

## **Exploring Parent Child Connectedness from Adolescent's and Parent's Perspectives: Evidence from A Pilot Study from Urban and Rural Area, Pune District, India**

**Background:** Adolescents are a vulnerable group; about 20% of India's total population is 10 –19 yrs old (Registrar 2005) and young people account for 45% of new HIV infections (WHO, 2004). Adolescent Sexual and Reproductive Health (SRH) concerns have increasingly been on our national agenda (WHO 2004), driven by high prevalence of HIV/AIDS among young people, which is between 0.5 -1.0 percent for females and between 0.2-0.5 percent for males. (UNICEF, UNAIDS and WHO 2002).

Studies in India highlight that, premarital sexual relations among young people are not rare, but they tend to occur secretly, without full information and without protection (Alexander et al 2006a and 2006b, Awasthi et al, 2000; Abraham & Kumar, 1999). Many factors at individual, family and community level have been documented to influence high-risk behaviour of the adolescents (Gerard & Buehler, 2004). Though at the family level Parent Child Connectedness (PCC) emerge as one of the most important factors in strengthening the resilience of the adolescents to high risk behaviour, gender differences in the extent of connectedness have been documented arguing for differential approaches to strengthen the same (Kirby, 2005; Lezin et al, 2004).

Though many studies have explored PCC in different context, there is scarcity of data in Indian context. India is a country with wide cultural diversity but essentially conservative views towards sexuality related issues. Also the family structure here is largely patriarchal and inegalitarian gender relations do exist, hence it is important to examine PCC within this complex framework. Conclusions, in turn, could instruct intervention design to strengthen parents' role in creating a supportive environment in which adolescents' transit into informed and safe adulthood. This paper aims to fulfill this gap in understanding of PCC, by making a beginning in exploring PCC and gender differences in Indian context.

Specifically the objectives of the paper are, one to document the depth of connectedness and extent of communication on general as well as SRH issues between parents and unmarried adolescent children between 10 to 19 years age and two, explore gender and inter-generational differences in adolescent's and parent's perception of their connectedness.

The paper proceeds to examine constructs of PCC in the study population and identify extent of and gender differences in adolescents and parents perception of their connectedness. Paper would conclude by recommending strategies for strengthening parental child connectedness.

### **Study Setting and design:**

The study area included two villages and a slum pocket in Pune District, India covering a population of 4,500 and 5600 respectively. The study sites are located in Maharashtra, a state, where HIV prevalence is high among youth (NACO 2001). These two villages and

slum pocket were selected from the same area where KEM Hospital Research Centre's large community based exploratory study was conducted examining sexual behaviour of the youth, from which the present study's concept evolved.

**Methodology:** The study was of pre and post intervention evaluation design. Base line situation was assessed using qualitative as well as quantitative methods. Pre survey qualitative data were collected from about 70 unmarried adolescents and parents with unmarried adolescent children from both rural and urban sites through Focus Group Discussions (FGD), In-Depth Interviews (IDI) and Interviews with Key Members (KII) in the community.

For the quantitative survey, all unmarried adolescent girls and boys in the 10 to 19 years age group and their parents were identified from the study area through a rapid house listing exercise. Of these, a sample of 133 adolescent boys, 107 adolescent girls and their parents, 208 fathers and 219 mothers from urban area and 117 adolescent boys, 123 adolescent girls, 215 fathers and 164 mothers from rural area were drawn based on change in Sexual and Reproductive Health (SRH) knowledge as well as that of communication level between adolescents and parents expected post intervention and inflated for non response and age misreporting. The strategy for sampling was to identify adolescents through random sampling and by default their parents were included in the survey. When there was more than one same gender adolescent in a household, only one was included

Response rate was more than 70% for all the groups except urban fathers of whom we could reach only 61%. This was largely due to long working hours and alcoholism in the urban area. Refusal rate was less than 5%.

A detailed questionnaire explored parent child communication, closeness, supervision, monitoring, support, etc from parent's as well as adolescent's perspectives. Also their level of media exposure, socio demographic profile and agency were also enquired into.

**Operationalization of PCC:** This was done based on the model described by Lezin et al 2004 under four constructs, namely, one, trust which includes encouragement, respect, openness, etc, two, communication including on general as well as on sex related issues, three, structure including supervision, discipline, etc and four, time spent together.

**Data:**

The data for the paper is drawn from the baseline assessment, quantitative as well as qualitative, of the Parent Child Connectedness of an interventional study addressing the same at the community level in rural and urban India. In this paper, to describe the socio demographic profile of the study population, all adolescent's as well as their parent's data is used. But for specific analysis, on PCC, data of all adolescents and only those parents who have atleast one son and daughter is used to allow for gender comparison.

**Socio demographic profile:** Respondents are mostly Hindus and adolescents; both boys and girls are around 14 years old, mostly living in nuclear families with an average

family size of around five. More than half of the adolescents had completed high school but more boys were engaged in wage earning activities. Mothers were aged 35 to 36 years and had 3 to 5 years of education where as fathers were between 42 to 43 years old and educated, on an average, up to 6<sup>th</sup> class. More urban parents were working for pay where as rural parents were working for kind. Rural parents were more educated than urban parents, living in bigger homes and owned more number of household articles.

**Parent Child Connectedness:** Perceptions and experiences of parents and adolescents were similar for some constructs and for issues within a construct but differed for most. At times the adolescents and parents perceptions were entirely contradictory to each other, where as mostly the differences were confined to the perception of extent of connectedness, and gender differences (son daughter and mother father variations) as well as rural urban differences.

