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The associations between parenting practices and adolescent alcohol use across mid- and late adolescence: A cohort study from Sweden

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Abstract

Background and aims: The aim of the present study is to examine the association between parenting practices and adolescent alcohol use in a longitudinal sample of adolescents from Sweden.

Data and methods: A prospective longitudinal sample of 3,685 adolescents in a nationwide study in Sweden (2017-2019) filled out questionnaires. Baseline data (T1; 2017) was collected from participants at age 15 to 16 years, and a two-year follow-up (T2; 2019) was conducted at age 17 to 18 years. Alcohol use was measured with AUDIT-C. Parental support and monitoring were measured at both time points with two questions for each dimension. Cross-sectional and prospective associations were examined using linear regressions.

Results: In the cross-sectional analyses, a significant negative association with alcohol consumption was found for parenting practices, i.e., support and monitoring, at both time-points in the crude models. Only monitoring remained significant in the adjusted models. The prospective analyses showed that monitoring at T1 had a significant negative association with alcohol use at T2. Increases in both parenting practices between T1 and T2 were significantly associated with lower alcohol use at T2.

Conclusions: Parental support and monitoring during adolescence are closely associated with adolescent drinking. The findings underscore the importance of ongoing parental engagement, particularly in terms of parental monitoring throughout mid- and late adolescence to prevent drinking.

Introduction

Adolescence is a period marked by the transition from childhood to adulthood (Sawyer et al., 2018). This entails a change from being completely dependent and reliant on your parents in childhood to becoming an independent adult. This change can bring about stress and put pressure on the parent-child relationship (Sawyer et al., 2018). Parenting factors in general are important for several behaviours, and can be related to both healthy and risky behaviours, such as drinking. Parenting factors are therefore central to our understanding of several behaviours during adolescence, both health-related (Ford et al., 2023; Grigorian et al., 2023), and risk behaviours such as drinking alcohol (Yap et al., 2017).

Parenting factors have been linked to adolescent drinking (Yap et al., 2017) and also to the marked decline in adolescent drinking that has occurred during the last couple of decades (Larm et al., 2018; Raitasalo et al., 2020; Ramstedt et al., 2022). Another reason parents are of particular importance in addressing adolescent alcohol use is that they are often the target for prevention efforts. The two general parenting factors that have shown the strongest links to adolescent alcohol use are parental support and parental monitoring (Yap et al., 2017).

Parental Support

Parental support serves as a cornerstone of social support throughout adolescence (Helsen et al., 2000), reflecting positive attachment dynamics between adolescents and their parents. Previous research has shown that high levels of parental support correlate with better adolescent adjustment (Helsen et al., 2000; Yap et al., 2014), reduced psychosomatic and psychological complaints (Ramberg,

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2021; Sumter & Baumgartner, 2017), and lower alcohol use (Yap et al., 2017).

Parental Monitoring

Parental monitoring includes the practices and behaviours through which parents stay informed about their children's activities, peers, whereabouts, and overall well-being. Studies have shown that parental monitoring significantly influences adolescent adjustment and health outcomes (Hamza & Willoughby, 2011; Kapetanovic et al., 2020; Racz & McMahon, 2011). Extensively studied in relation to youth delinquency (Lippold et al., 2016; Racz & McMahon, 2011), parental monitoring demonstrates a negative association with norm-breaking behaviours and alcohol use (Larm et al., 2018; Sjodin et al., 2023).

A 2017 review by Yap and colleagues points towards there being a strong evidence base for parental monitoring and parental support being protective of adolescent alcohol use (Yap et al., 2017). However, few of the studies included in the review incorporated both measures (support and monitoring) simultaneously. Previous studies also suggest an interaction between various parenting practices and their association with delinquent behaviours; for instance, in parent-child relationships where adolescents perceive parental information-seeking as positive, they are less likely to engage in delinquent behaviours (Kapetanovic et al., 2019).

Current Study

The primary objective of this study is to investigate the cross-sectional and longitudinal relationships between parenting practices and adolescent alcohol use during mid- and late adolescence among Swedish youth. Given the established negative associations of both parental support and monitoring with adolescent alcohol use (Yap et al., 2017), we hypothesise that adolescents with high values on both measures will exhibit the lowest alcohol consumption. A further aim is to examine if there is any interaction between support and monitoring in their association with adolescent alcohol use.

