

# REINFORCING CONNECTEDNESS: PARENTING PRACTICE DURING ADOLESCENCE

Saovakon Virasiri

Associate Professor Doctor, Family Nursing, Faculty of Nursing, Khon Kaen University,  
Khon Kaen province, Thailand, 40002  
e-mail: saovir@kku.ac.th

---

## Abstract

Parenting during adolescence can challenge and trouble both parents and teenagers. Especially, parents require adjusting their practice for promoting adolescent health and preventing health risk problems. Therefore, the study purpose was to explore how parents bring up their child becoming healthy adolescent in Thai context. Grounded theory method was chosen. Nineteen Thai parents of healthy late adolescents aged 18-20 years were in-depth interviewed. Data collecting and analyzing, and memo writing were done simultaneously. Transcripts were analyzed by using the constant comparative analysis process. Findings indicated the concept of “Reinforcing Connectedness” that referred parenting activity undertaken by parents to raise their child from early to late adolescence. It occurred when the parents recognized their child becoming an adolescent that experienced many changes both body and mind, and might engage in health risk problems. Hence, the parents intended to enhance the connectedness among them through three key practices of communicating love and caring, showing more respect, and keeping close contact. The benefits of this study will support nurses and other health care providers apply the substantive knowledge to promote effective parenting of adolescents with appropriate and culturally interventions. Future research will need to focus on testing the emergent concept in large sample size that includes developing a measurement device suited for Thai culture.

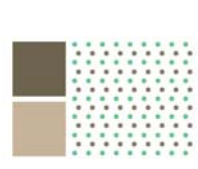
---

**Key words:** parenting adolescents, connectedness, grounded theory

## Introduction

Adolescence is a troublesome period which challenges relationships between parents and adolescents (Shearer, Crouter, & Mchale, 2005; WHO, 2003, 2007). Many families describe this period as one of “storm and stress” (Gutgesell & Payne, 2004; Jones, et al., 2000; WHO, 2007) that can challenge and trouble both parents and adolescents (Arnett, 1999; The National Clearinghouse on Families & Youth, 1996). In particular, adolescents require major adaptations, and need understanding by parents who act as the major role of promoting successful adolescent development and health outcomes (Duvall, 1977; Friedman, Bowden, and Jones, 2003; Huebner, 2000; Yang, et al, 2007).

Parenting, actually, is fundamentally essential task of parent/parents for successful development and health of children and adolescents (Biddlecom, Awusabo-Asare, & Bankole, 2009; Brook, 2001; Eldridge, 2002; Hoghughi, 1998). In terms of parenting during



adolescence, few studies were found in both the western and eastern context such as study of Jacobson (1999), Paulson (1996), and Lam (2003), including a study in Thailand by Nanthamonkolchai, et al. (2004). Nevertheless, these research findings have limited in the insight that can provide understanding the phenomenon of parenting during adolescence in natural and actual setting. These findings were only displayed general view of parenting adolescents such as parental styles or behaviors, parental expectations and values, and practices of parents or caregivers. In particular, all studies were not specified adolescents' health status as healthy group. In spite of a study of Jacobson (1999) explored parenting process from parents of adolescents who got academic achievement from higher education level. However, an academic achievement criterion cannot represent to adolescent health status.

As the literature review, there is distinctly lack of explicit evidence which can describe how parents bring up their children from early to late adolescence, especially parenting of biological parents who have healthy adolescents in Thai context. So, this study was great necessity to explore and generate the substantive knowledge of parenting during adolescence from Thai parents of healthy adolescents in real setting. The benefits from this study can then contribute to nursing science, especially in adolescent and family health nursing. This specific knowledge will help Thai nurses and other health professional to create more culturally interventions to develop effective parenting in various areas, especially family and community settings, and then adolescents' health will be promoted.


## **Methods**

The research question of this study was “How do parents raise up their child during adolescence in Thai context?” In particular, the researcher aimed at exploring the parenting practice of healthy adolescents. Thus the grounded theory method was employed to answer the question, and could achieve objective of the current study.

### *Informants and settings*

Nineteen biological parents were Thai nationalities who have lived and parented their adolescents by themselves since young until adolescence. In particular, their adolescents were growing in late stage aged 18-20 years who were healthy that was free from heart disease, cancer, neurological problems, delinquency, violence, and depression or suicidal attempted, addiction, smoking and drinking alcohol, including no sexual risk behaviors (unwanted pregnancy and sexual transmitted disease).

*Selection of the informants;* initially, four informants were selected to ensure that the study could include right persons who were the biological parents of healthy adolescents and had enough experience of parenting adolescents on their own. As the next informants, according to the grounded theory method, during data collection, the researcher had analyzed the data simultaneously. This data analysis could guide the researcher decided in terms of what data would be collected next, and where to find them. This technique was used based on data analysis conducted throughout the research processes. Thus, in the analysis process, the researcher obtained the categories or concepts that emerge from this data and that were used to do the theoretical sampling for the next informants from the 5<sup>th</sup> until the last 19<sup>th</sup> informants.



