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Adolescents Romantic Relationship: Dynamics of Parent-Child Relationship from India

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Abstract

Increased interest in romantic relationships is central in adolescents' lives and has long been considered defining features of adolescence. Romantic relationships have significant influence on emotional wellbeing of adolescents. In Indian context, scientific literature on adolescent girls in romantic relationship is very minimal and studies focused upon sexuality-related issues and pre-marital sexual relationship. Due to social and cultural aspects, few adolescent girls who are involved in romantic relationship run away from home. These girls would come under care and protection under many circumstances such as child marriage, teenage pregnancy, sexual abuse, etc. The present study analyses the case reports in understanding the issues of adolescents in RR issues and the process of interventions provided. A total of 50 girls who were in RR were selected for the study Mean age is 16.34 years ($SD \pm 0.93$) with a range of 14–18 years. About 78% were from lower socio economic status. It is important to understand their issues to provide psycho social intervention and facilitate healthy transition to adulthood. This has implication for designing intervention based on development perspective. Always adolescents in romantic relationship are under the conflict over prioritizing between their parents versus their romantic partner, when they forced to choose one.

Keywords: adolescence, adolescent romantic relationship, parents

1. Introduction

Adolescence is a crucial period for every individual with ample rapid physical, psychological and social changes [1–3]. In this critical transitional phase, boys and girls progress from same-sex to other-sex relationships, including involvement with romantic partners. Growing social expectations for dating behaviors, biological motivations, socio-emotional intelligence, and cognitive maturity during adolescence promotes young people to engage in romantic relationships [4, 5]. Most adolescents in their conversations discussed romantic relationships with no discomfort and reported to have significant preoccupation and rumination which further cause for strong emotions [6]. Many adolescents, particularly girls, whether single or in a relationship tend to spend more time discussing romantic relationships and pondering over past or future relationships [7]. Hence, romantic involvement during adolescence has received much attention.

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 22.8% of

the population of India and girls below 19 years of age constitute one-fourth of India's fast growing population [8]. There are 1.5 million girls in India under the age of 15 already married. Of these, 20% or approximately 300,000 are mothers to at least one child. They are more prone to trafficking, HIV infection, and Substance abuse. Only 1% adolescents receive quality counseling, health and medical services [9]. Many of these issues addressed through various government programmes, policies and school health programme, and adolescent education programmes [10].

Increased interest in romantic relationships is central in adolescents' lives and has long been considered defining features of adolescence [1]. Romantic relationships have significant influence on emotional wellbeing of adolescents. In western context, romantic relationship has gained developmental significance and majority of adolescents involved in romantic relationship. In Indian context, scientific literature on Adolescent girls in romantic relationship is very minimal and studies focused upon sexuality related issues and pre-marital sexual relationship [11–13]. Due to social and cultural aspects, few adolescent girls who are involved in romantic relationship run away from home. These girls would come under care and protection under many circumstances such as child marriage, teenage pregnancy, sexual abuse, etc. it is important to understand their issues to provide psycho social intervention and facilitate healthy transition to adulthood [11–13].

Adolescence is a period of transition from childhood to adulthood, where adolescents try to establish a personal sense of individual identity and feelings of self-worth. During Adolescence there are certain important developmental tasks, such as, development of an identity; the transformation of family relationships; the development of close relationship with peers; the development of sexuality; scholastic achievement and career planning. Romantic experiences are believed to influence the course of a number of above mentioned developmental tasks [6]. Increased interest in romantic relationships is central in adolescents' lives and has long been considered defining features of adolescence [14]. Romantic relationship during adolescence follows a developmental course. Initial interactions typically occur in mixed boy-girl groups; then group dating begins, with several pairs engaging in some activity together [15]. Romantic relationships been defined as 'mutually acknowledged on-going voluntary interactions; in comparison to most other peer relationships, romantic ones typically have a distinctive intensity, which is usually marked by expressions of affection and current or anticipated sexual behavior, of course, some behaviors are simultaneously affectionate and sexual in nature [10].

Romantic relationship initially conceptualized as relatively unimportant compared to adults' relationships, adolescent romantic relationships have been shown in research to be often long term and bear significant resemblance to the features of adult romantic relationships [16, 17]. It is only within the last 2 decades that researchers have considered the potential impact of romantic experiences on adolescents' functioning. Since last 2 decades, academician and researchers have conducted research to understand romantic relationship among adolescents.

2. The understanding adolescent romantic relationship in the Indian context

Cultures vary widely in the norms, attitudes, and customs surrounding marriage. Marriage is a sacred institution in India [18], with long-established norms and

customs with strict cultural sanctions against those who do not follow such unwritten norms [19]. In India unlike west, do not have a concept of 'dating'. The concept of dating is not heard by many adolescents, any attraction or liking of opposite sex ends up in marriage. Children are expected to be under the control and supervision of their parents until their marriage. Parents act as protector and also as provider for their children until they are married. When a boy and girl in romantic relationship would elope or runaway for getting married, mainly because of their parents not approving their relationship nor agreeing for their marriage. Caste, religion, socio economic status, character, etc., are important factors for marriage. In West, individuals select their own marital partner, whereas in India, parents and the extended family members select the marital partner and ensure that the partner is a good match within their caste and family network [20].

Janardhana et al., [21] in their reports of proving psycho social interventions for children in difficult circumstances under the care and protection of Child Welfare Committee (annual and six monthly reports) and in their studies Janardhana and Manjula [12, 13, 21] have mentioned about individual, family and other factors associated with romantic relationship. Adolescent girls in romantic relationship were aged between 13 and 18 years. Few were dropped out of school, majority of them are high school/college going. More than half of the adolescents in romantic relationship had poor academic performance and low academic achievement motivation. Few adolescents girls were asked to stop studies because parents knew about their romantic relationship. They had poor knowledge about personal safety, sexuality and reproductive health. Alcohol in parents, disturbed family routine, parental discord, poor parental supervision and monitoring, poor quality of relationship between parents and children, poor communication between parents and children, rejection of girls by their parents are some of the family factors associated with adolescent in romantic relationship. Caste, socio economic status, boy's background were some of the main reasons for their rejection of romantic relationship.