Data and Methods

The data were collected from the first and the second waves of *Futura01*, which is a nationwide prospective longitudinal study of Swedish adolescents who attended the compulsory 9th grade of school in 2017. The baseline data collection (T1) was carried out as a paper-and-pen questionnaire during school hours. The second data collection (T2) was performed in 2019 as a web survey or postal survey.

At T1, 500 schools were drawn at random by Statistics Sweden using a probability proportional to size procedure, and one 9th grade class was drawn from each school. The participation rate was 68.6% at the school level. No statistically significant differences were found between participating and non-participating schools with regard to parental education level, immigrant background, and students' average grades. The students present on the day of the data collection were informed about the study procedure and 5,722 students agreed to participate in the study, 778 did not want to participate, and 269 did not answer the question about consent. Among those who agreed to take part in the study, some were excluded due to providing incorrect or unreadable social security numbers (n = 154), non-response on central questions (n = 19), or unreliable responses (n = 8) resulting in a baseline sample of 5,541 and a participation rate of 82% (Raninen, 2020). At T2 the invitation to participate was mailed to each respondent's registered home address and the retention rate was 72% (n = 3,999), with 83% completing the questionnaire online and 17% completing a postal questionnaire. At T2, respondents were reimbursed with two movie tickets for completing the survey. At T1 the respondents were 15 or 16 years of age depending on their birth month, and at T2 they were 17 or 18 years of age. The data collection and overall study design was approved by the Regional Ethical Review Board of Stockholm (2017/103-31/5).

Measurements

AUDIT-C

The first three items of the Alcohol Use Disorders Identification Test (AUDIT; Liskola et al., 2018), which capture drinking frequency, quantity, and binge frequency, were used at both T1 and T2. Drinking frequency was measured with the question, *How often do you drink alcohol?* The response alternatives were: *never*; *about once a month*; *2–4 times per month*; *2–3 times per week*; *4 times per week or more often*. Quantity was measured with the question, *How many drinks did you have on a typical day when you were drinking?* The response alternatives were: *1–2*; *3–4*; *5–6*; *7–9*; and *10 or more* (with a picture of the examples comparing typical beverages).Binge frequency was measured with the question, *How often do you drink six such 'drinks' or more at the same time?* with a picture of the examples comparing typical beverages. Response alternatives were: *never*; *more rarely than once a month*; *every month*; *every week*; and *daily or almost every day*. A total sum ranging from 0 to 12 was created based on these items.

Parenting Practices

Parenting practices were measured with four statements, two for each domain, i.e., parental support and parental monitoring (Sjodin et al., 2023). Parental support was measured with the statements: *I can easily get warmth and caring from my mother and/or father*, and *I can easily get emotional support from my mother and/or father*. The statements for parental monitoring were: *[m]y parent(s) know who I am with in the evenings*, and *[m]y parent(s) know where I am in the evenings*. For each statement, there were five response alternatives: *almost never*; *seldom*; *sometimes*; *often*; and *almost always*. Mean summary measures were created for both parental support and parental monitoring by summing the two individual items and dividing this by two, and for each, scores ranged from 1 to 5. Internal consistency of parental monitoring (Cronbach's alpha: T1 = 0.76, T2 = 0.80) and parental support was high (Cronbach's alpha: T1 = 0.89, T2 = 0.93). Correlation between the two parenting practices scales revealed a moderate positive correlation between parental support and

parental monitoring (T1: $r = 0.30$, $p < .001$; T2: $r = 0.40$, $p < .001$).

