

Parent-child Connectedness: A Pressing Need to be Addressed in Rural and Urban India

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High prevalence of HIV/AIDS among adolescents has prioritized their sexual and reproductive health (SRH) concerns at national level. Parent Child Connectedness (PCC) buffers young people from challenges and risks they face. A pre post design assessed an intervention addressing PCC among 800 unmarried adolescents and their parents. This paper focuses on PCC prior to intervention. Operationalization of PCC in terms of trust, communication and structure from quantitative data indicate adolescents describing mothers as compared to fathers as better communicators (60 -80% as compared to 25 to 50%), listeners (90% as compared to 75%), person adolescents are closer to and spend time with cross gender connectedness being limited. General communication was more with mothers and SRH communication overall was limited. Considerable room for improvement in communication and relationship level needs to be considered utilizing not only communication but interlinking components of PCC to assist transition into safe and informed adulthood.

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Introduction:

Adolescence is a period representing transition from childhood to adulthood where experimentation is dominant and the need to challenge authority evident. Adolescents are a vulnerable group; about 20% of India's total population is 10 –19 yrs old (Registrar 2005). Lower age at sexual maturation and increasing age at marriage leading to longer period of sexual awareness in addition to penchant for experimentation place this age group at danger of high risk sexual activity. Adolescent sexual and reproductive health 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. These studies underscore the fact that more frequently at an early age, in adolescents the incidence of pregnancies is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV. (Alexander et al 2006a and 2006b, Awasthi et al, 2000; Abraham & Kumar, 1999) Meanwhile, traditional norms make it nearly impossible for many young people to talk with their parents or teachers about sex or puberty. (WHO 2004) Evidence about factors at individual, peer and family levels, associated with the experience of risky and safe sexual relations among unmarried youth comes largely from developed countries as well as some developing countries, in which dating and pre-marital sexual relations among young people are relatively common. (Kirby et al, 2005; Kristin Mmari et al, 2005)

Many factors at individual, family and community level have emerged to influence high-risk behaviour of the adolescents (Gerard & Buehler, 2004). Specifically at family level, discussion of Sexual and Reproductive Health (SRH) with parents and family connectedness are protective for initiation of sex as well as frequency of sex, number of partners and use of condom and contraception as well as for pregnancy (Kirby et al, 2005; Kristin Mmari et al; 2005; Maria Paz, 2004; Kirby, 2002; Senderowitz, 2000; Jessor, 2000; Holtzman & Rubinson, 1995).

Emerging research from the fields of public health, psychology, education and others demonstrates that the condition of "parent-child connectedness" serves as an important protective factor for a variety of adolescent health outcomes, including the prevention of adolescent pregnancy, Sexually Transmitted Infections (STIs) and HIV (Lezin et al 2004). Available literature indicates that very little work has been done in this field in Indian scenario, hence a need to address this in the present context of high prevalence of HIV among young people in India.

Components of parent child connectedness (PCC), as reported by literature include communication, closeness, support, attachment, caring and monitoring. If parent child communication, one of the important components of parent child connectedness, needs to be addressed other components also need to be addressed since all the components are interlinked and interact with each other. For example, without a close bond, the message – no matter how strong – stands less of a chance of being accurately perceived, accepted, and acted upon (Weinstein & Thorton, 1989; Jaccard, Dittus et al., 2000)

To summarize, premarital sexual activity and unsafe sex are not uncommon in Indian context. Parental factors such as connectedness through communication, caring and monitoring are protective for wide variety of outcomes including, sexual initiation, number of sexual partners, condom use, etc. Findings from various studies suggest that parental monitoring and control are important predictors of youth sexual behaviour and underscore the need to target parents and guardians in efforts to promote responsible sexual behaviour among adolescents. (Babalola et al., 2005).

The need therefore is to promote PCC with an emphasis on parent-child communication about sexual issues and empower parents and guardians to communicate effectively with their children and wards about sexual issues. It is imperative to recognize the complexities of communication dynamics, specially in parent-adolescent communication, indicating just how much work is yet to be done to gain a true understanding of parent-adolescent communication in the sexual domain

The purpose of the paper is to document at baseline the patterns of parent child communication perceived by parents and adolescents as part of an intervention to address the same in rural and urban India.

Background

Evidence of the nature of pre-marital relationships among adolescents in India is sparse. While there is a prevailing perception at the community level that pre-marital partnerships are rare, available literature suggests that despite the sanctions enforced, such partnerships are indeed formed and sexual relations experienced, among, typically, fewer than 10 percent of young women and 15-30 percent of young men and that contraceptive use is infrequent and irregular (Abraham & Kumar, 1999; Awasthi et al, 2000; Alexander et al, 2006a and 2006b). As such, young people face significant sexual and reproductive health risks, while many lack the power and knowledge to prevent unwanted and unsafe health outcomes.

