ORIGINAL ARTICLE

Emic Perceptions of Age-Appropriate Parent-Child Intimate Behaviors Related to Hygiene, Affection and Privacy

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ABSTRACT

Objective. A multi-phase, sequential mixed methods study aimed to determine acceptable age-appropriate physical intimate behaviors shared between Filipino parents and children that are related to hygiene, affection and privacy.

Methods. Following an exploratory qualitative phase (Phase 1) and an instrumentation phase (Phase 2), the quantitative survey phase (Phase 3) utilized the resultant Filipino Family Behavior Questionnaire (FFBQ). A total of 145 participants from Cabuyao, Laguna and selected urban communities in Metro Manila were comprised of 72 parents and 73 adult children.

Results. Parents and adult children view the affection-related behaviors of hugging *(magyakapan/ magyapusan)* and kissing on the cheeks *(humalik sa pisngi)* as most acceptable among the list of parent-child intimate behaviors in the FFBQ, and is allowed without any age limit set for children (up to age 18 years). The lowest accepted age-appropriate intimate behaviors were hygiene related, specifically on washing genitalia (median 5 years, range 0,18), co-bathing (3 years, range 0,18), and holding/kissing genitals (0, range 0,17). Generally, adult children accept higher age-limits compared to parent participants. Both groups placed higher age-acceptable limits on mothers compared to fathers.

When comparing parent-child pairs, same-gender pairs have significantly higher age-acceptable limits compared to mixed gender pairs. Ranked in order of highest to lowest age-acceptable limits, the most accepted gender pair in performing intimate behavior is mother-daughter; father-son; mother-son; and father-daughter. Perceptions of acceptable age limits were comparable between parents with adverse childhood experiences (ACEs) compared to those without ACE, except for hugging between mother-daughter (17.21 vs 18 years, p=0.04) and father-daughter (17.21 vs 14.22 years, p<0.01) as well as co-dressing of mother-son (3.76 vs 2.19 years, p=0.02).For children, differences in perception were noted only for hugging between mother and son (17.95 vs 15.37 years, p<0.01), and kissing on lips between father and son (5.33 vs 8.94 years, p=0.03). Respondents in Phase 4 believe that mothers are seen as nurturing and caring towards children, thus rendering acceptance of higher age limits for engaging in intimate behavior, specifically for hygiene and privacy. Similar-gender pairs tend to be more at ease with each other, hence the persistence of intimate behavior even at older ages.

Conclusion. This study was able to identify Filipino intimate behaviors of parents and children including their age-appropriateness. Parents and adult children had similar valuations for healthy boundaries in intimate behavior, as evidenced by the older perceived mean ages for hugging, kissing on the cheek (affection) and co-sleeping (privacy), as well as younger perceived mean ages for hygiene-related intimate behavior such as holding/kissing genitalia, washing genitalia and co-bathing. Parent-child intimate behavior is more acceptable for same-gender pairs, and is least appropriate for older ages in father-daughter pairs. Moreover, adult children appear to be more permissible in exhibiting lower cutoffs for age limits of acceptability compared to parents.

Keywords: emic perceptions, Filipino Family Behavior Questionnaire, intimate behavior, hygiene, affection, privacy

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INTRODUCTION

Child abuse or maltreatment is an event done to a child which "constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."[1] Abusive acts may either be habitual or non-habitual, and they do not consider the "cooperation" of the child.[2] There are varied motivations of perpetrators of abuse, and such practices may be influenced by societal norms.[3]

There are multiple risk factors that contribute to a child's becoming a victim of abuse[1,4] as well as protective factors that can prevent adverse childhood experiences.[4] Early maltreatment has the potential of significantly altering a child's normal developmental arc and leaving the victim with significant long-term impairments.[4,5] A strong dose-response relationship is known to exist between the number of adverse childhood exposures to abuse and multiple risk factors for several leading causes of death in adults.[5-7] Longitudinal studies report significant associations between child sexual abuse and multiple effects, such as mood, anxiety and substance use disorders[8,9], psychiatric conditions, including suicidal behavior[10], and increased number of sexual partners; increased medical consults for health problems, and welfare dependence.[11]

The manifestations of child sexual abuse are specific behaviors that are found along a continuum of other behaviors, from mild and considerably inappropriate acts, to serious sexual offenses that contemporary society would commonly agree to as constituting abuse.[12,13] Perceptions of the appropriateness or acceptability of intimate behavior may differ between cultures.[3,4] It may also vary according to other factors such as age and gender of the child.[14] Boundary lines for determining appropriate and inappropriate, and even abusive, behavior may also be affected stakeholder (i.e., who is making the perception) factors, and the actual behavior being participated in by the parent and the child.[3,15-20]

An earlier study[21] studied acceptable family practice behaviors, or intimate behavior patterns, using a non-random, purposive sample of mental health and child welfare professionals in the United States. Questions on the appropriate age limit for particular behaviors related to hygiene, affection and privacy were asked. Results show that, for the affection group of behaviors, a large proportion of the respondents perceived hugs and back and neck rubs to be appropriate at any age. However, mean perceived age limits for hygiene-related behaviors were lower, from between 3-6 years; age limits for privacy behaviors were 4.8-5.6 years, and while affection-related behaviors had acceptable age limits of 5-8 years. Furthermore, there are lower age limits for mixed gender pairs (mother-son, father-daughter) than with same gender pairs (father-son, mother-daughter), and higher age limits for mothers for behaviors related to hygiene and privacy.

