

# Examining Asian Parents' Perspectives and Challenges in Sexual and Reproductive Health Education with Implications for Public Health: A Systematic Review

Mohammed Rasheedan Bin Ellin<sup>1</sup>, Siti Hazariah Binti Abdul Hamid<sup>2</sup>, Siti Roshaidai Mohd Arifin<sup>3</sup>, Haliza Binti Hasan<sup>2</sup>, Sajaratulnisa Binti Othman<sup>4</sup>, Norhasmah Binti Mohd Zain<sup>5</sup>

<sup>1</sup>Nurse, Department of Nursing, Universiti Malaysia, Sarawak, <sup>2</sup>Assistant Professor, <sup>3</sup>Associate Professor, Department of Special Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Kuantan, <sup>4</sup>Professor, Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, <sup>5</sup>Senior Lecturer, School of Health Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

## Summary

In Asian cultures, discussing sexual matters with adolescents is often considered taboo and culturally or religiously sensitive. Due to a lack of knowledge and skills, many parents find approaching such a topic with their children challenging, fearing that raising such an issue will bring concerns about encouraging promiscuity. This systematic review aims to assess evidence on Asian parents' perspectives and practices regarding delivering sexuality information to adolescents. It also seeks to identify the factors that facilitate or hinder the effective delivery of such knowledge. The electronic databases EBSCO-CINAHL, Scopus, and Science Direct were searched using keywords and synonyms such as "sexuality information," "sexuality education," "parent-child," "communication," and "Asian." The studies' quality was assessed using the Mixed-Method Assessment Tool. A comprehensive database search identified 1392 potentially relevant literature sources for this review. Following the application of inclusion criteria, a final set of 16 eligible full-text research articles was selected for inclusion in the review. In most quantitative literature, parents were found to have a good level of knowledge, whereas most qualitative studies reported the opposite, indicating inadequate knowledge. Seven studies highlighted the cultural denial of delivering regarding sexuality, whereas six studies emphasized the need for parental support. Negative experiences, including discomfort, shyness, embarrassment, fear of intimidation, and fearful encounters, were reported in the literature. In conclusion, this review aims to pinpoint gaps and challenges in the delivery of sexuality education among Asian parents, offering valuable insights for public health practitioners and policymakers.

**Key words:** Adolescents, fear, parents, sexuality, taboo

## INTRODUCTION

Comprehensive sexuality education equips individuals with the knowledge and skills necessary to make informed decisions about their sexual health. This, in turn, contributes to the prevention of sexually transmitted infections, unintended pregnancies, and other sexual health issues, reducing the overall burden on public health resources. In the Asian context, cultural values emphasizing family honor, modesty, and traditional gender roles shape the nature of sexuality education. Parents may avoid discussing sexuality altogether, leaving children to learn through personal experience or relying on schools that may lack comprehensive programs. Some Asian parents promote an abstinence-only approach, discouraging sexual activity until marriage. Challenges include

cultural stigma, communication barriers, limited resources, and the perpetuation of misinformation and myths. Traditional gender roles may limit discussions on sexual diversity and LGBTQ+ issues. Fear of social judgment can prevent parents from addressing contraception and safe sex practices. Efforts are being made to bridge the gap by recognizing the

**Address for correspondence:** Dr. Siti Hazariah Binti Abdul Hamid, Department of Special Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Kuantan, Malaysia.  
E-mail: shazariah@iiu.edu.my

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need for comprehensive, accurate, and inclusive sexuality education in the Asian parent context, which plays a crucial role in promoting sexual health and overall well-being in the community. There is an increasing number of studies examining the knowledge and attitudes of parents toward the implementation of sexual and reproductive health (SRH). Nevertheless, the parents' views and practices in delivering SRH have not been systematically reviewed. Therefore, this review aims to discern the perspectives and practices of parents in providing SRH education to their adolescents, aiming to illuminate gaps that warrant focused attention from the public health community.

## RESEARCH METHOD

This systematic review used the (Sample, the Phenomenon of Interest, Design, Evaluation, and Research [SPIDER] type) search tool developed by Cooke, Smith, and Booth (2012); it enables a focus on "Phenomenon of Interest" (the PI of SPIDER) and targeted all "Research types" (qualitative, quantitative, and mixed methods). It is an alternative to the Population, Intervention, Comparison, and Outcome tool, which is widely used for quantitative studies and provides less optimal search strategies for qualitative studies.

The keywords and synonyms were entered into the electronic databases EBSCO-CINAHL, Scopus, Science Direct, Taylor and Francis Online, ProQuest, Oxford Academic, and Wiley Open Access. These electronic databases were chosen based on their wholeness of coverage and subject areas. For instance, EBSCO-CINAHL is a database that covers wide-ranging topics for nursing allied health sciences. Scopus delivers publications in the field of science, technology, medicine, social science and arts, and humanities.

