

Supporting parents of adolescents: a powerful and underutilised opportunity to influence adolescent development

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Abstract

Throughout the rapid and intense changes that adolescents experience, their parents retain important influence over how they interact with the complex factors that shape their development. How parents care for their adolescent children has a deep and lasting impact on their well-being and development. Yet, parents often require support to meet their own and their adolescent children's needs, which can be achieved through parenting support programmes. Parenting support programmes are delivered to parents of younger children across different contexts and populations, but the benefit of these programmes for parents of adolescents is not well-recognised or prioritised. Given the clear need for these interventions during adolescence and the substantial evidence for effectiveness in this age group, it is time to move the field forward. Increased resources to support parents of adolescents would maximise adolescents' developmental potential and promote their well-being. We highlight four pressing areas for action: including parents of adolescents in parenting initiatives; involving parents in adolescent programming; strengthening efforts to address poverty and inequality, violence, and gender inequality; and engaging in strategic research to intensify the impact of programming.

Keywords: Parenting, adolescents, adolescent development, mental health, parenting programming

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Adolescence is a period of rapid and intense physical, cognitive, emotional and social growth (Patton et al., 2016). As adolescents mature, relationships with their peers take on new importance, they spend more time outside the family setting, and their social environments diversify (De Goede, Branje, & Meeus, 2009). Their interests evolve, they gain independence and autonomy, and they engage more frequently in risk behaviours (Patton et al., 2016). Yet, throughout these changes, parents retain an important influence over how their adolescent children interact with the complex, interlinked factors that shape their development (Marcus, Kruja, & Rivett, 2019).

How parents (including all primary caregivers) care for their adolescent children has a deep and lasting impact on their well-being and development both during adolescence years and beyond into adulthood (Rutter et al., 1997). Positive parenting refers to an ongoing relationship between a caregiver and a child or adolescent that involves caring (including love, warmth and affection); teaching (cognitive stimulation, learning activities, promoting school attendance); leading (modelling, setting boundaries); communicating (active listening and respect); and providing (for needs such as shelter, food, medical care etc.) for the needs of a child or adolescent consistently and unconditionally (Seay, Freysteinson, & McFarlane, 2014). Other definitions also include parental involvement, parental expectation and parental support (Gordon & Cui, 2015), acceptance or rejection (Rabinowitz, Drabick, Reynolds, Clark, & Olino, 2016), social and school monitoring (Sartor & Youniss, 2002), parental competency and parental nurturance (Hess, Papas, & Black, 2002).

Parenting during adolescence shares many features with parenting younger children. During adolescence, however, as different developmental priorities emerge, parenting styles necessarily adapt. For example, part of parents' role is to provide a safe environment for their children and reduce their exposure to risk. For younger children, this might involve monitoring and controlling their children's whereabouts, activities and relationships with others. During adolescence, however, parents shift their approach to active interest and engagement with diminishing levels of control (O'Connor & Scott, 2007). By being familiar with their adolescent children's activities and friendship groups, parents can actively promote and facilitate their engagement in protective and

affirming relationships (Rubin et al., 2004). During adolescence, parents become a critical information resource on sexual and reproductive health and should be able to share complete and accurate information on adolescent sexuality (Pop & Rusu, 2015). As independent use of the Internet and social media becomes more common, parents can actively monitor usage and equip their adolescent children with skills to engage online responsibly and in a way that maintains their privacy (Padilla-Walker, Coyne, Kroff, & Memmott-Elison, 2018; Sarriera, Abs, Casas, & Bedin, 2012; Velki & Jagodić, 2017).

Adolescents who experience positive parenting have a higher life expectancy, better well-being, higher educational attainment, lower risk behaviours and reduced risk of violence exposure (Cunsolo, 2017; Kincaid, Jones, Sterrett, & McKee, 2012; Lösel & Farrington, 2012; Ryan, Jorm, & Lubman, 2010; Viner et al., 2012). On the other hand, negative styles of parenting, including maltreatment or neglectful parenting, increase the risk of mental health problems, substance use, HIV infection, cancer, and violence victimisation and perpetration in adulthood (M. J. Brown, Thacker, & Cohen, 2013; Dube et al., 2001; Fulu et al., 2017; Norman et al., 2012; Rabinowitz et al., 2016; Richter et al., 2014). Positive parenting during adolescence can reduce the impact of negative influences (Mejia, Calam, and Sanders 2014), and even mitigate their impact on adolescent brain development (Whittle et al., 2017). Parents act as protective buffers against negative community and societal influences (Whittle et al., 2014). On the other hand, adolescents who experience poor supervision, neglect, harsh punishment, and family violence, are more likely to later engage in similar forms of behaviour with their own children, in turn placing them at risk for negative outcomes (Belsky, Conger, & Capaldi, 2009).