A number of individual, peer and family factors that are associated with risky or safe premarital sexual relations have been identified world over. These factors include individual capabilities in addition to a supportive environment, notably with regard to the family, the school and the peer network and are hypothesized to be protective for sex. (Gerard & Buehler, 2004) Among family and household factors, poverty clearly conditions the risk environment for youth, and is related to a wide range of adverse outcomes or lack of opportunity to prevent such outcomes (Crosby et al, 2003). Key factors observed to protect youth from unsafe premarital sex include co-residence with both parents and presence of the father (Kirby, 2002; Newcomer and Udry, 1987), appropriate monitoring and supervision (Romer et al, 1994), parent-child communication, mother child relationship and interaction and connection (Senderowitz, 2000; Maria Paz, 2004; Kirby, 2005; Jessor, 2000; Kirby, 2002a; Holtzman & Rubinson, 1995) and the absence of family violence.

Also Parent Child Connectedness (PCC) has emerged in recent research as a compelling “super-protector” – a feature of family life that may buffer young people from the many challenges and risks they face in today's world. Evidence is also accumulating about PCC

being a protective factor for the prevention of a variety of health and social problems (e.g. drug use, violence, and unintended pregnancy). (Lezin et al 2004)

In addition PCC has also been documented to be linked to a wide variety of outcomes, including personal traits (self confidence, coping skills, motivation, overall well being), which has been cited in the literature as protective factors for initiation of sex as well as for safe sex. (Lezin et al., 2004) Also, parent-adolescent communication has been found to moderate relationships between other variables that influence sexual activity. For example, peer norms are found to be more influential for those adolescents who have not discussed sex with a parent as opposed to those who have (Whitaker & Miller, 2000). Thus PCC emerges as a very important factor that needs to be promoted more deliberately, systematically, and proactively in programmes that aim to build protective factors around youth.

A report from a literature review of studies conducted in developing countries mentions that having discussed SRH with parents is protective for initiation of sex, number of partners and use of condom (Kristin Mmari et al, 2005). But information on role of PCC in adolescent behaviour in India specifically, is sparse. Few available studies in India note that parental restrictiveness plays no role in whether or not youth engage in sexual relations (Alexander et al, 2006 b; Abraham & Kumar, 1999). Also interventions addressing PCC at community level in India is sparse.

Increasingly research and programme experience shows that it is neither feasible nor productive to focus on one isolated behaviour in adolescents without addressing a broader set of adolescent sexual and reproductive health concerns. In addition, there is mounting evidence that the most effective interventions enhance protective factors of young people and do not simply attempt to reduce risk. Even though international evidence suggests that the context in which adolescents live influence their sexual risk taking behaviours, relatively few studies have explored any contextual factors. Rather, the preponderance of research focuses on individual level factors. (WHO, 2004)

Better communication between adults and youth around issues other than sexuality is an important foundation for improving the quality of relationships and facilitating discussions around more difficult and sensitive topics like sexuality (Innocent & Sugland, 2004).

KEMHRC has just completed, one of the first community based studies in India in partnership with Population Council, New Delhi and Ipas which explored sexual partnership formation among youth between 15 to 24 years, both married and unmarried in urban and rural areas, using both qualitative and quantitative tools. Study area covered three PHC villages (around 90 and a population of about 1 Lac) of Maval taluka in Pune district and Parvati Pytha slum of Pune City (population 1 Lac). Findings from data of about 8000 youth highlight that about 10% males and less than 2% females report premarital sexual relationships. Among boys who are sexually experienced high-risk sexual activity like unprotected sex, multiple sex partners, exists. Qualitative and survey data list parental absence from home leaving children with unsupervised time, lack of

communication, inadequate knowledge of parents coupled with reluctance to talk about Sexual And Reproductive Health (SRH) issues as some of the key factors influencing adolescent risky behaviour. Youth of the project have also expressed a need for parents to be their source of information and discuss SRH issues openly with them (Project Report, 2006).

This paper proposes to look at pre intervention data collected thus giving insights at community level on various facets of parent child connectedness focusing on communication.

Methodology

A pre and post intervention evaluation design was utilized and was implemented on a pilot basis in rural and urban areas of Pune. The project was undertaken to address PCC with a focus on communication the purpose being to facilitate a supportive family environment by addressing communication barriers between parents and adolescents especially on SRH issues. Also it aimed to empower parents with knowledge on these issues in rural as well as in urban sites, in order to contribute to the response of the HIV epidemic in India.

The target group considered were adolescents between the age group 10 to 19 and parents of these adolescents.

The coverage of the project was two villages Chankhed and Gahunje in Maval Taluka Pune District and a slum pocket namely Janata Vasahat in Pune city each covering a population 4,500 and 5600 respectively.

The rural component for this study was two villages from a sub-district of Pune, namely Maval where one fifth of families live below poverty line (Census of BPL, 1997-98). These two villages were spread over approximately 20 km, and are situated approximately 60 km from Pune City but contact with Pune and other urban sites was not unusual. Schools, colleges and health facilities were generally available. The villages have a main central village surrounded by three to four small hamlets ranging from 2 to 10 km away from the main village, connected by unpaved roads. The population is predominantly agricultural with both extended and nuclear families.

