

Sexual Awareness, Assertiveness, and Attitudes of Indian Young Adults: Family Structure and Parents

Viveka Mansata¹, Gulgoona Jamal²

¹(Research Scholar, Department of Psychology, Zakir Husain Delhi College/ University of Delhi, India)

²(Associate Professor, Department of Psychology, Zakir Husain Delhi College/ University of Delhi, India)

Abstract

Objectives: a) To examine the role of family structure on parental “involvement”, “autonomy support”, and “warmth” and on “sexual attitudes”, “sexual awareness”, and “sexual assertiveness” of the college students; b) to study the relationship between the parental factors and “sexual attitudes”, “sexual awareness”, and “sexual assertiveness” of college students from nuclear and joint families.

Method: Three scales, namely, “Perceptions of Parents Scale” (POPS; The College Student Version); “Sexual Awareness Questionnaire” (SAQ); and “Brief Sexual Attitudes Scale” (BSAS) were administered to the college students (n = 66; from nuclear family, n = 33; from joint family, n = 33) with age range between 18-25 years.

Results: Nuclear families showed significantly greater parental “involvement”, “autonomy support” and “warmth” in comparison to joint families. On sexual awareness, in comparison to their counterparts from joint families, college students from nuclear families showed significantly greater private awareness and sexual assertiveness, however, they did not differ significantly on public awareness. On sexual attitudes, college students from nuclear families showed significantly less positive attitude only for the subscale of “instrumentality”. Irrespective of family structure, parental (maternal & paternal) “involvement”, “autonomy support” and “warmth” were significantly associated with more sexual awareness and responsible sexual attitudes such as greater private awareness, more concern for “birth control”, “communion” and “permissiveness”.

Conclusion: Irrespective of family structure, both maternal and paternal factors were more important in imparting sexual awareness and responsible sexual attitudes to children. The present research has several implications that can be translated into formulating awareness and intervention programs for parents as well as youth.

Keywords: Nuclear Family, Joint Family, Parental Involvement, Autonomy, Warmth, Sexual Awareness, Sexual Attitudes

Date of Submission: 20-10-2022

Date of Acceptance: 04-11-2022

I. Introduction

The significance associated with the term ‘sex’ varies greatly. Although human beings express their sexuality by engaging in sexual activity, sex is more than just a physical act. It has sociological, cognitive, emotional, behavioral, and biological components, such as personal bonding, emotional expression, sex drive, and physiology. Since one’s sexuality may be experienced as well as expressed in desires, behaviors, beliefs, attitudes, and relationships, it thus becomes a central aspect of our existence. Our upbringing, family environment, and socio-cultural context influence our perceptions of sex, and the meaning and significance we ascribe to it.

The ecological systems theory¹ proposes that sexual behavior is influenced by dynamic, reciprocal factors which exist at different levels in an individual’s environment and directly/indirectly influence behavior. Eco-developmental theory² has added to this by identifying the family, especially parents because of their proximity to the children and their ability to interact with different social systems as the ideal mechanism for preventing risky behavior and behavioral change. The ecological systems model explains how, why, and when sexual behaviors occur through concepts such as, “process”, “person”, “context”, and “time”. Individual and his/her proximal environment interact and influence each other, which is known as “process”, and the characteristics of the individual which impact the proximal environment is known as “person”. An individual’s environment is the “context” which is divided into several layers namely, micro, meso, exo, and macro systems. “Microsystem includes regular participants in an individual’s life for an extended period, e.g., family, teachers, peers; “mesosystem” forms the interactions among different “microsystems”; social institutions form the

“exosystem”, and culture, beliefs, customs, and values form the “macrosystem”. The “process” occurring in episodes, spread across different periods of an individual’s development is referred as “time”.

Premarital sex is a common occurrence, both in India and worldwide. However, early and/or unsafe sexual activity may put an individual’s sexual health at risk. The sexual health of adolescents in particular holds significance because the transitions from childhood to adolescence to adulthood represent critical stages during which an individual’s sexual self-concept develops. An individual has a healthy sexual self-concept if he/she understands the difference between negative and positive sexuality, i.e., the difference between risky and safe sexual behaviors which is associated with well-being³.

One of the predominant factors influencing an individual’s sexual behavior is the cultural environment within which they grew up. Western individualistic societies are more permissive towards premarital sex, while many cultures accept sexual activity only within the confines of marriage. For example, south and southeast Asian collectivistic cultures like India advocate a more conservative attitude towards premarital sex. In India, collectivist norms are followed where family, especially the joint family (several generations live together under one roof) as the basic unit of society. The joint family adheres to the Indian culture’s patriarchal bent and therefore endorses orthodox gender roles. Researchers^{4,5} have suggested that such culturally grounded gender norms influence parent-child sex communication which if at all carried out is invariably indirect. As a result, adolescents and young adults source the information about sexual matters, such as safe contraception through peers, teachers, and media instead of the family which predisposes them to adverse health outcomes^{6,7}. According to ecological systems theory, parents form a part of the microsystem. By virtue of their position in the immediate environment and their high degree of interaction with other systems (school, peers, etc.), they act upon and shape an individual⁸. Therefore, this theory recognizes an individual’s parents as the ideal mechanism for inculcating healthy sexual attitudes and behaviors.

Several research studies have shown that family structure has a traceable impact on sexual activity, for example, sexual behaviors among adolescents is associated with family characteristics such as parents’ marriage type, familial processes, and interventions⁹. Parents can help to develop positive sexual concepts among their adolescent children through discussions about risky sexual behaviors and healthy sexual behaviors¹⁰. Some researchers have underscored the role of parental communication and monitoring in the promotion of sexual norms, attitudes, and self-efficacy that in turn help the adolescents to understand the process of sexual initiation, condom use, and acquisition of STIs^{11,12}. Studies in UK and U.S.A. have shown the significantly protective role of parental support against involvement in early and risky sexual behavior^{13,14}. Yet another study in Uganda showed that greater family support and open communication among family members reduced the sexually risky behaviors and helped to develop positive sexual attitudes and behaviors, e.g., importance of safe sex¹⁵.

