A Comparative Study to Assess the Perceived Preparedness Among Male and Female Parent Regarding Adolescent Health in A Selected Urban Area

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Abstract—**Background Of Study: Parenting can be the most rewarding work of adult life. Nothing brings more joy and pride than a happy, productive, and loving child. Each age and stage of a child's development has specific goals and tasks. For infants, it is to eat, sleep, and explore their world. For adolescents, it is to become their own person with their own group of friends. Adolescents need many skills in order to successfully achieve their goal of increased independence. Some adolescents do not make this transition smoothly. Their movement toward independence can cause stress and grief for parents and families. Some aspects of this rough transition are normal and, while stressful, should not alarm parents. Advances in neuroscience tell us that the plasticity of the adolescent brain presents "a second opportunity" to positively influence long-term outcomes and even reverse some of the effects of adverse childhood experiences (ACEs) Supported and challenged by parents and caregivers who love them unconditionally, adolescents have the relational connection required to build on their strengths to develop competencies that enhance their resilience and give them the confidence, character, knowledge and skills they need to cope with adversity, realise their full developmental potential, and contribute to family and society.Aim; To compare the perceived preparedness of male and female parents regarding adolescent health. Materials And Methods: In this study, Quantitative approach and comparative design is adopted to compare the perceived preparedness of male and female parents regarding adolescent health. The study is conducted in households located in urban areas of Maharashtra state. A total of 100 samples (50 male and 50 female parents) who satisfied the inclusion criteria were recruited using non-probability convenient sampling technique from study population. A validated 5- point Likert scale was used to assess the perceived preparedness of the male and female parents. Data were analysed using descriptive statistics and inferential statistics. Result: Among the 100 parents, 50 (50%) were males and 50 (50%) were females. An independent samples t-test was used to compare preparedness scores between male and female parents. Female parents demonstrated significantly higher preparedness scores (84.70 ± 8.11) than male parents (72.52 ± 7.84). The obtained t-value was -6.79 with a p-value less than 0.001, indicating a statistically significant difference between the two groups. Thus female parents showed higher preparedness levels compared to male parents.**

Index Terms— **Compare, Perceived Preparedness, male and female parent, adolescent health.**

I. INTRODUCTION

Adolescence is a critical period marked by rapid physical, psychological, and social changes. Parents play a pivotal role in guiding adolescents, yet many feel insufficiently prepared to address issues related to puberty, mental health, sexuality, risk-taking behavior, digital exposure, and lifestyle habits.

Perceived preparedness of parents can influence the quality of guidance they provide, which in turn affects adolescent well-being. Comparing preparedness across different parent groups (e.g., mothers vs. fathers, educated vs. less educated, rural vs. urban) helps identify gaps and informs targeted interventions. Parents often transition from "managers" of their child's life to "consultants," allowing age-appropriate independence while still providing boundaries. Maintaining a strong attachment and a secure, non-judgmental environment is linked to fewer mental health struggles and a reduced likelihood of high-risk behaviors in the adolescent children.

Adolescence is a very vital period that will determine how a person will view and interact with the world as an adult. There are issues of general wellness, social wellness, and sexual wellness, all of which are linked. For teenagers, it's important to have the resources, mentorship, and knowledge to make the right choices. Adolescents learn health behaviors—such as diet, exercise, and coping mechanisms—directly through social learning and observation. Parents' daily habits significantly impact whether their teens adopt positive or risky health trajectories.

Research Approach
Quantitative approach was adopted to assess perceived preparedness among male and female parent regarding adolescent health

Research Design:
Comparative research design was applied

Sampling technique:
Non-probability convenient sampling technique

Setting of the Study
The study was conducted in selected urban households of Maharashtra

Sample Size
The sample size included for the study consist of 100 parents (50 male and 50 female parents) who met the inclusion criteria.

Description of Tool
Section-A:
Deals with 8 items seeks information regarding demographic variables of parents.

