"I Myself Don't Know. What Will I Tell Them"? Exploring Awareness on SRH Issues of Urban and Rural Parents of Adolescents in Indian Context

Background: Globally about 45% of new HIV infections occur among young people. In India where 20% of the total population comprises of 10 –19 yrs old (Registrar 2005), 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). In a resource poor country like India, prevention through Behavioural Change Communication (BCC) and Information Education Communication (IEC) along with safe sex promotion, have been the main weapons to deal with the sexual route of transmission of HIV. Clearly, it is necessary to explore all possible sources of information and how they could be integrated and made adolescent friendly so that the adolescents are empowered to make informed choices about sexual behavior. In designing NACP III, National AIDS Control Organization (NACO) aimed to create an enabling environment, one of the protective factors for youth sexual behaviour, which emerged as an extremely important strategy to fight against AIDS (www.nacoonline.org). Parental discussion with adolescents on sex related matters; especially safe sex, unwanted outcomes of sex such as Sexually Transmitted Disease, etc have been documented to protect adolescents from risky behaviour (Kristin Mmari et al, 2005; Senderowitz, 2000; Maria Paz, 2004; Kirby, 2005; Jessor, 2000; Kirby, 2002a; Holtzman & Rubinson, 1995). But in reality many barriers to communication exist. More over lack of knowledge has also been mentioned as a prominent barrier to communication between adolescents and parents on sex related issues (Masilamani, 2003; Snegrof, 2000). Interventions have been aimed at improving parent's awareness of sexuality related issues as well as communication skills thus empowering parents to provide accurate information with confidence (Planned Parenthood, 2007). This has been documented to ultimately improve parent child communication on SRH issues in the long term (Kirby, 2002b) one of the important factors protecting adolescents against high risk behaviour.

In order to design such interventions, existing levels of knowledge of parents of adolescents need to be explored Data available indicates that age segregated data on SRH awareness of men and women, in Indian context is scarce. What is available points to the fact that awareness is low. For example in the age group of 28 to 30, 70-80% of women and men were aware of HIV but only 65 to 75% knew that it could be transmitted sexually. Also 56% of men and 38% of women knew that consistent condom use and staying in a mutually faithful relationship could prevent HIV infection. (NACO 2001) Hence the need to understand and explore parents knowledge specially in the Indian context.

In the current controversy of some State Governments banning sex education in schools citing 'Indian values' as a reason, a useful step would be to help parents communicate their own values and teach their own children about sexuality, HIV etc., thereby decreasing sexual risk-taking behavior.

With this background, the paper's objective is to explore the awareness of parents of 10 to 19 years old boys and girls in biological, biomedical as well as legal issues related to SRH and document gender and rural urban differences, if any, in their knowledge. Data for this paper is drawn from pre intervention qualitative as well as quantitative data of an intervention study addressing Parent Adolescent Communication. Also our paper offers insights into parent's assessment about their level of knowledge impeding communication with their adolescents as well as their perception about age at which the adolescents should know about SRH issues and from which sources adolescents obtain information.

Study settings: Two villages and one urban slum pocket from Pune district, Western Maharashtra, India having a population of about of 4,500 and 5600 respectively have been selected. The study villages are located in Maharashtra, a state, where HIV prevalence is high among youth (NACO 2002). Pune district was considered an appropriate setting for the study, as it is one of the most developed, offering considerable opportunities for non-agricultural employment, good educational infrastructure and relatively easy access to modern consumer goods. (Government of Maharashtra, 2006; NACO 2002)

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 also collected from adolescents and parents 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 from the study area were identified 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 knowledge and communication level expected after the intervention and then suitably inflated for non response and age misreporting. The strategy for sampling was to select adolescents through random sampling and accordingly 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 Connectedness from parent's as well as adolescent's perspectives and SRH knowledge of both the parents and adolescents was used. Their level of media exposure, socio demographic profile, and agency were also enquired into.

Data: Socio demographic profile: Respondents are mostly Hindus. 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 6th 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.

Lack of knowledge as communication barrier: Ten barriers to SRH communication have been identified during the pre qualitative phase which included, cultural taboo, embarrassment and shyness, lack of knowledge and communication skills, which vocabulary to use, no need for the adolescents to know about these matters, misuse of information by the adolescents, children are too young to know about these issues, lack of time, children do not pay attention if the parents talk and adolescents prefer to talk to peers. These were included in the survey tool. 60 to 70% of mothers and 70 to 80% of fathers mentioned lack of knowledge and vocabulary as a barrier to communication. As the qualitative data highlight,

> *"No. I didn't talk on this subject……These issues such as sexuality, reproduction STDs are things, which are shameful. Also we don't know much about this so we can't tell our children properly about this."* **- IDI with a rural mother**

But 50 % parents felt that they should give this information to their adolescent children and they would communicate the information to the children if knowledge was provided to them however mothers mentioned that they still found it difficult to talk with their sons in the older age group of 15-19 years.

> *R3: If you give us the information then certainly we will give this to our children.*
> *R5: Whatever information you will give we will give to our children so that problems in future would be less. Its good to tell about good things up to some limitation! We will tell in the way by which they will understand* **- FGD Rural mothers**

SRH communications: Parent's perception:

Parent's perception about communicating with their adolescents on SRH issues was explored. Results reveal that, one in four fathers, one in three urban mothers and half of rural mothers agree that the girls need to be informed on SRH issues before she is 14 years of age where as significantly less proportion (less than 15%) of parents feel the need for the boys to be informed at this early age. Very few proportion of fathers and mothers view themselves as a source of information for their adolescents and less than one in five parents affirm that their adolescent girls knew about menstruation prior to its onset.

