SEX TALK: A MULTIPLE CASE STUDY TO EXPLORE AND UNDERSTAND PARENT-CHILD SEXUAL HEALTH COMMUNICATION IN CHINESE IMMIGRANT FAMILIES

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Abstract

Parent-child sexual health communication can be beneficial. Many factors affect such communication in Chinese immigrant families. This qualitative study explored the influences of acculturation, parenting, and parental participation in the Raising Sexually Healthy Children Program (RSHC) on such communication. With a hermeneutic framework, the purpose was to develop understanding based on the topic, context, and researcher interpretations. Twelve interviews elicited data from six parent-child dyads, three from the RSHC. Analysis involved coding processes; data were compared repeatedly and organized into themes. Perceived personality differences between generations were confounded with cultural communicative differences. Parents used implicitness observed in Chinese culture to establish 'open' communication; children expected explicitness observed in Western culture. Post-RSHC, parents perceived themselves as more open to talking about sex; children did not perceive such parental changes. Future research should include joint interviews and longitudinal program evaluation. Future practice should focus on cross-cultural communication and involving children in RSHC.

Keywords: sexual health, parent-child communication, Chinese immigrants, acculturation, parenting, personality differences, communicative differences

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Chapter 1: Introduction

The purpose of this qualitative multiple case study was to explore and understand parent-child communication about sexual topics in Chinese immigrant families. More specifically, I explored sexual health communication in six Chinese immigrant parent-child dyads, three of which included a parent that has undergone a public health intervention that aims to enhance parents' sexual health knowledge and communication skills. I also explored how parenting style and acculturation may influence parent-child sexual health communication in Chinese immigrant families.

For non-immigrant families, sexual health communication between parents and children is often challenging for numerous reasons, including parents' lack of self-efficacy, parents' and adolescents' fear of embarrassment, parents' lack of knowledge, parents' poor communication skills, and many others. In immigrant families, additional challenges include parenting styles and generational acculturation differences that may not be conducive to open parent-child communication. Certain parenting styles are more conducive to open-parent child communication, and, as one might expect, those who do so are more likely to engage in sexual health conversations. Research has shown that Chinese immigrant parents tend to be less flexible and communicative than their North American peers (Qin, 2008); following Confucian beliefs, sexuality (sexual interest and curiosity) and aggression are downplayed and actively suppressed (Chiu, 1987), and; Chinese social and cultural norms strongly oppose pre-marital sex (Cui, Li, & Gao, 2001). In terms of acculturation, research has shown that immigrant children learn English faster than their heritage language, and they learn English faster than their parents. As such, immigrant children often display a quiet, emotionally reserved demeanor (compared to their mainstream peers). A quiet demeanor in children coupled with differences in languages spoken in the home make for extremely difficult open parent-child communications (Thomas, 1995; Esquivel & Keitel, 1990; Cheng Gorman, 1998). As such, I explored how the parenting style of Chinese immigrant parents and generational acculturation differences influence parent-child sexual health communication. I also explored how acculturation directly affects parenting style, which in turn influences sexual health communication.

Research has shown that parent-child sexual health communication directly influences the sexual behaviours of children, as they grow older. Children who engage in such conversations with their parents tend to delay first sexual intercourse or practice safer sex if already sexually active (proper and consistent contraception use)(Aspy et al., 2007). Toronto Public Health has realized the positive effects of open communication, and has implemented a program that aims to facilitate open parent-child communication. The Raising Sexually Healthy Children Peer-Parent Leader Training Program (RSHC) is designed to enhance immigrant parents' sexual health knowledge and communication skills. As such the RSHC program aims to: enhance family sexual health education; encourage open parent-child communication about sex and sexuality; and create supportive environments for immigrants in their respective communities (Toronto Public Health, 2008). More specifically, the RSHC program trains peer-parent leaders to conduct sexual health outreach workshops in their respective communities. As such, I explored how RSHC facilitates parent-child sexual health communication, and how RSHC moderates the effects of generational acculturation differences. In terms of evaluation, two evaluative studies of the RSHC program have been conducted in the past, and one is currently in progress. Thus far, no study has included the direct voices of the children whose parents have participated in the RSHC program. I explored how children perceive their parents before and after participating in the RSHC program, and how children perceive themselves as directly benefiting from their parents' participation in the RSHC program.

Background and Social Context

Whether their parents like to admit it or not, many adolescents engage in or *will* engage in sexual intercourse, and may therefore be at risk of unintended pregnancy and/or contraction of STIs. According to Statistics Canada, in 2005, 43% of adolescents aged 15 to 19 reported that they had had sexual intercourse at least once. More specifically, about 33% of adolescents aged 15 to 17 reported having engaged in sexual intercourse, compared to about 66% of those aged 18 to 19. Although down 4% from 1996/1997, the overall percentage of Canadian adolescents engaging in sexual intercourse remains quite high, with the proportion of Ontario

teens being 37%. The reported decline was due largely to the behaviour of young women, among whom the proportion reporting having engaged in sexual intercourse fell from 51% in 1996/1997 to 43% in 2005. The proportion of young men reporting having had intercourse remained at 43% over the same time frame. In terms of early sexual activity, in 2005, 8% of teens reported having had sexual intercourse before the age of 15. As for multiple partners, also in 2005, 33% of the teens 15 to 19 who had intercourse in the past year reported having done so with more than one partner. More specifically, 29% of those aged 15 to 17 reported having had multiple partners in the last year, compared to 36% of those aged 18 to 19. Finally, in terms of condom use, 75% of those aged 15 to 19 who had multiple partners or were not married/in a common-law relationship reported having used a condom at last intercourse. In other words, 25% of sexually active teens who had sex with multiple partners did not use condoms. Males were considerably more likely than females to report having used a condom, while those aged 15 to 17 were more likely than those aged 18 to 19 to report having used a condom (Statistics Canada, 2005).

Despite the alarming statistics, parents often avoid communicating with their children about sexual health for a multitude of reasons. That being said, would it not be reasonable to assume that parents prefer their children to learn about sexual health in the classroom? According to recent public outcry, the answer is no. In January 2010, 208 pages of Premier Dalton McGuinty's revised Ontario sexual health curriculum were quietly posted on the Ministry of Education's website. Under the revamped curriculum, which had not been revised since 1998, children would learn about sexual health in clear and explicit language. Serious objections were immediately raised from conservative parent groups and religious leaders who threatened to pull their children out of school on May 10 had Premier McGuinty not abandoned the curriculum changes (see Appendix A for the abandoned changes of the 2010 Ontario Curriculum for Health and Physical Education) (The Globe and Mail, Apr. 20, 2010).

At first, Premier McGuinty stood by the curriculum, saying he had confidence in the ability of school principals and teachers to present the information in a thoughtful and responsible manner. If not taught in the classroom, he added, students

could get sexual health information from potentially uninformed sources, such as their friends. Critics said topics such as homosexuality are best left to parents. Others believed the new curriculum would infringe on parents' rights to share or withhold personal and sensitive information with/from their children, while also infringing on children's thought processes, desires, and ability to make correct choices (The Globe and Mail, Apr. 20, 2010). Some parents believed sex should not be part of education since it is a private, not public, matter. A parent member of the Greater Toronto Catholic Parent Network claimed the new curriculum would "traumatize" children and encourage them to do "everything out in the schoolyard," (The Globe and Mail, Apr. 21, 2010). In response to the overwhelming public outrage, the Premier scrapped the province's new sex-education curriculum only two days after it came to light. While McGuinty denied claims that he was buckling under the pressure imposed by the faith community and conservative parent groups, he admitted that the new curriculum needed "a serious re-think," (The Toronto Star, Apr. 22, 2010).

In response to the curriculum flip-flop, a political columnist for The Globe and Mail, Adam Radwanski, made some interesting comments. According to Radwanski, the new program should not have been difficult for McGuinty's Liberals to explain to the public. For one, the new curriculum was not radical compared to the current curriculum introduced by Mike Harris's Conservatives twelve years ago – the difference was more in the language than in the actual content. Compared to other jurisdictions, the new curriculum was not unusually explicit – in Canada, it would have been somewhere in the middle. Second, Liberals could have calmly explained to parents that they were just trying to ensure that children had the correct information before becoming sexually active since clear and correct sexual health information often leads to safer and healthier choices in the long run. Radwanski further added that Liberals could have easily assembled and paraded advocacy groups to make that point clear. Instead, Radwanski wrote, the government quietly posted the new curriculum on the Ministry of Education's website, and made absolutely no effort to explain it to parents. As a result, conservative parent groups and religious leaders interpreted the new curriculum as "a sinister attempt to indoctrinate small children with tales of sexual adventure," (Radwanski for The Globe and Mail, Apr. 22, 2010).

On the contrary, research has shown that children who learn about sexual and reproductive health, and whose parents communicate with them about sexual health topics are more likely to delay sexual intercourse or practice safer sex if sexually active (Aspy et al., 2007). If parents avoid discussing sex in the home, and are reluctant to support comprehensive sexual health education in the classroom, the only people who may suffer in the long run are their children.

The reality is that few parents are sexual health experts. Lack of awareness, uncertainty of the subject, embarrassment, inability to provide the expected sex talk, lack of confidence, poor self-efficacy, and poor communication skills are some of the many reasons parents avoid communicating with their children about sex (Walker, 2004; Byers, 2008). Whatever the reason, the fact remains that parent-child communication about sex is positive, beneficial, and downright healthy. The role of parents in the sexual health education could not be more obvious in light of the Ontario government's recent scrapping of the 2010 sexual health curriculum. Some public health agencies, such as Toronto Public Health, realized the importance of parent-child communication about sex long before the curriculum debacle, and have implemented certain health programs that aim to provide parents with the tools necessary to communicate effectively with their children about sex.

Raising Sexually Healthy Children Peer-Parent Leader Training Program. In Canada, the province of Ontario receives the largest annual number of immigrants. Within Ontario, the city of Toronto is where most immigrants ultimately decide to settle. According to the Toronto Training Board 2001 – 2002 Environmental Scan Update, the most significant change in Toronto's demographics was the increase in "visible/racial minorities." In 2001, the percentage of visible/racial minorities was expected to exceed 50%, which meant visible/racial *majorities* would populate the city. Moreover, the environmental scan showed that 44% of the Toronto metropolitan area population was foreign born, due largely to an increase in immigrants from Asian countries (Brown, 2001). Given the significant increase in Toronto households where immigrant parents are raising their children in a completely different social and cultural context, there is a pressing need to provide culturally and linguistically appropriate sexual health education to immigrant parents.

In 1998, the Toronto Talks Sex Ethno-Cultural Outreach Subcommittees, which consisted of Toronto Public Health staff and service providers from Chinese, Portuguese, Spanish, and Vietnamese communities, held a meeting to address community needs, design strategies, and confront challenges regarding sexual health. Specific challenges included immigrant adolescents' sexual health, familial and domestically based sexual education, and effective parent-child communication. The committee members identified the need to develop a peer-parent leader training program as part of a community outreach effort. As a result, the Raising Sexually Healthy Children program (RSHC) was born and implemented in the Chinese, Portuguese, Spanish, and Vietnamese communities of the Toronto area (Narushima, Wong, Li, & Sutdhibhasilp, 2009).

By using the Community Capacity Building model, parents from ethno-specific communities are recruited and trained by Sexual Health Educators from Toronto Public Health and experienced service providers from the community to talk to their children about sex. The program is divided into three workshops, usually occurring over two weekends, which cover a range of topics about sexual health (e.g. the meaning of sexuality, where children get their messages about sex, sexual development of children, typical child behaviours, answering children's questions about sex, etc.). By enhancing immigrant parents' sexual health knowledge and communication skills, the RSHC program aims to; enhance family sexual health education; encourage open parent-child communication about sex and sexuality, and; create supportive environments for immigrants in their respective communities. These newly trained peer parent leaders from specific communities then organize discussion groups and workshops, and promote activities in their own language with support from local service agencies. They also develop language and cultural-specific sexual health resources based on the unique needs of their respective communities (Toronto Public Health, 1998).

Since its conception in 1998, the program has spread across the Toronto area, adding new cultural and linguistic communities, such as Tamil, Korean, Somali, French-African, Ghanaian, and Eritrean groups. RSHC is seemingly effective since the number of participating communities is on the rise, and other public health units

often request the assistance of Toronto Public Health in implementing similar programs (Narushima et al., 2009). Although RSHC is often regarded as a durable and sustainable "best practice" model for comprehensive community and home-based sexual health education, only two evaluative studies have been undertaken in the program's earlier stages (Wong, 2001; Wong & Ho, 2000; Toronto Public Health, 2000). These two separate case studies were carried out as pilot projects in the Chinese (Wong, 2001; Wong & Ho, 2000) and Vietnamese (Toronto Public Health, 2000) communities. Based on document analysis, surveys, interviews, focus groups, and participant observation, both studies reported multiple positive short-term outcomes (e.g. immigrant parents' empowerment, improved family relations, increased participation and support networks, and expanded partnerships and collaborations in relevant communities). Wong (2001) conducted a comprehensive participatory action project, and found that the RSHC program served as an important avenue for empowerment and community participation among Chinese immigrant mothers by helping to counter the structural barriers caused by systemic racism and sexism that prevent integration into Canadian society. These benefits are important because they have been shown to enhance coping abilities, moderate the impact of stressors, and promote health in immigrants or those who have experienced major transitions (Simich, Beiser, Stewart, & Mwakarimba, 2005; Kutek, Turnbull, & Fairweather-Schmidt, 2011).

This study explored parent-child communication about sexual topics in Chinese immigrant families including the influence of parenting style and acculturation on sexual health communication, and how the Raising Sexually Healthy Program directly affects the children of immigrant parents who have participated in the public health intervention (as perceived by the children). No other study has directly examined the children's perceptions of how the RSHC has affected them and sexual health communication with their parents. I interviewed the adult children (aged 18 – 25) of Chinese immigrant parents, which means they reflected retrospectively on events that occurred in earlier adolescence.

Finally, it is appropriate at this stage to address an important point. Chinese cultural and social norms may facilitate parenting styles and intra-familial dynamics

that are not conducive to open parent-child communication, which may be perceived as traditional, typical, and positive by the Chinese community. However, the RSHC program aims to enhance immigrant parents' sexual health knowledge and communication skills, and therefore encourage open parent-child communication about sex and sexuality. By its very nature, the RSHC program assumes that a lack of open parent-child communication reflects an intra-familial shortcoming that requires behavioural change, which may imply a deficit in the way Chinese immigrant families interact and function. I, however, do not necessarily assume the same negative connotation. However, given the purpose of investigating the RSHC program's fundamentals and its effects on parent-child sexual health communication, it may be perceived that this investigation was framed to reflect and support the deficit-based approach. On the contrary, I wished only to explore the aforementioned points of interest without attaching any form of judgment or cultural bias.

Chapter 2: Literature Review

The following chapter provides a detailed review of the literature regarding the three major areas of focus in this study: parent-adolescent sexual health communication, parenting styles, and acculturation. The "Parent-Adolescent Sexual Health Communication" section includes: the classic components and cognitive processes of meaningful communication; predictors of parent-adolescent sexual health communication; impact on adolescent sexual behaviour; measuring parent-adolescent sexual health communication; and modes of communication. The "Parenting Styles" section includes: conceptualization of parenting style; Confucianism and cultural relevance; Chinese parental attitudes towards pre-marital sex and adolescent dating; and parenting challenges. The "Acculturation" section includes: conceptualization of the acculturation process; generational acculturation differences and intergenerational conflict; and adolescent outcomes. The chapter concludes with the "Bridging the Research Gap" section, which highlights the gaps in the extant literature and how this study aims to bridge said gaps, and the "Research Purpose and Guiding Questions" section.

Parent-Adolescent Sexual Health Communication

Parent-adolescent communication about sexual topics is a complex, emotionally charged, dynamic, mutual exchange of information and feelings that unfolds within and across interaction sessions. Parent and child may alternate between communicator and listener, interactions may be planned or spontaneous, communication may be direct or indirect, verbal or nonverbal, messages may be persuasive, informative, or both, adolescents may communicate with both mothers and fathers, and multiple messages (whether from the same parent, between parents, or from other sources) may be conflicting and confusing (Jaccard, Dodge, & Dittus, 2002). For the purpose of explaining classic conceptualizations of communication, consider a simple dyadic interaction between one parent and one child where the parent deliberately attempts to communicate about sexual topics with the child.

The process of communication includes the following components: the source of communication, the message, the medium or channel through which the message is conveyed, the audience, and the context in which communication occurs (Jaccard et al., 2002). Moreover, each of these communication components has subcomponents. For example, the context or surrounding environment in which the communication occurs may vary in terms of temporal, physical, social, and cultural features. The audience or person receiving the message may vary in terms of gender, age, emotional status, developmental status, and motivational status. Variations in each component and subcomponent, and the complex interaction between variables may affect the impact of parental messages and subsequent adolescent behaviour (Jaccard et al., 2002).

In addition to the five classic components, communication involves cognitive processes that determine whether a message is effectively conveyed. For a parental message to have a meaningful impact, the adolescent must: be exposed to the message, attend to the message, comprehend the message, accept the message as being valid, retain the message in memory, and retrieve the message when appropriate (Jaccard et al., 2002). Unfortunately, even if the probability of each cognitive process is large, the probability of overall meaningful communication is weak. For example, using simple probability math, if the probabilities of exposure

p(Ex), attention p(At), comprehension p(Co), acceptance p(Ac), retention p(Re), and retrieval p(Rt) are all 85% or 0.85, then the probability of meaningful communication is p(Ex) X p(At) X p(Co) X p(Ac) X p(Re) X p(Rt), which is $0.85^6 = 0.38$ or 38% (Jaccard et al., 2002). Alone, the cognitive processes of communication are dynamic and complex, and it is important to note that the five classic components of communication (and their subcomponents) may affect each of these cognitive processes differently. Note also that adolescents are often exposed to multiple and conflicting communications from each of their parents and other sources.

Predictors of Parent-Adolescent Sexual Health Communication. Despite the importance of parent-adolescent sexual communication, many parents fail to engage in such conversations with their adolescents. Numerous studies have elucidated the barriers to the initiation of parent-adolescent communication, and the factors associated with the extent of communication. For example, Walker (2004) states that parental avoidance of sex education may be conscious or subconscious, and may be due to many factors. Such barriers include: lack of awareness, uncertainty of the subject, embarrassment, inability to provide the expected 'sex talk,' lack of confidence, poor self-efficacy, and poor communication skills. Similarly, Jaccard, Dittus, and Gordon (2000) found that the two communication reservations most often reported by mothers were: concern about embarrassing the teen, and being afraid of not knowing the answers to the teen's questions. The next three most strongly reported maternal reservations were: concern that the teen would think she was prying, concern that she would not be taken seriously by the teen, and concern that the teen would not be honest. Of all the maternal reservations, the strongest predictors of low mother-adolescent sexual communication were: concern that the discussion would be embarrassing, concern that she would not be taken seriously by the teen, concern that the teen would think she was prying, and concern that the teen might ask something she does not know (Jaccard et al., 2000). From the adolescent's perspective, the most prevalent reservations about discussing sex with their mothers were: concern about being embarrassed, fear that the mother would ask too many personal questions, fear that the mother would become suspicious, and belief that the teen already had sufficient knowledge. Of all the teen reservations, the strongest

predictors of low mother-adolescent sexual communication were: concern about being embarrassed, concern that the mother would not want to answer the teen's questions, belief that the teen already knows enough, concern that the mother would not want to hear what the teen has to say, and concern about embarrassing the mother (Jaccard et al., 2000). Moreover, Jaccard and colleagues (2000) found that overall relationship satisfaction as reported individually by the teen and the mother was predictive of sexual communication. That is, higher levels of relationship satisfaction meant higher levels of communication.

In terms of demographic features, studies have found that mothers are more likely than fathers to engage in sexual discussions with their children (Jaccard et al., 2002; Walker, 2004; Raffaelli, Bogenschneider, & Flood, 1998; Hutchinson & Cooney, 1998). Some suggest that such gender differences occur because mothers are better general communicators, mothers are the agents of intimacy, and mothers can discuss sexual matters more safely than fathers (Jaccard, 2002). Others suggest that mothers self-perpetuate their role as the main care-giver and educator. Thus, children respond by continually bringing their health problems to their mothers rather than their fathers (Walker, 2004). Other demographic features, such as social class, religion, and ethnicity, have been studied. For example, Hutchinson and Cooney (1998) found significantly higher levels of parental sexual risk communication reported by African American young women compared to Caucasian young women.

In another study, researchers found that attitudinal and belief variables were stronger predictors of sexual communication than demographic features. Raffaelli et al. (1998) found that the mother's belief about her child's sexual activity predicted discussions of birth control, while the mother's belief that her child's friends were sexually active predicted discussions of whether teen sex is acceptable. Lastly, maternal concerns about sexuality predicted discussions of the dangers of sexually transmitted infections.

Impact on Adolescent Sexual Behaviour. Why is parent-adolescent sexual communication so important? Does parent-adolescent communication have an impact on adolescent behaviour? Many researchers have tackled such questions, and the general finding is that parent-adolescent sexual communication has a definite impact

on adolescent sexual behaviour. For example, Lehr, DiIorio, Dudley, and Lipana (2000) found that, in White participants, those who reported the most open and those who reported the least open sex communication with their mothers were both likely to have initiated sex prior to age 18. According to Lehr et al. (2000), more open communication may be a reflection of liberal parental attitudes and a lesser concern for the child's early initiation of sexual intercourse. On the other hand, openness may be a response to the child having already begun sexual activity. In terms of the least open communication, adolescents who lack guidance or boundaries, or those who have overly strict parents may respond through early initiation of sexual intercourse.

Campero and colleagues (2010) found that parents are much more likely to implement what they learn from sexual health programs and initiate sexual health communication when they are sensitized to the sexual health risks associated with being uninformed. Hutchinson and colleagues (1998) found that higher levels of parent-teen sexual risk communication were associated with higher levels of condom use self-efficacy, and greater sexual communication with the partner regarding sexually transmitted infections and number of past partners. The first finding is of particular importance since condom use self-efficacy has been shown to be a significant predictor of safer sex behaviours in young women. The second finding is of equal importance since discussing condom use with the partner has been identified as an important predictor of subsequent condom use in young women (Hutchinson et al., 1998). For young women, parent-teen sexual risk communication indirectly influences sexual behaviour via its effects on condom use self-efficacy, and discussion of condom use with partners.

Blake, Simkin, Ledsky, Perkins, and Calabrese (2001) found that parental involvement in sexual health education homework assignments (assigned by the researchers) lead to a greater overall frequency of parent-child communications about sex. Also of note, students whose parents participated in their sexual health homework reported lower intentions to become sexually active, and greater self-efficacy to refuse substances and sexual intercourse (Blake et al., 2001). In this instance, parent-child communication did not directly influence child sexual behaviour; however, communication directly lowered intentions to become sexually

active. This finding is of particular importance because an individual's intentions are strongly associated with the performance of a specific behaviour (Jaccard et al., 2002).

In a similarly positive fashion, Newcomer and Udry (1985) found that girls who reported that their mothers had discussed contraception with them were three times more likely to have used an effective contraceptive method at last sexual encounter. However, there was no such increased likelihood when only mothers reported having discussed contraception with their daughters (i.e. mothers reported having discussed contraception with their daughters, while daughters reported not having any such conversations). This sort of discrepancy in perception of sexual communication occurrence surfaced across the literature. For example, in one study, mothers were more likely than adolescents to report that sexual discussion had occurred (Miller, Kotchick, Dorsey, Forehand, & Ham, 1998). Similarly, Newcomer and Udry (1985) found that teenagers and their mothers were not likely to agree on the sex-related communication that may or may not have taken place. That is, the child's recollection was often seriously at odds with the parent's recollection. For example, compared to their children, mothers were much more likely to report that they had taught their children "things about sex," whereas their children were much more likely to report that no such discussion had taken place. In most cases, neither respondent had an inferential claim to the truth. Newcomer and Udry (1985) noted that, compared to actual occurrence of discussion, parental recognition that adolescents do not necessarily hear or retain what parents believe they are communicating is of greater importance. This claim is in line with Jaccard's (2002) explanation that, in order for meaningful communication to occur, adolescents must attend to the communication, they must accept the extracted meaning as valid, and they must retain the meaning in memory.

Measuring Parent-Adolescent Sexual Health Communication. Many studies focus on the content of parent-adolescent sexual communication. For example, in a quest to determine what parents were saying to their children about sex, Miller et al. (1998) found that HIV or AIDS, and STIs were the most commonly discussed topics, whereas masturbation, and physical and sexual development were

the least frequently discussed topics. In mother-adolescent conversations, the most commonly discussed topics were condoms, reproduction, pressures to have sex, when to have sex, and choosing sex partners. Despite the extensive literature reporting content themes, few studies have elucidated how adolescent sexual behaviour is influenced by the kinds of information covered by parents. While parent-adolescent sexual communication content is important, researchers are beginning to realize the importance of the frequency, timing, and quality of communication.

According to Lefkowitz (2002), simply *asking* mothers and teenagers if they talk about sex does not yield rich and meaningful data. Yes/no questions fail to provide information about frequency, time frame, and developmental stage of the child. It is important determine parents' values, and whether they attempt to communicate such values with their children, as opposed to simply measuring if parent-teen sexual communication occurs or not. In terms of frequency, parents often feel that their job ends once they have had "the sex talk" with their teen in early adolescence. However, studies on message frequency have found that repetition enhances learning to a point—but after too many repetitions, message effectiveness decreases (Jaccard, 2002). Thus, parents should communicate with their children about sex more than once, yet not so frequently that the message loses meaning or importance.

Although frequency and other such quantitative aspects (e.g. number of topics covered) are important in measuring parent-adolescent sexual communication, qualitative aspects (e.g. affect, reciprocity) may prove to be of greater importance (Jaccard, 2002). However, few studies have explored this topic using qualitative methods. Study methods usually involve surveys or questionnaires, as opposed to in-depth interviews to gain rich and detailed data that quantitative methods may miss.

Verbal Communication. The content and process of communication are intertwined, and are thus equally important components of parent-child sexual discussions. The study of sexual health communication should include not only what is discussed, but also how it is discussed. Miller and colleagues (1998) suggest that enhancing parental openness and receptiveness to sexual discussions may be an effective way to improve the process of communication. However, Kirkman and

colleagues (2005) found that parents had a paradoxical usage of the term "open" in discourses of communication about sexuality. Despite endorsing and even claiming to be "open" in communication about sexuality, some parents coincidentally described playing almost no part in such communication. The reason, it seemed, was that parents' interpretations of "open sexual health communication" simply meant being willing to answer questions and having an open-minded attitude about the subject (Kirkman et al., 2005). According to Miller and colleagues (1998), an open process of sexual communication involves adequate parental knowledge about sexual topics, willingness to listen, talking openly and freely, and understanding (not judging) the feelings or intentions behind the questions posed by adolescents.

Lefkowitz (2002) adds that high quality communication is mutual, wanted by both parties, and comfortable for both parties. Moreover, parents should be engaged, open to adolescent viewpoints, and encourage questions (Lefkowitz, 2002). Studies have found that where family atmospheres were more accepting and open about sexual issues, young people delayed sexual activity, used effective contraceptive methods, and had fewer sexual partners (Walker, 2004; Byers, 2008). Some researchers report very low occurrences of sex-related communication. In some studies, participants reported specific sex-related topics as occurring only once or a few times over a lifetime (Lefkowitz, 2002). However, Beckett and colleagues (2009) suggest that in order for parents to play an influential role in the sexual socialization of their children, they must talk about sex early and often. Since sexual communication occurs so infrequently, when these topics are discussed, the way in which they are discussed is of particular importance.

To motivate children to avoid sexual risk taking, many parents use fear-arousing strategies by emphasizing the negative consequences of unintended pregnancy and contraction of sexually transmitted infections. However, research has found that fear-arousing strategies may only be effective in certain circumstances (Jaccard et al., 2002). Researchers have found differences in responses to messages that emphasize the positive consequences of performing a behaviour (e.g. the advantages of postponing sexual activity, or the advantages of using a condom), versus those that emphasize the negative consequences of not performing a behaviour

(e.g. the disadvantages of not postponing sexual activity, or the disadvantages of not using a condom). In short, parental communications are found to be most effective when parents are perceived as being easy to talk to, non-domineering, trustworthy, and knowledgeable about the issues at hand (Jaccard et al., 2002).

Parenting Styles

Parenting affects family and child outcomes, especially child attitudes and behaviours. Kitamura and colleagues (2009) propose that early environments, including perceived parenting behaviours and attitudes, contribute to the development of children's temperament and character, either as a direct influence or as a mediating factor. While numerous studies on parenting styles in white populations have yielded consistent results, research on parenting style as it affects child outcomes in non-white populations is sparse and demonstrates unclear results. In the study of parenting style in Chinese and immigrant Chinese populations in a western cultural context, it is important to consider conceptualization of parenting, and cross-cultural validity (Lim & Lim, 2004).

Conceptualization of Parenting Style. Research on parenting is shaped by the conceptualization of parenting style, which may be configurational or orthogonal. A configurational approach measures and classifies parenting style according to a set of attributes, such as values, beliefs, behaviours, and attitudes. For example, Baumrind's (1971) widely used typology is configurational because it classifies parenting style into three types – authoritarian, authoritative, and permissive – based on a set of parental attributes. According to Baumrind's typology, authoritarian parenting is characterized by a set of personal standards through which parents attempt to shape, control, evaluate, and sometimes dominate the attitudes and behaviours of their children. Such parents tend to be highly directive, and value unquestioned obedience. Authoritative parenting is characterized by high parental standards, appropriate autonomy granting, and emotional support consisting of verbal exchange, reason, warmth, and flexibility. Such parents tend to use both power and reason, and value autonomy and disciplined conformity. Permissive parenting is characterized by loose parental standards whereby parents make fewer demands, and allow their children to regulate their own activities (Baumrind, 1971).

In contrast to a configurational approach, an orthogonal conceptualization means the dimensions of parenting style, such as demandingness and responsiveness, are investigated separately (Lim & Lim, 2004). For example, Maccoby and Martin (1983) created a two-dimensional framework that attempts to merge Baumrind's (1971) configurational approach with existing orthogonal approaches. Based on the dimensions of demandingness and responsiveness, four parenting styles emerge; 1) authoritative parenting, which is high in both demandingness and responsiveness; 2) authoritarian parenting, which is high in demandingness and low in responsiveness; 3) indulgent parenting, which is low in demandingness and high in responsiveness, and; 4) neglectful parenting, which is low in both demandingness and responsiveness. Corresponding to Maccoby and Martin's (1983) dimensions of demandingness and responsiveness, most studies on parenting style address the dimensions of warmth, and control, respectively (Lim & Lim, 2004). The dimension of warmth encompasses affection (in contrast to coldness), acceptance (in contrast to rejection), and care (in contrast to indifference and neglect). The dimension of control encompasses psychological control (in contrast to psychological autonomy), overprotection (in contrast to allowance of autonomy and independence), restrictiveness (in contrast to permissiveness), and harshness of discipline (Lim & Lim, 2004).

The two conceptualizations (configurational versus orthogonal) do not directly correspond to one another, but closely approximate each other. Lim and Lim (2004) stress the importance of this clarification because study results may only be understood according to the way parenting constructs are specifically defined and operationalized by the study researchers. For example, in Maccoby and Martin's orthogonal framework, control is measured primarily by the degree of demandingness as imposed by the parent. On the contrary, in Baumrind's configurational approach, control is measured by other distinguishing features, such as restrictiveness, autonomy granting, and coerciveness. Thus, in order for data to be understood and compared meaningfully, such conceptual differences must be carefully and critically considered.

Confucianism and Cultural Relevance. Comparative studies have consistently characterized Chinese parents as highly restrictive, controlling, or

authoritarian, where unquestioned obedience to authority is valued and expected. Studies have found that Chinese parents tend to be more directive in their parenting, whereby the expression of warmth and open two-way communication between parents and children is downplayed and discouraged (Chiu, 1987; Chao, 1994; Cheng Gorman, 1998; Zhang, 2007; Cheah, Leung, Tahseen, & Schultz, 2009). It has been proposed, however, that such descriptions of traditional Chinese parenting are ethnocentric and often misleading. Compared to Euro-American or Euro-Canadian parents, scoring high on the "authoritarian" and "controlling" components of a quantitative scale may have different implications for Chinese parents. Such measures have been developed within a Euro-American cultural context, and may not capture important features of Chinese child rearing (Chao, 1994; Cheah et al., 2009). While some studies suggest cross-cultural applicability, the cultural relevance of "authoritarian, controlling, and restrictiveness" measures, and the associations between "authoritarian" parenting and adolescent outcomes remain unclear (Lim & Lim, 2004). Chao (1994) suggests that Chinese parenting may be better understood using indigenous descriptions of child rearing in line with traditional Confucian beliefs.

Following Confucian beliefs, Chinese families traditionally emphasize the virtues of filial piety, respect for elders, mutual dependence, group identification or collectivity, moderation and harmony, and self-discipline (Zhang, 2007). Familial obligations and the importance of education are highly valued, while sexuality and aggression are downplayed and actively suppressed (Chiu, 1987). Researchers often use the term "authoritarian" to describe parenting with strict codes of behaviour that stem from the desire to subjugate or dominate the child, and a need for total parental control (Cheng Gorman, 1998). For Chinese parents, parental control may not involve domination of the child, but rather an organizational type of control for the purpose of fostering family harmony (Chao, 1994). More importantly, Chinese parental control serves to train children in appropriate or expected societal/familial behaviours. This notion of "child training" has been used synonymously with "child rearing," the essence of which is captured in the Chinese terms *chiao shun* and *guan*. *Chiao shun* embodies the idea of training (teaching or educating) children in appropriate or

expected behaviours. Chinese parents train their children to adhere to socially desirable and culturally approved behaviours, a central part of which is the children's ability to perform well in school. Training also involves great devotion and sacrifice on the part of the mother. In the early years, the mother creates an extremely nurturing environment for the child by being physically available and by promptly attending to the child's every need (Chao, 1994; Shek, 2000). When the children reach school age, the mother provides the drive and support necessary for success in school, and to ultimately achieve familial goals and meet societal expectations. It is important to note that this type of training occurs in an extremely supportive environment whereby mother-child relationships are highly involved and physically close (Chao, 1994; Cheng Gorman, 1998; Lim & Lim, 2004). To better understand the mother-child relationship and the notion of training, it is important to understand the complementary concept of *guan*, which is a Chinese term that literally means "to govern." *Guan*, however, has a positive connotation in Chinese parenting because it also means "to care for" or even "to love" (Chao, 1994; Cheng Gorman, 1998; Lim & Lim, 2004). According to Chao (1994, p. 1112), "parental care, concern, and involvement are synonymous with firm control and governance of the child." The act of governing, which is exercised by teachers and parents, serves a positive function in Chinese culture. On the contrary, Baumrind's (1971) "authoritarian" concept is associated with hostile, rejecting, and uninvolved parental behaviours toward children. The Chinese tend to score quantitatively high on such concepts as "authoritarian" and "restrictive" because they are related to the aspects of *chiao shun* and *guan* that emphasize a set standard conduct enforced through parental control (Chiu, 1987; Chao, 1994). Thus, this kind of parenting is fundamentally different from that which is labeled "authoritarian" in a western context. What captures the essence of Chinese parenting is the notion of training, which couples elements of Baumrind's "authoritarian" typology as well as elements unique to Chinese parenting (Chao, 1994).

