

Approach to sexuality in the dialogue between parents and adolescents

Abordagem da sexualidade no diálogo entre pais e adolescentes

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Keywords

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Descritores

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Abstract

Objective: To evaluate the approach to sexuality in the dialogue between parents and adolescents and to describe how nursing can intervene positively in this context.

Methods: This descriptive and qualitative study involved 22 parents selected by simple sampling. A semi-structured form was used for data collection, and the Collective Subject Discourse method was used to analyse the results.

Results: The study included three categories: dialogue between parents and children on sexuality; topics addressed in the dialogue between parents and children; and counselling and difficulties experienced by parents.

Conclusion: Parents experienced difficulties when addressing sexuality and addressed this topic only superficially. In this context, nursing plays an important role in the sexual education of adolescents and in the orientation provided in the family and school setting.

Resumo

Objetivo: Analisar a abordagem da sexualidade no diálogo entre pais e adolescentes e, descrever como a Enfermagem pode intervir de forma positiva nesse momento.

Métodos: Estudo descritivo de abordagem qualitativa, desenvolvido com 22 pais, selecionados pelo processo de amostragem simples. Para coleta dos dados, foi utilizado formulário semiestruturado. Para análise dos resultados, utilizou-se o método do Discurso do Sujeito Coletivo.

Resultados: No desenvolvimento da pesquisa, emergiram três categorias: O diálogo entre pais e filhos sobre sexualidade; Aspectos abordados na conversa entre pais e filhos; e Aconselhamento e dificuldades vividas pelos pais.

Conclusão: Os pais sentem dificuldade na abordagem da sexualidade, a fazem de forma superficial, de modo que a Enfermagem tem importante papel na educação sexual de adolescentes na orientação à família e na escola.

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Introduction

In the process of human development, adolescence is marked as a phase of conflicts due to the many physical, biological, psychological, and social changes inherent to this phase.⁽¹⁾

During this period, the adolescent may experience conflicting feelings, crises, uncertainties, and insecurities, which vary according to personality traits and the cultural, social, and familial contexts in which these adolescents are inserted.⁽²⁾

This phase of “discovering” one’s body and the possibilities it can offer is an essential experience for the assertion of personality and is a period in which adolescents develop stronger bonds with family, school members and social groups. The discovery of the capacity to reproduce encourages the adolescent to develop their own identity and to question values and ideologies.^(1,2)

Amid all these changes, the discovery of sexuality occurs in a unique manner, under the influence of transformations inherent to this phase. Human sexuality is part of the personality of each individual and is a basic need that should be met along with other relevant aspects of life.^(3,4)

The family is the ideal environment for educating these individuals because, historically, it is the main source of values that will be necessary for living in society. However, how this education occurs depends largely on the characteristics of each family, who may feel unprepared to address these issues. Therefore, the role of health professionals, particularly nurses, is to contribute to solving these difficulties in cooperation with adolescents and family and school members.⁽⁵⁾

In this phase, arguments with parents tend to be constant, parental orders are challenged, and restrictions are questioned. Additionally, the adolescent idealises their future, professional life, and relationships and starts to pursue relevant opinions to deal with this new phase. Thus, the opinions of those who were references during childhood assume great importance in decision-making.

Such conflicts can lead to imbalances in relationships, and coping with these situations becomes even more difficult. Parents feel powerless and may

delegate this role to a third party, such as the school, health professionals, and social groups. The school is a place involved in the development of technologies and skills and is of fundamental importance in the education of children and adolescents. Even so, it proves ineffective in fulfilling this role, just like the parents. Furthermore, social groups offer imprecise and sometimes unreliable information.^(1,5)

This scenario demands the need for further clarification on the theme among those who are in close contact with adolescents, aiming at their protection, prevention, and reconstruction. Therefore, the development of strategies that meet the needs of this group in a personalised, humane, and qualified manner is essential, and education is one of the main tools to achieve this goal.⁽⁴⁾

Health education is one of the most important components in nursing care because it can help develop individual and collective cultural and educational practices to ensure adolescents the right to experience sexuality in a comprehensive, healthy, and responsible manner. Education emerges as an important ally for both the family and the adolescent by providing accurate information, advice, and the exchange of opinions.^(4,6)

In this context, the objective of this study was to evaluate the approach to sexuality in the dialogue between parents and adolescents. This study is expected to help nursing staff intervene in this process with proposals aimed at increasing awareness of sexual and reproductive health. This study aimed to evaluate the approach to sexuality in the dialogue between parents and adolescents and to describe how nursing can intervene in a positive way in this context.

Methods

This descriptive and qualitative study was conducted in a Community Education Centre in a capital located in northeastern Brazil. This Centre was intentionally selected because it is considered a reference in this subject and has students from various neighbourhoods in that capital.

