

MOTHERS' VIEWS AND THEIR EXPECTED ROLES ON PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH

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ABSTRACT

As parents generally have more contact than other adults with their children, they are the most suitable people in imparting correct knowledge about sexual and reproductive health (SRH) to their adolescents. Thus, this study aimed to explore Malaysian mothers' views on parent-adolescent communication on SRH and their expected roles in communicating about SRH. This qualitative study was conducted by interviewing 12 mothers of adolescents aged 16 to 19 years old residing in Kuala Lumpur. Using a semi-structured interview protocol, the mothers underwent online individual in-depth interviews that lasted for about an hour. Data was analysed using thematic analysis. This study found that most mothers agree that it is important for them to communicate about SRH with their children albeit some with mixed feelings and caveats. Mothers were expected to play a major role but due to the generation gap and against family norms, not all mothers were able to talk about SRH openly. The non-involvement of fathers becomes a huge barrier to parent-adolescent communication on SRH, especially for sons as some of the topics are gender-based. Strong mother-adolescent connectedness, religious values, adolescents' inquisitiveness, and behaviour, and current related issues facilitate the discussion. In addition, maintaining family dignity and morality as well as preventing their adolescents from the untoward sequelae of sexually related activities emerged as important concepts to the mothers and hence motivate them to take an active role in educating their adolescents on SRH. In conclusion, mothers are the main educators of SRH in Malaysian families. Gender-based topics, the generation gap, and social norms hinder an in-depth discussion on SRH between mothers and their adolescents. There is a need to explore the father's view on similar issues and thus, promote active involvement from both parents.

Keywords: Communication, Sex, Knowledge, Mothers, Adolescents

INTRODUCTION

In Malaysia, it is estimated that almost 10% of Malaysian adolescents have engaged in sexual activity (Lodz et al., 2019). They frequently engage in risky sexual activities such as changing partners and do not use any protection against infectious diseases or pregnancy (Nik Farid et al., 2018). This undoubtedly exposes them to the risk of sexually transmitted diseases such as HIV, syphilis, gonorrhoea, herpes, and chlamydia. Additionally, adolescent girls will be exposed to high-risk unplanned pregnancies and risky

abortions (Othman et al., 2019). The main causes of risky sexual behaviours are a lack of sexual health knowledge and peer pressure (Lodz et al., 2019). They are vulnerable to becoming victims of sexual crime. In Malaysia, one out of every four girls and one out of every six boys has been a victim of a sexual crime before the age of 18 (Wahab & Nor, 2018). They may also be caught as sex workers or involved in the production of pornographic videos. Due to a lack of understanding of sexual activity and the ability to give consent for sexual activity, many of them are victims of sexual crimes. Therefore, adolescents must be educated and given accurate information about sexual and reproductive health at a young age.

Discussing sexual and reproductive health (SRH) with parents can have a positive impact on adolescents' self-efficacy for safe sex and their relationship with their parents (Scull et al., 2022). Those who have conversations with their parents about sex are less likely to engage in sexual activity, but if they do, they are more likely to use condoms and birth control (Evans et al., 2020). Parent-adolescent communication on SRH is most effective when it occurs frequently and covers a wide range of SRH topics (Scull et al., 2022). However, such conversations are scarce (Pariera, 2016) resulting in adolescents turning to their peers and media to get information regarding SRH (Robinson et al., 2017).

From parents' perspective, a few factors have been identified that hinder their communication on SRH with their adolescents. These include i) parents' limited knowledge of SRH, ii) parents' perceptions of adolescents' unreadiness for sex, iii) parental discomfort discussing SRH, and iv) parents' demographic factors such as gender, political belief, and religious belief (Malacane & Beckmeyer, 2016). Furthermore, effective communication is not easy to achieve as it can be influenced by many factors such as i) the feeling of awkwardness and embarrassment when discussing SRH topics, ii) guardians' staunch belief that reproductive health conversations with adolescents promote sexual exploration, iii) having a non-conducive environment for open discussions of sexual and reproductive health matters iv) having younger siblings and v) cultural and religious beliefs (Motsomi et al., 2016).