Perceptions and attitudes towards romantic relationships have evolved in the Indian context. In the current scenario, meeting socially for companionship and going beyond companionship has become quite popular among adolescents particularly those residing in urban areas. Dating was considered taboo decades ago, but now, it is quite common. Adolescent dating culture has been noted to be increasing in the country [22]. In India, globalization, urbanization, rapid economic growth and the extensive reach of media has changed the realities of young people in just a generation. Young people are exposed to new ideas and are better informed about their rights and responsibilities. The declining age of puberty and the increasing age of marriage have created a growing window of opportunities in which young people more chances to engage premarital romantic and sexual relationships [23].

3. Cultural context of marriage in India

India being a collectivist culture allows families to play a dominant role in taking major decisions centering lives of children and adolescents. Choice marriages are still discouraged and parental acceptance is crucial for marriage. Parents often believe that strict supervision of children inhibits their formation of romantic or sexual partnerships [24]. Despite strict supervision, disapproval of interactions with opposite gender, there are opportunities for social mixing and young people have devised ways of developing romantic partnerships with the opposite sex [25]. These emphases on how adolescents in India are fascinated between

conflicting ideas. It has been observed that on one hand adolescents have strong desires for romantic exploration and on other hand strict parental supervision and traditional values on premarital relationships. This has led to the expansion of research interest in the area and has resulted in various research initiatives.

With changes from parent-arranged marriages to dating, individual choice courtship emerged as an activity in its own right, creating a new institution in culture. It involves individual choice with a defined time period. It also differs from parent-arranged marriages in the aspect of sexual permissiveness, the extent to which couples physically intimate before marriage [26].

The dimensions of individualism and collectivism are key constructs in understanding the social structuring of relationships. In individualistic societies like America, romantic love is an important base for marriage where love is known to promote personal growth through the relationship. Whereas, marriage in collectivistic societies such as India love and intimacy were less important factors, however, studies among young adults show signs of change towards greater valuing of love as a basis for marriage [27].

Regarding gender differences and choice marriage, the Indian woman's self-construct is more suggestive of a relational rather than individualized self. The joint family system structures the woman's relationships as well as prepares her to undertake the roles of a wife and mother. After marriage, the sources of emotional intimacy are the mother-child relationship and that with other women in the household [28].

The socialization process plays an important role in Indian context, as girls restricted to have interaction with opposite gender apart from male members of her family. There was a common perception among parents to think of their daughter's marriage soon after they attain menarche. To prevent premarital sexual behaviors many parents go for an early marriage of their daughter. Religious beliefs also seem to have a significant impact on attitudes towards sexuality [29]. However, with the growing awareness on prohibition of child marriage, education for girls and socio-economic-political changes in India age of marriage is increasing [30, 31].

Adolescent sexuality is known to be influenced by the interaction of multiple factors such as bio-psycho-social, economical, political, cultural and legal factors [32]. The institution of marriage regulates sexual relations; hence premarital sex is discouraged and disapproved. Social and religious sanctions against premarital sex have traditionally been strong determinants to its practice [33]. With the advent of socioeconomic development, there has been significant influence on the sexual attitude of adolescents. Currently, it has become more open and independent from the traditional ties and cultural norms on sexual behaviors.

4. Child protection mechanism and adolescent girls

In India there are several legislations, schemes and policies for wellbeing of children. One among them is Juvenile Justice (Care and Protection) Act, 2000 for providing care and protection to children in difficult circumstances. Adolescent girls in romantic relationship faces care and protection issue under following circumstances- run away from home with their romantic partners, getting married below legal age, sexual abuse by romantic partners, teenage pregnancy, interpersonal issues with parents for being in romantic involvement, etc. During the process of care and protection, adolescent girls come under institutional care for temporary period of time, they do require psycho social care, family counseling and legal support. The current study would focus on this population.

The Juvenile Justice (care and protection of children) Act 2015 is one of the primary laws for children in need of care and protection. This is designed for

the care, protection, development and rehabilitation of neglected children and delinquent juveniles, as well as for the adjudication of and disposal of certain matters related to them. This law is child-friendly and provides for the proper care, protection and rehabilitation of children in need of care and protection. A clear distinction has been made in the law between the juvenile offender and the children in difficult circumstances. The other salient features of this enactment are: (i) it prescribes a uniform age of 18 years below which both boys and girls are to be treated as children (ii) the Act directs that the cases related to juveniles should be completed within a period of 4 months (iii) it has been made compulsory to set up a Juvenile Justice Board (previously known as Juvenile Court) and Child Welfare Committee either for a District or a group of Districts. (iv) Special emphasis has been given for rehabilitation and social reintegration of the children and the alternatives provided for this are adoption, foster care, sponsorship and after-care. The new Act allows for the adoption of a child within the purview of this Act by any community [34].

Integrated Child Protection Scheme (ICPS): The scheme is a central government sponsored mechanism that aims to introduce and implement an effective system of child protection that rests on the cardinal principles of “protection of child rights” and “best interest of the child”. It seeks convergence of the governmental and non-governmental/civil society sectors for creation of a safety net for children through integration of various preventive, curative, rehabilitation and protection services. There are wide range of services for children to ensure care and protection of children. These include institutional and non-institutional care and services, child line, foster care, sponsorship, shelter homes, promotion of family based care, after care programmes, adoption, Health, education, vocational training, development programmes, legal assistance and rehabilitation, etc. These services have been delivered at the district level through District Child Protection unit and statutory bodies such as Child Welfare Committee and Juvenile Justice Boards have been actively involved in ensuring protection of children.

Adolescent mental health is an integral part of School mental health programmes focuses on developmental needs of children and adolescents and focusing on prevention of high risk behaviors and promotion of mental health among them [35]. School Mental Health Programmes in India focused upon Life Skills education, Developmental needs, substance use, Sexuality, HIV/AIDS, Mental Health Orientation to teachers, student enrichment, etc. Manuals were prepared as part of program [36].

