

CHAPTER 8

Parent-Teen Relationships

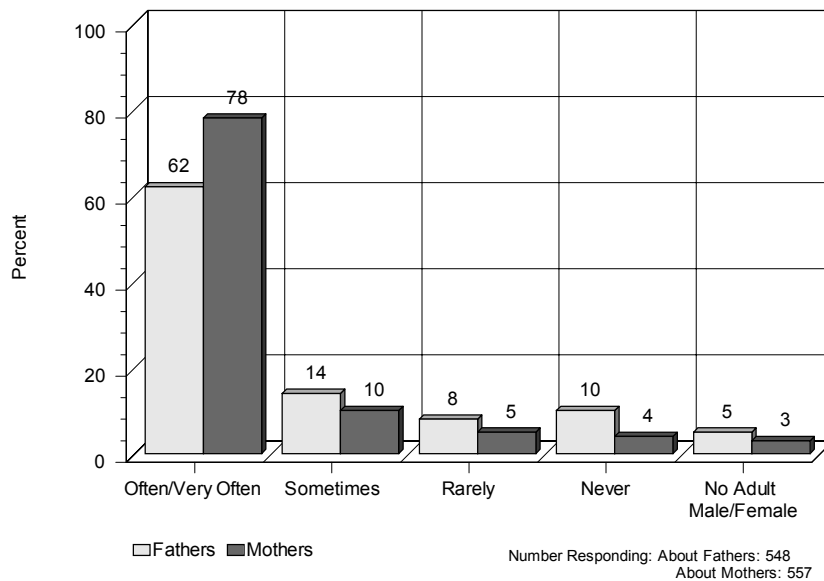
The family is an important socializing agent in the lives of youth. It is through parents that youth learn about themselves, how to interact with others, how to make decisions, and how to develop morality and a sense of values.

Parental Support and Love

A factor central to the development of youth and the general quality of the parent-teen relationship is how supportive and loving parents are. Research from the National Longitudinal Study of Adolescent Health—a study of more than 12,000 American adolescents—indicates that one of the most important protective factors for youth is the existence of a close parent-adolescent relationship (Resnick et al., 1997).

As Figure 8-1 shows, 78% of all teens felt their mother was there “often” or “very often” when they needed her; 62% felt the same about their father. Eighty-six percent (86%) of students reported that at least one parent was there for them “often” or “very often” (males, 87%; females, 85%).

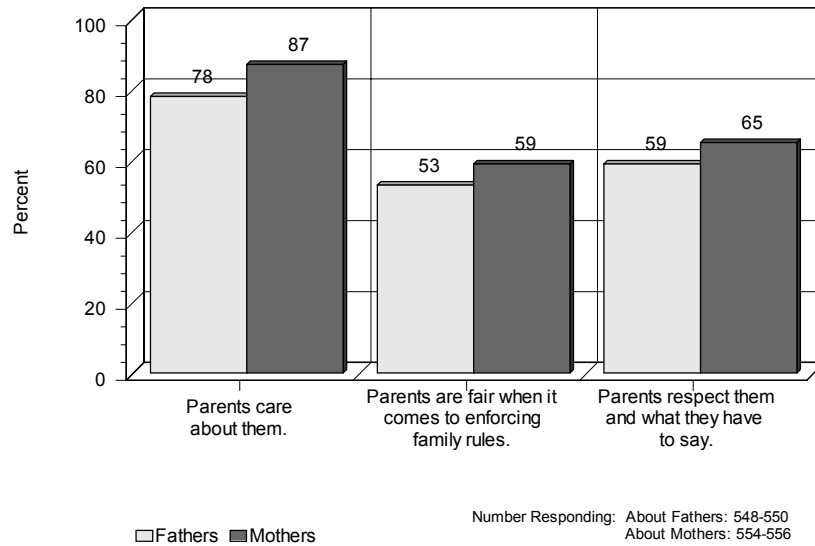
Figure 8-1: Parents Are There for Them



Note: Due to rounding, some graphs may not total 100%.

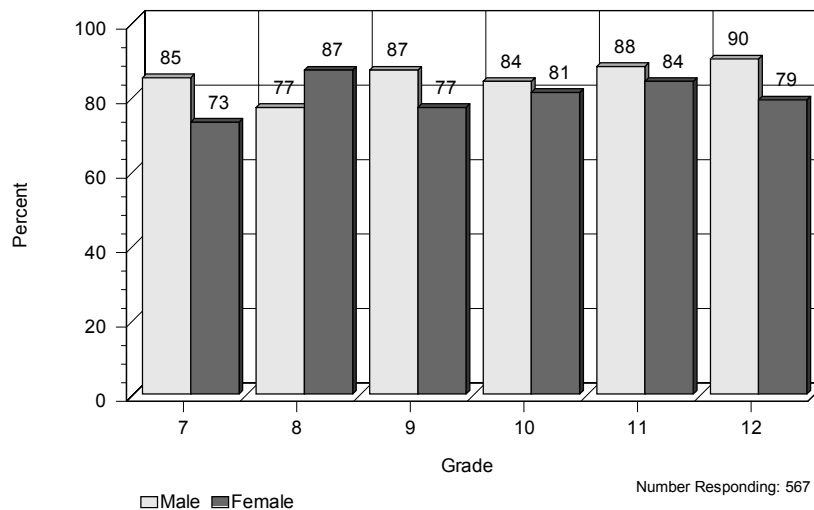
Figure 8-2 shows students' perceptions of parental support factors - whether their parents care about them, fairness in enforcing the family rules, and feeling respected by parents. The majority of youth reported "often" or "very often" their parents were there for them, were fair in enforcing rules, and respected them.