For example, Chiu (1987) found that Taiwanese and immigrant Chinese parents were more restrictive than Caucasian-American parents, but restriction and strictness appeared to be more protective than inhibitory. Similarly, Cheng Gorman

(1998) found that while immigrant Chinese mothers' close watch over their children's lives was suggestive of "authoritarian" parenting, their intentions were clearly borne from care and concern for their children's well-being. Mothers in this study explained how they were training, guiding, and helping their children to make good decisions. Rather than using rules to dominate and control their children, these mothers used subtle expression of expectations to influence their children to make correct decisions. Cheng Gorman (1998) concluded that parental control stemming from love and concern is more suggestive of the high degree of parental warmth and control associated with "authoritative" parenting. Likewise, Cheah et al. (2009) found that immigrant Chinese mothers highly endorsed the use of an authoritative parenting style with their preschool-aged children. These mothers reported giving comfort to their children when they were upset, and explaining the consequences of behaviour in a warm and intimate manner. Finally, Chiu (1987) found that Chinese-Americans were more democratic than Chinese parents, who in turn, were more democratic than Anglo-Americans. In this study, the democratic dimension was characterized by three variables; encouragement of children's verbalization, equalitarianism between parents and children, and comradeship and sharing with children. According to Chiu (1987), these findings reflect not only the fact that relationships within the Chinese family have become more democratic, but also that Chinese parents are beginning to ease on the issue of unquestioned obedience from their children. This finding is in line with: 1) Lim and Lim's (2004) claim that although Chinese families are strongly shaped by Confucian ideology, values of Chinese parents and their children are changing in both immigrant settings and country of origin, and 2) Zhang's (2007) conclusion that Chinese parents have shifted from a conformity orientation to a conversation orientation in parent-child interactions. Contrary to these findings, there is one author in particular, Amy Chua, who demonstrates the existence of "traditional Chinese parenting" in immigrant settings, and further raves about its superiority over Western parenting. The following section explains her unique comparison of Chinese and Western parenting styles.

Amy Chua's Tiger Mom. In January 2011, Amy Chua, a Professor of Law at Yale Law School, published an essay entitled "Why Chinese Mothers Are Superior."

The essay is an excerpt from her book entitled *Battle Hymn of the Tiger Mother* (2011), which is a story about "a bitter clash of cultures" in terms of Chinese and Western parenting styles. Essentially, she attempts to explain how Chinese parents have superior parenting skills because they raise "such stereotypically successful kids," (Chua, 2011). She explains how Western parents try to respect their children's individuality by encouraging them to pursue their true passions (whatever they may be), supporting their choices, and providing positive reinforcement in a nurturing environment. Chinese parents, on the contrary, believe the best way to protect their children is by preparing them for the future, letting them see their capabilities, and arming them with skills, work habits, and inner confidence (Chua, 2011). For Chinese parents, "preparing children for the future" means forbidding social activities (attending sleepovers, having playdates, watching TV or playing computer games, etc.), forbidding their children to get any grade less than an A, expecting their children to be the best student in every subject (except for gym and drama), and forbidding their children to play any instrument other than the piano or violin (which they are expected to play). Chua (2011) claims there are three big differences between Chinese and Western parental mind-sets.

First, Western parents are extremely anxious about their children's self-esteem. For example, if a child comes home with a B on test, the Western parents will still praise the child, others may express disapproval, but they will be careful not to make their child feel inadequate or insecure. The Chinese parent, on the other hand, will excoriate, punish, and shame the child for a B grade. Second, Chinese parents believe their children owe them everything, which is probably a combination of Confucian filial piety and the fact that parents do so much for their children (long grueling hours of personal tutoring, training, interrogating, and spying on their kids). Third, Chinese parents believe that they know what is best for their children, and therefore override all of their children's own desires and preferences. This, she says, is why Chinese daughters cannot have boyfriends in high school, and why Chinese kids cannot go to sleepovers (Chua, 2011). Ultimately, she concludes that Chinese parenting is superior to Western parenting.

Chinese Parental Attitudes towards Pre-Marital Sex and Adolescent Dating. Chinese social and cultural norms strongly oppose pre-marital sex (Cui, Li, & Gao, 2001). Given the unacceptability of pre-marital sex and/or discussing issues relating to sex, many parents have little or no communication with their adolescents about sexual and reproductive health issues. In this study, parents remained largely opposed to pre-marital sex, yet they felt it appropriate to indirectly advise their children about sex versus directly intervening. One mother stated that advising her sons to be responsible in dating is more effective than directly telling them not to have sex with their partners. One father expressed that reminding his son and daughter not to have sex before marriage is much more realistic than intervening directly. Interestingly, parents feared that if they actively disapproved of pre-marital sex, their children would fear disclosure, and perceive the need for secrecy, in turn compromising sexual decision-making, safe sexual behaviour, and the health of their children in the long run (Cui, Li, & Gao, 2001).

In a 1998 study, Cheng Gorman sought to gain information on immigrant Chinese mothers' cultural values, parenting attitudes, and parenting practices. In terms of cultural values and social adjustment, half of the mothers stated their children often complained that they lacked a social life or needed some entertainment; however, the mothers seemed to assert their beliefs about limiting leisure activities for their children. A popular and arguably natural leisure activity for adolescents is dating, and while it is common for mainstream adolescents to date members of the opposite sex, six mothers in this study reported that their children were not dating. Although the adolescents' ages ranged from 12 to 20, eight of them were older than 15, which is typically an appropriate dating age in Western culture. Several of the mothers stated that they had talked with their children specifically about the inappropriateness of dating at this age. One mother expressed that her 17-year-old daughter should spend her time on schoolwork, while another mother felt that her 17-year-old son was too young to know what kind of girl would be right for him. Two mothers expressed strong, inflexible reservations about allowing their children to date until they were much older, one of which explained that she did not want her 19-year-old son to date until he had completed his education (including both

college/university *and* graduate studies). In general, most mothers recognized that it was common for adolescents to date, yet they hoped their children would not.

However, in terms of Chinese *adolescent* attitudes towards pre-marital sex and dating, it has been found that Shanghai youth collectively refuted the traditional norm of premarital chastity, and most youth no longer expected girls to wait until marriage to engage in sexual intercourse and other sexual behaviours. In exploring the social world of dance clubs in Shanghai, Farrer (2002) found that youth use the spaces of nightlife to engage in forms of sexual play. Over the last 30 years, traditional Chinese attitudes about sex have become less inhibited, that is, Chinese youth are more likely to explore, play, and essentially deconstruct traditional values (Farrer, 2002).

Parenting Challenges. Immigrant parents who have not successfully integrated into new societal systems often experience a fragile sense of future and prolonged stress. Since education is often perceived as the only way to succeed in the new society, many invest all hope and effort in the education of their children – Chinese parents have been known to emphasize education as the "avenue to social mobility" (Cheng Gorman, 1998). In traditional Chinese culture, mothers are responsible for ensuring the success of their children (Cheng Gorman, 1998). In having such responsibility, Chinese immigrant mothers may experience a sense of incompetence as they struggle to learn and adapt to new systems of education and socialization. Mothering in a new society can be extremely challenging since spatial and social organization of the new society is often vastly different from the society of origin. More specifically, location of residence and proximity to school, accessibility and affordability of transportation, community resources and social capital development, and language fluency all determine the (in)dependence of immigrant mothers and their children (Narushima et al., 2009). Moreover, many may find themselves not knowing how to apply parenting skills acquired in one socio-cultural context to facilitate their child's development in a foreign socio-cultural environment (Florsheim, 1997). As previously discussed, research has shown that Chinese parenting differs qualitatively from mainstream North American parenting. For example, studies have characterized Chinese parents as highly restrictive and controlling, where unquestioned parental respect and obedience is stressed, and open

parent-child communication is virtually nonexistent (Chao, 1994; Chiu, 1987; Cheng Gorman, 1998). Chinese culture traditionally values collectivity, kinship, interdependence and interrelatedness, while North American culture typically values individualism, independence, and self-assertion (Gorman, 1998). In a culture that has values opposite of the Chinese, restrictive parenting styles may be less optimal than flexible, responsive parenting styles (Florsheim, 1997).

In addition to not knowing how to apply parenting skills acquired in one socio-cultural context to facilitate their child's development in a foreign socio-cultural context, immigrant parents must also face the negative effects of working several jobs in order to support the family (Thomas, 1995). Due to limited education, lack of English proficiency, illegal immigration status, or professional training not recognized in Canada or the U.S., some adult immigrants must settle for menial low paying jobs. According to Thomas (1995), it is not uncommon to find immigrants trained as doctors in their country of origin working as taxi drivers or nurses' aides because they are unable to pass the "boards" in North America. Lack of English proficiency and/or North American requirements that expect further college preparation often prevent or deter professionally trained immigrants from pursuing higher-paid positions. Thus, it is frequently necessary for immigrant parents to obtain several jobs in order to support the family, which tends to have a negative impact on family life via the parents' availability to their children. As a consequence of working long hours or several jobs, immigrant parents tend to be less available to their children. Parents are unable to attend school conferences, help with homework, or to provide emotional and physical support for their acculturating children (Thomas, 1995). In some instances, mothers and/or fathers migrate first, leaving their children under the care of relatives or family friends. In such instances, children and parents may be separated for years during which time the children may become attached to the new caretaker, while the parents miss pivotal developmental milestones. When children and parents are eventually reunited, the resultant family life is riddled with conflicts regarding relationships, communication, and discipline (Thomas, 1995).

In terms of discipline, Chinese fathers are usually regarded as the "legitimate" agent for administering punishment, whereby use of physical punishment is not

entirely uncommon (Shek, 2000). In Chinese culture, corporal punishment is not discouraged as a means of disciplining children. In North American culture, the opposite is true, and immigrant parents soon learn that physical punishment is not only a socially unaccepted form of discipline, but there are laws condemning these practices. Those who do not know how to apply Chinese parenting skills in a North American context, or those who generally have few parenting skills, tend to feel that their power to discipline their children has been usurped (Thomas, 1995).

Acculturation

Immigration and acculturation are highly complex processes for which many explanatory models and mechanisms exist. While immigration refers to uprooting oneself from a heritage country and taking up permanent residence in a new host country, acculturation refers to the process of adopting the language, attitudes, culture, and behaviours of the new host country (Kim, Chen, Li, Huang, & Moon, 2009). Sluzki (1979) described the main task of the immigrant family as one of "reshaping its new reality, maximizing both the family's continuity in terms of identity and its compatibility with the environment" (p. 384). According to Berry (1990), there are four different acculturation outcomes; 1) assimilation, which refers to strong identification with the dominant culture and weak ties with the heritage culture; 2) separation, which refers to rejection of the dominant culture and retention of the heritage culture; 3) integration, which refers to identification with both dominant and heritage cultures, and; 4) marginalization, which refers to rejection of both dominant and heritage cultures.

Research has shown that immigrants vary in the extent to which they strive to retain ethnic cultural values, as well as the extent to which they adopt host cultural features (Costigan & Su, 2004). Not only do such variations exist between groups, but also between individuals. According to Meston and Ahrold (2010), acculturation is relative to an individual's engagement in mainstream and heritage cultural values; thus, it is impossible to measure or capture such variations in categorical, ethnographic group comparisons. Regardless, the difficulties encountered in trying to ensure both culture continuity and compatibility in the new host country are complex, painful, and unavoidable (Sluzki, 1979). Acculturation may be particularly

challenging for Chinese immigrants since Chinese culture traditionally values collectivity, kinship, interdependence, and interrelatedness, while Canadian culture typically values individualism, independence, and self-assertion (Cheng Gorman, 1998). Compared to immigrants with cultural backgrounds similar to that of the host country, the conspicuous cultural disconnect may pose greater challenges for immigrant Chinese families in negotiating conflicting demands during the process of acculturation (Lim, Yeh, Liang, Lau, & McCabe, 2009). However, it is also important to consider how British influences in contemporary Hong Kong may influence acculturation (since ten of the twelve participants were from Hong Kong, not Mainland China).

From 1841 to 1997, Hong Kong had been a British colony with English and Cantonese as its principal languages (Cribbin, 2009). On July 1, 1997, in what is known as "The Handover," the sovereignty of Hong Kong was transferred from the United Kingdom to the People's Republic of China, which marked the end of the British rule in Hong Kong. In pre-handover times, Hong Kong people tended to distance and distinguish themselves from China and Mainland Chinese, but their relations with Mainland Chinese seem to be changing (Tsz Yan Fong, 2010). Despite closer relations with the motherland (Tsz Yan Fong, 2010), European language and culture are still well represented in Hong Kong (e.g. Catholicism, English language programs as part of the educational system, European restaurants and cars, etc.) (Cribbin, 2009). Thus, while Hong Kong participants in the present study may identify themselves ethno-racially as "Chinese," exposure to British culture and language in Hong Kong may ease their transition into Canada where British culture and language are also well represented. In order to better understand the challenges that accompany immigration and acculturation, it is appropriate to discuss the conceptualization of the acculturation process.

Conceptualization of the Acculturation Process. In simple terms, acculturation refers to an overarching process of adopting the language, attitudes, culture, and behaviours of the new host country (Kim et al., 2009). The adjustment process, however, occurs in multiple domains, including cultural orientation, identity, and cultural values (Tsai, Chentsova-Dutton, & Wong, 2002). The *cultural*

orientation domain refers to an individual's level of engagement in host and heritage cultures. Cultural orientation is often measured in terms of behaviour, including language preferences, daily behaviours (e.g. food and music preferences), and patterns of social interaction. The *identity* domain refers to an individual's subjective identification with host and heritage cultures. Affective in nature, assessment of identity commonly includes measuring the strength of feelings of belonging to ethnic and/or host groups. Finally, the *cultural values* domain refers to an individual's set of cognitions (in line with host and/or heritage cultures) that predict perception and conduct. This cognitive aspect of acculturation often assesses cultural beliefs (e.g. regarding an individual's familial and societal obligations), and cultural predictors of cognition and conduct (e.g. parenting according to Confucianism) (Costigan & Su, 2004; Costigan & Su, 2008). Beyond the domains of acculturation, however, lies the broader issue of whether acculturation is best conceptualized as a linear process or as an orthogonal process.

The relative balance between retention of the ethnic culture and adoption of the host culture is often of great concern to immigrant parents. One area of concern is whether greater involvement in the host society causes decreased participation in the ethnic culture, and loss of ethnic identity and cultural values. A parallel concern is whether greater involvement in the ethnic culture detracts from the development of identification with the host culture (Costigan & Su, 2004). These particular concerns speak to whether the acculturation process is best conceptualized as linear or orthogonal. The linear model (also referred to as unidimensional or bipolar) assumes a loss of ethnic cultural orientation, identification, and values as one acquires the behaviours, attitudes, and values of the host culture. On the contrary, the orthogonal model (also referred to as bidimensional) assumes that such processes are independent of one another. That is, it is possible to adopt the features of the host culture while simultaneously retaining the behaviours, values, and sense of belonging related to one's ethnic culture (Costigan & Su, 2004).

Consistent with a growing number of studies, Costigan and Su's (2004) research supports the orthogonal model of acculturation. In researching orthogonal versus linear models of acculturation in immigrant Chinese Canadians, the authors

compared mothers, fathers, and children, and found that results for fathers and children supported the orthogonal model, while results for mothers supported the linear model. Since immigrant Chinese mothers were less likely to participate in the workforce, they may have had fewer opportunities to transition back and forth between the home environment and the larger Canadian society. Minimal exposure to the host culture may have bred feelings that Canadian and Chinese ways of being are incompatible. Conversely, fathers and children may have had greater involvement in Canadian society via work and school, and were therefore obligated to operate more comfortably in both cultures. In doing so, fathers and children may have learned to move between cultures without having to sacrifice their sense being Chinese (Costigan & Su, 2004).

Interestingly, in comparing Canadian-born Chinese children to foreign-born Chinese children, the authors found that for the Canadian-born children, greater Canadian orientation was associated with stronger (rather than weaker) endorsement of Chinese identities and values. According to Costigan and Su (2004), Canadian-born children may have a firmer sense of belonging to Canadian society creating a more stable foundation on which to incorporate a Chinese identity. In contrast, having experienced large cultural changes, immigrant children may have a weak foundation in both cultures making it challenging to integrate one culture into the other. As a result, immigrant children may be more likely to view a Chinese orientation as incompatible with a Canadian identity. Overall, there was little evidence to support that retaining ethnic behaviours, values, and traditions detracts from adopting a Canadian identity. Similarly, in their review of literature, Meston and Ahrold (2010) found that biculturalism (i.e. mutual engagement in heritage and mainstream cultures) is often the most adaptive and most used acculturation strategy among Hispanic youth. They argue that bidimensional measures of acculturation (i.e. orthogonal model), where heritage and mainstream cultures are measured independently, have greater validity and utility than unidimensional measures (i.e. linear model) (Meston & Ahrold, 2010).

Collectively, these results suggest that operating comfortably in the host culture does not necessarily require a loss of ethnic orientation, identity, or values,

and that participation in the ethnic culture does not necessarily detract from participation in the host culture. For immigrant parents whose common concern is their children's balance between ethnic retention and host adoption, understanding the orthogonal model of acculturation and knowing that participation in one culture will not necessarily interfere or dictate participation in the other culture may ease some of the challenges that accompany immigration (Costigan & Su, 2004). In Berry's (1990) terms, successful integration (i.e. identification with both dominant and heritage cultures) is highly possible and frequently observed (Berry, 1990; Berry, 2003).

Generational Acculturation Differences and Intergenerational Conflict. Today's immigrants typically migrate as a familial unit in which both parents and children play an important role throughout the resettlement process. At the familial level, the process of acculturation is seldom similar for parents and children, which creates a discrepancy in the acculturative rates between the two generations (Lim et al., 2009; Kim et al., 2009). Generational dissonance, which refers to dissimilar levels of acculturation among family members (Kim et al., 2009), is postulated to be a major source of potential conflict in parent-child relationships and negative youth outcomes in immigrant families (Thomas, 1995; Crane et al., 2005; Lim et al., 2009; Kim et al., 2009). In order to better understand how generational dissonance may negatively affect an immigrant family, it is important to consider how the acculturation process may affect parents and children separately, as well as how these separate processes may influence one another. This study will focus on how the acculturation process may differ for parents and children in terms of language and communication, and retention/adoption of cultural values.

Language is often a major source of stress for immigrant families during the acculturation process (Thomas, 1995). According to Padilla, Cervantes, Maldonado, and Garcia (1988), language barriers can be difficult to overcome for several reasons. First, immigrant adults may be intimidated by formal methods of learning English. Second, immigrant adults may have limited time to formally acquire English skills since scarce financial resources means having to find employment quickly. With greater English-language proficiency, however, come increased employment opportunities, economic enhancement, and associated feelings about one's ability to

operate comfortably in the host society (Thomas, 1995). Learning a new language is a challenging and lengthy process, whereby acquisition of limited everyday expressions may take months. Middle-aged immigrants may never attain social and lingual fluency, but are generally able to attain adequate language skills for work and social functioning. Children and adolescents, however, are generally able to master the English language more quickly than their parents. As a result, children often become translators for their parents. For parents, dependence on their children to communicate their needs fosters feelings of inadequacy and loss of parental control (Su and Costigan, 2009). For children, having to fulfill the role of translator, as well as other familial obligations, and having to perform well academically may be incredibly stressful and overwhelming (Thomas, 1995). Stemming from fears of needing to speak Standard English in group situations, "elective mutism" is frequently observed in bilingual immigrant children (Esquivel & Keitel, 1990). For example, in a study of the parenting attitudes and practices of immigrant Chinese mothers, several mothers commented that their children appeared to be quieter or more emotionally reserved compared to their mainstream peers (Cheng Gorman, 1998).

In terms of communication within the family, differences in languages spoken in the home may be a major source of conflict or poor family functioning. For example, Tseng and Fuligni (2000) found that families in which parents and adolescents used a mixture of English and the heritage language to communicate with one another had low levels of family cohesion. Conversely, families in which parents and adolescents used the same language to communicate (either both used English or both used the heritage language) demonstrated high levels of family cohesion. Be that as it may, using the same language to communicate within the home may become increasingly difficult as children progress through an English-language academic system. For example, half of the mothers in Cheng Gorman's (1998) study noted difficulties in communication because their children's English vocabulary was growing significantly faster than their Chinese vocabulary. One mother stated that her 17-year-old daughter was only able to talk about school in English because she had not learned the Chinese terms for academic material. Moreover, poor communication

between parents and children may lead to learning and behavioural problems since immigrant children often receive messages that are at odds with their parents' expectations (Thomas, 1995). For example, children are told by teachers to speak up and participate in class, while being vocal and expression of opinion is generally frowned upon by parents (Goodstein, 1990). In school, individual work is praised, and helping other students may be viewed as cheating, whereas at home, children are encouraged and expected to cooperate with their brothers and sisters (Goodstein, 1990).

Differing cultural values are also a major source of tension in immigrant households. For example, it has been postulated that while parents retain the norms, beliefs, and practices of their heritage culture, which emphasizes interdependence and respect for authority, their adolescent children more readily adopt North American culture, which emphasizes independence and self-assertion (Cheng Gorman, 1998). Thus, parents and adolescents are more likely to have conflicts over discipline, social interaction, activity choices, curfews, etc. (Crane et al., 2005). It is likely that the roots of such conflicts are external pressures from the dominant culture that impact the individual and, subsequently, the family. Such external pressures may lead to discordant familial expectations and roles that compromise overall family functioning (Crane et al., 2005). For example, despite wanting their children to integrate fully into the host society, immigrant parents may find themselves stressed and depressed as their children adopt Western values (Shih, 1998). Moreover, many parents find themselves not knowing how to apply parenting skills acquired in one socio-cultural context to facilitate their children's development in a foreign socio-cultural context (Florsheim, 1997). As they become more acculturated, it is likely that immigrant parents increasingly adopt the parenting practices and attitudes of the host culture, but it is also likely that parents become more controlling of their children in an effort to maintain traditional values (Lim et al., 2009). Acculturated children, on the other hand, perceive the traditionally respected parenting style as over-protective, controlling, conflictive, and unaffectionate (Rosenthal & Feldman, 1990). As a result of trying to integrate fully into the new society while maintaining their heritage values, immigrant children often find themselves in a state of cultural limbo – feeling

simultaneously disconnected from their immigrant parents and their Western peers, and perceiving themselves as not fitting into either of the two cultures (Florsheim, 1997).

Adolescent Outcomes. It has been suggested that generational dissonance may represent a family context that places immigrant children at an increased risk for poor outcomes. As previously stated, generational dissonance is postulated to be a major source of parent-child conflict and negative youth outcomes in immigrant families, which ultimately has a negative influence on overall family cohesion (Kim et al., 2009; Crane et al., 2005). Both parent-child conflicts and low family cohesion may lead to adolescent internalization and externalization of emotional problems (Crane et al., 2005). For example, it may be that when parents and adolescents are divergent in their cultural practices and values, adolescents are not likely to seek guidance from their parents in times of need. It is especially unlikely that they consult with their parents about how to function comfortably within the dominant culture. Koydemir-Ozden and Demir (2009) found that when children perceived parental strictness/supervision, as is frequently observed in "traditional Chinese" parenting, they had increased concerns over being negatively evaluated or rejected by parents, which in turn lead to shyness or quietness.

For children, the familial disconnect may bring about depressive symptoms, such as feelings of helplessness and hopelessness (Kim et al., 2009). Despite their tendency to do well in school, research suggests that Asian American youth experience tremendous psychological and social adjustment difficulties (Qin, 2008). For example, Lim et al. (2009) found high levels of psychological distress (i.e. depression) in youth that were less acculturated than their parents. It is important to note that some authors argue in favour of considering the direction of the acculturation discrepancy between parents and children, while others suggest that acculturation discrepancy is linked to family disagreement regardless of the direction (Kim et al., 2009; Birman, 2006).

For the most part, acculturation theories have been developed and tested for adult immigrants. It is important to consider the acculturation of children as a unique process, but it is also important to consider the role of parents' acculturation in

children's adjustment. Since children develop within the familial context, parents represent a powerful socializing agent for their children. It has been proposed that parents from generationally dissonant families tend to use unsupportive parenting techniques due to a lack of shared understanding, and poor communication between the two generations, which ultimately increases the likelihood of poor child outcomes (Kim et al., 2009). Kim et al. (2009) found that acculturation discrepancy was indirectly related to adolescent depressive symptoms via unsupportive parenting practices. That is, acculturation discrepancy was associated with unsupportive parenting practices, which result in more adolescent depressive symptoms. When such discrepancies existed, children reported that their parents were less warm, less monitoring, and used fewer communicative parenting techniques (inductive reasoning techniques), all of which were associated with more depressive symptoms in these adolescent children.

In terms of externalization of emotional problems, research with Chinese North American adolescents has shown that they tend to demonstrate lower levels of delinquency and substance abuse compared to their European American counterparts and other racial groups in North America (Chang, Morrissey, & Koplewicz, 1995; Bachman, Johnston, & O'Mally, 1993). Crane et al. (2005), however, found that low family functioning and large acculturation discrepancies between parents and children were positively associated with adolescent delinquency. Hahm, Lahiff, and Guterman (2003) found that adolescents with less parental attachment and more acculturation are eleven times more likely to drink alcohol compared to those with greater parental attachment and less acculturation. Tang, Shimizu, and Chen (2005) reported that, in California, adolescent girls with higher English proficiency are five times more likely to smoke than those with lower English proficiency.

As for sexual behaviours, it has been reported that Asian and Pacific Islander (API) adolescents are less likely than non-APIs to have unprotected sex or multiple sex partners, and are less likely to become pregnant or infected with HIV. However, API adolescents who have intercourse are just as likely as non-APIs to use alcohol or drugs with intercourse, and as unlikely to use condoms (Chung, Travis, Kilpatrick, Elliott, Lui, Khandwala, Dancel, Vollandt, & Schuster, 2007). Moreover, it has been

reported that a higher level of acculturation is associated with an increased likelihood of having sexual intercourse in adolescent girls. In one study, the most acculturated adolescent girls were found to be five times as likely as the least acculturated girls to have had sexual intercourse (Hahm, Lahiff, & Barreto, 2006). Similarly, Meston and Ahrold (2010) found that sexual permissiveness was more often observed in Asian women who assimilated (i.e. gave up the heritage culture and adopted the mainstream culture) compared to those who endorsed the heritage culture. In fact, endorsement of the heritage culture predicted lack of sexual experience in Asian women (Meston & Ahrold, 2010). Finally, in studying the sexual knowledge and attitudes of University of British Columbia undergraduates, Meston, Trapnell, and Gorzalka (1998) found that persons of Asian ancestry were less knowledgeable and held more conservative sexual attitudes that did persons of European ancestry. The authors suggest that one explanation for this ethnic difference in accuracy of sexual knowledge (and possibly for Asians' more conservative attitudes toward sex) is potentially due to the lack of sex education in Asian school systems and the taboo nature of openly discussing sexuality in Chinese culture (Meston et al., 1998).

Acculturation, parenting, and parent-child communication affect and are affected by one another. Since each topic has been discussed separately, it is appropriate to discuss the interaction between each of these processes, and how they relate to the overarching theme of comprehensive sexual health education in the home.

Bridging the Research Gap

Upon review of the extant literature, certain research gaps became obvious. Figure 1 provides a visual depiction of what is missing in the literature regarding parent-child sexual health communication in Chinese immigrant families (see Appendix B). In terms of communication, many researchers have explored the broad topic of parent-child communication, as well as parent-child sexual health communication. Very few studies, however, have explored parent-child sexual health communication specifically in Chinese immigrant families, which may be quite different from that which occurs in mainstream families due to notable parenting, cultural, and generational acculturative differences. This study will explore parent-

child communication about sexual topics, specifically in Chinese immigrant families, including how parenting style, intergenerational acculturation differences, and/or the RSHC public health intervention may influence this type of communication.

In terms of parenting, research has shown that parenting style affects overall parent-child communication – certain parenting styles are more conducive to open parent-child communication than others. As one might expect, families who engage in open parent-child communication are more likely to engage in sexual health communication (Jaccard, 2000). Very little research, if any, has elucidated how the parenting style of Chinese immigrants affects or determines parent-child sexual health communication – only theoretical assumptions or associations (not absolute conclusions) may be made about such affections. For example, based on the extant literature, it may be deduced (yet only assumed) that parent-child sexual health communication seldom or rarely occurs in Chinese immigrant families. First, open two-way communication is typically discouraged by Chinese parents following Confucian beliefs (Chiu, 1987; Chao, 1994; Cheng Gorman, 1998; Zhang, 2007; Cheah, Leung, Tahseen, & Schultz, 2009). Second, Chinese immigrant parents tend to be less flexible and communicative than their North American peers (Qin, 2008). Third, following Confucian beliefs, sexuality (sexual interest and curiosity) and aggression are downplayed and actively suppressed (Chiu, 1987). Finally, Chinese social and cultural norms strongly oppose pre-marital sex (Cui, Li, & Gao, 2001). Since families who engage in open parent-child communication are more likely to engage in sexual health communication, and since open two-way communication and sexuality are typically downplayed and suppressed in Chinese families, it is reasonable to assume that parent-child sexual health communication seldom occurs in Chinese immigrant families. Similar assumptions may be made when one considers the acculturative factors that affect immigrant family dynamics.

In terms of acculturation, research has shown that the process itself may be quite different for parents and children, and such generational acculturative differences are likely conducive to a tense environment where parent-child communication may be extremely challenging. For example, Chinese immigrant children typically learn English significantly faster than their parents. Immigrant

children are often expected to act as English translators for their parents, which may result in "elective mutism" – a quiet and emotionally reserved demeanor frequently observed in bilingual children (Thomas, 1995; Esquivel & Keitel, 1990; Cheng Gorman, 1998). As such, one might not expect a child or adolescent with an emotionally reserved demeanor to approach his/her parents with a question or comment about sexuality. Further, differences in languages spoken in the home may cause communication difficulties and low family cohesion. Using the same language to communicate within the home may become increasingly difficult as children progress through an English-language school system. Children's English vocabulary grows significantly faster than their Chinese vocabulary, making it difficult to communicate about certain topics such as academic material (Cheng Gorman, 1998). In addition to language differences, the process of acculturation may also create cultural differences between immigrant parents and children. Based on these findings regarding acculturation, it is reasonable to assume that parent-child communication about sexual health is challenging and possibly absent in Chinese immigrant families. However, only theoretical assumptions can be drawn from the literature given the fact that very few studies have explored the relationship between acculturation and parent-child sexual health communication specifically in Chinese immigrant families.

In terms of the Raising Sexually Healthy Children portion of this research, only two evaluative studies have been undertaken since its conception in 1998 (Wong, 2001; Wong & Ho, 2000; Toronto Public Health, 2000), with a third evaluative study in progress (Narushima et al., 2009). As previously discussed, by enhancing immigrant parents' sexual health knowledge and communication skills, the RSHC program serves to enhance family sexual health education, encourage open parent-child communication about sex and sexuality, and create supportive environments for immigrants in their respective communities (Toronto Public Health, 2008). As such, the RSHC tackles the parenting and acculturation issues that make for challenging parent-child communication.

The two case studies, undertaken in the program's earlier stages, were carried out as pilot projects in the Chinese (Wong, 2001; Wong & Ho, 2000), and Vietnamese (Toronto Public Health, 2000) communities. Based on document

analysis, surveys, interviews, focus groups, and participant observation, both studies reported multiple positive short-term outcomes (e.g. immigrant parents' empowerment, improved family relations, increased participation and support networks, and expanded partnerships and collaborations in relevant communities). Wong (2001) conducted a participatory action project, and found that the RSHC program served as an important avenue for empowerment and community participation among Chinese immigrant mothers by helping to counter the structural barriers caused by systemic racism and sexism that prevent integration into Canadian society. The third evaluative study, currently in progress, will be examining the success and sustainability of RSHC with "capacity building" as a theoretical framework. Unlike these three evaluative studies, this study will directly capture the voices of Chinese immigrant children. I aimed to elucidate the strengths and weaknesses of the RSHC as perceived directly by the children *and* their parents.

Before proceeding to the Research Purpose and Guiding Questions, it is important to introduce an emergent topic (i.e. personality type and communication style) produced in the present study. These themes will be further discussed in Chapter 5.

Personality Type and Communication Style. According to Triandis and Suh (2002), personality is shaped by both genetic and environmental factors; among the most important of the latter are cultural influences. The model of cultural influences on personality proposed by Triandis and Suh (2002) suggests that ecology (relations of people to one another and to their physical environment) shapes culture, which in turn shapes the socialization patterns of people, which shape some of the variance of personality. Put simply, culture influences the development of personality via patterns of socialization. Triandis and Suh (2002) discuss communication patterns as a function of culture mediated by personality. They noted that the use of indirect and face-saving communication (considered a personality trait) frequently observed in collectivist cultures, such as Chinese culture, might serve specific cultural purposes. The ambiguity in communication, that is, the inexactness of meaning in language, can be helpful in collectivist cultures where clarity may result in sanctions (Triandis & Suh, 2002).

In a like manner, Trenholm and Jensen (2004) describe a communicative variable, called context-dependence, which speaks to differences in communication styles across cultures. In high-context cultures, such as traditional Chinese culture, meaning is implicit and unstated. People are expected to read between the lines and guess one another's meaning despite what is actually said. According to Trenholm and Jensen (2004), in high-context cultures, "being too direct can cause others to lose face and create disharmony. By making messages subtle, individuals protect one another… to avoid embarrassment," (p. 369). In low-context cultures (i.e. Western cultures), people are expected to say what they mean, and mean what they say, that is, meaning is explicitly stated in words. As such, problems may arise when people from low- and high-context cultures attempt to communicate with one another. High-context receivers may feel that low-context communication is too blatant, while low-context receivers may feel confused by high-context communication and wonder what prevents speakers from saying what they mean (Trenholm & Jensen, 2004). Ultimately, culture/acculturation differences between parents and children may yield personality and communication differences, which may influence parent-child sexual health communication.

Research Purpose and Guiding Questions

The purpose of this study is to explore and understand parent-child sexual health communication in Chinese immigrant families. The following guiding questions capture the communication, parenting, acculturation, and Raising Sexually Healthy Children aspects of parent-child sexual health communication in Chinese immigrant families.

1. Does parent-child sexual health communication occur in these particular Chinese immigrant families?
    a. If so, how does such communication take place? Who initiates communication? What is the content of communication? How frequently does communication occur?
    b. If not, why is such communication avoided? What are the parental reservations about engaging in sexual health communication? What are the adolescent reservations?

2. How do generational acculturation differences affect parent-child sexual health communication?
    a. What kind of challenges do Chinese immigrant families (both parents and adolescents) face throughout the acculturation process?
    b. How does acculturation affect the parenting of Chinese immigrant parents?
    c. How does this, in turn, influence parent-child sexual health communication?
3. How does the RSHC program facilitate sexual health communication between parents and children?
    a. How do parents perceive the influence of the RSHC program on their parenting style and generational acculturation differences (if present)?
    b. How do children directly benefit from their parents' participation (as perceived by the children themselves)?

Chapter 3: Methodology and Methods

In this study, I employed a qualitative multiple case study design as outlined by Merriam (2009). Rather than deriving inferences from statistical results, determining causal relationships, and predicting and describing the distribution of some attribute among a population, the qualitative multiple case study design allowed me to explore the meaning or the interpretation of the phenomenon under study. Since the purpose of this study was to explore and understand parent-child communication about sexual topics in Chinese immigrant families, it was appropriate to employ a research design that centralizes the meaning and/or interpretation of the phenomenon under study. "Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences," (Merriam, 2009, p. 5).

Design of the Study

This chapter outlines the research design including: theoretical framework, multiple case study approach, sample selection (sample criteria, access and rapport, informed consent, compensation, and participant withdrawal), data collection

(documents, interviews, and artifacts), data analysis (hermeneutics as an analysis strategy), trustworthiness (triangulation, reflexivity, credibility, transferability, dependability, confirmability, and authenticity), ethical considerations, biases and assumptions, and study limitations.

Theoretical Standpoint: Hermeneutical Understanding. Within the field of qualitative research, there exist several schools of thought (or paradigms) that provide a lens through which social science issues are viewed and interpreted. Within each paradigm (interpretivism, critical theory, and postpositivism), there exist many theoretical frameworks that shape the purpose and interpretation of social science research. The design of a social science study often depends on the paradigm and theoretical framework adopted by the researcher. In this study, I adopted a *hermeneutical* standpoint within an *interpretive* paradigm.