The study population involved 22 parents selected by simple sampling. After student selection,

we attempted to contact their guardians, who were informed about the purpose of the study and gave their consent to participate or not. We attempted to include only parents of adolescents (aged 10–19 years) in the study.

For data collection, individual interviews guided by a semi-structured form were used. The interviews were conducted at the school, were recorded with due permission, and lasted an average of 30 minutes.

The interview process respected the ethical criteria and the confidential nature of the study, and the subjects were informed about the possibility of discontinuing the study. For data analysis, the Collective Subject Discourse method was used, in which the empirical data on the discourses recorded during the interviews were organised, and collective thought was grouped into categories created on the basis of the key expressions recorded during the interviews.

The study followed national and international ethical standards involving research on humans.

Results

Of the 22 parents participating in the study, 13 were men aged between 34 and 50 years. There was a predominance of Catholic parents and those with complete high school education. After the interviews with the parents and the assessment of parental guidance on topics related to sexuality, the categories described below were obtained.

Dialogue between parents and children on sexuality

Most parents reported never having discussed this topic because they did not feel prepared and/or feel the need for discussion. Furthermore, some felt that their children's lack of a sexual partner during the study period indicated that these conversations were not necessary. However, some parents reported having openly discussed the subject with their children. Of note was the facility of fathers for discussing the topic with male children.

Topics addressed during the dialogue between parents and children

It was noticed that most parents had difficulties choosing what topics to address when talking about sexuality. Most parents addressed only the biological aspects of sexuality (associated with sexual intercourse), including contraception and prevention of sexually transmitted diseases (STDs). Some parents believed that these dialogues were necessary only after their children found a sexual partner.

Counselling and difficulties experienced by parents

Parents who attempted to address this topic reported difficulties in conveying information about the theme. Most parents valued their prior knowledge of the subject; however, they reported that this knowledge was not well accepted by their children. Most parents reported not knowing how to act in the face of demonstrations of sexuality by their children and selected dialogues as the best strategy for this purpose.

Discussion

Understanding sexuality through dialogues between parents and children and through interviews using an instrument directed only at parents limited the scope of the study to the experiences of the parents alone and the meaning they attributed to the topic. However, this perspective seems relevant because parents are the central figures in the family context. It is understood that maintaining open and effective communication with adolescents may be one of the most difficult tasks that parents face. These barriers often result in detachment, which can jeopardise or weaken family relationships and dialogue, making this approach more difficult. Nevertheless, parents are still the primary educators in relation to sexual education; therefore, they should be prepared to assume this role.^(5,7,8)

The family offers a safe space and protection to its members and is responsible for the perpetuation of ethical and moral values that will guide the adolescent for life. It is the family's responsibility to dis-

cuss, guide and, whenever possible, clarify the main questions adolescents have, attempting to identify and focus on taboos and fears common in this phase. However, parents have reported difficulties of expression, which were evident during the interviews, as they acknowledged the difficulty in maintaining dialogues about these topics in the home.^(8,9)

When young people do not obtain the answers to their questions in the home, they usually obtain them from others, including friends of the same age, partners, or even the media, all of which are elements that convey incomplete and inaccurate information that is full of cultural and moral values and that cannot be fully trusted. In addition, in most cases, this information is not part of the reality of young people, which can result in a lack of understanding or misunderstanding.⁽¹⁰⁾

For parents, it is difficult to address the sexuality of their children when they themselves are still surrounded by taboos and uncertainties. For many parents, the sexuality of their children raises questions concerning repressed aspects of their own sexuality. To address the theme, the parents are forced to assess their own sexuality, which occasionally generates feelings of anguish.⁽⁹⁾ It is extremely important that the adolescent understands the information provided, and for this purpose, clear, accessible and objective communication is necessary. Alternatively, a participatory dialogue may be adopted, in which case the adolescents not only listen but also express their main concerns.

The analysis of the parents' speeches indicated that their dialogue only covered reproductive aspects of sexuality. This constant biologisation of sexuality, practiced by parents and repeated in the school environment, excludes subjectivity from the dialogue, making the conversations monotonous and repetitive. Discussions of subjective topics have a greater influence on adolescents than simple exposure to information because they promote participation, questioning, and the creation of assumptions.⁽¹¹⁾

It was noted that parents' strong resistance to starting the conversation with their children is a result of the lack of preparation, embarrassment addressing the issue, or both. In addition, some parents fear that the early introduction of the top-

ic may represent parental approval for the adolescents to initiate their sexual lives earlier. An alternative strategy is to start the conversation from childhood, when the first doubts emerge, because such a strategy ensures the adaptation and maturation of the dialogue according to the age group of the children.^(1,12)

Adolescents give the same importance to sex and sexuality and associate these topics with the reproductive function and the perpetuation of the species. As a consequence, they have difficulties identifying their own perceptions on the theme.⁽¹⁰⁾ It is important to remember that sexuality encompasses not only sexual intercourse but is also "a subjective process, mediated through the body, experience, exchange, exploration, and projections built throughout life."⁽¹³⁾ Sexuality is present from conception and is considered essential to health and quality of life; therefore, it must be experienced in a comprehensive and healthy manner since childhood.

