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Asian's conservative attitudes toward sex and its impacts on women's sexual practices and reproductive health

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Asians, in general, are more conservative about sexual and reproduction-related issues than individuals from Western countries. These conservative attitudes often lead to reticence to communicate about sexual and reproductive issues, hindering attempts to promote sex education or contraceptive knowledge, which can heighten the risk for sexually transmitted disease, unintended pregnancy, induced abortion, and emotional problems. It is critical for health care providers working with Asian women to understand them within this cultural context in order to provide gynecologic and reproductive care with sensitivity and compassion. Although this issue has been mentioned in some studies conducted in Asia or with Asian immigrants, none have examined this attitude across Asian countries and how it may impact Asian women's physical and behavioral health. The authors seek to fill up this gap by reviewing the potential origins and consequences of conservative sexual attitudes among Asian populations in order to highlight areas of potential intervention to improve sexual and reproductive health of women in Asian cultures.

Keywords : *Asia, conservative, sex, women, mental health.*

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**ชุตีมา หุ่่มเรื่องวงษ์, Epperson CN. ทศนคติในเรื่องเพศแบบอนุรักษ์นิยมของชาวเอเชีย และผลกระทบต่อสุขภาพและพฤติกรรมทางเพศในผู้ป่วยเพศหญิงชาวเอเชีย. จุฬาลงกรณ์-
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โดยทั่วไปแล้ว ชาวเอเชียยังมีทศนคติแบบอนุรักษ์นิยมในเรื่องเพศและเรื่องเกี่ยวกับการสืบพันธุ์มากเมื่อเทียบกับชาวตะวันตก ซึ่งแนวคิดแบบอนุรักษ์นิยมนี้ทำให้ผู้ป่วยหญิงชาวเอเชียไม่ค่อยกล้าที่จะพูดคุยในเรื่องปัญหาทางเพศมากนัก รวมทั้งเป็นอุปสรรคต่อบุคลากรทางการแพทย์ในการให้ความรู้ด้านเพศศึกษาหรือการคุมกำเนิด ซึ่งนำไปสู่การเพิ่มความเสี่ยงของโรคติดต่อทางเพศสัมพันธ์ การตั้งครรภ์ไม่พึงประสงค์ การทำแท้ง รวมทั้งปัญหาทางอารมณ์ที่ตามมา การที่บุคลากรทางการแพทย์มีความเข้าใจในวัฒนธรรมและทศนคติอนุรักษ์นิยมในเรื่องเพศของชาวเอเชียจะช่วยให้สามารถให้บริการทางการแพทย์ได้อย่างเข้าใจและเห็นอกเห็นใจ ที่ผ่านมามีการศึกษาเรื่องนี้บ้างแล้วในบางประเทศแถบเอเชีย และในผู้ป่วยหญิงชาวเอเชียที่อาศัยอยู่ในประเทศทางฝั่งตะวันตกแต่อย่างไรก็ดี ยังไม่มีการศึกษาใดที่มีการรวบรวมข้อมูลจากประเทศทางเอเชียจำนวนมาก และยังไม่มีการศึกษาใดที่ศึกษาเกี่ยวกับผลของแนวคิดอนุรักษ์นิยมในเรื่องเพศนี้ต่อปัญหาสุขภาพและสุขภาพกายและสุขภาพจิตของหญิงชาวเอเชีย ทางผู้วิจัยจึงได้ ทำการรวมข้อมูลจากงานวิจัยอื่น ๆ ถึงสาเหตุและผลกระทบของเรื่องนี้ เพื่อที่จะไปสู่การหาแนวทางใน การช่วยเหลือให้ผู้ป่วยหญิงเหล่านี้ได้รับบริการสุขภาพทางเพศและนรีเวชได้ดียิ่งขึ้น.

คำสำคัญ : เอเชีย, อนุรักษ์นิยม, เพศ, หญิง, สุขภาพจิต.