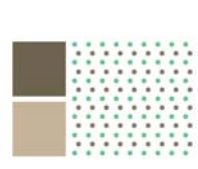
*Recruitment process*; the researcher contacted adolescent who was introduced by his or her teacher or boss, and met the selection criteria of healthy status at school, university, vocational college, and shops in various provinces such as Khon Kaen, Supunburee, Nongkai, Nongboalampoo, Bangkok, Nontaburi, etc., and then asked the adolescent for taking permission to contact their parents. The researcher invited their parents by oral contact or telephone. All parents intended to participate in the study and made appointment with the researcher for in-depth interview at home or work place of them or the researcher as available where they chose by their own. Eventually, the data was collected from 19 Thai biological parents of healthy late adolescents that had lived in several provinces of Thailand.

*Characteristics of the informants*, nineteen biological parents (families) participated in this study. Their aged ranged from 36 to 59 years with a mean age of 47.17 years (Mode=48 years). The informants consisted of nine mothers (50%), four fathers (22.2 %), and five both father and mother (27.8%). Marital status, seventeen parents (94.4%) were married and living together. Only one mother (5.6%) was single. The education background, the majority of the parents (27%, n=5) completed in certificate level, four of them (11%) got bachelor degree; four parents (11%) had a primary education. The major occupation of the informants were having own business (n=6, 26%), employee of private sector and government office (n=5, 21.3%), worker (n=4, 17.4%), government official (n=3, 13.4%), farmer (n=3, 13.4%), shopkeeper and sold food (n=2, 8.7%). The family income per month ranged from 1,500-100,000 baths, the majority of parents had family income ranged 10,000-60,000 bath/month (n=10, 55.6%). However, there was one family got only 1,500 bath per month (5.6%). With regard to current residence and setting, the majority of the informants had lived in urban area (n=14, 77.78%), and four participants (22.22%) had lived in rural area. The family type, there was 14 nuclear families (77.8%), and 4 extended families (22.2%). Total number of children, the majority of the informants had two children (n=10, 55.6%), and five of them had three children (27.8%).

*Demographic data of the adolescents*, the majority of adolescent were female (n=11, 61.1%), and the rest were male (n=7, 38.9%). Age of the adolescents ranged from 18 to 20 years that consisted of 20 year aged adolescents (38.9%), 19 year aged adolescents (33.3%), and 18 year aged adolescents (27.8%). The major of them were studying (n=14, 77.8%), three adolescents were working (16.7%), and one was both studying and working (11.11%). Regarding to order number of children in family, the majority were the second child (n=10, 55.6%). In detail, seven adolescents were the first child (38.9%), six of them were the last (33.3%), and the rest five adolescents were the middle child (27.8%).

#### *Protection of human subjects*

Prior to undertaking the study, this proposal, interview guide, and subject consent form were reviewed and approved by The Chulalongkorn University Ethical Committee. Careful consideration was also given to the ethical implications of the study which incorporated the principles of beneficence, and respect for human dignity and justice. Complete explanation and written description of the study and the protection of confidentiality were given individually to parents who met the criteria for participation. The participants were instructed that there were no known risks to participating in this study. In addition, a code number was assigned to each informant instead of using the individual's real name.



### *Data collection*

In-depth interviews were the main method for collecting data. When the informants expressed their intention to join the study willingly, an appointment was made by the researcher to meet

the parents for one-to-one and taped, in-depth interviews with note-taking. The length of the interviews varied from 65-100 minutes which depended on the informants' talking personality and willingness to talk about themselves. They were organized in Thai, and some in Thai I-Sarn language with tape-recorded around an "interview guide" consisting of some relative identifying questions and a few open-ended "grand tour" questions, with associated prompts/probes and follow up questions. For example: please tell me "What has the experience of parenting adolescent been like for you?" After using the grand tour question, then, the relevant probe questions were asked of the informants. For example: "What have you noticed about how your experience of being a parent has changed?" "How do you parent your adolescent in daily living?" All parents were asked by semi-structure questions or interview guide, and however the relevant probe questions were redesigned during the process as new categories emerge that needed to be explored with the next informants. This continuous process stopped when theoretical saturation had been reached.

*Note Taking*, the researcher wrote note taking both during interview, and as soon as possible after each interview ended. The interactions, observations, and events occurring during the interviews were recorded. These included the general appearance of the participants, nonverbal behaviors that they used during the interview.

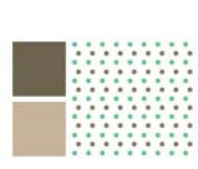
### *Data Analysis*

Data analysis was done using the constant comparative method, which is data collection, analysis, verification and the development of theoretical explanations conducted concurrently until a core category emerged. Interviewed data were transcribed verbatim in Thai language for maintaining the subtlety and meaning of the parents of adolescents' narratives as accurately as possible.

*Coding process, open coding*; the data were initially analyzed through a method of open coding. Each word, sentence, paragraph was examined and the main thought or activity labeled. Pieces of narrative were designated under each of these labels. Using open coding, several hundred codes were generated during data analysis for this study. These codes were mainly descriptive in character and referred to as in-vivo or substantive codes such as 'expressing love', 'showing respect', and 'keeping closeness'. These codes were then compared and contrasted for similarities and differences in other parts of the interview and with interviews conducted with other informants.

