

**University of Greenwich**  
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**Maltese parents' role as sexuality and relationships  
educators**

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## **Abstract**

This research study explored the parental perceptions, attitudes and knowledge regarding sexuality and relationships in Malta. A range of barriers and enhancing processes involved were addressed in order to understand the complex dynamics involved in the educative process within the family nucleus. The family was considered the fulcrum where, sexuality values would be cultivated from an early age and built upon, as children develop both physically, and cognitively. Children in adolescent years were also exposed to various images of sexuality and relationships through the media, the internet, and peers and were often in a position where they had to take decisions, which potentially could affect their present, and future. The local situation in Malta showed a steady incline in Sexually Acquired Infections, and the number of unplanned pregnancies in teenage years. Since sexuality was viewed as an essential element of any human being often incorporating various issues such as gender, sexual orientations, emotions, intimacy, pleasure, behaviours and relationships, it was considered important to address who, how, when and what was being addressed in the family nucleus. The family were considered to be in a crucial position to start nurturing such important values in children from a young age by adopting an open, sincere, non-judgmental and comprehensive manner. This study utilised a mixed method approach in order derive information from parents. Postal surveys were sent to a random sample of 2,000 mothers nationally who had 14/15 year old children (response rate 50.7%, n=1,014). Following the survey, four focus groups (n=50) were carried out to delve deeper into the dynamics of family practices. The four groups were drawn from different socio-economic groups in life and were inclusive of diversity, in terms of gender and sexual orientations. The parents in the focus group showed interest and provided perspectives regarding sexuality and relationships. The Unified Theory of Behaviour and the Knowledge, Attitudes, Skills and Habits (K.A.S.H) model were utilised to substantiate the theoretical constructs of the research tools, and information from parents. The use of statistical tools and thematic clustering of data identified a number of findings, unique to Maltese society. Key recommendations included empowering parents with the right skills, knowledge and attitudes in order to carry out their important educative role in children's lives by being timely, open, honest and inclusive of diversity of gender and sexual orientations. Parents identified reliable sources such as Personal, Social and Career Development (PSCD) teachers who could help them out in their educative quest. Despite the limitations mentioned in this study, the researcher was confident that new information from the Maltese Islands was discovered which would give rise to future research and the act as basis for parental programmes.

## **Glossary**

AIDS- Acquired Immunodeficiency Syndrome

AMR- Annual Mortality reports

BERA- British Education Research Association

DfEE- Department for Education and Employment

DHIR- Directorate of Health Information and Research

GIGESC- Gender Identity, Gender Expression, and Sex Characteristics Act

GP- General Practitioner

GU clinic- Genito-urinary clinic

HIV- Human Immunodeficiency Virus

HPDP- Health Promotion and Disease Prevention Directorate

ICD- International Statistical Classification of Diseases and Related health Problems

K.A.S.H- Knowledge, Attitudes, Skills and Habits

LGBTIQ- Lesbian, Gay, Bisexual, Transsexual, Bisexual, Intersex, Queer

MSDC- Ministry for Social Dialogue, Consumer Affairs, and Civil Liberties

NGO- Non-Governmental Organization

NOIS- The National Obstetric Information System

PAS- Patient Administration System

PSCD- Personal, Social, Career Development

UNESCO- United Nations Educational, Scientific and Cultural Organisation

UREC- University Research Ethics Committee

UTB- Unified Theory of Behaviour

SAIs- Sexually Acquired Infections

SRE- Sexuality and Relationships Education

WHO- World Health Organisation

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# 1 Chapter 1: Introduction

As a sexual health nurse who had spent eight years working at the local Genito-urinary (GU) clinic in Malta, I observed at first-hand the lack of knowledge young people had on sexuality and relationships and the erratic decision-making that followed, often resulted in SAIs (Sexually Acquired Infections) and unplanned pregnancies. I was involved in the implementation of the Maltese National Sexual Health Strategy, which was issued in 2011 by the Health Promotion and Disease Prevention Directorate (HPDP). My responsibility included coordinating the sexual health training of health professionals, teachers, peer leaders and vulnerable groups in the community and working at primary and secondary school levels to ensure that SRE (Sexuality and Relationships Education) and the National targets regarding sexuality were met. A key observation arising from this was the central role played by parents, and their lack of knowledge and skills in providing children with essential sexuality and relationships information.

This study investigated the degree to which parents with adolescent children were involved in sexuality and relationships education (SRE). Parents were seen as essential people who are there to support the emotional and physical aspects of their children's health and help them be prepared for adult life (DfEE 2000). It was proposed that parents needed to be emotionally and cognitively capable to communicate with their children from an early age and slowly develop the depth of material provided over time. Previous research, which will be outlined later, had shown that in order to build an educational environment, parents have to create and maintain a cultural ethos in the family where emotional and physical aspects of their children's health are addressed so that they are prepared for adult life (Turnbull *et al* 2010). Parents thus needed to be equipped with specific knowledge, skills and not be passive entities in the learning process (Walker 2001).

This research study has contributed towards achieving a body of knowledge which explored how parents could make a positive contribution as providers of SRE to their children and which enables them to acquire specific skills including relationship building, assertiveness skills and contraceptive use (Diiorio *et al* 1999; Lehr *et al* 2001). It was proposed that by increasing the communication between parents and children, the process of interchanging ideas about sex attitudes, knowledge and behaviours would be facilitated (Walker 2001; Lefkowitz *et al* 2001; Campero *et al* 2010). Parent-child communication needed to be more frequent, open and offered more tangible ideas of enjoying a healthy sexual life in the absence of premature pregnancies and

SAIs (Lefkowitz *et al* 2001; Walker 2001; Afifi *et al* 2008). The promotion of up to date information about sexual delay and condom use, would be encouraged without giving rise to uncomfortable feelings in parents and children (Afifi *et al* 2008). In this way, young people would be less likely to seek information from potentially less reliable sources such as the internet, pornography and peers (Turnbull *et al* 2008; Turnbull *et al* 2010). In addition, SRE would be a subject less dominated by adults but directed towards the needs of young people (Turnbull *et al* 2008; Turnbull *et al* 2010).

The research was underpinned by the Unified Theory of Behaviour (UTB) (discussed further in Chapter 2) whereby a conceptual framework within which SRE was carried out. UTB was grounded in five theories of behaviour, which are the Theory of Reasoned Action, versions of the Health Belief Model, Social Learning Theory, Self-Regulation Theories and the Theory of Subjective Nature (Fishbein *et al* 1975; Bandura 1975; Rosentock *et al* 1988; Kanfer 1975; Triandis 1972). The integration of the above models brought about 5 diverse constructs such as intentions, expectancies, normative influences which incorporate the descriptive and injunctive norms, self-concept, self-esteem and emotions, which together will provide the theoretical basis of the research undertaken (Bandura 1986; Azjen 1988). Each construct had an influence on the intentions and behaviours of each individual, in this case parents educating their children about sexuality and relationships.

Sexuality is an integral part in every individual's personality. Sexuality is defined by the World Health Organisation (WHO) (2006a:4) as;

‘a central aspect of being human throughout life which encompasses sex, gender identities and roles, sexual orientations, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thought, fantasies, desires, beliefs, attitudes, values, behaviours, practice, roles and relationships’.

Sexuality is a basic need as is eating, drinking and sleeping and cannot be compartmentalised or made separate from other functions as it influences a person's perceptions, feelings, behaviour and interactions (Dyson *et al* 2012).

WHO (2006a:4) describes sexuality as influenced by;

‘the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors’.

In turn, sexuality influenced the person’s psychological, social and physical health. Research by Lehr *et al* (2000); Lefkowitz *et al* (2003); Hamid *et al* (2011), had investigated people’s behaviour in relation to Sexually Acquired Infections, unplanned pregnancies prevention and SRE. It was highlighted that SRE is, and should be, an ongoing process where from a young age, children are helped to develop skills of how, when and with whom they can express their sexuality and remain healthy human beings. In this way children would be able to carry out informed decisions, negotiate safer sex behaviours, recognise situations where they are more at risk and would be willing to avoid them and if not they would be capable to deal with the resulting consequences (Langfelt *et al* 1986). Childhood was a time presumed to be free from sexual behaviours, thoughts or knowledge. As a result, the SRE process does not always follow the same anticipatory advice such as other subjects do, for example road safety (Danaher *et al* 2000; Frankham 2006,). However as sexuality is a fundamental part in a person’s life, it was often seen to emerge even in childhood games such as ‘mummies and daddies’ or kissing games amongst children (Frankham 2006; Stone *et al* 2012).

Various interpretations of sexuality had caused considerable shifts in the conceptualization of parent to child relations (Giddens 1992). Sexuality was perceived to be more fluid. Families were no longer basing their interactions on parental authority but focused more on the formation of familial trust, mutual disclosure, respect of opinions and equality (Giddens 1992). Parents were striving for a culture of friendly and harmonious atmosphere within the family thus enhancing better communication amongst the family members. Jamieson (1998) claimed that the father and mother role had evolved from the disciplinary and authoritative roles to one that were sensitive and aware of children’s feelings and were able to respond accordingly. However, Giddens (1992) postulated that despite the above-mentioned changes, parents still had more authority than their children, due to the financial and domestic autonomy. The power balance tipped towards the children if parents were ready to take into consideration their children’s emotions or else if children resisted the parental authority by foreclosing on the parents’ attempts to negotiate with them (Hyde *et al* 2010). Further elaboration through research would be

beneficial to understand such power struggles for the benefit of both parents and children (Hyde *et al* 2010; Stone *et al* 2012).

The family however, was still pivotal in a person's life for the formation of feelings, love and sexuality (Foucault 1976). Similarly, Schostak (1993) claimed that the family was in a unique position of managing sexual expression amongst adult members and emerging sexuality amongst the younger generations. Numerous research studies investigated the parents' intentions on SRE and parents often express feeling of openness when it comes to educating their children (Stone *et al* 2012, Walker 2001). However, in reality this openness was often restrictive in manner and frequently involved detours from simple straightforward educational attempts (Robinson 2012; Bond 2010; Frankham 2006). The claimed censored communication about sexuality and relationships often arose due to the parents' own sexuality and relationships education which was even more restrictive and allusive to the information they were providing (Hyde *et al* 2010; Frankham 2006). Parents claimed that their own parents had put their fears and embarrassment before their children's needs and the children now turned parents refused to make the same mistakes their parents did (Hyde *et al* 2010). The parents' timeliness in response to their children's needs was often influenced by their children's past and future and by taking into account their own childhood experiences (Byers *et al* 2008; Stone *et al* 2012). Current generation parents were also aware that they significant impact on their children's future by avoiding what they thought where their parents' mistakes. Hillman (1997) argued that the parents' past could, to some extent, have been an imagined past, thus their lives could have been based on only imagination and was destructive in nature. So parents were continuously judging what they thought their children needed rather than accompanying their children on a journey of exploration and discovery (Robinson 2012). Lacan (*in* Silin 1995) described this process as 'a passion for ignorance' because parents misconstrued their children's ability to understand as something innate making children unable to understand. From such a frame of reference, children were subsequently viewed as 'innocent' children (Frankham 2006:249; Robinson 2012;). Similarly, Foucault (1978) claimed that when mothers communicated with children about sexuality, it was a true and calculated action resulting from socio-historical conditions to escape sexual risks. Parental communication could have been a result of children being viewed as a sexually maturing body with a childish mentality and were only fuelled by pleasure, transgression and peer influences (Wilbraham 2009).

## 1.1 Original Contribution

This study focused on an under-researched area in relation to the context of the Maltese Islands, where religious and cultural beliefs dominate and preclude transparent SRE. This seemed to be a grey area in the local arena, where parents were expected to be a source of information and skills for their children but on the other hand, they did not seem to be fulfilling their roles in this regard. Several factors were observed to have hindered the parental educational process. In addition, even though children wanted their parents to take up their role as primary educators of sexuality, they felt constrained to discuss sexuality matters with their parents in an open and non-judgmental environment (DHIR 2012). The educational and non-governmental bodies have introduced and maintained sexuality and relationships education for schoolchildren and teachers with the active participation of parents through the National Minimum Curriculum and the National Curriculum Framework for All; however, such strategies do not seem enough to enhance the educational process (Diiorio *et al* 1999; Farrugia 2004; DHIR 2012).

## 1.2 Research Design and Research Questions

There were two key data gathering phases in this research study. This study was the largest national survey conducted amongst Maltese parents having 14/15 year old children. In addition, four parental focus groups (detailed in chapter 3) were carried out in order to substantiate further the derived data from the survey. This research undertaken was framed by the following two questions;

RQ1: What are the parents' perceptions, attitudes and knowledge about educating their children on sexuality and relationships?

RQ2: Which are the various elements, which hindered and helped parents in providing Sexuality and Relationships Education to their children?

The study aimed at exploring parental communication with their children about sexuality and relationships. Self-efficacy, self-concept, emotions and expectations were identified as crucial elements in influencing child/parent interaction regarding sexuality and relationships. In order to

understand fully who, how, when and what parents utilized their time to carry out parental education, focus groups were carried out amongst various parental groups. In-depth perspectives including various process and content-related aspects to parental communication were derived from the focus groups, which substantiated the qualitative findings derived from the survey. By identifying and addressing the various influential factors involved in communication pathways, parents could play a key role in their children's development in sexuality and relationships. The research's key findings could potentially help in the formulation of a parental programme whereby important influencing issues could be addressed whilst providing parents with the relevant knowledge and skills related to the subject. In this way, children will derive a unified and holistic approach to the subject.

### **1.3 The Organisation of the Thesis**

Chapter 2 and 3 consider the literature related to parental involvement with their children's Sexuality and Relationships Education (SRE). Chapter 2 examines the Maltese context and Chapter 3 examines the academic literature directly related to parents and children's SRE. Both the academic and grey literature ensures a comprehensive review, including scholarly and professional aspects related to the topic chosen.

Chapter 4 presents the research design comprising the conceptual theoretical framework and the methodological approach. The mixed method design incorporates a two-phase approach used to gather data which comprises of a survey (n=1014) and 4 focus group (n=50). The survey gathers information mostly from mothers who had 14/15 year old children whilst the focus groups provide both paternal and maternal perspectives.

Chapter 5 and 6 presents the data to answering both research questions. This chapter contains findings derived from the survey and the focus groups. The findings represent the response rates of both the tools, the parents' demographic information and communication practices, findings in relation to the conceptual framework, parental SRE and discussions pertaining to sexuality and relationships.



Chapters 7 and 8, present the discussion and conclusions formed after drawing together the findings from both phases of the study to answer the research questions. Recommendations have presented in relation to parental knowledge, perceptions and attitudes together with timing, subjects and methods utilised. Limitations are also identified in relation to the research process. Despite of these limitations, this research study is unique in its nature.

## **2 Chapter 2: Literature review: The Maltese Context**

The review of the literature is presented in two sections: the Maltese context followed by a wider examination of literature drawing on international research and case studies. Literature supporting the Maltese context were drawn from translated Maltese government policy and legislative documents related to health and Law, nationally commissioned research for example by Lwien and HBSC, together with literature emerging from the wider search discussed in part two of the review of the literature.

### **2.1 The Maltese context**

In Malta, there had been resistance to the introduction and maintenance of sexual health programmes because of a range of cultural, religious and social constraints and thus sexuality was kept mostly under the radar (Ministry of Education 1999; 2012). Yet the educational and non-governmental bodies in Malta had introduced and maintained Sexuality and Relationships Education for schoolchildren, teachers and health care workers through the National Minimum Curriculum and the National Curriculum Framework for All. However, parental sexuality and relationships education is still rudimentary (Dyson *et al* 2012; Lwien 2014; Ministry of Education 1999, 2012). Addressing sexuality and relationships education in the familial context was viewed as essential, as it was important for children to start forming a belief and value system that was built on sound advice concerning identity, relationships and intimacy (Novilla *et al* 2006). Both local and foreign research had indicated the children wanted to discuss sexuality issues with their parents especially when parental communication was open and non-judgmental (Diiorio *et al* 1999; Farrugia 2004; DHIR 2012; Lwien 2014). In turn, parents wanted to be perceived as ‘good’ parents but since there was little consensus on when, how and what to offer when it came to Sexuality and Relationships Education, they did not tend to volunteer into the educational processes (Romo *et al* 2002; Stone *et al* 2012). Turnbull *et al* (2010) suggested that parenting qualities were coupled with effective familial communication for a more effective educative outcome. Even though verbal and non-verbal communication was difficult to quantify and qualify, especially with the diversity between family contexts, environments and cultures. Familial communication was thought to be a meaningful route to addressing the educational need of children in interpersonal relationships, interactions and pattern integrations which were common features often integrated in the nucleus of the family (Turnbull 2010).

Findings from a local research ESF Project 3.108 Lwien (2014) carried out amongst 600 respondents aged from 13 to 19 years, identified that the majority of the young people claimed that most of the sexuality and relationships education came from PSCD teachers. Parents ranked in 4<sup>th</sup> place from the options given. Thirty-seven percent of respondents had never talked to their father regarding sexuality and relationships whilst 18% never spoke to their mother. An even bigger percentage (34.3%) of respondents was not comfortable to speak to their mother (Lwien 2014). The results showed that the role of parents in sexuality and relationships education was weak. This reflected a national problem about the lack of communication in the family nucleus; the formation of solid relationship between parents and children was potentially compromised thus making sexuality and relationships issues more difficult to address (Lwien 2014). Younger female respondents however, were more likely to confide in and demand information about sexuality to their mother than the older respondents (Lwien 2014).

Older adolescents did not have any support whilst preparing to be or were already sexually active and they had no one trustworthy to confide in if they needed specific advice. In fact respondents claimed that they have little information about contraception, how to use condoms, SAIs and the risk of drugs/alcohol and sex (Lwien 2014). If lack of communication and family closeness were not cultivated in the family, parents would not be aware of any problem their children were encountering such as peer pressure. Peer pressure was common in the adolescent phase in life, which at a certain point could pre-dispose adolescents to premature sexual activity, unplanned pregnancies and SAIs (Lwien 2014). Parents were not aware that there could be gender differences that could pressurise children into having sex. In males, having sex was a way to be accepted amongst peers or else not to feel left singled out, whilst females wanted to express their love to their partners through sex (Lwien 2014). Thus if parents did not address issues such as emotional well-being, confidence, assertiveness and self-esteem from the earlier stages of childhood, and nourished their children with value of respect, love, trust and open communication in their relationships, the children's adulthood stage would be compromised. In fact, respondents claimed that they only became aware of sexual feelings, emotions and responsibility in relationships late in their lives. They felt as if they were treading in unknown grounds and putting themselves at risk especially since 50% reported that they had felt pressurized into having sex. In addition children stated that they would like to know more about safer sex, masturbation, saying 'no' to sex if they do not want it, girls and boys bodies' development, LGBTIQ issues and pregnancy (Lwien 2014). Parents also needed to compliment

and support the Sexuality and Relationships Education given to children at school if they were given the opportunity to participate in the curriculum formation and distribution, especially in the light of the teachers' involvement in children's lives (Turnbull *et al* 2008).

In another recent Maltese study, carried out by the Directorate of Health Information and Research (DHIR 2012) amongst young correspondents, it was reported that the majority acquired sexuality related information, such as puberty and reproductive functioning, at approximately 12 years of age and primarily from their PSCD teachers followed closely by the mother and friends. Girls were more likely to report more knowledge on puberty from mothers rather than boys, where the teachers have superseded both parents (DHIR 2012). However, the majority of respondents, similar to Lwien (2014) stated that they would have preferred their mother to be the source of information in the home environment. The fathers were not in the picture of educating their children on sexual matters (Lwien 2014). Other important information such as sexual orientation, sexual practices and pleasure was not derived from responsible adults but mostly from friends, which questions the reliability of the information provided (DHIR 2012). There could be the possibility that SRE in school may have focused mostly on reducing harmful consequences such as SAIs and unplanned pregnancies, without incorporating issues such as sexual pleasure, sexual autonomy and identity. Whilst the respondents reported to be sexually experienced at the ages of 16 to 18 years and have had multiple new partners, they still claimed to have misconceptions and uncertainties regarding contraception especially in the case of the pill and withdrawal and pregnancy (DHIR 2012). Despite their claimed awareness on condoms and prevention of SAIs, they still claimed lack of contraceptive use, thus showing little commitment and responsibility in their sexual behaviour (DHIR 2012). Gender differences similar to Lwien (2014) were established as woman were more likely to be motivated to have sex since they felt they were in love with their partners, as opposed to men who wanted to prove their manhood or were curious or got 'caught up in the moment' (DHIR 2012). These findings reflected the lack of involvement of parents in important sexuality issues in children's lives enough to influence their decision processes. However, there could have been other confounding factors that might have influenced sexual behaviours such as, parental and children's educational levels.

Malta had also participated in an international study regarding Health Behaviour in School-aged Children (HBSC) in collaboration with the World Health Organization (WHO) in 2013/2014. A

random sample of 11, 13 and 15 year old children were chosen from schools from around the Maltese islands inclusive, also, of independent and Catholic schools, and were given a standardized survey to be filled on the spot. Sexual behaviour questions were given only to 15-year-old students in Malta, due to socio-cultural and political reservations on the subject matter. Despite this, Malta ranked 13<sup>th</sup> in sexual behaviour amongst the 40 countries that participated, whereby 19% of male and 25% of female participants claimed they were sexually active. This finding was dissimilar to that of the other participating countries where sexually active girls superseded the sexually active boys. Another important finding was that Malta ranked nearly last place to use of condom were only 41% equally, boys and girls claimed that they had used a condom at their last sexual encounter. The percentage of having used the contraceptive pill is even lower and is 16% of girls. These findings highlighted that the Maltese adolescents did participate in sexual behaviour, despite the religious and cultural influences present in the country. Maltese adolescents were pre-disposing themselves to consequences, which might be harmful to their future due to the lack of necessary precautions taken by means of barrier, or hormonal contraceptive means. These findings further highlighted the need of parental communication with children at an early age, despite the personal, social, political and religious barriers found locally. The aim of parental communication would be to empower children to make responsible sexual health decisions for their present and future lives.

In the HBSC, children were also asked whether they considered they had parental support in terms of getting the emotional support when they needed it; whether they talked to their families about their problems, and if their family was prepared to help them makes decisions (HBSC 2014). In the 11-year-old participants, a high percentage of children (78% of boys and 79% of girls) claimed they had that support. However as the children grew older the percentages tended to diminish by having only 59% and 70% of 13 years old boys and girls, and 60% and 64% of 15-year-old boys and girls who claimed that they perceived having familial support (HBSC 2014). These findings were salient because as the children grew older and needed greater support in decision-making occasion, parents were not perceived as being the agents of support. At the same time, Malta ranked 6<sup>th</sup> to perceived peer support, which showed that children relied on other children for help, talked more to peers when they were sad or happy, and felt that friends were there for them when needed (HBSC 2014). These findings reflected that adolescents might not have viewed their parents as present enough when needed, thus turning to less reliable but seemingly more available resources (HBSC 2014). In fact, more Maltese girls than boys, spent more time with their peers but nearly faired the same on the time spent on social media with their

friends. There were no similar questions to time spent with parents, which influenced the importance given to communication between parents and children, which could have been conducive to addressing problems, tackling sensitive issues and familial values' transmission.

## **2.2 Religious influences in Malta on Sexuality and Relationships Education (SRE)**

Religion also seems to be a major influence in terms of sexuality, relationships and attitudes (Grey 1993, Regenerus 2005; Turnbull 2010). Roman Catholicism is the most commonly practiced religion in Malta and holds strong ideas regarding abstinence, contraception, abortion and LGBTIQ issues. Religion has influenced the provision of timely, comprehensive and accurate information regarding contraception, safer sex and healthy sexualities to children leading them to uninformed sexual decisions potentially detrimental to their lives (Hyde *et al* 2009; Turnbull 2010; Cederbaum *et al* 2016). In addition, providing limited information could be viewed as discriminatory to children who choose to be sexually active, had different religious ideations and/or were LGBTIQ individuals (Hyde *et al* 2009). In a large-scale study carried out in the United States by Regnerus (2005), it was concluded that parental religiosity appeared to stop parents from discussing contraception with their children. Parental communication was not as straightforward as the information imparted, was more on moralistic side of things with the transmission of religious values rather than offering unbiased sexuality knowledge to children (Regnerus 2005). In Greece, Kakavouiiis (2001) found that, parents contextualized sexuality in the formation of a loving, committed relationship and made children understand the significance of sexual intimacy only in marriage. The ideology of heteronormativity again was shown in both articles, thus making heterosexuality as the norm and the only socially acceptable way of expressing one's sexuality (Kakavouiiis 2001; Regnerus 2005). This parental input which potentially further stigmatized children and young people, and left them devoid of important information on diverse sexualities whilst making the inclusion of non-heteronormative sexuality more difficult to discuss in the family nucleus (Hyde *et al* 2009).

On the other hand, Cederbaum *et al* (2016) in her mixed method approach derived information related to parental communication with children who attended Catholic schools. She found that there were factors other than religion that hindered parents from interacting about sexuality and relationships such as feelings of embarrassment, uncomfortableness and lack of knowledgeable especially in starting and continuing the conversation process about the subject. Other factors

that influenced parental communication were children's age, ethnicity, parent-child relationship levels and believing that such communication is beneficial and approved by the people around them. Parents also felt disappointed that in religious schools, children were not offered Sexuality and Relationships Education, and therefore, a lack of knowledge hindered their children's 'sexual socialization' (Cederbaum *et al* 2016:16) Children could have been exposed to unreliable sources of information such as on-line sources and on-line information, which were not counterbalanced by reliable information by parents and/or school. Parents also acknowledged the fact that information should go beyond the abstinence model and that sex should only be carried out in marriage. Jackl (2016) concurred with Cederbaum *et al* (2016) argument that children should not only be exposed to romanticised ideas of sexuality and relationships within marriage, as in real life they were exposed to all kinds of relationships. In addition, children would be lacking salient relational information from key people for guidance in dealing with the different circumstances including same sex and transgendered relationships.

### **2.3 Culture and sexuality issues**

Culture seems to be another stronghold when it came to sexuality. According to Danaher *et al* (2000), sexuality was governed by discourses, institutions and power dynamics often present in society often based on social and historical perspectives. Danaher *et al* (2000:54) in fact claimed that in society there was often that 'authoritative gaze' where by citizens were observed and behaviours were controlled. Sexuality was viewed as a cultural experience, which was socially harnessed or else feared that a lax culture would encourage erratic sexual behaviour and nobody, would know to whom one belongs (Grey 1993). Even though family was perceived as the most cherished unit in society, it was still governed by male prowess and possession. Women were often viewed as objects to be utilised by men for some reason or another, and for men to act in this insensitive way was seen as the essence of healthy, heterosexual masculinity (Grey 1993). In Malta, sexuality and relationships education has been oppressed by the Conservative party for these last 25 years and the Government has worked intricately with the Catholic Church. This agenda has often been to the detriment of comprehensive SRE, and to the exclusion of sufficient knowledge, skills and resources to address SAIs, contraception, LGBTIQ issues and related matters. Sexuality was not viewed as a right, a way of accepting oneself or unique and beneficial at best but rather a matter of 'governmentality' (Danaher *et al* 2000: 135). Cultural power and social and historical influences in relation to sexuality and relationships tended to show resemblance in various countries despite the geographical distance and this was evident in

several research studies (Hamid *et al* 2001; Kim *et al* 2007; Ohalete 2007; Izugbara 2008; Guilamo-Ramos 2006, 2008; Biddlecom *et al* 2009; Tobey *et al* 2011; Berg *et al* 2012). Particular cultures posed specific constraints to sexuality communication. In places such as Pakistan, daughters were often raised in a vacuum devoid of knowledge about sexuality and relationships in order to be perceived as innocent girls (Hamid *et al* 2001). Girls could not express their individuality and sexual identity, as they were expected to be submissive and learn considered important chores such as cooking and cleaning (Hamid *et al* 2001). Sexuality was still considered as a taboo, thus by educating young children would be considered as rebellion against culturally established behaviour rules (Diiorio *et al* 1999; Hamid *et al* 2011;). The cultural systems left young children exposed to others influences from media and TV without having the opportunity to learn the right things from their parents (Hamid *et al* 2011). Double standards between the male and female genders were highlighted in these particular cultures and male domination was further accentuated. Knowledge threatened the *status quo* in the country and challenged long-standing beliefs, which may have been beneficial for some people but harmful for present and future generations.

Similar studies were carried out in Latino families in the United States, which discovered low communication between parents and their children (Guilamo-Ramos *et al* 2006; 2008). Latino parenting style was described as traditional with an aura of silence surrounding the subject of SRE. Education was different for male and female children and a sense of shame was perpetuated (Guilamo-Ramos *et al* 2006, 2008). Girls were expected to exercise a sense of self-constraint when it came to sexuality (Guilamo-Ramos *et al* 2006, 2008). Giordano *et al* (2009) also identified gender discourses in the Latin contexts. Children were provided with indirect constructs where male sexuality was dominant, aggressive, and full of sexual demands; whilst female sexuality was absent, silent, suffering and accommodating to the demands of the males. Such dyadic approaches brought out the dichotomy of male and female sexuality (Giordano *et al* 2009). These uncovered double standards suggested that male sexuality agenda was related to sexual prowess and women's sexuality was related to reproduction (Giordano *et al* 2009). Even though mothers acknowledged cultural expectations, they felt that they should be the source of advice and values due to their deep desire to protect their children from harm (Giordano *et al* 2009). Thus they could transmit information on birth control, resisting sexual oppression, feeling valued as a person and how to act responsibly on their sexual desires and pleasures (Giordano *et al* 2009). It was suggested that young children would become more empowered and hence become agents of cultural change.



Kim *et al* (2007) had looked into the Asian Americans transmission of sexuality and relationships education through parents. The Asian culture perpetuated a taboo on the subject of sexuality where sexuality was deemed as the private remit of the individual (Kim *et al* 2007). Since Asian cultures fostered a hierarchal structure in their family make-up, where children were expected to respect their elders and not question, challenge or talk openly on sexuality issues (Kim *et al* 2007). It was expected from children to show sexual reticence and in this way; the parents' need to discuss sexual values and information to children was not important (Kim *et al* 2007). Asian parents tended to be stricter to daughters than to sons, as family honour related to the children's behaviour (Kim *et al* 2007). Due to the exposed familial attitudes, Kim *et al* (2007) found that the participating children reported very little Sexuality and Relationships Education from their parent except on menstruation and pregnancy for only girls. In addition, children were expected to make sense of the implicit and the non-verbal ways parents transmitted the sexual values (Kim *et al* 2007).

Cultural and puritanical attitudes to sexuality and relationships were often encountered in research studies carried out across Africa (Ohaleté 2007; Izugbara 2008; Berg *et al* 2012). Poor or incomplete home-based sexuality and relationships education was often carried out in terms of half-truths and misinformation. Adolescent sexual activity was often framed in terms of danger, rebelliousness and irresponsibility on the part of the child (Izugbara 2008). Even though some Nigerian parents viewed sexuality and relationships education as important, they hardly did it themselves (Izugbara 2008). However, they expected their children not to involve themselves in any kind of sexual behaviour as it tarnished the family's reputable name (Izugbara 2008). For those parents who did offer some sexuality and relationships information, they offered it to daughter as females were often viewed in danger or inferior as they succumbed to the male's sexual demands (Izugbara 2008). The dichotomy of female and male sexuality was also felt in Africa, where girls were expected to refrain from exploring their sexuality and remain obedient to cultural expectations (Izugbara 2008). Parents were also unsure of what and when should SRE be offered to children, as they did not want that the offered education exposed their children to premature sexual experimentations. As a result, they thought that children were better off without the information (Izugbara 2008). The emphasis was to instil fear in children rather than acquiring the knowledge and skills to acknowledge, master and exercise power over their own sexuality (Izugbara 2008). This claimed parental deliberate misinformation about sexuality was thought to stigmatize sex, sexuality, and relationships education together with perpetuating

taboos associated with the subject. It also exposed children to less reliable sources of information such as friends and more vulnerable to sexually acquired infections and unplanned pregnancies (Izugbara 2008).

Though few studies had been carried out in Nigeria, it seemed that parent-child communication on sexuality was rare and children derived their information from peers more than parents (Odimegu *et al* 2002). Influential parental communication factors were age, religion, educational levels and family size (Akinwale *et al* 2009). Due to the lack of information present across the continent of Africa, Berg *et al* (2012) analysed the constructs that influenced parent-child communication, through a large nationally representative sample in Nigeria. Parents were asked whether they had discussed several subjects including HIV, and sexual relationships with their children and in turn were classified in low, medium and high communicators' categories according to the amount of subjects discussed. Unlike findings in European studies, both fathers and mothers communicated with their children especially if they were older in age, non-Muslim and had higher educational backgrounds (Berg *et al* 2012). Paternal communication was influenced by fathers' knowledge regarding sources of information about SAIs including HIV and perceived community support for sexuality discussions. Similar findings were also observed in Izugbara (2007). Maternal knowledge of SAIs symptoms was a contributory factor toward maternal communication (Berg *et al* 2012). However, it was important to note that this study's strength was limited due to the lack of the collated information on the content, context, and timing of parent-child conversations, and the depth and accuracy of information transmitted to children was not known (Berg *et al* 2012). Similarly, in Ohalete (2007) study, fathers' communication to adolescents on sexual matters did have an effect on the sexual socialization of children especially it was appropriately and timely (Hutchinson *et al* 2011; Teitelman *et al* 2008; Ohalete 2007). Both Teitelman *et al* (2008) and Ohalete (2007) claimed that racial sub groups lacked the interest to participate in similar studies, which involved the investigation of parental communication with their children thus limiting their generalizability to similar and other cohorts. It was only Tobey *et al* (2011) who incorporated a diverse sample of correspondents comprising 406 African-American, Caucasian and Hispanic children aged 12 to 18 years old in their study. Tobey *et al* (2011) investigated the maternal and paternal factors together with other influencing factors such as race, gender and age, which could influence adolescents' sexual behaviour and attitudes (Tobey *et al* 2011). African-American parents offered information that is more significant to their children when compared to Caucasians and Hispanics families. The findings were once again consistent with other studies, such as Guilarmo-Ramos *et al* (2006,

2008), which showed that Hispanics experienced the lowest sexuality and relationship education even though they seemed to experience the greatest risks to their health when compared to Caucasians. Common principles promoted by various cultures were those of lack of conformity, knowledge and discrepancies between the sexes. According to Grey (1993), the main principles regarding sexuality and relationships should be based on truthfulness, honesty, accepting responsibilities, caring for others and co-operating with each other for the common good and these principles should not be different in any country despite the culture or religion.

## **2.4 The Maltese Law and Sexuality**

Despite the traditional Catholic and conservative family upbringing, in Malta, there had been significant changes in the laws of the country as opposed to other countries in terms of sexual diversity (Baiocco *et al* 2014; Platero 2014). The first measure to protect LGBTIQ individuals was taken by the first Maltese government in 1973, when the then Prime Minister decriminalized homosexuality. The newly elected government in 2013 recognized transsexual individuals in their true gender identity. In 2014, gender identity formed part in the constitutional list of non-discrimination and in this way transsexual people were protected under national employment laws together with asylum seekers. Governmental determination in the continued efforts towards LBGTIQ people in the Maltese Islands continued in 2014 where the Maltese parliament established the Maltese Civil Union Law where same sex couples had equal rights and protections such as heterosexual couples. In addition, same sex couples could also request for joint child adoption. In 2015, the Gender Identity, Gender Expression and Sex Characteristics Act (GIGESC), which aimed at protecting individuals' physical integrity, bodily autonomy and self-determination, were established. This act clearly stated the legal gender recognition procedure not only for adults but also for minors. This law however forbade needless surgical procedures especially without the consent of the person involved, putting Malta in the forefront of Europe with such a provision. Such an Act was a result of a result of several legislative and constitutional changes carried out in the Maltese Parliament. Legislation was also being reviewed in order for the government to ban the so-called 'conversion therapies' often set out by the Catholic groups present on the Maltese Islands (GIGESC 2015).

Malta had also become a pioneer in introducing a policy focusing on the educational needs of transsexual, gender variant and intersex children. Such policy followed by procedure and

strategy had to be implemented in all schools in Malta. The elements that were highlighted in the educational policy were confidentiality, support, adequate facilities, if possible changes in documentation and access to information, inclusivity and safety, acceptance of diversity and an environment free from harassment. It was, however, interesting to point out that when the Minister for Education had tried to distribute educational material, which included books on LGBTIQ children and rainbow families; such resources were met with strong resistance from parents and educators alike as they claimed they were against indoctrination of children in schools. This wide spread distribution of books was halted by the Ministry and were kept as referenced for educators who requested them (Malta Today 2015). This initiative, was however, not carried out with key stakeholders in the Maltese Islands such as the Health Promotion and Disease Prevention Directorate who may have helped in strengthening such an initiative with educational campaigns. Following this educational initiative, category X was introduced where the undeclared sex/gender was acceptable together with the male and female category.

The Ministry for Social Dialogue, Consumer Affairs and Civil Liberties had issued an LGBTIQ action plan for 2015 until 2017. This was carried out to solidify further anti-discrimination policies, human rights and equality in all aspects of life whilst at the same time promoting high standards in all aspects of life. The Embryo Protection Act is at present being reviewed by a committee in order to be amended as necessary. To date LGBTIQ individuals do not have a way to retrieve reproductive health services as equal citizens in the Maltese Islands. In fact LGBTIQ individuals endure great hardships to fund personal health procedures and such procedures since are carried out in foreign countries could amount to large amounts of money, thus predisposing LGBTIQ individuals to personal hardships, poverty, job changes or loss and mental health problems. Despite of all these challenges, 40 people had legally applied to change their gender since the introduction of the GIGESC Act (2015) and the Act's application were successful thus making LGBTIQ individuals an integral part of the Maltese society. Despite the updating of Laws, which in turn will affect the people's thinking and behaviour, several research studies have identified other influences that were found to be influential on sexual attitudes and behaviour.

## **2.5 Influences on sexual behaviour and attitudes**

Children actively constructed their gender roles and forming their individual sexual identities whilst interacting with their surroundings (Glasser *et al* 2008). Unfortunately, socio-cultural forces had oppressed gender expression into a binary system where one class oppressed the other (Bilodeau 2007). Sexual exploration in fact was more acceptable in males than for women thus idealising further the male sexual behaviour whilst condemning female behaviour to social stigma (Manago *et al* 2014). Stereotypical view of gender gave privilege to masculine power and desires and denied females' perspectives thus negotiations of safer sexual activities were tough for both (Elley 2011). The gendered heterosexual norms and discourses continuously bombarded young people's experiences and sexual motivations and as a result, these preconceived ideas made heterosexual attraction as 'heterosupremacy' (Elley 2011). Thus, sexual diversity was seen unacceptable or considered as wrong thus making LGBTIQ issues invisible (Turnbull 2010). Unresolved and negative perceptions regarding LGBTIQ issues resulted in victimization of children and predisposing them to mental health problems, substance abuse, depression, suicide and unsafe sexual practices (Turnbull 2010). Thus, it was essential that sexuality and relationship education address all kinds of sexual identities and orientations and provided children with all the information necessary regarding all aspects of sexuality. In this way, children would be able to feel equally capable of acquiring the sexuality and relationships education without the fear of being bullied or discriminated against (Turnbull 2010).

In fact, Wood *et al* (2002) brought out the dichotomy of boys' and girls' ideas regarding sexuality and relationships as a result of the difference in gender and the difference in the informational sources. Pre-pubescent girls saw dating as an opportunity to experience love whilst boys viewed dating as a means of independence and fun (Wood *et al* 2002). Whilst girls might have gotten sexuality and relationships information from parents and daytime television, boys did not get the same opportunity. Boys relied on their female counterparts for information whilst being pressured by their peers to have sex (Wood *et al* 2002; Manago *et al* 2014). In reality, neither boys nor girls knew what appropriate behaviour is in a relationship however in this study, boys expected greater sexual involvement than girls did and it was evident from the first date (Wood *et al* 2002; Pattman 2005). Having boys less sexually socialised than girls and may have had predisposed girls into uncomfortable and vulnerable position where boys carried out sexual advances which the girls could not refuse (Wood *et al* 2002; Pattman 2005). Therefore, boys and girls were most often viewed as opponents rather than partners in their lives (Pattman 2005).

## 2.6 External influences on Sexuality and Relationships Education

It has also been argued that there could be other factors that had influence sexuality and relationships education directly related to parents themselves or external to them such as neighbourhood issues, familial living circumstances, media and religion (Lefkowitz *et al* 2003; Afifi *et al* 2008; Byers *et al* 2008; Roche *et al* 2000). Lefkowitz *et al* (2003) discovered that older mothers were more likely to provide education for their children, as they believed that emphasis on abstinence only would not be enough. The more educated and the less religious mothers were, it was more likely that safer sex practices, such as how to prevent HIV, and condom use, were brought up more often in the family nucleus (Lefkowitz *et al* 2003). Such findings were also supported in Afifi *et al* (2008) and Byers *et al* (2008). Byers *et al* (2008) also in their study investigated to what extent parental, child and conversational characteristics tended to influence the sexuality and relationships education. A large number of participants (3413 parents) were chosen from various geographical regions in Canada and were asked to fill up a survey. Mothers, parents who were in an older age group, who had a higher educational background, had girls as children and that attended higher classes claimed to encourage their children to ask questions about sexuality more often (Byers *et al* 2008). This could have meant that parents were not providing information to children equally and appropriately across all age groups but only when faced with the imminence of their children's developing sexuality. These previous findings also brought out the discrepancies of knowledge sharing and expectancies brought out from children's reports (Byers *et al* 2008). Roche *et al* (2000); McKee *et al* (2006); and Kawai *et al* (2008) had brought out the effect of familial neighbourhood and living conditions in relation to familial communication on sexuality and relationships. These researchers uncovered that parents who lived in disadvantaged areas provided less parental communication about sexuality and decision-making thus pre-disposing children to premature sexual activity and possibly harmful consequences (Roche *et al* 2000). McKee *et al* (2006) unravelled similar circumstances both from maternal and daughters' descriptions of the negative influences living conditions provided. Kawai *et al* (2008) further substantiated the above results by saying that children who did not live with their biological parents due to socio-economic difficulties were most likely to be less exposed to familial transmission of knowledge and values thus initiated sexual activity earlier than those who lived with birth parents.

Similarly, several research studies (Brown *et al* 2009, Turnbull 2010, DHIR 2012; Chandler *et al* 2013) have shown the media's influence on the adolescents' knowledge regarding sexuality and relationships. The use of media sources to use is often gender related, as whilst females more commonly look into magazines where issues of femininity are addressed, boys tend to delve into more explicit stuff such as pornography and specific websites (Kehily 1999; Brown *et al* 2009). The computer, games, films and the internet make up a huge role in children lives especially with the increased availability of such technologies, increased family incomes but with less regulation from parents (Hagen 2007, Young 2007). The problem behind media sources was that sexuality was removed from the context of an interaction between two consenting, loving, trusting relationship partners (Turnbull 2010). In this way, media constructs provided an unrealistic picture of sexuality and relationships (Kehily 1999; Brown *et al* 2009). In fact, Foucault (1976) viewed children's exposure to media sources, as an opportunity for young people to construe sex as a means of productive power rather than repression. Similarly, Kehily (1999) described the media as offering opportunities where adolescents learnt how to manipulate sexual experimentation into acquiring sexual pleasure and expertise in the field. Pornographic scripts portrayed sex as an act with no type of social or emotional commitment but still led one to sexual fulfilment (Brown *et al* 2009).

Pornographic exposure also led to the belief that females enjoyed sexual aggression and rape and potentially exposing them to increased sexual abuse and its acceptability (Brown *et al* 2009). This may have had a significant impact on children as they expected their partner to behave and react in the same way porn stars did in their films (Turnbull 2010). Little attention is given to LGBTIQ issues, contraception and harmful consequences such as SAIs and unplanned pregnancies often associated with sexual activity (Turnbull 2010). In addition, females would be encouraged to adhere to images of perfectly sculptured bodies whilst highlighting certain body parts, which are attractive to male counterparts and desiring emotional commitment before consenting to sexual activity (Brown *et al* 2009; Turnbull 2010). Male issues were hardly ever tackled thus masculine identities were built on 'assumed knowledge and the concealment of vulnerabilities' thus forming denial and concealment of sexual vulnerabilities as necessary criteria for masculine identities (Kehily 1999:82). A man received social approval from his mates if he portrayed a superior attitude and implying sexual activity at the same time (Kehily 1999). These construed masculinity images did not leave space for LGBTIQ expression. LGBTIQ identities were often viewed as falling short of the heterosexual masculinity thus suppressing further open sexual expression (Kehily 1999). Females in turn, also viewed gay men

as disgusting and repulsive often characterized with a lower physical sexual drive, lack of excitement during sexual activity, lack of jealousy and sexual conservatism (Kehily 1999). Children could be internalizing inaccurate information without being possibly influenced by positive and helpful information from parents (Ballam *et al* 2011).

Parents had an arduous task of raising up and educating their children whilst regulating their children's exposure to an increasing amount of media sources available in the household (Young 2007). Even though the family's religious and cultural attitudes of disapproval of premature sexual activity in children tended to have a protective role in the children's lives, children were more likely to act on the media's messages rather than those of parents as media messages tended to be more overt and explicit (Ballam *et al* 2011). Media's impact on children often exceeds that of peers. Brown *et al* (2005) calls it 'sexual super peer' as children relied on media for information in relation to sexuality as it was easy to access and provided a lot of information without having the risk of being scrutinized or embarrassed by questions posed to parents or significant adults. Even though parents felt accountable for the children's media usage and exposure of children in their homes, they were still conflicted with ideas that exposure to computer and the internet was beneficial for children as they grow older and also meant keeping children inside in close proximity to them (Young 2007). Parents worried that media sensationalized the subject without including the importance of healthy information about sexuality, gender and behaviours (Ballam *et al* 2011). Parents, however still feel considerable concern about the high content of sexual behaviour in TV programme. Therefore, they tried to limit their children's exposure to media for a long time although this dissipated as children grew older and consequently they directed children into more beneficial activities such as going outside and play (Young 2007). Young's (2007) study however, uncovered that the children's exposure to media was still dominant when compared to the time they spend with parents. According to Brown *et al* (2009), children who had less-educated parents, had lower educational aspirations, were of a certain race, and gender i.e. black and male were more likely to look into the internet and seek pornography for the pleasure and sensation seeking it provides. These children's sexual beliefs, without parental input, would hinder the growth of progressive gender roles and attitudes in young people (Brown *et al* 2009).

Ballam *et al* (2011) suggested that parents utilise media as an initiator of sexuality conversation and establish parental discussions on a regular basis. Parents should challenge children to be



critical about the messages they received from media and not be passive, gullible recipients of media's messages (Ballam *et al* 2011). Parents should help children so that they construe realistic and safe perceptions of sexuality and relationships in a way that has personal meaning to the children, without the excess sensationalism that media provided (Ballam *et al* 2011). Children eventually would be able to reject and accept messages that conformed to their ideals about sexuality and relationships (Ballam *et al* 2011). In light of the various factors that influenced the societal sexuality attitudes, knowledge and behaviours, there seems to be various amount of research studies that have uncovered salient information about the effects of parental involvement in children's lives.

## **2.7 Conclusion**

This first part of the chapter has brought out the various factors that influenced sexuality, relationships, SRE and parental practices. After evaluating the Maltese scene and the familial practices across the world, it seemed that SRE poses the same challenges to families. The familial communication practices remain to be influenced by family connectedness, cultural practices, race, religious affiliations, and neighbourhood issues and media exposure. Despite the small size of the Maltese Islands, several efforts have been done, in terms of Legal Acts, policies and practices in order to address sexuality, relationships, sexual health and behaviour and familial practices, inclusive of LGBTIQ persons. In this way, the acknowledgement and the need for formal and informal SRE will be further augmented in the Maltese society. The next part of the chapter, will focus on the various specific issues that influence directly, the parental communication practices with their children in terms of timing, content, gender dynamics of parents and children, methods used and the parents' perceptions of their roles concerning SRE.

### **3 Chapter 3: Literature Review: SRE- The Wider Context**

#### **3.1 Introduction**

This second part of the literature review will examine research studies that were focused directly on the familial practices in relation to SRE. The familial communication process seemed to be presented with various challenging aspects. One of the crucial aspects is whether the parents were aware of their need to be involved in SRE conversations and whether they see themselves acquiescing to this important role. There are other crucial elements to this process such as timing of the ‘talks’ by parents, how transmission of information is carried out in the family environment, who carries out these talks; whether parents of the same gender as the child take on that responsibility, or whether parents are able to talk with children of either gender together with the range of subjects tackled during familial discussions in order to give a comprehensive picture on the subject.

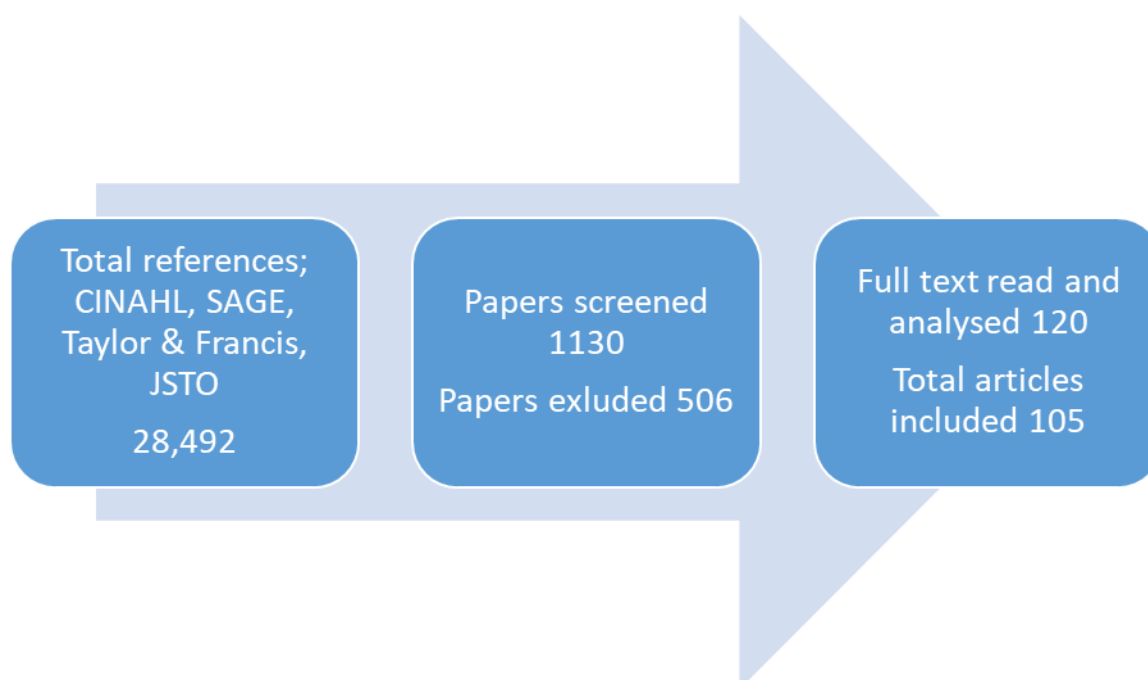
#### **3.2 Search Strategy**

An initial extensive literature search was carried out from October 2013 till December 2013 by using the following five sources of literature comprising of CINAHL, Sage, Taylor and Francis and JSTO databases; specialists’ reports and books. The search identified 95 articles by using the combination of the following search words: *sex/sexuality and relationships education, sexuality, parents, communication, parental roles, father, mother and family, LGBTIQ, gender, religion and media* in order to find essential literature on the subject. Some of these articles have been utilised for the first part of the review to give a background picture of what influences sexuality and relationships. The rest of the articles were utilised for the second part of the review. Even though the literature search was mostly for research articles from the United Kingdom and the United States of America, other relevant articles were utilised as they were found to be pertinent to the present research questions especially in light of the similarities of parents’ experiences despite the cultural and spatial differences. The literature was read and analysed, and common emergent themes were identified including; *parental perceived role as sexuality educators; hindering and enhancing factors to such educational attempts; characteristics within the family or the parents themselves; content of sexuality and relationships education and timing and*

*openness utilised for the process* (Jaccard *et al* 2000; Walker 2001; Guilamo-Ramos *et al* 2006, 2008; Hyde *et al* 2010; Dyson *et al* 2012).

The inclusion criteria comprised peer-reviewed articles; not limited to a specific period or country, whereby parental issues were addressed together with all influences that might have been impinging on the process such as barriers, gender issues, media, religion, sexualities, identities and cultures. The exclusion criteria comprised issues about disability and all the spectra, violence and abuse.

The following organogram represented the literature search carried out. Whilst a large number of articles were initially identified, a large number of available papers were screened and analysed for relevance. Some articles were excluded due to duplication or not relevant to the study at hand. Full texts were obtained for specific articles and were read thoroughly for their inclusion in the literature review. Since the literature review chapter was divided into two, 41 articles were utilised for the background section and to bring out the importance of the effect of parental communication on children's behaviour and attitudes. Another 64 articles were utilised for the main body of the literature review, which were directly related to the research questions posed.



*Figure 3.1: Literature search strategy*

The data that were obtained from the literature search comprised the authors, date, sample sizes, methodologies and key findings. These articles are presented in Appendix 4 for ease of presentation and comparisons. The differences in sample sizes, mix of methodologies utilised and results obtained were identified from various sources, which further added to the comprehensive nature of the addressed subject whilst adding to the richness of knowledge and discovery.

Scrutiny of the literature identified the following eight themes, which have been used to structure the review of the literature as follows.

The effects of parental communication on children's sexuality and relationships (3.3)

The role of parents in the sexuality and relationships process (3.4)

Parental attitudes towards LGBTIQ sexuality and relationships issues (3.5)

Transgender issues and parenting (3.6)

When should parental sexuality and relationships communication start? (3.7)

Who communicates with whom: gender dynamics? (3.8)

What do parents discuss with their children? (3.9)

How is SRE information communicated to children? (3.10)

Conclusion (3.11)

### 3.3 The effects of parental communication on children's sexuality and relationships

Turnbull (2010) in her research study presented the importance of parental communication with their children. She claimed that parental communication and attachment, helped children formulate mental representations of their future friendship and romantic relationships (Turnbull 2010). Children's relationships would be formed based on shared experiences, trust, autonomy, mutual understanding often experienced in the family nucleus (Turnbull 2010). As friendships developed into relationships, children would need to be equipped with core values and skills such as affection, trust and support which are often derived from their familial backgrounds. Children would be able to form significant romantic relationships, without deleterious effects on their sexual identities and choices. Parents had the responsibility and were in a pivotal role in preparing and supporting their children in their physical and emotional development (Turnbull *et al* 2008). In reality, the parental transmission of abilities and knowledge was not as straightforward as it was claimed (Walker *et al* 2001).

After having studied the complexities involved in parental educational process, Parkes (2011) deduced that parents had the potential to influence children's sexual behaviour both positively and negatively (Parkes 2011). Through a multivariate analysis, Parkes (2011) showed that parental communication about sex, delayed sexual intercourse in children. Parental transmission of skills and knowledge was more likely to be effective when incorporated in everyday life activities rather than having talks only on sexuality. However, whilst the greater the ease of parental communication about sex was associated with delayed intercourse, the frequency of communication was negatively associated with delayed intercourse (Parkes 2011). Thus, it could be deduced that that parents had to dedicate the necessary time to transmit values of sexual identity, autonomy, and formation of healthy relationships (Parkes 2011). Nevertheless, Parkes (2011) found that parents who supported contraceptive use, the less likely adolescents were likely to delay their sexual behaviour without waiting to be in love or in a relationship, thus parents had to be diligent in their ways of how to transmit contraceptive information as it could be misconstrued by children (Parkes 2011). Children could have linked their parents' encouragement to use contraception with more permissive attitudes towards casual sex (Parkes 2011). Also the parents could have been late in imparting important sexual health information once adolescents were already sexually active (Parkes 2011).

According to Frankham (2006) and Parkes (2011), many parents thought that they were providing information to their children at a time when they thought their children were ready however, it was found to be self-limiting at best. Since children were not deemed up to the challenge of handling sensitive sexual information, they were perceived to be even less able to deal with pleasure aspect of sex (Frankham 2006). Thus, they were provided with frugal knowledge of pleasure, and with information, reducing sexuality to a one-time act of the past, where they themselves were conceived (Frankham 2006). Parental decisions were mostly based on intentions of protecting the socially constructed notions of childhood's innocent nature in relation to sex. Parents seemed to view puberty as a cue for information-giving as the children bodies started to show signs of sexuality and reproductive capabilities (Lefkowitz *et al* 2003, Diiorio *et al* 1999). The parental behaviours reinforced the beliefs that children were 'asexual' beings, until the children started asking questions, or else showed physical development (Frankham 2006:243, Danaher *et al* 2000). The parents misjudged the readiness of their children to sexuality and relationships education. The children's questioning about sexuality was often viewed as simple curiosity by children and not ways to understand their sexuality. These claimed parental perspectives were challenged by Frankham (2006), where children's curiosity was often viewed a result of the 'epistemological pressure' to discover more about their own and others' bodies. Therefore, whilst parents suggested that their children were 'innocent', meaning that they could do no wrong or unable to distinguish from right or wrong, they still misconstrued or loaded their children's questioning about sexuality with adults' sexual connotations (Frankham 2006). Parents felt that if they did not halt the childhood frankness towards sexuality, sexual misbehaviour could result (Frankham 2006; Stone *et al* 2012). In addition, parents feared that informed children were often viewed as 'precocious' thus making them more vulnerable as they could not be protected by their parents' knowledge on the subject (Frankham 2006).

It was becoming increasingly evident that the child-centred approach that the parents claimed to follow tended to be more structured on adult control rather than a natural course. Schostak (1993) described this parental course as a framework of certainty where parents controlled what children should know, should be prevented to know, what children should do and what they should be prevented from doing. Similarly, Bauman (1993:221) described parental behaviour as "heuristics of fear" as parents operated on the notions of preservation and not on the ideas of progressive development where children were allowed to explore their sexuality through play

and discussion. The vague and closed forms of information such as ‘because I say so’ provided continued reinforcement that only adults understood sex, and making further probing by the children improbable. Children were kept in close circles of no, or misinformation, so that the inner ‘innocence’ was seemingly preserved (Frankham 2006, Danaher *et al* 2000). Foucault (1976) described the reluctance to provide education to children as a form of ignorance and not as a way to preserve childhood innocence. So instead of informing children about the emotional, social and physical aspects of sexuality such as coitus, sexual identities, sexual health, relationships and equipping them with the appropriate understanding and skills to enjoy and preserve their sexuality for their own sexual, physical and emotional well-being, children were kept purposely in the dark as an excuse of preserving their ‘innocence’.