Even with all the research done on parent-adolescent communication on SRH, there is still a paucity of knowledge involving Malaysian families, especially in terms of parental views on taking up the responsibility of educating their children on SRH. A survey involving college students in Kuala Lumpur had shown a low level of parent-adolescent communication on SRH and the odds of having sexual intention were reduced in those who had more frequent communication (Muhammad et al. 2017). From Malaysian adolescents' perspective, three main reasons that explained the low parent-adolescent communication on SRH were the conservative attitude of the parents, sex being a taboo topic in most homes and indirect approach through sociocultural and religious perspectives (Muhammad 2020). In most homes, traditional gender roles are still being observed with strong religious conservatism. Women are expected to care for their husbands and children, play a major role in child rearing, be supportive of their families, and manage household issues (Karupiah, 2019). As mothers in Malaysia still play a bigger part in child rearing and the benefits of having parents-adolescents communication on SRH are shown in many studies (Muhammad et al. 2017; Scull et al., 2022; Evans et al., 2020), this study aimed to explore mothers' views on parent-adolescent communication on SRH and their expected roles in communicating about SRH. The facilitators and barriers to their communication were also explored in this study. The results of this study might be able to help in producing a guide for mothers to communicate about SRH with their children and for fathers to be more participative in educating their children.

METHODOLOGY

Study design and participants: This was a qualitative study carried out from February to June 2022 in Kuala Lumpur. Potential participants were mothers of adolescents attending KafeTEEN in Kuala Lumpur. It is a centre for adolescents to get reproductive health advice and counselling organized by the National Population and Family Development Board (NPFDB). The inclusion criteria for the mothers were Malaysian, above 18 years old, had adolescents aged 16 to 19 years, lived in Kuala Lumpur, and fluent in Bahasa Malaysia or English. This research aimed to interview a minimum of nine mothers to cover the three main issues (1) views on parent-adolescent communication on SRH, (2) their expected roles in communicating about SRH, and (3) the facilitators and barriers to their communication. This sample size should be able to provide at least 80% of the concepts (Turner-Bowker et al. 2018) and the data collection was continued until data saturation was reached (Sargeant, 2012).

Data collection

Adolescents and thus their mothers were selected using purposive sampling and 'snowballing' techniques. Purposive sampling was used as it allowed the researchers to identify participants who had experience as mothers, were knowledgeable in the topic of interest, willing to contribute, and able to provide rich information (Palinkas et al. 2015; Vasileiou et al. 2018). The potential adolescents were briefly informed about the study by a medical officer working at KafeTEEN and their names and phone numbers were forwarded to the field researcher if they agreed. The researcher would then contact the adolescents and thus, their mothers to explain in detail the research's purpose and the benefits and risks of participating in the research. The participants would also give the researcher's contact to other people who fit the criteria and whom they felt would be interested to be interviewed, hence, the snowballing technique was used. This snowballing technique allowed the researchers to get participants who were willing to share their experiences in talking about sensitive issues (Etikan et al., 2015) and in this research context, the communication on sexual issues with their children. The interviews were conducted in Malay language or English according to participants' preference.

Instruments

The interviews were conducted online by the field researcher using meeting platforms, namely Zoom or Google Meet according to the participant's preference and familiarity. The field researcher was an experienced qualitative researcher and was re-trained by the principal investigator for this study. This eased her to develop rapport with the participants and conduct the interviews independently. The interviews were guided by a semi-structured interview protocol that was developed after a thorough discussion among the researchers and was improved following a pilot test. The questions asked include i) do you think SRH is important and why, ii) what are the topics that are suitable to be discussed, iii) explain your experiences in communicating with your adolescent about SRH, iv) what are the barriers when you want to talk about SRH with your adolescent, and v) what initiates the discussion with your adolescent about SRH.

Data analysis

All interviews were recorded and transcribed verbatim by the field researcher. The transcribed data was then imported into the data management software, NVivo. Using inductive thematic analysis, the text was subjected to initial open coding, categorization, and recognizing patterns or themes (Alhojailan 2012). Themes were generated based on agreement among the researchers involved in the data analysis (Alhojailan 2012, Liu, 2016). All the excerpts presented in this article, if in Malay were translated into English by the field researcher and counter-checked by the principal researcher. It was an iterative process of data collection and data analysis. As these processes occurred almost concurrently, it guided the researchers on data saturation and the final number of participants (Vasileiou et al. 2018).

