

Parent-Adolescent Connectedness and Attitude to Communicate on Substance Abuse among Parents of Adolescent Boys

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Abstract

Background/Aim: The youth drug epidemic is growing at an alarming rate in India among the adolescents. In India, a survey by non-governmental organizations revealed that 63.6% of patients who came for treatment were given drugs under the age of 15. It is important for the parents to talk with their adolescent boys regarding the ill effects of substance abuse. The study intends to explore whether the parents have an attitude to talk about substance abuse with their adolescent boys.

Materials and Methods: A quantitative descriptive research design was used. 100 parents of adolescents were selected using purposive sampling technique. A validated study questionnaire was used to collect data on socio-demographic characteristics, extent of communication, and parental attitudes to communicate on substance abuse. Inferential and descriptive statistics was used for data analysis.

Results: The projected outcome of the study was to create a statistical data on parent-adolescent communication, parental attitude to communicate on substance abuse and to create for awareness among parents of adolescent boys to take initiation to speak about ill effects of substance abuse and to lead a life free from substance use.

Conclusion: Majority of samples had moderate level of communication and adequate level of parental attitude regarding talk on substance abuse.

Key Words: Connectedness, Attitude to communicate, Parents of adolescent boys

Acronym: PACS – Parent Adolescent Communication Scale

PCC- Parent-Child Connectedness

Introduction

Adolescence is a crucial period where physical and psychological changes can occur in a greater

extent. It is considered as the most vulnerable phase of life that brings in new and dramatic diversities in an individual's life². Both being an adolescent as well

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as raising an adolescent is an enormous challenge as they are at the peak of exploring and basking their adulthood³. Many factors can create an emotional upheaval in adolescents that can make them sensitive to deleterious substances⁷. Parent-child bonding and communication have been highlighted as potential protective factors for substance use and abuse in adolescence¹. The prevalence rate of substance abuse among youth shows a drastic expansion when comparing in conjunction with previous decades³. Many literatures have foregrounded the influence of parenting style on modifying the behavior of adolescents. The relationship and bond between parents and their children remarkably have significance in delaying or reducing adolescent substance abuse. The attitude of parents towards the use of baleful drugs had to be evaluated as they are the one who must be proactive enough to enable their children to discourage and create cognizance among them regarding the consequences of substance abuse¹. The prevalence rates of adolescent substance abuse still remains high in current scenario². An open conversation and a positive attitude towards talk on consequences of substance abuse can create a hindrance in adolescent illicit substance usage¹. This research tends to explore whether the parents have an attitude to talk about substance abuse with their adolescent boys. It also creates an insight among themselves regarding the importance of positive parental attitude on communicating with their adolescent boys on substance abuse and thereby lessening the harsh repercussions caused by it. This quantitative descriptive study on 'Parent-adolescent connectedness and attitude to communicate on substance abuse among parents of adolescent boys' aims to assess the level of parent-adolescent communication, problems in communication and parental attitude regarding talk on substance abuse. It also finds out the association between the level of communication and level of parental attitude to communicate on substance abuse with selected demographic variables. Many previous studies have considered communication and connectedness as a protective factor against substance abuse and focused on a particular substance like alcohol, cigarette or tobacco. In this study, the elements of communication and substance abuse specific communication attitude was examined using Modified PACS and ingenious

self-structured attitude scale. Many researches and studies have highlighted on communication as a key among parent-child relationship. But their attitude to stay connected and communicate on peculiar areas of topic with their child has not yet been much explored. The importance of staying connected with their child along with a positive attitude has accentuated in this study. The role of communication and attitude of parents in obviating the use of noxious substances were concluded.

