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The Longitudinal Impact of Perceptions of Parental Monitoring on Adolescent Initiation of Sexual Activity



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ABSTRACT

Purpose: The association between parental monitoring and adolescent behavior is well established. Past research suggests that parents monitor adolescent activities through parental control, solicitation of information, and youth disclosure, which increase parents' knowledge of youth activity leading to decreased risk behavior. However, there is mixed evidence of the impact of these efforts on sexual behavior. We examined these strategies from the adolescent perspective and assessed their impact on the initiation of sexual activity across the transition from middle school to high school. **Methods:** Analyses include 533 primarily Latino adolescents, who had not yet had sex in eighth grade and were surveyed yearly through 10th grade.

Results: Adolescents who in eighth grade reported greater parental knowledge and more family rules about dating were less likely to initiate sex between eighth and 10th grade. Exchange of information, through parental solicitation and youth disclosure, and parental control, through rules about friends and dating, as well as maternal relationship satisfaction were significant predictors of parental knowledge. There were no gender differences in the impact of dating rules and parental knowledge on sexual initiation, but the paths to acquiring knowledge did differ by gender. **Conclusions:** Results suggest that parental monitoring at earlier ages has an impact on sexual initiation. Effective monitoring is an active process within a family that includes setting boundaries and exchanging information. Interventions that encourage family rules, provide strategies for improving parental solicitation of information, and increase youth disclosure by enhancing the maternal-child relationship may be more likely to impact sexual initiation.

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IMPLICATIONS AND CONTRIBUTION

This study examines the critical transition from middle school to high school and disentangles the components of parental monitoring, such that, interventions designed to impact adolescent sexual behavior via improvements in parental monitoring can focus on the strategies found to be most influential.

Despite improvements, adolescents in the United States continue to experience negative sexual and reproductive health outcomes. Of the 1.4 million cases of Chlamydia reported in 2014, 26% occurred in 15–19 year olds and 39% in 20–24 year olds [1].

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

* Address correspondence to: Kathleen A. Ethier, Ph.D., Centers for Disease Control and Prevention, 1600 Clifton Road, NE, MS-D37, Atlanta, GA 30329. E-mail address: KEthier@cdc.gov (K.A. Ethier). In 2010, youth made up 17% of the US population, but accounted for an estimated 26% of all new HIV infections [2]. In 2014, despite improvement, the US teen birth rate continues to rank highest among developed nations and substantial racial/ethnic disparities persist [3,4]. These data highlight the need to improve prevention strategies with youth and with those who directly impact youth.

The association between parental monitoring and adolescent health is well established [5–11]. Studies have consistently shown that parental monitoring is related to decreased sexual

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initiation, increased condom use, and decreased sexually transmitted disease (STD) and pregnancy [5,8,9,11–20]. In an effort to develop interventions to improve monitoring, a clearer understanding of effective monitoring strategies is warranted.

Most studies of parental monitoring and adolescent risk behavior have focused on parents' knowledge of adolescents' activities, peers, and whereabouts rather than the processes by which parents acquire that knowledge [21,22]. An examination of measures used in assessing the relationship between parental monitoring and sexual risk behavior suggests that investigators have either directly assessed parental beliefs about their knowledge (e.g., "I know where my child is after school") or have summed across items that represent different ways of acquiring knowledge (e.g., "My child tells me where about his/her plans" and "I ask my child where he/she is going) [5,8,9,11,13—20].

According to Stattin and Kerr [23], parents can acquire knowledge of their children's activities through youth disclosure, parental solicitation of information, or parental control (i.e., enforcement of rules). In their study of these three processes (i.e., youth disclosure, parental solicitation, and parental control), they found that youth disclosure was the most important predictor of knowledge linked to delinquency and that active parental efforts to track and control their children's behavior may not be as effective in preventing this particular adolescent outcome. In a longitudinal study of adolescent depressive symptoms, Hamza and Willoughby [6] found parental knowledge was associated with lower adolescent depressive symptoms over time; adolescent disclosure and parental control predicted lower depressive symptoms indirectly through knowledge.