Increased interest in romantic relationship is the central part of their life and considered as defining features of adolescence. Existing literature on Adolescent romantic relationship highlighted that, Romantic relationship becomes increasingly significant in the lives of young people as they move from early to late adolescence [37]. It is one among the important developmental tasks in adolescence [15] and can influence the course of other developmental tasks [38]. The quality of adolescent romantic relationships can have long lasting effects on self-esteem and shape personal values regarding romance, intimate relationships, and sexuality [39, 40]. While healthy romantic relationships have many potential benefits for youth, unhealthy relationships pose risks that may have long-lasting impact [41].

4.1 Methods

The present study aimed at understanding the psychosocial issues of adolescent girls in RR under care and protection framework. This study was carried out as part of a project providing psychosocial interventions for children in difficult

circumstances under the care and protection of child welfare committee, supported by Karnataka state integrated child protection society, Government of Karnataka. The researchers are from the Department of Psychiatric Social Work, National Institute of Mental Health And Neuro Sciences, providing services for the children in difficult circumstances referred from child welfare committee on daily basis. Children, who are referred from the CWC for temporary institutional care in the children home, constitute same for the study. Children speaking Kannada, Telugu and English constitute the sample for the study. Children reporting to be above 18 years (with documentary proof were excluded from the study as they would not be governed by child welfare committee. Psychosocial care was provided to adolescent girls in RR, under care and protection issues. Case reports, with detail notes of the therapist was documented, the present study analyses the case reports in understanding the issues of adolescents in RR issues and the process of interventions provided. The individual files have been maintained by a psychiatric social worker, eliciting information about the RR, marriage with the romantic partner, reason for run away with the marital partner, and to their decisions about their future life, carrier and family life.

The cases seen in 8 months were taken for the study. Ethical aspects were taken into consideration with regard to maintaining anonymity of the participants; the study findings does not affect the dignity of children, and they all received psychosocial care services as part of the project. Initially, frequency analysis was done with regard to socio demographic variables, themes were identified and later codes were made to understand the individual and family issues related to adolescents in RR. The data was analyzed using R software, and frequency analysis was done.

4.2 Results

Fifty girls who were in RR were selected for the study Mean age is 16.34 years (SD \pm 0.93) with a range of 14–18 years. About 60% were in high school, 32% of them were in Pre University College. One joined for BE (bachelor of engineering) and remaining did not attend formal education. About 50% of the participants discontinued their studies, 20% of them completed the course, 14% were currently pursuing the course and 10% had dropped from studies. About 78% were from lower socio economic status, 18% from middle socio economic status and 4% from higher socio economic status. About 80% belonged to Hindu religion, 12% belonged to Christian religion, and remaining 8% belonged to Muslim religion. The mean age of menarche is 12.46. About 56% of the participants are from nuclear family, 26% from single parent families and remaining 18% are from joint family (**Table 1**).

Little more than 95% of the adolescent girls in RR ran away with their romantic partner. Remaining 6% of participants did not run away from home; however they came under care and protection mechanisms on the request of parents. The reason for run away with their romantic partner was to get married (62%) and another 38% of them had ambiguity regarding their marriage with the romantic partner. Little more than 70% of the adolescent girls believed that having sexual intercourse with their romantic partner would get their marriage approval. Most Adolescents reported that marriage gave them sanction for the sexual relationship. Another 28% of them did not have sexual relationship. Nearly 76% were not aware about the safe sex practices, sexual health, reproductive health, and pregnancy, etc. (**Table 2**).

The case files analysis reveals that most adolescents were worried about parent's rejection of their romantic partner and had guilt feeling that they were not able to

Sl. No.	Variable	Frequency N = 50	Percentage
1	Age	Mean 16.34 SD ± 0.939	
2	Education	High school 30 Pursuing PUC 16 No formal education 03 Pursuing BE 01	60% 32%
3	Status of education	Completed 10 Discontinued 25 Drop out 5 No formal education 3 Ongoing 7	20% 50% 10% 06% 14%
4	Socio economic status	High 2 Middle 9 Low 39	4% 18% 78%
5	Religion	Hindu 40 Muslim 4 Christian 6	80% 8% 12%
6	Age at menarche	Mean 12.46	
7	Type of family	Joint 9 Nuclear 28 Single parent 13	18% 56% 26%

Table 1.
Personal profile of the adolescents in romantic relationship.

meet the expectations of parents nor they were able to fulfill the dreams of their parents. Most adolescents were also aware that their romantic involvement has been one of the reasons for academic decline; some have to be dropped out from schools as their parents knew about their romantic relationships. Parents started restricting their movement by stopping to attend school. Always adolescents in romantic relationship are under the conflict over prioritizing between their parents vs. their romantic partner, when they forced to choose one.

Adolescents in romantic relationship are also worried about legal action against their romantic partner, they wanted their romantic partners to be out from the correctional settings, and they do not want their romantic partner to be punished alone. Often Adolescents in romantic relationship are confused about prioritizing between going back to their family or to go back with their romantic partner. Adolescents feel that they have brought dishonor to the family. They are more worried about the reactions of their family members, especially extended relatives and neighbors. This confusion would govern their decision making about going to back along with their parents or to be in the rehabilitation center, wait for their romantic partners. They would be confused to take decisions about child bearing issues, as they are under aged and physically weak to bear the child in their womb.

