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Original article

## Parental Influences on Heavy Episodic Drinking Development in the Transition to Early Adulthood



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### A B S T R A C T

**Purpose:** The purpose of this study was to examine how parental relationship quality (communication frequency, time spent together, and closeness) during early adulthood is related to heavy episodic drinking (HED) during this developmental period and whether effects vary according to age, youth sex, or parent sex.

**Methods:** National data from the Panel Study of Income Dynamics–Transition to Adulthood Study were analyzed. Youth participated in up to four interviews (2005, 2007, 2009, and 2011;  $n = 1,320$ – $1,489$ ) between ages 18–25 years. At each wave, respondents reported past-year HED and their communication frequency, time spent, and closeness with each parent (items combined into an index). We tested differences in parental effects by age, parent sex, and youth sex using multigroup latent curve models.

**Results:** Paternal relationship quality was negatively associated with HED for both males and females at each age; associations did not vary by respondent age or sex (odds ratio [OR] = .73, 95% confidence interval [CI]: .63–.85). Maternal relationship quality was significantly negatively associated with HED at ages 18–19 years among both sexes equally (OR = .50, 95% CI: .41–.61). Although protective associations continued until the age of 25 years for males, they weakened and became nonsignificant at ages 20–25 years for females (OR = .87, 95% CI: .72–1.04). Findings were robust to inclusion of multiple covariates associated with both parenting and alcohol use.

**Conclusions:** Having close, communicative parental relationships seems protective against HED in early adulthood, although for females maternal effects appear limited to late adolescence. Programs to improve relationship quality between young adults and their parents may help curb problematic drinking during this vulnerable period.

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### IMPLICATIONS AND CONTRIBUTION

Having close, communicative parental relationships is protective against heavy episodic drinking in early adulthood, although for girls maternal effects appear limited to late adolescence. Programs to improve relationship quality between young adults and their parents may help curb problematic drinking during this vulnerable period.

**Conflicts of Interest:** The authors have no conflicts of interest to disclose.

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Alcohol use is a leading cause of morbidity and mortality among U.S. youth [1], with heavy episodic drinking (HED; five or more drinks in a row for a male or four or more for a female) increasing risk [2,3]. Nationally, approximately 43% of males and 26% of women aged 19–30 years reported HED within the past

2 weeks [4]. On average, HED increases, stabilizes, and then declines in the transition to early adulthood (ages 18–25 years) [5]. Factors affecting these trajectories include exiting the parental home and college attendance (for the increase) and social role transitions such as marriage, childbirth, and full-time employment (for the decrease) [6,7].

Parents play an important role in alcohol use onset and development. Parental alcohol use can increase the risk of adolescent alcohol use [8,9]. In contrast, parental monitoring [10], rule setting [9,11], familial intimacy [12], and parental closeness [10,13] have all been found to be protective against adolescent drinking, often exerting influence simultaneously [11]. However, differences in parenting effects according to youth and parent sex have also been found. These may arise from more restrictive parenting practices used with daughters versus sons [14], or the relative time spent monitoring youth's behavior and investing in parent-youth relationships for mothers versus fathers [15–17]. In one study, close emotional maternal relationships were associated with less frequent alcohol use by girls more so than boys [18]. In another study, maternal knowledge of children's lives was associated with female but not male drinking patterns and binge drinking in college students [19]. Although some studies have found maternal monitoring and closeness to be the stronger predictor of adolescent/young adult alcohol use, others show fathers' influence is important [14,20,21].

Although age-related changes in parenting influences on youths' substance use have been theorized, they have been understudied empirically. In one longitudinal study conducted during adolescence, authors found that parental monitoring effects on teen substance use decreased with age [22]. Similarly, another study found that monitoring was more influential in early adolescence, while family relationship quality was more influential in middle to late adolescence (ages 15 and 17 years) [23]. In early adulthood (age 23 years), the effects of family were no longer significant; instead peers were found to have a significant effect on alcohol use. However, the study focused on young adults' engagement in "any alcohol use," which is statistically and legally normative in early adulthood. The effects of parenting on more problematic drinking patterns (such as HED) over time and into early adulthood have not been examined.

Our study purpose was to examine how parenting in early adulthood affects youths' likelihood of HED. In particular, we test whether a composite measure of parental relationship quality (closeness, communication frequency, and time spent together) is associated with past-year HED and whether such associations vary by youth age, sex, and parent sex. We depart from past studies by focusing on the contemporaneous influence of parenting on early adult alcohol use patterns, as well as testing age and sex differences in associations. Results can inform interventions during early adulthood to decrease likelihood of HED.

## Methods

### Data

We conducted a secondary analysis of the Panel Study on Income Dynamics–Transition to Adulthood Study (PSID-TA) [24]. The Social-Behavioral Institutional Review Board at Tulane University deemed this study exempt from review. The PSID was initiated in 1968 with a national, household-based sample of families ( $n = 4,802$ ). Households in areas with large nonwhite

populations were oversampled. Families were interviewed every 2 years since, including family branch-offs (i.e., when a child establishes his/her own household). In 1997/1999, new immigrant families were added to enhance representativeness. After applying sampling weights provided by the study team, this sample still closely resembles the U.S. population today [25].

In 1997, researchers began the PSID Child Development Study (CDS) to collect information on child development on a subsample of PSID children aged 0–12 years. Interviews were conducted with 2,380 families about 3,563 children (response rate 88%). Children who remained under 18 years were reinterviewed in 2002/2003 and 2007/2008. In 2005, a new effort began to follow CDS participants as they entered early adulthood (i.e., at ages 18 years and older) in the PSID-TA [24]. TA interviews were conducted biannually in 2005, 2007, 2009, and 2011. CDS participants aged into the TA in different calendar years. The TA interview included information on education, work and wages, marriage, cohabitation and dating, peer influence, psychological well-being, relationships with parents, and health behaviors. In 2005, 745 participants were interviewed (88.8% response rate); in 2007/2008, 1,118 persons were interviewed (90% response rate); in 2009, 1,556 respondents were interviewed (92% response rate); and in 2011, 1,907 respondents were interviewed (92% response rate) [24]. In total, 2,155 unique persons participated in one or more TA waves.

We made two sample restrictions. First, we limited to respondents who participated in two or more TA waves ( $n = 1,579$ ). Respondents were also excluded if they had any missing data on exogenous covariates, which brought our final analysis sample size to 1,489 for models examining maternal influences (94% of participants), and 1,320 for models examining paternal influences (84% of participants). Analyses samples did evidence some selectivity compared with those excluded: fewer African-Americans, fewer males, greater residence with both biologic parents during adolescence, greater wealth, greater parental alcohol consumption during adolescence, and lower maternal closeness/higher paternal closeness during adolescence. Because the TA study was an accelerated cohort study (i.e., all participants did not enter simultaneously), with data collection every 2 years, there was a varying degree of sample coverage at each age (ranging from 22.0% of the sample at the age of 25 years to 46.3% of the sample at the age of 20 years).

### Measures

#### Outcome

**Heavy episodic drinking.** At each TA wave, participants were asked how many days in the past year they had 4/5 or more drinks in a row (females/males). Participants could respond zero to 365 days. Responses were dichotomized to reflect any versus no HED. Responses were then transformed to age-based indicators of HED based on youths' age at each TA wave (yes/no/missing at that age).

#### Main predictor

**Relationship quality.** At each TA wave, respondents were asked a series of questions about relationship quality with their mother and father (not limited to biological parents). Four questions asked how often the respondent spoke with his/her mother/father about education, job plans, family plans, and work-family

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