

Positive parenting to strengthen adolescent empowerment initiatives

1 Context

Adolescents account for 19 per cent of the total population in South Asia¹. In absolute numbers this is 339.5 million adolescents with India counting for 250 million, being home to more adolescents than any other country in the world. While the space for youth engagement has grown, the space for adolescent engagement is much less flourishing, with 10-19 year olds falling somewhere in the middle, sometimes considered as children (and technically they are while under 18 years) and sometimes considered as youth (15-19 year olds fall into the U.N. definition of youth of 15-24 year olds). The distinct set of issues affecting adolescents have received less attention; adolescents receive relatively little attention and have relatively little voice, visibility or power. Their specific needs in terms of social basic services are often poorly taken into account. **At the crossroads between childhood and adulthood, adolescents typically face many changes and uncertainties in their lives. This is particularly pronounced in South Asia.** Family and community relationships remain hierarchical and patriarchal. Adolescents are generally not encouraged to share their views, raise their voice or question adults on matters which affect their lives. South Asian societies are also extraordinarily rich in spiritual and cultural traditions. Yet some of these traditions foster important discriminatory and exclusion processes. Girls and/or adolescents belonging to low castes and/or indigenous groups and/or religious minority groups, as well as adolescents with disability, suffer from multiple discriminations. The period of adolescence is also characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles involving new responsibilities requiring new knowledge and skills. **It also poses new challenges to health and development owing to their relative vulnerability and pressure from society, including peers, to adopt risky health behaviour.** These challenges include developing an individual identity and dealing with one's sexuality.

Given the many challenges faced by adolescents, there is a strong argument in terms of rights, government responsibility and economic imperative to invest in targeted adolescent policies and programmes. UNICEF's 2012 Report Card on adolescents points to "a significant need for improved investment in all aspects of adolescents' lives and well-being – even in their struggle for survival".

1.2 Adolescents in India

India has one of the fastest growing youth populations in the world. The vast majority of adolescents, (children in the 10-19 age group) account for 19% of the population of India². Over the coming ten years, the working-age population (15-65 years) will rise exponentially and India will have the biggest potential workforce in the world. In order to take full advantage of the economic opportunities created by this demographic window of opportunity, India has to overcome a number of challenges and invest much more in education, employment, skills and health of its workforce. **Child protection issues are increasing and becoming more complex as a result of social and economic changes.** Gender-based discrimination can be found throughout India: girls and women face discrimination in terms of education, job opportunities, health and nutrition, protection from violence, abuse and exploitation and others. Policies for children and adolescents in India are guided by the role of the State as articulated in the Constitution of India (COI) that provides for right to life, education, health, nutrition, food, development and protection from exploitation. Further, as a signatory to the United Nations Convention on the Rights of the Child (UNCRC), India has affirmed its commitment to

¹ State of the World's Children, 2016. Data in the report are from 2011. They indicate the adolescent population (in thousands) and the proportion of the adolescent population in the country populations are as follows for South Asia: India 243,492 (20%); Pakistan 39,894 (23%); Bangladesh 31,601 (21%); Afghanistan 8,015 (25%); Nepal 7,043 million (23%); Sri Lanka 3,165 (15%); Bhutan 148 (20%); Maldives 66 (21%).

²NFHS-3, 2005-06

recognizing and protecting the rights of children and adolescents (up to 18 years of age) including their fundamental right to be heard and taken seriously.

2 Why invest in adolescents

2.1 The need

Investing in adolescents is crucial to build upon the historic gains achieved for children in early (0-4 years) and middle (5-9 years) childhood and to ensure a prosperous and more equitable future. From a development perspective, the second decade of life is a critical opportunity to break the inter-generational cycle of multiple deprivations in a much shorter time frame, compared to the first decade that requires a much longer perspective.

Adolescents have an evolving capacity to understand, anticipate and decide what is best for them and contribute to their own protection under the guidance and with support of positive role models, including their peers, focused laws, policies, strategies and programmes. They are not young, passive children, but **“agents” of change, individuals capable of innovation, strong advocacy and leadership when provided the opportunity**. The long term economic benefits of investing in adolescents come from building a stronger work force and defeating the cycle of poverty that lies at the root of so many of the problems faced by developing countries.

2.2 The context

UN mandate: UNICEF has been mandated by the United Nations General Assembly to advocate for the rights of children aged between 0-18 years. UNICEF is guided by the *Convention on the Rights of the Child* (CRC), adolescents’ rights are enshrined in the CRC and in the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), which applies to all adolescent girls.