Disturbed family functioning due to conflict over daughter's relationship, challenges in dealing with behavioral issues of adolescents in romantic relationship context, parenting issues like balancing warmth and control, accepting adolescent's autonomy, and deviance behavior. Parents finds difficult to accept daughter's decision about their romantic partner, and would be in a helpless situation of not able to convince their daughter about their reason of caste and the economic conditions for rejecting their selection. Social issues such as family honor, parents find it difficult to explain and answer to their relatives and neighbors. Parents find difficult

At individual level	At family level
Psychosocial issues identified before coming under care and protection	
<ol style="list-style-type: none"> 1. Disturbed relationship with parents, and siblings at home due to romantic involvement 2. Problems in prioritizing their tasks and responsibilities 3. Lack of adequate knowledge regarding sexuality and reproductive health and personal safety skills 4. Lack of skills in analyzing the situation and decision making regarding academics, marriage and sexual activities with romantic partner 5. Lack of skills in foreseeing the consequences of run away from home with the romantic partner 	<ol style="list-style-type: none"> 1. Disagreement regarding the selection of romantic partner because of caste, family status of the boy, physical appearance, the character of the boy and family honor. 2. Parents become critical and punitive 3. The disturbed parent-child relationship in the process of discussion about marriage with the romantic partner 4. Parents made efforts to prevent their daughter to dissolve their romantic relationship in the form of 5. Forceful marriage attempt to prevent their daughter to get married to her romantic partner 6. Restriction of activities in the form of not sending her outside, restriction of movement at home, no access to phone/mobile phone, not allowing them to meet friends, etc. to prevent them from involving in activities with romantic partner 7. Restriction to attend school/college and not supporting for continuing education because of fear of runaway behavior and meeting of romantic partner
Psychosocial issues identified after coming under care and protection	
<ol style="list-style-type: none"> 1. Lack of understanding about care and protection mechanism when they were brought to child welfare committee and placed in children homes. 2. Fear of legal action on the romantic partner because of runaway, sexual contact and marriage 3. Fear of parental reaction for their behavior 4. Fear of facing parents and inhibition to respond to their questions and discuss with them 5. Fear of rejection from parents for reintegration with family 6. Fear of lack of support from parents for continuing studies 7. Fear of not being able to get married to the romantic partner and forceful marriage with someone else after reintegrating with family 8. Fear of response from relatives, friends and neighbors after reintegrating with family 9. In case of pregnancy dilemma regarding childbearing versus termination of pregnancy 10. The dilemma in prioritizing romantic partner and parents in case of rigidity from parents 	<ol style="list-style-type: none"> 1. Disturbed family functioning 2. Social, emotional and economic impact on family following the incident in the form of criticism and comments from relatives, neighbors, school, spending money in the process of tracing girl, accompanying to the hospital, court, legal procedures, dealing with their emotions regarding daughter, family honor 3. Social factors versus daughter's needs—Prioritizing are the major challenges for parents. As romantic relationship during adolescence has not received social acceptance, parents who are bound with social norms and social pressure face difficulties in accepting their daughter. 4. The dilemma in consenting for reintegration with family due to fear of the reoccurrence of behaviors in the romantic relationship context 5. Challenges in parenting adolescents with behavioral issues in the romantic relationship context

Table 2.
Provides information about the psychosocial issues among adolescents and their families.

to cope with issues like, first time entering into the police station for registering complaint and attending judicial court procedures. Parents are often confused in prioritizing between importance of Social factors versus understanding daughter's decision and needs.

Based on the above understanding the authors are proposing a conceptual understanding of romantic relationship in the Indian context.

Figures 1 and **2** describe the psychosocial issues identified among adolescents girls and their families. These model (as the figure is given below this text).

The above model depicts several factors associated with romantic involvement of adolescent girls. Modeling and learning from others' experiences play an important role in developing perceptions of romantic involvement and concept of ideal partner and ideal relationships. Understanding on healthy and unhealthy relationships in romantic involvement also one of the determinant of forming romantic relationship. This enables them to have norms in their relationship and to prepare for engage in healthy relationships.

The socialization process, socio-cultural norms on marriage, premarital relationships add to their concept of ideal romantic relationships and frames expectations on romantic partner. These influence them to look for stable relationships. Adolescents from late adolescence, school going with average academic performance had shown interest in forming romantic relationship. Adolescents hailing from lower socioeconomic status and difficult family situations, changes in family structure followed by transition such as single parent family, living with extended family members have higher chances of engage in romantic involvement. Poor parental monitoring and supervision of activities of adolescent girls may leave the unattended, which may impact on parent-adolescent relationship in future.

Romantic partner's characteristics are major determinants of forming romantic relationship and the quality of relationship between romantic partners. Adolescent girls formed romantic relationship with young/middle adults, who belonged to lower socioeconomic status and hailed from different caste. The

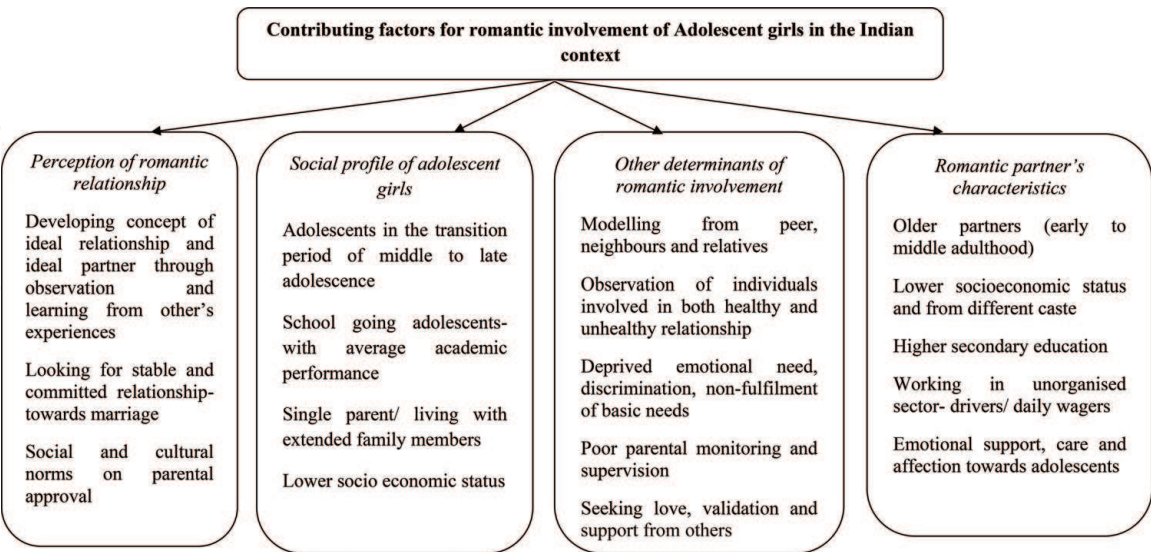


Figure 1.
Factors contributing for romantic relationship in the Indian context. Note: Conceptual frame work was written based on the on the observations from the project of Dr. N Janardhana, Principal Investigator, 'psychosocial interventions for children in difficult circumstances', supported by KSICPS, Government of Karnataka and the doctoral research of MS Manjula, guided by Dr. N. Janardhana and Dr. Nirmala B.P.