Figure 8-2: Parental Support
(Often or Very Often)



A sense of parental support can also be seen in the high percentage of students (82%) who "agree" or "strongly agree" that their parents are interested in what they are learning and how they are doing in school (males, 85%; females, 80%). This is illustrated in Figure 8-3.

Figure 8-3: Teens Who Feel Their Parents Are Interested in What They Learn and How They Are Doing in School
(Strongly Agree or Agree, by Grade and Gender)



Getting Along with Parents at Home

As shown in Figure 8-4, 82% of teens worried to some degree about getting along with their parents at home. Forty-five percent (45%) worried “quite a bit” or “very much” about this issue (males, 48%; females, 43%).

Figure 8-4: Worry About Getting Along with Parents at Home

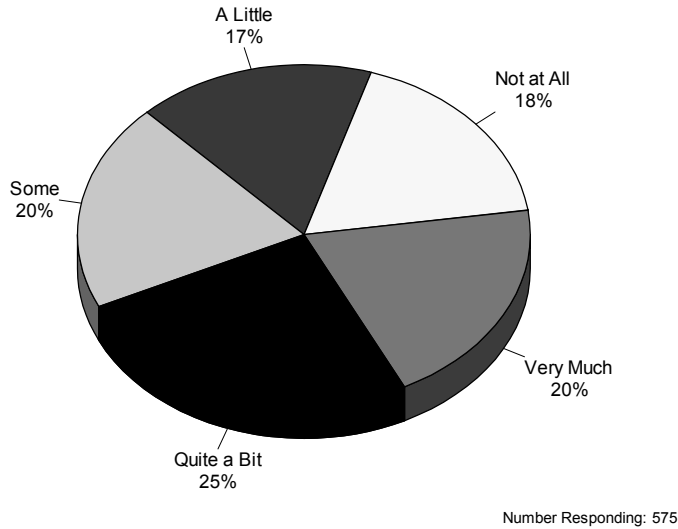
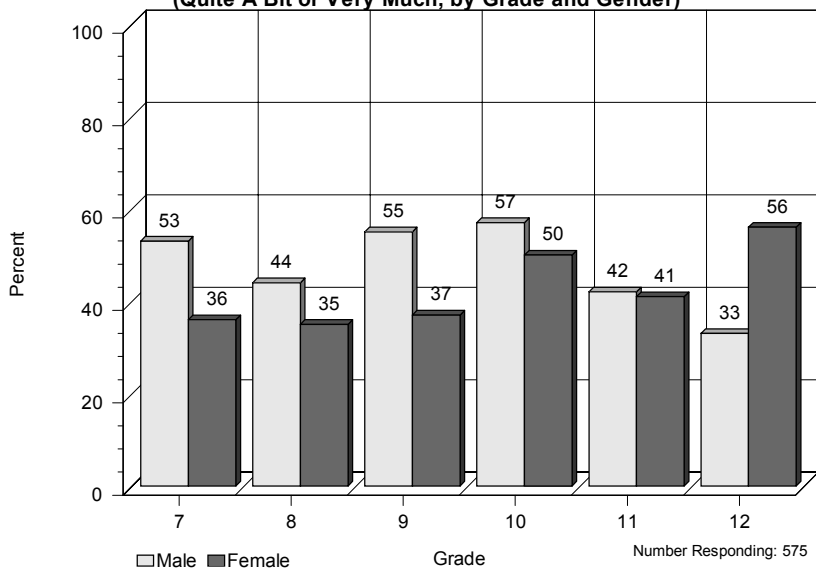


Figure 8-5 shows the percentage of teens who said they worried “quite a bit” or “very much” about getting along with their parents, on the basis of gender and grade level.

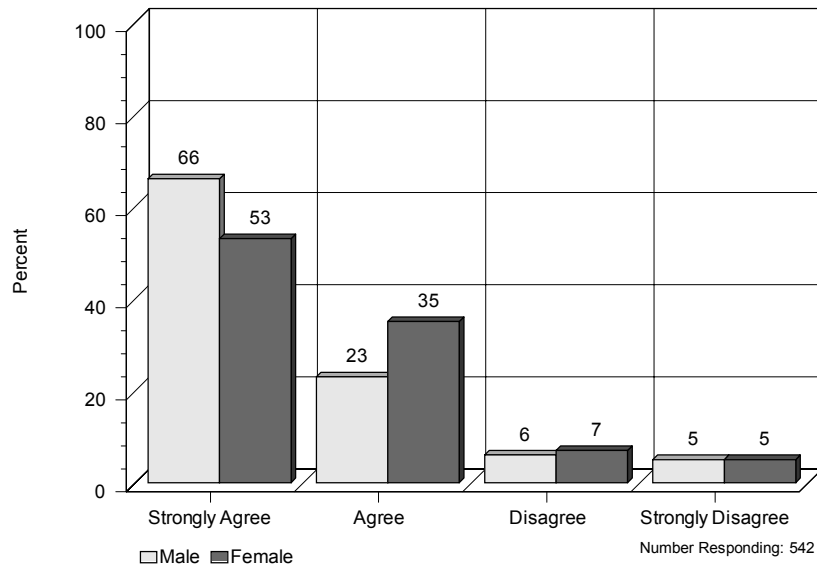
Figure 8-5: Worry About Getting Along with Parents at Home (Quite A Bit or Very Much, by Grade and Gender)



