The Family Environment and Adolescent Well-being: Exposure to Positive and Negative Family Influences

From Child Trends and the National Adolescent Health Information Center

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Highlights

- **Over three-quarters of all parents report very close relationships with their adolescent children.**
- **Many 15-year-olds report difficulty talking with their mothers and fathers about things that really bother them.**
- **Adolescents who live with two parents are more likely to have parents who know their whereabouts after school.**
- **Hispanic parents are less likely than white and black parents to know who most of their adolescent's friends are.**
- **Foreign-born adolescents are more likely than their native-born peers to eat meals with their family.**
- **Adolescents with better-educated parents are less likely to be exposed to smoking and heavy drinking by their parents.**
- **Adolescents whose parents exercise are less likely to be sedentary themselves.**

Introduction

By action and by example, parents shape the lives of their children from birth through adulthood. In adolescence, the influence of friends and peers take on greater importance, but research clearly demonstrates the continued significance of parents in shaping the behaviors and choices of teens as they face the challenges of growing up.[1]

Close parent/adolescent relationships, good parenting skills, shared family activities and positive parent role modeling all have well-documented effects on adolescent health and development.[2,3,4] These are also areas where parents can make choices to make positive changes for their children, and where social policy can help support parents in taking such steps.

In this brief, we report data on teens' experiences in their families with a particular focus on differences across social groups. Our purpose is to identify where disparities exist and where needs for intervention are greatest.[a] We end with a brief discussion on the implications for parenting and for policy.

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[a] One should not interpret the reported differences across the sociodemographic subgroups as implying a causal relationship, as causality cannot be determined from such simple bivariate relationships.

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Parent-Adolescent Closeness and Communication

Close relationships, healthy open communication, and perceived parental support are especially important during adolescence, as children experience many physical and emotional changes. For example, research shows teens who have positive relationships with their parents are less likely to engage in various risk behaviors, including smoking, fighting,[5] and drinking.[6] They are also less likely to report symptoms of depression and more likely to report high levels of perceived well-being.[7] Adolescents who report difficulty talking with their parents are more likely to drink alcohol frequently, have problems with binge drinking, smoke, and feel unhappy (especially girls).[8,9]

- ❖ **Over three-quarters of all parents report very close relationships with their adolescent children.**