From the base population of 1557 adolescents 1672 adults a sample based on expected increase in knowledge and level of communication among parents and children, post intervention, adjusted for dropouts was calculated.

The baseline survey was conducted in order to understand the relationship, interaction and communication between parents and adolescents in the project area. Qualitative as well as quantitative tools were employed for the data collection.

The response rate was more in rural areas and more for adolescents as compared to parents. Lowest response was observed from fathers and adolescent boys. Majority of the

unmet group were those who worked from early morning to late night. To some extent alcoholism and temporary migration also contributed to them not being interviewed. Refusal rate was very low (less than 5%)

Qualitative methods:

Qualitative baseline assessment was sought to understand current situation regarding parent child communication in the community, barriers to parent child communication regarding SRH issues and community's needs and expectations regarding communication on SRH issues. 70 adolescents and parents with adolescent children from both rural and urban sites were included and their experiences and opinions were gathered through Focus Group Discussions (FGD), In-Depth Interviews (IDI) and Interviews with Key Members (KII) in the community.

Qualitative data highlight some key facts: adolescents were using their free time ungainfully, parents were minimally involved in their children's activities and parents and children spent less time together because of parents' nature of work. Communication between parents and adolescents was restricted to talking on general and non-sensitive issues like school, work etc. but SRH communication was limited to mothers and daughters talking about menstruation. Gender difference could be seen as a barrier in addition to parent and children feeling shy to talk on these subjects, as well as lack of knowledge on these issues.

"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

"Usually we don't talk with father. More with mother" -FGD with rural girls

"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

"Parents also feel shy to talk on these issues with children. They must be feeling that how to speak such issues with children at such a young age. In some houses parents don't have time to talk with children. And children also don't feel any need to talk on these subjects with parents. Children feel awkward to speak on these issues with parents" - IDI with urban girls

"I spoke on this (about girl friends) with my parents. They hit me at that time. And told me not to have any girl friend" - FGD with urban boy

Quantitative Survey (Base line):

The qualitative data gave us insights into parenting practices, communication pattern between parents and children, listed barriers perceived to hinder communication on SRH issues and provided us local terminologies used. Using these insights a quantitative survey was designed in the project area to understand the actual prevalence of these practices and patterns of communication, which could be, used to assess the impact of the intervention.

A questionnaire containing nine sections, exploring socio demographic profile, communication pattern for general as well as on SRH issues, relationship between parents and adolescents, awareness regarding Sexual and Reproductive Health, addiction, self efficacy, decision making, gender attitude and media exposure was developed. A house listing was done in the project area all the households were listed and details of children between 10 to 19 years were collected from all the households.

Findings and Discussion

Survey responses were analyzed and operationalization of PCC attempted under the following groups namely trust, communication and structure.

I: SOCIO DEMOGRAPHIC PROFILE

Table 1: Socio demographic profile- Adolescents

	Urban		Rural	
	Adolescent boys (96)	Adolescent girls (86)	Adolescent boys (90)	Adolescent girls (102)
Mean age	14.5	14	14.2	14.3
Hindu	84.4	80.9	87.8	80.6
Nuclear family	92.7	83.1	70.0*	70.9*
No. of Family members (average)	4.7	5.2	5.3	5.5
Currently in school	74.0	76.4	77.8	76.7
Average years of education	7.8	7.9	7.8	8.5
Up to 7 years of education excluding illiterate	43.8	43.4	37.7	34.9
More than 7 years of education	53.2	53.4	58.9	64.0
Unpaid work done last year	2.1	5.6	43.3*	16.5*
Paid work last year	31.3	15.7 ⁺	23.3	8.7 ⁺

* Comparison between rural and urban⁺ comparison between boys and girls (t test and chi square) chi square test significance: ***=0.0001, **=less than 0.001 and *= less than 0.05

The adolescents were on an average 14 years of age, no difference was observed between girls and boys, more than 80% were Hindus. Traditional culture of living in joint and extended families was slowly but definitely changing and with that the support system within family for adolescents was diminishing. In that, more adolescents were living in nuclear families, that is, around 90% of urban and 70% of rural adolescents reported living in nuclear families and the average family size of around five at both the sites. This emphasized the need for strengthening parent child connectedness to counteract negative influences of other forces such as peer, media, etc (Whitaker & Miller, 2000).

More than three in four adolescents were in school with mean years of education ranging from 7.8 to 8.5 years. More than half of urban and three in five rural adolescents had completed high school education and above. Two in five rural boys and less than one in five rural girls had done work without cash payment in the last 12 months which could include mostly work in their farms, where as more boys, around one in four rural boys and one in three urban boys had worked for cash payment, since traditionally boys are expected to supplement family income especially in low resource settings.

II: FAMILY ENVIRONMENT

Environment of the family in which the adolescents are living lays the foundation for interaction and communication between the inmates. Adverse family environment in terms of parental drug abuse, conflict between parents can challenge their ability to bond with their children. (Lezin et al., 2004) The following table lists some of the family environmental factors of the study adolescents.