The PRISMA flow diagram illustrates the systematic process of identifying, screening, and selecting studies for review. Initially, a total of 1,392 articles were identified from various databases, including Scopus, ScienceDirect, Oxford Academic, Taylor and Francis Online, Wiley Open Access, and EBSCO-CINAHL. Following the identification stage, 501 duplicate records were removed, and 569 records were excluded due to the unavailability of full texts. This resulted in 322 articles being screened based on their titles, leading to the exclusion of 288 records deemed irrelevant. The remaining 34 reports were subjected to title and abstract review, where 18 reports were not retrieved, and further exclusions were made due to issues such as irrelevance to SRH communication, specificity to children with disabilities or certain conditions like autism, and the provision of SRH to children outside the age range. Ultimately, 16 reports were assessed for eligibility, all of which were included in the final review [Figure 1].

The search protocol was registered to PROSPERO on 26 January 2023 (ID CRD42023391354). The primary search process was limited to English-language peer-reviewed articles published between 2016 and December 2022. The year 2015 onward is considered important as Malaysia's Internet penetration rate

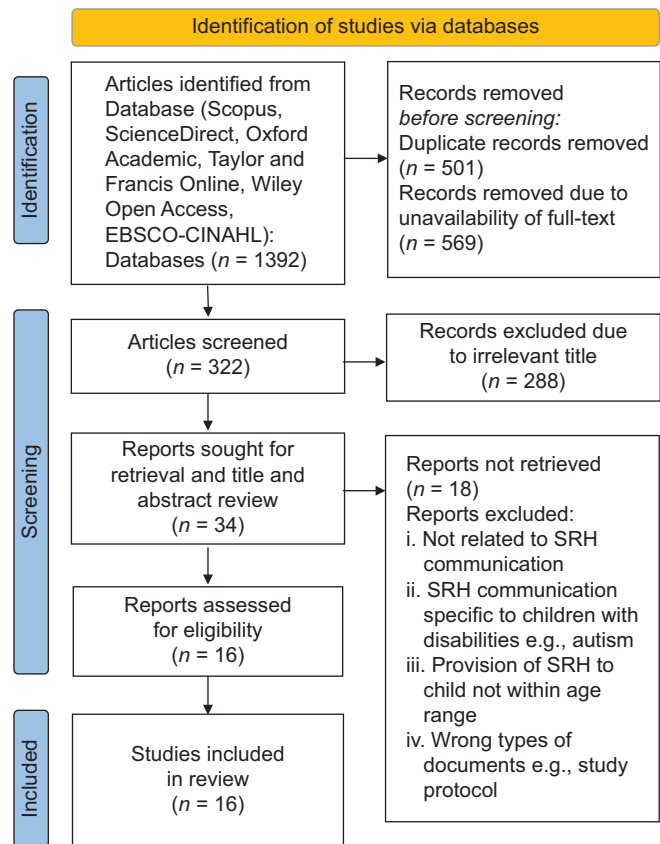


Figure 1: PRISMA Flow diagram.

is 71.1%, with the youth aged between 13 and 24 making up a huge percentage of 50.8%.<sup>[1]</sup> Hence, the significant coverage of the Internet in the country would differently influence adolescents' behavior and parenting style.<sup>[2]</sup>

## FINDING

### Study designs

As illustrated in Table 1, more than half of the studies were quantitative studies ( $n = 10$ ). The remainder were qualitative studies ( $n = 6$ ). Out of the quantitative studies, five were interventional studies, and another five were cross-sectional ones. In the qualitative category, only one study used ethnography methodology, whereas the rest were qualitative inquiries. The included studies were mostly published between 2020 and 2022 ( $n = 12$ ), whereas the rest were published in 2019 and below.

### Study appraisal

The eligibility of the included studies was examined using the Mixed Method Appraisal Tool (MMAT). The MMAT assesses the quality of qualitative, quantitative, and mixed methods studies. Titles and abstracts of records had been screened by two experts (main supervisor and co-supervisor I) working independently who coded each record as "yes" (i.e., include), "no" (i.e., exclude), or "maybe" (i.e., for discussion). Disputes had been resolved through discussion with a third expert (co-supervisor II), and reasons for exclusion will be