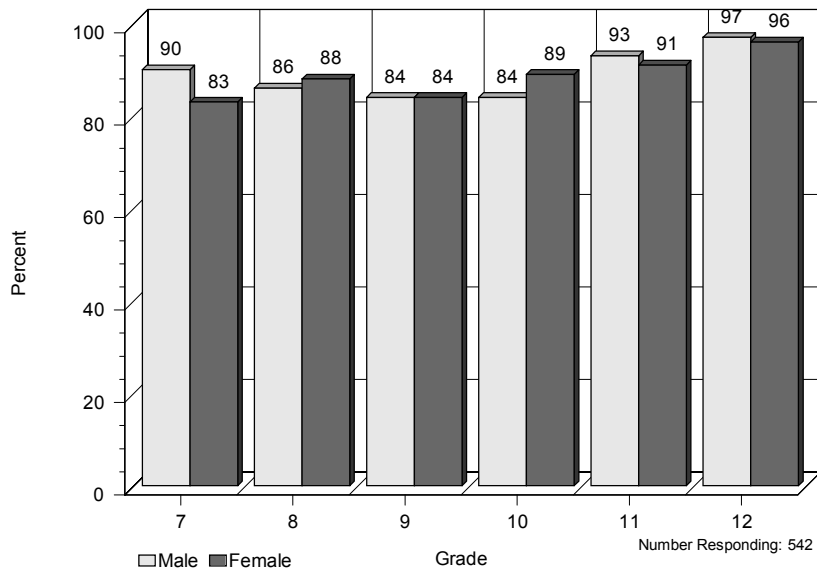
Safety at Home

Teens were asked to respond to the statement “*I feel safe at home.*” Over 89% of students reported they “*agree*” or “*strongly agree*” that they felt safe at home (males, 89%; females, 88%). Figure 8-6 shows the responses by gender. Figure 8-7 shows the responses by grade and gender.

**Figure 8-6: Students Who Feel Safe at Home
(By Gender)**



**Figure 8-7: Students Who Feel Safe at Home
(Strongly Agree or Agree, by Grade and Gender)**



Communication

Parent-teen communication is an important vehicle for sharing ideas, values, concerns, and dreams. As numerous scholars and family professionals have noted, good communication is vital to the well-being of parent-teen relations. Yet, many youth felt they had not had a good talk with their mothers or fathers in the past year about some important issues. It seems reasonable to assume that more in-depth conversations on important topics in these areas would benefit both teens and parents. The results of one study have suggested that young people are most open to parental influence about such topics as drugs between the ages of twelve and thirteen (National Center on Addiction and Substance Abuse, 1999).

Figure 8-8 shows that many teens have “never” or “rarely” had a good talk with their fathers in the past year about birth control, risk of AIDS or other STDs, whether or not it is ok for teens their age to have sex, risks of drinking and using drugs, or personal problems.

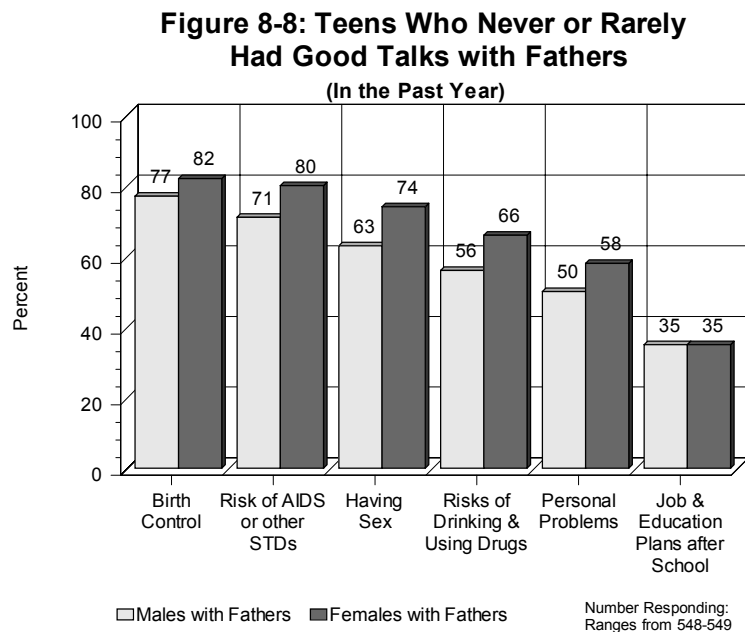
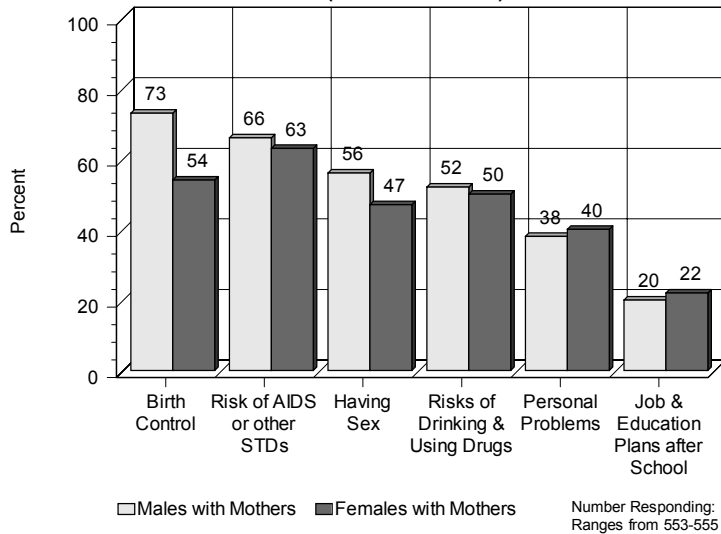


Figure 8-9 shows many teens have “never” or “rarely” had a good talk with their mothers in the past year about birth control, risk of AIDS or other STDs, whether or not it is ok for teens their age to have sex, risks of drinking and using drugs, or personal problems. In students’ discussions with both their mothers and fathers, birth control is the least discussed subject, while job or education plans are reportedly discussed more often.