A number of research studies had investigated the link between parents and children’s communication and children’s subsequent behaviour. Some have observed, clear direct relationships; some have observed moderate or indirect relationships and other did not (Diiorio *et al* 1999, Jaccard *et al* 2000; Lefkowitz *et al* 2003; Clawson *et al* 2003; Turnbull *et al* 2008; Lenciauskiene *et al* 2008; Parkers *et al* 2011). There was no consensus on the conceptualization of some variables and/or casual priorities, an overall framework was utilised to analyse the parent/ child communication practices on sexuality (Diiorio *et al* 1999; Jaccard *et al* 2000; Lefkowitz *et al* 2003; Clawson *et al* 2003; Turnbull *et al* 2008; Lenciauskiene *et al* 2008; Guilamo-Ramos *et al* 2008; Parkers *et al* 2011). Some studies had departed from the belief that parents should be the sexuality educators of their children (Jaccard *et al* 2000; Guilamo-Ramos *et al* 2008). Through this direct parental involvement, children would be helped to develop into sexually responsible adults where they enjoyed a healthy and safer sexual life without being stumbled by unintended pregnancies and Sexually Acquired Infections (Bundy *et al* 1990). Sexuality and Relationships Education was also found to be a way how to protect the future generations from sexual abuse or exploitation as children were more aware of the difference of what is appropriate and acceptable to them without ‘second guessing’ themselves (Walsh *et al* 2012; Bundy *et al* 1990). Parents were more inclined to talk to their children if they perceived it as more advantageous rather than not talking about it. It was also evident that they found themselves unable to carry out SRE to their children due to several reasons such as lack of knowledge, shyness, fear and other situational and cultural constraints (Guilamo-Ramos *et al* 2008; Jaccard *et al* 2000). Some parents also chose not talk about sexuality at all, left the task to mothers, or else expected other sources such as the formal educational system to do it for them (Lefkowitz *et al* 2000; Guilamo-Ramos *et al* 2008; Kawai *et al* 2008; Hamid *et al* 2011). Several

other factors influenced parents' communication with their children regarding sexuality (Guilamo-Ramos *et al* 2008; Jaccard *et al* 2000). Parents were willing to impart knowledge if SRE did not conflict with the self-image they wanted to project of themselves (Guilamo-Ramos *et al* 2008). Parents who had a high self-esteem, and believed of effectively carrying out SRE, were less worried of the image they were imparting of themselves, as SRE was beneficial to their children (Herman *et al* 2014; Guilamo-Ramos *et al* 2008). Parents who were expecting positive outcomes from their provided SRE, they were more inclined to impart more knowledge (Guilamo-Ramos *et al* 2008). Other influences such as religion or culture that may have influenced the parental educational process. The next section explores what was being offered to children in terms of sexuality and relationships, by whom it was offered, at what stage it was being offered, and how it was done.

### **3.4 The role of parents in Sexuality and Relationships Education**

For the purpose of this section, it was assumed by the researcher that parents wanted the best for their children thus they were, or should be, reliable sources of sexuality and relationships information. Consistent parental information was not only needed but also desired from the children themselves both in the local and foreign scenes (Muscat 2001; Populus 2008, DHIR 2012, Lwien 2014). According to Populus (2008), communication between parents and children could drive both parties closer, thus enhancing the exchange process Parents had a unique role, which was hardly comparable to anything or anybody else's. This was because parents were physically available for their children and could use any kind of opportunity to talk about sexuality and relationships. Parents had also the opportunity to convey their personal and community's values at a level the children could understand (Berne *et al* 2000, Puhar *et al* 2006, Stone *et al* 2012, Grossman *et al* 2016). They were also at an advantage to other potential people as they were supposed to know more about who their children were and used more effective ways to convey their messages better (Angera *et al* 2008; Martinez *et al* 2016; Grossman *et al* 2016). Parents were in a position to start the momentum going on sexuality and relationships education which later on was further augmented by school services, thus making them lifetime sponsors for beneficial sexuality and relationships education throughout the children's lives (Dilorio *et al* 2000; Stone *et al* 2012). According to Grossman *et al* (2013) & Cederbaum *et al* (2016), family members such as grandparents, siblings, uncles/aunties could help in the educational process of sexuality, too. However due to the traditional roles often perpetuated by parents or through cultural and societal factors, there was always a boundary between parents



and children which at times may have enhanced or discouraged sexuality and relationships communication, for example through a generational gap. In addition, the home environments may not have been conducive for educational purposes due to safety issues or other hindering factors (Stone *et al* 2012; Grossman *et al* 2013). In addition, parents had to be confident in their abilities to carry out the Sexuality and Relationships Education that was beneficial to their children without leaving being deterred by their own emotions (Stone *et al* 2012; Afifi *et al* 2008; Guilamo-Ramos *et al* 2006, 2008).

Parents are placed in a key position in terms of influencing children's cognitions and their future friendship and romantic relationships. Turnbull (2012) investigated in detail the various factors that enhanced and discouraged communication between parents and children. The facilitators to communication were family relationships which were often started early in the children's lives, together with essential elements such as love, trusts, respect, commitment, support and stability (Turnbull 2012). Children, who had high regard of their parents' knowledge and felt that their parents were their role model, were most likely to identify and copy the parents' behaviour (Turnbull 2012, Grossman *et al* 2016). The openness and honesty cultivated in the family environment made children more willing and ready to discuss sexuality matters (Turnbull 2012). Children benefitted from their close relationships to their parents. Evidence had also shown that with better relationships between children and parents, sexuality and relationships communication was introduced sooner in children's lives; and enhanced discussions on sexual issues such as contraception (Jaccard *et al* 2000; Rose *et al* 2014; Pluhar *et al* 2016). Jaccard *et al* (2000) in their findings also discovered that the more satisfied mothers were of their relationship with their children, the more they communicated with their children. In turn, this had a positive effect on female children's sexual behaviour more than that of male children and as the children grew older (; Jaccard *et al* 2000; Afifi *et al* 2008). In Somers *et al* (2000) study, even though both female and male respondents enjoyed openness of communication with both parents, but adolescents still reported having initiated sexual activity. Clawson *et al* (2003) in their research study also looked for any associations between parent-children sexuality and relationships communication and sexual risk-taking behaviours. Adolescents involved themselves in sexually risky behaviours, reported younger age of first intercourse and more lifetime sexual partners, even though they talked to their mother about sexuality. However, they were more likely to use contraception and have themselves tested for HIV (Clawson *et al* 2003). Such findings were also consistent to Somers *et al* (2000) and Parkes (2011). These findings question the quality of information that was offered by parents to children and its timeliness.

Findings in Turnbull (2012) evidenced that parents lacked the essential knowledge about sexuality and relationships to offer to their children. However, they still showed commitment and support towards to the needs of their children and maintained open lines of communication for sexuality to be discussed. Families had the advantage of having together time where sexuality issues could be discussed, such as meal times, whilst watching TV or when coming back from school (Turnbull 2012). Parents had the time to probe and provide a safe environment, where children could discuss what they have learnt at school and are given the opportunity to seek further clarifications from parents (Turnbull 2012). Due to the fact, however, that parents felt deficient in sexuality and relationships knowledge, this gave way to emotions such as embarrassment to talk to their children, which in turn gave rise to discomfort in children to discuss such subjects (Turnbull 2012). The reported parental emotions were mostly a result of the constrictive ways parents themselves were taught about sexuality (Turnbull 2012). In either case, the cycle of embarrassment was transmitted from generation to generations thus affecting not only the present teachings but also their future times as adults and parents themselves (Turnbull 2012). In addition, parents who had a dominant personality and took a controlling attitude in their parenting efforts, hindered children from opening-up and expressing their difficulties. As a result, it was thought the claimed parental attitudes would hinder children from imparting information to parents in order not to suffer from guilt and/or shame often inflicted by judgmental and controlling parents. Children's secretive attitudes restricted their knowledge gain and may have led them to take unwise decisions to the detriment of their sexuality and relationships (Turnbull 2012). Daughters were identified as the most likely recipients of parental communication, as mothers were more comfortable to communicate on the subjects at hand with female off spring (Turnbull 2012).

According to Walker (2001); Grossman *et al* (2016) and Cederbaum *et al* (2016), parents should feel that they should be the main educators for children in sexuality and relationship education. Researchers such as Walker (2001) and Turnbull *et al* (2008) concluded that if parents carried out Sexuality and Relationships Education, they would probably feel better as parents and use such an opportunity to enhance their relationship with their children. However there could have been the possibility that parents did think that familial education was important therefore they had either avoided it, or provided wrongful information, to protect children's 'innocence' or protected the parents' image of 'know it all' (Frankham *et al* 2006:). When children's perspectives were investigated, the lack of communication between themselves and their parents

was often reported (Diiorio *et al* 1999; Afifi *et al* 2008). Children often wished to get to know more about the subject from their parents, as according to them, parents were the most knowledgeable, and experienced people they knew of. It was also evident that children tended to forget what information was provided to them or else misinterpreted it due to their yet not fully developed cognitive abilities (Hyde *et al* 2010; DHIR 2012). Some parents also tended to misinterpret children's reactions to communication about SRE, thus dropping the subject at the first signs of resistance often shown by their children (Walker 2001; Populus 2008). It was considered essential that parents were aware of what they should talk about, when and how they should carry it out, and decide on who was best to communicate the most suitable messages without absolving themselves totally from such responsibility (Guilamo-Ramos *et al* 2008).

Studies about the involvement of parents in sexuality and relationship education, including quantity and quality of communication at home, ease or comfort in communicating or the engagement of parents within programmes, warranted closer examination as to observe similar or dissimilar trends in the different countries and cultures. Berne *et al* (2000), in fact, explored the parents' perspective on their role in sexuality and relationships education often incorporating the values and messages they gave to their children and the importance of school-based sexuality and relationships education. Even though parents viewed sexuality as an integral part in their children's lives, similarly to Hyde *et al* (2010), they were often turned down by their own children's attitudes and feelings. However, they still expressed more determination to talk to their children than their own parents did to them. They were more willing to take the active role of educating their children, as they preferred that their children were prepared to what was expected of them and how to behave appropriately (Berne *et al* 2000). In fact parents claimed to have started their sexuality and relationships education either in the toddler years, especially if there was a pregnancy due in the family, focused on genitals during bath times, and mating of pets or in primary years after schools' educational sessions or questions that arose from the children's peers or television (Berne *et al* 2000). Though parents claimed openness on sexuality and relationships discussion, the parents' initial reactions were often to shy away from the subject. However, they were aware that if they did stop they were halting communication lines between them and their children. Parents based their sexuality messages mainly on respecting oneself and others especially if based on love and emotional intimacy. In addition, they emphasized the importance of responsibility in sexual behaviour by preventing resulting negative consequences such as SAIs and unplanned pregnancies, together with ideas of having fun but staying healthy. Parents still claimed that they wanted their children to wait until they were ready

emotionally and physically to delve into sexual behaviour. Parents were aware of the pressures experienced by children through the media, peers and socio-cultural sources. However, they were more than ready to take the developmental approach to a level where, sexual responsibility is salient, with emphasis on protection of self, and others, rather than the abstinence-only approach (Berne *et al* 2000).

### **3.5 Parental attitudes towards LGBTIQ and sexuality and relationships issues.**

It was often observed that parental reactions to children's sexuality tended to vary depending on its nature. Unlike in Malta, there have been several research studies that had looked directly at the parental attitudes towards non-heterosexual offspring where parental reactions were mostly negative (Machado 2015; Jadwin-Cakmak *et al* 2015; Baiocco *et al* 2014; Goldfarb *et al* 2015, Solebello *et al* 2011; Aveline 2006; Kane 2006). Parental reactions arose from several reasons, some of which were because children's sexuality did not correspond to the parental image of a heterosexual child and felt they did not know their children. They also felt put in a position where they had to accept the children's sexual identity which was hugely stigmatized in society and which was perceived as familial dysfunction (Machado 2015). Parents however, were not aware of the tumultuous and complex internal and external processes, children underwent in order, firstly to come to terms with their own sexuality and secondly to have the courage to display it primarily to the people that were close to them i.e. their families and to the rest of society. Loicano (1993) and Sophie (1985, 1986) had shown a similar pathway to what an individual went through in order to acquire an integrated gay identity. Both researchers had identified a primary stage of internal awareness of same-sex attraction, followed by testing and exploring with no gay identity, acceptance of that identity and finally identity integration (Loicano 1993, Sophie 1985, 1986). In addition to this difficult process, children also faced several issues, which did not help the processes of accepting and revealing one's sexual identity. These issues were perceived stigma and/or anticipation of rejection from others often arising from anti-gay attitudes which in turn contributed towards internalized homophobia where one internalized negative feelings and as a result devaluated oneself (Meyer *et al* 1998).

Similarly, when the parents got to know their children's gay identity, they also underwent a family crisis which was long and hard. Machado (2015) compared the parental process to Kübler *et al* (1969) process, which included a grieving process where the normative, heterosexual image

of their children was mourned by parents and where all dreams of having a traditional a wedding and grandchildren were crushed. Parents experienced feelings of shock, denial, guilt and anger and if able or willing to accept their children unconditionally, they may eventually arrive at acceptance. External elements that may have, infringed on parental acceptance of one's children were most often cultural issues which tended to be discriminatory towards LGBTIQ people, and also the conservative teachings of the Catholic Church (Machado 2015). Despite the fact that homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (1973), some people still considered LGBTIQ identity as sick and out of the norm (Grey 1993).

Parent-child communication and connectedness are perceived as critical if children identify themselves with LGBTIQ community and were devoid of salient information regarding sexuality and relationships and the associated potential health risk. Rose *et al* (2014) addressed the importance of parental communication with LGBTIQ children. Despite the small number of respondents, fathers were excluded from the sample thus making results not generalizable to all the LGBTIQ community. Several issues emerged as crucial in parent-child communication both the maternal and children's perspectives. Parent-child communication was viewed as a way of building a level of connection between mother and child, which resulted in increased sense of support, direction and assistance when needed in the children's lives (Rose *et al* 2014). Increased communication between parent and child was enhanced thus making the parent feel better as a parent as a bridge has been built between mother and child. From the children's perspectives, one is not feeling alone in one's life journey and the enhanced relationship makes sexual orientation discussion easier. Youths often felt uneasy to discuss certain issues with their parents since they differed in their sexual aptitudes and felt under scrutiny if they were being judged according to religious teachings (Rose *et al* 2014). In fact, both parties identified several elements to enhance communication regarding sexual matters such as having non-judgmental attitudes, being ready to learn from each other, being respectful and understanding, having the right skills and knowledge, choosing the adequate timing for the discussion to occur and eagerness to be in each other's lives (Rose *et al* 2014). It was interesting to point out that the discovered LGBTIQ parents' enhancing communicative elements were no different to heterosexual parenting.

Parental communication seemed to be also influenced, also, by the gender and sexuality of the parents versus the gender of the child, even within the LGBTIQ scene. Whilst several research

studies had shown differences to the way mother and father reacted to their children, some had focused solely on the fathers' reactions to gender non-conformity (Avelline 2006; Kane 2006; Solebello *et al* 2011; Rose *et al* 2014; Jadwin-Cakmak *et al* 2015). Parents were clearly but not necessarily consciously gendering their children through selections of clothes, toys, bedrooms' décor and felt accountable to make their children acceptable to society at large (Kane 2006). Kane (2006) looked into what, why and how parents were carrying out gendering roles in their children's lives within their various cultures and within their own sexual constructs. In fact, Kane (2006) took a mixed method approach to her study, recruited nearly equal amounts of fathers and mothers from various economic backgrounds and included gay parents. When it came to dealing with female children, both parents were more encouraging towards breaking the barriers of femininity of being weak and fragile thus encouraged masculine attributes such as wearing sporty clothes and practising certain sports. However when it came to male children even though mothers tended to be more accepting towards boys acquiring traditional females roles of cooking and cleaning the house, fathers were reluctant to do the same and as attributed similar behaviours to gay boys (Kane 2006).

In fact boys were frowned upon if they showed willingness to put on female clothes, or showed excessive emotions such as crying (Kane 2006). Additionally, heterosexual fathers perceived themselves as the boys' role model for masculinity and if the child fell short of that expectation by being gay, it was then perceived as the father's fault for not transmitting the 'right' roles and attributes (Kane 2006; Solebello *et al* 2011; Jadwin-Cakmak *et al* 2014). This was further seen as a failure if the boys kept showing such behavioural traits as they grew up. Such paternal feelings were not evoked if the female showed lesbian traits but were seen as beneficial as girls would be capable of protecting themselves. In contrast to heterosexual mothers, lesbian mothers and gay fathers, expressed more concern on how they themselves viewed their children but how other would view them especially when children did not conform to pre-established gender roles (Kane 2006; Solebello *et al* 2011; Jadwin-Cakmak *et al* 2014). Lesbian mothers and gay fathers perceived that society imposed pre-set ideas and they could not offer masculine traits to their sons thus pre-disposing sons to gay traits (Kane 2006). Solebello *et al* (2011) also in their study had interviewed fathers to bring out in what way they thought and talked to their teenage children of either gender about sexuality, relationships and sexual orientations. Fathers revealed that they provided little to no information to their children regarding sexuality, and were aware that the children got the needed information from other sources. Fathers also assumed that their male off spring were heterosexual, and if there were cues that indicated otherwise, they still

hoped that such behaviour would eventually change. Paternal acceptance of a gay son was carried out as unwillingly, in order not to sound as a homophobic and resistant father (Solebello *et al* 2011).

Similar to Kane (2006), Solebello *et al* (2011) also found that fathers felt a personal failure when they had a gay son and that they did not offer adequate guidance in the heterosexual path. In addition, instead of talking about LGBTIQ issues and related matters with their sons directly, that might be of concern to them, fathers started looking for cues that might save their children from homosexuality such as encouraging going out with girls, exposing sons to desirable attributes in women and viewing of pornography. The described paternal behaviour might have been carried out to ward off homosexual fears about one's sons, or else have themselves validated as the male role model (Kane 2006; Solebello *et al* 2011). On the contrary, when asked about how fathers dealt with their daughters' sexuality issues, fathers relied heavily on the input of mothers. Daughters were seen as needing protection from the masculine attempts at having sexual activity. No variations from heterosexuality were accepted in daughters, in fact, when exposed to information about lesbian behaviour; parents dismissed it with laughing attitudes, leading to no attention at all. The fear that their sons might be gay was not experienced with daughters by fathers, as lesbianism is often viewed as transitory and the daughters did not need the same role modelling as sons needed (Solebello *et al* 2011). The reported paternal behaviour may have also shown that fathers were more at a loss with lesbian sex when compared to gay sex.

Therefore it was evident that parents were still feeding into, fearing or else trying to avoid labels that gay sons were 'weak' despite the awareness that given labels were not true. Parents also did not stop LGBTIQ individuals' labelling within the family unit. The reasons behind such parental behaviour could have been lack of awareness, strong religious ties or else cultural ideologies which were imposed on them and perpetuated socio-culturally (Aveline 2006; Jadwin-Cakmak *et al* 2014). By looking retrospectively at the children's past behaviour, parents would have had the opportunity to notice that there is something unique to every child and it that might not necessarily coincide with what they perceived as adequate for their children (Aveline 2006). In fact parents claimed that their gay sons were more sensitive in nature, neat, more artistic in their capabilities and ways of expressing themselves and preferred playing with girls when young (Aveline 2006; Jadwin-Cakmak *et al* 2014). These parental recollections of children's

behaviours had shown that parents chose to disregard such behaviours and only encouraged hetero-normative behaviour. Through these parental practices, they may not have been timely towards providing the needed information to their children, in order to develop their rightful sexual personalities.

Research identified lack of parental communication with gay children and/or scenarios where children were rejected or shown disdain by parents, showed that parental behaviour pre-disposed children to unsafe sexual practise potentially contributing towards increased HIV rates, mental health problems and drug abuse (Aveline 2006; Kane 2006; Solebello *et al* 2011; Baiocco *et al* 2014; La Sala *et al* 2015, Machado 2015, Jadwin-Cakmak *et al* 2015; Goldfarb *et al* 2015). La Sala *et al* (2015) brought out several common themes after having interviewed several parents and adolescents, coming from different strata of the community. Lack of familial support, displeasure and awkwardness in discussing sexuality were crucial factors, which hindered children from taking safer sex decisions. In addition, familial unacceptance made children unable to talk to their parents for the fear of rejection, thus making prevention advice difficult to be transmitted. Parents claimed that they felt uneasy carrying out sexuality and relationships discussions with their children and still did not do it; despite they considered their discussions as essential for their children (La Sala 2015). Parental lack of communication might have been a result of cultural reasons where gay men were viewed as unmasculine and were ostracised because of their sexuality. In addition, parents felt at loss in giving advice, as they could not relate to their children's sexual experiences but at the same knew that the child could potentially be bullied, threatened or harassed due to their sexuality (La Sala 2015). Thus, their children could not express their sexuality openly, and had to live in fear and in silence at the expense of their sexual health. La Sala's study was beneficial as parenting a gay child was not an easy position for parents, because of their lack of knowledge, and because of the harsh realities that were known to parents when bringing up a gay child in an oppressive society (La Sala 2015).

### **3.6 Transgender issues and parenting**

Even though there have been research studies that have delved in to LGBTIQ parenting, there are still many gaps in research when it comes to parenting transgender children (Platero 2014; Pullen Sansfacon *et al* 2015; Field *et al* 2016). The lack of evidence left parents devoid of essential information, thus resulting in less provided support to transgender children. Field *et al*



(2016) found common feelings to LGBTIQ parenting especially in those who had transgender children. Parents experienced feelings of grief and mourning, together with overwhelming effort needed to adjustment one's mentality, where heteronormative perspectives dominated one's attitudes compounded with religious beliefs. However, transgender parenting tended to be more challenging as children, at times, had to undergo radical physical changes, which included surgeries and hormonal treatments, as well as also involving a lot physical and psychological trauma for both parties involved. In addition, the children's visual changes gave rise of fear in parents due to the permanency of certain medical options. Parents had queries of whether the teenager would eventually change one's mind about the desired gender and roles, and if these desired changes were timely around puberty given that it was a tumultuous period for any teenager (Field *et al* 2016). Parents felt at a loss for guidance and information especially when there was very little societal visualisation of transgender communities and these feelings gave rise to isolation. Equally, parents also needed to carry out an identity transition themselves. Parents expressed extreme emotion when at birth they faced a child's identity often based on physical attributes and after some time they had to change their attitudes, perceptions and behaviour in relation to a different child's identity (Field *et al* 2016; Whitley 2013). Due to the fact that there was a certain time lapse from birth until transitioning and acquiring a new identity, parents' memories were kept on hold until the child fitted into another category and then new memories started to be built on the newly acquired identity. Huge changes made parents feel at a loss but at the same, they wanted to do it for the sake of their children to feel good about themselves and accepted in society. They even claimed that new pronouns were difficult to express, more they had anticipated, especially with no clear guidelines from any professional bodies (Field *et al* 2016). Similarly, Sansfacon *et al* (2015) carried out in-depth focus group, which brought out several related themes in parental discussion similar to Field *et al* (2016), however other concerns emerged.

Parents identified the lack of support and sources of information regarding transgender issues and this left them devoid of information to be offered to their children. However despite of feeling helpless, excluded, anxious, uncertain and lonely, parents stated that they were still very ready to support their children and support the new identity of their children as they knew that lack of parental acceptance brought about the harmful consequences such mental health issues, (Sansfacon *et al* 2015). Parental acceptance however happened after a considerable amount of time, effort and most often was hindered by negative societal reaction. Parents were aware of the labels that were attributed to their children but deep down they still felt that they children had to

fit in a category in order to fit in the society (Sansfacon *et al* 2015; Field *et al* 2016). Some parents were happy that their children had a category for themselves such as gender variant or gender creative and some were happy to categorize their children into a medical category in order to have their children fit in in pre-established set of societal categories. However, some parents were unenthusiastic of the latter category as gender variance was not viewed as a disease but at the same time, it was challenged by arguments that most of the children needed medical treatments to 'feel' themselves again (Sansfacon *et al* 2015). The medical treatment and its related permanence brought about deep feelings of concern and emotion in parents as they wanted to make the right decisions, but they still doubted whether they were taking the right decisions for and with their children. Therefore, apart from personal and familial challenges, parents had to also face challenges in school where staff were unsupportive and unknowledgeable about transgender issues. Also, societal issues such as lack of governmental funds in order to offer the best possible advice and treatments for transgender children were identified together with lack of official recognition such as in passports and identity cards (Sansfacon *et al* 2015). Therefore, the family was also put not only under stress internally but also external due to rigid, unallowable social structures, which do not support gender variance together with the financial stress that are needed in order to support transgender children. Transitioning had posed numerous challenges physically, also socially, and financially.

Similar transgender difficulties were also experienced in Europe, where Platero (2014) carried out another qualitative research in Spain. Most families claimed that they lacked information, and professionals, such as medical staff and psychologist were not of much help either. In fact parents felt that they had to inform school staff, GPs (General Practitioners) and social workers, on transgender issues themselves, in order to protect their children from disdain and exclusion. Interestingly, Spanish parents resisted the notion that transgenderism was a medical condition and refused to categorise their children as such. However since there was lack of skills and knowledge across the Spanish professionals, parents still used doctors and psychologists as their first contact although they recalled bad experiences and utilised medical terminology in order to describe the experiences and changes in their children (Platero 2014). Parents yearned for professionals to understand them and give them advice, in order to address, and also challenge, wrong representation of transgender people as prostitutes, transvestites or else depressed people (Platero 2014). As a result parental coping strategies varied amongst parents, some denied and were passive to their children's troubles, some punished their children and some wished that their children were gay as they understood gay; sexuality better or was more visible and

acceptable in Spanish society (Platero 2014). Despite the array of behaviours, parents claimed that they pushed through in order to accept and support their children. Transitioning for children was made easier once the child adopted the new gender, and its corresponding roles, and when the family agreed to all the children's changes. In all of the discussed research studies cited here, parents claimed that having parental groups helped venting, sharing experiences, mistakes and victories and learnt from other parents, helped in accepting one's child and felt that they were in a position of bringing about societal attitudinal changes towards transgenderism (Palero 2014; Sansfacon *et al* 2015; Field *et al* 2016). The limitations with all research studies was that they were carried out amongst parents who were willing to attend groups, discuss their problems in public and willing to hear other people in the process. The question remained where such feelings, experiences and potentially solutions similar and generalizable to the silent, less visible proportion of transgender people. The Table in Appendix 4, which specifically represents LGBTIQ parenting research, identified the differences in terms of sample size, sampling methods, design and main findings in the LGBTIQ and transgender research arenas.

### **3.7 When should parental sexuality and relationships communication start?**

Several research studies had explored the issue of timing with regards to parental communication with children where it was indicated that SRE should start early in children's lives (Berne *et al* 2000; Frankham 2006; Stone *et al* 2012). SRE was thought to start implicitly through parental modelling and as children grew up, they obtained more explicit information through parental communication about relationships, love and affection. In this way every child had the opportunity to develop a healthy sexual self, equipped with the appropriate skills of being able to critically challenge familial and psycho-social assumptions whilst avoiding negative consequences such as sexual abuse and unplanned pregnancies (Berne *et al* 2000; Stone *et al* 2012). Whilst parental willingness to discuss sexuality openly, inspired confidence and competence, parental emotions such as reluctance, fear and embarrassment perpetuated messages of unacceptability, prohibition and mystification of sexuality which stifled the discussion of crucial subjects such as contraceptive use, an important matter which was needed later on in most children's lives (Stone *et al* 2002, Guilamo-Ramos *et al* 2006, 2008).

Stone *et al* (2012) investigated the parents' reactions to their children's inquisitive questioning regarding sexuality and the methods used by parents to respond to their children's informational

needs. The researchers recruited twenty parents, purposefully, through educational and parenting establishments. The majority of parents limited their discussion to the biological description of things, and what they considered as age-appropriate, and did not emphasize the importance of personal sexual intimacies, pleasures versus displeasures, formation of relationships. Even though parents claimed that they have the best interests of the child in mind, they were not ready to impart the appropriate sexual knowledge in case children knew too much too soon, or else think that their children were not capable of understanding such sexual concepts yet (Stone *et al* 2012, Frankham 2006). All parents strongly acknowledged their essential role as sex educators for their children, and wanted to be better at it than their own parents were to them (Stone *et al* 2012, AugsJoost *et al* 2004). Though they thought that through openness and availability it is the best way to deal with the subject, parents still limited their information giving to what they deemed was appropriate, mostly due to fear of other people's reactions and uneasiness in discussing such a sensitive subject (Stone *et al* 2012, Berne *et al* 2000). The notion of providing information to their children was perceived, by parents, as corrupting the innocent nature of their children where, at that time, was still devoid of impurities often brought about by sexual thoughts and behaviour often reserved for adults (Frankham 2006, Stone *et al* 2012). Also questioning from children was viewed from adult sexual scripts, rather than taking into consideration the context in which questions were asked. Therefore the parents gauged their children's ability to understand sexuality through their questioning, thus relying on the children's curiosity or bravery to pose such questions. Since it was assumed that children were not yet developed to fully understand what was being discussed, parents have the onus of not providing full or accurate information to their children (Berne *et al* 2000; Frankham 2006; Stone *et al* 2012; Robinson 2012). The provided parental education left children ignorant of perceived important sexuality issues and left alone to making sense of what had been offered to them (Frankham 2006; Stone *et al* 2012). Unlike other studies, it was not the sexuality knowledge parents' lacked, the skills to impart such knowledge without giving rise to emotions such as fear and embarrassment (Frankham 2006; Guilamo-Ramos *et al* 2006; Stone *et al* 2012;). Though such a relatively small study and parents' responses could not be considered as representative of the whole population in the UK, it appeared that parents were keen to be the primary educators of their children especially when children were at a younger age, despite the encountered difficulties and lack of skills to overcome perceived barriers (Stone *et al* 2012).

The above findings, however, contrasted strongly to what Goldfarb *et al* (2015) discovered in their study. Parents were too late to transfer any kind of skills and knowledge, as it transpired

that their children were already sexually active in their teenage years. As a result, parents showed obvious discomfort and/or disapproval when it came to sexuality and relationships communication. The reluctance shown in parental attitudes pulled parents and children further apart, where further discussions and clarification of matters were halted thus potentially predisposing children to more mental, social and physical problems (Goldfarb *et al* 2015). The parents' primary aims at that stage were to inform and to prevent pregnancy in their daughters. The skill and informational demands became more urgent for the children, in light of their sexual behaviour. The double standards often observed towards male and female offspring's sexuality were further highlighted Goldfarb *et al* 2015 study, an aspect of sexuality, which has been exposed in prior studies (Somers *et al* 2005; Frankham 2006). Parents often ignored females' sexuality and thought that daughters should postpone sexual behaviour until they were older or married. Concerning sons, parents were more accepting and condom use was suggested (Goldfarb *et al* 2015). Such parental attitudes further reinforced the notion that females and males were opponents, rather than partners in relationships, and propagated the idea that exploring male sexuality was fine, unlike, female sexuality (Frankham 2006). These exposed parental perceptions further predisposed daughters to unplanned pregnancies and SAIs, as daughters were only exposed to abstinence advice, advice that was not relevant at that point in time since they were thinking of, or already having, sex. Daughters were not equipped with the necessary skills and knowledge to protect themselves, but relied heavily on the male's abilities and willingness to condom use.

It was also found that parental communication was also influenced by the parents' own family of origin. Parents, who recollected negative family communication on sexuality and relationships, were more likely to become pregnant prematurely (AugsJoost *et al* 2004; Stone *et al* 2012; Grossman *et al* 2016). When Grossman *et al* (2016) compared early to late parenthood parents, early parents seemed to want to avoid the same mistakes done by their family and wanted to discuss risks, SAIs, delaying of sexual behaviour and contraception with their own children. It seemed that early parents' emotional strength overcame the normative expectations of doing the same as their own parents did thus they provided whatever information necessary so that their own children do not undergo the same experiences (AugsJoost *et al* 2004; Grossman *et al* 2016). Early parents could relate their adolescents' experiences as they had experienced them first hand. Despite discussing delaying of sex, they also focused on the importance of relationships whilst stressing the importance of HIV prevention (Grossman *et al* 2016). The above findings substantiated two elements of Guilamo-Ramos's Unified Theory of Behaviour (2006, 2008)

which where expectations and emotions. If parents perceived positive outcomes out of behaviour, they were ready to do in order to derive benefits. In addition, if they had the emotional strength to overcome the feelings surrounding the perceived process they would involve themselves fully. Grossman *et al* (2016) in fact indicated that parents wanted to any barriers to sexuality and relationships education such as emotions as they acknowledged that through their valuable input that the children's lives would be guided towards better outcomes.

In the light of several similar findings in studies, the timing of sexuality and relationship education was often perceived crucial to reap educational and behavioural benefits (Walker 2001; Pluhar *et al* 2006; Hyde *et al* 2010; Stone *et al* 2012; Grossman *et al* 2016). Since puberty had been shown to occur earlier, children could experience sexual behaviour at a younger age and thus there could be a greater probability of having multiple partners as they grew older (Somers *et al* 2005; DHIR 2012). The crucial point was that the children's development of cognitive abilities did not necessary follow the same pace of their sexual behaviour, thus making them more at risk for premature pregnancy and sexually acquired infections (SAIs) (Somers *et al* 2005; Enson 2010). In light of these perceived risks, it was recommended that SRE was initiated earlier than it had ever been done in the past, in order to aid children would be able to carry out informed decisions, and be proficient protect themselves through the use of contraception (Frankham 2006; Stone *et al* 2012). Parents, whether unconsciously or consciously, initiated their attempts at familial sexuality communication when children had already started their sexual activity thus their efforts were considered as risk reduction rather than preventive (Frankham 2006; Byers *et al* 2008; Dyson *et al* 2012, Stone *et al* 2012). Results from several studies indicated that SRE had advantageous effects on children's perceptions and behaviours (Diiorio *et al* 1999; Lehr *et al* 2000; Somers *et al* 2000; Lefkowitz *et al* 2003; Stone *et al* 2012).

Fisher (2001) whilst investigating the importance of the timing of parental communication found that, young children's attitudes towards sexuality were similar to those of parents when compared to those of middle adolescents. The reason behind this finding was because, young children had not yet started to form their ideas about sexuality, and as a result, they were more influenced by what their parents expressed about sexuality (Fisher 2001). Middle aged adolescents due to their need to become more independent and maybe conform more to their peers, had expressed less malleability about their sexuality and relationships perceptions. There seemed to be some promising findings in late adolescence as parent-child communication about

sex did appear to be related to the similarity of parent-child reports. It could be plausible that older adolescents whilst forming their sexual identity were less influenced by peers but incorporated parental sexual values into their own especially if similar values had been previously discussed with their parents. However, Fisher (2001) was cautious in generalizing these findings, as the sample has been conveniently found and may not have been representative of the general population. In addition, this study was carried out in a cross-sectional way and other contributory factors could have skewed the derived data. Similar to other studies, children reported significantly less communication about sexuality than parental claims (Diiorio *et al* 1999; Fisher 2001). This finding could have been a result of children forgetting what subjects had been tackled with their parents, or else if provided, sexuality messages were more on the admonition side, rather than as an open discussion, therefore they were not considered as beneficial communication practices (Fisher 2001).

Adolescents were likely to accommodate parental information if the provided communication was developmentally and age appropriate and based on children's gender, cognitive and social developments (Somers *et al* 2005). In addition, adolescents would be more likely to form a personal sexual decision based on familial values if the value transmission process occurred earlier in their life (Fisher 2001; Somers *et al* 2005). In this way, children had a well-formed personal value system, and when faced with sexual decisions they would be able to take informed decisions and not pressured into doing so (Somers *et al* 2005). These developmental processes were more relevant to girls rather than boys and were found to be unrealistic to Hispanic individuals, thus making boys and certain cohorts more at risk of acquiring their education from unreliable sources thus pushing them towards more risky behaviours (Somers *et al* 2005). In addition, certain children may not have had the advantage of having adults such as parents and teachers that genuinely believed and tried to guide and help form their values systems and decision making skills in their life thus leaving them more vulnerable to sexual health risks.

In Jaccard *et al* (2000), when mothers were questioned when it was the best time to start sexuality and relationships education they claimed that children have to be 14 years old or younger. This contrasted strongly when more than one third of the children claimed low levels of communication about sexuality even though they were 14 years and older (Jaccard *et al* 2000). As children grow older referenced other sources that influenced their thinking and behavioural

processes and this was reflected in the respondents' findings that media and peers were common providers of information (Somers *et al* 2005). These claimed unreliable sources of information might have provided them with incorrect information thus predisposing them to premature sexual behaviour and preventable consequences (Somers *et al* 2005). Similarly, in a US longitudinal study carried out by Beckett *et al* (2008), provided a detailed description of the timing and content of parent-adolescent discussions of sexuality related subjects and observed whether these discussions preceded or followed sexual milestones. This study concluded that the majority of children performed genital touching prior to parental discussions about birth control efficacies and preferred chosen method of contraception was identified (Beckett *et al* 2008). Other salient information such as standing up to partner's pressure to sex, SAIs, correct use of condoms and refusal of condom use by partner were also missing (Beckett *et al* 2008).

Timely parental discussions therefore showed adolescents' later involvement in first coitus and increased their reported use of birth control methods (Clawson *et al* 2003; Toby *et al* 2011). Delaying the adolescents' sexual activity could provide more time for parents to address their children's sexuality and relationships' needs (Clawson *et al* 2003). In fact, Clawson *et al* (2003) suggested that future research, as well as the timing of familial discussion, the depth and content of the conversation should be further investigated. In the light of the immediate sexual response in children since birth, followed by engagement in sexual play in early childhood, together with an early sense of sexual identity and the increasing rates of SAIs and unplanned pregnancies in America, Pluhar *et al* (2006) investigated further the influence mothers had on the children's sexualisation process in order to uncover any potential influence on the adolescents' sexual behaviours. Despite the fact that the children in question were 6-10 years old, mothers still felt the need to discuss pubertal changes also in relation to reproduction, preferred the use of proper words for genitalia rather than euphemisms, and were open about HIV issues. These findings were interesting that as since the sample of respondents were all African American, this may have reflected that mothers were aware of the dangers children could encounter if they were not informed regarding sexuality and relationships. Special maternal emphasis had been provided to children as these mothers were mostly singles, had direct relatives that were affected by HIV and that they themselves were not prepared by their own parents thus they refused to pre-dispose their children to similar circumstances as them (Pluhar *et al* 2006). Though mothers claimed to be open, and used several external resources to talk to their children about sexuality and relationships, they were still plagued with doubts of whether they were timely in their process, if



they were giving them the right information or not, thus highlighting the need of maternal support to mothers in their educational role.

### **3.8 Who communicates with whom: gender dynamics?**

Gender differences in parent-child communication were often noted in several research studies (Guilamo-Ramos *et al* 2006, 2008, Frankham 2006, Turnbull *et al* 2008; Angera *et al* 2008, Edwards *et al* 2014; Mastro *et al* 2015). It was often observed that it was up to the mother to take up the role of sexuality and relationships educator with little or no support from the father (Teitelman *et al* 2008; Hutchinson *et al* 2011, Glenn *et al* 2013; Guilamo-Ramos *et al* 2006; 2008, Goldfarb *et al* 2015). Such high maternal involvement was shown to be as eight times higher to paternal participation even in different geographically places (Byers *et al* 2008). In fact some research studies have gone straight to the mother to derive information on the communication process (Diiorio *et al* 2000; Pluhar *et al* 2006; Guilamo-Ramos *et al* 2006, 2008, Cederbaum *et al* 2016). It was also evident that the kind of messages often transmitted to sons and daughters were different due to the obvious gender differences. Since the communicative process was mostly carried out by mothers thus skewing the education efforts more towards daughter rather than sons (Fisher 2001; Walker 2001; Angera *et al* 2008; Hyde *et al* 2010; Tobey *et al* 2011; Tharpe *et al* 2012; Goldfarb *et al* 2015).

Mothers in Jaccard *et al* (2000) claimed that they were more willing to transmit such education to their daughter as they themselves have gone through changes such as puberty, menstruation and pregnancy but they are still oblivious on subjects such as contraception and masturbation. In fact girls' messages tended to be more focused on traditional female roles of romance, intimacy and relationships with particular focus on prevention of unplanned pregnancies and sexually acquired infections whilst sons' education was devoid of relevance and needs (Diiorio *et al* 1999; Walker 2001; Kim *et al* 2007). Thus it was clear that SRE by parents was still gender orientated and as a result, sexuality and relationships were not tackled in their entirety (Jaccard *et al* 2000, Hyde *et al* 2009; Tharpe *et al* 2012). Maternal respondents felt at a loss with their sons due to obvious gender difference and lack of knowledge of their sons' feelings and experiences (Fisher 2001; Frankham 2006; Goldfarb *et al* 2015). Fathers either tended to be the main money earners so they had little time at home to dedicate to the education and skills' transmission to their children or else they felt so helpless in this educative role that they shifted this important

responsibility to the mother (Teitelman *et al* 2008; Clawson *et al* 2003). Mothers also believed that their sons would walk out on them, ignore them, make fun of them or perceived them as nosy if they tried to convey sexuality and relationships messages (Jaccard *et al* 2000). It is only in Fisher (2001) and Pariera *et al* (2016), that girls were offered the same sexuality warnings as boys and such findings were derived from both the children's and the parents' perspectives thus indicating that parents feel that both boys and girls should be aware of their sexuality equally (Fisher 2001). In Tobey *et al* (2011), fathers however imparted more knowledge to their sons in the younger cohorts than to the older cohorts. Sons still seemed to lag behind in sexuality communication and this was a worrying finding especially in the light of the sons' higher frequency of sexual behaviours with different sexual partners and low contraceptive use thus more resulting in more SAIs (Tobey *et al* 2011). Sons as opposed to daughters were therefore not given the opportunity to learn, express themselves or given the opportunity to ask for help when they needed making them feel less connected with crucial family members such as parents (Walker 2001; Angera *et al* 2008). In addition, sons might acquire their knowledge and skills from unreliable sources such as peers, media and pornography, which as a result could be detrimental for their development (Turnbull *et al* 2008; Fisher 2001). Grossman *et al* (2013) pointed out the use of extended families in the absence of parents such as grandparents as sources of sexuality and relationships education especially if they shared the same household as the children.

In Hyde *et al* (2009), it was observed that mothers and fathers had different roles in sexuality and relationship education. Even though mothers were more likely to talk to girls and fathers were more likely to talk to males, the mother had a more prominent role in sexuality and relationship education (Hyde *et al* 2009). Now this could have been a result of their gender or the roles associated with their gender. Fathers felt conflicted when they provided information to their children, as they did not want to portray themselves as caring and soft to their children. The father wanted to be viewed as masculine and strong and thus they retreated from essential role that made them look as less tough (Hyde *et al* 2009). Boys and girls were given different information regarding sexuality and relationships. Whilst males were given the traditional representation of masculinity, girls were told to maintain discreet sexual composure and self-respect especially in clothing and behaviour. These parental practices brought out the sexual double standards present in society. In addition, this conflicting advice might not have been of use for sexually active girls. Such negative connotations with the sexual forwardness being shown by female off spring was brought forward by parents as it was challenging for them to

address sexuality and relationships education without bias and or gender biased information. (Hyde *et al* 2009).

Mastro *et al* (2015) also brought out the different qualities maternal and paternal communication had which resulted in the significant positive effects on youth's sexual behaviour. More frequent communication with mother and/or father aided the youths, to construct individual sexual abilities and pleasures, more assertive and safer sexual behaviour, greater decision-making skills, and quality romantic relationships especially when they had not started coitus. These findings brought out the importance of early parental communication so that youths would be able to assert themselves as sexual beings with the right knowledge and skills, confidence and knowing that they had a choice in the matter (Mastro *et al* 2015). Mothers carried out most of the communication processes and tended to steer more towards safer sexual abilities where as the father carried out conversations on how sex could elicit positive emotional responses for youths thus showing a different, open but unified effort of communication with youths (Mastro *et al* 2015). Even though mothers, seemed to be the main providers of sexuality and relationships education, several studies except Pariera *et al* (2016), had shown a positive relationship between paternal communication and social, psychological and physical sexual outcomes in children (Regenerus *et al* 2006; Teitelman *et al* 2008; Hutchinson *et al* 2011; Glenn *et al* 2013). In the Hutchinson *et al* (2011) study, the daughters who had their fathers contribute in their sexuality and relationships education, viewed their fathers' advice as empowering, supportive and non-judgmental (Hutchinson *et al* 2011). The paternal advice paved their way in taking healthier decision in their sex life without being pressured. Paternal communication provided young women with decision-making skills in terms of sexual behaviour and opened further the channels of communication with parents and partners equally (Hutchinson *et al* 2011). For those respondents who did not receive any information from their father, they desired further information through personal sharing of experiences of ways how to understand men, dealing with sexual pressure, condom use, values and expectations. Hutchinson *et al* (2011) cautioned on the representativeness of such findings due to the small scale, and conveniently sampled respondents.

By being males themselves, fathers provided their daughters with the male's perspectives and act as male role models. In this way, fathers could impart dating skills, sexual intimacy and negotiating relationships with men (Hutchinson *et al* 2011). In the Teitelman *et al* (2008) study,

it was also evident that, with greater paternal communication, children were five times more likely to resist pressure from dating, abstain from sex or use condom during intercourse. The more, fathers communicated about sexual standards, (such as positive sexual attitudes and values and effective ways to prevent SAIs) and showed, that they believed in the children's capabilities in avoiding premature sexual activity, SAIs and sexual pressure, the more children believed in themselves, in being able to create a more pleasurable and healthier sexual life (Glenn *et al* 2008). Similarly, Clawson *et al* (2003) also brought out the importance of fathers' communication with their children about sexual matters, as it seemed to have an influential role on the children's sexual behaviour.

However beneficial, paternal, communication and transmission of skills could have been hindered by the lack of comfort experienced by fathers on sexuality and relationships and/or their lack of openness needed to discuss such issues (Clawson *et al* 2003; Teitelman *et al* 2008; Hutchinson *et al* 2011). Respondents claimed that the fathers' discussions were more on the reactive side to the children's behaviour and the timing was not according to the children's needs (Clawson *et al* 2003; Teitelman *et al* 2008; Hutchinson *et al* 2011). The above findings could have been a result of the various level of father to daughters' relationships that existed. Some respondents lacked a father to daughter relationship, as the fathers were not available at all. Some fathers did not accept that their daughters were growing up and needed guidance to become healthy sexual beings. Others felt that the gender difference was an overwhelming barrier to overcome, and as a result, fathers were not comfortable in exchanging relevant information to their children, except to sons (Hutchinson *et al* 2011:564). Clawson *et al* (2003), Teitelman *et al* (2008), Hutchinson *et al* (2011) studies, brought out the importance of the inclusion of fathers in SRE and their major contributory role. It was suggested that fathers' perspectives are understood, worked upon and developed, so that paternal perceived and actual barriers together with issues such as gender, cultural influences and family structure and functioning are addressed through an educational programme (Hutchinson *et al* 2011). Once paternal roles were understood and exercised, children could reap the benefits of healthier sexual socialization.

### **3.9 What do parents discuss with their children?**

Parental communication with their children involved a whole spectrum of information (Stone *et al* 2012, Frankham *et al* 2006, Diiorio *et al* 1999). The parents preferred to deal more on the side of caution and dealt with the physical aspects of sexuality such as puberty, menstruation and reproduction. Other parents tended to transmit more familial values by discussing concepts of love, intimacy and relationships (Frankham *et al* 2006, Somers *et al* 2015). It was also evident that some parents avoided all the subjects entirely or steered the conversation to levels, comprehensible to children (Frankham *et al* 2006). A proportion of parents viewed sexuality and relationships communication as a continuous course of communication, whilst others viewed it as the 'big talk', meaning that, it was the only or a rare opportunity to discuss sexuality. As a result, children were left alone in dealing with their own sexuality, potentially exposed to less reliable information such as peers, media and pornography (Diiorio *et al* 1999, HBSC 2014, Somers *et al* 2015). Jaccard *et al* (2000) found that, parents held specific reservations on certain topics, than their children whilst discussing sexuality issues such as sexual behaviour and birth control. Limited information was provided to children when they asked some provided information that was understandable according the children's ages and some waited until the child reached puberty (Frankham 2006). Mothers in Jaccard *et al* (2000) claimed that they felt more at ease discussing sexuality issues as their children grew older. Tobey *et al* (2011) substantiated this finding by claiming that, older children were more likely to report more communication from parents about sexuality. Parents because of their children's physical maturity felt more at ease in discussing sexuality and relationships issues, as they were considered able to understand their importance (Toby *et al* 2011). At the same time mothers feared that, children (more boys than girls), would not take them seriously as they grew older (Jaccard *et al* 2000; Tobey *et al* 2011). Therefore, SRE seemed to pose difficulty at every stage in life.

Despite the encountered difficulties, both mothers and adolescents expressed the need for more familial discussion on the consequences of sexual activity such as Sexually Acquired Infections including HIV, unplanned pregnancies, with resulting homelessness and dependence on social welfare (Guilamo-Ramos *et al* 2006). In addition, they claimed that, they needed guidance on how to prioritize adolescents' efforts towards more education and as result postpone sexual behaviour until at a later stage in life. Most mothers claimed that they discussed contraceptive methods including both barrier and hormonal such as condoms and the pill (Guilamo-Ramos *et al* 2006). Even though there had been parental concern that by mentioning contraception with adolescents could encourage them to have sex, mothers overcame these perceptions and carried

out the claimed beneficial communication practices with their daughters, as their daughters' risks were perceived far more seriously (Guilamo-Ramos *et al* 2006). Adolescents were in agreement with their parents' worries and wanted to get to know about contraception before they actually used them, in order to choose the best method that applied to their individual needs (Guilamo-Ramos *et al* 2006). Similarly, Heisler (2005) whilst investigating familial communication, which included both maternal and paternal perspectives, mothers claimed that they discussed SAIs, condom use, moral and religious obligations, relationship issues and pregnancy. Children on the other had recalled maternal communication on pregnancy, morals and relationships, subjects that were not common to maternal responses. Similarly, fathers said that they had discussed relationships, morals, pregnancy, infidelity and timing of sexuality whilst children remembered discussing relationship issues, general sex talk, pregnancy and morals. Subjects such as LGBTIQ issues, peer pressure, abuse/rape and self-esteem issues were hardly talked about and not recollected. Jaccard (2000) had also observed the lack of congruence between parental and children's communication. It was however interesting to point out that in both studies, both parents and children agreed in wanting to discuss sexuality in more open fashion and to be more focused on the seriousness and consequences of potential sexual behaviour. Other subjects that seemed to be more sensitive or else perceived as more controversial such as masturbation, sexual approval and biological differences were not addressed. Despite the in house maternal dominance in information giving regarding sexuality and relationships, children claimed that they often relied on friends for more information. The fact that more subjects were recalled by mother rather than children, a false sense of security may have been evident thus leaving children vulnerable from valuable information and relying on intuition to choose the adequate partner for them. The fact that parents discussed sexuality and relationships from a moralistic and religious stance may have misled both parents and children thinking that children would abide to them unconditionally whilst leaving out subjects that were considered inappropriate out. The above finding also uncovered the probable misinterpretation or the lack of understanding by children. The parental reluctance to view the child as potential sexual being, lover and friend was also disregarded. Despite the fears of approving sexual activity and/or sexual exploration were common inhibitors in the conversation, the children relied on parents for the provision of comprehensive information showing the children's positive impressions of parents.

In Ballard *et al* (2009), the parents' showed willingness to discuss sexuality issues and in fact carried out conversations on exploration of children's bodies, getting to know the right names of body parts, boundaries, safety issues and general information about reproduction. Most often

parental conversations were carried out during bathing or toilet training. These findings reflected that most often, the subjects included in such conversation corresponded to the age of the child and since the children were considered young, certain details were omitted due to considered inappropriateness. Ballard *et al* (2009) findings contrasted to AugsJoost *et al* (2014) where parents were also supportive of condom education and availability in light of their children's risks of acquiring SAIs and experiencing unplanned pregnancies in their teen years. The fact that a large proportion of parents sampled in this study despite their religious affiliations, education backgrounds, political ideations, gender and age, still strongly advocated that their children were equipped with contraceptive knowledge inclusive of their usage, effectiveness and positive attitudes that resulted from responsible behaviour (Ballard *et al* 2009). These findings further reinforced that parents showed their commitment in providing children with beneficial information and skills with the hope that the acquired knowledge would be translated into the children's future sexual behaviour. However, it was evident that parents did not know how to gauge when and how certain issues needed to be discussed with their children for their own benefits and for them to fulfil their duty as parents. At the same time, they did not know how to deal with arising personal emotions such as fear, embarrassment and discomfort, which encumbered the parental communication process (AugsJoost *et al* 2004).

Similarly, in Heisler (2005) sexual intercourse, masturbation and sexual orientation were considered as difficult subjects to address and whilst parents acknowledged for further communication on these subjects, they desired to give attention to perceived more challenging subjects such as sexual pleasure. The parental adoption of sexual pleasure within their repertoire of communication will not circumvent the importance of the potential consequences children may experience if the necessary precautions were not taken. Parents also wanted to provide a value system to provide context within which transmission of information would be carried out together with the identification of a safe and convenient time for these discussions. The above findings brought out the parents' awareness of the physical side of sexuality. They wanted to be involved also in the socio-emotional aspects of sexuality despite their lack of skills and time given to the subjects. Ballard *et al* (2005) also claimed that parents felt the need to formulate a 'family ethos' which consisted of a parental united front to prevent the giving of conflicting and/or alienating advice to children and offer the opportunity that the so that the claimed sensitive subjects would be discussed openly with the necessary detail needed.

Sexuality related communication with parents had resulted in safer sexual practices, sexual assertive behaviour and more positive emotions in teenagers (Mastro *et al* 2015). In fact, adolescents' claimed communication with mothers led to greater safer sex abilities in young adults whilst communication with the father enhanced the positive emotional attributes arising from sexuality. Such difference in adolescents' effects in relation to maternal and paternal communication often arose due to the parents' attention differences in relation to subjects. However, these findings could be viewed positively because it seemed that both the mothers and fathers participated in the communication process thus showing willing to address sexuality and relationships subjects and as a result complemented each other. On the contrary, if children were not exposed to both sources of information they may be lacking information and skills in certain aspects of sexuality and relationships. Increased parental communication had contributed towards enhancing the adolescents' abilities to feel positive as a person, able to develop sexual competencies and act on them in an assertive manner to protect themselves from harm. Such attributes would as a result reflect on the decision making of the adolescent, have a more autonomous outlook toward sexuality without being influenced by confounding and/or alienating elements thus resulting in positive sexual well-being and constructive romantic relationships for the present and future adult lives (Zimmer-Grembeck *et al* 2011; Mastro *et al* 2015). The positive parental contribution in the formation of a fully functional assertive adolescent would also help youths in avoiding circumstances, which give rise to undesired, uneasy, and negative consequences. The youths' assertive feelings and behaviours tended to decrease once adolescents' sexual intercourse began thus such findings uncovered the timely need for parents to address sexuality and relationships in order to influence adolescents' future behaviour, feelings and abilities. Mastro *et al* (2015) cautioned that even though the above results are positive, they could not be generalizable due to the convenient sampling in the study, use of remembered aspects of communication amongst parents and children together with the low sample size.

However, it could be argued that if parents were aware of the constructive use of their communication levels with their children and the corresponding results, they would work towards acquiring further knowledge and skills to transmit to their children. They would also have to strength to overcome negative emotions such as feelings of inadequacy and embarrassment that hurdled the beneficial process (Mastro *et al* 2015). Adolescent independent functioning was further enhanced when parents did not exert psychological control over their children through invalidating feelings or else introducing guilt. According to Zimmer-Grembeck



*et al* (2011), parents should work on nurturing strong emotional ties with their children and support them in building self-sufficient decision-making skills. In this way, children would be able to devise meaningful relationships with potential partners, voice any concern, uphold personal values and follow lifetime goals (Zimmer-Grembeck *et al* 2011; Bongardt *et al* 2015). Through this process, adolescents would be able to experience romantic relationships inclusive of sexuality, which could contribute towards feelings of happiness and social competence in children (Bongardt *et al* 2015).

### **3.10 How is the SRE information communicated to children?**

Several research studies suggested that parents mentioned openness was a prerequisite to SRE (Frankham 2006; Guilamo-Ramos *et al* 2006, 2008). However it was evident that there was either a different meaning to the term of openness amongst correspondents or else there were various levels of openness that were exercised by parents most invariably according to the level of ease around the subject, gender of child or level of taboos enshrouding the subject. Kirkham *et al* (2005) identified five meanings to the term openness consisting of; being able to answer the questions posed but not necessarily bringing up the topic oneself; being open-minded; keeping a balance between privacy and openness; adjusting openness to the age, gender and mood of the child in question, and not keeping the subject in discussion under the magnifying glass. There was still a large discrepancy to what parents claimed to be open about to what they actually did in practice (Kirkham *et al* 2005). Such differences in behaviours would significantly influence the learning process of the children to reach their educational expectations (Kirkham *et al* 2005; Guilamo-Ramos *et al* 2006). It was evident that by maintaining open channels of communication between parents and children helped the transmission of knowledge and skills on sexual initiation, contraceptive use and family connectedness (Jaccard *et al* 2000; Walker 2001; Somers *et al* 2005 Hyde *et al* 2010). Joffe *et al* (2001), Kaplow (2006) and Turbull *et al* (2008) stated that comprehensive verbal and non-verbal ways parental messages such as through hugging, kissing and expressing openly affection messages towards each other was beneficial to children. This parental expression of affection resulted in children having less sexual partners and experienced less sexual guilt (Joffe *et al* 2001). However, it was also evident that without the verbal communication, children experienced earlier sexual activity without the essential protection needed (Joffe *et al* 2001).

In McKee *et al* (2006) study, that both mothers and daughters valued open pathways of communication only for their own sake but to break the tradition of silence and reluctance to discuss sexuality. Both parties valued the closer mother and daughter relationship, where they felt more at ease in discussing the subject at hand (McKee *et al* 2006). Through open and interactive channels of communication, mothers were able to address an array of subjects related to sexuality including sexual desire and positive sexuality, were able to create a safe space to discuss such issues and were willing to address the management of sexual risks (McKee *et al* 2006). These findings showed that when mothers and daughters nourished a low-conflict relationship, open communication about sexuality was enhanced. As a result, the adolescents' were able to manage and negotiate their sexuality (McKee *et al* 2006). If mothers were punitive and judgmental in their behaviour, were not physically available, did not address the subject of sexuality in increments and were not able to use direct and indirect forms of sexuality communication, communication between themselves and their daughters was disrupted (McKee *et al* 2006). The mother had to construct their sexuality communication in terms of right relationship, settings and content, for daughters to view it as interactive process rather than as an intrusion (McKee *et al* 2006). Other main barriers for such two-way communication were embarrassment, often stemming from the mothers' own inexperience and fear to talk about the subject, maternal misconceptions that by discussing sexuality meant encouraging children to divulge in sexual behaviour and their lack of awareness of the right age and time when to discuss such issues with their children (McKee *et al* 2006).

Many research studies had focused on the children and the parents' reports pertaining to SRE (Diiorio *et al* 1999; Lehr *et al* 2000, Lefkowitz *et al* 2003). Research outlined here demonstrated that the way information was conveyed to children would enhance children's sexual safer practices and equally enhance their self-esteem and self-efficacy in taking decisions, which were advantageous qualities to reach their well-being (Edwards *et al* 2014; Mastro *et al* 2015). Other research studies having delved into the actual conversation carried out amongst parents and children in order to observe how the mode of communication influenced sexuality and relationships discussions (Afifi *et al* 2008). For such a purpose, Petronio's (2002) Communication Privacy Management Theory (CPM) was utilised as a framework to understand how and why parents and their children discussed or not discussed private topics such as sexuality. There were barriers that were usually put up in between people and the penetrability of such barriers were related to the sensitivity of the subject in discussion and on the trust that is shown between parties involved (Petronio 2002). Whilst parents were afraid to talk to children

about the private realm of sex, children were afraid their parents' image would be spoiled or else would be judged incorrectly (Afifi *et al* 2008; Jaccard *et al* 2000).