Materials and Methods

A quantitative descriptive study approach was used for the study. The aim of the study was to assess the level of parent-adolescent communication and parental attitude to communicate on substance abuse among their adolescent boys. Quantitative descriptive survey research design was adopted for this study, which is a non-experimental research design used to obtain data. The study was conducted in all out-patient departments of Chettinad Hospital and Research Institute, Chengalpattu district, Tamil Nadu. The target population for this study was parents of adolescent boys (10-19 years) between the age group of 28-45 years, visiting the out-patient department of Chettinad Hospital and Research Institute. Both male and female parents within the age of 28 to 45 years, who have male child between 10-19 years and available during the time of data collection period were included in the study. Whereas, parents who were not willing to participate in the study were excluded from the study. 100 parents of adolescent boys, who met the inclusion criteria were considered to be the part of the study population. Purposive sampling technique in which the participants were selected according to the need of the researcher was utilized in the study. The study tool contains three parts. Part 1 consists of the personal information of the participant such as age, gender, religion, residence, education, occupation, socio economic status, type of stay of their child, duration spend for communicating with child, frequency of talk on the effects of substance abuse with child, mode of communication and type of substance abuse. Part 2 is Modified Parent-Adolescent Communication Scale that contains 10 items. Each item is provided with 5 responses like strongly disagree, moderately disagree, neither agree nor disagree, moderately

agree, strongly agree which is scored as 1,2,3,4,5 respectively. The total score for this session will be 50. A higher score indicates better communication between parent and adolescent. Based on the scores obtained by the sample, the communication between parent and their adolescent child can be classified into good, moderate and average. Part 3 is a self-structured five-point Likert scale which includes 10 statements to assess the parental attitude to communicate on substance abuse with their adolescent boy child. It consists of 12 statements, which will be scored as (strongly disagree=1, disagree=2, not sure=3, agree=4, strongly agree=5). The negative statements scored in the backward direction as (strongly disagree=5, disagree=4, not sure=3, agree=2, strongly agree=1). Maximum score was 60. The attitude of the parents to communicate on substance abuse with their adolescent boys was assessed through their responses and classified them into favorable, moderately favorable and unfavorable based on the total scores obtain by each of them. The validity of the tool was established in consultation with guide and one expert in the field of psychiatric nursing, one expert in pediatric nursing and one expert in psychiatry medicine.

Data collection:

Prior formal permission was obtained from the head of the department of Mental Health Nursing, Institutional Human Ethics Committee Clearance was obtained from Chettinad Academic of Research and Education for conducting the study. The pilot study was conducted in the out-patient department of Chettinad Hospital and Research Institute, Chengalpattu for a period of one week. Consent was obtained from the ethical committee and from the samples. Samples were selected using purposive sampling and demographic variables was obtained followed by level of communication and parental attitude to communicate on substance abuse using Modified PACS and self-structured parental attitude scale (five-point Likert scale) respectively. The research study was found to be feasible based upon the pilot study. This helped in refining and validating the developed tools. The questionnaire was tested in 10 participants before actual data collection and modified on basis of received feedback. The investigators modified few aspects of the developed

tool. Validity and reliability were re-established. In the next phase the data collection procedure was done in the out-patient department of Chettinad Hospital and Research Institute, Chengalpattu district. The data was collected for a period of 1 week from 100 samples. Prior permission and consent was obtained from participants before conducting the study. In this study the researcher conducted interview for samples who met the inclusion criteria, for 20 minutes to collect data in personal information and Modified PAC Scale and self-structured attitude questionnaire to assess the level of communication between parent and adolescent child and parental attitude regarding talk on substance abuse. The collected data was analyzed and interpreted. The data was analyzed using statistical instruments.

Analysis:

It deals with the analysis and interpretation of data collected to assess the level of parent-adolescent communication and parental attitude to communicate on substance abuse among their adolescent boys. Statistical analysis was done by using descriptive and inferential statistics. Data were entered into Microsoft Excel and all entries were cross-checked against the questionnaire. The categorical data was expressed as percentage, whereas the continuous data were expressed as mean \pm standard deviation. Chi-square test was used to test the association of different variables with socio demographic data of the participants. A probability value of < 0.05 was considered as statistically significant. The data was presented under the following headings, Diagram 1: Frequency and percentage distribution of level of parent-adolescent communication middle aged adults according to their demographic variables, Table 1: Frequency and percentage of parental attitude regarding talk on substance, Table 2: Mean, SD of parent-adolescent communication & attitude score on substance abuse among parents of adolescent boys, Table 3: Association between the levels of communication with selected demographic variables of parents of adolescent boys, Table 4: Association between the level of attitude with the selected demographic variables of parents of adolescent boys, Table 5: Association between the level of attitude with the selected demographic variables of parents of adolescent boys.

