

## Generational Differences Between Asian American Women and their Mothers and its Effects on Sexual and Reproductive Health Communication

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### **Abstract**

The study examined generational differences between Asian American daughters and their mothers to assess the degree in which these differences have on the quality of their sexual and reproductive health (SRH) education. The participants of this study aimed at individuals identifying as college-aged Asian American women. Each participant took an online survey and voluntary interview regarding their experiences navigating their sexual and reproductive health in close reflection of their quality of SRH education from their mothers. The results show that most participants recalled getting little to no communication with their mothers on sexual and reproductive health, and indicated that they have some degree of reservation when it comes to discussing these topics with their mothers presently. Upon consideration of these findings, maternal communication of sexual and reproductive health topics should be destigmatized in order for their daughters to have a more comprehensive education on these topics in adolescence. It is critical for mothers to understand the long-term benefits of properly educating their daughters on the importance of sex and reproduction so that they can develop a positive perspective on SRH as adults.

*Keywords:* AANHPI health, women's health, sexual health, reproductive health, communication, Asian American

## **Introduction**

Parents have a profound impact on the attitudes that their children will develop toward sexual and reproductive health later in life. It is not uncommon in Asian cultures for families to enforce strict rules on the morals and social behaviors of their children (Kim, 2009). Within Asian communities, there is limited research on the comprehensiveness of sexual health communication conveyed by parents to their children, although studies have shown that this ethnic group tend to have more conservative views compared to other ethnic groups (Kim, 2007). Some of the factors that contribute to the lack of positive dialogue about SRH include social stigma, cultural values, religion, and language. To summarize, greater generational differences are an indicator of negative or restrictive attitudes toward sexual and reproductive health topics. These generational differences exist in the form of language barriers, cultural influence, societal values, morals, political views, and upbringing which are all factors that may contribute to one's worldview.

A review of the literature conducted on sexual and reproductive health communication in Asian American communities shows that research in this field is quite limited; what little evidence exists indicates that parental communication is generally lacking. According to a retrospective study on Asian American women's sexual socialization, parental education on SRH topics are usually "indirect, implicit, and nonverbal" (Kim, 2009). This ties into the conclusions of another research study, which points that the lack of open communication between mothers and their children on SRH is ultimately harmful and can lead to future implications such as higher levels of anxiety surrounding these topics (Gibson, 2019). It also emphasizes that parental involvement in the education of sexual and reproductive health is essential for the prevention of negative health outcomes among adolescents and into adulthood (Hahm, 2008). Research also

points in the direction that parental sexual communication is a great preventative measure against risky sexual behavior and confusion associated with reproductive health (Trinh, 2013). Despite the limited sources on SRH communication and education in Asian American communities, the available studies allude to the need for more parental involvement in educating their children to ensure better sexual and reproductive health outcomes.

This study aims to explore a couple key points in order to analyze the effects of generational differences on the perceptions that Asian American women have toward sexual and reproductive health topics. First, how much education about SRH do Asian American women receive from their mothers? Second, how did the level of preparedness in adolescence impact the experiences of Asian American women when navigating their sexual and reproductive health? Third, how did these experiences and relationships with their mothers shape their attitudes toward SRH topics and communication? Fourth, what are some ways, if any, that Asian American women are changing conversations on SRH for the better within their communities? Guided by these questions, this study explores the various ways in which generational differences directly impact the perceptions, attitudes, and experiences of Asian American women regarding their sexual and reproductive health.

### **Methods**

This study utilized quantitative and qualitative research methods and included a total of 36 participants who identified as Asian American women. Each individual filled out an online Google Forms survey, which was distributed on social media platforms such as Facebook and Instagram, given the limitations imposed by the COVID-19 pandemic. An additional interview was also conducted for 6 individuals who opted to partake in the process.

The online survey was approximately 5-10 minutes in length, consisting of 5 sections and 34 questions (23 multiple choice and 11 open-ended questions). The quantitative questions in the survey consisted of a variation of Likert scale, multiple choice, and check-all-that-apply.

Qualitative questions were included in the survey to allow participants to openly elaborate on their opinions or experiences. Interviews were also conducted to gain additional qualitative data. A total of 6 interviews were conducted which lasted approximately 15 minutes in length for each participant. These sessions were hosted on Zoom and recorded with the verbal consent of the interviewee for transcribing purposes. The interviews were facilitated by guiding questions from the survey for participants to elaborate on in conversation.

## **Results**

This study examined the impact of generational differences between Asian American women and their mothers on the women's experiences navigating their sexual and reproductive health in adolescence and adulthood. The results of this research are organized in their respective sections in the online survey: demographics, sexual health, reproductive health, and SRH communication. Participants identified with a variety of different ethnicities. The majority of participants identified as Vietnamese due to the audience of the platform on the extant social media networks. The respondents were mainly born in the United States with mothers born abroad in an Asian country, and consisted of second generation immigrants. Most respondents also spoke a combination of their mother tongue and English at home.