Variabilities in perceptions between groups necessitate an emic study on child sexual abuse. An "emic unit" has been defined as "a physical or mental item or system treated by insiders as relevant to their system of behavior. It is a physical or perceptual unit judged by native participants of a culture as appropriate in a particular context.[22,23] The noted strengths of this type of approach are the appreciation of the particularity of the context being studied, respect for local viewpoints, and its potential to uncover unexpected findings.[24]

There has been no published research that seeks to determine the perception of Filipino children and parents on acceptable patterns of intimate behavior that can be misconstrued as sexually abusive. The study explores perceptions of Filipino parents and adult children on acceptable, age-appropriate patterns of parent-child intimate behavior, with the intention of determining norms in Filipino intimate behaviors as a basis for distinguishing these from non-normal behaviors. This study aims to answer the following research problem: What are the acceptable age-appropriate physical intimate behaviors related to hygiene, affection and privacy of Filipino parents and children?

MATERIALS AND METHODS

Study design

This study employed a multi-phase, sequential mixed methods design, conducted in four phases: an exploratory qualitative phase (Phase 1), instrumentation phase (Phase 2), quantitative survey phase (Phase 3) and a phenomenological explanatory phase (Phase 4). The study was done in both urban (Malate, Manila; Barangay Sacred Heart and Barangay Tatalon, Quezon City) and rural (Cabuyao, Laguna) settings.

Study population

Residents of Cabuyao, Laguna and selected urban communities in Metro Manila were invited to join the study. Parent respondents were individuals age 35-64 years old living with at least one biological child aged 0-24 years. Children respondents included males and females aged 18-24 years old, without any history of parenthood or assumption of caregiver role. For Phase 1, child protection specialists were also asked to participate.

Development of the Tool

A list of intimate behaviors was derived from the survey of literature on parenting, parent-child behaviors or interactions. Phase 1 (exploratory phase) consisted of key informant interviews (KIIs) followed by focus group discussions (FGDs). Concurrent KIIs with 3 child protection specialists were utilized to validate and enrich the content of the list of parent-child behaviors.

For Phase 2 (instrumentation), the final comprehensive and validated list of parent-child intimate behaviors that were considered locally appropriate was then crafted to form the Filipino Family Behavior Questionnaire (FFBQ-

Parent/Child). The FFBQ consists of 36 items that measured perceptions of age-appropriateness of 9 behaviors, with 4 measuring behaviors related to affection, 3 measuring hygiene-related behavior and 2 measuring privacy-related behavior. The questionnaire was content validated by 3 professionals (non-child protection specialists), 9 parents (3 males and 6 female), and 9 adult children (4 males and 5 female).

Two other Items validated questionnaires were also translated to Filipino: Parental Acceptance-Rejection/ Control Questionnaire-Short Form (PARQ-SF) for adult children and parents[25]; and the pre-tested local version of the Filipino Adverse Childhood Experiences (ACE) questionnaire, specifically the subset on Family Health History. The PARQ-SF was used to measure the frequency of perceived mother and father parenting behaviors as perceived by adult children and parents. Following translation and back-translation, the resulting intermediary translated version was pilot tested and incorporated in the final questionnaire. On the other hand, the Filipino ACE questionnaire has a subset on Family Health History, comprised of 32 items which were further grouped into adverse experience categories, examining various types of childhood maltreatment, childhood adversities rooted in household dysfunctions, and other risk factors.[7] The FFBQ together with the PARQ-SF in Filipino and the local ACE questionnaire (Family Health History subset) were pre-tested to 54 parents and 54 adult children who met the inclusion criteria and have submitted informed consent. Qualitative inter-rater reliability was used to determine the internal consistency of the items. This means that Phase 2 participants must have the same perceptions (not variable) with regard to the appropriateness of the items representing intimate behaviors in each domain of hygiene, affection and privacy. It also indicates that items per domain are indeed related to the domain they intend to measure.

Data Collection

In Phase 3 (quantitative phase), the final questionnaire was administered to another group of parents, and young adults. Questions regarding appropriate ages for parents involved with their children in intimate behaviors were related to the domains of affection-related, hygiene-related and privacy-related behavior. For every parent-child intimate behavior included in the questionnaire, participants were asked at what specific age was the said behavior acceptable or appropriate. Furthermore, respondents were requested to determine acceptability of behavior for each of the 4 parent-child gender pairs – i.e., a father engaging in the behavior with a son/daughter and a mother engaging in the behavior with a son/daughter. Answers for perceived age-appropriate age limits were stated in years or months (*"Puwede hanggang __ taon __ buwan"*); *"hindi puwede sa kahit anong edad"* for behavior that is perceived inappropriate at any age; or *"kahit anong edad/Hanggang pagtanda"* for ages 18 years and higher. The study assumes 18 years as the age limit of the pediatric age group; it is also the age of majority in the Philippines. Behaviors that will be considered appropriate at 18 years and older will therefore be appropriate for any pediatric age. The third part of the survey asked about personal experiences on engaging in particular parent-child behaviors.

Sample Size

For Phase 3, the computation of sample size was based on the following: (1) power of 80%; (2) confidence of 95%; (3) mean age and standard deviation of the parent group (6.42 years, 5.8 years) and (4) mean age and standard deviation of the adult child group (3.83 years, 5.05 years) were from Phase 2 pilot data on washing genitalia (washing genitalia was considered a very important outcome, as it typifies a child being in a state of increased vulnerability, i.e., exposure and hand contact of private parts); and (5) difference in mean age = 2.59 years with SD = 5.8 years among parents and 5.05 years among adult children. Hence, the computed sample size was a minimum of 142 participants (71 parents and 71 adult children). The calculation of the sample size was based on the sample size calculator of OpenEpi.[26]

In Phase 4 (phenomenological phase), Selected parent-child participants from Phase 3 were requested to participate after 4-6 weeks in in-depth interviews to provide more information on survey results, including those found to have variability in age-appropriate perceptions.