Findings

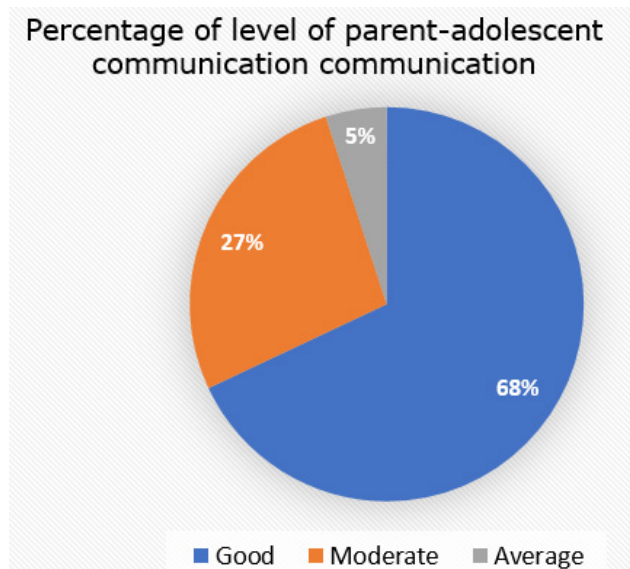


Fig 1: Frequency and percentage of level of parent-adolescent communication

Table 1: Frequency and percentage of parental attitude regarding talk on substance abuse.

Level of attitude	F	%
Favorable	87	87
Moderately Favorable	10	10
Unfavorable	3	3
Total	100	100

Table 2: Mean, SD of parent-adolescent communication & attitude score on substance abuse among parents of adolescent boys

S. No	Variable	Mean	Standard deviation	Mean Percentage (%)
1.	Communication	36.4	7.01	91
2.	Attitude	38.11	4.2	81.09

Table 3: Association between the levels of communication with selected demographic variables of parents of adolescent boys.

S.No	Demographic Variables	No. of samples	Level of communication			P value
			Good	Moderate	Average	
1.	Age of male adolescent in years					0.354
	a.10-14 years	32	25	12	1	
	b.15-19 years	68	44	17	1	
2.	Age of parents in years					0.961
	a.28-33 years	18	12	5	1	
	b.34-39 years	44	32	11	1	
	c.40-45 years	38	25	12	1	
3.	Gender					0.447
	a. Male	48	33	13	2	
	b. Female	52	36	15	1	
4.	Religion					*0.005
	a. Hindu	53	45	7	1	
	b. Christian	36	22	13	1	
	c. Muslim	11	5	4	2	

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5.	Education of parent					
	a. No formal education	13	11	1	1	*0.049
	b. Primary	15	6	8	1	
	c. High school	20	9	10	1	
	d. Higher Secondary	36	29	6	1	
	e. Graduate and above	16	11	4	1	
6.	Occupation of parent					
	a. Private job	24	14	9	1	0.862
	b. Government job	8	4	3	1	
	c. Self-employed	37	19	17	1	
	d. Others	31	19	11	1	
7.	Type of substance abuse					
	a. Cigarette smoking	11	8	2	1	0.088
	b. Alcoholism	19	8	10	1	
	c. None of the above	70	50	19	1	
8.	Residing					
	a. Urban	30	24	5	1	0.147
	b. Rural	70	44	25	1	
9.	Socio economic status					
	a. Middle	83	55	27	1	0.124
	b. Lower	17	14	2	1	
10.	Type of stay of child					
	a. With parents	85	65	19	1	*0.0005
	b. With relatives	4	1	2	1	
	c. In hostel	11	3	7	1	
11.	Duration spend for communicating with child					
	a. Less than 1 hour	22	2	5	15	*<0.00001
	b. 1-2 hours	31	23	7	1	
	c. 2 hours and above	47	37	9	1	
12.	Frequency of talk on the effects of substance abuse with child					
	a. Once in a week	65	51	13	1	*0.029
	b. Twice in a week	19	12	6	1	
	c. Never	16	6	9	1	
13.	Mode of communicating with child					
	a. Face to face	85	67	17	1	*<0.00001
	b. Telephonic conversation	12	1	10	1	
	c. Social-media	3	1	1	1	