Control Variables

Information on parental education (highest level of education) and parental country of birth were obtained from official registries. We also included gender (female/male) as a control variable. Conduct problems were measured with five items from The Strengths and Difficulties Questionnaire (SDQ; Goodman et al., 2000) using the self-rated SDQ-Swedish version for 11 to 17-year-olds. The factor structure and validity of the SDQ based on this data are reported elsewhere (Karlsson et al., 2022). A composite sum score (range 0-10) was created for conduct problems. Impulsivity was measured with two items from the Brief Barratt Impulsiveness Scale (BIS-Brief; Steinberg et al., 2013): *I act on the spur of the moment*, and *I do things without thinking* measured on a five-point Likert scale. Sensation seeking (SS) was measured using the Brief Sensation-Seeking Scale-4 (BSSS-4; Stephenson et al., 2003). The BSSS-4 is a four-item measure of SS, capturing specific dimensions (*experience seeking*; *disinhibition*; *thrill and adventure seeking*; and *boredom susceptibility*) hypothesised to underlie SS (Stephenson et al., 2003) with high internal consistency (Cronbach's alpha = 0.82). Aggressiveness was measured with two items, *I get angry fairly easily*, and *[w]hen I get angry, I have trouble not screaming, slamming doors or doing similar things*, measured on a five-point Likert scale. All control variables were measured at T1.

Statistical Analysis

We used a linear regression model to examine associations between parenting practices and alcohol use. In a first step, the crude models included only one parenting practice at a time. In the second step the models were adjusted for both parenting practices at the same time as well as all the other control variables. We examined the cross-sectional association between parenting practices and alcohol use at both T1 and T2. We then examined the longitudinal association between parenting practices and alcohol use in two ways, first by examining the association between parenting practices at T1 and alcohol use at T2, and secondly by examining the association between changes in parenting practices (Δ = T2-T1) and alcohol use at T2. The regression models also used cluster robust standard errors to compensate for the individuals being nested within school classes at T1. Paired sample *t*-tests were used to test for significance in the descriptive results presented in Table 1.

An analytical sample consisting of those with valid answers on all included variables was used for all analyses (n = 3,685). All analyses were done using SAS 9.4. The analyses were not pre-registered, and all results are to be considered exploratory.

Results

The results presented in Table 1 showed an increase in the AUDIT-C scores between T1 and T2 which was statistically significant (*t*-value = -38.52, $p < .001$). Both parenting practices were high at T1 and T2, and there was on average little change in the parenting practices between T1 and T2. The change in support was statistically significant (*t*-value = -5.98, $p < .001$), whilst the change in monitoring was not (*t*-value = -1.76, $p < .078$).

Table 1

Descriptive Statistics, Means (SD) and Percentages of the Included Variables in the Analytical Sample (n = 3,685)

	T1	T2
Audit-C	1.02 (2.01)	2.47 (2.40)
Parenting practices		
Support	4.43 (0.89)	4.33 (0.97)
Monitoring	4.45 (0.80)	4.42 (0.87)
Support (Δ = T2-T1)		-0.10 (0.95)
Monitoring (Δ = T2-T1)		-0.04 (0.95)
Control variables		
Female	55.47%	
Both parents born in Sweden	70.37%	
Both parents have tertiary education	30.99%	
Conduct problems	2.49 (1.26)	
Impulsivity	7.62 (2.60)	
Sensation seeking	16.47 (5.94)	
Aggressiveness	5.09 (2.34)	

Table 2 displays the results from the cross-sectional analyses of the association between parenting practices and alcohol use. At both time points there was a significant negative association for both parenting practices and alcohol use in the crude models, meaning that greater parental support and monitoring was associated with reduced alcohol use. Monitoring was also significantly associated with alcohol use in the fully adjusted models at both time points, whilst no significant association was found between support and alcohol use.

The patterns from Table 2 were largely repeated in Table 3 and the results regarding the longitudinal associations between parenting practices and alcohol use. Both support and monitoring at T1 showed significant negative associations with alcohol use at T2 in the crude models, whilst in the adjusted model only monitoring remained significant. The analyses of changes in parenting practices between T1 and T2 and alcohol use at T2 showed that increase in parental support was associated with lower alcohol use in the crude model, but no significant association between changes in monitoring and alcohol use was found. In the adjusted model both changes in support and monitoring were significantly associated with lower alcohol use.