Data Processing and Analysis

Descriptive statistics were used to analyze and explore demographic data, as well as individual dependent variables by parent/child gender combination. As part of diagnostics on testing the samples' distribution, Shapiro-Wilk test for normality, along with examination of boxplots and QQ plots, was performed. From initial diagnostics of our sample data, it was observed that the sample did not follow a normal distribution. Thus, non-parametric tests were administered. The Mann-Whitney U test was performed to compare means of two independent samples, that is, testing difference of means for: (1) between parent and child; (2) between presence or absence of ACE; and (3) between high or low Parental Acceptance-Rejection Questionnaire (PARQ) score levels. Respondents were classified to Present ACE group if there was at least one adverse experience category that the respondent experienced 3 or more times (i.e., ACE Score of at least 1). PARQ scores were computed as the sum of responses to a Likert scale, with 1 as high acceptance/low rejection and 4 as low acceptance/high rejection. PARQ scores greater than or equal to 60 are considered High, while scores less than 60 are considered Low. Difference of mean age limits between high and low PARQ groups was tested for each intimate behavior. Meanwhile, the Kruskal-Wallis rank sum test was used for more than two samples, that is, testing difference of means among gender pairs. If the groups were found significantly different in the Kruskal-Wallis test, a post hoc pairwise multiple comparison was performed

to determine which of the gender pairs were significantly different in their perceptions of age-appropriate limits.

Qualitative data were transcribed verbatim and encoded using Microsoft Excel 2013 software. Following content analysis, themes and patterns of responses were coded into significant domains. Important quotations and other narratives were highlighted.

This study was given ethical clearance by the UP Manila Research and Ethics Board.

RESULTS

A total of 72 parents and 73 adult children participated in the quantitative survey (Phase 3) of the FFBQ. Mean age of parents was 47.9 years (SD= 6.46; Range: 36-62 years) while mean age of children was 19.6 years (SD=2.09, Range: 18-24 years) (Table 1).

Table 1. Baseline Characteristics (Phase 3)

	Parent (N_P=72)		Adult Child (N_C=73)	
	Frequency	%	Frequency	%
Sex				
Male	17	24%	31	42%
Female	55	76%	42	58%
***Mean Age** (years)*	47.9	—	19.6	—
Type of House				
Rented	18	25%	20	27%
Bought	29	40%	34	47%
Others (*given/ inherited/borrowed*)	25	35%	19	26%
Socioeconomic Status				
Low	37/72	51.4%	42/73	57. 5%
Middle	25/72	34.7%	30/73	41.1%
High	10/72	13.9%	1/73	1.4%
Household Size	5.32	—	4.96	—
Living with a person with special developmental needs				
Yes	5/68	7%	7/70	10%
No	63/68	93%	63/70	90%
Number of children in the family				
1	5/68	7%	3/68	4%
2	17/68	25%	2/68	3%
3-4	35/68	51%	39/68	57%
5 or more	11/68	16%	24/68	35%
Perception of Closeness within Family				
Not close / *Malayo ang loob*	—	—	1/73	1%
Moderately close / *Medyo malapit*	9/70	13%	24/73	33%
Very close / *Lubos na malapit*	61/70	87%	48/73	66%
Presence of Close Peer Relations				
None / *Wala*	4/67	6%	5/70	7%
Yes, 1 / *Oo, isa lang*	2/67	3%	5/70	7%
Yes, more than 1 / *Oo, higit sa isa*	61/67	91%	60/70	86%
Presence of Community Practices Promoting Closeness/Intimacy				
Yes	15/65	23%	11/64	17%
Communication	1		—	
Faith	5		5	
Loving one another	5		5	
Respect to elderly	1		1	
Spending time together	2		2	
No answer	1		—	
No	50/65	77%	53/64	83%
Presence of Community Activities Promoting Closeness/Intimacy				
Yes	25/64	39%	11/65	17%
Church / religious activities	15		20	
Barangay / Community service	3		4	
Livelihood program	—		1	
Family day	2		5	
Youth gathering	1		1	
Others	2		3	
No answer	1		2	
No	39/64	61%	54/65	83%
Knowledge of RA 7610				
Yes	51/68	71%	40/71	56%
PNP	44		34	
NBI	29		20	
Doctor	29		14	
Hospital	27		13	
Parent	45		38	
All of the above	19		9	
No	17/68	29%	33/71	44%

N_P = N of parent participant; N_C = N of adult child participant

Age Limits of Intimate Behavior

Among the intimate behaviors in the FFBQ, hugging (*magyakapan/magyapusan*) and kissing on the cheeks (*humalik sa pisngi)* were parent-child behaviors perceived to be most acceptable. Respondents from both groups set the acceptable median age of the child at the maximum pediatric age of 18.0 years (parent range=0,18; child range=0,18) (Table 2).

The three behaviors with the lowest perceived age-appropriate boundaries were similar in rank order for both study groups. Washing genitalia (*hugasan ang ari o puwet)* was perceived acceptable up to median age of 5 years for both parents (range=0, 18) and children (range=0, 18). Co-bathing (*maligo nang sabay*) was age-acceptable up to median age of 3 years for both parents and children (range=0, 18) and children. Lastly, holding/kissing genitalia (*humawak o humalik sa ari)* was perceived appropriate up to median age of 0 years (range=0, 17) for parents and 2 years (range=0, 18) for children.

Table 2. Mean/Median Boundaries of Children Engaging in Parent-Child Intimate Behavior, as perceived by parents and adult child-respondents