Ethical Consideration

This research is registered with the National Medical Research Registry (NMRR) with ID number: RSCH ID-21-01023-GJD. This study was approved by the Ethics and Research Committee of Universiti Kebangsaan Malaysia (UKM PPI/111/8/JEP_2022-042). All participants gave their written consent before the interviews.

RESULTS

Sociodemographic profile

Table 1 presents the sociodemographic profile of the participants in frequency. A total of twelve mothers participated in the interviews in which all of whom were Malay Muslims. Most of them were in their middle adulthood, aged between 41 to 55 years old (91.7%), employed (91.7%), had more than one child (75%), and were married (75.0%). Three participants were divorced and the main carer of their children. Based on the Malaysian income classification, seven participants were from the low-income group earning less than RM4850 monthly. Table 2 summarises the detailed descriptions of the participants (mothers) and their pseudonyms. The pseudonyms that link to the excerpts are referring to this table. The number of children is elaborated further in this table in terms of the number of daughters and sons of each mother.

Table 1: Sociodemographic profile of the participants (N=12)

Sociodemographic profile	Frequency	Percentage (%)
Age		
35-40	1	8.3
41-50	10	83.4
51-55	1	8.3
Number of children		
1	3	25.0
2 to 4	7	58.3
5	2	16.7
Marital status		
Married	9	75.0
Divorced	3	25.0
Religion		
Islam	12	100.0
Occupation		
Housewife	1	8.3
Entrepreneur	1	8.3
Nurse / Health Care Assistant	5	41.8
Science Officer Assistant	1	8.3
Administrative Assistant	3	25.0
Service and sale worker	1	8.3
Family Income Classification (monthly) *		
B40 (RM<4850)	7	58.3
M40 (RM4,850 to RM10,959)	4	33.4
T20 (RM> RM10,960)	1	8.3

* Department of Statistic Malaysia (Mahidin, 2019)

Table 2: Description of cases

Identification	Age	Number of children	Marital status	Occupation	Family Income Classification
Kamelia	46	1 daughter	Married	Administrative Assistant	M40
Dahlia	46	4 sons	Married	Housewife	B40
Melur	37	2 daughters and 3 sons	Married	Health Care Assistant	M40
Ros	49	3 daughters and 1 son	Married	Science Officer Assistant	M40

Mayang	48	1 daughter	Married	Nurse	T20
Kesuma	48	2 daughters and 1 son	Married	Nurse	M40
Lili	42	1 daughter and 1 son	Divorced	Entrepreneur	B40
Melati	45	1 daughter and 1 son	Married	Health Care Assistant	B40
Anggerik	44	2 daughters and 1 son	Divorced	Administrative Assistant	B40
Cempaka	51	2 daughters and 1 son	Married	Administrative Assistant	B40
Kenanga	49	1 daughter	Divorced	Service and sale worker	B40
Delima	44	4 daughters and 1 son	Married	Health Care Assistant	B40

Mothers' views on communicating about SRH

When participants were asked about their views regarding parent-adolescent communication on SRH, most of them took it positively. They agreed that SRH education is important, and they need to talk with their children on the related topics. However, some mothers have mixed feelings as they believe communicating about SRH is important but with some caveats.

Positive view. Mothers find it necessary to talk about SRH as they want to make sure that their children understand the social boundaries, especially between opposite genders. The social boundaries include relationships with friends and romantic relationships.

"I don't mind discussing anything with him. He is in a co-ed school so sooner or later, he will be friends with girls. There will be girls that get attracted to him. They will want to get into relationships. So, I have to explain the pros and cons." -Lili

"Yes, I am open if my children ask me. Discuss their opinion. What she should do when she has a boyfriend. She needs to know about girls and boys" -Melati

Other than understanding social boundaries, mothers communicate about SRH to make sure their children's safety is not compromised.

