

Accepted manuscript
J Yu (2007)

Yu J (2007) School sex education: Views within British-Chinese families. *Asian Journal of Nursing*, 10(3), 171-178.

Contact:

Dr Juping Yu, Faculty of Life Sciences and Education, University of South Wales,
Glyntaf, Pontypridd, UK

juping.yu@southwales.ac.uk

School sex education: views within British-Chinese families

ABSTRACT

Aim

This paper aims to report views of school sex education within British-Chinese families.

Methods

Using a qualitative ethnographic approach and snowball sampling, in-depth interviews were conducted with 20 British-born Chinese teenagers and 20 Chinese parents of teenage children in Scotland.

Results

The teenagers and parents presented a range of views on school sex education, which raised questions about current practice and policy. There were differences in cultural approaches to this topic between the generations. For the teenagers, the purpose of sex education was to obtain information about the risks of having sex and about methods of contraception; for the parents the purpose was to promote sexual abstinence.

Conclusions

Exploring the perspectives of teenagers and parents is of particular importance for the development of sex education policy and nursing practice. Sex education and services should be appropriate to both cultural diversity and family values.

KEY WORDS

Adolescent, ethnic groups, qualitative research, schools, sex education

INTRODUCTION

The Chinese community is a small, vibrant, but neglected population in Britain. The 247,403 Chinese people living in the UK represent 0.42% of the British population.¹ Of these, 29% were born in Britain.² Little attention has been paid by politicians and researchers to the Chinese community and it is the least understood minority in the UK.^{3,4} Limited research has been undertaken among British-Chinese people, compared to other minority ethnic groups, and there has been no research that has explored their views about sex education at school.

In Britain, over one quarter of young people become sexually active before age 16,⁵ and the teenage pregnancy rate remains one of the highest in Western Europe,⁶ although lower than rates in the USA.⁷ The British government has called for better and improved school-based sex education programmes to tackle the high UK teenage pregnancy rate.⁶ Research on sex education in Britain and other countries tends to focus on evaluating the outcomes of education programmes. Its benefits have been reported. For example, sex education at school has significantly increased the level of sexual knowledge of teenagers,^{8,9} but its impact on sexual behaviour and unwanted teenage pregnancy has been inconsistent. Some reports of its effectiveness in decreasing the frequency of sexual activity and pregnancy rates and in increasing contraceptive use^{10,11} are contrasted by other reports that have not found such impacts.^{9,12,13}

However, little research has explored the views of school sex education from the perspectives of young people and parents. Government guidelines for sex education have stressed the importance of co-operation between schools and parents,^{14,15} but parents' voices have not been heard. Without listening to the views of young people and parents, it is unlikely that schools will provide sex education that meets their needs.

In addition, research on sex education tends to apply quantitative approaches.^{9,12,13} The credibility of some research in this field is limited due to inherent difficulties in conducting such studies. Teenagers tend to respond in ways that they perceive as maintaining their status, either with peers, or conversely with the interviewer. Boys are likely to overreport and girls are likely to underreport their sexual experience.¹⁶ They show difficulties in either recalling or sharing their experiences. In longitudinal studies, some teenagers reported being sexually active at the first interview, but reported being virgins at the second one, and vice versa.^{17,18} Upchurch et al (2002) found that only 22.2% of teenagers who reported being sexually active at both interviews provided a consistent date for their first sexual experience.¹⁸ Problems are also found in following up participants. For example, Wight et al (2002) reported that only 77% teenagers completed the two-year follow up questionnaire. Those who dropped out might have altered their sexual attitudes and behaviour.¹⁹

Although some of these issues, such as response bias and difficulties in recalling, may have been unavoidable when using a qualitative approach, they may be reduced by the development of rapport, a key aspect of qualitative research. Qualitative approaches can contribute substantially to a greater understanding of people via their own perceptions.

Culture, in part, mediates the effectiveness of sex education. The importance of considering cultural and ethnic influences has been reported.^{14,20} Currently sex education is provided at Scottish schools, but parents have the right to withdraw their children from such programmes. Although there is general guidance for each age level, there is no national curriculum.^{6,20} Sex education for teenagers from minority ethnic groups is catered for through mainstream education. Very little is known about the views of people from minority ethnic groups, and this is especially true of British-Chinese people.

