

Investigating the Level of Mothers' Comfort in Sexual Discourse with Adolescent Girls and Related Factors

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Abstract

Aim: The present study aimed to determine the level of mothers' comfort in sexual discourse (MCSD) with adolescent girls and related factors. **Materials and Methods:** This cross-sectional study was conducted with cluster sampling (and then simple random sampling in the clusters) from 10 comprehensive urban health centers in Kashan in the winter of 2022 with participation of 384 mothers. Data were collected through questionnaires: "demographic and personal characteristics," "MCSD," and "mother's interest in sexual discourse." Using SPSS version 16, univariate analysis was performed using indices of dispersion and central tendency, Pearson's correlation coefficient test, and ANOVA, and in the second step, all the variables with $P < 0.2$ in the univariate analysis were entered into the multiple linear regression model. **Results:** The mean of MCSD was 37.04 ± 15.16 (on a scale of 13–78). Univariate analysis showed that MCSD has a significant relationship with several factors, but in the multivariate linear regression analysis, the simultaneous presence of two factors of mothers' interest to sexual discourse with girl (the most important factor) and the curiosity of teenagers in obtaining sexual information from their mothers were reported significant in the model and the two mentioned factors explained 43.3% of the variance. **Conclusion:** In mother–daughter sexual discourse, the level of interest and positive attitude of mothers and the curiosity of teenagers in obtaining sexual information from mothers are the two important factors of MCSD. Therefore, these factors should be taken into account in planning to keep and improve the health of adolescents.

Keywords: Adolescent, Iran, parent–child sexual communication, sexual and reproductive health, teenage girl

INTRODUCTION

Sexuality education of children and adolescents is one of the critical challenges and concerns of families worldwide.^[1] Although the research findings indicate that providing proper answers to sexual curiosity of children does not result in early sexual activities, rather it postpones such activities,^[2,3] some families present a negative and anxiety-provoking attitude concerning sexual curiosity of their children.^[1]

In recent years, considering the awareness in this regard, parents have gained a more positive attitude toward the sexuality education of their children and believe in taking sexuality education seriously.^[4] Although the number of parents who believe that sexuality education should be provided by parents and families is small,^[5] while parents,^[6,7] especially

mothers,^[8,9] are considered the first source of education on sexual self-awareness in children and have a crucial role in establishing social communication between children with the opposite sex.^[10]

The sexual discourse of parents with their children has an important role in the future of their children's sexual health. The information that parents convey to their children in these discourses is compatible with their values and their community,^[11] and by providing the context for the development of the social, moral, and cultural personality of children, especially girls, they are prevented from unacceptable

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and risky sexual behaviors.^[12] Moreover, the sexual discourse of parents and children leads to acquiring reliable and correct information appropriate to their age, solving the adolescents' sexual questions and problems, communicating with parents, and playing the parental role in forming the sexual identity of children. Despite the necessity of sexual discourse of parents, especially mothers with adolescent girls, different studies have reported the level of sexual discourse between parents and adolescents as 14%–62%^[9,13-17] and generally at a low level.

According to previous studies, the barriers to communication between mothers and adolescent girls regarding sexuality education include lack of knowledge and inappropriate attitudes,^[1,18] feeling of inadequacy,^[19] lack of ability in communication skills,^[20] belief in preserving the innocence of children,^[10] lack of knowledge on the way of conveying information appropriate to the age of the adolescents, fear of criticism and judgments of children, and feeling of discomfort.^[21]

As mentioned, the mothers' comfort is one of the factors related to sexual discourse with adolescent girls. In the few studies carried out in this area, the level of mothers' comfort in sexual discourse (MCSD) with children has been reported as undesirable (3%–43%).^[20,22-24] Generally, in such conversations, parents wait for children to ask questions and then they give a brief answer, and because of discomfort, and fear of judgment and criticism, they immediately stop such conversations.^[21] The mothers' comfort in discussing sexuality with their children is influenced by the society's culture and the family's educational approaches, such that Asian mothers hardly talk about sexual issues with their children,^[7] while American mothers talk to their middle school (39%) and high school children (4%) feeling uncomfortable.^[9]