*Theoretical coding*, the next stage in analysis, was commenced concurrently as open coding of data continued. While open coding splits data into concepts and categories, theoretical coding brings those data back together and makes new connections between categories and sub-categories. This stage of the coding process conceptualized how substantive codes (and categories) relate to each as hypotheses to be integrated into a theory.

*Selective coding and theoretical saturation*, once the category "maintaining love and connectedness" emerged, the analysis shifted to the identification of the relationship of this category to all other categories. Selective coding was then used to systemically link all other categories to the core category. Validation of this process was continually carried out by



reviewing the data and thought further exploration of concepts with participants (theoretical sampling). In addition, in terms of theoretical saturation, sampling was continued until saturation, or failure to obtain new information for all identified categories occurred.

*Memo-writing*, it served as a memory aid when full note takings were constructed. Therefore, it was used to explore concepts and relationships and to sharpen emerging ideas about the findings. In particular, in terms of a model or diagram, the researcher developed to make a visual representation of thought processes and relationships among the concept interactions identified between the informants.

#### *Trustworthiness*

The assurance of trust in this study was specifically dependent upon the level of ‘credibility’ not only the research process itself, but also of the theory generated from data. The theoretical sampling, coding, writing memos and sorting are very important to ensure the trust of the grounded theory (Glaser, 1978; Glaser & Strauss, 1967). Several interrelated approaches were used to ensuring the trustworthiness throughout this research process, especially the analysis process and findings. These methods focused on maintaining and enhancing the credibility, auditability, and fittingness of the study.

*Credibility*; it was enhanced by several methods, *first*, the researcher selected appropriate informants to address several theoretical issues. They were Thai national parents who have healthy late adolescents aged 18- 20 year. Informants varied in terms of personal background such as age, marital status, occupation, education level, family incomes, family types, number of children, adolescents’ background. *Second*, the researcher established a rapport by prolonged engagement over 10 months.

The researcher concluded the findings based on empirical evidences; collecting adequate data and used triangulation technique across data sources, data setting, data collection, and analysis. Especially, the credibility was promoted by the process of constant comparative process and theoretical sampling that included negative cases which added and confirmed various dimensions of knowledge. *Finally*, member check which was directed at a judgment of overall creditability was established. In addition, regarding the prevention of the researcher’s bias, initially, the researcher compared the coding and the categories with the dissertation’s advisors.

*Auditability*, the researcher maintained the audit trail through systematic and detail recording. Reporting all of the decisions involved in the transformation of data to the substantive theory was utilized to achieve auditability. As well as, the auditability of data elicited depends on the competency and ability of the researcher’s interviewing skill and no researcher bias. Therefore, the researcher developed more interviewing skills through the pilot interviewee by the mentoring of the advisor.

*Fittingness*; it was enhanced by just going to the data and generating concept from it, while constantly adjust the best word to denote the pattern as constant comparisons occur and the pattern emerges. In this study, the findings of this study included enough “thick description” for readers to assess the potential fittingness and appropriateness for the study settings. The theoretical model, data obtained, and characteristics of the participants were explained in detail and had evidences supported explicitly. Additionally, the participants’ background was also presented for making sure about the right participants of the study.



## Findings and Discussions

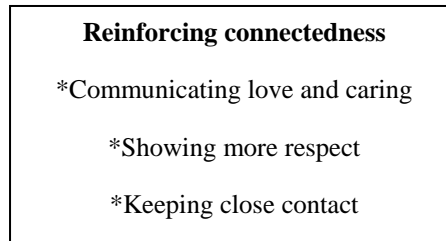
Analysis of the data of eighteen informants highlighted the emergence key category named as ‘*Reinforcing connectedness.*’ According to child changes when becoming adolescent such as more independently, more closing with friends and peer group, especially dislike to parental involvement and conflicting with parents. However, during adolescence, all parents had apprehended and awareness of nature of an adolescent who changed and alienated from young child. Parents kept on this practice based on apprehending and having awareness of child’s changes when becoming an adolescent. All parents accepted that these changes were normal developmental characteristics of human life. They could see the adolescent changes from both physiological and psychosocial aspects such as menarche in female teen, more grown up and change of body and shape, breaking voice in male teen, acting like as a young man or woman, more dressing, less speaking or more silence, curiosity, more independent, having own peer group, and interesting to opposite sex.

I saw her becoming teen since early secondary school around 13, 14 years old. I, first, noticed her body changes; especially, breast and menarche made her be anxious and talked with me. She interested in dressing, particularly, fevering with band name and parties with her closed friends. (Mother, P 6)

I know about his changes during teenage year. He was less speaking with me, but liked to act as young guy, courting, speaking and playing joke with teenage girl. And, he liked to join with friends after work for having parties in our village. (Mother, P 14)

Particularly, this unfamiliar characteristics could make an adolescent detached or distanced from own parents during adolescence. This was shown by evidence of the 10<sup>th</sup> informant, “During studying at high school level, he was irritable easily, and having conflicts and arguments with mom when being more involved. As well as, he did not like to talk with me and my wife, less talking and silence, but, more talking with his younger sister. However, I know its normal nature of teenage child.”