UNFPA’s 2007 Framework for Action on Adolescents and Youth articulates a multi-sectoral strategy to promote the comprehensive development of young people. Its four pillars include: addressing population, youth, and poverty issues at the policy level; expanding access to gender-responsive, life skills-based sexual and reproductive health including HIV education in schools and community settings; promoting a core package of health and sexual and reproductive health/HIV services; encouraging young people’s leadership and participation within the context of sector-wide approaches, poverty reduction strategies and health sector reforms.

UNICEF headquarter has explored various frameworks to adolescent programming. Efforts continue in UNICEF at global, regional and country levels to develop clear and coherent approaches to programming and policies for adolescents.

3 Empowering adolescents: efforts made so far

Policy, Programmes and legislation in India

Planning for adolescents was first initiated in the 10th Five Year Plan (2002-2007). Taking this further, a Working Group on Youth Affairs and Adolescents development for Eleventh Five Year Plan (2007-2012) was constituted. The Twelfth Plan³ (2012-17) lays further and specific emphasis on standardizing the age for adolescents and including 10 to 18 years for harmonizing varied guidelines under various schemes. It recommends the abolition of all forms of child labour for the effective implementation of the RTE Act and the extension of RTE up to the senior secondary level to *Convention on the Rights of the Child, General Comment No. 4 (2003), “Adolescent health and development in the context of the Convention on the Rights of the Child”*, include all adolescents. It also recommends for strengthening of SABLA along the lines of the *Bal Bandhu* pilot programme for protection of child rights in areas affected by conflict.

³Draft Twelfth Five Year Plan 2012-17, Planning Commission, Government of India, Social Sectors (Volume 3), p. 196.
http://planningcommission.gov.in/plans/planrel/12thplan/pdf/vol_3.pdf

Additionally, various UN bodies, international and national civil society organisations are currently working on adolescent issues in India. These include UNFPA, UNAIDS, WHO, Pathfinder, Plan, CARE, Save the Children, International Planned Parenthood Federation, FPAI, CHETNA, CEDPA, the World Bank, etc.

UNICEF's strategic contributions

The fact that adolescent rights are at the heart of UNICEF's mandate, combined with this growing momentum around young people's issues, have led to adolescent and youth engagement as central to UNICEF's Strategic Plan from 2018 - 2022. The Plan identifies adolescent empowerment and engagement as a key result area for "an equitable chance" all children, and sets out relevant Change Strategies for achieved. In its 2013-2017 country programme, **UNICEF India has adopted a lifecycle approach, with one programme component dedicated to adolescence.** The programme component (PC3) brings together the contributions of different programme sections that relate to the survival, development, protection and participation of adolescent girls and boys with critical support from the cross-cutting programmes from communication, social mobilization, advocacy, planning and evaluation. ***The overarching framework ensures that UNICEF's investments in and for adolescents achieve more than the sum of the sector-specific programme interventions.***

4 Supporting parents, caregivers and families

4.1 What should be the strategic approach

The causes of poor outcomes for adolescents are complex and are thought to be entwined in structural factors determining inter-generational poverty, unequal access to education and high rates of unemployment. **The way in which adolescents are raised and cared for is also a determining factor, and the ability of families to raise adolescents is in turn impacted by economic, political and social factors.** In all societies, families play a central role in protecting and influencing adolescents and there is evidence that **parent support programmes can lead to improved school performance, reduce risky behaviour and enhance social competence.** In this case, *UNICEF is paying greater attention to strengthening the ability of parents and communities to care for their children in ways that promote children's wellbeing and potential.*

This approach seeks to prevent violence and abuse from the outset by reducing the factors that make families vulnerable to violent behaviour and by strengthening parents' and caregivers' child-rearing skills through programmes - implemented both at the community level as well as among targeted at-risk populations⁴. Home visits and parent education classes are designed to increase parents' and caregivers' knowledge about child development and to promote positive parent-child interactions⁵. A significant body of evidence suggests that providing parents with child-rearing strategies and techniques as well as economic support can help address a range of individual and family risk factors. Engaging parents and caregivers early on through one-to-one parenting and parent-child programmes and providing education on good child-rearing practices and early child development helps in significantly addressing problems related to adolescence. reduces the incidence of child physical abuse (although not necessarily sexual abuse) and the manifestation of aggressive behaviours in children as they grow into adolescence⁶.