**Table 1: Characteristics of included studies**

Study	Country	Study population	Setting	Number of subjects	Response rate (%)	Data collection	Methods	Issues explored
Adelson <i>et al.</i> <sup>[3]</sup>	India	Adolescent girl, mother, service provider	Experience in parenting education	37 unmarried adolescents, 15 mothers, 10 service providers	Not stated	Semi-structured focus group discussion	Qualitative inquiry	<ul style="list-style-type: none"> <li>Communication on engaging in a sexual relationship</li> <li>Communication on sexual health risks</li> <li>Sources of information</li> <li>Daughter and mother discussing sexual health</li> <li>Types of information that should be shared about sexual health</li> <li>Barriers to providing sexual health information</li> <li>Ways to prevent sexual risks that girls face in the community</li> </ul>
Babayanzad <i>et al.</i> <sup>[4]</sup>	Iran	Parents	Having male adolescents aged 12–18 years old	16 parents	Not stated	Semi-structured in-depth interview	Qualitative inquiry	<ul style="list-style-type: none"> <li>Fear of emotional and sexual harms</li> <li>Parent's fear of sexual harassment in adolescent</li> <li>Parent's concern about adolescent's emotional and sexual behaviors</li> <li>Quality of parent–child relationship</li> <li>Weak interpersonal relationships in the family</li> <li>Inability to communicate with children about sexuality issues</li> <li>Effect of media and cyberspace</li> <li>More exposure to sources of sexual stimuli</li> <li>Lagging behind the technology</li> <li>Necessity of sexuality health education</li> <li>Sexuality health education for students</li> <li>Sexuality health education</li> </ul>

Contd...

Table 1: Contd...

Study	Country	Study population	Setting	Number of subjects	Response rate (%)	Data collection	Methods	Issues explored
								for teachers, instructors, and school authorities Sexuality health education for parents Participation of family and school in sex health education
Horanieh <i>et al.</i> <sup>[21]</sup>	Saudi Arabia	Policymakers, health-care providers, teachers, religious leader	Sexual education	7 policymakers, 9 social and health-care providers, 2 religious scholar	Not stated	Semi-structured interview	Qualitative inquiry	Who should deliver sex education? Who should be targeted? Content of sex education programs How be sex education presented?
Sham <i>et al.</i> <sup>[15]</sup>	Malaysia	Parents		8 parents (4 mothers, 4 fathers)	Not stated	Semi-structured interview	Qualitative inquiry	Misunderstanding of the meaning of terms Attitude of parents toward sexuality education Accessible structural support in sexuality education Strategies and approaches in SRH education
Camellia <i>et al.</i> <sup>[5]</sup>	Bangladesh	Middle-class boys and girls aged 15–19 years old, parents	Sexuality health communication	72 middle-class adolescents aged 15–19 years old, 18 parents	Not stated	In-depth interview, focus group discussion	Ethnography	Experiences of silence When silence is not a problem? Silence in relation to access to mobile phones, Facebook, and the Internet
Bui <sup>[6]</sup>	Vietnam	Mothers	Women sexuality and pleasure	20 mothers		Brief interview (preliminary), follow-up interview	Qualitative inquiry	Repressive and protective: Sexual communication between the parent and the respondents while growing up Being a good girl: Talking with kids about sex
Vaishnavi <i>et al.</i> <sup>[7]</sup>	India	Parents of adolescent	Coastal south India	233 parents	Not stated	Cross-sectional survey	Quantitative	Perception Practices
Noe <i>et al.</i> <sup>[8]</sup>	Republic of the Union of Myanmar	Mothers and adolescent daughters	Sociocultural taboo in sexuality education	112 pairs of mother and adolescent daughters	100%	Cross-sectional survey	Quantitative	Perception of communication on SRH Communication

Contd...

Table 1: Contd...