> *R5: They don't speak with parents and we also feel awkward.*
> *R7: Some children feel that they would get a shout if they would talk so they talk with their friends more* **- FGD Urban mothers**

"*No, because my children are small. According to you (interviewer) after the age of 15 these issues should be discussed with children so that they would understand. If we speak now they might not understand it properly."* **- IDI with father of adolescent, Rural area**

Awareness of SRH issues:
Generally the level of knowledge is low on all issues related to sexual and reproductive health. For example, on the biological front, less than 50% of urban parents and rural fathers and one in five rural mothers were aware of the fact that a girl could get pregnant on the first unprotected intercourse. Gender as well as rural urban differences were evident in some of the issues. Significantly less urban mothers, one in four, could identify at least two pubertal changes for boys as compared to three in five urban fathers. No such difference was evident among rural parents.

Bio medical issues of SRH: Though more than three in four parents, knew at least one Sexually Transmitted Infection (STI) including HIV, less than 50% knew that regular use of condom or staying faithful to one partner could prevent STI. While there was no gender difference in STI awareness, it is evident in HIV knowledge. For example, only 60 to 70% of mothers as compared to 80 to 90% fathers could cite sexual intercourse as a route of transmission.

Exploring legal aspects of SRH issues, 70 to 80% of urban parents and 90% of rural parents knew that pregnancy cannot be terminated legally after 20 weeks of gestation. Though legal awareness is far from desired level, more women, 60% urban and 30% rural as compared to less than 15% of men, could identify correctly that it is legal to terminate pregnancy resulting from contraceptive failure, from rape, if the pregnancy was a threat to the life of the mother and that it could be done legally before 20 week of pregnancy.

Conclusion and recommendations:
To summarize, data from the study highlight the reservations of parents to talk to adolescents early about SRH issues and locate themselves in the lower rung of the ladder of information sources available to adolescents on growing up as well as sex related issues. More than 70% of the parents acknowledge lack of information and vocabulary as one of the important barriers to SRH communication with their adolescents, but have shown interest to talk if educated about these issues.

Also findings underscore the fact that, generally SRH knowledge is low among parents of adolescents and gender difference is evident in the level of knowledge in various aspects of SRH. Knowledge on biological aspects of SRH issues, is mostly confined to same gender body awareness, where as fathers are more aware of biomedical aspects. More over women are more knowledgeable on legal aspects of abortion.

More research is required to establish the level of knowledge of parents of adolescents, identify discrepancies in terms of gender, site of residence as well as lacunae in specific issues, in Indian context. Young people need a safe and supportive environment requiring

sensitive attitudes, policies and legislation at family, community and national levels. Sturdy relationships with caring parents are essential. Considering the urgent need to enhance adolescent's and youth's awareness about sex and reproduction related issues, it is essential to educate the parents in sexual and reproductive health issues and empower them to communicate with their adolescents on these issues through communication skill training. It is important to improve their knowledge as well as train them in how to talk to their adolescents on these issues in an effort to create enabling environment to adolescents and include parents as one of the sources of adolescent friendly information.

References:

1. Abraham & Kumar, 1999: 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 et al 2006a: Alexander et al, 2006a: 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 et al 2006b: 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, Maharsahtra, India. Submitted for publication, 2006b
4. Awasthi et al, 2000: 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. Gerard & Buehler, 2004: Gerard, J. M., & Buehler, C.: Cumulative environmental risk and youth maladjustment: The role of youth attributes. Child Development, 75:1832-1849, 2004.
6. 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
7. Jessor R, Notes : Presented at the World Health Organization meeting, Washington DC., USA, 2000.
8. Kirby, 2005: 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.
9. Kirby D : Antecedents of adolescent initiation of sex, contraceptive use, and pregnancy. American Journal of Health Behaviour, 26(6):473-485, 2002a.
10. *Kirby D, Douglas Kirby, Ph.D. Families are talking: The Impact of Interventions Designed to Promote Parent-Child Communication about Sexuality- ETR Associates 2002b.* http://www.familiesaretalking.org/interventions/interven0003.html *(accessed on 03.05.07)*
11. 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
12. Lezin et al, 2004: 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.
13. 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)
14. Masilamani R. Building a supportive environment for adolescent reproductive health programmes: essential programme components. In: Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia. Geneva. World Health Organization, p.156–58, 2003
15. NACO 2001: National Baseline BSS Among General Population , 2001. www.nacoonline.org/
16. Planned Parenthood: Talking to Your Kids About Sex 2007 Planned Parenthood of the Rocky Mountains, 2007. http://www.plannedparenthood.org/rocky-mountains/talking-to-your-kids-about-sex.html(03.05.07)
17. Registrar General India, 2005.
18. Senderowitz: Advocating adolescent reproductive health. Addressing cultural sensitivities. November 2000 http://www.pathfind.org, 4.4.04
19. Snegroff Stanley: Forum: No Sexuality Education Is Sexuality Education. Family Planning Perspectives, 32(5), September/October 2000.
20. UNICEF, UNAIDS and WHO 2002: 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
21. WHO, 2004: 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
22. www.nacoonline.org/