From Afifi *et al* (2008) study's observations of parent-child conversations, it was found that where parents were warm, open, informal and sure of themselves during their conversations, even though parents dominated, as expected, the sex conversations, adolescents were less anxious and less avoidant about sex topics (Afifi *et al* 2008). Thus it seemed that it was a matter of how rather than what information was transmitted to the children that made the impact. Another influencing factor was the child's perception of the parents' anxiety during sex conversations as these perceived feelings brought about avoidance behaviours in children (Afifi *et al* 2008). The gender of the children also influenced the way the information was received whereby girls took the subject at matter seriously whereas the boys used sarcasm to downplay the importance of the subject (Afifi *et al* 2008). Afifi's (2008) study also threw some light on the influence of religion in sexuality and relationships education. For parents and children who held abreast to their religious beliefs, they had no problem in talking about sex as sex was for marriage only (Lefkowitz *et al* 2003; Afifi *et al* 2008). However, for sexually active adolescents, they discussed things, which parents wanted to hear in order not to risk disappointed or judgment by their parents (Afifi *et al* 2008). When advice was given in a moralistic way, it was perceived as condescending by the children thus an ineffective way to scare them into abstinence (Afifi *et al* 2008). Due to its low number of participating dyads and in view that the mother was the primary sexuality and relationships education giver, one cannot generalize such findings to the rest of the population however such as study can act as a spring board for further research studies on the importance of the parents' gender and its influence and their characteristics. Also over-reporting by parents could have been a limitation as once they were the initiators of the conversations even the slightest amount of information may have been considered as valuable even though it had little effect on the children (Jaccard *et al* 2000; Lefkowitz *et al* 2003; Afifi *et al* 2008).

Guilamo-Ramos *et al* (2006) also investigated the way parental communication was carried out with children in order to understand what enhanced or hindered such communication pathways. Certain parents tended to be more reticent about imparting knowledge on sexuality, perpetuating a culture of silence and/ or else, emphasized ideas such as self-restraint especially on their female offspring (Guilamo-Ramos *et al* 2006). This parental lack of guidance often gave rise to

lack of adolescents' knowledge on sexuality, which was essential in their process of growing up into responsible, healthy adults. Therefore, communication related to sexuality was a major challenge for parents as it was considered a difficult process in order to find the right words, place and time to discuss issues together with dealing with the anticipated anxiety. Parents might not have been aware of the benefits often arising from having open conversations about dating and sexual experiences such as having adolescents having more restrained attitudes towards sexuality thus delaying sexual experimentation (Romo *et al* 2002). Guilamo-Ramos *et al* (2006) used a focus group approach in order to observe and analyse the content, ways and barriers often experienced during such mother and adolescent conversations in order to help the formation of properly designed parent intervention.

Mothers expressed feelings of fear, embarrassment and difficulty when it came to discuss sexuality issues especially if they came to know that that their child was sexually active (Guilamo-Ramos *et al* 2006; Turnbull *et al* 2008). As a result, parents expressed their need to get to know more about the subject at hand to enhance discussion with their children (Guilamo-Ramos *et al* 2006). Adolescents suggested that parents should be more open to their children about sexuality but with the privacy, it deserved in order not to embarrass them or jump into unnecessary conclusion (Guilamo-Ramos *et al* 2006). Similar to Afifi *et al* (2008), adolescents on the other hand feared that, mothers may become angry if they suspected that youths were sexually active as such an early age especially when premarital sex was considered sinful (Guilamo-Ramos *et al* 2006). Both adolescents and parents were eager to have educational resources such as leaflets or videos to enhance their sexuality and relationships education. Mothers also tended to focus on their girls, for more SRE, as they viewed girls as more at risk of negative consequences of sex. Adolescents tended to disagree with this maternal strategy, as they thought that, both girls and boys needed to be aware of sexuality issues and practice self-control on their behaviour (Guilamo-Ramos *et al* 2006). Only parents expressed their concern on the peer, media and cultural pressure often exerted on young individuals to have sex especially when they felt ill-prepared to confront such pressures. Though the sample size was small, from a low-income ethnic group of individuals and excluded fathers from participating from the study, as mothers were assumed to be the primary givers of education to children, significant findings have been pinpointed. Even though both mothers and adolescents experienced fear, lack of knowledge and embarrassment when discussing the subject at hand, they still felt that this was an essential exercise, especially if carried out in an open and non-judgmental fashion (Guilamo-Ramos *et al* 2006). If parents were able to let go of their traditional

constraints, often consisting of strong cultural and social influences, and focused more on the sexuality and relationships communication pathways, this parental process could prevent young persons from engaging into early sexual debuts (Guilamo-Ramos *et al* 2006). Parents however expressed that, they needed assistance from the right sources, to acquire proficient communication strategies about the whole spectrum of subjects regarding sexuality and relationships, inclusive of the social, emotional and moral aspects. Parents felt that by talking to other parents helped them feeling supported in their difficult communicative processes (Dyson *et al* 2012; Guilamo-Ramos *et al* 2006, 2008). In addition, they needed help to overcome barriers, which at the time seemed insurmountable, especially in gender related issues, or to counteract fear, in relation to the children's responses to parental communication attempts.

Guilamo-Ramos *et al* (2008) in order to further understand why mothers did not often discuss sexuality and relationships with their children, applied the Unified Theory of Behaviour to see which aspects of the theory being expectations, social norms, self-concepts, emotions and self-efficacy had influenced the educational transmission of skills and knowledge in sexuality. A large randomly selected sample of dyads of mothers and adolescents, were recruited from middle school. The datum was acquired through a self-administered survey where both adolescents and mothers had to relate how often various aspects of sexuality were discussed between them. The results highlighted the importance of the theory's elements in the communication of mother and adolescents about sexuality (Guilamo-Ramos *et al* 2008). A multivariate model analysis had been utilised. Standardized measures had been also utilized in order to aid the validity of the data. The mothers were more likely to talk to their children, if they thought that they had the knowledge, and the skills to do it themselves, felt that it did not cause any embarrassment to them or to their children, enhanced responsible decision making by the children, felt more relaxed and comfortable when talking about sexuality, were perceived as more responsible parents by providing information, felt better about themselves and achieved a higher self-esteem (Guilamo-Ramos *et al* 2008).

Despite the claimed parental influential power in relation to adolescents' sexual behaviour, parents still seemed to experience specific difficulty in sexuality and relationships education (Fisher 2001, Jaccard *et al* 2000). Children also experienced embarrassment; they feared that if being probed too much by mothers, would make mothers suspicious of their behaviour and believed that they have sufficient knowledge (Jaccard *et al* 2000). However, the communication

process has been beneficial if the both participating parties were aware of the emotions involved in the process, acknowledged them and dealt with them, set them aside and did not let them hinder the educational process (Jaccard *et al* 2000). Jaccard's *et al* (2000) findings were similar to Fisher *et al* (2001), where the importance of fostering high quality relationships between parents and children was underscored, as these close relationships influenced the level of communication that took place between the dyad. It was important to note that, each topic in sexuality communication carried its own reservations, and influenced the communication processes individually, or collectively together, with other familial variables (Jaccard *et al* 2000).

Parental confidence and preferences were also found as influencing factors in parental communication about sexuality in Morawska *et al* (2015) and Pariera *et al* (2016) studies. Parents showed more confidence in their abilities to avoid teasing their children about their sexuality, monitoring the child's internet and television use and staying calm when they were posed with questions about sexuality, rather than initiating conversations about sexuality, accessing resources regarding sexuality and providing educational material to their children (Morawska *et al* 2015). These findings were further supported by multiple regression, as parental self-efficacy in communicating with their children was only related to parental confidence in their abilities in terms of knowledge and feeling comfortable to do so. Parental anxiety was not found to be negatively associated with parental self-efficacy (Morawska *et al* 2015). Even though parents felt that they were important agents to their children's educational journey, they expressed the notion that they wished that their own parents had communicated with them regarding sexuality. Early familial communication had the opportunity to make communication about sexuality less uneasy from an early age and when children grow up and have children of their own, parents would have had already overcome the uncomfortable feelings surrounding sexuality thus not hindering their own communication with their children. The parental knowledge and confidence levels were the only elements that contributed towards self-efficacy. Parental demographics and measures of parenting and familial environment had no effect (Morawska *et al* 2015). Since parents were more aware that children are more exposed to information from media and technology, they felt more confident in monitoring their use. Initiating communication with their children remained an insurmountable hurdle for some parents together with providing them with reliable resources of information (Morawska *et al* 2015).

The comprehensive findings from research studies findings (Jaccard *et al* 2000, Fisher 2001; Guilamo-Ramos *et al* 2008; Morawska *et al* 2015), suggested that there were a myriad of variables that influenced the communication between mothers and children and more empirical studies were needed to be carried out. If parents were aware of the necessary content and the skills needed ahead of time they might have been able to approach sexuality and relationships' communication in an informed manner without being hurdled by emotions such as fear and embarrassment (Guilamo-Ramos *et al* 2008). By having a holistic approach to familial education, the parents would derive increased senses of confidence and self-esteem. The limitation to the above studies was that communication behaviour relied on parental self-reporting therefore certain responses were given for the reason to appear more socially acceptable. There could also have been the possibility that unambiguous casual attributions could have skewed some of the data as the results issued were all correlational (Jaccard *et al* 2000; Fisher 2001; Guilamo-Ramos *et al* 2008). Similar to Jaccard *et al* (2000), Fisher (2001) and Afifi *et al* (2008), only mothers were utilised in the study and this could have underestimated the needs of fathers even though fathers did not seem to volunteer to impart such sexuality and relationships education to their children (Guilamo-Ramos *et al* 2008). The discrepancy between the adolescent and maternal reports of communication could have risen because the entities involved had different motives and expectations, different capabilities of how to process acquired knowledge, how the information was retained in memory and how it was retrieved (Guilamo-Ramos *et al* 2008). Whatever information and experiences were memorable to mothers and teenagers could have varied especially in light of the developing brain and cognitive abilities of the child (Guilamo-Ramos *et al* 2008; Afifi *et al* 2008).

Both Pariera *et al* (2016) and Diiorio *et al* (2000) investigated similar factors, which could have potentially influenced the process of parental communication with their children. In Pariera *et al* (2016), parents were prompted to communicate with their children either by the children themselves, or else by perceiving that their children were old enough to know about sexuality and relationships. Although there were no statistically significant results that proved that either SRE was influenced by the gender of the child, or that of the parents, parents had to believe that they were confident in their capabilities to carry out such educational conversations and that parental conversations had to have a positive outcome (Pariera *et al* 2016). These findings further showed that parents needed support in their abilities to carry out such education, and in perceiving the benefits their children derived from their transmission of information. Angera *et al* (2008) in their study found that, parents should be aware of the positive effect they had on

their children. Parents who started and maintained sexuality and relationships discussions with their children, helped to create a 'normative' approach to the subject and were viewed as valuable resources with timely and coherent information (Angera *et al* 2008:177). Similar results were also reflected in Diiorio *et al* (2000) findings; however mothers who held stronger religious beliefs tended to carry out educational conversations with adequate certainty of what, when, and how certain information needed to be transmitted and feelings that it was their duty.

Similarly Dyson *et al* (2012) in their qualitative study investigated parental practices in communicating with their children about sexuality and relationships. Even though parents did not want their children to go through haphazard sexuality and relationships familial education, they still were reticent about the communicative familial process, and waited for their children to bring up the subject. The parents' positive desire to transmit that sense of value, openness and ease in terms of sexuality and relationships was not reflected in their behaviours, as they offered none to limited education to children as they claimed to want to protect their children from excessive information (Dyson *et al* 2012). At the same time parents' openness to discuss sexuality and relationships was still afflicted by their own past experiences, on what subjects needed to be discussed, when was the right time to do so and their total loss in being able to counteract strong influential sources of information such as social media and prime time television (Dyson *et al* 2012). Martinez *et al* (2016) pointed out that, parents lacked the abilities to initiate communication, provide factual information on various aspects of sexuality, gauge the children's receptiveness on the subject and answer to questions posed by children in relation to sexuality and relationships. The lack of communication skills posed a problem in creating a trusting and open relationship between parents and children, which was conducive in discussing these subjects, whilst incorporating parental personal life experiences, and the fostering of positive expectations from parent-child openness (Martinez *et al* 2016). This lack of open communication between parents and children was also observed in Guilamo-Ramos *et al* (2012). In the meantime, children yearned to have an open relationship with their parents, who were viewed as a trust worthy source of information and where they were able to discuss freely to discuss various issues including contraception (Martinez *et al* 2016, Guilamo-Ramos *et al* 2012). In Dyson *et al* (2012) parents pushed their informative responsibilities to schools' authorities in order to substantiate their lack of abilities to do so.



The issue of openness in SRE tended to be an issue in multiple studies and thus Hyde *et al* (2010) tried to understand how parents attempt to communicate with their children about sexuality with particular interest on the issue of ‘openness’. In addition, particular interest in the children’s reactions to their parents’ educational attempts was also taken. Even though a small number of parents (i.e. 43) were chosen from different geographical regions in Ireland through purposive sampling in various parents’ committees in schools and community-based, several relevant similar findings were found by utilising interviewing and analytical induction techniques. Hyde *et al* (2010) attempt at trying to quantify the notion of openness was a complex exercise especially with the available quantitative scales. Openness could have had different meanings to different people. For some parents, the term ‘openness’ might have referred to answering all the children’s questions and to others it might have meant, keeping an open-minded approach (Hyde *et al* 2010). The sense of openness may have also varied according to the children’s age, gender of parents and children, the extent the subject was considered as a taboo, normative expectations of what is the appropriate knowledge for a child and awareness and comfort levels of parents (Hyde *et al* 2010).

From Hyde’s *et al* (2010) findings, it transpired that parents wanted to cultivate an atmosphere of open and liberal ideas about sexuality where if any difficulties, curiosities or issues around sexuality arise, children could approach their parents with them. However, apart from the embarrassment, lack of knowledge and confidence often felt by parents regarding the subject, parents claimed that their major obstacle was the children’s reticence to discuss the sexuality and relationships. Parents found it difficult to exchange sexuality knowledge *let alone* discussing it as it could have threatened the amicable environment they were trying to create between themselves and their children (Hyde *et al* 2010). Children especially in their teenage years tended to mock parents’ attempts to discuss sexuality, dismissed parental communicative attempts and/or physically distanced themselves from the discussion and claimed that they know everything there is to know about sexuality (Hyde *et al* 2010). Due to the projected children’s behaviour, parents assumed that the children’s lack of interest was often as result of the sexuality and relationships education offered in schools (Hyde *et al* 2010). However it was evident that children’s knowledge regarding sexuality even about topics as natural as menstruation was low thus indicating that sexuality and relationships education at school needed to be substantiated by knowledge from home (Muscat 2001; Hyde *et al* 2010; DHIR 2012). However, it was perceived that by discussing sexuality matters with parents, children were losing their autonomy and gave control of their private lives to parents (Hyde *et al* 2010). This claimed the concept was evident

through snippets often offered by parents during interviewing as they used any information offered by their children to reach certain conclusions on their children's behaviour, or else used it as an opportunity to judge, show their disapproval or admonish such behaviours (Hyde *et al* 2010). Despite the claimed culture of openness regarding sexuality, it had been observed that parents tended to take more into consideration the children's moods, feelings and sensibilities than attempting to start or maintain their attempts in discussing sexuality (Hyde *et al* 2010). It may have also been the case that the children were reluctant to discuss the subject or sexuality discussions were never initiated or were dropped. The sensitivity shown to children's feelings may have arisen due to the shift of parent-child relations from one of authority by parents and deference on the part of children, to a model based on trust, mutual interactions and equality (Giddens 1992). In addition, parents were not keen on perpetuating such power struggles often experienced by themselves, as with their own parents (Hyde *et al* 2010; Giddens 1992). However, it was important to point out that, their careful treading around children's feelings gave sexuality a special status, which warranted special management and parental discussion became enshrouded in fear, which could upset the children (Jackson *et al* 2004). More attention was needed on how parents actually carry out their conversation regarding sexuality and relationships.

According to Hyde *et al* (2009), parents also gauged their openness in terms of providing different levels of information according to their own perceptions on children. Children, who were perceived as 'level-headed' and reliable, not yet sexually active or did not have an opportunity to have sex, were too young to be interested in sexual relationships or had other interests other than sex and were, therefore not provided with the necessary sexuality and relationship education. Parents did not feel that they had to supplement information when children acquired their sexuality and relationships education from school, media, books or friends (Hyde *et al* 2009). Thus, despite the claimed parental openness on the subjects, only superficial information was provided to children as parents thought that increased knowledge about sexuality would encourage more children to have sex. Parents also tended to be open and comfortable in providing information on heterosexual practices and neglected openness on LBGTIQ issues (Hyde *et al* 2009). In fact, they expressed difficulty when faced with the possibility of having LBGTIQ children, even though they showed willingness to face up the challenge if present (Hyde *et al* 2009).

In light of the claimed importance of openness during sexuality communication, Walker (2001) also investigated how parents actually communicated with their children and identified factors that influenced parents speaking to their children about sexuality. Respondents were acquired from urban, suburban and semi-rural areas. Interviews were carried out and the qualitative analysis was used guided by the grounded theory in a systematic way where emerging themes were identified, coded and analysed. The parents' sexuality communication attempts ranged from age-appropriate education with sufficient detail often relying on children's questioning to avoiding the subject all together due to discomfort and embarrassment arising from the subject (Walker 2001). Some preferred to leave books around for children to read rather than broaching the subject themselves thus making sexuality and relationships education not a subject to be discussed on regular basis or left solely to the mother to deal with it (Walker 2001). Through the above findings, it was evident that parents seemed to find a way how to maintain open channels of communication often through verbal and no-verbal strategies without putting pressure on their children, invading their autonomy or privacy or by putting excessive attention on the subject (Walker 2001). One of the key factors that influenced SRE provision was the gender of the children; mothers who were more comfortable providing information to their girls rather than their boys due to the obvious gender difference together with reticence to discuss such a subject from the boys' side (Walker 2001). Other factors included the parents' perceptions of being knowledgeable, comfortable and confident in what they were providing to their children, the parents' and children's perceived readiness to tackle such a subject and the parents' perceptions of others' provision such as school, friends or health settings. For example if parents perceived that school was providing information regarding sexuality and relationships to their children, they would complement it (Walker *et al* 2001). Similar findings were also observed in Guilamo-Ramos *et al* (2006, 2008, 2012); Afifi *et al* (2008); Tobey *et al* (2011); Stone *et al* (2012) and Martinez *et al* (2016), despite the difference in the various research methodologies and the time lapsed in between studies. Despite all these hurdles, some parents still found their own ways on how to discuss the matter informally despite their claimed lack of confidence (Walker 2001). However, they were still looking for guidance on the best ways in which sexuality and relationships subjects were tackled with the corresponding openness they deserved (Ingham 1997). Parents even though feeling not capable of being the primary sexuality educators of their children, they still felt that they did the best they could (Walker 2001).

### **3.11 Conclusion**

This chapter has provided an overview on the importance of parental communication with children on sexuality and relationships. Various methodologies and measurements have been utilised by researchers in order to bring out the desired results. Several research studies had brought out the benefits observed during parents-children communication practices. There seemed to be a vacuum concerning parental communication practices in the Maltese islands. It was evident that parents were aware of their crucial position in the educational process and mostly wanted to utilise this salient opportunity in order to provide sexuality and relationships information to children. This process was carried out by parents if they perceived their action as being conducive towards the children's futures. In addition, parents wanted to be viewed as exemplary parents and not to be judged by other parents who were going through the same familial process. However, it was apparent that parents were hindered by lack of knowledge on the various subjects that involved sexuality and relationships and most of the time limited their conversations to biological elements such as puberty, menstruation and pregnancy aspects. These parental practices were more distinct in mothers rather than fathers. Since communication practices were taken more by mothers, daughters tended to be more advantaged than sons. Therefore, the communication process seemed to be gender influenced from both the parents and the children side. Little attention was offered to sons, leaving them alone in the educative journey and relying on unreliable sources for information such as media, friends and pornography. Parents also claimed that they found it hard to overcome emotions, often encountered during the communication process with their children. Most parents experienced embarrassment and feared that they would be unable to answer questions posed to them by their children. As a result, children would think less of them as parents. Parental timing of sexuality and relationships matters was also addressed. Most research studies brought that parents were most of the time late, in providing relevant information to their children, making parental suggestions and information less important to children, once they had established their attitudes and sexual behaviours. It was found that parental transmission of knowledge and information needed to be carried out early in children's lives, in order to be incorporated in the children's repertoire of skills, and knowledge. In order to facilitate parental communication, it was also observed that parents had to nourish open and honest relationship levels throughout the children's lives. Children yearned that parents were clearer in their communication in order to make the conversation process smoother and according to their needs. Parents though claiming openness towards the subjects at hand still showed knowledge deficiencies in certain areas of sexuality, were uncomfortable in discussing certain issues, and omitted information that they deemed inappropriate, or unnecessary. It was claimed as useful if sexuality and relationships issues were incorporated in everyday life issues, in order not to put excessive attention on the discussed

matters and requiring special time and attention. Parents frequently mentioned that they had not been offered similar information and skills from their own parents and therefore they found it difficult to initiate, and continue the familial communication process. Parents' cognitive and emotional abilities were more challenged when LGBTIQ children formed part of the family. The next chapter identifies the methodologies utilised in order to derive information from Maltese parents and thus shedding more light on the local situation, together with a detailed explanation examination of the theoretical framework utilised for the study will be provided.

## **4 Chapter 4: Methodology**

### **4.1 Introduction**

In this chapter, the methodological process utilised to derive information was discussed together with decision made in justifying the underlying paradigm. The two-stage design comprised of (i) a national survey of mothers with 14 and 15 year old children and (ii) four focus groups drawn from different socio-religious groups, and this helped to delve deeper on sexuality and relationships.

### **4.2 Theoretical Framework: The Unified Theory of Behaviour**

It was proposed that the Unified Theory of Behaviour (UTB) provided the conceptual framework through which parental communication with their children was examined. UTB was grounded in behavioural theories, which include the Theory of Reasoned Action, versions of the Health Belief Model, Social Learning Theory, Self-regulation theories and the Theory of Subjective Nature (Fishbein *et al* 1975; Bandura 1975; Rosentock *et al* 1988; Kanfer 1975; Triandis 1972). Every model or theory stood for the various factors that influenced parental behavioural changes. The Theory of Reasoned Action predicted that behavioural intent was influenced by two factors, which were attitudes and subjective norms. Attitudes were formed from two components, being evaluation and strength of a belief towards an outcome. The second component that effected behavioural intent was the subjective norms, which in turn also are subdivided into normative beliefs including beliefs of what other significant people and experts thought, and motivation. The Social Learning Theory identified modelling as a predictor of people's behaviour, attitudes and outcomes, and served as a guide for the formulation of future behaviour. A person's behaviour was seen as a continuous reciprocal interaction between cognitive, behavioural and environmental influences. For effective modelling, different elements were included, which involved the level of detail one observed things, which in turn was influenced by the individual's characteristics such as sensory abilities, which in turn affected attention. Retention was another element to the model. One had to remember what had been observed was important and this often involved coding, mental images and behavioural repetitions. By having the physical

abilities to reproduce the observed action, one could repeat the intended behaviour and this was another element of the model called reproduction. Motivation, was important, i.e. to imitate a behaviour and this included motives from the past and promised incentives. Similarly, the Health Belief model was another model, which tried to explain and forecast behaviour. The Health Belief model was based upon four constructs 1) perceived susceptibility to a problem, 2) perceived severity of the condition, 3) perceived benefits and barriers to an action taken by identifying the pros and cons to taking an action, 4) cues of action which were reminders to take an action and self-efficacy i.e. being confidence to take the action needed.

The Self-Regulation Theory ascertained three stages that influenced behaviour, namely 1) self-monitoring, 2) self-evaluation and 3) self-reinforcement. Self-regulation was a way of assessing one's current state and comparing it to a desired state. In order to achieve a desired goal, it often entailed delaying of gratification (Kanfer (1970). The framework was later developed into further seven dimensions which included 1) informational input, 2) self-monitoring current progress toward a personal goal, 3) motivation for change, 4) commitment to reach the change goal, 5) development of a plan to reach the personal goal, 6) work according to the plan and 7) re-evaluation of the plan. Likewise, Triandis (1972) in the theory of subjective culture identified three factors that affected social behaviour which were subjective culture, past experience, and the behavioural situation. Subjective culture stood for associations, norms, roles, and values, which culturally were hypothesized to influence attitudes, perceived consequences, affect, self-definitions, expectations, and habits. In this way, Triandis (1994) identified four cultural syndromes: 1) cultural complexity, 2) individualism, 3) collectivism, and 4) tightness. Triandis (1996) suggested four attributes that define collectivism and individualism being: the meaning of self, whereby collectivists use groups of people as units whilst individualist use individuals for the same purpose. In the structure of goals, collectivists structured goals, around the group whilst individualists used personal goals. In terms of behaviour, collectivists gave priority to norms rather than attitudes and individualist gave attitudes priority to norms as determinants of social behaviour. Therefore if collectivist saw a relationship as beneficial to the group, they sanctioned it, whilst in individualists, the advantage of a relationship had to exceed the costs. After careful consideration and empirical studies, the previously presented theories were amalgamated into one theory as the Unified Theory of Behaviour (Jaccard *et al* 2000; Guilamo-Ramos *et al* 2008). A person's intention to carry out behaviour was an important determinant in a person's behaviour (Herma *et al* 2014; Guilamo-Ramos *et al* 2008). If a person intended to carry out behaviour, he/she would most probably carry out what was intended to do. However, several

variables influenced the intention-behaviour relationship. These variables were represented in the previously utilised models or theories. In addition, other factors influenced the individuals' intentions' or initiative to perform a specific behaviour (Herman *et al* 2014; Guilamo-Ramos *et al* 2008). The Unified Theory of Behaviour had managed to extract five core classes of variables. These 5 classes of variables served as influencing factors in an individual's intention to perform some kind of behaviour which included, expectancies, social norms, self-esteem, emotions and self-efficacy (Guilamo-Ramos *et al* 2008; Herman *et al* 2014). One of the Expectancies encompassed the perceived advantages and disadvantages of carrying out such behaviours (Guilamo-Ramos *et al* 2008; Herman *et al* 2014). If it was believed that there was a higher possibility of benefits from engaging in a particular behaviour, it was more likely that one performed a particular behaviour. The behaviour was more likely to be carried out if the perceived relative cost was lower than the expected benefits of a particular behaviour (Herman *et al* 2014).

Normative influences were the second way of influencing behaviours. Normative influences were subdivided in two categories, which are descriptive norms and injunctive norms (Cialdini 2003). Descriptive norms often included of knowing of other people of having carried out a similar action, for example knowing of parents who had talked to their children about sexuality and relationships (Guilamo-Ramos *et al* 2008). Injunctive norms were the other people's perceptions of approval and disapproval, in this case knowledge of other parents who approved of parental communication with children on sexuality and relationships (Guilamo-Ramos *et al* 2008). If it was believed that a particular behaviour was desirable and acceptable, there was a greater possibility that the behaviour was carried out (Herman *et al* 2014). Another concept in the framework was that of self-concept/self-image and self-esteem. This variable encompassed one's self-esteem and perception, which consisted of a person's beliefs in being capable to perform a task (Guilamo-Ramos *et al* 2008; Herman *et al* 2014). Emotion was another component of the Unified Theory, as they also influence individuals' behaviours. The theory of emotions took into account the affective part of behaviour and its intentions, where a positive reaction would be more enhancing in eliciting behaviour, whilst a negative reaction would discourage behavioural changes (Herman *et al* 2014; Guilamo-Ramos *et al* 2008). Bandura's self-efficacy theory continued to enrich this unified theory of behaviour by including the perceived confidence one has in performing such behaviour (Guilamo-Ramos *et al* 2008).



Other variables may have influenced the parents' decision to educate their children on sexuality and relationships. It was argued that the influence of the individual components of the unified theory varied across populations and countries (Guilamo-Ramos *et al* 2008). Other factors such as gender, educational levels, the nurturing of close relationships and social class also influenced the parents' behaviours (Guilamo-Ramos *et al* 2008). It was considered beneficial to identify such influential factors and attempt to address them in the study and see whether they really could bring about change in one's behaviour.

### **4.3 Research aims and Objectives**

The previous chapters have shown several attempts both qualitatively and quantitatively to explore the various factors that influence parents and their efforts in educating their children on sexuality and relationships (Diiorio *et al* 1999; Lehr *et al* 2000; Jaccard *et al* 2000; Lefkowitz *et al* 2001; Guilamo-Ramos *et al* 2006, 2008; Afifi *et al* 2008; Hyde *et al* 2009; Turnbull 2010; Stone *et al* 2012). There is lack of research in this field locally and as a result, there is no information on what was affecting parents in communicating with their children across Malta's communities.

This study aimed at identifying the parents' perceptions regarding issues related to sexuality, relationships and education (SRE) and their children. The objectives are to explore:

- The nature of parents' perceptions, attitudes and knowledge about educating their children on sexuality and sexual health
- Specific factors, which hinder or trigger parents from providing sexuality and relationships education to their children.

In order to address a multi-dimensional subject such as SRE amongst parents, data collection was enhanced by utilizing a mixed method approach (Creswell 2014). A mixed method approach was relevant for this project as both quantitative and qualitative data were accessible to the researcher, and in this way, the subject at hand was understood at the different levels and from various perspectives (Creswell 2014). Overall, a mixed method approach diminished the limitations of both methodologies when utilised singularly, but at the same time augmented the

strengths of both (Creswell 2014). An explanatory sequential mixed method design was utilized; where the initial phase involved obtaining quantitative results from a national survey, and then four focus groups were carried out in order to derive qualitative data (Creswell 2014). Both the quantitative and the qualitative information were analysed separately, but the quantitative data were utilized in the planning of the qualitative structure. The interpretation of results followed having reported both sets of data, where the qualitative data helped to shed more light on the quantitative data (Creswell 2014). The strategic choice of carrying out this research study was because the researcher was conducting the study alone. Thus, the sequential way that was chosen to carry out this study was divided into small tasks over a period of time so that it was made manageable for the researcher (Creswell 2014). Even though the researcher was aware that the both sets of data are not equal in magnitude or thoroughness, such a multivariate way of addressing SRE and parenthood would help derive new knowledge and awareness regarding parental attitudes and perspectives and would help instigate future research in Malta.

#### **4.4 Inclusion criteria**

Mothers who had children aged 14-15 years formed the population of the study. Even though the surveys had been sent to mothers, paternal responses were also taken into consideration. As a result, parents' participation was either by the national postal survey or else by participating in a focus group. The parental participation was carried out under free will. Further details on the sample population will be discussed further in this chapter.

#### **4.5 Quantitative approach**

A quantitative approach was utilized as the first stage of this research study. A quantitative approach was chosen first so that the empirical data gathered could form a perceived reality or starting point, from where the participants are actually 'at' (Polit *et al* 1999; Creswell 2014). Therefore, the researcher's personal beliefs or guesses are left out of the scientific method. The numeric information that was derived through the use of statistical analyses tools was scrutinised in order to establish generalizability of findings, to the rest of the population in Malta (Polit *et al* 1999; Aldridge *et al* 2001). A cross sectional design was chosen in order to collect a large amount of data at a point in time (Barker *et al* 1998; Polit *et al* 1999; Creswell 2014). The

advantage behind a quantitative approach was that multiple factors could be studied instantaneously and there was no loss of respondents due to follow up interventions (Polit *et al* 1999, Bland 2001). However, this design had the disadvantage of having several societal, cultural and possibly also unknown factors' that could influence the study's findings; the design did not offer an opportunity to indicate or infer causality and it had a susceptibility to bias if there was a low response (Barker *et al* 1998; Polit *et al* 1999). The study's findings could have also differed if repeated in a different time frame (Bland 2001; Barker *et al* 1998). However, this study was an excellent opportunity to tap into an important cohort such as parents across the Maltese Islands and identify possible opportunities or barriers that were potentially helping or hindering parents in their essential task of providing sexuality and relationship education despite various societal, cultural and religious influences present in Malta. In addition, the wider picture could be potentially understood (Shutterworth 2010). Descriptive analysis of research findings was also possible (Barker *et al* 1998).

#### **4.6 Sample size**

Sample size had to be sufficiently large in order to estimate the prevalence of the parents' knowledge, perceptions and attitudes with suitable precision. Sample size had been calculated by utilizing statistical measures. The aim was to ensure that there would be sufficient feedback from parents to enable analyse of results by gender i.e. parents being either mothers or fathers, and/or having a female or a male offspring. In view of this, it was calculated that the sample size had to comprise of 400 parents for each gender type with a confidence interval of plus or minus 5%. With such numbers in mind, the researcher decided to aim for 1000 participants. According to Hennekens *et al* (1987) & Barker *et al* (1998), the larger the sample size, the results would be more likely to be representative of the whole population rather than as a result to chance. As a result, this quantitative element of the study provided to be the largest, on the topic, ever to have been carried out across the Maltese Islands.

#### **4.7 Sample strategy**

The National Obstetric Information System (NOIS) included systematically collected data from all hospitals and clinics in Malta, and included all the courses and outcomes of each pregnancy

each year since 1999. The Directorate of Health Information and Research (DHIR) processed and entered all data into the NOIS database through a standard NOIS data sheet, completed by clinicians involved. Data at the DHIR is kept in accordance to the Data Protection Act (2001) and confidentiality is maintained at all times. Only the mothers' identification number was available through this register, therefore the researcher had to look all mothers' identification numbers in another system called PAS, where further details such as addresses were found.

The data were then compared against the Annual Mortality Reports (AMR), corresponding to the years chosen, in order to extract respondents who have suffered infant deaths. Every death in Malta is certified, reported and logged in the Mortality database through the use of death certificates obtained from clinicians in the field. The International Statistical Classification of Diseases and Related Health Problems-ICD facilitated the search for infant or children's mortality according to diseases, and this permitted easier retrieval of data in the specific times chosen. Those mothers who had suffered an offspring's loss were excluded from the study. A number was assigned to every name in the list and a random number generator was utilised to produce a list of numbers that are systematically related to nothing at all (O'Connell Davidson *et al* 2001). Two thousand mothers were then chosen randomly from the list of NOIS so that every parent had a predetermined and usually an equal chance, of being chosen for the study (Barker *et al* 1998). Through such randomized selections of participants, the study contained parents from different geographical areas, different demographics and social strata (Barker *et al* 1998; Aldridge *et al* 2001). This sampling technique was fortified by the fact that the NOIS data sheet contained a complete representation of all the births in Malta, and it appeared to have no periodicity problems that could have biased the sampling process. In order to reduce potential random errors in the sampling techniques such as mothers who were unwilling to fill up such a survey due to religious affiliations, the sample size was doubled, thus it would be more unlikely to capture unwilling religious respondents but at the same increasing the researcher's costs and time involved in the process.

An approval letter was obtained from the Director of DHIR so that data from NOIS and AMR were retrieved. The research ethics committee at the University of Greenwich also gave the researcher permission to proceed with the study. Every survey had a covering letter in the front, to explain the study's aims and objectives to the participants and to encourage them to fill it up. Even though the researcher had only the mothers' addresses available, there was no stipulation

that only she could fill up the survey but any willing parent. Every participant had a blank line where he/she could sign his/her own consent, however every filled up survey was also considered as consenting to participate in the study. Participants who decided to leave their contact number for a later participation in the parental educational programme was kept confidential at all times, by the researcher, together with all the information collected.

## **4.8 Research Design**

The research undertaken comprised:

Phase 1: a national postal survey

Phase 2: focus group interviews of four specific groups (purposive sample)

### ***4.8.1 Phase 1: National postal survey***

The survey contained simple and easy questions for mothers to fill in, and it was clear to complete. It was also kept concise in order to increase the possibility of being filled by respondents (O'Connell Davidson *et al* 2001, Appendix 3). The survey was available both in Maltese and in English for the benefit of all participants. The Maltese translation was verified by a linguistics expert. The order of the questions was strategically set so that the respondents did not feel threatened to respond to all the questions posed being sensitive in nature and the posed questions corresponded to pre-set conceptual framework (O'Connell Davidson *et al* 2001). The survey had both close-ended and open-ended questions. The close-ended questions aided in less time consumed in filling up the survey whilst addressing numerous subjects related to the thesis at hand. This technique further facilitated the coding and analysis of responses. The open-ended questions gave the opportunity to parents to express their views, without restrictions, and add value and richness to the information compiled. However, these open-ended questions involved more time consumed in data coding and analysis (O'Connell Davidson *et al* 2001). It is important to affirm here that the survey was piloted amongst 50 parents prior to distribution so that any unclear and ambiguous questions or instructions were rectified (Constantinos *et al* 2001; Aldridge *et al* 2001).

The use of a pilot test also helped to discover whether both the researcher, and respondents, had the same understanding of the meaning of the questions (Constantinos *et al* 2001). The researcher was also able to identify and eliminate any questions that had the potential to produce unusable data (Constantinos *et al* 2001). After receiving the pilot study's responses, the survey was reformulated in a way to facilitate the answering of the questions and data analysis. Even though the researcher tried to include relevant questions in order to address the aims, objectives and conceptual framework of this thesis, it was also evident that there could be extraneous factors that influenced the parental responses (O'Connell Davidson *et al* 2001). The survey was not a flexible method to capture any circumstantial data that might have risen during the process (O'Connell Davidson *et al* 2001).

Since the surveys were mailed to each respondent, the simplicity and ease of the survey helped, as there was no room for misinterpretation by the researcher. The respondents were provided with a postage paid envelope to send the completed the survey back to the researcher. The advantage behind self-completed survey was that it reduced the biasing error caused by the researcher's presence, and any variability caused by the distribution agents (Polit *et al* 1999, Aldridge *et al* 2001). The absence of the researcher also gave greater anonymity to the respondents, especially with such a sensitive and personal subject. As a result, this process increased the reliability of responses (Polit *et al* 1999).

The disadvantage behind the survey process was that respondents with low literacy skills, and people at different social strata, were unlikely to be motivated to fill up the survey. Consequently, there and their responses which would have been valuable for the purpose of this research were excluded. In addition, the data compiled could be skewed towards the upper social classes and educational levels and parents that showed extra interest on the subject at hand (O'Connell Davidson *et al* 2001, Barker *et al* 1998). There was no way to identify the different characteristics present between respondents and non-respondents in this study. In addition, there was no control on who actually filled up the survey even though it was meant for either parent to fill up (Constantinos *et al* 2001). Thus there was the possibility that the perspectives derived from such a survey were not totally representative of the general population. Since this potential problem was envisaged with postal survey and response rates, the amount of surveys which were sent to respondents was doubled; a reminder letter were sent a month later and an incentive of

being offered a free parental programme on sexuality and relationships was offered (Aldridge *et al* 2001, Appendix 3).

No participant was asked to identify himself or herself, as no names were needed for participation. Confidentiality of the information given by the participants was maintained at all times by the researcher. All data were coded and held on a password-protected computer. Access to the data was restricted to the researcher and supervisors. Parents, who wished to participate in the following educational and practical session, were asked to leave a contact number. All contact numbers were kept confidential by the researcher. All data had been collected simultaneously having pre-established inclusion and exclusion criteria in place (Punch 2003). The researcher tried to increase to response rate by attending TV and radio programmes in order to explain the aims and objectives of the study and encourage people who had difficulties in filling up the survey to call the number provided for help.

#### ***4.8.2 Phase 2: Focus group interviews of four specific groups (purposive sample)***

The qualitative approach enabled the collection of information from various respondents who were participating in the study, within their environments by talking directly to them (Creswell 2014). The researcher relied on her own capabilities to derive information from parents. The data gathered were reflected upon, reviewed, evaluated and organized in common themes (Creswell 2014). In this way, a more thorough understanding of the subject at hand was created as several pieces of information were generated and such pieces were then put together in order to represent the bigger scenario in a more realistic, holistic and richer way (Wyatt *et al* 2008; Farnsworth *et al* 2010; Creswell 2014). The strength here was to bring out unique participants views within the specific setting, being extended further through interesting conversations and dialogues carried out by participants (Creswell 2014). The researcher decided to use focus groups as the methodological way to derive such salient information. The researcher utilized the same pre-structured questions for all the participants in the various focus groups, simulating comfortable environmental conditions and using systematic ways to achieve the desired data. This further enhanced the trustworthiness of the derived information, as consistency was followed throughout the research process (Elo *et al* 2014).

In order to augment and clarify findings from the survey, 4 focus groups were carried out (n=50) in order to produce rich, dynamic and socially constructed knowledge regarding SRE from parents (Gibson 2002; Wyatt *et al* 2008; Ryan *et al* 2014). The researcher reached out to parents who may be socially marginalized, potentially illiterate and attending special groups, in order to derive important information from across the social strata of parents in the country (Wyatt *et al* 2008; Ryan *et al* 2014; Farnsworth *et al* 2010). Various parental groups were utilized for the study; these included a parental group in a secondary school; the second focus group was carried out amongst six couples where mother and fathers were equally represented, at a local Parish Church meeting. The third focus group was carried out amongst parents who formed part of a local non-governmental organization (NGO). This group was made up of 7 fathers and 7 mothers. The fourth focus group was carried out amongst 3 mothers and 1 father whose children were LGBTIQ individuals, and parents attend this group formed by the Church for support.

A purposive sampling scheme of parental groups within the community was utilized as the researcher wanted to capture tacit knowledge and lived experiences that the survey was unable to gather (Gibson 2002; Linhorst 2002; Farnsworth *et al* 2010; Ryan *et al* 2014). The advantage of focus groups was that both mother and fathers were present in nearly the same proportion in the initial three groups and this was seen as positive as the researcher obtained more paternal information, which was lacking in the survey due to the lack of participation. Since no randomisation was carried out amongst parental groups, or even internally within the group, one cannot generalize findings and the obtained views were not necessarily shared by all the members within the group *let alone* with all the parents in Malta. The fact that parents came from different locations in Malta helped to get various parental views from across the country. However on the day of the focus group, every participant had an equal chance of turning up, but the parents that did come had a lot to express. A predominant range of opinions and reasoning was gathered from a number of mothers and fathers equally. An adequate amount of preparation and planning was carried out for each focus group where style, format, ethical issues, time of day and familiar environments were previously acknowledged, so that a substantive amount of information was derived from every group interaction happening.

The scheduling of the focus group discussion were purposively planned at a time where it did not coincide with parents having to take, or pick up, children from school or religious classes provided by each Parish Church in the evening (Gibson 2002). The researcher also prepared a



beginning, opening, discussion and wrap-up statements for each group so that the discussion was further enhanced (Linhorst 2002; Wyatt *et al* 2008). An incentive of being able to participate in an eventual SRE programme for parents was offered to all participants in the groups. Gibson (2002) and Linhorst (2002) gave several suggestions in order to minimize distractions during a focus group. In fact, the researcher chose an appropriate place, arranged the seating arrangement into a semi-circle, offered every participant choice where to sit, and made sure that the right amount of space, light and temperature was appropriate for the focus group. The participants were asked to share their names so that they could be addressed as such and feel more comfortable. They were reassured that their names would not be utilised for analysis or mentioned in any way in the study (Gibson 2002). Confidentiality issues ensured less distress about the identity of the participants, and it further reassured the respondents that the information offered would be utilised for the study's purpose (Gibson 2002). Reassurance was also offered at the start and at the end of the study (Linhorst 2002).

Firth (2000) described a focus group as a meeting, where several participants were at the same place, time and a group discussion was carried out on a subject selected by the researcher. The researcher tried to gain insight on the beliefs, attitudes, emotions and values from the participants in a familiar and non-threatening environment (Frith 2000; Wyatt *et al* 2008; Farnsworth *et al* 2010). The topic was introduced by the researcher through a set of pre-prepared questions, and then the group was encouraged to reflect on the posed questions, answer and interact with other group members by agreeing, disagreeing or elaborating further on what had been already said. Farnsworth *et al* (2010) elaborated by saying that the interactions of the participants were not only influenced by what, and how they say it, but also by the group itself. The participants were encouraged to interact with each other so that all participants' views were expressed without being urged by the researcher (Farnsworth *et al* 2010; Ryan *et al* 2014). It was up to the researcher to observe how the respondents were talking, how their opinions were kept, reinforced, changed or rebuffed by other participants in a focus group setting (Farnsworth *et al* 2010). The aim of the focus group was not to reach a representative opinion of the group present, but to probe in a deeper fashion in the perceptions, assumptions and practices carried out by the parents (Robinson 1999).

It was, however, difficult to capture all the intricate group dynamics happening at that point in time, *let alone* the experiential dimensions of the group process at a single and relatively short

period of time (Linhorst 2002; Farnsworth *et al* 2010). The researcher was also aware that such discussions could also give rise to feelings such as confrontations, resentment and anxiety, due to the sensitive nature of the discussion. Thus, the researcher was prepared to be considerate of every participant's feelings. In addition, there were passive (i.e. those who said very little) participants and who wanted to leave the discussion early. However, the advantage behind a focus group was that the responsibility of sharing one's opinion on the subject matter did not rest on one individual but on the group as a whole. The idea behind such a discussion was to understand other group members' views without having the need to form a group mutual understanding (Wyatt *et al* 2008). Also, peer approval was not deemed necessary as convergence of ideas was encouraged (Wyatt *et al* 2008). Discussions were recorded on an iPad, as this was viewed as the least intrusive; the recordings were transcribed and analysed, so that important issues were identified and put forward (Frith 2000; Ryan *et al* 2014). Recording were carried out only once permission from all participants was obtained.

The advantages behind the utilisation of focus groups was that the researcher explored issues that have been under-researched in the past, discovered new terminologies utilised by participants in their respective environments, and provided an atmosphere where participants were made at ease, and talked about topics which they may not usually talk about out (Frith 2000; Farnsworth *et al* 2010). According to Frith (2000), focus groups could be utilized, where a speedy input is needed. In the case of this study, the participants were asked to discuss their knowledge, attitudes, skills and habits regarding sexuality and relationships based on the K.A.S.H model (Griffiths *et al* 2014). Participants were able to manoeuvre the discussion towards subjects that were of great concern to them personally, with adequate social liveliness (Farnsworth *et al* 2010; Frith 2000). The researcher maintained an appropriate composure during the focus group meeting such as patience, active listening, respects and warmth, without losing the leadership skills and tactics needed to make the meeting fruitful (Gibson 2002). Through such skills, the researcher was able to balance the dominant participation of some respondents to that of reserved participants (Gibson 2002). The researcher kept in mind that conflicts could arise between different personalities, thus it was important that the discussion was kept focused and the extreme views were often not given more importance than necessary (Robinson 1999).

The researcher tried also to maintain a distance from the group discussion, so that participants would not be biased in giving, or not giving, answers to the questions posed (Ryan *et al* 2014;

Frith 2000). A neutral, non-judgmental environment was maintained whilst trying to sustain ground rules where all participants' views were respected and the participants themselves did not feel threatened, 'judged' or in a position to defend themselves at any stage (Linhorst 2002; Frith 2000). The researcher kept this professional stance by keeping to a standardized set of questions for every group, and in this way extraction of relevant information from the verbal content provided was facilitated (Robinson 1999; Ryan *et al* 2014). The initial setting prepared by the researcher later reflected how the focus group was going to be held i.e. being the researcher presented the questions and directed the participants by taking turns in expressing their views and dominance by certain participants will be discouraged (Ryan *et al* 2014).

The researcher tried to maintain a structured format in the focus group discussion so that salient and copious amounts of information would be derived and that the group would not be led astray by other issues and missed out on important aspects of the subject at matter (Ryan *et al* 2014; Farnworth *et al* 2010). This tight methodology, however, had the potential of not capturing the complexities often observed in-group behaviour, and which was difficult to elicit in surveys and individual interviews (Farnworth *et al* 2010). However, the researcher through this method sought clarification of any ambiguity that arose and observed certain non-verbal reactions, which were important for bringing out more meaning from particular discussion (Robinson 1999). Through the clarification process, Robinson (1999) argued that the researcher's intervention could be viewed as creating bias. There could have also been the possibility that respondents gave more socially desirable answers to the questions posed, so that their answers reflect the image they want to portray to society (Frith 2000). Likewise, the opinion of other participants may have been manipulated by other people's views, or else hinder it thus observing peer pressure was also fascinating in its own right (Frith 2000). Social and cultural issues were also observed and thought to be influencing factors in the discussion (Frith 2000). In addition, the researcher could not control that participants might also learn incorrect information from other respondents (Linhorst 2002).

The group was given the space to provide in-depth insight within the group setting (Frith 2000; Robinson 1999). This flexibility was possible as in the various settings, the conversation was left to flow freely (Frith 2000; Farnsworth *et al* 2010). The focus groups were a rapid way to acquire information in a short time period, as opposed to surveys and interviews, without the extra expenses of printing and distributing surveys (Robinson 1999; Frith 2000). Gaps in knowledge,

barriers and motivating factors were identified from the participants themselves and in this way a canvas of information was produced (Frith 2000). However, it was noticed that, talking about sensitive sexuality issues and SRE was difficult for participants, especially when they did not know the researcher. When the researcher created a secure environment for the parents to disclose important issues in a full and frank manner, such a space was perceived liberating at best (Frith 2000; Robinson 1999).

The researcher ensured confidentiality and anonymity during the group discussion. The criteria were clearly identified and communicated to the participants for peace of mind, and to encourage disclosure of information (Frith 2000; Linhorst 2002; Farnsworth *et al* 2010). However one had to keep in mind that there were limitations to full confidentiality as the researcher had no control over what the other participants divulged to each other once they left the group setting (Wyatt *et al* 2008; Frith 2000). In order to decrease this possibility, the participants were encouraged to respect the initial pact done on issues of privacy and confidentiality, especially in the SRE scene (Frith 2000).

It has been observed by several researchers, that focus groups enabled the capture of rich information through in-depth explanations and sharing of opinions and experiences (Fritz 2000; Gibson 2002; Wyatt *et al* 2008). The group members explored such sensitive issues, agreed on issues and disagreed on others. The researcher made sure that group members had children of the same age. However, the children's gender was varied in the groups, together with other essential aspects such as sexual orientation and gender identities. Such group matching was essential, as the discussion was enhanced as participants felt more comfortable with other members who were undergoing the same experiences as them, and possibly felt less need to be guarded on expressing their views and opinion on the subject matter (Frith 2000). It was also observed that disclosure from one member of the group was followed by other participants from the group (Frith 2000). Thus, a more detailed and comprehensive information was gathered. Feedback from other members of the group also prompted speakers to further clarify their beliefs and attitudes and this made clarification of issues easier through the support of others (Frith 2000). There was the possibility that participants were encouraged by other participants to divulge more than they are comfortable to do so (Frith 2000). The way that the group agreed on certain issues also brought out the strength with which they agree on certain issues (Frith 2000). This showed

that participants felt empowered to make their own contributions in the discussion (Robinson 1999).

It was acknowledged that the aim of the focus group discussion was to collect salient information that enlightened the researcher further on the subject matter. The respondents were valued for their contribution and thus the researcher listened attentively to every single word that was expressed. At a later stage, the verbal content was analysed in order to derive themes and issues relevant to the study. The analysis was complex and time-consuming.

#### **4.9 Ethical Considerations**

An application was submitted to the University of Greenwich Research Ethics Committee (UREC) and approved (refer to Appendix 2).

The survey and focus group participants were provided with a short introductory letter which outlined the study's aims and objectives, what they are expected to do, the voluntary nature of the study and how to contact the researcher if the need arose or had any particular queries. Participants were then asked to sign the consent form provided, in order to show their willingness to participate (Appendix 2). Respondents were not pressured into participating or else signing consent, thus their participation was completely voluntary (Creswell 2014). This ensured that freedom of choice was primarily respected, by allowing and respecting the autonomy of the participants to decide for themselves whether to participate in the study or not (BERA 2011).

It was acknowledged by the researcher that the topic of discussion was potentially sensitive and could give rise to a range of emotional responses and views, and consequently needed to be handled with sensitivity and respect. The researcher anticipated various religious, cultural and societal differences amongst participants and these were all respected and given the same amount of attention (Creswell 2014). All participants were treated fairly and not discriminated against in the course of the research process (BERA 2001). In these ways, the research study did not cause any harm to the respondents (Creswell 2014). The study had no intention to damage the

reputation or identify in any way the participating parents or make them feel as irresponsible or incapable in their role. The intentions were to see whether parents had the awareness, motivation and valued their role as sexual educators as well as to assess parental skills, knowledge, attitudes and emotional strength to carry out the process.

The goals of the research were investigative, and not to pass judgments, but findings could possibly influence future policy and practice (BERA 2011). The potential parental programme could be devised whilst taking into consideration the androgical, cultural and societal values within which the parents were functioning in (BERA 2011). The survey utilised was validated by several experts in the field, in order not to cause any harm in the respondents but made it easy for participants to express their concerns without feeling misconstrued or labelled in any way.

All derived data were kept confidential at all times by the researcher and no one would be able to trace back the acquired information with the informant (Polit *et al* 1999, Creswell 2014). The researcher was cautious at not supporting only the views and document that were of interest and excluding other emerging findings. The researcher aimed at being fair, non-judgmental and respectful at all times and true to her professional code of nursing ethics, i.e. to be beneficial to all, to do good, and non-maleficent (to do no harm). Respondents were offered professional help from a psychologist working closely with the Health Promotion and Disease Surveillance Directorate, if any urgent issues arose during the data collection periods.

#### **4.10 Phase 1: Survey data analysis**

A data entry plan was developed, thus a fixed format was utilised for all questions in the survey (Polit *et al* 1999). All questions were entered on the top of the excel sheet. Similarly, each respondent was given a number consequentially, and all the responses corresponded to that unique number. Each answer was coded according to question and response. Most of the questions in the survey were closed ended, thus each response was coded as number 1 with each respective selection and as 0 as a non-response. If any question was left unanswered, the excel sheet was left empty. It was observed however that very few respondents left their responses as unanswered. Data were verified and ‘cleaned’ during and after data entry. Data cleaning included checking any numbers, which were not numbered as 1 nor 0, and if any empty cells were

observed or else if a question had two responses, they were double checked with the original corresponding survey. Data checking and cleaning was considered important due to the large volume of data entry involved, it could have been easy for the researcher to carry out mistakes. Each variable was assigned a descriptive title so that analysis was facilitated. The surveys had two open-ended questions, and since most of the responses were similar in content, the answers were also coded and a total of responses were produced. The statistical Package for Social Sciences (SPSS)® was utilized to automatically define the variables to be used in the data analysis, to check data accuracy and to identify no responses (Polit *et al* 1999, Yang *et al* 2008).

Microsoft Excel ® was also utilised to organise the study's findings. In order to derive clearer and easier to interpret result categories, responses to respondents' educational levels such as having a degree and Master/Doctorate and marital status such as being single and widowed and separated and divorced were amalgamated. (SPSS)® program inclusive of chi-squared testing, Crohnbach and factor analysis were utilized in order to derive whether the sample's results were representative to the general population or not. All data derived from the surveys were saved on the researcher's personal computer and as a backup file was maintained. Initially the researcher derived the basic statistical figures to the questions posed in the survey. After that, deeper analysis and comparisons were carried out such as maternal responses were compared to paternal responses and maternal and paternal responses were analysed according the gender of the child in question. In addition, parental responses were also studied and related to whether they had chosen section A, B or C in the survey which corresponded to 'will not talk to my children', 'have not talked to my children but I will' and 'I had already talked to my children respectively'. Correlations were made in order to discover innovative relational findings and potentially ascertain problematic areas. In addition, elements of the Unified Model of Behaviour had been studied and were analysed using factorial analysis and this further solidified the importance of expectations, self-efficacy, emotions, social norms and self-concept as influential factors in the behaviour of parents.

After having determined valuable statistical data from the survey, the researcher thought of complementing data with more in-depth information in order to derive further insight into the research questions (Polit *et al* 1999). It was acknowledged that through the survey's rigid structure, the complexities of human attitudes, knowledge and behaviour are not captured in full (Polit *et al* 1999). Thus this research study was able to provide not only empirical and but also

conceptual data and such information added richness to the study through the use of focus groups (Bryman 2006; Irvin *et al* 2012). In addition, the integration of quantitative and qualitative research methods showed a sense of attention and meticulousness towards uncovering essential data from Maltese parents (Bryman 2006, Yang *et al* 2008). Of the research data gathered, together with the review and analysis of the literature, convergence of different or same results was possible. This combination offered an opportunity provided new perspectives from the questions posed from the survey together with in-depth inquiry through focus groups (Bryman 2006). The employment of both techniques aided in putting more value on the strict findings of the surveys, discovered and acknowledged diversity of opinions in respondents and enhanced the integrity of the findings, by making the data more complete, through further explanations from the participants themselves (Polit *et al* 1999; Yang *et al* 2008).

#### **4.11 Phase 2: Focus group data analysis**

The process towards constructing the focus group questions was incremental after having analysed the survey's findings (Polit *et al* 1999). The survey revealed that although parents expressed a degree of knowledge on the subject posed and expressed opinions about it, they did not have the space to express the extent of their knowledge and attitudes, the skills used in doing so and whether their educational behaviour was occasional or ongoing. Thus, it was reasoned that focus groups as a follow up to the survey provided an opportunity to obtain data from respondents who were willing to talk about their knowledge, attitudes, repertoire of skills and habits in more depth within a safe environment (Polit *et al* 1999; Griffith *et al* 2014).

The researcher, however, acknowledged the limitations to the focus groups' findings as the groups were relatively small therefore their opinions might have differed to those who may not have attended groups, or else were unwilling to talk or reveal their limitations or effective ways of communicating with their children on sexuality and relationships (Polit *et al* 1999). Although qualitative research never makes a claim to be generalizable, they represent some of the parental perspectives in Malta (Polit *et al* 1999, Bryman 2006).

The responses from the four focus group were analysed by firstly having all conversations read several times and transcribed. Manual coding was carried out whereby by common and different



themes emerged from the texts (Robinson 1999; Thomas 2006; Gioia *et al* 2006; Brown *et al* 2006). In this way, the researcher derived important data through inductive analysis. The coding was carried out by attentively reading the texts derived from focus groups, considered multiple meaning that was related to the text, created categories for the information derived and if possible established links and meaning amongst the derived categories (Thomas 2006; Gioia *et al* 2006; Manser *et al* 2012). Following this process, the coded data were transformed into concepts, themes and interpretations (Thomas 2006; Gioia *et al* 2006; Yang *et al* 2008, Creswell 2014). Specific themes were given a different number per subject. The researcher also ensured that the findings derived from the raw data had clear links to the research aims and objectives (Thomas 2006; Gioia *et al* 2006). Continued revision of the texts and refining of the category system was carried out to ensure the accuracy of the information derived (Thomas 2006; Gioia *et al* 2006). A table showing the various levels of coding from the original transcript is provided in Appendix 5.