Table 2: Family environment- Adolescents

	Urban		Rural	
	Adolescent boys (96)	Adolescent girls (86)	Adolescent boys (90)	Adolescent girls (102)
Alcohol-Father	88.2	79.3	54.2	88.0
Father beating mother	21.9	25.8	21.1	23.3
Adverse family environment (Score 2-4)	30.2	28.1	33.3	29.1

50% of rural boys and more than 80% of urban adolescents and rural girls came from a family where father was an alcoholic and one in four of the adolescents from both sites whose fathers beat mothers.

An indice for family environment has been created where fathers were alcoholic, gambled, where there were frequent fights between parents and where fathers beat mothers. Almost one in three adolescents came from a family where the environment was not so conducive. (See Annexure 1 for details of index construction)

III: OPERATIONALISATION OF PCC

A. TRUST:

a. Perception: Literature review points to the fact that if the child perceives that parents are understanding and accepting of their shortcomings and would love and support them unconditionally, it would encourage them to forge a closer and trusting relationship with their parents (Lezin et al., 2004). To explore trust as one of the components of conducive family atmosphere and parent child connectedness, issues such as adolescents not anticipating negative reactions in situations like failing an exam, being seen with an opposite sex friend and on asking about sex related matter were assessed. An indice was constructed, where the adolescents did not anticipate negative reactions in situations like failing an exam, being seen with an opposite sex friend and on asking about sex related matter. Score is further sub-classified as good and bad. (Perception score Positive/neutral reaction=1; Negative reaction=0 on above three situations. Total score=3) (See Annexure 1 for details of index construction)

Table 3 : Perception indice - Adolescents

	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Good perception (2-3)	19.8	14.6	14.0	9.3	24.4	18.9	22.5*	9.8
Mean (0-3)	0.8	0.6	0.6	0.4	0.9	0.8	0.8	0.5

** Difference between mother and father-difference of proportion*

*DOP test significance: less than ***=0.0001, **=less than 0.001 and *= less than 0.05*

As the score indicates, adolescents have better perception of their mothers as compared to their fathers. Rural adolescents, did not anticipate negative reaction on more issues than the urban adolescents but more rural adolescents girls, one in four, had better perception about their mothers than their fathers (one in ten), which was not an unexpected finding since traditionally fathers are looked upon as more strict (Shek, 2000).

b. Respect

Just as perception of adolescents about their parents influences the communication process, perception about expertise and trustworthiness of parents as a source of knowledge, would play an important role for the message being accepted and acted upon. Moreover adolescents sometimes see parents as being out of touch with current adolescent lifestyles and pressures, hence parental expertise may be undermined accordingly (James Jaccard www.family.jrank.org).

Table 4 : Perception on respect - Adolescents

	Urban		Rural	
	Adolescent boys (96)	Adolescent girls (86)	Adolescent boys (90)	Adolescent girls (102)
Knows more than the parent's generation-disagree	79.2***	16.7	80.0*	64.7
Parents are old fashioned-disagree	60.4	60.5	67.8	67.6

* Difference between boys and girls - difference of proportion
DOP test significance: less than ***=0.0001, **=less than 0.001 and *= less than 0.05

About two in three boys and girls in rural as well as urban area disagreed that their parents were old fashioned, where as interestingly more girls, more than 80% of urban and one in three rural, perceived that their generation knew more than the older generation. The wide gender gap in education in parent's generation is closing in the present generation of adolescents which could have influenced the girls' views about the fact that they knew more than the parent's generation.

c. Encouragement and Praise:

A significant percent of adolescents both rural an urban report that their parents praise them more rural as compared to urban adolescents. Interestingly more urban adolescents report that their parents celebrate their success. The difference was not statistically significant.

Table 5 : Perception on encouragement and praise-Adolescents

	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Praise you	94.8	88.6	95.4	83.8	98.9	98.9	91.2	98.0
Celebrate your success	79.2	72.9	85.4	74.2	70.0	71.2	78.7	76.7

* Difference between boys and girls - difference of proportion
DOP test significance: less than ***=0.0001, **=less than 0.001 and *= less than 0.05

d. Openness

On exploring some of the variables for closeness and involvement, adolescents consistently expressed that mothers were more involved and they perceived closeness more with the mothers than the fathers.

Mothers emerge as the better listeners and more understanding of their point of view for both adolescent boys and girls (>90%) as compared to the father (65 -80%). The difference was significant for adolescent girls in both rural and urban areas.