"I think it is important because she is growing up. I need to explain to her about sexual education, about what will happen if she lets people do unsafe touch to her. What are unsafe touches? Sometimes some common touches are actually unsafe as well." - Mayang

A mother believes that communication on SRH is important as her daughter will go through it all one way or another hence discussing sexual health is crucial in making sure her daughter knows what she should do and not do.

"It is important for herself. She will go through a lot of things. She will go through it all. If we do not advise her, do not give knowledge to her, she wouldn't know. So we explain to her what will happen and what she need to do this and that to protect herself." -Kamelia

Mixed view. Despite understanding the importance of SRH communication, some mothers preferred to delay, do not know how, and worried it will lead to sexual experimentation by their children. For example, one mother thinks that SRH topics should only be discussed when her children have entered secondary school, with a limit as she will not discuss all topics with her children.

"How do I say this...? It is a need (to talk about SRH) but when he grows a bit older, I will give him the information. When he was in primary school, I did not talk about it. I started talking about it a bit now that he is in secondary school." -Ros

Some mothers find it difficult and do not know how to do it. Even said the word 'sex' was obscene and considered it a societal taboo, hence not discussing sexual health with their children.

"Hm... relationship. Relationship between a man and a woman. How to say the word 'sex'? I feel like it is over the boundaries. Feels obscene to say that word." -Kesuma

Despite acknowledging the importance of SRH communication and believing that SRH communication should begin at an early age, she fears that her daughter will experiment with sexual activities.

"We should have told them earlier, around 11 or 12 years old but I am worried if she knows (about SRH). I am afraid that she will try, you know?" -Kamelia

Mothers' expected roles in communicating about SRH

When asked about their roles in parent-adolescent communication on SRH, the majority of the mothers stated that they are the sole responsible person because their husbands were not involved in that matter. Their husbands participated in the discussion with their children on SRH but were not as active as they were.

Non-involvement of the father. The majority of mothers pointed out that their husbands do not discuss SRH with their children. Among the reasons for this non-involvement were due to time constraints, the personality of the father, and the father-adolescent relationship quality. Time constraint was mainly caused by fathers' long working hours, especially in low-income families where the sole breadwinner was the father. In one of the mother's stories, her husband returned from work at 4 a.m., and in the meantime, her children went to school while he was still asleep. As a result, they were not able to have a conversation with each other.

“My husband is busy. He comes back at 4 in the morning then the kids go to school so he does not have much time with the kids. He only speaks with the kids when he has time. When they barely see each other, it is hard for the kids to be open with him.” - Kesuma

A father's quiet nature or a lack of warmth is another reason for the lack of communication about SRH from fathers.

“Honestly speaking, he never talks to the kids, especially about SRH.” -Delima

“Because they barely have any conversation with their father unless there is a need for that. Random small talk never happens” -Dahlia

When the parents were divorced, the father's non-involvement was more evident. In one case, a mother reported that her daughter often sulked as her ex-husband was barely involved and interacted with her. Due to this, it is less likely that father-daughter communication would be possible on SRH.

“Sometimes I ask her (daughter), why does she stay in her room? Does she have any problem? But mostly it is because of her father. He does not pick up her call or does not reply to her message.” -Kenanga

Father is partially involved. If the fathers might be involved in parent-adolescent communication on SRH, mothers had to be the middle person between the fathers and the children.

“Hm, my husband leaves everything to me. He will only talk to me and I will be the middle person.” -Cempaka

Facilitators of mother-adolescent communication on SRH

The factors that facilitate the communication on SRH among mothers and adolescents were derived when the participants were discussing their views on parent-adolescent communication on SRH. The factors were i) strong mother-adolescent connectedness, ii) religious values, iii) adolescents' inquisitiveness and behaviour, iv) current related issues, v) maintaining family dignity and morality, and vi) safeguarding their adolescents against unsafe sexual practices.

Strong mother-adolescent connectedness. It was found that participants who have better relationships with their children have more conversations about SRH and are not ashamed to talk about it.