Researchers such as Simons *et al* (2008) and Mancer *et al* (2012) pointed out that the data derived from focus groups could be vast, thus the data analyses had to articulate enough to derive the prominent themes, which were derived through this research means. Thematic content analysis was carried out across the data acquired in order to search, find and reflect on the emerging themes (Robinson 1999; Simons *et al* 2008; Mancer *et al* 2012; Irvin *et al* 2012). Thus the researcher ensured that the categories created reflected the derived data and the categories fit the data (Gioia *et al* 2006; Simons *et al* 2008). In this way, data were not forced to fit into categories and conceptual similarities and patterns were derived (Simons *et al* 2008; Mancer *et al* 2012). Simons *et al* (2008:123) described this process as a 'bottom up approach'. The researcher was able to understand the parents further by exploring the content and form of each participant's experiences. As a result, a deeper understanding was derived when most of the participants voiced their concerns, achievements and desires, which most often were underpinned by their own understandings of sexuality and relationships, attended by their own cultural, societal and religious influences (Gioia *et al* 2006; Mancer *et al* 2012). Each parent narrative was transcribed which in turn were assigned to data segments followed by refinement, comparisons and contrasting, to produce an amalgamated account of all data collected (Gioia *et al* 2006; Simons *et al* 2008; Yang *et al* 2008; Irvin *et al* 2012). Quotes and dialogue were included in the text to reflect the culture, language and ways of articulation participants utilised during the process, and in this way possibly expose Maltese traits, which could be similar or else different to other cultures (Creswell 2014). A local expert was consulted in order to validate the

translations from Maltese to English and to authenticate that the same conclusions and explanations were derived and no other issues was overlooked. Respondents' were not asked to review transcripts due to time and availability issues. Experts in the research field however have re-checked the transcripts and approved the researcher's analysis.

The focus groups were a way of investigating the sexuality and relationship education from a different angle, as parents had the opportunity to emphasis the aspects, which worried them most. This method allowed consideration of diversity within, as well across categories, further enhancing the transparency of the methods utilised (Irvin *et al* 2012). Irvin *et al* (2012) however argued that responses usually reflected the backgrounds, motivations and expectations of the respondents thus findings shed light on prevalent thoughts in parents' at that point in time. In addition, Robinson (1999) argued that due to the live nature of focus group discussion, the researcher is more likely to place greater focus on the findings that they actually deserve.

Qualitative and quantitative data were compared so that data was transformed into meaningful and understandable information (Irvin *et al* 2012; Yang *et al* 2008). This complementarity of mixed methods of research was a way of deriving further elaboration, clarification and explanation of the study's research questions in a parallel way (Yang *et al* 2008). Through a large national survey and four focus groups, the researcher was able to create a multidimensional understanding of parental involvement in sexuality and relationships education. The data from the focus groups enhanced further the descriptive and interpretative validity of the study findings (Yang *et al* 2008).

#### **4.12 Conclusion**

In this chapter, a detailed description on the researcher's aims and objectives, choices, theories, various methodologies and justifications, sampling strategies carried out together with the pros and cons of each aspect of the research were carried out in a thorough manner. In addition, ethical considerations were brought forward to show the reliability and clean manner with which this study was carried out. In this next chapter, the surveys and focus groups' findings will be presented in a succinct manner followed by an in-depth discussion.

## **5 Chapter 5: Phase 1: Data Analysis**

### **5.1 Introduction: Survey Analysis**

This chapter will present the various findings that were derived from a postal survey amongst a random sample of 2000 mothers across the Maltese Islands. Of the 2000 postal questionnaires sent out, a total of 1014 parents responded (a 50.7% response rate) made up of Maltese mothers who had 14-15 year old children. The findings will be divided in the following sections:

The survey (5.2)

The survey's response rate (5.3)

The parental demographic data (5.4)

The parental supervision and communication patterns (5.5)

Findings in relation to the Unified Theory of Behaviour (5.6)

Findings in relation to Sexuality and Relationships Education (5.7)

Findings in relation to Section C; parents who have had the Sexuality and Relationships discussions with their children (5.8)

Conclusion (5.9)

### **5.2 The survey**

The respondents were provided with a survey in two languages, Maltese and English, for the ease of all involved. The survey form was kept to no more than 10 pages long; to further enhance the response rate (Aldridge *et al* 2001). The majority of the findings were of a quantitative nature, derived from closed ended questions either through the indication of a preferred answer or else choosing a score from Likert scales of 1 to 5. There were also two questions, which were open-ended where the respective responses were grouped under the same thematic replies (Appendix 3).

(SPSS)® was utilised to process the quantitative data together with statistical tools such as T-testing, Pearson, Fishers, ANOVA and Crohnbach alpha, in order to bring out relationships between and amongst various findings. Total amount of responses, percentages, pivot tables and

multivariate analyses were utilised to represent the findings. In order to facilitate computations, questions that had several options as answers, each response was lettered for ease of interpretation.

The survey was divided into three parts; the first part mostly consisted of parental demographic data, communication levels between parents and children, together with statements representing the Unified Theory of Behaviour (from question 13 to 17). The second part consisted of 3 sections where parents had to choose either section A, B or C, according to their communication levels with their children. The third part contained question 19 till question 28, whereby parental and children's SRE processes and experiences were probed further. For the purpose of this thesis, part 1, elements of section 2 and section 3 are demonstrated here from the survey.

### **5.3 Survey response rate**

Of the 2000 postal surveys sent out, a total of 1014 parents responded (a 50.7% response rate). This comprised of 955 (94%) mothers and 58 (5.7%) fathers. The ages of the respondents varied, however the majority were from 37-42 years of age (n=406, 40%), followed closely by 43-48 years (n=358: 35.3%), then by the 49-54 (n=111, 10.9%), then by 31-36 years (n=88, 8.7%) and lastly by ages 55-60 (n=25, 2.5%).

### **5.4 The parental demographic data**

When asked about their educational background, the majority of the respondents claimed that they were 16 year old school leaver with GCSEs (n=362, 35.7%), followed by 334 respondents (32.9%) who were 16 year old school leavers with no GCSEs, 111 respondents (10.9%) had a diploma whilst 90 (8.9%) had a degree. Fifty-three participants (5%) had a Master's degree whilst 52 (0.5%) had no formal education. Twelve of the respondents left the question unanswered.

The respondents were mostly married/legal partnership (n=854, 84.2%), followed by 87 respondents (8.6%) that were separated, 35 (3.5%) were single, 13 (1.3%) were co-habiting whilst 6 (0.6%) respondents were either divorced, widowed or chose the option 'other' without specifying their legal partnership status. Seven respondents did not answer the question. When the respondents were asked of their religious affiliations, the majority (n=989, 97.5%) were Roman Catholic followed by 11 (1.1%) who were non-Christian, 3 (0.3%) that were Muslims and 9 that chose the other option with no provided detail on other affiliated religions. Two (n=2, 0.2%) participants left this option empty. When the parents were asked of the gender of the children, 496 were males, 515 were females whilst 3 were transgender. Six hundred and thirty one (62.2%) had children aged 14 years old, whilst 383 (37.8%) had children aged 15 years old. The 14-year-old children comprised of 323 males, 305 females, and 3 were transgender. The 383 children aged 15 year old comprised of 173 males, 210 females and none were transgender.

## **5.5 The parental supervision and communication patterns**

The parents were asked about their supervision practices. They were posed with questions of whether they knew their children's friends, to which the majority of 564 (55.5%) respondents knew some of their daughter or son's friends, whilst 425 (41.5%) knew all of the daughter/son's friends. Twenty-five 25 (2.5%) parents knew none of their friends. The parents were also asked whether they supervised their children when they watched television, 587 (57.9%) respondents said yes, 352 (34.7%) said sometimes, whilst 74 (7.3%) said no. There was 1 (0.09%) respondent who left the question empty. In addition, parents were also asked about their supervision practices whilst their children used their computer, tablet and/or game consoles; 391 (38.5%) said that they supervised their children, 88 (8.67%) said they did not and 535 (52.76%) said sometimes they do.

The communication level between parents and their children was also explored, when they were asked to rate their perceived communication patterns according to a Likert scale from 1 to 5. Twenty-nine parents (n=29, 2.9%) rated their communication level as 1 which was the lowest in the response spectrum, 25 (2.5%) gave a response of 2, 156 (15.4%) gave a response of 3, 436 (43%) gave a response of 4 and 367 (36.2%) gave a response of 5. Thus, the parental scores tended to be more towards the higher end of the spectrum. However, when the parents were then asked to rate their communication level with their children regarding sexuality and relationships,

the results tended to be more on the average side; in fact, 77 (7.6%) reported 1, being the lowest ranking of the response level, 100 (9.9%) said 2, 308 (30.4%) said 3, 300 (29.6%) said 4 and 228 (22.5%) said 5 i.e. being the highest ranking of the response level.

The participants were also asked who, according to their perceptions, should be the primary educators of children in relation to sexuality and relationships matters. The majority (n=639; 63%) thought that mothers and fathers should be the primary educators, followed by PSCD teachers (n=298; 29.38%); the mother alone (n=135; 13.31%); either parents (n=99; 9.76%), teachers (n=95; 9.37%); mother should educate girls (n=74; 7.30%); fathers should educate boys (n=50; 4.93%); siblings (n=22; 2.17%); father alone (n=9; 0.89%); books/magazines (n=9; 0.89%); media (n=11; 1.08%); friends (n=13; 1.28%) and lastly, by other (not specified option) (n=12; 1.18%). Such results, despite the various options offered, suggest that parents still perceived themselves as pivotal in such a role, followed closely by the PSCD teacher who was considered as a knowledgeable and trusted source regarding the matter under question.

In Question 14, the parents were probed to describe how comfortable they were when they talked to their children about sexuality and relationships. More than half of the respondents (n=580, 57.25%) said they were a little embarrassed, followed closely by not being at all embarrassed or uncomfortable (n=374, 36.92%), and 59 parents (5.8%) were very embarrassed or uncomfortable, thus showing a degree of comfort in such practices. In addition, parents when asked to report about their capabilities whilst talking to their children about sexuality and relationships in question 11. The respondents showed confidence in their abilities to do this, as a large number of respondents i.e. 495 parents (43.84%) said that they talked to their child as often as necessary. Two hundred and eighteen (19.30%) felt knowledgeable and confident to talk to their children. One hundred and thirty two parents (11.69%) however, did not feel confident in talking to their children. This was followed, importantly for this study, by 116 (10.27%) who do not know where to start. One hundred and five parents (9.30%) felt they wanted to talk to their children but felt the child 'shuts them up' whilst 63 (5.58%) felt ill equipped with the necessary information to talk to their children. Despite the positive response on the apparent levels of parental knowledge on SRE, a considerable number of parents seemed to be at a lost when addressing SRE issues.

In question 18, parents had to choose one from three sections; section A was an option for parents who had not, and did not intend to talk, to their children about sexuality and relationships; section B could be selected by parents who did not start talking to their children but would so in the future. Section C was a choice for parents who had already had a discussion about the subject. Out of 1014 parents who had responded to the survey, 145 parents (14.2%) chose Section A, 150 (14.7%) parents chosen Section B and 719 (70.9%) chose Section C. For the purpose of statistical analysis, section A and B were amalgamated together. Such section showed considerable parental awareness on the need to tackle SRE with their children and potential to direct further resources in deficient areas or else attend to perceptions relevant to parents.

In the light of the above findings, an analysis was carried out in order to observe whether there were any significant variables, which influenced the parental responses, in relation to SRE communication (question 18). Pearson and Fishers' testing were utilised in the various computations, depending on the number of scoring collated. Questions from 1 to 12, which consisted of the demographic data and questions 19, 20, 22, 24, 25, included information about parents' past and their histories and perceptions regarding children's SRE in schools. The individual results have been set out in Table 5.1 below:

*Table 5.1: Significant variables in relation to parental communication with children*

<b>Question number</b>	<b>Question</b>	<b>Level of significance</b>
3	Parental education level	0
Parent-child gender	Parent-child gender	0.013
9	Parental supervision on computer, tablets and game consoles	0.002
12c	Mother and fathers as educator	0.004
12K	Teachers as educators	0.002
12L	PSCD teachers as educators	0.000

12m	Other option	0.007
10	Parental communication levels	0
11	Parental communication on Sexuality and Relationships	0
19b	Parents' parents talked to them before they had sex	0.000
19d	Parents' parents never talked	0.000
19e	Parents' parents talked to them after they had asked	0.001
20	Children having SRE in schools	0.000

A multivariate analysis of all the above variables was carried out in order to identify the most significant variables. Question 11 with a significance level of 0.000, Question 12L with a significance level of 0.001 and question 19d with a significance level of 0.000 were found to be the most significant in relation to question 18, whilst the other variables were classified as confounding factors. Such results showed that parental communication levels regarding SRE, parental perceptions of the importance of PSCD teachers in the children's SRE process, and parental lack of SRE exposure in the past, were the most influential factors in the parental communication patterns with their own children.

## 5.6 Findings in relation to the Unified Theory of Behaviour

Section 2 represented the findings in relation to the Unified Theory of Behaviour. The key concepts of the Unified Theory of Behaviour which were tested through statements utilised in the survey. Each statement in questions 13, 16 and 17 were representative of the various elements which formulated the Theory. The Theory of Unified Behaviour represents a conglomerate of social norms, expectations, self-efficacy, self-concept and emotions, and was investigated at different lengths in the survey (Guilamo-Ramos *et al* 2006). Parents were provided with lists of statements representing various aspects of the model, and their perceptions



and attitudes towards SRE was measured through the use of Likert scale. The provided statements were adapted from Jaccard *et al* (2000) and Guilamo-Ramos *et al* (2006), (2008) previous research studies. For ease of reference, every statement in each question was lettered consecutively and was labelled according to the theory's elements they represent as stated below:

Social norms:

13a: Parents should be the primary providers of sex and relationships education to their children

13b: I know of other parents who provide sex and relationships education to their children

13j: I do not care what other people think of me, I will provide sex and relationships education to my children

Expectations:

13c: Educated children are able to take informed decisions

13d: Sex and relationships education would help children be more responsible about their sexual behaviour

13e: Sex and relationships education is equally as important as learning how to read and write

13h: Sex and relationships education would result in increased sexual activity

13i: Sex and relationships education should be provided at school

17a: Children might ask questions that I do not know the answer

17b: It would be difficult to find a convenient place and time

17c: Children might not listen

17d: We might argue

16d: Fear that children might be pressured into having sex

16f: Want to protect my children

16g: It would embarrass my children

17g: It would protect children from Sexually Acquired Infections and unplanned pregnancies

Self-efficacy:

13f: Parents should be more responsible than school in providing sex and relationships education for children

17e: Children would wait until later to have sex

17f: It would not do much good

Self-concept:

16 a: Have a good relationship with their children

16b: Feel better as parents

16c: Are nosy

16e: Trust their children

Emotions:

13g: It is embarrassing to discuss sexuality and relationships with my children

The participants' answers were analysed using factor analysis. The use of factor analysis was possible in this thesis due to the large sample size of over a thousand respondents. Each factor captured a certain amount of the overall variance in the observed variables, and as a result were utilised to show the level of variation they represent. (SPSS)® was utilised to carry out the factor analysis. In order to ensure reliability to reflect the actual value, Crohnbach's alpha was used. The researcher has utilised numerous statements already utilised by the Guilamo-Ramos *et al* (2006) study, however additional statements were added to this survey to explore further parental attitudes and perceptions. The additional statements added were mostly from the expectations category. The figure below, shows the initial table obtained after the first (SPSS)® run, utilising factor analysis. The higher the value, the higher is the level of factor value amongst the study

variables. Expectations followed by self-concept were the highest. After the second value, the line started to flatten out, meaning that each successive factor is accounting for smaller and smaller amounts of the total variance. The above results showed that parental expectations i.e. the perceived advantages and disadvantages derived from the carrying out SRE and self-concept i.e. parental beliefs in their abilities to carry out relevant education, tended to be the influential factors in the SRE process with their children (Herman *et al* 2014, Guilamo-Ramos *et al* 2008).

The Figure below (5.1) shows the use of factor analysis to examine the Unified Theory of Behaviour variable consisting of expectations, social norms, self-efficacy, self-concept and emotions.

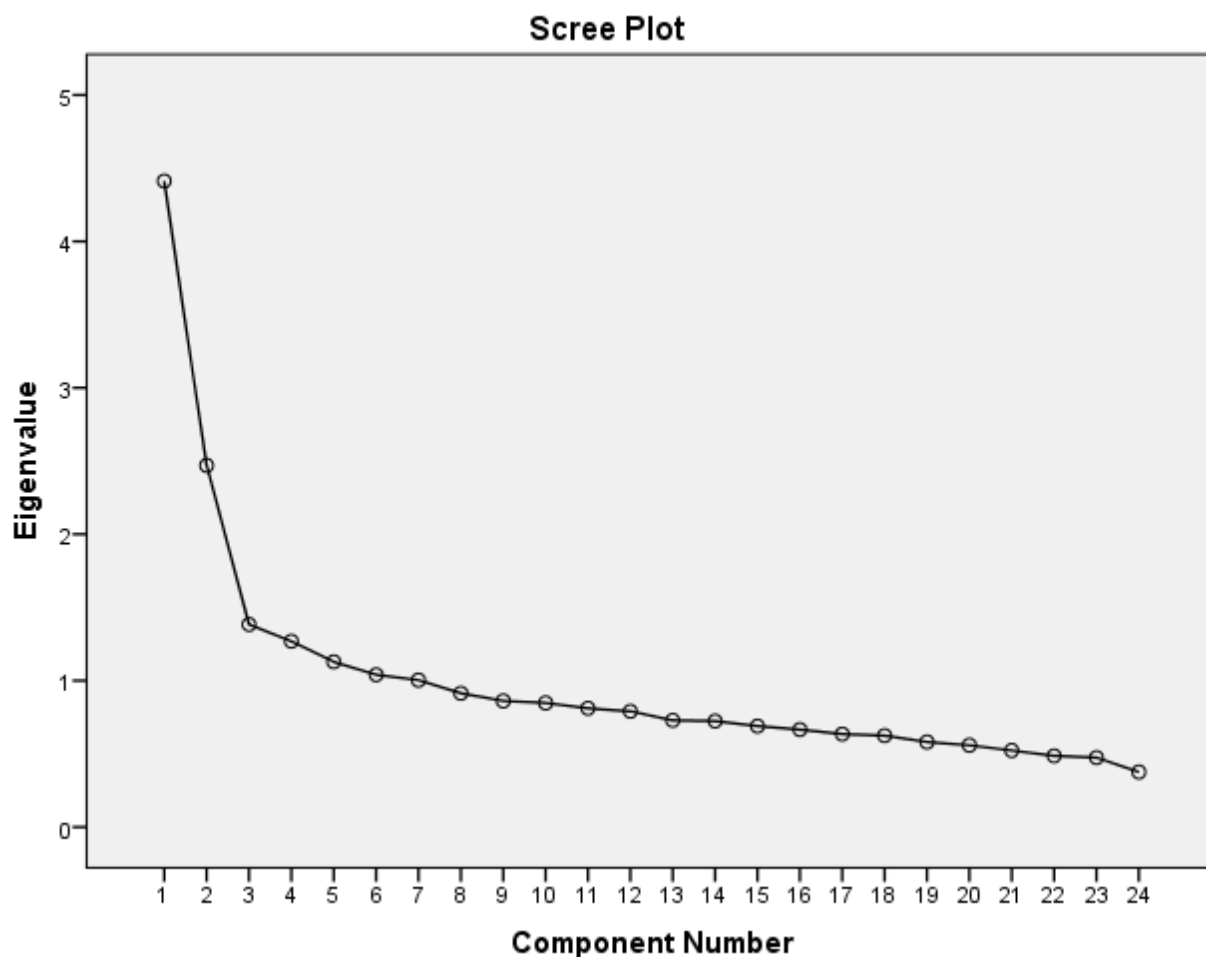


Figure 5.1 Factor Analysis

Several attempts were carried out in order to increase the value of the variables together, as stipulated by the original model; however, there was no significant increase in value. Thus, a process was initiated to start new dimensions whilst utilising the same data and construct which might be unique for the Maltese arena in terms of parents and SRE. Crohnbach's alpha was utilised to check internal consistency. Particular items were manipulated in several ways from the scale so that improvement of Crohnbach alpha was observed.

The table below (4.2) shows the manipulation of the variable Unified Theory of Behaviour elements and their respective Crohnbach value:

*Table 5.2: Unified Theory of Behaviour elements and their respective Crohnbach value*

17f, 16G, 13I	0.4
13c, 13d, 13e, 13h	0.591
13c,13d,13e,13f,13h	0.5
13c,13d,13e,13h,16f	0.586
<b>16a,16b,16e</b>	<b>0.7</b>
<b>13a,13b,13c,13d,13e,16f,13i,13j,16g,13h</b>	<b>0.64</b>
13c,13d,13e	0.605
17a,17b,17c,17d	0.6
<b>17a,17b,17c,17d,16d</b>	<b>0.64</b>

The dimensions developed from the analysis have been presented as three models and were presented below in detail below.

### **Models**

Three new dimensions were created by the above manipulation, formulated from the below elements, and labelled as Model 1, 2 and 3 for ease of reference. The highlighted sections in the table represent the following statements:

### **Model 1**

16 a: Have a good relationship with their children

16b: Feel better as parents

16e: Trust their children

### **Model 2**

17a: children might ask questions that I do not know the answer

17b: It would be difficult to find a convenient place and time

17c: Children might not listen

17d: We might argue

16d: Fear that children might be pressured into having sex

### **Model 3**

13a: Parents should be the primary providers of sex and relationships education to their children

13b: I know of other parents who provide sex and relationships education to their children

13j: I do not care what other people think of me, I will provide sex and relationships education to my children

13c: Educated children are able to take informed decisions

13d: Sex and relationships education would help children be more responsible about their sexual behaviour

13e: Sex and relationships education is equally as important as learning how to read and write

16f: I want to protect my children

13i: Sex and relationships education should be provided at school

16g: If parents talked to their children about sexuality and relationships, it would embarrass the children

### 13h: Sex and relationships education would result in increased sexual activity

These models showed the distinctive influential properties to Maltese parents' behaviour towards sexuality and relationships. There are several distinguishing parental expectations and self-concept issues which showed high relevance when it came to parental communication to children on SRE as shown in Model 1 and Model 2. At the same time, a combination of social norms and expectations influenced the parental inclination towards communication with their children. The influential parental processes were observed to be both internal and external forces.

To further solidify the newly found instrumental findings in the Maltese parental society, the above influential three models were tested against parental gender and parent child same gender and/or different gender. However, none of the combinations was found to be statistically significant. T-Testing was utilised for this test. In addition, since question, 14 and 15 represented the emotions and self-efficacy of the Unified Theory of Behaviour, Model 1, 2 and 3 were tested against the responses of both questions, to assess significance. Both questions 14 and 15 were found to be significant to models 1, 2 and 3 except 15e with a result of 0.000.

The final analysis also included the relation of the three models with other questions such as demographics i.e. to question 2,3,4,5, to parental age, education, marital status and religious affiliation of parents and also in relation to question 7, 8, 9, 10 and 11, in terms of parental knowledge of children's friends, supervision of children whilst watching television, and utilising electronic devices and lastly, the parental communication with child on general terms and specifically on sex and relationships, in questions 10 and 11 consecutively.

Table 5.3: Significance level in relation to modes 1, 2 and 3.

	<b>Model 1</b>	<b>Model 2</b>	<b>Model 3</b>
Question 2	0.685	0.404	0.825
<b>Question 3</b>	<b>0</b>	<b>0.000</b>	<b>0.000</b>
Question 4	<b>0.000</b>	<b>0.089</b>	-0.075
Question 5	<b>0.051</b>	0.323	0.247
Question 7	<b>0.000</b>	<b>0.001</b>	<b>0.000</b>
Question 8	<b>0.000</b>	<b>0.001</b>	<b>0.000</b>
Question 9	0.203	0.320	<b>0.026</b>
<b>Question 10</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Question 11</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
<b>Question 12a</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

The findings showed that question 3, 7, 8, 10, 11 and 12a, which represented parental education, knowledge of children’s friends, parental supervision whilst watching TV, parental general communication level with their children, and communication related to sexuality and relationships; plus having the mother as primary educator regarding the subject, were significant in all the models. Questions 4 and 5, which represented marital status and religion, were significant only to model 1. Question 9 which sought parental supervision whilst children’s use of electronic consoles and games, was significant only to model 3. All the three models were also tested against questions 19, 20, 22, 25 and 26, which represented their own past experiences in familial communication; the parental knowledge of the SRE process in school; their involvement in the SRE school syllabus; their perceptions of whether school SRE is enough and finally if they had been offered SRE themselves as children respectively. When all this was done, it was found that there was no significance in neither of the above-mentioned variables. However the three models were significant to question 18, by a significance level of 0.000, thus signifying that they may have equal responsible in influencing parental communication with their children regarding sexuality and relationships.

## 5.7 Findings in relation to Sexuality and Relationships Education

In the following section, findings in relation to SRE, particularly in schools, are going to be presented. Additional questions were also asked to uncover potential parental experiences of SRE from their own childhood and families. Initially the parents were requested whether their own parents talked to them about sexuality and relationships. The majority of parents (n=752, 74.1%) claimed that their parents never talked to them about the subject, followed by some (n=104, 10.2%) who said that their parents did talk to them after they had asked, followed by 83 (8.2%) who said that their parents did talk to them before they had asked. Fifty one percent (5.0%) said that their parents talked to them before they had sex, and 20 (2%) said that parents did talk to them after they had sex. Such findings showed that parents were not exposed to SRE processes in their childhood, thus they cannot mirror any processes, which could potentially be of an example for their own children. Despite of such findings, parents still felt responsible and viewed themselves in key positions to carry such processes.

Since from question 19 to 27 (whereby parental background in sexuality and relationships was delved into together with their awareness on the SRE process in schools, their direct involvement and also their perceived importance in terms of the subject) were considered as important questions in relation to parental communication, a multivariate analysis was carried out in order to bring out any significance in relation to demographic variables. It was only question 3 where parental educational levels were represented that brought out major significance in questions such as question 24 (0.000), question 26 (0.001) and question 27 for sexual intercourse (0.001) and Puberty (0.000).

The parents were also asked whether their children have SRE at school, 877 (86.4%) parents said yes, 45 (4.4%) said no and 74 (7.3%) said do not know. The parents also expressed several views on their knowledge on SRE syllabus. The majority of respondents (n=747, 73.66%) said that they have no information on SRE syllabus, followed by 128 respondents (12.6%) where they claimed that the information they have is whatever their child tells them. Fifty-six respondents (n=56, 5.52%) said that they have information regarding the SRE syllabus from a parents' meeting they attended; while another 39 (3.8%) claimed that the syllabus included information about contraception, sexual intercourse, Sexually Acquired Infections and pregnancies. Another 19 (1.8%) respondents said that SRE syllabus contained information about puberty, relationships



and periods whilst another seven respondents (0.6%) said that this was covered in PSCD lessons. Other responses included written/online information (n=4, 0.39%) followed by no SRE is done in Church schools (n=3, (0.2%), Biology/Religion lessons by 2 respondents (0.19) and one respondent (0.09%) said a seminar was attended.

When the parents were challenged on if, and how, they were involved in sexuality and relationships syllabus, the majority (n=938, 92.5%) said that they were not involved, 21 (2%) said they were involved; there were no responses with the 'do not know' option. Of those who said yes (n=8, 0.79%), they were involved in the following ways: 1 (0.09%) respondent was a teacher, 2 (0.19%) parents attended meetings, 1 (0.09%) parent was part of parents' council, 1 (0.09%) participant had a seminar, 1 (0.19%) respondent had a meeting at school and 2 respondents left the space empty.

When asked when is the most suitable time for SRE for children, the majority of parents (442, 43.5%) said at 12 years of age followed by ages, 13 (n=393, 38.76%),14 (n=311, 30.67%),15 (n=268, 26.43%),10 (n=264, 26.04%), 16 (192, 18.93%) ,17 (n=123, 12.13%) ,18 (n=111, 10.95%) ,8 (n=69, 6.8%) , 9 (n=84, 8.28%).

Parents also rated the level of importance SRE has as part of the curriculum. Seven hundred and forty seven (n=747, 73.67%) parents said that it is very important, 233 respondents (22.98%) said it is important, 9 (0.89%) preferred to keep a neutral stance, 4 (0.39%) said it is not important and 5 (0.49%) said not very important. Twenty-one parents (2.07%) indicated the 'do not know' option. The majority of parents (n=489, 48.22%) believed that the school did not provide enough information to children on sexuality and relationship whilst 245 (24.16%) parents agreed that the education provided was enough. Two hundred sixty two parents (25.84%) said that they did not know if the education provided is enough.

When the parents were asked to think of whether they have been offered any information on sexuality and relationships when they were a child, 669 (65.98%) parents replied they did not, 258 (25.44%) said they did and 34 (3.35%) claimed they did not know. Of the 258 parents that did receive information, they were asked at what age such transmission of information was

carried out. The majority said at 12 (n=64, 24.8%) years followed by 13 (n= 56, 21.7%), 11 (n=51, 19.7%), 14 (n=31, 12.01%), 15 (n=18, 6.9%), 10 (n=9, 3.48%), 9 (n=7, 2.7%), 16 (n=5, 1.9%), and 17 (n=1, 0.38%).

Most of the respondents claimed to have discussed none of the subjects during SRE lessons. Others said that they had subjects such as sexual intercourse, puberty, pregnancy, HIV/AIDS, menstruation, relationships, sexual orientation, contraception, emotions, sexual abuse, sexually acquired infections, masturbation, gender identity, communication of feelings, coping with sexual pressure, all of the above option, oral sex, others option (without specifying any subject) addressed during their SRE teachings. Wet dreams, pornography and sexual pleasure were the least chosen subjects. Four parents mentioned abortion and one parents said love, as part of their educational exposure.

*Table 5.4: Parental responses in numbers and percentages.*

Subject	Number of respondents	Percentages (%)
None of the above	204	20.2
Sexual intercourse	170	16.77
Puberty	141	13.91
Pregnancy	140	13.81
AIDS/HIV	97	9.57
Menstruation/Periods	83	8.19
Relationships	59	5.82
Emotions	51	5.03
Contraception	48	4.73
Sexual abuse	29	2.86
SAIs	27	2.66

Masturbation	22	2.17
Communication of feelings	11	1.08
Gender Identity	10	0.99
All of the above	10	0.99
Coping with sexual pressure	9	0.89
Sexual orientation	8	0.79
Oral sex	6	0.59
Other	5	0.49
Sexual pleasure	3	0.30
Pornography	3	0.30
Wet dreams	3	0.30

When all the questions in section three were tested against Question 1 and Question 6b, which represented gender of parents and child, consecutively, none of the responses from questions 20-26 were found to be significant except for ‘none of the above’ option of question 27.

Several ways were suggested by parents in order to have SRE improved. For ease of reference, all responses were grouped according to similar content. The various strategies were suggested including more PSCD lessons which are age-appropriate, comprehensive, open, accurate, practical and value-laden (n=392; 38.75% ). Other suggested that people who have undergone negative experiences, such as STIs and unplanned pregnancies, should be given the opportunity to address the children in school, including health professionals who work in the sexual health field of practice (n= 373; 36.79%). Other recommended that PSCD lessons should be in smaller groups (n=372; 36%), where discussion is encouraged, lessons should be more engaging through various resources and media, be non-judgmental and offered by trained and up-to-date teachers, who are comfortable to tackle the subject without being shackled by embarrassment and religious ties. Three hundred and fifty six (n=356; 35%) parents advised that parental training

should be offered, and be aware, and involved in what is being taught at school followed by 19 (1.87%) and 12 (1.18%) parents claimed that SRE should start at an earlier age, and be covered in Church schools as well. Some parents (n=8; 0.8%) replied that SRE corrupts children's innocence and makes them experiment sexually whilst five (0.49%) parents wanted that, media should 'be dealt with' in order to stop influencing children. Another two (0.19%) parents thought that SRE should not be carried out.

### **5.8 Findings in relation to Section C: parents who have had the Sexuality and Relationships discussions with their children**

The parents were also requested to indicate the age in which they started speaking to their children about sex and relationships, the majority said 13 years of age, followed by 12, 11, 14, 10, 8, 15, 9, 16, 17 and lastly 18 years of age.

The topics that have been discussed with the children, according to the majority of parents comprised primarily of pregnancy, followed by relationships, sexual intercourse, HIV/AIDS, sexual abuse, menstruation, puberty, emotions, sexual orientation, contraception, sexually acquired infections, communication of feelings, pornography, gender identity, all of the above, masturbation, wet dreams, sexual pleasure, oral sex, the other option consisting of paedophilia, sexual consent and vaccination and finally 1 respondent who said none of the (above see Table 4.6).

*Table 5.6: The number of respondents and subjects discussed with adolescents.*

<b>Parental chosen topics</b>	<b>N (Number of respondents)</b>
Pregnancy	445
Relationships	403
Sexual Intercourse	382
HIV/AIDS	358
Sexual Abuse	344
Puberty	333
Menstruation (period)	332
Emotions	298
Sexual Orientation (gay, lesbian, bi, trans)	284
Contraception	267
Sexually Acquired Infections	248
Communication of feelings	148
Pornography	129
Gender Identity	100
Coping with sexual pressure	82
All of the above	76
Masturbation	74
Wet dreams	66
Sexual Pleasure	62
Oral Sex	34

Other option	3
None of the above	1

The parents were asked to put in order what they thought as being the most important subject discussed subject to the least important subjects. The options chosen were ‘all the above’ option’’ (n=206) followed by emotions (n=85), pregnancy (n=65), Sexually Acquired Infections (n=47) and pornography ranked the fifth important subject (n=37).

## 5.9 Conclusion

These findings are unique in the Maltese arena, as no similar studies have been carried out previously and support the claim for originality. This survey has derived a comprehensive representation of the respondents’ perceptions and attitudes. In fact, a 50.7% response rate was observed which was more than expected in terms of a postal survey. The findings were drawn from the three sections of the survey, demographic outcomes, and the application of the Unified theory of Behaviour together with issues related to SRE was derived. Multivariate analyses, t-testing, Fishers’ testing and percentages were utilised in order to bring out the findings’ representability which made them significant to the general population in Malta.

The following chapter will demonstrate the results from a number of focus groups carried out amongst Maltese parents from different groups of the Maltese society, and the emergent themes will be analysed and discussed.

## **6 Chapter 6: Phase 2: Focus group analysis**

### **6.1 Introduction**

This chapter reports findings from four focus groups amongst parents (FG1; FG2; FG3; FG4) across the Maltese Islands. The findings further augmented the survey results, and allowed the researcher to plumb the depths of the data, in order to bring relevant data. The results obtained were grouped under numerous thematic titles, which showed the wealth of information obtained.

FG1: The first focus group represented nine mothers and two fathers having 14/15 year old children all attending the same school. The families came from the West part of Malta. These parents were conveniently sampled at a school where SRE was considered an important subject in the children's curriculum.

FG2: The second focus group was made up of six couples, where mother and fathers were equally represented. It was at a local Parish Church meeting and having teenage children.

FG3: The third focus group was formed of 7 fathers and 7 mothers who made part of a large local Non-Governmental Organisation (NGO).

FG4: The fourth focus group consisted of 3 mothers and 1 father, whose children were LGBTIQ individuals. This group was formulated by the Catholic Church in the Maltese Islands, to provide support to parents. In the group, there were parents of a gay and lesbian son and daughter respectively, one transsexual child and another gay son who was still not yet open about his sexuality.

The only difference observed between the first 3 focus group and the last one was that all parents interacted and challenged each other, in all the focus groups except the last, where the atmosphere was more of a cathartic experience for each individual parent rather than a

discussion. All parents were informed of the purpose of the focus groups and all consented, verbally and in writing, to participate in such an exercise.

The K.A.S.H model formulated by Griffith *et al* (2014) was utilised to formulate the questions posed to parents. This focuses on Knowledge, Attitudes, Skills and Habits.

The parents were asked the following questions;

- What they know about SRE? (Knowledge)
- How do they feel about it? (Attitudes)
- How do they contribute towards it in terms of ability transmission? (Skills)
- How do they make SRE an integral part of parent-adolescent education? (Habits)

Several common themes were derived from all the focus groups, however different themes were identified for the last focus group due to the sensitive nature of LGBTIQ children and their unique circumstances in life, most notably in a pre-dominantly Catholic, relatively small-island community.

Mothers and fathers were equally represented in the second and third focus group, but the first and fourth focus group, were underrepresented by fathers. Despite of the attendance, every parent was encouraged to participate in the discussion. Parents voiced their concerns very clearly and showed no restraint in discussing the subject. It was felt by the researcher that the focus groups provided the parents with an opportunity to discuss the subject in a safe and open manner and see what other parents did and thought in similar circumstances. Eight common themes emerged from the focus group interviews;

Mother as role lead for SRE in the home (6.2)

Lack of parental confidence (6.3)

Inadequate modelling experience of parents' parents (6.4)



Proactive vs. reactive parenting (6.5)  
Quality of SRE in schools (6.6)  
Socio-cultural influences in sexuality and relationships (6.7)  
Age-appropriate education: ignorance vs. innocence (6.8)  
Alternative sources to information (6.9)  
A cry for help (6.10)

Each theme has been examined in turn and illustrated by quotes from the focus group discussions.

## **6.2 Theme 1: The mother as role lead for SRE in the home**

In all focus groups, it was observed that the challenge of talking about sexuality and relationships was often taken up by the mother;

‘The mother has all roles’ FG1 Mother 2

‘My child got to know thanks to his mum’ FG2 Father 1

When mothers tried to involve their husbands in their sons’ teachings, due to the gender similarity, the fathers either refused to do so or else blamed the child refusing to talk to them;

‘I think children feel more comfortable talking to their mums’ FG2 Mother 2

‘I told him to teach him regarding retracting the foreskin whilst washing. When I told my husband to do it, he refused to do it as he feels bad’ FG1 Mother 3

‘When I pass certain comments; I see no reactions from my child’ FG1 Father 2

At the same time, a father felt disappointed that discussing sexuality issues were not easy. His son still felt more comfortable talking to his mother, rather than to him. This claimed familial

situation got worse, when the same father's marital circumstances changed i.e. got separated, as he did not substitute the role of the mother, thus leaving the child devoid of information.

Similarly, in the LGBTIQ parents' focus group, the mothers were always the sources of discussion about sexuality despite the various difficulties encountered. Mother often felt alone in their educational attempts as fathers tended to avoid, 'refuse to help', or made the matters worse;

'My husband tells me don't involve me in anything' FG4 Mother 1

'When my husband discovered gay porn in my son's room and he went to talk to him about it.....I felt his father confused him even more' FG 4 Mother 2

A mother was upset when she found out that friends had informed her son about conception rather than herself, and feared that her son could potentially be 'scarred' for life. She claimed that he was so shocked by the information and that he did not want to listen to her anymore. It was also evident that children got only the mothers' perspectives on sexuality. It seemed that some parents lacked the responsibility in transmitting information, sent children back and forth between themselves, and as a result the children got no information from either party:

'I tell him that you can tell him better than me' FG2 Mother 4

Through the focus groups, it was also observed that the information (if any) that was imparted by parents was often influenced by the child's gender.

'There is a difference when it comes to having a daughter or else a son' FG2 Father 2

Whilst mothers showed equal responsibility towards daughters and sons alike in their educational attempts, fathers were more influenced with their children's gender in their conversation. Some fathers showed more willingness to address sexuality matters if their

daughter was physically developing and/or were showing sexually overt behaviour. A father claimed:

‘You feel that you should talk to her especially when you see her developing physically..... even her behaviour....’ FG 3 Father 2

‘I work on oil rigs..... I have three daughters.... I am not so worried about pregnancy but of acquiring an infections....I want them to know how to protect themselves from Sexually Acquired Infections and HIV. I worry when my girls go to discos and who knows with whom they meet up’ FG2 Father 1

‘With a daughter you can see visual changes’ FG3 Father 2

One father felt a strong need to protect his daughters. He claimed that he would be willing and feel more at peace if his daughters took his advice and used condoms, in order to protect themselves from Sexually Acquired Infection;

‘Not using a condom today is pure madness; they have to protect themselves at all costs’ FG2 Father 2

When other fathers discussed sexuality issues with their sons, they seemed less worried and assumed that their sons would figure things out on their own, or through experimentation, in the same way they did themselves in the past;

‘We grew up experimenting... I think my sons have to go through several experiences in their youth days to learn certain things and i think it is a mistake if we stop them from trying things out’. FG2 Father 4

Father: ‘I never say anything to my son with the assumption that he will figure things out’ FG3 Father 1

There was only a father who challenged the above claimed attitudes, where he was worried that children could derive their information from their peers, and base their behaviour only on sexual fantasies. There was mixed reaction to who should do what at this stage. Some parents claimed that both fathers and mothers should take their role in educating their children, whilst others were ready to relinquish this responsibility to more qualified bodies. One mother who experienced pregnancy in her teenage years claimed that she had never had any SRE from her parents. When her teachers addressed the subject during the PSCD lessons, she and her friends often mocked the subject. As a result, she got pregnant due to her lack of information, both from her parents and from school alike.

### **6.3 Theme 2: Lack of parental confidence**

The ‘ping pong’ effect between parents regarding sexuality issues, could have been a result of knowledge and skills limitations from the parents’ side and possibly coupled with lack of motivation.

‘I don’t feel competent; I do not know where to start or stop’ FG2 Father 4

‘I wish I knew how to teach them but I do not know how’ FG4 Father 1

‘I try to talk to them but... it is difficult’ FG3 Mother 4

‘I pass certain comments to my son but I do not go into detail. He never comments back anyway’ FG2 Father 4

Some parents also deduced that when this subject was tackled, a certain amount of embarrassment was experienced, therefore they did not pursue the subject further;

‘It is embarrassing talking about the subject’ FG3 Father 4

‘When I try to talk to them, they tell you go away we know already about those things’ FG3 Mother 5

Certain parents were aware that their children did not experience the same feelings of uneasiness to talk about sexuality as they themselves felt:

‘The children are not embarrassed to talk about it’ FG2 Father 1

‘This is not the first time that they have heard about sexuality so it is not embarrassing for them’ FG2 Mother 5

Parents expressed their concern on their lack of awareness of their children’s level of sexuality and relationships knowledge especially if their children avoided or stopped parental attempts at conversing on the subject:

‘I never knew what my children knew about sexuality’ FG2 Mother 6

‘But when they tell you they know, it does not mean that they really know or at what depth they know the subject’ FG3 Father 3

In fact, only one mother was ready to experience embarrassment and get to know what the children knew about the sexuality and relationships. She felt better by knowing than by not knowing at all;

‘It is better you get to know what they know’ Focus group 2 Mother 3

Parents with LGBTIQ children felt even more confused and devoid of any knowledge and skills especially when their children did not conform to traditionally set gender related behaviours;

‘We had an idea she was different...my wife told me something is wrong with our daughter, mother’s instinct I suppose, she liked to play football, she was engaged to be married and she stopped all preparations’ FG4 Father 1

‘He used to dress up as girl, play with girls’ things at school even though at home he had only cars.....he used to put on my shoes and clothes... but I thought that those were normal developmental things children do’ FG4 Mother 1

Parents' expressed openly their lack of knowledge to address LGBTIQ issues with the added stress of having to go against the traditionalistic views of gender in society. Despite all of these difficulties, parents felt an integral part in their children's life and wanted to involve themselves in their children's educational journeys.

#### **6.4 Theme 3: Inadequate modelling experience of parents' parents:**

Nearly every parent reminisced on the information (if any) that was offered to them as children by their parents. Both mother and fathers complained that they never received any kind of education from their own parents;

'My father never told me anything' FG2 Father 1

'When I went to tell my mother I have a girlfriend, she said leave her you are too young. She never explained why' FG2 Father 4

'My mother panicked when I asked her and told me that I do not need to know. Just keep your distance' FG3 Mother 3

There was only one mother out of all 4 focus groups, who claimed that her father brought her a book on growing up and she was given the opportunity to discuss it with him. She was the only child in the family and her father wanted to protect her even more. However, she also claimed that her mother never discussed anything with her.

Some parents also claimed that they were even fed lies and given misconceptions about the subject i.e. being that;

'Children come by boats' or FG1 Mother 1

'They used to tell us that girls rolled down the stairs when they got their period' FG1 Mother 1

The above findings showed that nowadays parents were devoid of factual and realistic knowledge about sexuality, thus offering information to their children was difficult or else they transmitted the same myths and misconceptions that have been formulated decades ago. It was also evident that some parents excused their own parents for the lack of sexuality education offered, but at the same time offered open communication lines to their children only when the need arose;

‘If something happens to you, come and tell me’ FG1 Mother 4

In addition, some recounted that their parents used to give them useless ‘sermons’ often based on fear and anxieties before going out rather on relevant information needed at that time. Parents were also aware that by being authoritative and judgmental, children might become more secretive in their actions and ‘become rebels’ FG1 Mother 1

The claimed findings also led to uncover the power dynamic often existing between parents and children;

‘I did not allow him to go to these parties. He will go when he is older. Well since few months ago, he did not even wanted to go to town and now he insisted to go to these parties and accused me of wasting his time. I said that I was being protective of him. But my son is naive as well.’ FG1 Mother 5

There were several possible reasons to the reported maternal behaviour. It could have been either to establish that the mothers knew best in this case, there may have been trust issues concerning her son, or else feared that her son might be negatively influenced by outside sources and possibly suffer consequences of irrational behaviours under the influence of alcohol. There was only one father who claimed that he was offered SRE from his grandfather and he attributed it to the fact that his grandfather was English, and he was more open and at ease in discussing sexuality and relationships due to his culture. In turn, this father offered the same information to his children;

‘I was lucky as I had an English grandfather and he was really open on the subject and he also used to ask me whether I went out with a girl and where we went.... I did the same with my children’ FG 3 Father 4

None of the parents in the LGBTIQ group had expressed any parental input regarding LGBTIQ issues from their own families' side. The parental heritage could therefore be an influencing factor in the way parents tackled or not the subject.

#### **6.5 Theme 4: Proactive versus reactive parenting**

The different styles of parenthood also emerged in all the discussions. When parents started to open up and describe their experiences of having dialogues with their children regarding their sexuality and relationships, they were rather proactive on topics that revolved around menstruation and conception. Some mother claimed that they started utilising animal documentaries or else even their own pregnancies to rely information on how babies were conceived;

‘I was lucky I was pregnant at the time and I could explain’ FG3 Mother 2

‘I found a documentary on animals, at that time it was on a kangaroo and I showed my children how the kangaroo gave birth.... I associated that to my pregnancy’ FG3 Mother 2

There seemed to be no excessive constraints or taboos related to pregnancy issues, as they were considered as appropriate knowledge for a child of that age and at a comfortable and knowledgeable level of parents. However only two fathers felt the urgency to address condom uses with their daughters as they felt that they were more vulnerable to SAIs;

‘I talked to her and told her to use condoms’ FG2 Father 2

‘I buy condoms for her and tell her take these, use them and when they finish for you, I get you more’ FG2 Father 2

As regards to mothers, only the mother who experienced a teenage pregnancy addressed sexuality and condoms use, with her son. She did not want her son to go through what she had



experienced. She described herself as open-minded and explained everything to her son from basic sexuality to condom use, which within the group was viewed as courageous and admirable;

‘I explained everything, I also showed him how a condom is worn and removed’. FG 3  
Mother 2

However when a child probed further about the reasons why sex was carried out, its frequency and how sexual activity did not end up in pregnancy every time, a mother felt uneasy to open up more about the subject. A form of foreclosure was utilised, on the premise that the child was not prepared enough or was unable to handle sensitive sexuality information;

‘I did not explain and I did not go in-depth on this but he knows how babies are conceived’ FG1 Mother 5

Thus, the opportunity for the child to understand the dynamic nature of sexuality was neglected. The idea of sexuality as ‘one time event’ could have been perpetuated. There was only one mother who claimed that sexuality and relationships education should be continuous;

‘We need to talk to them all the time’ FG2 Mother 2

Another mother tried to engage her son by bringing up the sexuality topics by mentioning his girlfriend, but her efforts of communication revolved around the child’s moods and responsiveness. This particular son was mostly evasive or shut down the conversation promptly. As a result, all communication efforts were stopped from the mother’s side. This maternal behaviour further emphasised that sexuality was a special subject and required specific management.

However, what and how much the children knew regarding sexuality remained elusive to the majority of parents;

‘I don’t know what he knows.... I never asked’ FG2 Mother 3

‘I think they know enough....’ FG2 Father 5

‘I never discussed what they knew or from where’ FG2 Mother5

The vagueness on the amount and correctness of the information children held, posed a risk that children’s information could not be supplemented or explained further by parents. However overall the parenting style seemed more reactive and waited for the children to harness enough courage to ask questions;

‘When they come and ask, I answer’ FG2 Mother 5

‘I see if they want to listen first...’ FG3 Father 1

The above statements showed that communication was mostly child driven or else with the assumption that children knew it all, were not ready or wished to know. When this parental claimed reactive culture was being cultivated, parental questioning could have been viewed as prying, interfering or else as the parents’ way to harness the child’s sexuality in its rightful place i.e. being asexual. The above finding highlighted the fact that children respected and trusted their parents and perceived them as their role models. They needed the quality time with their parents, so that the required knowledge transfer happened in the best possible way. Parents, in fact, felt that that they could have imparted knowledge, attitudes and familial values to children, to develop into mature adults and being able to take responsible decision for their lives;

‘Values that you acquire from home’ FG1 Mother 6

‘That is why we as parents are important, as nobody is perfect but at least our children would know how to choose best’ FG1 Mother 6

‘You can link sexuality education to the value of respect...’ FG2 Father 1

In focus group 4, parenting was even more challenging as parents had to unlearn preconceived ideas of gender and sexuality, adapt, and learn new ones. The LGBTIQ parenting process took a lot of time, stamina and courage from the parents' side. However, they had unique goals of accepting and helping their children in their lives' endeavours, and loving them unconditionally;

'when my son told me he is gay, my first reaction was that he is going to be HIV positive.... but it was not the case.... it took me 10 years to accept all this.....when once I was faced with the situation of having my son bringing his girlfriend at home to see a DVD and my other son wanting to bring his boyfriend as well, I said to myself what I am going to do.... I am wired differently.... how I can stomach seeing two men kissing.....then it hit me I cannot discriminate between the relationship and love of one child to the other.... I prepared myself..... I watched movies where I made myself see men kissing.... wow weird.... but I had to get used to it.... this is the same love' FG3 Mother 1

Other parents claimed that they watched the American sitcom 'Modern Family' to get accustomed to LGBTIQ issues, another claimed that she was not ready to address any parenting issues whilst the father in the group claimed that training for a social worker later in life, made him more sensitive to LGBTIQ issues. A mother claimed that since she was sure that her son got his sex education mostly on-line, this made her more pro-active to put all his derived information in a value system. A similar pro-active approach was not be shared by the parent who had the 'closeted' son. She still had to come in terms with her feeling of 'disgust' often encountered when addressing LGBTIQ issues. The above differences in parenting styles most often are a result of the parental upbringing together with the kind of educational system the children are offered at school.

## **6.6 Theme 5: Quality of SRE in schools**

Overall parents agreed that SRE was important, should be offered in schools, to all children and incorporated in different kinds of information. Parents were considered an essential part of the children's educational journey,

'It is good that they have the same and collective sexuality education from school and from parents alike' FG1 Father 1

Parents also noticed that children were more knowledgeable about the subject and showed ease in discussing sexuality and relationships;

‘Children are more receptive.... I am seeing the difference nowadays... we never used to talk like them in my time’ FG 2 Mother 4

‘PSCD nowadays is different, children develop and it something normal for them’ FG3 Father 1

‘Nowadays at school they learn a lot’ FG 2 Father 1

However, even though parents were aware that children were covering a substantiate amount of sexuality and relationships education at school, they thought that they should work together with schools, to relay the same message to children. At the same time, they still did not volunteer any information to children;

‘I think our education should be carried out hand in hand with school, first school should do the teaching and then they come to ask us and we adapt our answers according to their age’ FG2 Mother 3

‘I think at school they do enough’ FG2 Father 3

Only one mother in focus group 3, challenged this complacent attitude towards SRE. She claimed that she started talking to her children herself since they were of a tender age, and always adapted the knowledge imparted according to the children’s development and age;

‘I started talking since they were young... you have to offer information according to their age and you do not offer extra information’ FG3 Mother 1

Some parents attributed ease at discussing sexuality and relationships because their children attended co-educational schools i.e. meaning that girls and boys were no longer segregated but were in the same class. Co-educational educational system complemented the children’s interaction and knowledge on the opposite sex. The provided school education was seen as facilitating the children’s future lives, as they were already in contact with the opposite sex and

was learning about each other simultaneously. There were the common assumptions that children would be heteronormative and did not deviate from the commonly perceived gender norms.

‘The fact that my children are in a co-ed school is a big plus as when they see a girl or boy developing it is nothing special’ FG3 Father 4

‘When you are together with boys in class, you do not get annoyed if you talk in front of boys. You become more like friends rather than that separation that you are girls and on the other side there are boys’ FG2 Mother 3

‘Such education is preparing children to live together as woman and man’ FG2 Mother 1

What concerned some parents was that their children who attended church schools were not offered any SRE, but were fed myths that were misleading and detrimental to the children’s development. Certain lack of information was linked to the lack of clarity and willingness on the teachers’ side to tackle the subject, or due to the schools’ religious ethos.

My boy knows nothing and he is 15 years old. In their PSCD lessons they never tackled the subject.... maybe because the teacher is a female and the class is filled with male students? Focus group 3; Mother 2.

‘My son goes to a church school and he had no lessons on sexuality’ FG3 Mother1

‘The nun at school told them if you want to know the facts of live, ask your parents.... the nun told them that a girl got pregnant by sitting in a car with her boyfriend’ FG2 Mother 2

‘The teacher was a priest and he was very closed in his teachings’ FG3 Father 1

A father pointed out the fact that religion had always tried to influence the politics of each country, by keeping people devoid of essential sexuality and relationships information. Sexuality was always a taboo for the Church as a body and the Maltese society was still being influenced by religious stigma. He claimed that similar religious influences were hardly felt in Scandinavian countries. Similar sentiments were shared by the father in the LGBTIQ focus group, where he claimed that the Church was alienating children from religious beliefs, because it was not addressing all the children’s needs. He expressed remorse at his daughter not wanting to attend church because she did not feel wanted. He also claimed that the church stance should

be based on the teachings of Jesus, which were of finding the lost lamb, despite the fact of having the other 99 lambs safe in the pen. In addition, he felt that the Church was intruding in issues that were not related to its remit such as civil unions, divorce. He expressed anger at the recent document issued by the church where LGBTIQ individuals were still considered needing treatment of some sort (Archdiocese of Malta 2016). The parents in focus group 4 felt betrayed by the Catholic Church, as they were not considered as equals as other parents and were not consulted on LGBTIQ matters in relation to faith.

The other parents in the LGBTIQ focus group also expressed negative school experiences. The transsexual child often experienced bullying by both the schoolchildren and teachers alike. He was often left alone in playgrounds and often called degrading names such as 'pufta'. The information imparted by teachers never addressed the child's needs, but only limited to what the teacher was comfortable to cover. One mother claimed that a teacher suggested a fatalistic option to her child who was trying to feel accepted and happy;

'Wait until for the world to change' FG4 Mother 1

Another mother also claimed that church schools lacked behind in the LGBTIQ issues. Another mother felt even guiltier that despite the fact that she was a teacher herself, and she was able to address LGBTIQ issues with her students in class, no teacher offered the same knowledge to her child. In addition, other professionals who had the opportunity to help out in LGBTIQ issues in their children's lives, such as counsellors, often gave conflicting advice to children and parents alike, leaving them oblivious of salient information.

Some parents however appreciated the schools' efforts and claimed that they were invited for parental meetings to inform them on what was being covered at school and given helpful tips on how to address the subject at home. In addition, mental health nurses were considered as an essential resource when LGBTIQ issues coincided with mental health. Thus, it was evident that parents deemed that the timing of sexuality and relationships education was offered to children was crucial.

## 6.7 Theme 6: Age-appropriate Education: ignorance vs innocence

Parents were still tortured with the possibility that children were still very young and ‘innocent’ to get to know more about sexuality issues. Several parents had been very explicit;

‘He is too naive. He is innocent’ FG1 Mother 3

‘I am not inclined to talk to her as I see her not mature enough.... she is still innocent’  
FG2 Mother 5

In addition, children in certain instances were not believed capable or old enough to understand certain aspects of sexuality such as sexual pleasure or else in-depth information might puzzle, concern or frighten them. In fact, when a child kept probing, the mother kept answering his questions with other questions without giving specific answers;

‘Another time he asked me mum what is a condom? He then asked ‘how do you know?’ and I replied back ‘how do you know?’ FG1 Mother 6

The observed parental reticence in discussing certain issues when asked directly by the child could have curtailed future familial discussions. In addition, such parental displayed reticence attitudes, which highlighted that the boy’s exploration stage was considered as premature, and not appreciated by parents. However, it was noticed that children were comfortable in facing their parents about certain issues of sexuality and could have shown that there was a level of trust between the parents and children despite the gender difference. If this communication opportunity was utilised, a productive relationship based on communication and perception could be formulated and nourished. In fact, one mother said that children wanted their parents’ perspectives in certain sexuality issues despite their busy homework schedules and out of school activities;

‘Children are thirsty for quality time together with parents’ FG1 Mother 2

‘But she came to ask me’ FG2 Father 4

Parents also feared that the parent-child bond could easily be broken, if they delved in too much in their children's sexual life. It was also, evident that it could be the other way around, i.e. that children had to 'tiptoe' around the parents' moods and choose their timing right, in order to elicit the right responses from the parents. As an example, one mother said:

'I continue explaining only according my mood and if it is the right time' FG1 Mother 1

It was also important to point out parents most often emphasized the negative consequences of sexuality and relationships and never brought out the positive effects that a well-formed sexual life could bring to their children.

'I feel sorry for infected children' FG 2 Mother 6

'Not only diseases but also she is used as an object' FG2 Mother 4

Normal developmental issues such as wet dreams and masturbation were never brought up in the parental conversations, therefore giving the negative parts of sexuality priority. There was also the general assumption that the children were not sexually active at that moment therefore there was no need for parents to go into more complexities in relation to sexuality and relationships. Only one mother expressed urgency on the subject matter since her sons were growing up into men and that their educational needs needed to be met;

'Our boys are at one time, young boys and suddenly our older boys. They will start to date and they have to be ready' FG1 Mother 3

It was interesting to point out that parents were challenging each other about whether they would be capable of informing their child regarding condom use. Most of the parents were capable of describing why condoms were used, but not confident or knowledgeable on how they were used. Some parents also claimed that having contraceptive knowledge would make children vulnerable to sexual experimentation. Some parents claimed;



‘I do not want to be the one to show him’ FG 2 Father 4

‘Showing them how to use a condom is like telling them go and have sex’ FG2 Father 4

The above statements were in turn challenged by other parents who claimed that by knowing how to use a condom one was a good thing as children needed to be capable to protect, primarily, themselves and then others.