Section-B:
It contains a 5- point Liker scale (not prepared to highly prepared) deals with various aspects of adolescent health which parents should be aware like, Knowledge of Physical & Pubertal Changes, Mental & Emotional Health, Communication Skills with Adolescents, Digital Safety & social media, Sexual & Reproductive Health, Risk-Taking & Behavioural Issues, Parental Confidence & Readiness.

Data collection process:
To conduct research study formal permission was obtained from the college authority and the ethical committee.

After accepting the permission, the following steps were taken up:
Step 1-Researcher introduced themselves and explains the purpose of the research study to the subjects and an informed consent was taken.
Step 2 - Administration of structured 5-point Likert scale to assess the perceived preparedness of parents regarding adolescent health.
Step 3 - Collection of data.
Step 4 - Analysis of collected data.

II. DATA ANALYSIS AND INTERPRETATION

This section outlines the methods and statistical techniques used in the study to analyse the collected data, followed by a detailed interpretation of the findings in relation to the research objectives.

SECTION: I
This section deals with Analysis of demographic characteristics of the male and female parents under study. It is analysed and presented in form of frequency and percentage table.

SECTION: II
In this section analysis and interpretation of data is done in order to find out association of perceived preparedness score with selected demographic variables of the male and female parents.

Section I:
Description of Demographic Variables

Table 1: Distribution of male and female parents according to Demographic Variables (N = 100)

Demographic Variable	Category	Male Parents (n=50)	Male Parents (n=50)	Female Parents (n=50)	Female Parents (n=50)
1.1	Age group	Frequency	%	Frequency	%
	30–35 years	10 .0	20.0	5.0	10.0
	35–40 years	9.0	18.0	24.0	48.0

	40–45 years	18.0	36.0	12.0	24.0
	Above 45 years	13.0	26.0	9.0	18.0
1.2	Educational Status				
	High School	13.0	26.0	22.0	44.0
	Graduate	25.0	50.0	18 .0	36.0
	Post Graduate	12.0	24.0	10.0	20.0
1.3	Occupation				
	Housewife	0	0	4.0	8.0
	Public Sector	27.0	54.0	11.0	22.0
	Private Sector	13.0	26.0	32.0	64.0
	Self-employed	10.0	20.0	3.0	6.0
1.4	Type of Family				
	Nuclear Family	27.0	54.0	33.0	66.0
	Joint Family	23 .0	46.0	17 0	34.0
1.5	Number of Children				
	One Child	5.0	10.0	10.0	20.0
	Two Children	38.0	76.0	37.0	74.0
	Three or More Children	7.0	14.0	3.0	6.0
1.6	Previous Experience				
	Yes	8.0	16.0	8.0	16.0
	No	42.0	84.0	42.0	84.0
1.7	Source of Information				
	Internet	35.0	70.0	10.0	20.0
	Books	4.0	8.0	11.0	22.0
	Health Worker	3.0	6.0	17.0	34.0
	Newspaper	8.0	16.0	12.0	24.0

Table 1 describes the comparison of demographic characteristics among the male and female parents. It showed notable differences in the demographic characteristics between male and female parents. Age group: Among male parents, the highest proportion18 (36%) belonged to the 40–45 years age group, whereas among female parents, nearly half 24(48%) were in the 35–40 years age group.

Regarding Educational status, graduates constituted the largest group among male parents 25(50%), while high school education was most common among female parents 22(44%). Occupationally, more than half of the male parents 27(54%) were employed in the public sector, whereas the majority of female parents 32(64%) were employed in the private sector.

Type of family, A higher proportion of female parents 33(66%) belonged to nuclear families compared with male parents 27 (54%). Number of children, in both groups, most parents had two children, accounting for 38(76%) of males and 37(74%) of females.

Previous experience related to adolescent health was similar in both groups, with 16% reporting previous experience. However, differences were observed in Sources of information. The Internet was the predominant source among male parents 35(70%), whereas health workers were the most common source among female parents 17(34%).