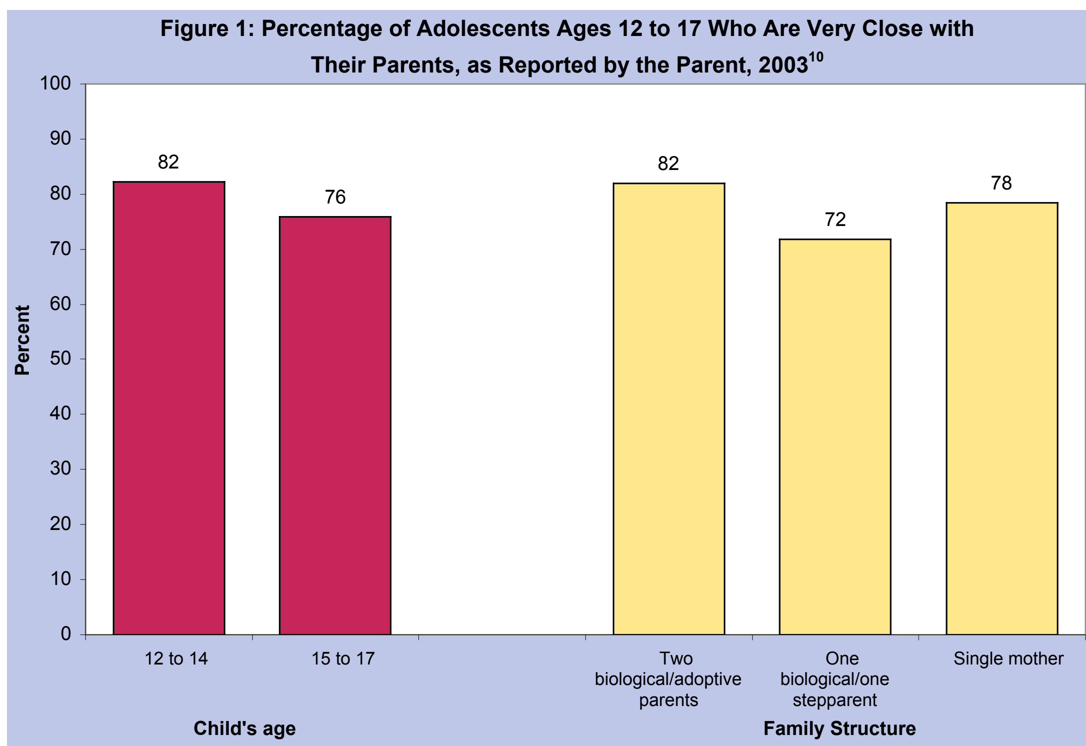

Figure 1: Percentage of Adolescents Ages 12 to 17 Who Are Very Close with Their Parents, as Reported by the Parent, 2003[10]

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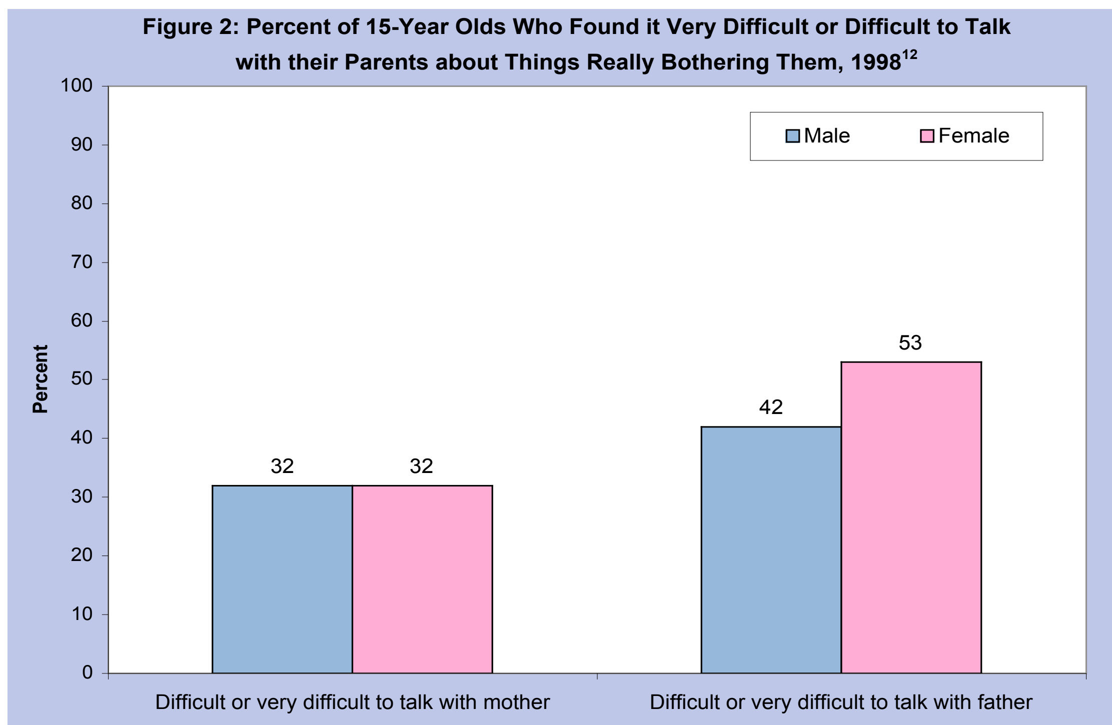
- **Many 15-year-olds report difficulty talking with their mothers and fathers about things that really bother them.**



Data from 1998 indicate that 32% of 15-year-olds reported having difficulty talking with their mothers about things that really bother them.[11] Parent-child communication problems are even more common with fathers, where 53% of females and 42% of males reporting that it is difficult or very difficult for them to discuss issues that really bother them with their fathers **(See Figure 2)**.[12]