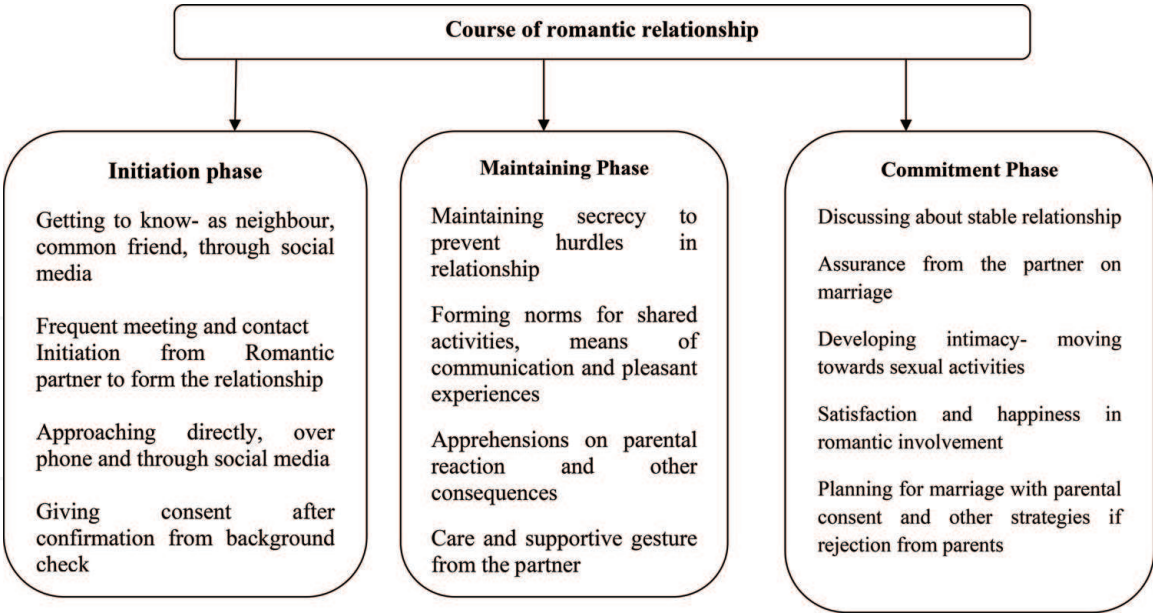


Figure 2.
The course of romantic relationship. Note: Conceptual frame work for understanding the course of romantic relationship was written based on the on the observations from the project of Dr. N Janardhana, Principal Investigator, ‘psychosocial interventions for children in difficult circumstances’, supported by KSICPS, Government of Karnataka and the doctoral research of MS Manjula, guided by Dr. N. Janardhana and Dr. Nirmala B.P.

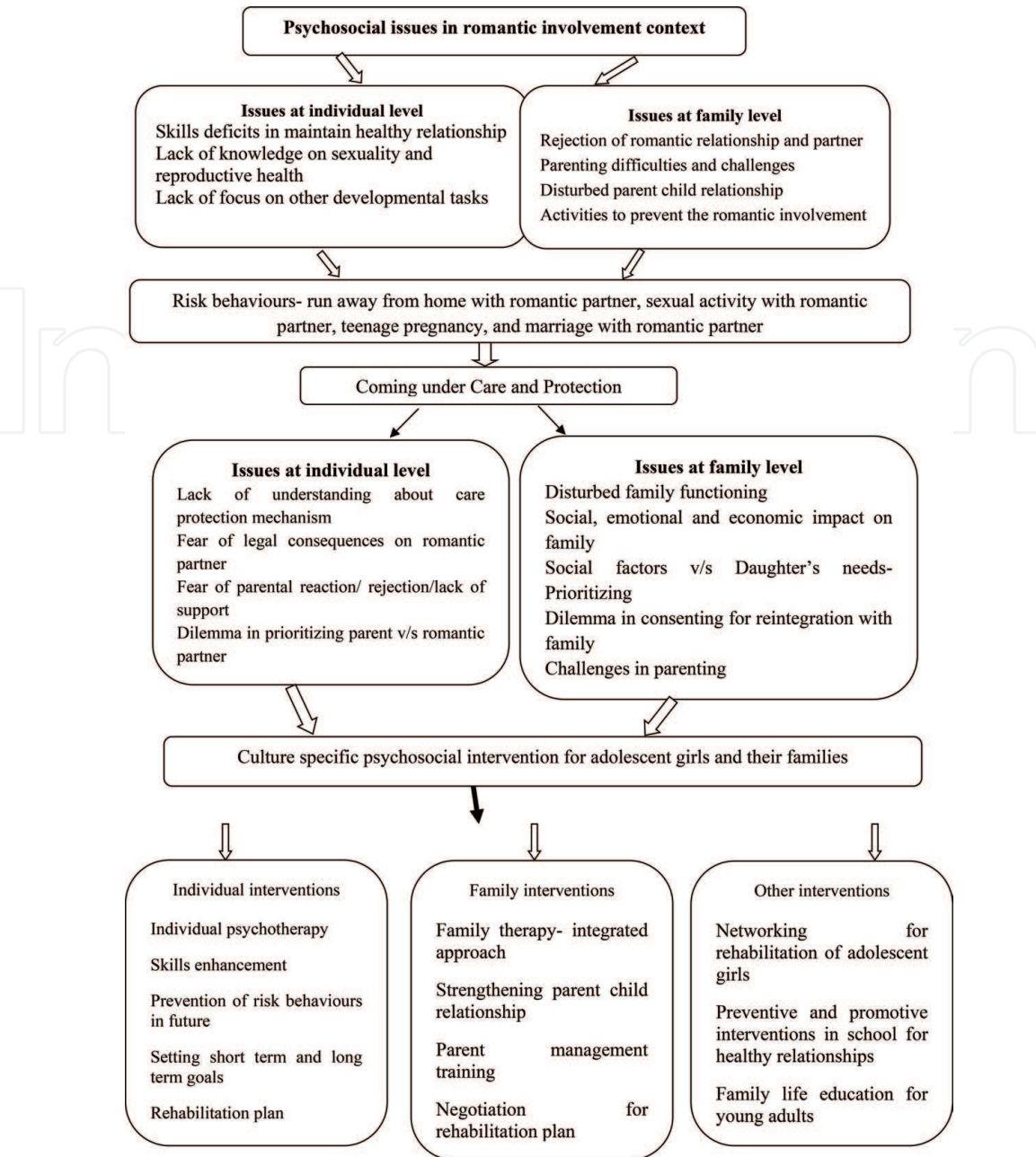
deprived emotional needs were fulfilled by their romantic partners and their needs were acknowledged and validated. Romantic partners were source of support and encouragement and they felt happy in their presence and contributed for quality of relationship.