Table 4: Association between the level of attitude with the selected demographic variables of parents of adolescent boys

S.No	Demographic Variables	No. of samples	Level of Attitude			P value
			Favorable	Moderately favorable	Unfavorable	
1.	Age of male adolescent in years					0.641
	a.10-14 years	37	31	5	1	
	b.15-19 years	63	57	5	2	
2.	Age of parents in years					0.962
	a.28-33 years	24	20	3	1	
	b.34-39 years	40	32	6	2	
	c.40-45 years	36	25	10	1	
3.	Gender					0.743
	a. Male	48	40	7	1	
	b. Female	52	46	5	1	
4.	Religion					0.548
	a. Hindu	53	4	5	1	
	b. Christian	36	29	6	1	
	c. Muslim	11	8	2	1	
5.	Education of parent					0.544
	a. No formal	13	11	1	1	
	b. Primary	15	12	2	1	
	c. High school	20	17	1	2	
	d. Higher Secondary	36	30	5	1	
e. Graduate and above	16	10	5	1		
6.	Occupation of parent					*0.012
	a. Private job	24	20	3	1	
	b. Government job	8	3	4	1	
	c. Self-employed	37	33	2	2	
	d. Others	31	28	2	1	
7.	Type of substance abuse					0.342
	a. Cigarette smoking	11	8	2	1	
	b. Alcoholism	19	14	4	1	
	c. None of the above	70	62	7	1	
8.	Residing					0.560
	a. Urban	30	27	2	1	
	b. Rural	70	60	9	1	

9.	Socio economic status					0.333
	Middle	83	71	11	1	
	Lower	17	15	1	1	
10.	Type of stay of child					*<0.00001
	a. With parents	85	81	3	1	
	b. With relatives	4	1	2	1	
	c. In hostel	11	5	5	1	
11.	Duration spend for communicating with child					0.540
	a. Less than 1 hour	54	42	10	2	
	b. 1-2 hours	36	32	3	1	
	c. 2 hours and above	10	8	1	1	
12.	Frequency of talk on the effects of substance abuse with child					*0.028
	a. Once in a week	65	61	2	2	
	b. Twice in a week	19	14	4	1	
	c. Never	16	11	4	1	
13.	Mode of communicating with child					*<0.00001
	a. Face to face	85	82	3	1	
	b. Telephonic conversation	12	4	7	1	
	c. Online Platform	3	1	1	1	

Discussion

Previous studies suggests that within the context of high levels of Parent-Child Connectedness (PCC), the communication is most effective. Whenever there is a high PCC between parents and their child, they tend to maintain an open communication as well as likely to have more frequent conversations. PCC have a very high influence on initiating the act of using any substance. Higher levels of PCC is found to be effective in declining substance use behaviors. With low levels of PCC, adolescents find use of substances as a form of rebellious act¹. The behavior of parents can also have an impact in molding adolescents⁵. Communication between parent and their adolescent child was found to be inappropriate in cases where parents itself was abused to substances like cigarette and alcohol⁶. So, the behavior of parents towards

their children and in terms of their own substance abuse can have a great influence on PCC and thereby on adolescent's substance abuse. The methods of communication have been also highlighted in previous literatures¹. Open constructive conversations which involves both parents and child equally was found to be effective. The disparities with the frequency of talk on substance abuse between parents and their adolescent child can lead to ineffective or inappropriate communication. As adolescents is a period in which everything is taken casually, even though enough lectures are given by parents, they are unlikely to take those information on board². Many studies have accentuated on frequency and quality of communication. More frequent communication is significantly associated with a higher positive attitude to refuse substance abuse. While Koning et.al (2014)

promoted the use of high quality conversations even though he found no clear association between the quality of communication and substance abuse. They have also pointed up that frequent conversations with adolescents is not only enough to protect against substance uses but should also have a high quality and constructive open communication where parents and child participate equally. In 2010, Ryan et.al suggested that general communication is protective against the use of alcohol whereas in 2001, Kingon mentioned that high levels of connectedness is protective against substance use. According to Darling and Steinberg's model (1993), communication becomes effective when PCC is high. This model also highlights between parenting behaviors and communication about substance abuse. Huver et. al in 2006 spotlighted on a distinction that on enforcing rules there will be lower rates of cigarette use; casual communication about rules is associated with higher rates of cigarette use¹. A two-sided communication can create a feeling that they are also been listened to and contributing rather being lectured, which in turn is considered as a high quality⁵. In general, high PCC along with frequent high quality communication can be practical.

