to deter their children from engaging in any pre-marital sexual activities. Therefore, according to many parents, reproductive and sexual education programmes should highlight the dangers of pre-marital and unsafe sexual activities. Below are some excerpts highlighting this point:

“When they know about the dangerous consequences of it [sexual activities] they do not try to get involved in it. Therefore, you have to teach the dangers and the status that you receive in society as a consequence. This is what you have to make the child understand. Specially, you must show them the consequences, the undesirable consequences you have to face.”

Female Parent – Sandalankawa

“Children get into trouble because they don’t know. They go on the wrong path because they don’t know. So we should teach them the bad things that could happen. it is good to teach them about these things.”

Female Parent – Wellawatte

“When we give them this knowledge, we must teach them the other side too. We must tell that if you do it wrong, these are the consequences. They must have sexual knowledge by knowing how these things happen. If you do this you will face this kind of consequences. We should teach them to make them to avoid such consequences.”

Male Parent – Wellawatte

"Let's take our schooldays. I also went to a mixed school. Obviously there were love affairs and as a consequence, there were instances where people got into trouble? There were countless incidents. Now if they had been educated about this, they would not have got into trouble. The chances of getting into such things would lessen as I see it when you educate them."

Male Parent - Polgolla

1.2 To protect children

Some parents emphasized that today's society is very much different from that of their generation. Many parents considered today's society as posing dangers to their child's well being, due to various sexually transmitted diseases and high incidence of child sexual abuse. Hence, children need to be educated in order to protect themselves. Here are some typical comments of parents:

"In our country, because there is little awareness about these things, children have to face sexual abuse, and problems. We get to hear and we get to know from media. I think the children in our country need to know."

Female parent – Kiribathgoda

"Those days we didn't learn about these in our science lesson. However, because of all the diseases there are today, it is good to go into it in depth. It is essential for children to learn about these matters."

Male parent – Sandalankawa

"A child should be taught about the correct sexual and reproductive health activities. They may face problematic situations when they go in buses. It is important to teach them."

Female Parent – Polgolla

"Now about sex and reproduction, when these things happen it is considered as normal. Deviant sexual activities would lead to dangerous diseases. Because of these your future will be damaged greatly. We have to gather children and educate them."

Female Parent – Kiribathgoda

1.3 To provide accurate information

According to the participants, there are many sources providing incorrect and unsuitable information to children, which incited their curiosity and influenced them to experiment. The media was seen as providing adolescents with misleading information regarding reproductive and sexual health topics. Therefore, parents said that it was important to provide children with correct and reliable information regarding reproductive and sexual health, so that they are not led astray. This is illustrated by the following comments:

"Today because of what most television channels show, children's emotions get worked up. If they are not educated about such matters (sexual and reproductive health), they will be enticed to experiment."

Female Parent – Sandalankawa

"Especially in this age group, children are more likely to be led astray, especially because of the media. Therefore, we need to educate children properly about the correct reproductive health and sexual activities."

Female Parent – Polgolla

"Actually in today's society there are lots of wrong ideas about sex and reproduction among small children. Media has given children a lot of incorrect ideas. Therefore, it is necessary to provide children with a good understanding about sex education."

Male parent - Kiribathgoda

1.4 To reduce curiosity

The majority of parents said that children are generally very curious about sexual and reproductive health matters, probably because sexual issues are not openly discussed in Sri Lankan culture. Therefore children have to be taught about sex and reproduction in order to assuage their thirst for information by showing them that sex and reproduction are normal aspects of everyday life. Here are some illustrative comments from participants:

"Children are curious about these things {sex and reproduction}. Now if it was a normal thing, like other subjects, they will not be bothered to search for information."

Female parent – Sandalankawa

"Now female children gain some knowledge in this area when they attain menarche. However, males have no such experience. They are curious. I have a son and he is always looking for information. So if they are taught at this age of 13-14 years they will stop seeking for information and will not go astray."

Female parent – Polgolla

"In Sri Lankan culture, what parents do is hide these things. The more you hide, the more they {children} try to find out. But for foreigners it's not like this. They are taught at a young age. So for them it is a normal thing. I saw this in the hotel culture. Therefore the behaviour patterns in their society are very much different. Therefore I think that we should instill this knowledge of sexual and reproductive matters in our children."

Male parent – Polgolla

All of the parental ideas presented above seem to stem from a desire to shield their children from various societal influences. Hence, a key reason why parents think it is essential to provide reproductive and sexual health education to adolescents is to dissuade children from experimenting and engaging in sexual activities at a young age and thereby protect them.