The course of romantic relationship is been given in the below diagram based on initiation phase, middle phase and commitment phase. The process of romantic relationship been described based on the experiences of adolescents in romantic relationship. Relationship in the below diagram described how the friendship got turned into infatuation and then eloping with their boyfriend to get marriage so that their marriage gets recognized from their parents (**Figure 2**).

5. Psychosocial interventions for adolescent girls and their families in romantic relationship context

Based on the above understanding of romantic relationship, we have delivered following interventions for girls in romantic relationship¹. The described psychosocial issues provided the framework for developing the psychosocial intervention for adolescent girls in the romantic relationship and their families. Psychosocial interventions have been formed based on the Social casework and group work approach. These interventions categorized as individual interventions, family interventions (sessions with parents and conjoint sessions with parents and adolescent).

¹ Conceptual frame work for understanding the course of romantic relationship was written based on the on the observations from the project of Dr N Janardhana, Principal Investigator, ‘psychosocial interventions for children in difficult circumstances’, supported by KSICPS, Government of Karnataka and the doctoral research of MS Manjula, guided by Dr N. Janardhana and Dr Nirmala B. P.



6. Psychosocial interventions

Individual interventions with adolescent girls aimed at enhancing psychosocial competence among adolescent girls to deal effectively with the psychosocial issues and facilitate them fulfill the developmental tasks of adolescence. To achieve this aim, preventive, promotive, curative and rehabilitative approaches can be adopted.

7. Psycho social intervention for families of adolescent girls in romantic relationship

Working with family is an integral part for providing psycho-social interventions to adolescents. Family factors such as relationship with family members, early experiences in childhood, parenting practices, family dynamics, and parental response towards romantic involvement have contributed to partner selection and adopting risk behaviors among adolescents. Hence, it would be beneficial to give

family interventions to this particular cohort. Family plays an important role in the process of care plan for adolescent girls and ensuring care and protection for them in the future. It is also essential to discuss the concerns of parents as romantic involvement of their daughter and associated issues can have significant impact on the family.

Family interventions emphasize upon systemic approach and different schools of family therapies are psycho-dynamic approach, structural family therapy, strategic family therapy, solution focused, problem solving, cognitive behavioral family therapy, psycho-education, narrative approach, integrated approach, etc.

The major issues identified at the family level are authoritative and punitive parenting, enmeshed boundaries, parental autonomy on children's marriage, impaired parent- child relationship, loss of trust and maladaptive coping strategies, etc. Families belong to the developmental life cycle stage of families with adolescent children reported significant challenges. For those families with dysfunctions, may need therapy sessions as either joint or conjoint sessions. The main aim of family interventions is to reduce risk factors in family, promote protective factors and enhance parent's skills to deal with the issues and safeguard care and protection of adolescents.

7.1 Curative approach

This approach focuses on providing therapeutic services for adolescent girls in the institutions and in a clinical setup. Specific techniques derived from different therapies such as Supportive psychotherapy, cognitive behavior therapy, Emotions focused therapy, Interpersonal relationship therapy, Solution focused therapy, Strength-based approach, Dialectical behavior therapy and Motivation enhancement therapy, etc. can be adopted in the therapy process.

Individual therapy sessions focus on addressing their thoughts, emotions and behaviors associated with romantic involvement and enhancing their abilities to deal with the current situations and crisis. Individual therapy can focus on the following areas.

- Establishing therapeutic alliance by being nonjudgmental, ensuring confidentiality, and emphasizing on their active participation in the therapy process.
- Supportive interventions using ventilation, emotional catharsis, validation of their concerns and experiences.
- Provide *education* on child protection mechanism, functions of Child Welfare Committee, activities in children home for girls, child protection personnel, the process of making care plan and services available for children and adolescents to ensure their safety and overall development.
- Insight facilitation: reflection on their perspectives on romantic involvement, process of selecting partner, commitment for stable relationship, their role in each phase of romantic involvement, decision making process in run away, sexual activity, marriage, pregnancy and childbearing, consequences of risk behaviors on different areas such as family, academics, mental health, social consequences and facilitating understanding on current situation from multiple perspectives.
- Adopting *cognitive approaches*: assessment of thought process on romantic involvement, sexuality and reproductive health, family life, academics and career goals and future plans; identifying and assessing cognitive errors,

dysfunctional thinking negative automatic thoughts contributed for the current situation and future care plan is very essential. Cognitive strategies such as cognitive restructuring, development of alternative thinking, challenging dysfunctional thinking, distraction techniques can be used in the process.