**Figure 1** is presented that all parents practiced reinforcing connectedness for raising their children from early to late adolescent period. This practice occurred after parents’ recognizing child becoming adolescent that included having awareness of reaching the critical time of development. During adolescence, the parents were stimulated by both child normal developmental changes and potential risks and harms in the today’s world. In particular, parents concerned that their adolescent might involve with inappropriate or negative things, especially, engaging in health risk behaviors. Thus, the parents dedicated and performed the reinforcing connectedness which could encourage parents approaching their children and then they were able to nurture and educate their adolescents. This parental practice was conducted based on adjustment of activities, practices and behaviors suited for adolescent child and were able to achieving parenting goals and expectations of raising child’s development and well-ness which consisted of three particularly methods; *communicating love and caring, showing more respect and keeping close contact.*



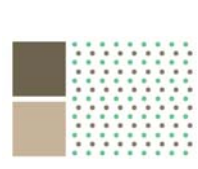
**Figure 1** Diagram of Reinforce connectedness: Parenting practice during Adolescence

“Reinforcing connectedness” was the key parenting activity that was performed continuously in everyday life throughout adolescent period. It could assist parents to demonstrate and confirm parental love and understanding, and then maintain good relationships among parents-adolescent and family-adolescent. Especially, parents could approach their adolescent as same as when he/she was young. Therefore, this parenting practice enhanced the parents to continue their parenting function and activities which aimed at protecting own child from health risk behaviors as well as promoting positive developmental and health outcomes during adolescence, including benefiting beyond to adulthood phase of human life.

*1. Communicating love and caring*, it is a sub-category of the reinforcing connectedness that refers to parenting strategy and method used by Thai parents for communicating parental love, affection, and care for their child during adolescence. They thought that parental love is very crucial for their adolescent minds. When the parents communicated their love and caring toward their adolescent in daily living, the parents believed that it could help him/her to know about parental love and caring. Their adolescent boy or girl would connect and close continuously with his/her parents and family the same as in their childhood years.

Thai parents had communicated love and caring with their adolescent through the traditional approaches, which were used effectively during childhood years such as hugging, kissing, playing together, taking care and verbalizing. They also created and adjusted their practice with the new approaches, which depended on the nature of the adolescent boy and girl that included his/her responses to the parental practices. For an example the fifth participant (father of adolescent girl): when the father kissed or hugged his adolescent girl, she would object to this parental manner by showing her unhappiness feeling such as avoiding and complaining. Then the father tried to express his love and care through the ways that child preferred such as less body contact and giving things she liked and telling of his parental love and concerns directly. The finding showed that Thai parents communicated their love and caring toward their adolescent by using two actions of *meeting needs, and verbalizing love and cares*.

“Meeting needs” is a parenting method used by Thai parents for communicating their love and caring toward their adolescent in daily living. The parents tried to do whatever to meet the child’s needs and satisfactions, especially meeting the adolescent’s psychological needs. This parenting method was performed based on parental recognition of their child being an adolescent who was growing and had specific needs and satisfactions. So, the parents intended to do and *provide things* that met his/her needs and requirements such as providing favorite foods or things based on the adolescent’s requests and demands. The parents wanted to make their child know and be satisfied with their love and caring.



I still prepared his favorite food for him. I also give him much money for buying something such as clothes and mobile phone. Before giving any things, I would ask him first, because I want to make him to be happy and satisfied. (Mother, P 14)

Narrative of Thai parents indicated that the parents also *provided support*, which depended on their awareness and concerns regarding his/her life and work in everyday events. They thought that during adolescence, their adolescent might be more troubled or stressed from his/her study, life or work. So, they had given support consistently, even though, the adolescent did not request it.

I usually lived with her on the night for taking cares her closely. I noticed that she had much home work during studying in grade 10-12. I could not help her, however, I am able to provide comforts for her such as giving her some snack and talking with her for relaxing from strain. (Father, P 12)

In terms of emotional support, the parents would perform this parenting method that depended on the adolescent's needs and troubles in daily life events. When they noticed his/her unhappy manners or feelings continuously, they would support his/her mind.

She frequently complained about inappropriate habits of her close friends that made her troubled. I knew and understood her feelings and try to talk and share ideas with her for decreasing stress. (Mother, P 6)

I'm concerned about her having to study very hard all this time, so, I usually encourage her to express her troubles or stress, such which go ahead and let it out. And, I often say that; please feel free to tell dad, I can help her with anything as she want. (Father, P 15)

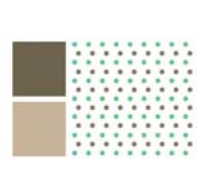
Additionally, Thai parents had met the adolescent's needs for all dimensions of his/her life that included the spiritual aspect. This parenting practice was performed based on parental love and care, so, they had met his/her spiritual need through the method of *providing help and encouragement* when the adolescent required or was troubled. They encouraged and helped him/her for increasing his/her confidence and security in both work and life.

