The protective effects of good parenting on adolescents

Elise R. DeVore[a] and Kenneth R. Ginsburg[b]

Purpose of review

To explore recent developments in the literature regarding parenting practices and adolescent development, with a focus on parenting style, parental monitoring, communication, and supervision.

Recent findings

There have been significant recent advances in the study of the relationship between parenting and adolescent development. Several recent intervention studies with a parenting component demonstrated immediate and long-term protective effects on adolescent risk behavior. Parent–child connectedness and authoritative parenting style are protective for teens. Parental monitoring has a protective effect on many adolescent risk behaviors in both middle-class populations and poor urban environments and has been shown both to moderate the effect of peer influence and to persist into late adolescence. Whereas unsupervised time, exposure to sexual possibility situations, and out-of-home care increase sexual behavior, improved parent–child communication reduces sexual risk behaviors.

Summary

Recent scholarship demonstrates the significant, enduring, and protective influence of positive parenting practices on adolescent development. In particular, parental monitoring, open parent–child communication, supervision, and high quality of the parent–child relationship deter involvement in high-risk behavior. Authoritative parenting generally leads to the best outcomes for teens. Clinicians should find opportunities to discuss evidence-based parenting practices with families. Future research should focus on the development and long-term evaluation of effective parenting interventions.

Keywords

adolescent, parental communication, parental monitoring, parenting, parenting style, risk behaviors

Curr Opin Pediatr 17:460–465. © 2005 Lippincott Williams & Wilkins.

[a]Division of Adolescent/Young Adult Medicine, Department of Medicine, Children's Hospital Boston; Harvard Medical School, Boston, Massachusetts, and [b]The Craig-Dalsimer Division of Adolescent Medicine, The Children's Hospital of Philadelphia; University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Supported in part by the Leadership Education in Adolescent Health Project No. 5T71MC00009-13 from the Maternal and Child Health Bureau (Title 5, Social Security Act), Health Resources and Services Administration, United States Department of Health and Human Services

Correspondence to Elise R. DeVore, Division of Adolescent/Young Adult Medicine, Children's Hospital Boston, 300 Longwood Avenue, Boston, MA 02115, USA
Tel: 617 355 7181; fax: 617 730 0184;
e-mail: Elise.devore@childrens.harvard.edu

Current Opinion in Pediatrics 2005, 17:460–465

1040-8703

Introduction

Adolescence is an exciting and dynamic period for young people. As adolescents are faced with changes in their bodies and cognitive development they are constantly renegotiating their relationships with family, friends, school, and community. Ideally, their view of the world expands, and a new orientation to their future as productive independent adults emerges. As they navigate the critical tasks of self-identity development and graduated autonomy adolescents are at risk for the development of harmful behaviors. Contrary to popular belief, youth *do* want close relationships with parents [1•]. The study of high-risk teens by Ungar [1•] found that youth look to adults in their lives for support and control. Multidisciplinary scholarship over the past 20 years has produced a large body of literature on the relationship between parenting practices and adolescent development. Positive parenting practices delay risk behavior in risk-naïve youth, moderate behavior in risk-experienced youth, and promote optimal youth development. Overwhelmingly, the research confirms the strong and enduring influence of parenting practices on adolescents.

According to the 2003 Youth Risk Behavior Survey, adolescent involvement in many risk behaviors is on the decline. In a nationally representative sample of high school students, 27.5% were current cigarette smokers, 44.9% had consumed at least one alcoholic beverage within the previous month, 28.3% had binged with five or more alcoholic beverages within the previous month, and 22.5% had used marijuana within the previous 30 days. Lifetime use of inhalants was 12.1% and of illegal steroids was 6.1%. All those substance use behaviors, except illegal steroid use and marijuana, have declined since 1991. With regard to sexual activity, 46.7% reported ever having sex, 14.4% reported having four or more lifetime sex partners, and 34.3% were currently sexually active. Of sexually active students, 25.4% had used a substance at last sex, and 63.0% used a condom at last sex. Except for condom use and substance use at last sex, all of the above sexual risk behaviors have decreased since 1991 [2]. Despite this decline, adolescent risk behavior remains a persistent problem and a significant cause of youth morbidity and mortality [3].