2.0 Communication with adolescent children regarding sexual and reproductive health issues

2.1 Mother-child communication

Parents were asked whether they have discussed or whether they intend to discuss sex-related matters with their adolescent children. There were very few parents who discussed sex-related matters openly with their adolescent children. However, many mothers indicated that they had communicated with their daughters regarding sexual and reproductive health issues to a certain degree, particularly regarding menarche / puberty and about how to

protect oneself when in public. Most mothers said that they had prepared their daughters for menarche. Some typical comments are given below:

"I have two daughters, so I have educated them as much as I can. I have discussed topics like reproductive health and menarche with the girls."

Female parent – Sandalankawa

"I think the best person to teach this to a girl child is the mother. Knowledge about reproductive organs, the changes that occur in them is best provided by the own mother is what I think."

Female parent – Polgolla

"I have a daughter of 22, when she reached puberty I taught her. You are not small anymore. If a boy is interested in you, tell him to come and discuss it with us. If you engage in sex, you will have children. I educated her extensively in such a manner."

Female parent – Kiribathgoda

"I discussed with my daughter when she was nearing menarche."

Female parent - Wellawatte

Some mothers reported having discussed sexual and reproductive matters even with their sons. They indicated that whether it was a son or a daughter, as a mother one should be able to discuss these matters with their children. It was subtly indicated that the bond between mother and child is different from that of father and child, that the mother-child relationship is closer, a likely result of gender role stereotyping. Even some fathers' comments reflected this idea. Hence, according to these participants, mothers should be able to discuss any issue with her children irrespective of their gender. This is highlighted by some of the comments reported here:

"I have educated my son, because I am the mother I can tell these things to my son and my daughter."

Female parent - Sandalankawa

"As a mother, I discuss anything with both son and daughter."

Female parent – Kiribathgoda

"Girls are often with their mother. Even boys are like that. Usually children don't discuss these things with their father."

Male parent - Sandalankawa

2.2 Indirect communication

Most participants claimed that it was difficult to directly talk with their children about sexual and reproductive issues. However many respondents indicated that they have indirectly talked with their children. The following methods were used for indirect communication.

2.2.1 Use of examples of indirect communication

Usually parents used examples from real life or television, pointing out instances where people have fallen into 'trouble' through unsafe sexual activities (implying premarital pregnancies and contracting sexually transmitted diseases), in order to advise their children against engaging in sex-related activities. Some examples are given below:

"When something is on TV, when somebody is in trouble, then I show it to them and teach them. Otherwise you cannot teach about sexual activities directly."

Female parent - Wellawatte

"We can tell them in a roundabout way, but we cannot tell them directly. It's very good to show them examples about things that happen in the world - when something bad happens to someone – even in school. Now even in girls' schools, sometimes they have love affairs and have children even. It can't be stopped. It happened then, it happened today, it will happen in the future. Now we can show how wrong it is. We can point our finger and say this happened because of this. Therefore you have to be careful."

Female parent - Polgolla

“Most of the time, we talk about such matters when some problems arise. Then we can show the dangers.”

Female parent – Sandalankawa

“How we can do it this? We can tell them in another way. Daughter the world is like this. This is what happens in the country. These things can happen. Boys will try to be friendly with you. Some boys are like this. Associating with boys can go in the wrong direction.”

Male parent – Wellawatte

2.2.2 Providing Books

Providing children with books containing reproduction related information and encouraging them to read them was another indirect method adopted by parents to impart sexual and reproductive health information. Typical statements included;

“We can let them read a textbook from school to learn about these matters.”

Female parent – Wellawatte

“I gave my son the book ‘The Naked Ape’ to read. It has all the stories from the time of Homo habilis about how reproduction happens. Only after that he gained some understanding. Now he knows what the real story is. I told him to read it about twice.”

Male parent – Polgolla

“I don’t really tell much to my sons. I don’t tell them anything but I tell them to read certain books.”

Female parent – Polgolla

3.0 Communication barriers between parents and adolescents regarding reproductive and sexual health issues

3.1 Shyness and embarrassment

A large number of parents stated that they couldn't discuss sex-related matters with their children. While some parents stated that they couldn't discuss such matters at all with their children, others stated that the type of information regarding reproductive and sexual health that they could provide to their children was limited. Most parents said that they, as well as children, were shy and embarrassed to discuss these matters with each other. The concepts of shyness and fear are derived from the cultural ethos. Typical statements included;

"We are shy to teach them. Even when we tell them, they are embarrassed. They'll look away. Look down and squirm."