“Maybe because I am close to my sons and they are not close with their father, they barely meet, so I don't feel ashamed (to talk about SRH with the sons)” -Dahlia

“Because I am close with them. Alhamdulillah they will tell me about their problems because I always remind them to not feel ashamed to talk to me” -Cempaka

Religious values. A single mother voiced her opinion that divorce happens due to a lack of knowledge of religious values and SRH hence she wanted her kids to be well-equipped with the knowledge and values.

“It is apt to talk about sex with our children. Many things are happening among the Muslim community. We didn't teach our kids about a lot of things so they don't know why things happen. For example, divorce, why it happens. We only do it (sex) but we do not know the facts or why we do it” -Lili

Since all participants in the study are Muslims, many said they want to ensure their adolescents are not involved in unlawful sexual intercourse or *zina*.

“To avoid zina . To avoid premarital pregnancies.” -Melur

Adolescents' inquisitiveness and behaviour. Mothers mentioned that their adolescents' inquisitiveness and questions to them had initiated and facilitated the discussion on SRH topics.

“You know about the recent drama that went viral (due to steamy scenes)? My kids asked me about it.” -Lili

“Sometimes they ask me about the things that they learn from school. Let's say they learn about sex so they might ask what happens during pregnancy.” -Ros

Furthermore, adolescents' behaviour such as getting into a romantic relationship facilitated the discussion on SRH as the mothers wanted their children to know about the dos and don'ts of relationships. Furthermore, behaviour such as risky sexual behaviour has also become the factor that triggered the conversation on SRH. A mother admitted that her son was physically punished by a neighbour for his misbehaviour, which made her talk about SRH with his son.

“I won't discuss this topic (SRH) unless I find out my son has a girlfriend. To make sure he does not do things that are over the boundaries.” -Melur

"My son was slapped by my neighbour because my neighbour said my son played with his daughter. She was 14 and my son was 12. I asked my son; did he do anything to the girl? "What did you do? Did you do anything to someone's daughter? Did you touch her cheeks or her private part?" -Lili

Mothers also discussed SRH to teach their adolescents about consent such as when and how to say no.

"So, she will know when and how to say "no", "cannot". I taught her when she was still young. We have to teach them early. Supervise them." -Kamelia

Current related issues. The mothers shared that current related sexual issues especially if they involved local adolescents or families would initiate the discussion about SRH with their adolescents. For example, a mother discussed further any topics including sexual topics on social media with her adolescents so her adolescents would know what to avoid.

"Anything (sexual-related issues) that appears on social media, we will discuss about it. There are positive and negative posts. I will tell them which one (activity) to avoid." -Lili

Reality TV shows that discuss crimes also seem to be one of the ways for mothers to initiate a conversation on SRH. Crime news such as rape cases is also discussed by mothers.

"Spontaneous news... or we always watch 999 (reality tv shows). I will discuss with her about the issues on 999 and tell her why they do that." -Kenanga

"Uh... for example, rape cases. I will tell her the causes. Or how do we avoid that so that won't happen to us." - Anggerik

Maintaining family dignity and morality. The interviewed mothers find family dignity to be something sacred that should be maintained and protected. They warned their adolescents not to participate in activities that might ruin the dignity of their family, such as sharing nude photos or doing anything that might be the talk of the town.

"If a guy asks for nude photos of you, do not do it. They can put it on a website and sell it and shame you. You will lose your dignity. You will feel ashamed to go out." -Mayang

"We live in a neighbourhood. If we do something, neighbours can see it and they will start talking about it." -Lili

The mothers also advised their children to not bring harm to themselves or others such as getting pregnant before marriage.

"For example, something that we do not want to happen. I mean, a girl and a boy... if something goes wrong, the girl can get pregnant." -Kamelia

Preventing their adolescents from the untoward sequelae of sexually related activities. Parent-adolescent communication on SRH was deemed to be important by the mothers as they want to prevent their adolescents from facing the adverse effects of the risky activities like watching pornography and being sexually active. For instance, a mother told her son to not watch pornography as she did not want her son to be like her ex-husband who was addicted to pornography and was not a responsible man.