Sexual intercourse or copulation is normal, physiologic, and necessary for the propagation of most species of animals. However, social and cultural attitudes towards sex vary according to region and sub-populations within a region. These attitudes have a dramatic impact on the way women lead their reproductive lives. In conservative cultures in specific, traditional sexual attitudes frequently affect women's willingness to access professional help when necessary.^(1,2) Thus, understanding the underpinnings of conservative social attitudes towards sex and reproduction are critical to improve women's health in these societies.

Countries in Asia have long history of unique conservative attitudes toward many aspects of life including sexuality. These attitudes generally affect the way the Asian women feel about themselves, their perception of social expectations, and their understanding of their role within the family and society at large.⁽³⁾ Moreover, these attitudes also influence how they manage their reproductive health.

The goal of this review is to highlight issues that may affect the health and well-being of Asian women who are likely to have limited knowledge regarding sexual and reproductive health and behaviors secondary to the conservative attitudes of their society. This knowledge will help clinicians tailor reproductive health strategies to maximize the benefit for Asian women in their cultures where traditional beliefs and practices are the norm.

Asian's Conservative Attitudes toward sex

Asian countries have stronger negative attitudes toward sexuality (including premarital, extramarital, masturbation, oral and anal sex, and homosexuality) when compare with Western countries.

Most of Asian cultures, female virginity is represented their family honor, whereas, premarital sex is considered a shame. Especially, in Muslim countries, any forms of heterosexual contacts (including only social contact, dating, touching, etc) before marriage is a taboo and some Muslim countries require hymen examination (if there is any suspicion about virginity) before performing a marriage license. However, these conservative attitudes are toward women than men (e.g. condone sexual activity among young males but discourage it among young females).

Among Asian countries, there is very low knowledge (regarding "at which time females are easy to be pregnant", contraception, HIV, STD, etc) when compared with Western countries. Most of formal sexual education in school is emphasized on "abstinence" than other options, so most of adolescents chose to learn from other sources (e.g. magazine, internet, etc.) which makes they are at risk for unplanned/unwanted pregnancy and sexual transmitted diseases)

Role of Age at Sexual Debut

One way in which sexual norms differs between Asian and Western cultures is in the typical age at which women are engaged in their first sexual intercourse, also referred to as the sexual debut. In general, women residing in Western and Latin American countries have sexual intercourse on average 1 - 4 years earlier than women residing in Asian countries^(4,5) (Table 1). The average age at first sex among Asian females is 18 - 20 years, which is considerably higher than women from other regions; 15 - 19 years in Africa, 17 - 17.8 years in Europe, 16.4 - 17.7 years in USA, 16 years in Latin America, and 16 years old in New Zealand.

Table 1. Mean age at sexual debut among females across regions.

Regions/ Countries	Mean age at sexual debut among females (years)	Average age at first marriage (years) [¶]
Asia		
- Thailand	18 ^a	23.5
- Philippines	18 ^a	23.8
- Vietnam	20 ^a	23.2
- Republic of Korea	18-20 ^a	26.1
- China	17-20 ^b	22.1
- Turkey	19.6 ^c	22.0
Africa		
- Nigeria	19 ^a	20.3
- Uganda	15-17.3 ^{a,d}	18.2
Europe		
- Germany	17 ^e	29.0
- France	17.4 ^e	27.7
- Netherland	17.8 ^e	26.1
North America		
- USA	16.4-17.7 ^{e,f}	26.0
Latin America		
- Argentina	16 ^a	23.3
- Peru	16 ^a	23.1
Other Pacific Island Countries		
- New Zealand	16 ^g	26.8

a = WHO, 2000, b = Wang & Davidson, 2006, c = Aras et al., 2007, d = Kirungi et al., 2006,

e = Mcgee, 1998, f = Else-Quest et al., 2005, g = Dickson et al., 1998

¶ = information from United Nation World Marriage Pattern 2000

There are several factors thought to influence the age of sexual debut including, but not limited to, age of sexual maturation, drug/alcohol use, and religious and cultural attitudes toward sex. There is a growing body of literature linking early pubertal development with earlier dating and coital onset.⁽⁶⁾ Studies, most of them conducted in Western countries, have found significant differences in

pubertal development among racial groups, with black girls developing earlier than Caucasian and Hispanic girls.^(7, 8) There were no available studies directly comparing the pubertal development between Asian girls and girls from other races. However, considering the reported mean age at onset of menarche for Asian girls (12.3 - 12.8 years), girls with African ancestry (12.1 years), Hispanic girls