The findings indicate that male and female parents differed with respect to age distribution, educational status, occupation, family type, and source of information. Female parents were more likely to

belong to nuclear families and obtain information from health workers, whereas male parents were more likely to be graduates and rely on the Internet as their primary source of information. These demographic differences may contribute to the observed variation in preparedness scores between male and female parents.

Comparative Analysis of Preparedness Scores Between Male and Female Parents (N = 100)

Table 2: Comparison of perceived preparedness Scores Between Male and Female Parents

Group	N	Mean	Median	Standard Deviation	Minimum	Maximum
Male Parents	50	73.34	74.00	7.06	58	91
Female Parents	50	83.88	84.00	8.40	66	96
Total	100	78.61	79.00	9.36	58	96

Table 3: Comparison of perceived preparedness Scores Using Independent Samples t-test

Variable	Mean ± SD	t-value	p-value	Significance
Male Parents	73.34 ± 7.06	-6.79	<0.001	Significant
Female Parents	83.88 ± 8.40			

Significant at $p < 0.05$

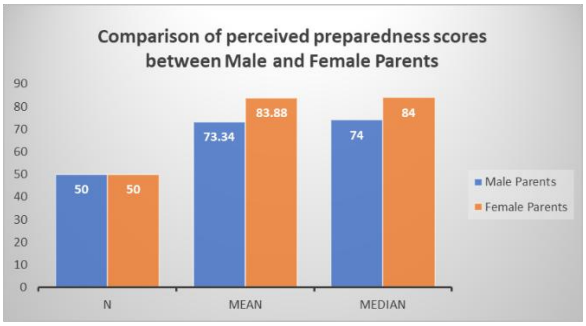

Figure 1: Comparison of Preparedness Scores Between Male and Female Parents

Table 3 and figure 1 describes comparison of perceived preparedness scores between male and female Parents. The perceived preparedness scores of male and female parents were compared using an independent samples t-test. The mean preparedness score of female parents was 83.88 ± 8.40, which was higher than the mean preparedness score of male parents (73.34 ± 7.06). The difference between the two groups was found to be statistically significant ($t = -6.79$, $p < 0.001$). These findings suggest that female parents possess significantly greater preparedness regarding adolescent health compared to male parents.

Section II:

Association Between Perceived Preparedness Score and Demographic Variables

Table 4: Association of Preparedness Score with Demographic Variables Among Male Parents (n = 50)

Demographic Variable	Test Value	p-value	Significance
Age Group	F = 5.289	0.003	Significant*
Educational Status	F = 3.885	0.028	Significant*
Occupation	t = -0.461	0.650	Not Significant
Type of Family	t = 1.222	0.229	Not Significant
Number of Children	F = 2.313	0.110	Not Significant
Previous Experience	t = -1.569	0.133	Not Significant
Source of Information	F = 0.840	0.479	Not Significant

Level of significance: $p < 0.05$

Table 4 describes among male parents, preparedness score was significantly associated with age group ($F = 5.289$, $p = 0.003$) and educational status ($F = 3.885$, $p = 0.028$). No significant association was found with occupation, family type, number of children, previous experience, or source of information.

Table 5 depicts among female parents, preparedness score was significantly associated only with age group ($F = 4.236$, $p = 0.010$)

Table 5: Association of Preparedness Score with Demographic Variables Among Female Parents (n = 50)

Demographic Variable	Test Value	p-value	Significance
Age Group	F = 4.236	0.010	Significant*
Educational Status	F = 1.701	0.194	Not Significant
Occupation	F = 1.073	0.370	Not Significant
Type of Family	t = 0.710	0.483	Not Significant
Number of Children	F = 0.826	0.444	Not Significant
Previous Experience	F = 0.123	0.884	Not Significant
Source of Information	F = 0.159	0.924	Not Significant

* Significant at $p < 0.05$

Educational status, occupation, family type, number of children, previous experience, and source of information were not significantly associated with preparedness score.