Reduction in sexual risk behaviors and an increase in sexual satisfaction can be achieved through communication between partners which is modelled on parent-child communication that these partners had in their adolescence¹⁶. Risk behaviors, such as sexual promiscuity can be significantly reduced by parents who have been trained in parenting strategies¹⁷. A research study¹⁸ in Mexico has reported that making parents’ aware of their children’s sexual and reproductive risk behaviors due to lack of information increased the parent-child communication regarding the importance of safe sex. Such research studies have shown that the role of family support, patterns of family communication, and parental involvement is necessary to create programs and policies aimed to reduce adverse sex-related health outcomes.

Extensive research has also highlighted the role of parental disapproval (common in households in India) as a factor influencing youth’s sexual behaviors. Studies^{19,20} have indicated that teenagers are less involved in risky sexual behaviors if their parents disapprove it, but they are also less aware about sexual behaviors and emulate their parents’ disapproving attitude towards sex. Research has pointed out cultural similarities between Indian and Hispanic families as in both cultures communication about sex is taboo²¹. Studies have shown that Hispanic mothers recognize the risks associated with teenage sexual activity but struggle with communication due to cultural taboos²². A similar study with immigrant mothers from Latin America reported that parents found it difficult to discuss about sexual behaviors with children²³. Another research has reported that Mexican parents discussed the virtues of abstinence with their teenaged children, they did not discuss with them about the contraceptive methods²⁴.

Research conducted till now has clearly established that an individual’s parents and other family members, as part of their primary group, are also the primary agents of socialization. Thus, parents and family are not only responsible for inculcating in adolescents and young adults the appropriate values and societal norms but through trust, autonomy, and monitoring help in their healthy sexual development. Such factors are important avenues for preventing youths from engaging in risky sexual activities while they develop responsible decision-making skills. Interactions with family not only help the individuals to develop and understand their own sexual identity but also contribute to build their awareness and attitudes about matters pertaining to sexuality which are taboo in the Indian context. Although extensive research has been conducted over the years regarding the impact that parental factors may have on the sexual development of adolescents and young adults,

not much Indian literature is available on the topic. Moreover, the studies that have been carried out across different countries and cultures have not yet provided conclusive findings; thus, further research into the matter is necessary. In the light of existing research, the present study has three objectives, a) to examine the difference between nuclear and joint families on parental factors, namely, “parental involvement”, “autonomy support”, and “warmth”; b) to examine the difference between the college students from nuclear and joint families on their “sexual attitudes”, “sexual awareness”, and “sexual assertiveness”; c) to study the relationship of parental factors, with the “sexual attitudes”, “sexual awareness”, and “sexual assertiveness” of college students from nuclear and joint families. It was hypothesized that, a) significantly greater parental “involvement”, “autonomy support”, and “warmth” will be found in nuclear than in joint families; b) college students from nuclear families will show significantly greater levels of progressive “sexual attitudes”, “sexual awareness”, and “sexual assertiveness” than the college students from joint families; c) greater parental “involvement”, “autonomy support”, and “warmth” will be significantly positively correlated with progressive “sexual attitudes”, “sexual awareness”, and “sexual assertiveness” among college students from nuclear and joint families.

II. Material and Method

Participants

The inclusion criteria were age (18 to 25 years), gender (males and females), education (undergraduate students), sexual orientation (heterosexual), family type (nuclear and joint), socioeconomic status (middle to high income group), languages known (Hindi and/or English) whereas the exclusion criteria were divorced or separated parents, presence of chronic physical illness, clinically diagnosed psychiatric disorders in parents or participants, non-resident Indians. The initial sample collected through snowballing technique consisted of 75 participants with informed consent. Later 5 participants were excluded as they expressed their inability to participate in the study due to time constraint. Among the remaining participants 36 belonged to nuclear families and 34 belonged to joint family system. Based on inclusion and exclusion criteria, the final sample consisted of 66 participants (students from nuclear family, $n = 33$; students from joint family, $n = 33$) with an age range of 18-25 years.

Measures

The study followed the cross-sectional design where each participant was asked to fill up a Google form containing the following measures:

“Perceptions of Parents Scale (The College Student Version)”²⁵: The scale measures mothers’ and fathers’ “involvement”, “autonomy support”, and “warmth” for their children with the help of 21 items for each parent. The scoring is based on Likert scale (seven-point), with a range of “1 = not at all true” to 7 = “very true”. Six subscale scores are obtained from this scale.

“Sexual Awareness Questionnaire”²⁶: The scale measures four personality “tendencies”, namely, “sexual consciousness, sexual monitoring, sex appeal consciousness, sexual assertiveness”, which represent “sexual awareness and sexual assertiveness”. The thirty-six items are equally divided into three subscales, namely, “private sexual awareness”, “public sexual awareness”, and “sexual assertiveness”. The “private sexual awareness” subscale measures the introspective aspect of one’s sexuality; “public sexual awareness” subscale measures one’s awareness about public reactions to their sexual behavior; “sexual assertiveness” subscale measures the individual’s assertiveness about his/her sexuality. The scores for the three subscales are obtained based on 5-point Likert Scale.

“Brief Sexual Attitudes Scale”²⁷: It consists of subscales, namely, “permissiveness”, “birth control”, “communion”, and “instrumentality”. “Permissiveness” measures attitudes towards situations in which sex and/or an open relationship are considered acceptable, “birth control” measures responsibility in using contraception and engaging in safe sex, “communion” indicates the extent to which sex is regarded as interaction between souls that supersedes all other interactions, “instrumentality” measures attitudes towards the scope of deriving pleasure from sex. Scoring is based on 5-point Likert scale, ranging from “1 = strongly agree to 5 = strongly disagree”. Scores are reverse interpreted, i.e., lower score on a subscale indicate a greater amount of the attitude which is measured.

Procedure

66 college students with 18-25 years of age were approached through various social media platforms to provide an explanation about the present research. After obtaining informed consent, participants were sent the Google form with the three scales. They were requested to carefully read the instructions provided at the beginning of each set of questions, before answering them. At the end of data collection, any further queries or doubts were clarified. The same procedure was followed with both groups.