Figure 8-9: Teens Who Never or Rarely Had Good Talks with Mothers
(In the Past Year)

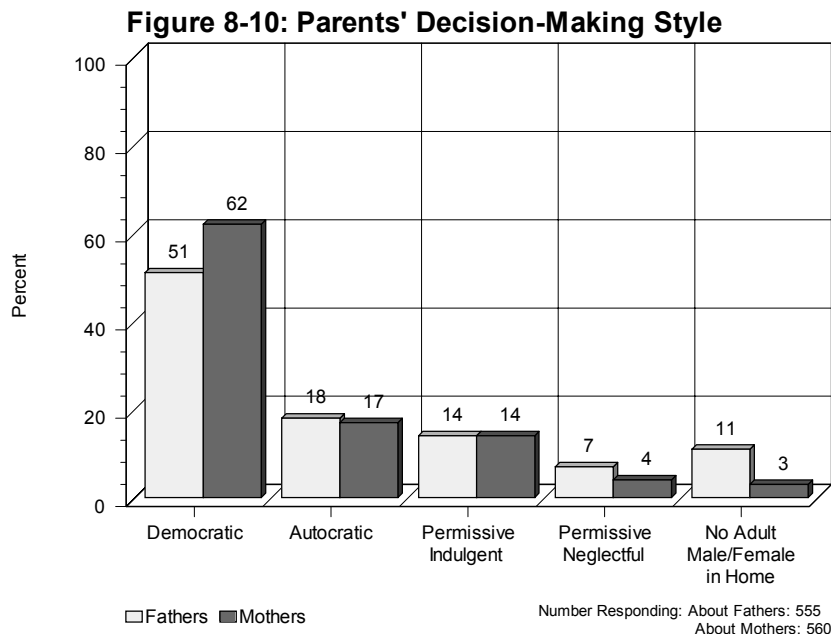


Decision-Making

Research has shown that those teenagers who are the most competent, responsible, and who have the highest self-esteem are more likely to have parents who allow them to express their opinions, involve them in making decisions and rules, and explain the reasons behind family rules and discipline (Demo, Small, Savins-Williams, 1987; Liprie, 1993).

Originally parenting styles were characterized as authoritative, authoritarian, or permissive (Baumrind, 1967, 1971). Maccoby and Martin (1983) further defined the permissive category as permissive indulgent or permissive neglectful. In order to minimize confusion due to the similarity of the terms authoritative and authoritarian, for this report we will label authoritative as democratic and authoritarian as autocratic. In the TAP survey students were asked, “*In general, how are most important decisions made between you and your **mother** or **other adult female** at home (for example, what time you need to be home at night or where you can go with friends?)*”. Student responses were categorized into the parenting styles. The democratic style involved the teen in making decisions under the parents’ watchful supervision (“*My mother/father and I talk about it and **together** we come to a decision.*” or “*My mother/father asks my opinion but she/he has the final say.*” or “*My mother/father discusses the decision with me but then lets me decide.*”). Such a parenting style can be contrasted with an autocratic style where parents make most or all the decisions and allow their child little say in decisions or rules (*My mother/father tells me exactly what to do.*). In a permissive parenting style, parents allow their child to make all decisions with little or no input or advice from them. This style can be either permissive indulgent (*She/he trusts me to make my own decisions.*) or permissive neglectful (*She/he doesn’t care what I do, so I decide for myself.*).

Figure 8-10 displays the reported parenting style of mothers and fathers. According to the reports of teens, 51% of fathers and 62% of mothers use a democratic style, while 18% of fathers and 17% of mothers were characterized by their teens as being autocratic.



Parental Monitoring

Research has suggested parental monitoring can be an important factor in preventing adolescent problem behaviors. Parental monitoring involves a parent’s supervision and awareness of a child’s behavior and whereabouts. Higher levels of parental monitoring have been found to be related to lower rates of sexual activity and alcohol and other drug use (Dornbusch et al., 1985; Flannery et al., 1999; Luster & Small, 1997; Patterson & Stouthamer-Loeber, 1984; Rodgers, 1999). A series of eight questions in the survey was used to assess how well teens were monitored by their parents. Figure 8-11 displays the eight areas questioned and the percentage of students who responded “a lot of the time” or “always”.

Figure 8-11: Teens Who Report Parental Monitoring of Their Behavior (A Lot of the Time or Always)

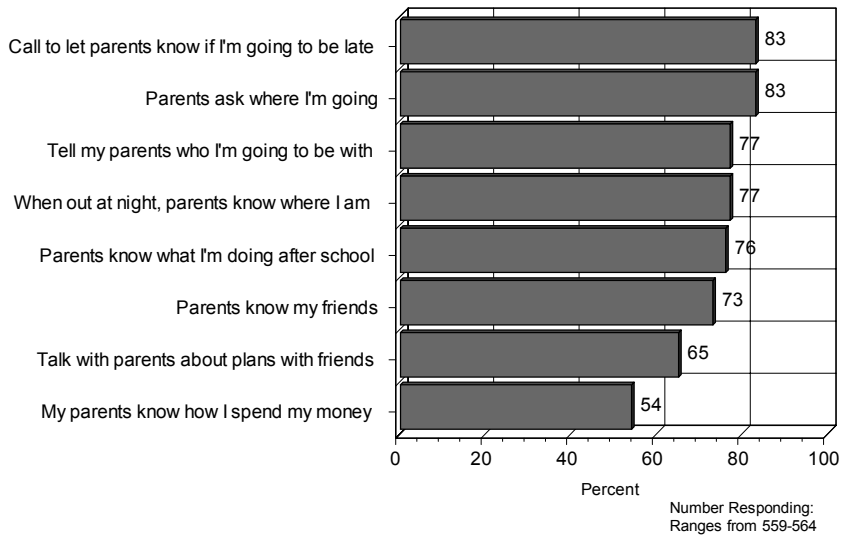


Figure 8-12 shows student responses by gender.