Caring for adolescents is a complex undertaking, particularly in contexts of adversity. Firstly, to meet their adolescents' changing needs and evolving capacities, parents may need to constantly adapt their styles of engagement. This ongoing renegotiation and re-organisation of the parenting relationship means that this phase can be characterised by conflict or distance between parent and adolescent child (S. Branje, 2018; S. J. Branje, Hale, Frijns, & Meeus, 2010). Secondly, a number of interlinked personal, social and political factors put pressure on parents and their capacity to provide nurturing care (Bray & Dawes, 2016; Richter & Naicker, 2013). These include

poverty and inequality, physical and mental health, employment and employment conditions, access to health and education services, gender norms, and exposure to violence and conflict. Parents living in poverty often experience high levels of stress and marginalisation, which are linked to poorer emotional, social, and behavioural outcomes for adolescents (Thapar, Collishaw, Pine, & Thapar, 2012).

As a result, parents, including those living in conditions of adversity, often require support to meet their own and their children's needs (McCarthy, Brady, & Hallman, 2016). This is of heightened relevance in the current context of the COVID-19 pandemic, which has resulted in a number of negative consequences for adolescents, including increasing mental health problems, social isolation, school dropout, and diminished opportunities for skills development and employment (Fegert, Vitiello, Plener, & Clemens, 2020; Magson et al., 2021; Racine et al., 2020). Adolescents may not be able to access the usual places they study, work and socialize, or the support they receive outside of the home, and they are spending more time than ever with their parents (Clark et al., 2020). Their parents, in turn, are experiencing disruptions to their relationships and social support structures, access to services and childcare, increased stress and mental health problems, and economic insecurity (S. M. Brown, Doom, Lechuga-Peña, Watamura, & Koppels, 2020).

Supporting parents to build on or develop new developmentally-appropriate skills and strategies to meet their children's needs can be achieved through parenting support programmes (S. Branje, 2018; Gardner, 2017). Parenting programmes are based on the notion that by strengthening parenting knowledge, and by equipping and empowering parents to implement new practices and skills, parents can more effectively provide care for their children, which positively influences their children's well-being (Marcus et al., 2019; UNICEF, 2020). Parenting programmes differ according to target group, aims, outcomes, context and delivery strategy. In some cases, they are used as a primary prevention strategy, meaning that they are delivered universally to all parents. They can also be developed for parents of children/adolescents with known exposure to developmental risks, or for those with specific identified needs (Ward, Sanders, Gardner, Mikton, & Dawes, 2016). These are not fixed: depending on a number of factors, parents may require different levels of support at different times (World Health Organization, 2018). Support for parents can be delivered to parents directly, in the

absence of programming for adolescents, or it can be delivered as a complementary add-on to adolescent-facing programming with a view to strengthening programme impact.

Many of the parenting programmes that have been implemented and evaluated in LMIC were developed elsewhere and adapted for use in LMIC contexts (Marcus et al., 2019). Some critics of parenting programmes contend that these interventions may ignore community members' priorities and interfere with protective cultural practices, with unintended negative consequences (Morelli et al., 2018; Weber, Diop, Gillespie, Ratsifandrihamana, & Darmstadt, 2021). However, under certain circumstances, programmes developed elsewhere and transported to different contexts show a positive influence on a range of child and adolescent outcomes (Gardner, Montgomery, & Knerr, 2016) and do not perform worse than locally developed interventions (Leijten, Melendez-Torres, Knerr, & Gardner, 2016). For adolescents in LMIC, at least three systematic reviews have demonstrated benefits of parenting programmes of adolescents, including improved parenting knowledge, attitudes and skills, improved communication (including around financial issues), increased use of positive discipline, improved family relationships and functioning, reductions in harsh parenting, reductions in neglect, improved parental gender attitudes, improved mental health and wellbeing in adolescents and sexual and reproductive health behaviours (Knerr, Gardner, & Cluver, 2013; Marcus et al., 2019; Pedersen et al., 2019)..