Study	Country	Study population	Setting	Number of subjects	Response rate (%)	Data collection	Methods	Issues explored
Chamchan <i>et al.</i> <sup>[17]</sup>	Thailand	Thai parents with age 7–18 years old	Social marketing activities	2446 parents	Not stated	Cross-sectional survey	Quantitative	between mothers and adolescent girls on SRH Communication barrier in SRH communication Exposure to social marketing activities Knowledge, attitude, and skill related to SRH Practice
Majdpour <i>et al.</i> <sup>[22]</sup>	Iran	Mothers with 12–18 years old adolescent daughter	Educational intervention	140 mothers	100%	Interventional studies with no control group	Quantitative	Awareness, attitude, and communication skills related to SRH Sources of SRH information Contraceptive method (SRH) knowledge
Vongsavanh <i>et al.</i> <sup>[18]</sup>	Vietnam	Adolescent aged 14–17 years old	SRH communication with parents	384 adolescents	100%	Cross-sectional survey	Quantitative	Frequency, attitudes toward SRH, and SRH communication with parents SRH information resources Factors associated with SRH communication
Jin <i>et al.</i> <sup>[14]</sup>	China	Families (father, mother, and child)	CSA prevention education	452 triads (father, mother, and child)	559 baseline assessment 452 completed the study	Randomized controlled trial	Quantitative	Knowledge, attitude, and practice regarding CSA Parental educational program
Ziaei <i>et al.</i> <sup>[10]</sup>	Iran	Mothers and daughters	Sexual health communication	168 pairs of mother and daughter	100%	Randomized controlled trial	Quantitative	Sexual health communication
Jeihoomi <i>et al.</i> <sup>[12]</sup>	Iran	Mothers of preschool children	Mother's skill in the sexual care	200 mothers	100%	Quasi-experimental study	Quantitative	Knowledge, attitude, perceived behavioral control, subjective norms, behavioral intention, behavior
Azira <i>et al.</i> <sup>[13]</sup>	Malaysia	Malaysian parents	Knowledge, attitude, and practices in SRH	200 parents (57 fathers, 143 mothers)	100%	Cross-sectional study	Quantitative	Knowledge, attitude, and practice of parents toward SRH
Apaydin <i>et al.</i> <sup>[23]</sup>	Türkiye	Parents and children aged 3–6 years old	Parent's education on CSA	64 parents (8 fathers, 56 mothers), 58 children	Not stated	Pre- and posttest design	Quantitative	Knowledge, attitude, and practice related to CSA Problems and experiences in CSA education

SRH: Sexual and reproductive health, CSA: Child sexual abuse

**Table 2: Themes identified in each study**

Themes	Subtheme	Qualitative						Quantitative									
		[3]	[4]	[20]	[15]	[5]	[6]	[7]	[8]	[17]	[22]	[18]	[14]	[10]	[12]	[13]	[23]
Knowledge	Puberty		✓			✓	✓	✓	✓				✓		✓	✓	
	STD	✓				✓	✓	✓	✓				✓	✓	✓	✓	
	Misunderstanding of SRH term				✓												
Attitude	SRH is a need		✓		✓		✓	✓		✓		✓	✓		✓	✓	
	Ignorance/unimportant				✓	✓											
	Should not be provided							✓									
Practice	Conservative to liberal			✓						✓							
	Who should deliver		✓	✓				✓				✓					
	Who should target		✓	✓				✓									
	Presentation format			✓													
	Communication about sexual health risk	✓										✓	✓				
	Communication about social relationship	✓												✓			✓
	Strategies and approach	✓			✓		✓			✓					✓		
Content	Quality		✓											✓		✓	
	Harm reduction (condom, contraceptive pill)			✓				✓	✓		✓						
	Personal safety measure (CSA)						✓	✓								✓	✓
	Changes in puberty							✓	✓							✓	
	Religious-based model		✓														
	Presentation format			✓													
	Sources (book, TV, and the Internet)	✓				✓		✓			✓	✓		✓		✓	
	Negative health outcome (STD)							✓	✓								
	Myth/unscientific information			✓													
Barriers	Cultural	✓	✓	✓	✓	✓					✓				✓		✓
	Religious	✓		✓													
	Lack of knowledge	✓	✓				✓									✓	
Facilitator	Religious			✓													
	Support				✓	✓	✓		✓								✓
Feeling	Difficult		✓				✓										
	Embarrassing/shyness	✓		✓	✓	✓		✓								✓	
	Fear of sexual harassment		✓														
	Worry information inaccurate																✓
	Concern on emotional/sexual behavior (encourage to engage in sexual activity)		✓				✓										
Intervention	Parental education program										✓			✓	✓		✓
	Effect of media and cyberspace		✓														

STD: Sexually transmitted disease, SRH: Sexual and reproductive health, CSA: Child sexual abuse. "Tick symbol" - denotes themes emerging in the article

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**Table 3: Representative quotes from participants and authors of primary studies to illustrate each theme**