Parents' comfort in sexual discourse with adolescents, in addition to cultural and religious beliefs,^[18,25,26] is also related to other factors, such as the presence of media,^[17,20] parents' knowledge and awareness,^[1,8,17] mother's sense of sufficiency,^[19,26] attitude of parents,^[15,22,27] communication skills of parents,^[1,19,28] mother–daughter intimacy,^[17,20,26] mother's comfort with her own mother during her adolescence,^[26] mother's embarrassment concerning sexual issues,^[23,26] the age of the adolescent,^[5,9] presence of siblings,^[9,11,21] and parents' education and occupation.^[23]

Regarding the role of mother–daughter sexual discourse on the sexual health of adolescent girls, few studies in this field, extensive changes in the communication of family members under the influence of media and virtual space,^[13,14,17] lack of a written program of sexual education in the formal and informal education system of the country,^[19,29-31] and the need to know the current situation of mothers' comfort level in sexual discourse with teenage girls in every culture and society, this study was carried out about “investigating the level of MCSD with adolescent girls and related factors”.

MATERIALS AND METHODS

This descriptive-analytic cross-sectional study was carried out with two-stage sampling. At first, 10 comprehensive urban health services centers in Kashan were selected as a cluster and then randomly selected the participants from the selected centers in the winter of 2022. The inclusion criteria were Iranian, living in Kashan, having an adolescent daughter aged 11–19 years, daughter living with her parents in the same place, biological mother, absence of recognized mental retardation and psychiatric disease in mother and girl, and willingness to participate in the research. The exclusion criterion was providing the incomplete questionnaire. Eligible mothers were invited to the health center after calling and expressing the research goals to complete the written consent form and questionnaires. The sample size was calculated as 384 people by considering the confidence level of 95% ($Z = 1.96$), standard deviation of 0.59,^[22] and d (10% standard deviation) which increased to 422 by considering the 10% drop-off.

Data were collected using three questionnaires: “demographic and personal characteristics,” “MCSD with adolescent girl” and “mother's interest in sexual discourse with adolescent girl.” These questionnaires were standardized in Iran by Youzbashi *et al.* The options of the 13-item MCSD questionnaire are presented in the form of a Likert scale with six options from “I feel completely comfortable” (six scores) to “I feel completely uncomfortable” (one score) for each item (a minimum and maximum total score as 13–78). The questionnaire “mother's interest in talking about sexual discourse” is a 13-item scale with scores of 0 (in case of negative answer) or 1 (in case of positive answer) (a minimum and maximum total score is 0–13). The face and content validity of these instruments was tested using experts' opinions and reliability was tested through the retest method. Cronbach's alpha was calculated as 0.95, and the reliability of the instrument was confirmed.^[32] The reliability of the instrument was also measured in the present research, and the Cronbach's alpha was obtained as 0.87.

Data analysis was done using SPSS version 16 (Inc., IBM., USA) in two phases. In the first phase, univariate analysis was performed. Quantitative variables (age, mother's level of comfort in discussing sexual issues, number of sisters older than the teenager, etc.) were described using indices of dispersion and central tendency, and qualitative variables were described with absolute and relative frequency. ANOVA test was used for multimode-categorized factors (e.g., education level, etc.), and Pearson's correlation coefficient was used for quantitative factors. In the second phase, all the variables with $P < 0.2$ in the univariate analysis were entered into the multiple linear regression model in a stepwise approach. The data normality was checked using skewness and kurtosis test. This research was approved by the Ethics Committee of Kashan University of Medical Sciences with the Ethics Code of IR.KAUMS.NUHEPM.REC.1400.012.

RESULTS

In this study, 442 questionnaires were distributed among the participants, of which 384 questionnaires were returned and analyzed. The mean value of MCSD was 37.04 ± 15.16 . The mean age of the mothers in this research was 41.35 ± 5.96 years, and the most level of mothers' comfort in discussing about different areas of sexual health and fertility with their daughter was about "menstruation" [Table 1a and b].