Female parent – Wellawatte

"Even though I associate my daughter as a friend, there is a distance. This is the barrier. We are shy to discuss openly. We can talk only indirectly."

Female parent – Polgolla

"We still have something called shyness and fear in our society."

Male parent – Polgolla

3.2 Cultural barriers

Parents stated that Sri Lankan culture does not permit discussions about sex and reproduction between parent and child. In our culture, there is a certain psychological distance between parent and child that prevents open discussions about such intimate matters. Hence, according to some participants, parents don't usually discuss sexual matters with their children in our culture. Here are some typical responses:

"Actually our culture has an influence. That's the main thing. Now I know it's not like that in America or England. I have friends there. They discuss sexual matters with their parents and

even watch blue films together. There is a situation like that. However because ours culture is different from theirs, we can't directly discuss this."

Male parent – Wellawatte

"As Sinhala, Kandyan folk we can't discuss these matters with our children."

Male parent – Polgolla

"As parents it is difficult for us to talk about it because of the culture."

Female parent – Polgolla

"There is absolutely no such mentality in our culture, so we never inform our children. Of course, there is a certain part that a mother normally teaches a daughter but unlike other matters these matters are not discussed openly."

Female parent - Sandalankawa

3.3 Lack of knowledge among parents

Some respondents indicated that parents could not be a source of reproductive and sexual health information to their children, because parents themselves were not knowledgeable of such topics. Here are some typical statements. The following are some of the statements that illustrate this conclusion

"There are some elderly people, parents who do not know anything about ASRH. There are such parents therefore they can not teach the little ones."

Female parent – Sandalankawa

"Now there are good things in this and bad things. It is the duty of parents to distinguish between the two for their children. However, if the {parents} do not know anything about this topic {sexual and reproductive health} how can they help?"

Male parent – Kiribathgoda

3.4 Gender of the child

For some parents the child's gender was a barrier. Some fathers stated that it is not possible to discuss sex-related issues with their female children, while some mothers indicated that they couldn't discuss such matters with their male children. This distance between the genders too is probably an influence of the culture. The excerpts below illustrate this point:

"There is a difficulty. Because, fathers do not discuss these things with their daughters"

Male parent - Kiribathgoda

"In my case it is a daughter. Obviously I can not tell my daughter about such matters. It should be done by the mother."

Male parent – Wellawatte

"Mothers and fathers are very close in our home. However, close they are, they can not discuss such matters with a son. She can discuss such matters with a daughter."

Female parent – Polgolla

"Due to the culture mothers can not discuss such matters with sons."

Female parent - Polgolla

4.0 The importance of a parent being a 'friend' to an adolescent child

4.1 To deter children

A key point brought forward by participants was that a parent should be a 'friend' to their adolescent child. They emphasized that this was the best way to deter adolescent children from 'going astray' i.e., engaging in any precocious and unsafe sexual activities. The respondents felt that if a parent was a friend to their child, (s)/he would be able to talk to the child and discourage them from following the 'wrong path'. The excerpts below illustrate this.

"The relationship between the parent and child should be platonic. If the mother and father lives with the child and chats amicably with them, the possibility of children going astray is

lessened by 100%. We maintain a good relationship in our home. A close relationship can prevent a child from ruination. That's the truth."

Male Parent – Sandalankawa

"If we make the child a friend, we will not have these kinds of problems."

Male Parent – Polgolla

"Parents affection matters. If parents are close and affectionate, children won't be tempted to search for affection outside the family."

Male Parent – Sandalankawa

"If most parents, make the relationship with children very close, like that of a friend, I think it would prevent a lot of misdeeds."

Female Parent - Polgolla

Most parents did not approve of their adolescent children engaging in even romantic relationships. While parents indicated that it was natural for adolescents to be romantically interested in members of the opposite sex, 'education before romance' was the general attitude adopted by parents and they used their 'friendly' relationship with their children to try and instill this value in them. By being 'friends' with the child, parents encouraged their children to talk about their own interest in members of the opposite sex and their peers' romantic relationships. However at all points, parents discouraged their children from forming a romantic relationship. Hence parents, particularly mothers considered 'being friends with the child' important in deterring children from engaging in what parents consider to be 'wrong activities', i.e., having romantic relationships. The following are some typical comments:

"Even if the child is male or female, I associate with my three children as friends. Therefore, my daughter tells me about her friends' including boyfriends. Even my son and talks about his friends' and girlfriends, because I am a friend, I have told my daughter that she can not form a relationship with anybody. If you get somebody from a different social background you will not be able to live with him."