- *Coping with emotion*: most of the adolescents experience humiliation, guilt, self-stigma, hopelessness, worthlessness. Enable them to be aware of their emotions, labeling their emotions, enhancing their abilities to express their emotions in a better way and regulation of emotions.
- *Behavioral interventions*: behavioral assessment of desired and undesired behaviors, risk behaviors, discussing on rewards for complying with desired behaviors, consequences of risk behaviors. Relaxation strategies can also be taught to relieve their anxiety.
- *Sexuality and reproductive health education*: addressing myths and misconceptions, attitude towards sexuality, social and cultural factors, decision-making process while consenting for sexual activities, consequences of risky sexual behaviors, safe sex practices, their perspective on teenage pregnancy and childbearing, pros and cons of childbearing and surrendering of a baby.
- *Setting short term and long term goals*: (depends on the age of the girl, goals to accomplish, for example, 3 months for next 3 years). Future orientation perspective and motivational interviewing technique can be used to facilitate girl to identify her interest in academics and career building, priorities in life. The goals may be completing education/training, rebuilding the trust of parents, seeking the job and becoming independent, getting married, etc.
- *Preparing for family sessions*: enabling adolescents to deal with their emotions (fear, anger, hostility) and negative thoughts which make them avoid to face their parents and other family members.
- *Problem-solving skills*: enable them to generate alternatives for care, evaluating pros and cons of each alternative, such as vocational training with placement and reintegration with home and studies/vocational training.

7.2 Promotive approach

The promotive approach focuses on the enhancement of skills and competence among adolescents. Following areas can be focused on the promotion of mental health among adolescent girls.

- *Skills enhancement*: life skills based activities to enable their skills on the healthy relationship in romantic involvement, setting boundaries, mutual respect, quality time, shared activities, norms in relationship.
- *Personal safety skills*: protecting from abuse in the relationship context, identifying risks for abuse and taking precautions, reporting and seeking help.
- *Legal awareness* on POCSO Act, prohibition of child marriage Act and legal implications of their risk-taking behavior.
- *Developmental education* to focus on developmental tasks during adolescence need for fulfilling other tasks such as academics, career, family relationships, sexuality and peer relationship along with the romantic relationship.

Identifying their needs, challenges and support required to meet these developmental tasks and facilitating the same.

7.3 Preventive approach

- Prevention of further risk behaviors in future—facilitate discussion with the girl on identifying triggers/precipitating factors which may make them repeat risk-taking behaviors and enable their critical thinking to come up with strategies to address them.
- Preparing them Emphasize upon healthy relationship during courtship, adhere to law and advantages of following desired behaviors.
- Providing information on resource agencies and contact details to seek help during the crisis.
- Enable them to face the social consequences such as criticism, labeling and cope effectively.

8. Psychosocial intervention for families of adolescent girls in the romantic relationship

Working with family is an integral part of providing Psycho-Social interventions for adolescents. Family factors such as the relationship with family members, early experiences in family, parenting practices, family dynamics, and parental response towards romantic involvement have contributed to romantic involvement and risk behaviors among adolescents. Hence, it is very important to have family interventions. Apart from these, family plays a crucial role in the process of care plan for adolescent girls and ensuring care and protection in the future. It is also essential to address their concerns too as a romantic involvement of their daughter and associated issues have a significant impact on the family.

Family interventions emphasize upon systemic approach and family therapy services can be formed based on different schools of family therapy such as structural family therapy, strategic family therapy, solution focused, problem-solving, cognitive behavioral family therapy, integrated approach, etc.

The major issues identified at the family level are authoritative and punitive parenting, enmeshed boundaries, parental autonomy on children's marriage, impaired parent-adolescent relationship, loss of trust and maladaptive coping strategies, etc. These families are in the family life stage of families with adolescents and reported significant challenges. Family therapy sessions can be carried out as joint and conjoint sessions. The main aim of family interventions is to prevent risk factors in the family, promote protective factors and enhance parent's skills to deal with the issues and ensure care and protection of adolescents.

Individual sessions with parents or conjoint parent-adolescent can focus on the following areas in the family interventions;

1. *Supportive interventions*: facilitating ventilation and validation of their concerns and seeking their active participation in the therapy and care plan process. It also looks in to the coping strategies of parents and designed to treat parent behavior, parent mental health, adolescent behavior, family function, etc.
2. *Emotion focused therapy*: parents perceive romantic involvement of their adolescent daughter as shameful act and express anger/hostility towards them.

Parental distress could be due to diminishing family's honor, legal procedures, social and economic consequences because of runaway behavior. Hence, addressing their emotions is very essential. Emotion focused therapy help them to deal with the emotions and prevents their behaviors/decisions driven by their emotions. Facilitating forgiveness and building trust between parent and adolescent is very essential in the process of rebuilding their relationship and care plan for ensuring care and protection of adolescents.

3. *Insight facilitation*: It includes reflective exercises on family factors such as quality of relationship among family members, parenting style, decision-making in the family, general family emotional environment, communication patterns, family values and attitudes, etc. These above-mentioned factors can act as precipitating or contributing for romantic involvement and risk behaviors among adolescents. This particular approach would help parents to understand, acknowledge and bring changes behavior and the way they deal with daughter's romantic involvement.
 4. *Psycho-education*: It acknowledges parents perspectives and beliefs, socio-cultural influence on adolescent romantic relationship and their disapproval of romantic involvement of daughter. At the same time bringing attitudinal changes by giving developmental perspective and other factors associated with romantic involvement. This approach emphasizes on romantic involvement as normative process and how it affects adolescents.
 5. *Parent management skills*: It helps in altering faulty parenting styles while dealing with adolescent issues and enhances open communication (negotiation, expressing concerns). It boosts mutual norms and healthy parenting to address temperament or behavioral issues. Role play method could use to enhance their skills, prescriptive parenting—clarifying dos and don'ts for next 2 years.
- *Family life cycle stages-challenges and role of parents*: educating parents about family life cycle stages-especially on families with adolescents, about challenges and tasks. Emphasis is on role of parents in education, training, facilitating healthy transition to adulthood. As most of the adolescents moved to the next stage, it is essential to discuss about marriage and decision-making process.
 - *Ensuring family support for adolescent to fulfill responsibilities*: discuss about their support for facing challenges in community and responding to criticism, supporting each other, etc., which would help girl to focus on other developmental tasks such as education, career planning, healthy peer and family relationships.