⁴ United Nations Children's Fund Executive Board, *The UNICEF Strategic Plan, 2014-2017*. UNICEF: Economic and Social Council, New York, September 2013, sec. 2.6, pp. 7. 5 Landers, Cassie and United Nations Children's Fund, 'Preventing and Responding to Violence, Abuse, and Neglect in Early Childhood: A Technical Background Document.' UNICEF: Child Protection Section, New York, January 2013.

⁶ World Health Organization and International Society for Prevention of Child Abuse and Neglect, 'Preventing Child Maltreatment: a guide to taking action and generating evidence.' WHO Press, Geneva, 2006.

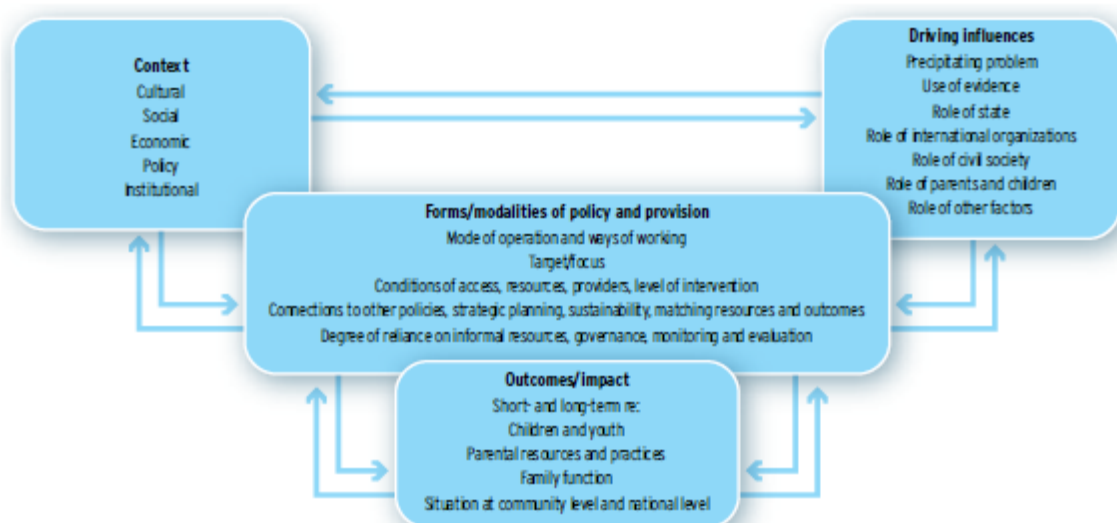
Effective programs do more than share information; they also provide opportunities for practicing skills - ideally in realistic contexts. In particular, hands-on learning that allows parents to practice with their own child in the presence of a teacher or facilitator who can correct or reinforce behavior is most effective.

4.2 What are the stages of intervention

- **Early Adolescence (10 – 14 years)**, covers the key life transition of girls and boys through puberty and into early adulthood. It is biologically dominated by puberty and by brain development. Psychologically it is characterised by low resistance to peer influences, low levels of future orientation, and low risk perception, often leading to increases in risk taking behaviour and poor self-regulation. It is a time of identity formation and development of new interests including emerging interest in sexual and romantic relationships. **Given this, safe and supportive school, family and community environments are critical social contexts during this period.**⁷
- **Late Adolescence (15 – 19 years)** covers the period of transition into adulthood where the requisite skills, knowledge and networks will enable them to fully engage with wider society and the world of employment as young adults. It is characterised by pubertal maturation, and continued brain development of the executive and self-regulatory skills which leads to greater future orientation and an increased ability to weigh up the short-term and long-term implications of decisions. **Family influences become distinctly different during this phase of life, as many adolescents enjoy greater autonomy.** Likewise, education settings remain important for those able to remain in them.⁸

4.3 What should be the framework for analysis

Early experiences of children within their families tend to be strong predictors of their future development and behaviour (Sroufe, Egeland, Carlson & Collins, 2005). Thus, by focussing and introducing positive parenting within the society, one would be investing in positive future behaviour of its citizens. Results shows that securely attached children, who are more likely to be a result of positive parenting, can be expected to be “more empathetic, more self-reliant, and less hostile to their peers” (Sroufe as cited in Bogenschneider, 2014, p.374). Englund, Levy, Hyson and Sroufe (2000) also found that securely attached infants had the characteristics of good citizens.