Table 2

Cross-Sectional Associations between Alcohol Use and Parenting Practices

	Model 1a			Model 1b			Model 2		
	b	**SE**	***p*-value**	**b**	**SE**	***p*-value**	***b***	**SE**	***p*-value**
T1									
Intercept	2.14	0.208	<.001	4.663	0.277	<.001	0.395	0.327	.228
Support	-0.254	0.0430	<.001				0.058	0.040	.141
Monitoring				-0.819	0.058	<.001	-0.527	0.058	<.001
T2									
Intercept	3.413	0.198	<.001	5.034	0.218	<.001	2.373	0.272	<.001
Support	-0.218	0.0433	<.001				-0.017	0.041	.675
Monitoring				-0.581	0.0465	<.001	-0.432	0.048	<.001

Note: Model 1a includes only parental support, Model 1b includes only parental monitoring. b. Model 2 includes both parenting practices and also adjusts for impulsivity, sensation seeking, aggressiveness, conduct problems, parental country of birth, parental education and gender

Table 3

Longitudinal Associations between Alcohol Use and Parenting Practices

	Model 1a			Model 1b			Model 2		
	b	**SE**	***p*-value**	**b**	**SE**	***p*-value**	**b**	**SE**	***p*-value**
T1									
Intercept	2.979	0.226	<.001	5.230	0.250	<.001	0.759	0.317	.017
Support	-0.115	0.049	.020				0.074	0.046	.109
Monitoring				-0.620	0.053	<.001	-0.166	0.053	.002
Change (Δ = T2-T1)									
Intercept	2.457	0.053	<.001	2.467	0.053	<.001	0.133	0.147	.365
Support	-0.126	0.043	.003				-0.136	0.039	<.001
Monitoring				-0.052	0.044	.245	-0.238	0.041	<.001

Note: Model 1a includes only parental support, Model 1b includes only parental monitoring. b. Model 2 includes both parenting practices and also adjusts for drinking at T1 impulsivity, sensation seeking, aggressiveness, conduct problems, parental country of birth, parental education and gender.

To examine the interplay between support and monitoring, we fitted fully adjusted models with an interaction effect between the two parenting practices. The results from these are displayed in Table 4. Only one interaction term was significant – at T2 there was a significant interaction between support and monitoring. Examining this interaction effect graphically showed that for those with low parental support there was no effect of increased monitoring, whilst for those with moderate and high parental support there was a negative effect, in which higher parental monitoring was associated with lower alcohol use (results not shown).

Table 4

Interaction between Parental Support and Monitoring.

	b	**SE**	***p*-value**
T1	-0.046	0.042	.271
T2	-0.021	0.009	.015
T1 on T2	-0.081	0.041	.052
Change	-0.002	0.030	.954

Discussion

The present study examined two parenting practices that have previously been shown to be among the most influential for adolescent alcohol use: support and monitoring (Yap et al., 2017). In line with our hypothesis, we found both support and monitoring to be associated with lower alcohol use in the crude models. This suggests that a form of "general parenting" plays a role in adolescent alcohol use, since higher values on both measures was associated with lower alcohol use. Both support and monitoring may therefore be used by parents who want to reduce their adolescent children's drinking. This is further emphasised by the two parenting measures being correlated with each other, meaning that if one is high, then it is also likely that the other is high. Although the correlation between the two parenting practices was low, they both still appear to have added to the crude models. Overall, however, the broad pattern of the results show that monitoring was more important for adolescent alcohol use, as parental support was not significantly associated with alcohol use at

any time point in the adjusted models. This finding is noteworthy, as previous research using the same data showed that parental support had the strongest inverse associations with psychosomatic complaints during both middle and late adolescence, compared to indicators of parental monitoring (Grigorian et al., 2023). Thus, it appears that parenting practices have different effects depending on the behavioural outcome they are concerned about. Since underage alcohol use is not common or the norm in Sweden, it is plausible that parental monitoring is directed towards, and associated with, reduced alcohol use, whereas parental support is more strongly associated with psychosomatic complaints and trying to manage them.

The patterns observed were consistent across both time points, showing no indication of differential effects, despite significant differences in the prevalence of lifetime alcohol use (Sjodin et al., 2024) and the fact that the adolescents had aged two years during the study. This could have influenced the effect of parenting practices, such as potential reductions in monitoring. Additionally, the substantial increase in alcohol use during this phase of adolescence could have altered the association between parenting practices and alcohol use.