Table 6 : Openness - Adolescents

	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Your father/mother is a good listener	96.9	85.4	94.4	76.4*	92.2	86.7	91.3	74.8*
Your father/mother tries to understand your point of view	91.7	84.4	93.3	75.3*	96.7	88.9	92.2	75.7*

**Comparison between mother and father- Difference of proportion
DOP test significance: less than 0.0001***, less than 0.001** and less than 0.05*

Likewise mother again emerges as the main confidant for urban adolescents and rural girls as compared to fathers indicating also a gender divide in comfort levels where girls confiding to their fathers are significantly less. As seen communication on personal issues, and on issues bothering them (adolescents) appear to be significantly more between mothers and daughters, as in between 60% to more than 80% of adolescents reported that they could communicate to mothers as compared to about one in four to two in three who reported confidence in communicating with fathers on these issues
Textual data corroborate this finding:

*“So at least she should talk with her mother freely. Not with father but with mother she should have friendship!
R8: Father only tells mother not to send her here and there.”
- FGD with rural girls*

Also, more than half of urban boys expressed that they got along very well with their mothers as compared to one in three urban boys expressing similar sentiments about their fathers, underscoring the traditional fear of their fathers. Literature refers to the fact that fathers as compared to mothers are harsher and demonstrate less concern (Shek, 2000).

Our data too revealed similar sentiments among the adolescents of the project, irrespective of site of residence. For instance, adolescents perceived that their mothers were less strict than their fathers and also praised them more often than their fathers, though the difference was not statistically significant. (not shown in table) Following similar trends, urban adolescents and rural girls perceived more involvement of mothers than fathers whereas rural boys perceived almost equal extent of involvement of both fathers and mothers.

Urban girls are least satisfied with their relationship with their parents however 50 -70% of rural adolescents say they get on very well. Interestingly, father’s perception of getting along very well with their sons and daughters was consistently higher than that of mothers at both sites.

Qualitative data support above mentioned trend:

“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

Table 7 : Perception on Communication - Adolescents

	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Can talk openly about issues bothering you	85.4***	60.4	55.3**	40.4	66.7	66.7	78.4***	46.1
Can discuss personal problems	70.8	58.3	72.3***	52.1	56.7	53.3	87.3***	23.5
Get along very well	57.3**	35.4	26.7	19.8	60.0	53.3	60.8	66.7
Easy to talk on growing up issue.	12.5	10.4	39.5***	9.3	5.6	6.7	37.3***	2.0

**Comparison between mother and father- Difference of proportion*

*DOP test significance: less than 0.0001***, less than 0.001** and less than 0.05*

While very few boys (around 5 to 12%) informed that they could talk to their parents on growing up issue, significant proportion of girls, one in three, urban and rural, could communicate to their mothers on this issue. This could just suggest that the communication could mostly be on menstruation, dos, and don'ts of growing up, etc.

Textual data give insight into the content of 'growing up' issue communication:

R7: Only wash clothes!

R8,R7,R3,R2,R1: Keep us aside!

R7: That is tradition.

R7/R8: Not to touch anything in the house. Wash the clothes in river or canal. Not to roam out.

R7: Nothing else!

-FGD with rural girls

R4: There is more possibility to get spoilt in age of 15-21 years.

R6: In this age group children are not mature. They get angry. One mistake affects their life in future. So we have to tell them.

R8: Parents feel that their name should come for good things. No one should keep names. So they tell this (about not keeping friendship with boys). This is the aim.

-FGD with urban parents

Table 8: Parent Child Communication Index-Adolescents

	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Good PCC (7-9)	44.8**	27.1	60.7***	30.3	24.4	20.0	49.5***	10.7
Mean PCC score (0-9)	6.0*	5.0	6.7*	5.0	5.6	5.3	6.2*	4.2

Difference between father and mother: Difference of proportion and t test

*Diff Of Prop. test significance: ***=0.0001, **=less than 0.001 and *= less than 0.05*

As seen earlier with closeness, involvement as well as perception about parents, PCC score of adolescent boys and girls is consistently higher for the mother than for the father for both urban and rural. But between the adolescent boys and girls, girls perceive better communication with mother than the boys, again highlighting mother children connectedness as reported by the literature (Lezin et al., 2004; Shek, 2000, James Jaccard www.family.jrank.org). Mean score is consistently higher for the urban adolescents as compared to that of rural, underlining possibly the rural tradition of conveying respect through non-communication. (Prazak, 2000) (See Annexure 1 for details of index construction)

Qualitative data support this trend,

“Not with fathers! If daughter has some problem she tells her mother she doesn't tell father”. - FGD with rural fathers.

“Usually we don't talk with father. (We talk) More with mother! Not with father! We talk about school, what happens, but we don't speak on these issues (laugh) such as Sexual relations, nothing we talk!” - FGD with rural girls

B: COMMUNICATION:

i. General communication

on school related issues varied for girls with their mothers and fathers with 50% of girls reporting communication about school with mother as compared to 22% with fathers. Where as perception from parents side was higher with 60 - 80% of mothers and 60-70% fathers reporting communication on school related matters. Gender difference, as in variation in proportion of parents talking to sons and daughters is not apparent,

To quote qualitative data on communication, on school related issues,

“They tell mothers about happenings in school, what teacher said, what they saw on the road on their way.” KII-Rural

ii. SRH Communication

Communication on more sensitive issues, such as pubertal changes in boys, unwanted touch, sexual intercourse, conception, boy girl friendship and HIV/AIDS, in adolescent's perspective, was negligible. As reported in other studies (James Jaccard in www.family.jrank.org; Lagina, 2002; DiIorio et al., 1999), mother daughter communication was more on biological issues and communication on relationships and sexual intercourse focused more on negative aspects such as STD and unintended pregnancy. 35 to 40% of girls talk to mothers and 2 - 10% talk to fathers about growing up issues.