Behavior	Parent Age (years)		Adult Child Age (years)	
	Mean (SD)	Median (range)	Mean (SD)	Median (range)
Category: Affection				
Hugging *magyakapan/magyapusan*	17.0 (3.1)	18 (0,18)	17.2 (3.26)	18 (0,18)
Kissing on the lips *humalik sa labi*	5.42 (5.97)	3 (0,18)	6.91 (6.13)	5 (0,18)
Kissing on the cheek *humalik sa pisngi*	16.51 (4.49)	18 (0,18)	16.35 (4.78)	18 (0,18)
Holding or kissing genitalia *humawak o humalik sa ari (with child wearing undergarments/diaper)*	3.21 (4.0)	0 (0,12)	2.06 (4.52)	1 (0,17)
Category: Hygiene				
Administer baths *Magpaligo/Paliguan (sa banyo/palikuran)*	5.84 (3.73)	6 (0,18)	6.13 (3.88)	5 (0,18)
Co-bathing *maligo nang sabay (sa kubeta/palikuran)*	4.17 (5.70)	3 (0,18)	4.50 (4.49)	3 (0,18)
Washing genitalia *hugasan ang ari o puwet*	4.98 (3.24)	5 (0,18)	5.27 (3.38)	5 (0,18)
Category: Privacy				
Co-sleeping *matulog nang magkatabi*	14.1 (5.91)	12 (0,18)	12.4 (5.61)	18 (0,18)
Co-dressing *magbihis o maghubad ng damit nang sabay*	5.92 (6.52)	3 (0,18)	5.49 (6.43)	4 (0,18)

Differences in Perception of Age-Acceptability Adjusted to Family Position (Parent and Adult Child)

Parents and children displayed significant differences in their perception of age-appropriate behavior for holding and kissing genitalia in father-son and father-daughter gender pairs. Similarly, the two groups hold significantly different age-appropriate boundaries for kissing on the lips between father and daughter, and co-sleeping between mixed gender pairs (mother-son and father-daughter). In all these mentioned behaviors, the parents were found to be more conservative, i.e., their perceived age boundaries were lower compared to the adult children (Table 3).

Among parent-respondents, the lower perceived limits for "father-daughter" were observed to be significantly different in more of the behaviors compared to the other gender pairs. In contrast, perceived age limits for "mother-daughter" were almost never significant (Table 4).

For parent participants, the differences in age-appropriate boundaries of parents were noted to be significant for all of the intimate behavior categories (affection, hygiene and privacy), with the exception of hugging/*magyakapan o magyapusan*.

Post hoc multiple comparisons show significant differences in perception among hygiene behaviors such as administering baths, co-bathing and washing genitalia; in co-sleeping and co-dressing. Similarly, same-gender pairs have significantly higher age-acceptable limits compared to mixed gender pairs (Table 5). Across all behaviors, the common observation is that the most accepted gender pair is mother-daughter; followed by father-son; mother-son; and finally, father-daughter.

For the adult children respondents, perceived age-acceptable limits of intimate behavior generally followed a similar trend to the parent respondents, although the children placed higher age-cutoffs compared to their parent counterparts. As seen in the parent group, adult children's significant differences in perception based on gender pairs (Table 6) were observed in all intimate behavior related to hygiene and proximity, but were not found in the affection-type behavior. When tested for significant gender pair comparisons, mean perceived age limits of adult children for behaviors related to hygiene and privacy followed a similar trend to parent responses. The hierarchy of acceptable gender pairs engaging in intimate behavior were also observed with this group (Table 7).

Perceptions Based on ACE

Of the 72 parents in the sample, 42 had disclosed adverse experiences in at least 1 category (Table 8). Of the 73 children in the sample, 54 had adverse experiences (3 or more times) in at least 1 category.

Among parents, significant differences between the "Present ACE" and the "Absent ACE" group were observed for hugging daughter (mother-daughter, 17.21 vs 18 years, p=0.04; and father-daughter, 17.21 vs 14.22 years, p<0.01) and co-dressing (mother-son. 3.76 vs 2.19 years, p=0.02). Among the adult children, significant differences between

Table 3. Mean and Median Perceived Age Boundaries of P-C Intimate Behavior of Parents and Adult Children

Behavior		Parent Age in years Mean (SD), Median	Adult Child in years Mean (SD), Median	p-value
Category: Affection				
Hugging *magyakapan/magyapusan*	M-S	16.90 (2.92), 18	17.28 (3.0), 18	0.19
	M-D	17.68 (1.53), 18	17.57 (2.48), 18	0.96
	F-S	17.55 (1.80), 18	17.49 (2.63), 18	0.67
	F-D	15.98 (4.85), 18	16.49 (4.51), 18	0.29
Kissing on the lips *humalik sa labi*	M-S	5.35 (5.27), 5	7.13 (5.75), 6	0.07
	M-D	7.84 (7.16), 6	8.64 (6.66), 7	0.29
	F-S	4.70 (5.72), 2	6.21 (6.10), 5	0.08
	F-D	3.80 (4.78), 1	5.65 (5.67), 5	**0.03***
Kissing on the cheek *humalik sa pisngi*	M-S	17.49 (2.70), 18	17.03 (3.67), 18	0.71
	M-D	17.04 (3.97), 18	16.72 (4.35), 18	0.56
	F-S	15.83 (5.19), 18	15.61 (5.50), 18	0.92
	F-D	15.67 (5.40), 18	15.83 (5.33), 18	0.68
Holding or kissing genitalia *humawak o humalik sa ari (with child wearing undergarments/diaper)*	M-S	1.85 (3.02), 12	2.35 (2.75), 12	0.06
	M-D	2.38 (4.15), 12	2.67 (2.92), 12	0.06
	F-S	1.90 (3.72), 8	2.74 (3.61), 8	**0.02***
	F-D	0.92 (2.20), 7	1.76 (2.19), 7	**<0.01***
Category: Hygiene				
Administer baths *magpaligo/paliguan (sa banyo/palikuran)*	M-S	5.93 (2.71), 6	5.55 (2.42), 6	0.20
	M-D	7.56 (3.86), 7	7.15 (4.27), 6	0.17
	F-S	6.96 (4.21), 6.5	6.82 (4.54), 6	0.38
	F-D	4.06 (3.08), 5	3.86 (3.08), 4	0.52
Co-bathing *maligo nang sabay (sa kubeta/palikuran)*	M-S	2.65 (2.87), 2	3.44 (2.90), 2	0.10
	M-D	7.58 (6.80), 5	6.20 (5.58), 5	0.46
	F-S	5.93 (6.44), 3	5.05 (4.98), 3	0.94
	F-D	1.85 (3.63), 0	2.00 (2.54), 0	0.18
Washing genitalia *hugasan ang ari o puwet*	M-S	5.41 (2.54), 5	4.78 (1.88), 5	0.10
	M-D	6.31 (3.48), 6	5.37 (2.95), 5	**0.04***
	F-S	5.68 (3.69), 5	4.78 (2.65), 5	0.06
	F-D	3.68 (2.55), 3	3.47 (2.39), 3	0.64
Category: Privacy				
Co-sleeping *matulog nang magkatabi*	M-S	12.08 (5.19), 12	13.81 (5.20), 18	**0.04***
	M-D	14. 5.45), 18	15.46 (4.68), 18	0.21
	F-S	13.96 (5.55), 18	15.25 (5.18), 18	0.09
	F-D	8.95 (6.00), 7	11.72 (6.52), 12.5	**0.01***
Co-dressing *magbihis/maghubad ng damit nang sabay*	M-S	3.13 (3.47), 3	3.90 (4.12), 3	0.32
	M-D	8.54 (7.64), 6.5	8.32 (7.39), 6	0.97
	F-S	8.16 (7.68), 5.5	8.03 (7.43), 6	0.98
	F-D	2.13 (2.95), 0	3.44 (4.34), 2	0.09