‘It is a good thing to know how to use a condom’ FG2 Mother 1

‘When you are using condoms you are doing a favour to yourself first’ FG2 Father 3

These parents were aware that children would still have sex despite their low level of protection measures;

‘Children will still have sex, despite their lack of knowledge’ FG2 Father 4

Children’s knowledge was also influenced by the way certain information was imparted. The single and long traditionalistic parental talk with children was often viewed as useless, and too late. A mother’s plans fell short, as she prepared a special occasion to explain to her son about periods. In the meantime, her child got to know the information from other sources. Another mother argued that parents should stop and address the child’s needs, as soon as any matter arose. For some parents, sexuality was a distinct subject from every day’s conversations; others incorporated it in their daily chores. The parental assumptions of heteronormativity in their children were observed again here. Heteronormative parental perceptions were displayed in various stages of the focus group discussions:

‘I think that a girl should know about the body of the male and a boy should know about the body of the female so that they will then respect each other’ FG 1 Mother 2

The above assumptions could possibly have been detrimental to children who did not conform to what constituted the traditionalistic masculine or else feminine attributes. Therefore, children

could have wanted more information on non-heteronormative ways of expressing sexuality. Some parents claimed that their sons preferred to shut out any contact with the outside world;

‘He always plays on his PlayStation so that he hides from everyday life’ FG1 Mother 3

‘My son gets cut off from reality’ FG1 Mother 3

Parents also showed concern on certain sexual repertoires such as anal sex and were rather judgemental in their experiences thus making possible discussion with their children difficult;

‘It is trendy to have anal sex and after all you do not get pregnant’ FG1 Mother 3

‘I heard that they have anal sex so that they feel the buzz’ FG1 Mother 2

Parents did not acknowledge anal sex as another way of expressing one’s sexuality, but viewed it as an experimental behaviour leading to harmful consequences unknowingly. Parents instead of recognizing the diverse way of experiencing sexuality, anal sex was viewed as something negative. Parents also expressed their idea that sexual activity was purposively carried out by children for pleasure i.e. meaning that sex served as a means to obtain something from a partner which was either physical pleasure, feeling accepted by peers, having emotional security or even to hurt oneself or one’s partner;

‘Children are stopping on the sexual pleasure only’ FG1 Mother 2

In addition, parents thought that sons were unable to handle to their own sexual yearnings:

‘Boys reason with their dicks and not their heads’ FG 2 Father 4

These exposed parental attitudes may have been of hindrance to having authentic conversations where sexual explorations are possible i.e. being, what feels good or bad, what is wanted and

unwanted and which are based on the children's needs, limits and experiences. It seems that sons were often viewed as the predators, seeking only sexual pleasure from their female counterparts without any consideration of possible consequences. The notion of having the right to experience sexual pleasure at this age was considered as inappropriate, thus any advice on how deriving sexual pleasure was omitted. Little was known by parents that if children were informed about their bodies and the way they functioned, was often a prerequisite to having fulfilling relationships and of making sound sexual decisions through mutual negotiation within the real life complexities. Sexual pleasure was perceived as a hard topic to be mastered by parents. In the LGBTIQ parental group, the issue of innocence did not arise but all parents were realistic that their children will have sex at a point in time. However, they did not want to suffer from potentially negative experiences such as HIV. Thus, they insisted on being open about safer sex practices and condom use and that all necessary precautions were taken to prevent dangerous consequences to their children's sexual health.

## **6.8 Theme 7: Socio-cultural influences in Sexuality and relationships**

More parents were aware of the several influencing factors in communication and which could potentially affect their children's sexual development such as the use of social media, mobile 'apps' and tablets;

'My boy looks up things on the internet' FG 1 Mother 3

'The children tell you, I need to reach 1000 likes... According to the number of likes one gets, self-esteem starts forming and if you do not have at least 100 likes, you have low self-esteem' FG 1 Mother 5

'The exposure children have nowadays is huge.... you cannot control everything every time' FG 2 Father 4

Prime-time television was also seen as threat to the educational process of children. Parents expressed that:

‘The woman became like an object. Even on TV, you see naked women. Women are being ridiculed’ FG 1 Mother 1

Body image seemed to be one of the worrying factors mentioned by mothers, together with the continuous exposure to sexually explicit messages in songs.

‘Even an advert on toothpaste, it has a sexual connotation’ FG 2 Father 3

‘Songs are full of sexual content’ FG2 Father 4

However, nothing has been said on viewing media messages as opportunities to bring about discussions about sexuality and relationships, in the context of the family. In this way, any misconceptions could be addressed with the right parental knowledge, attitudes and values.

It was also observed that when consequences of sex were often evident to the general society such as an unplanned pregnancy or else a diverse sexual identity such as having LGBTIQ children, parents worried more of what grandparents, other parents and/or neighbours would say about themselves, rather than what the child was going through;

‘The first thing that my mother said was what will the neighbours say’ FG3 Mother 3

‘What will my mother say if she get to know that my son is gay?’ FG 3 Mother 1

The above statements often brought out that parents were not only aware, but also hypersensitive to the judgemental attitudes of people around them about diverse sexualities. Parents also feared perceptions of being viewed as failures. Parents also expressed their lack of opportunity, to celebrate traditional weddings, and engagements.

‘The proudest moment in my life was walking my eldest daughter down the aisle to get married..... With my youngest daughter I cannot do that.... she is not going to make us grandparents’ FG 4 Father 1

Also since HIV infections tended to be more often associated with LGBTIQ individuals, parents were more worried about their children's behaviour especially if they were complacent about protection and not having themselves regularly checked at the GU clinic. Another aspect that worried parents in the LGBTIQ group was that due to the societal stigma, their children might not be given equal opportunities at work and find it difficult to find a partner that truly loves them. Another problem that parents with LGBTIQ children experienced was that their children feared the stereotypical attitudes within the LGBTIQ community and did not want to conform to them. The notion of not conforming to society's norms was painful to both parents and children alike.

## **6.9 Theme 8: Alternative sources to information**

The problems, that were overlooked by parents were, that there might be the possibility that, children may not ask them for advice or else they sought other sources such as Facebook or the internet for information. As a result, children would miss out on the opportunity to discuss sexuality and relationships issues with their parents.

'He always plays on his PlayStation so that he hides from everyday.....he has an inferiority complex..... my son gets cut off from reality' FG 1 Mother 3

However, there could be other unreliable sources such as peers or porn that could possibly influence the children's decision-making. Such unreliable sources could put them in vulnerable situations possibly with negative consequences, only for to conform to peer standards. One mother in fact, had noticed changes in her son's behaviour;

'I see in change in his behaviour. He is very influenced by his friends' FG1 Mother 2

'He tells me sometimes you have to be like your friends because if not you would not have any' FG 1 Mother 3

'For a girl to suggest condom use is difficult because of peer pressure' FG2 Father 2

'Porn is also freely available' FG 2 Mother 4

In addition, that notion of the relying on the fact that the child always knew the right sources of information could be a form of false sense of security, as their children might not really know.

The lack of parental discussions and/or unease in discussing sexuality could be even more of a problem for sons, who do not conform to the socially expected gender hetero-normative behaviour, thus making initiation of discussion by sons even more difficult. In fact, one mother says that her son told her that:

‘He does not like sports because he does not like football, if you do not like football; you are not like a boy’ FG 1 Mother 3

### **6.10 Theme 9: A cry for help**

Despite all limitations, parents still felt that their knowledge could be further cultivated with fresh ideas and methods. Parents demanded more educational opportunities as they were aware of their own sexuality and relationships’ knowledge deficits:

‘Parents want to help but they do not know how’ FG1 Mother 1

The parents in the LGBTIQ group expressed that sexuality education is continuous process as every moment in life bring on different challenges.

It is important to note that several topics were identified by parents, as they felt unknowledgeable. The negative consequences of sex were again highlighted;

‘I want to know more about pornography, STIs and contraception’ FG 1 Mother 6

In addition, drug addiction came up repeatedly in all focus group. Parents wanted to offer more to their children. They expressed their desires to know more on what was covered at school so that they could supplement these teachings, at home;

‘But every child has the same syllabus?’ FG 1 Mother 6

These claimed parental attitudes, may have shown that parents wanted to stay actively engaged in educational process of their children. Parents also expressed the idea that PSCD lessons were too few, even though some had double the time allocated when compared to other subjects. PSCD information was considered important for the children’s lives;

‘Children learn a lot from school’ FG 1 Mother 4

‘Time per lesson is too limited’ FG1 Mother 6

Parents however also aware that the educational process had to come from various people so that their sons had a more holistic view of sexuality and not only the viewpoints of parents and teachers;

‘Cooperation has to come from everywhere’ FG1 Mother 4

Specific problematic areas that had been identified by the LGBTIQ group were specific periods in a child’s life such as transitioning and or coming out. Parents described how confused their children were during these periods of their lives especially if there were other underlying problems such as feelings of abandonment and neglect (as one of the children was adopted from a foreign country), feelings of inadequacy and mental health problems such as anxiety and depression. A parent observed fear in her child, when confronted with similar transsexual people, as the child did not want to conform to a pre-set idea of how a transsexual person should look, feel or behave. As a result, this child showed violent behaviour and anger, and at the time parents lacked the skills to address these displayed behaviours. Parents were also aware of the health

issues related to long term hormone therapies required to transition, which potentially could predispose the child to long-term side effects. They claimed that a lot time, patience and endurance was needed for mental health treatment to start having some effect. They were also aware that children suffered adverse effects from certain given medical treatments. The father claimed that his daughter had considered suicide on several occasions in her life, until she came to terms with her own sexual orientation.

One mother was afraid that mental health treatment might make her son put on extra body weight as a side effect, and in turn affect his body image, self-esteem and confidence. This stopped her from pursuing further help on mental health aspects, despite of obvious symptoms shown by her son such as depression, no interacting with friends/ family, stopped going to school and did not go out of the house at all.

The mother, who had a transsexual child, went at great lengths, even ordering on-line, custom-made clothes and shoes, to accommodate her child's fashion sense. She felt that these efforts from her part made the child feel more accepted and happy with oneself. In addition, she was worried that if her child decided to transition completely, she would not be able to pay for the numerous operations needed abroad and her child might revert to other means, in order to get the money, such as commercial sex. She went on to describe the numerous doctors and counsellors that have been consulted on her child's case and the resulting expenses were paid from her family's pockets.

## **6.11 Conclusion**

In this chapter, key themes were identified from the perspectives of both the father and the mother, in light of the gender of the children in question, together with their diverse sexual identities and orientations. The interactions that were carried out amongst the group members, helped to make the discussions richer in information and offered an opportunity for the participants to voice their concerns in relation to the sexuality and relationships. Several important shortcomings in the Maltese educational systems and socio-economic structures were highlighted, therefore making parental discussion essential with the adequate resources needed.



In the next chapter, the findings of both the survey and focus group will be discussed, whilst bringing out unique findings to the Maltese context.

## 7 Chapter 7: Discussion

### 7.1 Introduction

This research study investigated the Maltese parents' perceptions, attitudes and knowledge on educating their children about sexuality and relationships and secondly explored influencing factors, which hindered and/or helped the parents in the process. A mixed method approach was utilised in order to derive parental information from different angles, which added richness to the project.

This research project;

- Was unique in its purpose, and has been to date the only and largest survey with a response rate of 50.6%, carried out in the Maltese Islands regarding parental involvement in SRE
- Was carried out despite a complex content of local cultural religious and political influences
- Identified unique parental behaviour influences were identified in the Maltese society using the Unified Theory of Behaviour.

In addition, four focus groups were carried out providing an opportunity to delve deeper into themes emerging from of the survey, and potentially uncover issues that might not have been addressed or shown in the initial survey. The focus groups had full participation of all attending parents. Several parenting issues were identified and discussed in light of previous foreign research studies.

This chapter draws the analysis of the survey and the themes that emerged from the focus group discussions together, in order to respond to the research questions, which have framed this study namely:

RQ1: What are the parents' perceptions, attitudes and knowledge about educating their children about sexuality and relationships?

RQ2: Which are the various elements that have hindered or helped parents in providing sexuality and relationships education to their children?

Sections starting from 7.1 to 7.5 address the first research question, whilst sections 7.6 to 7.7 addressed the second research question.

The chapter comprises the following sections:

Mother, father or both? Who is responsible in communicating with children on sexuality and relationships? (7.2)

Parental perceptions of the right timing to start sexuality and relationships communication (7.3)

Parental attempts at transmitting sexuality and relationships information (7.4)

Parental perceived shared information with their children (7.5)

The Unified Theory of Behaviour (7.6)

Unique influential factors in parental communicative behaviour (7.7)

Model 1 (7.7.1)

Model 2 (7.7.2)

Model 3 (7.7.3)

Common findings in relation to Maltese parents' models of behaviour

Overall conclusion on the three models

LGBTIQ parenting (7.8)

Conclusion (7.9)

## **7.2 Mother, father or both? Who is responsible in communicating with children on sexuality and relationships?**

This section addresses the source of SRE in the Maltese family nucleus. Mothers were perceived to be the primary sources of information because of the large percentage of maternal respondents in the survey. This strong maternal response showed the mothers' direct involvement and/or willingness to participate in the parental SRE process. In fact, parental gender i.e. female and the level of maternal communication in relation to sexuality and relationships, was found to be statistically significant to communicative behaviour with their children. It was also interesting to

point out that despite the small number of fathers who voiced their interests by participating in the survey, statistical computation in relation to gender and parental communication were possible. Parental attitudes and perceptions were also observed throughout the focus groups firstly because in 3 out of 4 focus groups, both mother and fathers had comparable attendance rates. This was unlike the surveys. In the focus group, both genders participated equally in the discussion without reserve. In the survey, there was no statistical evidence that the gender of the child or that of the parents influenced the parental communication process. However, it was important to point out that the gender issues in terms of the parents and the children were more pronounced in the focus group discussions. Mothers in the focus groups tended to take up the leading role in sexuality and relationships communications, regardless of the gender of the child. Discussing issues with daughters tended to be viewed as easier, as mothers understood and were able to empathise with various biological aspects, as they had undergone certain transitions themselves (Jaccard *et al* 2000, Sneed 2008). Even though mothers felt at a loss in male sexuality issues, they expressed their willingness and went to various lengths to explain to their sons. Past research studies had also identified similar challenges in the communication pattern due to parental gender difference in relation to the children's respective genders (Fisher 2001, Walker 2001, Afifi *et al* 2008, Angera *et al* 2008, Sneed 2008, Hyde *et al* 2010, Tobey *et al* 2011, Tharpe *et al* 2012, Goldfarb *et al* 2015).

Despite the maternal claimed ease, in the survey, at talking to their children as often as necessary, the mothers in the focus groups showed difficulties in tackling sexuality and relationships issues. The fathers showed no signs of effort at either communicating with the children of either sex nor to help and support the mothers in their arduous educative task. Instead, they offered all forms of excuses not to do so. In fact, fathers in the focus groups disassociated themselves from any SRE communication; others blamed the children for not participating in the communication process, or else felt assured that in some way or another, boys will learn either by trial and error or from friends. The parental communicative process was an even more difficult process when LGBTIQ issues became evident. Fathers abdicated their responsibility totally from the issue and mothers were left alone and helpless in the process. It was observed that through the described back and forth attitude between mothers and fathers, the children's sexuality and relationships' needs were not viewed as a priority in the family. As a result, children were left alone during an important process in their lives and most likely deriving the information from less reliable sources such as peers. Similar findings were also found in Jaccard *et al* (2000) (UK), Walker (2001) (UK), Angera *et al* (2008) (USA), Hyde *et al* (2009)

(UK) but not in Ballard *et al* (2005) (USA). Even though in the survey, 39% of parents perceived themselves as the primary providers of sexuality and relationships education to their children, in reality (as reflected in the focus group discussions), they did not cater to their role as a united front towards addressing sexuality and relationships, but rather a disjointed effort from either of them or none at all .

However, it was important to highlight the beneficial effect of paternal contribution to sexuality and relationships education found in several research studies abroad (Clawson *et al* 2003, Teitelman *et al* 2008, Hutchinson *et al* 2011). Locally there were only two fathers in the 3<sup>rd</sup> focus group who echoed the fact that girls should protect themselves against SAIs, thus they advocated consistently the use of condoms. Hutchinson *et al* (2011) seconded these paternal claims by claiming that through daughters' empowerment, and offering non-judgmental advice, made daughters in a better position to negotiate their sexual life with their partner/s whilst keeping abreast to their own personal values. In addition, daughters would not feel pressured into premature sexual behaviour and put themselves at risk to unplanned pregnancies and SAIs (Hutchinson *et al* 2011). The above documented parental behaviour, in relation to sexuality and relationships communication, also provided indirect information about the parenting styles within the familial nucleus whereby mothers insisted that that both sons and daughters acquire equal comprehensive information, whilst some fathers did not agree.

Another contrasting finding was that whilst in the survey, parents' reported communication levels on sexuality and relationships were found to be statistically significant (0.000) to actually carrying out such a behaviour. This contrasted sharply with what actually happened in reality. Parents in the focus groups claimed that they never initiated the process unless asked by children or it was something related to pregnancy, menstruation or conception, which were often considered as female-related subjects. Similar findings were also reflected in Goldfarb *et al* (2015). For any other sexuality and relationships related subject, parents relied on their children to ask questions. In addition, in the focus groups parents claimed eagerness to drop the broached subject once the children's responsiveness was low or else either the mother or the child did not feel in the right frame of mind to discuss the subject further. A key finding here was that imparted parental information was also influenced by the child's gender, meaning that girls and boys were getting different levels of information, which, in an ideal world, should be in the same comprehensive manner. Sons could potentially be at a loss for information, which might be

useful when later on he came to form his own family also consisting of female members. In addition, the mentioned situation continued to juxtapose females versus males, nourished the double standards that already exist culturally rather than making both daughters and sons knowledgeable individuals (Danaher *et al* 2000, Frankham 2006, Pluhar *et al* 2006, Angera *et al* 2008). This finding was also apparent especially in the focus group discussions where parents communicated stereotypical behavioural expectations in their children. Whilst boys were expected to be independent, motivated and dominating the dating scene, the girls were often expected to wait for the right moment, have a meaningful relationship and have a worthwhile boyfriend who appreciates the person she is and not using her for his pleasure. These exposed perspectives further perpetuated antagonistic attitudes between girls and boys.

Overall, the focus group discussions captured that mothers showed more understanding and empathy towards the children's experiences, despite the children's gender. Fathers tended to be more overt towards boys' behaviour but rather indirect towards girls' behaviour. These reported parental gender pre-defined expectations were also observed in Horan *et al* (2007), where mothers and fathers were in opposing positions towards similar issues. Moreover, daughters were more involved in abstinence and moral based conversations, which highlighted the potential negative effects of sex on their lives, rather than asserting themselves as sexual partners and deriving benefits from a balanced relationship. Similar findings were also highlighted in Flores *et al* (2017). In reference to these findings, Somers *et al* (2014) showed that when parents offered consistent and non-conflictual advice; children had more conservative attitudes towards premarital sex and thus delayed the onset of sexual intercourse. Giddens (1992) insisted that parent-child communication should be based on mutual exchanges of information rather than parental fleeting from one subject to other, and to seemingly more acceptable subjects. The same findings were also reflected in Jaccard *et al* (2000) and Goldfarb *et al* (2015). In the local situation, parents were most of the time oblivious to what, from whom and how much the children, in reality, knew or needed to know, thus making parental processes as passive and reactive (Frankham 2006). In addition, if the claimed parental communication practices were not nurtured in the earlier stage in children's lives, it would be more difficult for parents to initiate and continue in a later stage in life such as puberty or sexual debut.

### **7.3 Parental perceptions of the right timing to start sexuality and relationships education**

The above discussed findings led to the importance of timing, in relation to parental sexuality and relationships communication with their children. The majority of the respondents in the survey (28%) claimed that they had already started their educational pathways with their children at age 13. This finding was considered as crucial, especially when the children in question were already 14/15 years old and potentially already exploring their sexualities, forming relationships and possibly experiencing physical, emotional and social consequences. However, it was also important to highlight that the majority of parents claimed that they considered 12 years of age as the best time to start sexuality and relationships education, a year earlier to what they had been doing in reality. The timing of parental communicative efforts with their children was featured by several previous research studies such as Dyson *et al* (2012), Stone *et al* (2012), Byers *et al* (2008) and Frankham (2006). There was the possibility that the parental expressed age at attempting to talk with their children about sexuality and relationships might have been a late attempt. Parents had to be aware of the possibility that children might have already experienced various sexuality and relationships aspects in their lives, oblivious of any potential consequences and with no reliable sources to act as guidance, ally or support.

As revealed in the focus groups discussion, the parents conjectured that their children were not sexually active nor planning to be, as children were seemingly more interested in other things, such as going out, attending parties, video game playing, all of which related to childhood activities. In common to other previous research studies, Maltese parents in focus groups claimed that their children were still 'innocent', and by having themselves involved in this informative process on sexuality and relationships would possibly taint their 'pure' nature (Frankham 2000, Stone *et al* 2012). These expressed views may be considered as parents trying to hold on to the children's notion of being young and unable to understand the dynamics of sexuality and relationships. The notion of innocence had been often discussed in relation to childhood where it was perceived as a period of asexuality despite the early signs often displayed by children themselves and the games they played (Grey 1993, Frankham 2000, Stone *et al* 2012). Even though focus groups' parents claimed that they perceived their children as uninterested in sexuality, as children did not express interest in the subject at hand, they feared that they might be exposed to information from their peers, media or the internet. However, some parents also argued that innocence should not be an excuse for keeping children oblivious of developmental and age-appropriate information. In addition, children's attendance at parties, with possible exposure to (excessive) alcohol drinking, which predisposed them to sexual activity, was an area of concern. These postulated parental attitudes might have been influenced from perpetuated

idealistic childhood constructs, which arose from the strong socially, political, religiously, and historical agendas in the Maltese society. These influences hindered the level of parental transmission of information and from having the children acquiring the appropriate amount of information needed at the various stages in their life (Grey 1993, Danaher *et al* 2000, Stone *et al* 2012). It was also interesting to point out that, in the survey, parents were in favour of their pivotal role in sexuality and relationships education (63%), at the same time some Maltese parents also viewed discussions regarding sexuality and relationships as a strategy to allure children towards sexual behaviour prematurely. Sexual behaviour was considered as beyond the children's capabilities, and at the same time undermining the familial puritanical values. Similar findings were also reflected in studies of Grey (1993) and Danaher *et al* (2000) studies.

Since 45% of parents strongly viewed SRE as, an opportunity for children to make responsible and informed decisions; felt that SRE was as important as reading and writing (53%) and it would protect children from Sexually Acquired Infections and unplanned pregnancies (52%), it could be argued that parents should prioritize and address important issues without being encumbered by their own pre-conceived religious, social and political ideals. If parents were so cognisant of the positive effects of the familial communicative efforts, in reality, this would enable young people to grow and be able to develop a thorough notion of sexual self, express one's sexual being for the benefit of oneself and that of others. Equally, this would encourage them to use the adequate safer sex/ contraceptive protection that are required, without being hampered by notions of misconceptions, feelings of dirt, guilt or shame (Grey 1993, Frankham 2000). The parental communication process was influenced by the various levels of the Maltese parents' confidence and abilities in the SRE process, where adequate parental foresight and attention was needed regarding the amount and quality of imparted knowledge inclusive of possible harmful consequences, emotions and skills. Both in the survey and the focus groups, parents showed their lack of knowledgeable and confidence in talking with their children. The parents claimed to avoid the informative moments, or else postponing them to a more convenient place and time for them, as parents, rather than prioritising the needs of the children.

The parents within the focus groups also considered that sexuality and relationships was as an important subject to be discussed within the family unit, as they had the opportunity to integrate the families' value system within the educational attempts. At the same time, parents were aware that their inaptitude and inability to do so could have easily predisposed children to sexual



behaviour, either voluntarily or else pressured into it (Jaccard *et al* 2000, Dyson *et al* 2012, Stone *et al* 2012). Also if children were not equipped with the knowledge and skills needed to negotiate sexual relations, and other aspects of sexuality such as contraception, they would seek easy, accessible information from less desirable sources such as friends, a phenomenon that often mentioned by adolescents (HBSC 2014, Somers *et al* 2015). In fact, in several research studies, it was evident that parents were unable to provide timely information to children, thus predisposing them to earlier first coitus and no contraception use (Toby *et al* 2011, Clawson *et al* 2003).

However, it was also evident that parents felt more at ease if the children were older or also experiencing physical cues of puberty, thus making them more ease to discuss related matters. The children's apparent physical and cognitive growth reassured parents, both in the survey and in the focus groups, that the children were ready for the information. These findings corresponded to, also, to previous foreign research (Jaccard *et al* 2000, Walker 2001, Sneed 2008, Tobey *et al* 2011). The claimed timing in parental communication could arguably still be viewed as late. Fisher (2001) postulated that for children to amalgamate, and eventually hold on to and put in action SRE, parental communicative process needed to be carried out prior to adolescence, as certain values, ideals and perspectives were more easily ingrained in the younger children's system and integrated in one's repertoire of beliefs. Walker (2001) highlighted also the importance of early and progressive progress to communication through various tactics, thus avoiding the once in a lifetime 'big talk' that was often carried out. When in the local focus group, a mother was asked questions by her son and as a result, she felt uneasy and postponed her answer to a later date. Through her story, she evidently missed the right opportunity to talk about related issues with her son. In addition, he resorted to other sources for information. This finding was viewed as positive, as children still went to parents for information, despite their age, and considered parents as reliable and approachable sources of information. It was up to the parents not to avoid children, become approachable and not avoid answering questions with other questions, as a technique of deflection. If they used such talk-delaying tactics, their children might consider not going to them for any information if the involved process was so painstaking. The general feeling, especially in the focus groups, was that parents were not taking into consideration the children's courage to approach and ask questions to parents. They also failed to acknowledge the deep need and longing, of children, to timely and correct information from the right sources.

The above claimed parental behaviours could have been a result of the parental reliance on schools as reliable sources of information. Since the formal educational system in Malta started to tackle sexuality and relationships issues since the age of 8 and was built on openness, progressive and developmentally appropriate principles, parents abdicated themselves from their pivotal role. At the same time, the parental awareness of what, when and how similar subjects were being tackled in the SRE scholastic syllabus was low. In fact, 73% of the respondents claimed that they had no information. This finding showed further dissonance between the children's acquired knowledge and skills and the parental cognisance of what was happening in the children's lives. Campero *et al* (2010), in fact, suggested that in order to have familial efforts and formal educational efforts making maximum impact in children's lives, they needed to be in unison and/or complimenting each other. Whilst at home parents would be transmitted essential familial values, school would be building on the children's repertoire of knowledge and skills, which would not be provided at home or anywhere else. Parents had the opportunity to follow up on whatever school syllabus was providing and help clarify any information that the child might not have understood or needed more insight on.

According to local findings, parents put a lot of weight on the importance of PSCD teachers in the children's lives. When, in the survey, parents were asked of who should be the primary educator for their children, the PSCD teachers' option ranged second from a large list of potential sources and was found to be statistically significant (0.001) in the relation the parental communication with their children. Also 74% of the parents considered SRE as an essential part of the curriculum and wanted schools to provide more information to children on sexuality and relationships. The above findings potentially uncovered the parental appreciation of the school teachings and resulting benefits. Similar to Turnbull (2012), the provision of formal education had been filling the void parents were leaving in children's lives, because of the lack parental communication in terms of depth, skills and emotions, as shown in the focus groups. This parental dependency on schools' teachings also uncovered the lack of linkages and connectedness between familial and school education. It could be conjectured that if both parents and teachers stopped from attempting to provide the sexuality and relationships education in silos, their combined attempts could be more effective if linkages in terms of content, processes and results were present. Heisler (2005) and Van de Bongardt *et al* (2015) also suggested that apart from the familial and scholastic educational scripts, young people should also be exposed to in-depth information and skills on other potential roles in their lives, such as lovers, which could give rise to more educative needs and explorations of different circumstances. This

approach would provide them with the chance to undergo a positive developmental experience. Consequentially, when parents were asked of how formal SRE could be improved, they came out with a spectrum of ideas, often involving the way lessons needed to be carried out. The suggestions included that the topic should be complete, open, honest, accurate and inclusive of values.

In fact, 35% of the Maltese survey respondents offered themselves to be trained on sexuality and relationships education, so that they were abreast with the information and skills offered by school authorities and syllabus. This finding was a reflection of the parental feeling of inadequacy in the SRE process, the parental desire to feel an essential and integral part in the educational process, or else not wanting the children to undergo the sexuality and relationships journey alone without their support. Dyson *et al* (2012:212), in their study, insisted that children should not be left as ‘agents on their own’ in their quest of formation of sexuality and relationships skills, perceptions, attitudes and behaviours. Similar issues arose in the focus groups. Although parents claimed that they were aware of the children’s participation in SRE education (86%), in the focus groups the parental consensus was to let, the educational professionals, such as PSCD teachers, do their work. In this scenario, the parents had the option to either follow suit or else total abdicate themselves from this responsibility. Both in the survey and in the focus group discussions, parents insisted that all the children should be offered the same SRE teachings. Across all schools in Malta, as, they claimed, this was not the case. At no instance, did religious affiliation come up as a significantly influential factor in the SRE process to children. The lack of consistency in the SRE process in local schools’ arenas came also into light with the above finding. Parents both in the survey and mostly in the focus groups claimed that SRE was being denied to children, thus stunting the children’s developmental processes to become whole and integrated adults. Parents thus needed to have the skills, energy and motivation to contest educative practices, even within Church schools, where information was missing or skewed, thus enabling the parents to become drivers of change even within long standing institutions. The lack of sexuality and relationships education often experienced, due to the deep rooted religious beliefs in the country, were often observed in other international research studies (Odimegu *et al* 2002; Guilamo-Ramos *et al* 2006, 2008; Kim *et al* 2007; Ohalete 2007; Izugbara 2008, Izugbara 2008, Akinwale *et al* 2009; Campero *et al* 2010; Berg *et al* 2012).

Similar to the findings of Dyson *et al* (2012) and McKee *et al* (2006), parents in the survey expected teachers to be skilled, prepared and open to every eventuality in relation to the subjects at hand, whilst including various values. Parents also appreciated and put emphasis on the need that children were exposed to real life circumstances such as people who had experienced unplanned pregnancies and SAIs. Although this parental educational method could be viewed as scare tactic, and its effect was most of the time short term, parents thought that real life experiences offered children more realistic perspectives (Jaccard *et al* 2000, Heisler 2005, McKee *et al* 2006). Grossman *et al* (2016) identified a similar phenomenon when they addressed the fact that children learnt better, when they were given real life experiences, only if their own parents underwent experiences such as unplanned pregnancy in teenage years. However, the above uttered strategy was not found to be as effective as expected, as parental experiences were not felt as closely by children (Grossman *et al* 2016).

#### **7.4 Parental attempts at transmitting sexuality and relationships information**

The importance of the various strategies utilised in order to make the proposed communication with children more effective and impactful was also investigated in the local arena, similar to several other previous studies in the United Kingdom and the United States of America (Jaccard *et al* 2000, Lefkowitz *et al* 2003; Guilamo-Ramos *et al* 2006; Afifi *et al* 2008). Even though in the survey, there were no direct questions related to the methods utilised by parents during the educational process, a large percentage of parents (43.84%) claimed that they discussed sexuality and relationships every time the need arose. The methodologies utilised to communicate with their children were more obvious in the focus group discussions. Parents made use of the focus group opportunity to vent out and share their perspectives with other parents. Similar to the survey findings, the parents claimed that they offered their children readiness to discuss matters, when the need arose. Despite the seemingly mind and consciousness tranquillity these findings offered through the parents' responses, it could be argued that the children did not have the adequate foresight of knowing what they needed, in terms of sexuality and relationships knowledge, and children lacked to make the necessary informational requests to their parents. As a result, the above-mentioned parental informative process could be viewed as passive and/or reactive at best. These findings were also common to Frankham (2006) and Pluhar *et al* (2006) studies. When a boy delved deeply in the dynamics of sexual behaviour between a couple, and asked for clarification from his mother, the mother chose to escape the posed questions as she

thought that her son was not capable of understanding that aspect of sexuality. No parent in the focus groups contested the expressed parental behaviour or offered alternative routes of action.

Through the focus group discussions, the parents reflected their parenthood styles possibly unknowingly. The mothers came out with more vehemence when it came to monitoring their children's behaviour, such as drinking alcohol and attending youth parties, as they surmised that they were able to prohibit their children's attendance to dangerous activities. However when it came to controlling children's sexual behaviour, they felt out of control and cautioned their children on the negative consequences of premature sexual activity. Again, parents felt that holistic understanding of sexuality and relationships was not within the remit of children. Whilst the majority of survey respondents claimed that, their parents never offered any information about sexuality and relationships (74%) to them, as children, other parents in the focus groups expressed that their own parents offered long, moralistic and judgmental talks. Similar tactics were resisted by parents as they were viewed to be counterproductive and offered no solace in terms of effectiveness in influencing the children's sexual behaviours. At the same time, no parent came up with an educative method that was perceived as effective, and which could be shared across the groups. Some parents relied on ad hoc experiences such as pregnancy in the family nucleus, whereby menstruation and conception were discussed. Other communication patterns revolved according to the children's moods. Parental communication was influenced by children's emotional status noted by Walker (2001), Jackson *et al* (2004) and Hyde *et al* (2010). Comparable findings further propagated the idea that parental sexuality and relationships communication, needed special attention, time and place when it could easily be incorporated in every day conversation once a solid parent-child bond was formed which was based on mutual trust (Jackson *et al* 2004). In view of the present local statistics in terms of sexual behaviour and SAI numbers, any assumptions that children had the adequate knowledge, did not show any signs of sexual willingness and behaviour and their unwillingness to participate in parental talks, were no longer valid excuses to postpone parental communication any longer (HBSC 2014; Lwien 2014). Stone *et al* (2012:10) noted that the parents' attitude of 'a right and wrong approach' to tackling sexuality and relationships should be set aside and the incorporation of an array of skills, knowledge and experiences in a fashion which was conducive and appealing to children was needed. Parents wanted to break away from the restrictive communicate pathways, which their own parents offered in the past and were willing to offer open, engaging, non-judgemental information to their children. The breakage of silence produced a sense of parental relief as sexuality and relationships was given the attention it needed, and this proposed parental

value was also documented in other research studies abroad (Mc Kee *et al* 2006, Pluhar *et al* 2006, Hyde *et al* 2010, Goldfarb *et al* 2015, Morawska *et al* 2015). It was also evident that, parents in the focus group were aware that their children wanted them to provide them with the necessary information, despite the time constraints in their lives.

Two parents in one focus group observed that values were not only transmitted through words but also through actions. They claimed that children observed their non-verbal actions of appreciation and concern towards their partners, through hugging and helping out each other in times of need. Foreign research findings regarding familial interactions and children's sexual behaviour had been mixed. Researchers such as Turnbull (2010) and Ballam *et al* (2011) reported that parents who formulated a family based on trust and mutual interaction between all the members were already offering their children living illustrations of how their own future relationships could be like. The instilled core values in children's lives allowed the exploration of children's gender identity, sexualities and relationships without being judged, pressured or devoid of information from sources such as parents (Walker 2001; Turnbull *et al* 2008, 2010). Joffe *et al* (2001) also brought out a lower number of children's sexual partners as they were exposed to non-verbal cues of affections displayed in front of them from their own parents and experiencing sexual activity with less guilty feelings. Similarly, Jaccard *et al* (2000), Pluhar *et al* (2006), Rose *et al* (2014), Goldfarb *et al* (2015) also claimed that through the formation of parents-children solid relationships within the family nucleus, it paved the way for more complex discussion, such as that of contraceptive use. Similar positive findings were not however reflected in the Lehr *et al* (2000) and Clawson (2003) papers, where children, despite established family bonds, they still involved themselves in premature sexual activity without protection and with various partners. The results meant that the method of parental transmission of knowledge and skills was not sufficiently influential. McKee *et al* (2006:117) also brought out that the dynamics of parent to child needed to be altered from a 'vertical to a horizontal relationship', which tended to be more 'peer-like' in nature in facilitate the sharing between the two in a more equitable fashion.

It was also evident from the focus group discussion that in most instances, parents viewed sexuality as the prime culprit of problems in life. The parents' perception was that children's bodies are not made up to enjoy sexuality, but rather to be used by some kind of sexual predator. This finding was also mentioned in the studies by Frankham (2006) & Heilser (2005). Curiosity

and exploration of sexuality in children, rather than being viewed as a developmental milestone present in every individual, was most often hinged with discourses of fear, moral connotations of right or wrong and not appropriate for any children's age (Grey 1993; Danaher *et al* 2000; Frankham 2006; Turnbull *et al* 2008). No Maltese parents in the survey or in the focus groups ever referred to the multiple roles they themselves held within the family nucleus such as mum, dad, lover, friend or the way they juggled all the roles together. These multiple roles most often gave rise to difficulties, needs, satisfactions and benefits and the complex picture needed to be addressed with their children (Heisler 2005). However, there might be the possibility that due to the claimed high parental monitoring of children whilst watching TV and slightly less whilst playing on electronic devices, parents felt in control of what the children were exposed to and as a result, they did not venture in sexuality and relationships communication as they deemed it unnecessary. This finding contrasted with other research studies, where electronic devices especially with internet access, experienced less parental regulation (Hagen 2007; Young 2007). Despite of the claimed strong parental monitoring of children and the resulting sense of security that children were in safe physical proximity, parents may not have been aware of the effects media had on the image of sexuality. Most of the time the media's sexuality representations were unrealistic and far away from the images parents wanted to project to their children such as being in mutually loving and respectful relationships (Kehily 1999; Young 2007; Brown *et al* 2009). Therefore, parents had to challenge their passive ways of dealing with sexuality and have to show enough skill and knowledge to counteract the blatant and candid nature of sexuality in the media (Ballam *et al* 2011, Stone *et al* 2012). Parents in the focus groups expressed their worry on the amount of influence the internet, social networking and media had on children. They claimed that the media utilised sex to increase the amount of sales involved. However, no parent suggested ways of how to counteract the media's sexual images for the benefit of their children showing their lack of abilities or aptitude to do so. These findings were also shared in Dyson *et al* (2012). Stone *et al* (2012) suggested that media images should be tackled early in children's lives, for the children to be critical on what is being offered to them and get adjusted physiologically and psychologically to any challenges posed. Morawska *et al* (2015) also pinpointed the children's easy access to digital information through internet access, thus posing further challenges to parents. Parents had to get accustomed to innovative sources of information, and perhaps utilise it for their advantage, in terms of conversation starters, or additional resources, to demonstrate more vividly the information that needed to be transmitted.

It was, however, interesting to point out that a mother who had experienced a premature pregnancy was very overt in her teachings in relation to her son. She communicated in an open manner, and demonstrated condom use to her son by use of a plastic model. The mother's candid manner of explaining things, were a result of wanting to prevent her child from experiencing the same consequences she did, and she empowered him with as much knowledge and skills as were in her capacity. Similarly, a father who had foreign exposure in life due to his work situation insisted on being very explicit with his three daughters. He was adamant in his ideas of condom use in the quest of preventing HIV. The reported frank exposure of paternal ideas were not welcomed by the rest of the participants in the group, as they claimed that they did not want the ones to instil ideas in the children's mind, just in case they are misconstrued as acknowledging their children's sexual behaviour. These findings, contrasted sharply to parental claims that children would eventually become sexually active and knew of occasion where sexual experimentation in children, especially with anal sex, had resulted in harmful consequences. Also they further propagated the images of the male gender wanted to derive sexual pleasure out of his female sexual companion, without thinking twice about potential consequences. No counter arguments followed to stop possibly deleterious effects of gender opposing images, showing the passive nature of parental communication with their children.

## **7.5 Parental perceived shared information with their children**

This section of the discussion discussed what subjects were addressed in child-parent discussions. Pregnancy was found to be the main discussed subject in the survey. Similar findings were observed in previous research studies (Jaccard *et al* 2000, Frankham *et al* 2006). The reason behind the frequent discussions were maybe because parents viewed their children as potential parents, either through their apparent physical developments, and/or else suspected that their children are either sexually active already, or preparing to be. If the parents' conjectures were right, parents were actively discussing the possible consequences of sexual activity without focusing on the children's need to take the necessary precautions, in order to prevent them. In fact, parental contraception communication was rated at the very bottom of the provided list.

Following the pregnancy talks, parents' responses in the survey were directed towards relationships, followed by sexual intercourse, HIV/AIDS, Sexual abuse, menstruation, puberty



and emotions, sexual orientation, contraception and SAIs. Looking at the order of the subjects in which they were discussed, they appeared inverted to what had been expected. Logically the researcher thought that puberty, emotions, menstruation would be the initial topics to be discussed followed closely by sexual gender identity, sexual orientation, intercourse, contraception, HIV and SAIs. These developmental topics were less discussed due to either having other pressing matters, that needed attention or else they had already been tackled at an earlier age, and/or at school. When the parents were asked to prioritise which subjects needed to be discussed, the majority answered that all subjects needed the appropriate attention followed by emotions, pregnancy, porn and contraception, thus meaning that they were cognisant of the importance of all the subjects, but in reality, they did not choose to address them all or else did not know how to confront the numerous sexuality and relationships aspects involved.

The focus groups' discussion provided the researcher with further in-depth information on the subjects that, in reality, were handled by parents. Conversation regarding conception and pregnancy were mostly carried out in detail especially if pregnancy was occurring at that moment, within the family, and they seemed perfectly appropriate topics, to be handled in the family environment. The same kind of conversations was also observed in Ballard *et al* (2009). However, topics that were viewed as more essential for sons, such as personal hygiene, masturbation and wet dreams were not mentioned at all, or else parents kept pushing the responsibility between each other, and eventually nobody did it. Heisler (2005) found similar circumstances in her study. The family nucleus was not considered as the ideal setting for discussion, as these discussions might give rise to wrongful impression that parents were approving of their children's sexual behaviour, or else encouraged it. The expressed views brought out that parents were still stuck in their moralistic and judgemental advice, often ingrained inside of them after years of perpetuated religious, cultural and political ideations. Comparable attitudes were also observed in Goldfarb *et al* (2015) and Mc Kee *et al* (2006). The stated parental attitudes may hinder the children from going to their parents for advice, as they might be admonished from moralistic stances (Jaccard *et al* 2000, Mc Kee *et al* 2006). In addition, having to discuss sexuality and relationships subjects might had meant that parents had to reject the innocent and asexual stance often taken in relation to their own children (Frankham 2006). Also locally, parents considered that children were as incapable of understanding certain aspects of sexuality, such as; sexual pleasure thus chose to keep specific information to the lowest level as it was deemed unnecessary for children. Similar findings were also revealed

during the focus groups and were also reflected in Heisler (2005); Mc Kee *et al* (2006) and Ballard *et al* (2009).

However, there was a mother who protested about the lack of the overall perceived parental provided information in the focus group, as she was observing that with or without the acquired knowledge, her son would grow up, and would still face life circumstances. Some of the parents also agreed and were cognisant of the fact that children will eventually experience sexuality and relationships issues, despite of any parental information provided or not. As a result, some parents viewed condom use as a positive aspect in sexuality issues, as the children were empowered enough to protect themselves first, and consequently their partners. AugsJoost *et al* (2014) also found similar findings in their study. One father was more in favour of condom use for his girls, in light of present statistics of worldwide HIV statistics and claimed that it would be really madness on the part of the girls not to use them. Certain parents also chose to bring up the potential difficulties encountered with condom use, especially when children were viewed as desperate to want to conform to peer norms (Diiorio *et al* 1999; Fisher 2001). In addition, parents claimed that for a girl to express her desire to use a condom needed a great amount of motivation and empowerment especially because it was a method utilised by the male gender. This expressed finding should have motivated parents to carry out educational attempts, to encourage their children to take informed decisions, by incorporating acquired knowledge and skills and be able not to relent to peer pressure, or partner's ignorance, and as a result, expose themselves to potential consequences prematurely.

Overall, the findings showed that, despite of the lack of paternal participation in the postal survey, fathers had a lot to say and share within the focus groups, thus it was important to include their perspectives especially in the arena of sexuality and relationships education. The lack of euphemisms was noticed in the local study and was viewed as positive step towards addressing the subject in its true nature, rather than being masked by irrelevant words, or nicknames, which tended to be common in the Maltese language. However, linguistic difficulties were observed both in Ballard *et al* (2005) and Pluhar *et al* (2006) where most of the time euphemisms were utilised to diffuse the seriousness of the discussion, but at the same time, missing the opportunity to give body parts their rightful name.

## 7.6 The Unified Theory of Behaviour

The present study had addressed parent-child communicative behaviour in terms of sexuality and relationships communication through the use of the Unified theory of behaviour (UTB). The UTB consisted of various amalgamated constructs which included ‘expectancies’, ‘social norms’, ‘self-concept’, ‘emotions’ and ‘self-efficacy’ (Guilamo-Ramos *et al* 2006, 2008 & 2012). The mentioned elements of the model were investigated and shown as enhancers and/or barriers to parental communication (Guilamo-Ramos *et al* 2006, 2008 & 2012, Turnbull 2012, Walker 2001). Various other foreign studies had also attempted to utilise the same model, in either its entirety or else utilising segments of the model for the purpose of their study (Diiorio *et al* 2000; Morawska *et al* 2015; Mastro *et al* 2015; Pariera 2016,). For the purpose of this Maltese National study, every element of the model was represented in the survey, in various depths and various questions’ structure to facilitate respondents’ understanding and representation. ‘Expectations’ were the statistically most significant, thus meaning the perceived advantages and disadvantages of parental communication with their children. ‘Self-efficacy’ was the second construct that showed parental influences on the communication. Parental communicative practices meant that parents gave adequate weight to how they viewed themselves, as sexuality and relationships contributors, and the image they were projecting as they were doing so. All the rest of the other constructs dipped considerably after the first attempt of statistical integration of compiled data from the survey.

## 7.7 Unique influential factors in parental communicative behaviour

In this thesis, the researcher had achieved the formulation of three innovative models, whereby a combination of UTB elements, were constructed based on the locally derived findings. The following section of the discussion will explain how the Maltese parents thought, and as a result acted in view of the various influential factors present. The discussion will start with the most robust and relevant model i.e. **model 3** followed by model 2 and 1. Common findings amongst the three models will be discussed together with an overall conclusion.

### 7.7.1 Model 3

The Maltese parents overall perceived themselves as an important source of information for their children, despite the children's gender. This important finding was also shared by Pariera *et al* (2016). The finding was key, as it would be useless to address other sexuality and relationships issues unless the parents did not think that they were crucial in the educational process of their children. The parental educative process was even more readily carried out if they were aware of other parents that carried out the same educative efforts. The fact that parents cared less of what other parents thought of them, as they carried out their educational attempts with their children, was highly significant in a close-knit community as the Maltese Islands. This meant that parents had the strength to overcome the status quo in the Maltese mentality, and carry out the necessary teachings despite of what their own peers thought. If parental strength was coupled with adequate knowledge and skills, parents could become a revolutionary force in sexuality and relationships, starting from the family nucleus and later on influencing the general society. These parental perceptions were also highlighted and supported in the Theory of Reasoned Action, which is an integral element of the UTB.

The parental beliefs were even more reinforced, if parental actions gave rise to positive future behaviours in children as often described in the Social Learning Theory. If the parents thought that sexuality and relationship education would give rise to children, taking informed and responsible decisions in terms of their actions, parents were more likely to provide the necessary information to their children. In fact they considered SRE as important as learning how to read and write, skills which were considered to be basic in the Maltese society, but essential for a fully, functional individual. The parental communication was also considered important, as it provided protection to children, thus parents thought that by interacting openly with children, the parental behaviour would decrease the resulting harmful consequences for children. This stated behaviour is often reflected in the Health Belief Model also integral in the UTB.

Several barriers that might have hindered the perceived valuable, and educative process, were the parents' perceptions that educational efforts from their part might predispose the children to sexual activity, causing children to be embarrassed and that the educative process, should be taken up by the school. Hyde *et al* (2010) found similar parental behaviour in their research

study. These findings reflected that parents might not have been aware of the tactical ways needed to discuss sexuality and relationships, despite their educational backgrounds and their claimed communication levels, regarding overall issues and sexuality and relationships issues. The uncomfortable feelings in children may have been a reflection of the parents' own feelings of unease, whilst discussing sexuality and relationships matters, despite the fact that they claimed that they talked about the subject whenever they deemed necessary. High parental beliefs that they felt comfortable, and capable in addressing sexuality and relationships issues could potentially also be challenged, as they were happy to shift salient responsibilities to school personnel. This shift in course of action, may have shown that parents despite their own perceived importance in the matter, educational backgrounds, awareness of children's friends, their claimed high communication rate with their children across the board, inclusive of sexuality and relationships and the asserted ease and knowledge of providing information, they still felt the need to outsource the process to potentially more trustworthy source as school. Hyde *et al* (2010) viewed the respondents as supportive agents, rather than as the primary agents of information and skills. As the provided education to children was perceived to give rise to increased sexual activity and embarrassment to children, parents could have been able to shift the blame from themselves to an outside source. In this way parents did not feel weighed down with feelings of guilt or shameful feelings. This further questioned how much parents valued their position as parents as role models to their children, in terms of knowledge, and skills. In addition, the process was still considered as an arduous one and which needed further attention, in terms of knowledge and skills provision for parents, in order to be taken up seriously and holistically at best.

Table 7.1: Representation of Model 3

<b><u>13a</u></b>	Parents should be the primary providers of sex and relationships education to their children
<b><u>13b</u></b>	I know of other parents who provide sex and relationships education to their children
<b><u>13j</u></b>	I do not care what other people think of me, I will provide sex and relationships education to my children
<b><u>13c</u></b>	Educated children are able to take informed decisions
<b><u>13d</u></b>	Sex and relationships education would help children be more responsible about their sexual behaviour
<b><u>13e</u></b>	Sex and relationships education is equally as important as learning how to read and write
<b><u>16f</u></b>	I want to protect my children
<b><u>16g</u></b>	If parents talked to their children about sexuality and relationships, it would embarrass the children
<b><u>13h</u></b>	Sex and relationships education would result in increased sexual activity
<b><u>13i</u></b>	Sex and relationships education should be provided at school

### 7.7.2 Model 2

Model 2, continued to bring out the concerns parents were anxious to express if they carried out sexuality and relationships education with to their children. Parents were apprehensive that, children might ask questions, which they did not know the answer for, thus having their image of the knowledgeable parent tarnished, or else have their cognitive and functional abilities questioned despite their educational qualifications. Additionally, parents pointed out that they found it hard to find the adequate time and place to discuss sexuality and relationships issues. This finding further highlighted the fact that they considered the subject as one needing special attention, and thus it could not be managed haphazardly, or at any given time and place. In addition, parents thought that children might not listen to what the parents had to say, therefore being at a fixed place at a given time might offer no escape routes for either parties involved. These parental findings may have also reflected that, to this date, sexuality and relationships were not incorporated in other general communicative parental attempts with their children. This made parent-child sexuality and relationships discussions more difficult to initiate, and maintain on a regular basis. Stone *et al* (2012) supported similar findings in her study. In addition, if parents-children discussions triggered arguments between parents and children, it might not be perceived as appropriate, if the familial discussions were carried out in an exposed place, where other people would be able to judge, either the parents, or the children alike. Also uninterested parties, would be able to hear what was being discussed, and might pass judgement on the appropriateness of parental transmitted information. The uttered process might also give rise to fear within the parents, as children might feel compelled to have sex, or else they have given their seal of approval for sexual behaviour. These parental perceptions might also give rise to conflicting feelings, as on one side parents wanted to be the ideal parents, by being informative, but they did not want to be perceived as approving of sexual behaviours, at the children's present ages. They might have also been aware that children might feel that their personal boundaries of self had been infringed, therefore, misconstruing the parents' educational attempts as parents' prying in their personal lives. Hyde *et al* (2010) in their study argued that it might have been the parental disapproving attitude in relation to children's behaviour that has given rise to escapism in children. In addition, Hyde *et al* (2010) further challenged parental behaviour by claiming that, parents should not be discouraged by avoidance from children, but rather insisted on knowing what was causing the observed children's behaviour, and strive to communicate more.

Parental communication with children should not be based on a one-way strategy, either from parent, or from child, but back and forth, discussion should be encouraged and maintained throughout the process (Hyde *et al* 2010). Children should not shut down to essential parental information at a needed stage in their lives. Despite the above possible scenario, parents still claimed to have started talking to their children regarding sexuality and relationships. However the methods utilised, and the depth into which subjects were discussed remained allusive to this study due to the survey methodology utilised. Possible information of the depth of information could be provided by focus group responses, which also seemed to reflect the fleeting parental approach utilised in the investigated subjects, as they consciously measured how much information to offer their children. This was even more evident when the children chose a considered inappropriate time and place to question the parents involved. The finding that school exposed children already to information seemed to provide parents absolution of addressing the subjects in particular depth. They also showed lack of volition, to delve deeper in what, and how, children got to know the information, and whether it was the appropriate information or not.

### **7.7.3 Model 1**

Model one further delved into another aspect, which potentially could influence the communication pathways between parents and children. The three statements in Model one revolved around the aspects of self-concept/ self-esteem, whereby parents were more inclined to communicate with their children if they viewed themselves favourably, as being better parents, by having a good relationship with their children and trusted their children. If parents such as by incorporated sexuality and relationships education in their repertoire of parenting, meant feeling good about themselves, and resulted in more parental motivation and commitment to the educative process, then such process should be enhanced. They also claimed that once they trusted their children and believed that the information and skills they provided to children was appropriate, sufficiently and timely they would be able to further indulge in their educative attempt. The level of trust reached by parents may have resulted due to the high levels of communication reported by parents on both the general and sexuality and relationships' sides. Also parents may have felt the pressing need to discuss related issues with their children, therefore they pushed towards enhancing their relationships with their children. Having closer relationships with one's children, might have had given parents more knowledge on the personal circumstances experienced by their children, providing impetus to continue the educational process, trust further their children and feel better about themselves, as they were fulfilling their



parental roles. In fact, model one was statistically significant with maternal knowledge of children's friends, TV supervision, communication on general and sexuality and relationships matters, together with emotional and self-efficacy questions. It was only in model one where parental religious affiliation was shown to have any effects on parental behaviour, potentially meaning that, religion may have augmented parental attempts at having significant relationships with their children, which as a result made parents feel better even on the subconscious spiritual level. Parental feelings tended to be more understood if one kept in mind the close-knit communities often found in the Maltese Islands. These findings also brought out that parents may be still experiencing the socio-cultural, religious, and political influences and they may have wished not to stand out by performing parental education, but rather wanted to conform to the general attitudes in society. Diiorio *et al* (2000), Regenerus (2005), Cederbaum *et al* (2016) also shared influential findings in terms of religion and parental educational practices.

#### ***7.7.4 Common findings in relation to the Maltese parents' models of behaviour***

An unexpected common finding to all the three models was that statistically, neither the parental gender nor the children's gender was found to be significantly related to the various elements of the models. This indicated that gender was not an influential factor in the parental communicative behaviour. This unforeseen result, was different to several previous research studies who had found difference in information giving practices in relation to parents' and children's genders (Jaccard *et al* 2000; Guilamo-Ramos *et al* 2006, 2008; Frankham 2006; Turnbull *et al* 2008; Angera *et al* 2008; Edwards *et al* 2014; Mastro *et al* 2015). The lack of gender influence in terms of parental behaviour was not reflected in the focus groups' parental expressions of behaviour, thus what the parents claimed they did in the survey, and what they did in reality, was incongruent. However having the mother, as the perceived primary educator as statistically significant to all the three models might have unravelled why mother felt the need to address sexuality and relationships, despite the cognitive, psychosocial, religious and political difficulties encountered in the process. Maltese mothers felt the responsibility as parents to overcome the perceived barriers, reach out to their children and carry out the educational process at the best of their abilities. In addition, if the mothers' educational attempts were sustained with the adequate knowledge, and cognitive preparedness, the mentioned process would be further augmented. Mothers would feel empowered to carry out the communicative attempts with their

children, without fearing inadequacy to face any situation and be able to answer any questions posed by children, without being engulfed, with personal emotional states. In fact, the parental capabilities and comfort in discussing sexuality and relationships, and their educational levels, were also found to be statistically significant to the three models.

Other elements which were found to be statistically significant to three models, which could also had been influential to the parent child communicative process, were parental communication with their children, both in general terms, and specifically on sexuality and relationships together with parental knowledge of their friends and parental supervision whilst children are watching television. These findings might have shown that parents would be more inclined to involve themselves in communication efforts with the children, if they felt they are aware of what is going in the children's lives, through supervision of what they see on TV, knowledge of their friends, and also if they communicated on various aspects including sexuality and relationships. The more parents felt that they had a link with their children either directly, or indirectly, they would feel more inclined to address the important subjects. These communicated findings might have shown that parents need to feel in control, in order to carry out this communicative task. If not, they would not do it, or else relegate this educative task to someone who was deemed to be more prepared for it. Through this avoidance process, parents might not be making the most of their unique position, in their children's lives.

#### **7.7.5 Overall conclusion on the three models**

The above models showed that, there were several elements, which collectively attempted to influence both positively, and negatively, the conversations between parents, and children. Self-esteem, expectations and the combination of social norms and expectations, were shown to have influenced the parents/ child communication levels. The above-mentioned behavioural influences were found in a number of international research studies (Dilorio *et al* 2000; Jaccard *et al* 2000; Turnbull 2012; Guilamo-Ramos *et al* 2006, 2008; Morawska *et al* 2015; Pariera 2016). Even though, parents thought highly of their role in the process, they tended to show lack of awareness, on the positive effects their involvement in the process might have, and focused more on the negative outcomes, which potentially would not be experienced in the real world. Comparable findings were sustained also by Cederbaum *et al* (2016). Maltese parents had

chosen to abdicate their responsibilities to external sources, such as the school and their respective PSCD teachers, in order to carry out the expected, formal education. Putting value on the process of parental transmission of, and thus result in potential positive experiences in children's lives. At the same time, parents were more vocal on how, when and what school should address sexuality and relationships issues, rather than what they could do in order to enhance the process. By having information of what is being covered in school, or else give their feedback on what, when and how information should be covered in school, could make the parents active participants even in the formal circle of education. Even though parents showed egalitarian views, regarding sexuality and relationships in the survey, in relation to the information offered to the children, similar parental views were not shared in the focus group discussions. Parents were also mostly aware of the appropriate timing to start the educational process related to sexuality and relationships, but they still tended to be more passive participants in the process, relied on the children to question them, claimed that their children were too young, 'innocent' and not ready and refused to handle perceived sensitive information. Having the parents equipped with the right knowledge and skills from the very beginning of the process, would help parents integrate sexuality and relationships knowledge from an earlier age in the children's lives.

## **7.8 LGBTIQ parenting issues**

Once the survey did not indulge in LGBTIQ parenting directly, the researcher thought to explore relevant pressing issues through the focus group. The LGBTIQ parent focus group was the smallest out of the four carried out, and it constituted mostly of mothers, to the exception of one father, several parental perceptions, attitudes and needs were discovered. Even though locally a greater number of parents have LGBTIQ children, only few chose to come to the focus group, despite the reassurance of confidentiality. This lack of attendance showed that parents were not ready to discuss in public, as their circumstances were still considered as sensitive and raw. The reason behind the attendance of more mothers than fathers to the focus group showed that mothers focused on their children's needs, despite they formed part of pervasively closed society, and encountered several internal and external barriers in their educative attempts. There might also have been the possibility that fathers were not aware, or kept in the dark of their children's sexuality and / or chose not to acknowledge it, due to the several familial, cultural and

religious barriers or potential negative reactions arising from facing similar situations. Related findings were also experienced in Baiocco *et al* (2014).