Baseline data show that, notable proportion of girls talk on pubertal changes in girls (15 to 25%) as well as about menstruation. That is, one half of urban and rural girls reported discussing menstruation with their mothers, which could just consist of dos and don'ts of menstruation. The only other communication on related matters that appeared to take place to some extent (less than 15%) between parents and boys and mothers with girls was about boy girl friendship. This communication on boy girl friendship is observed across the table, but limited for boys. Parental perception on communication on SRH issues, follow the same pattern as reported by the children.

Textual data throw light into the content of the conversation on menstruation:

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

“How to take the cloth, change the napkin for 2 times in a day. Take cotton cloth. Bleeding is there. This information was given.” -IDI with rural mother

C: STRUCTURE:

a. Monitoring

Explaining about good behaviour is done more by mothers as reported by adolescents. In terms of parents knowing what the adolescents are doing mothers as reported by adolescents are more aware as compared to fathers. Pattern continues in terms of mothers knowing more about whereabouts of adolescents as compared to fathers.

Table 9 : Monitoring - Adolescents

	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Your parents explain you about how to behave	96.9	86.5	97.8	78.7	93.3	94.4	96.1	82.5
Your parents mostly wants to know what you are doing	93.8	78.1	94.4	77.5	95.6	92.2	97.1	83.5
Your parents knew your whereabouts when you are not at home	72.9	50.0	95.5	77.5	85.6	76.7	95.1	81.6

Difference between father and mother: Difference of proportion and t test

*Diff Of Prop. Test significance: ***=0.0001, **=less than 0.001 and *= less than 0.05*

b. Guidance

Homework assistance reported by adolescents is apparent with 30 to 50 % reporting assistance from parents in homework with a similar perception from parents.

e. Discipline

Urban adolescents are more restricted even boys as noted in the fact that when site of visit moves away from area in which they stay proportion not allowed to go alone increases. Similarly proportion of not allowed to go alone again increases when purpose moves from temple to friends house away from the village. (See Annexure 1 for details of index construction)

Table 10: Mobility - Adolescents

Mobility Index	Urban				Rural			
	Adolescent boys (96)		Adolescent girls (86)		Adolescent boys (90)		Adolescent girls (102)	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father
Restricted Mobility (0-4)	87.5	88.5	98.9	98.9	75.6	74.4	100)	100)
Highly Mobile(5-7)	12.5	11.5	1.1	1.1	22(24.4)	25.6	--	--
Percentage on total								

f. Time spent together:

As reported in literature as well as by the adolescents and their parents themselves, time spent together as family is one of important pre requisites for bonding and effective parent child communication (Lezin et al., 2004). Number of hours spent by rural girls with both fathers and mothers was significantly higher than other adolescents and mean number of hours spent with mothers, by both boys as well as girls was higher. Mothers as reported by themselves, spent significantly more time with both sons as well as daughters. Similar findings are reported in literature too (Lezin et al., 2004; Shek, 2000)

To summarize our data the adolescents were mainly Hindus, around 14 years of age, educated on an average 7.5 to 8.5 years. The fathers were 42 to 43 years old, educated on an average 5 to 6.5 years of schooling where as the mothers were between 35 to 36 years old educated upto 3 to 4 years of school. More urban adolescents lived in nuclear families and worked for cash in the last 12 months where as more rural adolescents have worked without pay. Rural households were larger and owned more number of consumer goods than urban households. Girls were more gender egalitarian where as boys were more self confidant. More boys and some girls were exposed to pornography and one third of adolescents came from a family environment which was not very conducive for safe transition into adulthood.

Also data point to the fact that overall relationship was better between mothers and adolescents, especially with daughters. Adolescent children spent more time with their mothers than with fathers and the girls perceived more closeness with their mothers as compared to fathers. Though adolescents in general, perceived their mothers to be less strict, more girls perceived getting along better with mothers. In general, the trend was that mothers were more involved than fathers. Some gender differences were evident in urban mother's involvement, whose involvement with their sons was significantly more than with daughters, but mostly closeness, interaction and communication was more between mother and daughters. Positive communication on various aspects, as perceived by the adolescents, even more so by girls, was consistently more with mothers. Similarly actual communication on day-to-day issues such as school related was more with mothers as informed by the adolescents. Communication on sensitive issues such as growing up, was evident mainly between mothers and daughters where as on other SRH issues such as sexual intercourse, and unwanted touch was minimal.