Table 6: Comparative Analysis of Association of Preparedness Score with Demographic Variables Between Male and Female Parents

Demographic Variable	Male Parents	Female Parents
Age Group	Significant (p = 0.003)	Significant (p = 0.010)
Educational Status	Significant (p = 0.028)	Not Significant (p = 0.194)
Occupation	Not Significant (p = 0.650)	Not Significant (p = 0.370)
Type of Family	Not Significant (p = 0.229)	Not Significant (p = 0.483)
Number of Children	Not Significant (p = 0.110)	Not Significant (p = 0.444)
Previous Experience	Not Significant (p = 0.133)	Not Significant (p = 0.884)
Source of Information	Not Significant (p = 0.479)	Not Significant (p = 0.924)

Table 6, narrates comparative analysis of association of preparedness score with demographic variables between male and female parents. It showed that age group was a significant determinant of preparedness score in both groups. Educational status was significantly associated with preparedness score among male parents but not among female parents. None of the remaining demographic variables showed a significant association with preparedness score in either group. These findings suggest that age influences parental preparedness regardless of gender, while educational status appears to play a role only among male parents.

III. DISCUSSION

The present study was conducted to compare the perceived preparedness of male and female parents regarding adolescent health. The findings revealed that female parents demonstrated significantly higher preparedness scores than male parents. The mean preparedness score among female parents was 83.88 ± 8.40, whereas the mean preparedness score among male parents was 73.34 ± 7.06. The difference was found to be statistically significant ($t = -6.79$, $p < 0.001$), indicating that female parents were better prepared regarding adolescent health issues.

This finding may be attributed to the traditional role of mothers as primary caregivers and their greater involvement in child-rearing activities. Mothers often spend more time with children and are more likely to discuss issues related to growth, development, puberty, and emotional changes. Consequently, they may acquire greater knowledge and confidence regarding adolescent health concerns. Fathers, although increasingly involved in parenting, may have fewer opportunities to engage in discussions related to adolescent developmental issues, resulting in comparatively lower preparedness levels.

The demographic profile of the study participants showed that the majority of female parents belonged to the 35–40 years age group, whereas most male parents were in the 40–45 years age group. A higher proportion of male parents were graduates, while a greater percentage of female parents had completed high school education. Despite differences in educational attainment, female parents demonstrated better preparedness, suggesting that parental preparedness may be influenced not only by educational qualifications but also by active involvement in child care and access to health-related information.

The analysis of demographic variables revealed that age was significantly associated with preparedness scores among both male and female parents. This finding suggests that parental maturity and life experience may contribute positively to preparedness regarding adolescent health. Older parents may have greater exposure to parenting experiences and health information, enabling them to better understand the needs of adolescents.

Among male parents, educational status was significantly associated with preparedness scores, indicating that higher educational attainment may enhance awareness and understanding of adolescent health issues. However, educational status was not significantly associated with preparedness among female parents. This may be because female parents acquire information through multiple channels such as family interactions, healthcare professionals, schools, and community networks, reducing the influence of formal education alone.

No significant association was found between preparedness scores and occupation, family type, number of children, previous experience, or source of information among either male or female parents. These findings suggest that preparedness regarding adolescent health is a multidimensional concept influenced by various personal and social factors rather than by a single demographic characteristic.

IV. CONCLUSION

The findings of the present study emphasize the need for targeted educational interventions for both mothers and fathers. Although female parents exhibited higher preparedness levels, male parents also play a crucial role in supporting adolescents during the transition from childhood to adulthood. Therefore, adolescent health education programs should actively involve both parents and provide opportunities for fathers to enhance their knowledge and preparedness regarding physical, psychological, emotional, and social aspects of adolescent development.

Overall, the study highlights the importance of parental preparedness in promoting healthy adolescent development. Strengthening parents' understanding of adolescent health through structured educational programmes and sensitization packages may contribute to improved parent–adolescent communication, early identification of health concerns, and better health outcomes for adolescents.

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None

CONFLICT OF INTEREST
None

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