While general communication is very important, parents can also help prevent certain risk behaviors by specifically taking steps to discuss these behaviors with their adolescents. For example, 14- and 15-year-old girls whose mothers clearly expressed strong disapproval for their adolescent daughters having sex were about half as likely as daughters whose mothers expressed less disapproval to engage in early sexual intercourse or other risky sexual behaviors. [13] Eighty-seven percent of female adolescents' mothers and 84% of male adolescents' mothers reported strongly disapproving of their adolescents having sex **(See Table 1)**.[12]

Table 1

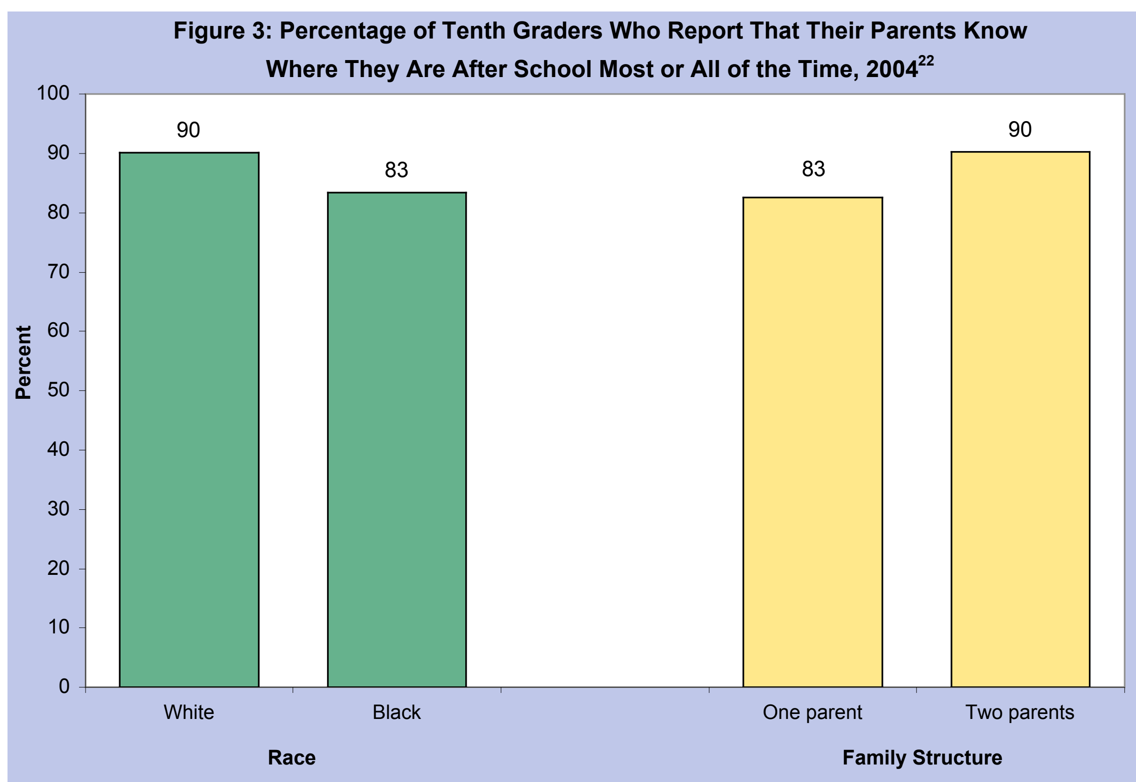
Maternal communication with their 14- and 15-year-old children about sex, 1998[12]

	Mothers (%)	
	Males	Females
Disapprove of adolescent having sex		
Strongly agree	83.9	87.0
Agree	11.6	9.3
Neither agree nor disagree	4.0	3.4
Disagree	0.1	0.2
Strongly disagree	0.4	1.3