Conjoint sessions with parents and adolescent girls can focus on the following areas:

- *Strengthening quality of parent and adolescent relationship* through rebuilding trust and family bond, facilitating mutual validation of their concerns, emphasize on significance of quality of relationship and its influence on bringing desired behavioral and attitudinal changes.
- *Communication skills*: focusing on opportunity for open and direct communication and addressing barriers for expressiveness in the family, active listening,

acknowledging concerns, clear communication and seeking clarifications on meaning, and intentions. Encouraging negotiation between parent and adolescent and emphasize on consensus on the accepted behaviors and mutual expectations.

- *Structural changes*: here focus is on healthy boundaries between adolescent and parents, setting clear boundaries on areas of parental involvement. Here it is very essential to discuss autonomy of adolescents and role of parents, at the same time ensuring autonomy of parent to prevent risky behaviors.
- *Problem solving approach*: here emphasis is on address their concerns on supporting girl's education/vocational training, reintegration with family. Ensure active participation of both adolescent girl and parents in generating healthy alternatives. Facilitate seeking clarification, sharing mutual concerns and reaching consensus about studies, reintegration with family or placement in organizations.
- *Behavioral approach*: discusses on expectations, setting norms for dos and don'ts in conjoint sessions. Facilitating both adolescent girl and parents discuss on their expectations from each other, reaching consensus on expected behaviors and non-acceptable behaviors. They can also negotiate for rewards for desired behaviors and consequences of undesired behaviors.

9. Discussion

The course of the romantic relationship identified knowledge about romantic partner, strategies used by romantic partner or respondents to initiate the relationship, process of accepting and forming the relationship, discussing about maintaining relationship—open versus hiding relationship, factors contributed them to take decision of run away from home, their quality of relationship and intimacy.

In the current study, romantic partner were first met in the neighborhood, near the area of residence or school, on the way to school or through social media. Most of them were familiar to each other and thus initiated the friendship. In most of the cases, boys took the initiative to propose by approaching directly, through common friends, telephonic conversations or through social media like Facebook. It is interesting to note that men initiated the relationship forming, which shows the socio-culture influence in initiating the relationship. Though respondents had more expressiveness, with regard to initiating the relationship they were shy, had inhibitions. Hence, they have taken time to respond to agree to the relationship. Meantime they focused on background check with close friends and get convinced before saying yes for the relationship. However, most of them were not completely aware about the family background of the romantic partners. During the course of the relationship, they tried to maintain the secrecy from family and peers to avoid the complications. Most of them thought of getting married after few years with the consent of parents.

Studies on premarital relationships among youth in India demonstrated that despite strict parental supervision, girls found ways of forming romantic friendships and engaging in sexual relations [41]. During the later stages of the relationship, when the family got to know about their romantic involvement, they had decided to elope with their romantic partner due to fear of family, lack parental approval and punitive behaviors to prevent their romantic involvement. Similar results were found in the case reports and quantitative results. Run away from home was used as the immediate solution to continue in romantic involvement and avoid issues in the family. In a study on dynamics of parent-child relationship in romantic involvement context, lack of parental support for choice marriage, restrictive parenting style were found as major issues [12].

The days spend with romantic partner developed intimacy—initially as a force from romantic partner and also for the social reasons like sex as a means to convince family for the marriage and current marital status as an approval to engage in physical intimacy. Studies on sexuality and reproductive health behaviors among youths in India identified physical intimacy among youth both in romantic and non-romantic context, safe and unsafe sexual behaviors [42–44]. While staying with their romantic partner they received care, supportive gesture and open communication, which indicates the quality of relationship with their romantic partner and they were the main source of emotional support to them.

The above findings on course on romantic relationship are similar to the romantic involvement model during adolescence; Initiation Phase—beginning of interest in the opposite sex; superficial selection process; interactions are weak attempts at establishing a romantic relationship (physical characteristics); Affiliation Phase—observes behaviors and attitudes; focus on companionship (social characteristics); Intimate Phase—focus of the paired relationship is intimacy (deep feelings of emotional attachment) and often sexual activity and the last phase; Committed Phase—adolescent romantic relationships are established and exclusive at times, resembling the marriage relationship; more intense relationships; more caring towards their romantic partner; better at resolving conflict within the relationship [45].

Interventions for adolescents to deal with their RR includes rapport establishment, not taking sides of either adolescent or their parents. Interventions started with their understanding of personal safety, sexuality and reproductive health, and its importance. Discussions were held on the legal framework governing children in India. Help adolescent to look at their developmental tasks like academic involvement or vocational training. Support was extended to adolescents to set short term and long term goals. Preventive and promotive mental health interventions for enhancing psychosocial competence were provided. Supportive therapeutic interventions could assist adolescent girls to learn healthy ways of relating to others [46]. Helping professionals need to recognize, respond to the issues and problems of adolescent in RR [47]; dealing with their relationship with the parents; dealing with the community attitudes; building support network. Carlson [48] asserted that counselors working with youth must not only recognize violent actions, but also seek to understand the underlying issues causing such behavior.

Under the project entitled “psychosocial interventions for children in difficult circumstances” services were provided at the children home for girls, Bangalore. Adolescent girls and their families those who approached Child Welfare Committee in romantic involvement context were also received psychosocial interventions. The above mentioned areas of interventions were provided to them based on their needs and issues and found to be useful in this set up [12, 13, 48].

10. Conclusion

Romantic relationship during adolescence has received developmental significance and has both positive and negative outcomes for adolescents. Many adolescents due to many factors like high risk behaviors, unhealthy relationship, violation of legal norms and others force them to be in crisis situation. This affects their relationship with family, academics and other opportunities, affecting their development process. Providing interventions to these children and adolescents is important. Understanding adolescent issues from developmental perspective helps in designing programmes for adolescents and their family members. This would facilitate healthy transition to adulthood and enables them to take part in societal development.

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