Before taking examination, she always calls for taking blesses from mom and dad. I say with her that; Dad and mom pray for your success; good luck and please do the best as you can, and then everything will be ok. (Father and mother, P 11)

“Verbalizing love and cares” is the second parenting method used by Thai parents for communicating love and caring toward their adolescents. It was done based on parental awareness of their child being an adolescent who could understand the meaning of what the parent/parents said or acted. The parents verbalized their love and care toward their adolescent through several techniques especially, telling of their love and care directly, for example:

I talk with her every day. Sometime, I tell her about my concerns. I frequently say with her that I need her feel happy and comfort. I can do whatever for her. If she feels troubles, I will help and support her forever, because she is my heart. (Father, P 15)





I say that he is my oldest son who is my heart and soul. I want him to know that I ever concern about his life. And, I want to do and provide whatever for him as I can. (Father, P 18)

The data suggested that the parents had also used the technique of *open and good conversations* in daily living that could make him/her to know about their love and cares. Because they thought that their adolescent boy or girl grew enough and was able to understand the meanings of what they had done or said with him/her. Thus, they tried to be careful when talking or saying whatever with their adolescent boy or girl in daily living.

I talk with her by using nice and cheerful words, speaking gently, asking and not forcing her to do as my ways. Doing this, I hope that she will know how I feel and care about her. (Mother and father, P 5)

I try to speak with soft voice, good asking and talking and not scolding him. As this way, I can make him known about my love. In particular, the good speaking with him is very important method used for expressing my love when he is growing older and older. (Mother, P 14)

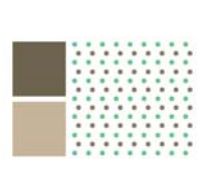
In summary, the “verbalizing love and care” is one crucial parenting method that Thai parents used for communicating love and cares toward their child during adolescence. The parents told of their love and care directly with the adolescent boy or girl, including saying or talking with open and good conversations with him/her in daily living. They hoped that this parenting method could make the adolescent know of their parental love and care. And, then he/she would also love and connect with their parents continuously during adolescence.

2. *Showing more respect*, it is the parenting method that Thai parents performed for communicating love and caring toward their adolescent. The parents thought that this parenting measure could also help them to keep closeness with their child. When the parents showed more respect toward him/her, it could promote good relationships among them. Then, the strong connectedness among the parents-adolescent was maintained and enhanced. And, the conflicts among the parents-adolescent also decreased. Thai parents believed that this parenting method is very important to nurture the adolescent boy or girl. Because he/she had much growth and maturity when developing during the adolescent stage, so, the parents intended to show their respect toward him/her like an older child. The finding reflected that the parents performed this parenting method through several techniques, especially, *treating the child as friend*.

I feel that she is like both my child and friend; so, I talk and share opinions with her all matters and admiring when doing good things. Sometime, I felt that she is my close friend, so, I frequently tell her about my work and troubles. (Mother, P 4)

I relate with her like my close friend, because she looks like an adult person. So, I, sometime, consult and get good ideas from her too. (Mother, P 6)

The parents also demonstrated more respect toward the adolescent boy and girl by using the method of *encouraging discussion, avoiding punishment, and accepting the child's decision*.



I treat him as older child who is sensible and able to understand and use reasons. So, I usually listen and share opinions with him for all matters and avoiding blaming or spanking, including unsuspecting him. (Father and mother, P 2)

I usually share ideas with him. And I let him make decision for own study or work and follow to his ways and planning. (Father and mother, P 13)

Additionally, Thai parents narrated that when they treated the adolescent like an older person, good relationships and closeness among them were maintained, especially, the conflicts were decreased.

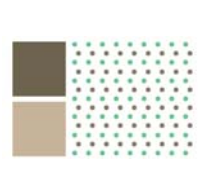
I have no problem with him. I did not force, but interact with him like an older child; talking and listening with openness. So, he was ever close to me, and has less conflict with me. (Father, P 18)

I open my mind, especially, more listening whatever and accepting her ideas. I think that this way could help me sharing opinions with her for all matters, having less conflict, and having good relationships with her. (Mother, P 6)

In summary, “showing more respect” is one crucial parenting method that Thai parents did for communicating love and care toward their child during adolescence. It could help these parents to maintain a good relationship and strong connection with their adolescent boy or girl consistently, including decreasing conflicts among them.

3. *Keeping closed communication*; it meant to action that parents intended to continue connection and touch with their adolescent through the effective or positive communication process suited for nature of an adolescent who was more independent, closing to friends and peer group, but less talking and closing with parents. In particular, from middle to late adolescence, in this phenomenon, many adolescents had to live far from home due to changing school for study in higher level (high school or university. Hence, an adolescent would distance from parents and family caused from his/her study, work and activities. Thus, parents tried to carry on the process of keeping closed communication throughout adolescence which could promote and continue connectedness among parents-adolescent and adolescent-family. Then, an adolescent would keep on connection and bond with his/her parents, including home consistency. Especially, when parents kept closed communication with their adolescent, they could also express parental love, and cares as well as knowing about adolescent’ s activities in daily living. And, then, an adolescent would trust own parents and intended to regulate his/her own for good future life both career and life. The parents communicated with their child during adolescence by warm-hearted speaking or talking such as not scolding or forcing, not using power, treating as both friend and child. For example:

We always give the best attentions by providing warmth and closeness. When our child come back home, we usually ask about her activities. And, when, supposing, kid asks for some money, I will say that, “What do you buy? Is it enough for you?” Yes I never scold or make child feared. If we do by negative way, our children will not trust mom and dad. (Mother and father, P 5)



In generally, the parents tried to keep closed communication with teenage child through several techniques, especially, phoning, visiting, asking and talking with regularly in daily living.