Female parents – Wellawatte

"When the mother usually keeps the daughter close, as a friend, and laugh and talk with the daughter, they see us as friends, she tells me everything, about herself."

Female parent - Kiribathgoda

"First we have to be friends with the child. Even more than with the father, my son is friendly with me. Any problem, even if he falls for a girl, he tells me, that something like this is going to happen. He once formed a romantic relationship with a girl. Then I told him, son you're still in school. What you must first do is educate yourself. Things like this happen at this time, at this age. This is the time when the body as well as the mind grows. Also these kinds of feelings come, it is alright. But you must not forget your school work."

Female parent - Sandalankawa

5.0 Attitudes towards reproductive and sexual health information sources

5.1. The best sources for correct information

5.1.1 School

The school was considered by many parents to be the best source for providing adolescents with correct information about sex and reproduction. Since many parents are not able to teach their children about these issues, the best person to teach about sex and reproduction to their children in a systematic manner is the teacher at school. When sex and reproduction is discussed as part of the school curriculum, it would indicate to children that these are normal biological activities of humans. Some parents gave the excuse that during adolescence, children prefer to follow the recommendations of people other than their parents. These parents argued that their children are more likely to follow the advice schoolteachers rather than their own parents. For all of the above reasons, parents preferred the school as the best source of reproductive and sexual health information as indicated in the excerpts below:

"At a certain stage, children do not like to listen to what parents have to tell them. No matter how much you tell them they will not listen. [...] It is difficult for us to teach at home. So whatever they learn about this topic, it is better that they learn it at school."

Male parent - Sandalankawa

"I think it is better if they are educated through teachers. If it is part of the syllabus, then the is more reliable and it is systematic."

Female parent – Sandalankawa

"For parents, most of the time, there is a difficulty to discuss such matters. Not that they can not, but they can not teach a lot on this topic. Yet a teacher will be able to tell a lot of children the same information at the same time. Hence when the child listens with a lot of children, the child will consider such information to be normal!"

Female parent - Polgolla

"A parent can not teach a child directly. Even if we tell them they will not listen, so it is better if it is taught by a teacher."

Female parent - Wellawatte

5.1.2 Doctors

Medical professionals, particularly doctors were cited by several parents as being a reliable source of sexual and reproductive health information to adolescents. Either on television or in person at a seminar, doctors were seen as a knowledgeable and trustworthy source of information. Programmes conducted by the Health Ministry, hospitals and medical faculties to educate the public on biological aspects of sex and reproduction and sexually transmitted diseases such as AIDS were considered to be very good sources of sexual and reproductive health education. Illustrated below are some examples:

"Now if a good doctor comes on the television and communicates reliable information obviously we direct our children towards it to listen well. That is really suitable." Because he is learned and knowledgeable.

Female parent – Kiribathgoda

"If a person, who has the understanding and the background, especially if it is a doctor, that means somebody who has a good education, good knowledge about it, if they express their ideas and provide an education, that is better. They are the ones who have an understanding about it {sexual and reproductive health}."

Male parent – Kiribathgoda

"Recently in school there was a medical programme, it is a well-known programme run by the Kandy hospital. Children from Polgolla and Katugatota were taken for it. Our children in Year 9 were taken for it. That programme was very good [...] Now it is good if children are informed by sources such as discussions with doctors, medical magazines, posters, and medical anniversary exhibitions."

Female parent - Polgolla

5.2 Incorrect sources

5.2.1 Television

Most parents stated that television stations bombarded children with unsuitable and incorrect information about sexual matters, which enticed adolescents to experiment. Many mothers and fathers stated that the programmes shown on television, both local and foreign, enticed children to engage in romantic relationships from a young age. Parents particularly blamed private television channels in this regard. The following excerpts reflect the negative opinions of parents regarding television:

"Now when they {children} see some love scene or kissing on television, the child also tries to experience it, mainly to find out whether this is good. Therefore what is shown on television is not too good."

Female parent – Polgolla

"Television shows these things in a very twisted manner. So it is not a good source at all."