** Significant at p<0.05, Mann-Whitney U test.*
M-S=mother-son; M-D=mother-daughter; F-S=father-son; F-D=father-daughter

Present ACE and Absent group are seen in hugging between mother and son (17.95 vs 15.37 years, p=0.00), and kissing on lips between father and son (5.33 vs 8.94 years, p=0.03).

Perceptions based on PARQ

Most respondents were classified in the Low PARQ groups with the exception of 5 children. Thus, a comparison of means was performed just to the sample of children. Children with low PARQ scores (i.e., high acceptance / low rejection) placed significantly lower age limits versus children with high PARQ scores (low acceptance / high rejection) for a mother kissing her son on the lips. Conversely, high PARQ scorers place significantly lower age limits than low PARQ scorers for a father taking a bath with his daughter.

Phase 4

The 6 respondents from Phase 3 who participated in the subsequent key informant interviews were asked to comment on behavior that had significant differences based on family position (parent-adult child), gender pair, adverse

Table 4. Mean and Median Perceived Age Boundaries of P-C Intimate Behavior Adjusted by Gender Pair (Parent Responses)

Behavior	Parent (years) Mean Median (interquartile range)				
	M-S	M-D	F-S	F-D	p-value
Hugging *magyakapan/magyapusan*	16.9 18 (0)	17.67 18 (0)	17.55 18 (0)	15.98 18 (0.75)	**0.13**
Kissing on the lips *humalik sa labi*	5.34 4 (10)	7.84 5.5 (17.4)	4.70 2 (7)	3.80 1 (6)	**0.01***
Kissing on the cheek *humalik sa pisngi*	17.49 18 (0)	17.04 18 (0)	15.83 18 (0)	15.67 18 (0)	**0.01***
Holding or kissing genitalia *humawak o humalik sa ari (with child wearing undergarments/diaper)*	1.85 0.04 (2)	2.14 0.0 (2)	1.66 0.0 (1)	0.92 0.0 (0)	**0.02***
Administer baths *magpaligo/paliguan (sa banyo/palikuran)*	5.93 6 (2)	7.56 7 (4)	6.96 6 (4.25)	4.06 5 (5.94)	**<0.01***
Co-bathing *maligo nang sabay (sa kubeta/palikuran)*	2.65 2 (5)	7.58 5 (9.75)	5.92 3 (8)	1.85 0.0 (2.25)	**<0.01***
Washing genitalia *hugasan ang ari o puwet*	5.41 5 (3)	6.31 5.25 (3)	5.68 5 (4)	3.68 3 (4)	**<0.01***
Co-sleeping *matulog nang magkatabi*	12.08 12 (11)	14.45 18 (9)	13.96 18 (11)	8.95 7 (9)	**<0.01***
Co-dressing *magbihis o maghubad ng damit nang sabay*	3.13 2 (5)	8.54 5.5 (18)	8.16 5 (18)	2.13 0.0 (3)	**<0.01***

** Significant at p<0.05, Kruskal-Wallis rank-sum test*

Table 5. Multiple Comparison Results of Significant Intimate Behavior (Parent Responses)

Behavior	Gender Pair Comparisons					
	M-D vs M-S	M-D vs F-D	M-D vs F-S	M-S vs F-D	M-S vs F-S	F-S vs F-D
Kissing on the lips *humalik sa labi*	N/S	7.84 vs 3.80 years*	N/S	N/S	N/S	N/S
Kissing on the cheek *humalik sa pisngi*	N/S	N/S	N/S	N/S	N/S	N/S
Holding or kissing genitalia *humawak o humalik sa ari (with child wearing undergarments/ diaper)*	N/S	N/S	N/S	N/S	N/S	N/S
Administer baths *magpaligo/paliguan (sa banyo/palikuran)*	N/S	7.56 vs 4.06 years*	N/S	5.93 vs 4.06 years*	N/S	6.96 vs 4.06 years*
Co-bathing *maligo nang sabay (sa kubeta/palikuran)*	7.58 vs 2.65 years*	7.58 vs 1.85 years*	N/S	N/S	N/S	5.92 vs 1.85 years*
Washing genitalia *hugasan ang ari o puwet*	N/S	6.31 vs 3.68 years*	N/S	5.41 vs 3.68 years*	N/S	5.92 vs 3.68 years*
Co-sleeping *matulog nang magkatabi*	N/S	14.45 vs 8.95 years*	N/S	N/S	N/S	13.96 vs 8.95 years*
Co-dressing *magbihis/maghubad ng damit nang sabay*	8.54 vs 3.13 years*	8.54 vs 2.13 years*	N/S	N/S	3.13 vs 8.16 years*	8.16 vs 2.13 years*

** Significant at critical values, post-hoc pairwise multiple comparisons.*
M-S=mother-son; M-D=mother-daughter; F-S=father-son; F-D=father-daughter

child experience (presence or absence) and parenting behavior (high versus low PARQ).