"I saw my son on YouTube and censored the video, sex photos were on the screen. When that happens, I will just tell him to not do that again" -Lili

Barriers to mother-adolescent communication on SRH

While questioning mothers' expected roles in parent-adolescent communication on SRH, the barriers to mother-adolescent communication on SRH were found. The barriers include gender-based topics, the generation gap, and social norms.

Gender-based topics. It is mainly a problem for mothers to communicate with their sons regarding SRH, especially for gender-based topics like circumcision and reproductive health. Similarly, mothers also felt it was hard and embarrassing for their sons to discuss it with them.

"My son is a boy. It is hard for me to talk to him. Even when he got his circumcision done, I asked if he was okay, but he did not answer me. Maybe he feels as if his mother does not need to know about it." -Melati

"He barely talks to me about his private parts. He will only tell his dad. He's a guy, right?" -Ros

Generation gap. As the mothers and the adolescents were brought up in different generations and backgrounds, the mothers complained it was difficult for them to understand one another at times. Most mothers never learned about SRH from their parents and they recalled there was no discussion between them or their siblings with their parents on SRH when they were young.

"Maybe I am from the village. We were not too exposed to this topic. My parents never talked about this with me. It is a bit sensitive in our culture. I have never heard my parents say the words 'sex', or 'make love'. Not even from my siblings. Now,

I try to talk about it with my kids but not as detailed. I am not too open to talk about sex like pleasure, first night together and all.” -Ros

“My parents have never taught me. My day is different from my children’s day.” -Dahlia

The interviewed mothers do not have knowledge on SRH before and were only exposed to the topic after they got married, unlike their children who learn it at school.

“I think I was not exposed to it (SRH). I only found out about it when I got married. Before that, I didn't have any knowledge prior to my marriage. Maybe my life experience, and my parents’ parenting style, made me feel awkward talking about this topic with my children. The generation gap, we have that feeling of shame to talk about it but kids these days, learn it at school. During my day, we don’t, we have to learn about it ourselves. Now it is at the tip of their fingers. They can find it on the internet.” -Kesuma

Social norms. It is not a norm to discuss SRH openly in Malaysia. Society considers it a taboo topic and something that should be kept private.

“One factor is the taboo itself. Our culture. We do not talk about sex-related topics with younger kids. Also, it is so private. It is hard to talk about it with kids. Their comprehension is different.” -Melur

In short, most mothers accepted that it was important for them to converse with their children on sexual issues albeit with some caveats. Mothers were the main person responsible for the SRH education of their children. The facilitators and barriers to mothers-adolescents’ communication on SRH is summarised in Table 3.

Table 3: Facilitators and barriers of mothers-adolescents communication on SRH

Facilitators	Barriers
<ul style="list-style-type: none"> ● Strong mother-adolescent connectedness ● Religious values ● Adolescents’ inquisitiveness and behaviour ● Current related issues ● Maintaining family dignity and morality ● Preventing from the untoward sequelae of sexually related activities 	<ul style="list-style-type: none"> ● Gender-based topics ● Generation gap ● Social norms

DISCUSSION

The majority of mothers believe it is necessary to discuss SRH because they wish to ensure that their children understand social boundaries such as friendships and romantic relationships. This is similar to the findings of Robinson et al. (2017), who discovered that parents discuss SRH with their children to help them understand the value of intimacy and relationships. Mothers also communicated about SRH to ensure their children's safety, where Robinson et al. (2017) discovered a similar finding in which parents discuss SRH to keep their children safe and reduce their risk-taking behaviours as they grow older.

Even though some mothers recognized the importance of SRH communication, they expressed some reservations. According to them, adolescents should only discuss SRH topics after they enter secondary school. This finding is similar to previous research in which parents were opposed to teaching SRH to their primary-school children because they believed they were "too young" (Robinson et al., 2017). Some mothers were not familiar with how to do it and found it offensive to even mention the word "sex." These mothers avoid discussing sexual health with their children. This is common across cultures as parents in Tswana culture in South Africa too, were also hesitant and uncomfortable when discussing sexual matters with their children as the subject was considered very private and should never be discussed (Seloilwe et al., 2015). Despite believing that communication about SRH was important, some mothers were worried their children would experiment with sexual activity. Their perception is contrasted with the evidence in the literature that showed SRH communication did not increase sexual activity nor led to early sexual initiation (Rabritte & Enriquez 2019) and it might reduce the adolescents’ sexual intention (Muhammad et al. 2017).