Parenting style and family factors

Parenting practices are known to be closely related to many aspects of child and adolescent development. Authoritative parenting, which is characterized by a high degree of parental warmth and support, firm limit setting, open communication, and high levels of supervision, has

long been believed to be the ideal parenting style [4,5]. Until the late 1980s, the bulk of research on parenting style was conducted on young children. Baumrind's initial typologies of authoritarian, authoritative, and permissive parenting were developed from research in largely middle-class white families. In one of the first large studies of parenting style and adolescents, researchers found that youth from families high in authoritative parenting generally had higher academic performance across ethnic groups [4]. Other studies have confirmed the causal and robust relation between authoritative parenting and adolescent academic achievement and between supportive and involved parents and adolescent achievement, with some variation by ethnic group [5,6].

Some have suggested the benefits of a more directive, controlling authoritarian style in a risky urban milieu. The strength of authoritative parenting compared with authoritarian, permissive, and disengaged parenting was demonstrated in a study of poor urban girls. Girls with authoritative mothers had the best adjustment overall and were less likely to have ever had sex, less likely to have ever been pregnant, and less likely to be delinquent [7]. Additional studies of parenting styles in minority ethnic groups are needed because the relation between authoritative parenting and adolescent outcomes is less clear in some ethnic-gender groups [4,5].

In a large predominantly Caucasian population, Resnick *et al.* [8] demonstrated the protective relationship between parent–family connectedness and adolescent adjustment. Parent–family connectedness was represented by adolescents' feelings of parental warmth, love and caring. Teens from families with high levels of parent–family connectedness had later sexual debut, were less likely to become pregnant, to use cigarettes or marijuana, or to drink alcohol frequently. More recently, high levels of parent–child connectedness were found to be protective against youth smoking in nonsmoking families [9•].

Many other family factors are known to be important to adolescent development. Parents' own behavior plays a crucial role in defining what is normal for their children. Risky parental behavior is associated with risky adolescent behavior, sexual activity, and younger age at first coitus [10]. Adolescent drug use is higher if youth perceive family members to be using drugs [11]. Parental trust is known to be a very strong influence on adolescent behavior and to be protective against sexual activity and substance use [12]. Postponement of sexual activity has been strongly associated with high parental expectations [13]. African-American adolescent females living with mothers in a supportive family had increased communication with a sex partner about sexual risk, decreased sex with a nonsteady partner, and decreased unprotected sex with a steady partner [14].

For youth exposed to violence, parental involvement has been associated with a decrease in conduct problems [15]. Similarly, Richards *et al.* [16] found that unmonitored and unstructured free time increases exposure to violence and is related to delinquency. By contrast, time with family is protective and is associated with less violence and delinquency.

Parental monitoring

The evidence that parental monitoring is protective for teens is overwhelming. 'Parental monitoring' is a construct that incorporates both supervision and communication between parents and youth. Parental monitoring essentially refers to the extent to which parents know their children's whereabouts, activities, and associates when they are not under their direct supervision. Parental monitoring does not specify whether the information is obtained by unsolicited youth disclosure, parental solicitation, or direct parental control of activities. Which of these is most important is an area of considerable controversy in the literature. Stattin and Kerr [17] were among the first to perform a rigorous analysis of this question. Using both child and parent reports, they concluded that, contrary to popular thinking, parents' direct control over adolescent behavior is not as important as adolescents' voluntary disclosure of information about their lives. They suggest that parent–child relationships that facilitate communication are what prevent deviant teen behavior. By contrast, Fletcher *et al.* [18••] found that parental control is directly and negatively associated with adolescent substance use. Adolescents in this longitudinal study were less likely to use substances when they had warm, involved parents who solicited information concerning activities and provided higher levels of control – all consistent with the authoritative parenting model. It is worth noting that parents generally underestimate their adolescents' involvement in risk behavior [19].

Parental monitoring may differ by child gender and parent. Some studies have found an increased level of perceived parental monitoring in females, but others have found no difference in gender [17,20,21]. Mothers seem to know more about their adolescents daily activities than do fathers and are more likely to obtain it by active supervision or voluntary disclosure from the child. Fathers are more likely to receive information about their adolescents activities from their spouse [22••]. In this study, higher maternal knowledge of their teens' activities predicted lower adolescent deviance.