To initiate this type of dialogue, it is extremely important for parents to understand what sexuality means, its complex relationship with biology, socio-cultural aspects, and subjectivity so that this theme can be addressed on the basis of its cultural, social, and religious contexts. This approach to the topic allows parents and adolescents to focus on the concerns and taboos that should be clarified.⁽⁹⁾

Added to this complexity is the dynamics of modern societies, where the theme is even more multifaceted. This difficult period for creating a system of sexual values makes some parents unsure about what to discuss with their children because they think that their dialogue is old-fashioned and does not reflect the current reality. Some parents have no theoretical or historical basis for their argumentation because, during their adolescence, the topic was also neglected by their parents.^(1,5,11)

In the present study, fathers showed greater facility for discussing this topic with male children, a fact corroborated by other authors, who found that addressing sexuality with male children was easier.^(11,14) In this respect, boys are less inhibited and therefore start their sexual lives earlier than girls. This occurrence is explained by the distinct ways

that each gender experiences sexuality. As typically observed in most Western societies, sexuality is repressed among women, and consequently, women must live sexuality in a foisted and limited manner, with prohibitions and prudery, which contributes to the increased lack of clarification.^(14,15)

The father can have little participation in conversations about sexuality and contraception.⁽¹²⁾ In addition, the father assumes a more inaccessible, disciplining, and less permissible posture compared with the mother's posture, particularly with daughters. This factor is strongly cultural and has a direct influence on adolescents' experience of sexuality.^(9,15)

Analysis of the speeches indicated the parents' strong preventive discourse, covering primarily issues related to pregnancy and sexually transmitted diseases. This concern is caused by the increasing number of teenage pregnancies each year, coupled with the large number of abortions and sexually transmitted diseases, including acquired immune deficiency syndrome (AIDS), among adolescents. Therefore, parents failed to address topics related to the body, erotism, and subjectivity and limited themselves to a controlling and authoritarian attitude, which, if challenged, can have lasting consequences for the adolescent. This authoritarian approach has cultural reflections because, historically, the approach to sexuality by the family has been restricted to preventing pregnancy.⁽¹¹⁾

Concerns about how to behave in the face of a child's demonstration of sexuality are still raised by parents. The parents understand sexuality as something related to reproduction, which directly implies pregnancy and sexually transmitted diseases. In this respect, their speech becomes reprehensible, controlling, and threatening, executed through the incitement of fear in young people about the consequences that the experience of sexuality can have on their future.⁽⁹⁾

This role, when not fulfilled by the family, is usually assumed by the school. It was observed that the approach to the topic in the school environment is insufficient and focused only on education on issues related to biology, human anatomy, and reproduction. In the absence of parents, the roles of the school and health professionals become deci-

sive, particularly for clarifying issues related to contraception and disease prevention.⁽¹⁵⁾

Sexuality is considered one of the basic human needs and should be experienced in a comprehensive and healthy manner.⁽¹⁶⁾ Nurses are responsible for developing participatory educational practices, which may involve the family, its particularities and opinions, and should take into consideration the historical, political, economic, and sociocultural contexts. Accordingly, nurses should encourage the exchange of information and experience, always valuing the experiences of adolescents.⁽¹⁷⁾

Nursing education must provide opportunities to operate in schools through workshops on topics related to sexual and reproductive health for adolescents and other relevant themes. In addition, nursing education can play an important role in professional training, guidance to parents, and promotion of family unity.⁽¹⁶⁾

The approach to sexuality in the dialogue between parents and children is still insufficient, inconsistent, and inaccurate. This dialogue rarely occurs; when it does occur, it fails to thoroughly address the theme and is conducted superficially and oblivious to the adolescents' needs. This deficiency is culturally inherited and directly related to how parents experienced their sexuality as adolescents. The greatest difficulties were associated with knowing when to start the dialogue, what issues to address, and whether the information conveyed was accurate. It was also noticed that cultural, religious, and socioeconomic factors had a strong influence in this context.

Conclusion

Parents experience difficulties in approaching topics related to sexuality and address these topics superficially. In this context, nursing plays an important role in both the sexual education of adolescents and sexual orientation in the family and school settings.

Collaborations

Nery IS; Feitosa JJM and Sousa AFL contributed to the preparation of the manuscript and critical review of its intellectual content and approved the

final version of the manuscript. Fernandes ACN contributed to the study design, data analysis and interpretation, and manuscript preparation and approved the final version of the manuscript.

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