Themes	Subtheme	Quotations from participants in primary study	Interpretations of findings offered by authors
Knowledge	Misunderstanding of SRH term	Sex education is teaching sex or intimate relationship between male and female husband and wife but it can be toward natural tendency or transgressive <sup>[15]</sup>	All of the parents stated that sex means intimate relationship between male and female
Attitude	Preparation	As A father, I believed that it is important to impart sex education knowledge to children as this will make them understand the sexual notion better. As the children grow into the teenager, they will learn about the term sex and they will have the natural attraction to sexual stuff. As a father, I must prepare to share the knowledge, but at the same time, I need to equip myself with sufficient reading <sup>[15]</sup>	Participants were aware that they lacked knowledge on sexuality but did realize the importance of sexuality education for their children. The parents mention that they need to equip themselves with the right knowledge before sharing and teaching their children about the subject
Practice	Who should deliver	You need representatives from both streams, and they need to be moderate. Do not bring on any extremes from either Islamist or the liberals <sup>[21]</sup>	The need to find a middle ground between "Conservative" and "Liberal" streams of Saudi society
	Who should target	Even though marriage is currently delayed until after university, I support giving information about maternal and woman's health at secondary school <sup>[21]</sup>	They were concerned to ensure that those who would marry young were prepared and equipped with the necessary knowledge
	Presentation format	The knowledge should be cooked by the scientist given to the preacher to spread in a nice way according to the values and the religion <sup>[21]</sup>	The parents acknowledge the role of religious figures in delivering information to promote values that help ensure a healthy lifestyle, strong family ties and societal cohesion
	Communication about sexual health risk	I do not want to encourage them to do that stuff early or so. However, I want them to have the knowledge to protect themselves. I mean I have learned from my own experience I was lucky to be able to get married I do not know what would happen if I did not <sup>[5]</sup>	Parent were concerned that providing sexual information to their children to protect themselves might encourage them to engage in sexual activity
	Communication about social relationship	My parents had a viewpoint worrying that love would negatively affect children's study. Therefore, as soon as I left home for the university my parents did not tell me to study hard or keep my good health rather they told me not to fall in love early <sup>[6]</sup>	Parental messages of sexual inhibition were combined with those that encouraged them to focus more on academic aspirations and to refrain from getting into any form of romantic relationship during high school or university
Content	Harm reduction	Do you go and engage in sexual activity with somebody, or masturbate, or brush it aside? When it comes to masturbation, I explain the "etiquette." If you are going to be doing it, its okay; it's not harmful, but it is something to do in private. Ms. Lama, health-care provider	Clinicians favored frank and neutral discussion of the practice, including dispelling myths about its effects
	Negative-health outcome message	Some kids are not very religious, and fear of God's punishment may not prevent them from practicing sexual activity, but providing them with negative health outcomes can have a stronger effect	Personal faith was strongly evidenced among all participants, but many, particularly those in close contact with young people, described a weakening of religious belief within society, such that adherence to religious tenets could no longer be relied on to sanction conduct
Barriers	Cultural	In this community, they won't talk to you about these matters. Even if you talk to them about it, they'll say, "You're talking about such dirty things. Children should not be told about these things" <sup>[3]</sup>	The primary barriers identified were the religious and cultural attitudes that make sexual health a taboo topic in the community
	Religious	Adherence to religious teaching was sufficient to prevent young people from engaging in illicit sexual activities	It reflected the different ways stakeholders chose which scientific information they believed in adopting and which ones they rejected
Facilitator	Religious	It is known to young people that illicit relationships are haram, so if a person is straight (leveled) he will avoid these relationships. Plus, adultery and homosexuality are forbidden in the religion	Implicit in these accounts was the notion that knowledge of which behaviors were forbidden was enough to protect young people; hence, providing information on reducing their potential harm was unnecessary
Feeling	Embarrassing/shyness	I can explain menstruation to my daughter because I know about it. How am I going to explain the "male stuff" when I know almost nothing about it? <sup>[5]</sup>	While explaining the reason for silence mothers tend to avoid mentioning the words "wet dream" or "penis" instead they use indirect phrases such as <i>chheleder bepar</i> which can be read as a sign of embarrassment
	Fear of sexual harassment	Incidents like sexual assault are my serious concern I want the society to be safe so that nothing would happen to my children that are irreparable or hard to repair <sup>[4]</sup>	The results showed that one of the parent's concerns was vulnerability of adolescence to the consequences of emotional and sexual relationships

Contd...

Table 3: Contd...

Themes	Subtheme	Quotations from participants in primary study	Interpretations of findings offered by authors
Sources	Not scientific information	It is available everywhere you look these days in the cinema, the TV, in magazines and most of this information is not scientific <sup>[3]</sup>	Across the groups of mothers, service providers, and adolescent girls, there was consensus that girls receive information about sex-related topics from television and movies friends, reading materials, or all the siblings and other family members
	Effect of media and cyberspace	Well, unfortunately, with the Internet and the available web pages there is no framework for the information available to children they may search for a name and receive a great deal of information <sup>[4]</sup>	Many of the parents believe that their children's exposure to sexually explicit content of movies pictures and information through the satellite mobile phone and the Internet. They were afraid social media could affect their sexual behavior
	Types/content	The authority should provide information about the medical complication in addition to the moral ones for example sodomy, even with condom use can cause rectal prolapse and condoms are not 100% safe, tears can happen <sup>[21]</sup>	Several participants supported the provision of only those forms of scientific information that would strengthen Islamic-based stances on sex

summarized. Only articles with at least three “yes” out of five criteria will be selected in the systematic review. Finally, 16 studies were included in the review.