Explanations on why the mother was seen as more acceptable to engage in intimate behavior were varied. A respondent stated that it was more acceptable for mothers to engage in hygiene intimate behavior because they are believed to be more nurturing. Similar-gender pairs tend to be more at ease with each other, hence the persistence of intimate behavior even when children have become independent in performing activities of daily living. Co-bathing may be acceptable between mother and daughter only for "social emergency matters," such as being late for school or work.

Co-sleeping between a father and a daughter yielded an almost 3-year difference in age boundary between a parent (mean age: 8.95 years) and a child (mean age: 11.72 years). The father-respondent said that daughters need to be trained

Table 6. Mean and Median Perceived Age Boundaries of P-C Intimate Behavior Adjusted by Gender Pair (Adult Child Responses)

Behavior	Adult Child (years) Mean Median (interquartile range)				
	M-S	M-D	F-S	F-D	p-value
Hugging *magyakapan/magyapusan*	17.28 18 (0)	17.57 18 (0)	17.49 18 (0)	16.49 18 (0)	0.42
Kissing on the lips *humalik sa labi*	7.12 6 (8)	8.64 7 (15)	6.21 5 (8)	5.65 4 (8)	0.05
Kissing on the cheek *humalik sa pisngi*	17.03 18 (0)	16.7 18 (0)	15.61 18 (0)	15.83 18 (0)	0.18
Holding or kissing genitalia *humawak o humalik sa ari (with child wearing undergarments/diaper)*	2.34 1 (3)	2.66 1 (4)	2.51 1 (4)	1.76 0 (3)	0.36
Administer baths *magpaligo/paliguan (sa banyo/palikuran)*	5.37 5 (3)	6.98 6 (2)	6.66 5 (3)	3.65 3 (4.33)	**<0.01***
Co-bathing *maligo nang sabay (sa kubeta/palikuran)*	3.44 3 (5)	6.2 5 (5)	5.05 5 (6)	2.00 0 (4)	**<0.01***
Washing genitalia *hugasan ang ari o puwet*	4.78 5 (2)	5.37 5 (3)	4.78 5 (3)	3.47 3 (4)	**<0.01***
Co-sleeping *matulog nang magkatabi*	13.81 18 (8)	15.46 18 (6)	15.25 18 (5)	11.71 12 (12)	**<0.01***
Co-dressing *magbihis o maghubad ng damit nang sabay*	3 9 3 (7)	8.32 6 (17)	8.03 6 (18)	3.44 1 (5)	**<0.01***

** Significant at p<0.05, Kruskal-Wallis rank-sum test*

Table 7. Multiple Comparison Results of Significant Intimate Behavior as Perceived by Adult Children

Behavior	Gender Pair Comparisons					
	M-D vs M-S	M-D vs F-D	M-D vs F-S	M-S vs F-D	M-S vs F-S	F-S vs F-D
Administer baths *magpaligo/paliguan (sa banyo/palikuran)*	N/S	6.98 vs 3.65 years*	N/S	5.37 vs 3.65 years*	N/S	6.66 vs 3.65 years*
Co-bathing *maligo nang sabay (sa kubeta/palikuran)*	6.2 vs 3.44 years*	6.2 vs 2.00 years*	N/S	N/S	N/S	5.05 vs 2.00 years*
Washing genitalia *hugasan ang ari o puwet*	N/S	5. 37 vs 3.47 years*	N/S	4.81 vs 3.47 years*	N/S	4.78 vs 3.47 years*
Co-sleeping *matulog nang magkatabi*	N/S	15.46 vs 11.71 years*	N/S	N/S	N/S	15.25 vs 11.71 years*
Co-dressing *magbihis o maghubad ng damit nang sabay*	8.32 vs 3.9 years*	8.32 vs 3.44 years*	N/S	N/S	3.9 vs 8.03 years*	8.03 vs 3.44 years*

** Significant at critical values, post-hoc pairwise multiple comparisons.*
M-S=mother-son; M-D=mother-daughter; F-S=father-son; F-D=father-daughter

Table 8. Participants of the Study Adjusted by presence of Adverse Childhood Experience

ACE Presence	Parent (n_p=72)	Adult Child (n_c=73)	Total (N_{TOT}=145)
Present	42	54	96
Absent	30	19	49

quickly to be independent so that the father will not be branded as *"may malisya"* (with malice). However, one adult female child recalls that she would still find it comfortable to sleep in with her parents. Another respondent thought that many Filipinos would have to share sleeping space, so co-sleeping has become acceptable because of socio-economic position.

Respondents were also asked to offer an explanation to significant differences in kissing on the lips of a father to his daughter. One respondent measured that a daughter can be comfortable with kissing on the lips if she was raised to practice that behavior. When asked about holding/kissing genitalia, the female parent claimed that she did not practice this as a form of endearment with any of her children. The father-respondent said that this behavior could be proper if the child was a baby, and that there was a diaper to serve as a barrier.

A notable finding was that the participants who collectively had a high PARQ score (and therefore perceived their parents as more rejecting and less warm/accepting) had a significantly older age-appropriate cut off (12 years 9 months) for the behavior kissing of lips by a mother and

son. Upon review, the deviant answer came from a male adult child; this person was included in Phase 4. He admitted that this was his age-appropriate level for this behavior because of an actual event that led to his being physically and emotionally distant with his mother.

Other factors that determine acceptability were also mentioned. The daughter-respondent commented on the presence of alcohol intake of a parent as a factor in deeming an act as inappropriate: "*Ang* kissing on the cheek *kahit kalian*, appropriate. *Kapag lasing hindi* okay." Female respondents also mentioned the influence of multimedia (*balita*, media) to the way people perceive age-appropriate boundaries.