PARENTAL MONITORING

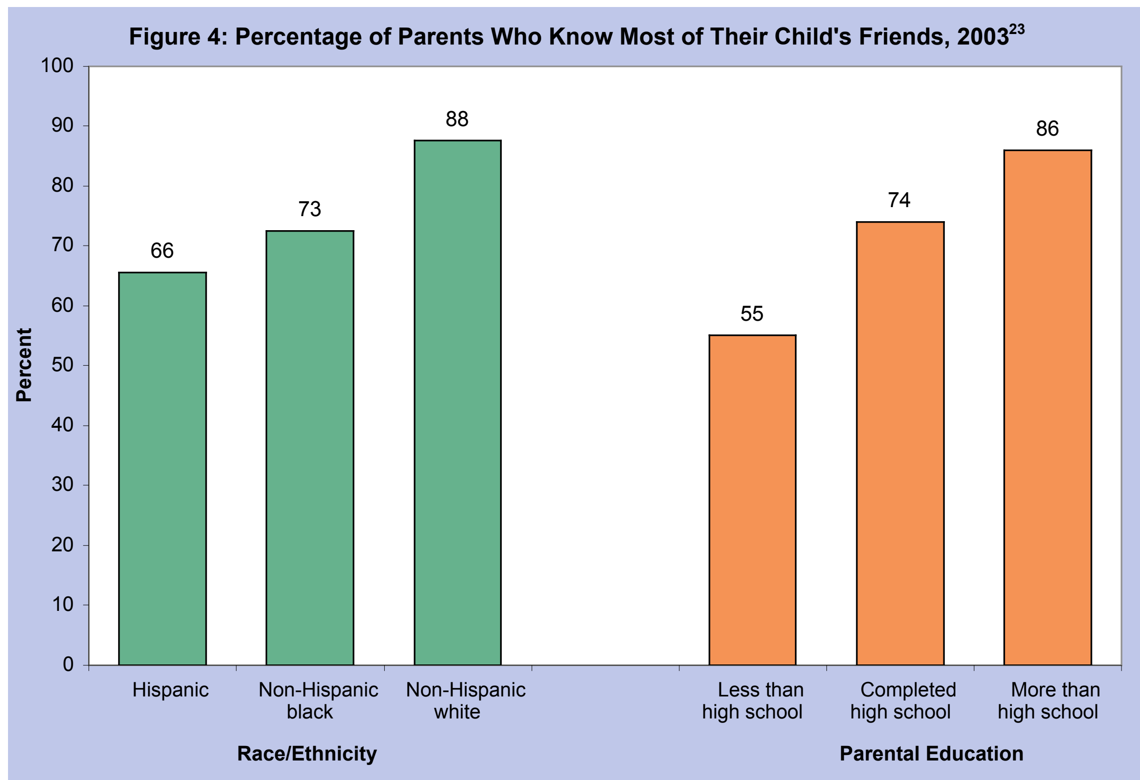
Parental monitoring includes knowing children's whereabouts after school, as well as knowing children's friends and activities. These behaviors, when combined with parental support, have been shown to be positively related to higher adolescent self-esteem, higher GPAs in school, and greater academic success.[14,15] In addition, parental monitoring has been associated with fewer internalizing behaviors, such as withdrawal and depression, and externalizing behavior problems, such as fighting and disturbing others,[16,17,18] as well as a lower likelihood of drinking,[19, 20] smoking, and engaging in other risky behaviors.[21]

- **Adolescents who live with two parents are more likely to have parents who know their whereabouts after school.**



Most adolescents report that their parents know where they are after school. In 2004, 88% of tenth graders reported that they believe their parents know where they are after school most or all of the time. Percentages were similar among eighth graders. Reported levels of parental awareness differed somewhat by race and family structure **(See Figure 3)**. Among tenth graders in 2004, white students were more likely than black students to report that their parents knew where they were after school most or all of the time (90% versus 83% respectively). Students who lived with two parents were more likely than those in single parent families to report that their parents knew where they were after school most or all of the time.[22]

- **Hispanic parents are less likely than white and black parents to know who most of their adolescent's friends are.**