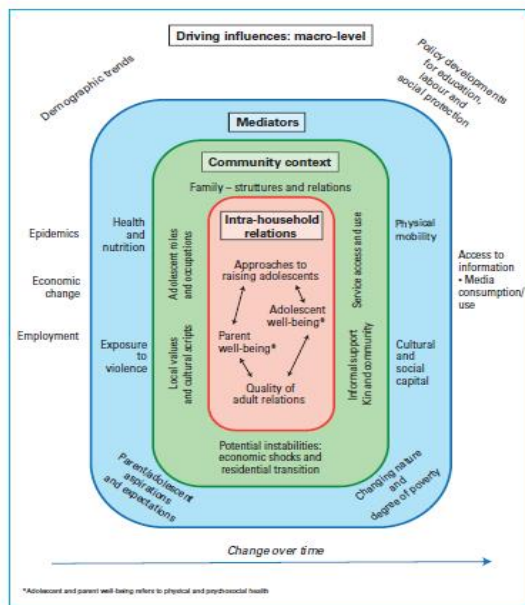
⁷ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00579-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00579-1/fulltext)

⁸ibid.

Many studies also show that investing in programmes that enhance positive parenting is a very powerful intervention and a cost-effective measure (Foster, Prinz, Sanders & Shapiro, 2008; Sanders, Calam, Durand, Liversidge & Carmont, 2008). In a systematic review of the economic evidence connected to parenting interventions and programmes, Charles, Bywater and Edwards (2010) pointed out that programmes with parents of children at risk of developing conduct disorder were cost effective. Children tend to benefit well when parents attend such programmes. The finding was also confirmed in an evaluation of parent training/ education programmes which included children with oppositional behaviour by Dretzke et al. (2005).

4.4 How can parenting be understood and supported

An example from 'Ecological model to situate the parenting of adolescents in Southern and East Africa', shows that in the midst of rapid social change younger and older family members are retaining rites of passage and other cultural expressions of identity, care and belonging.



Parents often instigate processes through which adolescents can transition to adulthood but others in the family and community carry primary responsibility for conveying information and social recognition. The communication gap between adult and adolescent generations should be filled in, particularly around gender, emotional well-being and social respectability to address adolescent risks pertaining to poor access to adequate, accurate information and gendered power relations. Parents need to know developmental information in order to effectively interact with their child, but actually practicing the skills of parenthood through interactions with their child has a larger, longer-lasting effect on parenting behaviors than does a lecture about development or parenting.

5 Implementation of 'Positive Parenting' approach: critical steps

Lessons drawn from the implementation experiences, research and the country's context suggest following critical steps towards integration of 'Positive Parenting' approach in the 'Continuum of care':

- Identify areas of cultural misalignment between practice in the region that is considered 'good parenting' and the content of 'positive parenting' models, as applicable in the cultural context.
- Develop a theory of change: primary prevention or secondary/tertiary prevention; target vulnerabilities.
- Strategically position 'positive parenting' in the continuum of care, as a life course approach. Develop and promote a national, adolescent-centered, integrated, multidisciplinary strategy to address adolescent issues within a set, achievable timeframe. This should be accompanied by policy initiatives and legal measures.
- Develop clear objectives for the positive parenting programme – content, discourse etc.
- Identify key messages and develop a package of communication/ capacity building material to reach households. The package should address issues pertaining to gender socialisation as a subset of positive parenting.

- Identify and map delivery systems such as ASHA, Anganwadi and other possible ways to reach mothers and fathers. The low skills and capacity of frontline workers must be factored in while during programme design.
- Build capacity of parents to help them guard the integrity and safety of children/ adolescents as they represent the next wave of parents, grandparents, caregivers and decision-makers. The training will also help them support adolescents by amplifying their voices, ideas and creativity.
- Advocate with key stakeholders to mainstream gender-responsive approaches to mitigate risks of violence and to address gender specific care and support needs.
- Engage adolescents in promoting positive, healthy practices, norms, and propagation of available services. Frequently being left out of decisions affecting their lives reinforces a sense of apathy and despondency among adolescents. By actively including them as empowered agents of change, aware of their rights, the sense of community and belonging increases.
- Scale interventions/ pilots that empower adolescent girls and boys as social change agents by providing them with opportunities and platforms to influence and lead.
- Create a platform or use an existing platform to engage parents in regular communication on adolescent related issues and how to mitigate them or even share good practices amongst each other and solve uprising problems through brain storming.

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