DISCUSSION

Defining Filipino Parent-Child Intimate Behavior

The list of Filipino parent-child intimate behavior included hygiene and privacy actions that were similar to, and additional expressions of affection that were not introduced in, previous studies.

From the results of Phase 3, the most acceptable intimate behaviors were hugging and kissing on the cheek. These behaviors are categorized under affection behaviors, and it appears that the most acceptable intimate behavior would be those that express affection, specifically connoting respect for the elderly. During Phase 1, most respondents maintained that there should be no limits to hugging, since this is a common way of showing affection and that it should not stop. This is similar to Johnson and Hooper's[17] study using child protection experts as respondents, where 84.5% determined hugging to be acceptable "at all ages."

Co-sleeping behavior is a generally accepted form of intimate behavior until age of puberty. Respondents from the Phase 1 equate this age range (12-14 years) to *"pagdadalaga"* and *"pagbibinata,"* wherein children transition into adulthood and develop secondary sex characteristics, and menarche for girls. Boys are subject to *"tuli,"* or circumcision, as their rite-of-passage to manhood. Upon reaching puberty, parents reasoned that the children ideally have to be separated from their parents in order for the children to learn to value their own privacy, since they are perceived to be "coming of age." When privacy in this regard is not possible, as is the case for one-room houses, parents compromise by letting the teenager children sleep with them (on the bed or sleeping mat), with the children usually positioned beside the mother. This contrasts to the behavior "sleeping with a single parent"[17] where the mean age of 78.9% respondents was 5.4 years.

The behaviors kissing on the lips, co-dressing, washing genitalia, and administering baths had age-appropriate boundaries around 5 to 6 years old, which is the age range when children go to school. From the qualitative data of Phases 1 and 4, it would appear that a major consideration for determining age appropriateness is the child's ability to perform hygiene-related activities. Age cut-offs are set at the time when it is expected of children to be capable of taking care of themselves independently. This was mentioned in the KIIs and FGDs for both qualitative phases.

When children enter formal schooling, they are bound to interact with many other children and older individuals from diverse backgrounds. Kissing a parent on the lips as a sign of affection at this age may then cause awkwardness, as several adult children have mentioned. On the other hand, some parents also mentioned that they stop kissing on the lips by the time a child enters school because they didn't want their children to think kissing on the lips can be done on everybody. Consequently, parental awareness of the child's increased risk of exposure to inappropriate behavior would be the driving force for this behavior to be limited.

In Johnson and Hooper's study, a greater proportion of respondents answered "any age" (40.3%) and the mean age of "5" among those who answered "some ages" (40%). This mean age is younger than the two study groups' age perception for appropriateness.

In determining age-appropriate behavior, the level of exposure and/or contact of sensitive body parts of a child, as demanded by the nature of the behavior, appeared to be a consideration. This was seen in the proximal mean age boundaries for co-dressing, washing genitalia, administering baths and co-bathing behaviors, where the breasts and anogenital areas are involved. Generally, also, parents were more "permissive'" than child protection specialists, as the latter's age-appropriate boundary was set at 3- 6 years, compared to 0 to 3 years for the experts.

For co-bathing, the ability of a child to take a bath alone without assistance was a common indicator to stop administering baths among respondents. From Phase 1, respondents' common perception of age-appropriateness was based on the child's readiness or capability of independently taking a bath.

Holding or kissing genitalia, for the purposes of this study, was defined as a parent holding or kissing the genital area of a child while he/she was wearing a diaper or underwear. This behavior had the least number of responses and had the lowest perceived age-appropriate boundary for both parents and adult children – an indication that this behavior is least accepted among all the included behavior.

Differences in Perception Parent-Child Intimate Behavior by Family Position and Gender Pairs

The differences in age-perceptions of behavior adjusted to gender pair were significant for all the hygiene and proximity behavior for both study arms, with the parent group showing an additional significant age-perceived boundary for kissing on the lips between a father and his daughter. This common finding may be explained by the belief that mothers are the more nurturing parent, and therefore all related activity related to taking care of the child – including the behaviors washing, dressing up, and administering baths – are permitted, even required, for the female parent to do. Additionally, it must be noted that, as early as Phase 1, age boundaries were

already mentioned to be higher for mother-daughter (5 to 18 years, 26.7%) than for fathers (1 to 9 years, 13.3%). The KII and subsequent FGD recorded some respondents who allowed co-bathing between mother-daughter, while mother-son was allowed up to 10 years old.

An earlier report[3] on age-appropriate boundaries of co-bathing behavior showed Cambodian and Korean parents approximating the boundary for mother-daughter (7.8 years - Cambodian, 8.4 years - Korean) that is 7.58 years in the present study. Similar to the present study, the highest age perceptions were given to mother-daughter, followed by father-son (same gender pairs), mother-son and father-daughter.

The general approval of co-sleeping arrangements to a later stage among Asians was explained to be a sign of parental care and family togetherness.[3] For Filipinos, co-sleeping was seen as a matter of normal household function; that this proximity is being promoted mainly because there was no choice: a considerable number of Filipino families' living conditions did not allow for children to have separate rooms, much more separate beds. Other published research has reported on the value of privacy as equated with personal space. For this study, perhaps the expression of this privacy may be observed in the lower age limits for perceiving acceptability of co-dressing.

The perceived age-appropriate boundaries are observed to follow a specific pattern of gender combination preference, i.e., respondents gave the highest age-appropriate boundary to mother-daughter, followed by father-son pairs; mother-son; and then lastly, father-daughter pairs. The exceptions to this trend were kissing on the lips, wherein respondents had higher age cut-offs for mother-sons compared to father-sons; and kissing on the cheek, which was perceived more appropriate for mothers to engage in, compared to fathers. This observation is also similar to Johnson and Hooper's.[17] From the qualitative phases of the study, this preference for mothers may be explained by the belief that children are more emotionally attached to the female parent, who is perceived to be the more nurturing between the two. As such, outward expressions of this preference will be favored towards the mother.