Strong mother-adolescent connectedness, religious values, adolescents’ inquisitiveness and behaviour, current related issues, maintaining family dignity and morality, and preventing their adolescents from the untoward sequelae of unsafe sexual practices, are the factors that facilitate the communication on SRH among mothers and adolescents. Participants who had good relationships with their children had more conversations about SRH and were more open and felt less embarrassed to discuss it. Previous research showed that adolescents who had regular family activities with strong family connections tended to have lower sexual risky behaviours as they had more time to communicate with their parents (Johnson & Williams, 2015). The odds for risky sexual behaviours were lower with frequent communication between parents and adolescents (Holman & Kellas 2018).

The second facilitating factor was religious values. A mother attributed her lack of knowledge of SRH and not observing the religious values and teachings as the reasons for her marital divorce. This motivated her to educate her children on the SRH topics and highlight the importance of not performing risky sexual activity against their religious teaching to prevent the same pitfall. The mothers wanted their children to be knowledgeable in both SRH and Islamic values. By having this information, the adolescents would be better informed and hence assist them in making sexual decisions (Williams et al. 2015).

The third factor was the adolescents' inquisitiveness and behaviour such as getting into a romantic relationship and risky sexual behaviour. As one mother mentioned, she decided to talk on SRH upon noticing her adolescent's misconduct. Although this might be a bit delayed, such communication may be an opportunity for the mothers to correct any myths related to SRH, and risky behaviours and provide support if necessary. This communication would foster safe sexual practices including the use of contraceptives and condoms (Widman et al., 2016). Ideally, if the sexual communication begins before the risky sexual behaviours, it might be able to even delay the sexual initiation (Malacane & Beckmeyer, 2016).

Another facilitating factor was related to social media hype or news highlighted by television or newspapers. Such information would spark a discussion about SRH among mothers and their adolescents. They used the opportunity to not only give information about SRH but also reminded the adolescents not to perform any activities against their sociocultural religious values. This was also demonstrated in an earlier study done in the United States, mothers used TV and internet content as a point of discussion with their adolescents (Flores & Barroso, 2017). The interviewed mothers regard family dignity as something sacred that must be preserved and protected, so they talked about SRH with their adolescents particularly daughters to keep their family's dignity. This view is strongly related to Malaysian cultural norms in which women who become pregnant out of wedlock are associated with undesirable behaviours that defame their dignity and family (Saim et al., 2021). Mothers believe that parent-adolescent communication on SRH is important because they want to protect their children from the negative consequences of sexually related activities such as pornography and committing sinful activities like premarital sex (*zina*). The mothers' positive attitude of wanting to educate their daughters is supported by existing literature that showed adolescents who had comprehensive sex education were not necessarily would initiate their sex activity early and be sexually active (Rabbitte & Enriquez, 2019; Widman et al., 2016). However, it is important to highlight to Malaysian mothers, the reinforcement of sociocultural religious values needs to be done very tactfully as it may hinder adolescents to talk about sexual issues further (Muhammad 2020).

The vast majority of mothers stated that their husbands do not discuss SRH with their children. Previous studies have also found that parent-adolescent communication on SRH is predominantly done by mothers (Evans et al., 2020; Othman et al., 2020; Scull et al., 2022). As primary caregivers and housewives, mothers are expected to communicate with their children about SRH (Mbachu et al., 2020; Sham et al. 2020). The discrepancies in the expected role played by mothers and fathers in SRH education to their adolescents are strongly related to the traditional gender norms and parenting roles (Malacane & Beckmeyer, 2016). Some of the reasons for this lack of communication between their husbands and children are the father's time constraints, his personality or parenting style, and the quality of the father-child relationship. Time constraints occur because some fathers work irregular hours and thus did not have time to converse with their children. Another reason for the father's lack of communication about SRH is his personality or parenting style. Previous research has demonstrated that parenting styles could give direct and indirect effects on children's outcomes and in this context sexual behaviour (Shongwe et al., 2021). Low levels of perceived parental warmth and knowledge were associated with early sexual initiation (Malacane & Beckmeyer, 2016). It was also discovered in this study, if the fathers were involved in the parent-adolescent communication on SRH, they often turned to their wives to be the mediator between them and the children. Fathers believed and trusted their wives would do better than them in discussing SRH issues with their children, and they preferred to talk about topics that related to them hence, they only discuss SRH issues with their sons (Othman et al., 2020).