This paper reports experience, views and expectations of school sex education among British-born Chinese teenagers and Chinese-born parents of teenage children. It draws findings from a PhD study that explored social influences on sexual attitudes of British-born Chinese teenagers.²¹

METHODS

Design

A qualitative ethnographic approach was used to explore attitudes towards the sexual behaviour of British-born Chinese teenagers and how they were influenced by their surrounding environments. Ethnography has a long history and has been used in anthropology to discover unknown facts and lifestyles of people from different cultural backgrounds, but it is essentially new in nursing.²² Ethnography is concerned with understanding and describing why a group of people do what they do, and how an individual's behaviour is influenced by their surrounding culture.²³ The present study was interested in people's own views of teenage sexual behaviour and accounts of behaviour. In order to understand this phenomenon, it needed to put people in a holistic social context of family, culture, friends and school.

Given the emphasis on understanding people's way of life in their social and cultural context through the native's point of view, an ethnographic approach was considered suitable for the present study. However, some insights were drawn from phenomenology and grounded theory, for example, exploring lived experience from informants' own points of view and allowing ideas to emerge from data. The ethnographic approach generated rich and descriptive data to interpret how and why culture and social factors had an impact on the attitudes towards sexual behaviour held by British-born Chinese teenagers. This paper highlights their perspectives on sex education.

Participants and sampling

The participants were 20 British-born teenagers and 20 Chinese parents of British-born teenage children. The teenagers were aged 16 to 19, who had never been married, and whose parents were of Chinese origin. The participants included 2 teenager-parent pairs, 5 teenager-mother pairs and 2 sibling pairs. Other participants were not related to each other. They were interviewed separately and in privacy.

Snowball sampling was used to recruit participants due to the sensitive nature of the topic and the small size of the Chinese population in Scotland. Parahoo (1997:234) defined snowball sampling as "*a respondent refers someone they know to the study, who in turn refers someone they know, until the researcher has an adequate sample*".²⁴ This technique is frequently used when approaching hidden or hard-to-

reach groups, such as people with HIV,²⁵ homeless people²⁶ and minority ethnic groups,²⁷ or when exploring sensitive topics, such as homosexuality²⁸ and abuse.²⁹

In the present study, friends of the researcher and Chinese associations, such as Chinese language schools, Chinese churches, Chinese women's groups and the General Consulate of China in Edinburgh, were approached. Multiple snowballs were developed through these contacts. This type of sampling relied on a series of participant referrals to others who met the sample criteria. The process of the snowball sampling is detailed in the appendix.

Ethical issues, data collection and analysis

The research was approved by the research ethics committee of the Department of Nursing and Midwifery at the University of Stirling, UK. A signed consent form was obtained from each participant. Participants were told that they had every right to withdraw from the study at any time without giving reasons. Confidentiality and anonymity were preserved. Teenagers' data were not disclosed to their parents and vice versa. A support sheet with the contact details of the two support workers and Childline, a free, 24-hour helpline in the UK for children and young people, was given to each teenager. If a teenager felt upset, someone beyond the researcher could be available to provide sufficient support.

The data were collected between May and September 2003 in the Glasgow and Edinburgh areas. In-depth interviews were conducted with 10 girls, 10 boys, 15 mothers and 5 fathers. The teenagers were interviewed in English, whilst interviews with parents were conducted in Chinese, English or a mixture of the two (indicated after quotations). All interviews, with the exception of two, were tape-recorded. Two mothers did not agree to the recording and detailed notes were taken instead. The notes were typed immediately after the interviews when the memory was fresh.

All interviews were transcribed and translated verbatim by the researcher. The transcripts were stored using NUD*IST 6 (Non-numerical Unstructured Data: Indexing, Searching and Theorising) computer software. The thematic analysis was guided by Spradley (1979), Strauss and Corbin (1998) and Dey (1993).³⁰⁻³² The data were organized by categories and sub-categories, suggested by the topic guides and themes that emerged from data, such as 'parents' available time'. A conceptual map was developed to interpret the data. The teenagers' data were analysed first, followed by the parents' data.