(12.2 years), and Caucasian girls (12.7 years)^(9, 10), it is difficult to attribute the delay in sexual debut in Asian girls to a relative delay in pubertal development if the onset of menarche serves as a proxy. In contrast, alcohol and drug abuse which has been linked to earlier sexual activity is considerably lower in Asian adolescents and young women, including those who live in Thailand, Singapore, Hong Kong, Japan, Turkey, Israel, Lebanon, India (excepting Republic of Korea) than compared to those from North America, South America, Australia, and European countries.⁽¹¹⁻¹³⁾

Importantly, in most countries from which there are available data (Table 1), the vast majority of women experience their sexual debut during the adolescent years, frequently before marriage. While these data can not provide accurate statistics for the prevalence of premarital sexual intercourse, it is interesting to observe that the age of sexual debut and age at marriage are less discrepant (3 - 5 years) among Asian populations when compared to populations with typically more progressive attitudes towards sexual activity (9 - 12 years discrepancy).

Attitudes toward premarital sex and premarital virginity among Asians

The prevalence of reported premarital sexual intercourse in a given country can also provide a gauge of that society's attitudes towards sex. Not surprisingly, approximately 15 % of Asian women living in Asia and 27% of Asian Americans report having premarital sex.⁽¹⁴⁾ This percentage stands in contrast to the substantially higher percentage of women in Africa (55%)⁽¹⁵⁾, the USA (80%)⁽¹⁶⁾, and the UK (>90%)⁽¹⁷⁾ (Table 2).

While fewer Asian women living in Asia report of having premarital sex, Asian women living in characteristically more progressive countries are also not having premarital sex at the same rate as women in those countries and report more guilt about having sex and are less likely to admit of having sexual intercourse.⁽¹⁸⁾

Religious beliefs also play a role in molding a culture's attitudes towards sex and reproduction. Among Asian countries, the differences in religion may contribute to variation in the timing of sexual activity. In China, where the majority of the population are Buddhist, sexual intercourse is accepted when it is linked to procreation within a family context, while the Buddhist religion does not consider other aspects of an individual's sexuality to be important.⁽¹⁹⁾ According to the Buddhist precepts, one should always refrain from sexual misconduct and any sensualities including (but not limited to) extramarital sex, viewing pornography, and masturbation.^(20, 21) There is a great variation in the prevalence between 0 to 45 % of premarital sexual activities across China, when one study found a very high prevalence (62%) among the rural-to-urban migrants.⁽²²⁾ These individuals whose originate was primarily from rural villages may find it liberating to be away from the control of their parents and more traditional rural society. However, in general, the Chinese value female chastity as a cultural virtue and denounce premarital sex.⁽²³⁾ Despite expression of more tolerant attitude toward premarital sex among the younger generation, only a small proportion (0-10%) of Chinese age 18 - 24 years old reported of being sexually experienced.⁽²⁴⁾

Although the majority of citizens of India practice Hinduism, the attitudes towards premarital

Table 2. Prevalence of premarital sex among females in different countries.