Conclusion

About 20% of India's total population is 10 –19 yrs old (Registrar 2005) and adolescents are a vulnerable group; Statistics, indicate that the HIV prevalence among youth (ages 15-24) in India, is between 0.5-1.0 percent for females and between 0.2-0.5 percent for males (UNICEF, UNAIDS and WHO, 2002). Adolescence is a period representing transition from childhood to adulthood, where experimentation is dominant and the need to challenge authority evident. Many factors at individual, family and community level have emerged to influence high-risk behaviour of the adolescents (Gerard & Buehler, 2004). Specifically at family level, discussion of SRH with parents and family connectedness is protective for initiation of sex as well as frequency of sex, number of partners and use of condom and contraception as well as for pregnancy (Alexander et al., 2006b; Kirby et al., 2005; Kristin Mmari et al., 2005; Maria Paz, 2004; Kirby, 2002; Senderowitz, 2000; Jessor, 2000; Holtzman & Rubinson , 1995).

Preliminary results from quantitative as well as qualitative baseline data, suggested that, parent child communication was limited, and the communication and interaction was more between mother and daughter. Communication and feeling of closeness with father was more limited even for boys. Cross gender communication was also more positive with mothers.

In certain aspects rural parent child relationship and communication was better as compared to that of urban. For example, rural mothers spent more time with their children and rural adolescents did not anticipate negative reaction despite adverse situations like failing exams as much as the urban adolescents. Programme strategies need to identify and address differential needs of the urban and rural parents and adolescents.

It appears that there is considerable room for improvement in relationship level as well as communication between parents and children. Though mothers emerge as better communicators and more connected with the adolescents, strategies need to be devised to address the involvement of fathers in the communication process. In order to create an impact in parent child communication especially on culturally tabooed subject such as SRH issues, programmes need to address not only the communication skills but also other components of parent child connectedness, which are closely interlinked and influence one another.

To address parent child communication in the existing circumstances, few things needed to be considered. One, to improve the communication level, connectedness between parents and children needed to be addressed which include addressing closeness, bonding, trust, support, monitoring by parents as well as communication. Two, role of mother as the communicator and care giver needs to be supported and enhanced, three, involvement of fathers in the communication process needs to be emphasized, four, communication with cross gender parents and adolescents needs to be stressed What is imperative is to understand the specific mechanisms by which PCC works, so that it can be promoted more deliberately, systematically, and proactively.

Annexure: 1 Indices

	Score	Variables in the score	Score range	Classification
1.	Family environment Dichotomous response Yes=1 and No =0	<ul style="list-style-type: none"> - Father alcoholic -Father gamble -Frequent fights between parents - Father beat mother. 	0 to 4	Adverse family environment =3 - 4 Good family environment =0-2
2.	Perception score Positive/neutral reaction=1 Negative reaction=0	Positive/neutral reactions in following situations <ul style="list-style-type: none"> - failing an exam - seen with an opposite sex friend - asking about sex related matter. 	0-3	Good perception = 2-3 Bad perception=0-1
3.	Parent child communication index Dichotomous response Yes=1 and No =0	<ul style="list-style-type: none"> - Parents/children are good listeners - Parents/children understanding each other's point of view - Intentional avoiding of discussion of particular topic-no - Adolescent telling personal problem to parents - Hiding being angry or disappointed -no - Adolescent admitting mistakes to parents - Adolescent can have a say in a disagreement - Adolescent can talk openly about what is bothering Them - Find it easy to discuss growing up issues 	0-9.	Good score = 7-9 Poor score= 0-6