Unlike La Sala *et al* (2015), despite all difficulties encountered by families having LGBTIQ children, there was no familial rejection in the Maltese focus group. All parents were mostly concerned not about the sexuality of their children, but about the stigma that the child, and the respective family, faced from society, friends, teachers and schools. These negative perceptions gave rise to isolation, in dealing with parental problems, and desperation after futile attempts with various professionals who promised that they could help. Despite these adverse familial situations, in most cases except one, families had the energy to fight for their children, and keep at it, regardless of the strong opposing forces. One mother claimed that, in order to accept her son's sexuality, she had undergone a long (10 years) and painstaking process. She observed her son silently, and conjectured for some time before he came out publically, that he was not following the traditional pathways of heterosexual interests. At the same time, she supported his same sex interests, and behaviours (Kane 2006; Solebello *et al* 2011; Jadwin-Cakmak *et al* 2014). She tried hard to accept her son in the same way she accepted her other children, despite all her preconceived societal, historical and political fears of HIV, societal stigma and familial struggles. However, with the help of skills, knowledge acquired from foreign sources and parents who had passed through the same experience, she came to terms with her new situation. She got abreast with the latest research, where LGBTIQ youths were often at higher risk of sexual risks due to the lack of parental, school and societal guidance towards non-conventional behaviours, formation of gender identity and consequentially suffered from psychosocial and physical ailments. She made it a point in her life that she would not do the same to her son. She had also established a support group, which supported Maltese families in similar circumstances. She was also a local activist for LGBTIQ youths, to acquire equal rights in the Maltese society. These parental struggles had highlighted that the arduous tasks that parents had to undergo firstly interpersonally, and interpersonally, in order to come to terms with their children's sexuality, whilst being bombarded by LGBTI stereotypical views from the media, and society at large.

Life circumstances were even more difficult for the mother who had a transsexual child. This mother, although married, ended up alone in her feat to address her child's sexuality. She sought help from various sources in society such as psychologist, general practitioners, psychiatrists and teachers. She often felt that she was the one that had to be empowered, and help her child throughout the child's life. She claimed that certain professionals were of no help at all, whilst

others bullied her child, or tended to take a fatalistic attitude, despite the large amounts of money spent in private health care services and schools. The mother reported heightened differentiation at school, due to the variance in her child's sexuality. She reported that her son was often given degrading names such as 'pufta', avoided during school breaks, and/or begrudgingly accepted at best by female class mates. The child's father showed less energy to continue with this journey, as when described it felt like it was a failure after another, in trying to understand the child. In fact, the mother took it solely upon herself to support her child in the best way she could, and she was determined never to give up. Despite the child's insistence to transition, she felt and explained to the child that one has to give it more time. Waiting, proved her right, as the child was happy by one's appearance, was presently accepted by one's friends and had a supportive teacher, who the mother claimed motivated her child to study and have a respectable career. This parent's journey was viewed as inspirational for the group because despite the hurdles she encountered, she dealt with them alone and never gave up. This mother helped her child to accept one's self, aspire to achieve personal goals, and feel free to express one's appearance, without the stigma of being transsexual. The mother pointed out her exhaustive efforts to accommodate her child's fashion endeavours by ordering clothing, and shoes online. Even though her story was considered as inspirational, the mother still felt that she struggled, and that her journey was never over. She lacked the emotional and cognitive strength to believe in herself, and even though the group acknowledged her accomplishments despite the difficulties encountered, she felt exhausted. In addition, it was through this focus group whereby she was offered a degree of validation. In fact, another mother told her that she could potentially help others in the same situation, as she had the experience, and knowledge to deal with the posed difficult situation, and never gave up. This mother felt that she had the LGBTIQ parental group who supported her, but seemingly, she did not feel ready to offer the same to other parents yet.

Parental efforts become even more difficult if other issues complicated the situation further, such as poor mental health. Another mother claimed that her son preferred to stay at home, isolated himself from his friends and the outside world, and was only interested to produce music, which according to her was not enough to support himself in the long term. She had often a negative view of psychiatrists and their offered care, in terms of treatment. This mother had a negative experience with antidepressants and she was not ready to give her son a chance, in the eventuality that he needed any treatment. Even though she claimed that she had no tangible evidence that her son was gay, she claimed that she had caught her son viewing gay porn. She took this behaviour to signify his attractions and orientation, thus whereby an assertion of the

child's sexuality. Comparable conjectures were also observed in Solebello's (2011) respondents. In addition, the same mother claimed that in her family a conspiracy of silence had often been nourished, in order not to arouse suspicion of 'trouble'. She felt more distraught and directed a certain amount of guilt towards her abilities as a mother. She claimed that she was a professional, and she offered sexuality and relationships knowledge and skills to other children in similar circumstance; however, she was not able to offer similar help to her own son and this in her eyes made her an unfit, helpless and a depressed mother. The expressed situation reflected that even though the son's sexuality was still undeclared, he had no inside or outside support system and the people who cared about him most i.e. his mother felt sad that she was not able to do it herself. She claimed that she could not relate to gay experiences and thus felt discomfort and embarrassment to her son's life. Similar parental experiences were also reported in Rose *et al* (2014) and Goldfarb *et al* (2015). This mother's son's lack of masculine, heterosexual, prowess and heightened emotional disposition were parental observed features not typically attributed to boys. However these claimed perceptions, kept the mother in tandem, and in desperation, how to cope in non-conventional behaviour with no support what so ever from close familial members or society at large. She described that mothers were key players in guiding their children in normative children heterosexual behaviour and feared that someone might blame her for her son's behaviour. She showed no knowledge on the transitions LGBTIQ children often underwent whilst coming out and as a result needing unconditional support.

Transitioning, and coming out, were often viewed as difficult situations to go through by mothers, and by the father that attended the group. The father immediately pointed out that he was never present for his children. His wife directed the family single-handedly. It was only when he was trained as a health care professional, he acquiesced the importance of his involvement in his children's lives, whereby he was late for his eldest son but was in time for his daughter's. This finding showed that parental education did help in order to open and maintain communication lines, between parents and children. This father also reminisced that his wife often brought to his attention that their daughter was more tomboyish, rough and often involved herself in rough sports, such as football, but he always refused to acknowledge the observed behavioural differences. He claimed that his daughter, from an early age, was already challenging the weak and 'princess like' female images, often impinged on girls by society and cultural expectations, but he chose to ignore them and potentially having had his daughter going through a difficult life process, alone. According to Aveline (2006), these father's recollections were fuelled from his daughter's observed behaviour, but at the time, he dismissed them as

childhood experimentation. Consequently, this resulting paternal behaviour might have had the daughter hide her true sexuality from her parents, potentially follow the traditional relationships' pathways in order to fit into the family's norms, and as a result make her life miserable and unfulfilling. This father expressed his dismay, when his daughter was on the verge to getting married to a man, fulfilling all *his* dreams of walking her down the aisle, and having stopped all wedding preparations, left her future husband, and presented her family with a female companion. The reported parental dismay reflected the parents' wrongful assumptions that the children were most often heterosexual, and their desire for her to follow the traditionalistic routes of marriage superseded their daughter's true happiness. Once their daughter did not follow the desired pathways of a relationship, the parents felt at a loss, felt emotionally, and cognitively challenged.

Avelline (2006) described in detail the process, which parents had to undergo in order to accept their children typical sexuality. Several aspects of this process were experienced by the parents in the focus group and if they knew of the typical journey each every LGBTIQ parent underwent, or would undergo, they would surely empathize, better understand and/or support the child regardless of the hurdles encountered. Parents consciously and/or subconsciously had inbuilt cultural scripts for female and male behaviours stemming from traditionalistic socio-cultural normative situations, and most often complementary to each other. In fact, the focus group discussion uncovered that, parents utilised these available cultural scripts to try to make sense out of their children's behaviour. Parental normative heterosexual scripts were most often imposed upon LGBTIQ relationships, whereby one partner would have the strong and leading attributes whilst the other would be viewed as passive and having feminine attributes, but there were also times where these perceptions did not help. In fact, the father in the focus groups attributed a strong personality to his daughter, something that according to him was different being the female in the relationship. The 'assumed standard of social order' was being challenged both internally in the family nucleus through the children's process of coming out and also through the formation and representation of new LGBTIQ relationships (Avelline 2006:800). The repetitive heterosexual assumption that had providing the parents with constructs over time, was being challenged within the families themselves and could not be utilized, in order to make sense of their children's sexuality (Avelline 2006).

A similar journey that the father in the focus group had undergone was described by Aveline (2006), whereby at every stage, parents faced various challenges. At different instances, these parents admitted, that as, families they had misconstrued, overlooked or mistaken earlier information coming from their children. However looking back at past events, parents were offering possible explanations of reasons why, they had missed this important information, through a process called the justification stage. This process entailed the acknowledgement of the new and the old information, followed by a comparison between the two. These parents were in position where they were able to process and come up with a different interpretation to what they had attributed in the past. This was a common observed practice in the LGBTIQ focus group as parents kept retrospectively trying to interpret children's behaviour, which in turn resulted in fuller parental awareness. There were also instances when, the parents claimed to have experienced 'cognitive dissonance' where they could not make sense of the differences between the present behaviours and/or the past realities and this left them in a helpless state.

One parent tried, in fact, to consciously neutralise the dissonance between the past and the present, with a wrongful interpretation, which might accommodate her life, but not for her son's. This parent expressed her lack of abilities to face her son's situation and her behaviour reflected her endless continuum of unacceptance towards her child's sexuality. As a result, she claimed her son spent most of his time alone, possibly feeling alone and not up to parental expectations. These findings unravelled the need that, when parents were faced with LGBTIQ issues, they needed help in interpreting their own thoughts, processes, and their children's experiences, in order to re-organise their behaviour and act for the benefit of their children. Although not fully aware, the parents in the focus group were trying to carry out such processes with various stages of achievements or failure as they went along. In fact, through this focus group, the researcher managed to observe several parental processes, which had influenced the communicative process with the children. However the conveyed parental processes, both consciously and unconsciously were deemed taxing on parental strengths emotionally, physically and psychosocially especially if they were unassisted, and not directed towards formation of new thoughts and actions. The regrouping and transformation of thoughts and actions was continuously needed, thus parental perception of self was being challenged all the time, and was eventually exhaustive especially for one mother since she was not supported by well-meaning professionals, friends and society. Parents with LGBTIQ children also expressed the need that media represented LGBTIQ issues more, during broadcast times, in order to make similar issues more visible to society and increase awareness about sexuality and gender variances. Similar findings have been also shared in other



research studies abroad such as Platero (2014) and Pullen-Sanfacon *et al* (2015), whereby parents expressed the need to reduce the degree of invisibility often encountered in LGBTIQ persons' lives. Media could be utilised as a way to aided LGBTIQ individuals become fully functional persons in society without being shackled with shame, guilt, stigma and lack of societal awareness.

Religious influences on the Maltese society were identified as one of the perceived difficulties by parents. One father felt let down by the stance taken by the Maltese Catholic Church; concerning LGBTIQ individuals whereby they were considered deviant of what Jesus Christ's teachings were thus showing religious influences in the Maltese society (Archdiocese of Malta 2016). He, in fact, quoted the parable of the lost sheep, whereby Christ went out to search for the lost lamb despite he had 99 sheep in the pen already (Matthew 18: 10-14). This father expressed the disappointment that the Church was not welcoming LGBTIQ individuals, within its flock, which contradict Jesus teachings. His daughter was also stopped from being Godmother in her niece's confirmation, due to her sexuality. He claimed that due to the perceived judgmental attitudes his daughter refrained from going to church, something he considered important in his family. Other entities that were expected to provide more help were health care systems. Parents acknowledged health risks from long-term hormone treatments associated with transitioning with all its associated risks and resulting changes. The parents were also aware that their children fall in high-risk category in terms of HIV due to unprotected sexual encounters. Parents asked for teachings that are more overt about HIV prevention and condom use, from health care professionals and school education. Having parents knowing and demanding what they need in order to enhance their children's lives was viewed as beneficial. When parents were able, acknowledge their own difficulties together with the sociocultural and religious influences that impinged on their process, made parents' needs assessment and prioritisation easier and as a result, specific professional attention could be offered on the particular needs. Local parents were also concerned about their children's reduced opportunities, when it came to job offers, as they feared that employers offered unequal rights to their children in accessing, and maintaining their desired jobs. They also feared that their children might not find the right partner for them, or have relationships based only on sex rather than all the components of healthy relationships like sharing, love and responsibility towards oneself and each other. Parental LGBTIQ relationships' concerns tended to be similar to parents who claimed to have heterosexual relationships.

Maltese parents in the LGBTIQ group showed heavy investment in children's lives, especially in the described difficult scenario. Their involvement did not only encompass the physical aspects, the same as heterosexual children but also psychosocial features in their lives. LGBTIQ parents seemed to aware that their role as parents in sexuality and relationships aspects was on-going as opposed to other parents, where children once of a certain age and development were left alone to deal with their personal and social quests. This showed the superior LGBTIQ parental commitment towards their children, which potentially paved the way in the building of trusting, understanding familial relationships, and more open and relevant communications. Rose *et al* (2014) research, found similar findings to the local scene. As a researcher, however and with the qualitative nature of the research, I was aware, also that the small focus group could in no way be viewed as generalisable.

## **7.9 Conclusion**

This chapter discussed themes, which were much similar to other international studies primarily being a parent to a child was a difficult feat to accomplish in its entirety. Parents would benefit from the knowledge and skills to carry out the required and essential educational role whilst being supported by sound cultural, educational and health structures in order to provide a solid backbone for children in their future sexuality and relationships' needs. Parents wanted to be validated as being the vital figures in children's lives and helped them to strive in achieving that ideal once equipped with the right tool, attitudes and perceptions. Recommendations arising from this study are presented next chapter whilst acknowledging the original contribution and limitations present in the thesis.

## **8 Chapter 8: Recommendations and Limitations**

### **8.1 Introduction**

This unique Maltese study had shown that there were various factors, including procedural and contextual, that influenced the communication process between parents and children. Cultural, psychosocial, historical and political agendas, tended to make sexuality and relationships' parental communication more intricate, rather than a discussion centred towards the children's needs. In addition to the above-mentioned influences, there were other issues that affected parents' communicative behaviour including self-concept issues, positive and negative expectations derived from parental communication practices, and personal emotions. The researcher also recognized other factors, such as sources of communication, rightful timing, content and procedures utilised during parental process, which had shown to have significant impact on the parent/child communication pathways. These local and newly surfaced issues needed to be addressed in future recommendations, in order to ameliorate parent-children sexuality and relationships communication and to have a collaborative, and negotiated, way in dealing with the seemingly sensitive subject. The following recommendations were divided according to the following sections:

Parental timing and SRE (8.2)

Parent/Child Gender and SRE (8.3)

Unified Theory of Behaviour (8.4)

Expectations (8.4.1)

Social norms (8.4.2)

Parental backgrounds (8.4.3)

Self-concept (8.4.4)

Incorporation of all elements (8.4.5)

What subjects in SRE need to be addressed? (8.5)

How parental communication is made more conducive to children? (8.6)

Where children did not follow the parental heteronormative expectations (8.7)

## **8.2 Parental timing and SRE**

Further to this local research findings, it was recommended that sexuality and relationships issues were incorporated early and frequently in children's lives. In this way sexuality would be viewed as another subject to get acquainted with, together with other subjects, and thus not needing special time and place to be addressed. This communicative process could also be enhanced if solid relationships were cultivated between parents and children from an early age, so that communication was made easier. As children developed, both physically and cognitively, parent-child conversations would progressively entail more detail, and openness, without any resulting feelings of awkwardness and perceived intrusiveness from either side. With a gradual educational process, children would be building their repertoire of knowledge and skills, geared up with previous information and with plans as to what follows next. As adolescents, they would then be able to adapt the acquired information, in order to assert themselves as individuals in the various circumstances in lives, such as, partners, lovers and potential parents. By having early, successive and developmentally appropriate conversation with parents, children would be able to incorporate sexuality into their developing knowledge, attitudes, skills and habits, and be able to utilise this for their benefit at every stage in their lives. It is therefore important that further local research is carried amongst parents, and of younger children for example primary school age. In this way, the dynamics between parents and children at earlier stages would be investigated together with the discovery of parental perceptions about early communication about sexuality and relationships, the perceived hindrances and enhancers to parental conversations, and bring out ways how hurdles could be overcome and beneficial parental practices highlighted and maintained. Additional derived information would be able to halt the reciprocal waiting periods currently experienced by both parents and children, as of when to start salient conversations, and as a result, put a halt to generations of silence on sexuality and relationships.

## **8.3 Parent/Child Gender and SRE**

Even though the survey's results did not convey gender differences in parental conversations, as seen in focus group discussions, it was asserted that child gender was often an influencing factor

in parental communication. Different information was often offered to children depending on their gender, further propagating generations of gender stereotyping, where girls had to exercise caution against the aggressive behaviour of boys, with their presumed demanding sexual behaviour. In order to prepare parents with the right skills, and challenge their attitudes, which might have been ingrained in them for years, the evidence in this study suggested that parents should be given the opportunity to address their own gender biases and stereotypical views, offered fresh perspectives, and given the necessary abilities to put them in practice. Through these parental educational opportunities, parents would be given the opportunity to reconceptualise their own gender issues and view children of all gender as equals, but with unique needs to be addressed.

Findings both in the survey and in focus group discussions were skewed heavily towards the mother, being the primary giver of information to children. Mothers were expected to take up this role, irrespective of their knowledge, skills and emotional status. It was evident that mothers did not feel as competent and resourceful in all areas of sexuality and relationships, often due to their educational backgrounds and their socio-cultural and religious baggage. Thus, it would be recommended that mothers were equipped with the right emotional disposition, and also with correct knowledge, and skills to address the children's needs, irrespective of their preconceived perceptions, and to give unbiased views regarding sexuality and relationships. In addition, the mothers should be empowered to include, and encourage their husbands/partners to be part of this educational journey, so that children derive a holistic version of the sexuality and relationships. Even though mothers were considered the primary caregivers of children in the various familial forms in society, fathers were still considered as assets in the educational process as they gave unique intakes regarding sexuality and relationships (Hutchinson *et al* 2011; Tobey *et al* 2011; Solebello *et al* 2011; Turnbull 2012). Thus, it was recommended that fathers form an integral part in the familial communication process. Parental communication would be more fruitful if parents presented a united front on sexuality and relationships issues, in order not to give misleading or lopsided views, which might influence negatively the children's perceptions, attitudes and subsequently their behaviour. Such a recommendation however does not exclude the valuable input given to children by single parent households, same sex parents, surrogate parents and grandparents who may also be involved in the educational process

It was also evident that some parents relied on non-verbal cues in order to pass messages to their children. Therefore, it could be suggested that further research was carried on the non-verbal messages parents gave to their children, and the resulting effects on children's behaviour. In this way, the various dimensions of communication such as verbal and non-verbal cues would be investigated and documented as potential influential features in the children's sexual socialisation process. Future research could bring out further information on what had prompted parents, especially mothers, to converse with their children on the subject, and what had stopped both the mother and fathers from continuing and from maintaining communication pathways. Research, also suggested that within the familial nuclei there could be also other sources of information that could facilitate the communicative process, such as grandparents, care givers and siblings, which could be equally as influential, in case parents were not be present or not willing to carry out Sexuality and Relationships Education (Grossman *et al* 2013; Cederbaum *et al* 2016). Also factors such as religious affiliations, family structure, parental age and socio-economic backgrounds need to be explored in more depth to see whether they influence the parental abilities and confidence in addressing sexuality and relationships within the home.

#### **8.4 Unified Theory of Behaviour**

Self-concept issues, expectations and social norms tended to be the most evident influential factors to parental communication process in the Maltese arena (Guilamo-Ramos *et al* 2006, 2008). The documented findings affirmed that local parents were influenced by a conglomeration of these competing factors in a unique fashion, in order to carry out their role as educators in the family nucleus.

##### **8.4.1 Expectations**

Through this thesis, it could be asserted that parents needed to be further aware of the benefits that arose from their sexuality and relationships communication to their children, such as children making informed decisions, and being more responsible about their sexual practices. Parents also needed to continue to see the value in starting, and maintaining, established communication practices, especially in light of the continued emerging need of such familial

practices irrespective the children's age. In view of the positive effects parental communication had on children, parents would be more inclined to carry out similar talks.

It was also recommended that parents be given the expertise in terms of knowledge and skills, in order to address any expected arising problems during the familial communication process. Parents should be able to dissipate any anticipated arguments during sexuality and relationships discussions. By having the adequate background knowledge, parents would also be able to answer any questions posed by the children, even if certain queries were presented in inconvenient times and places. Parents needed to be able to address children who were not willing to listen to parents' transmission of values, knowledge and skills. Also parents needed to be aware of how they could dispel any personal fears that they had regarding the educational process, such as that, parent-child communication on sexuality and relationships may compel children to have premature sexual behaviour. This is a prime opportunity for parents to critically explore their value system and judgements, so as not to perpetuate or impose them on generations, which have different needs and expectations. If parents were kept abreast of the latest evidence that similar communication practices did not have these expected results, but proved the opposite, such as in Somers *et al* (2014), they would be compelled to follow suit. Edwards *et al* (2014) provided a comprehensive, logical and easy framework which parental communication could follow. According to Edwards *et al* (2014), step one was where parent and children took it turns to speak whilst showing concern and readiness to discuss the subject, step two included the utilisation of visuals or aids such as pictures, leaflets, adverts, demonstrations to keep the communication going. Step 3 evolved into delving what the children knew on the subject through asking questions gently, enquire whether they knew certain skills or not such as condom negotiation skills and whilst gauging such knowledge, engage in parallel discussions on the topic. Steps 4 was checking whether the children had understood or not and through questioning discover any feelings, thoughts or matters that may have not been addressed or were worrying the children. Finally setting a time and place for another similar conversation in the near future to continue or else offer space for children to come up with subjects that were not delved upon in the first instance (Edwards *et al* 2014). These recommended communicative pathways were constructed for parents to feel involved in the children's lives and possibly preventing similar parental consequences such as unplanned pregnancies, which had in turn weighed heavily in their own psychosocial and behavioural development. Since several shortcomings were identified by respondents in this study, Edwards *et al* (2014) was viewed as a valuable resource for parents in order to facilitate further communication with their children.

#### **8.4.2 Social norms**

Parents should be aware that they are not alone in being vested into providing a unified, comprehensive message to children, conducive to bring about healthy, physical and psychosocially balanced individuals. Knowing other parents who put the same amount of energy into the familial educative process, was found to support the parents' quest in communicating with their children. Thus the formation of parental support groups, whereby parents could convene, express their concerns and share any successes and failures, would be highly beneficial for parents to get the encouragement they need throughout this complex and challenging journey. Apart from knowing other parents that were undergoing the same educational journey as with their own children, it would also encourage parents not to judge, but assist each other in process. In view of possible sceptical parents, who may not want to get involved in the mentioned process, assertiveness training was viewed as essential in order to have the psychological strength to carry out what they considered as essential, i.e. providing sexuality and relationships education to their children, despite of what other parents thought of them. Parents need to also be perceptive of beneficial sources of information, skills and support in their educational role to children, such as, school personnel, health promotion agencies, health care personnel like doctors and nurses, youth workers, social workers and numerous others.

For the purpose of this thesis, recommendations in relation to educational systems will be provided, since the educational system had been addressed in the survey and mentioned several times by parents in focus groups. An effective education system has to comprise a unified effort and working in partnerships with the societal and cultural needs often represented in families. Since schools having teachers who are qualified specifically in PSCD, they should be able initiate meetings whereby parents and teachers meet, exchange ideas, develop plans, lessons, workbooks and exercises whereby sexuality and relationships would be tackled without being circumvented by bias, judgment and ill-conceived perceptions. Working in unison whilst providing honest and open information would potentially enhance the formal and informal education systems and potentially overcoming the greater forces such as that of media. Given the right resources and skills, parents would be able to initiate the educational process within the



family, work collaboratively with schools and together could cover an array of sexuality and relationships issues, whilst support each other efforts in the process.

#### **8.4.3 Parental backgrounds**

It was found to be essential that parents first tackled, and negotiated, their own past taboos, and prohibitions, often perpetuated by teachings from their own parents, in order to offer an unbiased, non-judgmental and open-minded approach to sexuality and relationships (Hyde *et al* 2010, Stone *et al* 2012, Robinson 2012). Parents unknowingly might have radiated negative ‘vibes’ in relation to sexuality and relationships, to their children, because of their religious, cultural or psychosocial ideations. The communicative process could have also been viewed as daunting by parents, especially if carried out without any support. In addition, there might have been perceptual indications within the Maltese society that parents who provide sexuality and relationships education to their children, acknowledged and approved of their children’s sexual expression, which was supposedly absent, in view of the naïve and ‘innocent’ nature of children. It was therefore evident that parents needed the empowerment, and the adequate guidance to overcome presented societal pressures, challenge the conservative ways sexuality and relationships had been tackled in the past, and feel free to guide, discuss and optimize their attempts in informing their children in various aspects in their lives without being judged. Since parents were also aware of the media’s continuous bombardment messages and peer influences, whereby children might be obtaining less reliable information, parents would be able to tackle an array of subjects involved in the process, whilst incorporating familial values. Even though parents may have felt that they were the best people to educate their children, they may have not known the extent SRE encompassed. Sexuality and relationships most often envelopes various elements besides the physical aspects of sexuality which include emotions, decision making, assertiveness and intimacy issues, which could have been termed by parents as difficult subjects to address with one’s own children. However if there was the necessary parental emotional and cognitive investment in addressing the subject, tackling the various elements involved in SRE, it would be potentially viewed as easier. Parents could actually become the role models and/or agents of change, especially if they were given the opportunity to develop the knowledge and skills needed, whilst supporting each other in the process.

#### **8.4.4 *Self-concept***

In the light of survey results, it was recommendable that parents' self-concept and self-esteem issues were given the necessary attention, in parental educational programmes. By having parents perceive themselves as able to communicate with their children, further augmented their efforts to continue the educational journey with their children. At the same time, parental perceived capabilities in being an integral part of the process made them feel good about themselves, and at fulfilling their duties as parents. Thus, further work was needed in order to boost and support the parental capabilities, at being able to carry out parental communication with their children. The said process would not only augment the learning curve of children, but also enhance the trust levels, and solidify the relationships between parents and children. Having all these benefits in mind, parents would be more inclined to talk about sexuality and relationships.

#### **8.4.5 *Incorporation of UTB elements***

Since the research findings brought out that the mother was the primary giver of sexuality and relationships information to children, despite their gender, it was recommended that the mother was provided with all the support needed in order to carry out the educative process. Mothers need to be given clear guidance on how to reach out to children, overcome perceived barriers to communication and continue to maintain open and honest communication lines with the children. Mothers should feel empowered that parental communication would eventually reap benefits in young people's lives. Thus, mothers had to be equipped with the adequate skills to overcome the personal, and maybe also the adolescents' feelings of awkwardness, felt during the communication process. Also mothers have to strive in keeping engaged within their children's lives such as knowing their friends, interest themselves in what they are watching on TV and communicate on every aspect in the young people's lives as such practices will make their attempts at communicating about sexuality and relationships easier and integral in the adolescents' lives. It would also be beneficial if the mother found supportive agents in this quest to communicate with their children such as fathers, siblings or other close relatives in order to produce a unified and multi-faceted approach to sexuality and relationships. Through this research, it is also recommended the mothers become facilitators to draw out the role of the partner, so that they then both become co-facilitators in the SRE process.

## **8.5 What subjects in SRE need to be addressed?**

It seemed evident from the local research findings that parents found it difficult to address certain subjects over others, when they came to discuss sexuality and relationships issues with their children. Thus, it was pertinent that further in-depth research was carried out to evaluate which sexuality and relationships subjects were considered as easier moving on into subjects, which were more difficult for parents to tackle. Usually parents' claimed to start the educative process from the physical aspects to the socio-emotional perspectives, which were more arduous to address (Heisler 2005; Ballard *et al* 2009; Mastro *et al* 2015). The respondents through the survey were already given a list of numerous aspects of sexuality and relationships. Even though they did not address them all in their communicative efforts with their children, they valued equally all the aspects mentioned as important. These findings showed that despite the long list, it did not act as a deterrent from having parents wanting to address them all. Thus, it was important that parents were not deterred from inadequacy of dealing with the various aspects of sexuality and relationships, or else hurdled by embarrassment, whilst keeping discussions appropriate to the children's developmental ages. It is important that they are equipped with the right information, which is progressively offered to children. Parents could also enlist further support from other resources to help in this process, which, potentially, could be beneficial, such as siblings and grandparents (Grossman *et al* 2013). Teenage children cannot be told to wait until parents get abreast with the latest information, therefore it would be beneficial if parents knew of potential rightful sources of information and direct children accordingly, such as evidence based websites found both locally, and abroad, together with reliable human sources, such as PSCD teachers. The more creative and original are these sources of information, the more inclined children would be willing to seek their information.

## **8.6 How parental communication is made more conducive to children**

Creating a family atmosphere whereby questioning and inquiry are respected and encouraged is also a challenging situation in most families. According to the local study, parents wanted more open and straightforward information for their children. For parents to deal with sexuality, with the openness and honesty it deserved, it was recommended that parents were coached in providing their children with the space and time, from an early age, to express their concerns

without judgment, bias or negative attitudes. Neither parents nor children should fear that in-depth communication would create arguments, but equally it should not make either party feel judged, or else feel that parents were giving, or children given apparent approval, that sexual activity was acceptable at this stage of their lives. Even though parents claimed that they addressed the subject as often as the need arose, and showed little embarrassment in having conversations with their children regarding sexuality and relationships, specific skills were still needed in terms of initiating and maintaining ongoing and conducive discussion regarding these matters. Parental skills' programmes needed to offer communication skills, which would be open, synergistic and engaging. Parents in the focus groups, claimed that they wanted to avoid the long sermons often provided to them by their own parents, as they were perceived as 'useless' in the communication process with their children. Further skills were also needed in order to incorporate sexuality and relationships subjects into normal life routines, rather than waiting for the big moment where the subjects would be discussed in isolation. In addition, parents needed to be equipped with skills to circumvent fear and embarrassment factors, which potentially could have been deterring parental focus on the needed sexuality and relationships issues.

Even though from the focus groups some information were derived regarding the parent and child behaviours during sexuality and relationships conversations, further research was needed to understand better the conversational dynamics between parents and children. Studies needed to include both the implicit and the explicit parental messages. Silence, disapproving looks and lack of support often spoke louder than words, thus parents might unknowingly be perpetuating less favourable messages, in relation to sexuality and relationships. In addition, further research is needed to explore the long-term impact of parental messages on children, understand children's interpretations, and how they are deriving sense out of it. In this way, parents would become even more critical of their input, and strive towards redirecting sex-negative termed as 'erotophobic' in Evans (2004), consequence-focused discussions to conversations on relationships, intimacy, sexual pleasure and inclusive of non-heteronormative love. Parents also needed to be aware and focus on pertinent, age-appropriate health issues, which were inclusive and non-judgemental.

## 8.7 Where children did not follow the parental heteronormative expectations

The general parental expectation in terms of children's sexuality was always that of a heteronormative pathway, and this was often represented in the parental communications. As a result, the parental information provided was often skewed towards traditionalistic pathways, where parents felt more comfortable in various occasions. However in several emergent studies, and also from a local focus group, it was observed that children whose sexuality differed from the heteronormative i.e. being LGBTIQ in nature, were burdened with various obstacles not only within themselves, but also within the family unit (Aveline 2006; Kane 2006; Solebello *et al* 2011; ; Baiocco *et al* 2014; Machado 2015; Jadwin-Cakmak *et al* 2015; Goldfarb *et al* 2015). It was suggested that further in depth studies would be carried out, in order to discover ways of how, and when, parents dealt with LGBTIQ children's needs, the difficulties that were encountered in the process, and also unravel any potential successful ways how parents tackled similar situations.

Since adolescence was often viewed as a period of sexual socialisation, experimentation and risk-taking, it would be unjust that LGBTIQ children were left to fend alone in life situations, without the significant knowledge, skills and human resources that could potentially support them in otherwise, socially constructed, arduous journeys. It was recommended that crucial educators such as parents embraced transition themselves. This parental transition could be particularly challenging especially in the light that, locally, parents often propagated normative and traditionalistic masculine and feminine behaviours, leaving no space for a much-needed variance in sexualities, gender attitudes and behaviours. Parents were often inflicted with perceptions that LGBTIQ individuals involved themselves in risky sexual behaviour, were often HIV positive, and experienced elevated levels of internal stress and conflicts, relationships problems, negative attitudes, and psychopathological problems such as suicidal ideations. These negative connotations of LGBTIQ sexuality in teenage years potentially caused communicative barriers between parents and children. Parents, especially fathers, needed help relinquishing any pre-held misconceptions, that gender and sexually variant children were weak, and not worthy of their attention, and start creating necessary links of communication, and transmission of skills and knowledge. Parents should be aware of the multiple conflicts the teenagers could be experiencing internally, throughout the multiple 'coming out' processes, including revealing themselves to their own families, and to the Maltese community, and offer an open and non-judgmental attitude towards their children.

It was therefore considered an urgent matter that the family were helped in becoming integral and supportive of the gender and sexual variance journey. It was evident that parents needed to be equipped with the adequate knowledge, skills, attitudinal and perceptual adjustments in order to accommodate the children's unique personas inside the family, the young children's transition would be ameliorated (Solebello *et al* 2011). For this to happen, parents needed to be helped to keep an open mind on the notion of non-heterosexual orientation and not consider it as a problem, in order to make their children feel more accepted. Parents could potentially become the agents of change, and as a result, challenge the felt societal and cultural moulds, whereby every child was coached and modelled to fit into. Through sustained parental teachings, all the family members would need to adjust and perceive sexuality and gender as fluid, and diverse, and not as something static, biologically and conventionally based. Parents required support in challenging their own conventional sexual and relationships behaviours, accept and normalise gender binaries, be open to alternative sexual identities and refrain from offering advice from a heterosexual stance, the only stance they were aware of. Parents also needed guidance to acknowledge, and know how to cope with the grief, anger, shock and confusion that usually was experienced once a child came out as gay. As claimed in the focus group discussion, they also needed help in dealing with the process of losing the idealized future, which they had planned for their children, such as having a traditional heterosexual wedding. Once parents felt adjusted to the LGBTIQ identities, they would be ready and open to any kind of sexuality their children chose to express whilst avoiding the rejection and stigma often initiated within the family context and perpetuated in society at large (Solebello *et al* 2011). In order to cultivate such as familial environments, it was recommended that parents encouraged mutual discussion inclusive of feelings, coping skills, worries and particular situations without being hindered by stigma, fear, guilt or lack of skills with their adolescents. The reciprocal way of dealing with a sexuality in the family nucleus would serve as the basis for future similar discussions even on a societal level, thus creating mutually, reciprocal, reinforced societal structures. In this way, an LGBTIQ individual is offered the opportunity to become a well-adjusted adult, with a family, a career and friends that accept him/her as a significant part of the Maltese society.

More educational opportunities needed to be available for parents in order to challenge their own stereotypical perceptions of LGBTIQ people. Parents in the focus groups have to shed untrue perceptions that LGBTIQ individuals were 'promiscuous' and HIV positive. Promiscuous according to Evans (2000) is a moral or moralistic concept, rather than a sexual one. In addition,

parents should be informed of safer sex practices, with the incorporation of sexual pleasure skills, so that the youths' situational sexual impulsivity does not come at an expense of harmful personal consequences. Due to the locally permeated ideas that condom use impedes sexual performance and pleasure, it was recommended that parents advocated strongly condom use in order to prevent SAIs. In this regard, parents had already expressed that the idea of taking precautionary actions such as condom use became more difficult to adopt in teenage years, due to peer pressure. Therefore it was evident that educational efforts had to be inclusive of intrapersonal skills, whereby parents individually addressed their own personal attitudes and perceptions but also on an interpersonal level so that they knowingly, and skilfully, propagated balanced sexual health views to their families, friends and society at large. Empowerment classes in order to influence and lobby towards inclusion of LGBTIQ sexualities and relationships issues would be also beneficial for parents in order to be key influencers in schools, media and the Maltese society.

LGBTIQ sensitive educational programmes should be offered in schools and other community structures such as youth organization, in order to maintain the open, inclusive environment propagated at home. As suggested by the parents themselves, local celebrities could also help in supporting LGBTIQ societal acceptance and reduction of stigma. Through these mentioned practices, firstly within the family followed closely by changes in in society, LGBTIQ issues would be addressed in a multi-dimensional fashion. It was also viewed conducive if, health care professionals provided support, and empathy to parents undergoing the transitioning and acceptance journey and helped create and facilitate networking amongst families, so that parents meet, exchange and network amongst other parents going through the same experiences. Once empowered, parents would be able to mobilize interventions themselves.

Further research is viewed as essential in terms of parental responses in relation to LGBTIQ issues. Further light needs to be shed on the ways that parents adjust their personal attitudes and beliefs, in order to accept LGBTIQ children. In depth, research is deemed necessary to examine the effects of conceptualisations, tolerance and acceptance levels of the various parent-child dyads possible, and as a result, form suitable and reliable interventions for future generations. Interventions would need to integrate various aspects involved such as masculinity, critically analyse gender normative, religious and socio-political views, and offer acceptable ways to facilitate acceptance. Other issues such as why mothers were seemingly more acceptable to

gender variance, and why fathers felt more empowered to direct heterosexuality, needed to be addressed further in the local context. Maltese parents, through the focus groups, seemed more ready to accept their sexually variant children as opposed to other countries such as the USA (Aveline 2006; Kane 2006; Solebello *et al* 2011; Jadwin-Cakmak *et al* 2015). Such a finding offered an opportunity to investigate further, how and why this situation was found in Malta as opposed to other countries such as the UK and the US. The claimed Maltese parents' openness and inclusion to diversity could also be reflected and further propagated through stronger and more influential means such as the media.

The media were frequently suggested by parents as a means of facilitation and/or inhibitor in terms of the children's educational efforts in sexuality and relationships. Parents were aware that children were more technology aware and had easier access to the internet, and mobile devices. In general, parents felt that they were aware of their children's exposure through the technology present in the house; however, in reality their perceived knowledge was limited. Thus, it was recommended that more studies were carried out on the children's use of technology, and the resulting attitudes, perceptions and behaviours whilst incorporating the various levels of provided parental supervision levels. Further insight was deemed necessary in terms of sexuality issues on-line such as sexting, snap chatting, internet safety, and other issues that continue to arise due to the ongoing development of social devices.

## **8.8 Conclusion**

The study carried out in Malta has identified that parental communication regarding sexuality and behaviour was influenced by a myriad of influential factors present in terms of process and content. Various strategies needed to be formed, utilised and evaluated in order to help parents prepare themselves with the information, skills, attitudes to openly and frequently engage their children in two-way discussions, which are non-judgmental and inclusive of various issues. Other reliable resources such teachers, siblings and media could be included in the process in order to sustain further familial practices. Children needed to be prepared to face the challenges often encountered in the cultural and societal arenas. It was also deemed important that parents were aware and able to address possible barriers, which were often present in the educational process, in order to provide children with every opportunity to learn and face challenges posed. Children's futures were impacted by their sexual decision-making skills, such as choosing the



right partner, delaying sexual initiation, and addressing the importance of love and intimacy thus resulting in healthier and conducive sexual experiences in adulthood. This is why children should be surrounded by knowledgeable and skilful adults, who would be ready to guide them and offer them the necessary information, free from fear, disappointment and guilt, to become a healthy, decisive and balanced individual. Further to these recommendations, several limitations had been identified throughout the research process.

## 8.9 Limitations

The researcher attempted to capture a large and diverse sample in the Maltese Islands by utilising a mixed method approach consisting of a postal survey amongst mothers of 14/15 year old children supported by four focus groups carried out amongst various parental groups within the parental community. In order to encourage parental response rates, the researcher doubled the amount of postal surveys sent to respondents and sent a reminder letter in order to prompt parents' replies to the survey. All these research efforts yielded a response rate of 50.7%, a percentage higher than was normally expected.

Since the maternal register was utilised to derive parental details, the survey could only be sent to mothers thus potentially omitting willing paternal responses. Even though respondents claimed to have a good educational background and were willing to talk and write about the subject, there could still be a large amount of undiscovered information derivable from parents who were reluctant, or unable to answer to the survey due to literacy problems. Unanswered survey forms were viewed as a lost the opportunity for the researcher to uncover ways to understand parental communication pathways, and identify potential parental perceived enhancers, and/or barriers, to the process in becoming valid contributors in their children's educational journey.

The focus group discussions succeeded in providing in-depth information on both paternal and maternal practices in terms of sexuality and relationships. Even though the researcher attempted to choose parental group from across the Maltese islands and from different socio-economic areas, the attending parents were conveniently sampled, thus representing parents who were willing to attend and to express their thoughts, attitudes and behaviours without fearing to be judged. There could still be various other unravelled reasons why other parents were reluctant to attend and divulge salient information in the focus groups discussions despite the confidentiality clause. Parent might have felt under scrutiny in the discussions or feared that they will be judged by the researcher and/or pressured by other attending parents (Polit *et al* 1999). Talking about sexuality and relationships was viewed as a hard task to be taken up by parents in public, in view of the various social norms and self-esteem issues pinpointed out also in the Unified Theory of Behaviour (Guilamo-Ramos *et al* 2006). Parents might have feared that they will be viewed by their peers as incapable of carrying the expected educative role or else made themselves feel less

competent if they compared themselves with other parents' communicative behaviours. Also there might have been the possibility that they did not want to project the image that they were approving parents of children's sexuality and relationships behaviours in the Maltese socio-cultural, political and religious constraints.

For the purpose of this thesis, only parents were recruited and investigated. It would have been beneficial to examine parent-children dyads, in order to unravel and understand the performed communication, both from the parents' and the children's perspectives. Comparison would have been possible between parents' and children's expressed views and the possibility to identify common and/or incongruent views. In addition, parent-child connectedness was not be measured, nor was it possible to measure the potential influencers that influenced the children's communication on sexuality and relationships, as compared to their parents'. However, parent-children dyads would have been difficult to assess, as parents would not have felt comfortable to vent their feelings in front of their children, or else put more pressure on already tensed familial relationships. On the other hand, there also seemed to be also lack of investigation of how local children perceived parental communication efforts, attributes and methods utilised, and how they managed to internalise their paternal ideations, values and skills. In addition, children's experiences in terms of parental communication on sexuality and relationships were not explored. Children might have felt pressured to discuss matters with their parents, avoided a similar circumstance, or else feared that their conversation may have had jeopardised their parents' perspectives on them. It was also important to point out that parents may have had perceived higher communication levels if compared to those of the children's, thus such provided perspectives had to be interpreted in caution as they might have not been a true reflection of the process.

Another limitation in the study was the reliance on self-reporting. Parental findings should be interpreted with caution, as parents might have been more ready to participate in order to appear as exemplary parents, which could have contrasted significantly with what was being done in reality. The derived information was only a snap shot of what the parents claimed to have done with their children, but it did not provide the researcher with a comprehensive view about the dynamics involved in the conversation processes, and what had been altered, challenged and maintained, in order to keep the conversation status open or closed with the children. Also since the children in question were in their teenage years, a significant amount of time had passed,

parents might have made an effort to recall what had been discussed in years prior to the survey, or else could have made up information which might not have been comprehensive across all the children's previous years. None the less, this study had brought several aspects of the parental communication process, provided fresh perspectives on the matter and provided insight on what would enhance the process.

The researcher had utilised the Unified Theory of Behaviour in order to bring out the various influential factors in terms of parental communication. The various parental motivators included a combination of parental expectations, social norms and self-concept issues. Several barriers were also identified which affected the way parents' tackled sexuality and relationships education with their children and these barriers could have impacted on the different ways information was retrieved from parental memories. In order to circumvent such inconsistencies in parents' information retrieval, parents were subjected to the same survey at the same time. Only in this way could one have deduced that the derived results were influential in terms of behaviour and attitudes.

The majority of respondents were married and held Catholic religious beliefs, and thus the derived information could potentially not be generalisable to the Maltese population. Since Malta has become more diverse in terms of cultures, languages and religious affiliations, there could have been other potential uncovered differences in parental beliefs, which might be influencing the local field. Also in depth exploration of parental views on sexuality and gender variant children was minimal. Those parents who participated in the LGBTIQ focus group were mostly accepting, and supportive of their children, therefore there might still be uncovered data regarding parental perceptions, and communicative behaviour, in terms of children's gender differences and sexual orientations and other possible problems surrounding these particular circumstances. Also parents who either were not available because of separation or divorces, could have provided different communication pathways, and/or else expressed other aspects which might have helped the understanding of the communicative dynamics of non-close proximity parents. The lack of paternal participation in the survey was also observed, thus skewing the derived information towards female and maternal perspectives only. Therefore, there might have been further undiscovered paternal perspectives present in the Maltese scene, which could have been contributory in the parental communicative pathways.

It was also important to point out that parents' sexual orientation was not taken into consideration. LGBTIQ parents might have had diverse attitudes, knowledge and experiences to the heterosexual parents. Since LGBTIQ parents might be living against societal norms, they might have felt under particular scrutiny, thus their communicative behaviour, attitudes and transmission of skills and knowledge was different, difficult, and led to special circumstance such as parental stress (Field *et al* 2016; Pullen Sansfacon *et al* 2015; Platero 2014). Gay and lesbian parents might be encumbered by various societal expectations and perceived as unfit parents, due to their sexuality. However, as parents forming part of the Maltese society, they might still be needing help in addressing sexuality and relationships issues in their families. As parents, they may have still felt the need to protect their children from unnecessary premature sexual circumstances, help them make informed decisions with the right knowledge and skills, without being encumbered with emotions such as embarrassment, trust issues and arguments within the family nucleus. Thus, LGBTIQ parental needs' should be included in any provided parental educative programme. Apart from the parents' personal limitations, LGBTIQ parents have societal expectations and norms often expecting them to fail, since they are viewed as the unconventional family (Platero 2014; Pullen Sansfacon *et al* 2015). Despite the above numerous limitations, it was believed that nationwide local research study had yielded significant results, which provided unique local perspectives but has also set out to guidelines on future research projects on the subject matter. In addition, both the survey and the focus group discussion's findings provided salient information on which a solid parental programme could be formulated by incorporating relevant personal, social, cultural and religious influences in the Maltese society.

## 9 Chapter 9: Conclusion

This research study aimed to examine the role of Maltese parents' role in the children's sexuality and relationships educational pathway. Various parental perceptions, attitudes and knowledge were identified together with elements that hindered or aided such a complex, educational familial exercise. The research methodology utilised was two-fold, including a postal survey provided to a large sample of parents, who had 14/15 year old children. A 50 % response rate was experienced. The Unified Theory of Behaviour had provided the conceptual framework on which the survey was planned and constructed (Guilamo-Ramos *et al* 2006, 2008). This theory was made of the amalgamation of 5 concepts which were found to be significantly influential in parental communication with their children. The concepts consisted of Expectations, Self-efficacy, Self-concept, Social norms and Emotions. Four focus groups, consisting of mothers and fathers from various socio-economic groups in society, were then carried out in order to delve deeper into parental knowledge, attitudes, skills and habits also based on the K.A.S.H model of Griffith & Burns (2014).

Several pertinent issues were highlighted in this localised study, which were unique in their nature across the Maltese Islands;

- More mothers than fathers to participate in the survey, whilst in the focus group the parents' participation were balanced.
- The majority of parents were married, held catholic religious affiliations and had various educational backgrounds. Few fathers participated in the survey. However, a wealth of paternal information was provided during the focus groups, which uncovered a potential resource that remained untapped.
- Overall, the participants expressed that they lacked the knowledge and comfort in providing sexuality and relationships education to their children.
- Several other aspects were uncovered that influenced the parental educative efforts. These aspects consisted of a combination of self-concept issues, various expectations that consisted of both expected positive and negative outcomes from the provided education, and social norms. The findings confirmed that the parental process in providing SRE was affected by several procedural issues consisting of intrapersonal and interpersonal elements, together with socio-cultural, religious and political influences.

- In terms of content, parents seemed to be more comfortable and able to transmit information in relation to the biological functions, rather than other complex issues such as relationships, emotions and sexual abuse.
- The communication process between parents and children seemed to be more reactive. In the main children-initiated conversation through questioning their parents. Some parents, however also pointed that education could be carried out not only verbally, but also through non-verbal cues.
- It was also evident that mothers were more comfortable providing daughters with additional learning opportunities, than to their sons. Since mothers were the main providers of information, they felt at loss in providing information pertaining to male issues. These findings were more evident in focus groups, than in the survey.

Overall, the parents agreed that the educational process should start at earlier age than 14/15 years, and this was reflected both in the survey and in the focus groups findings. However, the communicative methods utilised by parents to transmit salient information to children were still haphazard and occasional at best. Despite the above findings, the parents were vocal about the role of the PSCD teachers in schools, and rated these professionals highly, after their own role as primary providers of SRE. They also suggested several ways how they would like SRE in schools to improve, including themselves being involved in training in collaboration with school teachings, in order to be able to work in parallel with the children's educational development. However, in the focus groups conversations, it seemed evident that parents, even though they were responsive and ready to talk about the subject, they still considered their children as asexual, and naive to be exposed to in-depth information, regarding sexuality and relationships.

These findings questioned whether the parents were really committed to their children's educational journey starting from an early age, and progressing as the child grew and developed physiologically and cognitively. It was also evident that parents knew that the children were continuously bombarded by messages from the media and the internet. Even though they claimed that they had supervised their children's exposure to various media means, they were still aware of the negative influence media had on children. In addition, they were aware of the peer influence present in teenage years and the importance given by children in order to conform to their peers. Despite the uncovered findings, the parents showed determination to keep offering

the best information they had to their children, as they did not want to repeat the same mistakes done by their own parents and keep potentially exposing their children to harmful consequences. In this situation, power dynamics were often exposed by parents where they considered themselves superior to children and felt responsible for their action. Parents perceived sexuality and relationships more in terms of negative consequences, such as Sexually Acquired Infections and unplanned pregnancies, rather than an opportunity to explore love, negotiate relationships and derive pleasure. In addition, the general parental perception that the children were heteronormative permeated all discussions including the survey results.

The researcher also carried out a specific focus group, which addressed the parental perceptions and attitudes concerning LGBTIQ parenting and the hurdles they encountered. In this unique occasion, the mothers took the lead in the discussion, despite their own information deficiencies, and the socio-cultural difficulties encountered in everyday lives including schools, religious groups, relatives and health care settings. None of the attendees gave up on their children, and despite their struggling efforts, they worked towards providing acceptance and fruitful lives for their children. However, the acceptance process took a lot of time and effort from the parents. Parents, most of the time, felt at loss as they felt unable to understand their children, and as a result, their children suffered in all aspects in life. Parental problems were even greater when there were children with gender variance, where issue of transitioning, hormone treatments, clothing issues, and bullying at schools were of concern. In addition, parents had to face mental health issues within their families, together with feelings of inadequacy, in facing the posed challenges. Fathers, in the case of LGBTIQ issues, were not participants in the educational process; therefore, mothers were left alone, striving to keep their families intact, despite the encountered difficulties. Mothers felt that they needed cognitive, psychological and social support in order to address personal situations, together with socio-cultural struggles within their families' lives.

All the above salient findings especially in an unexplored terrain such as the Maltese Islands provided several recommendations so that claimed parental situation were improved. It was suggested that:

- parents should be given the opportunity to learn the theory and the skills to address sexuality and relationships in its entirety, with their children at an early stage in life



progressively increasing their input as their children matured, whilst incorporating it with other important subjects. In this way, not only would sexuality and relationships not put on a special platform, needing special attention, but normalised and it would be discussed openly, where it could be as often as necessary. This communicative parent/child process would not only enhance the children's sexual and relationships decisions, but also strengthen the parent/child relationships, through increased open and honest discussions.

- In addition, parents should not be left working alone in this educational quest, but also work in collaboration with external respectable sources, such as health professional, and educational personnel, in order to instil values of diversity, respect, love and mutual understanding in their children's repertoire of skills and knowledge.

Since parental involvement is one of the key elements in the Maltese National Sexual Health Policy and Strategy, the above findings are salient in addressing the various areas influential elements in familial communication. It is proposed that once parents are empowered with the adequate and timely tools to initiate and continue such an educational journey within their family, children would develop into knowledgeable, self-efficacious citizens able to take responsible decisions concerning their sexuality and relationships. It is recommended that parents are helped in getting informed, acquire skills, be sensitive to diversity and work in collaboration with sources such as schools in order to meet the children's needs in a holistic manner. Parental educational programs can be devised and offered to parents nationwide whilst taking into account their needs, difficulties, attitudes and perceptions and offered constructive ways how to address specific difficulties. In this way, the Maltese children are offered a multi-dimensional approach to SRE.

Even though several limitations were observed during the research process, this study identified several needs in terms of SRE, familial communication and their corresponding effects on children's sexual behaviour. Further studies needed to be carried out locally in order to investigate the effects of earlier, more open and inclusive SRE on children; the incorporation of various familial members in SRE efforts such as fathers and siblings, the familial dynamics involved in the process. The effects of parental training in terms of theory and skills on their communicative patterns need the adequate attention, together with the unique needs of parents who have LGBTIQ children. In this way, a unified comprehensive approach would be offered to

children through various perspectives, individuals and systems, which potentially would bring about the positive expected outcomes in children lives in terms of sexuality and relationships.

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[http://www.maltatoday.com.mt/news/national/58277/lgbtqfriendly\\_books\\_help\\_children\\_feel\\_included\\_teach\\_tolerance\\_and\\_respect#.WXtqyYVOLmI](http://www.maltatoday.com.mt/news/national/58277/lgbtqfriendly_books_help_children_feel_included_teach_tolerance_and_respect#.WXtqyYVOLmI) [Accessed] July 2016.

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# **11 Appendix 1: SRE programmes: guidance for best practice**

## **11.1 Introduction**

In this section guidelines and frameworks of SRE comprising Canadian, Western Australian, UK, Dutch and Maltese were analysed. The researcher observed several similarities and differences in SRE practices amongst countries. All countries attempted to keep SRE as the central focus in their efforts in order to enhance the positive experience of human sexuality but at the same seek to avoid the negative consequences such as Sexually Acquired Infections and unplanned pregnancies through the effective use of comprehensive educational programmes, contraception use and the formation of meaningful relationships.

The following chapter has been divided in the following sections;

Canadian guidelines for Sexual Health Education (11.2)

Western Australia SRE guidelines (11.3)

Parental involvement in Australian SRE programmes (11.4)

United Kingdom SRE programme (11.5)

Comparison between English and Australian SRE systems (11.6)

USA SRE programme (11.7)

UNESCO guidelines (11.8)

Important contextual factors are also to be considered (11.9)

The Maltese SRE programme (11.10)

Conclusion (11.11)

## **11.2 Canadian guidelines for Sexual Health Education**

The Canadian guidelines for Sexual Health Education (2008) is a framework which focuses on the positive aspects of sexuality such as self-esteem, respect for self and others, non-exploitive sexual relations, rewarding relationships whilst aiming to reduce the negative consequences such as SAIs, sexual abuse and unplanned pregnancy regardless of any Canadian person's age, race, gender identity, sexual orientation, socioeconomic background, physical and cognitive abilities, religious affiliations and other related characteristics. Another goal is to guide health professionals in their work and to put emphasis on the sexual curricula in schools. The provided sexual health education has to be age-appropriate, culturally sensitive and respectful of individual sexual diversity, abilities and choices. Sexuality and relationships education will help individuals develop a deeper understanding of specific health needs and concerns, acquire the confidence, motivation and personal insight needed to act on the knowledge, acquire skills to enhance sexual health. It also helps to avoid negative sexual health outcomes and promote a safe, secure and inclusive environment that is conducive to promoting optimal sexual health.

The guiding principles for Canadian Sexual Health Education are accessibility of the knowledge thus making it available to every person, comprehensiveness a holistic approach to sexuality and relationships, effectiveness of educational approaches and methods through planning, evaluating and updating educational programmes in conducive environments and providing training and administrative support where needed. Effective school programmes have to be provided at all school levels. Scholastic education has to incorporate the various needs of individuals such as healthy relationships, communication skills, contraceptive methods, information on sexual assault, gender identity, orientation, gender roles, and expectancies. In addition, SRE has to be supported in a multi-sectorial way and coordinated amongst community agencies including parents. Parents need to be aware of the importance of SRE and participate in this process to enhance its positive outcomes. SRE educational staff has clear guidelines to follow, are evaluated on annual basis for service planning and professional development, and supported by policy makers, researchers and health care practitioners. Parents' and teachers' input are taken in consideration to help develop effective sexual health programs together with policy and practice. Advisory committees composed of non-governmental organization and from all levels of the government are urged to monitor and evaluate sexual health programs in order to meet pre-established targets.

### 11.3 Western Australia SRE guidelines

The sexual health education guiding principles in Western Australia (2003) are based on the framework of the Ottawa Charter for Health Promotion and The Jakarta Declaration for Health Promotion (1986, 1997). Sexual health education apart from the dissemination of knowledge takes into account the societal norms, policies and the capabilities of individuals and the community in order to influence sexual behaviours. The main objectives of the guidelines are to provide a framework for sexual health professionals to approach education in terms of prevention of SAIs and unplanned pregnancies, inclusive of risks, personal and social impact of SAIs upon individuals, families and communities. The SRE process takes into consideration the physical, cultural, emotional and spiritual well-being of each individual. It also encompasses personal rights both in female and male health issues. All individuals are encouraged to take their own responsibility for their own sexual practices and adopt safer sexual behaviours. Sexual health education is based on research, reflect an understanding of the influence society has on the individual and provides information and skills that are understandable to all individuals despite the races, gender, age, culture, socio-economic status, sexual orientations, disability and geographic location. All programs are evaluated including process, impact and outcome.

For school programs three key principles need to be followed including promotion of abstinence and delay of sexual activity for young people, supporting sexual activity in the context of respect, intimacy, readiness, love and law and encourage harm reduction strategies for young individuals who are already sexually active such as condom use. All teachers are encouraged to follow educational texts where five components are advocated such as taking a single school approach and developing partnerships, acknowledging young people as sexual beings, acknowledging, cater for diversity of students, providing an appropriate and comprehensive curriculum context, and acknowledge the professional development needs of the school community. Thus, teachers are expected to be trained, conduct educational sessions in schools using resources available to them, teach in the context of an ongoing and developmentally appropriate school curriculum, be regular, timely and credible in their messages to students and help develop skills, which are age-appropriate to students. They are also in position to address arising issues through short-term programs. In addition, teachers are thought to be more effective if they are aware of constant changes societal policies. In this document, there is no mention of parents' involvement in sexual health education. As a result, a consultation with parents has been carried

in (2008) in order to find out what parents think about sexuality and relationships education, their perceived roles and actual provision of knowledge and skills.

#### **11.4 Parental involvement in Australian SRE programmes**

Most parents in Australia are in favour of school sexuality and relationships education, as they desire that their children are able to take informed decisions regarding sex, sexual health and relationships. However, they still would like to be kept in the loop of what is being offered in schools (Dyson 2008). They also wanted to be assured that teachers offering sexuality and relationships information were qualified and had the necessary skills to do so whilst keeping in mind the sensitivity of diverse values often found amongst students and their families (Dyson 2008). They would also like that offered information in schools was provided in written format to parents and were willing to tackle any arising concerns from parents (Dyson 2008). Parents wanted teachers to listen to their concerns if any arise, help them with challenging behaviours in children and tackle conflicts in the right way. Parents also want to express what they think is important for their children (Dyson 2008). Some parents were open about their difficulties in sexuality and relationship education in light of their own negative experiences during their childhood, they lack of preparedness, lack of knowledge and confidence in fulfilling such a task (Dyson 2008). Problems often arose when fathers left the educative role solely in the mothers' hands who were unable to reach out to their children especially boys due to gender differences. It was deduced that schools should be supported by the Department of Education to provide in-depth but understandable forms of information about the sexuality and relationships (Dyson 2008). It was also suggested that schoolteachers should be available to parents for curriculum discussions and as the need arose. When parents were asked on what would help them in their role as sexuality and relationship educators, parents wanted resources that address diversity, age and gender appropriate information and information in relation to children's physical, emotional and cognitive development. They also needed tools how to tackle more difficult subjects such as contraception, relationship formation and to take informed decisions (Dyson 2008). Videos, magazines, newsletters, DVDs, interactive website where all suggested ways of how such sexuality and relationship information could be passed on to parents (Dyson 2008).