Figure 8-12: Teens Who Report Parental Monitoring of Their Behavior (A Lot of the Time or Always, by Gender)

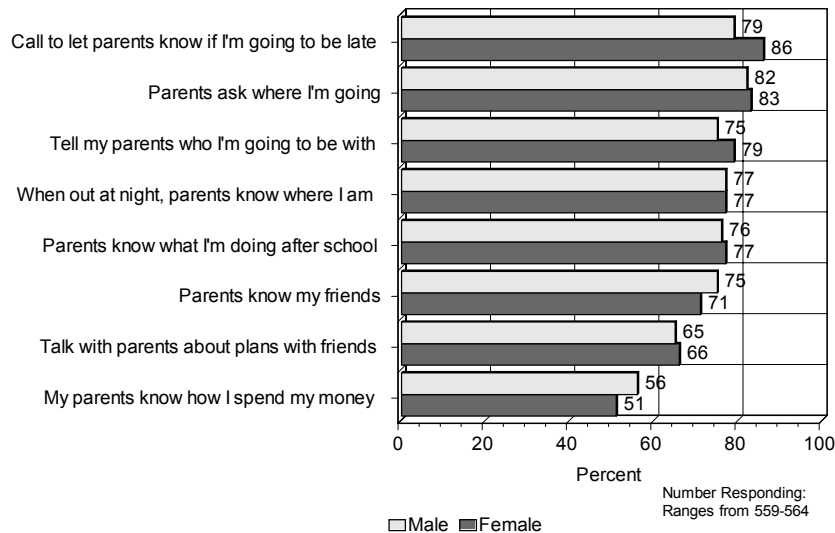
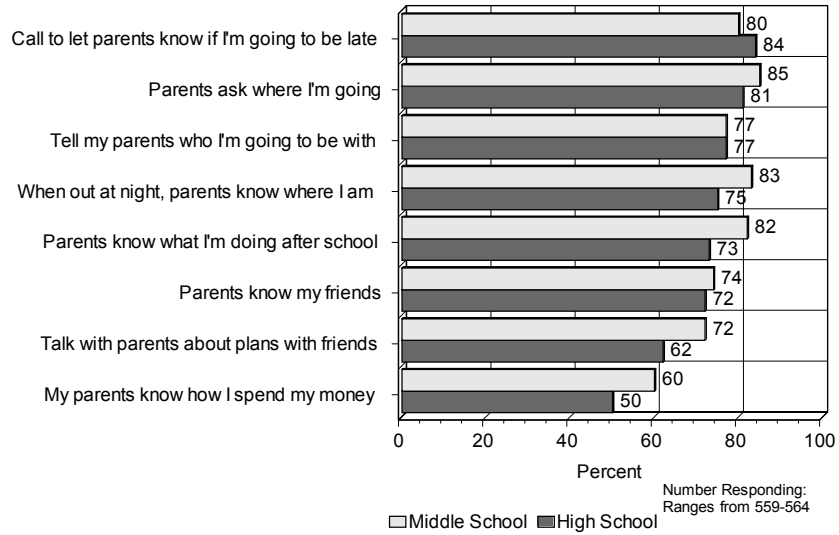


Figure 8-13 displays student responses to the parental monitoring questions by school level. A greater percentage of middle school students than high school students reported that their parents knew what they were doing after school; how they spend their money; and what the plans with their friends were.

Figure 8-13: Teens Who Report Parental Monitoring of Their Behavior
(A Lot of the Time or Always, by School Level)



Parental Monitoring

The relationship between levels of parental monitoring and teen health risk behaviors was examined. The responses to the eight parental monitoring questions were averaged and then scores were divided into tertiles for the graph below. Figure 8-14 shows a strong relationship between level of parental monitoring and monthly teen drinking. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-14: Relationship Between Levels of Parental Monitoring and Monthly Teen Drinking (By Gender)

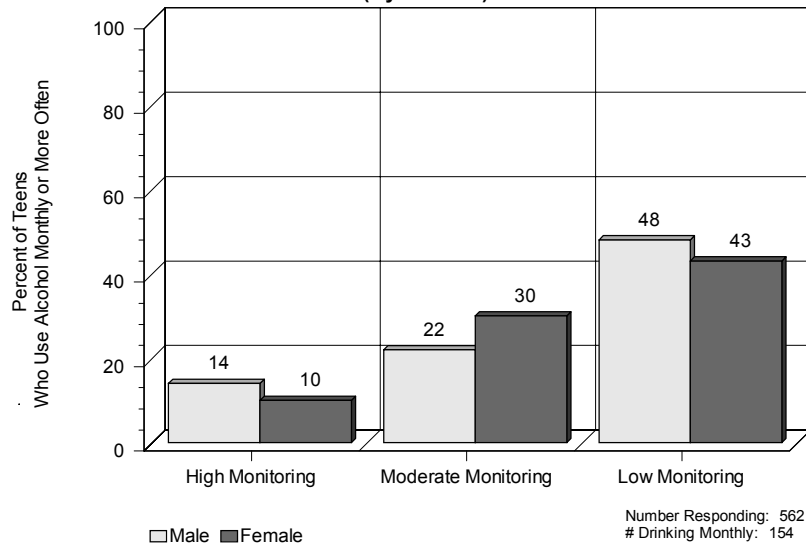


Figure 8-15 shows a stronger relationship between the level of parental monitoring and monthly teen smoking for females than for males. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-15: Relationship Between Levels of Parental Monitoring and Monthly Teen Smoking (By Gender)