Parenting programmes are commonly implemented in initiatives to improve children's health and wellbeing during the early years. As a result, they tend to fall under service provision initiatives designed for younger children. Given there is a well-established evidence base for parenting support into adolescence, there is currently an opportunity to reconceptualize parenting programming within a life course paradigm. Programmes for parents of older children and adolescents can be designed to address the specific age-related needs that arise, but also build on past programming (i.e. strengthen the same skills taught to parents of younger children). By building on earlier parenting support in this way, programmes have the potential to prevent the fade out of early benefits of programming (Bailey, Duncan, Odgers, & Yu, 2017). In addition, they are more likely to be successful with improving adolescent outcomes: better quality parent-adolescent relationships are evident where there has been a history of sensitive

and responsive interactions since the early years (S. Branje, 2018). Programmes can also consider and appropriately target parents of adolescents' shifting needs within the adolescent period itself, as they rapidly change from early adolescence to young adulthood.

In developing responses for parents of adolescents, it is important to consider key variations from parenting interventions for younger children in terms of programme delivery. Traditionally, parenting programmes for younger children are delivered through routinely accessed health, social and early education services, which have wide, even near universal, reach. Yet, engagement with these services changes as children age. Adolescence is generally a healthy time of life (Patton et al., 2016), and there may be less opportunity for using routine touchpoints to make contact with parents. Different delivery platforms are most likely to reach and be accessible to parents of adolescents. Health services contact points with adolescents include adolescent-friendly health services, adolescent sexual and reproductive health services, and HPV vaccine contact points, however engagement of parents in these services varies. Parents may welcome support delivered through middle or early high school which is acceptable and feasible to access (Stormshak et al., 2011). In addition, reaching out through school parent committees may be effective. However, in many settings, school enrolment and attendance drops off rapidly during adolescence (UNESCO, 2019). Other opportunities exist in cash transfer programmes, workplace-based employee health programmes, child labour initiatives, and other community-based organisations that are accessible to families, including faith based organisations and sports clubs.

Opportunities for impact

Increased resources would support parents of adolescents to maximise their developmental potential and promote their well-being. In particular, we highlight four pressing areas for action.

Firstly, parents of adolescents can be included in efforts to support parents (as compared to primarily focusing on parents of younger children). To do this, governments can ensure that their legal and policy frameworks are inclusive of the needs of parents and adolescents, that the rights of adolescent children and parents are

protected, and that government departments have the mandate and resources to engage with issues of parenting of adolescents. The willingness of the state to provide parenting and family support initiatives is a key factor in how programmes are resourced, planned and implemented (Daly et al., 2015). Governments should be sensitised to the needs of adolescents, and ensure that systems and services for parenting support are designed to reach and engage them, particularly when services are often designed around the needs of younger children and their families.

Secondly, initiatives geared towards adolescents, including school-based interventions, can more systematically involve parents in their implementation. This will create entry points for parenting support and increase the potential to make an impact through programming. Research and programming for improving adolescent wellbeing often takes place completely removed from family life, delivered through schools, youth groups, peer networks and community organizations, and in doing so misses a key avenue by which to maximise benefits.

Thirdly, programmes to promote positive parenting of adolescents can strengthen efforts to address poverty and inequality, violence, and gender inequality, and promote access to services such as childcare, education, social protection, skills development, safe recreational spaces, and health services (including HIV, sexual and reproductive health, and mental health services) (Richter & Naicker, 2013). By doing this, programmes will address the broader conditions in which parents of adolescents are parenting and reducing or mitigating the impact of external stressors on them, thus increasing their chances of success in improving adolescent outcomes.

Finally, efforts to build the evidence base on programmes for parents of adolescents should continue. Improving our understanding of which programme components work best for which outcomes is essential for achieving better programme outcomes (Pedersen et al., 2019; Skeen et al., 2019). Using methodologies such as realist reviews, to identify links across contexts, mechanisms, and outcomes, to synthesise evidence and develop theories about how these complex interventions work would be a valuable addition to this field (Pawson, Greenhalgh, Harvey, & Walshe, 2005). Additional efforts to evaluate programmes designed for scale up in low resource settings, programmes with a focus on sexuality and sexual and reproductive health, for

parents of adolescents with disabilities, and for parents of adolescents living in humanitarian settings are needed (Marcus et al., 2019). Engaging in a research priority setting activity could identify gaps and guide future efforts (Tomlinson et al., 2009).

Recognising and prioritising the needs of parents of adolescents, including in low resource contexts, has great potential to improve adolescent development and well-being outcomes. We look forward to amplifying parenting of adolescents as a developmental priority across the life course.

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