The results of the univariate analysis showed a significant relation between the variables of the mother's interest in sexual discourse with adolescent, teenager's age, mother's age, the total number of children, teenager's education, the source of obtaining sexual information, mother's education, father's education, income status, the amount of time spent with the teenager, mother's comfort with her mother during adolescence, the adolescent's curiosity in obtaining sexual information from the mother or other sources, the relationship

Table 1a: Frequency distribution of quantitative individual factors associated with mothers' comfort in sexual discourse

Possible related quantitative factors	Mean \pm SD
Teenager's age	14.51 \pm 2.42
Mother's age	41.35 \pm 5.96
Father's age	46.53 \pm 6.1
Number of older brothers	0.45 \pm 0.69
Number of older sisters	0.37 \pm 0.64
Total number of children	2.51 \pm 0.89
Number of girls in the family	1.7 \pm 0.8
Number of boys in the family	0.81 \pm 0.78
Number of teenage girls in the family	1.23 \pm 0.47
Number of teenage boys in the family	0.34 \pm 0.58
The level of mothers' interest to sexual discourse with teenage girl	3.33 \pm 2.94

SD: Standard deviation

Table 1b: The status of the items of mothers' comfort in sexual discourse in participants

Items of MCSD	Mean \pm SD (0-5)
How the baby is born	3.79 \pm 1.66
Physical differences between men and women	3.76 \pm 1.62
How to get pregnant	2.86 \pm 1.64
Sexually transmitted diseases	2.51 \pm 1.57
Contraception methods	2.39 \pm 1.51
Names of sexual organs	2.96 \pm 1.77
Sexual relationship	2.16 \pm 1.37
Rape/sexual assault	2.43 \pm 1.49
Abortion	2.94 \pm 1.76
Menstruation	5.37 \pm 1.16
Homosexuality	2.07 \pm 1.37
Masturbation	1.92 \pm 1.32
Morning wood	1.89 \pm 1.30
Total	37.04 \pm 15.16

MCSD: Mothers' comfort in sexual discourse, SD: Standard deviation

of mother with the mother of other adolescents, and the mother's occupation with the "level of MCSD" [Table 2].

DISCUSSION

This study was conducted with the aim of "MCSD with adolescent girls and its related factors in mothers with teenage daughters living in Kashan city in the winter of 2022". The results showed that the mean of MCSD was at a very low level, which was in line with the findings of several studies.^[14,17,28] Despite the cultural developments regarding the education of sexual issues in families, the traditional culture in society and families still treats some of its aspects with caution and mothers feel inadequate in this area.^[13,14,33] Although from the parents' and adolescents' point of view, their relationship is important regarding sexual issues and reproductive health, parents are rarely the beginners, and the happening of sexual activities by adolescents initiates the discussion about this issue. Generally, these discourses are discontinuous and planless. Lack of knowledge, shyness, high occupation, and parental little time and cultural beliefs are important factors of no proper communication between parents and teenagers about sexual issues.^[28]

Univariate analysis showed that MCSD is significantly related to mothers' interest in sexual discourse with teenagers, teenager's age, mother's age, total number of children, teenager's educational level, source of sexual information, mother's education, father's education, income status, amount of time spent with teenagers, comfort relation between mother and her own mother during adolescence, the curiosity of the adolescent in obtaining sexual information from the mother and also the other sources, the relationship of mother with the mother of other adolescents, and mother's occupation. However, in the multivariate linear regression analysis, the simultaneous presence of the two factors of "mothers' interest in sexual discourse with teenagers" and "teenagers' curiosity in obtaining sexual information from mothers" was reported significant in the model. The two mentioned factors explained 43.3% of the variance, and the most important factor was the interest and positive attitude of mothers to talk in this area. Mothers who had more positive interest, desire, and attitude toward sexual discourse had a higher level of comfort. The findings of Zakaria *et al.*'s study showed that in a good and comfortable mother-daughter communication, the willingness and interest to talk about sexual and reproductive health (SRH) was more, and the attitude and curiosity of teenage girls toward discussing SRH can be considered a statistically significant predictor of having a suitable communication status in this area.^[17] It seems that teenagers identify with their parents' attitude about SRH,^[27] although in some cases, despite mother's discomfort in talking about sexual abstinence, they were interested in responding to their adolescents' curiosity themselves and their children ask them in the field of SRH.^[24,33]