During she is studying in the university, she likes to call me everyday. I also promise her, I will call her at 9 p.m. every night. She tells me all. We enjoy talking together, sometime; she consulted me about her problems; friends or else. (Mother, P 1)

The consequences of the process of keeping closed communication, all adolescents in this study presented that, however, growing up in late adolescence, he/she had just closed and trusted own parents. He/she always communicated all matters with his/her parents. For example: the story of the 5<sup>th</sup> participant (father and mother of female teen):

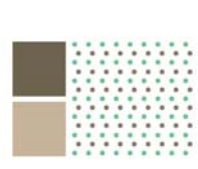
“My daughter always tells me about her activities in daily living. Sometime, she consulted me when troubled. In fact, now, she lives in another province, but we can talk together regularly via phone. Yes my daughter contacts me via phone consistency.”

In sum, the data displayed the key action of “reinforcing connectedness” which parents trusted and performed throughout adolescence. This important parenting practice was focused on the sub actions of communicating love and caring; showing more respect and keeping close contact which contributed parents to adjust and create the other important parenting activities and behaviors for developing appropriate and healthy characters of their adolescent.

## **Discussions**

This study addresses a gap in the literature about the parenting during adolescence. Unique contributions of the study include the exploration of Thai parents’ experiences of parenting their healthy adolescents throughout the transition period from early to late adolescence, and the development of a substantive-level grounded theory of Thai parenting during adolescence. The major concept of “reinforcing connectedness” provides new insights about effective parenting practice of parents during adolescent period in Thai context. As such, it offers a more nuanced understanding of their experiences.

The important of children becoming adolescents as a catalyst for increased parental recognition and then adjusting the important parenting practice named as ‘reinforcing connectedness’ was an interesting finding. This emergent concept is consistency with the existing knowledge in the western context which has been presented based on experts’ opinion and research evidences which had conducted by quantitative method. Actually, a positive, stable, emotional bond between parents and adolescents, including family and adolescents is a protective factor for adolescents’ health and development (Resnick, Bearman, Blum, & et al., 1997; Simpson, 2001; World Health Organization, 2003; 2007). Especially, at a recent World Health Organization (WHO) meeting in Geneva, family connectedness is identified as one of the top five protective factors related to adolescent well-being (ReCapp, 2002, 2003). It can protect teenage children from the many challenges and risks facing them in today’s world, including tobacco use, depression, eating disorders, pregnancy, and HIV infection (Brown, 2006) that includes sexual risk-taking (Markham, Tortolero, Escobar-Chavez, Parcel, Harrist, and Addy, 2003).

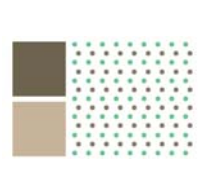


Connection or connectedness among parent-adolescent and family-adolescent can be defined as the degree of closeness/warmth experienced in the relationship that adolescents have with their parents (ReCAPP, 2002, 2003) and family (Resnick et al., 1997; WHO, 2007). It is a dimension of parent and family-adolescent relationship that is otherwise called warmth, affection, care, comfort, concern, nurturance, support or love. It is the highest degree of closeness, caring, and satisfaction with parental relationship...feeling understood, loved, wanted, and paid attention to by family member (Blum & Rinehart, 1997). In particular, parent-child connectedness is characterized by the quality of the emotional bond between parent and child and by the degree to which this bond is both mutual and sustained overtime (Lezin, Roller, Bean, & Taylor, 2004).

From the current study, explicitly, the connectedness among parent, family and a child or adolescent did not begin in adolescence but establish since young child period. Consistency with Pollack (2004), who presents that the strongest adolescent-parent and family connections have their roots since in early childhood. When connectedness is high in a family, the emotional climate is one of affection, warmth, satisfaction, trust, and minimal conflict. Parents and children who share a high degree of connectedness enjoy spending time together, communicate freely and openly, support and respect one another, share similar values, and have a sense of optimism about the future (Lezin, et al., 2004).

For maintaining love and connectedness, some experts suggest that, in order to maintaining parent-child connectedness during adolescence, parents should continue to provide for basic physical needs, build and maintain trust, demonstrate love, care, and affection, share activities, prevent, negotiate and resolve family conflicts, establish and maintain structure (establish expectation, conduct effective monitoring, conduct effective discipline, and positive reinforcement), and communicate effectively. Congruent with this study, all Thai parents maintained love and connectedness with their adolescent through several strategies and behaviors such as providing cares, needs, and supports, caring communication (e.g. soft speaking, open minded, caring talk, avoiding conflicts), creating family recreation consistency and doing activity together, treating as equity among siblings, keeping contact by phone or visiting regularly when living far from home. Hence, all parents felt that their adolescents had closed and bond with them, including family as same as during young child period.

