

YouthLens

on Reproductive Health
and HIV/AIDS

Helping Parents Improve Adolescent Health

New reports show the importance of parents and raise questions about how programs address desired parental behaviors.

Parents play a critical role in promoting adolescent health and development. An analysis of data from six cross-national studies, representing 53 different countries, found that parent-child relationships affect the likelihood of early sexual initiation, substance use, and depression among adolescents.¹

While a growing number of programs for adolescents are working with parents, a recent review of these programs raises several questions. For example, in what specific ways do parents influence adolescent behavior and healthy development? And what kinds of interventions with parents are most effective in addressing these issues?

The World Health Organization (WHO), with funding from the U.S. Agency for International Development, reviewed the research and programs relating to parents and adolescent health during a two-year project, working with Johns Hopkins Bloomberg School of Public Health and others. In October 2006, WHO hosted an expert consultation to discuss themes raised by a literature review on the topic and a review of existing projects. In 2007, WHO released two reports synthesizing this work. This issue of *YouthLens* summarizes these reports.²

The evidence from these sources confirms the importance of engaging parents as part of a comprehensive strategy for improving adolescent health and development. It also reveals a need

for stronger program design and evaluation. Most adolescent health projects that work with parents are not based on research findings about how parents influence adolescent behavior and health. Few projects articulate the specific results they are trying to achieve by working with parents. As a result, most are unable to measure the effects of parent-focused interventions.

Research identifies key roles

The literature review focused on three parental roles that had been the subject of cross-cultural studies: 1) connectedness between parents and adolescents, 2) behavior control, and 3) provision of needed resources. Most of the more than 100 studies identified had originated in developed countries, but a number of them had gathered data in developing countries. Participants in the WHO consultation identified two additional roles that influence adolescent health: respect for individuality and modeling appropriate behavior.

Connectedness. Defined as a positive, stable emotional bond between parent and child, connectedness plays a critical role in adolescent health. Studies from all regions of the world found that adolescents who perceive that they are loved and accepted by their parents (or other primary caregivers) are less likely to engage in a wide range of health risk behaviors. A study among Caribbean youth ages 13 to 15 years, for





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example, found that those who felt connected to a parent were less likely to have had sexual intercourse or to be involved in violence.³

Behavior control. Parents shape or restrict adolescents' behavior by supervising and monitoring their activities, conveying clear expectations for behavior, and establishing rules and consequences for misbehavior. The optimal amount of control varies in different circumstances and stages of adolescence, but the associations between behavior control and adolescent health outcomes are clear across cultures. Parents' knowledge of their children's whereabouts and activities is associated with decreases in adolescent risk behaviors, including reduced drug and alcohol use and later ages of pregnancy. A study conducted among youth in Costa Rica, Thailand, and South Africa found that successful parental monitoring had many positive results, including lower levels of sexual intercourse.⁴

Provision and protection. Many parents struggle to support their families. But no parent can provide for all the needs of a growing adolescent, which include educational and vocational opportunities. Parents can, however, help their children access community resources needed to supplement those provided by their families. Studies in the United States have shown that the academic aspirations of adolescents whose parents help them with homework and participate in school activities tend to be higher than those of adolescents whose parents are not involved in their schooling.

Respect for individuality. Adolescents need to develop a healthy sense of themselves that is separate from the identities their parents define for them. Parents can violate their children's individuality when they exert psychological control through behavior that is disrespectful, controlling, manipulative, or intrusive. Many cross-cultural studies have shown that adolescents who perceive their parents to be psychologically controlling have significantly higher rates of problem behavior, including risky sexual behavior, depression, and substance abuse.⁵

Modeling. Parents often do not realize that they are powerful role models for their children, even

when those children reach adolescence. Most research on modeling of appropriate behavior has been conducted in industrialized countries. These studies found that having parents who make healthy choices is associated with better skills and attitudes among adolescents. The evidence that adolescents are likely to have attitudes and opinions similar to their parents is particularly strong for issues of morality.

Program issues and experiences

Program planners should recognize that the five parental roles often overlap. Even so, programs can focus resources on the parental roles shown to be most important in achieving the desired outcomes of their particular projects. The evidence suggests, for example, that an adolescent's sense of self-esteem and social competence are particularly affected by a stable emotional connection with parents.

Programs seeking to foster social competence can help parents communicate with and show affection for their adolescent children. In contrast, behavior control might be the best focus for programs designed to reduce risk-related sexual behavior and substance abuse. And helping parents avoid psychologically controlling behaviors appears particularly critical for programs trying to influence mental health issues or antisocial behaviors.

Community-based programs can assist parents in identifying and finding the resources to meet adolescents' needs. But poverty reduction and income-security programs can help many parents fulfill the role of provider. Programs may also need to advocate for policies to address the economic and social conditions that compromise parents' ability to provide for their families.