In this review, this study applied thematic synthesis as this is a suitable method for synthesizing a review's findings derived from various research designs such as qualitative, quantitative, and mixed methods (Peterson, 2017). The analysis started by comparing and contrasting the key textual findings from the data extraction table and deducting interpretations and conclusions based on the identification of recurring themes within this body of work. Five main themes were developed, which corresponded to the review questions concerning Asian parents' experiences and perceptions in delivering SRH to their adolescents. Additional details regarding the themes and subthemes are provided in Table 2, while Table 3 presents quotes from participants to exemplify each theme.

### Parents' knowledge of sexual and reproductive health (puberty and sexually transmitted disease)

The systematic review findings reveal that the existing SRH literature, such as puberty and sexually transmitted diseases (STDs), is comprised nine studies that discussed on puberty<sup>[3-13]</sup> and 10 reporting on parental knowledge related to STDs.<sup>[3-8,10,12,14]</sup>

Azira, *et al.*<sup>[13]</sup> conducted a study where they reported that a significant number of parents (79.5%,  $n = 200$ ) possessed accurate knowledge about puberty, pregnancy, and STDs. In the same study, the focus was on evaluating the extent of parents' accurate understanding of specific topics pertaining to sexuality and reproductive health. The high percentage of parents demonstrating accurate knowledge suggests a positive outcome in terms of parental awareness and understanding.

Conversely, Sham *et al.* (2020)<sup>[4]</sup> explored parents' self-reports of their own perceived knowledge in relation to sexuality and reproductive issues. The finding that parents claimed having inadequate knowledge indicates that they recognized their own limitations in this area. This difference in findings could be attributed to the subjective nature of self-reporting and the potential for parents to underestimate their knowledge or be more self-critical.

### Attitude

The systematic review findings indicate that attitudes toward SRH vary significantly. Among the included studies, nine emphasized that SRH is a fundamental need,<sup>[4,6,7,12,13,15-19]</sup> whereas two studies revealed ignorance or a perception of nonimportance.<sup>[5,15]</sup> One study argued against providing SRH services altogether.<sup>[7]</sup> In addition, the review identified a spectrum of attitudes ranging from conservative to liberal,<sup>[20]</sup> emphasizing the importance of understanding and addressing diverse perspectives in promoting comprehensive SRH care.

### Parental practice in providing sexual and reproductive health

The findings highlight several important aspects related to the practice of sexual health. Four studies focused on identifying who should deliver sexual health interventions,<sup>[4,7,18,21]</sup> whereas three studies explored the target population for such interventions.<sup>[4,7,20]</sup> One study examined the effectiveness of different presentation formats.<sup>[20]</sup> In addition, three studies emphasized the importance of effective communication about sexual health risks,<sup>[3,10,14]</sup> and another three studies highlighted communication about social relationships.<sup>[3,10,13]</sup> The review also identified five studies that investigated strategies and approaches for delivering sexual health interventions,<sup>[3,6,10,15,17]</sup> along with three studies assessing the quality of such interventions.<sup>[4,10,13]</sup>

Some of the interesting findings from the literature such as Apaydin Cirik *et al.* (2022)<sup>[22]</sup> revealed that half of the mothers ( $n = 34$ ) in their study were not discussing SRH with their daughters. Earlier, another study in Myanmar by Noe *et al.*<sup>[8]</sup> (2018) found that only 2.7% ( $n = 2$ ) of 112 parents in their study discussed SRH topics with their adolescents.

### Content of sexual and reproductive health

Harm reduction strategies, specifically focusing on condom use and contraceptive pills, were addressed in four studies.<sup>[7,8,20,22]</sup> Another four explored personal safety measures, particularly in relation to child sexual abuse.<sup>[6,7,13,23]</sup> Changes in puberty were examined in three studies,<sup>[7,8,13]</sup> while one study investigated a religious-based model of sexual



health education.<sup>[4]</sup> Presentation formats were assessed in one study,<sup>[21]</sup> and seven studies explored different sources of information such as books, TV, and the Internet.<sup>[3,5,7,10,13,18,22]</sup> In addition, two studies highlighted negative health outcomes, specifically related to STDs,<sup>[7,8]</sup> whereas one study focused on addressing myths and nonscientific information about SRH.<sup>[20]</sup>

Abdullah *et al.* (2020)<sup>[13]</sup> reported that teaching about physical changes and boundaries of interaction between men and women was the main topic delivered by parents (93.5%) in their SRH discussion with their adolescents of 9 to 12 years, whereas discussions on sexual relationships were found as the most frequent among parents with adolescent aged 13–18 years old (84%). Adelson *et al.* (2017),<sup>[3]</sup> in their study, added that adolescent girls stated that it is important to be informed about how to protect themselves from sexual risks.