## **11.5 United Kingdom SRE programme**

In the four constituent countries in the UK, there are specific guidelines and procedures for delivering SRE. In this section, the researcher will focus on England's guidelines given that this PhD is from an English University. Sexuality and relationships education is part of the Personal, Social and Health (PSHE) framework (2000). SRE will help the physical, emotional and moral development of young people through the development of skills and understanding of facts such as physical development, formation of values such as love, respect and contraception. In this way, young adults would be able to carry out informed decisions and lead healthy lives into adulthood. Schools have national frameworks to follow in order to contribute towards the education of children together with consultation with parents and the community. Each school is obliged to have a policy, which is available to inspection. SRE programmes have to have information on who is conducting it, the methods utilised for information and skills transmission, how it is monitored, evaluated and reviewed yearly and also inclusive of information on the parents' right to withdraw students from SRE. Materials used for education need to be appropriate and inclusive of cultural, ethnic, age and gender diversity. In Primary schools, children's educational programmes are customised according to their age and cognitive abilities but at the same time, they have to be taught of the physical and emotional changes that could happen in their lives before they actually happen for real. Formation of friendships, bullying and building of self-esteem are also issues that are tackled at Primary School level. Children are further supported during the transition from Primary School to Secondary school. Parents at this stage are further consulted with the materials and knowledge that is being offered to children so that they can further support it at home.

In Secondary schools, SRE is further supported with the National Science Curriculum together with additional topics such as self-esteem, taking responsibility for the consequences of one's actions, contraception, abortion and its moral and personal dilemmas, Sexually Acquired Infections, delaying sexual activity with clear understanding of why taking responsible choices, dealing with the pressures of smoking, drugs and alcohol and understanding of the law when applied to sexual relations. Although the UK government is aware of strong and significant relationships outside marriage, children are taught of the importance of marriage, as it is an important building block of society. Teachers are responsible to ensure safety and welfare of their students. Teachers are expected to utilise various teaching strategies for effective transmission of skills, knowledge and values. They are expected to establish ground rules to



follow in educational sessions and ensuring distance from their students especially when discussing sensitive. Teacher also set clear parameters of what is appropriately discussed in class settings, utilise discussions and projects to enhance learning for students and use reflections as a way to consolidate what has been learnt with prior understandings and attitudes. In addition, schools are expected to have clear guidelines on confidentiality. Teachers are also not legally bound to inform parents and head teachers on any pupil unless specifically requested by the head of school. Teachers are to follow a set of procedures for children under the age of 16 if the student is thinking of having sex. If sexual abuse is suspected, protocols on child protection should be followed. Since a considerable amount of time has passed since the issuing of these provided guidelines, there is lack of information on abortion, LGBTIQ issues, same sex marriage and child rearing in same-sex marriages. All schools' efforts should be carried out within the schools' policy and with partnership with parents involved.

The English SRE guidance (2000) contains a section dedicated to parents where it first brings out the importance of parents in their role of teaching their children about sexuality and relationships, how to maintain the family's culture and ethos, ways how to cope with the emotional and physical aspects of growing up and the corresponding challenges and responsibilities. Parents are expected to support their children in the correct naming of body parts, encourage talking about feelings and relationships and answer questions about growing up, having babies, sex, contraception and sexual health. Support in parental roles in SRE has been highlighted also in National Strategy for Sexual Health and HIV (DH 2001) and the Teenage Pregnancy Strategy (1999). It is recommended that parents consult with the school regularly. In this way, parents could support how and what is being offered to children in schools. In the UK, parents have the right to withdraw their children from SRE for all or parts of it and thus schools have to make the necessary arrangements for children who are excluded from the offered mainstream education. Health professionals, social workers, youth workers, peer educators and visitors also have a part to play in delivering SRE.

The National Institute for Health and Clinical Excellence (NICE) (2010) has issued guidance regarding sexual health behaviour and alcohol in relation to school education and community based efforts education. This initiative was taken so that there is increased awareness regarding the importance of effective SRE. The children's abilities needed to be supported in order for them to acquire an understanding of risks, consequences of action and remain healthy (NICE

2010). Parents are also considered included in the educational efforts. In fact school head teachers, teachers, school nurses and community groups involved in sexual health work are to provide parents with information and practical exercises of how to develop confidence to talk to their children about emotions, relationships, parts of body, sexual health, contraception, abortion, homophobic bullying and alcohol (NICE 2010). In addition, parents should be made aware that SRE helps children understand their own physical and emotional development and in this way, children are more responsible towards themselves and others (NICE 2010). Parents need to be reassured that SRE does not promote early sexual activity or increase the probability of sexual experimentation but in fact helps children to resist pressures imposed on them by society, media and friends and gives them the confidence to seek a fulfilling and mutually loving relationship (NICE 2010). In addition, parents should be given the opportunity to attend courses in parenting strategies and learning effective communication skills in relation to SRE and alcohol since most of the time, they feel ill equipped to educate their children (NICE 2010).

Thus parents, school staff and community workers, are collaborators in the design and planning of SRE, in order to devise and implement a comprehensive programme for young people (NICE 2010). Young people are given the opportunity to share their views and experiences in order to include strategies how to improve their well-being (NICE 2010). In this way, arrays of subjects are included in the programme, which is factual, up-to-date, accurate, unbiased, non-judgmental, age-appropriate and sensitive to diverse faith and cultural beliefs. In order to carry out effective SRE programmes, it has been emphasised that teachers are provided with accredited training and through high level education they would be able to provide evidence based teaching to suit different learning styles, be able to set health goals, build on existing knowledge and help children develop knowledge, understanding, attitudes and skills that benefit their sexual lives (NICE 2010). Teachers have to be able to train children to be able not to relent to pressure or put other children under pressure to engage in sexual activity especially when under the influence of alcohol and drugs, be able to explain rules and laws in relation to consent and confidentiality and advise children where they can acquire confidential advice and support when needed (NICE 2010). In order to increase the impact of school provided education, it is important that teachers provide parents with a summary of what has been discussed at school with suggestions for follow up at home, encourage further discussions at home on topics tackled at school, set homework that encourages dialogue between parents and children and if necessary lend books or provide resources to parents and carers for so that they can update their knowledge regarding sexuality and relationships (NICE 2010). Schools have to maintain an up-to-date policy that

describes SRE curriculum. For SRE to be effective all stakeholders such as Directors of Public Health and of Education, Educational institutions and training centres and teachers' associations have to be on board on the proposed aims and objectives (NICE 2010).

Through a research carried out by Loon *et al* (2003), it was concluded that sexuality, relationships education in the UK was taught similarly to that in the Netherlands, and it was not a critical factor in influencing the comparatively low teenage pregnancy rates. It was the Netherlands' comparatively low benefits for single parents, the more traditional family structures, the direct bearing on the parents' ability to involve themselves in their children's everyday lives of their children, which contributed significantly to the children's development (Loon *et al* 2003). The open attitudes towards SRE inclusive of contraception had paved the way for earlier discussion of sexual relationships before embarrassment was an issue or before SRE was interpreted as the time has come to start having sex (Loon *et al* 2003). The cultural climate surrounding sexual health seemed generally to be characterised by consensus rather than conflict (Loon *et al* 2003).

Whilst in the UK, personal, social and health education (PSHE) had a prominent role, in the Netherlands it was characterised by the inclusion of biology and its emphasis on knowledge transmission and risk perceptions. Since biology had clear learning outcomes and an established set of criteria for assessment, it was given greater importance especially in the delivery of SRE. In view of such criteria, parents were then expected to socialise their children regarding issues of sexuality (Loon *et al* 2003). The openness and discussion of student experiences in the provided biology curriculum was normally influenced by the individual ideologies, pedagogical cultures and the school's religious beliefs (Loon *et al* 2003). Thus, formal SRE did not reflect the social and cultural environment of the Dutch society. There was the risk that sexual responsibility was not handled well by the school environment thus leaving children addressing pressures and risks alone without the necessary skills to make proper decisions (Loon *et al* 2003). Thus, it was up to the parents to take up the education on values in the light of the lack of value inclusivity in school education. For the claimed openness in sexuality and relationships education in the Dutch system to work it had to be firmly embedded in a framework of love and mutual and self-respect (Loon *et al* 2003).

However, it was evident that Dutch parents involved themselves more in their children's sexuality and relationships process and were less anxious about their teenagers' sexual maturation when compared to the English and American parents (Loon *et al* 2003). Dutch education systems had a far greater participation of parents in what goes inside the school with higher teacher/parent consultation thus also having significant influences on school policies. Even though Loon *et al* (2003) cautioned against generalisations, teachers claimed to observe greater parent-teenager communication practices and this was fine for them as they viewed parents as the best possible agents of transmitting socio-emotional aspects of sexuality and relationships education. The close relations between parents and children showed greater levels of trust. There is a still greater discrepancy of what was learnt at school and at home and what children were facing through the increased cultural sexualisation often presented to them through media at the expense of meaningful relationships thus uncovering specific unaddressed children's needs in the educational process both through the formal and informal structures (Loon *et al* 2003).

To clarify the difference within the English and the Dutch educational systems a table had been created based on Loon *et al* (2003).

*Table 11.1: The differences between the English and the Dutch educational systems*

<b>United Kingdom</b>	<b>The Netherlands</b>
Sexuality and relationships education has been a matter of ideology and conflict.	Sexuality and relationships education has been based on matter of discipline and consensus. The educational system relies on local and professional autonomy and consensus.
	Sexuality and relationships education is a matter of school policy and not up to the national government. Parents are free to send their children to the school of choice, the development of symbiotic relationship between school policy and curriculum and parental concerns are addressed. Schools provide elaborate and restricted programmes depending on they perceive as required and

	acceptable under the circumstances.
<p>British educational system had been more politicised than the Dutch system.</p> <p>Sexuality and relationships education has been a matter of ideology and conflict.</p>	<p>The Dutch system is based on a system of trust and acceptance of difference with the government merely facilitating consensus. As a result, Dutch sexuality and relationships education is more open, explicit, graphic, and less framed by moral agenda, which tries to inhibit reflection on and the understanding of other forms of sexuality than those within marriage did. It includes discussion of feelings and relationships that are mixed with the physical, biological dimension of sexuality and relationships education.</p>
<p>Levels of poverty and social inequality in UK are much higher. The strong geographical concentration of poverty in certain areas of the UK creates a culture of hopelessness in which teenage parenthood becomes an alternative career.</p>	
	<p>Empirically based evidence of causality of openness in relation to sexual risk behaviour is difficult.</p> <p>Culture of openness makes the dissemination of information regarding sexual issues less ambiguous, reduces the associations between sex and shame thus enabling educators to influence sexual behaviours based on scientific rather than moral grounds.</p>
<p>SRE may be more viewed as way of control and regulation on sexual behaviour, attitudes and perceptions.</p>	<p>Dutch parents are more pragmatic and consensus-oriented, seeking to negotiate with their children over sexuality issues.</p>
<p>Teenage sexuality is treated as a moral issue</p>	<p>Teenage parents receive less financial support</p>

<p>thus enabling a culture of ‘blaming the victim’. Teenage sexuality and relationships education have been highly adversarial and ideological, sidelining sexual health expertise in favour of asserting a traditionalist agenda in which moral and social issues were being conflated thus inhibiting a more positive approach.</p>	<p>from the state until they are 18 and even then, it still depends partially on the teenagers’ parents own parents’ support until they are 21.</p> <p>The socially inclusive nature of the Netherlands reduces both the attractiveness of teenage parenthood and the cultural basis of resistance against mainstream norms and values.</p>
	<p>Dutch teenagers have been engulfed by the sexualisation of culture and have maintained a connection between sexuality and morality. As a result, they abstain from sexual intercourse until a later age than their British counterparts do.</p>
<p>British families face more challenges due to the higher rates of separations and divorces.</p>	<p>Dutch families are in general more united this resulting in greater degree of interaction, negotiation and consensus between parents and their children. The behaviour of children is more directly supervised and monitored even in a form of negotiation by one or more parents as a result they have less opportunity for sexual activity.</p>
<p>Dutch and British sexuality and relationships education teaching materials and curricula are the same; the only significant difference is found in terms of teaching atmosphere.</p>	<p>Dutch and British sexuality and relationships education teaching materials and curricula are the same; the only significant difference is found in terms of teaching atmosphere.</p>

<p>British schools (whereas in the UK it is in Year 7, in the Netherlands it is year 9) and in primary school nothing is offered until children are 10 years most commonly they are 11 or 12 whilst the in the UK primary schools target 10 to 11 years old.</p>	<p>Dutch secondary schools start providing sexuality and relationships education slightly later than In the Dutch system sexuality and relationships education is compulsory. It is clear that differences in between schools' sexuality and relationships education systems within the Netherlands are larger than the alleged average differences between the UK and the Netherlands.</p>
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### 11.6 Comparison between English and Australian SRE systems

In Walker *et al* (2006) study, a comparison was carried out between Leeds, UK and Sydney Australia in order to bring out any cultural and societal differences in between countries in relation to SRE especially in primary school years. Both the teachers and the parents' perspectives were taken onto account. Several common themes were experienced both by teachers and by parents despite the geographical separation. The taboo often enshrouding SRE was felt in teachers and parents in both countries however unlike Australia; the English parents' role in the children's sexuality and relationships education was just starting (Walker *et al* 2006). In the light of the claimed parental and teachers' acknowledgment and openness towards SRE, parents and teachers were still hurdled with uncertainty and embarrassment. Even though children in both countries were bombarded with sexual messages and images on the media, open communication was fraught with difficulty (Walker *et al* 2006). Thus, it was easier for parents to abdicate their role as primary sex educators to teachers at school (Walker *et al* 2006). Some teachers and parents suggested that when parental communication with children needed to be started at a young age leading to further in-depth discussions (Walker *et al* 2006). Child-parent interactions reduced the fear experienced in children if they raised the subject as they were used to discussing several issues with their parents already (Walker *et al* 2006). Cultural myths also seemed to be surrounding SRE thus predisposing children not to ask questions (Walker *et al* 2006).

In spite of the long debate often encountered in both countries of who should educate children about sexuality and relationships, it was agreed that both parents and teachers should be a partnership approach on how such education was carried out in order to provide consistent and comprehensive programmes (Walker *et al* 2006). Increased teachers' collaborative communication and parental participation in the development of schools' programmes and policy would enhance the process for the children's benefits (Walker *et al* 2006). It was important to point out that even though parental and teachers' perspectives were taken into account separately, in reality, both perspectives were similar as most parents were also teachers (Walker *et al* 2006). However one had to point out that teachers who were also parents were at an advantage as since they carried out SRE as part of their profession, they were provided with pre-service and in-service training in order to keep abreast with up-to-date knowledge and effective strategies to deal with the subject with the confidence and competence it deserved (Walker *et al* 2006). The provided resources and confidence skills however were missing for all the involved parents in all countries thus it was difficult for parents to begin and continue their educational efforts with their children and participate in important planning of sexuality and relationships education in schools (Walker *et al* 2006). Older siblings and grandparents were also perceived as suitable alternative sexuality educators to children (Walker *et al* 2006). Thus through this seminal research study it was acknowledged that SRE should be an inter and intra-sectorial effort (Walker *et al* 2006).

### **11.7 USA SRE programme**

In the USA, abstinence-only programs had been carried out in the last decade due to Federal Government funding initiatives. Even though abstinence remains the only way to prevent premature pregnancies and sexually acquired infections, its effectiveness has been under dispute for several years. In abstinence-only programs, children are taught that sex behaviour is to be left exclusively in the context of marriage where partners are expected to be mutually faithful. Out of wedlock sexual behaviour, unplanned pregnancies and SAIs were pictures as causing harmful psychological, physical and social repercussions which young people are unable to handle. In addition, young people are expected to reject sexual advances especially if under the effect of alcohol and drugs. No comprehensive information was provided regarding sexuality thus leaving children devoid of information and skills necessary to tackle their sexual lives such as the various methods of contraception, sexual responsibility and SAIs (Constantine *et al* 2007). It is only the state of California that never accepted federal funding for abstinence only programmes



but insists on school-based sexuality and relationships education programmes that start by seventh grade that are medically accurate, age-appropriate and comprehensive (Connecticut State Department of Education 2012). Even though 85% of California's adults support comprehensive sexuality and relationships education, still it has not been widely implemented in schools in fear of being opposed by important stakeholders of the districts such as parents, health and educational professionals (Constantine *et al* 2007).

In view of the above findings, Constantine *et al* (2007) wanted to see the extent of commitment, parents showed SRE in schools and together with their beliefs and perceptions. A large number of interviews (1284 interviews) were carried out amongst ethnically, religious and culturally diverse parents (Constantine *et al* 2007). A large proportion of parents (89%) supported strongly comprehensive sexuality and relationships education in schools despite the age, religious and ethnic diversity made their wishes known in school boards (Constantine *et al* 2007). Parents claimed that avoiding unplanned pregnancies and SAIs was very important for their children followed by avoiding sexual intercourse at a young age. Having a healthy relationship with a partner was in fact one of the parents' objectives (Constantine *et al* 2007). In addition, the majority of parents wanted their children to have comprehensive knowledge and skills in high school so they were able to take informed decisions and protected themselves against SAIs and unplanned pregnancies in the eventuality that they involved themselves in sexual intercourse (Constantine *et al* 2007). It was also evident that subjects such as LGBTIQ issues, masturbation and sexual pleasure were regarded as controversial topics to be taught as school thus more discussions between school and stakeholders were needed (Constantine *et al* 2007, Mkumbo *et al* 2010). This study had potentially policy implications that comprehensive SRE was supported by stakeholders such as parents it could be carried out without obstacles and with the necessary public funding; it deserves and needs (Constantine *et al* 2007).

## **11.8 UNESCO guidelines**

UNESCO has also issued guidelines and characteristics for effective programmes consisting of:

- 1) SRE programmes should be carried out in schools and other youth organisations in order to reach a large amount of youths at the same time

- 2) A programme needs to address all the information about sexuality and relationships thus needing 12 sessions or more, which are roughly 50 minutes each.
- 3) In order to maximise learning on topics such as sexuality and relationships, they need to be addressed according to the age of the audience and are reinforced over time.
- 4) Topics are to be tackled out in a logical fashion where firstly, motivation is enhanced and efforts strengthened towards avoiding SAIs/HIV and pregnancy through emphasis about the infections' susceptibility and severity. Attitudes and skills also need to be addressed in order to avoid dangerous infections.
- 5) A wide range of teaching methods are to be used to implement effective SRE including active involvement of students followed by periods of discussion or reflection on what is offered in the session.
- 6) The curriculum offered must be coherent with the community, culture, age and sexual experience of students.
- 7) In order to increase parent to child communication regarding sexuality it is essential to give students homework on what has been discussed at school starting from simple tasks to more complex ones. Parents should also be prepared so that they provide equally important information to children and be more comfortable in doing so.
- 8) Curricula should also include gender inequalities and stereotypes in order to be more effective.

### **11.9 Important contextual factors are also to be considered**

- 9) For the smooth running of SRE programmes there have to be developmental frameworks, policies on health and social issues and consultation with all stakeholders such as teachers, unions, NGOs and young people themselves. In addition, all programmes have to undergo official review, approvals, teacher accreditation, grade-level sequencing and testing to comply with existing policies and practice.
- 10) Capable and motivated educators have to be chosen to implement the curriculum.
- 11) Educators have to be adequately trained in order to feel confident and capable to provide the required education

12) Educators have to be continuously encouraged, guided and supported in their work so that the curriculum is delivered in its entirety and effectively.

13) An environment conducive to students where learning is carried out in a safe space is to be provided. Ground rules need to be set together with anti-homophobic and anti-gender discrimination policies.

### **11.10 The Maltese SRE programme**

The Maltese Educational Unit also issued guidelines to help teachers have a clearer direction whilst teaching SRE, offer a solid framework for the development and delivery of an effective and comprehensive within different schools and colleges, guide teachers how to deal with particular issues arising in class and direct teachers to use their professional judgement on when and how to use different materials in class for effective SRE (Camilleri 2013). A document named 'A National Curriculum Framework for all' (Ministry of Education, Employment and the Family 2012) emphasises the need that children are given the adequate knowledge, skills and right attitudes so that they are able to build a healthy physical, emotional, psychological and social sexual lifestyle.

The delivery of SRE are guided by the following principles which are the acknowledgement of children and young people that are sexual beings, develop at a different rate, being able to provide age-appropriate and scientifically accurate information to children together with risk reduction strategies often linked with promiscuous behaviour and drug use. A comprehensive curriculum takes into consideration the gender, age, cultural, religious, social and geographical background of children whilst providing a safe, caring, inclusive and non-judgemental environment that promotes a positive attitude towards sexuality, healthy relationships. Respect, intimacy, readiness, love and law need to be acknowledged together with the promotion of abstinence and the delaying of sexuality in young people (Camilleri *et al* 2013). There is no mention of alcohol and its effect on sexuality. Since the inclusion of children with special needs are included in the main stream of schools and colleges, teachers are to ensure that together with the learning support assistants, they ensure that specific topics such as abstinence, abuse and contraception are delivered in an appropriate and understandable fashion (Camilleri *et al* 2013).

All teachers are obliged to keep the below considerations whilst delivering SRE. Teachers should remind themselves that sexuality is a private matter and all information discussed in school must be kept as confidential (Camilleri *et al* 2013). There are specific circumstances that are mentioned where confidentiality will be bypassed such as children that are at risk of harm or are harming others. Also teachers are to set specific boundaries about the disclosure especially when asked personal questions (Camilleri *et al* 2013). Teachers should answer questions posed by students in an honest and non-judgemental way in appropriate language (Camilleri *et al* 2013). When students are need of specific professional help they are to be referred to the right sources (Camilleri *et al* 2013). Apart from providing a safe and supportive learning atmosphere in class, students are encouraged to discuss and explore different views, perceptions in active manners (Camilleri *et al* 2013). Age-appropriate and up-to-date resources are to be used in order to enhance learning (Camilleri *et al* 2013). Teachers are also expected to keep themselves abreast of up-to-date knowledge regarding the topics at hand and find important training for to increase one's knowledge (Camilleri *et al* 2013).

Even though parents are acknowledged as important and primary sexual health educators for children, this document emphasises the need that closer ties are to be established between teachers and parents (Camilleri *et al* 2013). Also this document suggests methods in order to support parents in their educative role such as meeting with parents/caregivers so that any concerns and difficulties are aired and the materials and rationale behind SRE are explained, simultaneous programmes are organised for parents/caregivers so that children and parents are concurrently educated on sexuality and given the tools to communicate effectively with their children. Presentations carried out by health and educative professionals in the field and distribution of educative materials by the means of website of school or newsletter/magazine are important educative tools that can be provided to parents to increase their awareness about the educational process and the content and skills involved (Camilleri *et al* 2013).

### **11.11 Conclusion**

This appendix has attempted at providing an overview in ways various countries are tackling SRE education with the incorporation of essential elements such as openness, transparency, inclusivity, diversity and disability issues. Other relevant factors such as parental involvement in the formal educational systems have also been incorporated. Despite the difference on the

geographical position in the world, countries strive towards providing SRE to children however it is evident that are various socio-economic, historical and political influences that impinge on the process directly and indirectly. These influences tend to either enhance or disturb the process at the expense of providing a holistic picture in sexuality and relationships to children.

## 12 Appendix 2: UREC Letter



Dear Joanne,

### **University Research Ethics Committee - Minute 14.4.5.9**

#### **TITLE OF RESEARCH: The parents' role as sexuality and relationships educators**

**I am writing to confirm that the above application has been approved by Chair's Action on behalf of the Committee and that you have permission to proceed.**

I am advised by the Committee to remind you of the following points:

- You must notify the Committee immediately of any information received by you, or of which you become aware, which would cast doubt upon, or alter, any information contained in the original application, or a later amendment, submitted to the Committee and/or which would raise questions about the safety and/or continued conduct of the research
- You must comply with the Data Protection Act 1998;  
You must refer proposed amendments to the protocol to the Committee for further review and obtain the Committee's approval thereto prior to implementation (except only in cases of emergency when the welfare of the subject is paramount).
- You are authorised to present this University of Greenwich Research Ethics Committee letter of approval to outside bodies in support of any application for further research clearance.

On behalf of the Committee may I wish you success in your project.

Yours sincerely

John Wallace

Secretary, University Research Ethics Committee



## Consent letter

Dear Sir/Madam

My name is Joanne Farrugia ([fj69@gre.ac.uk](mailto:fj69@gre.ac.uk), Tel Number: 23266000) and I am pursuing a Ph.D. with Greenwich University in London. My research study will be looking into the parents' role in sexuality and relationships education. My research supervisors are Dr F Kinchington ([F.Kinchington@greenwich.ac.uk](mailto:F.Kinchington@greenwich.ac.uk)), Dr D.T Evans ([D.T.Evans@greenwich.ac.uk](mailto:D.T.Evans@greenwich.ac.uk)) and Dr C Gauci ([Charmaine.gauci@gov.mt](mailto:Charmaine.gauci@gov.mt)).

The aims of the research are to:

- investigate the knowledge, attitudes and perceptions of parents regarding Sexual Health and Sexuality and relationships education (SRE)
- determine whether there is a role for parental involvement in SRE of their children and
- provide to parents a theory and skill based programme in order to increase their knowledge and facilitate the interchange of ideas about sex attitudes, knowledge and behaviours between themselves and their children.

You are being asked to fill up the provided survey and return it in the provided sealed envelope. After all the information has been collected, you can also participate in programme which will equip you with the necessary skills to communicate better with you children regarding the topic. If you wish you can leave your contact number for future in detail information about the programme.

I \_\_\_\_\_ have read the above letter of information and voluntarily agree to participate. The procedure and goals have been explained to me by the researcher and I understand them. I understand I am free to withdraw from the study at any time without any negative consequences. I understand that refusal to participate will not affect my child at school at all. I also understand that my identity will be kept confidential and all data will be kept separate from the signed consent form.

---

Signature

Date

---

Researcher

Date

Għażiż Sinjur/Sinjura

Jiena Joanne Farrugia ([fj69@gre.ac.uk](mailto:fj69@gre.ac.uk), Numru tat-telefon: 23266000), infermiera speċjalizzata fis-saħħa sesswali u naħdem mad-Direttorat ta' Promozzjoni tas-Saħħa u prevenzjoni ta' Mard. Jiena qiegħda nagħmel dottorat mal-Universita' ta' Greenwich f'Londra. Is-Superviżuri tiegħi huma Dr F Kinchington ([F.Kinchington@greenwich.ac.uk](mailto:F.Kinchington@greenwich.ac.uk)), Dr D.T Evans ([D.T.Evans@greenwich.ac.uk](mailto:D.T.Evans@greenwich.ac.uk)) u Dr C Gauci ([Charmaine.gauci@gov.mt](mailto:Charmaine.gauci@gov.mt)).

Din ir-riċerka se tkun qed tistudja r-rwol tal-ġenituri rigward l-edukazzjoni sesswali u r-relazzjonijiet.

L-għanijiet ta' din ir-riċerka huma:

- Li tinvestifa l-għarfien, l-attitudnijiet u l-perċezzjonijiet tal-ġenituri fir-rigward tal-Edukazzjoni Sesswali u Relazzjonijiet
- Tidentifika fatturi li jgħinu jew ifixklu l-ġenituri milli jipprovdi edukazzjoni fuq sesswalita' u relazzjonijiet lit-tfal tagħhom u
- Jiforma programm edukattiv ibbażat fuq teorija u ħiliet biex jiżdied l-għarfien u jiffaċilita l-iskambju ta' ideat dwar is-sesswalita' u ir-relazzjonijiet bejn il-ġenituri u it-tfal. Inti ġentilment mitlub/a biex timla l-kwestjonarju mogħti (jew bil-Malti jew bl-Ingliż) u tirritornah fl-envelopp provdut. Wara li l-informazzjoni tiġi miġbura kollha, inti tista' wkoll tipparteċipa f'programm li jgħinek biex takkwista l-ħiliet neċessarji biex tikkomunika aħjar mat-tfal tiegħek rigward dan is-suġġett. Jekk tixtieq, tista' tħalli numru tiegħek biex tingħata aktar informazzjoni u dettalji dwar il-programm.

Numru tat-telefown \_\_\_\_\_

Jien \_\_\_\_\_, qrajt l-informazzjoni t'hawn fuq u naqbel li nipparteċipa. Nikkonferma li fhimt il-proċedura u l-għanijiet tar-riċerka. Nifhem li jiena liberu/a li nirtira minn dan l-istudju fi kwalunkwe żmien mingħajr konsegwenzi negattivi. Nifhem li r-rifjut li nipparteċipa mhux se jaffettwa lil uliedi fl-iskola, fil-livelli kollha. Nifhem ukoll li l-identita' tiegħi se tinżamm kunfidenzjali u d-dejta kollha se tinżamm separata mill-formola ta' kunsens li ffirmajt.

Firma \_\_\_\_\_ Data \_\_\_\_\_

Riċerkatriċi \_\_\_\_\_ Data \_\_\_\_\_



## **Reminder Letter**

Dear Sir/Madam

My name is Joanne Farrugia and I am pursuing a doctoral study with the University of Greenwich University in London. My research supervisors are Dr F Kinchington ([F.Kinchington@greenwich.ac.uk](mailto:F.Kinchington@greenwich.ac.uk)), Dr D.T Evans ([D.T.Evans@greenwich.ac.uk](mailto:D.T.Evans@greenwich.ac.uk)) and Dr C Gauci ([Charmaine.gauci@gov.mt](mailto:Charmaine.gauci@gov.mt)).

*My research study will be looking into the parents' role in sexuality and relationships education.*

You have been asked to fill up a survey some time ago. This letter is to remind your kind self of the importance of filling up the survey and return it in the provided sealed envelope. I thank you for participating in this study. If you have already completed the survey, please ignore this letter.

Researcher \_\_\_\_\_

Date: \_\_\_\_\_

Għażiż Sinjur/Sinjura

Jiena Joanne Farrugia u qiegħda nagħmel dottorat mal-Universita' ta' Greenwich f'Londra. Is-Superviżuri tiegħi huma Dr F Kinchington ([F.Kinchington@greenwich.ac.uk](mailto:F.Kinchington@greenwich.ac.uk)), Dr D.T Evans ([D.T.Evans@greenwich.ac.uk](mailto:D.T.Evans@greenwich.ac.uk)) u Dr C Gauci ([Charmaine.gauci@gov.mt](mailto:Charmaine.gauci@gov.mt)).

*Din ir-riċerka se tkun qed tistudja r-rwol tal-ġenituri rigward l-edukazzjoni sesswali u r-relazzjonijiet.*

Xi ftit ta' żmien ilu inti ġejt mitlub/mitluba biex timla' kwestjonarju. Din l-ittra hija biex tfakkarek fuq l-importanza li timla' dan il-kwestjonarju u u tirritornah fl-envelopp provdut. Nixtieq nirringrazzjak li ħadt sehem f'dan l-istudju. Jekk inti bagħat il-kwestjonarju diga', jekk jogħġbok injora din l-ittra.

Riċerkatriċi \_\_\_\_\_

Date: \_\_\_\_\_

### **Consent for focus group.**

I \_\_\_\_\_ am consenting to participate in this focus group discussion and I have no objection to be recorded by the researcher.

The researcher explained how the focus group discussion will be carried out beforehand and for what purpose. The researcher reassured me that all the information divulged will be kept strictly confidential and anonymous and will be destroyed after the research study is complete.

### **Kunsens qhall-focus group**

Jiena \_\_\_\_\_ nagħti il-kunsens tiegħi biex nipparteċipa fid-discussjoni f'forma ta' grupp u ma' nsib l-ebda oġġezzjoni biex niġi irrekordjata mir-ricerkatriċi.

Ir-riċerkatriċi spjegat kif din id-diskussjoni se iseħħ. It-riċerkatriċi assiguratni li l-informazzjoni li jiena niżvela f'dan il-grupp ħa jinżamm kunfidenzjali u anonimu u jiġi meqrud la darba dan l-istudju jiġi mitmum.

### 13 Appendix 3: The Survey

Answer Selection:

1) Gender:  Male  Female  Transgender

2) Age:  25-30  31-36  37-42  
 43-48  49-54  55-60

3) Please specify your highest educational attainment:

<input type="checkbox"/>	No formal education
<input type="checkbox"/>	16 year-old school leaver with GCSEs
<input type="checkbox"/>	16 year old school leaver with no GCSEs
<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Degree
<input type="checkbox"/>	Master/Doctorate
<input type="checkbox"/>	Other

4) Please specify your marital status:

<input type="checkbox"/>	Married / Legal partnership
<input type="checkbox"/>	Co-habitation
<input type="checkbox"/>	Single
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Other

5) Please specify your religion:

<input type="checkbox"/>	Christian: Roman-Catholic
<input type="checkbox"/>	Christian: Non-Catholic
<input type="checkbox"/>	Christian: Orthodox
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Other

6) If you have more than one child, please answer these questions about your child who is 14-15 years old:

What is the age of your child?  14 years old  15 years old

Is your child:  Male  Female  Transgender

7) How do you describe yourself when it comes to your child's friends?

- I know all my daughter/son's friends
- I know some of my daughter/son's friends
- I know nothing about my daughter /son's friends

8) Do you supervise your child whilst watching TV?

- Yes
- No
- Sometimes

9) Do you supervise your child whilst on their computer/tablet/game consoles?

- Yes
- No
- Sometimes

10) Please rate your communication level with your child? 1 being the lowest score and 5 being the highest score.

- 1      2      3      4      5
- 

11) Please rate your communication level with your child regarding sex and relationships? 1 being the lowest score and 5 being the highest score.

- 1      2      3      4      5
- 

12) Who do you think should be the primary educator of children on sexuality and relationships matters?

<input type="checkbox"/>	Mother
<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother and father
<input type="checkbox"/>	Siblings
<input type="checkbox"/>	Mothers should educate girls
<input type="checkbox"/>	Fathers should educate boys
<input type="checkbox"/>	Either parent (it does not matter whether you have a girl or a boy)
<input type="checkbox"/>	Friends
<input type="checkbox"/>	Media
<input type="checkbox"/>	Books/magazines
<input type="checkbox"/>	Teachers
<input type="checkbox"/>	PSCD teachers
<input type="checkbox"/>	Other

**13) Please rate the statements below**

1=Strongly Disagree    2=Disagree    3=Neutral    4=Agree    5=Strongly Agree

	1	2	3	4	5
Parents should be the primary providers of sex and relationships education to their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know of other parents who provide sex and relationships education to their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educated children are able to take informed decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and relationships education would help children be more responsible about their sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and relationships education is equally important as learning how to read and write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents should be more responsible than school in providing sex and relationships education for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is embarrassing to discuss sexuality and relationships with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and relationships education should be provided at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and relationships education would result in increased sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not care of what other people think about me, I will provide sex and relationships education to my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14) Please choose a statement that best describes how comfortable you are whilst you are talking to your children about sexuality and relationships?**

- Very embarrassed or uncomfortable
- Little embarrassed or uncomfortable
- Not at all embarrassed or uncomfortable

**15) Which of the following statements describe your capabilities when talking to your child about sexuality and relationships?**

- I do not feel equipped with the necessary information to talk to my child
- I do not feel confident to talk to my child
- I do not know where to start
- I feel knowledgeable and confident to talk to my child
- I start to talk to my child but the child shuts me up
- I talk to my child as often as it is necessary

16) Please rate the statements below:

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

I think that parents who talk with their children about sexuality and relationships:

	1	2	3	4	5
Have a good relationship with their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel better as parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are nosy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear that children might be pressured into having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to protect their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would embarrass the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) Please rate the statements below.

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

If you talk to your children about sexuality and relationships:

	1	2	3	4	5
Children might ask questions that I do not know the answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be difficult to find a convenient place and time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children might not listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We might argue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children would wait until later to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would not do much good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would protect children from Sexually Acquired Infections and unplanned pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18) Which one of these statements best describes your present situation in terms of having discussions with your child on sexual topics? Fill only ONE section: A, B or C

Have not and do not intend to do so; Go To **A**

Not yet but will do so in the future; Go to **B**

Have already had a discussion; Go to **C**

**A**

If you have decided NOT to talk to your child about sex and relationships, which of the following statements best describes your situation. You can choose more than one option.

<input type="checkbox"/>	Do not feel it is my responsibility
<input type="checkbox"/>	School should do it
<input type="checkbox"/>	School covers it all and well
<input type="checkbox"/>	There is plenty of information available for them about sex thus I do not need to go into it
<input type="checkbox"/>	Children will find out about sex on their own when they are ready
<input type="checkbox"/>	I have strong religious and moral beliefs
<input type="checkbox"/>	Talking about sex might encourage them to experiment prematurely
<input type="checkbox"/>	Too embarrassed or uncomfortable
<input type="checkbox"/>	I do not feel confident with the issues or am not able to answer all questions they might ask
<input type="checkbox"/>	We have communication difficulties
<input type="checkbox"/>	Sex is a taboo for us

**B**

At what age do you intend to speak to your child about sex and relationships?

8	9	10	11	12	13	14	15	16	17	18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2) When you intend to speak to your child about sex and relationships, will you speak to him/her:

<input type="checkbox"/>	On your own
<input type="checkbox"/>	Together with your partner
<input type="checkbox"/>	Leave it up to your partner
<input type="checkbox"/>	Other: Who?

B3) Which of the topics do you intend to discuss in the future? Indicate all that apply.

<input type="checkbox"/>	Sexual Intercourse	<input type="checkbox"/>	Contraception
<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>	Sexual pleasure
<input type="checkbox"/>	Emotions	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	Puberty	<input type="checkbox"/>	Menstruation (periods)
<input type="checkbox"/>	Masturbation	<input type="checkbox"/>	Wet dreams
<input type="checkbox"/>	Oral sex	<input type="checkbox"/>	Sexual abuse
<input type="checkbox"/>	Relationships	<input type="checkbox"/>	Coping with sexual pressure
<input type="checkbox"/>	Sexual orientation (gay, lesbian, bi, trans)	<input type="checkbox"/>	Communication of feelings
<input type="checkbox"/>	SAIs (Sexually Acquired Infections)	<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	All of the above
<input type="checkbox"/>	Gender identity	<input type="checkbox"/>	Other:



**B4) Which of the following resources do you think would help you to talk to your child about sex and relationships? Indicate all that apply.**

<input type="checkbox"/>	Pamphlets
<input type="checkbox"/>	TV show
<input type="checkbox"/>	Workshops in the community
<input type="checkbox"/>	Library
<input type="checkbox"/>	Books
<input type="checkbox"/>	Videos/DVDs
<input type="checkbox"/>	Workshops in schools
<input type="checkbox"/>	Other

**B5) Please put in order the most important to the least important the subjects given below? 1 being the most important, 2, 3, 4, 5 for the next option down to the least important option. You can give the same number to more than one option.**

<input type="checkbox"/>	Sexual Intercourse	<input type="checkbox"/>	Contraception
<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>	Sexual pleasure
<input type="checkbox"/>	Emotions	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	Puberty	<input type="checkbox"/>	Menstruation (periods)
<input type="checkbox"/>	Masturbation	<input type="checkbox"/>	Wet dreams
<input type="checkbox"/>	Oral sex	<input type="checkbox"/>	Sexual abuse
<input type="checkbox"/>	Relationships	<input type="checkbox"/>	Coping with sexual pressure
<input type="checkbox"/>	Sexual orientation (gay, lesbian, bi, trans)	<input type="checkbox"/>	Communication of feelings
<input type="checkbox"/>	SAIs (Sexually Acquired Infections)	<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	All of the above
<input type="checkbox"/>	Gender identity	<input type="checkbox"/>	Other:





- 23) When do you think is the suitable time for sex and relationship education for children?  
Please choose all the appropriate ages with an

8	9	10	11	12	13	14	15	16	17	18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 24) How important do you think sexuality and relationships education is a part of the curriculum?

- Very Important                       Not Important  
 Important                                 Not very important  
 Neutral                                       Do not know

- 25) Do you think that the information provided to children at school is enough?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
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- 26) Have you been offered information about sexuality and relationships when you were a child?

<input type="checkbox"/> Yes	If yes, How old were you?	
<input type="checkbox"/> No		
<input type="checkbox"/> Do not know		

- 27) If you received sexuality and relationships education, which topics did you cover?

<input type="checkbox"/> Sexual Intercourse	<input type="checkbox"/> Contraception
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Sexual pleasure
<input type="checkbox"/> Emotions	<input type="checkbox"/> Pornography
<input type="checkbox"/> Puberty	<input type="checkbox"/> Menstruation (periods)
<input type="checkbox"/> Masturbation	<input type="checkbox"/> Wet dreams
<input type="checkbox"/> Oral sex	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Relationships	<input type="checkbox"/> Coping with sexual pressure
<input type="checkbox"/> Sexual orientation (gay, lesbian, bi, trans)	<input type="checkbox"/> Communication of feelings
<input type="checkbox"/> SAIs (Sexually Acquired Infections)	<input type="checkbox"/> None of the above
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> All of the above
<input type="checkbox"/> Gender identity	<input type="checkbox"/> Other:

- 28) How do you think the sexuality and relationships education offered to children at school can be improved?

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Poġġi  bhala twegiba tieghek.

1) Sess:  Raġel  Mara  Transġeneru

2) Età  25-30  31-36  37-42  
 43-48  49-54  55-60

3) Jekk jogħġbok speċifika l-oġġla livell tal-edukazzjoni tieghek:

<input type="checkbox"/>	Ebda edukazzjoni formali
<input type="checkbox"/>	Skola sal-età ta' 16 sena bl-eżamijiet tal-GCSE
<input type="checkbox"/>	Skola sal-età ta' 16-il sena mingħajr bl-ebda eżami tal-GCSE
<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Grad
<input type="checkbox"/>	Masters / Dottorat
<input type="checkbox"/>	Ohrajn

4) Jekk jogħġbok speċifika l-istat tieghek:

<input type="checkbox"/>	Miżżewweġ/partnership legali
<input type="checkbox"/>	Ko-abitant/a
<input type="checkbox"/>	Persuna wehidha
<input type="checkbox"/>	Separat/a
<input type="checkbox"/>	Divorżat/a
<input type="checkbox"/>	Armell/a
<input type="checkbox"/>	Stat ieħor

5) Speċifika ir-religjon tieghek:

<input type="checkbox"/>	Kristjan: Kattoliku/a Ruman
<input type="checkbox"/>	Kristjan: mhux Kattoliku/a
<input type="checkbox"/>	Kristjan: Ortodoss
<input type="checkbox"/>	Musulman/a
<input type="checkbox"/>	Religjon ohra

6) Jekk għandek aktar minn wild wiehed, jekk jogħġbok wieġeb dawn il-mistoqsijiet fuq l-wild li għandu minn 14/15 -il sena:

X'inhil-età tal-wild tieghek:  14 -il sena  15 -il sena

Dan il-wild huwa:  Tifel  Tifla  Transġeneru

7) Kif tiddiakrivi r-relazzjoni tieghek mal-hbieb ta' ibnek jew bintek?

<input type="checkbox"/>	Naf il-hbieb ta' ibni/binti
<input type="checkbox"/>	Naf uhud mill-hbieb ta' ibni/binti
<input type="checkbox"/>	Ma naf lil hadd mill-hbieb ta' ibni/binti

8) Tissorvelja dak li jara ibnek jew bintek fuq it-televiżjoni?

Iva       Le       Xi drabi

9) Tissorvelja lil ibnek/bintek waqt li jkun fuq il-kompjuter, fuq it-tablet jew *game consoles*?

Iva       Le       Xi drabi

10) Jekk jogħġbok indika l-livell ta' komunikazzjoni ma' ibnek/bintek? *In-numru 1 ikun l-anqas livell u n-numru 5 jkun l-aktar livell għoli.*

1      2      3      4      5  
               

11) Jekk jogħġbok indika l-livell ta' komunikazzjoni ma' ibnek/bintek rigward is-sess u r-relazzjonijiet? *In-numru 1 ikun l-anqas livell u n-numru 5 jkun l-aktar livell għoli.*

1      2      3      4      5  
               

12) Min tahseb li għandu jkun l-educatur prinċipali għat-tfal fuq is-sesswalita' u r-relazzjonijiet?

<input type="checkbox"/>	L-Omm
<input type="checkbox"/>	Il-Missier
<input type="checkbox"/>	L-omm u l-missier
<input type="checkbox"/>	L-aħwa
<input type="checkbox"/>	L-omm ma' wliedha l-bniet
<input type="checkbox"/>	L-missier ma' wliedu subien
<input type="checkbox"/>	Jew il-missier jew l-omm (ma' tagħmilx differenza jekk il-wild hux femminili jew maskili)
<input type="checkbox"/>	Il-hbieb
<input type="checkbox"/>	Il-midja
<input type="checkbox"/>	Kotba u rivisti
<input type="checkbox"/>	Għalliema
<input type="checkbox"/>	Għalliema tal-PSCD
<input type="checkbox"/>	Oħrajn

13) Jekk jogħġbok agħti rata għad-dikjarazzjonijiet li ġejjin:

1= Ma naqbilx hafna    2= Ma naqbilx    3= Newtrali    4=Naqbel    5= Naqbel hafna

	1	2	3	4	5
Il-ġenituri għandhom ikunu n-nies ewlenin li jofru edukazzjoni sesswali lit-tfal tagħhom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naf b'ġenituri li jipprovdu edukazzjoni sesswali lit-tfal tagħhom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tfal edukati u infurmati huma kapaci jieħdu d-deċizjonijiet tagħhom fuq bażi ta' informazzjoni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L-edukazzjoni sesswali tghin lit-tfal biex ikunu aktar responsabbli dwar l-aġir sesswali tagħhom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L-edukazzjoni sesswali għandha l-istess importanza daqs it-tagħlim tal-qari u tal-kitba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ġenituri għandhom ikunu aktar responsabbli mill-iskola rigward l-edukazzjoni sesswali tat-tfal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Huwa imbarazzanti li niddiskuti s-sesswalità u r-relazzjonijiet ma' wliedi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L-edukazzjoni sesswali u r-relazzjonijiet għandha tiġi pprovduta fl-iskola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L-edukazzjoni sesswali u r-relazzjonijiet timżulta f'zieda fl-attività/attivitàjiet sesswali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ma jinteressanix x'jaħsbu n-nies, jiena ser niprovdi edukazzjoni sesswali lit-tfal tiegħi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14) Liema wahda mid-dikjarazzjonijiet li ġejjin, tiddekrivi l-aktar kif thossok inti waqt li titkellem ma' wliedek dwar is-sesswalità u r-relazzjonijiet?

<input type="checkbox"/>	Imbarazzat/a hafna jew skomdu/a
<input type="checkbox"/>	Xi ftit imbarazzat/a jew skomdu/a
<input type="checkbox"/>	Xejn imbarazzat/a jew skomdu/a

15) Liema mid-dikjarazzjonijiet li ġejjin, tiddekrivi l-aktar il-kapaċitajiet tiegħek meta tkellem lill-uliedek dwar is-sesswalità u r-relazzjonijiet?

<input type="checkbox"/>	Ma nħossnix infurmata biżżejjed biex nitkellem ma' wliedi
<input type="checkbox"/>	Ma nħossnix kunfidenti biżżejjed li nitkellem ma' wliedi
<input type="checkbox"/>	Ma nafx minn fejn nibda
<input type="checkbox"/>	Inħossni infurmat u kunfidenti biex nitkellem ma' wliedi
<input type="checkbox"/>	Jiena nibda nitkellem mat-tifel/tifla tiegħi u hu/hi jwaqqafni/twaqqafni
<input type="checkbox"/>	Jiena nitkellem mat-tifel/tifla tiegħi kemm-il darba hemm b'zonn

- 16) Jekk jogħġbok agħti rata għad-dikjarazzjonijiet li ġejjin.  
 1= Ma naqbilx hafna 2= Ma naqbilx 3= Newtrali 4=Naqbel 5= Naqbel hafna

Ġenituri li jtkellmu ma' wliedhom dwar is-sesswalità u r-relazzjonijiet:

	1	2	3	4	5
Għandhom relazzjoni tajba mat-tfal tagħhom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ihossuhom aħjar bhala ġenituri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ihobbu jindaflu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jibzġhu li t-tfal tagħhom jistgħu jkunu taħt pressjoni biex ikunu attivi sesswalment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jafdaw lil uliedhom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jridu jipproteġu lil uliedhom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jikkawżaw misthija fl-ulied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 17) Jekk jogħġbok agħti rata għad-dikjarazzjonijiet li ġejjin.  
 1= Ma naqbilx hafna 2= Ma naqbilx 3= Newtrali 4=Naqbel 5= Naqbel hafna

Jekk inti titkellem ma' wliedek fuq is-sesswalità u r-relazzjonijiet:

	1	2	3	4	5
Hemm ċans li wliedi jistaqsu domandi, li jiiena ma jkollix twegiba għalihom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jista' jkun diffiċli li nsib post u hin adegwat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemm ċans li t-tfal ma' jagħtux kasi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemm ċans li jiiena u t-tfal nargumentaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jaf wliedi jistennew aktar biex jkollhom rapport sesswali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ma jagħmilx daqstant tajjeb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jipproteġi 'l uliedi minn infezzjonijiet sesswali u tqala mhux ippjanata	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 18) Liema minn dawn id-dikjarazzjonijiet tiddeskrivi l-aħjar sitwazzjoni preżenti tiegħek f'termini ta' diskussjonijiet mat-tfal tiegħek dwar sugġetti sesswali?  
 Għażel wahda: A, B jew C.

- Mghandix l-intenzjoni li nagħmel dan; Mur **A**
- Għalissa għadni ma tkellimx però bihsiebni nagħmel dan fil-futur; Mur **B**
- Diga kellna din id-diskussjoni; Mur **C**



**A**

Jekk iddeċidejt li ma tkellimx mal-wild tieghek dwar is-sess u r-relazzjonijiet, liema minn dawn li ġejjin tiddekrivi l-ahjar is-sitwazzjoni tieghek?

Indika dawk kollha li tixtieq.

<input type="checkbox"/>	Ma nħossx li hija r-responsabbiltà tiegħi
<input type="checkbox"/>	L-iskola għandha tagħmel dan
<input type="checkbox"/>	L-iskola għandha tkopri dan kollu b'mod tajjeb
<input type="checkbox"/>	Hemm ħafna informazzjoni disponibbli għalihom dwar is-sess, għalhekk ma nħossx li għandi nidhol f'dan
<input type="checkbox"/>	It-tfal jkunu jafu aktar dwar is-sess wehidhom meta jasal il-waqt
<input type="checkbox"/>	Għandi twemmin religjużi u morali qawwija
<input type="checkbox"/>	Jekk nitkellmu dwar is-sess, dan jista' jhegġiġhom jibdew jesperimentaw
<input type="checkbox"/>	Nħossni mbarazzat/a u skomdu/a
<input type="checkbox"/>	Ma nħossnix kunfidenti biżżejjed dwar din il-kwistjoni jew ma nħossnix kapaċi biżżejjed li nwieġeb mistoqsijiet li jistgħu jistaqsu
<input type="checkbox"/>	Għandna diffikultajiet fil-komunikazzjoni
<input type="checkbox"/>	Sess huwa tabù għalina

**B**

Ta' liema eż għandek il-ħsieb li tkellem il-wild tieghek dwar is-sesswalità u r-relazzjonijiet?

8	9	10	11	12	13	14	15	16	17	18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2) Meta jasal il-mument li tkellem il-wild tieghek fuq is-sesswalità u relazzjonijiet, kif se tkellmu /tkellimha?

<input type="checkbox"/>	Waħdek
<input type="checkbox"/>	Flimkien mal-partner
<input type="checkbox"/>	Il-partner biss
<input type="checkbox"/>	Xi ħaddieħor. Min?

B3) Liema huma dawk is-sugġetti li bihsiebek tiddiskuti fil-futur?

Indika dawk kollha li tixtieq.

<input type="checkbox"/>	L-Att sesswali	<input type="checkbox"/>	Kontraċezzjoni
<input type="checkbox"/>	L-AIDS / HIV	<input type="checkbox"/>	Id-Divertiment sesswali
<input type="checkbox"/>	L-Emozzjonijiet	<input type="checkbox"/>	Il-Pornografija
<input type="checkbox"/>	Il-Pubertà	<input type="checkbox"/>	Il-Mestrwazzjoni (period)
<input type="checkbox"/>	Il-Masturbazzjoni	<input type="checkbox"/>	Holm li jikkawża egakulazzjoni involuntarja
<input type="checkbox"/>	Is-Sess orali	<input type="checkbox"/>	L-Abbuż sesswali
<input type="checkbox"/>	Ir-Relazzjonijiet	<input type="checkbox"/>	Tkampa ma' pressjoni sesswali
<input type="checkbox"/>	L-Orjentazzjoni sesswali (gay, lesbian, bi, trans)	<input type="checkbox"/>	Kif tikkomunikas-sentimenti
<input type="checkbox"/>	L-SAIs (Infezzjonijiet li jittiehdu mis-sess)	<input type="checkbox"/>	Ebda waħda minn dawn t'hawn fuq
<input type="checkbox"/>	It-Tqala	<input type="checkbox"/>	Is-Sugġetti kollha ta' hawn fuq
<input type="checkbox"/>	L-Identità sesswali	<input type="checkbox"/>	Sugġett ieħor

B4) Liema sors/i jista' jgħinek l-aktar biex titkellem rigward sess u relazzjonijiet mat-tfal tiegħek?

<input type="checkbox"/>	Fujjetti	<input type="checkbox"/>	Kotba
<input type="checkbox"/>	Programmi televiżivi	<input type="checkbox"/>	Vidjows / DVDs
<input type="checkbox"/>	Workshops fil-komunità	<input type="checkbox"/>	Workshops fl-iskejjel
<input type="checkbox"/>	Librerija	<input type="checkbox"/>	Oħrajn

B5) Jekk jogħġbok poġġi fl-ordni mill-aktar importanti għall-anqas importanti dawn is-sugġetti li hawn taht.

In-numru 1 ikun l-iktar sugġett importanti, 2,3,4,5 għall-għażliet ta' wara sal-aħħar għażla li hija l-anqas importanti. Tista' tagħti l-istess numru lil iktar minn sugġett wiehed.

<input type="checkbox"/>	L-Att sesswali	<input type="checkbox"/>	Kontraċezzjoni
<input type="checkbox"/>	L-AIDS / HIV	<input type="checkbox"/>	Id-Divertiment sesswali
<input type="checkbox"/>	L-Emozzjonijiet	<input type="checkbox"/>	Il-Pornografija
<input type="checkbox"/>	Il-Pubertà	<input type="checkbox"/>	Il-Mestrwazzjoni (period)
<input type="checkbox"/>	Il-Masturbazzjoni	<input type="checkbox"/>	Holm li jikkawża egakulazzjoni involuntarja
<input type="checkbox"/>	Is-Sess orali	<input type="checkbox"/>	L-Abbuż sesswali
<input type="checkbox"/>	Ir-Relazzjonijiet	<input type="checkbox"/>	Tkampa ma' pressjoni sesswali
<input type="checkbox"/>	L-Orjentazzjoni sesswali (gay, lesbian, bi, trans)	<input type="checkbox"/>	Kif tikkomunikas-sentimenti
<input type="checkbox"/>	L-SAIs (Infezzjonijiet li jittiehdu mis-sess)	<input type="checkbox"/>	Ebda waħda minn dawn t'hawn fuq
<input type="checkbox"/>	It-Tqala	<input type="checkbox"/>	Is-Sugġetti kollha ta' hawn fuq
<input type="checkbox"/>	L-Identità sesswali	<input type="checkbox"/>	Sugġett ieħor



Ta' liema età tkellimt mal-wild tieghek dwar is-sesswalità u r-relazzjonijiet?

8	9	10	11	12	13	14	15	16	17	18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2) Ghala ddeċidejt li titkellem mal-wild tieghek dwar is-sesswalità u relazzjonijiet?

*Tista' taghmel aktar minn risposta waħda.*

<input type="checkbox"/>	Ibni/binti saqsieni/saqsietni għal parir
<input type="checkbox"/>	Ibni/bint saqsieni/saqsietni xi mistoqsijiet
<input type="checkbox"/>	Hassejt li kien wasal il-mument
<input type="checkbox"/>	Kont inkwetat/a li ibni/binti kien ha jkollhom rapporti sesswali u mhumiex ippreparati biżżejjed
<input type="checkbox"/>	Bhala ġenitur hassejt ir-responsabbiltà li kelli nitkellem ma' ibni/binti
<input type="checkbox"/>	Irrid li ibni/binti jkunu jafu l-fatti minghandi u mhux minghand haddiehor
<input type="checkbox"/>	Hassejt li ibni/binti kellu/ha bżonn aktar informazzjoni milli ġa pprovdiet l-iskola
<input type="checkbox"/>	Kelli tqala fl-adolessenza
<input type="checkbox"/>	Il-ġenituri tiegħi kienu tkellmu miegħi apertament
<input type="checkbox"/>	Għandi relazzjoni tajba ma' ibni/binti
<input type="checkbox"/>	Kelli ir-riżorsi li kelli bżonn

C3) Liema minn dawn is-sugġetti ddiskutejt mal-wild tieghek?

*Indika dak kollu li tixtieq.*

<input type="checkbox"/>	L-Att sesswali	<input type="checkbox"/>	Kontraċezzjoni
<input type="checkbox"/>	L-AIDS / HIV	<input type="checkbox"/>	Id-Divertiment sesswali
<input type="checkbox"/>	L-Emozzjonijiet	<input type="checkbox"/>	Il-Pornografija
<input type="checkbox"/>	Il-Pubertà	<input type="checkbox"/>	Il-Mestwazzjoni (period)
<input type="checkbox"/>	Il-Masturbazzjoni	<input type="checkbox"/>	Holm li jikkawża eġakulazzjoni involuntarja
<input type="checkbox"/>	Is-Sess orali	<input type="checkbox"/>	L-Abbuż sesswali
<input type="checkbox"/>	Ir-Relazzjonijiet	<input type="checkbox"/>	Tkampa ma' pressjoni sesswali
<input type="checkbox"/>	L-Orientazzjoni sesswali (gay, lesbian, bi, trans)	<input type="checkbox"/>	Kif tikkomunika s-sentimenti
<input type="checkbox"/>	L-SAIs (irfezzjonijiet li jgħiddu mis-sess)	<input type="checkbox"/>	Ebda waħda minn dawn t'hawn fuq
<input type="checkbox"/>	It-Tqala	<input type="checkbox"/>	Is-Sugġetti kollha ta' hawn fuq
<input type="checkbox"/>	L-Identità sesswali	<input type="checkbox"/>	Sugġett ieħor



- 23) Meta tahseb li huwa ż-żmien adattat fejn ikun hemm edukazzjoni fuq is-sesswalità u r-relazzjonijiet ghal ibek/bintek? *Jekk jogħġbok indika l-etajiet kollha adattati* ☒

8	9	10	11	12	13	14	15	16	17	18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 24) Kemm tahseb li huwa importanti li l-edukazzjoni fuq is-sesswalità u r-relazzjonijiet tkun parti mill-kurrikulu skolastiku?

- Importanti ħafna                       Mhux importanti  
 Importanti                                 Mhux importanti ħafna  
 Newtrali                                     Ma nafx

- 25) Tahseb li l-informazzjoni offruta mill-iskejjel lill-istudenti hija biżżejjed?