Trust: Under this construct, where we examined data pertaining to encouragement, respect, openness, some of these differences are evident. Generally fewer adolescents anticipate supportive reaction from parents in adverse circumstances, much lesser than that would happen in reality. Less than one in five adolescents, expect positive and encouraging reactions from their parents even if they failed in an exam but more fathers in comparison, 40% urban and 70% rural, perceive that they would encourage their children despite failure. Rural urban difference is evident in both adolescents and parents perception of appreciation. While less than 10% of urban adolescents and parents agree that the children are praised very often, more rural adolescents and parents, around 50% adolescents and around 30% parents have similar opinion.

Mothers emerge as better listeners and understanding parent in adolescent's especially the girl's point of view. In that more than 90% of adolescents perceive their mother to be a good listener where as only three in four girls and 85% of boys have similar perceptions about their father. There was no gender difference in parents' perception about adolescents confiding in them about their personal problems, in that parents feel that both son and daughter confide in the them equally,, As in 60% to 80% mothers and fathers inform that their adolescent boys and girls confide in them about their personal problems. But gender difference is evident from adolescent's reporting, where in more girls, 88%, report confiding in their mothers as compared to less than 70% of adolescent boys reporting the same. Significantly lesser proportion of boys and girls, around 50%, confide in fathers.

Qualitative data support this finding:

*“Personal problems also she discusses with mother. Generally she speaks with mother not with fathers. She is afraid that if father would scold her. So she talks with her mother only”- FGD Rural Mothers*

Communication: In communication, yet again mother emerges as the person with whom the adolescents communicate more about general issues such as about school and peer etc. For example around half of urban adolescents have discussed school related issues with their mothers as compared to less than two in five reporting similar discussions with father.

*“To mother we can tell everything!*

*R: After all mother is woman only.*

*R8: We are afraid of fathers and shy also”- FGD with rural girls*

*R3: “If any important issue is there, then only children talk with father. Otherwise there is not much discussion with father.*

*I: Children share more with mothers ?*

*R1: They are close to mothers”.*

-FGD with rural fathers

Inter generational variations in perception is evident in communication on general issues. As in, compared to adolescent’s data mentioned above, more parents 80% of mothers and around 60% of fathers report talking to sons and daughters about school related issues, the mismatch possibly indicating a discrepancy in adolescent’s expectation of communication and practical reality.

*“ In my house we talk on my school. My parents tell me to go to school. They tell me to study at least till 10th. They ask me to do some course. That is all”*

-FGD with urban adolescent boys

Less communication with father is not only due to reservations about talking to fathers but also because of his unavailability due to long working hours.

*“ As I told you fathers are out of house for 10- 12 hours. By the time he (father) comes home, . son has already come home. He eats before his father reaches so he has already spoken to his mother”.*

-FGD with rural fathers

But communication on SRH issues was confined mostly between mothers and daughters as reported by both adolescent girls and mothers, and that too on menstruation and pubertal changes in girls. There was no disparity between their claims.

*“Mother told about menses. Wash the clothes in hot water and dry in the sun so that there is no infection” - IDI with rural girl*

**Structure:** It is the girls who are monitored and restricted in both rural as well as urban area. Adolescents claim that it is the mothers more than the fathers in urban area who took the role of monitoring the adolescent children where as, in rural area, the father was perceived to be the monitoring person more for boys and the mother equally for girls and boys. While parent’s data corroborate urban adolescents’ perception where as rural fathers claim to monitor girls and boys equally but it is the mothers in rural area who monitor the girls more.

Gender disparity in restricting mobility of the adolescents within area/ village is evident. While more than three in five urban boys and more than 90% rural boys were allowed to visit their friends in the area or village unescorted, lesser proportion of girls, one in three urban and two in three rural, had similar freedom. While parental reporting of gender

differences in mobility restriction match that of adolescent's, more proportion of adolescents report that they are restricted.

*"I don't like it if my daughter goes out for roaming without telling. There are no restrictions on boys but there should be restrictions on girls about roaming"*

-IDI with urban father

Time spent together: While more than 90% of adolescents and parents agree that they have atleast one meal in a day together, it is with the mothers the adolescents, both boys and girls spend more time with. As in more than 40% of urban adolescents inform that they spend more than three hours a day with mothers where as less than 30% claim to spend as much time with fathers. Parent's data mirror adolescent's reporting.

*"In village after people have dinner they don't sit at home. He(men) goes to meet other people in the village. And then he goes to sleep around 10-11. So whatever discussion is there it takes place with mother."* - FGD with rural fathers

**Conclusion and recommendation:** Perceptions and experiences of parents and adolescents regarding connectedness vary though gender differences as well as variations in perceived extent of connectedness are evident. Similar to other cultures, mothers emerge as better communicators, more understanding parent, looked upon as a confidant by more adolescents and spent more time with the adolescent children. Again it is the mother in urban area who takes on the role of monitoring parent for both sons and daughters where as in rural fathers do monitor their children more than the mothers. But unlike in other cultures, discussion between parents and adolescents on sexual relationships, safe sex, STI, HIV, etc is negligent. Indeed communication about SRH issues was confined to biological changes during puberty rather than sex related issues and that too it occurred between adolescent girls and mothers only. These emerging findings from our study from a small population need to be established from a larger sample through exploratory research. Innovative programs are needed to be designed one to involve parents as an important source of information for adolescents, two, to strengthen the mothers' role as a supportive parent, at the same time to involve the fathers too to help build connectedness with their adolescent children and three to address gender gap in communication in an effort to create a safe and enabling environment that protects adolescents from high risk behaviour. Programs need to address parent adolescent communication; by enhancing communication skills of parents while focusing on the gender divide which is apparent, as this would have larger implications in equitable family relationships.

Barriers to communication, especially on sex related issues need to be explored and addressed so that the adolescents could make informed and responsible choices in the course of their transition to safe and healthy adulthood.

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