In the present study, not only communication and connectedness between parent and their adolescent child is assessed but also the attitude of parents to communicate on substance is also considered. Communication can be affected by the education of parents, type of stay of child, duration of communication between parent and child, frequency and mode of communication. Children when stayed with their parents can have a good communication. Parents may also notice even a small change in their child and can act appropriately. Parents can have an incessant communication without any obstruction with their child. But being with the child alone cannot maintain a good level of communication. Communication should be always constructive and open, so that both participants can be equally involved in it. The duration of communication can also be predominant in PCC. A diminished length of communication can be affected with lower PCC¹. Frequency about talk on substance abuse can have an effect on adolescent substance use. It can insist the adolescent in refusing or retaining about the detrimental effects of substance abuse. But more

frequent insistence can create a sort of reluctance in adolescents as they are been at the peak period of many psychological changes⁸. Always a direct face to face communication is always effective as it is more authentic. Moreover for a good level of communication, Parent- adolescent connectedness should be intense. Every aspect of communication is based on PCC. For a high quality, less problematic communication PCC serves as the base. In general the stay of child, duration spend on communication, frequency and mode of communication along with PCC and high quality open ended conversations is cardinal in sustaining and maintaining an eternal communication¹.The attitude of parents to communicate on substance abuse can also be crucial in indulging adolescent towards substance use⁴. Many factors including occupation of parent, type of stay of child, duration, frequency and mode of communication can be associated. A stressful occupation of parents can be related with a lower level of attitude to communicate regarding substance abuse. The vice versa can happen in parents who is self employe or with no particular occupation. Parents of adolescents staying away from their home may set a warning for their child but not too often. A higher rate in duration and frequency of communication can create a positive attitude in parents to talk on effects of substance abuse. Both frequency and duration can only be high when there is a satisfactory PCC so that a two-sided open conversation can be made in between parent and adolescents. Parents communicating with their child through telephones or social medias usually have a contrary attitude. They may always tend to keep the short term conversations from lectures on substance abuse. A positive attitude should be generated by the parents in order to protect their child from the ill effects of substance abuse. It can be concluded that a good high quality communication which is two-sided and a positive parental attitude on communicating about substance abuse foregrounded by an exceptional parent-adolescent connectedness can be pivotal and significant in sustaining parent-child relationship as well as hindering the adolescents from the deleterious effects of substance abuse.

Conclusion

The present study focused on how parent-adolescent connectedness and parental attitude

upshot on substance abuse among adolescent boys. An average percentage of communication among parent-adolescent child suggest a low level of PCC. It could be triggered by many facets like job of parents, involvement of social media, long distance education or peer group relationships. Parents who do not make a grunted communication with their child either in an aspect of duration, frequency or closeness may pave the way for their on children to step into unwholesome venture. The unfavorable attitude to communicate with their children about substance abuse that still persist in the current society should be commuted. It is found to be the need of the hour to create an awareness to maintain an open ended, tenable, consequential and two-sided conversation among parents with their adolescents regarding substance abuse. Necessary interventions to improve, encourage and actuate parent's attitude as well as communication skills in forestalling substance abuse among their adolescent child has to be advocated.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance:The UG Committee clearance and Institutional Ethical Committee clearance was obtained from CARE. Permission was from the HOD of Mental Health Nursing Department, Chettinad College of Nursing as well as from the HOD of Community Health CHRI. The purpose of the study was explained to the participants and their written consent was obtained before the beginning of the study. The participants were informed that they were free to withdraw from the study during any stage of the study period and the confidentiality of the data collected for the research purpose will be maintained and will be utilized only for the study purpose.

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