RESULTS

Experience of sex education at school

All the teenagers interviewed had received some sort of sex education at school. For some, the time they started to receive such education was at primary school, whilst for others, it began at secondary school. Sex education at primary school was considered simple and not widely based, mainly covering issues relating to physical development.

I had, like, talked about periods at primary 7, and I had, like, actually sex education at secondary high school.
(Girl 12, aged 16)

Teenagers thought that sex education became more intensive at secondary school. The dangers or risks of having sex, such as getting pregnant or contracting sexually transmitted diseases, were taught.

It lets us know what would happen if we did do something wrong, like having sex and stuff like that, because the results like pregnancies or HIV, AIDS.
(Boy 9, aged 17)

Methods of contraception were also discussed in sex education classes.

It's 4 hours or something, they did teach quite a lot, they brought in quite a lot, like all the contraception you can use, or kind of talk about AIDS, talk about sexually transmitted diseases.
(Girl 11, aged 16)

As teenagers matured, they increasingly showed interest in knowing more about sex-related issues. If schools did not sufficiently cover areas they were eager to learn about, they looked for other sources, such as magazines, internet, friends, siblings, television or films.

You learn more from your friends, and from TV, than anything from school.
(Boy 3, aged 19)

Where did they learn? I think they learned from brothers and sisters, older friends, because that's where I learned from. It's like everywhere, like films, Internet. You know everything. It's just everywhere. You, just, really know about it before you actually get taught about it.
(Girl 2, aged 16)

For the above quoted teenagers, school was not considered a major source of gaining sexual knowledge. It appeared that too little sex education was provided, and that it was too late.

Views of school sex education

Even so, school sex education was highly valued by some teenagers and parents as a source of knowledge. Sex was seen as a taboo subject, something rarely discussed in everyday life. Teenagers found it difficult to obtain 'the truth' from their parents and highlighted the importance of gaining reliable information from school.

I think it's quite good to have sex education at school because there are a lot of people that, they don't talk to their parents about it. They, just, like, imagining things, you know, and they are all wrong sometimes.
(Girl 1, aged 18)

Similarly, none of the parents regarded themselves as sex educators for their children. They reported that it was too difficult for Chinese parents to fulfil this task, and preferred schools to do so.

I don't know if western parents talk about this with their children, but Chinese people are relatively conservative and we seldom talk about this with our children. It's too embarrassing. It's good to have sex education at school.
(Mother 4, *Chinese)

A lack of sufficient knowledge, skills and confidence was also reported, which prevented parents providing sex education. For example, a mother said:

I don't know how to talk with my children. However, they learn it from school, so they know.
(Mother 10, *English & Chinese)

The lack of a shared language between generations was another issue. Teenagers found that they did not have the relevant Chinese vocabulary to talk about sex-related topics with their parents.

I haven't spoken to them. I don't really know the language to describe it.
(Girl 20, aged 19)

Teenagers with a positive view of sex education at school reported that school had provided them with enough accurate information about what they wanted and needed to know. For example, girls reported that they gained information about menstruation at school rather than from their parents. Parents assumed that their children received sufficient sex education at school, and so thought that they did not need to talk about puberty at home.

My daughter already knew about menstruation before I told her. She learned from school and knew how to deal with it, so that I didn't need to tell her.
(Mother 18, *Chinese)

In contrast, teenagers with a negative view of sex education at school thought that they had not acquired enough information from school. The amount of time taken for sex education at school was of a great concern for them.

I did not think it was enough, you know, because it's only one period. Like, we only had like one period to do this sex education.
(Boy 18, aged 16)

We did get some, but it's a long time ago. You didn't get taught about that much at school.
(Girl 12, aged 16)

However, these criticisms were completely absent in the reports given by parents, who thought their children learned too much sex-related information at a very early age.

Issues of sex education at school

Parents appreciated the factual knowledge their children acquired from schools due to various barriers that prevent them acting as effective sex educators themselves. However, they found it hard to accept the 'safe sex' approach and thought that

schools should put more emphasis on teaching young people how to refuse sex, rather than how to avoid pregnancy.

I think they tell them how to prevent from being pregnant, but they haven't told them how to say no. They teach them not to have babies, but they don't tell them not to have sex.