III. Results

The present study examined the difference between nuclear and joint families on parental factors, namely, parental “involvement”, “autonomy support”, and “warmth”. The difference between the college students from nuclear and joint families on their sexual attitudes, awareness, and assertiveness was also examined. Participants from both the groups were individually assessed on the three measures, “Perceptions of Parents Scale” (for College Students); “Sexual Awareness Questionnaire”; and “Brief Sexual Attitudes Scale”. MANOVA was performed using group as a between-subject variable on the mean scores obtained by the two groups on parental (maternal and paternal) factors, namely, “involvement”, “autonomy support”, “warmth”; “private awareness”, “public awareness”, “sexual assertiveness”; “permissiveness”, “birth control”, “communion”, “instrumentality”. Since, MANOVA revealed an overall significant main effect of group, $F(13, 52) = 6.98, p < .01$, hence the simple main effects for all the measures for two groups were analysed separately by using one-way analyses of variance (ANOVAs). Lastly, Pearson’s correlation was utilized to examine the relationship of parental factors with the sexual attitudes, awareness, and assertiveness of college students from nuclear and joint families. The data was analyzed through “Statistical Package for the Social Sciences, version 21”.

Comparison between nuclear and joint families on “parental involvement, autonomy support, and warmth”

Maternal involvement and maternal warmth were significantly greater in nuclear than in joint families ($M = 37.42, SD = 4.05; M = 29.21, SD = 6.99, F(1,64) = 34.05, p < 0.01$); ($M=39.03, SD=3.22; M=30.27, SD=7.88, F(1,64) = 34.89, p < 0.01$), respectively. However, nuclear and joint families did not differ significantly on maternal autonomy support ($M = 45.36, SD = 7.32; M = 41.21, SD= 10.53, F(1,64) = 3.45, p > 0.05$). On the other hand, the nuclear families in comparison to joint families showed significantly greater paternal involvement ($M=32.42, SD=5.11; M=25.55, SD=8.29, F(1,64) = 16.44, p < 0.01$); paternal autonomy support ($M=52.79, SD=8.58; M=39.82, SD=13.97, F(1,64) = 20.64, p < 0.01$) and paternal warmth ($M=37.79, SD=4.38; M=27.09, SD=9.24; F(1,64) = 36.07, p < 0.01$). Thus, the presence of positive parental factors was greater in nuclear than in joint families (Table 1).

Comparison between college students from nuclear and joint families on “sexual awareness”

In comparison to their counterparts belonging to joint families, the college students belonging to nuclear families showed significantly greater private awareness ($M=47.06, SD=6.12; M=43.55, SD=7.75, F(1,64)=4.18, p<0.05$), and significantly greater sexual assertiveness ($M=45.67, SD=6.92; M=40.88, SD=6.47, F(1,64)=8.42, p< 0.01$). However, the college students from nuclear and joint families did not differ significantly on public awareness ($M = 35.09, SD = 8.01; M = 32.61, SD = 9.25, F(1,64) = 1.36, p > 0.05$) (Table 1).

Comparison of college students from nuclear and joint families on “sexual attitudes”

The college students from nuclear families did not differ significantly from those belonging to joint families on “permissiveness” ($M = 28.18, SD = 7.64; M = 28.55, SD = 9.88, F(1,64) = 0.03, p > 0.05$), “birth control” ($M = 4.7, SD = 2.54; M = 6.03, SD = 3.27, F(1,64) = 3.14, p > 0.05$), “communion” ($M= 12.03, SD = 4.01; M = 13.67, SD = 4.72, F(1,64) = 2.30, p > 0.05$), however, on “instrumentality” college students from nuclear families ($M = 16.21, SD = 4.44$) had a significantly higher score than their counterparts from joint families ($M = 14.12, SD = 4.28$), $F(1,64) = 3.79, p < 0.05$, (*due to reverse interpretation of scores on this scale, higher scores mean lower characteristic being measured*) hence it implied that students from nuclear families had lower “instrumentality” (Table 1).

Table no 1: Comparison of parental factors and sexual awareness, attitudes, and assertiveness in nuclear and joint families

		Nuclear M (SD)	Joint M (SD)	F(1,64)	p value
POPS Involvement	Mothers	37.42 (4.06)	29.21 (6.99)	34.05	<.01
	Fathers	32.42 (5.11)	25.55 (8.30)	16.44	<.01
Autonomy Support	Mothers	45.36 (7.33)	41.21 (10.54)	3.45	.07
	Fathers	52.79 (8.58)	39.82 (13.97)	20.64	<.01
Warmth	Mothers	39.03 (3.23)	30.27 (7.88)	34.89	<.01
	Fathers	37.79 (4.39)	27.09 (9.24)	36.07	<.01
SAQ					
Private Awareness		47.06 (6.13)	43.55 (7.75)	4.18	<.05
Public Awareness		35.09 (8.02)	32.61 (9.25)	1.36	.25

Assertiveness		45.67 (6.92)	40.88 (6.48)	8.42	<.01
BSAS					
Permissiveness		28.18 (7.65)	28.55 (9.88)	.03	.87
Birth Control		4.70 (2.54)	6.03 (3.27)	3.14	.07
Communion		12.03 (4.01)	13.67 (4.72)	2.30	.13
Instrumentality		16.21 (4.44)	14.12 (4.29)	3.79	<.05

Note: POPS = Perceptions of Parents Scale; SAQ = Sexual Awareness Questionnaire; BSAS = Brief Sexual Attitudes Scale

Relationship of parental involvement, autonomy support, and warmth with sexual awareness and attitudes

For nuclear family, maternal involvement was significantly negatively correlated to birth control ($r(32) = -0.38$, $p < .05$ (Since the scoring of birth control subscale is reverse interpreted, hence here a negative correlation implies that greater the maternal involvement, greater was the concern for birth control). Further, a significant negative correlation was obtained between maternal warmth and sexual assertiveness ($r(32) = -0.31$, $p < .05$). Significant negative correlations were found for paternal involvement with private awareness ($r(32) = -0.43$, $p < .01$), public awareness ($r(32) = -0.39$, $p < .05$), “birth control” ($r(32) = -0.30$, $p < .05$). Further, negative correlations were obtained between paternal autonomy support and sexual assertiveness ($r(32) = -0.37$); and also between paternal warmth and public awareness ($r(32) = -0.30$, $p < .05$), as well as sexual assertiveness ($r(32) = -0.34$, $p < .05$). For joint family, significant positive correlations were found between maternal warmth and private awareness ($r(32) = 0.32$, $p < .05$) and between paternal warmth and “instrumentality” ($r(32) = 0.32$, $p < .05$ (Since the scoring of instrumentality subscale is reverse interpreted, hence here a positive correlation implies that greater the paternal warmth, lower was instrumentality)(Table 2).