### Emotional, cultural, and religious barriers

Findings reveal key barriers to sexual health and education. Two studies found that discussing sexual topics was difficult for some individuals,<sup>[4,6]</sup> whereas six studies identified embarrassment and shyness as significant barriers.<sup>[3,5,7,13,15,20]</sup> Fear of sexual harassment was reported in one study,<sup>[4]</sup> and concerns about the accuracy of information were highlighted in another.<sup>[13]</sup> In addition, two studies expressed concerns about the potential impact of sexual health discussions on emotional and sexual behavior,<sup>[4,6]</sup> discouraging engagement in sexual activities.

Cultural factors were identified as barriers in eight studies,<sup>[3-5,12,15,20,22,23]</sup> whereas religious beliefs hindered access in one study.<sup>[20]</sup> In addition, a lack of knowledge was highlighted as a significant barrier in four studies,<sup>[3,4,6,13]</sup> underscoring the need for comprehensive education and awareness campaigns.

Previous research highlights that cultural norms perpetuate a “moral” approach to the delivery of sexual health to adolescents in the Malaysian context and limit their confidence and competence in effectively delivering sexual health information to adolescents (Abdul Hamid and Fallon, 2022). Ahari *et al.* (2020)<sup>[11]</sup> explore the religious and cultural attitudes that contribute to the taboo nature surrounding discussions on sexual health in certain communities. For instance, according to Ahari *et al.* (2020), children are discouraged from speaking openly about SRH due to the cultural belief that it may lead to impudence. Furthermore, Horanieh *et al.* (2022)<sup>[20]</sup> emphasize the religious factor, indicating that the concept of harm reduction in sexual health is a contentious issue within religious communities.

According to Horanieh *et al.* (2022), adhering to religious teachings alone is considered sufficient to prevent young individuals from engaging in illicit sexual activities. This religious perspective also highlights the importance, as stated by Horanieh *et al.*, 2022, of promoting Islamic values without explicitly endorsing illegal relationships. In a study by Suborna *et al.* (2020),<sup>[5]</sup> it is revealed that cultural factors

influence sexuality health communication within families. Suborna *et al.* (2020) explain that silence often prevails in mother–son relationships due to the mother’s embarrassment, whereas in father–son relationships, silence is attributed to physical and emotional distance. These findings collectively illustrate how cultural and religious influences significantly shape the communication surrounding sexuality health, emphasizing the need for sensitive and culturally appropriate approaches to address sexual health within communities.

Other important reasons that need to be highlighted from previous studies were that parents believed that delivering SRH to their children would perpetuate early sexual practices and promiscuity (Jin, 2021). Delivering SRH information at a young age was believed to initiate unnecessary curiosity and will lead to sexual experimentation. Other than that, a few parents also claim that they have inadequate chance or time for the provision of SRH to their adolescents (Sham *et al.*, 2020).

### Support for parents in delivering sexual and reproductive health

Six studies reported that parents required support in terms of SRH delivery;<sup>[4-6,8,15,23]</sup> parents claimed they need access to valid resources and proper training to teach adolescents about sexuality. Sham *et al.* (2020) reported on parental support, which is crucial for effective school-based sexuality education, especially since it has been made a mandatory subject by the Ministry of Education. Highlighting the direct support to the parents, Apaydin *et al.* (2021) reported that parents require support in educational training to effectively provide their children and adolescents with information regarding child sexual education. From a different perspective, a report by Suborna (2020), it was found that adolescents strongly require informational support regarding sexuality education from their parents.

## DISCUSSION

The results of this systematic review provide insight into the intricate terrain of imparting SRH education by Asian parents. The review examined a wide array of studies, utilizing both quantitative and qualitative research methods to thoroughly explore the difficulties and perspectives related to SRH education.

Studies have shown that parents in Asian countries often lack knowledge and skills related to SRH, even though most parents agree that they should provide SRH information to their adolescents. Parents with inadequate or have never received sexuality education from a young may find it difficult to reshare with their children because they did not grow up in a setting where the subject was discussed, while some parents may be anxious that they neither know the right answers nor the proper amount of information to propose. Parents may need access to information and resources to help them understand SRH concepts and how to provide age-appropriate information to their children. Thus, public health efforts in sexuality education can focus on addressing health disparities

by tailoring interventions to specific populations with unique needs. This includes considering factors such as cultural differences, socioeconomic status, and access to health care.