Interpretive research seeks an understanding of a particular context, which is critical to the interpretation of data gathered in any form of research (Willis, 2007). According to Willis (2007), interpretivists argue that humans behave the way they do in part because of their environment; however, they are also influenced by their subjective perceptions of their environment (i.e. their subjective realities). According to Merriam (2009), interpretive research assumes that reality is socially constructed, that is, there is no single, objective reality. On the contrary, there are multiple realities or interpretations of a single event. For interpretivists, what the world means to the group or individual under study is critically important to meaningful social science research. Interpretivist researchers typically argue that *understanding* is the goal of social science research, and the proper topic of study is the *lived experiences* of humans (Willis, 2007). Researchers do not "find" knowledge, they attempt to construct knowledge based on the multiple realities or interpretations of the participants' lived experiences (Merriam, 2009). As explained by Creswell (2007), *social constructivism* is a term often used interchangeably with *interpretivism* – subjective meaning extracted from personal experience is often negotiated socially and historically through interaction with others (hence social construction of reality) and through historical and cultural norms that operate in an individual's life. The purpose of this particular study was not to search for generalizations, laws, and/or

rules; rather it was to construct contextual knowledge about the experiences of Chinese immigrant families in terms of parent-child communication about sexual topics.

Originally, the term *hermeneutics* referred to the study of sacred texts, such as the Bible. When it came to understanding the exact meaning of particular passages, the use of different languages in writing the document over a period of thousands of years made for a tedious endeavour. In order to gain a more meaningful understanding, one might study the meaning of terms and phrases in documents relative to that time period, the socio-political or socio-cultural context in which it was written, and the way in which concepts are used throughout the document (Willis, 2007). Hermeneutics has expanded beyond the original study of sacred texts to include understanding human action in context. Although many forms of hermeneutics exist, all forms share two particular characteristics; 1) emphasis on the importance of language – language is the force through which meaning is constructed, shared, and understood by the members of a group, and; 2) emphasis on the context as a frame for understanding – human behaviours and ideas cannot be understood in isolation (Willis, 2007).

The process of developing meaning or understanding in hermeneutics is often referred to as the *hermeneutic circle*. The process involves going back and forth between the topics of study, the context, and the researcher's interpretation or understanding (Willis, 2007). This study began with my existing understanding (acquired via preliminary literature review) of parent-child communication about sexual topics, and the influences of parenting style and acculturation on such communication. From this preliminary understanding, I developed a semi-structured interview guide that was applied to the interviews of the first parent-child dyad. The first two interviews yielded critical themes and categories, which, along with the review of relevant public health documents, shaped and enhanced my understanding of parent-child communication about sexual topics in Chinese immigrants. My new understanding lead to editing of the semi-structured interview guide, so as to incorporate the critical themes and categories that emerged from the first two interviews, which were then applied to the second parent-child dyad. This process

continued as such until all twelve interviews were completed. Data collection and analysis strategies are further discussed in subsequent sections.

Interpretive Multiple Case Study. In broad terms, a *case study* is "an in-depth description and analysis of a bounded system" (Merriam, 2009, pg. 40). Case studies generally have five characteristics; 1) they are particularistic in that they focus on one particular context; 2) they are naturalistic in that much of the data collection occurs in natural, real environments; 3) they are thick and descriptive in that they embody a variety of qualitative and quantitative data sources that yield detailed descriptions of the phenomenon under study; 4) they are inductive in that concepts or themes emerge from the examination of data grounded in the context itself, and; 5) they are heuristic in that they can bring about the discovery of new meaning, extend the reader's experiences, or confirm prevailing theories and concepts (Merriam, 1988; Willis, 2007; Merriam, 2009). Although some confusion surrounds case study research, the single most defining characteristic of case study research, according to Merriam (2009), lies in determining the boundaries of the object under study. Case study research is more a choice of what is to be studied (the unit of study) than a methodological choice (the research process). That is, case study research is more a question of "what" is to be studied than "how" it is to be studied. In this sense, the "what" is the *bounded system* or single unit around which there are boundaries. A case then, could be a program, a social group, an event, an institution, a process, or a single person who is an example of some phenomenon (Merriam, 2009).

The case study approach was quite appropriate for this study. As explained by Merriam (2009), "The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon," (p. 50). By inserting key phrases specific to this study into Merriam's (2009) explanation, it is clear that the case study approach was quite appropriate in this instance: the case study offers a means of investigating complex social units (Chinese immigrant parent-child dyads) consisting of multiple variables (age, gender, relationship satisfaction, overall communication, parenting style, acculturation, participation in public health programs, etc.) of potential importance in understanding the phenomenon (parent-child communication about sexual topics in Chinese

immigrant families). The case study approach allowed me to explore participants' experiences from various angles with multiple sources of evidence, which helped to understand the phenomenon in a context-grounded fashion (Yin, 2009). Since the case study resulted in rich and holistic accounts of a phenomenon, the within-case evidence from each single case, as well as the cross-case analysis between cases, allowed me to focus on particulars, and gain in-depth insights into the meaning of participants' experiences (Yin, 1981; Dale, 1995). According to Merriam (2009), these insights may eventually be construed as tentative hypotheses that guide future research and advance the field's knowledge base. In applied fields, such as health science, programs can be examined and evaluated to bring about understanding that in turn affect or improve practice. Although the purpose of this study was not to evaluate a public health program, part of the study involved the experiences of people who have participated in a specific Toronto Public Health program (Raising Sexually Health Children). Thus, the case study approach was all the more suitable to in yielding relevant results.

Case study research may be separated into single or multiple case studies. The latter refers to a type of study that involves collecting and analyzing data from several cases, whereas the former involves a single case that may or may not have several subunits or subcases embedded within it. For example, a single case could be a specific high school, and the students within that specific high school would be the subunits or subcases. In multicase research, one could study five individual high schools, all of which would be single cases within themselves but would also belong to a greater collection of cases. Analysis across cases may yield generalizations about the phenomenon under study (Merriam, 2009). Stake (2006) explains that the single case is of interest in multicase studies because each belongs to a greater collection of cases. The single cases share a common characteristic or condition, and are thus categorically bound. They may be members of a group, or examples of a particular phenomenon.

According to Willis (2007), interpretivists favour qualitative designs such as case studies, in which interview, focus group, and observation methods are employed, because they are helpful in getting at how humans interpret the world around them.

Interpretive case studies involve gathering and analyzing thick data sources for the purposes of developing conceptual categories, or supporting/challenging theoretical assumptions held prior to data collection (Merriam, 1988). The focus of interpretive case studies is to understand the intricacies of a particular situation, or culture.

This study was an interpretive multiple case study that involved collecting and analyzing data from six separate cases. As previously explained, a case study is determined by the *bounded system* or single unit around which there are boundaries (Merriam, 2009). Each of the six bounded systems (six dyads) consisted of a Chinese immigrant parent (mother or father) and his/her adult child (immigrant or first generation Canadian). In three of the bounded systems, the immigrant parents had participated in a Toronto Public Health program that focuses on parent-child communication about sexual topics. Each bounded system represented a single case that belonged to a greater collection of cases. Using Stake's (2006) explanation, the single cases or parent-child dyads shared common characteristics, and were thus categorically bound. Of course, numerous variations within each case existed, but all at least consisted of a Chinese immigrant parent and his/her adult child. Again, a bounded system or case may be a social group, or a single person who is an example of some phenomenon (Merriam, 2009). Since the phenomenon under investigation in this study was parent-child communication about sexual topics in Chinese immigrant families, the Chinese immigrant parent-child dyads exemplified two important aspects of the phenomenon: the "parent-child," and "Chinese immigrant" aspects of the phenomenon. As for the "communication about sexual topics" aspect, I did not assume that such communication occurred or did not occur in these particular dyads – the purpose was simply to explore and understand parent-child communication about sexual topics in Chinese immigrant families, whether such communication occurred or not. The investigation served to uncover or shed light on the reasons for certain familial outcomes regarding communication about sexual topics, including why it may or may not have occurred. Lastly, I wished to include three dyads in which the parents had undergone the Raising Sexually Healthy Children training, and three dyads in which the parents had not experienced the RSHC training so as to determine the perceived influence of the public health intervention on parent-child

communication about sexual topics. As such, I assumed that the RSHC training had some impact or influence on the phenomenon under study.

Despite its many advantages, the case study has been criticized for its lack of representativeness, and its lack of rigour in the collection and analysis of empirical data (Merriam, 2009). The lack of rigour in case study research is linked to the issue of researcher bias that is rooted in the subjectivity of the researcher (Merriam, 2009). According to Merriam (2009), this argument against case study research completely misses the point of undertaking this type of research. Flyvbjerg (2006), as discussed by Merriam (2009), debunks certain limitations or misunderstandings about case study research by providing a more accurate statement about the underlying issue of each misunderstanding. For example, since general knowledge is often thought to be more valuable that context-specific knowledge, case study research is typically criticized for its lack of representativeness or generalizability. Flyvbjerg (2006), however, states that context-dependent knowledge is more valuable given that universals do not exist in the study of human affairs. Similarly, it is often thought that a single case cannot add to scientific development since one cannot possibly generalize from a single case. Again, general knowledge and formal generalizations are overvalued as a source of scientific development; the force of a single example or case is highly underestimated. Third, some researchers believe that case studies serve only to confirm the researcher's preconceived notions. Flyvbjerg (2006) states that there is no greater researcher bias in case studies that in other forms of research. Finally, some have noted that it is difficult to summarize case studies into general propositions and theories; however, such difficulty stems not from the research design, but from the fact that human affairs are context-grounded (Flyvbjerg, 2006). Thus, while some interpret the unique characteristics of case study research as limitations, they certainly proved to be advantageous in this particular study. As Shields (2007) argues, "The strength of qualitative approaches is that they account for and include difference – ideologically, epistemologically, methodologically, and most importantly, humanly. They do not attempt to eliminate what cannot be discounted. They do not attempt to simplify what cannot be simplified. Thus, it is precisely

because case study includes paradoxes and acknowledges that there are no simple answers, that it can and should qualify as the gold standard," (p. 13).

Sample Selection. In this study, I employed a purposeful sampling strategy to recruit study participants. The purposeful sampling in this study may be further differentiated into typical and convenience sampling.

The two basic types of sampling in research are *probability* and *nonprobability* sampling. Probability sampling allows researchers to generalize the results of the sample to the population it is meant to represent. Since qualitative case studies aim not to represent or generalize findings to a greater population, probabilistic sampling is not necessary and may even seem unsuitable in qualitative research. Thus, nonprobability was the sampling of choice in this study. The most common form of nonprobability sampling is *purposeful sampling* – since qualitative researchers aim to gain insight, explore, and understand specific phenomena, it is reasonable to select a sample from which the most can be learned (i.e. information-rich cases that will yield thick results) (Merriam, 2009). As Creswell (1998) explains, it is acceptable to select cases that demonstrate different perspectives on the phenomenon, but it is also acceptable to select ordinary, accessible, or unusual cases. With that, purposeful sampling may be further differentiated among several types, including *typical, unique, maximum variation, convenience,* and *snowball* or *chain sampling* (Merriam, 2009). *Typica*l sampling involved selecting participants to reflect the average person, situation, or instance of the phenomenon. In this study, participants were not necessarily chosen to reflect the "average" Chinese immigrant parent-child dyad because it is difficult to define "average" in this instance. Rather, participants were chosen because they were not necessarily atypical, extreme, deviant, or intensely unusual in any major way (Merriam, 2009). *Convenience* sampling involved selecting participants based on time, location, and availability of sites and respondents. *Snowball* sampling involved locating a few keys participants (recruited by the Toronto Public Health Sexual Health Promoter) who easily met the inclusion criteria, and subsequently asking these participants to refer other potential participants (Merriam, 2009). Due to time restrictions and availability of participants, I relied on

convenience and snowball sampling (initial participants recruited by the Sexual Health Promoter).

Sample Criteria. Since the purpose of this study was to explore and understand parent-child communication about sexual topics in Chinese immigrant families, I investigated six Chinese immigrant parent-child dyads (for a total of twelve participants). It was necessary that all of the parent participants immigrated to Canada from The People's Republic of China, Hong Kong, or Taiwan; however, the child participants could have been either Chinese immigrants or first generation Canadians. Having grown up in one of the aforementioned countries, it was assumed that the parent participants would have adopted or would have been heavily influenced by Chinese cultural and social norms, including parenting style and parent-child communication. As for the child participants, similar to being born in Canada, emigrating from one of the aforementioned countries at a young age is conducive to adopting the cultural and social norms of the host country. Thus, whether the child participants were Chinese immigrants or first generation Canadians, it was assumed that parents and children would differ, to varying degrees, in terms of their cultural and social beliefs/values. Moreover, the process of acculturation may differ not only for parents and children (as previously discussed), but it may also vary from individual to individual. As such, cultural and social differences may exist between parents and children due to the variations in the process of acculturation alone. On a final note, it is important to acknowledge that cultural and social norms may vary within and between the People's Republic of China, Hong Kong, and Taiwan. In order to reduce the cultural and social differences within this study, most participants were selected from the Cantonese-speaking Chinese community in Toronto. Due to difficulties in recruiting participants, one dyad was selected from the Mandarin-speaking Chinese community in Toronto.

As previously discussed, it was not assumed that communication about sexual topics occurred or did not occur in these particular dyads. The purpose of this study was to explore and understand communication about sexual topics in each parent-child dyad, whether it occurred or not. Part of the purpose was to investigate why such communication may or may not have occurred (e.g. parent and child

reservations). Thus, the parent-child dyads were not selected based on their current and/or historical patterns of intra-dyadic communication (general and/or sexual). Again, I wished to include three dyads in which the parents had undergone the RSHC training, and three dyads in which the parents had not experienced the RSHC training so as to determine the perceived influence of the public health intervention on parent-child communication about sexual topics. As such, I assumed that the RSHC training had some impact or influence on the phenomenon under study.

In terms of demographic features, the parent participants could have been any age, and they may have been the mother or the father in the parent-child dyad. The child participants must have been between the ages of 18 and 25, and they may have been the daughter or the son in the parent-child dyad. The age restriction was applied to child participants for two reasons; 1) so as to avoid the need for parental consent, and; 2) those between the ages of 18 and 25 were assumed to better articulate their perspectives compared to younger adolescents. As for length of residence in Canada, no restrictions were applied to any participant, that is, parents and children may have resided in Canada for any length of time. No restrictions were applied to length of residence in Canada for three reasons; 1) the process of acculturation may vary not only with time, but it may also vary from individual to individual; 2) the cases were expected to be unique regardless of differences in acculturation, and; 3) for convenience sampling purposes.

In terms of language and literacy level, all participants must have been able to speak, read, and write at a Grade 4 English literacy level (minimum). Language and literacy level restrictions were applied to all participants so as to avoid the need for interpreters, and also to avoid translation issues. However, due to difficulties in recruiting participants, I had to use an interpreter for one of the dyads. The participant understood my questions asked in English; however, she felt better able to express herself in Cantonese. During the interview, the interpreter immediately translated the participant's responses back to English.

Recruitment Strategy. Similarly to an *ethnography*, which is a description and interpretation of a cultural or social group or system (Creswell, 1998), the purpose of this study was to explore and understand certain aspects of a specific cultural group.

According to Creswell (1998, p. 117), access to study participants in an ethnography typically begins with a *gatekeeper*, "an individual who is a member of or has insider status with a cultural group." As such, the gatekeeper is the initial contact for the researcher and leads the researcher to other informants or study participants.

My thesis advisor, Dr. Miya Narushima, is currently conducting an evaluation study of capacity building in the RSHC program, with specific reference to Chinese, Portuguese, and Tamil communities. One of the evaluation co-investigators, Anda Li, has extensive networks in the Chinese community. Anda works as a Sexual Health Promoter at Toronto Public Health, and through her involvement in the RSHC program, in which she has facilitated several training sessions, she has gained access to key informants. Anda agreed to act as my gatekeeper. She assisted in recruiting three Chinese immigrant parent-child dyads in which the parent had experienced the RSHC program. Since Anda has conducted several RSHC training sessions, she has access to and the ability to recruit past participants. I participated in a one-day training session to build rapport with Anda. This study produced results that have not been included in previous RSHC evaluations, that is, the children's perspectives on the RSHC program. As such, the sexual health promoter is free to use the results as she sees fit for future practice.

As for the three Chinese immigrant parent-child dyads in which the parents did not participate in the RSHC program, I used convenience and snowball sampling recruitment methods. Dr. Narushima contacted a friend who then recruited a cousin to participate in the study. After participating in the study, this participant contacted a friend who also opted to participate. Finally, an employee from St. Stephen's Community House, a Toronto community service agency with a large immigrant and newcomer program, recruited the third non-RSHC dyad. Dr. Narushima advised me to contact this person with whom no prior connection had been made.

The sexual health promoter was asked to produce a list of willing participants (three to five RSHC dyads), including their phone numbers and email addresses. Unfortunately, due to difficulties in recruiting willing participants, the sexual health promoter was unable to produce a larger list of potential participants. As a result, the sexual health promoter was aware of those who opted to participate in this study

because I did not have a large enough list to randomly select dyads; however, she was not aware of the non-RSHC dyad identities. I contacted each participant by email to gain initial consent, and only one participant was unable to speak with me due to conflicting schedules. Ultimately, the sexual health promoter had to recruit a different dyad due to conflicting schedules.

Informed Consent, Compensation, and Participant Withdrawal. With the help of Anda Li, Dr. Narushima, and other key informants, I arranged all individual interviews. I first sent a letter of invitation to the sexual health promoter explaining the purpose and content of the study (the same letter of invitation that was sent to participants, see Appendix D). I called or emailed potential participants to ask for their participation in this study. Once given oral consent by phone or written consent by email, I sent an official invitation letter and informed consent form (see Appendices D and F, respectively). I then contacted consenting participants to arrange interview dates. At least one week prior to the interview date, I emailed participants an interview guide so as to offer a friendly opportunity for reconsideration. In terms of documentary material, I accessed all necessary RSHC documents in June 2010.

Since I worked within the confines of a limited budget, participants unfortunately received no monetary compensation for their time and commitment, which was clearly outlined in the invitation (phone or email) and on the consent form. The invitation, the consent form, and the interview guide clearly explained that participants had the option to withdraw from the study at any point without penalty.

Data Collection

In the present study, there were two methods of data collection (documents and interviews), and one form of data (photo artifacts) that was used as an "icebreaker" at the beginning of each participant interview.

Documents. I began the data collection phase by gathering pertinent documents from the Raising Sexually Healthy Children program (i.e. training manuals). I participated in a similar training session for African immigrants at Toronto Public Health, and had already collected the majority of such documents at this training session in June 2010. The training manual may also be accessed electronically on the Toronto Public Health website. The documents provided

information about the program contents, and how the program was intended to facilitate change within its participants. Having participated in a similar RSHC training session, I was able to gain an understanding of how the program contents were delivered.

According to Merriam (2009), documents may yield descriptive information, verify emerging hypotheses, advance new categories and hypotheses, offer historical understanding, track change and development, and so on. The RSHC documents may have supported existing research findings in the field of parent-child communication about sexual topics, and/or uncovered emerging categories and themes. As such, I was better able to formulate relevant interview questions for the individual in-depth interviews. Moreover, the use of documentary material in qualitative researcher is regarded as stable because the presence of the investigator does not alter what is being studied. Compared to other forms of data, documentary data are "objective" and "unobtrusive" (Merriam, 2009).

Interviews. The qualitative research interview serves to understand the world from the subjects' point of view, to unfold the meaning of their experiences, to explore their subjective realities prior to scientific explanations. It is an active conversation in which the interviewer and interviewee produce knowledge through their unique relationship (Kvale & Brinkmann, 2009). As such, I conducted one in-depth, face-to-face interview approximately 60 minutes in length with each participant (parents and children were interviewed separately). Depending on the participants' preferences, the individual interviews were conducted in their homes, at their workplaces, or at a location of their choice.

The interviews served to gain in-depth narratives about the experiences of Chinese immigrant parents and children in terms of parent-child communication about sexual topics. The interviews were semi-structured with open-ended questions regarding communication content and frequency, parent and child reservations, acculturation differences and intergenerational conflict, and the RSHC training program (see Appendix C for parent and child interview guides). I created two interview guides, one for parents and one for children, that were developed deductively to help identify the pre-determined themes present in the literature, for

example parenting styles, reservations about sexual communication, and so forth. I anticipated that the first set of interviews (one parent-child dyad) would inductively generate emergent categories and themes, and as necessary, I added new questions so as to incorporate the emergent information. This process reflected not only the hermeneutic circle (as described previously), but also a shift from *etic* to *emic* research. The etic approach considers things through the eyes of the researcher. Etic constructs reflect the conceptual schemes and categories that are regarded as meaningful and appropriate by the researcher (Willis, 2007). In this study, the interview guides were based on the pre-existing themes in the literature that were deemed meaningful by the community of scientific observers discussed in the literature review chapter of this proposal, for example parent-child communication about sexual topics, parenting style, and acculturation. On the contrary, the emic approach considers things through the eyes of the members of the culture under study. Emic constructs reflect the conceptual schemes and categories that are regarded as meaningful and appropriate by the members of the culture under study (Willis, 2007). In this study, the emergent categories and themes generated by the successive sets of interviews reflected what was meaningful and appropriate to the Chinese immigrant families and the Chinese community. On a final note, interview guides were sent to participants at least one week in advance (by email or mail) so as to give the opportunity to think deeply about thick, descriptive answers. I conducted, audio-recorded, and transcribed all interviews, and I managed and analyzed all raw data.

Artifacts. In addition to sending the interview guides to participants in advance, I also requested that participants gather two to three family photos that reflected their family dynamics, relationships, culture, and so on, prior to the interview session. At the beginning of each interview session, the participants were asked to bring their photos, and orally describe why they chose particular photos, the importance and meaning of these photos, and so forth (which was transcribed as part of the interview). This activity acted as a sort of "icebreaker" intended to create a more relaxed environment for participants and I to share a conversation. This activity allowed me to gain insight into family dynamics without having to physically observe

family interactions, and allowed me to gain a better understanding of the interview answers to follow. I did not make copies of the participants' family photos.

Data Analysis

According to Merriam (2009), in a multiple case study, there are two stages of analysis – within-case analysis and cross-case analysis. First, each case is treated as a comprehensive case in and of itself so the researcher can identify and learn about the contextual variables that uniquely shape each case. In this study, each case consists of two people, parent and child, interviewed separately by the same researcher. That said, it is important to note that separateness of interviews does not effectuate independence or mutual exclusivity – the dyadic nature of parent-child relationships means they share a joint relationship and history (Eisikovits & Koren, 2010). Separate interviews captured the individual's subjective version within the dyad while enabling the examination of overlaps and contrasts between the individual versions (Eisikovits & Koren, 2010). Overlaps and contrasts are quite complex because they occur on both descriptive *and* interpretive levels. For example, there may be overlap in the description of a specific event, such as a conversation, but there may be differences in the way each partner interprets the identical description – one may assign great importance to the conversation, while the other perceives little significance (Eisikovits & Koren, 2010). Whether descriptions and interpretations overlap and/or contrast, the overarching topics of discussion in each interview are the same, that is, sexual health communication, acculturation and accompanying challenges, parenting style, and so forth. (see p. 44 Research Purpose and Guiding Questions, and Appendix C: Interview Guides).

Merriam (2009) suggests that case study research yields considerable amounts of raw information for which the researcher must find clear and logical ways to organize without becoming overwhelmed. With large amounts of raw data from six separate cases (234 pages of interview transcript at 1.5 line spacing), the clearest and most logical way of representing the information was to essentially allow the study participants to speak for themselves. I constructed six dyadic portraits (one per dyad), between parent and child, by juxtaposing direct quotes from both members of the dyad. The use of direct quotes captured the individual's subjective version within the

dyad, while the juxtaposition of quotes allowed for a clear examination of the overlaps and/or contrasts between the individual versions. The portraits were broken into thematic sections, speaking to the levels of overlap and/or contrast between the individual versions in each section, which ultimately enhances the understanding of the nature of each dyadic relationship (Eisikovits & Koren, 2010). The purpose of each dyadic portrait is three-fold: to create a framework in which overlaps and/or contrasts can be clearly examined, to gain an understanding of the joint relationship and history of each dyad, and to highlight some of the prominent themes in each dyad that are further explored in cross-case analysis (i.e. to show the reader where/how the over-arching themes discussed in cross-case analysis were derived from within-case analyses).

Finally, it is important to note that the synthesis of each portrait directly reflected my interpretation of the individual's subjective version within the dyad, as well as whether/how the individual versions overlap and/or contrast. According to Eisikovits and Koren (2010), "Adding the two individual perspectives provides enrichment through gaining the perspective of the dyad from the researcher's interpretation and synthesis," (p. 1644). By juxtaposing direct quotes from two separate interviews, I ultimately created a simpler context in which the dyadic relationship can be examined. Nevertheless, contextual integrity was maintained at both individual and dyadic levels. At the individual level, for example, if a participant referred to a sibling by saying, "we talked a lot," I would not analyze this response in reference to a parent. At the dyadic level, quotes were juxtaposed only if both members of the dyad spoke of the same topic or event, for example, describing the relationship between them. The descriptions and interpretations may overlap and/or contrast, but the topic under discussion is the same for both members.

Once the analysis of each case was complete, I began cross-case analysis. A qualitative, inductive, multicase study seeks to build themes and categories across cases, and although particular details may have varied within each case, I attempted to build general explanations that fit across cases (Merriam, 2009).

Hermeneutics as a Data Analysis Strategy. The hermeneutic approach strives for meaning or understanding in context. Hermeneutics as a data analysis

strategy is best described in terms of the *hermeneutic circle*, which illustrates the process of going back and forth between the topics of study, the context, and the researcher's interpretation or understanding (Willis, 2007). The process began with my pre-existing understanding of parent-child communication about sexual topics in Chinese immigrant families, acquired via literature review. I built on my pre-understanding by inductively *open-coding* the RSHC documents, which may have supported pre-determined themes or uncovered emergent themes. Open-coding simply refers to reading the relevant RSHC documents, highlighting key words or phrases, and jotting notes, comments, observations, and queries in the margins that struck me as interesting, potentially relevant, or important to the study. In doing so, I identified units of data, which were segments of data that were responsive to the research questions, that is, units of data were potential answers or part of answers to the research questions (Merriam, 2009). After working through the entire document, I went back over the marginal notes and codes, and grouped those notes and codes that seemed to belong together. This process of grouping open codes involved my interpretation and reflection on meaning, and it is often referred to as *axial coding* (Merriam, 2009). Upon completion of category construction via document coding, I developed the interview guides based on pre-determined themes derived from the literature and potential emergent themes derived from the documentary material.

After conducting and transcribing the interviews of the first case (one parent-child dyad), I open-coded the transcripts, and searched for pre-determined themes present in the literature (e.g. typical Chinese parenting style, effects of acculturation on parent-adolescent sexual health communication etc.), and emergent themes that were not necessarily present or prominent in the literature. I then used *axial coding* to construct categories, which involved interpreting and reflecting on the meaning of open codes so as to group those that seemed to belong together in an over-arching category. This initial analysis phase was very basic, and yielded tentative findings that needed to be revised or reconfigured during the second, more in-depth analysis phase. As such, I needed to update the interview guides by adding new questions. It is important to note that editing the interview guides did not involve deleting old questions; it simply involved adding new questions so as to incorporate emergent

themes. Once the interviews of the second case (second parent-child dyad) were conducted and transcribed, I coded the second set of transcripts (in the same fashion as the first set of transcripts) for pre-determined and emergent themes, and again added new questions based on emergent information. By adding new questions to the interview guides after each round of interviewing, I created an opportunity to detect patterns or regularities between cases, from which tentative themes were derived. I explored these tentative themes in subsequent rounds of interviewing, and finally ended with general conclusions. This inductive process continued in this manner until all twelve interviews (all six cases) were conducted and transcribed. This particular data analysis strategy reflected the hermeneutic circle and the process of going back and forth between the topics of study, the context, and my interpretation or understanding (Willis, 2007).

All individual interviews were further analyzed during the second, more in-depth analysis phase. This phase involved merging categories across interview transcripts to create over-arching themes and categories. This merging of categories reflected *cross-case* analysis that allowed me to compare and contrast the data from individual cases. I then derived a tentative category scheme in which each unit of coded data (or evidence supporting the category scheme) was sorted into their respective categories. This was done using tables in Microsoft Word. To find further evidence supporting the category scheme, I conducted a second literature review on the emergent themes derived from the present study. Next, I renamed all of the categories to reflect what I "saw" in the data. The categories were responsive to the purpose of the study, exhaustive, mutually exclusive, exacting in capturing the meaning of the phenomenon, and conceptually congruent (Merriam, 2009). The process of in-depth data analysis continued until I felt that all of the aforementioned category characteristics had been satisfied (see Appendix E Analysis Matrices Samples for transcripts with open coding, tables with axial coding, and theme lists with categories).

The final level of data analysis was *theorizing*, that is, making inferences, developing models, or generating theories. According to Merriam (2009), there are many challenges to making inferences about the data; however, the researcher should

try to link conceptual elements in a meaningful way. One of the best ways to do so, according to Merriam (2009), is to visualize how the categories work together, which may lead to the development of a *model* (a visual presentation of how abstract categories relate to one another). I presented the findings of this study in the form of a diagram that allows the reader to visually grasp relevant information (see Figure 2).

Trustworthiness

In any form of research, whether quantitative or qualitative, the researcher must satisfactorily demonstrate the rigour and quality of the study. In this study, I increased the credibility of the study findings by employing triangulation strategies, reflexivity journaling, member checking, peer debriefing, thick descriptions, and audit trails.

In quantitative studies, researchers consider the postpositivist (quantitative) criteria of *believability*, which includes *internal validity*, *external validity*, *reliability*, and *objectivity* (Rolfe, 2006). According to Guba and Lincoln (1989), some researchers believe that qualitative research should approximate postpositivist terminology. Guba and Lincoln (1989), however, have paralleled the conventional postpositivist criteria and developed the constructivist criteria of *trustworthiness*, which includes *credibility*, *transferability*, *dependability*, and *confirmability*. The following section describes how I satisfied each trustworthiness criteria.

Credibility. *Credibility* parallels the postpositivist ideal of *internal validity*, which reflects the strength of a study's conclusions or inferences. From a qualitative perspective, credibility involves establishing that the results of a qualitative study are credible from the perspective of the research participant (Trochim, 2006). According to Guba and Lincoln (1989), *member checking* is the most critical technique in establishing credibility. Member checking involves referring back to the participants, in the data collection and analysis phases, to refine the research conclusions (Willis, 2007). In this study, participants were "checked" upon completion of interview transcribing. Member checking after data collection allowed the participant to confirm what had been transcribed, or to change or clarify what had been transcribed if he/she felt that I had not fully captured what was meant to be said by the participant during the interview. Each participant was emailed a copy of his/her individual

transcript, and was asked to review the transcript so as to ensure that the research remained true to the ideas of the participant.

Another critical technique in establishing credibility is *peer debriefing*, which involves frequent consultation with a group of fellow researchers throughout the data collection and analysis phases. In this study, I frequently and consistently consulted with my thesis advisor (Dr. Miya Narushima), and the members of my advisory committee (Dr. Kelli-an Lawrance and Dr. Tim Dun) regarding the process and content of research. Peer debriefing provided an opportunity to critically view the research process and content, particularly when the research became progressively more subjective during the analysis phase. The opinions and suggestions of peers served to strengthen the research process, content, and ultimate credibility.

A third and final technique to ensure credibility in this study is *triangulation* or using interviews and documents as multiple sources of data. Triangulation was first borrowed in the social sciences to convey the idea that more than one source of information is needed to establish a fact. According to Willis (2007), *methodological triangulation* involves confirmation across three different data collection methods. The rationale for this strategy is that the flaws of one method are often countered by the strengths of another, and combining methods means the researcher can achieve the best of each, while overcoming their unique flaws. By using multiple sources of data in this study, I checked and compared sources for similarities and differences.

Transferability. *Transferability* parallels the postpositivist idea of *external validity*, which reflects the generalizability and representativeness of a study's results (Willis, 2007). From a qualitative perspective, transferability refers to the degree to which study results can be transferred to other contexts or studies. The main technique in establishing transferability is thick description of the research context and of the assumptions that are central to the research (Trochim, 2006). In this study, I recorded as detailed a description as possible of the time, place, context, participant, and culture under study. Based on an extensive literature review, I created a detailed framework of the social context and culture under study. I recorded further details in the analysis phase as new information emerged. In doing so, other researchers may thoroughly assess the findings and conclusions of this study, and they may also

determine whether or not they may be transferred to other studies, settings, or contexts. According to Trochim (2006), the researcher who potentially wishes to transfer study findings to a different context is responsible for judging the sensibility of the transfer.

Dependability. *Dependability* parallels the postpositivist idea of *reliability*, which reflects the replicability or repeatability of a study. From a qualitative perspective, dependability refers to the need for the researchers to account for the ever-changing context within which the research takes place (Trochim, 2006). According to Guba and Lincoln (1989), dependability is best achieved by documenting the logic and reason for decisions made throughout the research process. More specifically, the *audit trail* describes in detail how data were collected, how categories were derived, and how decisions were made throughout the research process (Guba & Lincoln, 1989; Merriam, 2009). In this instance, I kept a *reflexivity journal* in which I recorded memos on the process of conducting research as it unfolded. I included reflections, questions, and decisions made with regard to problems, issues, or ideas encountered in the data collection phase. According to Guba and Lincoln (2005), *reflexivity* is the process of reflecting critically on the self as the researcher. It is a conscious, subjective experiencing of the self – coming to know the self within the process of research. Reflexivity forced me to be cognizant of my pre-existing assumptions, and how those assumptions influenced choice of research inquiry and final report (Guba & Lincoln, 2005). Accordingly, I further recorded personal assumptions, expectations, and values, and how such subjectivities may have influenced data collection, analysis, and final report.

Confirmability. *Confirmability* parallels the postpositivist idea of *objectivity*, which reflects the objective interpretation of data. From a qualitative perspective, confirmability refers to the degree to which others can confirm study results – it reflects the confirmation of the researcher's interpretations (Trochim, 2006). According to Guba and Lincoln (1989), confirmability can be established using a multitude of techniques, including member checking, tracking of raw data, tracking of contradictory observations, interview summaries, and so forth. As previously described, I employed member checking and audit trails. Member checking upon

completion of data collection and interview transcription ensured that I remained true to the ideas of the participants distorted. The audit trails ensured that data collection and analysis gaps/omissions were avoided. As such, an arbitrary party may confirm the trueness of the data and resulting interpretations.

Authenticity. Many qualitative researchers are not content with simply satisfying the constructivist criteria of trustworthiness. Since qualitative research is based on different assumptions and a different worldview than conventional postpositivist research, many argue the necessity of employing additional criteria in assessing qualitative research (Merriam, 1988). According to Guba and Lincoln (1989), relying solely on criteria that speak to methods, as in the constructivist criteria of trustworthiness, creates a gap between the researcher and the rights of the participants. As a result, they developed *authenticity criteria* that are based on the issue of participants' rights and ethics. The authenticity criteria applicable in this study are *fairness*, and *ontological authenticity*. Since Guba and Lincoln's (1989) authenticity criteria encompass the issue of participants' rights and ethical considerations, fairness and ontological authenticity are best described in terms of ethics.

Ethical Considerations

The first ethical issue involved the relationship between the sexual health promoter and the research participants. Since she is actively involved in the RSHC program and Toronto Public Health, potential participants might have felt obligated to participate, or pressured to express only positive experiences so as to maintain support from the RSHC program, Toronto Public Health, and other collaborative partners. In order to counter feelings of obligation, the invitation to participate (by phone or email) and the consent form emphasized that participation was strictly voluntary and confidential, and that participants may have withdrawn from the study at any point. In terms of confidentiality, I maintained strict confidentiality of participants throughout the research process by keeping all interview audiotapes and transcripts private (i.e. only the research team and I had access to such information). Only I listened to the audiotapes, and viewed the interview transcripts (as well as respective participants). To protect anonymity of participants in the interview

transcripts, each were assigned a pseudonym. Only I knew the true identity of the assigned pseudonyms. I documented who was assigned which pseudonym, which were destroyed upon completion of the study. In terms of withdrawal, participants were informed that withdrawal and/or non-participation would not affect future services or support from the RSHC program, Toronto Public Health, and other collaborative partners.