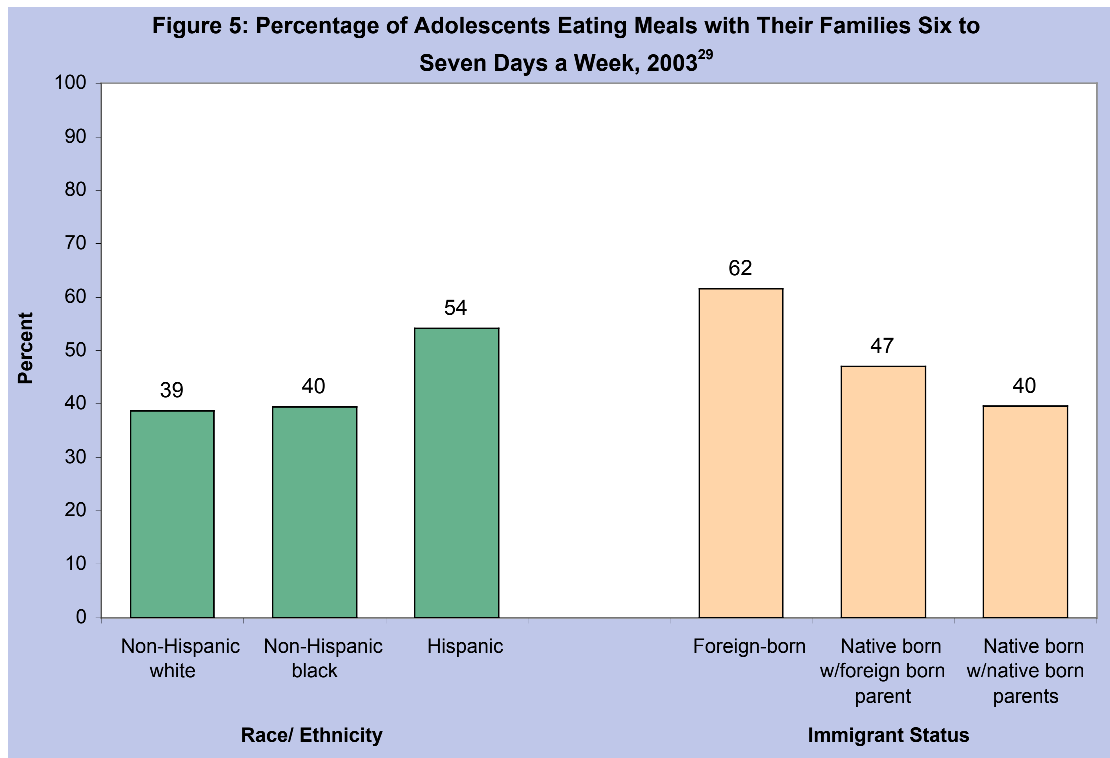
In 2003, 80% of parents of adolescents ages 12 to 17 reported knowing all or most of their children's friends. Differences by parental education levels, race/ethnicity, and family structure are quite large. Eighty-six percent of children whose parents had more than a high school education had parents who reported knowing most or all of their children's friends, compared with only 55% of children whose parents had not completed high school **(See Figure 4)**.[23]

Non-Hispanic white children were more likely than other children to have parents who knew most of their friends. In 2003, 88% of non-Hispanic white adolescents ages 12 to 17 had parents who knew most or all of their friends, compared with 73% of non-Hispanic black adolescents and 66% of Hispanic adolescents **(See Figure 4)**.[23] Similarly, children living with two biological parents were more likely than children living with single mothers to have a parent who knew most or all of their friends (84% versus 76%, respectively).[24]

Eating Meals Together

Family meals serve as an important time for adolescents to communicate with and spend time with their parents, and have been associated with less substance use, delinquency, depressive symptoms, and suicide attempts, and with better grades and academic performance.[25,26] Adolescents who eat meals regularly with their parents are also more likely to eat fruits, vegetables, and dairy foods and less likely to skip breakfast.[27] More frequent family meals, a more structured family meal environment, and a positive atmosphere at family meals are associated with a lower likelihood of disordered eating.[28]

❖ **Foreign-born adolescents are more likely than their native-born peers to eat meals with their family.**