On the other hand, it is particularly difficult for mothers to communicate with their sons about SRH, particularly on gender-specific issues such as circumcision and reproductive health. Mothers found it difficult and embarrassing for them to discuss it with their sons. It was more comfortable for mothers to discuss SRH with their daughters, so they did more than their husbands, whereas both parents would be involved in the SRH education for sons (Evans et al. 2020). However, as discovered in this study, not all fathers were involved in SRH education even with their sons, while at the same time, mothers had difficulty conversing on SRH with their sons. This may lead to limited knowledge of SRH among the boys and hence, their involvement in risky sexual activities. Another important barrier is the generation gap. Parents and their children are raised in different generations and backgrounds, the current generation is advanced in the technologies while some parents may have limited skills in that. Parents may find it difficult to understand one another, especially in the current borderless information era where children may have more information or be exposed to information related to sexual issues more than their parents. Unlike their children, most mothers do not learn about SRH from their parents and do not have knowledge of SRH prior to marriage. This generation gap has also been discussed as a barrier to communicating about SRH among parents and adolescents of Latino Americans, older parents in the 1900s were found to have lesser exposure to sexual education when they were young compared to parents of the current millennium (Deutsch & Crockett 2016). Traditionally in conservative societies like among Malaysians, sexual education is not a common topic being discussed openly. As mentioned by the mothers who were all Muslims, it is not a norm to discuss SRH in Malaysia and sex is a taboo topic that shall not be discussed. This finding is in line with an earlier study that stated sex taboos were well-known among Malays (Muhamad et al. 2021). As Malays are polite and reserved, discussing sex can be disgraceful and obscene.

This study is not without limitations, focusing on samples from KafeTEEN because we wanted the community sample. However, the adolescents attended the centre tend to be the motivated individuals with low disciplinary problems. Thus, their mothers are more likely the women who are motivated and involved in child care. This perhaps explained their relatively positive attitude towards mother-adolescent communication on sexual issues. Another limitation is all mothers were Malay Muslims and therefore their opinion may not necessarily reflect other ethnicities or religions in Malaysia. Nevertheless, this study also has its strengths. Firstly, this study managed to recruit mothers from variety of economic strata of the B40, M40, and T20 groups, and therefore the views gathered were the voices of all mothers across the strata. Another strength of this study is its qualitative nature and hence allowed a more in-depth understanding of the mothers-adolescent's communication on sexual issues in Malaysia. This allowed us to discover multiple barriers and facilitators of mothers-adolescent communication on sexual issues and gave us an important insight into preparing a module to promote parents-adolescent communication on sexual issues.

CONCLUSION

Malaysian families still adhere to the traditional gender roles in which mothers are viewed as primary educators of SRH due to their role as primary caregivers. Although mothers accepted this role, gender-based issues, the generation gap, and social norms may impede an in-depth discussion of SRH between mothers and their adolescents. In addition, there is a need to improve the mother's confidence in doing the conversation by improving their knowledge of SRH themselves and correcting the myth, and emphasizing that the SRH communication world is not associated with sexual experimentation by their children. Strong mother-adolescent connectedness, practicing religious values, and family morality and dignity are among the important facilitators of the mothers-adolescents communication on SRH. On the other hand, adolescents' inquisitiveness and current related issues were found as the facilitators of such communication. Since fathers were not directly involved in educating their children on SRH, it is important to investigate their perspectives. For policymakers and health professionals to curb today's risky sexual activities involving adolescents, it is time to empower both parents to talk and educate their children and adolescents about sexual issues.

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