The benefits of parental monitoring are myriad. For youths living in poverty, high levels of parental monitoring are associated with resilience, which in this context refers to achieving good outcomes despite significant challenges to development [23]. In a recent study, adolescents reporting higher levels of parental monitoring were less likely to be current marijuana or inhalant users and were

less likely to have tried either [24•]. Highly monitored youth were less likely to use alcohol at a 12-month follow-up, and youth with lower parental monitoring at baseline were more likely to have risky driving behavior [25•,26]. In a cohort of high-risk urban adolescents, parental monitoring was a consistent and significant correlate of improvements in adolescent behaviors over time (decrease in delinquency, drug and alcohol use, and school problems). The factor was particularly protective for the most economically disadvantaged adolescents whose primary out-of-school care arrangement was to be unsupervised out of the home [27•]. In another longitudinal study, high levels of parental monitoring buffered the relation between witnessing violence and the initiation of cigarette and advanced alcohol use in rural sixth-graders [28•].

Not only are high levels of monitoring protective, low levels of parental monitoring have been associated with numerous risk behaviors and deviancy. Cross-sectional and longitudinal studies in diverse sociodemographic environments demonstrate that levels of perceived parental monitoring are inversely associated with levels of adolescent substance use, smoking cigarettes, alcohol use, marijuana use, drug trafficking, misconduct, and violent behavior [12,17,20,21,29•,30]. Low levels of perceived parental monitoring are associated with sexual risk behaviors [10,20,30]. In a rural school–based study, low perceived parental monitoring was a significant predictor for high-risk sexual activity, whereas monitoring had a protective effect on the rapid increase in sexual activity of mid-adolescence [21,31]. Additionally, perception of age of first consensual intercourse as 'just right' was associated with higher levels of indirect parental monitoring [32•].

Recently, there has been an increased use of biologic markers as outcome measures. Low parental monitoring is associated with increased gonorrhea, *Chlamydia*, and *Trichomonas* infections in urban African-American females [33,34]. In an older cohort, higher levels of perceived parental supervision were predictive of significantly fewer gonorrhea and *Chlamydia* infections over 6 months [35•]. Conversely, a study of correlates of *Chlamydia* infection in a high-risk group found that adolescents positive for *Chlamydia* were significantly more likely to report low perceived parental monitoring [36]. Not surprisingly, among adolescents with negative pregnancy test results at baseline, those with low parental monitoring were more than twice as likely to become pregnant at 6-month follow-up [34].

Although the perception of parental monitoring wanes as adolescents reach young adulthood, the consistent positive effects of parental monitoring persist into late adolescence [20,21]. A longitudinal study of urban adolescents showed that the protective effect of parental monitoring on unprotected sex, drug use, and drug trafficking continued as the cohort aged [30]. In this same cohort, parental monitoring at a mean age of 11 years influenced adolescent sexual behavior through 3 years of follow-up [11]. In urban youths monitored from late childhood to early adolescence, increases in parental monitoring over time were associated with a decline in deviant peer association; conversely, a decrease in parental monitoring was associated with in increase in deviant peer association [37]. These findings lend further credence to the enduring and protective effect of good parenting practices like parental monitoring in very high-risk environments.

The formation of strong peer attachments and graduated independence from the family is a normal part of adolescent development. Unfortunately, youth whose peers engage in high-risk behavior are at high risk for the development of similar behaviors [21]. Parental monitoring has been shown to moderate and buffer negative peer influence as adolescents age [11]. A large cross-sectional study of urban youth found that perceived parental monitoring was protective against sexual activity, cigarette and marijuana use, and drug selling even for youth with very high-risk peers [21]. Similarly, parental monitoring was found to be more protective for teens who were unsupervised outside their homes after school, and who presumably were spending significant time with their peers, than for adolescents in all other types of out-of-school care [27•]. Parental influences, including parental monitoring and parental support, have been shown to moderate peer-influenced drinking behavior in older adolescents [38•]. Of note, high parental expectations, not parental monitoring, were protective against smoking initiation for early adolescents whose friends smoked [39].