Table no 2: Relationship of parental factors with sexual awareness, assertiveness, and attitudes of college students from nuclear and joint families

POPS	Family	1	2	3	4	5	6	7
Maternal Involvement	Nuclear	-.03	.11	-.20	.00	-.38*	.16	-.25
	Joint	.12	-.15	.09	-.16	-.19	.23	.09
Maternal Autonomy Support	Nuclear	-.04	-.03	-.07	.22	.21	-.18	-.11
	Joint	-.21	-.17	-.09	.10	.26	-.05	.01
Maternal Warmth	Nuclear	.02	-.13	-.31*	-.16	-.27	.03	-.06
	Joint	.32*	.08	.11	-.28	-.08	-.07	-.01
Paternal Involvement	Nuclear	-.43**	-.39*	-.24	.08	-.30*	-.17	.12
	Joint	.28	.04	.10	-.28	.10	-.21	.19
Paternal Autonomy Support	Nuclear	-.25	-.16	-.37*	-.23	-.01	.09	.18
	Joint	.15	-.07	-.19	-.06	.20	-.21	.15
Paternal Warmth	Nuclear	-.22	-.30*	-.34*	-.28	-.22	-.08	-.05
	Joint	.14	-.11	-.14	-.12	.15	-.27	0.32*

Note: 1= private awareness, 2= public awareness, 3= sexual assertiveness, 4= permissiveness, 5= birth control, 6= communion, 7= instrumentality. * $p < .05$, ** $p < .01$

Further, correlations of parental factors with sexual awareness, assertiveness, and attitudes were calculated where family structure was partial out. Maternal “involvement” and “autonomy support” had significant negative and positive correlation with “birth control” ($r(63) = -0.24$, $p < .05$, ($r(63) = 0.24$, $p < .05$, respectively. Maternal “warmth” was significantly correlated with private awareness ($r(63) = 0.24$, $p < .05$) and “permissiveness” ($r(63) = -0.24$, $p < .05$). Significant negative correlations were obtained between paternal “autonomy support” and sexual assertiveness ($r(63) = -0.25$); as well as between paternal “warmth” and “communion” ($r(63) = -0.21$, $p < .05$).

IV. Discussion

This study examined the difference between nuclear and joint families on parental factors, namely, parental “involvement”, “autonomy support”, and “warmth” and on sexual “attitudes, awareness, and assertiveness” of college students from these families. The relationship of parental factors with college students’ sexual “awareness, attitudes, and assertiveness” was also examined. The results showed, first, in comparison to joint families, nuclear families showed significantly greater parental “involvement”, “autonomy support” and “warmth”. Second, on sexual awareness and assertiveness, in comparison to their counterparts from joint families, college students from nuclear families showed significantly greater private awareness and sexual assertiveness, whereas they did not differ significantly on public awareness. On sexual attitudes, except for instrumentality, the college students from nuclear and joint families did not differ significantly. Nevertheless, in comparison to their counterparts from joint families, the lower scores on “permissiveness”, “birth control”, and

“communion” and higher scores on “instrumentality” obtained by college students from nuclear families implies that they were more permissive about open /sex relationships, perceived “birth control” with greater sense of responsibility, and viewed sex as more intense and soulful experience, and were not inclined towards enjoyment of sex only in terms of physicality and pleasure. Lastly, in case of nuclear families, greater maternal involvement and warmth was associated with greater safe sexual behaviors such as “birth control” and lower sexual assertiveness. Greater paternal involvement, autonomy support and warmth were associated with greater birth control, lower private and public awareness, and lower sexual assertiveness. In case of joint families, greater warmth shown by mothers and fathers was associated with greater private awareness and lower instrumentality, respectively. When family structure was partial out, greater “involvement” of mothers was associated with greater birth control. Greater warmth shown by mothers was associated with greater private awareness and greater permissiveness whereas fathers’ “autonomy support” was associated with lower sexual assertiveness, and greater warmth shown by fathers was associated with greater communion. Thus, among the three parental factors, involvement and warmth lead to greater awareness and introspection about one’s sexuality, more permissiveness about sexuality, more positive attitude towards birth control, and greater feelings of communion for sexual relationships.

Goldenberg and Goldenberg²⁸ in their work have given Murray Bowen’s definition of family as “an emotional unit, a network of interlocking relationships best understood when analyzed within a multigenerational or historic framework”. In India, the joint family is the smallest unit of society with previously robust cultural barriers against the liberal tenets of the West. Due to the presence of strongly conservative family values, discussions around sex were extremely stigmatized, especially by the older family members. However, with modernization, the advent of technology, and exposure to the West, families have reduced in size and changed in structure to become nucleated and enmeshed with increasing levels of education and awareness. This has contributed to changes in parenting approaches, patterns of communication, and a shift from conventional family-oriented values and customs to progressive, individualistic ideals. Nuclear families characterized by shared parental responsibilities, high levels of support and accessibility, and increased family connectedness, are now the norm. The present findings reflect these liberal values and changing family and communication patterns. Family is a major source of guidance and support (both emotional & social) for young adults who are highly connected to their family²⁹. In the present study, in comparison to joint families, “involvement” and “warmth” provided by both mother and father and “autonomy support” offered by father were greater in nuclear families, which implies that nuclear families are higher on family connectedness. Such family characteristics facilitated healthy and reciprocal parent-youth communication, especially regarding matters of sex and sexuality. Studies have shown that many fathers believe sex communication to be an on-going process that should continue throughout adolescence³⁰, and impress upon their sons the importance of responsible sexual behavior^{31,32}. While one study³³ has reported lower paternal involvement as compared to maternal involvement in child rearing and nurturance due to conventional role of genders, another study³⁴ found that fathers in some families are close to daughters and give male perspective to them. In fact, research has suggested that in contemporary India, the role of father in urban middle income households has shifted from being the head of the family, a provider, and a disciplinarian not close to children to a nurturing, interactive and involved father who is close to his children. This transformation of the paternal role has been reflected as the high paternal involvement in the present study³⁵.

