

Details of presenter:

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Title:

Key assets in adolescent multiple risk behaviour: The role of parents and peers.

Abstract:

Risk behaviours such as smoking tobacco, drinking alcohol, using cannabis and engaging in early sexual intercourse are highly prevalent among young people across Europe (Currie et al., 2008). The co-occurrence of these behaviours is high. In Europe, 20 percent of young people engage in multiple risk behaviour (De Looze et al., submitted). As they have been related to various adverse health outcomes, we wanted to identify key assets that keep young people from engagement in (multiple) risk behaviour. We predicted multiple risk behaviour from a variety of variables in the Dutch HBSC 2005 dataset. Two of the strongest predictors of multiple risk behaviour were parental knowledge on their children's whereabouts and time spent with peers. Whereas parental knowledge on their children's whereabouts was negatively related to adolescent multiple risk behaviour, time spent with peers was positively related. Both factors mediated the relationship between educational level and multiple risk behaviour, indicating that adolescents in lower educational levels experience less parental monitoring and higher levels of peer involvement, which are in turn related to higher levels of engagement in multiple risk behaviour.


Our findings should be understood in the light of the normative transition from childhood to adulthood that adolescents undergo. From a developmental perspective, distancing oneself from one's parents, being highly involved with peers and engaging in multiple risk behaviour are part of the functional process of youth to accomplish the developmental tasks of adolescence (e.g. establishing one's identity and acquiring autonomy). The health inequity across educational levels with respect to multiple risk behaviour may be explained by the fact that adolescents in lower educational levels distance themselves from their parents and get involved with peers (and consequently with multiple risk behaviour) at an earlier age compared to adolescents in higher educational levels. They may go through this process earlier because they enter the labour market (and therewith start an adult life) at an earlier age. The fact that they have a shorter period to go through the transition from childhood to adulthood may prompt them to break away from their parents, engage with peers and risk behaviours earlier and more intensely.

Key considerations that are important in developing an evidence base for asset based approaches:

With respect to policy implications, increasing parents' knowledge of their children's whereabouts may be an important topic for prevention and intervention programmes. Although they may feel that their influence becomes much smaller as children become adolescents and although some adolescents pretend to be adults already, parents are clearly still one of the main actors that influence their adolescent child's behaviour. Keeping track of what is going on the life of their child is crucial when it comes to multiple risk behaviour.

(Short) biography / associated readings:


- Barnes, GM, Hoffman, JH, Welte, JW, Farrell, MP & Dintcheff, BA (2007) Adolescents' time use: effects on substance use, delinquency and sexual activity. *Journal of Youth and Adolescence*, 36, 679-710.
- Currie, C. et al. (eds) (2008) Inequalities in young people's health: international report from the HBSC 2006/06 survey, (Health Policy for Children and Adolescents, No.5). WHO Regional Office for Europe, Copenhagen.
- Engels, RCME & Ter Bogt, T (2001). Influences of risk behaviours in the quality of peer relations in adolescence. *Journal of Youth and Adolescence*, 30, 675-695.
- Richter, M & Leppin, A (2007) Socioeconomic inequalities in health. Trends in socioeconomic differences in tobacco smoking among German schoolchildren, 1994-2002. *European Journal of Public Health*, 17, 565-571.
- Schrijvers CTM, Schoemaker CG (2008) Playing with your health. Lifestyle and mental health in the Dutch youth population. Bilthoven: RIVM.
- Stattin, H., & Kerr, M. (2000). Parental monitoring: A reinterpretation. *Child Development*, 71, 1072-1085.
- Willoughby, T, Chalmers, H & Busseri, MA (2004). Where is the syndrome? Examining co-occurrence among multiple problem behaviours in adolescence. *Journal of Consulting and Clinical Psychology*, 72, 1022-1037.




## Key assets in adolescent multiple risk behaviour:

### The role of parents and peers

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Health Behaviour  
in School-aged Children


A WORLD HEALTH ORGANIZATION CROSS-NATIONAL STUDY



### Risk behaviours



- Alcohol, tobacco, cannabis, sex
- High prevalence among adolescents across countries






## Multiple risk behaviour

- Frequent co-occurrence of different types of risk behaviours → can be measured as a latent factor in all European countries (De Looze et al., submitted)
- About 1/5 of European youth engage excessively in various risk behaviours simultaneously (De Looze et al., submitted)


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## Key assets that support young people to not engage (excessively) in (multiple) risk behavior

Factors involved:

- **Socio-demographic factors** (*age, gender, educational level, ethnicity*)
- **Family factors** (*family structure, FAS, quality of communication with parents, parental knowledge about adolescent's whereabouts, rules on alcohol drinking*)
- **Peer factors** (*time spent with peers, number of friends, classmates' engagement in risk behaviours*)
- **School factors** (*experiencing school as fun, feeling pressured by school work, truancy, good school performance, bullying*)
- **Mental health factors** (*happiness, psychosomatic complaints, conduct, hyperactivity, emotional and peer problems*)



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## Family factors

- Incomplete vs. complete family (ORs up to 2)
- Prosperity of the family / FAS
- Religious
- Quality communication with mother (ORs up to 3)
- **Knowledge of parents on adolescent's whereabouts (ORs up to 6)**
- **Rules on alcohol drinking (ORs up to 30!) – not only for alcohol, but for all RBs**

→ Parental involvement is very important



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## Peer factors

- **Time spent with friends (ORs up to 12)**
- Number of friends
- Communication with friends
- Risk behaviours of classmates (ORs around 3)

→ Peer involvement also very important, but in a different direction...