The second ethical consideration involves the *authenticity* criterion of *fairness*, which reflects the idea that all stakeholder views, perspectives, claims, concerns, and voices should be apparent in the text. According to Guba and Lincoln (2005), omission of participants' voices demonstrates a form of bias regarding representation of voice. Fairness is the deliberate attempt to prevent marginalization, and to actively ensure that all stakeholder voices are represented fairly and with balance in any texts. In this study, member checking ensured that the research was true to the participants' ideas. In order to locate the participants within the research texts, I used direct quotes in reporting the study findings. The direct quotes highlighted who was speaking, for whom, to whom, and for what purpose (while honouring anonymity). The struggle with the voice issue was determining how to present the author's voice while simultaneously presenting the participants' voices (Guba and Lincoln, 2005). In order to achieve *voice*, I employed reflexivity and narrativity methods throughout the writing process. As previously discussed, *reflexivity* is the process of reflecting critically on the self as the researcher. It is a conscious, subjective experiencing of the self – coming to know the self within the process of research. Reflexivity forced me to be cognizant of my pre-existing assumptions, and how those assumptions may influence choice of research inquiry and final report (Guba and Lincoln, 2005). I further recorded personal assumptions, expectations, and values, and how such subjectivities may have influenced data collection, analysis, and final report. As such, reflexivity located the author's voice within the text. As for locating the participants' voices within the text, I included direct quotes from the hermeneutic narratives derived from data analysis.

The third and final ethical consideration involved *reciprocity*, which assumes that the researcher and the participant come together as equals. This equality does not

imply that both have the same qualities, but that both respect research as a means to give and gain something (Marshall and Rossman, 2006). In this study, I aimed to *gain* understanding, and also to *give* understanding. As such, reciprocity is best described in terms of the authenticity criterion of *ontological authenticity*, which refers to the extent to which participants' emic constructions are improved, matured, expanded, and elaborated – participants possess more information and become more sophisticated in its use. Put simply, ontological authenticity is the improvement of the participants' conscious experiencing of the world (Guba and Lincoln, 2005). By taking part in this study, participants had the opportunity to reflect, and directly voice their thoughts and concerns regarding comprehensive family sexual health education, and the RSHC program. Moreover, the final report was made available to all interested participants upon total completion of the study. Through participation and information dissemination, participants may reassess their own experiences, and ultimately enhance their own awareness of the context in which they find themselves.

Chapter 4: Results

The purpose of this chapter is to represent the ideas of study participants about parent-child sexual health communication by organizing the data into distinct themes. For the most part, I highlight one theme for each of the three main research questions in each case, for a total of three themes per case (themes may not be exactly the same in each case). For each main research question in each case, I chose the theme that I thought best "answered" the research question (according to my interpretations of participant perceptions). In some cases, however, the data did not yield themes related to all three of the main research questions. For example, some cases may have had three themes related to the first research question, while other cases may have had two themes for the first question and one theme for the second question. Regardless, I decided to highlight the same number of themes in each case (three) so as to maintain consistency across cases, and also to provide the reader with equally detailed portraits of each dyad. Finally, some cases yielded emergent themes that did not relate to any of the research questions, and I did not include or highlight these themes in the

Results section if I felt they did not "answer" any of my research questions in any way, shape, or form (e.g. differences in financial habits between siblings).

The data were collected using: 1) twelve in-depth qualitative interviews, and 2) document analysis of the 1999 Raising Sexually Healthy Children Parent/Caregiver Workshop Manual. The interviews were conducted from early January of 2011 through early April of 2011, while the RSHC Manual was acquired in June of 2010. In all, I conducted twelve separate interviews from six parent-child dyads, including six parents (five mothers and one father) and six children (three daughters and three sons). Three of the dyads included a parent who participated in the RSHC program (mother-daughter, mother-son, and father-son). Demographic information of study participants, including gender, pseudonym, age, birthplace, number of years in Canada, number of children, and participation in the RSHC, are represented in Table 1 below.

This chapter is organized into two major parts: within-in case analyses, and cross-case analysis. The within-in case analyses are composed of six dyadic portraits that highlight and link the three prominent themes of each dyad, and the cross-case analysis outlines core themes and sub-themes related to each research question and associated sub-questions (see p. 44). Before proceeding, it is important to emphasize three points. First, in asking participants to recall past sexual health communication, I did not require participants to limit their responses to certain timeframes (e.g. occurrences of sexual health communication from ages 7 – 12). As such, participants were free to define "past sexual health communication" however they saw fit, which sometimes included recent events, but I asked participants to specify the timeframe to which they were referring. Second, in cross-case analysis, I did not compare non-RSHC dyads to RSHC dyads before *and* after parents' participation in the program. Comparisons across cases were made on an overall, general level because timeframes were inconsistent across cases and within dyads. However, the RSHC dyads (both parents and children) were asked to compare sexual health communication *before* the parents' involvement in the program to sexual health communication *post-program*. Third, the RSHC Parent/Caregiver Workshop focuses on family-based sexual health education for children aged 0 – 12. However, in some instances, the ages of children

when parents participated in the RSHC program could not be exactly pinpointed due to potential inaccuracy of memory on an individual level, divergence of perception between parent and child, or a combination of both. For example, Cindy, a mother, remembers taking the program when her daughter, Anna, was 14 or 15, while Anna remembers being between 18 and 20 when Cindy participated in the program. Elaine, another mother, recalls participating in the program when her son, Jim, was 10, while Jim has no recollection of Elaine's RSHC involvement whatsoever. In the third dyad, however, both father and son, Paul and Mark, recall Paul's RSHC participation when Mark was 14. Ultimately, only one of the three RSHC dyads was within the 0 – 12 target ages.

Table 1. Participants' Demographic Information

Dyad	Pseudonym	Age	Birthplace	Yrs in CND	# of Children	RSHC
Mother	Wanda	49	Hong Kong	20	2	N
Daughter	Sophia	23	Singapore	20	-	-
Mother	Cindy	46	Hong Kong	22	3	Y
Daughter	Anna	23	Hong Kong	22	-	-
Mother	Sue	55	Hong Kong	23	1	N
Daughter	Victoria	20	Canada	20	-	-
Mother	Elaine	50	Hong Kong	14	5	Y
Son	Jim	20	Hong Kong	14	-	-
Father	Paul	56	Hong Kong	22	2	Y
Son	Mark	25	Hong Kong	22	-	-
Mother	Jen	46	China	10	1	N
Son	Ryan	21	China	10	-	-

Within-Case Analyses: Dyadic Portraits

Each case is treated as a comprehensive case in and of itself so that I can identify and learn about the contextual variables that uniquely shape each case. In this study, each case consists of two people, parent and child, interviewed separately by the same researcher. The cases are ordered as follows: Wanda and Sophia, Cindy and Anna, Sue and Victoria, Elaine and Jim, Paul and Mark, and Jen and Ryan.

Case 1: Wanda and Sophia. The following portrait highlights the three prominent themes (personality clash, generational culture differences, and sexual health communication) that manifested upon cross comparison of Wanda and Sophia's individual responses. Each theme is discussed individually, and all three themes are linked in the portrait's summary. Wanda, 49, is the mother, and Sophia, 23, is her daughter.

Personality Clash. The first section speaks to the personality differences between Wanda and Sophia that ultimately hinder open two-way communication. For *both* members, the quotes used in this section correspond to the following topics: getting along/arguing, personality differences, general communication between them (currently and as Sophia was growing up), and culture differences. This thematic section demonstrates overlap on the descriptive level, and contrast on the interpretive level.

Sophia:
We get along; we just have to cope with each other's flaws sometimes. My mom is really anal-retentive, always repeats everything, and it gets kind of annoying [laughs]… [I am the] Total polar opposite; if it doesn't have to be done now, I'll do it later. [For Wanda] Things have to be done now, not later, so she's always doing something, never taking a break, but she would complain about not having a break.

Wanda:
I think we talked a lot… I think it [communication] was pretty open... but sometimes I disagree with her way of doing things… I like to organize stuff… I am a very detailed person, but for her, she's more like a free-spirit type of person. She can do stuff last minute, but for me, I will plan ahead… That's why sometimes I'm a little bit jumpy at her… So, there is some type of personality clash there… not so much culture [differences].

Sophia:
There are some things that, honestly, we can't talk about just 'cause we share different views, and sometimes, I just have to agree, but secretly disagree with them [parents]… You know, when it comes to those cultural discussions, I don't find them to be that open-minded… I'd have to say, like, my views on a lot of things are more open-minded than theirs. They're a bit more prudish and uptight…

Both mother and daughter acknowledge the personality differences between them, and both provide relatively similar descriptions of their own personalities as well as that of the other. Moreover, both acknowledge that such differences have been

a source of conflict between them. On the interpretive level, however, they give contrasting interpretations of the other's personality. Sophia further characterizes her parents as prudish, uptight, and less open-minded when it comes to cultural discussions. In this instance, Sophia links differences in personality to differences in culture: these particular parental personality traits stem from their cultural background, from which Sophia separates herself. For Sophia, the personality clash (open-minded vs. close-minded), stemming from culture differences, limits the number of topics that can be discussed peacefully, and the degree to which Sophia can express herself openly. To avoid conflict, Sophia agrees with her parents on a superficial level, while maintaining opposing ideas internally. Ultimately, this is Sophia's way of coping with what she perceives as her mother's character flaw, but avoiding conflict may also be indicative of a cultural norm. Wanda, however, perceives her communication with Sophia as pretty open despite their personality clash. She does not perceive any generational culture differences, let alone how they may affect communication between them. In actuality, Wanda may be open in her communication with Sophia, but the openness is not two-way. Wanda has little, if any, awareness of her daughter's perceived need to suppress her own ideas in order to appease her parents.

Generational Culture Differences. The second section speaks to the perceived culture differences between Wanda and Sophia that result in divergent views about sex. For *both* members, the quotes used in this section correspond to the following topics: Sophia's values, Wanda's values, and cultural influence. This thematic section demonstrates overlap on the descriptive level, and contrast on the interpretive level.

Wanda:
She says, "Mom what are you thinking about me? Do you think I like casual sex? No, I'm saving it for my husband…" …So, I find that Sophia is not like some people (they can easily go to bed with a guy that they don't know well). I don't think she ever, actually, go to bed with a guy now… That's my belief. So, she's very careful, and she knows the values about that…

Sophia:
They are also very conservative and don't believe that girls should ever "play" around. Their culture usually favours males more than females, so [females] have to

be more protected or else her value as a wife will depreciate if she gets around. That's how they think, but that's not how I do for sure... My dad is always like, "You can't date until you finish university… If you do date, and something happens (if I get knocked up), we're not paying for your school or tuition."

Both parties provide a similar description of "traditional" Chinese norms and values pertaining to sex; namely, delaying dating until completion of school, and abstaining from sex until marriage. Contrast, however, manifests on the interpretive level. It is obvious that Wanda identifies with and is supportive of these "traditional" virtues, and she is quite confident that Sophia follows the same moral code. For Wanda, it is almost a given that Sophia's values, shaped by religion and culture, have dictated her sexual decision-making and behaviours (i.e. she is still a virgin). Sophia neither supports nor denies that she is a virgin, but she makes it quite clear that she and her parents do *not* share the same values. In saying "their culture," Sophia separates herself from her parents in terms of culture and values, since culture seems to heavily shape values. As a result, she perceives herself as having a completely different way of thinking than her parents. Wanda's response, however, suggests that she is unaware of the generational dissonance (dissimilar levels of acculturation) between her and Sophia.

Sexual Health Communication. The third section speaks to the perceived differences in sexual health communication between Wanda and Sophia. For *both* members, the quotes used in this section correspond to the following topics: content of sexual health communication between them, and initiation of sex-specific conversations. This thematic section demonstrates overlap on the descriptive level, and contrast on the interpretive level.

Wanda:
…come to the specific topic on sex, we seldom really go in as a subject to talk about…. sometimes I just told her just take the precaution, be careful, don't get pregnant... I don't know, maybe she finds that it is hard to bring up the subject [sex] to us. I'm very comfortable about bringing up [sexual health]. If they want to talk, I can go, talk further, but if they want to stop the conversation, that's what I do…

Sophia:
Nothing was ever serious. The subject just ends in, "Don't do it." That's their reply to everything, so I never felt that I could really get a full answer from them… If I ask, they're just going to think that I'm curious, and curious is never really a good thing

to them because they'll assume that I'm going to do it… They are also afraid to tell me; I guess they would feel embarrassed to answer them [questions].

Wanda explains that she advised her daughter to take precaution, be careful, and avoid pregnancy, but she admits that she and Sophia rarely spoke specifically about sex. Similarly, Sophia recounts that, in sexual health communication, her mother's only message was "don't do it" and avoid "getting knocked up." Moreover, both acknowledge that Sophia rarely, if ever, initiated sex-specific conversations. On the interpretive level, however, they have contrasting ideas as to: what constitutes "full" parent-child sexual health communication, and why Sophia did not initiate sex-specific conversations. For Wanda, she fulfilled her "part as a parent" in sexual health communication by simply "reminding" Sophia "to be careful" in certain situations. On the contrary, Sophia perceives this message as unserious and superficial. Wanda's message may have been received and retained by Sophia, but they did not meet her expectations. Not feeling like she could get full answers from her mother is, in part, why Sophia did not ask sex-specific questions. In addition, Sophia felt that her parents would become suspicious or accusatory if she were to ask questions, yet she also considers that her parents might be afraid or embarrassed to answer her questions (which added to the feeling of not getting full answers). In terms of initiation, Wanda claims to feel comfortable in bringing up sexual health, but she puts the onus on Sophia to guide and continue the conversation. For this dyad, there is an obvious disconnect between perceived parent and child roles in sexual health communication.

Summary. Wanda and Sophia acknowledge that personality differences are a source of conflict in their relationship. However, Sophia believes that conflict stems also from generational culture differences, since personality is shaped, in part, by culture. For Sophia, separateness of culture results in divergent views, values, and ways of thinking that ultimately limit the number of topics that can be discussed peacefully (including sex) and the degree to which she can communicate openly with her parents. Wanda may communicate openly with Sophia, but she is unaware that the openness is not two-way. Since Sophia feels restricted in general communication, it is not surprising that she does not engage in more sensitive, sex-specific conversations with her mother. Again, Wanda believes that her sexual health communication with

Sophia is open, but she is unaware that Sophia perceives her mother's messages as unserious and superficial. Despite their divergent interpretations, it is clear that mother and daughter get along and care about one another – both members verbalize their care for one another, and Sophia's avoidance of conflict demonstrates her consideration and respect for her parents.

Case 2: Cindy and Anna. The following portrait highlights the three prominent themes (personality match, Chinese parenting, and sexual health communication) that manifested upon cross comparison of Cindy and Anna's individual responses. Each theme is discussed individually, and all three themes are linked in the portrait's summary. Cindy, 46 is the mother, and Anna, 23, is her daughter.

Personality Match. The first section speaks to the personality match between Cindy and Anna, and how it has ultimately produced a close bond and open two-way communication. For *both* members, the quotes used in this section correspond to the following topics: their closeness, personality similarities, Cindy's acculturation challenges, and general communication between them. This thematic section demonstrates overlap on both descriptive and interpretive levels.

Anna:
I'd say that I was very close with my parents. Not to brag, but I think I was a relatively good child, compared to my brother and sister at least [laughs]… my mom's personality and my personality are the most similar out of the three of us… As I got older, I became closer to my mom especially because her own family was back in Hong Kong; she didn't have very many friends because she was a housewife… she would share any of her problems with me, and she trusts me… I think for my mom, she feels that I'm probably someone to rely on, which is why she actually chooses to talk to me about her problems or anything that's on her mind.

Cindy:
Yeah, she is the best among the three children… she is the closest child to me... I couldn't meet any people because I always stayed home… a lot of my surrounding area was foreign-language people, so I felt kind of lonely… We always talk because Anna is very, very talkative. She can talk [about] anything all the time, so it's okay for us to communicate.

Both Cindy and Anna identify the similarity of their personalities, their close bond, and their ability to communicate openly with one another. They also provide overlapping interpretations as to why they share a close relationship with open

communication. They interpret their relationship and communication as resulting, in part, from their similar personalities (talkative, mature, reliable, and trusting). For both members, the close relationship is also a result of certain acculturative challenges faced by Cindy, that is, difficulty socializing/making friends and language barriers. As she got older, Anna filled the social gap in Cindy's life, which solidified the bond between them. The personality match in this case has produced a close relationship based on understanding, trust, and mutual respect, which is an excellent forum for open two-communication.

Traditional Chinese Parenting. The second section speaks to the similarities in how Cindy and Anna perceive aspects of traditional Chinese parenting. For *both* members, the quotes used in this section correspond to the following topics: traditional Chinese parenting, Cindy's parenting style, and rule setting by Cindy. This thematic section includes overlap on both descriptive and interpretive levels.

Cindy:
I treat them [children] like a friend, but my parents don't treat me like a friend. They were always superior (hierarchy); I can't reject anything from them. I have to listen… I want them [children] to do what I say because I don't want them to make the same mistakes I came across… but they don't listen to me like I listen to my parents.

Anna:
I'd say they [parents] were pretty strict… Even through high school, I wasn't allowed to go to sleepovers… as long as there was a male in the house [at the sleepover], they didn't want me to go… but for my brother, because he was a guy, they eventually let him go to sleepovers… that's a bit of a Chinese, conservative way of thinking where we do treat boys a bit different from girls… They feel a bit more protective of girls, but for my parents, it's probably just because they're protective of their own children [not traditional Chinese mentality]… I wouldn't say they were overly strict; maybe just more 'protective' is the word to use.

Both members identify and describe certain norms of Confucianism and traditional Chinese parenting. Cindy describes filial piety, an unquestioned obedience born of hierarchical respect for her parents, and Anna recalls a differential treatment of genders that has been historically observed in Confucian ideology. Both members have a similar idea as to what constitutes traditional Chinese parenting according to Confucianism. Similarly, mother and daughter share parallel interpretations of

Cindy's parental intentions. Cindy finds protective value in filial piety because, in her opinion, it prevents children from making the same mistakes as their parents. She admits that she has taken a different approach from her parents, but this is an aspect of traditional Chinese parenting that she would have liked to apply to her children. Upon consideration of her parents' rule setting, Anna recognizes that their perceived strictness was actually protectiveness born of care and concern for their children (not differential treatment of genders congruent with "traditional Chinese mentality").

Sexual Health Communication. The third section speaks to how Cindy's participation in the RSHC Program affected her relationship and sexual health communication with Anna. For *both* members, the quotes used in this section correspond to the following topics: Cindy's thoughts about sexual health communication (before and after RSHC), how RSHC affected their relationship and communication, and differences in Cindy post-RSHC. This thematic section includes overlap on both descriptive and interpretive levels.

Anna:
…she was more open to the subject [sex]. I don't know if it was something she always wanted to talk about or if it was [RSHC] that made her start thinking about the topic… [After RSHC] I don't think she used an approach specifically; she just sought my advice about better ways to be open with my siblings and I… She spoke to me more openly about it… I think another door opened between us… Just knowing that I can be open with her about this topic makes me feel more comfortable. Having her initiate the conversation definitely makes me feel more comfortable in bringing up the subject at any point in time.

Cindy:
I always wanted to talk to them on this topic because this is, when you grow up, the main subject you have to know, especially for health and safety… I always want to talk to them, but I have to learn the way to talk to them… [After RSHC] I think we have better communication and we can talk more because if this is kind of an embarrassing topic and we can talk about it, we can talk about anything… They [RSHC] trained me to open up, especially on this topic… If I can talk to my children, when they want some help, they can come to me.

The dyadic communication about dating and relationships was relatively open before Cindy participated in the RSHC program; however, they rarely talked specifically about sexual health. Both members described how their sexual health communication became more open and less embarrassing after Cindy's participation

in the program. Moreover, they allude to Cindy's training and learning processes associated with the program (i.e. learning how to be open and willing to talk about sex, and determining the best approach to communicate openly with the children by consulting and involving the children themselves). Cindy and Anna also provide overlapping interpretations of the RSHC's influence on their overall relationship and communication. Cindy believes that talking openly with her children will foster an open and comfortable environment, build trust, and ultimately encourage her children to be reciprocally open. Similarly, Anna explains that Cindy's openness and initiation of this type of conversation makes her feel that she too can be open and initiate sexual health communication comfortably. Finally, both perceive their increase in openness and comfort in communicating with one another as having also deepened their relationship: "another door opened" between them.

Summary. Cindy and Anna acknowledge that their close and open relationship is due largely to their personality match. For both members, their mutual understanding of one another bred a friend-like relationship conducive to open and comfortable two-way communication. Moreover, this dyad does not display generational culture differences, as observed in the first dyad. Again, they seem to have a mutual understanding of traditional Chinese parenting/mentality and how generational culture differences could *potentially* influence their relationship, but both perceive Cindy's parental decision-making as being motivated by care, concern, and a need to protect her children. In short, their personality match and generational consonance (similar levels of acculturation among family members) allows for a close, friend-like relationship conducive to open two-way communication, which ultimately increases the likelihood of open parent-child sexual health communication. According to this dyad, Cindy's participation in the RSHC program served as the catalyst that deepened the dyad's sexual health communication and their overall relationship.

Case 3: Sue and Victoria. The following portrait highlights the three prominent themes (personality differences, traditional Chinese parenting, and sexual health communication) that manifested upon cross comparison of Sue and Victoria's individual responses. Each theme is discussed individually, and all three themes are

linked in the portrait's summary. Sue, 55, is the mother, and Victoria, 20, is her daughter.

Personality Differences. The first section speaks to the main personality difference between Sue and Victoria that ultimately hinders open two-way communication. For *both* members, the quotes used in this section correspond to the following topic: lack of general communication between them as Victoria was growing up. This thematic section is unique because it demonstrates overlap on the descriptive level with inconclusiveness on the interpretive level.

Sue:
We don't talk a lot… I think it is personality [differences]. That's what I believe… She's not a very open person to start with (unlike me, I talk a lot). She's more like my husband, very reserved, but she's actually very observant. I noticed that because, in the car, my husband and I always have conversations, and she would jump in and ask questions, but she wouldn't provide her opinion though… she listens… I ask her, "So, how are things?" [She says] "Good." There's no elaboration… She doesn't say much.

Victoria:
[We talked a lot] When I was younger maybe, but not so much in high school…

The overlap on the descriptive level is simple and brief: both mother and daughter admit that they did not talk much as Victoria was growing up. On the interpretive level, however, results are more complicated. While Sue describes herself as a talkative person, she perceives the lack of general communication between them as due largely to Victoria's quiet and reserved demeanor. According to Sue, open two-way communication with Victoria is difficult because she is a closed person who prefers the listener role in a conversation. It is difficult to decipher Victoria's interpretations because, as her mother explains, "she doesn't say much." It is obvious that Victoria is an intelligent and perceptive person; however, she does not elaborate or provide insight into why she and her mother did not talk much as she was growing up. While it would be unfair to make inferences about Victoria's interpretations, the nonverbal subtext of her interview leads me to consider the plausibility of Sue's interpretations (i.e. despite the talkativeness of one person, it is difficult to engage in open two-way communication when the other person is a reserved and quiet listener). These particular personality differences may preclude open two-way communication,

but this does not necessarily classify as a personality clash because these differences are in fact complementary (which ultimately explains why Sue and Victoria get along despite their communicative issues).

Traditional Chinese Parenting. The second section speaks to the similarities in how Sue and Victoria perceive traditional Chinese parenting, especially in terms of Victoria's academics. For *both* members, the quotes used in this section correspond to the following topics: Victoria's academics, and traditional Chinese parenting. This thematic section demonstrates overlap on both descriptive and interpretive levels.

Sue:
I always say sometimes she's too picky on herself. I remember, when she was young, she went to the Chinese school, and for some reason she could never grasp those Chinese words. So, every time she had a test, she would scramble, panic, and I talked to the teacher, I said, "I want her to come and learn to speak and read a little bit. I never put pressure on her, she puts the pressure on herself."… At one point, because we talk about the expectation on academics, I said, "Victoria, do you feel like I put pressure on you?" She said, "No, you're not the traditional Chinese parent." I give her guidelines, I said, "This is what you do, these are your options. You have to balance."

Victoria:
My parents are actually pretty chill…a lot of my friends in high school have immigrant parents, and that's how I found how non-immigrant my parents were… While I do not agree with her views [Amy Chua], I see some of my friends' parents as "tiger mothers." When I say my parents are "non-immigrant," I mean they are opposite of this Chinese mother. My mom let me attend sleepovers, be in a school play, watch TV, play on the computer, choose my own extracurricular activities, get any grade less than an A (although I would force this upon myself, I'm sure I wouldn't have been punished or yelled at if I did get less than an A)… I think there's a lot more pressure from myself to do well than from them.

Both members identify and describe traditional Chinese norms associated with academics. Sue describes how she did *not* pressure Victoria to do exceptionally well in school, which is atypical in traditional Chinese parenting. In fact, this parent says, Victoria is extremely critical of her own academic success. Similarly, Victoria admits that she pressures herself to do well in school more so than her parents. Victoria sets certain academic standards for herself, but her parents find no cause for punitive action if these standards are not met. Similarly, mother and daughter share parallel interpretations of Sue's parental intentions. Victoria perceives her parents as "non-

immigrant" in that they did *not* expect anything less than academic exceptionality while restricting social activities, which is congruent with Sue's claim that Victoria does *not* perceive her as "the traditional Chinese parent." It is obvious that Victoria is appreciative of her mother's parenting style because 1) she openly disagrees with Amy Chua's idea that extreme strictness is the best way to protect and prepare children for the future, and 2) she has witnessed extreme strictness in her friends' immigrant parents. Both members of this dyad perceive generational consonance (i.e. similar levels of acculturation among family members).

Sexual Health Communication. The third section speaks to the sexual health communication between Sue and Victoria once Victoria reached university. For both members, the quotes used in this section correspond to the following topics: dating in university, and Victoria's relationship with her boyfriend. This thematic section includes overlapping descriptions and interpretations.

Sue:
Now she's actually dating, she has a boyfriend… so, I did kind of just mention, it wasn't too direct, "If you sleep together, just watch. Don't get yourself in trouble; you still have a few years before you graduate..." The last time I said it, she said, "Mom you don't have to remind me." ...It's only when she was seriously dating the boy, and they actually went on trips together. So, that's why I just wanted to remind her, but she's already 20.

Victoria:
...I guess she hasn't had a full, detailed conversation before, but she has told me to "be safe." Because I have a boyfriend right now, she would tell me to "be safe" whenever I go visit him… That was about the extent of it… she never went further, and she never brought up the conversation till I had a boyfriend.

Sue explains that she reminded her daughter to "watch" and not get into "trouble" if she and her boyfriend were sleeping together. Similarly, Victoria recounts that, in sexual health communication, her mother's only message was "be safe." Moreover, both acknowledge that Sue initiated these conversations only when Victoria entered a serious relationship (in university) with her current boyfriend. As with their descriptions, mother and daughter have similar interpretations as to what to constitutes "full" parent-child sexual health communication. Sue recognizes that simply "mentioning" or "reminding" Victoria to "watch" is *not* a "direct" or overt way of advising her to use contraceptives during sexual intercourse. In saying "but

she's already 20," Sue implies that Victoria should be mature enough to receive and retain Sue's message despite the lack of detail. Likewise for Victoria, while simply being told to "be safe" does not constitute a "full, detailed conversation," she did understand her mother's message despite the lack of detail. Both members recognize the lack of detail, yet Victoria expected more from her mother while Sue seemed satisfied with her role in such conversations.

Summary. In light of Sue and Victoria's differing personalities (open talker vs. reserved listener) it is not surprising that the pair seldom engage in open two-way communication. Despite their communicative issues, however, mother and daughter get along because 1) certain aspects of their personalities are complementary (talking and listening), and 2) they share similar levels of acculturation, which reduces the likelihood of cultural conflict between parents and children. Given the lack of general communication between them, it is reasonable to expect a lack of more sensitive discussions as well (i.e. parent-child sexual health communication). While both members admit to not having engaged in full-detail, direct conversations about sexual health, they seem to expect different things from one another. For Sue, she achieved her goal of simply wanting to remind Victoria to "watch" in certain situations. While engaging in this type of discussion is most likely awkward and redundant for Victoria (the reserved and intellectual listener), she still expects more detail from these types of talks.

Case 4: Elaine and Jim. The following portrait highlights the three prominent themes (sexual health communication post-RSHC, seeking parental guidance, and importance of early parent-child sexual health communication) that manifested upon cross comparison of Elaine and Jim's individual responses. For this dyad, I found no significant themes regarding personality and/or culture differences between mother and son. Therefore, all three themes relate to sexual health communication. Each theme is discussed individually, and all three themes are linked in the portrait's summary. Elaine, 50, is the mother, and Jim, 20, is her son.

Sexual Health Communication Post-RSHC. The first section speaks to the post-RSHC sexual health communication between Elaine and Jim. For *both* members, the quotes in this section correspond to the following topic: perceived occurrences of

sexual health communication. This thematic section illustrates contrast on both descriptive and interpretive levels.

Elaine:
[Jim] didn't really react. They found it disgusting or they don't feel the need for it, but what I learned is that even though they may not want to hear it, I still have to teach them... At the beginning, he didn't want to hear it. It's kind of hard if I want to talk to them seriously on this topic, have a serious talk when they are not really willing and they don't feel the need for it… but if we did a project together, they are more willing… during the course, I would bring them to the library, and do a project on sexual education [including Jim].

Jim:
I think my dad tried, attempted, but I rejected him… Maybe he said it in a more joking way… He's like, "You might have wet dreams, you might have this kind of stuff, and you might find this particular person attractive for this particular reason." Did he say that? I don't know. I remember he said if for one day… but it was really fast, and it never really stuck… but my mom said something about it to my sister [not me], they had their little talk [about menstruation].

Elaine and Jim have a good relationship, and they communicate well about general topics; however, there seems to be a significant discrepancy in how they perceive sexual health communication between them. Elaine describes how Jim reacted to her attempts at sexual health communication with him. According to Elaine, Jim was not interested in listening to or participating in this type of conversation; however, she says, he (as well as her other children) became more interested in the topic when she involved them in her project work. Jim, on the other hand, does not recall any kind of post-RSHC sexual health communication or project work with his mother; he only remembers jokes made by his father. In fact, Jim claims that he was completely unaware of his mother's participation in this program until I shed light on her involvement. Likewise, mother and son offer disconnected interpretations. For Elaine, engaging Jim in an interesting and meaningful way (involving him in sexual health projects) would ultimately increase his likelihood of receiving and retaining the underlying health message. For Jim, whether or not these conversations and/or projects actually occurred, it is obvious that he does not perceive them as meaningful because he does not recall anything of the sort. Since it is difficult to ascertain actual occurrences of events based on two conflicting accounts, it is important to recognize Elaine and Jim's divergent recollections, and consider that

either 1) these events did *not* occur, or 2) Jim did not necessarily hear or retain what Elaine believed to be communicating.

Seeking Parental Guidance. The second section speaks to seeking parental guidance in terms of dating and sexual health issues. For *both* members, the quotes in this section correspond to the following topics: perceived comfort in sexual health communication, and children initiating such discussions with their parents. This thematic section exhibits contrasting descriptions and interpretations.

Elaine:
I think that, now, it is dating age for them. Because of the course, I will talk about that before it actually comes. Maybe if I hadn't taken the course, I wouldn't be as active in this kind of talk… because of the course, I'm more open and I know that I have to talk about this stuff. Because of that, when my kids have dating problems, or when they have a boyfriend or girlfriend, they will also talk to me. After the course, my image is more open-minded, so my kids will feel better to come to me for this kind of help.

Jim:
I don't know, I just found that they're not the best type of people to go to… I like to speak to strangers… I think there is a bigger barrier, even safer compared to parents… they can't really hurt you, but your parents, whether they want to or not, they can still hurt you in some ways (by accident maybe)… That's why I never really considered the possibility [of initiating sexual health conversations with them].

Elaine describes herself as having a more open-minded and approachable image after participating in the RSHC. Jim, however, would unlikely notice or comment on marked changes in his mother's image post-program because, as previously discussed, he was completely unaware of her involvement. On the interpretive level, Elaine believes that her post-program image fostered a comfortable environment in which her children could be reciprocally open. Elaine assumed that her children would perceive her new image and awareness as an open invitation to confide in her about dating and relationship issues. Jim, however, did not perceive a more comfortable environment in which he could confide in Elaine. Quite the contrary, Jim perceives speaking to and initiating conversations with his parents about sexual health as risky and unsafe because parents have the power to consciously and/or subconsciously "hurt you in some way." For Jim, the impersonal and emotionless nature of sexual health communication with a stranger creates a

protective barrier against judgment and harm. Whether or not Jim was aware of Elaine's involvement in the RSHC is of lesser importance than the fact that he did not perceive changes in her image and approachability at any point – the child should not have to be aware of the program in order for it to take effect.

Importance of Early Parent-Child Sexual Health Communication. This section speaks to the similarities in how Elaine and Jim perceive early parent-child sexual health communication. For both members, the quotes used in this section correspond to the following topics: thoughts about early communication, and comparing communication with younger children to that of older children. This thematic section exhibits overlapping descriptions, and dissimilar interpretations.

Elaine:
When they are young, it's easier to control the conversation, and they listen to and obey you, and actually cooperate with you, but when they're older, they just do what they want. It's kind of hard to talk about this conversation, especially with the direction you want to go. When they're older, they may have a different opinion…they already got the information somewhere else, and the kids think they know it all already. [They think] they don't have to listen to you anymore.

Jim:
I think it's helpful, having that kind of topic there. It draws them closer together; they have less problems with dating because you know what your parents are expecting… it's beneficial if you want to take the risk… if I was brought up talking about it, maybe I'll say something different. I guess it's how you drive it into them when they're kids. Once you pass a certain age, you already have that gap between you, and [kids] won't approach you just because you're their parents; you're no longer the person that knows everything.

The overlap on the descriptive level is simple and brief: both mother and son express the perceived importance of early parent-child sexual health communication. On the interpretive level, however, they have dissimilar ideas as to *why* early communication is important. Elaine believes that it is easier to control conversations with younger children, and ultimately convey the desired message, because they listen, obey, and cooperate. Older children, however, have opinions based on information acquired elsewhere, and therefore perceive themselves as "knowing it all already." For Elaine, it is important to communicate with children before they form opposing opinions that promote a false sense of all-knowingness. For Jim, it is important to communicate with children before they recognize that *parents* are not

all-knowing sexual health experts. Moreover, Jim believes that early communication 1) clarifies parental expectations about dating thereby minimizing problems and conflict between parent and child, and 2) prevents children from perceiving sexual health communication with their parents as risky and unsafe. Ultimately, early communication draws parents and children "closer together."

Summary. Elaine and Jim have a good relationship, and they communicate well about general topics. However, there seems to be a significant discrepancy in how they perceive sexual health communication between them. Elaine claims to have involved Jim in her RSHC projects (i.e. taking him to the library to help her complete projects) as a means to educate him in a meaningful way. Jim, on the other hand, recalls nothing of the sort. Elaine assumed that her post-program openness would encourage her children to confide in her about dating and relationship issues. Quite the contrary, Jim never seriously considered communicating with his parents about sexual health because he feels that it is risky and unsafe. Despite these divergences, both members agree on the importance of early parent-child sexual health communication. However, Jim believes that it is important to communicate with children before they recognize that *parents* are not all-knowing experts, while Elaine feels that parents should intervene before *children* perceive themselves as "knowing it all."

Case 5: Paul and Mark. The following portrait highlights the two prominent themes (personality differences, and sexual health communication) and the one sub-theme (bullying and sexual orientation) that manifested upon cross comparison of Paul and Mark's individual responses. "Bullying and sexual orientation" is discussed as a sub-theme of "personality differences." All three themes are linked in the portrait's summary. Paul, 56, is the father, and Mark, 25, is his son.

Personality Differences. The first section speaks to the personality differences between Paul and Mark that ultimately hinder open two-way communication. For this dyad, however, the personality differences and resulting lack of communication were exacerbated by specific life events that transpired when Mark was around 14 years old. The "bullying and sexual orientation" sub-theme emphasizes how these specific life events affected personality differences, communication, and the overall

relationship between father and son. For *both* members, the quotes used in this section correspond to the following topics: their joint relationship, getting along and/or arguing, and general communication between them. This section demonstrates overlapping descriptions, and contrasting interpretations.