Interestingly, in terms of reinforcing connectedness which the parents performed toward their child during adolescence, the data showed that all parents carried out this action based on parental adjustment of both raising activities and behaviors which consisted of three strategies of: communicating love and caring, showing more respect, and keeping closed contact. These strategies were performed based on parental recognizing about their child's changes when becoming adolescents such as more independent and not like more parental involvement and controls. These changes made some parents could not perform traditional parenting methods of expressing love toward their child during childhood year. In particular, some adolescents resisted to old practices of expressing parental affections, especially, hugging and kissing. Some adolescents expressed their rejection by reflecting or telling their parents directly. Therefore, parents have to adjust both practices and behaviors suited for child's needs and age that could make parents connected with their adolescent. And then, they could carry out their parenting process for promoting their child becoming healthy adolescent and also beyond to adulthood stage.



The study also strongly points to the importance of the couple relationship, which has been shown to be particularly influential in shaping parenting practice throughout adolescent period. All parents, especially, mothers usually consult their couples when facing problems of parenting their child during the transition period from early to late adolescence. For example: Some parents noticed some risky behaviors of their child (e.g. not go to school, more playing computer game), they would discuss with couple in early for correcting child's negative behaviors that included preventing adolescent health problems in future life. This finding can apply that effective parenting during adolescence demand resulted from an understanding between the parents (mother and father) themselves (Ruanpan, 2006).

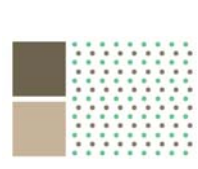
A limitation of this study was that even though this study incorporated in various participants of both fathers and mothers in several provinces of Thailand. The parents interviewed all shared the responsibilities of parenting adolescents, communicated openly about parenting, adolescents, and seem to practice well with parenting challenges and troubles, which will not always be the case. According to the view of parenting as a shared responsibility (Hamner & Turner, 1996; Helseth & Ulfst, 2005; Ruanpan, 2006), however, in this study, the analysis did not focus on differences between mothering and fathering, or how these responsibilities were shared, but rather on their experiences of parenting as a whole. Mothers and fathers assume unique roles in a family, and the gender of the adolescent may have impact on the family and parenting process specifically. Future studies of parenting adolescents should focus more on the different roles of mothers and fathers and how they share responsibilities and maintain the energy necessary to perform parenting process during adolescence. The challenge of being a motherhood or fatherhood in such a situation should also be emphasized of future research. In addition, larger studies are needed across populations to examine the similarities and differences, especially, for testing this concept in a large population.

## **Conclusions and Implementations**

Adolescence is a great challenge, and often necessitates changes in parenting process, activities, and behaviors. Parents' recognitions about child's changes during becoming adolescents and awareness of potential risks and growth often stimulate a result of parental practices and behaviors toward their children.

Findings from this study have resulted in generating the concept of 'reinforcing connectedness' in parenting during adolescence situation in Thai parents of healthy late adolescents. They might be transferable in a manner consistent with qualitative research and used to sensitize nurses and other health care providers about possible patterns of experience among parents (mothers and fathers). Used in this way, the findings point to a number of potential considerations for them.

For creating an appropriate program of promoting parenting practice of adolescents in Thai context, the most necessary strategy, nurses and health care providers should start from the antecedent step of 'recognizing child becoming adolescent'. Because, this step can motivate parents have awareness of both potential growth and risks of an adolescent, and then parents will dedicate own self to perform effective parenting practice of reinforcing connectedness that includes creating activities of raising child's development and well-ness since early to

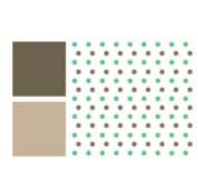


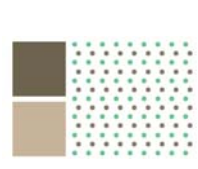
late adolescence. For enhancing connectedness, the important strategies is parental adjustment of nurturing patterns called as communicating love and caring, showing more respect, and keeping close contact. Therefore, nurses should encourage parents to seek and change both practices and behaviors for new parenting measures through consulting process in an out of family unit (couple and expert people). And then, they can adjust their own for performing the effective parenting toward their child throughout the transition period, especially, enhancing connectedness that can promote an adolescent regulate and promote own self in positive ways or not engaging in risky behaviors.

In conclusion, although these findings need to be tested using a larger, representative sample, they provide useful clues for practicing in nursing and related health disciplines and hopefully serve as a springboard for further research and concept or theory development.