Regions/ Countries	Prevalence of premarital sex among females (%)	References
Asia		
- Thailand	1-20	(80, 81)
- Vietnam	4-7	(82)
- Philippines	4	(49)
- Republic of Korea	9.8-12	(36, 38)
- China	0-45 18% (42), 0% (44)	14.7% (23), 22.8% (83), 45.5% (84),
- Hong Kong	6	(58)
- India	4-20	(25, 26)
- Japan	39.3	(85)
Africa		
- South Africa	54-59	(15, 86)
- Nigeria	44.9	(87)
- Ethiopia	49	(88)
- Tanzania	68	(89)
Europe		
- UK	92	(17)
North America		
- USA	76-90	(16, 90, 91)

sex are similar to those in China. In India there is also a high moral code which considers adolescent sexuality and the resultant motherhood a disgrace. (25,26) Indian adolescents who have premarital sex face strict sanctions, including parental violence, loss of reputation and swiftly arranged marriages to someone other than their romantic partner. (27)

In Iran and Turkey, the populations of which are mostly Muslims, there is a restriction toward any form of premarital heterosexual (social) contact, and premarital sexual intercourse is absolutely forbidden. (28, 29) In traditional Turkish society, if there is any suspicion about virginity, the young girls are

then forced to undergo hymen examination against their will. The practice is frequently reported and often results in attempted suicide. (30)

Based upon available data from Thailand, Vietnam, and the Philippines, all developing countries in Southeast Asia, there is considerable evidence indicating non-permissive attitudes toward premarital sexual activities. (31-34) All reports from these 3 countries demonstrate a lower rate of premarital sexual intercourse (as well as other types of sex-related behaviors) when compared to other regions outside Asia (Table 2). Even among younger and better-educated individuals who typically have more liberal

attitudes toward sex, acceptance of premarital and extramarital sex generally remains below majority.⁽³²⁾

Moreover, there is an evidence of a double standard in acceptability of premarital sex for men and women in Thailand. Women who have premarital sex are scorned upon whereas it is seen as a normal practice among men.^(31, 35) One study found that Thai men regard a young woman's social worth or value is in reverse proportion to her sexual availability. The lowest status of women in society were prostitutes, followed by "bad girls" (those who were engaged in occasional, casual, but not commercial sex), non-virgin steady girlfriends. Finally, virgin girlfriends are the most valued. Most young men in the study showed a strong intention to marry a virgin girl. The study also indicated that young Thai women, realizing how important it is to protect their virginity, and express non-permissive attitudes toward premarital sexuality.⁽³¹⁾ In contrast, premarital sex is acceptable among Vietnamese young adults if they are in a serious, loving relationship with a certain commitment to marriage.⁽³³⁾

Regarding the relatively more modernized countries in Asia such as the Republic of Korea (South Korea), Japan, and Hong Kong, there is still an evidence of non-permissive attitudes toward premarital sex.⁽³⁶⁾ In South Korea, the "Confucian view" is that young boys and girls are separated from the age of 7 years. They are not allowed any unsupervised contact and are to practice abstinence until marriage. This custom is generally applied among Korean families.⁽³⁷⁾ Thus, premarital sex among females is considered extremely undesirable and society provides impediments to sexual contact among young unmarried couples. As a result,

premarital sex is reported to be relatively uncommon (9.8 - 12%) in Korean females.⁽³⁸⁾

Interestingly, in Japan, where almost all young female studied and answered questions pertaining to premarital sex as "it was wrong to have sexual intercourse with non-steady, casual partner before marriage"; the majority of them reported that they expected that they would have sexual intercourse before marriage.⁽³⁹⁾ When queried, residents of Hong Kong, professed a relatively neutral attitude toward premarital sex, and placed a higher value on romantic love, family relationships and the importance of birth control.⁽⁴⁰⁾

Effects of conservative sexual attitudes on sexual health and contraceptive practices

Communication about sex- and reproduction-related issues has long been recognized as a problem among Asian countries (e.g. Bangladesh, China, Indonesia, and Thailand). Many Asian parents still have reservations about educating their children on sex-related issues.^(41, 42) and most Asian adolescents obtain information from other sources (e.g. friends of the same sex, magazines books/media).^(43, 44)