Paul:
I should say my relationship with my younger son went bad when he was 14… He changed. I found Mark not obeying me, not listening to me… then he asked for too much... I think at the beginning it was arguing, and then there was no communication… I disagree with his behaviour and his disrespectful manner, and the time he spent on video games and [internet chatting]… I believed he did not do well in school and he was avoiding us. I did not understand his inside world. He is a quiet person. For a few years, I had been seeking help from a counselor, social worker and family doctor, and I really wanted to find out what went wrong in our relationship… it seems like nothing improved very much.

Mark:
I know my parents cared for me and they do love me… I was probably closer to my mom because she was around more; my dad worked more… He worked more, but I wouldn't say we didn't get along; we got along. Our family is pretty close… Probably more [arguing with my dad] in my teenage years. Maybe I was frustrated with my sexuality, and I was probably just unhappy… I'm not sure if my dad told you, but I was kind of bullied at school, but I didn't tell anyone until after high school, during the period when I came out to my family. So, I guess during late junior high and high school years (13, 14, 15), I was pretty frustrated… [I kept it to myself], which I shouldn't have… Maybe because I felt ashamed, and I guess if [my parents] asked me why they were bullying me, it would have probably lead them to finding out that I was possibly gay or whatever… the funny thing was that I did not understand what homosexuality was when people made fun of me.

Paul and Mark identify the same timeframe (when Mark was around 14 years old) as having been a period of conflict and tension in their relationship. Similarly, both members acknowledge the personality differences that existed between them at this time (i.e. Mark was quiet and reserved, whereas Paul was talkative and more expressive). An examination of the subtext, however, reveals a contrast in the way Paul and Mark perceive their personality differences, communication, and overall relationship in this particular timeframe.

Bullying and Sexual Orientation. Despite his efforts to mend matters, Paul perceives his relationship with Mark as having been conflicted and problematic since Mark was 14 years old. At this time, says Paul, Mark changed into a quiet,

disobedient, and disrespectful child to whom he was unable to relate. For Paul, this is a pivotal point in their overall relationship because he perceives Mark's personality change, coupled with his own inability to understand his son, as creating a lasting gap between them. This gap has resulted in a lack of quality communication between father and son, and an overall poorer relationship. For Mark, however, making sense of his own sexual orientation, compounded by the bullying he experienced at school, exacerbated his withdrawal from his father. Mark did not confide in his parents about being bullied because he felt ashamed, and he also feared that doing so would call attention to his sexual orientation (despite not fully understanding homosexuality at the time). As such, Mark identifies this timeframe more as a period of *personal* frustration and unhappiness. While he admits that his relationship with Paul likely suffered, he does not perceive this difficult period as a pivotal point in their relationship. Lastly, Mark believes that he and his father have overcome their issues, and they are now "pretty close."

Sexual Health Communication. The second section speaks to the sexual health communication before, during, and after Paul's participation in the RSHC. For *both* members, the quotes used in this section correspond to the following topics: Paul's involvement in the RSHC, changes in Paul post-RSHC, and changes in sexual health communication between them post-RSHC. This theme illustrates contrasting descriptions and interpretations.

Paul:
Whatever I was told [in the RSHC] was what I already did, and then I just committed myself to what was right... We were already open, but after we took the program, we were even more open. …[Before RSHC] what we taught our children was [dating] seriously… if you don't like someone, don't give the wrong message to the other partner… it wasn't very formal… For example, when the youngest and the elder have a friend, a female friend, I just gave them some advice, that's it. Always remind them not to give the wrong message to the [pause] girl. I just asked them to behave…. my mind is very open… there is no shame in talking about this kind of subject to your children… I think it is the correct way to do it…

Mark:
I didn't start dating till I was 19 or 20, so I guess at that age they assumed that I would know what to expect or not expect from dating… It wasn't really talked about. I was aware that my parents were doing a program for healthy sexual life or whatever… but I don't really remember them talking to me about anything specific

related to that… One advice I remember them telling me was that I should focus on school before dating, or prioritize… During their participation in the program, they didn't really approach my brother or I, they didn't implement any of whatever they learned, their teachings… I just don't remember them talking to us about anything really… I guess after I came out maybe they started to think of what they learned, but they never really talked to me about anything sexual-related… Maybe it helped them understand what I was going through or what I went through.

Paul describes himself as "very open" in terms of sexual health communication even before his participation in the RSHC. According to Paul, he frequently communicated with his children (before and after the program) about dating and the treatment of partners in romantic relationships. Mark, however, recalls only minor parental comments about dating and prioritizing. According to Mark, his parents did not approach him or talk much about dating before the RSHC, and they did not implement "whatever they learned" during or after their involvement in the program. Similar to the descriptive level, Paul and Mark offer contrasting interpretations. First, it is important to note that Paul did not mention his son's sexual orientation or how the RSHC may have impacted family discussions related to this issue. Because he perceives himself as "very open," it is likely that Paul's omission of this information is indicative of protectiveness born of care and concern for Mark. Mark, on the contrary, did not feel the need to omit this information, which likely means that he is quite open about and uninhibited by his sexual orientation, despite having struggled with related bullying in his youth. Second, Paul perceives what he learned from the program as more of a confirmation or validation of his *existing* sexual health communication with his children, which he describes as frequent and preparatory. Mark, however, does not perceive his father's fleeting comments as frequent or preparatory. Since he recalls very little dating talk, he believes that his parents simply assumed that he would know what to expect or what not to expect from dating when then time came. Moreover, he speculates that his parents used what they learned from the RSHC in coming to terms with his sexual orientation (i.e. communication between parents *about* Mark), but they did not directly "implement whatever they learned" in their communications *with* Mark. For Paul, he and his children benefited equally from the RSHC, while for Mark, his parents likely benefited more.

Summary. The communication between Paul and Mark (as Mark was growing up) likely suffered because of their personality differences, which became more pronounced when Mark was around 14 years old. Mark's introversion was exacerbated by his personal challenges related to sexual orientation and bullying at school. Paul, despite his best efforts, could not understand or cope with his son's change in demeanor, which further distanced them. Given the status of their overall relationship, and the lack of general communication as Mark was growing up, it is not surprising that Paul's interpretation of their sexual health communication is seriously at odds with Mark's interpretation, and vice versa. Paul believes that he prepared his sons well for dating and relationships by communicating frequently with them, while Mark recalls only fleeting comments regarding dating and prioritizing. Similarly, Paul feels that his sons benefited from the RSHC, while Mark feels that the RSHC was more beneficial for his parents.

Case 6: Jen and Ryan. The final portrait highlights the three prominent themes (change in parenting style, challenges in Canada, and sexual health communication) that manifested upon cross comparison of Jen and Ryan's individual responses. Each theme is discussed individually, and all three themes are linked in the portrait's summary. Jen, 46, is the mother, and Ryan, 21, is her son. Since Jen and Ryan emigrated from China, their acculturative experiences may be slightly different from those of their Hong Kong counterparts.

Change in Parenting Style. The first section speaks to how Jen and Ryan's conflicted relationship (as Ryan became a teenager) and poor communication patterns compelled Jen to change her parenting approach. For *both* members, the quotes used in this section correspond to the following topics: their joint relationship, Jen's parenting style in China compared to that in Canada, and general communication between them as Ryan was growing up. This thematic section demonstrates overlapping descriptions, and divergent interpretations.

Jen:

When my son was a teenager, he tried to hide some things, especially if he thought I wouldn't agree, of course, he didn't want me to nag. He doesn't like it, so he hid a lot of negative things. …We were pretty close, but I pushed him a lot when he was very young, and any time I got a complaint, I punished him [in China], but here [in Canada] this way doesn't work because he's grown up, and then we begin to fight a

lot. I found that fighting doesn't work, so gradually, I gave him equal rights, we discussed, he's more understanding, and he cooperates with me better than before.

Ryan:
There was a period of time when there was less communication (grade 9 and 10)… I didn't need that much communication anyway… Ever since I was a kid I tried to do everything myself. …Yeah [we were close], not got along pretty well, but stuff happens (arguments and all that). I can't think of any, but it's what happens between parents and children… Back in China, they were pretty strict, and when we first got here, they were pretty strict too. After I became a teenager, there was certain stuff they probably gave up on… I think it's because I got older. They probably realized that as I pass a certain age, you have to change your ways of disciplining your children.

Both members identify 1) the lack of open two-way communication when Ryan was a teenager, and 2) a change in Jen's parenting style in Canada. On the interpretive level, Jen believes that teenaged Ryan was reluctant to openly communicate with her for fear of upsetting or disappointing her. As a reaction to this and the frequent fighting between them, Jen perceives her parenting as having evolved into a democratic style in which equalitarianism, comradeship, and sharing with Ryan promoted a cooperative environment conducive to open two-way communication. For Ryan, however, open communication with Jen was never necessary because he perceives himself as an independent person who does not need *or* want parental guidance. As such, he does not perceive the change in parenting as an adaptation to his individual needs – he believes that Jen "gave up" on certain things because her approach was ineffective.

Challenges in Canada. The second section speaks to Jen and Ryan's challenges associated with acculturation in Canada. For *both* members, the quotes used in this section correspond to the following topics: living in Canada vs. China, and acculturative challenges in Canada. This thematic section illustrates overlapping descriptions, and contrasting interpretations.

Jen:
He rarely talked… I can tell that he's kind of hurt inside, but back home he was too… He got good marks, but he was always naughty, so students, classmates, and teachers didn't like him. They did something to hurt him. So, we came here, and I don't think much improved. I don't know if the students did something… when I went to the teacher-parent interview, the English teacher said, "I have nothing positive about [your son]." I thought, "How can a Canadian teacher say this? I can't believe it

because teachers always find something good." So, I was very, very sad at that time. I didn't know how to cope at that time.

Ryan:
…I was getting some problems at school because I was Chinese… I was getting into a lot of fights because people would talk bad about where I come from. …I had one teacher, in middle school, (and my parents don't know about this), but I was misbehaving first, I threw stuff on the floor of the classroom… so, the teacher basically told everybody to rip really small pieces of paper, and throw them all over the floor of the whole classroom… she told me to pick up every paper. After every other student left, I threw a chair onto the teacher's desk… I don't like to talk about that stuff.

While Jen is unaware of the exact events that may have occurred at school, both members identify school as a challenge for Ryan. Similarly, both members acknowledge that Ryan seldom spoke of his school experiences. On the interpretive level, Jen believes that Ryan's hardships at school stemmed from his "naughtiness" or general misbehaviour. She further perceives Ryan's school experiences (in China and Canada) as having "hurt him inside." Moreover, the lack of improvement in Ryan's demeanor was personally challenging for Jen because she expected his exposure to and involvement in the Canadian education system to have positive effects (given its so-called nurturing learning environment). On the contrary, Ryan acknowledges his general misbehaviour, but he perceives most of his personal challenges at school as stemming from ignorance and prejudices against his Chinese background. Given his self-proclaimed independence and minimal need for communication with his parents (as outlined in "change in parenting style"), it is not surprising that Ryan felt no need to share these experiences with Jen.

Sexual Health Communication. A third theme of this relationship/dyad speaks to how Jen and Ryan perceive the sexual health communication between them as Ryan was growing up. For both members, the quotes used in this section correspond to the following topics: sexual health communication between them (including dating and relationships), and initiation of such conversations by Ryan. This thematic section demonstrates contrasting descriptions and interpretations.

Jen:
Yeah, we talked sometimes [about sexual health]. When he had his first girlfriend [at 18]… I warned him, "Don't go beyond some boundary because it's not good for the

girl, and I don't like that either because your age is too young." …Like have sex or something, I told him, "It's not the time for you guys, don't do it. It's no good." [With his third girlfriend] both of them treated [sex] very maturely, so I said, "I don't care about it." …I don't have to ask him because he did it already… My son and me, we talk about this topic very naturally… occasionally he would say something related to that kind of thing, but we never talked very formally about something like that.

Ryan:
[No sexual health talk] from my mom. A little from my dad, like, "Don't make a grandchild..." Probably joking around… I think they knew what I was doing… They would [joke] from time to time, like, "Don't toss your condoms all over..." There's some stuff that I don't really like people to know about, especially people that are close to me. They get worried, they talk to me about it, and I get really annoyed. … I don't talk to people about [sex].

Jen claims to have talked to Ryan about dating, relationships, and sexual health. She recalls directly warning Ryan not to engage in sexual activity at such a young age. Jen further claims that Ryan occasionally initiated such conversations, none of which were very formal. Ryan, however, does not recall sexual health discussions with his mother; he only recalls sex-related jokes made by his father. Moreover, Ryan claims that he did not initiate such conversations with Jen. On the interpretive level, Jen perceives their sexual health communication as occurring "very naturally" and comfortably. Jen believes that such discussions were successful because Ryan waited for a mature girlfriend and overall relationship before engaging in sexual intercourse. Ryan, however, does not perceive sexual health discussions with *anyone* as natural or comfortable, especially with "people that are close to him" (such as his mother) because they get worried and annoying. Similar to Elaine and Jim, neither member has an inferential claim to the truth, but it is important to consider the possibility that 1) these events did *not* occur, or 2) Ryan did not necessarily hear or retain what Jen believed to be communicating.

Summary. Given Ryan's self-proclaimed independence and need for minimal two-way communication with his mother, it is not surprising that he does not recall engaging in sexual health discussions with Jen. Moreover, since he did not confide in Jen about his challenges at school, it is not surprising that he would not remember initiating more sensitive, sex-specific talks with Jen, whose recollections of the same experiences are quite different. Neither member has an inferential claim to the truth,

but it is important to acknowledge the discrepancies between Jen and Ryan. Whether or not such talks actually occurred is of lesser importance than recognizing that Ryan did not hear or retain what Jen believed to be communicating.

Cross-Case Analysis: Overall Findings

The second stage of analysis in a multiple case study is *cross-case analysis*, which serves to build abstractions across cases (Merriam, 2009). Although the particular details of specific cases may vary, as illustrated in the dyadic portraits, the researcher attempts to build general explanations that fit across cases (Merriam, 2009). In the following sections, I provide core themes and sub-themes, related to each research question and associated sub-questions, that manifested upon cross comparison of the individual cases.

Question #1: Does Parent-Child Sexual Health Communication Occur in these Particular Chinese Immigrant Families? The first research question is further composed of sub-questions regarding the initiation, nature, content, frequency, and avoidance of such communication, as well as parental and adolescent reservations about engaging in such conversations (see Research Purpose and Guiding Questions). The following section outlines one core theme, Differences in Perceived Occurrence and Definition of Sexual Health Communication, with three related sub-themes, Content and Frequency, Initiation and Nature, and Avoidance and Reservations.

Differences in Perceived Occurrence and Definition of Sexual Health Communication. Upon completion of within-case analyses, it became quite obvious that the answer to Question #1 was beyond a simple dichotomous 'yes' or 'no' result. Given the dyadic nature of each case, I had to consider two individual (and often divergent) accounts of sexual health communication between parent and child. In five of six cases, parents' perceived occurrences of sexual health communication were seriously at odds with those of their children (i.e. parents reported engaging in sexual health communication, while children specifically reported that no such communication occurred). For example, Wanda reported having discussed values about pre-marital and casual sex, while her daughter, Sophia, reported having discussed absolutely nothing sex-related when she was young. Similarly, another mother reported talking to her son about sex and birth whereas he reported only

hearing jokes about "wet dreams" (line 154) and attraction to girls from his father. In one case, however, both mother and daughter reported having engaged in sexual health communication with one another. In this case, mother and daughter shared an open and highly communicative relationship overall, which was further strengthened by the mother's participation in the RSHC program. In the divergent cases, it seemed that neither parent nor child had an inferential claim to the truth, and it was thus difficult to determine actual occurrences of communication without first-hand observation. There are many possible explanations for the perception gap between parents and children, such as recall bias (perceptions affected by participants' memories), or social desirability bias (when participants respond in a manner they believe will be viewed favourably by others); however, it became apparent during within-case analyses that, in the five divergent cases, differences in perceived occurrence of sexual health communication were likely influenced by the fact that parents and children defined "sexual health communication" differently. This point is best explained in terms of content and frequency of communication.

Content and Frequency. Despite their differences in *perceived occurrence* of sexual health communication, parents and children occasionally reported similar *content* of communication, that is, they spoke of the same conversations between them. This implies that parents and children defined "sexual health communication" quite differently. For parents, sexual health communication included (but was not limited to) talks about dating, relationships, attraction, affection, choosing and treating romantic partners, being happy in a romantic relationship, and reminding children to "be safe, be careful, behave, or watch," (lines 140, 38, 221, & 132) without getting into the specifics of sexual intercourse, oral sex, proper and consistent use of condoms, pregnancy, sexually transmitted infections, etc. Only one of the six parents recalled speaking to her son about biology, male and female bodies, puberty, and abstinence, but the son recalled no such discussions. Children, on the contrary, defined "sexual health communication" as "full" (lines 45, 139) and "detailed" (line 139) conversations about sex and related topics including the specifics often omitted by their parents. For instance, when I asked to give an example of sexual health communication, one mother recalled telling her daughter, "If you sleep together, just

watch. Don't get yourself in trouble, you still have a few years before you graduate," (lines 132 & 133) and her daughter similarly explained, "…she hasn't had a full, detailed conversation before, but she has told me to 'be safe.' Because I have a boyfriend right now, she would tell me to be safe whenever I go visit him… That was about the extent of it" (lines 139-141). The mother, although she did not explicitly mention condom use or pregnancy, still defined this event as an occurrence of sexual health communication. Her daughter similarly recalled her mother's "be safe" message, but she did not perceive the extent of this communication as a "full, detailed conversation" about sexual health. In saying, "That was about the extent of it," the daughter implied that she defines sexual health communication as more than a mere warning or reminder. While mother and daughter described the same event, mother perceived it as an occurrence of sexual health communication, whereas daughter did not. Another mother recalled telling her daughter to "be careful," and her daughter remembered being warned, "If you date and something happens, we're not paying for your school or tuition" (line 35). In this case, both members identify the mother's implicit pregnancy message; however, the mother considered this an occurrence of sexual health advice whereas the daughter perceived this as more of a threat. Overall, the content of sexual health communication seemed light and lacking detail; parents often advised their children to "be safe" without providing explicit information.

In terms of frequency, five of six children reported no sexual health communication with their parents. The one child that *did* recall sexual health communication said, "…it's not a topic that we bring up very frequently." Parents, on the contrary, reported having these talks many times or somewhat frequently, and definitely more than once or twice. For the most part, parents agreed that the casual nature of their talks allowed for more frequent occurrences of sexual health communication because their children were at ease. Overall, parents reported more frequent sexual health communication than children.

Initiation and Nature. As expected, the five children who reported no sexual health communication also reported having never initiated such conversations with their parents. The only child who reported sexual health communication explained that having her mother initiate the majority of conversations made her progressively

more comfortable in bringing up the topic herself; however, she admits that initiation on her part was rare despite her comfort in doing so. As for the parents, all six reported having been the initiator in most, if not all, sexual health conversations with their children. Three of the six parents reported their *children* as having occasionally initiated such talks (this includes the mother of the only child to report being the initiator). Thus, two parents reported their children as having assumed the initiator role, while the children specifically reported having never done so.

All six parents claimed to have initiated and carried on sexual health discussions with their children in a very casual manner. One mother said, "My son and me, we talk about this topic very naturally… we never talked very formally about something like that" (lines 281-283). Another parent said, "It's not, 'Sit down, listen to me,' kind of thing. It was a casual talk, then I would deliver the message, and keep it very natural" (Paul). Similarly, another mother explained, "I tried to make it just a casual chat… nothing obvious, nothing serious like sitting down in her room… I wouldn't do that" (Wanda). All six parents explained that talks with their children were never formal face-to-face conversations, as is traditionally expected of sex talks; they were informal chats that often occurred while both members were engaged in some other activity, such as working in the kitchen. For the most part, parents reported using real-time situations or life events as opportunities to initiate some form of sexual health talk because it provided a natural and informal forum for discussion. For example, one mother explained that if she and her son saw a couple kissing in a public place, she would use the situation as a teaching opportunity, that is, as an informal way to initiate a talk about affection and attraction. Not all parents needed real-time situations or life events as teaching opportunities, but most parents refuted the idea of bringing up the subject in a planned or unnatural manner. For example, one father said, "I don't need to find an opportunity. If I want to say something, I just say it, and that's it. I don't have to plan to make it very formal; it's just not my style" (Paul). Overall, parents claimed to have initiated most sexual health discussions with their children, and they claimed to have proceeded in a very casual and natural manner.

Avoidance and Reservations. As expected, all six parents did not perceive themselves as avoiding sexual health communication with their children. However, two parents noted some initial reservations about engaging in such conversations, including; feeling embarrassed, feeling unknowledgeable or inadequate, not knowing how to approach the topic, not knowing how to recognize teaching opportunities, and not thinking there was a need because the children did not ask questions. Both of these parents participated in the RSHC program, which they perceived as having helped them overcome their initial reservations. The other four parents reported no personal reservations.

All six children reported reservations about initiating and engaging in sexual health communication with their parents, including; feeling awkward or embarrassed, feeling that parents would become suspicious or accusatory, feeling unable to talk openly with parents in general, feeling annoyed by parental concerns, and feeling that parents are *not* the most reliable or informative sources. In fact, four of six children, admitted they would currently rather seek information elsewhere, that is, from health professionals, teachers, counselors, friends' parents, and the Internet. Two of these children expressed how sexual health conversations with strangers are more comfortable because their impersonal nature creates a protective barrier against embarrassment, judgment, and harm. Despite their reluctance to initiate and engage in such conversations, all six children felt that open parent-child sexual health communication is a good idea, beneficial, or important. One daughter explained how, when she has children, she would use pictures and dolls to teach sexual health. Be that as it may, only two of the six children wish their parents had spoken to them about sexual health or wish they had done so at an earlier age (for the only daughter who perceived sexual health communication with her mother). Two children expressed that sexual health communication is successful only when parents begin these types of talks earlier in life because it establishes a comfortable environment for open dialogue at a point when children are still malleable and impressionable. Although he does not recall his mother speaking to him about sexual health, one son explained the importance of early communication: "Once you pass a certain age, you already have that gap between you, and [children] won't approach you just because

you're their parents; you're no longer the person that knows everything" (lines 187-189). In the end, he considered this as a possible reason for not initiating sexual health talks with his parents.

Question #2: How do Generational Acculturation Differences Affect Parent-Child Sexual Health Communication? The second research question is further composed of sub-questions regarding the challenges faced by parents and children throughout the acculturation process, how acculturation affects parenting style, and how this, in turn, influences parent-child sexual health communication (see Research Purpose and Guiding Questions). The following section outlines one core theme, *Inconsequential Acculturation Differences,* with two related sub-themes, *Parent and Child Acculturation Challenges,* and *Effects of Acculturation on Parenting and Subsequent Sexual Health Communication.* This section also includes one emergent theme, *Effects of Personality Differences/Similarities on General and Sexual Health Communication.*

Inconsequential Acculturation Differences. To identify perceived acculturation differences between parents and children, participants were asked, "Did you ever feel culturally different from your child/parent? If so, did you ever feel that you could not relate to your child/parent because of these cultural differences?" I did not measure the direction of acculturation (extent of adopting Canadian values vs. retaining Chinese values) of each dyad because it was assumed that an acculturation gap between parents and children would be linked to family disagreement or conflict regardless of the direction of acculturation. For the most part, both children and parents did not feel culturally different from one another. In four of the six dyads, both parents and children perceived *no* acculturation differences between them, and therefore perceived no differential effects on sexual health communication. For example, the only first-generation child in this sample described her parents as "non-immigrant" (lines 122 & 124), which suggests that she culturally identifies with her parents. In the other two dyads, only the children perceived themselves as culturally different from their parents (i.e. compared to their parents), these children identified more with Western values related to sex. One of these children perceived herself as "more open-minded" than her parents (who she characterized as "prudish and

uptight") in terms of cultural experiences and discussions (line 21). She felt that she could not openly communicate with her parents because of their dissimilar views. She said, "It's not even about sex, it's other topics too. If you know they're going to disagree on it, I wouldn't even bring it up" (Sophia). For this daughter, cultural differences hindered general communication between them, which further encumbered more sensitive sexual health discussions. The other child perceived differences between his parents and him in terms of sex, marriage, and public displays of affection. He speculated that his parents did not discuss sexual health with him because, in Chinese culture, they do not "know that kind of stuff" until marriage (Jim). He explained, "They never thought that sex was important until marriage, and that you don't need to know about it. You will know when you get married; it's an automatic thing" (Jim). He did not perceive acculturation differences between them as responsible for the lack of sexual health communication; he simply considered his parents' Chinese background as a possible reason for the lack of initiation on their part (which would result in the same outcome regardless of acculturation differences between them). For the most part, generational acculturation differences were not recognized as having significant effects on sexual health communication between parents and children.

Parent and Child Acculturation Challenges. The most common challenges reported by parents were related to language. Four of six parents reported that not speaking fluent English gave rise to numerous challenges. For example, two mothers explained how the language barrier between them and English speakers severely hindered making friends and building social relationships, and as a result, both experienced significant bouts of loneliness. Moreover, both of these women were housewives, which allowed little opportunity for 1) physically meeting and interacting with people, and 2) learning English through exposure to and engagement in the dominant culture. The cyclical process of not meeting people because of the language barrier, and not learning the language because of little interaction with people played an important role in the loneliness experienced by these women. Both, however, participated in the RSHC program, which they perceived as having helped them overcome the loneliness. Another mother, who was a university professor in her

heritage country, explained how speaking little English meant having to work as a short-order cook at Burger King. She described how the manager would not allow her to work as a cashier because she could not interact with the customers. Overall, however, those who found employment perceived language as less of an issue (most likely because those with an existing grasp on the English language were those who found jobs). Also in terms of employment, three other parents described being denied certain jobs due to their lack of Canadian experience as a major source of stress and frustration during the settlement process. Other challenges included: feeling underpaid, driving and using public transit, adapting to a more relaxed work environment, knowing how and where to find information, and unavailability of fresh foods. For the most part, acculturation challenges were perceived as relatively short-term (subsiding less than a year after the initial settlement process).

The only children to report challenges associated with acculturation were the two children over the age of five at immigration, both of who happen to be boys. The challenges experienced by these boys were quite similar, that is, struggling with language and fitting in at school. Both expressed how their inability to speak fluent English created challenges in daily life and at school. For the most part, the language barrier posed difficulties in terms of understanding the teacher and following the lesson, and making friends and fitting in with their classmates. One son explained how he experienced discriminatory treatment from his classmates *and* his teacher because of his Chinese background, which often fuelled physical fighting and emotional conflict at school. The other son explained how language is still a challenge for him. He said, "I speak Chenglish; it's a mix of both vocabularies… I kind of replace words that I don't know with the other language, and that kind of limited my vocabulary. I know 70% of each [Cantonese and English], but sometimes you need 80%... you're still missing something" (Jim). Overall, no child under the age of six at immigration reported any challenges associated with acculturation. Ultimately, the challenges faced by parents and children throughout the acculturation process were not perceived as having influenced parent-child communication and relationships.

Effects of Acculturation on Parenting and Subsequent Sexual Health Communication. For the most part, parents perceived their style of parenting as more open and communicative than that of their parents, but they did not necessarily attribute this difference entirely to acculturation to Canada. Most parents claimed that typical "Chinese parenting" in Hong Kong/China is shifting toward a more "Western" approach to parenting, that is, from a strict, hierarchical style to a more open, flexible, and communicative style. As such, most parents believed they would have been more open and communicative than their parents regardless of whether they lived in Canada or Hong Kong/China. Four of the parents perceived acculturation as having *no* effect on their parenting style; they would have a consistent approach to parenting (open and communicative) regardless of location or cultural influence. While most of the parents described children in Canada as more outspoken, less disciplined, and having more freedom, only two parents felt left with fewer ways to effectively discipline their children upon immigration to Canada. One mother explained how she felt that she had no rights as a parent in Canada because her children did not display unquestioned obedience as she did with her parents. She found herself not knowing how to apply her parents' "Chinese style" in a Canadian context. This mother, however, participated in the RSHC program where she perceived herself as having learned more appropriate parenting methods for success in a Canadian context. Similarly, the other mother explained how she was very strict with her son in their heritage country, and any time he complained about her strictness, she would immediately punish him. In Canada, she found that this method of parenting lead to frequent fighting and conflict between them, but she was not completely certain whether the change in his response to her parenting was due to his acculturation, his general growing up, or a combination of both. Gradually, however, she adopted a more democratic parenting approach (granting "equal rights" and creating an open dialogue between them), and she noticed that her son became "more understanding" and "cooperative" with her (lines 243 & 244). As for the children, none perceived acculturation as having affected their parents' parenting style; all believed that their parents maintained a consistent approach to parenting post-immigration. However, one son noticed a change in his mother's parenting (as reported by the mother in the

aforementioned scenario), but he interpreted the change in parenting as his mother "giving up on certain things" as he got older (Ryan).

In terms of sexual health communication, all parents reported that acculturation, and any associated changes in parenting style, had *no* effect on sexual health communication with their children. That is, all parents claimed that sexual health communication *would* have occurred regardless of whether they lived in Canada or Hong Kong/China. Interestingly, the two parents who practiced a more typical "Chinese style" pre-immigration still believed that sexual health communication *would* have occurred in their heritage country. Some parents considered having less opportunity to speak with their children about sex in Hong Kong/China, but ultimately, sexual health communication would have occurred either way. This is likely associated with the fact that most parents in the present study reported, to some extent, that sex-related values in contemporary Chinese culture are shifting toward a more Western perspective (i.e. sex is becoming less taboo, it is more openly discussed in the media and among youth, etc.). The three parents who participated in the RSHC admitted they most likely would *not* have participated in a similar program had they lived in Hong Kong/China; however, these three parents claimed to have had sexual health communication with their children *prior* to taking the program. For all parents, sexual health communication would have happened regardless of location, acculturation, parenting style, or participation in the RSHC program. For children, however, results were inconclusive; most were uncertain as to how location, acculturation, parenting style, or participation in the RSHC program factored into sexual health communication with their parents. Two children, however, as discussed in *Inconsequential Acculturation Differences,* explained how their parents' cultural background likely factored into the lack of sex talk initiation from their parents. Only one of these two children explained how the generational acculturation differences hindered general communication and ultimate sexual health communication between her parents and her. Overall, acculturation and parenting style were perceived as having little to no effect on parent-child sexual health communication.

Effects of Personality Differences/Similarities on General and Sexual Health Communication. Surprisingly, while acculturation differences and parenting style were perceived has having little to no effect on parent-child sexual health communication, many parents and children perceived personality differences/similarities between them as having significant effects on general *and* sexual health communication. In five of six dyads, personality differences/similarities between parents and children seemed to determine, to some extent, the frequency and openness of *two-way* general and sexual health communication. In four dyads, personality differences between parents and children were seen as limits upon open two-way communication. For the most part, the parents in these dyads perceived themselves as more open and talkative than their children, whom they perceived as quiet and reserved. The children in these four dyads similarly admitted to being less open and talkative than their parents, and also less communicative *with* their parents in some instances. In these four cases, parents perceived themselves as being highly communicative with their children; however, parents and children seldom perceived this communication as *two-way* (open exchanges between two people). In one dyad, however, personality similarities (open, talkative, and trusting) allowed for increased frequency of open two-way communication between mother and daughter. Overall, personality differences meant less general communication between parent and child, which ultimately meant less *two-way* sexual health communication. Despite its one-sided nature, parents still perceived such communication as occurrences of parent-child sexual health communication, whereas the children did not.

Question #3: What Are the Influences of the RSHC Program on Sexual Health Communication Between Parents and Children? The third and final research question is further composed of sub-questions regarding how parents perceive the influence of the RSHC on generational acculturation differences and parenting style, and how the children perceive themselves as directly benefiting from their parents' participation in the RSHC (see Research Purpose and Guiding Questions). The following section outlines one core theme, *Parents' Role in Raising Sexually Healthy Children*, with two sub-themes, *How Parents Perceive the Influence*

of the RSHC Program on Generational Acculturation Differences and Parenting Style, and *Children's Perceived Benefits.*

Parents' Role in Raising Sexually Healthy Children. Since it is the parents who directly participate in RSHC workshops, the overall influences of the program on parent-child sexual health communication ultimately depend on if/how parents implement RSHC teachings. Thus, it is important to examine parents' role in raising sexually healthy children. The Raising Sexually Healthy Children Parent/Caregiver Workshop and Manual (1999) was designed to help parents facilitate open sexual health communication with their children, and ultimately "help their children grow up sexually healthy" (p. 19). Section F of Workshop #1 lists the ways in which parents can do so:

- Being a positive role model
- Being "askable," this means being able to make our children feel comfortable when they ask questions, even when we do not know the answers, but are willing to find the answers for them
- Being open in talking about sexuality
- Providing our children with education and information according to their age and development
- Setting limits and providing guidance according to our children's age and development
- Reflecting on our own sexual values and being aware of our influence on our children (RSHC Manual, p. 19)

The three parents who participated in the RSHC each identified at least two of these points as having an influential role in how they implemented sexual health education with their children. All three parents reported being open in talking about sexuality; for example, one father said, "My mind is very open. There is no shame to talk about this kind of subject to your children… I think it is the correct way to do it" (lines 221-223). Two parents reported being askable, that is, making their children feel comfortable about discussing sexual health; for example, one mother explained, "If I can talk to my children, I can understand what they need or what they want to know, and when they want some help, they can come to me" (line 95-97). Two parents

reported providing their children with education and information according to their age and development; for example, the same parent explained how she used different approaches with each of her three children because of their age and developmental differences (she simply talked with her oldest daughter, and she used youth-friendly books with her youngest son). Lastly, two parents reported reflecting on their own sexual values and being aware of their influence on their children; for example, one mother explained, "…after the course, I did some studying for myself, looked in the Bible, and used what I learned from the Bible and the course… for us [Christians] it's abstinence, so I teach abstinence and sex after marriage; I never mentioned about safe sex" (Elaine). Overall, the three parents reported implementing and applying what they learned from the RSHC in sexual health education with all of their children, and all perceived their parental roles as having facilitated open sexual health communication with their children.

How Parents Perceive the Influence of the RSHC Program on Generational Acculturation Differences and Parenting Style. Overall, none of the parents perceived acculturation differences between them and their children, including the parents who participated in the RSHC program. As such, the three parents who participated in the RSHC did not discuss the influences of the program on generational acculturation differences because such differences were simply not recognized.

In terms of parenting style, the three parents who participated in the RSHC reported being more open or more open-minded post-program. For these parents, "more open" meant: having more knowledge and increased awareness about sexual health topics, having an increased willingness to openly discuss such topics with their children, and actively encouraging their children to be reciprocally open and willing to talk. One mother described how discussing sexual health with her children never "crossed her mind" before taking the RSHC program because she did not learn about this topic as a child. She "heard that Western society" is "really open about sex," and she wanted to learn a "systematic, complete, and correct way of teaching her kids about sex" before they learned this information elsewhere. Initially, she tried a "direct method," that is, formal face-to-face conversations, but she noticed that her children found it "boring and disgusting" because they were too young to relate to this type of

conversation (Elaine). As part of her RSHC homework, and also as a new interactive teaching method, she brought her children to the library to learn about "biology, female and male bodies, different stages of life, puberty, and characteristics of men and women." After the program, she found herself engaging in preventative talks with her children (i.e. talking about dating before it happened, as opposed to initiating talks as a result of certain outcomes).