An association has been suggested between family structure and adolescents’ sexual behavior^{36,37}. It is possible that teenagers who grew up in joint family environments have unclear/underdeveloped notions about sex because they receive conflicting information from different family members³⁸. According to a study, adolescents may engage in risky sexual behavior because of idolizing their older siblings who might brag about their sexual relationships³⁹. However, a study has reported decrease in risky attitudes among adolescents due to discussions about safe sexual behavior with parents and older siblings⁴⁰. These research studies could explain the present finding where students from nuclear families showed a significantly greater private sexual awareness and sexual assertiveness, i.e., they were more introspective of their sexual desires, motivations, and behaviors as well as were more assertive about their sexual lives.

In contrast, on public awareness not only the difference was insignificant, but both college students from nuclear and joint families showed lower scores than the midpoint of the subscale. Thus, students from both types of family structure (nuclear and joint) were less aware of the way in which other people responded to their sexuality which indicates that they were not open about discussing and exhibiting their sexual concerns in public domain. In collectivistic cultures such as India, sex is perceived as an act of duty within a marital framework, and the elders of the household often impose restrictions on sex communication^{41,21}. Therefore, sexual activity among the adolescent family members is disapproved and discussions around sexual desire and

satisfaction are neglected⁴². Furthermore, public awareness (*though not significantly*), yet was lower in students from joint families. In Indian collectivist culture, the older members of extended families are respected and regarded as enforcers of 'correct' family values. Hence, their involvement and contribution in child rearing and upbringing is greater than in families of individualistic societies. In this respect, cultural ideals of Indian families are like Hispanic families' traditional cultural ideals of 'familismo' where relatives' guidance is highly valued in deciding about course of life at different developmental stages of family members⁴³. Since elders in Indian families treat sex related topics as taboo, hence they discourage their young family members from open discussions on such topics. This may lead to an internalization of social values regarding sexuality among adolescents and young adults, who either may become too parsimonious or stealthy about their own sexuality. This may explain why the participants in the present research who grew up in a joint family environment were less attuned to public perceptions of their sexuality.

Parental attitudes about sex and sexuality can predict adolescent sexual attitudes and behavior⁴⁴. This is because adolescents are influenced by the personal experiences of parents, the values they stand for, and the family environment they create⁴⁵. Thus, adolescents living in an environment which is permissive towards premarital sex are more likely to develop permissive attitudes⁴⁶. Since women have always been considered the primary caregiver in orthodox Asian cultures²⁹, it is common for mothers to be responsible for the child's upbringing in Indian joint families. Due in part to the patriarchal nature of such customs, it is likely that joint families facilitate less discourse around sex and encourage more conservative views. A study has reported that a considerable number of adolescents indulge in sexual relations without any discussion with their parents regarding safe sex⁴⁷. Thus, parents-children discussions regarding sexual activity are not a common practice, especially in extended families in India. Cross-cultural studies such as in Malaysia with a collectivist society and Rhode Island, an individualistic society, have shown similar results. That is, in both cultures, older siblings' and other family members' premarital sexual activity increased the likelihood of similar sexual practices among younger male family members^{29,48}. The present findings partially support the existing research as these have reported that college students from nuclear families showed less instrumentality, that is they did not view sex solely as a source of physical pleasure. For other attitudes like permissiveness for sex, birth control, and communion, though college students from nuclear families showed greater positive attitudes than their counterparts, however, the differences were insignificant. Rather, both students from nuclear and joint families in the present study possessed similar and progressive attitudes regarding the nuances of open relationships and the situations in which sex is permissible and enjoyable. These present findings are contrary to the existing research which has shown that nuclear families led to more positive sexual attitudes and behaviors. These results can be explained through a study which reported that collectivist cultural values, including joint families and parenting behaviors have undergone a drastic change in India due to fast paced modernization⁴⁹. India's increased exposure to West has made younger generations (both parents and children) imbibe the individualistic cultural behaviors and liberal values. It has also led to more nucleated families with shared responsibilities, higher levels of parental involvement in their children's lives, and increased parent-youth communication. Changing parental attitudes and behaviors have facilitated the relinquishment of parental control and granting autonomy to children. Thus, a new cohort of parents and their college-aged children may represent changes in family structure and perceptions of parenting, and a shift towards more progressive ideals.

Research studies have indicated that parent-child communication on sex related issues is more likely in families where parents are perceived by their adolescent children as open-minded and responsive^{50,51}. Such studies are indicative of a positive relationship between open sex communication (more commonly found in nuclear families) within the family environment and young adults' permissive attitudes towards sex. Further, it has been reported that negative peer influence and risky sexual behaviors can be decreased through a positive parent-adolescent relationship⁵². Similarly, adolescents with familial support and who were living with both parents were found to have practiced abstinence and safe sexual behaviors⁵³. These research studies support the present findings which also reported a positive association between safe sex practices, such as "birth control" and both maternal and paternal "involvement" in case of nuclear families.

The existing research has suggested that greater maternal involvement in a young adult's life is associated with increased use of safe sex behaviors like "birth control" in later life. For example, a study conducted in 2020 found lesser sexual activity and sexual partners in female and male teenagers, due to open communication regarding sex with their mothers³⁸. Teenage girls whose mothers reported adverse consequences of sexual risk-taking were less sexually active⁵⁴. The major and common source of knowledge about sexuality for adolescents is the mothers who are involved in discussions around sexual behaviors with their children⁵⁵. Sex is viewed as a part of normal human development by children whose mothers address positive aspects of sexual relationships. The premarital sexual behaviors decreased by more than 10% among adolescents with

parents who had high level of education than those who had lower levels of education⁵⁶. Interestingly, the present findings have shown the association between concerns for birth control and involvement of both mothers and fathers in nuclear families. Some research studies have underscored the involvement of father along with the mother as an important contributory factor in their children's practice of safe sexual behaviors^{34,35}.