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## Parent & Peers

- Parental involvement = protective factor
- Peer involvement = risk factor

Adolescence: Transition from childhood to adulthood  
→ Distancing oneself from parents and high involvement with peers are developmentally functional

BUT even though adolescents distance themselves from their parents → parental monitoring and setting rules continues to have a large effect

**Implications for policy making:  
Focus on the role of parents!**



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## "Be aware of your child's whereabouts!"

- Upcoming campaign in the Netherlands





## Applicable to different cultural contexts?

- Yes!
- Little parental monitoring related to adolescent (multiple) risk behaviour:
  - Israel (Walsh, Harel-Fisch & Fogel-Grinvald, 2010)
  - USA (Barnes et al., 2007; Dick et al., 2007; Simons-Morton, Chen, Abroms & Haynie, 2004)
  - **Other countries, research**



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## Health inequity

- Do adolescents with different SES engage in multiple risk behaviour to similar extents?
- Do parents of children with different SES monitor their children more or less compared to parents of children with high SES?
- Are children with low SES more involved with their peers compared to children with high SES?



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## Health inequity

- Recent research: use educational level as an indicator of adolescent SES → is a more proximal indicator than family SES and is highly predictive of adolescents' future SES
- In the Netherlands: Youth in lower educational levels engage more in (multiple) risk behaviour than youth in higher educational levels

Schoolniveau			
VMBO-b	VMBO-t	HAVO	VWO
30,3 <sup>a</sup>	20,1 <sup>b</sup>	17,5 <sup>b</sup>	9,8 <sup>c</sup>

Source: Schrijvers CTM, Schoemaker CG (2008) Playing with your health. Lifestyle and mental health in the Dutch youth population. Bilthoven: RIVM.



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## Applicable to different cultural contexts?

- Not all countries have an educational system with different levels (e.g. separating vocational training from theory-based education).
- In those countries that do have different educational levels in secondary education: more MRB in lower levels
  - Norway (Friestad & Klepp, 2006)
  - Sweden (Hagquist, Sundh & Eriksson, 2007)
  - Germany (Richter & Leppin, 2007)
  - Netherlands (current study)

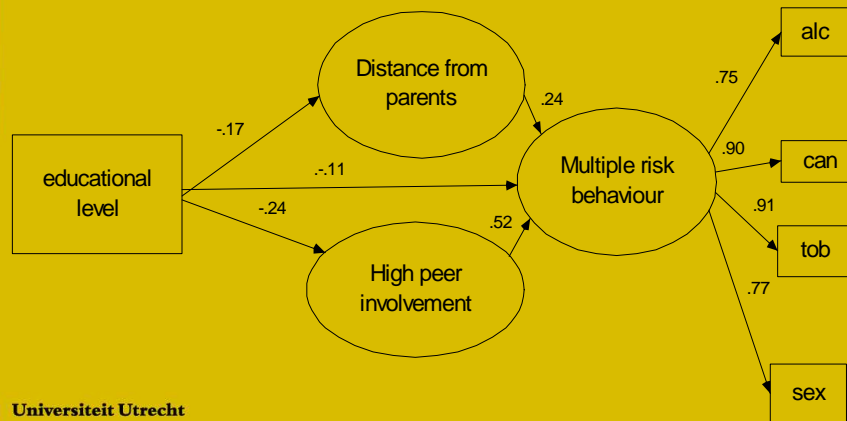


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## Explaining differences in MRB across educ. level

- Can a distant relationship with parents and high peer involvement explain the effect of educational level on multiple risk behaviour?



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## Can we blame the parents..?

- Distancing oneself from parents and high involvement with peers are developmentally functional
- Youth in lower educational levels / vocational training enter the labour market earlier
  - Enter adulthood earlier
  - Have a shorter (and potentially more intense) transition period
- It may not be the parents, but the adolescents who need more distance
  - However, monitoring is still necessary, even though they may pretend to be adults already



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## Conclusion

- Distant parent relations and close peer relations as  
→ functionally developmental tasks in adolescence  
→ Risk factors for MRB
- Is parental monitoring a key asset to support young people to deal with risk behaviours in a healthy way?
- Yes: adolescents want parents to be involved in their lives, even though they sometimes prove the opposite
- Especially for adolescents in vocational training / lower educational levels: shorter period between childhood and adulthood → parents should be extra aware



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## Thank you!



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A World Health Organisation Collaborative cross-national Study



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