Another mother expressed how she had always wanted to discuss sexual health with her children, but she did not know how to approach the topic. In taking the RSHC program, she learned how to tailor her teachings to each of her children, who responded differently to the same method. For example, in attempting to simply talk with her children about sexual health, she explained how her oldest daughter listened and talked, her middle daughter simply listened, and her youngest son was not interested in talking or listening to her. Still recognizing the need to provide appropriate information to her son, she rented youth-friendly sexual health books (colourful pictures, "something that attracts the eye") from the library, and left them on the kitchen table for her son to read at his leisure, which he eventually did when he thought no one was watching (Cindy). She felt that being "more open" to talk about sex encouraged her children to be reciprocally open. The final parent to have participated in the RSHC reported no significant changes in his parenting style post-program. According to this parent, he was already open and willing to discuss sexual health before participating in the RSHC. For him, the RSHC served as a confirmation or validation of his existing teaching methods, that is, talking to his children "very naturally" about this topic (Paul). Overall, parents perceived themselves as: more knowledgeable and aware of sexual health, more "open" to talking about sexual health, and better able to make their children feel comfortable in participating in sexual health discussions post-RSHC. It is extremely important to note that, despite acknowledging the benefits of the RSHC and the perceived changes in parenting style, all RSHC parents claimed that they *would* have engaged in sexual health communication with their children whether they lived in Canada or Hong Kong/China. This contradiction of findings is further explored in the Discussion chapter.

Children's Perceived Benefits. The three children whose parents participated in the RSHC program had different interpretations of the RSHC's direct influence on them. One daughter explained how she and her mother shared open sexual health discussions prior to the program, but she noticed that her mother spoke even more openly about this topic post-RSHC. In terms of how she perceived herself as directly benefiting from her mother's participation in the RSHC, she said, "Just knowing that I can be open with her about this topic makes me feel more comfortable… having her initiate the conversation on the topic definitely makes me feel more comfortable in bringing up the subject at any point in time" (lines 84-86). For this daughter, simply knowing that she can comfortably initiate sexual health discussions with her mother was/is beneficial. The other two children, however, did not perceive themselves as directly benefiting from their parents' participation in the RSHC. One child, claimed to be completely unaware of his mother's involvement in the RSHC until I informed him of the program. The other child was aware of his father's involvement, but he did not recall any sexual health discussions with his father, and therefore did not perceive himself as directly benefiting from his father's participation in the RSHC. He speculated, however, that his parents benefited from the program by using "whatever they learned" in coming to terms with his sexual orientation (i.e. his parents may have reacted differently to his coming out had they not participated in the RSHC) (lines 232-233).

Other Social Benefits of the RSHC. As perceived by the parents in the present study, participation in the RSHC produced other social benefits beyond the issue of sexual health and parent-child communication. These notable benefits for parents include, but are not limited to: gaining social support, regaining power as a parent, and gaining a sense of community.

Social Support. Two of the three parents who participated in the RSHC had minimal opportunity to operate within the dominant culture, including interaction with people, because they stayed home as housewives after immigration to Canada. These two women experienced bouts of loneliness because they seldom left the home, and when they did leave the home, they rarely interacted with people due to perceived language barriers and poor self-efficacy in terms of English-speaking abilities. For all

three RSHC parents, especially these two women, participating in the RSHC was a way to comfortably interact with people on a social level, share and discuss important issues with fellow parents of similar cultural backgrounds, and ultimately build lasting social support networks. While they may not have participated in the program immediately following immigration, it helped participants overcome loneliness, build friendships, and boost confidence in terms of interacting with people.

Interestingly, the non-RSHC parents did not perceive loneliness or lack of social support as an acculturative challenge because most of them found jobs relatively quickly, most likely due to their superior English language skills. Ultimately, these parents were able to operate more comfortably within the dominant culture because of their English abilities, and they had more opportunity to interact with people. Most of these parents built social support networks through work (i.e. colleagues and bosses).

Parental Empowerment. Consistent with extant literature, almost all parents in the present study felt their power to discipline their children had been usurped upon immigration (Thomas, 1995). Many parents felt their children had too much freedom because they, as parents, struggled to apply disciplinary aspects of traditional Chinese parenting in a Canadian context. Many found that their Chinese parenting style was ineffective in Canada. The parents who participated in the RSHC, however, regained their power as a parent. In learning "culturally appropriate" parenting techniques (including how to discipline children without physical punishment, how to apply an open and communicative approach while maintaining authority, and how to reason with children), parents felt more confident than non-RSHC parents in their overall parenting abilities.

Sense of Community. In the present study, it was quite obvious that participation in the RSHC Program created a sense of community among its members (something the non-RSHC parents did not express). RSHC parents felt a sense of belonging and personal relatedness in that they were all taking responsibility, and making an effort to improve their family relations. Parents felt that their personal involvement in the RSHC not only mattered, but also positively influenced the group, their family relations, and the overall Chinese community. RSHC parents practiced

community outreach by educating their peers (other Chinese parents) about the importance of parent-child sexual health communication. In terms of integration and fulfillment of needs, RSHC members built much-needed social networks simply by being a group member. Moreover, parents felt they improved their overall parenting and communication style, which they felt improved family relations. Finally, all RSHC parents felt an emotional connection with other group members because they shared similar backgrounds, and acculturative and parenting challenges. Non-RSHC parents, however, did not express this greater sense of community.

Summary of Major Findings.

The purpose of this study was to explore and understand parent-child sexual health communication in Chinese immigrant families. The core research questions and sub-questions guiding this study were: **(1) Does parent-child sexual health communication occur in these particular Chinese immigrant families?** If so, who initiates communication? What is the nature of communication? What is the content of communication, and how frequently does it occur? If not, why is such communication avoided? What are the parental and adolescent reservations about engaging in such communication? **(2) How do generational acculturation differences affect parent-child sexual health communication?** What kind of challenges do Chinese immigrant families (parents and adolescents) face throughout the acculturation process? How does acculturation affect the parenting of Chinese immigrant parents? Overall, how does acculturation and parenting style influence parent-child sexual health communication? **(3) What are the influences of the RSHC program on sexual health communication between parents and children?** How do parents perceive the influence of the RSHC program on generational acculturation differences (if present) and parenting style? How do children perceive themselves as directly benefiting from their parents' participation in the RSHC program?

The sample of Chinese immigrant parent-child dyads taken from the Toronto area identified, through their responses, three core themes that helped to answer these research questions. The first core theme, *Differences in Perceived Occurrence and Definition of Sexual Health Communication,* was composed of three sub-themes: 1)

Content and Frequency, 2) *Initiation and Nature,* and 3) *Avoidance and Reservations.* The second core theme, *Inconsequential Acculturation Differences,* was composed of three sub-themes: 1) *Parent and Child Acculturation Differences,* 2) *Effects of Acculturation on Parenting and Subsequent Sexual Health Communication,* and 3) *Effects of Personality Differences/Similarities on General and Sexual Health Communication.* The final core theme, *Parents' Role in Raising Sexually Healthy Children,* was composed of two sub-themes: 1) *How Parents Perceive the Influence of the RSHC Program on Generational Acculturation Differences and Parenting Style,* and 2) *Children's Perceived Benefits.* The following chapter is a discussion of the major findings.

Chapter 5: Discussion

This chapter presents a discussion of the present study's major findings. The discussion will speak to: the discrepancy in perceived occurrence of sexual health communication (including definitional differences), the ambiguous influences of acculturation on sexual health communication (including parent-child acculturation differences and sexual health communication, no perceived acculturation differences, acculturative influences on parenting style, personality congruence, acculturative influences on personality mediated by parenting style, cultural influences on communication patterns mediated by personality, implicit sexual health communication, and openness in sexual health communication), and the influences of the RSHC Program on sexual health communication (including RSHC dyads vs. control dyads, and shifting sex-related values in contemporary Chinese culture).

Discrepancy in Perceived Occurrence of Sexual Health Communication

Given the dyadic nature of each case, I had to consider how the individual (and often divergent) accounts of parents and children coalesced into one greater story. Parents and children demonstrated significant differences in perceived occurrence of sexual health communication between them. For the most part, parents reported having had such discussions with their children, while children reported that no sexual health communication had occurred. As discussed in Chapter 2 (p. 18), this

sort of parent-child communicative discrepancy surfaced across the literature (Miller et al., 1998; Newcomer & Udry, 1985). While it is important (albeit difficult) to determine what actually occurred between parents and children, it may be more useful to consider the theoretical implications and overall importance of the discrepancy between parent and child perceptions (which few studies have done). Based on the present study's major findings, it is likely that parents and children have different ideas as to what constitutes "sexual health communication," they have divergent expectations of themselves and one another, and thus, they disagree on whether such communication occurred or not.

Definitional Differences. Despite their differences in *perceived occurrence* of sexual health communication, parents and children often reported similar *content* of specific conversations between them. This finding suggests that parents and children have different ideas as to what constitutes "sexual health communication." Newcomer and Udry (1985) suggest that while it is important for some form of sexual health communication to occur, it is of greater importance for parents to recognize that children do not necessarily hear, comprehend, retain, or find value in what they believe to have communicated. In order for parents to share information (which is only unidirectional and serves only one function of communication), the child must: be exposed to the message (frequently), attend to the message, comprehend the message, accept the message as being valid, retain the message in memory, and retrieve the message when appropriate (Jaccard et al., 2002).

In the present study, divergent parent-child perceptions may be a result of the any of the following individual or combined factors: 1) children were not exposed to the message, that is, certain conversations reported by parents did not actually occur, 2) children did not attend to the message, 3) children did not comprehend the message, 4) children did not accept the message as being valid, 5) children did not retain the message in memory, 6) children did not retrieve the message when appropriate, and/or 7) children were not receptive to parents' "openness" due to conflicting communication styles. It is difficult to ascertain the exact cause for discrepancy; however, the findings of this study strongly suggest that children did not accept their parents' messages (or the content of communication) as being valid

sexual health communication because this content did not meet their definitional expectations. Children expressed that "sexual health communication" meant "full, detailed" conversations about sex and related topics, while for parents, it seemed that "sexual health communication" meant more implicit messages about dating, relationships, and sex (e.g. "be safe").

This finding is similar to that of Cui and colleagues (2001) who found that while Chinese parents remained largely opposed to pre-marital sex, they felt it most appropriate to simply remind their children to be responsible in dating as opposed to directly telling them not to have sex. In the present study, the content of communication reported by parents was similar to that of their children (e.g. being safe or being careful), but it did not meet children's expectations. As such, children did not accept this implicit content as valid sexual health communication, and for that reason, they did not perceive this communication specifically as *occurrences* of sexual health communication. But the question remains: why did parents in the present study, including those who had participated in the RSHC, use implicit messaging to communicate with their children about sexual health? This important question will be revisited in the section "Cultural Influences on Communication Patterns Mediated by Personality." First, it is necessary to introduce and discuss some of this study's major findings regarding acculturation.

Ambiguous Influences of Acculturation on Sexual Health Communication

While immigration refers to uprooting oneself from a heritage country and taking up permanent residence in a new host country, "acculturation" refers to the process of adopting the language, attitudes, culture, and behaviours of the new host country (Kim et al., 2009). As described in Chapter 2 (p. 32-34), there are many models and conceptualizations of "acculturation." Berry (1990) proposes four degrees of acculturation: assimilation, separation, integration, and marginalization. Tsai et al. (2002) discuss the multiple domains of the adjustment process: cultural orientation, identity, and cultural values. Finally, Costigan and Su (2004) speak to whether acculturation is best conceptualized as a linear or orthogonal process. The linear model assumes a loss of ethnic cultural orientation, identification, and values as one adopts those of the host culture, while the orthogonal model assumes that it is

possible to adopt the features of the host culture while simultaneously retaining those of the ethnic culture (Costigan & Su, 2004).

In the present study, however, it seems that the concept of "acculturation" is more ambiguous and complex than the extant literature implies. No participant directly defined acculturation, but they did so by implication (i.e. not by using the word "acculturation," but by describing the adjustment process using personal experience and subjective interpretation). Acculturation is difficult to define because it is highly subjective, and it may be influenced by gender, age, ethnicity, religion, language, sexual orientation, and other factors in a number of ways. It is also difficult to measure because it is ongoing and gradual, it may be subtle, and may even go unnoticed by the person undergoing the adjustment. Similar to existing literature, most participants in the present study reported experiencing some sort of acculturative challenge, for example, with language, work, transportation, food, discrimination, parenting, etc. (Thomas, 1995; Esquivel & Keitel, 1990; Crane et al., 2005). Not surprisingly, the mother-son dyad from Mainland China reported experiencing more severe acculturative challenges compared to the other five dyads (four from Hong Kong and one from Singapore). This finding is likely due to the sub-cultural and intergroup differences between Hong Kong and Mainland China, which may have proven more advantageous for the non-Mainland participants in the present study (Tsz Yan Fong, 2010).

While Hong Kong participants in the present study identified themselves ethno-racially as "Chinese," exposure to British culture and language in Hong Kong may have eased their transition into Canada where British culture and language are also well represented. For example, many parents spoke English at a social and professional level when they immigrated to Canada, which allowed them to find jobs relatively quickly (within three months). Two Hong Kong mothers were not confident in speaking English, but they still had some grasp on the language. The mother-son dyad from Mainland China, however, spoke very little English, which posed significant difficulties at work and school. For example, the mother in this dyad went from being a university professor in China to a short-order cook at Burger King in Canada (due to her limited English), and her son experienced tremendous difficulties

at school (e.g. understanding his teacher, getting along with his classmates, and discrimination from both teachers and students). Interestingly, this mother also seemed to struggle the most in terms of applying a Chinese parenting style in a Canadian context. She, of all the parents, practiced a parenting style most in line with "traditional Chinese parenting," (i.e. strict, expecting unquestioned obedience, limiting social activities, etc.) in her heritage country. Applying this style in Canada, however, caused much conflict and tension between her and her son. The other participants did not experience such extreme challenges related to parenting style.

In addition to comparing non-Mainland dyads to the Mainland dyad, I also compared the acculturative differences between parents and children, and how they may have affected sexual health communication.

Parent-Child Acculturation Differences and Sexual Health Communication. Acculturation differences between parents and children were only reported by two of the twelve participants, both were children, and only one of which perceived acculturation differences as having significantly hindered general and sexual health communication with her parents. As such, acculturation differences, for the most part, were not perceived by participants as having a significant impact on general and sexual health communication, which is inconsistent with the extant literature regarding acculturation differences and intergenerational conflict (Lim et al., 2009; Kim et al., 2009). It has been suggested that the process of acculturation is often dissimilar for parents and children, which creates a discrepancy, called *generational dissonance*, in the acculturative rates between the two generations (Lim et al., 2009; Kim et al., 2009). Generational dissonance is postulated to be a major source of conflict in parent-child relationships, and a major hindrance of parent-child communication (Thomas, 1995; Crane et al., 2005; Lim et al., 2009; Kim et al., 2009). In the present study, however, only one child of twelve total participants reported generational dissonance as being a source of conflict between her and her mother, and ultimately hindering general and sexual health communication.

It is critical to emphasize, however, that it was most *participants* (parents and children) who did not perceive acculturation differences as having an impact on sexual health communication. This finding is a reflection of the surface content or

what participants literally said. I, on the other hand, explored the latent or deeper content of participant accounts, and found too many acculturative implications to dismiss the potential impact on sexual health communication (which will be discussed in further detail in subsequent sections). First, it is important to consider why participants may not have directly perceived acculturation differences between parents and children.

No Perceived Acculturation Differences. First, according to Costigan and Su (2004), the process of acculturation is often orthogonal or bidimensional, that is, it is possible to retain the behaviours, values, and sense of belonging to one's ethnic culture (culture A) while simultaneously adopting the features of the host country (culture B). Similarly, in their review of literature, Meston and Ahrold (2010) found that biculturalism (i.e. mutual engagement in heritage and mainstream cultures) is often the most adaptive and most used acculturation strategy among Hispanic youth. They argue that bidimensional measures of acculturation (i.e. orthogonal model), where heritage and mainstream cultures are measured independently, have greater validity and utility than unidimensional measures (i.e. linear model) (Meston & Ahrold, 2010).

According to this conceptualization, retention of culture A and adoption of culture B are independent of one another, and a person may therefore display characteristics from both A and B. It is likely that parents in the present study adopted some features of Canadian culture (B) while retaining the features of their heritage culture (A). It is also likely that parents passed on the features of culture A to their children, or children naturally inherited the features of culture A from their parents. Ultimately, children and parents may not have felt culturally different from one another because they share many features of both "Chinese" and "Canadian" cultures (i.e. biculturalism), and they do in fact identify with each other on some cultural levels (Meston & Ahrold, 2010). This theory implies the possibility that A + B = C or an amalgamation of two cultures. That is, it is possible to retain A while adopting B, but they may not be independent of one another. Perhaps parents and children have taken features of A and B to form culture C, which is a combination of Chinese and Canadian cultures uniquely shared by immigrant parents and their children. For

example, one child participant said, "I speak Chenglish; it's a mix of both vocabularies… I kind of replace words that I don't know with the other language…" This mixture of languages is suggestive of a potential C culture in which both parents and children operate comfortably. Ultimately, this may be why parents and children did not perceive acculturation differences between them.

Second, parents and children in the present study have spent a significant amount of time together, and they may not have recognized the gradual and subtle influences of acculturation over the years. As a result, they may have confounded acculturation differences between them with personality differences, generational differences, or some other unknown factor. It may have been difficult for participants to separate the dimensions of parent/child behaviours, or attribute aspects of parent/child behaviours to specific factors, such as acculturation, generation, or personality, because of the deep connection between them. For example, when a child spends much of his/her time with a parent, it becomes difficult for the child to perceive the parent outside of the "mom" or "dad" role. Essentially, since parents and children know each other on a deep and intimate level, it is difficult for the parent/child to explain the other person's behaviours: it's just who they are. Also, many of the children were relatively young at the time of immigration, which means that the majority of parent-child interactions occurred in a Canadian context. As a result, children may not have had sufficient parent-child interactions in their heritage country to recognize and compare any acculturative influences on parent-child communication, or they simply may not remember the parent-child dynamic in their heritage country.

In order to clearly explain the latent influences of acculturation differences between parents and children on sexual health communication, it is necessary to first discuss the acculturative influences on parenting style.

Acculturative Influences on Parenting Style. Most parents perceived their parenting style as more open and communicative than that of *their* parents, but they did not necessarily attribute this difference entirely to acculturation to Canada. Four parents believed they would have had a consistently open and communicative approach to parenting regardless of whether they lived in Canada or their heritage

country, while the other two parents reported adopting a more democratic approach in Canada because their less communicative "Chinese style" seemed to be ineffective in a Canadian context. "Democratic" parenting, in this sense, meant encouragement of children's verbalization, granting equal rights, and comradeship/sharing with children (Chiu, 1987). Most parents claimed that typical "Chinese parenting" in Hong Kong/China is shifting toward a more "Western" approach to parenting anyway, that is, from a strict, hierarchical style to a more open, flexible, and communicative style. This finding is in line with that of Zhang (2007) who claims that Chinese parents are shifting from a conformity orientation to a conversation orientation in parent-child interactions. This may be part of the reason why parents believed that sexual health communication with their children would have occurred in their heritage country as it did in Canada.

It is important to emphasize that the parents in the present study were certainly not Amy Chua's (2011) typical Chinese "Tiger Mom" (e.g. forbidding children's social activities, not settling for any grade less than an A, etc.). In fact, one child in the present study directly expressed how her parents' parenting did not resemble Chua's idea of typical (and superior) Chinese parenting in the least. Parents in the present study were more "authoritative" than Chua's extreme "authoritarian" style – they demonstrated high parental standards, appropriate autonomy granting, and emotional support (Baumrind, 1971; Chua, 2011). However, parents in five of six dyads identified at least one aspect of Chua's (2011) traditional Chinese parenting as having influenced their parent-child dynamic on some level. These aspects of traditional Chinese parenting, which are consistent with extant literature, included: not allowing children to date until full completion of school (Cheng Gorman, 1998); limiting children's engagement in leisure/social activities (Cheng Gorman, 1998); emphasizing and enforcing respect for elders (Zhang, 2007); pressuring children to achieve academic excellence (Chiu, 1987); and expecting unquestioned obedience from children (punishing children when this expectation is not met) (Zhang, 2007).

In a Western context, these parenting techniques may be perceived as authoritarian, controlling, and restrictive; however, this form of restriction and strictness appeared to be more protective than inhibitory (Chiu, 1987). This finding is

consistent with that of Cheng Gorman (1998) and Cheah and colleagues (2009) who found that Chinese immigrant parents endorsed and demonstrated a high level of parental warmth while maintaining a high level of control stemming from love and concern. Ultimately, while parents' actions were suggestive of "authoritarian" parenting, their *intentions* were clearly borne from care and concern for their children's well-being.

Despite parents' good intentions, practicing these restrictive aspects of traditional Chinese parenting in a Canadian socio-cultural context may have created challenges in parent-child relationships, general communication, and ultimate sexual health communication. Participants may not have directly perceived these effects, but the possibility remains. A deeper exploration of the acculturative influences on parenting style prompted me to consider the potential importance of an emergent and recurrent factor across participant accounts, that is, *personality congruence.* Upon further investigation, it seems plausible that acculturative influences on parenting style may facilitate personality differences between parents and children that ultimately hinder general and sexual health communication. Since acculturation indirectly facilitates personality differences between parents and children, it may be possible that participants confounded personality differences with acculturation differences. The following two sections explain these emergent themes.

Personality Congruence. In the present study, I set out to explore the effects of acculturation on parenting style, and the combined effects of acculturation and parenting style on parent-child sexual health communication. As the study progressed, however, an unanticipated mediator of parent-child communication emerged. In five of six dyads, the degree of personality congruence or compatibility between parents and children was identified (by participants) as determining the frequency and openness of *two-way* general and sexual health communication. Personality differences between parents and children seemed to hinder general two-way communication, while personality similarities seemed to be more conducive to such communication. As described by parents in four separate cases (and as briefly observed during face-to-face interviews), children were quiet, reserved, serious, and reflective. Parents, on the contrary, were talkative, outspoken, and assertive. In terms

of immigrant child personalities, this particular finding is somewhat comparable to that of Cheng Gorman (1998) who found that several immigrant Chinese mothers perceived their children as quieter and more emotionally reserved than their mainstream peers. Likewise, Esquivel and Keitel (1990) and Thomas (1995) reported that bilingual immigrant children (not specific to any language) often displayed a quiet and emotionally reserved demeanor compared to non-immigrant children. The latter authors attribute the quiet and reserved demeanor of immigrant children to acculturative stress associated with the challenges of cultural and social adjustment. Although most children in the present study did not directly report experiencing acculturation stress/challenges, it is possible that their negative responses to the restrictive aspects of their parents' "traditional Chinese" parenting style may suggest otherwise.

Acculturative Influences on Personality Mediated by Parenting Style. Since most of the children in the present study were under the age of five at immigration, they seemed to identify more with Canadian values than did their parents. Despite acknowledging their parents' good intentions based on traditional Chinese values (e.g. overprotection for safety reasons), children still seemed to respond to these restrictive aspects of traditional Chinese parenting in a negative way, for example, by developing a quiet and reserved demeanor. Kitamura and colleagues (2009) propose that early environments, including perceived parenting behaviours and attitudes, contribute to the development of children's temperament and character, either as a direct influence or as a mediating factor. For example, Koydemir-Ozden and Demir (2009) found that when children perceived parental strictness/supervision, they had increased concerns over being negatively evaluated or rejected by parents, which in turn led to shyness.

This seems to be quite plausible for four of the children in the present study with a quiet and reserved demeanor. All of these children expressed, to some degree, a fear of being negatively evaluated by their parents. For example, one son perceived his parents as *very* strict in terms of academic success when he was young, which he admitted "bothered" him. Interestingly, this same son did not confide in his parents about being bullied at school because he felt ashamed, and he feared that disclosure

would call attention to his sexual orientation and potentially cause his parents to "suffer" in knowing that he was gay. Another participant, a mother, expressed how she felt that her son "hid things" from her when he thought that she would react negatively. Her son also had a quiet and reserved demeanor, which he explained was a reflection of his general distaste for discussing personal issues with anyone. Again, it is likely that children's shyness or quiet and reserved demeanor in the present study, mediated by restrictive aspects of traditional Chinese parenting, inhibited general communication between parents and children. Put simply, if general communication between parents and children was challenging or inhibited, then it is reasonable to assume that more sensitive sexual health communication was even more challenging and infrequent in these dyads.

These findings beg the question: to what extent is personality influenced by culture? If personality is somehow shaped or influenced by culture, then perceived personality differences between parents and children might actually reflect acculturation differences (which, as observed in the present study, may manifest as communication differences between them). Essentially, this would imply that culture/acculturation differences do, in fact, have an impact on parent-child sexual health communication (whether they are perceived or not).

Cultural Influences on Communication Patterns Mediated by Personality. According to Triandis and Suh (2002), personality is shaped by both genetic and environmental factors; among the most important of the latter are cultural influences. The model of cultural influences on personality proposed by Triandis and Suh (2002) suggests that ecology (relations of people to one another and to their physical environment) shapes culture, which in turn shapes the socialization patterns of people, which shape some of the variance of personality. Put simply, culture influences the development of personality via patterns of socialization patterns (Triandis & Suh, 2002). This could potentially mean that perceived personality differences between parents and children are actually a function of culture/acculturation differences. If this is the case, then it is culture/acculturation differences between parents and children (not personality differences) that hinder general and sexual health communication.

Interestingly, Triandis and Suh (2002) discuss communication patterns as a function of culture mediated by personality. They noted that the use of indirect and face-saving communication (considered a personality trait) frequently observed in collectivist cultures, such as Chinese culture, might serve specific cultural purposes. The ambiguity in communication, that is, the inexactness of meaning in language, can be helpful in collectivist cultures where clarity may result in sanctions. In a like manner, Trenholm and Jensen (2004) describe a communicative variable, called context-dependence, which speaks to differences in communication styles across cultures, and may applicable in the present study. In high-context cultures, such as traditional Chinese culture, meaning is implicit and unstated. People are expected to read between the lines and guess one another's meaning despite what is actually said. According to Trenholm and Jensen (2004), in high-context cultures, "being too direct can cause others to lose face and create disharmony. By making messages subtle, individuals protect one another… to avoid embarrassment," (p. 369). In low-context cultures (e.g. Canada), people are expected to say what they mean, and mean what they say, that is, meaning is explicitly stated in words. As such, problems may arise when people from low- and high-context cultures attempt to communicate with one another. High-context receivers may feel that low-context communication is too blatant, while low-context receivers may feel confused by high-context communication and wonder what prevents speakers from saying what they mean (Trenholm & Jensen, 2004). Thus, perceived personality differences between parents and children in the present study may in fact reflect communicative differences influenced by culture.

These possibilities may speak to the difference in how parents and children in the present study defined "sexual health communication." As previously discussed, children did not perceive their parents' messages as sexual health communication because it did not meet their definitional expectations. For children, "sexual health communication" meant more explicit and detailed explanations, while for parents it meant more implicit and indirect messages about dating, relationships, and sex. With that, it is fitting to address the question posed in the section "Definitional Differences": why did parents in the present study, including those who had

participated in the RSHC, use implicit messaging to communicate with their children about sexual health?

Implicit Sexual Health Communication. This parental definition/behaviour, although not directly perceived by participants, may be suggestive of the indirect and face-saving communication frequently observed in Chinese culture. They may not have said so directly, but it is possible that parents in the present study avoided direct and explicit communication because they were uncertain of the subject, they lacked confidence, they lacked self-efficacy, they lacked communication skills, they feared that children would think they were prying or accusing, and they ultimately wanted to save from embarrassing themselves and/or their children (i.e. saving face of both parents and children). It is difficult to say with certainty, but it is possible that for the RSHC parents, retention of "traditional" face-saving behaviours trumped or at least impacted how the RSHC teachings were put into practice by parents. However, these parental reservations/behaviours have been observed in mainstream parents as well (Walker, 2004; Byers, 2008); so was implicit or subtle communication really a matter of culture? It is a likely possibility, but it may have also had something to do with how parents interpreted the meaning of "openness" in family communication about sex (Kirkman, Rosenthal, & Feldman, 2005).

Openness in Sexual Health Communication. Kirkman and colleagues (2005) found that parents had a paradoxical usage of the term "open" in discourses of communication about sexuality. Despite endorsing and even claiming to be "open" in communication about sexuality, some parents coincidentally described playing almost no part in such communication. The reason, it seemed, was that parents' interpretations of "open sexual health communication" simply meant being willing to answer questions and having an open-minded attitude about the subject (Kirkman et al., 2005). Likewise, Byers and colleagues (2008) found that despite positively evaluating themselves as sex educators, parents of Canadian children in Kindergarten to Grade 8 did not appear to be providing *detailed* sexual health education to their children (even on topics that were developmentally appropriate).

It appears that most parents in the present study had similar interpretations and perceptions: they claimed to be "open" in sexual health communication, yet they only

used implicit language to convey their messages. Perhaps using implicit language was parents' attempt to show their children that they were "open" to talk and willing to answer questions if asked by children. In that sense, they may not have perceived themselves as being subtle because they did what they thought was expected of them – they were being "open." In fact, two of the ways parents can "help their children grow up sexually healthy" listed in the 1999 RSHC Workshop Manual (p. 19) is by "being open in talking about sexuality" and by "being askable." Thus, the RSHC parents, as well as the non-RSHC parents, may have perceived themselves as fulfilling their expected roles in terms of open parent-child sexual health communication. However, as observed in the present study, knowing that parents are open and willing to answer questions does not ensure that questions will be asked, although the awareness of openness may be valued (Kirkman et al., 2005). With that, it is appropriate to discuss, in greater detail, the influences of the RSHC on sexual health communication between Chinese immigrant parents and their children.

Influences of the RSHC Program on Sexual Health Communication

The 1999 RSHC Manual outlines the guiding principles and philosophies of the Raising Sexually Healthy Children Program, and it also provides a list of ultimate goals for children and parents. In terms of parental goals, as mentioned in the results section for research question #3 (pp. 31-32), parents identified with the "ways in which parents can help their children grow up sexually healthy" listed in the manual (p. 19). They reported becoming more open to talking about sexuality, being "askable," providing their children with education and information according to their age and development, and reflecting on their own sexual values and being aware of their influence on their children. Overall, the three parents who participated in the program reported implementing what they learned from the RSHC in sexual health education with their children, and they perceived these efforts as having facilitated "open" sexual health communication with their children. Children, however, did not recall their parents speaking to them about sexual health, and they ultimately did not perceive the RSHC as having had a personal impact on sexual health communication with their parents. Clearly, there is a discrepancy between children's perceptions, parents' perceptions, and RSHC goals and teachings.

As listed in the RSHC manual (p.19), the following are the expected goals for children:

1. *Children will develop positive feelings about their own bodies including sexual parts.*
2. *Children will feel good about themselves as male or female persons and will be aware of their full human potential regardless of their gender.*
3. *Children will learn that it is okay to talk about sex and ask questions about it.*
4. *Children will understand their body rights and responsibilities, that is, each person has the right to determine who will touch his or her body, especially the sexual parts.*

In terms of measuring these goals, I did not ask the RSHC children in the present study specific goal-related questions because I wanted to see: first, *if* children were aware of their parents' RSHC involvement; second, *what* they remembered about their parents' RSHC involvement, and; third, *if/how* they perceived themselves as directly benefiting from the RSHC. During our interviews, most children (including the non-RSHC children) touched on the subject of goal #3 (i.e. learning that it is okay to talk about sex and ask questions about it, p. 19); however, their reports seemed to counter the desired outcome of this goal. For example, all children (including the only child who reported engaging in sexual health talks with her mother) reported feeling hesitant, embarrassed, or awkward, to some extent, about engaging in and initiating talks about sex with their parents, which may very well reflect "typical" parent-child communication also observed in mainstream dyads (Jaccard et al., 2000). For that one child, however, knowing that she could be open and initiate such talks with her mother, if she needed/wanted to, was a benefit in and of itself (Kirkman et al., 2005). Thus, while their parents may have attempted to express that it is okay to talk about sex and ask questions about sex, children did not do so. This finding may be linked to parents' implicit communication style: children may not have talked/asked questions about sex because they did not interpret parents' implicit messaging as an invitation to do so. The discrepancy between children's perceptions, parents' perceptions, and RSHC goals/teachings may relate to the issue of timing, that of the initiation of sexual health communication between parents and children, and that of parents' participation in the RSHC.

The RSHC Program was designed for parents with children aged 0-12 years, yet only one of the three RSHC children was within the age bracket (10 years old) when his mother participated in the program. The other two children, on the other hand, were 14 years old or older when their parents participated in the RSHC. This may explain the discrepancy between children's perceptions, parents' perceptions, and RSHC goals/teachings. Teenagers have different needs and learning styles compared to children aged 0-12. They are often less engaged with their parents, they are less malleable because they have already formed opinions, and they ask fewer questions. This is why the RSHC is designed to target children at a stage when they are still willing to listen and talk with their parents. To that end, it may have been too late for the parents of these two children to effectively apply RSHC teachings. This point has also been raised in extant literature. For example, Beckett et al. (2009) suggests that in order for parents to play an influential role in the sexual socialization of their children, they must talk about sex early and often. The RSHC promotes early and frequent talking, but it is ultimately up to parents to implement what they learned from the program when their children are young/age-appropriate. It is nearly impossible to do so when children are already above the age bracket at the time of parents' RSHC involvement. As such, teenagers may not seriously consider their parents' implicit attempts at sexual health communication because they have already acquired explicit information elsewhere (e.g. school, friends, Internet, media, etc).

RSHC Dyads vs. Control Dyads. Before discussing the effects on sexual health communication, I want to first mention some of the other social benefits of participating in the RSHC. Overall, the RSHC seemed to benefit parents more than children, and these benefits extended beyond sexual health communication to include wider social issues faced by immigrants in Toronto. Some of the added benefits included gaining social support and gaining a sense of community. These benefits are important because they have been shown to enhance coping abilities, moderate the impact of stressors, and promote health in immigrants or those who have experienced major transitions (Simich, Beiser, Stewart, & Mwakarimba, 2005; Kutek, Turnbull, & Fairweather-Schmidt, 2011).

Sexual health communication between parents and children occurred slightly more often in RSHC dyads. RSHC parents felt more comfortable and confident about initiating such discussions with their children, they reported encouraging their children to talk and ask questions about sex, they reported covering a broader range of sex-related topics with their children (more in-depth), and they reported approaching sexual health discussions in a more serious way (compared to the joking/light-hearted approach used by non-RSHC parents). Five of six children (excluding one RSHC child), however, did not perceive parents as open or askable, and all six children felt hesitant, embarrassed, or awkward about initiating such talks wit their parents. Most of the children did not perceive themselves as directly benefiting from the RSHC.

It is interesting, however, that in comparing RSHC dyads to non-RSHC dyads, it became obvious that the RSHC dyads seemed to have less surface conflict and tension in their overall relationships. Perhaps because parents were more open to talking with their children in general, they were better able to resolve conflict before it escalated into something unmanageable. According to Kirkman and colleagues (2005), this may actually be the first step in establishing open communication about sex – adolescents made it clear that their parents' willingness to be open about sexuality was meaningful only if the relationship and the communication already existed. Openness was found to be an attitude of mind in family communication, and one that took work and effort: it could not begin in adolescence nor encompass only sexuality (Kirkman et al., 2005). Thus, if the RSHC can at least help parents to improve their general communication and relationship with their children, then it has the potential (over time) to help establish open communication about sex. However, it is difficult to conclude with certainty that the RSHC dyads had less conflict because of the RSHC, or whether parents participated in the RSHC because they already had good relationships with their children.

Although the children themselves may not have directly perceived it as a benefit, this open communication and relationship style may be regarded as a positive outcome of the RSHC or even as a step toward more open sexual discourse. Aside from this, there were no marked differences between RSHC children and non-RSHC children (likely because parents did not talk to their children about sex early enough

or often enough to have a significant impact). It is also important to note that I did not ask children specifically about their sexual behaviours; thus, it is difficult to determine the true impact of parent-child communication about sex on RSHC children vs. non-RSHC children.

Despite parents' perceived impact of the RSHC on sexual health communication, all (including the non-RSHC parents) believed that such discussions would have occurred in their heritage country as it did in Canada, whether they participated in the RSHC or not. This may be linked to the fact that most parents perceived themselves as already practicing (or eventually practicing) a democratic parenting approach conducive to open parent-child sexual health communication. However, this belief may also be linked to the shifting of sex-related values in contemporary Chinese culture. The following section explains.