The second portion of the survey assessed each participant's experiences with sexual health. The study had an almost equal number of people who are sexually active and also not sexually active. Most participants were not comfortable discussing sexual health with their mothers, and did so infrequently. The results from this portion of the survey offers a rare

perspective of Asian American women as it depicts the experiences of those who are sexually active and inactive, many of which are all mostly uncomfortable in engaging in open conversations with their mothers about sexual health. Additionally, half of the Asian American women in the study reported having been in a situation where they required sexual health advice and did not know where to go for consultation. The other half indicated they had not been in such a situation.

The third portion of the survey assessed the participants' experiences with reproductive health. Respondents appeared to be more comfortable discussing reproductive topics with their mothers compared to sexual health. However, the frequency of discussions on reproductive health were also infrequent. The participants reported that this is most likely due to the reason that their mothers felt more comfortable discussing reproductive health than sexual health. This section also included a qualitative question, asking respondents to reflect on their reactions and experiences when they received their first menstrual cycle. The accounts were varied with contrasting themes of being somewhat or very educated on SRH versus being completely unknowledgeable for onset of first menarche.

**Excerpts from research question: How was your experience getting your first period?**

*"I never told my mom until my 2nd or 3rd month, when she found out! I never felt comfortable talking about my period with my mom, so it was awkward for both of us." - Response #3*

*"I got my first period during a road trip, and my mom was incredibly helpful with getting me to a bathroom and making sure I was comfortable. I don't recall ever feeling scared or unsafe, and I'm thankful." - Response #4*

*“I was prepared because I had read the American Girl book on puberty! I told my mother, who brought out pads for me to use but told me to keep them hidden from my brother.” - Response #22*

Finally, participants reflected on their experiences so far in receiving SRH education. Interestingly, most respondents either received their first exposure to SRH in adolescence or never had any education of SRH from their parents. All respondents reported that their mother has some level of English proficiency which indicates that language is not a barrier when it comes to discussion of SRH between mothers and daughters. Additionally, almost a quarter of respondents stated that SRH topics are considered taboo to discuss within their families. However, despite the reported taboo regarding these topics, SRH conversations appeared to be relatively neutral with a score of 4 or 5 out of 10 by 16 respondents. Participants also stated that they received most of their SRH education from school, friends, and the internet, but none received this education from other family members besides their mothers. More interestingly, when asked about the adequacy of SRH education they received from their parents, more than 50% of responses felt their parents gave them somewhat adequate education on SRH topics, despite over 90% of respondents indicating that their mothers are more conservative when it comes to having these conversations.

**Excerpts from research question: Do you think you received adequate sexual and reproductive health education from your parent growing up?**

*“I never had “the talk” with my parents - we both assumed that I learned it from somewhere. So, we were never comfortable talking about sage sex or SRH freely.” - Response #3*

*“I learned a lot of things from the internet and from friends. I really did not learn that much from my mom. We definitely don't have a relationship where I could be comfortable talking about sexual*

*health with her. Language is not a barrier but it's just uncomfortable. I brought up the idea of birth control for the purpose of clearing my acne and she was opposed to it. I think she didn't like the idea because of Eastern medicine ideals and that birth control would mess with my hormones and internal organs." - Response #12*

*"My mom probably didn't receive quality SRH education herself when she was growing up. I feel that Vietnamese culture mostly focuses on the acknowledgement of periods and being pregnant, and neglects other SRH type topics that are just important to know that like STIs, contraceptives, and health screenings." - Response #26*

### **Discussion**

There are many barriers that prevent open conversations around sexual and reproductive health between Asian American women and their mothers. Stigmatization plays a major role in restricting these discussions by associating discomfort when it comes to talking about sex and reproductive health. It is essential for SRH to be destigmatized within Asian communities in order to help facilitate more open conversations about these topics. Asian communities are observed to place a lot of emphasis on educating children on the morals of sex, but not much of this education from parents focuses on health and safe sex (Kim, 2007). Taboos around SRH are often shaped by the values of the family environment. These attitudes are affected by multiple factors in the parents' backgrounds, such as their culture or religion, which lead to conservative perspectives on SRH conversations.

Some other steps that could expand on this research would include studies on the lived experiences of Asian immigrant mothers navigating their own sexual and reproductive health, providing deeper insight into the generational differences. Additionally, research comparing the SRH education of Asian American women and their male siblings would be valuable to explore

how sexual and reproductive health communication is similar or different across genders within the same family environment.

Our results are consistent with the current literature demonstrating a strong necessity for better SRH education for both first and second generation Asian American women. In the age of social media, platforms such as Facebook, Instagram and Twitter are great ways to quickly spread SRH information. These methods could be noticeably effective with the correct implementation of SRH content especially to a more conservative audience (Khawaja, 2017). By publicizing SRH graphics and resources on large platforms, more mothers could be educated on the importance of teaching their daughters about these topics.

### **Conclusion**

This research study examined the variety of experiences of Asian American women in navigating their sexual and reproductive health, and the influence of the quality of SRH communication that they received from their mothers. An observed lack of sufficient research on SRH education within Asian communities prompted this study to analyze how maternal communication directly influences the quality of SRH education that their daughters receive. The attitudes shaped by the mother in teaching about these topics impact how Asian American daughters experience and navigate their sexual and reproductive well-being.

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