While the present findings have corroborated the existing research which has shown positive association between parental involvement and safe sexual behaviors like birth control among youth, however, the present study also showed that in nuclear families, college students had less sexual assertiveness whose mothers showed greater warmth and fathers offered greater autonomy and warmth. Moreover, those college students whose fathers were more involved and showed more warmth also had less private and public awareness of their sexuality. It is possible that due to greater proximity among family members in terms of space and time, the parent-child boundaries may have become entangled and enmeshed that leaves little space for adolescents and young adults to live independently and take their own decisions regarding their life matters, such as career, finance, interpersonal relations including sexual relationships. It can be suggested that western sociocultural influence is changing Indian social structure. Joint family system is disintegrating at a fast pace, and individualism is taking place of collectivism, but deep inside India remains collectivist. Collectivism is not merely a social structure; it is a tradition with firmly embedded social and cultural values. Thus, though nuclear families may seem to be more individualistic, however, these still follow collectivist norms to an extent.

Contrarily, in joint families, college students whose mothers and fathers showed greater warmth exhibited more private awareness and less instrumentality, respectively. That is, they were more introspective about their sexuality and did not view sex as a mere source of physical pleasure. This finding further supports the other result of the present study, which showed that college students from both nuclear and joint families showed similar attitudes, regarding permissiveness about sexual behavior, positive attitude toward birth control, and viewed sex as a soulful communication between the partners. It has been suggested that not only nuclear but even joint families in India have undergone a drastic change in terms of parenting behaviors and values⁴⁹. Individualism and liberal values have entered the joint family system as well, especially, among the young parents. It can be argued that parents living in joint families have themselves faced challenges of living with multigenerational joint families, treading cautiously across the boundaries set by family members of different generations and struggled to maintain the status quo. Due to their own experiences, parents were warmer towards their own children, sharing their adolescent children's concerns over sexual behaviors and attitudes and thus encouraged them to have open discussions about sexuality, introspect about it and do not view it as a momentary thrilling physical experience. Thus, on the one hand, there are nuclear families with adopted individualistic values which are yet struggling to break away from collectivist norms, on the other hand are the joint families following collectivist norms which are trying to usher in individuality for their family members.

Lastly, when family structure was partial out, it was found that irrespective of nuclear and joint families, greater the maternal "involvement" more was the concern for birth control among college students. Also, those college students whose mothers showed greater "involvement" and "warmth" and fathers showed greater "warmth" viewed sexual relation as an intensive soulful communication between two partners, were more introspective about their sexuality and were more permissive about sexual relations. Further those students whose fathers showed greater "autonomy support" exhibited less sexual assertiveness. Thus, the present study has made an important observation that irrespective of the family structure, it is the parents (both mother and father) who are instrumental in infusing responsible sexual behaviors and attitudes. Research has shown the adverse impact of negative parenting behaviors on children and adolescents. For example, according to a study inadequate parental monitoring can result in inconsistent discipline, perceived violence, and risky sexual behaviors and other behavioral problems⁵⁷. Thus, optimal parenting behaviors are important to inculcate discipline, appropriate social and sexual behaviors. In consonance with the existing research, the present findings indicate that parental factors such as involvement, autonomy, and warmth have a definite impact on a young adult's life. When present during an individual's formative years, they can lead to more responsible sexual behavior.

V. Conclusion

The present study has reflected the liberal values and changing nature of the family and communication patterns in modern India. The results indicated that in comparison to joint families, nuclear families exhibited significantly more positive parental factors like, "involvement" and "warmth" provided by mothers and "involvement", "autonomy support", and "warmth" shown by father toward their offspring. Students from nuclear families showed greater awareness of the internal aspects of their sexual identities and were more reflective of their sexual desires and motivations, as well as more sexually assertive. Students from

nuclear families did not perceive sex as merely a physically pleasurable experience. Further, in nuclear families, greater maternal and paternal involvement in a young adult's life was linked to increased use of "birth control" later in life. However, greater maternal warmth and greater paternal involvement, autonomy, and warmth was linked to lesser private and public awareness of sexuality and lesser sexual assertiveness. In joint families, college students whose mothers and fathers showed greater warmth, were more introspective of their sexuality and did not view sex as only a source of pleasure. However, more importantly, irrespective of the family structure, both the parents played an important role in infusing responsible sexual behaviors and attitudes within their offspring. Rapid metamorphosis of Indian society and its family system has presented to parents and children alike, a galore of new social behaviors, attitudes, and values as well new challenges to maintain the optimum balance between new social order and the tradition.

Limitations and implications

The present study had some limitations also, such as, the sample size was small and only covered urban areas where all the participants were educated, English-speaking, and belonged to the upper-middle class. The study represented only young college students while excluding working young adults and those who were not studying in colleges. The parents' perspective about their children's sexual behaviors was not studied. Nevertheless, the present study has several implications. First, present findings reflect the liberal values and changing nature of the family and communication patterns in modern India. However, Indian society is still conservative and collectivist which views sex as a taboo. This is of concern because a lack of open sexual communication in most of the Indian population could potentially lead to multiple adverse long-term health outcomes, such as STIs, HIV, and AIDS. Second, parental role has been found to be more important than the family structure in inculcation of positive attitudes about sexuality and sexual awareness. Lastly, role of both mothers and fathers has been shown to be constructive in impressing values regarding sexual behaviors and attitudes, e.g., more introspection and awareness about one's sexuality, permissiveness for sexuality, birth control, and communion. Thus, these findings may be helpful in predicting the contribution of parental (maternal and paternal) factors to youth's sexual behavior and designing family-based intervention programs for sexual risk prevention.