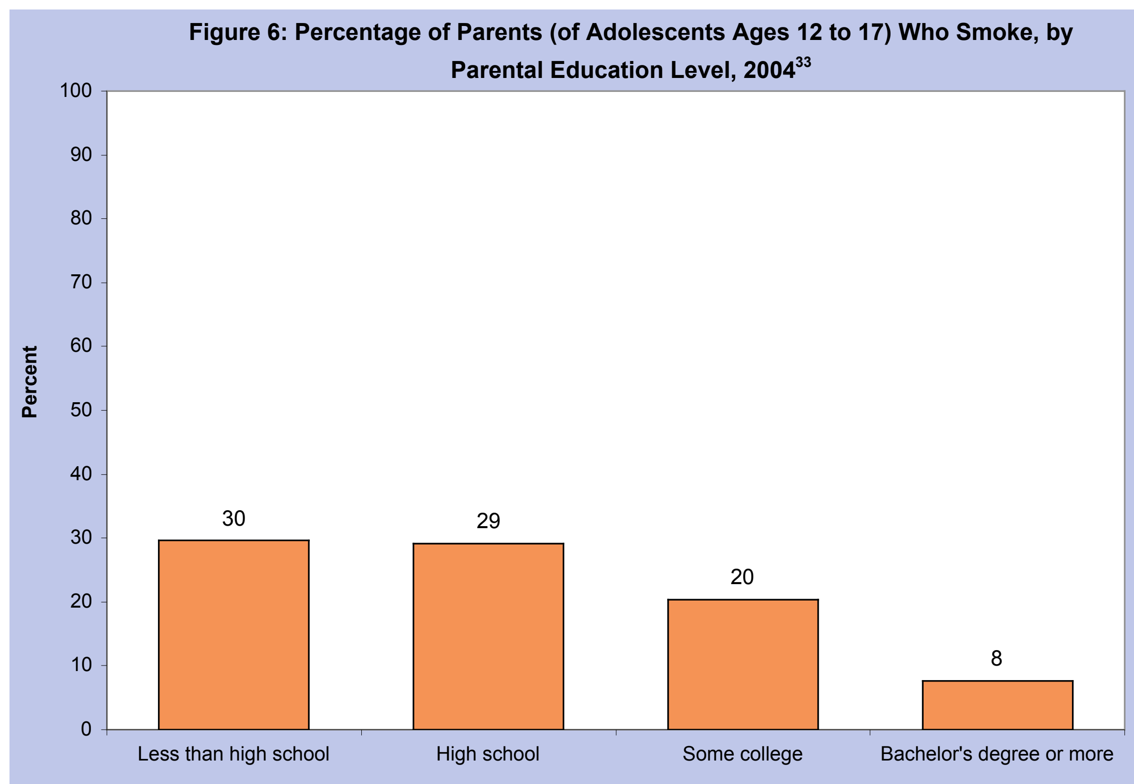
In 2003, 42% of adolescents ages 12 to 17 ate meals with their family six to seven days a week. Certain subgroups are much more likely than others to eat meals together as a family. Hispanic adolescents are much more likely than non-Hispanic white and black adolescents to eat meals together with their family. In 2003, 54% of Hispanic children ages 12 to 17 ate meals as a family six to seven days a week, compared with only about 39% of non-Hispanic white and black adolescents of the same age. Similarly, foreign-born adolescents are much more likely than native-born adolescents to eat meals together as a family (62% versus 40%, respectively, in 2003) **(See Figure 5)**.[29]

Parental Health Behaviors

Parents' health-related behaviors can affect adolescent well-being in several ways including providing positive (or negative) role models and by contributing to healthy or unhealthy physical and social environments. Parental habits can also shape adolescent health behaviors by increasing easy access to cigarettes or alcohol in the home, or, on the positive side, increasing access to healthy foods.

Smoking. Children who live with someone who smokes are likely to inhale secondhand smoke, which increases their risk of developing health problems such as pneumonia, bronchitis, and other lung diseases, as well as increased asthma attacks and ear infections.[30] In addition, living in a family with smokers places adolescents at a higher risk of developing the habit themselves, further increasing their chances of developing serious health problems.[31] In 2004, parent report data indicate that about one fifth (21%) of all parents of adolescents ages 12 to 17 smoked.[32]

- **Adolescents with better-educated parents are less likely to be exposed to smoking and heavy drinking by their parents.**



The likelihood of adolescent exposure to parental smoking differs substantially by the educational level of the parent. Among parents with at least a bachelor's degree, eight percent smoked, compared with 30% among parents with adolescents with less than a high school degree **(See Figure 6)**.[33]