References

1. Abraham L and Kumar KA: Sexual experiences and their correlates among college students in Mumbai city, India. *International Family Planning Perspectives*, 25(3): 139-146, 1999.
2. Alexander M, Garda L, Kanade S, Jejeebhoy S, Ganatra B: Romance and Sex: Pre-Marital Partnership Formation among Young Women and Men, Pune District, India. *Reproductive Health Matters*, 14(28):1–12, 2006 a.
3. Alexander M, Garda L, Kanade S, Jejeebhoy S, Ganatra B: Exploring The Correlates: Pre-Marital Relationships Among Unmarried Young Women and Men In A Traditional Settings, Pune District, Maharsashtra, India. Submitted for publication, 2006b
4. Awasthi S, Nichter M, and Pande VK,: Developing an interactive STD prevention programme for youth: Lessons from a north Indian slum. *Studies in Family Planning*, 31(2): 138-150, 2000.
5. Babalola S; Tambashe B O; Vondrasek C: Parental factors and sexual risk-taking among young people in Côte d'Ivoire. *African Journal of Reproductive Health*, 9(1):49-65, 2005 Apr., <http://www.bioline.org.br/pdf?>
6. Census of BPL 1997-98
7. Crosby, R.A., D.R. Holtgrave, R.J. DiClemente, G.M. Wingood, J.A. Gayle.: Social Capital as a Predictor of Adolescents' Sexual Risk Behavior. A State-Level Exploratory Study *AIDS and Behavior*, 7(3):245-252, 2003.
8. DiIorio C, Kelley M, Hockenberry-Eaton M: Communication about sexual issues: mothers, fathers, and friends. *Journal on Adolescent Health*, 24(3):181-189, Mar 1999.
9. Gerard, J. M., & Buehler, C.: Cumulative environmental risk and youth maladjustment: The role of youth attributes. *Child Development*, 75:1832-1849, 2004.
10. Holtzman D and Rubinson R: Parent and peer communication effects on AIDS-related behavior among U.S. high school students. *Family Planning Perspectives*, 27(6):235-240, 1995.
11. Innocent, M.A. and Sugland, B.W. (2004). Connecting the Dots: How Practitioners Engage Parents, Families, and Youth Around Reproductive and Sexual Health. A Report of Focus Group Discussions with Reproductive Health Providers. Baltimore, MD. CARTA, Inc. <http://www.aecf.org/upload/PublicationFiles/AR3622H422.pdf> 2004.
12. Jaccard, J., Dittus, P. J. and Gordon, V. V.: Parent-adolescent communication about premarital sex: Factors associated with the extent of communication. *Journal of Adolescent Research*, 15:187–208, 2000.
13. James Jaccard <http://www.family.jrank.org/pages/1501/Sexual-Communication.html> accessed on 18.04.07).
14. Jessor R, Notes : Presented at the World Health Organization meeting, Washington DC., USA, 2000.
15. Kirby D : Antecedents of adolescent initiation of sex, contraceptive use, and pregnancy. *American Journal of Health Behaviour*, 26(6):473-485, 2002.
16. Kirby D, Gina Lepore, Jennifer Ryan : A Matrix of Risk and Protective Factors

- Affecting Teen Sexual Behavior, Pregnancy, Childbearing And Sexually Transmitted Diseases (US) ETR Associates, September 2005.
17. Kristin Mmari, Dr.PH, M.A., Robert Blum, M.D., Ph.D., William H. Gales Sr., Johns Hopkins University: Table of Risk and Protective Factors Affecting Adolescent Sexual Behavior, Pregnancy, Childbearing, HIV/AIDS, and other Sexually Transmitted Infections (Developing countries) for the project 'Putting what works to work' - a project of the National campaign to prevent teen pregnancy, July 1, 2005
 18. Lagina Nicholas: Parent-Child Communication: Promoting Sexually Healthy Youth: Advocates for youth, August 2002.
 19. Lezin, N., Rolleri, L., Bean, S. & Taylor, J.: Parent-child connectedness: Implications for research, interventions and positive impacts on adolescent health. Santa Cruz, CA: ETR Associates, 2004.
 20. Maria Paz N. Marquez: The Family As Protective Factor Against Sexual Risk-Taking Behavior Of Filipino Adolescents <http://www.Paa2004.Princeton.Edu/Download.Asp?Submissionid=41538> (21.3.04)
 21. Newcomer S and Udry JR: Parental marital status effects on adolescents sexual behaviour. *Journal of Marriage and the Family*, 49(2): 235-240, 1987.
 22. Prazak, Miroslava: Talking about Sex: Contemporary Construction of Sexuality in Rural Kenya *Africa Today* - Volume 47, Number 3/4, Summer/Autumn, pp. 83-97, 2000. <http://www.comminit.com/strategicthinking/st2003/thinking-154.html> accessed on 20.04.07
 23. Project Report– Formation Of Partnerships among young women and men in Pune District Maharashtra. Population Council, New Delhi and KEMHRC 2006.
 24. Registrar General India, 2005.
 25. Romer D et al.: Social influences on the sexual behaviour of youth at risk for HIV exposure. *American Journal of Public Health*, 84(6): 977-985, 1994.
 26. Senderowitz: Advocating adolescent reproductive health. Addressing cultural sensitivities. November 2000 <http://www.pathfind.org>, 4.4.04
 27. Shek T.L.Daniel, Mothers In The Treatment Of, And Relationship With, Their Teenage Children: Perceptions Of Chinese Adolescents - Statistical Data Included *Adolescence*, Spring, 2000
 28. United Nations Child Education Fund UNICEF, UNAIDS and WHO 2002. Young people and HIV/AIDS: Opportunity in crisis. Geneva: United Nations Children Fund, Joint United Nations Program on HIV/AIDS, WHO 2002
 29. Weinstein, M. and A. Thornton: Mother-child relations and adolescent sexual attitudes and behaviors. *Demography*, 26(4): 563-577, 1989.
 30. Whitaker, D. J., and Miller, K. S.: Parent-adolescent discussions about sex and condoms. *Journal of Adolescent Research*, 15:251–273, 2000.
 31. World Health Organization: Risk and protective factors affecting adolescent reproductive health in developing countries: an analysis of adolescent sexual and reproductive health literature from around the world: summary [Robert Blum and Kristin Mmari]. Department of Child and Adolescent Health and Development Family and Community Health., Geneva, WHO-2004