This reliance on friends and the media for information regarding sexual health does not appear to be effective as most studies indicate that Asian young adults do not have accurate understanding of many sex-related issues. For example, in China 63.8% of high school girls did not understand puberty (e.g. menarche)⁽⁴³⁾, and most citizens of China have little basic knowledge of HIV/STD and how they are transmitted.^(24, 45) A study conducted in Delhi, India found 60.7% of university students correctly identified only 33% (or less) of the sexual anatomy. An even

smaller percentage (8.2%) of students were able to accurately answer 50% of questions regarding sexual functioning and reproduction.⁽⁴⁶⁾ Similarly, only 31% of students in the UAE knew there is no vaccine for HIV and only 34% knew that there is no cure for HIV/AIDS. Importantly, the majority made errors when they answered basic questions regarding transmission of HIV/AIDS.⁽⁴⁷⁾

Another aspect of sexual health is the ability to control reproduction and limit the risk of unwanted pregnancies. A study in Thailand found only 6.3% of sexually active vocational students (age 18 - 22) reported the use of condoms every time when having sex in the beginning of the relationship. In this same group, 24% reported that they had had an unplanned pregnancy, and 7% had an STD.⁽⁴⁸⁾ In a slum community in Bangkok, 63.1% of adolescents and young adults (age 12 - 22 yrs) reported having unprotected sexual intercourse. Around 16% of those surveyed in this study reporting that they assumed that their partners were "trustworthy" and that having sexual intercourse with their lovers is safe.

A study among sexually active high school students in the Philippine found that only 24% of them used condoms. Twenty-five percent indicated that they did not use condoms because condoms decrease tactile sensitivity during the intercourse.⁽⁴⁹⁾ In rural China, only 9% of migrants and 8% of non-migrants who reported having multiple sexual partners indicated that they 'often' or 'always' using condoms with sexual partners other than their spouse. Moreover, a low level of knowledge regarding HIV and AIDS was observed in both groups with very few migrants and non-migrants (15% and 10%, respectively) perceiving themselves to be at risk of HIV infection.⁽²²⁾

Likewise, 85.3% of South Koreans who were seeking for counseling and tested for HIV reported that they never used condoms and/or had inconsistent condom use.⁽⁵⁰⁾ Less than a quarter of South Korean students (age 18 - 25 years) reported using condoms at their sexual debut.⁽³⁶⁾ Interestingly, a study among abortion-seekers in South Korea showed that contraceptive practice tends to be irregular, or incorrect, and the method of choice is largely traditional. (e.g. withdrawal or the 'rhythm method.' or sharing their oral contraceptives with friends or took the pill only just before or after intercourse).⁽⁴⁾

Only in urban India 51.2 % of those who reported pre- or extramarital sex in the past year had used a condom.⁽⁵¹⁾ In Turkey, the rate of condom use at first sexual intercourse was 47.4%, substantially higher than that seen among South Koreans.⁽⁵²⁾ The lack of consistent use of barrier methods of contraception among different Asian population would not only increase their risk of unplanned pregnancy but also HIV and STD.

A large-scale study of the World Health Organization indicates that there are several important factors, which contribute to contraceptive use among adolescents in developing countries (including Asian countries). Not surprisingly, older age, higher education level, the knowledge of contraception, and permissive attitudes toward contraceptive use are critical to good contraceptive practices. Additionally, having had a discussion with one's partner regarding sex/contraception and having partner approval of contraception increased its use. Finally, residing in an urban area and having a high socioeconomic status led to increased safe sex practices.⁽⁵³⁾

Several studies have examined the reasons that lead to low rates of contraceptive use.⁽⁵⁴⁾ Individual reasons included concerns with contraceptive side effects, a low perceived risk for pregnancy, lack of knowledge of reproduction and the importance of contraception, and conservative attitudes and beliefs (e.g. shy, embarrassed to acquire contraception, reliance on alternate methods). Interpersonal reasons included partners, families, or friends who discouraged the use of contraception (e.g. partner discomfort/dislike of condoms, equating condoms with promiscuity/infidelity). Societal reasons for low use of contraception included problems with access, inconvenience, and cost of contraception.