Shifting Sex-Related Values in Contemporary Chinese Culture. Similarly to parenting style, most parents in the present study perceived sex-related values in contemporary Chinese culture as shifting toward a more Western perspective, that is, sex is becoming less taboo, Chinese people are becoming openly curious about sexuality, and sex is discussed more openly in the media and among youth. Be that as it may, it is important to note that although parents in the present study acknowledged a shift in "traditional Chinese" attitudes about sex, not all of these parents held values parallel to this shift, that is, some participants expressed the importance of waiting for marriage to engage in sexual intercourse, which is more reflective of "traditional Chinese" values opposing pre-marital sex (Cui, Li, & Gao, 2001).

Surprisingly, it was quite difficult to find academic research on this alleged shift or change in traditional Chinese attitudes about sex. One researcher, however, conducted an ethnographic study on youth sex culture and market reform in Shanghai (Farrer, 2002). He found that Shanghai youth collectively refuted the traditional norm of premarital chastity, and most youth no longer expected girls to wait until marriage to engage in sexual intercourse and other sexual behaviours. In exploring the social world of dance clubs in Shanghai, Farrer (2002) found that youth use the spaces of nightlife to engage in forms of sexual play. Over the last 30 years, traditional Chinese attitudes about sex have become less inhibited, that is, Chinese youth are more likely

to explore, play, and essentially deconstruct traditional values (Farrer, 2002). Thus, while they may not agree with these changing attitudes about sex, parents in the present study recognized the shift in youth sexual behaviours, and identified a successive need for sexual health education in Hong Kong/China. This, coupled with a perceived open and communicative parenting style regardless of location, is perhaps why parents felt that sexual health communication with their children would have happened in Hong Kong/China as it did in Canada (i.e. that such communication was uninfluenced by acculturation to Canada).

Summary

This chapter presented a discussion of the present study's major findings, including the discrepancy in perceived occurrence of sexual health communication, the ambiguous influences of acculturation on sexual health communication, and the influences of the RSHC Program on sexual health communication. This study has produced much information, but what can be made of it? The following chapter provides conclusions and recommendations for future research and practice.

Chapter 6: Conclusion

The following chapter highlights a summary of the present study's major conclusion and contributions to the field of sexual health communication research, including a diagrammatic representation of the major factors influencing such communication. This chapter also outlines the present study's limitations (including social appropriateness and social desirability, recall bias, defining "culture," and causality), recommendations for future research, recommendations for future practice, and reflection and final thoughts.

Conclusions and Contributions

Figure 2 (shown below) depicts the major factors influencing sexual health communication in Chinese immigrant families in the present study. As shown in the diagram, parents were more heavily influenced by "Chinese" culture, while children were more heavily influenced by "Canadian/Western" culture. The culture and/or acculturation differences between parents and children manifested as differences in communication style, which both parents and children perceived as personality

differences between them. Parents used implicit/high-context communication (frequently observed in collectivist cultures) to communicate with their children, for example, by saying, "be safe," and assuming that children would understand the underlying message to either abstain from sexual intercourse completely or to use contraception if already sexually active. Children, on the contrary, defined or expected sexual health communication to be explicit/low-context messages about sex, for example, "do not have sex until you are married" or "use condoms if you are having sex." As a result, parents and children had divergent perceptions as to whether sexual health communication had occurred or not (parents thought that it had, while children did not). The Raising Sexually Health Children Program aims to improve and open the lines of communication between parents and children by encouraging parents to be "askable" and "open" in talking about sexuality. In order to improve the effectiveness of the program, public health officials may consider: 1) ensuring that parents who participate in the RSHC have children within the target age range, or creating an extension of the program tailored specifically for adolescents by involving adolescents in the planning, implementation, and evaluation of the program, and 2) teaching immigrant parents how to communicate with their children in an explicit/low-context manner, that is, an "openness" to which *children* are receptive. In doing so, the RSHC may deconstruct the differences in perceived occurrence of sexual health communication between parents and children in a way that is transparent to immigrant parents.

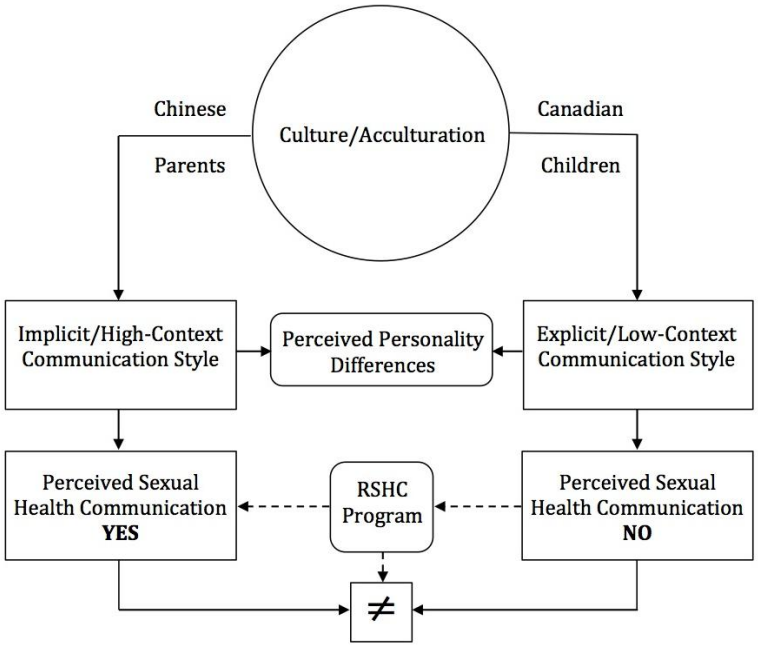


Figure 2. Factors influencing parent-child sexual health communication in Chinese immigrant families. Dashed lines represent recommendations, based on the present study's findings, to improve the effectiveness of the RSHC Program.

Summary of Major Points. First, parents and children had different expectations/definitions of open sexual health communication. Adolescents defined "open" communication as explicit, detailed, and clear language about sex and sexuality. Parents, on the contrary, perceived using implicit and subtle messages about dating, relationships, and sex as an ideal way to establish open parent-child communication. They felt that "open" communication simply meant having an open-minded attitude and a willingness to answer questions about sex and sexuality. However, knowing that parents are open and willing to answer questions did not always ensure that questions were asked. Adolescents tended to feel hesitant, awkward, and embarrassed about initiating and engaging in sexual health discussions with their parents even when parents attempted to establish "openness." For parents to effectively communicate a sexual health message to their children, they should consider: 1) using a clear/explicit and casual approach while maintaining a relatively serious tone, and 2) that it may not always be best to wait for children to initiate the conversation.

Second, the real and perceived influences of acculturation on parenting style and ultimate sexual health communication are more ambiguous than implied in the extant literature. The results of the present study suggest that the influences of acculturation are difficult to delineate because "acculturation" in itself is a highly subjective, complex, and ongoing process that is impacted by many factors/variables. It is more than just the acquisition of language or social customs: it also reflects values, attitudes, personal background, sub-culture, and so forth. Participants did not perceive acculturation differences between parents and children as having an impact on sexual health communication; however, participants may have confounded the ambiguousness and complexity of acculturation with other factors. For example, acculturation may influence parenting style, which in turn may influence children's personality type and communication style, and/or culture/acculturation may have a direct effect on personality, which in turn may influence communication style. Participants may have confounded personality differences between parents and children with acculturation differences.

Third, in addition to becoming more open-minded and willing to answer questions about sex and sexuality, participation in the RSHC Program yielded many benefits for immigrant parents, including building social support networks, regaining power as a parent, and gaining a sense of community. For children, however, results were less clear. The RSHC dyads seemed to have better parent-child communication, but it is difficult to conclude with certainty that it was *because* of the RSHC. This is important because parents' willingness to be open about sexuality may only be meaningful if the relationship and communication already exist, and if the RSHC can help parents improve the relationship and communication with their children, then it has the potential to act as a first step toward establishing open communication about sex. Ultimately, to increase the effectiveness of the RSHC, parents should participate in the program when their children are still in the 0-12 age bracket. If this proves difficult, it may be beneficial for Toronto Public Health to develop and implement an extension of the RSHC specifically tailored for adolescents.

Limitations

The present study had some limitations that must be acknowledged. The following section addresses: social appropriateness and social desirability, recall bias, and defining "culture."

Social Appropriateness and Social Desirability. The first limitation pertains to social appropriateness and social desirability, which have been shown to influence how individuals respond to moral issues (Heisler, 2005). According to social appropriateness, parents *should* recall talking to their kids about sex because it is a reflection of their role as the family caretaker and protector. As for social desirability, parents may have responded in manner they believed would be viewed favourably by others, that is, reporting that sexual health communication *had* occurred. Children, on the other hand, felt no such need to justify themselves by reporting occurrences of sexual health communication with their parents. In the present study, there was no measure of social appropriateness or social desirability; however, ensuring participant confidentiality has been proven to diminish the potential impact of such biases (Heisler, 2005).

Recall Bias. The second limitation pertains to qualitative interviews as a method of data collection. Parents and children often had divergent recollections of sexual health communication between them. Without direct observation, it was nearly impossible to determine which recollection best reflected actual occurrences of sexual health communication between them. As such, I can only surmise, based on participant accounts, possible explanations for divergent recollections.

Defining Culture. The third limitation relates to Chinese culture. As is the case in many countries, there exist many subcultures, ethnic groups, and spoken languages within and between Hong Kong and the People's Republic of China. In this study, however, "Chinese immigrant families" was meant to represent immigrants from Hong Kong and PRC, not all Chinese subcultures and ethnic groups. Thus, while the study is intended to explore parent-child communication about sexual topics in Chinese immigrant families, the findings are unlikely applicable or relevant to all Chinese subcultures and ethnic groups.

Recommendations for Future Research

The findings from the present study gave rise to further research questions that explore the role of acculturation, parenting style, personality, and health promotion initiatives in the greater context of parent-child sexual health communication in Chinese immigrant families. Recommendations for future research are outlined subsequently.

First, according to Eisikovits and Koren (2010), conducting joint interviews with both parents and children, in addition to separate interviews, would add another dimension to the dyadic analysis and deepen/enrich the overall understanding of dyadic interactions. Using separate interviews alone has many benefits: 1) it enables each partner to tell the story from his/her own perspective; 2) it enables researchers to capture the individual within the dyad, without forgoing the dyadic perspective; 3) it creates a third version or view (the comparison of individual accounts), which enriches the perspective on the phenomenon, and; 4) it increases trustworthiness by triangulation. However, using only separate interviews also has its drawbacks, for example: 1) it limits the perception of the phenomenon (as restricted by what the partner says); 2) the dyadic version is mainly interpretive (it is distant from the descriptive level), and; 3) it creates an ethical problem of revealing information to the partner in written form (presenting quotes of each partner alongside those of the other). Using joint interviews also has its advantages: 1) it creates a joint picture and shared narrative, and; 2) it also enables researchers to learn from the way partners dominate or are subdued concerning their role in the relationship. However, using only joint interviews has its drawbacks, for example: 1) unable to develop individual versions of the relationship, and; 2) reduces imbalance between versions because of partners being audience to each other (which also reduces materials for analysis) (Eisikovits & Koren, 2010).

According to Eisikovits and Koren (2010), conducting both separate and joint interviews with the same participants offers "the best of both worlds" (p. 1643). The authors suggest that using both interview methods maximizes the advantages of each while minimizing their individual disadvantages. They also suggest that conducting both separate and joint interviews is quite appropriate when the topic under study is

not too sensitive to endanger participants lives, and when the purpose of the study calls for the analysis of interaction *between* participants (Eisikovits & Koren, 2010). Since interaction (or lack thereof) between parents and children is the crux of parent-child sexual health communication, it may prove beneficial to conduct joint interviews as well as separate interviews. Given the difficulty or near impossibility for researchers to observe a natural and candid conversation about sexual health between parents and children, perhaps the next best thing is to observe them talking *about* sexual health communication (which may be perceived by participants as an equally embarrassing or awkward topic to discuss). Not only would this paint a joint picture of the sexual communication between them, it would also allow researchers to physically observe how both members of the dyad communicate and interact with one other. In this sense, the researcher may consider what participants literally say, and also how they behave with/around one another.

Second, evaluation of the RSHC Program on a longitudinal level would allow researchers to determine whether improved parent-child sexual health communication (and general communication and/or relationships) was caused or influenced by parental participation in the program or some other factor. It would be ideal if researchers could directly observe or investigate the communicative behaviours of parents and children prior to RSHC involvement, during RSHC involvement, and five to ten years after participation in the program to explore the overall influences of the program on sexual health communication between parents and children, and on children's sexual behaviours in the long run. As such, it may prove beneficial to investigate and compare the sexual behaviours of RSHC adolescents vs. non-RSHC adolescents.

Third, researcher participation in actual RSHC workshops would help gain a better understanding of how the workshops are conducted, how participants learn and participate, and it would also help identify which issues are important to parents of particular cultural groups.

Recommendations for Future Practice

In order to maximize the benefits of the RSHC program for children, it is important for parents to ensure they talk to their children early and often. Speaking to

children about sexual health at a young age decreases the embarrassment and awkwardness associated with "the talk" because it teaches them that sex does not have to be a taboo topic: it is a health topic much like eating well and exercising. Ideally, parents should participate in the RSHC Program when their children are still in the 0-12 age bracket since the program was designed to meet the needs and expectations of children in this specific age group. However, it is sometimes difficult for parents to recognize when to begin sexual health communication with their children, and parents often attempt to do so when children have surpassed the stage when they are still relatively malleable and willing to listen. To that end, it may be useful to develop and implement an extension of the program tailored specifically for parents with adolescents.

It is obvious that adolescents expect clear and explicit information when it comes to sexual health, as opposed to the implicit messages often used by their parents. Children are not looking for a simple "Be safe, kids!" – they want specific and detailed information about *how* to "be safe," and they want to hear it in a somewhat serious way (no jokes please). It seems that the RSHC helped Chinese parents develop an open-mind and willingness to talk about sex, but this 'openness' was not clearly translated in the home: children did not perceive their parents as open and askable. This may be a positive outcome for parents, but children seem to be missing the benefits. This is likely due to the acculturation/communicative differences between parents and children (i.e. parents' high-context communication vs. children's low-context communication). Again, confusion may occur when high- and low-context speakers attempt to communicate. Not to suggest that one communication style is superior to the other, but it would be worthwhile for the RSHC to teach Chinese immigrant parents how to communicate with their children in a low-context, explicit manner to which children seem to be receptive. If this is what children expect, and if the ultimate goal of the program is to "raise sexually health children," then parents need to know how to communicate in a way that is meaningful to children. In doing so, parents establish openness in a way that is understood by children, which may ease children's reservations about initiating/engaging in such communication with their parents.

To that end, it would be especially beneficial for adolescents to be involved in the planning, implementation, and evaluation of the RSHC program to further elucidate their needs and wants. Helping young people become actively involved in identifying and defining their problems, needs, and wants is essential to helping them understand that they are the best resources (and ultimately responsible) for promoting their own development (Liu, Holosko, & Lo, 2009). Directly involving children in the RSHC will further help children build their own capacity to make informed sexual decisions and take charge of their own healthy sexual development.

In terms of planning, it would be useful to have adolescents directly express their wants and needs regarding sexual health education, for example, by forming a youth sexual health committee composed of adolescents and public health staff. This would allow adolescents to directly express themselves to the program planners in a non-judgmental, capacity-building environment. On a larger scale, it would be extremely helpful if the Toronto District School Board conducted a large-scale needs assessment to determine what teens already know about sexual health, what they would like to know, how they would like to learn, what they would like their parents to know, and what they expect from their parents in terms of sexual health education. If teens feel awkward or embarrassed about talking to their parents about sexual health, it would be beneficial for parents to be aware of the appropriate resources and service providers so they may at least act as a conduit to correct and useful sexual health information.

It would be beneficial for parents to consult with their teens, prior to or immediately following the first RSHC workshop, regarding the sex-related topics about which *they* would like to learn from their parents. Parents can learn the details about these specific topics from the RSHC, and they can learn how to tailor these details to the individual needs of their children. It may also be beneficial for RSHC workshops to address the negative outcomes of having an uninformed adolescent (e.g. STIs, unintended pregnancy, poor reputation, etc.). According to Campero, Walker, Rouvier, and Atienzo (2010), parents who participate in adolescent sexual health initiatives, or intervention programs such as the RSHC, are much more likely to implement what they learned from the program and initiate sexual health

communication when they are sensitized to the risks associated with being uninformed.

Finally, it is important to revisit the fact that, by its very nature, the RSHC Program assumes that a lack of open parent-child communication reflects an intra-familial shortcoming that requires behavioural change, which may imply a deficit in the way Chinese immigrant families interact, communicate, and function. It may be prudent, however, for the RSHC to adopt a more asset-based approach. For example, most parents in the present study recognized a shift in sex-related values in contemporary Chinese culture or a deconstruction of "traditional Chinese" values related to sex (i.e. Chinese youth are less likely to wait for marriage to engage in sexual intercourse and other sexual behaviours). Most parents identified the need for sexual health education in Hong Kong/China and Canada alike, and most felt they would have engaged in sexual health communication with their children regardless of location or participation in the RSHC. Thus, it may not be appropriate for the RSHC to assume that parents are not already open-minded or open in talking about sexuality.

The RSHC does indeed address how to be open in a Canadian context by teaching parents specific communication techniques, but it does not address the ambiguous meaning of "openness" in cross-cultural contexts. The RSHC was designed as a culture-specific and culture-sensitive program for immigrants in respective communities; however, this culture-sensitiveness would be much improved if the RSHC included a cross-cultural perspective in examining the meaning of "open communication" in each culture (i.e. how cultures communicate differently, how it affects cross-cultural communication, and how to overcome such communicative barriers). To that end, it may be beneficial for the RSHC to promote and teach cross-cultural communication methods (in addition to how to be open in a Canadian context), which eliminates the implication that one form of communication is superior to the other.

Reflection and Final Thoughts

Whether parents like to admit it or not, many adolescents engage in or *will* engage in sexual intercourse. In 2005, 43% of adolescents aged 15 to 19 reported that they had had sexual intercourse at least once. Of the 43%, 33% reported having done

so with more than one partner, and of the 33%, 25% reported not using condoms (Statistics Canada, 2005). Canadian adolescents are engaging in risky sexual behaviours that may have long-term health consequences, and despite this, Premier McGuinty scrapped the revised 2010 Ontario Curriculum for Health and Physical Education under which children would learn about sexual health in clear and explicit language. If this topic is not covered in school, it is ultimately up to parents to take on this responsibility. However, the reality is that parents seldom engage in meaningful sexual communication with their children because they are uncertain of the subject, they fear embarrassment, they feel that subtle messages are sufficient, and so forth. Put simply, children are missing the opportunity to build their own capacity to make informed decisions. For that reason, sexual health promotion programs such as the RSHC are needed to: 1) increase parents' and children's knowledge, 2) increase parents' skills as sexual health educators for their children's healthy sexual development, and 3) increase children's capacity to take charge of their own healthy sexual development by directly involving them in the programs themselves.

Overall, I feel like I produced more questions than answers, but I also feel that the information produced in this study is valuable. I think that parent-child sexual health communication is important because sex is a health topic much like eating well and exercising. It is interesting that none of the children in the present study felt comfortable discussing sexual health with their parents, yet all of them felt it was important or beneficial in some way. This may suggest that the style (influenced by culture) and timing of such communication, among other factors, may influence whether or not it has a meaningful impact on the child. Let's face it, this topic can be embarrassing for people of all races, ethnicities, and cultural backgrounds, and RSHC-type interventions may prove beneficial for mainstream parents as well immigrant parents (if done in a timely and appropriate manner). As such, I urge parents, public health officials, and policy-makers to further explore the value of parent-child sexual health communication and interventions that promote sexual health.

References

Aspy, C., Vesely, S., Oman, R., Rodine, S., Marshall, L., & McLeroy, K. (2007). Parental communication and youth sexual behaviour. *Journal of Adolescence*, 30, pg. 449 – 466.

Bachman, J., Johnston, L., & O'Mally, P. (1993). *Monitoring the future: A continuing study of the lifestyles and values of youth 1992.* Ann Arbor, MI: Inter University Consortium for Political and Social Research.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology*, Vol. 4 (1, part 2), pp. 1-103.

Beckett, M., Elliott, M., Martino, S., Kanouse, D., Corona, R., Klein, D., & Schuster, M. (2010). Timing of parent and child communication about sexuality relative to children's sexual behaviours. *Pediatrics,* 125; pp. 34-42.

Berry, J. (1990). Acculturation and adaptation: A general framework. In W.H. Holtzman & T.H. Bornemann (Eds.), *Mental health of immigrants and refugees* (pp. 90-102). Austin, TX: Hogg Foundation for Mental Health.

Berry, J. (2003). Conceptual approaches to acculturation. In K.M. Chun, P.B. Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17-38). Washington, DC: American Psychological Association.

Birman, D. (2006). Acculturation gap and family adjustment, *Journal of Cross Cultural Psychology*, Vol. 37, No. 5, pp. 568-589.

Blake, S., Simkin, L., Ledsky, R., Perkins, C., & Calabrese, J. (2001). Effects of a parent-child communications intervention on young adolescents' risk for early onset of sexual intercourse. *Family Planning Perspectives*. Vol. 33, No. 2, pp. 52-61.

Brown, S. (2001). *Toronto Training Board 2001 – 2002 Environmental Scan Update: Training for Change*. A report prepared by the Toronto Training Board, June.

Byers, S., Sears, H., & Weaver, A. (2008). Parents' reports of sexual communication with children in kindergarten to grade 8, *Journal of Marriage and Family*, 70, pp. 86-96.

Campero, L., Walker, D., Rouvier, M., & Atienzo, E. (2010). First steps toward successful communication about sexual health between adolescents and parents in Mexico. *Qualitative Health Research,* 20(8) pp. 1142-1154.

Chang, L., Morrissey, R., & Koplewicz, H. (1995). Prevalence of psychiatric symptoms and their relation to adjustment among Chinese-American youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34 (1), pp. 91-99.

Chao, R. (1994). Beyond control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child Development*, Vol. 65, No. 4, pp. 1111-1119.

Cheah, C., Leung, C., Tahseen, M., & Schultz, D. (2009). Authoritative parenting among immigrant Chinese mothers of preschoolers. *Journal of Family Psychology*, Vol. 23, No. 3, pp. 311-320.

Cheng Gorman, J. (1998). Parenting attitudes and practices of immigrant Chinese mothers of adolescents. *Family Relations*, Vol. 47, No. 1, pp. 73-80.

Chiu, L. (1987). Child-rearing attitudes of Chinese, Chinese-American, and Anglo American mothers. *International Journal of Psychology*, 22, pp. 409-419.

Chua, A. (2011). Why Chinese Mothers are Superior from *Battle Hymn of the Tiger Mother*. Wall Street Journal – Eastern Edition, Vol. 257, Issue 6, pC1-C2.

Chung, P., Travis, R., Kilpatrick, S., Elliott, M., Lui, C., Khandwala, S., Dancel, T., Vollandt, L., & Schuster, M. (2007). Acculturation and parent-adolescent communication about sex in Filipino-American families: A community-based participatory research study. *Journal of Adolescent Health*, 40, pp. 543-550.

Costigan, C., & Su, T. (2004). Orthogonal versus linear models of acculturation among immigrant Chinese Canadians: A comparison of mothers, fathers, and children. *International Journal of Behavioural Development*, 28 (6), pp. 518 527.

Costigan, C., & Su., T. (2008). Cultural predictors of parenting cognitions of immigrant Chinese mothers and fathers in Canada. International Journal of Behavioural Development, 32 (5), pp. 432-442.

Crane, R., Ngai, S., Larson, J., & Hafen, M. (2005). The influence of family functioning and paprent-adolescent acculturation on North American Chinese adolescent outcomes, *Family Relations*, 54, pp. 400-410.

Creswell, J. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions.* Thousand Oaks, CA: Sage Publications.

Creswell, J. (2007). *Qualitative Inquiry and Research Design* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Cribbin, J. (2009). European Languages and Culture in Hong Kong: trade or education? *European Journal of Education*, Vol. 44, Issue 1, pp. 53-64.

Cui, N., Li, M., & Gao, E. (2001). Views of Chinese parents on the provision of contraception to unmarried youth. *Reproductive Health Matters*, Vol. 9, No. 17, pp. 137-145.

Dale, A.E. (1995). A research study exploring the patient's view of quality of life using the case study method. *Journal of Advanced Nursing*, 22, 6, 1128-1134.

Eisikovits, Z, & Koren, C. (2010). Approaches to and Outcomes of Dyadic Interview Analysis. *Qualitative Health Research*, 20(12) 1642 – 1655.

Esquivel, G., & Keitel, M. (1990). Counseling immigrant children in the schools. *Elementary School Guidance and Counseling*, 24, pp. 213-221.

Farrer, J. (2002). *Opening up: youth sex culture and market reform in Shanghai.* The University of Chicago Press, USA.

Florsheim, P. (1997). Chinese adolescent immigrants: Factors related to adjustment. Journal of Youth and Adolescence, 26, pp. 143-163.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, 12(2), 219-245.

Goodstein, C. (1990). American societies: The new immigrants in the schools. *Crisis*, 98 (5), 17.

Guba E.G. & Lincoln Y.S. (1989) *Fourth Generation Evaluation.* Sage, Newbury Park.

Guba, E., & Lincoln, Y. (2005). *Paradigmatic controversies, contradictions, and emerging confluences.* In Norman K. Denzin & Yvonna S. Lincoln (Eds.).

The Sage handbook of qualitative research (3rd Edition), 191-215. Thousand Oaks, CA: Sage Publications.

Hahm, H., Lahiff, M., & Guterman, NB. (2003). Acculturation and parental attachment in Asian American adolescents' alcohol use. *Journal of Adolescent Health*, 33, pp. 119-129.

Hahm, H., Lahiff, M, & Barreto, R. (2006). Asian American adolescents' first sexual intercourse: Gender and acculturation difference. *Perspect Sex Reprod Health*, 38, pp. 28-36.

Heisler, J. (2005). Family communication about sex: parents and college-aged offspring recall discussion topics, satisfaction, and parental involvement. *The Journal of Family Communication,* 5(4), pp. 295-312.

Hutchinson, K., & Cooney, T. (1998). Patterns of parent-teen sexual risk communication: Implications for intervention. *Family Relations*. Vol. 47, No. 2, pp. 185-194.

Jaccard, J., Dittus, P., & Gordon, V. (2000). Parent-teen communication about premarital sex: factors associated with the extent of communication. *Journal of Adolescent Research.* Vol. 15, No. 2, pp. 187-208.

Jaccard, J., Dodge, T., & Dittus, P. (2002). Parent-adolescent communication about sex and birth control: A conceptual framework. *New Directions for Child and Adolescent Development.* No. 97, Chapter 1. Wiley Periodicals Inc.

Kim, S., Chen, Q., Li, J., Huang, X., & Moon, U. (2009). Parent-child acculturation, parenting, and adolescent depressive symptoms in Chinese immigrant families. *Journal of Family Psychology*, Vol. 23, No. 3, pp. 426-437.

Kirkman, M., Rosenthal, D., & Feldman, S. (2005). Being open with your mouth shut: the meaning of 'openness' in family communication about sexuality. *Sex Education*, Vol. 5, No. 1, pp. 49-66.

Kitamura, T., Shikai, N., Uji, M., Hiramura, H., Tanaka, N., & Shono, M. (2009). Intergenerational transmission of parenting style and personality: direct influence or mediation? *Journal of Child and Family Studies,* Vol. 18, Number 5, pp. 541-556.

Koydemir-Ozden, S., & Demir, A. (2009). The relationships between perceived parental attitudes and shyness among Turkish youth: fear of negative evaluation and self-esteem as mediators. *Current Psychology,* Vo. 28, Number 3, pp. 169-180.

Kutek, S., Turnbull, D., & Fairweather-Schmidt, K. (2011). Rural men's subjective well-being and the role of social support and sense of community: evidence for the potential benefit of enhancing informal networks, *Australian Journal of Rural Health,* Vol. 19, Issue 1, pp. 20-26.

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Lefkowitz, E. (2002). Beyond the yes-no question: Measuring parent-adolescent communication about sex. *New Directions for Child and Adolescent Development*. No. 97, Chapter 2. Wiley Periodicals Inc.

Lehr, S., DiIorio, C., Dudley, W., & Lipana, J. (2000). The relationship between parent-adolescent communication and safer sex behaviours in college students. *Journal of Family Nursing*. 6(2), pp. 180-196.

Lim, S., & Lim, B. (2004). Parenting style and child outcomes in Chinese and immigrant Chinese families – Current findings and cross-cultural considerations in conceptualization and research. *Marriage and Family Review*, 35: 3, 21-43.

Lim, S., Yeh, M., Liang, J., Lau, A., & McCabe, K. (2009). Acculturation gap, intergenerational conflict, parenting style, and youth distress in immigrant Chinese American families. Marriage and Family Review, 45: 84-106.

Liu, E., Holosko, M., & Lo, T. (2009). *Youth empowerment and volunteerism: principles, policies and practices.* City University of Hong Kong Press: Hong Kong.

Maccoby, E., & Martin, J. (1983). Socialization in the context of the family: Parent child interaction. In E.M. Hetherington (Ed.), *Handbook of child psychology: Socialization, personality, and social development* (Vol. 4, pp. 1-101). New York: Wiley.

Marshall, C., & Rossman, G. (2006). *Designing Qualitative Research*. Fourth Edition. Thousand Oaks, CA: Sage Publications.

Merriam, S. (1988). *Case study research in education: A qualitative approach*. San Francisco, CA: Jossey-Bass.

Merriam, S. (2009). *Qualitative Research: A Guide to Design and Implementation.* San Francisco, CA: Jossey-Bass.

Meston, C., Trapnell, P., & Gorzalka, B. (1998). Ethnic, gender, and length-of-residency influences on sexual knowledge and attitudes. *Journal of Sex Research*, 35:2, 176-188.

Meston, C., & Ahrold, T. (2010). Ethnic, gender, and acculturation influences on sexual behaviors. *Arch Sex Behav,* 39:179-189.

Miller, K., Kotchick, B., Dorsey, S., Forehand, R., & Ham, A. (1998). Family communication about sex: What are parents saying and are their adolescents listening? *Family Planning Perspectives*. Vol. 30, No. 5, pp. 218-235.

Narushima, M., Wong, J., Li., A., Sutdhibhasilp, N. (2009). An evaluation study of capacity building in the Raising Sexually Healthy Children Peer-Parent Leader Training Program in the Chinese, Portuguese, and Tamil communities after ten years. Unpublished research proposal.

Newcomer, S., & Udry, R. (1985). Parent-child communication and adolescent sexual behaviour. *Family Planning Perspectives*. Vol. 17, No. 4, pp. 169-174.

Padilla, M., Cervantes, R., Maldonado, M., & Garcia, R. (1988). Coping responses to psychological stressors among Mexican and Central American immigrants. *Journal of Community Psychology*, 16, pp. 418-427.

Qin, D. (2008). Doing well vs. feeling well: Understanding family dynamics and the psychological adjustment of Chinese immigrant adolescents. *J Youth Adolescence*, 37, pp. 22-35.

Radwanski, A (2010). *Ontario's 'Education Premier' Fails on Sex Educatio*n. The Globe and Mail (2010). April 22, 2010. Accessed at www.theglobeandmail.com.

Raising Sexually Healthy Children: Parent Workshop Manual (1999). *Toronto Public Health.*

Raising Sexually Healthy Children: Parent/Caregiver Workshop Manual (2nd Edition) (2008). *Toronto Public Health.*

Raffaelli, M., Bogenschneider, K., Flood, M. (1998). Parent-teen communication about sexual topics. *Journal of Family Issues*, 19:3, pp. 315-333.

Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing*, 53(3), 304-310.

Rosenthal, D., & Feldman, S. (1990). The acculturation of Chinese immigrants: Perceived effects on family functioning of length of residence in two cultural contexts. *Journal of Genetic Psychology,* 151, pp. 495-514.

Shields, C.M. (2007). *Can case studies achieve the "Gold Standard"? Or when methodology meets politics*. Paper presentation at the Annual Meeting of the American Educational Research Association, Chicago, Illinois.

Stake, R.E. (2006). *Multiple case study analysis.* New York: The Guilford Press.

Shek, D. (2000). Differences between fathers and mothers in the treatment of, and relationship with, their teenage children: Perceptions of Chinese adolescents. *Adolescence*, Vol. 35, No. 137, pp. 135-142.

Shih., T.A. (1998). Finding the niche. *Youth and Society*, 30, 2. pg. 209 – 240.

Simich, L., Beiser, M., Stewart, M., & Mwakarimba, E. (2005). Providing social support for immigrants and refugees in Canada: challenges and directions. *Journal of Immigrant Health*, Vol. 7, No. 4, pp. 259-268.

Sluzki, C. (1979). Migration and family conflict. *Family Process*, 18(4), pp. 379-390.

Su, T., & Costigan, C. (2009). The development of children's ethnic identity in immigrant Chinese families in Canada: The role of parenting practices and children's perceptions of parental family obligation expectations. *Journal of Early Adolescence,* 29, 638-663.

Statistics Canada (2005). *Trends in Teen Sexual Behaviour and Condom Use.* Accessed from http://www.statcan.gc.ca

Tang, H., Shimizu, R., & Chen, MSJ. (2005). English language proficiency and smoking prevalence among California's Asian Americans. *Cancer*, 104, pp. 2982-2988.

The 2010 Ontario Curriculum for Health and Physical Education. Accessed at http://www.parentcentral.ca/parent/education/schoolsandresources/article/80968--ontario-to-start-over-with-sex-ed-curriculum.

The Globe and Mail Archives (2010). Articles from April 20 and 21, 2010. Accessed at www.theglobeandmail.com.

The Toronto Star Archives (2010). Article from April 22, 2010. Accessed at www.thestar.com

Thomas, T. (1995). Acculturative stress in the adjustment of immigrant families, *Journal of Social Distress and the Homeless*, Vol. 4, No. 2, pp. 131-142.

Toronto Public Health (2000). *Raising Sexually Healthy Children: The Vietnamese peer parents leaders project: process, outcome and impact evaluation*. A report prepared for Toronto Public Health, August.

Toronto Public Health (2008). *Raising Sexually Healthy Children: Parent/Caregiver Workshop Manual*. 2nd ed. Toronto: Toronto Health Connection.

Trenholm, S., & Jensen, A. (2004). *Interpersonal Communication.* Fifth Edition. Oxford University Press: New York.

Triandis, H., & Suh, E. (2002). Cultural influences on personality. *Annual Review of Psychology,* Vol. 53, pp. 133-160.

Trochim, W. (2006). *Research methods knowledge base*. Web center for social research methods. Retrieved from http://www.socialresearchmethods.net/kb/index.php#about. June, 2010.

Tsai, J., Chentsova-Dutton, Y., & Wong, Y. (2002). Why and how researchers should study ethnic identity, acculturation, and cultural orientation. In G.C.N. Hall & S. Okazaki (Eds.), *Asian American psychology: The science of lives in context* (pp. 41-66). Washington, DC: American Psychological Association.

Tseng, V., & Fuligni, A. (2000). Parent-adolescent language use and relationships among immigrant families with East Asian, Filipino and Latin American backgrounds. *Journal of Marriage and the Family,* 62, pp. 465-476.

Tsz Yan Fong, E. (2010). Changing intergroup relations with Mainland Chinese: an analysis of changes in Hong Kong movies as popular cultural discourses. *Multilingua,* 29; pp. 29-53.

Walker, J. (2004). Parent and sex education – looking beyond the birds and the bees. *Sex Education*. Vol. 4, No. 3, pp. 240-254.

Willis, J. (2007). *Foundations of Qualitative Research: Interpretive and Critical Approaches.* Thousand Oaks, CA: Sage Publications.

Wong, J. P-H., & Ho, M. (2000). *Raising Sexually Healthy Children peer parent leader training project: phase one program evaluation report.* A report prepared for Toronto Public Health, July.

Wong, J. P-H. (2001). *Empowerment through community participation: A case study of the Raising Sexually Healthy Children Chinese peer parent leader project.* Unpublished MA thesis, University of Toronto.

Yin, R. (1981). The case study crisis: some answers. *Administrative Science Quarterly*, Vol. 26, No. 1, pg. 58-65, March.