The results clearly indicate both an immediate and long-term effect of parental monitoring on adolescent alcohol use, which is in line with findings from previous studies (Yap et al., 2017). In the cross-sectional analyses, there was a significant association at both T1 and T2. The longitudinal analyses also showed an effect of parental monitoring at T1 on alcohol use at T2, and of changes in parental monitoring between T1 and T2 and alcohol use at T2. A significant negative association was also found for changes in parental support and adolescent alcohol use at T2. Taken together, the results thus indicate that parenting practices matter for adolescent alcohol use across mid- and late adolescence, and that the effect is greatest if parental support and monitoring remain constant throughout adolescence.

It should also be noted that most adolescents reported high values on both parenting practices and that there was some indication of a conditional effect of monitoring, with monitoring only reducing drinking among those with moderate or high support at T2. Among those reporting low parental support there does not seem to be any effect of monitoring on alcohol use. This finding highlights the importance of parental monitoring being accompanied by high levels of support, as monitoring alone appears ineffective in reducing alcohol use when support is lacking. Prior research suggests that parental support can serve as a prerequisite for young people's disclosure of their alcohol use, leading to increased parental knowledge (Blodgett Salafia et al., 2009). In the current study, it can be assumed that for adolescents with moderate or high parental support, high values placed on parental knowledge by both parents and/or adolescents reflects the adolescent's willingness to voluntarily disclose information, rather than active monitoring by parents. Furthermore, previous research has demonstrated that youth disclosure of their own alcohol use can be a more significant predictor of both parental knowledge and adolescent adjustment than parents' active monitoring efforts (Kerr & Stattin, 2000).

Strengths and Limitations

The current study relied on self-reported data, which should be kept in mind when interpreting the results. Both the outcome and the independent variables were reported by the adolescents themselves. We did not measure parental support and monitoring directly, but rather adolescents' perceptions of their parent's support and monitoring. Ideally, we would have sourced the measure of support and monitoring directly from the parents as well as the adolescents. We know from previous research that parents' knowledge of their children's activities may not be reflective of active monitoring efforts from parents, but rather the adolescent's willingness to disclose information (Stattin & Kerr, 2000). We were also not able to measure differences between fathers and mothers in the parenting practices. The current study also relies upon longitudinal data, and in order to track the participants over time their personal identification number had to be collected; therefore, the study is not fully anonymous. This could have influenced how the participants responded to questions on, for example, alcohol use, since at T1 all participants were under the age to legally purchase alcohol in Sweden. When comparing the prevalence of alcohol use, binge drinking, and use of other substances (including illicit drugs), no differences were found between the study sample at T1 and the annual national school surveys, which used a fully anonymised data collection, carried out in Sweden the same year (Raninen, 2020). This suggests that the possible influence of this factor is minor, but it should still be kept in mind when interpreting the results.

A strength of the current study is the high-quality data which provided the possibility to control for both parental support and monitoring and a wide range of relevant control variables. Accordingly, the result of the present study complemented previous findings (Yap et al., 2017) in showing no significant association between support and later alcohol use when controlling for monitoring. When including both support and monitoring in the same model we found that only monitoring remained significant. Our large nationwide sample also reduced the risk of biased estimates and increased the generalisability of the findings for the target population of adolescents.

Conclusion

The results of the present study have provided important knowledge on the association between two of the modifiable parenting factors that have previously been shown to have the strongest association with adolescent alcohol use. We have shown that parents' awareness of their children's activities is more important than parental support across mid- and late adolescence for reducing adolescent alcohol use. Given the relationship between parental monitoring and reduced adolescent alcohol use, policy efforts should prioritise helping parents to maintain an active involvement in their children's lives throughout adolescence. Investing in parenting programmes that focus on effective monitoring strategies, especially during mid- to late adolescence, could play a critical role in reducing alcohol consumption and promoting healthier behavioural outcomes among adolescents.

Declaration of Interest

We declare that none of the authors is in receipt of financial support or has any relationship that may pose a conflict of interest in relation to the content presented in the submitted manuscript.

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