Female parent – Wellawatte

“Actually today there are TV programmes that provide extreme details which arouses children’s curiosity. Sometimes they do not show the full picture, but show only half. The child is more curious to know about what is happening, and they ask someone who has little knowledge or try to find out through experience.”

Male parent – Polgolla

5.2.2 Mobile phones

Parents blamed the widespread use of mobile phones among youth for spreading pornographic and lewd material among adolescents. Camera facilities and short message service (sms) facilities provided by modern mobile phones were seen as exerting a corruptive influence on youth as illustrated by the following comments of parents:

“Now take sms. Young people, even people in our offices, send each other absolutely lewd messages. What they are sending is filth. You need sexual knowledge. But not such knowledge.”

Male parent – Polgolla

“Another destructive facility are handphones – now even little children use them. They too lead children astray.”

Female parent- Kiribathgoda

“Sri Lanka has been destroyed because of mobile phones. Yes they are a necessity, but children misuse it. sms are very bad. I do not think a child needs a mobile phone.”

Female parent - Wellawatte

5.2.3 Newspapers

Respondents also cited newspapers, particularly certain newspapers with pornographic material, as communicating an erroneous picture about sex and reproduction, and thereby misleading adolescents. Many parents were aware of the existence of such newspapers. While

parents may not buy such newspapers, they were freely available and even if one child in school obtained such papers, it is passed on to other children.

"Now I have heard but I have not seen, some newspapers about sexual matters that children read. Even for young men, such information is wrong. Such newspapers do not give the correct information. As said in Buddhism there is a "correct path" for life. These newspapers give children information on inappropriate sexual behaviours. Children can be enticed into such activities by such bad newspapers. There are no age limits for such papers. They are passed from one child to another and they can reach even a very young child."

Female parent – Kiribathgoda

"There are a lot of unnecessary newspapers. Even if we don't buy them children buy them and pass them around. It is enough if one child buys them. What they give is complete rubbish."

Female parent - Sandalankawa

2.4 Peers

Parents were aware that adolescent children were keen to discuss sexual matters with their peers. Some parents stated that peers exerted a negative influence on adolescents by providing them with incorrect and incomplete information that tempted children to experiment. Typical statements are given below:

"Children don't discuss this with adults in the family. They get information from another child of the same age or an older friend. This is where the biggest problem is. With their knowledge, the advice they give are often wrong."

Male parent – Polgolla

"Children do not discuss these things with parents or adults, but with friends? They discuss it with their peers. Then they get wrong ideas and attitudes."

Male parent - Kiribathgoda

6.0 Improving adolescent sexual and reproductive health knowledge

When asked whether the current level of reproductive and sexual health knowledge among Sri Lankan adolescents should be improved, the majority of the parents answered in the affirmative. The suggestions of parents for improving adolescent sexual and reproductive health knowledge are given below.

6.1 Improving the current school curriculum

Several parents were not satisfied with the coverage of sexual and reproductive health topics in the school curriculum. They felt that reproductive and sexual health topics should be covered more comprehensively.

"We should provide a broader knowledge, from Year 6 through Health and Science."

Male parent - Polgolla

"They teach reproductive health from about Year 8 but that has to be made more comprehensive."

Male parent – Sandalankawa

"It {sexual and reproductive health education} should be improved mostly in the school. DO YOU THINK WHAT IS TAUGHT IN SCHOOL IS NOT ENOUGH? No, not enough, not at all."

Female parent - Kiribathgoda

6.2 Educating parents

Respondents also felt that parents too should receive further education regarding sexual and reproductive health, in order to educate their children better and answer questions from children regarding the topic. Parental education programmes would be beneficial for parents who are not knowledgeable enough to give correct information about sex and reproduction. Such programmes would also provide parents with up to date knowledge about the topic and help them keep abreast with new developments in the field. The following are some suggestions of parents:

"It is important to educate children along with parents, a lot of parents also do not know. All of them do not think at the same level. Therefore, it is important to educate parents as well."

Male parent – Kiribathgoda

"Now if they have seminars for us, to learn about new things, we can learn more from them than the media."

Female parent – Sandalankawa

"Actually there are some things we do not know. From the medical side we do not know, we also have a wrong understandings. Actually, it is important for parents to be educated about such matters."