The WHO project identified 34 adolescent health projects working with parents in developing countries. Most of the projects aim to reduce a specific adolescent health risk; 28 of the 34 address the risks associated with early and unsafe sexual activity. These projects include a wide range of activities designed to influence parents,

including support groups, parent-child clubs, and mass media campaigns. About half of the projects work with parents and adolescents separately, while the others organize some activities for parents only and others for parents and their children together. In each project, these activities are part of a larger set of interventions targeting adolescents and sometimes others in their communities.

The projects tend to incorporate parenting roles indirectly, without specifically addressing the relationships between particular parenting roles and adolescent health outcomes. Almost all of the projects acknowledge implicitly the importance of provision and protection. Most (26 out of 34) address connection, and about one out of four includes skills for setting limits on adolescent behavior. Three projects specifically identify the influence of parents as role models, and another three projects consider how to foster respect for individuality through their activities.

Monitoring and evaluation of project activities is generally weak, and projects often lack adequate funding and technical expertise for evaluation. The review found no evidence that project planners had used a structured (“logic”) framework to link activities to objectives and specific outcomes. Most of the projects do not track the results of parenting interventions separately from those of their adolescent-focused activities and do not specify the results they expected to achieve through activities for parents.

Despite these weaknesses, some projects have demonstrated promising results. The types of results documented among adult participants in these projects include improved communication skills and other parenting skills, increased knowledge about issues such as adolescent development and reproductive health, and greater support for community activities for adolescents.

In El Salvador, parents participating in a program called Familias Fuertes (Strong Families) learned to express affection; communicate clear, consistent expectations and rules about behavior; and control

their anger in their relations with their adolescent children. This project seeks to prevent risk behavior among youth ages 10 to 14 and includes activities with parents to help them express love and set limits for their children. It is being implemented in several countries in Latin America and the Caribbean, including El Salvador, where a five-year evaluation is under way.

Families Matter is the parenting component of the Youth Intervention Programme, which seeks to improve the sexual and reproductive health of adolescents in Kenya’s Nyanza Province. It works with the parents and primary caregivers of 9- to 12-year-olds to create awareness of the risks adolescents face early in life and to improve

RECOMMENDATIONS FOR PARENTING RESEARCH AND PROGRAMS

Participants at an expert consultation convened by the World Health Organization in 2006 agreed on the following recommendations for assisting parents in developing countries to improve adolescent health and development.

Recommendations for programs

- Focus on outcomes among parents as well as among adolescents.
- Specify the assumptions behind working with parents to influence adolescent health.
- Plan and design interventions carefully, basing them on appropriate theory, research, and knowledge of local culture and customs.
- Tap the experience of local organizations, networks, and traditions to reach parents through multiple channels.
- Offer a balance of information, skills building, support, and resources.
- Conduct evaluation and share experiences among parenting projects.

Recommendations for research

- Clarify which types of interventions are effective and under what circumstances.
- Fill gaps in the knowledge on modeling appropriate behavior and on provision and protection, particularly in developing countries.
- Create resources that synthesize and disseminate research findings in clear, practical ways, offering ideas for applying the findings in programs.
- Expand and disseminate knowledge about the skills and information needed by parents, including an understanding of how to address the roles of mothers and fathers and the differences in expectations of male and female adolescents.
- Develop guidelines for monitoring and evaluating interventions.

Source: World Health Organization (WHO). Helping Parents in Developing Countries Improve Adolescents’ Health. Geneva, Switzerland: WHO, 2007.

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parent-child communication about sexual health issues. The program collected baseline information on six measures of the results it was designed to achieve, including measures of parental monitoring and parent-child communication about sexual risk reduction. Fifteen months post-intervention, parents and adolescents independently reported significant improvements in all of these measures, with the exception of parents' assessments of parent-child relationships, which were already high. The U.S. Centers for Disease Control and Prevention (CDC), which supported this project, is beginning to promote its use in other countries.

Parents who participated in workshops run by the Child Development and Adolescent Health Centre in New Delhi, India, say that they are now better equipped to manage behavioral problems and to recognize mental health problems among their adolescent children. These workshops are part of Expressions, a program that provides life skills education and promotes mental health in schools. They are designed to improve parents' communication with their children and to orient parents toward prevention and early identification of common behavioral problems in adolescence. As a result of parent participation in Expressions, several schools are now involving parents in mental health initiatives.

Future directions

The available evidence shows that programs can help parents in developing countries promote adolescent health and development. Participants of the WHO consultation concluded that activities to assist parents should be supported as an important component of adolescent health programs.

Research on how to help parents promote adolescent health remains limited, particularly in developing countries. Studies are needed to

identify the interventions that are most effective in working with parents. Such research should support the careful design and evaluation of projects that articulate the linkage between specific parental roles and desired adolescent health outcomes.

The most urgent need of parents in resource-poor settings is relief from the conditions that compromise their ability to fulfill these critical parenting roles. Ultimately, the best way to support the families of adolescents – and all families – is to create the political will to alleviate conditions such as poverty, conflict, ethnic and racial discrimination, and inadequate access to education and health care. While waiting for such fundamental social change, programs can do much more to help parents serve as loving and respectful providers, protectors, and role models for their adolescent children.

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