Alcohol. Children who can easily access alcohol or who have alcoholic parents have a greater risk of developing their own problems with alcohol abuse, although other factors such as one's peers also play a large role in determining whether an adolescent will abuse alcohol.[34] For example, access to alcohol in the home is linked to teen drinking and being drunk at school.[35] In addition, parental alcohol abuse has consequences for other family experiences including increased family violence[36] and decreased levels of parent monitoring.[37]

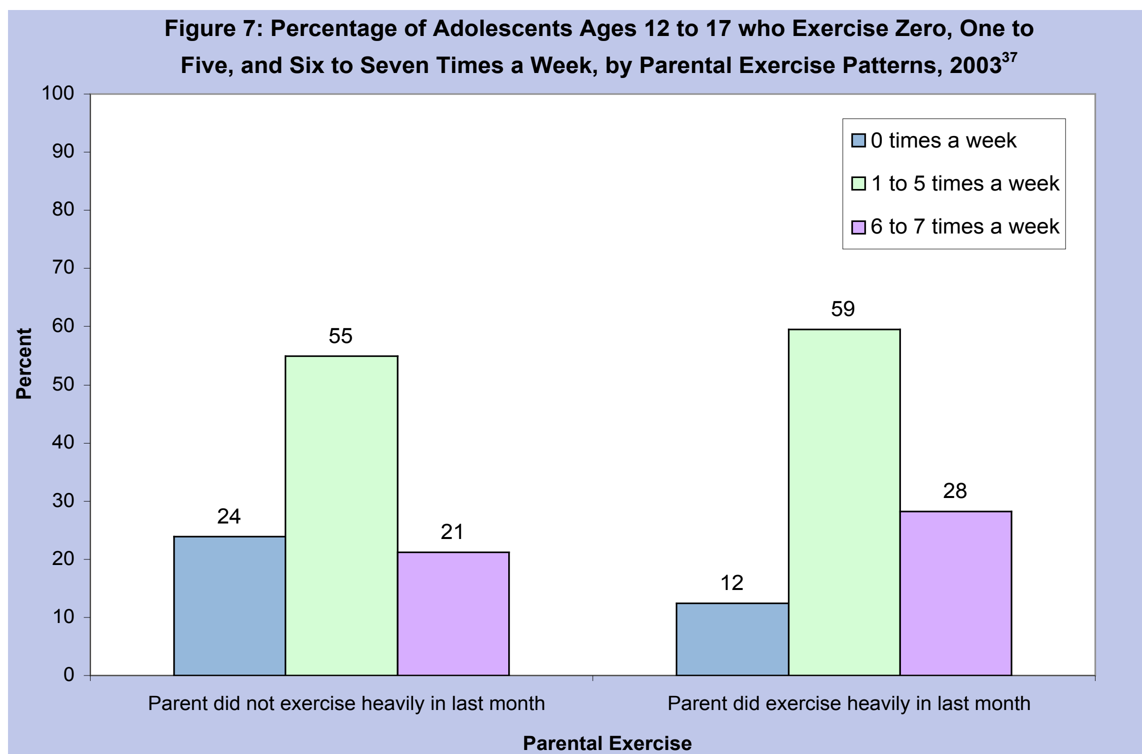
In 2004, based on parent reports, six percent of fathers and one percent of mothers of adolescents drank heavily, defined as having five or more drinks in a row at least once a week. Hispanic fathers were more likely to report drinking heavily (nine percent compared with six percent of non-Hispanic white fathers and three percent of non-Hispanic black fathers). Parental drinking patterns also differed by parental education levels. In 2004, 11% of fathers with less than a high school degree drank heavily at least once a week, compared with two percent of fathers who had at least a bachelor's degree **(See Table 2)**.