*(Mother 3, *Chinese)*

Parents believed that young people were not mature enough to avoid sexual activity, in case where 'safe sex' was taught early and openly in their eyes.

They become curious and want to know more about sex by watching movies. I think children should not have been given sex education that early when they are not mature.

*(Mother 18, *Chinese)*

None of the parents considered 'safe sex' as the most important topic of 'an ideal' sex education. On the contrary, they said that schools should address their moral concerns and believed that sex education would be more effective if it was taught in a religious and moral context.

They teach them how to use condoms when they are very young. ... They don't consider the moral aspect. I heard that nowadays most young people are topsyturvy. Thirteen or fourteen year olds laugh at their friends saying nobody is interested in them because they are still virgins.

*(Mother 11, *Chinese)*

They need to know their body, but they also need to know moral standards. This is God's teaching, but they rarely talk about this.

*(Mother 18, *Chinese)*

Teenagers and parents also presented various views of the best time for effective school sex education, which indicated their critical perspectives. Teenagers felt that sex education was less interesting if they were taught information which they already knew.

Some don't attract them, right, and some know the actual reason already. And me, at the end of the day, I don't really care. It's not interesting at all.

(Boy 7, aged 19)

Teenagers implied that it was good to be taught early, as this could make them more prepared. Exceptionally, the benefits of early preparation were described by parents. Their perceptions that western children developed earlier were considered as a reason for early provision.

I think it's because, relatively speaking, western children grow up earlier. ... If you don't start sex education at primary five, they wouldn't know what it is when girls start periods.

*(Mother 4, *Chinese)*

The teenagers who were not in favour of early provision highlighted the negative effect of bringing sex to their attention too early. For example, a boy reported that children should not be given sex education at primary school, when they did not have the ability to control their behaviour.

If they know too much, people would obviously want to try it. But I guess in a way it could teach children quite badly if they were at their younger age, since you said to me that if I've got taught at primary school. Then it might be quite bad. Secondary school would be quite okay.
(Boy 18, aged 16)

This view was consistent with that of the parents who believed that early provision encouraged children to initiate sexual activity. In addition, a progressive strategy was recommended.

I think it's better to start at a younger age to an older age, like every year to go up and then you realize what is impossible and what is not important. And I think that the sex education in secondary school is also quite very brief.
(Boy 7, aged 19)

DISCUSSION

School as an appropriate source of acquiring sexual knowledge was highly valued by both parents and teenagers, but parents did not identify themselves as effective educators. These findings mirror those reported in other studies.³³⁻³⁵ Sex-related topics were not commonly discussed within these Chinese families. They faced a number of barriers, such as embarrassment and lack of sufficient sexual knowledge. These are consistent with the American literature.³⁶⁻³⁸ They also encountered language issues. This lack of a shared language between the generations to discuss sex-related topics reflects a study of South Asian families in Britain.³⁹ Sex education at school was found to be crucial in order for British-born Chinese teenagers in the current study to gain a correct understanding of sex.

The debate on the timing of school sex education included arguments for early provision, due to early puberty in western children and the need to dissuade children from being sexually active at that age. Ethnic differences in menarche have been reported in American studies of blacks, whites and Mexicans.⁴⁰⁻⁴² However, these differences were not found between South Asians and whites in Britain,⁴³ but to date, there is no information about this for British-Chinese people. The need for earlier provision before young people enter sexual relationships is consistent with existing literature.^{12,37} In contrast, those who supported later provision argued that young people might want to explore sexual activity if they were taught how to have sex safely when they were not mature enough to take the responsibility of having sex. These findings echo a study in China, where parents recommended that sex education at school should start at age 18.³³ However, considering the fact that the average age of first sexual intercourse is 16 for British young people⁵ and that rates of sexually transmitted disease are on the increase in the UK, particularly among young people,⁴⁴ later provision of sex education may be less effective in promoting sexual health for teenagers who have already become sexually active at a early age.