References

- [1]. Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model of Human Development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 793–828). John Wiley & Sons Inc.
- [2]. Perrino, T., González-Soldevilla, A., Pantin, H., & Szapocznik, J. (2000). The role of families in adolescent HIV prevention: A review. *Clinical Child and Family Psychology Review*, 3(2), 81–96.
- [3]. Heidari, M., Ghodusi, M., & Rafiei, H. (2017). Sexual Self-concept and Its Relationship to Depression, Stress and Anxiety in Postmenopausal Women. *Journal of menopausal medicine*, 23(1), 42–48.
- [4]. Selvan, M., Ross, M. & Parker, P. (2005). Societal Norms and Open Communication about Sex-Related Issues as Predictors of Safer Sex. *Indian Journal of Community Medicine*, 30(4), 126-127.
- [5]. Lambert, H. & Wood, K. (2005). A comparative analysis of communication about sex, health and sexual health in India and South Africa: Implications for HIV prevention. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 7(6), 527-541.
- [6]. International Institute for Population Sciences, IIPS (2008), Mumbai, India.
- [7]. Khan, M. E., Mishra, A., & Morankar, S. (2008). Exploring Opportunities to Project a "Responsible Man" Image: Gatekeepers Views of Young Men's Sexual and Reproductive Health Needs in Uttaranchal, India. *International quarterly of community health education*, 28(1), 13-31.
- [8]. Tudge, J. R., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of family theory & review*, 1(4), 198-210.
- [9]. O'Donnell, L., Stueve, A., Duran, R., Myint-U, A., Agronick, G., San Doval, A., & Wilson-Simmons, R. (2008). Parenting practices, parents' underestimation of daughters' risks, and alcohol and sexual behaviors of urban girls. *Journal of Adolescent Health*, 42(5), 496-502.
- [10]. Kågesten, A., Gibbs, S., Blum, R. W., Moreau, C., Chandra-Mouli, V., Herbert, A., & Amin, A. (2016). Understanding factors that shape gender attitudes in early adolescence globally: A mixed-methods systematic review. *PloS one*, 11(6), e0157805.
- [11]. Albanese, G., De Blasio, G., & Sestito, P. (2016). My parents taught me. Evidence on the family transmission of values. *Journal of Population Economics*, 29(2), 571-592.
- [12]. Holman, A., & Koenig Kellas, J. (2018). "Say something instead of nothing": Adolescents' perceptions of memorable conversations about sex-related topics with their parents. *Communication Monographs*, 85(3), 357-379.
- [13]. Parkes, A., Strange, V., Wight, D., Bonell, C., Copas, A., Henderson, M., Buston, K., Stephenson, J., Johnson, A., Allen, E. and Hart, G. (2011). Comparison of teenagers' early same-sex and heterosexual behavior: UK data from the SHARE and RIPPLE studies. *Journal of Adolescent Health*, 48(1), 27-35.
- [14]. Rodgers, K. B., & McGuire, J. K. (2012). Adolescent sexual risk and multiple contexts: Interpersonal violence, parenting, and poverty. *Journal of Interpersonal Violence*, 27(11), 2091-2107.
- [15]. Ismayilova, L., Ssewamala, F. M., & Karimli, L. (2012). Family support as a mediator of change in sexual risk-taking attitudes among orphaned adolescents in rural Uganda. *Journal of Adolescent Health*, 50(3), 228-235.
- [16]. Frederick, D. A., Lever, J., Gillespie, B. J., & Garcia, J. R. (2017). What keeps passion alive? Sexual satisfaction is associated with sexual communication, mood setting, sexual variety, oral sex, orgasm, and sex frequency in a national US study. *The Journal of Sex Research*, 54(2), 186-201.

