

Promoting Intergenerational Communication Between Youth and Parents: Implications for HIV Prevention Programs for Youth

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Conclusions and Implications

- Even in a low HIV prevalence setting, youth are sexually active and vulnerable to exposure to infection. Tribal and rural youth appear to be more sexually active as compared to urban youth and intervention efforts need to work with these populations as well.
- Peers and at times media are key source of information on most health related issues—these may be as misinformed and may promote stereotypes and misconceptions.
- Youth supported the idea of promoting interaction with parents as it was perceived by them to have a protective influence. Thus, involving parents should supplement and complement the peer based approach.
- Programs working with youth need to broaden their scope and develop mechanisms to promote intergenerational communication between youth and their parents as a strategy to reduce HIV vulnerabilities.
- It is important to address young people's health in a broader and more comprehensive context by addressing issues related to gender, violence, substance use and, sexual and reproductive health, including HIV.



Background

- Young people aged 15–24 years account for almost half of all new HIV infections globally. Most of these new HIV infections are sexually acquired.
- This trend resonates in India where over 35% of all reported AIDS cases occur among young people in the age group 15–24 years.
- There are multiple factors fuelling HIV risk for young people including a lack of HIV information, education, and services, and adult resistance to the provision of the services that address sensitive issues such as sexuality and HIV.
- A peer-based approach is integral to youth HIV prevention programs, but there is increased recognition of the need to encourage discussion on sensitive issues such as HIV vulnerability between adults and young people. However, little information is available on the acceptability of intergenerational communication in India.

Methods

- The study aimed to understand the need for intergenerational communication on HIV and sexuality by first exploring the vulnerabilities of youth to HIV in a low prevalence setting in India. It then examined perceptions of youth and their parents about barriers and opportunities for promoting intergenerational communication.
- The study was set in tribal villages in Koraput, rural villages in Kalahandi, and urban slums in Cuttack in the state of Orissa.
- A survey of randomly selected 300 unmarried male and female youth aged 15–19 years was conducted. Qualitative interviews were conducted with 36 adult-youth pairs to explore these issues in greater detail.

Results

Factors influencing vulnerability of youth

Table 1 Profile of youth survey respondents

	Female (n = 148)	Male (n = 152)	Total (n = 300)
Median age (years)	16.50	18	17
Age range			
% 15–17 yrs	64	44	54
% 18–19 yrs	36	56	46
Education			
% Never gone to school	28	8	18
% Dropped out of school	52	52	52
% Currently studying	19	34	26
% Completed school	1	6	4
Level of schooling for those who went/going to school	(n = 140)	(n = 106)	(n = 246)
% < 5yrs of schooling	20	35	26
% > 5 yrs of school	80	65	74
Occupational status			
% Unemployed	54	41	47
% Daily wage work	36	34	35
% Salaried job (pvt)	5	7	6
% Self employed	3	9	6

Sexual experience and practices

- Overall, 54% of youth reported ever being in a “romantic” relationship with a person of the opposite sex.
- Of all the youth, 38% reported ever having penetrative sex.
- Male youth were more likely to report their sexual experience as compared to females (OR 0.23; CI 95% 0.14–0.39; p = .000).
- Mean age for sexual debut was 15.5 years.
- Both rural and tribal youth were 4 times more likely to have had sex compared to urban slum youth (p = .000).
- Lack of condom use was reported by 40% of youth the last time they had sex.