With regard to the content of school sex education, teenagers, but not parents, thought that the purpose of sex education was to get information about the risks of having sex, and about methods of contraception. Teenagers who had a negative view of school sex education emphasized that they had not been taught enough about contraception and the need for protection from the risks of having sex. However, parents argued that their children obtained too much information about 'safe sex' at school at an earlier age, but not refusal skills and sexual morality. This teaching was seen out of keeping with Chinese culture and their family values. Parents thought sex education should be provided within a moral context, through teaching young people sexual abstinence. Similar findings were reported in a study of Filipino-American families.³⁴ Such views are not consistent with those reported by an Australian study, where parents strongly supported messages promoting safe sex, but did not place a high value on sexual abstinence.⁴⁵ The UK government policy also indicates that the aim of sex education is to address teenage pregnancy, by providing young people with skills for safe sex.⁶ This strategy was strongly disapproved of by the parents in the current study.

Both parents and teenagers in this study highlighted what they saw as the ineffectiveness of sex education in preventing teenagers from becoming sexually active or getting pregnant. However, school sex education worked for those teenagers who viewed school as an important source of gaining knowledge because they had learned very little from their parents.

It is difficult for school alone to address early sexual engagement and unwanted teenage pregnancy, as teenagers negotiate their sexual behaviour within the complex social context of family, ethnicity, friends and school.²¹ Families, especially parents, profoundly influence teenagers.^{46,47} Therefore, it is crucial to consider co-operation between schools and parents, an issue which is also supported and highly valued by others.^{15,34,48}

CONCLUSIONS AND RECOMMENDATIONS

This paper has sought to address an under researched area. It describes the perspectives of school sex education within British-Chinese families. Its conclusions are not generalisable due to the use of a qualitative approach, the nature of the sample and the method of sampling. However, the key findings mount a considerable challenge to current policy and nursing practice. A number of recommendations can be made on how sex education may work differently and more effectively.

Firstly, the difficulties faced by Chinese parents need to be recognised and addressed by policy makers, schools and nursing professionals involved in the provision of sexual health services. School programmes could be used to promote co-operation between schools and parents. These could focus on knowledge about sex and also on how to transmit values within families. It may be difficult for parents to address the biological aspects of sex education as specific knowledge and skills are required. Therefore, such programmes should focus on helping parents to communicate with their children about sex-related issues, especially sexual values. Resource lists of relevant materials, literature and websites could also be used to assist parents in overcoming barriers.

Secondly, the expansion of school sex education activities to involve parent-child discussion on sexual issues could be helpful. Parents need to be aware what their

children learn at school and to complement school sex education by discussing sexual values which are consistent with their own culture and family values. Such activities could increase family interaction and communication, improve parent-school liaison and enhance the effectiveness of school sex education.

Finally, considering parents' concerns that sex education should be framed within the moral context they hold, it is important that policy and practice act upon this expectation. Parental values and perspectives need to be reconsidered and respected. The aspect of sexual morality should be stressed more by school sex education and by nursing professionals involved in the provision of sexual health services for young people.

In conclusion, exploring the perspectives of teenagers and parents is important for the development of sex education policy and nursing practice. The insights provided by this study can benefit not only British-Chinese people, but also other minority ethnic groups in Britain and other countries.

Acknowledgments

The doctoral research on which this article was based was funded by a departmental studentship from the Department of Nursing & Midwifery at the University of Stirling and supervised by Professor Tricia Murphy-Black and Professor Alison Bowes. I am very grateful for the invaluable support of the department and my supervisors. I would also express my deep thanks to all the teenagers and parents who participated in this research and those who helped me to approach the Chinese families. Lastly, many thanks go to Professor Maggie Kirk for her valuable comments on this paper.