Effects on unintended/unwanted pregnancy and induced abortions

Information from the World Health Organization (WHO) indicates 10 - 40% of sexually active, young, unmarried women across the world have unplanned and unwanted pregnancies.⁽⁴⁾ However, the exact percentage of unplanned/unwanted pregnancy in some countries is difficult to acquire. The available data suggests a low prevalence of adolescent pregnancy among European and Americans (0.7% in Netherland, 0.9% in France, 1.3% in Germany, and 6.4% in USA), whereas the relatively higher prevalence of adolescents pregnancy and unplanned/unwanted pregnancy among Asian and other developing countries (40% in China, 37% in South Korea, 24% in Thailand, 42% in Botswana, and 27% in Argentina).^(4, 5, 48, 55)

These percentages are somewhat surprising, as Asians have a lower rate of premarital sexual

intercourse when compared to individuals from other countries and cultures. While the reason for this discrepancy has not been determined, one may hypothesize based on previous data that lower sexual/contraceptive knowledge, lower socioeconomic status, and less access to contraceptive devices may contribute to this disparity. As seen from the previous section, the rate of contraceptive use among Asian countries is quite low.

The consequences of unwed motherhood in most Asian cultures include social ostracism, threat of poverty and economic dependence, and fear of remaining single. Unplanned pregnancy in these cultures frequently leads to rapid marriage, coerced adoption or induced abortion.⁽³⁸⁾

Regarding abortion data, especially in some countries where abortion is restricted (e.g. Thailand, Malaysia, Indonesia, Sri Lanka, etc.) is difficult to gather since most of these procedures are carried out in hidden, illicit clinics. In countries where abortions are less restricted (e.g. China, Republic of Korea, Viet Nam), a large percentage (over 85%) of those who had unplanned pregnancy opted for abortion.⁽³⁸⁾ However, even in settings where abortion is legally available, abortion for married women is tacitly accepted, especially for women with many of children; abortion for premarital pregnancy is, however, highly stigmatized. Single women who experience unplanned pregnancy face personal and familial shame, compromised marriage prospects, abandonment by their partners, single motherhood, a stigmatized child, early cessation of education, and an interrupted income or career.⁽⁵⁶⁾ Moreover, shame and lack of knowledge may combine to constrain these young women from seeking "timely" and "safe"

abortions leading to higher rates of complications.⁽⁴⁾

Effects on emotional health

- Regret/ stigma (of unwed non-virgin women)

As mentioned above, most of Asian countries studied place a high value on female premarital chastity and strongly disapprove of premarital sex as well as premarital pregnancy. Generally, women who do not conform to this cultural value report the feeling of regrets or stigmatization.⁽⁵⁷⁾

There are few studies directly examining the effects of this cultural value on women's emotional health. A study conducted in Indian women indicated that women who achieved this idealized cultural value (of chastity) exhibited an increase in their self-esteem which negatively correlated with depression score. Whereas, women who could not achieve this cultural value exhibited a decrease in self-esteem which correlated with shame and depression score.⁽³⁾ Even in Hong Kong where sexual attitudes are relatively progressive for an Asian country, adolescents who experienced premarital sexual intercourse reported more depression than virgin adolescents.⁽⁵⁸⁾ As mentioned, suspected non-virgin women who have been forced to undergo hymen examination against their will, not infrequently attempt suicide.⁽³⁰⁾

- Depression during pregnancy and postpartum period

The prevalence of depression in pregnancy varies among different Asian countries (depending on different settings and assessment tools used) with the overall prevalence of 20%.⁽⁵⁹⁻⁶⁴⁾ This is considered much higher than the prevalence from a systematic review of pregnant women in the United States (7.4% during 1st trimester, 12.8% during 2nd trimester, and

12% during 3rd trimester).⁽⁶⁵⁾

Factors shown to contribute to depression during pregnancy are similar, for the most part, to those observed in Western countries (e.g. younger age, history of psychiatric illness, financial difficulties, marital conflicts, lack of social support from husband and families, etc.). However, premarital pregnancy and in-law conflicts are specifically associated with depression during pregnancy in Asian, but not more sexually progressive cultures.⁽⁶⁶⁻⁶⁸⁾