Access to information and services

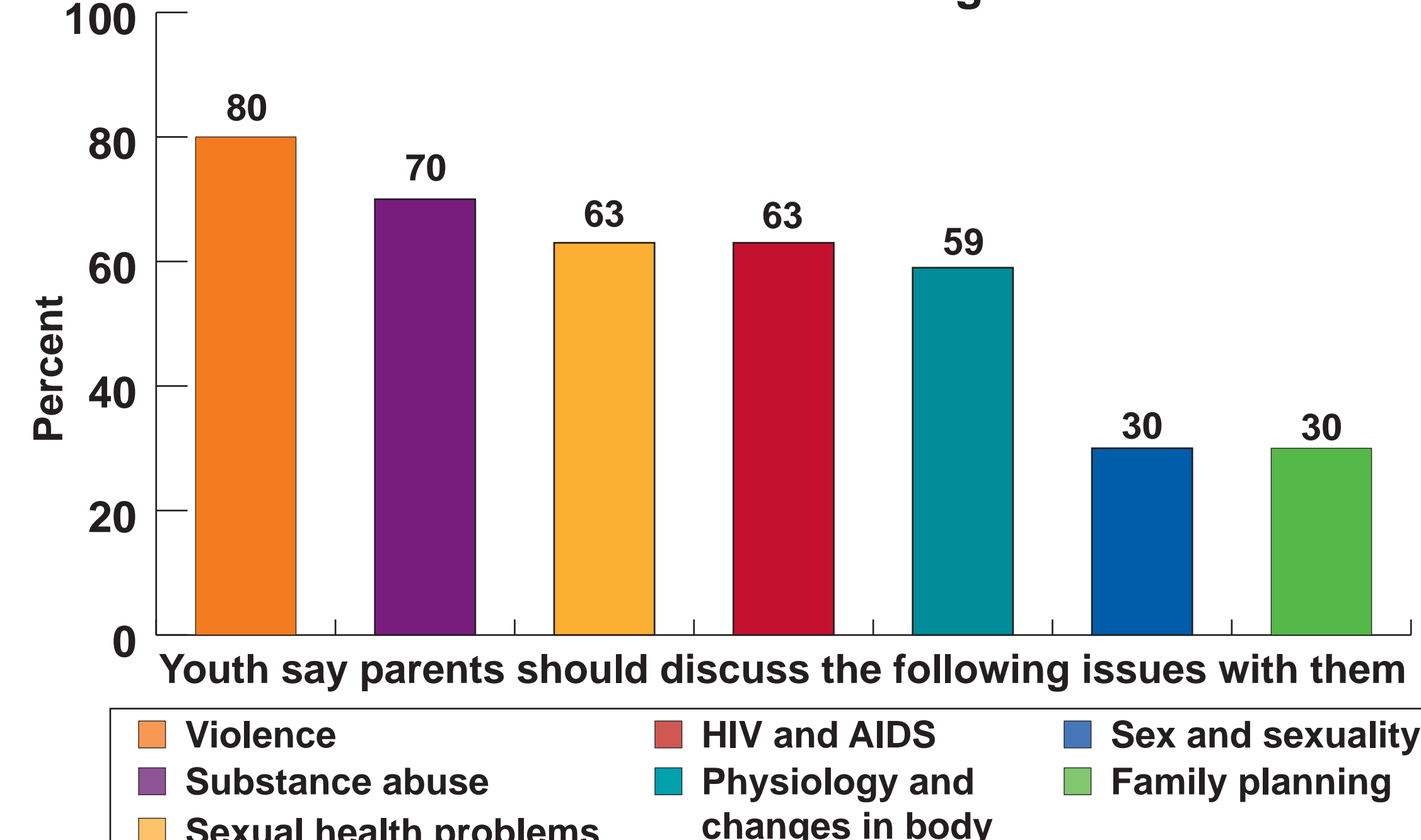
- Majority of youth were aware of routes of HIV transmission and prevention but also held misconceptions and stigmatizing attitudes.
- Sources of information include NGOs, peers, and media, including TV and radio.
- Less than 10% of youth discussed sexual health and HIV with their parents.
- One-third of youth reported symptoms of sexual and reproductive health problems in the prior year. But only one-half of the youth reported seeking treatment for their health problems; with male youth more likely to access health services as compared to female youth.



Current practice and views about intergenerational communication

- One-fourth of youth reported that their parents had communicated with them about physiological changes. The greater proportion of these youth were girls and they mentioned that their mothers had told them to restrict their movement and interactions with other young boys in the community as they grew up. Many restrictions were imposed on girls during their menstruation cycle, such as their not being allowed to enter a temple or kitchen during this time as they were perceived to be “unclean.”
- When the respondents were asked if they would want their parents to discuss various issues with them to help them gain better understanding and awareness of these issues, a significant proportion wanted their parents to talk to them about violence, substance abuse, HIV and AIDS, etc. (see Figure 1).

Figure 1 Percent of youth who mentioned that parents should communicate with their children on the following issues



Youth and parents voiced their opinions in in-depth interviews about need for intergenerational communication.

If we talk about our health problems with our mother it can remove shyness so we can talk about other personal matters. If we discuss openly we will be able to know everything to be healthy.

16-year-old female youth

My mother is very close to me and she is concerned about my well being. I want my mother to give me education on sexual health, HIV/AIDS. It will be more acceptable to me if she talks on these issues with me.

19-year-old male youth

The parents should initiate a discussion on pregnancy, menstruation and sexual health with the children. The father should take the lead in this regard and the mother should also join in it later on. We have also decided to initiate such a discussion in our family henceforth.

40-year-old mother of a female youth

One should know from one's family regarding own body, changes of body, and different type of diseases from own family. A boy should know from his father and a girl should know from her mother.

40-year-old father of a male youth

Barriers to intergenerational communication

- Both the youth and their parents discussed various factors that influenced communication. The most frequently mentioned reason inhibiting communication was “feeling shy.”
- According to the parents, the inability to communicate was largely due to lack of accurate information, poor communication skills, and social taboos.



We talk about many issues with our parents very freely. But when it comes to topics like sex and HIV/AIDS, we are not able to talk because we are scared and also ashamed.

17 year old female youth

My parents are not that much literate and educated.

18-year-old male youth

Naturally, my sons fear me...if they talk to me then my prestige or regard as a parent will all go down.

Father of a 18-year-old male youth

We should not tell our young girls at age 14–16 about health and AIDS—she is not grown up and her mind will only go in that direction. We should tell when she is 17–18 years and can understand.

Mother of a 15-year-old girl

Suggestions for promoting intergenerational communications

- According to both youth and parents, a lot can be done to improve communication between parents and their children such as meetings with both parents and youth, separate training programs for parents, street plays, etc.
- This effort needs to be facilitated by NGOs.

Mothers and daughters should be made to sit together and learn.

16-year-old female youth

Large meetings in the community where both parents and children should be asked to come and tell them about health related problems of youth and how to take care of them.

19-year-old male youth

Everybody should be made to understand. All members of the family should be made to sit together, and another person should make them understand about AIDS. That's how the discussion would be free and frank gradually.

45-years-old father of a male youth

Parents will know information to share with their children by talking to the people or going to meetings.

40-year-old mother of a female youth

To find out more about this study, visit the **Population Council booth (#449)**, visit the website (www.popcouncil.org), or contact **Vaishali Sharma Mahendra** (vaishali.sharmamahendra@gmail.com).