Female parent – Polgolla

6.3.1 Providing sex and reproductive health education to younger adolescents

There was no clear consensus about the thoughts of parents as to which age is best to start providing adolescents with sex and reproductive health education; some parents stated 12 years, others 10 years and some even 8 years. However, most parents thought that we should start educating children when they are near puberty, particularly girls who should be prepared for menarche with some early education. Parents also stated that sexual and reproductive health education was most important for adolescents aged 10 –15 years, since children were very impressionable at this age and the likelihood of them 'going astray' was higher during this phase. Girls reach menarche at younger age in Sri Lanka than before. Therefore some parents thought it prudent to start sexual and reproductive health education during early adolescence. The above ideas are captured in the following comments:

"It is between Year 6 and Year 10 - the stage in which children are mostly enticed into wrong activities. So, we should educate the children at that stage and look after them."

Female parent - Sandalankawa

“For a girl child, it is good if we at least give a small introduction about menarche before they reach the age. Now some reach menarche at 10 and even younger. So therefore it is good if we educate them from about 10 years of age”

Female parent - Polgolla

“We must educate them at 13, 14 and 15 years. These are the ages when children are tempted into a lot of wrong deeds, to experiment, because they are curious and are searching for what this is all about? It is not necessary to provide more education after 18 years.”

Female parent - Polgolla

“Now this is what I think. Some reach menarche at 12 years, or 13 or 14, or it happens at a younger age such as 8 years of age. Sex education is most important to a child when they reach menarche.”

Male parent - Kiribathgoda

Conclusions and implications

This study aimed to explore the attitudes of Sri Lankan parents' towards adolescent reproductive and sexual health education needs. All parents said that it was essential to provide reproductive and sexual health education to adolescents, mainly to deter them from engaging in any precocious sexual activity and to protect children from various threats posed by society, such as sexually transmitted diseases and child sexual abuse. Therefore, these aspects need to be highlighted by any sexual and reproductive health programme aimed at adolescents that hopes to garner the support of parents.

Most parents were reluctant to directly discuss reproductive and sexual health issues with their children due to cultural taboos and resultant feelings of shyness and embarrassment. However, parents did indirectly communicate with their adolescents. Mothers particularly discussed reproductive and sexual health matters with their children, often with their daughters

and sometimes with sons. Hence reproductive health education programmes may involve mothers. It might be useful to educate the mothers and develop their communication skills. Programmes could thus focus on strengthening and reinforcing mothers to communicate reproductive and sexual health information to their children.

Parents also indirectly educated their children on sexual and reproductive health topics by providing them with books to read. Therefore, supplements and booklets with such information can be made available to adolescents. Both parents and children should be made aware of the availability of reliable sources of reproductive and sexual health information.

Many parents considered school and teachers to be the best source of reproductive and sexual health information for their children. However in previous studies, adolescents have reported that their schoolteachers do not adequately address reproductive health topics (Thalagala and Gunawardana 2006). Therefore, it is important for future studies to explore Sri Lankan teachers' attitudes towards adolescent reproductive and sexual health education needs and explore the barriers they face when teaching such topics. Teachers too are important gatekeepers, and it is essential to change their attitudes and develop their knowledge and skills in order to implement a comprehensive sexual and reproductive health curriculum effectively.

Doctors too were considered by parents to be a reliable source of reproductive and sexual health information. Therefore, adolescent reproductive and sexual health programmes should involve a greater participation of medical professionals.

In general, parents in this study preferred outside sources, people other than themselves, such as teachers and doctors to provide their children with reproductive and sexual health information. While adults consider it important to educate children regarding these topics, there is a reluctance to address these matters themselves and thereby passing the responsibility onto another source. Therefore, it is important to initiate a dialogue between important gatekeepers such as parents, teachers, medical professionals and the media to achieve some co-ordination between all, to improve Sri Lankan adolescents' knowledge regarding reproductive and sexual health.

This study provides some insights into Sri Lankan parents' attitudes regarding adolescent reproductive and sexual health education needs. However, this study does not necessarily reflect the views of all Sri Lankan parents. Most participants were Sinhala Buddhists from

middle to lower-middle class backgrounds. All parents were volunteers and it is possible that only parents who were somewhat comfortable with the idea of adolescent reproductive health education participated in this study. There may be parents who do not approve of adolescent reproductive health education. So the views of different groups of parents, from different ethnic and socio-economic backgrounds could be explored in future to expand the findings of this study.

To conclude, the parents in the current study consider adolescent reproductive and sexual health education as essential mainly to protect and deter children from engaging in any precocious sexual activity. However, most parents were reluctant to openly discuss reproductive and sexual health topics with their children, although there was some indirect communication. Mothers emerged as important sources of reproductive sexual health information for children.

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