The prevalence of postpartum depression (PPD) also varies greatly between 0.5 - 60.8 % depending on the country studied and assessment measure used.^(64, 69 - 72) The highest prevalence is among Taiwanese women (60.8 %) ⁽⁷³⁾ and lowest among Singaporean women (0.5 %).⁽⁷⁴⁾

Most factors associated with PPD are similar to those associated with depression during pregnancy with some specific factors related to Asian conservative sexual attitudes (e.g. unplanned pregnancy especially premarital pregnancy, conflict/ being abused by in-laws, and dissatisfaction with infant's gender).^(63, 72, 75 - 77)

In terms of premarital pregnancy, unsurprisingly, is highly stigmatized in most of Asian countries as demonstrated in non-permissive attitude toward premarital sex. In some countries, premarital pregnancy stigmatizes not only in the pregnant woman but other family members as well. As an example, in South Korea a family will be shunned by other villagers and friends if their daughter becomes pregnant before marriage. The other daughters or sons of this family could also be rejected by future parents-in-law due to their sibling's premarital pregnancy. Children who are born out of wedlock

are frequently stigmatized by the other children at school. ⁽³⁷⁾

The infant's gender is extremely important in some Asian cultures. In India and turkey, a baby girl is more likely to be viewed as a heavy economic drain on the family. This was partly due to the perception that most girls are ultimately married and would thus not contribute economically to the family of origin. When a women gives birth to a daughter, she may be considered as incapable and can be faced with a lack of support and hostility from her husband and mother-in-law. ^(76, 78, 79) In Korean society, which is dominated by Confucianism, married couples are expected by their family to have at least 1 son in order to maintain the continuity of the bloodline. ⁽³⁷⁾ These expectations may play a role in modulating emotional response of mothers who give birth to a baby girl, eventually leading to emotional distress.

Conclusions and Implication for developing suitable sexual education for Asian countries

When compared to western countries, Asian countries have considerably more conservative attitudes toward sexuality with high value placed on female premarital virginity. This conservative attitude may serve to protect Asian female adolescents from having early sexual encounters as evidenced by the low rate of reported premarital sexual contact in Asian cultures.

Conservative societal attitudes also prevents Asian parents, educators, and health care providers from providing effective communication and education regarding sexuality to women, leading to a very low level of knowledge regarding puberty, contraception, pregnancy, and HIV/ STD among Asian

females as well as a very low rate of contraceptive use. These may be the predisposing factors to a higher rate of unintended/unwanted pregnancy and induced abortion among Asian countries.

Most of Asian families do not talk about sex, but rather send the message to their adolescents (both implicitly and explicitly) that they do not approve of (premarital) adolescent sex. This might give the Asian adolescents the implications of "abstinence-only" choice, so adolescents might have no idea how to protect themselves if they are currently sexually active. They might choose to learn from other sources (e.g. friends, magazines, media, etc) which may contain incorrect information.

This article provides the implications that abstinence-only idea of sexual messages/education in Asian countries may not be applicable for the current sexual environment in Asia. Formal sex education should include other aspects of sex (e.g. knowledge on puberty, pregnancy, contraception, and HIV/STD) rather than solely focused on abstinence.

Regarding communication about sex within the families, encouraging the older generation to change their attitudes toward sex is unlikely to be productive. However, media focus on the middle and younger generations (e.g. parents and adolescents) of the family unit may lead to greater acceptance of such information as the media is the adolescents and young adults preferred method of obtaining such information. Media coverage of sexual health and reproductive issues should be accurate and conducted in a respectful and culturally sensitive manner. Health care providers could use the information presented in the media as a method for engaging reticent youth and young adults

in productive discussions regarding sex. For an education campaign to be successful, it would need to take into consideration the predominant religious and cultural values of the community in order to be acceptable to the greatest audience. Regardless of the degree of cultural sensitivity used to provide information, there is likely to be a backlash from some elements of society. The success of any campaign will rely on the ability to address these concerns in a timely and thoughtful manner.

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