References

1. Office for National Statistics. People & Migration. <http://www.statistics.gov.uk/cci/nugget.asp?id=764>. 2004a.
2. Office for National Statistics. People & Migration. <http://www.statistics.gov.uk/cci/nugget.asp?id=767>. 2004b.
3. Baxter S, Raw G. Fast food, fettered work: Chinese women in the ethnic catering industry. In: Westwood S, Bhachu P, editors. *Enterprising Women, Ethnicity, Economy and Gender Relations*. London: Routledge; 1988:58-75.
4. Bailey N, Bowes A, Sim D. The Chinese community in Scotland. *Scottish Geographical Magazine*. 1994;110(2):66-75.
5. Wellings K, Nanchahal K, Macdowall W et al. Sexual behaviour in Britain: early heterosexual experience. *Lancet*. 2001;358:1843-1850.
6. Social Exclusion Unit. *Teenage pregnancy*. London: The Stationery Office; 1999.
7. Darroch JE, Sigh S, Frost JJ. Differences in teenage pregnancy rates among five developed countries: the roles of sexual activity and contraceptive use. *Fam Plan Perspect*. 2001;33(6):244-250,280.
8. Mellanby AR, Phelps FA, Crichton NJ, Tripp JH. School sex education: an experimental program with educational and medical benefit. *Brit Med J*. 1995;311(7002):414-417.
9. Wight D, Raab GM, Henderson M et al. Limits of teacher delivered sex education: interim behavioural outcomes from randomized trial. *Brit Med J*. 2002;324(7351):1430-1435.
10. Smith MAB. Teen incentives program: evaluation of a health promotion model for adolescent pregnancy prevention. *J Health Educ*. 1994; 25(1):24-29.
11. Paine-Andrews A, Harris KJ, Fisher JL *et al*. Effects of a replication of a multicomponent model for preventing adolescent pregnancy in three Kansas communities. *Fam Plan Perspect*. 1999;31(4):182-189.
12. DiCenso A, Guyatt G, Willan A, Griffith L. Interventions to reduce unintended pregnancies among adolescents: systematic review of randomized controlled trials. *Brit Med J*. 2002; 324(7351):1426-1430.
13. Somers CL, Eaves MW. Is earlier sex education harmful? An analysis of the timing of school-based sex education and adolescent sexual behaviours. *Research in Education*. 2002;67:23-32.
14. McCabe M. Report of the working group on sex education in Scottish schools. 2000. www.scotland.gov.uk

15. Scottish Executive. Respect and responsibility: strategy and action plan for improving sexual health. Edinburgh: Scottish Executive; 2005.
16. Siegel DM., Aten M.J, Roghmann K J. Self-reported honesty among middle and high school students responding to a sexual behaviour questionnaire. *J Adolesc Health*. 1998;23:20-28.
17. McNeely C, Shew ML, Beuhring T, Sieving R, Miller BC, Blum RWM. Mothers' influence on the timing of first sex among 14- and 15-year-olds. *J Adolesc Health*. 2002;31:256-265.
18. Upchurch DM, Lillard LA, Aneshensel CS, Li NF. Inconsistencies in reporting the occurrence and timing of first intercourse among adolescents. *J Sex Res*. 2002;39(3):197-206.
19. Wight D, Raab, G M, Henderson M, Abraham C, Buston K, Hart G, Scott S. Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial. *Brit Med J*. 2002;324(7351):1430-1435.
20. Burtney E. Teenage sexuality in Scotland. Edinburgh: Health Education Board for Scotland; 2000.
21. Yu J. Attitudes towards sexual behaviour of British born Chinese teenagers. Unpublished PhD thesis. Stirling: University of Stirling; 2004.
22. Leininger MM. Ethnography and ethnonursing: models and modes of qualitative data analysis. In: Leininger MM, editor. *Qualitative research methods in nursing*. London: W.B. Saunders Company; 1985:33-71.
23. Hammersley M, Atkinson P. *Ethnography: principles in practice*. 2nd edn. London: Routledge; 1995.
24. Parahoo K. *Nursing research: principles, process and issues*. New York: Palgrave; 1997.
25. Orner P. Psychosocial impacts on caregivers of people living with AIDS. *AIDS Care*. 2006;18(3):236-240.
26. Seth R, Kotwal A, Ganguly KK. Street and working children of Delhi, India, misusing toluene: an ethnographic exploration. *Substance Use & Misuse*. 2005;40(11):1659-1679.
27. Merrell J, Kinsella F, Murphy F, Philpin S, Ali A. Support needs of carers of dependent adults from a Bangladeshi community. *J Adv Nurs*. 2005;51(6):549-57.
28. Platzer H, James T. Methodological issues conducting sensitive research on lesbian and gay men's experience of nursing care. *J Adv Nurs*. 1997;25:628-633.