There are few prospective studies of parenting interventions in the literature. ImPACT is a brief parental monitoring intervention developed for high-risk urban youth [19]. At 6-month follow-up, there was increased concordance between youth and parent reports of the youths' risk and protective behaviors, suggesting increased parental monitoring. A separate long-term assessment of ImPACT revealed that participation in the intervention was associated with an improvement in youth risk profile (weapon carrying, days suspended, cigarette smoking, marijuana use, other illicit drugs, condom use, and communication with partner about sexual history) 24 months after intervention [40••]. SAFEchildren, a family-focused early elementary school intervention in a high-risk urban population, resulted in improved academic performance by children, increased parental school involvement, increased parental monitoring in high-risk families, decreased problem behaviors in children, and increased social competence in children [41]. The Seattle Social Development Project was a nonrandomized controlled trial that monitored participants 9 years after intervention. The curriculum strengthened teaching and parenting practices and taught children interpersonal skills during the elementary

grades. The intervention had significant effects on functioning in school and work and on emotional and mental health in early adulthood [42].

Communication

Although parent–child communication and its relation to adolescent sexual behavior are frequently studied, specific components of parent–child communication have not been consistently and directly linked to changes in adolescent sexual behavior [43]. The evidence regarding general communication is mixed. In one longitudinal study, baseline perceptions of open communication predicted decreased sexual involvement through 2 years of follow-up, higher rates of condom use at 12 months, and decreased drug use rates at 18 months [11]. These researchers also found that baseline perceptions of problem communication were associated with increased sexual involvement at 2 years and increased drug use at 4 years. Another study that demonstrated the protective effect of parental supervision showed no effect of increased perception of parent communication on the acquisition of gonorrhea and *Chlamydia* infection [35•]. A study of rural adolescents found no direct relation between frequency of general communication and adolescent sexual risk behavior [31].

DiClemente *et al*. [44] found an association between less communication between parents and their teen daughters about sex and decreased condom use and decreased discussions about protective issues with a male sex partner. Increased communication with a parent was associated with increased self-efficacy for condom use and refusal of sex. A prospective study on the immediate effects of a parent–child communication intervention in a predominantly white, suburban, middle school population showed that increased parent–child communication about sex was associated with increased self-efficacy for refusal of sex and increased intention to abstain from sex before finishing high school [45].

Supervision

Parental supervision is highly related to adolescent risk behavior. As a result of changes in the American workforce, increasing numbers of youth are alone after school. Resnick *et al*. [8] found that increased parental presence in the home was associated with a reduction of a range of negative outcomes and risk behaviors, including pregnancy, marijuana use, frequent alcohol use in older students, and cigarette use. Cohen *et al*. [46] found that more unsupervised time is associated with more sexual activity in youth. More than half of sexually active youth had sex at home after school, and particularly for boys, sex- and drug-related risks increased with amount of unsupervised time. Participation in after-school activities was not protective against sexual activity, suggesting that it may be contact with parents, in addition to reduced opportunities for risk, that is crucial. In youth with high exposure to sexual possibility situations, family factors including parental control, personal values, and parental values were protective against initiation of sexual activity [47•]. Inquiry into the practice of increased negotiated unsupervised time for older adolescents found that negotiated unsupervised time was strongly associated with increased sexual risk behaviors and substance use [12].

Young urban adolescents in self care or other out-of-home care after school and during the summer were more than twice as likely to initiate sex after 16 months as adolescents in home care [48•]. In a study of low-income urban adolescents, the most disadvantaged teens were more likely to be in out-of-home care and unsupervised than were teens in higher-resource families. Over 16 months, adolescents in various types of in-home care showed lower increases in problem behavior than did their peers in structured or unstructured out-of-home care. Trust and communication did not predict decreases in problem behavior as strongly as did monitoring; therefore, parental monitoring may be particularly protective for high-risk young urban adolescents who spend a significant amount of nonschool time unsupervised [27•].

Conclusion

Parenting practices have profound effects on adolescent development. Good parenting can optimize an adolescent's potential, whereas suboptimal parenting may contribute to youth participation in high-risk behaviors. Because of the serious adverse health and social consequences of high-risk behaviors in adolescents, including infection, injury, long-term impairment, and death, understanding the factors that influence and moderate these behaviors is crucial to the development of prevention strategies. An abundance of research has documented the positive effects of authoritative parenting, parental monitoring and supervision, and communication on adolescent development. The direction of future research should be toward the design and implementation of carefully controlled intervention trials of programs to strengthen parenting practices. Pediatric clinicians should be encouraged to discuss evidence-based parenting practices with parents. The policy implications are clear – we need to advocate for funding for the implementation of proven parenting interventions and policies that protect family interests.

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