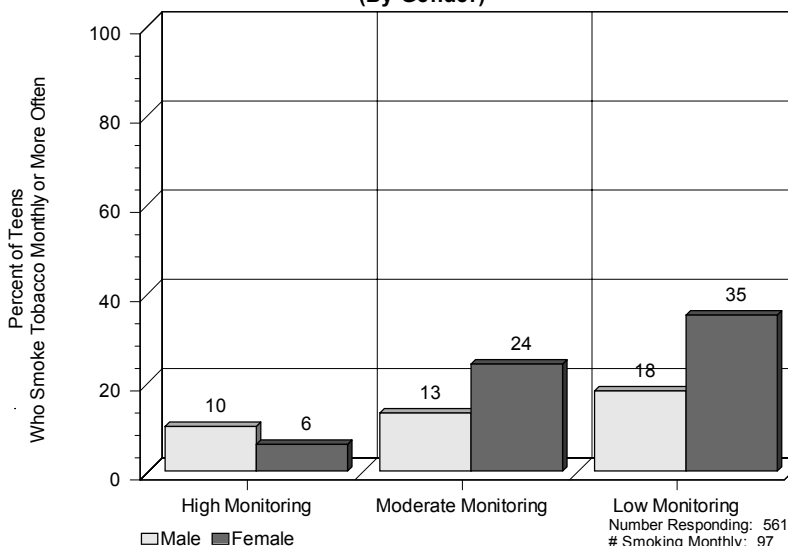
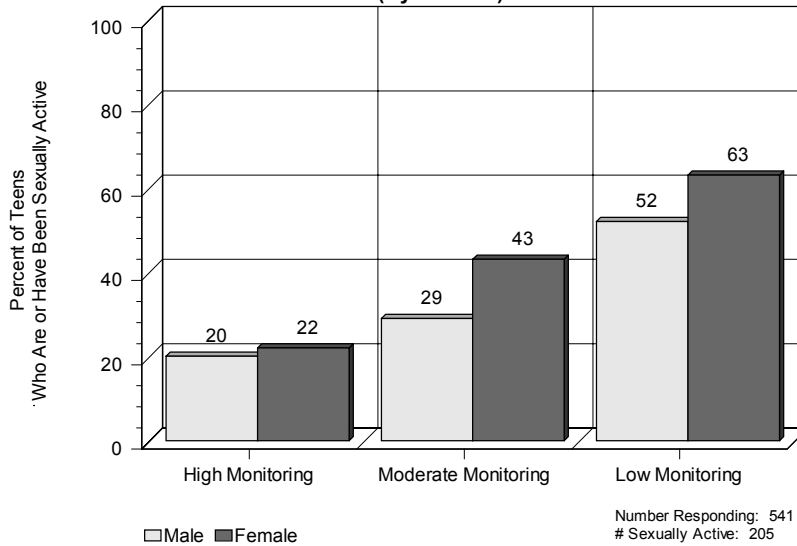


Figure 8-16 shows the relationship between levels of parental monitoring and percentage of teens who have ever had sexual intercourse. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-16: Relationship Between Levels of Parental Monitoring and Teen Sexual Activity (By Gender)



Parental Values

In three separate questions, students were asked whether their parents thought it was wrong for teens their age to drink alcohol, smoke cigarettes, or have sexual intercourse. Possible responses to the statement were grouped into three categories: *strongly agree or agree*, *not sure*, and *strongly disagree or disagree*. Figure 8-17 shows total responses for the multiple health risk behaviors.

Figure 8-17: Teens' Perceptions of Parental Values About Health Risk Behaviors

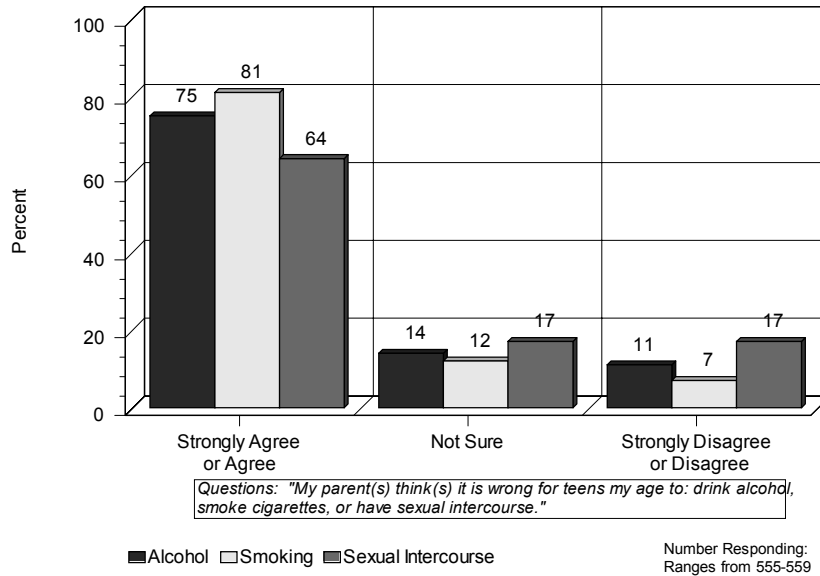


Figure 8-18 shows the relationship between teens' perceptions of parental values about drinking alcohol and monthly teen drinking. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-18: Relationship Between Teens' Perceptions of Parental Values and Monthly Teen Drinking (By Gender)