- [17]. Guilamo-Ramos, V., Bouris, A., Jaccard, J., Gonzalez, B., McCoy, W., & Aranda, D. (2011). A parent-based intervention to reduce sexual risk behavior in early adolescence: Building alliances between physicians, social workers, and parents. *Journal of Adolescent Health, 48*(2), 159-163.
- [18]. Campero, L., Walker, D., Rouvier, M., & Atienzo, E. (2010). First steps toward successful communication about sexual health between adolescents and parents in Mexico. *Qualitative Health Research, 20*(8), 1142-1154.
- [19]. Khurana, A., & Cooksey, E. C. (2012). Examining the effect of maternal sexual communication and adolescents' perceptions of maternal disapproval on adolescent risky sexual involvement. *Journal of Adolescent Health, 51*(6), 557-565.
- [20]. Grossman, J. M., Black, A. C., Richer, A. M., & Lynch, A. D. (2019). Parenting practices and emerging adult sexual health: The role of residential fathers. *The Journal of Primary Prevention, 40*(5), 505-528.
- [21]. Murphy-Erby, Y., Stauss, K., Boyas, J., & Bivens, V. (2011). Voices of Latino parents and teens: Tailored strategies for parent-child communication related to sex. *Journal of Children and Poverty, 17*(1), 125-138.
- [22]. Guilamo-Ramos, V., Bouris, A., Jaccard, J., Lesesne, C., & Ballan, M. (2009). Familial and cultural influences on sexual risk behaviors among Mexican, Puerto Rican, and Dominican youth. *AIDS Education and Prevention, 21*(Supplement B), 61.
- [23]. Alcalde, M. C., & Quelopana, A. M. (2013). Latin American immigrant women and intergenerational sex education. *Sex Education, 13*(3), 291-304.
- [24]. Rouvier, M., Campero, L., Walker, D., & Caballero, M. (2011). Factors that influence communication about sexuality between parents and adolescents in the cultural context of Mexican families. *Sex Education, 11*(02), 175-191.
- [25]. Grolnick, W. S., Deci, E. L., & Ryan, R. M. (1997). Internalization within the family: The self-determination theory perspective. Parenting and children's internalization of values: A handbook of contemporary theory, 135-161.
- [26]. Snell, W. E., Fisher, T. D., & Miller, R. S. (1991). Development of the Sexual Awareness Questionnaire: Components, reliability, and validity. *Annals of Sex Research, 4*(1), 65-92.
- [27]. Hendrick, C., Hendrick, S. S., & Reich, D. A. (2006). The brief sexual attitudes scale. *Journal of sex research, 43*(1), 76-86.
- [28]. Goldenberg, H. & Goldenberg, I. (2008). *Family therapy: An overview* (7th ed.). Pacific Grove, CA: Thompson-Brooks/Cole.
- [29]. Muhammad, N. A., Tohid, H., Omar, K., Mohd. Amin, R., & Shamsuddin, K. (2017). Gender Difference in the Influence of Family Interaction and Parenting Behaviors on Youth Sexual Intention. *Social Sciences, 6*(3), 105.
- [30]. Lehr, S. T., Demi, A. S., DiIorio, C., & Facteau, J. (2005). Predictors of father-son communication about sexuality. *Journal of Sex Research, 42*(2), 119-129.
- [31]. DiIorio, C., Resnicow, K., McCarty, F., De, A. K., Dudley, W. N., Wang, D. T., & Denzmore, P. (2006). Keepin'itREAL!: Results of a mother-adolescent HIV prevention program. *Nursing research, 55*(1), 43-51.
- [32]. Ohalette, N., Georges, J., & Doswell, W. (2010). Tales from the "hood": placing reproductive health communication between African American fathers and children in context. *ABNF Journal, 21*(1).
- [33]. Rothbaum, F., & Trommsdorff, G. (2007). Do Roots and Wings Complement or Oppose One Another? The Socialization of Relatedness and Autonomy in Cultural Context. The Guilford Press.
- [34]. Solebello, N., & Elliott, S. (2011). "We want them to be as heterosexual as possible" fathers talk about their teen children's sexuality. *Gender & Society, 25*(3), 293-315.
- [35]. Roopnarine, J. L., Talukder, E., Jain, D., Joshi, P., & Srivastav, P. (1990). Characteristics of holding, patterns of play, and social behaviors between parents and infants in New Delhi, India. *Developmental Psychology, 26*(4), 667.
- [36]. Peres, C. A., Rutherford, G., Borges, G., Galano, E., Hudes, E. S., & Hearst, N. (2008). Family structure and adolescent sexual behavior in a poor area of Sao Paulo, Brazil. *Journal of Adolescent Health, 42*(2), 177-183.
- [37]. Ali, M. M., & Ajilore, O. (2011). Can marriage reduce risky health behavior for African Americans? *Journal of Family and Economic Issues, 32*(2), 191-203.
- [38]. Estrada-Martinez, L., Grossman, J., & Richer, A. (2020, October). Sex behaviors and family sexuality communication among latinx adolescents. In APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24-28). APHA.
- [39]. Whiteman, S. D., Zeiders, K. H., Killoren, S. E., Rodriguez, S. A., & Updegraff, K. A. (2014). Sibling influence on Mexican-origin adolescents' deviant and sexual risk behaviors: The role of sibling modeling. *Journal of Adolescent Health, 54*(5), 587-592.
- [40]. Kowal, A. K., & Blinn-Pike, L. (2004). Sibling influences on adolescents' attitudes toward safe sex practices. *Family Relations, 53*(4), 377-384.
- [41]. Guilamo-Ramos, V., Dittus, P., Jaccard, J., Goldberg, V., Casillas, E. and Bouris, A., (2006). The content and process of mother-adolescent communication about sex in Latino families. *Social Work Research, 30*(3), 169-181.
- [42]. Flores, D., & Barroso, J. (2017). 21st century parent-child sex communication in the United States: A process review. *The Journal of Sex Research, 54*(4-5), 532-548.
- [43]. Knight, B. G., & Sayegh, P. (2010). Cultural values and caregiving: The updated sociocultural stress and coping model. *The Journals of Gerontology: Series B, 65*(1), 5-13.
- [44]. Sarkisian, N., Gerena, M., & Gerstel, N. (2006). Extended family ties among Mexicans, Puerto Ricans, and Whites: Superintegration or disintegration? *Family Relations, 55*(3), 331-344.
- [45]. Mollborn, S., & Everett, B. (2010). Correlates and consequences of parent-teen incongruence in reports of teens' sexual experience. *Journal of Sex Research, 47*(4), 314-329.
- [46]. Suwami, L., Ismail, D., Prabandari, Y. S., & Adiyanti, M. G. (2015). Perceived parental monitoring on adolescence premarital sexual behavior in Pontianak City, Indonesia. *International Journal of Public Health Science, 4*(4), 211-219.
- [47]. Beckett, C., Maynard, A., & Jordan, P. (2017). *Values and ethics in social work*. Sage.
- [48]. Almy, B., Long, K., Lobato, D., Plante, W., Kao, B., & Houck, C. (2015). Perceptions of siblings' sexual activity predict sexual attitudes among at-risk adolescents. *Journal of developmental and behavioral pediatrics: JDBP, 36*(4), 258.
- [49]. Patel-Amin, N., & Power, T. G. (2002). Modernity and childrearing in families of Gujarati Indian adolescents. *International Journal of Psychology, 37*(4), 239-245.
- [50]. Aspy, C. B., Vesely, S. K., Oman, R. F., Rodine, S., Marshall, L., Fluhr, J., & McLeroy, K. (2006). Youth-parent communication and youth sexual behavior: Implications for physicians. *FAMILY MEDICINE-KANSAS CITY-, 38*(7), 500.
- [51]. Kapungu, C. T., Baptiste, D., Holmbeck, G., McBride, C., ROBINSON-BROWN, M. E. L. I. S. S. A., Sturdivant, A., Crown, L. and Paikoff, R., (2010). Beyond the "Birds and the Bees": Gender differences in sex-related communication among urban African-American adolescents. *Family process, 49*(2), 251-264.
- [52]. Crockett, L. J., Raffaelli, M., & Moilanen, K. L. (2003). Adolescent sexuality: behavior and meaning.
- [53]. Ajayi, A. I., & Okeke, S. R. (2019). Protective sexual behaviours among young adults in Nigeria: influence of family support and living with both parents. *BMC public health, 19*(1), 1-8.
- [54]. Usher-Seriki, K. K., Smith Bynum, M., & Callands, T. A. (2008). Mother-daughter communication about sex and sexual intercourse among middle-to upper-class African American girls. *Journal of Family Issues, 29*(7), 901-917.

- [55]. Teitelman, A. M., Bohinski, J. M., & Boente, A. (2009). The social context of sexual health and sexual risk for urban adolescent girls in the United States. *Issues in Mental Health Nursing*, 30(7), 460-469.
- [56]. Mlunde, L.B., Poudel, K.C., Sunguya, B.F., Mbwambo, J.K., Yasuoka, J., Otsuka, K., Ubuguyu, O. and Jimba, M. (2012). A call for parental monitoring to improve condom use among secondary school students in Dar es Salaam, Tanzania. *BMC Public Health*, 12(1), 1-11.
- [57]. Hoeve, M., Dubas, J. S., Eichelsheim, V. I., Van der Laan, P. H., Smeenk, W., & Gerris, J. R. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of abnormal child psychology*, 37(6), 749-775.