In terms of adolescent sexual behavior, a meta-analysis has found that overall parental knowledge of whereabouts, companions, and activities and parental control are directly associated with a decreased likelihood of sexual initiation, with parental rules having the stronger association. Parental knowledge was also found to be associated with increased condom use and contraceptive use, whereas parental enforcement of rules was not [24]. This review did not include the processes by which parents acquire knowledge, that is, by soliciting information or through disclosure on the part of adolescents, or direct supervision because so few studies in this area include those constructs.

The changing nature of parent—child relationships over the course of child development points to the need to examine these relationships over time. Although some studies have done so, they too have generally focused on monitoring broadly [24]. In terms of the development of sexual behavior in the United States, the majority of adolescents initiate sexual activity by 12th grade. The most recent results from the Youth Risk Behavior Surveillance System indicate that 64.1% of 12th graders have had sexual intercourse [25]. Evidence suggests that the transition from middle school to high school is significant in terms of the initiation of sexual activity, with 30% of ninth graders reported having initiated sex [25]. Thus, the timing of parental monitoring behaviors may be crucial in preventing risky behavior. Despite this, little is known about the impact of parental monitoring in the long term and whether parental monitoring at earlier ages has longitudinal effects. The purpose of the current analysis is twofold. The first is to understand how adolescents' perceptions of their parents' monitoring is related to the initiation of sexual activity as they transition to high school. The second is a more detailed understanding of how the different processes that go into successful parental monitoring (e.g., youth disclosure,

parental solicitation, parental knowledge, and parental control) are related for those youth.

Methods

Sample

Project Connect was an adolescent pregnancy and STD prevention study conducted in a public school district in Los Angeles County, California. Twelve high schools, in areas with teenage STD and birth rates exceeding Healthy People 2010 goals, and 15 of their feeder middle schools participated in the overall study. The current study includes only students from the six high schools and their feeder middle schools that did not receive interventions. The study included several longitudinal cohorts, and of those, students who were surveyed in either sixth or eight grade and followed yearly through at least 10th grade were included in these analyses.

Because the study concerned the initiation of sexual activity, we focused our analyses on those students who had not yet had sex by the eighth grade data collection so that we could examine that transition in more detail. Of the total number of eligible students from the longitudinal cohorts, 87% had not yet had sex and were included.

Measures

Initiation of sexual activity. Students were surveyed annually regarding initiation of sexual activity using a single yes/no question, "Have you ever had sexual intercourse?" This is the same item that is used to assess sexual experience in the CDC Youth Risk Behavior Survey. Students were categorized as having initiated sexual activity (1 = yes) or not (0 = no).

Parental monitoring. Parent monitoring was measured with five items. Two items measured students' perceptions of their parents' knowledge: "My parents know where I am after school" and "When I go out, my parents know where I am." Two items measured youth disclosure of information: "I tell my parents who I am going to be with before I go out" and "I talk with my parents about the plans that I have with my friends." One item measured parental solicitation of information: "When I go out, my parents ask me where I am going." These items were originally used in an evaluation of a parent-based sexual risk reduction intervention in middle schools and were found to be reliable and valid [26].

Family rules (parental control). Family rules were measured with seven items that assess parents' restrictions on extracurricular behavior. For example, "My parents let me go out with friends on school nights" or "I can stay out as late as I want on weekend nights." These items were reverse coded so that high scores were indicative of more rules.

Maternal relationship satisfaction. Maternal relationship satisfaction was measured with one item, "Overall, I like the relationship that I have with her." The response options included "0, not at all"; "1, some"; and "2, a lot." The mean score on this item was 1.50 with a standard deviation (SD) of .65. This single item has been used in prior research and has shown excellent predictive validity of sexual behavior in national studies [27,28].

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