This preference for same-gender combinations was also seen when the age limits were compared using the Mann Whitney test. Hygiene behaviors, in particular, have lower age-limits of acceptability for father-daughter dyads. A possible reason might be the degrees of proximity that are involved in the behavior. In the case of the hygiene-related behaviors, these elements, other than the mixed-gender pair, would include the greater degree of proximity, plus the greater state of undress of a child when engaging in these actions.

Another interesting difference in perception was in the perceived age-appropriate boundaries between boys and girls, i.e., the cut-offs were older for boys than girls – an indication that our society is more permissive of boys engaging in intimate behavior compared to girls. During an FGD, discussion at one point focused on the belief that a male child was "stronger" and, it can be inferred, more capable of independence, than a female child. As such, when the boundaries are set at a lower threshold for girls, cases of abuse may be identified more readily for them, while a similar incident happening in a boy may still be regarded as "normal."

In Women and Children Protection Units all over the Philippines, there were more girl children than boy children who seek child protection services.[27] This leads to a general belief that sexually abused children are typically girls. However, Ramiro's[28] 2005 study on sexual coercion among adolescent intimate relationships discovered that more boys claimed that they have been coerced to do or participate in sexual acts than girls. This was confirmed by the results of the National Baseline Study on Violence Against Children[29], as well as the Summary Report of UNICEF Philippines in 2018[30], where males were discovered to be more likely to experience sexual violence in the home and school.

Perceived Age Limits and Adverse Child Experiences

The presence of an adverse child event (defined in this study as ACE score of 1, indicating at least one adverse experience category that the respondent experienced 3 or more times) is associated with significant differences in perceived age boundaries for affection-related behavior, specifically hugging (parents: mother-daughter and father-daughter; children: mother-son) and kissing on the lips (child: father-son). Likewise, the presence of an adverse child experience in parents also seems to influence perceived age boundaries for co-dressing (mother-son). Specifically, the respondents with an ACE perceived higher age boundaries for these behaviors – meaning they are more permissive with this behavior to happen. It is possible that these respondents have a different view of physical closeness or familial intimacy that attributable to their previous exposure. Other factors that may contribute to this permissiveness include a more sexualized environment; socio-economic status (i.e., shared and limited living space facilitates shared intimate behavior); and the absence of resilience factors. Johnson and Hooper (2009) propose the presence of other resilience factors such as high education, training, and exposure in helping others who have been abused, as mitigating factors that prevented the diffusion of the behavior boundaries.

Perceived Age Limits and Parenting Behavior

According to the Parental Acceptance-Rejection Theory, high parental acceptance and low rejection of children are associated with positive child developmental outcomes.

It was expected that most respondents who participated in the study were classified in the Low PARQ groups (no rejection), and this expectation was fulfilled – parent-participants were classified under "low PARQ," and no one scored >60 in the PARQ test. The data from the 5 adult children were considered, and when the comparison

of means was performed to just this sample, the yield showed significant differences in perception for kissing on the lips of mother-son and co-bathing of father-daughter. However, the interpretation of this finding is inconclusive, since the variance in this response is sourced from only one person who scored high in the PARQ.

CONCLUSION AND RECOMMENDATIONS

This study was able to identify Filipino intimate behaviors of parents and children including their age-appropriateness. Parents and adult children had similar valuations for healthy boundaries in intimate behavior, as evidenced by the older perceived mean ages for hugging, kissing on the cheek and co-sleeping, as well as younger perceived mean ages for holding/kissing genitalia, washing genitalia and co-bathing. Parent-child intimate behavior is more acceptable for same-gender pairs, and is least appropriate for older ages in father-daughter pairs. Moreover, adult children appear to be more permissible in exhibiting lower cutoffs for age limits of acceptability compared to parents.

The results of this study can guide educators and policy-makers to re-evaluate existing learning design interventions and seek ways to safeguard children other than providing assertiveness training. During the validation meeting where the preliminary results of this study was presented to a group of child protection specialists and educators, 1 expert inquired about the amount of sex education the adult children had at the time of the survey. This was not ascertained in the developed tool, and would be a viable addition to the improved version of the FFBQ.

Among clinicians, knowledge of age-appropriate boundaries of intimate behavior can aid in the management of pediatric patients, especially in monitoring growth and development in the ambulatory setting. Child protection specialists will be guided in screening for patterns of abuse, since perceived age limits on intimate behavior have been identified; that parents are more conservative with boundaries compared to children will also serve to aid experts in dealing with patients or clients who engage in intimate behaviors.

In criminal and civil cases brought to our courts that deal with children and parents and issues of sexual abuse, age-appropriate perceptions of intimate behavior may be considered in determining normal from abnormal patterns, as part of the decision-making process.

Knowledge of age-appropriate boundaries of intimate behavior may also be part of the orientation of Overseas Filipino Workers (OFWs), particularly caregivers and other frontliners in health and personnel care, before deployment to other countries. Helping our OFWs to understand age-appropriate boundaries among Filipinos would prepare them engage with individuals in other nations, thereby empowering them as they adjust to their new work environments. Consequently, this would help mitigate cases of Filipinos accused of sexual abuse while employed overseas.

In developing a program for child protection, consideration should not only be given to the reality of differences in age-acceptable boundaries of different intimate behavior. There must also be a formal inclusion of adult/parent responsibility in ensuring the protection of children. As perceptions of children's age-acceptable boundaries for intimate behavior are highly influenced by their parents or primary caregivers, the participation of parents for child protection, consequently, should be ensured.

Statement of Authorship

The author conceptualized the work, acquisition and analysis of data, drafting and revising and approved the final version submitted.

Author Disclosure

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