Yin, R. (2009). *Case Study Research: Design and Methods*. Fourth Edition. Thousand Oaks, CA: Sage Publications.

Zhang, Q. (2007). Family communication patterns and conflict styles in Chinese parent-child relationships. *Communication Quarterly*, Vol. 55, No. 1, pp. 113 128.

Appendices

Appendix A: The 2010 Ontario Curriculum for Health and Physical Education

- **Grade 1:** Body parts, including the correct terminology for genitalia (e.g. penis, testicles, vagina, and vulva).
- **Grade 2:** Basic stages of human development, and related bodily changes.
- **Grade 3:** Characteristics of healthy relationships, how visible differences (e.g. skin, hair, and eye colour) and invisible differences (e.g. gender identity and sexual orientation) make each person unique, and ways of showing respect for differences in others.
- **Grade 4:** Physical changes that occur in males and females at puberty (e.g. growth of body hair, and breast development), and the emotional and social impacts that may result from these changes.
- **Grade 5:** Parts of the reproductive system, and how the body changes during puberty (e.g. menstruation and spermatogenesis), and emotional stresses of puberty.
- **Grade 6:** Physical, social, and emotional changes that occur during adolescence (e.g. "Having erections, wet dreams, and vaginal lubrication are normal things that happen as a result of physical changes with puberty. Exploring your body by touching or masturbating is something that many people will do and find pleasurable. It is common and is not harmful and is one way of learning about your body," pg. 162), and the effects of stereotypes,

including homophobia and assumptions regarding gender roles and expectations, and sexual orientation.

- **Grade 7:** Delaying sexual activity, sexually transmitted infections (STIs), STI and pregnancy prevention, sexual decision-making, and relationship changes at puberty. Discussion may include oral, vaginal, and anal sex as ways of transmitting infections.
- **Grade 8:** Decisions about sexual activity (e.g. factors that can affect an individual's decisions about sexual activity, including perceived personal readiness, peer pressure, desire, and curiosity), sources of support regarding sexual health, gender identity (e.g. male, female, two-spirited, transgendered, transsexual, intersex), sexual orientation (e.g. heterosexual, gay, lesbian, bisexual), contraception (e.g. condom use), relationships, and intimacy.

Appendix B: Literature Map (Figure 1)

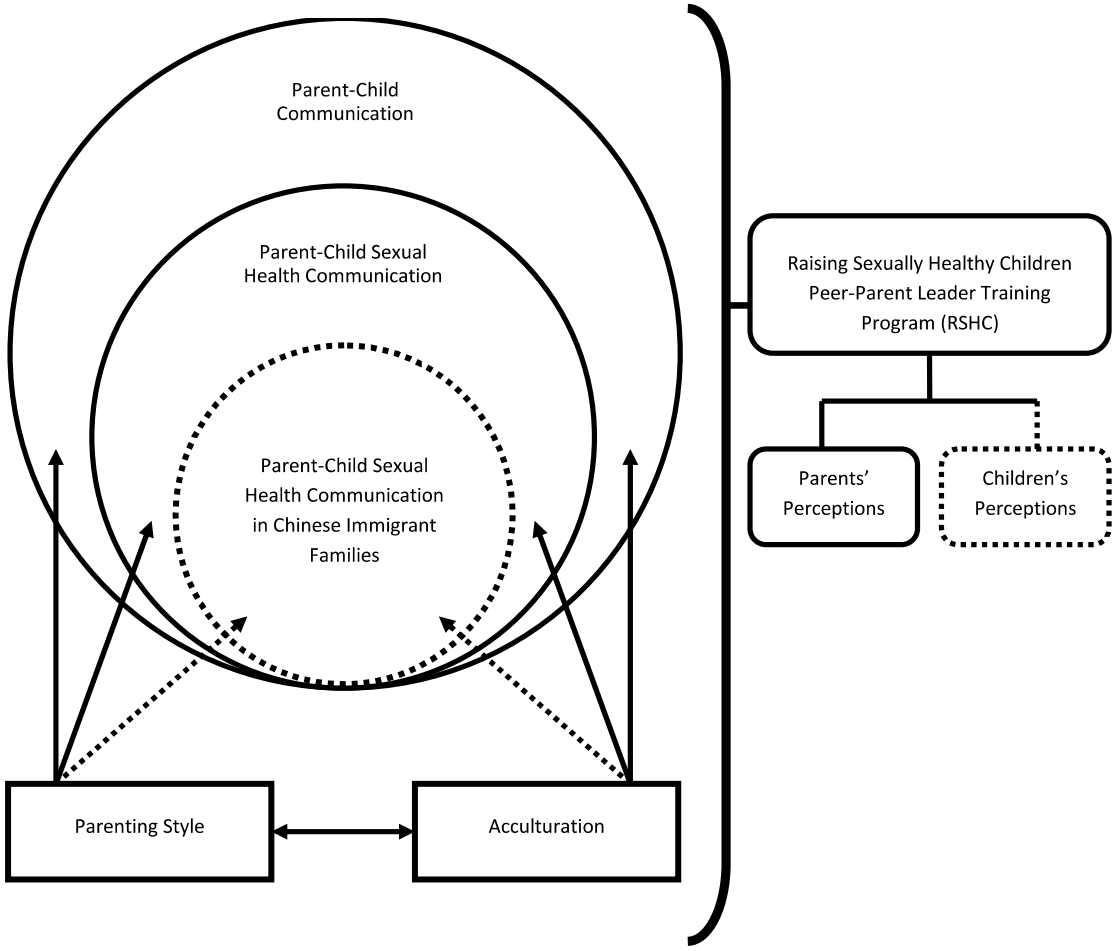


*Figure 1.*Literature map depicting the gaps in the extant literature, marked by dashed lines, regarding parent-child sexual health communication in Chinese immigrant families. Little is known about parent-child sexual health communication specifically in Cantonese-speaking Chinese immigrant families living in the Toronto area, and how parenting style and acculturation (generational acculturation differences) affect or influence such communication. RSHC is a public health program that addresses parent-child sexual health communication in immigrant families, and the affects of parenting style and generational acculturation differences. Two evaluative studies of the RSHC have been conducted, both of which exclude the perceptions of the *children* whose parents participated in the RSHC.

Appendix C: Interview Guides

Parent Interview Guide (Semi-Structured)

SB: *Thank you for your willingness to participate in my study, I am very appreciative. Before we begin our conversation, I want to take the time to tell you a bit about my research. I am a graduate student at Brock University, and I am interested in the field of public health, specifically sexual health promotion. I want to learn more about sexual health communication between Chinese immigrant parents and their children, and how parenting style, acculturation, and participation in public health programs may influence this type of communication. I want to understand this topic from your point of view. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. I want you to know that I will not ask you about personal sexual experiences, I am more interested in communication between parent and child. I also want you to know that you are not obligated to answer any question that makes you uncomfortable or uneasy. I want this to be a relaxed conversation between two people. Do you have any questions or comments before we begin?*
The first thing I would like to talk about is your history. I want to get a bit of background information about you so that I may have a better understanding of our conversation.

1. What is your name and age, how long have you lived in Canada? How many children do you have?

2. Tell me about the family photographs that you brought. When were they taken? Who is in the photos? Why did you choose these particular photos? Why are they important to you?
3. Where did you live before you moved to Canada? What made you decide to move to Canada?
4. Do you remember the exact day you moved to Canada? Tell me about your experience. What were your thoughts, feelings, concerns, and hopes?
5. What kind of challenges did you face when you first moved to Canada? How did living in Canada compare to living in your heritage country?

SB: *Thank you for sharing with me. I would now like to talk a bit about your role as a parent.*

6. How do you think that your parenting style differs from that of your parents? How do you think living in Canada (as opposed to your heritage country) affected your parenting style? Do you think you would have done things differently (as a parent) if you still lived in your heritage country? If so, how?
7. How do you think the life of your child would have been different if you (as a family) lived in your heritage country?
8. How would you describe the relationship you had with your child as he/she was growing up? Did you get along? Did you argue? If so, what did you argue about?
9. Did you ever feel that you could not relate to your children? If so, why not?

SB: *Thank you for sharing with me. I would now like to talk about your relationship with your son/daughter, general communication between your*

son/daughter and you, and sexual health communication between your son/daughter and you. I want to remind you that you do not have to answer any question that makes you feel uncomfortable.

10. How would you describe the communication between you and your child as he/she was growing up? Did you talk often? What did you talk about? Do you feel like your child was comfortable enough to talk to you about anything? If not, why?
11. Did you and your child ever talk about dating, relationships, or sex? If so, tell me about a particular time when you did so. Who started the conversation? What did you talk about? How did you feel before, during, and after the conversation? How did your child respond? Did this type of conversation happen more than once?
12. If you and your child did not talk about dating, relationships, or sex, why do you think this type of conversation did not occur? Did you ever think about talking to your child about sex? If so, why did you not go through with it? Did you ever try to bring up this topic in a more subtle way? If so, how?
13. Do you think your parenting style affected whether or not you talked to your child about sex? Do you think this would have been different if you raised your child in your heritage country? If so, how? How do you think living in Canada affected whether or not you talked to your child about sex?

SB: *Thank you for sharing. Finally, I would like to talk to you about your participation in the Raising Sexually Healthy Children Program* (only for the parents who participated in the RSHC Program).

14. What made you decide to participate in the RSHC program? Did you enjoy it? If so, what did you enjoy?
15. What was the most important thing you learned in the RSHC program?
16. Did you notice differences in yourself after participating in the RSHC program? If so, what kind of differences? How did it affect your parenting style and the way you talked with your child?
17. How did participating in the RSHC program affect your relationship with your child? How did your child respond to your participation in the RSHC program?
18. If you could go back in time, would you participate in the RSHC again? If so, why? How do you think the program helped you? As a parent, what would you do the same? What would you do differently?

SB: *Again, thank you so much for participating in my study. The information you have shared with me will be very useful in the public health field. Is there anything you would like to add to our conversation? Do you have any questions for me? I will send you a copy of the interview transcript once it is complete, which will give you the opportunity to confirm the accuracy of our conversation, or add, change, or clarify anything that was said during our conversation. Please feel free to contact me any time if you have any questions or concerns.*

Child Interview Guide (Semi-Structured)

SB: *Thank you for your willingness to participate in my study, I am very appreciative. Before we begin our conversation, I want to take the time to tell*

you a bit about my research. I am a graduate student at Brock University, and I am interested in the field of public health, specifically sexual health promotion. I want to learn more about sexual health communication between Chinese immigrant parents and their children, and how parenting style, acculturation, and participation in public health programs may influence this type of communication. I want to understand this topic from your point of view. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. I want you to know that I will not ask you about personal sexual experiences, I am more interested in communication between parent and child. I also want you to know that you are not obligated to answer any question that makes you uncomfortable or uneasy. I want this to be a relaxed conversation between two people. Do you have any questions or comments before we begin?

The first thing I would like to talk about is your history. I want to get a bit of background information about you so that I may have a better understanding of our conversation.

1. What is your name and age? Were you born in Canada? If not, where were you born? How old were you when you moved to Canada?
2. Tell me about the family photographs that you brought. When were they taken? Who is in the photos? Why did you choose these particular photos? Why are they important to you?

3. If you were not born in Canada, what do you remember about living in your heritage country? Do you know why your parents moved to Canada? If so, why?
4. What kind of challenges do you think your parents faced when they first moved to Canada? What kind of challenges did you face as a child with immigrant parents?

SB: *Thank you for sharing. I would now like to talk to you about your parents, and your relationship with your parents as a teenager.*

5. What kind of rules did your parents set for you? Were they strict or were they easy-going? Did you ever feel like you and your parents were from different worlds? How so?
6. How would you describe the relationship you had with your parents as you were growing up? Did you get along or did you argue frequently? What did you argue about?
7. Did you ever compare your parents to your friends' parents? If so, what did you notice and how did it make you feel?

SB: *Thank you for sharing. Now, I would like to talk a bit about the general communication between your parents and you, and sexual health communication between your parents and you (as a teenager).*

8. Did you talk frequently with your parents? What did you talk about? Did you feel that you could talk to your parents about anything?
9. Did your parents ever talk to you about dating, relationships, or sex? If so, tell me about a particular time when this occurred. Who started the conversation?

What did you talk about? How did you feel during and after the conversation? Did this type of conversation occur more than once?

10. If you did not talk to your parents about dating, relationships, or sex, why do you think this type of conversation did not occur? Did you ever think about talking to your parents about sex? If so, why did you not go through with it?
11. How do you think your relationship with your parents would have been different if you lived in your heritage country? Do you think talking about sex with your parents would have been different? How?
12. How do you feel about open parent-child sexual health communication? If your parents did talk to you about dating, relationships, or sex, do you feel that it made an impact on you? If so, how? If they did not talk to you about these topics, do you wish they had? Why or why not?

SB: *Thank you. Finally, I would to talk about your parent's participation in the Raising Sexually Healthy Children Program, and how that may have affected you (as a teenager)* (only for the children whose parent(s) participated in the RSHC Program).

13. Did you know (at the time) that your parent(s) was participating in a public health program that focus on communication between immigrant parents and their children? If so, what did you think about that?
14. Did you notice differences in your parent(s) after he/she participated in the RSHC program? What kind of differences? Did you notice a change in your relationship with your parent(s)? If so, what kind of changes?

15. How do you think your parent(s) benefited from participating in the RSHC program?
16. How do you think you benefited from your parent(s) participation? If you could go back in time, would you want them to do it again? What would you want them to do differently? What would you want them to do the same?
17. Do you have children? Would you ever participate in a public health program that focused on parent-child sexual health communication? Why or why not?

SB: *Again, thank you so much for participating in my study. The information you have shared with me will be very useful in the public health field. Is there anything you would like to add to our conversation? Do you have any questions for me? I will send you a copy of the interview transcript once it is complete, which will give you the opportunity to confirm the accuracy of our conversation, or add, change, or clarify anything that was said during our conversation. Please feel free to contact me any time if you have any questions or concerns.*

Appendix D: Letter of Invitation

Brock

Dear (Participant's name):
My name is Sabrina Brown, and I am a graduate student in the Department of Community Health Sciences at Brock University. I would like to invite you to participate in my research project entitled *Exploring and Understanding Parent-Child Sexual Health Communication in Chinese Immigrant Families.* This research project, supervised by Dr. Miya Narushima from the Department of Community Health Sciences at Brock University, will complete my Master of Arts in Applied Health Sciences degree.

The purpose of this study is to better my understanding of how/if Chinese immigrant parents and their children communicate about sexual topics, how parenting style may affect this type of communication, and how cultural differences within the family may affect this type of communication. The ultimate goal of this study is to help improve existing health promotion programs and/or create new health promotion programs that teach immigrant parents how to talk to their children about sexual topics.
I would be grateful if you could meet me for a face-to-face interview for about 60 minutes. The interview will be audio taped and typed to show you for your approval. Upon your agreement to participate in the interview, I will send you a list of questions, an information letter, and an informed consent form at least one week before the arranged date. I will basically ask you; about your relationship with your parent/child; if you ever talked about dating, relationships, and sex; and what kind of challenges you face as an immigrant. I will also ask that you bring and describe 2 or 3 family photos as part of the interview.

There are no anticipated risks associated with participation in this study. In fact, you may benefit from this opportunity to directly and freely voice your views, concerns, and needs about this issue.

Your participation in this study is entirely voluntary. If you wish, you may decline to answer any of my questions. Further, you may decide to withdraw from the study at any time without any penalty or loss of benefits to which you are entitled. If you are a participant of the Raising Sexually Healthy Children Program (RSHC), I want to ensure you that participation in this study (or withdrawal from the study) will not affect your experience in the RSHC Program or your relationship with Toronto Public Health.

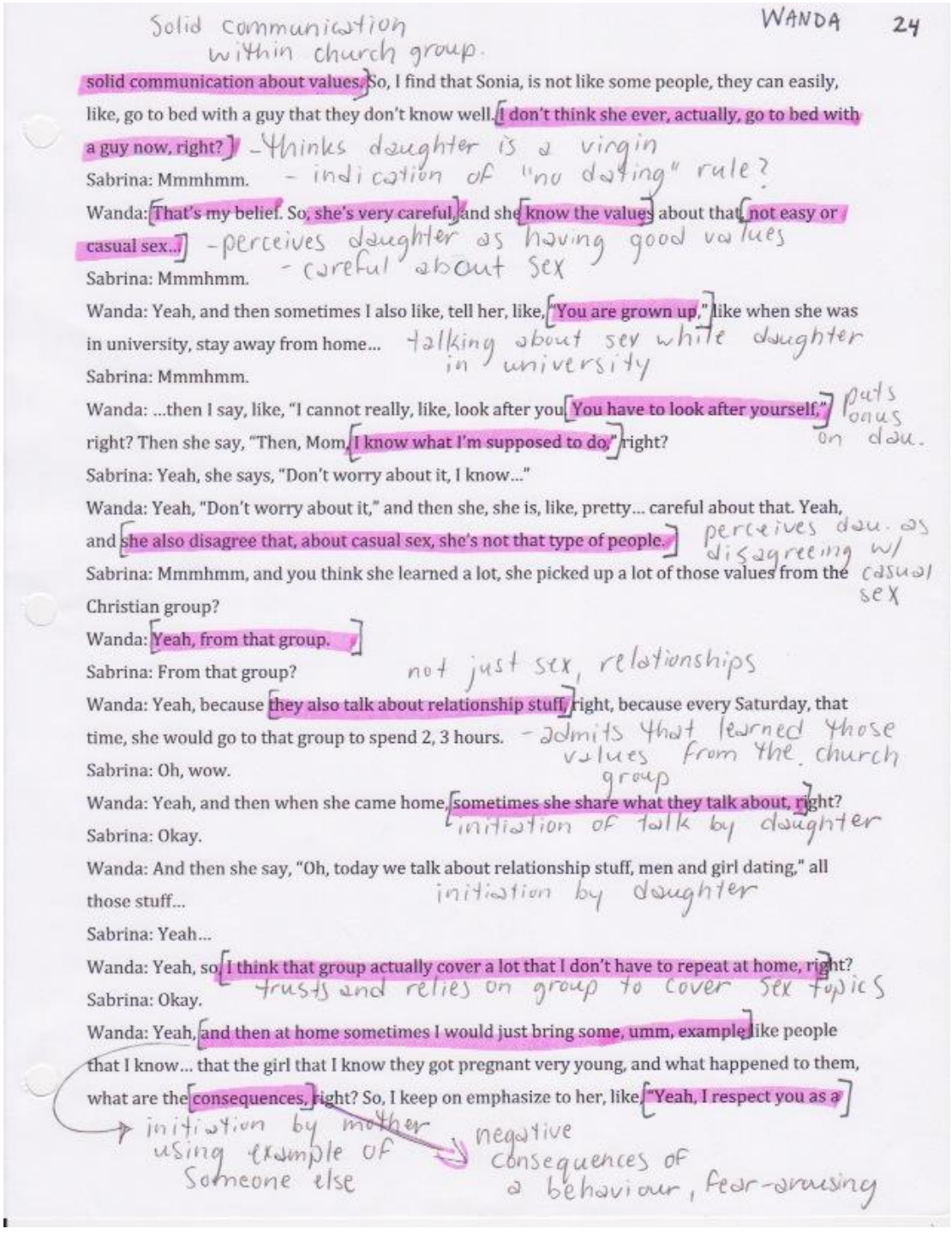
Your opinion will be an important resource in the planning of future programs to promote the health of immigrant families in the Toronto area. I sincerely hope that you will consider participating in my study. If you are willing to participate, or if you have any questions about its contents, please contact me at sabrinabrown23@hotmail.com or sb05wl@brocku.ca, and I will get back to you as soon as possible.

Sincerely yours,

Sabrina Brown, BSc, MA Candidate
Department of Community Health Sciences at Brock University
Email: sabrinabrown23@hotmail.com or sb05wl@brocku.ca
Thesis Supervisor: Dr. Miya Narushima, Associate Professor at Brock University, Comm. Health
Email: mnarushima@brocku.ca

Appendix E: Analysis Matrices Samples

Transcripts



Solid communication within church group.

WANDA 24

solid communication about values. So, I find that Sonia, is not like some people, they can easily, like, go to bed with a guy that they don't know well. I don't think she ever, actually, go to bed with a guy now, right? - thinks daughter is a virgin

Sabrina: Mmmhmm. - indication of "no dating" rule?

Wanda: That's my belief. So, she's very careful, and she know the values about that, not easy or casual sex.. - perceives daughter as having good values

Sabrina: Mmmhmm. - careful about sex

Wanda: Yeah, and then sometimes I also like, tell her, like, "You are grown up," like when she was in university, stay away from home... talking about sex while daughter in university

Sabrina: Mmmhmm.

Wanda: ...then I say, like, "I cannot really, like, look after you. You have to look after yourself." puts onus on dau.

right? Then she say, "Then, Mom, I know what I'm supposed to do," right?

Sabrina: Yeah, she says, "Don't worry about it, I know..."

Wanda: Yeah, "Don't worry about it," and then she, she is, like, pretty... careful about that. Yeah, and she also disagree that, about casual sex, she's not that type of people. perceives dau. as disagreeing w/ casual sex

Sabrina: Mmmhmm, and you think she learned a lot, she picked up a lot of those values from the Christian group?

Wanda: Yeah, from that group.

Sabrina: From that group? not just sex, relationships

Wanda: Yeah, because they also talk about relationship stuff, right, because every Saturday, that time, she would go to that group to spend 2, 3 hours. - admits that learned those values from the church group

Sabrina: Oh, wow.

Wanda: Yeah, and then when she came home, sometimes she share what they talk about, right? initiation of talk by daughter

Sabrina: Okay.

Wanda: And then she say, "Oh, today we talk about relationship stuff, men and girl dating," all those stuff... initiation by daughter

Sabrina: Yeah...

Wanda: Yeah, so, I think that group actually cover a lot that I don't have to repeat at home, right? trusts and relies on group to cover sex topics

Sabrina: Okay.

Wanda: Yeah, and then at home sometimes I would just bring some, umm, example like people that I know... that the girl that I know they got pregnant very young, and what happened to them, what are the consequences, right? So, I keep on emphasize to her, like, "Yeah, I respect you as a

initiation by mother using example of someone else → negative consequences of a behaviour, fear-arousing

SOPHIA 7

Sabrina: Okay. likes intellectual conversations

Sophia: You know, like, [I like intellectual conversations,] whereas they're just like, ["I have to be right, this is weird just because I said so,"] kind of thing. (p) have to be right

Sabrina: Oh, okay.

Sophia: Very [stubborn.] *(laughter)* Stubborn

Sabrina: Oh, really? And you feel like you don't even want to go there because it's kind of a...

Sophia: Yeah, so, like I've just learned not to talk about that stuff to them anymore. *(laughter)*

Sabrina: Oh, okay, because it won't get you anywhere. has stopped trying to talk to them about certain things, pointless

Sophia: It's [pointless.] *(laughter)*

Sabrina: Okay. So, would you say that... so, you said that you're closer to your mom... umm, did you guys get along? Did you talk a lot? Did you argue at all?

Sophia: Yeah, [we get along,] and, like, you know, we just have to cope with each others' flaws get along sometimes, like, my mom's really [anal-retentive, always repeats everything,] and...

Sabrina: *(chuckling)* excessively orderly & fussy, detail-oriented

Sophia: ...gets kind of [annoying.] (laughter) Yeah, but I know it's for, for the good, like, [she's just trying to take care of us and stuff.] annoying, but has good intentions

Sabrina: Yeah. Do you think that's more personality differences or...?

Sophia: [Personality differences...] she's exactly like my grandmother, her mother.

Sabrina: Oh, okay. personality clash thinks mom is like her mom

Sophia: So, I can see she has picked up a lot of those habits from her.

Sabrina: Okay. So, do you think, umm, do you think that was influenced at all by culture or that's just the way she is no matter where she...?

Sophia: It's... no matter where she is, it's like, she's like her mother. personality not influenced by culture

Sabrina: Okay, okay, which is very anal retentive you said? *(laughter)*

Sophia: Yeah, like, things have to be done now, not later, so she's always doing something, never taking a break, but she would complain about not having a break. - now, not later - always busy

Sabrina: Yeah. Oh, okay, but not giving herself a break.

Sophia: Exactly.

Sabrina: Okay, well that makes sense. So, did that, would you... you're obviously not like that?

Sophia: [Total polar opposite,] like, if it doesn't have to be done now, I'll do it later...

Sabrina: Yeah. total polar opposite easy-going

Sophia: ...kind of thing.

Coding Tables

Wanda – Mother #1 (Non-RSHC)

Axial Coding (Grouped Open Codes)	Topic	Reflexive Interpretation / Themes
Christian group, S part of Christian group, W thinks they communicated and established good values, admits that S probably learned her values from this group, they talked about dating, relationships, sex Some of the leaders of Christian group are teachers (adds merit), "got really good guidance in that area" "They pick up a lot from school too… they have sex education," Doesn't feel the need to go into detail because of other sources, just says "be careful," "because of your age you are not ready for that," "precaution" or warning Media: uses media (TV shows) to initiate conversation with youngest, i.e. teen mom program, "it's a good teaching material," uses negative consequence approach "…look at all the consequences"	Other Sources of Sexual Health Education for Daughters	**CHRISTIAN GROUP:** oldest daughter was part of a Christian group that talked about dating, relationships, and sex, mom thinks she learned a lot of her values from this group, they communicated well within this group and established good values in terms of sex, mom didn't feel the need to expand on these topics and inject her own values because they were covered by this group, the fact that this group was sometimes lead by school teachers adds merit to the group for mom, "she got really good guidance in that area," I'm surprised that she wouldn't want to offer her own guidance since she expected it from her own parents (guidance), but did not receive it **SCHOOL:** believed the school offered sexual health education, so her daughters probably learned a lot there as well **MEDIA:** uses media (TV shows) to initiate conversation with youngest, i.e. teen mom program, "it's a good teaching material," uses negative consequence approach "…look at all the consequences" **NO EXPANSION**: didn't feel the need to go into detail with her daughter about sexual health because of the other sources of education, just said "be careful," "precaution," "you are not ready because of your age," which seems to be at odds with her personality (she is detail-oriented and makes sure everything is covered, perhaps the subject is embarrassing or she is not knowledgeable)

Sophia – Daughter #1 (Non-RSHC)

Axial Coding (Grouped Open Codes)	Topic	Reflexive Interpretation / Themes
"Anal-retentive," "always repeats everything" Thinks mom is like grandma Doesn't think mom's personality was influenced by culture Do it "now, not later…" mentality, always busy, no breaks, complains about no breaks but is own fault	Wanda's Personality	**ANAL RETENTIVE:** mom is always busy, does not allow herself breaks, but complains about it, repeats everything, detail-oriented, she does not think mom's personality was influenced by culture, is like grandma, perhaps passing on personality traits generationally? (**PERSONALITY CLASH)**
"…get along" "Personality differences" S finds it "annoying," but recognizes the good intention "trying to take care of us…" S and W are "Total polar opposite…" S is easy-going "I'll do it later…" Small arguments due to personality differences, mom thinks she's lazy, not over finances (S makes own money, mom had no say)	Relationship between S and W	**PERSONALITY CLASH:** they get along, when they do argue it's usually due to differences in personality, "total polar opposite," she is very easy-going with an "I'll do it later" mentality, while mom has a "Now, not later" mentality; thus, mom finds her lazy

Theme Lists (Rough Work)

Wanda (Mother):

Family Photos

- Likes when kids were young, cute, and easy to manage
- Daughters do not like family photos

Personality Clash

- Organized and detail-oriented person
- Family is priority; job accommodates nightly family dinners
- Daughter is free-spirited and thinks mom worries too much

Push and Pull Factors (Immigration)

- Dislike for Singaporean government and educational system
- Existing social support in Canada
- Family-oriented culture in Canada suited her personality
- Job fallback in Singapore, safety net
- No turning back to Singapore

Adapting to Canada

- Ease in finding Canadian employment
- Finding work in Canada was easier for women
- No language barrier

Challenges in Canada

- Dislikes driving in Canada
- Many job interviews
- Frustration with employer's request for Canadian experience
- Felt underpaid compared to others
- Learning to use public transportation was challenging

Positive Aspects of Canadian Living

- Balance between work and family in Canada
- Spacious, comfortable living in Canada
- Healthy living and learning environment for kids
- Canadian education system imposes less pressure
- Creative teaching and learning style in Canada

Wanda's Parents' Style

- No guidance from her parents
- Older sisters assumed parental role

Wanda's Parenting Style

- Different from her parents, wants kids to be happy and independent
- Life is more challenging and expensive for her kids
- She listens to her kids; their decisions are their own

Asian Parenting

- Asian parents have more control over their kids (separates herself)
- Maids in Hong Kong care for kids; less connection between parents and kids
- Unquestioned obedience is expected of Hong Kong kids (Canadian kids are more outspoken)
- Sex happens everywhere regardless of culture

Sex Talk with Sophia

- Comfortable in initiating sex talk with daughter
- Does not force the conversation if daughter is unwilling
- Fear-arousing strategy in sex talk
- Frequent emphasis of this message
- Uses friends as points of discussion in sex talk; no reference to daughter's behaviours
- Asked if daughter wanted condoms for her trip
- Uses TV as a teaching opportunity for her youngest daughter
- No detail; be careful, take precaution, too young for sex, not ready
- Defensive daughter in terms of condom use question

Sophia's Values

- Daughter is waiting for marriage
- Trusts her daughters values
- Daughter is a virgin
- Daughter learned values from Christian group
- Daughter had sex education in school
- Asking daughter about condoms means testing/questioning her values
- Relieved when daughter's romantic relationship ended

Maternal and Paternal Roles

- Husband is traditional Chinese; no speaking to kids about sex
- Appropriateness of same-sex parent-child sex talk

Sisterly Relationship

- Sisters keep secrets from parents

- Youngest is more comfortable sex talking with sister
- Close relationship

Sophia (Daughter):

Family Photos

- Dislikes taking family photos

Memories of Singapore

- Not good memories of Singapore, but funny now

Reasons for Immigration

- Parents immigrated for their careers and their kids' education (better opportunities)

Parental Challenges in Canada

- Parents were homesick, not used to the weather
- Parents' job search was challenging, credentials do not apply in Canada

Parental Attitudes about Dating

- No dating rule until completion of school
- No financial support from parents if she got pregnant
- Kept boyfriends secret in high school
- Encouragement from parents to date after university

Personality Clash

- Open-minded and intellectual personality
- She is curious and intrigued (e.g. homosexuality)
- Parents are prudish and uptight
- Parents are traditional Asians – low on emotion and affection
- Mom is anal retentive
- Arguments due mostly to personality clash
- Parents are traditional (i.e. strict, conservative, and protective)
- Closer relationship with mom
- Would be more rebellious in Hong Kong

Culture Gap

- Preferred English at home, but parents wanted her to speak Cantonese
- Separates herself from Asian culture; culture gap between her and parents (opposing views)
- Opposing views limit conversation between her and parents
- Non-immigrant parents are more outgoing and open-minded
- Parents are traditional (i.e. strict, conservative, and protective)

Generational Gap

- Generational gap breeds differences in views and ways of thinking
- Opposing views limit conversation between her and parents

Non-Immigrant Parents

- Boyfriends' parents did not disapprove of romantic relationships
- Feels more comfortable sex talking with friends' parents

Other Sources of Information

- Professionals provide more reliable sex health information
- Learned from friends' and cousins' experiences and mistakes

Knowledge is Power

- Sexual health knowledge is power
- Would actively educate her children
- Not knowing about sex yields temptation and poor decision-making
- Kids will seek information elsewhere if not provided by parents

Sex Talk with Wanda

- No sexual health talk from her parents
- Would not initiate talk; parents would become suspicious (curiosity means consideration)
- Dating talk only after university
- Joking manner
- Uncertain if she would have wanted sex talk form parents
- Would have same sex talk experience in Hong Kong

Sex Talk with Sister

- Sister confides in her

Wanda's Interview

- Mom wants to appear open and good to researcher
- Mom wants an open relationship with daughter, but does not know how to maintain it

Overlapping Themes for Wanda and Sophia

- Reasons for Immigration / Push and Pull Factors
- Personality Clash
- Parental Challenges in Canada
- Financial Consequences of Pregnancy / Parental Threat
- Traditional Chinese Husband / Father
- Sexual Health Communication between Sisters
- Asian / Chinese Parenting
- General Communication (Culture and Generational Gap)
- Wanda's Parenting Style
- Sexual Health Communication (Occurrence, Content, and Frequency)
- Other Sources of Information
- Sophia's Values and Behaviours

Three Prominent Themes for Wanda/Sophia Within-Case Analysis

Personality Clash
Generational Culture Differences
Sexual Health Communication

Three Prominent Themes for All Cases

(Numbers beside each theme represent the research questions to which they correspond)

Personality Clash (2)
Generational Culture Differences (2)
Sexual Health Communication (1)

Personality Match (2)
Traditional Chinese Parenting (2)
Sexual Health Communication (1 & 3)

Personality Differences (2)
Traditional Chinese Parenting (2)
Sexual Health Communication (1)

Sexual Health Communication Post-RSHC (3)

Seeking Parental Guidance (2)
Importance of Early Parent-Child Sexual Health Communication (1)

Personality Differences (2)
    Bullying and Sexual Orientation (1)
Sexual Health Communication (1 & 3)

Change in Parenting Style (2)
Challenges in Canada (2)
Sexual Health Communication (1)

Appendix F: Informed Consent Form

Informed Consent Form

Parent-Child Sexual Health Communication in Chinese Immigrant Families

Principal Investigator: Sabrina Brown, BSc, MA Candidate
Department of Community Health Sciences at Brock University
Email: sabrinabrown23@hotmail.com or sb05wl@brocku.ca

Faculty Supervisor: Dr. Miya Narushima
Department of Community Health Sciences at Brock University
Contact Info: 905 688 5550 ext 5149 or mnarushima@brocku.ca

INVITATION
You are invited to participate in a study that involves research. The purpose of this study is to explore and understand parent-child sexual health communication in Chinese immigrant families.

WHAT'S INVOLVED
As a participant, you will be asked to participate in a one-hour, face-to-face interview conducted by Sabrina. You will also be asked, as part of the interview, to bring and talk about two or three family photos that are special and meaningful to you. With your permission, Sabrina will borrow the family photos, make photocopies of the photos, and return them to you by mail or in person. Participation in this study will take one to two hours of your time.

POTENTIAL BENEFITS AND RISKS
Possible benefits of participation include having the opportunity to directly and freely voice your views, concerns, and needs regarding this issue. Your opinion will be an important resource in the planning of future programs to promote the health of immigrant families in the Toronto area. There are no anticipated risks associated with participation in this study.

CONFIDENTIALITY
Every step will be taken to protect your identity. Sabrina will take great care to ensure that information provided by you will remain confidential. Your real name will not be attached to any interview transcripts, notes, comments, or issues raised in discussions, project reports, or presentations generated from this study; however, with your permission, anonymous quotations may be used. Shortly after the interview, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation, and to add or clarify any points that you wish.

For those who have (or currently) participated in the RSHC Program, to ensure that this study will not affect your experience in the RSHC Program, Sabrina will not

inform the sexual health promoter at Toronto Public Health, Anda Li, whether you participate in the study or not. This information will be limited to you and Sabrina.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary and without monetary compensation. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from the study at any point, and you may do so without penalty or loss of benefits to which you are entitled. If you wish to withdraw, please contact Sabrina directly.

PUBLICATION OF RESULTS

Results of this study may be published in professional journals and presented at conferences; however, the specific identity of participants in this study will not be disclosed. Feedback about this study will be made available to you by contacting Sabrina. She will provide a written summary of the results upon completion of her thesis defense presentation.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact Sabrina or Dr. Miya Narushima using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at 905-688-5550 ext. 3035 or reb@brocku.ca.

Thank you for your willingness to participate in this study. Please keep a copy of this form for your records.

CONSENT

I agree to participate in the study described above. I have made this decision based on the information that I have read in the Informed Consent Form. I have had the opportunity to receive any additional details about the study, and I understand that I may ask questions in the future. I understand that I may withdraw this consent at any time without penalty.

Name (print): _____

Signature: _____

Date: _____