Open communication between parents and adolescents is vital for fostering a healthy understanding of sexuality and promoting informed decision-making. However, some parents may feel uncomfortable or unprepared to do so. Public health campaigns can be designed to promote awareness and destigmatize discussions around sexual health. These campaigns can emphasize the importance of open communication, consent, and preventive measures, contributing to a more informed and healthier community. By involving parents and collaborating with various organizations, schools can ensure that students receive holistic and age-appropriate information, enabling them to make informed decisions regarding their sexual health and well-being. This is important because equipping parents with the necessary knowledge and skills will help them to navigate conversations about sensitive topics, ensuring that children receive accurate information and guidance for their sexual health and well-being.

In some cultures, parents may feel that discussing sex is taboo, and some parents may believe that discussing sex will encourage their children to become sexually active. The communication surrounding sexuality health is significantly shaped by the influence of cultural and religious factors. Within specific communities, the existence of taboos surrounding sexual health acts as a deterrent to open discussions, particularly among children. Religious beliefs play a pivotal role in guiding approaches to harm reduction, with an emphasis on adherence to religious teachings as a sufficient preventive measure against engaging in illicit activities. Moreover, it is advocated to promote the positive aspects of Islamic values while abstaining from endorsing illegal relationships. In addition, cultural factors exert their impact by contributing to silence in mother–son and father–son relationships, leading to consequences such as a lack of understanding, restricted dialog, and increased emotional distance between family members. Recognizing the profound influence of cultural and religious beliefs on communication dynamics within communities, public health practitioners can develop tailored interventions and education programs. This insight supports the reduction of health disparities, enhances community engagement strategies, informs policy development, and fosters culturally competent health-care services. Ultimately, by incorporating these findings into public health initiatives, there is a potential for more effective, inclusive, and equitable approaches to sexual health promotion.

### Unresolved inquiries and prospects for further exploration

Although this systematic review offers a thorough examination of the current body of research, there are still certain areas within the literature that have not been adequately addressed. A noteworthy constraint pertains to the paucity of research that specifically examines LGBTQ+ concerns within the framework of Asian parental perspectives on SRH education. The influence of traditional gender roles and cultural norms on

discussions surrounding sexual diversity is a topic that merits additional examination. Specifically, it is important to explore how these factors shape parental perspectives and consider potential approaches for fostering inclusive education.

Furthermore, it is worth noting that although the review encompasses a wide array of participant groups, there is a noticeable dearth of studies that specifically investigate the viewpoints of fathers. To achieve a comprehensive comprehension of parental attitudes, it is imperative to ensure a more equitable inclusion of both mothers and fathers, recognizing their distinct roles in SRH education and exploring potential variations in perspectives and behaviors.

### Limitation

A few limitations need acknowledgment in this study. First, the prevalence of Southeast Asian studies may impose constraints on the applicability of research findings to other Asian regions. In addition, the reliance on English-language publications may have resulted in the exclusion of pertinent studies published in languages other than English. The review is limited in its focus on articles published from 2015 to 2022, potentially excluding more recent research advancements that have occurred after this period. Finally, the systematic approach may have missed relevant papers, suggesting the need for a broader database search, screening of reference lists, and potential inclusion of gray literature for comprehensive coverage.

### Implications for practice and research

The results of this review provide practical and scholarly implications. It is imperative for policymakers and educators to acknowledge the necessity of implementing comprehensive interventions that not only target parental knowledge deficiencies but also address cultural obstacles. Health-care providers within the public health system can incorporate culturally sensitive approaches into their services, fostering a more welcoming and understanding environment for individuals seeking sexual health-related care. This, in turn, can contribute to increased health-care access and utilization.

In the field of academic research, forthcoming inquiries should seek to establish connections and address the deficiencies present within the existing body of knowledge. Research focused on LGBTQ+ issues within Asian parenting contexts has the potential to enhance the comprehensiveness of SRH education by fostering a more inclusive perspective. Ultimately, the research has the potential to contribute to more tailored and responsive public health strategies that promote the well-being of LGBTQ+ individuals in the realm of SRH.

### CONCLUSION

These review findings emphasize the critical need for culturally sensitive approaches in public health efforts addressing sexual health. Recognizing the profound influence of cultural and religious beliefs on communication dynamics within communities, public health practitioners can develop tailored interventions and education programs. This insight supports

the reduction of health disparities, enhances community engagement strategies, informs policy development, and fosters culturally competent health-care services. Ultimately, by incorporating these findings into public health initiatives, there is a potential for more effective, inclusive, and equitable approaches to sexual health promotion.

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### Conflicts of interest

There are no conflicts of interest.

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