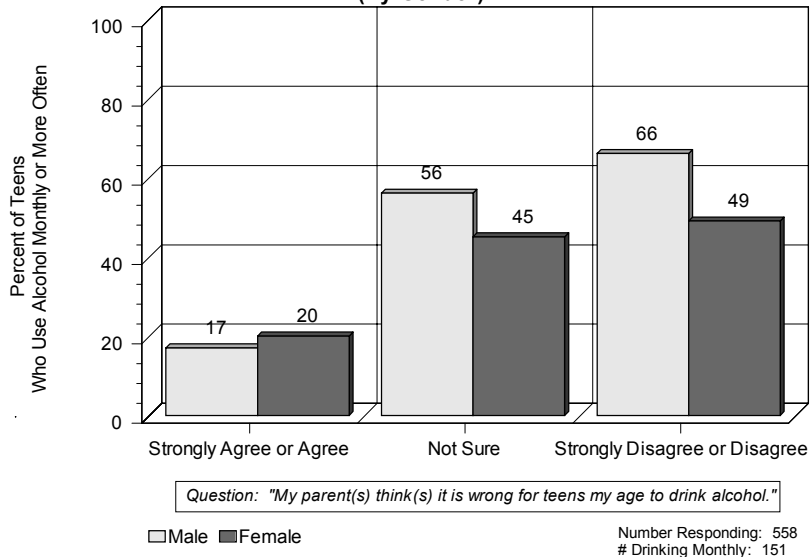


Figure 8-19 shows the relationship between teens' perceptions of parental values about smoking cigarettes and monthly teen smoking. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-19: Relationship Between Teens' Perceptions of Parental Values and Monthly Teen Smoking (By Gender)

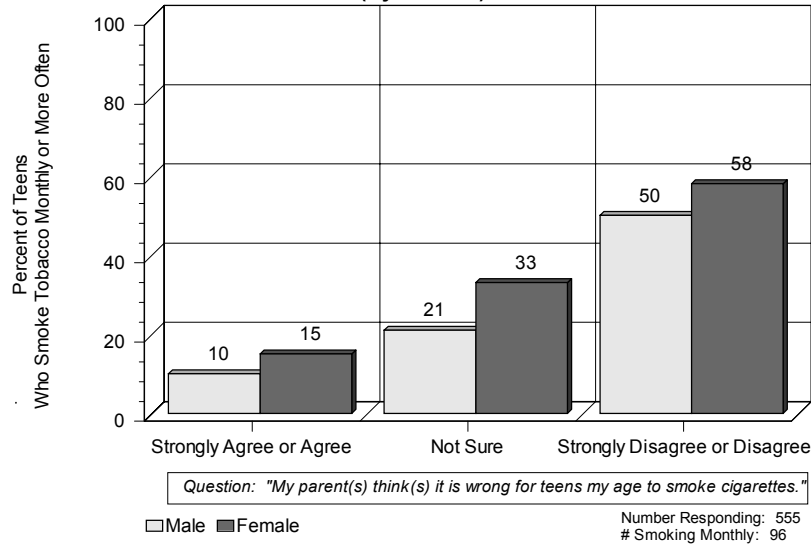
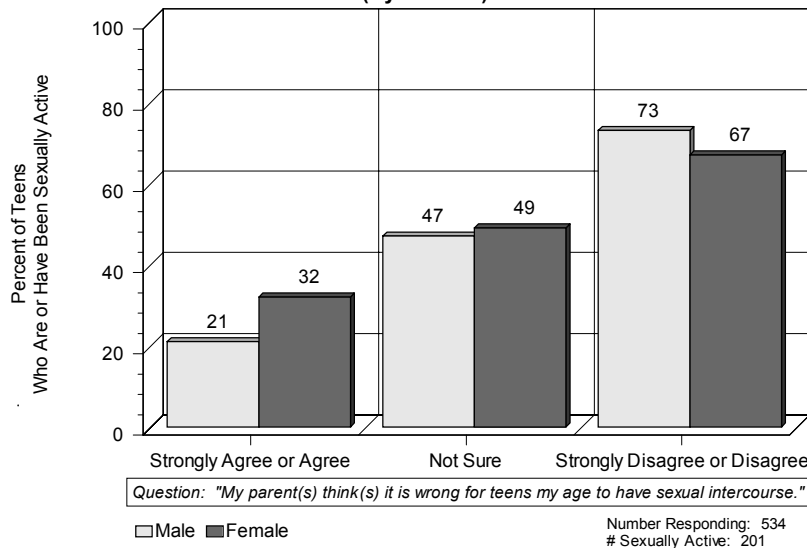


Figure 8-20 shows the relationship between teens' perceptions of parental values about sexual intercourse and teens' sexual behavior. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-20: Relationship Between Teens' Perceptions of Parental Values and Teen Sexual Activity (By Gender)



Parental Consequences

Another strong factor influencing teen health risk behaviors is whether teens think they will get in trouble for engaging in that behavior. Students were asked if they thought they would get in trouble for drinking alcohol, smoking cigarettes, or having sex if their parents knew about it. Responses were grouped into *yes or probably*, *not sure*, and *no or probably not*. Figure 8-21 shows total responses by health risk behavior.