29. Lutz KF. Abused pregnant women's interactions with health care providers during the childbearing year. *J Obstetric, Gynecologic & Neonatal Nurs.* 2005;34(2):151-162.
30. Spradley JP. *The ethnographic interview.* New York: Holt, Rinehart and Winston; 1979.
31. Strauss A, Corbin J. *Basics of qualitative research: techniques and procedures for developing grounded theory.* 2nd edn. London: Sage; 1998.
32. Dey I. *Qualitative Data Analysis: A user-friendly guide for social scientists.* London: Routledge; 1993.
33. Cui N, Li M, Gao E. Views of Chinese parents on the provision of contraception on unmarried youth. *Reproductive Health Matters.* 2001;9(17):137-144.
34. Chung PJ, Borneo H, Kilpatrick SD *et al.* Parent-adolescent communication about sex in Filipino American families: a demonstration of community-based participatory research. *Ambulatory Paediatrics.* 2005;5(1):50-55.
35. Mturi AJ, Hennink MM. Perceptions of sex education for young people in Lesotho. *Cult Health Sex.* 2005;7(2):129-143.
36. Hutchinson MK. The influence of sexual risk communication between parents and daughters on sexual risk behaviours. *Fam Relations.* 2002;51:238-247.
37. Weaver AD, Byers ES, Sears HA, Cohen JN, Randall HES. Sexual health education at school and at home: attitudes and experiences of new Brunswick parents. *The Canadian Journal of Human Sexuality.* 2002;11(1):19-31.
38. O'Donnell L, Myint-U A, O'Donnell CR, Stueve A. Long-term influence of sexual norms and attitudes on timing of sexual initiation among Urban minority youth. *J Sch Health.* 2003;73(2):68-75.
39. Atkin K, Ahmad WIU, Jones L. Young South Asian deaf people and their families: negotiating relationships and identities. *Socio Health Illn.* 2002; 24:21-45.
40. Freedman DS, Khan LK, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. Relation of age at menarche to race, time period, and anthropometric dimensions: the Bogalusa heart study. *Pediatrics.* 2002;110(4):e43.
41. Wu T, Mendola P, Buck GM. Ethnic differences in the presence of secondary sex characteristics and menarche among US girls: the third national health and nutrition examination survey, 1988-1994. *Paediatrics.* 2002;110(4):752-757.
42. Chumlea WC, Schubert CM, Roche AF *et al.* Age at menarche and racial comparisons in US girls. *Paediatrics.* 2003;111(1):110-113.

43. Whincup PH, Gilg JA, Sdoki K, Jaylor SJD, Cook DG. Age of menarche in contemporary British teenagers: survey of girls born between 1982 and 1986. *Brit Med J*. 2001;322(7294):1095-1096.
44. Office for National Statistics. Sexual Health. <http://www.statistics.gov.uk/CCI/nugget.asp?ID=412&Pos=1&ColRank=2&Rank=224>. 2006.
45. Berne L, Patton W, Milton J et al. A qualitative assessment of Australian parents' perceptions of sexuality education and communication. *J Sex Educ Ther*. 2000;25(2&3):161-168.
46. Moore S, Rosenthal D. *Sexuality in adolescence*. London: Routledge; 1993.
47. Coleman J, Hendry LB. *The nature of adolescence*. 3rd ed. London: Routledge; 1999.
48. Lederman RP, Mian TS. The parent-adolescent relationship education (PARE) program: a curriculum for prevention of STDs and pregnancy in middle school youth. *Behav Med*. 2003;29:33-41.

Appendix: The process of snowball sampling

<i>Process Contacts</i>	Snowball sampling	Teenagers (n=20)	Parents (n=20)
<i>Chinese student at the University of Stirling</i>	1 teenager → 2 teenagers 1 teenager → his mother	4	1
<i>Edinburgh Chinese church</i>	2 parents 1 parent → his wife 1 parent → his daughter 4 teenagers 1 teenager → his friend → his sister	8	4
<i>Glasgow Chinese church</i>	8 parents 1 parent → her daughter 1 parent → her friend 2 teenagers	3	11
<i>Chinese youth counsellor</i>	1 teenager 1 teenager → her mother	2	1
<i>Women's group</i>	1 teenager	1	-
<i>San Jai Chinese Project</i>	1 parent → her daughter 1 parent → her friend & daughter	2	2
<i>General Consulate of China</i>	1 parent	-	1