Table 2

Percentage of Parents (of Adolescents) who Drank Heavily at least Once per Week in the Past Year, 2004[38]

	Fathers	Mothers
Total	5.9	1.4
Race/Ethnicity		
Non-Hispanic white	5.9	2.1
Non-Hispanic black	3.3	0.6
Hispanic	9.4	0.3
Parental Education		
Less than high school	11.3	1.0
High school	8.3	3.0
Some college	3.8	0.9
Bachelor's degree or more	2.3	0.5

❖ **Adolescents whose parents exercise are less likely to be sedentary themselves.**



Exercise. Adolescents whose parents exercise are themselves more likely to do so. In 2003, according to parent-report data, adolescents with a parent who reported exercising heavily (so that they sweated) in the last month were more likely than adolescents without a parent who reported exercising heavily to themselves exercise six to seven times a week (28% versus 21%, respectively) **(See Figure 7).**[39]

Nearly three-quarters (72%) of adolescents have a parent who reported exercising heavily in the last month. Parents with higher levels of education are more likely to report exercising heavily. In 2003, 77% of adolescents with a parent who had more than a high school degree reported exercising heavily in the last month, compared with 54% of adolescents whose parents had less than a high school degree. Adolescents living with two parents are also more likely than adolescents living with single mothers to have a parent who exercises heavily (79% compared with 54%, respectively) **(See Table 3).**[40]

Table 3

Percentage of Adolescents with at least One Parent who Exercises, 2003[41]

Total	72.1
Race/Ethnicity	
Non-Hispanic white	76.9
Non-Hispanic black	63.7
Hispanic	62.2
Parental Education	
Less than high school	53.7
High school	65.7
More than high school	76.6
Family Structure	
Two biological/adoptive parents	79.5
Two stepparent family	78.8
Single mother	54.0
Poverty Level	
Less than 100% of poverty level	54.7
100% to 200% of the poverty level	65.3
200%+ of the poverty level	79.2

Conclusion

The family environment can be a strong source of support for developing adolescents, providing close relationships, strong parenting skills, good communication, and modeling positive behaviors. It can also be a problematic environment when those supports are lacking, or when negative adult behaviors like smoking and heavy drinking are present. Where adolescent health is concerned, clearly the family matters, and parents matter.

Fortunately, the evidence indicates that most adolescents enjoy healthy family environments, with large majorities reporting the capacity to talk with mothers about things that really bother them (68%), parents who know who their child's friends are (80%), know where their child is after school (88%), and who do not smoke (79%) or drink heavily (well over 90%), and who report very close relationships with their adolescents (79%).

It is also clear, however, that not everyone is so fortunate, and that there are sometimes large disparities across groups. For those parents who need help in developing a more positive family environment, there are proven programs that can help. For example, certain programs aimed at helping parents set appropriate limits, increase communication, and improve the quality of their relationships have been shown to be effective and consequently positively influence adolescent social development.[42] As part of a program that showed promising results (the Iowa Strengthening Families Program), parents were taught behaviors such as appropriate limit-setting, encouraging good behavior, communication skills, and how to access community resources. Adolescents attended workshops on goal-setting, appreciating parents, and how to deal with peer pressure and stress. Together, parents and adolescents met to discuss conflict resolution and family values.[43] Following the completion of the program, parents reported closer, stronger relationships with their adolescents that continued to improve over time. Other successful programs specifically target conflict and problem solving skills. Research has also shown that parents who tailor their relationship to accommodate changes in adolescents' development over time can improve the quality of that relationship.[44]

In addition to improving communication, monitoring levels, and the quality of parent-child adolescent relationships, programs that promote healthy behaviors for all family members show promising potential for reducing negative adolescent health behaviors. While only limited research has been done, one program that taught both parents and children the importance of regular exercise and healthy diets, as well as behavior management, led to lower levels of obesity and weight gain than programs which just targeted children.[45] By promoting clear messages of the importance of healthy behaviors, parents can reduce the likelihood of their adolescents engaging in risky behaviors.

By targeting those families with adolescents most at-risk for negative health behaviors, and focusing on improving the specific parenting skills and behaviors that seem to be beneficial, policy makers and educators can take preventative actions and teach and build positive behaviors before serious health consequences are experienced.

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The National Adolescent Health Information Center at the University of California, San Francisco and Child Trends are pleased to announce a new partnership. With support from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, our two institutions are collaborating to create resources and provide assistance to improve the health of young people and their families. This brief is a product of our collaboration.

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