Figure 8-21: Teens' Perceptions of Parental Consequences For Health Risk Behaviors

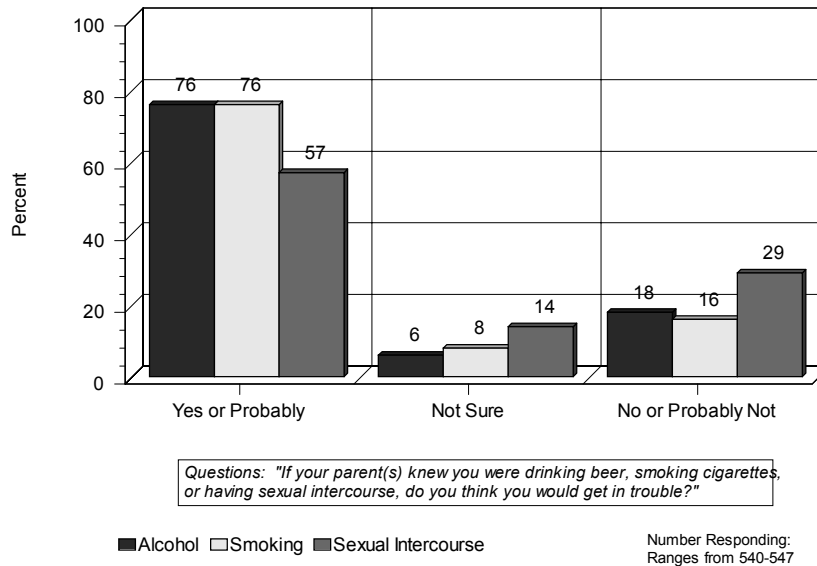


Figure 8-22 shows the relationship between teens' perceptions of parental consequences about drinking alcohol and monthly teen drinking. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-22: Relationship Between Teens' Perceptions of Parental Consequences and Monthly Teen Drinking (By Gender)

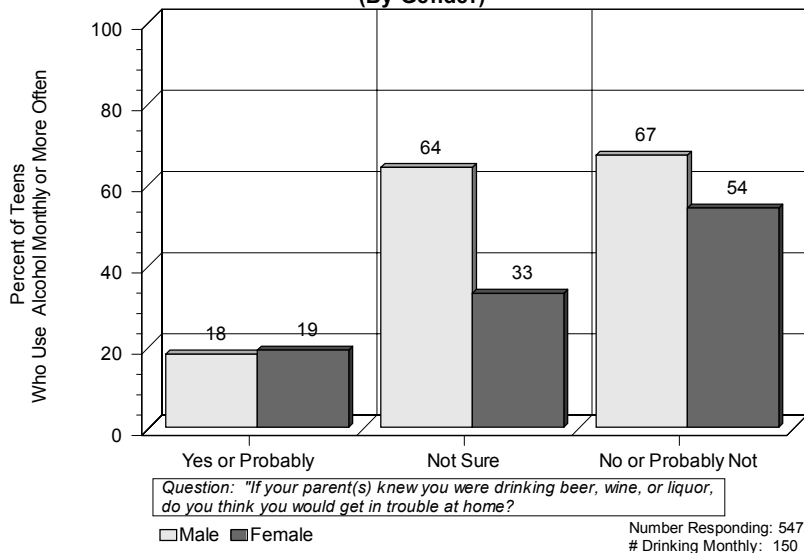


Figure 8-23 shows the relationship between teens' perceptions of parental consequences about smoking cigarettes and monthly teen smoking. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-23: Relationship Between Teens' Perceptions of Parental Consequences and Monthly Teen Smoking (By Gender)

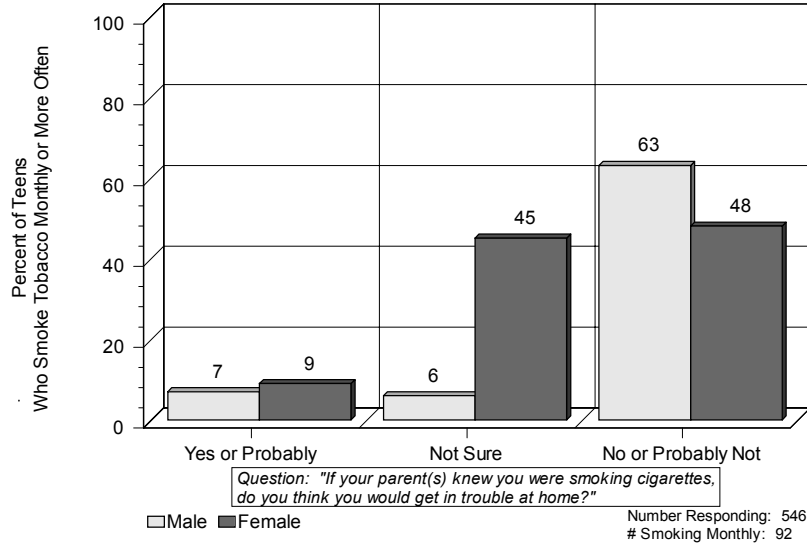


Figure 8-24 shows the relationship between teens' perceptions of parental consequences about sexual intercourse and teens' sexual behavior. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

Figure 8-24: Relationship Between Teens' Perceptions of Parental Consequences and Teen Sexual Activity (By Gender)