## References

1. Arnett, J.J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, 54, 317-326.
2. Biddlecom, A., Awusabo-Asare, K., & Bankole, A. (2009). Role of parents in adolescent sexual activity and contraceptive use in four African countries. *International Perspectives on Sexual and Reproductive Health*, 35(2): 72-81.
3. Borawski, E.A., Ievers-Landis, C., Lovergreen, L.D., & Trapl, E.S. (2003). Parental monitoring, negotiated unsupervised time, and parental trust: the role of perceived parenting practices in adolescent health risk behaviors. *Journal of Adolescent Health*, 33, 60-70.
4. Blum, R. W., & Rinehart, P. M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Minneapolis: Division of General Pediatrics and Adolescent Health and Development, University of Minnesota.
5. Brook, J.B. (2001). *Parenting*. 3rd ed. London: Mayfield Publishing Company.
6. Brown, N. L. (2006). *Parent-child connectedness*. Retrieved August 16, 2011 from [http://www.healthline.com/blogs/teen\\_health/2006](http://www.healthline.com/blogs/teen_health/2006)
7. Buehler, C., & Gerard, J.M. (2002). Marital conflict, ineffective parenting, and children's and adolescents' maladjustment. *Journal of Marriage and Family*, 64, 78-92.
8. Duvall, E.M. (1977). *Marriage and family development*. Philadelphia: J.B. Lippincott.
9. Eldridge, T.M. (2002). Parenting. In J.A. Fox. (ed). *Primary health care of infants, children, & adolescents* (chapter 3). St. Louis: Mosby, Inc.
10. Friedman, M.M., Bowden, V.R., & Jones, E.G. (2003). *Family nursing research, theory, & Practice*. 5th ed. New Jersey: Prentice Hall.
11. Glaser, B.G. (1978). *Theoretical sensitivity*. California: Sociology Press.
12. Glaser, B. G. & Strauss, A. L. (1967). *The discovery of Grounded Theory: strategies for qualitative research*. New York: Sociology Press.
13. Gutgesell, M.E., & Payne, N. (2004). Issue of adolescent psychological development in the 21st century. *Pediatric review*, 25, 79-84.
14. Hamner, T. J., & Turner, P. H. (1996). *Parenting in Contemporary Society*. 3rd ed. Boston: Allyn & Bacon.
15. Helseth, S., & Ulfst, N. (2005). Parenting experiences during cancer. *Journal of Advanced Nursing*, 52, 38-46.

- 
16. Hoghughi, M. (1998). The importance of parenting in child health. *BMJ*, 316: 1545-1550.
  17. Huebner, A. (2000). *Adolescent growth and development*. Retrieved November 27, 2004 from <http://www.ext.vt.edu/pubs/family/350-850/350-850.html>.
  18. Jacobson, G.A. (1999). Parenting processes: A descriptive exploratory study using Peplau's Theory. *Nursing Science Quarterly*, 12, 240-244.
  19. Jones, D.J., Forehand, R., & Beach, S.R. (2000). Maternal and paternal parenting during adolescence: forecasting early adult psychosocial adjustment. *Adolescence*, 35, 513-530.
  20. Lam, C.M. (2003). Covert parental control: parent-adolescent interaction and adolescent development in a Chinese context. *International Journal Adolescence Medical Health*, 15, 63-77.
  21. Lezin, N., Roller, L. A., Bean, S, & Taylor, J. (2004). *Parent-child connectedness: Implications for research, interventions, and positive impacts on adolescent health*. Santa Cruz, CA: ETR Associates.
  22. Markham, C. M., Tortolero, S. R., Escobar-Chavez, S. L., Parcel, G. S., Harrist, R., and Addy, R. C. (2003). *Family connectedness and sexual risk-taking among urban youth attending alternative high school*. Retrieved February 2, 2008 from [www.cnet.com/](http://www.cnet.com/)
  23. Meschke, L. L., Bartholomae, S., & Zentall, S. R. (2002). Adolescent sexuality and parent-adolescent process: promoting healthy teen choices. *Journal of Adolescent Health*, 31: 264-279.
  24. Nanthamongkolchai, S., Nieamsup, T., & Chaumpluk, R. (2004). Child rearing in Thai families: *Journal of Sociology and Humanity*, 30, 96-107.
  25. Paulson, S.E. (1996). *Pattern of parenting during adolescence: perceptions of adolescents and parents*. Retrieved December 4, 2004 from <http://www.looksmart.com/>
  26. Pollack, W. S. (2004). Parent-child connections: The essential component for positive youth development and mental health, safe communities, and academic achievement. *New Directions for Youth Development*, 103, 17-30.
  27. Resnick, M. D., Bearman, P. S., Blum, R. Wm., Bauman, K. E., Harris, K. M., & et al., (1997). Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. *JAMA*, 10, 823-832.
  28. ReCAPP. (2002-2003). *Parent-child connectedness*. ETR's Resource Center for Adolescent Pregnancy Prevention. Retrieved October 25, 2007 from [www.etr.org/recapp/column200212.htm](http://www.etr.org/recapp/column200212.htm)-36k
  29. Ruanpan, C. (2006). Parenting skills in the advent of early adolescence. *Journal of Population and Social Studies*, 15, 109-137.
  30. Shek, D.T.L. 1999. Paternal and maternal influences on the psychological well-being of Chinese Adolescents. *Genet Soc Gen Psycho Monogr* 125: 269-296.
  31. Simpson, A. (2001). *Raising teens: A synthesis of research and a foundation for action*. Boston: Center for Health Communication, Harvard School of Public Health. Retrieved January 15, 2006 from <http://www.hsps.harvard.edu/chc/parenting>
  32. The National Clearinghouse on Families & Youth. (1996). *Supporting your adolescent: Tips for parents*. U.S. Department of Health and Human services. Retrieved March, 3, 2005, from <http://www.ncfy.com/Support.htm>

- 
33. World Health Organization. (2003). *Health and health behavior among young people*. Copenhagen: World Health Organization Regional Office for Europe.
  - World Health Organization. (2007). *Helping parents in developing countries improve adolescents' health*. Geneva: WHO press.
  34. Yang, H., et al.,(2007). Dynamic association between parental monitoring and communication and adolescent risk involvement among African-American adolescents. *Journal of the National Medical Association*, 99(5): 517-524.