In the study of Dagnachew Adam (2020), mothers' weak attitude and lack of interest were among the communication

barriers that caused parents to feel shy and less confident about talking about sexual issues and responding to the teenagers' concerns about sexual issues. In this study, only 48.5% of teenagers had talked about SRH with their parents, and

the issues related to SRH were still considered a big social and cultural taboo between the youth and their parents.^[14] However, the results of the research conducted on American parents (mainly mothers) showed that more than 65% of parents had a desire and interest in sexual discourse with teenagers and they felt more comfortable when the teenager entered high school (compared to guidance school).^[9]

Communication between parents and adolescents about sexual health and fertility is very low and uncomfortable in many areas due to cultural structures^[14,28,33] and low knowledge of parents.^[13,14,28] Parents do not accept the responsibility of communicating with teenagers because they consider expressing these issues as a source of shame and embarrassment for teenagers, and on the other hand, they are afraid that it will cause to begin or continue the sexual activities. In addition, the business of parents causes delay in sexual discussions with adolescents, which may lead to risky sexual behaviors.^[28,33]

Mothers' self-reporting and lack of asking teenage girls about the comfort of sexual discourse with their mothers were the limitations. Matching with the culture of the country and covering different dimensions of sexual knowledge in the used questionnaire was the strength of this research.

Table 2: The relationship between the level of mothers' comfort in sexual discourse and qualitative/quantitative related factors in participants

Quantitative variables	Pearson's correlation coefficient	P
The level of mothers' interest to sexual discourse with teenage girl	0.645	0.000*
Teenager's age	0.253	0.000*
Mother's age	0.124	0.015*
Father's age	0.092	0.072
Number of older brothers	0.014	0.791
Number of older sisters	-0.018	0.730
Total number of children	-0.160	0.002*
Number of girls in the family	-0.078	0.125
Number of boys in the family	-0.078	0.127
Number of teenage girls in the family	-0.071	0.166
Number of teenage boys in the family	-0.027	0.601
Number of close friends	0.097	0.057
Qualitative variable	P	
Teenager's education	0.000*	
Mother's education	0.044*	
Father's education	0.005*	
Income status	0.009*	
The amount of time spent with the teenager	0.029*	
Mother's comfort with her mother during adolescence	0.002*	
The adolescent's curiosity in obtaining sexual information from the mother	0.000*	
The adolescent's curiosity in obtaining sexual information from other sources	0.000*	
The relationship of mother with the mother of other adolescents	0.005*	
Use of virtual space	0.769	
Use of media	0.815	
Source of obtaining sexual information	0.020*	
Spending time for studying	0.11	
Marital satisfaction	0.732	
Participation in parent and teacher meetings	0.534	
Religious beliefs	0.530	
Mother's occupation	0.001*	
Father's occupation	0.098	
Birth order	0.720	
Housing type	0.357	
Place of birth	0.861	

*Significant

CONCLUSION

The majority of mothers are not comfortable in sexual discourse with their teenage daughters. In addition, the sexual discourse of mothers with teenage daughters was related to the level of mothers' interest and positive attitude toward discourse in this area and the curiosity of teenagers. Considering that most mothers do not participate in solving social and structural issues related to reproductive health and do not have a relationship with their teenage daughters in this field, it is suggested that the health system and experts empower mothers in sexual disclosure with their children and attract their participation in programs related to reproductive health of teenage girls to develop practical programs.

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As shown in Table 3, the most important factor influencing the level of MCSD with adolescent girls was "the mother's interest

Table 3: The results of multiple regression analysis to determine the predictors of mothers' comfort in sexual discourse

Model	R ²	t	P	β	B	SE	95% CI for B
Constant		16.070	0.000		22.270	1.386	19.54-24.99
The level of mothers' interest to sexual discourse with teenage girl	0.416	15.495	0.000	0.613	3.160	0.204	2.76-3.56
The adolescent's curiosity in obtaining sexual information from the mother	0.017	3.449	0.001	0.137	1.944	0.564	0.84-3.05
Total	0.433			F=146.096, Significant=0.000, R=0.658			

SE: Standard error, CI: Confidence interval

in sexual discourse,” and for every 1-unit increase in standard deviation of the mothers' interest in sexual discourse score, the MCSD score will increase by 0.613 in standard deviations.

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Conflicts of interest

There are no conflicts of interest.

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