- Le             Iva             Ma nafx

- 26) Inti qatt ġejt offrut/a edukazzjoni fuq is-sesswalità u r-relazzjonijiet meta kont ta' età iżghar?

<input type="checkbox"/>	Iva	Jekk Iva, kemm kellek età?	
<input type="checkbox"/>	Le		
<input type="checkbox"/>	Ma nafx		

- 27) Jekk irċevejt edukazzjoni sesswali meta kont żgħir/a liema suġġetti ġejt infurmat/a fuqhom?

<input type="checkbox"/>	L-Att sesswali	<input type="checkbox"/>	Kontraċezzjoni
<input type="checkbox"/>	L-AIDS / HIV	<input type="checkbox"/>	Id-Divertiment sesswali
<input type="checkbox"/>	L-Emozzjonijiet	<input type="checkbox"/>	Il-Pornografija
<input type="checkbox"/>	Il-Pubertà	<input type="checkbox"/>	Il-Mestwazzjoni (period)
<input type="checkbox"/>	Il-Masturbazzjoni	<input type="checkbox"/>	Moħm li jikkawża eġakulazzjoni involuntarja
<input type="checkbox"/>	Is-Sess orali	<input type="checkbox"/>	L-Abbuż sesswali
<input type="checkbox"/>	Ir-Relazzjonijiet	<input type="checkbox"/>	Tkampa ma' pressjoni sesswali
<input type="checkbox"/>	L-Orientazzjoni sesswali (gay, lesbian, bi, trans)	<input type="checkbox"/>	Kif tikkomunika s-sentimenti
<input type="checkbox"/>	L-SAls (infexzjonijiet li jfittieħdu mis-sess)	<input type="checkbox"/>	Ebda waħda minn dawn t'hawn fuq
<input type="checkbox"/>	It-Tqala	<input type="checkbox"/>	Is-Suġġetti kollha ta' hawn fuq
<input type="checkbox"/>	L-Identità sesswali	<input type="checkbox"/>	Suġġett ieħor

- 28) Kif tahseb li l-edukazzjoni fuq is-sesswalità u r-relazzjonijiet offruta fl-iskejjel tista' timxi 'l quddiem?

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## 14 Appendix 4: Literature Review Matrix

Author (year)	Country	Study Design	Participants	Sample size	Intervention	Outcome	Comments
Diiorio C et al (1999)	UK	cross sectional design; convenience sampling	adolescent-mothers dyads;	405 adolescents, 382 mothers	interview	Gender and content differences in parental communication were identified	A comprehensive literature review offered. The sample size and having participants only predominantly African-American with low socio-economic area, willing to participate in the study made the results not generalizable to the whole population. The fact that parents-children dyads were utilised was commendable as the researcher had both the parental and children perspectives. Interview questions were based on previously validated exercises. SPSS was utilised for data analysis and this aided the representability of the data despite the methodology used.

Dilorio et al (2000)	USA	cross-sectional; random sampling	children-mother dyads	486 dyads	interviews	<p>Communication were more influenced if parental confidence was present together with positive expectancies, open in their communication practices and were influenced by the children's gender and religious believes.</p> <p>A comprehensive literature review presented. Sample included a large, randomly selected sample inclusive of parents and adolescents thus perceptions and attitudes could be compared. Despite of all these measures, the majority of the sample was still African American, unmarried and religious. Only maternal perceptions were taken thus leaving possibly important paternal views out. Interviews were carried out on scales previously validated from prior research. Results were clearly presented in a table formats. Data was analysed using SPSS programs with underlying multiple regressions and significance testing.</p>
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Jaccard et al (2000)	USA	cross-sectional design; random sampling	mother and child dyads	751 dyads	interview	<p>Satisfaction with parent-child relationship, overall communication about sex, and specific concerns about the content of certain sexual communication.</p> <p>Review of literature was detailed. Large sample utilised therefore generalizability was carried out. Most respondents were African American therefore; findings were related uniquely to this race. Interviews were carried out to both mothers and daughter having both perspectives for analysis. All measures utilised were reviewed by three experts in the African American field. The items were pre-tested with small samples of adolescents prior to the study and questions were refined for relevance, simplicity and language. Likert scales were utilised to give a value towards certain relationships discovery also refined by previous research studies. This made the available data represented in a value system together with the identification of covariates. Each measured variables were represented in clear and concise table utilising numerical data together with correlational data.</p>
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Walker J (2001)	UK	cross sectional design; convenience sampling	parents	50 parents	interview	Parental communication was influenced by gender, skills and knowledge levels. The parents' perceptions of their own educative role, of their children and external sources of information influenced the communication process.	A comprehensive literature review offered. Due to the sample size, convenience sampling and qualitative nature of the study, the results gained could not be generalizable to the whole population. However, qualitative analytic methods were utilised and analysis was guided by the principles of grounded theory. Coding was utilised and emergent themes were found. Conceptual diagram were utilised for further clarification. Parents were also given opportunity to confirm what the researcher has understood and these helped the validity of the acquired data.
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Lefkowitz E (2003)	USA	observational design; convenience sampling	adolescent-mother dyads	50 dyads of mothers and adolescents	videotaped conversations on specific topics	conversational topics depended on the parents and adolescents' individual and contextual aspects	A comprehensive literature review offered. The sample size utilised cannot be generalizable to the whole population. However the fact that parent-child dyads were utilised inclusive of both genders made the results were rich. Due to the observational methodology and self-reporting bias, parents claimed greater communication that the children. However, there might have been bias as children might have forget the claimed parental communication. Descriptive analysis together with coding of categories has been carried out in order to enhance the representability of the data inclusive of the various phases in conversations involved.
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Heisler J (2005)	USA	cross sectional design; random sampling	parents and children dyads	176 dyads	surveys	<p>Content, timing and sources of information were uncovered</p> <p>A comprehensive review of literature was present. Wide distribution of the questionnaire but despite the high response rate only 176 dyads remained. The random sampling aided the representability across the geographical area. Questionnaire utilised was validated by previous research and measure of communication were carried out utilising Likert scales. Confirmatory factor analysis was utilised together with a coding scheme were the items were open-ended questions. Findings were represented in clear tables and showed the differences in maternal and paternal responses concerning their children inclusive of standard deviations and p values. The hypotheses that the researcher sought to find out were included in the analysis with success indicated with t tests and other tests. Real time discussion however had recollection deficiencies.</p>
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McKee et al 2006	USA	cross-sectional design; convenience sampling	mother and child dyad	11 dyads	interview	Context of sexuality communication and its value, barriers to communication, influential factors to the dyads' relationships and mentioned strategies to overcome barriers.	A literature review was present and in detail. Small sample made generalizability difficult. However, since parent-child dyads were included therefore both perspectives were taken into consideration even though from the same minority and low-income community. Interviews were transcribed and translated from Spanish to English by an experienced professional. Clarification of the derived meaning was carried out to increase validity of the narratives. Content, goals and barriers were identified. Coding scheme was carried out inclusive of coding schemes, which were developed and applied. A second phase of analysis was utilised by the immersion crystallization approach in order to further uncover similarities and differences in the parental and children transcripts. Limitation of recall was identified on both sides of the participants and the lack of coverage where there were high conflicts in between parent and child.
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<p>Guilamo-Ramos et al (2006)</p>	<p>USA</p>	<p>cross-sectional; random sampling</p>	<p>children-parent dyads</p>	<p>63 dyads</p>	<p>focus groups interview</p>	<p>Content of communication practices between parents and children was influenced by culture and was reserved to specific subject than to others.</p>	<p>A literature review was present. Random sampling aided the representability of the respondents. However only Latino families were included and the sample failed to represent fathers as there were none available. Focus groups helped to the exploratory nature of the research and identified various common themes across all parents. However, both adolescents and parents were involved therefore both views were taken into consideration. Recordings were translated and transcribed. Content analysis was carried out together with a frequency count. Frequency count was carried out to reduce the bias from the respondents and the interviewer. A measure for interrater reliability was carried out and an overall agreement of 90% was achieved thus strengthening the findings reliability.</p>
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Pluhar et al (2006)	USA	cross-sectional; convenience sampling	mothers only	21 mothers	focus groups	Findings were oriented towards the content provided, influenced by the maternal past, marital status and emotions felt during the communication process.	A detailed literature review was present. Only conveniently African American mothers were represented in the sample group thus reducing the generalisability of the results. Paternal responses were not available. Therefore, their views were not included. Qualitative methodology with focus groups was utilised. Focus groups' recordings were transcribed and several themes were derived through coding. To ensure reliability, follow up meetings were carried out so that emerging codes and discussions were compared thus increasing their validity. An analysis program was utilised to sort out the data in a coordinated fashion.
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Afifi et al (2008)	USA	cross-sectional; random sampling	children-parent dyads	112 dyads	mixed method	<p>Quality versus quantity in communication was observed, together with arising emotions, perceptions of each other's competence and relationship quality between those involved.</p> <p>A detailed literature review was present. Sample size was larger than other research studies. However, the majority were maternal to children dyads rather than paternal ones. Random sampling aided in deriving a representative sample of the whole population although most of the respondents had a high level of education, was white and chose to speak about sex. A solid communication theory was utilised. A mixed method approach further enhanced the comprehensiveness of the data retrieved. Through the survey the researcher was able to obtain numerical data in relation to communication, avoidance, competence, anxiety, closeness and satisfaction whilst the through the qualitative analysis, themes were collated derived from the richness of conversations content and context. Coding was carried out and rechecked by other researchers for consistency and further refinement. Frequency was added to the coding and themes. Findings were presented clearly through tables whilst qualitative data was presented through quotations in texts. In this study, its findings relied on parents who were willing</p>
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							to discuss the subject at hand.
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<p>Guilamo-Ramos et al (2008)</p>	<p>USA</p>	<p>cross-sectional; random sampling</p>	<p>children-parent dyads</p>	<p>668 dyads</p>	<p>surveys</p>	<p>Communication was influenced by expectancies, self-concept, emotions and self-efficacy issues in relation to sexuality and relationships.</p> <p>A detailed literature review was presented. Only mothers were included in the sample thus excluding paternal responses and their importance. A large random sample was utilised thus enhancing the generalizability of the results. Both maternal and adolescents perspectives were taken thus considering both views and making comparisons possible. A strong conceptual framework was utilised, survey questions were reviewed, and pilot tested to ensure validity. Results were organised under six sections and descriptive analysis were presented inclusive of means, SD and indices of skewness and kurtosis. Model components and integrations of model findings was carried out and represented clearly in terms of gender variances present. Self-reporting was a bias in terms of reliance on respondents memories together with other unknown causal attributes.</p>
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Teitelman et al (2008)	USA	cross-sectional; random sampling	children-parent dyads	118 dyads	inveys	Content in communication practices varied due to gender of parents and children and was focused towards specific subjects.	Literature review comprehensive and a conceptual framework was drawn to base the research on it. Respondents were retrieved randomly and from varies sites to enhance representability. Surveys utilised validated communication scales and utilised Likert scales for the measurement of the various aspects in communication practices. Parental and adolescents communication practices could also be compared making the data more holistic inclusive of paternal perspectives. Results were also presented clearly in tables.
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Byers et al (2008)	USA	cross-sectional; random sample	parents only	3,143 mothers and fathers	surveys	Parental demographic characteristics, sexual education, knowledge and comfort and children's age and gender were the influential factors in communication practices.	A comprehensive literature review is provided. A large sample representative of various locations in Canada was presented indicating a high response rate. Participants were mostly mothers but paternal practices were also addressed. A hypothesis was provided to be tested. Likert scales were utilised for measurement of variables further enhancing the ease of the response. Predictors and measures were presented in a clear fashion together with the statistical analysis utilised. In survey, there might have been the possibility that only willing parents replied to the study, there might have been other issues that may have influenced familial communication, and the data was based on their perceptions only whilst excluding those of their respective children.
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Ballard et al 2009	USA	exploratory design; convenience sampling	parents only	25 parents	focus groups	personal experiences, methods used, emotions and confidence, content and timing	Detailed review of the literature was present. Small sample size as expected from focus group discussions. Focus groups were utilised to bring out the various ideas of the group members. Participants were only of a high educational background, mostly white, married and of a common age, thus findings were not generalizable to other communities. Results were biased towards people who were confident to talk about the subject. Several emergent themes were identified. No coding details were given despite the questions posed were given in Appendix.
Hyde et al (2010)	Ireland	cross sectional design' purposive and snowballing sampling	parents	43 parents	Interviews	Content analysis and methodological approaches in parent-child communication were uncovered.	A detailed review of literature was presented. Sample size was small as expected from a qualitative methodology. However, parents were identified from various regions in Ireland with both purposive and snowballing sampling methods. A topic guide was utilised for the interview schedule to be comprehensive. Modified analytical induction was utilised for data analysis. Emergent themes guided the interpretations. Comparison between transcripts further enhanced the validity of the

							findings.
Turnbull 2012	UK	cross sectional design; convenience sampling	adolescent- mothers dyads;	20 families	interview	Identification of barriers and facilitators of communication amongst family members such as methodologies, knowledge, emotions and other sources of information.	Thorough review of the literature presented. Sampling size was small and conveniently sampled making generalizability difficult. However, the study used the grounded theory to base the interview schedule. Several emergent themes were identified and represented clearly.

Stone et al (2012)	UK	cross sectional design; convenience sampling	parents only	20 parents; 18 mothers, 2 fathers	focus group	Perceived appropriate timing, innocence issues, parental fears and discomforts	<p>Review of the literature was present and in sufficient detail.</p> <p>Convenience and small sampling number makes generalization difficult together with same ethnic backgrounds. Technique utilise during the focus group was validated by previous researchers which enhanced participation from parents present. Recordings of communications were transcribed and analysed utilising the thematic network. The claimed analysis was stronger as agreement between two independent coders was evident. Generic and global themes were issued.</p>
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Dyson et al 2012	Australia	cross-sectional design; random sampling	parents only	31 parents	focus groups	Insight into parental attitudes, values, concerns, motivations and aspirations about sexuality education for their children.	A review of the literature was present and in detail. Random sampling aided the presentation of parents from various backgrounds, ethnicities, ages and beliefs. However, the majority of participants were mothers with a good educational background. Focus group discussions aided the emergence of various amounts of information even though some participants may not feel comfortable in front of other respondents. However, various themes emerged and a qualitative software was utilised for assistance of such themes. Anonymity was maintained through the whole process.
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Edwards et al (2014)	USA	cross sectional design; convenience sampling	parents	76 parents	Interviews	The dynamics of the parental approach towards HIV communication was elicited.	Review of literature present. The sample size is relatively small and conveniently sampled however; authors claimed that they were representative of the HIV population in the area. Interview schedules were utilised. Transcribed data was analysed utilising a software. Data was coded and systematically analysed utilising grounded theory. Peer debriefing sessions were utilised in order to enhance the validity of the study findings. This was possible as a second researcher was in the room and interview notes were compared.
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Morawska et al (2015)	Australia	cross-sectional design; random sampling	parents only	557 parents	on-line questionnaires	<p>Parents felt comfortable and able to discuss sexuality issues with their children although they were more reserved on certain topics. Parenting strategies and parents' past influenced the communication process.</p>	<p>A comprehensive review of the literature present. A large sample of parents were randomly chosen and thus enhancing representability. Questionnaire was based on previously validated research tools but modified to accommodate the study's needs. It was reviewed by 5 experts in the field whereby specific suggestions were given. Questions were posed utilising scales together with a background information questions. Results were presented in a clear tabular format and utilised multiple statistical tools, which included multiple regressions to bring out correlations, significance levels and ranking of specific subjects in question. Reliance on self-reporting has been one of the limitations as parents might have forgotten or misinterpreted the questions posed. In addition, parents were of good educational backgrounds and showed stability in their life thus probably enhancing their communication probability.</p>
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Grossman et al (2016)	USA	cross-sectional; convenience sampling	parents only	29 parents	interviews	<p>Parental communication was influenced by the age of the child, own parents' backgrounds, wishing to do better than their own parents did.</p> <p>A detailed literature review offered. Convenience sample and small number of interviews carried out amongst parents decreased the possibility of generalisability. Fathers were underrepresented and participants may have come forward due to extra interest on the subject studied. Sample was however ethnically and socio-economically diverse. No details were given on the formation of the questions posed. Interviews were recorded, translated and transcribed. For analysis of the data, coding was carried out together with emergence of thematic data. Interrater reliability was carried out to reduce investigator bias by asking another researcher to code responses. A formula was utilised to carry out such an exercise. Chi-squared testing was utilised to check for differences across themes. Several themes were identified and presented clearly presented through a table and quotes from the original text.</p>
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Martinez et al (2016)	USA	cross-sectional; random sampling	children-parent dyads	21 dyads	mixed method; interview and questionnaire.	The content of conversations was generic and not in detail enough for the children's needs. Parents felt that they lacked the skills and knowledge to do so and they lacked the accessibility to access information.	Basic review offered. Although randomly sampled, the small number of participants was chosen from a clinic thus excluding those that did not attend the clinic or else were ethnically diverse. Utilization of a mixed method approach enhanced the results obtained. As measures, the researcher utilised validated scales from previous studies were descriptive statistics were possible in forms of means. In the interviews, child-parent dyads were carried out thus results could be comparable on varies aspects of the communication process and showing comprehensive address to the subject studied. Various important issues have been identified from both the parents and the children perspectives.
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Pariera (2016)	USA	cross-sectional; random sampling	parents only	186 parents	surveys	<p>Children's age was identified as a major barrier to communication together with parental self-efficacy and perceived value in communicating with children.</p> <p>Limited review presented. A national representative sample was derived from another ongoing survey and from the utilisation of the same tool. Random digital sampling was carried out deriving 186 parents. Descriptive analysis was presented and comparisons were possible between parental and children's genders. Multivariate analysis was possible and conducted in order to derive relationships amongst findings. This study did not offer children's perspectives in relation to parental ones. Nevertheless, it derived important influences that stopped or encouraged communication within the family unit.</p>
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Cederbaum et al (2016)	USA	cross-sectional; convenience sampling	parents only	192 parents	sequential mixed method approach, focus groups and surveys	<p>Parental communication was influenced by parental perceptions and intentions inclusive of ages of children and race. Barriers to communication were identified as familial normative and control beliefs and race.</p>	<p>Comprehensive review offered. The research was solidly based on a validated theoretical framework. Sampling limited only to conveniently sampled parents who had children in parochial schools thus limiting generalisability. Only mother-daughter dyads were utilised thus excluding paternal and sons' perspectives and experiences. Schools were chosen from different ethnic backgrounds. Mixed method approach achieved both quantitative and qualitative data. During focus group discussions, only notes were taken which were transcribed, coded and themes were extracted. Measures utilised in the surveys chose internal reliability through the use of Cronhach alpha and scales utilised were previously assessed for reliability and validity in other research efforts. Various statistical measures were utilised together with multivariate analysis. This research relied on self-reporting thus information could be omitted on purposely or else if forgotten by participants. However several relevant issues were derived.</p>
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<b>Author (year)</b>	<b>Country</b>	<b>Study Design</b>	<b>Participants</b>	<b>Sample size</b>	<b>Intervention</b>	<b>Outcome</b>	<b>Comments</b>
Aveline 2006	Canada	Retrospective study; convenience sampling	Parents only	8 parents	Interviews	Common themes have arisen mainly because of long standing scripts, which have made homosexuality as atypical. Parents have misinterpreted their sons' behaviours through three pathways being revelations, confirmations and justification thus giving rise to dissonance.	Literature review detailed. Only paternal responses were included but various schools were utilised to derive paternal involvement. Small sample number was identified in light of the qualitative methodology utilised. Interviews were pre-tested in order to refine the questions. Interviews were recorded, transcribed and themes identified through inductive analysis. The transcripts were rechecked by other researchers to increase their validity. Even though the results obtained could not be generalizable, several issues have been discovered and need further attention.

Kane 2006	USA	cross sectional study; random sampling	parents only	42 parents	Interviews	<p>Parental themes emerged such as parental responses to gender non-conformity, which parent provides the nurturance, skills such as accomplishment of masculinity and showed empathy. Feeling evoked amongst parents toward their gender or sexuality non-conforming children were also discovered.</p>	<p>Detailed literature review available. Theoretical framework utilised were shown. Interviews were utilised due to the sensitivity of the subject however, the sample size was small and thus ungeneralizable. Interviews were taped; transcribed, coded and common themes were derived. Several checks for consistency and reliability were carried out. Several issues were addressed by the researcher in the discussion however these results relied on self-reporting and retrospective practices.</p>
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Solebello et al (2011)	USA	cross sectional study; random sampling	fathers only	23 fathers	Interviews	<p>Paternal views were revealed concerning their own masculine and heterosexual identity and their wishes that their sons more than daughters conformed to it. Fathers felt more responsible towards their sons' identity and were less acceptant of their sons' deviant sexuality. Daughters were viewed as sexually passive, thought that lesbian traits will fade with time and that daughters needed paternal protections against sexual predators.</p>	<p>A detailed literature review was offered. Theoretical frameworks addressed and presented. Interviews were carried out amongst a good number of parents inclusive of both mothers and fathers. Parental recruitment was carried out randomly from various sites aimed to increase diversity in the group. Interviews were recorded, transcribed, coded and validated by various interviewers. Several themes emerged which were considered as important results for the LGBTI community. However, this research study relied heavily on retrospective stories and self-reporting which could possibly introduce bias.</p>
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Rose et al (2014)	USA	cross sectional study; convenience sampling	parents and children	42 children, 10 parents	mixed method approach; interviews and surveys	<p>The emergent themes were the perceived benefits of parent-child communication, the feelings experienced whilst discussing sensitive health issues, perceived barriers to parent-child communication and ways how to improve such communication pathways.</p>	<p>A literature review presented. A mixed method approach enhanced the data gathering process. Inclusion and exclusion criteria were identified. A small and convenient sample made generalizability impossible to other ethnic and socioeconomic groups. Interview schedules were recorded, transcribed and analysed utilising a qualitative data management software. Independent checking for coding was carried out to increase consistency and validity. Results were presented in forms of themes. For the survey findings were analysed utilizing statistical tool and were presented in tabular forms for better understandability of results. Reliance on self-reporting and retrospective data may have hindered the data gathering process and further uncovering other salient issues.</p>
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Platero (2014)	Spain	cross-sectional; convenience sampling	parents only	12 parents	Interviews	Parents identified their relationships with professionals when faced with challenges. Parents uncovered their lack of knowledge and skills to address transgender issues together other feelings of shock, guilt, isolation, lack of support from friends, social services and society at large.	Literature review present. Sampling was based on a small and conveniently sampling method thus limiting information from people who were eager to participate. Participants were both mothers and fathers however had different socio-economic background. Interviews were recorded, transcribed, coded and relevant themes identified. No other details were offered on checking the data. Reliance on self-reporting and retrospective data was observed thus salient information could have been omitted.
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La Sala et al (2015)	USA	cross sectional study; random sampling	parents and children	37 youths and 44 parents	Interviews	Family barriers were identified which included family rejection, uncomfortable family discussions, experiences cannot be related to, cultural issues, stigma and overall acceptance in society.	Literature review presented. A considerable amount of parents were included in the study together with their sons through the use of quota sampling were different ethnic minorities and socio-economic backgrounds were given equal opportunity to participate . Daughters were not included in the study. Interview data was transcribed, coded and themes were derived. A software was utilised to check the accuracy of the findings. and were reviewed by other independent researchers. This aided consistency and validity of the data obtained. Through the use of the family phenomenological approach, the researcher derived several barriers and interventions of interest together with other essential subthemes. Limitations were identified as reliance on self-reporting and fears to discuss sensitive issues in front of significant others.
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## 15 Appendix 5: Focus Group Coding

### 15.1 Focus group 1

X' tafu fuq l- Edukazzjoni Sesswali? X'jasalek għal widnejk?

What do you know of Sexuality Education? What is the hearsay?

Mother 1: Meta konna żgħar aħna kienu jgħidulna speċjalment il-bniet ħa taqa' taraġ. Illum mhux ħa jgħidulek, illum jafu xi jfisser l-period. Anki raġel u mara qedgħin jaf x'jistgħu jagħmlu pereżempju tadpole tar-raġel jiltaqa' tal-mara. Mhux ġej bil-vapur.

Mother 1: When we were young, they used to tell us that girls rolled down the stairs when they got their period (T2). But nowadays, they know what period is. They also know what man and woman do, that the male tadpole goes into the woman and not that children come by a boat (T2) .

Mother 2: Anki mill-primarja jsiru jafu dawn l-affarijiet u forsi kont naħseb li għadu kmieni imma fil-fatt mhuiwix. Issa naħseb li hija xi ħaga tajba.

Mother 2: Nowadays even in primary school they get to know certain things and I used to think that maybe it is a bit too early but now I don't think it is. I think it is a very good thing.

Everyone agreed all together that yes it is a good thing that children have more education.

Father 1: Jiltaqgħu ma' ħafna affarijiet, kulhadd background differenti u tajjeb li jkun hemm edukazzjoni sesswali waħda u kollettiva mill-iskola l-ewwel u mill-ġenituri l-istess.

Father 1: The children face a lot of things, everyone comes from a different background and it is good that they have the same and collective sexuality education from school first and from parents alike (T5).

Mother 6: L-edukazzjoni tgħin lilna wkoll għax iktar faċli li jiġi jistaqsi hu milli nibda jien għax jekk jistaqsini hija iktar faċli tirrispondi.

Sexuality education helps us as well as it is more easy for me that he comes to ask me rather than me starting. If he askes me, it is more easy for me to respond.

Jiena għadni kif kelli baby u saqsieni, 'Ma mela ergajt?!' Hu ma kienx jaf li att sesswali jsir b'mod regolari . HU ħaseb li l-att sesswali sar darba meta ġie u waqafna u reġa' sar għax ġie baby ieħor. Hallejtu ma spjegajtlux u ma qgħadtx nidhol fil-fond. Imma hu jaf kif jiġu l-babies.

I just had a baby and he asked me, 'Mum so you did IT again!?', as he did not know that sex happens regularly. He thinks that sex happened one time when he was conceived, we stopped

and then we did it again when we had another baby. I did not explain and I did not go in-depth on this but he knows how babies are conceived (T4).

Darba oħra saqsieni x'inhu condom? 'Int kif taf x'inhu?' Qalli. U jien għidtlu 'int kif taf x'inhu?' Imbagħad sirt naf li mar ċinema, ra condom machine u qalli daww cheap ta' 2 ewros.

Another time he asked me mum what is a condom? He then asked 'how do you know?' and I replied back 'how do you know?'. Then I got to know that he went to the cinema, he saw a condom machine and he said that they are cheap 2 euros. (T6)

Father 1: Heqq mela sar jaf miċ-ċinema mela?

Father 1: So he got to know from the cinema then?

Mother 6: Ma qgħadtx insaqsih ħafna għax meta nsaqsih iżżejjed jirtira u ma jittkellimx iżjed. Inħalli lilu jgħid.

Mother 6: I did not ask him because when I ask too much he stops speaking to me. So I let him talk.

Father 2: Li kieku saqsiek kif tużah?

Father 2: So if he asks how to use a condom?

Mother 3: Jien nipprova dejjem nispijega li jippreveni l-mard u li jintuża fl-intimità. Jekk isaqsini inkompli skont il-burdata li nkun u jekk ikunx hin tajjeb. Darba saqsieni fuq il-period, għidtlu issa xi darba noqogħdu nitkellmu. Jiena qgħadt nipprepara, ħadtu l-Belt u l-Pizza Hut u kif konna bilqiegħda u qegħdin nitkellmu u għidtlu li tfajla meta jkollha 12, tibda tikber... Hu dar u qalli illum anki meta jkollha 10/11 jkollhom il-period. Sakemm jien għamilt il-ħin biex nitkellmu hu digà sar jaf.

Mother3: I always try explaining that condoms prevent disease and that it is used during intimacy. But I continue explaining only according my mood and if it is the right time. There was a time when he came to ask me regarding periods and I replied by saying now we find some time and we talk. I started preparing, I took him to Valletta and to Pizza Hut and as we sat and started talking I told him that a girl at the age of 12 starts growing... he in turn told me that even girls as young as 10/11 get their period. So by the time I fixed a time for us to talk, he got to know already.

Mother 1: L-omm għandha l-irwol ta' kollox. Ieqaf u kellmu.

Mother 1: The mother has all roles. (T1) Stop and speak to him.

Mother 2: Ma marx għand missieru biex isaqsi?

Mother 2: He did not go to his father to ask him?

Father 2: Anki biex jinhasel għand ommu jmur, ma jigix għandi u jien ngħidlu mur mur għand ommok. Hu jgħidli: tmissx il-bieb. Issa fil-każ tiegħi inbidlitli s-sitwazzjoni għax issa isseparat. Nipprova ngħin kif nista'. Għandi żewġt ibniet ikbar minnu, ngħidilhom moħħkom hemm u jekk ikun hemm ġuvni ġej biex ibbagħbas, armih 'l hemm. It-tifel ngħidlu aħna rridu nitkellmu imma għadek zgħir. Meta ngħidlu xi haġa, bozza jsir bil-mistħija. Jien ma nisikkahomx fi xhin jidhlu lanqas.

Father 2: Even to wash himself, he goes to his mother not to me and I in turn I tell him to go to his mother. He tells me 'do not touch my door'. In my case, now things changed as I got separated. I try to help how I know. I have also 2 older daughters, I tell them watch out and if you see any boys who want to touch you here and there, get rid of him. To my son, I tell him that we need to talk but you are too young. When I tell him something, he goes red with shame. I do not give them curfew even when they go out.

Mother 3: Boys jistħu jitekellmu magħna. L-affarijiet bażiċi aħna rridu ngħallmuhomlhom aħna.

Mother 3: Boys are ashamed to speak to us. The basic things we need to teach them to our kids.

Mother 7: Jiena tifel tiegħi ma kinitx tinżillu l-kappa u kelli nagħmillu l-operazzjoni.

Mother 7: My boy had problems with his foreskin and had to do an operation for him.

Mother 3: L-ġenituri stess hadd ma għallimhom. Plus li nkunu xogħol. Jiena li kont nagħmel ngħidlu ejja ha noħorġu l-ball. Meta għidt lir-raġel, qalli jien niddarras mhux ha ngħidlu xejn. Meta għidt hekk quddiem sħabi tax-xogħol għax aħna kollha nisa, qalluli x għamilt????!! Illum l-ġurnata waħdu jgħolli l-kappa u jniżzilha.

Mother 3: No one taught the parents. Plus they are busy at work. I used to tell him, let us take out the ball, to teach him regarding retracting the foreskin. When I told my husband to do it, he refused to do it as he feels bad. (T1) When I told my colleagues at work, they said what did you do?! Nowadays he knows how to pull up his foreskin and put it down.

Mother 3: Parents joqogħdu lura għax aħna ma tgħallimniex. Jien għamilt 3 snin bil-period u ommi tiġri għand it-tobba tgħidilhom li tifla għad ma saritx xebba. Jien qatt ma għidtilha u nisraq il-pads tagħha u ta' oħti.

Mother 3: Parents do not educate their children as we did not learn. I had my period for three years and my mother used to go and ask doctors about me and telling them that I did not have my period yet. I never told her and I used to steal sanitary towels from her and from my sister.

Mother 4: Boys għandhom issues oħrajn. Naf li qed johroġ ma' tfajla u ġieli semmejtlu xi affarijiet imma mbagħhad jgħidli mela lili xi ħsibtni xi iblah ma nafx jew. Imma x'jaf u minn fejn ma nafx.

Mother 4: The boys have other issues. I know that he is going out with a girl and when I mention things to him, he tells me that he is not silly. But what and where he got the information I do not know.

Father 2 : Jaqtagħlek fil-qasir għax jistħi.

Father 2: He cuts me short as he is shy.

Mother 4: Jien ma nafx kif ha nsaqsih x' jaf? Diffiċli meta jkollok teenager.

Mother 4: I do not know how to ask him what he knows. It is difficult when you have a teenager.

Mother 2: Imma mhux daqshekk ta. Jiena naħseb li tifla trid tkun taf fuq il-persuna tal-boy u l-boy fuq l-girl biex imbagħad jaslu għal xulxin bir-rispett. Ikunu jafu kif il-ġisem jiffunzjona mhux kif jużaw 'il xulxin. Għax illum dak li qed jiġri jien qiegħda ma' dak u qiegħda mal-ieħor ta' 12, 13-il sena. Jiena nsaqsi xi tfiger qegħdin flimkien. Noqgħod inbusha, ngħannaqha, immissha imma tfal ma jafux xi jridu minn relazzjoni. Iridu jkunu jafu kif japprezzaw 'il-xulxin u 'l haddieħor.

Mother 2: But it is not that difficult. I think that a girl should know about the body of the male and a boy should know about the body of the female so that they will then respect each other (T6). They need to know how their body functions and not how to use each other. Because nowadays children tell you on one instance I am with one guy then on another instance she is with another guy at a tender age of 12-13 years. I ask what do you mean by saying 'we are together'. They tell you, we kiss, we hug, we touch but they do not know what they mean by a relationship. They need to know how to appreciate oneself and others.

Father 2: Biex joqogħdu attenti.

Father 2: They need to be careful.

Mother 5: Biex jesperimentaw bihom infushom u b'haddieħor. Trid tirrispetta dinjità tiegħek u ta' haddieħor.

Mother 5: They experiment with each other and with themselves. You have to respect their own dignity and that of others.

Mother 2: Jiena tajtu l-eżempju tad-disposable gloves. Jiena ilbisthom u armejthom. Nużak, qdejtني u ma rridx naf bik iżjed. B'hekk ikollna tqala ta' 10 u 11-il sena.

Mother 2: I gave him the example of disposable gloves. You wear them and then you throw them away. It is comparable to relationships, I use you, you fulfilled my desires and then I do not want to meet with you again. That is why we are having pregnancies at 10 and 11 years old.

Mother 5: Jiena jinkwetani l-messagġi espliciti fuq l-mowbajls u l-facebook. Hafna tinkwetani għax ma hemmx privacy.

Mother 5: I get worried about explicit messages on mobiles and facebook. I really get worried as there is no privacy.

Mother 3: Jiena tiegħi fl-internet infittex. Facebook ma jinteressahx.

Mother 3: My boy looks up things on the internet. (T7) Facebook does not interest him.

Mother 2: Taf x'għamlulha lil tfajla. Bi snapshot pengewlha penis u qagħdu jirridukulawha. Mhux edukazzjoni din.

Mother 2: Do you know what they did to a girl? With snapshot they drew a penis on her photo and then they ridiculed her on-line. This is not appropriate education.

Mother 6: Il-biża' tiegħi hi li ma jafux l-konsegwenzi tas-sess mhux mard biss.

Mother 6: My fear is that children do not know the consequences of sex and not only about diseases.

Mother 2: Tifla għabuha żibel. Šhabha stess dawn.

Mother 2: This girl was really ridiculed and from her own friends.

Mother 7: Peer pressure ta dak.

Mother 7: That is all peer pressure.

Mother 6: U jitfġu ritratti bl-underwear, bla underwear, tfal ta' 10 snin jidhru ta' 20 bil-lingieri. L-età tqarrak bik.

Mother 6: Children put on photos on-line with underwear, without underwear and children who are 10 look 20 years of age with that kind of lingerie. Children look older than what they actually are.

Mother 1: Il-mara saret oġġett. Anki fuq TV, tarah nisa għerwenin. Lir-raġel qatt ma tarah għarwien. Qed iwaqqgħu n-nisa għaž-żufjet.

Mother 1: The woman became like an object. Even on TV, you see naked women. You never see naked men. Women are being ridiculed. (T7)

Mother 6: Illum anki biex ibiġħu yogurt u l-ġelat irridu jġibu nisa għarwiena. Il-mara hija attrazzjoni.

Mother 6: Nowadays even to sell yogurt and ice-cream, they have to bring in naked women. The woman is an attraction.



Mother 5: Jgħidulek irrid nilhaq 1000 likes. Lili tgħidli ma ħa nitteggjak biex intella' iktar likes. Skont l-ammont tal-likes tibda tiffirma self-esteem u jekk ma jkollokx 100 likes ikollok self-esteem baxx.

Mother 5: The children tell you, I need to reach 1000 likes, (T7) let me tag so that I get more likes. According to the number of likes one gets, self-esteem starts forming and if you do not have at least 100 likes, you have low self-esteem.

Mother 5: Importanti għalihom li jingħogbu ma' sħabhom.

Mother 5: The most important thing for children is to be liked by their peers.

Mother 2: Wiehed ma jarax il-konsegwenzi ta' dan l-għaġir bħal anorexia. Jiena tifla tiegħi kif tiekol tmur tara żaqqa fil-mera għax inkella teħxien u żaqqa tidher minn ġol-flokk. Kellha tifla magħha fil-primarja u kienu jgħajruha għax kienet hoxxna u baqgħet affettwata li mhux ħa tingħogob ma' sħabha u jaqbd u magħha.

Mother 2: One may not notice but such behaviour can make you at risk for anorexia. My child all the time goes and checks her tummy in the mirror after eating to see whether her stomach is protruding or not from her jumper. This may have happened as in her primary school years, there used to be a friend of hers, who used to be bullied at school because of her weight and so she does not want to end up in the same situation. She wants to be loved by her peers.

Mother 6: Jiena ngħidli t-tifel meta toħroġ mit-triq, x'tara l-iktar nisa perfetti jew nisa normali. In-nisa mhux ħa jkunu kollha, kollox bl-eżatt.

Mother 6: I tell my son, when you go out in the street how many perfect women do you see compared to normal women. Women are not always in the right proportions.

Mother 2: Kif ħa tifhem li mara apparti l-fiziku li tarah għandhiex aptit, tridx tagħmel sess jew le, hux kuntenta bik. Din mhix platt tal-ikel u tiekol li trid u li jogħgħbok biss. Naqra dinjità lejn il-mara.

Mother 2: How do you explain that apart from the physical aspect, one has to see whether has to see whether she wants or not to have sex, if she is happy with you or not or if she feels like having sex or not. The woman is not like a plate of food where you eat whatever you like. There needs to be more dignity in the woman's regards.

Mother 5: Raġel ħa jiddivorzja l-mara minħabba li qatt raha bla make-up.

Mother 5: A man is going to divorce his wife because he never saw her without make-up.

Mother 6: Mela value tal-mara hija fis-sbuħija biss u mhux talli int.

Mother 6: But the woman's value should not be in physical beauty only but who you really are.

Mother 5: Jiena ngħidlu aħna ninbidlu biż-żmien ma nibqgħux l-istess.

Mother 5: I tell my child that we change as time goes by, we do not remain the same.

Mother 2: Imma jixorbu mill-ħbieb. Jiena narah bidla. Kien jumejn id-dar ma jiflaħx u l-manjieri tiegħu kienu iktar sottili imma kif immur mal-ħbieb jixrob tal-ħbieb. Il-ħbieb jinfluwenzawh.

Mother 2: I see in change in his behavior. He is very influenced by his friends. He stayed at home as he was sick and his manners were more subtle. When he is with his friends, he changes. He is influenced by his friends (T8).

Mother 6: Imma jiena naħseb li l-valuri li tiegħu mid-dar ma titlifhomx. Jiena kont nagħmilha ma' nies sfrattati imma wara kif kien jigrri xi ħaġa kont ngħid ħa mmur ngħid 'l ommi.

Mother 6: But I think that the values that you acquire from home (T4), you never lose them. I used to have unreliable friends but some thing used to come up, I used to still go to my mum.

Mother 2: Jiena nistaqsih min taħseb li jgħidlek l-aħjar?

Mother 2: I ask my son: who do you think gives you the best advice?

Mother 6: Għalhekk importanti aħna d-dar, għax dan kulhadd qatt ma mexa dritt imma mbagħad tgħid ħa nagħzel hemm u mhux hemm.

Mother 6: That is why we as parents are important, as nobody is perfect but at least our children would know how to choose best (T4).

Mother 5: Imma mhux kulhadd ikun hekk, hawn min jagħmel biex jingħogob mal-ħbieb. EŻATT, EŻATT qal kulhadd

Mother 5: But not everyone is capable to do that, there are boys who do things so that are approved by their friends.

Yes yes that is true: the group agreed.

Mother 6: Hawn min jgħidilhom tfal allahares naqbdex tagħmel hekk. Jiena ma ngħidlux hekk, ngħidlu jigrri, x'jigrri jiena qieghda hawn ejja kellimni. Jiena ommi dejjem qaltli ara ma ddumx barra, ara ma naqbdex tagħmel hekk, dejjem bl-impositions. Tiġi ribelli mbagħad.

Mother 6: There are parents who reprimand their children all the time. I on the other hand tell him, if something happens to you, come and tell me (T3). My mum always told not to stay long out and used to reprimand me all the time and always imposing on me. Because of that you become a rebel.

Mother 5: Jiena qabel ma noħroġ ommi bibbja sħiħa kienet tgħidli qabel noħroġ u kont ngħidilha ħallini ħa nitlaq.

Mother 5: Myself I used to get my mum telling me a whole sermon of things before going out and I used to tell her let me go.

Mother 1: Heqq huma hekk kienu jafu

Mother 1: That was the only way parents knew at that time.

Mother 5: Imbagħad tibda ma tagħtix kas. Jiena tifel ngħidlu imma tgħidlu dak li hemm bżonn dak il-hin mhux litanija kull darba.

Mother 5: And then you become care less. I tell my son things but only the necessary things at that time not a litany every time he goes out.

Mother 2: Imma biex jidhru sbieħ ma sħabhom jaċċettaw ta' sħabhom mhux tiegħek.

Mother 2: but to save face with their friends, children accept whatever is said by their friends and not by us

Father 1: Però mbagħad tidhol responsabbiltà. Kull azzjoni li tagħmel hemm it-tajjeb u l-ħażin, hemm konsegwenzi tagħha. Jigifieri trid tieħu hsieb.

Father 1: But then is when responsibility comes in. For every action, there is a good and bad consequence. So you have to always take care.

Mother 2: Jiena ngħidlu it-tifel, inti minn taħseb li qed jigwidak l-aħjar aħna jew il-ħbieb. HU jgħidli le jiena naf li inti tħobbni, naf li tgħidli tajjeb imma jekk ma nkunx hekk jien ma nkunx bħal kulhadd. Meta jrid it-tifel jikkwotani li ngħidilhom jien għax jgħid inti hekk tgħidilna. Imma xi kultant trid tkun bħal ħbieb għax inkella ma jkollokx ħbieb.

Mother 2: I ask my son, who do you think gives you the best advice, your friends or us? He replies by saying that he knows that we love him and whatever we tell him is right, however if he does not conform, he will not be like every one else. When it is convenient, he quotes our teachings, however he tells us that sometimes you have to be like your friends because if not you would not have any (T8).

Mother 6: Iridu jintgħoġbu mal-ħbieb imma xorta l-valuri tagħna għandhom.

Mother 6: They would like to be their friends but they still have our values.

Mother 2: Mhux ħa nitilqu imma xorta waħda.

Mother 2: But I am still not giving up on him.

Father 2: Tiegħi mhux kapaċi jieħu deċiżjoni żgur.

Father 2: My son is not capable to take a decision.

Mother 5: Titlob parir tal-inqas

Mother 5: But at least he knows where to get advise.

Father 1: Bniedem kbir rrid pariri għax kuljum esperjenza ġdida

Father 1: Even an older person needs advise as every day is a new challenge let alone the young ones.

Mother 3: Jiena tifel tiegħi minn meta kien żgħir kien dejjem bullied. Hu dejjem jilgħab bil-playstation biex jinheba u l-ħbieb li għandu jilagħbu miegħu on-line. Jiena ngħidlu oħroġ imma għandu inferiority complex. Jiena għalija aħjar id-dar.

Mother 3: My son was always bullied since he was young. He always plays on his playstation so that he hides from everyday life (T6). The friends he has are on-line and they play together. I tell him to go out with his friends however he has an inferiority complex (T8). On the other hand, for me, he is safer at home.

Mother 5: Għandek xorti joqgħod d-dar. Mhux aħjar milli jgħidlek ħa mmur party.

Mother 5: You are lucky he is at home. It is better than having him go to a party.

Mother 3: It-tifel tiegħi ma għandux ħażen, naive wisq. Hu innoċenti imma mhux ta' wara l-muntanji lanqas. Jiena nibda ngħid dak jgħidlu hekk it-tifel tiegħi anki mill-apparenza aħjar minnu, jiena vera nżommu tajjeb, ma jinterrassahx facebook u jien ngħidlu tagħmlux għax inkella jinkuk iktar fuqu. Għandu karattru helu wisq u anki miegħi. Jiena ngħid li l-mara tiegħu ħa tkun vera lucky. Jiena ninkoraġġih anki biex immur jagħmel xagħru għax jagħti kas.

Mother 3: My son is not a bad boy in fact he is too naive. He is innocent (T6) but at the same time he is not that naive. I often say, is it possible that that boy bullies my child, even in physical terms he looks worse than my son. I always keep my son looking prim and proper. Facebook does not interest him and I tell him do not do a profile as the bullies will get to you even there. His character is very sweet even with me and I say that his future wife would be lucky to have him. He also encourage him to do his hair as he does not care about his appearance.

Father 2: Jiena tiegħi qisu ors, ma jinterrassah xejn. Playstation biss, aħjar fidil għalija. L-aħgar jekk toqgħod tkiddu billi tgħidlu oħroġ, oħroġ....

Father 2: My son is huge, nothing interests him. Playstation is his only interest and for me it is better that he is naive. The worst thing you can do to him is to insist that he goes out.

Mother 3: Jiena ngħidlu ejja għinni fil-ħanut

Mother 3: I tell my son to come and help me in my shop.

Father 1: Vera okkażjoni tajba.

Father 1: It is a good opportunity to meet people at a shop.

Mother 5: Mhux aħjar milli jmurlek xi party. Suppost mingħajr alkoħol. Ħadt kedda jien u hu għax sirt naf li jidhlu nies ikbar minnhom. Jiena ħadt counselling fuq dawn il-parties u skoprejt li ma humiex ta' PULSE imma 50 shades of summer. Prinċipju tiegħi hu tilhaq tmur la tikber. L-ewwel qas sal-Belt ma rrid immur imma għal party rrid immur u qalli li qed nahhlilu ħajtu. Jiena għidtu jien qiegħda nibza' għalik. Imma ma għandux hażen it-tifel tiegħi.

Mother 5: It is better than having your son going to a party which is supposed to be without alcohol. I got really agitated as I got to know that there were older people with them in this organised party. I looked for counselling about these parties and they were not organised by PULSE (a student organisation) but by some organisation called 50 shades of summer. I did not allow him to go to these parties. He will go when he is older. Well since few months ago, he did not even wanted to go to town and now he insisted to go to these parties and accused me of wasting his time. I said that I was being protective of him. But my son is naive as well.(T3)

Mother 3: Jiena nibza' li jinqata' mid-dinja. Fil-ħanut qas irid joqgħod. Jiena ngħidlu oqgħod mal-cash jgħidli nistħi, niddejjaq naffaċċja nies. Playstation ma thajjarnix.

Mother 3: I fear that my son gets cut of from reality (T6). He does not want to stay in my shop as he claims that he is shy or gets annoyed facing people at the cash. The playstation does not pester him.

Mother 3: imma playstation hija one way communication.

Mother 3: The playstation is only one way communication.

Mother 6: Sports forsi!!

Mother 6: Maybe sports will help him.

Mother 3: Ma jhobbux l-isports għax jgħidli jekk ma thobbx l-football m'intix qisek boy.

Mother 3: He does not like sports because he does not like football, if you do not like football, you are not like a boy (T8).

Mother 6: Inti siblu sports ieħor bħal handball , karate, archery. Jiena bgħattu programm jismu MOVE expensive ta imma ried imur anki fix-xitwa. Fix-xitwa jagħmlu anki horse riding, activites mhux tas-soltu, ikunu boys u girls. Jiena tiegħi kien hemm waħda iffansjatu u kien imur b'entuzjażmu u beda jagħmel dives biex juriha kemm taf. Dan tip ta' sports mhux bilfors tkun tajjeb fih imma fun.

Mother 6: Find him some other sposts he likes like handball, karate, archery. I sent my son to a program called MOVE, It was expensive but he really wanted to go even in winter. In Winter, they do horse riding, not the usual activities and they are both boys and girls in the group. My son had someone who fancied him in the group u used to go with a lot of

enthusiasm and to impress her, he used to do a lot dives to show off. This kind of program is not a question of how good you are in the sports but is only about having fun.

Mother 3: Hu jgħid li jaqbd u miegħu sħabu.

Mother 3: He says that his friends taunt him.

Mother 6: Imma jrid jidra għax la jikber x'se jagħmel fil-break joqgħod waħdu.

Mother 6: But he needs to interact because even if he is older and he is having a break at work, he cannot stay alone.

Mother 3: Darba ra waħda u qalli jiena ma' dik ha nintefa' u jien għidtu intant ma' dik u hu qalli heqq jien waħda hekk biss nista' nsib. U jien għidtu qas missierek għax ukoll għażel. Illum il-gurnata ma għandux ikun inferjuri. Qisu ma għandux għażla.

Mother 3: Once he saw a girl and he said I will go out with her as he claimed that he could only go out with that kind of girls. I said what!! You have no choice? Not even your father, as he even he had a choice in his times. He should not feel inferior to other, as if he has no choices in life.

Father 1: Jikkuntenta b'li jsib.

Father 1: He would be happy with whatever he encounters.

Mother 2: Jiena ngħidlu tiqafx fuq id-dehra, trid tarah il-karattru...

Mother 2: I tell my son, it is not only about appearance but also about the character of a person.

Father 2: Jiena erbat itfal għandi: 3 minnhom nisa imma nkellimhom xorta.

Father 2: I have 4 children, three of them women but I still talk to them.

Mother 2: Mother dejjem forgranted.

Mother 2: The mother is always taken for granted.

Father 2: jiena ngħid tfal sibuh tat-tajjeb għax neqsin bħalissa. Imma tifel mistħi.

Father 2: I tell my children find a rich partner as we are poor!! But my son is very shy.

Mother 2: Irrid ikun relazzjoni tajba mat-tfal. Jiena liġi l-għdida li se toħroġ ukoll tinkwetani għax ta' sittax ma tkunx ippreparat imma jidhlu f'saram.

Mother 2: There needs to be a good relationship with children. I also worry about this new law of lowering the age of sexual consent as at age 16, one is hardly prepared for the problems in life.

Mother 6: Kultant imma meta tkun mcaħħda tagħmel aghar

Mother 6: But sometimes when you are denied of things, you will do the opposite of what is expected of you.

Mother 2: Jiena nurse, tfal jiġu ġol-clinics tagħna, tibki daqs kemm jiġu. X'qed inwasslulhom tfal, mur għamel li trid. Iridu jitgħallmu japprezzaw il-ħajja tagħom imbagħad ta' ħaddiehor. Kemm jekk hu tifel jew tifla. Għaliex għandi nbati minn konsegwenzi biex nitgħallem.

Mother 2: I am a nurse and in our clinics all kind of children come. It is pityful in fact. What we are conveying to children is, to go ahead and do whatever you want. Children have to learn, how to appreciate their own life and that of others, both if you are a boy or a girl. Why one has to suffer consequences to learn.

Mother 5: Xi kultant qas jitgħallmu lanqas b'hekk.

Mother 5: Sometimes they do not even learn despite the negative consequences.

Mother 2: Tfal jieqfu fuq il-pjaċir, jagħmlu minn kollox, basta jagħzlu għall-pjaċir. Jiena smajt li jagħmlu sess minn wara biex iħossu sensazzjoni ta' buzz. Kien hemm episodju fejn f'petrol station fejn daħlu pump tal-arja ġol-warrani ta' xi tifel u faqqgħulu l-imsaren. F'Malta dan!! Tfal ma jafux x'konsegwenzi hemm.

Mother 2: Children are stopping on the sexual pleasure only (T6) and are ready to do anything for it. I heard that they have anal sex so that they feel the buzz. (T6) There was an instance where a boy had a petrol pump inserted in his bum and had air pumped inside him and as a consequences he had his intestines ruptured. This is in Malta!! Our children are not aware of the consequences.

Father 1: Sess anali dejjem kien issir imma fil-magħluq

Father 1: Anal sex was always done but not talked about.

Mother 3: Heqq trendy hux sess minn wara u mhux ħa jkollha baby b'hekk.

Mother 3: It is trendy to have anal sex and after all you do not get pregnant.(T6)

Father 1: Irid ikun hemm rispett lejġ innifsek

Father 1: There needs to be more respect towards one self.

Mother 3: HIV twasslek għal AIDS hux??

Mother 3: SO HIV will progress into AIDS?

Father 1: Għalhekk l-iskola l-iktar importanti għax id-dar jaraw tagħna biss. L-iskola hemm għalliema, shabhom u jwasslulhom il-ħin kollu tajjeb u ħażin, dak li jfisser u ma jfissirx, jimpurtakx mill-ħajja jew le.

Father 1: That is why is education provided at school as from school they only learn our principles but at school they meet the teachers, their peers and they are exposed to various good and bad things, significant and non-significant things, if you care about life or not.

Mother 2: Trid tevalwa x'nhu tajjeb għalik u għal haddiehor. Bniedem sar don't care mill-hajja, illum ngħix għada min jarah. Ahna naħdmu biex insalvaw kull hajja anki tarbija ta' 23 weeks. No respect, valur lejkk innifsek.

Mother 2: You need to evaluate what is good for you or your partner. Humans are becoming careless about life, the attitude is live today and tomorrow never comes. We work to have 23 week old babies and survive but youngsters have no respect and no value towards oneself.

Father 2: Irridu naħdmu flimkien, kooperazzjoni trid tiġi minn kullimkien. Jieħdu hafna mill-iskola.

Father 2: We need to work together, cooperation has to come from everywhere (T9). Children learn a lot from school (T9)

Mother 2: Ikunu għatxana għall-quality time flimkien. Tfal illum busy hafna, jiġu d-dar għandhom il-homework, għandhom l-attivitajiet tagħhom ma hemm çans flimkien hafna. Dejjem jonqos il-ħin.

Mother 2: Children are thirsty for quality time together with parents (T6). They themselves are very busy with homework, have their own activities and there is little time to spend together with parents. Quality time together is getting less and less.

Father 2: Irrid inkun naf iżjed fuq l-infezzjonijiet u nkunu nafu x'qed jiġri fil-PSCD u minn xiex għaddejjin.

Father 2: We as parents need to know more about sexually acquired infections and we need to know what is being learnt in PSCD and what they are going through in their lives.

Mother 2: Imma kulhadd qed jittakilja l-istess affarijiet?

Mother 2: But are all teachers tackling the same subjects for all children?

Mother 6: Ħin limitat wisq, 20 minuta fil-ġimgħa lesson.

Mother 6: Time per lesson is 20 minutes, it is too limited (T9).

Mother 1: Imma tagħna għandhom double lesson.

Mother 1: But ours are having a double lesson.

Mother6: Kulhadd isegwi l-istess sillabu?

Mother 6: But every child has the same syllabus? (T9)

Mother 5: Jiena nħarislu lejn PSCD file.



Mother 5: I look into his PSCD file.

Mother 6: Jien nixtieq inkun naf fuq pornografija, STIs u contraception

Mother 6: I want to know more about pornography, STIs and contraception (T9).

Mother 2: Tfal naħseb jafu iżjed minna imma juru biss ħmerijiet

Mother 2: Our children know more than us but they show us that they know only petty things.

Mother 5: L-ġenituri jridu jgħinu imma ma jafux kif.

Mother 5: Parents want to help but they do not know how (T9).

Mother 2: Tfal tagħna qegħdin f'età kritika.

Mother 2: Our children are in a critical age.

Mother 6: Il-boys filli tfal u ffit wara ġuvintur. Dalwaqt issib tfajla u jrid ikun lest.

Mother 6: Our boys are at one time, young boys and suddenly our older boys (T6). They will start to date and they have to be ready.

Mother 2: Naħseb minn jaġġixxi b'attitudni no care xorta jkun maħkum minn biżgħat.

Mother 2: I think that children who react with an attitude of no care, still have certain amount of fears.

Father 1: Iridu jidhru macho.

Father 1: They want to look macho.

Mother 6: Jiena issa tgħallimt x'inhu taboo.

Mother 6: I just got to know what taboo means.

Code to corresponding theme	Parents' quotes
Theme 1; Mother as role lead for SRE in the home.	<p>The mother has all roles.</p> <p>When I told my husband to do it, he refused to do it as he feels bad.</p>
Theme 2; Lack of parental confidence.	<p>When we were young, they used to tell us that girls rolled down the stairs when they got their period.</p> <p>But nowadays, they know what period is. They also know what man and woman do, that the male tadpole goes into the woman and not that children come by a boats.</p>
Theme 3; Proactive versus reactive parenting.	<p>There are parents who reprimand their children all the time. I on the other hand tell him, if something happens to you, come and tell me.</p> <p>I did not allow him to go to these parties. He will go when he is older. Well since few months ago, he did not even wanted to go to town and now he insisted to go to these parties and accused me of wasting his time. I said that I was being protective of him. But my son is naive as well.</p>
Theme 4; Quality SRE in schools.	<p>I did not explain and I did not go in-depth on this but he knows how babies are conceived.</p> <p>But I think that the values that you acquire from home, you never loose them.</p>

	<p>That is why we as parents are important, as nobody is perfect but at least our children would know how to choose best.</p>
<p>Theme 5; Socio-cultural influences in sexuality and relationships.</p>	<p>The children face a lot of things, everyone comes from a different background and it is good that they have the same and collective sexuality education from school first and from parents alike.</p>
<p>Theme 6; Socio-cultural influences in sexuality and relationships.</p>	<p>I think that a girl should know about the body of the male and a boy should know about the body of the female so that they will then respect each other.</p> <p>Another time he asked me mum what is a condom? He then asked ‘how do you know?’ and I replied back ‘how do you know?’. Then I got to know that he went to the cinema, he saw a condom machine and he said that they are cheap 2 euros.</p> <p>My son was always bullied since he was young. He always plays on his playstation so that he hides from everyday life.</p> <p>My son is not a bad boy in fact he is too naive. He is innocent</p> <p>Children are stopping on the sexual pleasure only</p> <p>I fear that my son gets cut of from reality</p>

	<p>It is trendy to have anal sex and after all you do not get pregnant.</p> <p>I heard that they have anal sex so that they feel the buzz</p> <p>Children are thirsty for quality time together with parents.</p> <p>Our boys are at one time, young boys and suddenly our older boys.</p>
<p>Theme 7; Age-appropriate education: ignorance vs innocence.</p>	<p>My boy looks up things on the internet.</p> <p>The woman became like an object. Even on TV, you see naked women. You never see naked men. Women are being ridiculed.</p> <p>The children tell you, I need to reach 1000 likes</p>
<p>Theme 8; Alternative sources to information.</p>	<p>He is influenced by his friends.</p> <p>When it is convenient, he quotes our teachings, however he tells us that sometimes you have to be like your friends because if not you would not have any.</p>

	<p>I tell him to go out with his friends however he has an inferiority complex.</p> <p>He does not like sports because he does not like football, if you do not like football, you are not like a boy.</p>
<p>Theme 9; A cry for help.</p>	<p>We need to work together, cooperation has to come from everywhere. Children learn a lot from school.</p> <p>Time per lesson is 20 minutes, it is too limited.</p> <p>But every child has the same syllabus?</p> <p>Parents want to help but they do not know how.</p> <p>I want to know more about pornography, STIs and contraception.</p>